

# **Recommendation and Report on Population Health Workforce Support for Disadvantaged Areas (PWSDA) Activities for Fiscal Years 2017 and 2018**

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## OVERVIEW

This report summarizes fiscal year (FY) 2017<sup>1</sup> and 2018 activities for the Population Health Workforce Support for Disadvantaged Areas and provides a recommendation to extend the program for three years (FY 2020 – FY 2022) for the Baltimore Population Health Workforce Collaborative (Baltimore Collaborative), one of the two original grantees. In December 2015, the Commission authorized up to \$10 million in hospital rates for hospitals that committed to train and hire workers from geographic areas of high economic disparities and unemployment. Workers will fill new positions to support care coordination, population health, consumer engagement, and related positions. The PWSDA was developed in an effort to support job opportunities for individuals who reside in neighborhoods with a high area deprivation index (ADI), and thus enable low-income urban, suburban, and rural communities to improve their socioeconomic status while working to improve population health. The overall objective is to address the social determinants of health and assist hospitals in bolstering population health and meeting the goals of the All-Payer Model and the new Total Cost of Care Model.

When approved in 2015, the PWSDA program limited the award total to \$10 million in hospital rates over a three-year period, with the condition that hospitals provide matching funds of at least 50 percent of the amount included in their rates. The HSCRC awarded rate increases to two applicants: the Baltimore Collaborative and Garrett Regional Medical Center. The applicants were required to explain how they will use the increase in rates to support the training and hiring of individuals consistent with the goals of the program.

Hospitals report on three areas: training and hiring activities, patient care activities, and spending. Evaluators at the University of Maryland School of Medicine collect, review, and summarize these reports on behalf of the HSCRC. This report provides a summary of worker training and hiring counts, key areas of patient care provided by PWSDA workers, and a summary of spending from January 1, 2017 through June 30, 2018. Staff recommendations are outlined below.

## RECOMMENDATIONS

Staff is proposing a three year extension of the program for the Baltimore Collaborative. Due to the delayed start of the program in FY 2017 and a slower than anticipated ramp up, the Baltimore Collaborative is still working to meet the aggressive training and hiring counts articulated in their 2016 proposal. Staff proposes an extension through FY 2022 to the Baltimore Collaborative to maintain current training and hiring progress and reach intended employment goals.

Based on staff findings from the last two years of reporting, staff recommend the following:

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<sup>1</sup> Hospital activities for FY 2017 activities and spending began in January 2017 and ran through June 30, 2017, a 6-month period.

- Extend the PWSDA program for three years through FY 2022.
- Make adjustments to rates to remove unspent PWSDA funds from population-based budgets from FY 2017-FY 2019; Estimated to be approximately \$3.5 million from FY 2017 and FY 2018, pending staff audit conclusions.
- Provide \$5,875,804 in rates to the Baltimore Collaborative across FY 2020-FY 2022 with hospitals matching at least 50 percent of rate funding.

## **BALTIMORE POPULATION HEALTH WORKFORCE COLLABORATIVE**

### **Background**

The Baltimore Population Health Workforce Collaborative is a consortium of four major health systems that includes nine hospitals in the Baltimore Metropolitan Area:

- Johns Hopkins Hospital
- Johns Hopkins - Bayview
- Sinai Hospital
- Medstar – Good Samaritan
- Medstar – Harbor Hospital
- Medstar – Union Memorial
- Medstar – Franklin Square
- University of Maryland Medical Center
- University of Maryland – Midtown

In 2016, the Baltimore Collaborative submitted a proposal to hire individuals from high poverty communities to fill positions such as community health workers (CHWs), peer recovery specialists (PRSs), certified nursing/geriatric nursing assistants (CNAs/GNAs), and other positions serving patients in the community. The Commission authorized \$6,675,666 across FY 2017 – FY 2019 to provide essential skills training to 444 individuals, provide technical skills training to 263 individuals, and employ 208 individuals by the third year of the project. The Collaborative has partnered with the Baltimore Alliance for Careers in Healthcare (BACH) to implement and manage the recruiting and training process.

### **Hiring and Training Activities**

The Baltimore Collaborative has focused most heavily on recruiting, training, and hiring community health workers to provide a variety of services including education, outreach, care coordination, and patient navigation. Select hospitals have also engaged peer recovery specialists to bolster their services to persons with substance use disorders and certified nursing assistants/geriatric nursing assistants to provide in-home care. Hiring and training activities started later in FY 2017 than originally anticipated so training and hiring numbers have been lower than projected in the initial proposal.

