MARYLAND COMMISSION ON PUBLIC HEALTH

Thursday, April 4, 2024 | 2:00 PM - 5:00 PM
Baltimore County Dept of Health | Virtual

Meeting Minutes

Commissioners present in person or virtually:
Meenakshi Brewster
Boris Lushniak
Oluwatosin Olateju
Fran Phillips
Nicole Rochester
Maura Rossman
Michelle Spencer
Allen Twigg
Jean Drummond
Nilesh Kalyanaraman
Camille Blake Fall

Not present:
Heather Bagnall
Ariana Kelly
Christopher Brandt
Alysa Lord

I. **Call To Order**
   a. Presiding Co-Chair Oluwatosin Olateju called meeting to order at 2:15 PM
   b. Agenda was summarized and a brief overview of the Commission on Public Health (CoPH) was given
   c. Public comments are encouraged via email: md.coph@maryland.gov
   d. Roll call, quorum met

II. **Adoption of the Agenda**
   a. Agenda approval moved by Nicole Rochester, seconded by Nilesh Kalyanaraman

III. **Minutes Review and Approval**
   a. Motion to approve by Meenakshi Brewster, seconded by Michelle Spencer

IV. **Special Guests**
   a. Shane Hatchett
   b. Dr. Joshua M. Sharfstein

V. **Presentation: Overview of Health Services Cost Review Commission (HSCRC)**

Dr. Joshua M. Sharfstein, Chairman, HSCRC, Vice Dean for Public Health Practice and Community Engagement, Johns Hopkins Bloomberg School of Public Health Presenter introduced by Boris Lushniak.

a. History
    i. Since 1977, the HSCRC has set all-payer rates for all of Maryland's private, acute care hospitals. This system guarantees that:
        1. All payers pay a fair share of hospital financing.
        2. Payers do not negotiate charges with hospitals.
        3. Uncompensated Care is funded equitably via a rate adjustment for all payers.
        4. Charges within each hospital are the same for all payers.

b. Overview
    i. What is global hospital budgeting?
        1. Rather than let volumes control revenue, HSCRC sets an annual revenue target (GBR) that each hospital must meet.
            a. This approach removes incentives for hospitals to increase revenue by growing volume under fee for services systems.
    ii. How does the HSCRC incentivize innovative models of care?
        1. A Care Transformation Initiative (CTI) is any initiative undertaken by a hospital or group of hospitals to reduce the total cost of care (TCOC) of a defined population. CTI have three components:
            a. A clinical intervention
            b. A population definition
            c. A target price.
    iii. How does the HSCRC support population health?
        1. Fees assessed by the HSCRC help to fund important healthcare infrastructure that advances the entire healthcare system.
    iv. How does the HSCRC work towards health equity?
        1. HSCRC addresses health equity through the following initiatives:
            a. Statewide Integrated Health Improvement Strategy
            b. Hospital Quality Programs
            c. Special Funding Programs
            d. Data and Hospital Reporting
            e. Financial Assistance and UCC Funding
            f. State Agency Collaboration
            g. Internal Diversity Taskforce
    v. What is AHEAD?

1. Vision: Empower all Marylanders to achieve health and well being
2. Model is a state total cost of care (TCOC) model designed to
    a. Ensure high value care.
    b. Improve access to care.
    c. Promote health equity.

vi. What are opportunities for convergence between the Maryland Model and public health?
1. Data and analytics
    a. CRISP tools applied at geographic level to support public health.
    b. Examples: falls, asthma, diabetes
2. Discrete population health initiatives
    a. Example: Multi-visit patients, asthma home visits
3. System level engagement
    a. State health equity plan.
    b. Structure of state primary care model
4. Alignment of public health system to state health outcomes.

c. J. Drummond: Thought around utilizing health equity plans to drive action not just reporting it?
    i. J. Sharfstein: suggested state having direction on equity and everything aligning to it.
d. M. Brewster: Regional population health hub and how they will collaborate with other established infrastructure?
    i. Still on developing phase and models not fully built out yet but is important to note that the hub might lean towards patient populations sense instead of geographical population sense.
    ii. There are things that might make sense to be done regionally than on county level.
e. F.Philips: Talked about instances hospitals and public health can work together to better improve health
    i. Proposed that public health should think about how they can structurally embed themselves in the planning and implementation phase of projects.
f. J. Drummond: Suggested that community health workers should be utilized because they speak the language better.
g. J. Sharfstein: Health department innovatively working with hospitals to seek to address specific issues. We need to start showing up on each other's door.

