

**MID-SHORE LOCAL HEALTH IMPROVEMENT COALITION MEETING**  
**March 10, 2014**

<b>Present:</b>	John Barto	Cathleena Bilodeau	Janet Bures	Joseph Ciatola
	Mike Clark	Tracy Curry	Ashyrra Dotson	Janet Fountain
	Jake Frego	Roger Harrell	Margaret Jopp	Renee Kilroy
	Shelia Lomax	Paula Lowry	Kathleen McGrath	Cathy McKelvy
	Wanda Molock	Nicole Morris	Michele Morrissette	Jonathan Moss
	Amanda Nelson	Joyce Opher	Kathy Rench	Rebecca Rice
	Karen Russum	Anna Sierra	Leland Spencer	
	Mary Ann Thompson		Ina Upshur	Mary Walker
	Michele Young			

**I. WELCOME AND INTRODUCTIONS: DR. SPENCER**

Dr. Spencer welcomed everyone to the meeting, and a round of self-introductions was made.

**II. ANNOUNCEMENTS, REVIEW OF PRIORITIES: DR. SPENCER**

- We are using a new format for our meetings. Dr. Spencer would appreciate any feedback on this from the group.
- At the group's inception, we chose indicators most problematic for the region, and have been doing strategic planning around those problems such as diabetic ED visits (chronic disease ED visits).
- The current regional grant was awarded to address ED visit rates.
  - A handout (chart) was disseminated, summarizing ED visit rates.
  - All the Mid-Shore counties fall within the top 7-8 counties for AA utilization of the ED for chronic disease like diabetes.
  - The grant was written to address social determinants to explain ED usage. That is the theory we are working under.
  - Hard numbers show over 700 visits per year for a mid-shore resident, which averages out to 2 visits a day. Of those utilizing the ED, 86% are going to one of our 3 mid-shore hospitals. About 1/2 come in and are discharged the same day.

**III. UPDATE ON REGIONAL CHOW GRANT: NICOLE MORRIS**

Nicole shared a PowerPoint, *Building Community Capacity to Improve Minority Chronic Disease Outcomes*.

- DHMH grant to address diabetes related ED visits
  - We are taking a 2-pronged approach: 1. Community Health Workers (CHW) and 2. Chronic Disease Self-Management Program (CDSMP)
  - CHW: 60-hour training program, done through AHEC. Training will begin at the end of April, and those participating will graduate in June.
    - ♦ CHWs will be linked with 2-5 individuals to help with social supports around goal setting, physical activity, medication compliance, nutrition, etc.
    - ♦ In addition, CHWs will engage in grand rounds and 3 monthly phone calls.
  - CDSMP was Stanford developed and is the Living Well program through Maintaining Active Citizens (MAC). This training will take place 2.5hr, once a week for 6 weeks.

- A master list of CDSMP-trained individuals and CDSMP classes will be created for providers to use to refer patients to the program.

Joe Ciatola asked, “What system has been set up to identify patients? and what about confidentiality and HIPPA concerns?” For ED patients at the 3 hospital, the discharge directors including shore wellness director can give the information to clients, who can then contacts us about classes, etc. We will also educate Choptank and private providers so they can begin to refer patients to the program. In addition, the Community Health Workers can help promote the program. An alternative would be to use a universal consent form, where our partners and our program are listed.

For Queen Anne’s County Health Department, Department of Emergency Services, EMS, Hospital and government agencies the big issues are: consent, how to get them involved, and how to get and track data for repeat ED users.

- Nicole then shared the new LHIC website, [www.midshorehealth.org](http://www.midshorehealth.org) and navigated the group through its layout.

#### **IV. UPDATES FROM REGIONAL PARTNERS**

##### **MIEMMS**

- EMS psych call data has been approved for use by LHIC members. The information will come as de-identified data. Efforts are being made toward mobile health integration.
- Anna Sierra shared that she is looking forward to helping.