BACH has assisted the Baltimore Collaborative by coordinating training activities and other program administration efforts. Key community partners assisting in the recruiting and training process include TurnAround Tuesday, Center for Urban Families, Penn-North Community Resource Center, and others. Technical training was provided by the Baltimore Area Health Education Center, Community College of Baltimore County, and Mission Peer Recovery Training. Hiring by hospitals continues to increase as the recruitment and training process continues.

Over the 18 months of the program, 207 individuals began technical training, 183 of whom completed the program. Of those individuals who completed technical training, 114 individuals were hired by hospitals. Hired positions included CHWs, PRSs, and CNAs/GNAs. Hiring and training has continued since June 2018.

### Baltimore Collaborative Hired Workers

<b>Position</b>	<b>Worker Count as of 6/30/18</b>
Community Health Worker	73
Peer Recovery Specialist	27
Certified/Geriatric Nursing Assistant	14
<b>Worker Totals</b>	<b>114</b>

### Worker Activities and Patients Served

Workers provided a wide range of patient care to a demographically diverse patient population, with a particular focus on high-utilizer and high-risk patients on Medicare. Key patient care activities included care coordination, health education and health system navigation, transitional care for home health, and community/home care. Additionally, peer recovery specialists provided support for inpatient behavioral unit patients with substance use disorders, ED patients, and those with substance use disorders; PRSs connected patients with community services after discharge, or referred them to therapy after screening and brief intervention. Over the 18 months of the program, PWSDA workers completed 16,311 interventions and provided 10,422 referrals to patients.

<b>Patient Care Activity</b>	<b>Patient Population Served</b>
Care Coordination	<ul style="list-style-type: none"> <li>○ High needs patients with few comorbidities</li> <li>○ Follow up discharged patients from hospital or ED</li> <li>○ Frequent ED visitors</li> <li>○ High risk patients with difficulty adhering to treatment</li> </ul>

Health Education	<ul style="list-style-type: none"> <li>○ Diabetic and pre-diabetic patients</li> <li>○ Patients with sickle cell anemia</li> <li>○ Palliative care patients</li> <li>○ IV drug users in the ED for hepatitis C and HIV screening</li> <li>○ Sex workers and homeless</li> </ul>
Health System Navigation	<ul style="list-style-type: none"> <li>○ OB-GYN &amp; pediatric patients with social determinant-related barriers</li> <li>○ Frequent ED users</li> </ul>
Transitional Care for Home Health and Linkage to Social Services	<ul style="list-style-type: none"> <li>○ High-risk Medicare patients</li> <li>○ High healthcare utilizers with COPD, congestive heart failure, hypertension, HIV, and diabetes</li> </ul>
Peer Recovery Support	<ul style="list-style-type: none"> <li>○ Inpatient behavioral unit patients</li> <li>○ Chemical detox unit</li> <li>○ Overdose survivors outreach program</li> <li>○ ED patients Screening, Brief intervention and Referral to Treatment (SBIRT)</li> <li>○ High-Risk Substance Users</li> </ul>
Community / Home Care	<ul style="list-style-type: none"> <li>○ Convalescent patients who need support with ADL</li> <li>○ Adult patients with chronic conditions</li> <li>○ Women with perinatal depression</li> <li>○ Frequent ED visitors</li> <li>○ OB-GYN and pediatrics patients</li> </ul>

Because of the short duration of the program, no significant quality outcome measures are available at this time. Additionally, many workers have been incorporated into existing hospital programs which makes identifying the direct impact of PWSDA workers on quality indicators and population health difficult.

## Budget

Total expenditures for this reporting period were \$672,527 in FY 2017 and \$4,074,572 in FY 2018. HSCRC staff are currently conducting an audit of FY 2017 and FY 2018 spending to confirm actual spending against reported amounts. Staff will adjust rates at the end of the program to remove any unspent funds from hospital global budgets at the end of FY 2019.