h. O. Tosin: Commented on health departments taking up issues like diabetes and opioid overdose and looking at how they can work together with hospitals to address it.
i. N. Rochester: Sometimes measures used to diagnose most times don't reflect where the outcomes is coming from.
j. J. Drummond: Measures not always telling the full story.
k. B. Lushniak: Commented on making sure that healthcare and public health are same room together figuring out how to address issues.
l. Dushanka: Are there opportunities to align the primary aim of AHEAD and public health.

VI. **Old Business**
a. M. Brewster: Five regional site visits with regional public listening sessions
i. St. Mary's County (SoMD): April 16th
ii. Washington County (Western MD)
iii. Montgomery County (Central MD)
iv. Howard County (Central MD)
v. Talbot County (Eastern Shore)

VII. **New Business**
a. B.Lushniak: House bill 133. Gives us an extension to get final report ready by October 1, 2025. December 1, 2024, Interim report

VIII. **Workgroup Updates**

O. Tosin introduced the speakers: Questions we should be thinking about for surveys, key informant interviews, and focus groups.

a. <u>Communications and Public Engagement</u>
i. Public health agencies
1. Maryland Department of Health
2. Local Health Departments
3. Roles to include
a. Communications & Marketing Staff
b. If there are none, determine who contributes to communications and marketing related work at the health department.
4. Questions
a. What sources do you get your information from when preparing public facing health communications?
b. Include a range of places that staff would find health information (ie. Health department website, CDC website, etc.)
c. What communication tools and/or channels do you have available to reach audiences?

i. Include a list of social media tools and communications channels with any 'other' option where staff could input additional tools/channels not listed

d. Do you have staff formally trained in communications?

e. Do you have dedicated staff solely focused on any of the following areas?

i. Include a list of the following: social media, web design, health education materials, community engagement, and marketing.

ii. Public

1. Do you have reliable internet access that you can use to access digital health information resources?
2. Other than talking with your healthcare provider, where would you most likely go to find health-related information?
    a. Include a range of places where people find health information (ie. Social Media, Health department website, friends and family, etc.)
3. When reading health information, how important do you find the following qualities?
    a. Include a range of options to see what qualities are important (ie. is it evidence-based, do others find it important, that it is CDC approved, etc.)
4. Do you have any social media accounts? Please check all that apply.
    a. Include a range of options to choose from and include an 'other' field for open answers.
5. Do you know whether your health department has social media accounts?
    a. Include responses such as 'yes, and I follow it', 'yes, but I do not follow it', and 'No, I don't know"
6. Would you get your health information from the health department? Why or why not?
7. Where (or who) else do you trust to get your information from? What makes you consider these sources as trustworthy?
8. How would you prefer to engage with the health department?

a. Include a range of options (text message alerts, website, social media, etc.) and an 'other' field for open answers.

9. Have you engaged with the health department in the past? Why or why not?
    a. Include a yes or no option and a place to include free text.

b. Data and Information Technology
    i. Resources at our Disposal
        1. Indiana Surveys
        2. CDC Surveys
        3. NACCHO Evaluations
        4. MDH PHS Resources
        5. HOT-FIT Tool*
        6. Surveys*
        7. PHII Self-Assessment Tools
    ii. Targets: Leadership, Frontline Data users (epidemiologists and data analysts), and Technologists (Database administrators etc.) and State agencies (MDH, DoIT, etc.) and all local health departments.
    iii. Humans
        1. I fulfill data requests as part of my job responsibilities?
        2. I share data or create data-related content as part of my job?
        3. I want to or need to use data for analysis as part of my job but I am unable to do so.
        4. What are the barriers keeping you from using data for Access issues or lack of access analysis in your job?
    iv. Organizational
        1. Does your LHD have access to all the data which would be useful to your jurisdiction?
        2. Identify data categories your LHD finds useful and would like to access/obtain
        3. Are there existing barriers to accessing/obtaining the data you have identified as useful for you LHD?
        4. Does your LHD leverage basic data analytics in using data/information?
        5. Do you use data visualization dashboards to display data?
    v. Technological
        1. What is your biggest IT challenge?
        2. How would you describe your cybersecurity preparedness?
        3. Would you have an interest in migrating to a centralized data system?