##### **SHORE WELLNESS PARTNERS-KATHLEEN MCGRATH**

- Tracking referrals from July 1st to February- referral rates for services offered were 40% last year, 70% this year.
- Targeting high-risk patients for follow-up.
- Strategic plan-board reviewed and approved in March/April this year.
- Expansion of programs is planned.
- CDSMP-pull out data for chronic diseases by county-complete analysis of what data is available.
- Big struggle with outpatient data- high priority.
- Diabetes center- expanded into Chester River Hospital-1 day/week and at Shore Regional in Easton.

##### **CHOPTANK COMMUNITY HEALTH SYSTEMS- JONATHAN MOSS/RENEE KILROY**

- February was children's oral health month-the Shore has the highest rate of tooth decay in Maryland.
- Gearing up for migrant worker program-Maintain Health.
- Ramping up efforts to ICD 10 codes.
- Three more weeks for open enrollment.
- Increasing access-adding a provider in Goldsboro, a pediatrician in Denton, women’s health specialists in Cambridge and Denton, and have a diabetic educator seeing patients in 5 health centers.
- Partnered with Care First-patient centered home care to identify patients who are frequent fliers/high maintenance. Will then use case managers to develop care plans for those individuals.

- Partnered with Priority Partners-Medicaid MCO. Using data to identify patients to call to bring back to the office for further follow-up.
- Having electronic record helps to pull data
- After discharge, call for follow-up appointment 5-7 days post discharge.
- ED use/ambulance-now have same day visit appointments.

ESAHEC: JAKE FREGO- Introduced lead navigator-Amanda Nelson.

## V. FEATURED PRESENTATION: IMPACT OF ACA ON MID-SHORE COUNTIES

Amanda Nelson:

- October 1st enrollment opened- those 18-64 years old could enroll for expanded Medicaid or private carrier.
- Toll free support line and website [www.marylandhealthconnection.gov](http://www.marylandhealthconnection.gov) available.
- Fliers were distributed for events for counties in March
- Hired the people who fixed the federal system-looks to be working fine now.
- Eligibility: citizen, knowledgeable of the taxable household 2014 income (expected)- tells individuals what they are eligible for.
- Have a workaround system to manually enroll people.
- Options for those who may be stuck.
- Deadlines exist for effective coverage dates for April 1st. If enrolled by March 18, the effective date will be May 1st.
- Currently, Maryland Health Connection will not give numbers of enrollment for specific counties- 100,000 consumers eligible for expanded Medicaid, another 38,000 for private insurance.
- Beginning trends showed mainly those over age 50 and more women than men were enrolling.

## VI. FUTURE DIRECTION AND ROLE OF REGIONAL LHIC

Dr. Spencer:

- Need feedback on what we want our role to be for future direction of the Mid-Shore LHIC
- Where do we go from here?
  - We have our current priorities, but we can choose others from the list of 39.
- What is our accountability as an organization for what we have already worked on?
  - We would need more data to develop key strategies.
  - A lot of data mining to delve into.
    - ♦ The hospital is not set up to give us the data we would need.
    - ♦ HSCRC data- source data tends to be dated.
- We can all think about this and discuss at the next meeting.

Discussion:

Are the SHIP coalitions under new leadership? And what do they want for LHICs?

The Hospital is regional now- in 5 years practice will not look the same-have to pick 1 specific target-get the data-put it into action. Choptank has done it successfully because it's coming through one specific place.

LHIC and hospital working together to create community based health with the goal of keeping patients with chronic diseases out of the Emergency Departments.

We are not capable as we are structured now. We would need a regional LHIC to answer, How do we do this more effectively? Are we planning group or an advisory group?

Surveillance and planning was how this [LHIC] was envisioned. Now they want accountability, and so implementation is being asked about. Can we /do we move forward with implementation? What is our mission? What can we accomplish? What is the role of the partners? What are the state expectations for the LHIC?

Next meeting in June, we will have Linda Walls come and do a planning session to develop our mission.

- VII. ADJOURNMENT:** With no further business, the meeting adjourned at 2:00 pm.  
**The next coalition meeting will take place on Monday, June 9, 2014 at 12:30 pm, at the Queen Anne's County Health Department. Lunch will be provided, beginning at noon.**