### FY 2017 Budget and Spending

Expenditure	Budgeted	Actual
Training	\$505,959	\$328,783
Salaries & Benefits	\$2,001,402	\$305,040
Consultant (BACH)	\$269,196	-
Other Costs	\$106,250	\$38,704
<b>Totals</b>	<b>\$2,882,807</b>	<b>\$672,527</b>

### FY 2018 Budget & Spending

Expenditure	Budgeted	Actual
Training	\$314,070	\$292,003
Salaries & Benefits	\$8,357,658	\$3,247,972
Consultant (BACH)	\$343,565	\$256,352
Other Costs	\$218,875	\$278,245
<b>Totals</b>	<b>\$9,234,168</b>	<b>\$4,074,572</b>

## GARRETT REGIONAL MEDICAL CENTER

### Background

Garrett Regional Medical Center (GRMC) submitted a proposal to hire five individuals to provide health education and care coordination for high utilizers of inpatient care, in particular patients enrolled the Well Patient Program which is managed by a social worker and nurse navigator. Potential workers would be selected for training and employment from the same Well Patient Program under the premise that individuals struggling with chronic conditions may be best equipped to educate and assist other patients with similar health conditions.

The Commission authorized a total of \$221,485 in hospital rates to Garrett Regional Medical Center across three years. Additionally, due to GRMC's overlapping service areas with West Virginia, the Commission required that 50% of hired workers be from Maryland.

## Hiring and Training Activities

Workers hired by GRMC under the PWSDA are actively managing chronic conditions. Consequently, workers are afforded more flexibility in the training phase and their employment can be on a full-time or part-time basis as needed. Over the course of the program, GRMC found that hiring community health workers with personal experience managing chronic conditions was a strength of the program. The CHWs meet with patients who have been admitted to the hospital or visited the emergency department and assist them with post-discharge needs.

GRMC recruited six individuals during FY 2017 and FY 2018. Five of the six enrollees completed the training and all were hired as CHWs at the hospital. Three workers are from Maryland and two workers are from West Virginia, which fulfills the Commission requirement that 50% of hires must be Maryland residents. An additional hire was made in July 2018.

## Worker Activities and Patients Served

PWSDA workers provided support for programs already conducted by GRMC. Community health workers supporting the Well Patient Program assisted the nurse navigator and social workers to provide disease management support for high-utilizers and patients with chronic conditions. Under the Care Coordination Program, CHWs assisted patients with high LACE scores through follow-up phone calls and visits after hospital discharges. Through the Community Care Collaboration Project, CHWs are expected to meet with other agencies that provide support services to patients in order to better coordinate care and prevent duplication of services.

Over the 18 month period, GRMC reported that the number of patients served in the Well-Patient Program increased from 20 individuals to 125. For the 852 patients in the Care Coordination Program, the program observed 94 hospital admissions and 235 emergency department visits which was smaller than their targets of 100 and 288, respectively.

Because of the short duration of the program, no significant quality outcome measures are available at this time. Because these workers have been incorporated into existing hospital programs, identifying the direct impact of PWSDA workers on quality indicators and population health difficult.

## Budget

Total expenditures for the reporting period were \$45,198 for FY 2017 and \$92,918 for FY 2018.

### FY 2017 Budget & Spending

<b>Expenditure</b>	<b>Budgeted</b>	<b>Actual</b>
Training	\$10,480	\$3,800
Salaries & Benefits	\$113,537	\$41,148
Other Costs	\$3,500	\$250
<b>Totals</b>	<b>\$127,517</b>	<b>\$45,198</b>

### FY 2018 Budget & Spending

<b>Expenditure</b>	<b>Budgeted</b>	<b>Actual</b>
Training	\$8,016	\$3,300
Salaries & Benefits	\$164,523	\$74,798
Other Costs	\$2,000	\$14,820
<b>Totals</b>	<b>\$174,539</b>	<b>\$92,918</b>

## CONCLUSION

The PWSDA program as initially approved concludes at the end of FY 2019. The HSCRC will continue to collect information on awardee training and hiring activities, worker activities and patient care, and any associated quality metrics. HSCRC staff is currently conducting an audit of hospital spending for Year 1 and 2 of the program and will make appropriate adjustments to hospital rates at the conclusion of the first three years of the program to remove any unspent funds from population-based budgets.

As articulated earlier in this report, staff recommends an extension through FY 2022 to the Baltimore Collaborative to maintain current training and hiring progress and reach intended goals of the program. The Commission reserves the right to terminate or rescind an award at any time for material lack of performance or for not meeting the letter or intent of the program.