4. What IT equipment's needs or updates do you need to modernize your systems
5. Do you have an IT strategy?
6. What are your top 5 IT needs by priority?
7. What are your data entry, sharing and reporting concerns or needs?

vi. Next steps

1. Monthly breakout sessions to identify objectives/KPIs
2. Survey Design Subcommittee
3. Draft survey questions
4. Finalize survey and targets
5. Conduct assessments
6. Analyze data
7. Draft assessment findings
8. Draft recommendations

c. Funding

i. Potential survey questions

1. What traditional public health funding sources (CDC, SAMHSA, EPA, CHRC, etc.) have grants or other resources that are currently underutilized or not being utilized by public health agencies in Maryland?
    a. Can you give specific examples of funding sources that are not being used to their maximum extent?
2. Do you know of any non-traditional funding sources (private grant organizations, schools of public health endowments, or other funders) that can be used for Maryland's public health efforts at either the state (MDH/MDE/DHR/MSDE) or local levels (local health departments, EMS, or other community organizations)?
    a. Please give specific examples of sources and the funds they have available.
3. Questions for Whom?
    a. MDH and MDE staff
    b. LHD staff
    c. Philanthropic organizations in Maryland
    d. Schools of Public Health in Maryland

d. Governance and Organizational Capabilities

i. Sources for key informant interview

1. Maryland Health Care Commission*
2. Health Services Cost Review Commission*
3. Maryland Community Health Resources Commission*
4. MD Department of Budget and Management*

5. MD Department of General Services*
6. MD Department of Disabilities*
7. CRISP (state-designated health data utility)*
8. MDH Secretary of Health
9. MDH Deputy Secretary of Health Care Financing and Medicaid Director, etc.

ii. Survey Questions
1. For selected County Executives and Chairs of County Commissions/Councils
    a. View of local health department as state agency or a local agency
    b. Involvement in the selection and/or evaluation of county health officers
    c. Familiarity with the laws and procedures pertaining to the local boards of health
2. For selected health system population health executives
    a. Frequency and nature of engagement with local health officers in jurisdictions where your system operates
    b. View of governmental public health roles and responsibilities compared and contrasted to health system population health roles and responsibilities
3. For selected public, community, business, and academic voices
    a. How varying organization of local health departments affects potential partnerships
    b. Leaders or organizations in your community that are trusted sources of health information
4. Articles Discussed
    a. The water of system change
    b. Public health 3.0 and beyond: Incorporating systemic racism

e. <u>Workforce</u>
i. The Workforce workgroup will be using NACCHO Profile data and 2024 PHWINS data to put together a full picture of the Maryland Workforce
ii. The de Beaumont Foundation is working with contacts at NACCHO to access the data, we hope this will happen by early summer
iii. The de Beaumont Foundation is deploying PH WINS in September of this year and will be working with local contacts to push and monitor the survey

1. The de Beaumont team will check with the Research, Evaluation, and Learning team to see if it is possible to share the instrument ahead of deployment time to increase the quality of responses

iv. The de Beaumont team will be working closely with Ruth and Vanessa to prep all staff members (talking points, one-pagers, optional webinars, accurate time requirements, etc.)
    1. This will be a place of increased workgroup involvement to encourage participation, do some message testing, and send reminders to their colleagues

v. Parallel to data collection, the de Beaumont Foundation, the workgroup, and the interns will create table shells for a draft report. While the data will not be available until January 2025, once cleaned, we will simply plug and play. The results will be the basis of the recommendations the working group will put forth into the larger commission report

vi. M. Brewster: Will the survey include non-LHD workforce like MDE, etc that is also paramount to what LHDs do
    1. Extra addition will be outside PHWINS survey. More like Maryland supplement. Will still be deployed same time

IX. **Announcements**

a. Next Meeting: May 2, 2024 (2-5pm) at Baltimore County Dept of Health with virtual option
b. Upcoming Southern Maryland Regional Public Listening Session, April 16, 2024, 5:15PM at St. Mary's County Government Center
    i. Been published via press release, social media, through our partner networks, and the 3 health departments in southern Maryland.

X. **Adjourn**

a. Motion to adjourn by N. Rochester, M. Spencer seconded – Unanimously approved
b. Meeting ended at 4:42pm