Prince George's County Public Health Impact Study

Progressive Cheverly Health Committee Working Group
Summary Report: March 15, 2013

In November 2012, under the leadership of Barbara Guest and Leon Harris, Co-Chairs of Progressive Cheverly's Health Committee, a Work Group was created to review the *Prince George County Public Health Impact Study* conducted by the University of Maryland, School of Public Health at College Park.

Working Group Members: Charlotte Colvin, Co-chair, and Claudia Smith, Co-chair; Paula Davis, Maureen Dwyer, Barbara Guest, Hugh Guest, Madeleine Golde, Leon Harris, Sherry Strother, Gordon Barrow(Health Department liaison).

Resources: University of Maryland School of Public Health. (2012). *Transforming Health in Prince George County: A Public Health Impact Study*. College Park, MD.
http://www.newsdesk.umd.edu/pdf/2012/TransformingHealth.pdf Executive Summary, July, 2012
http://sph.umd.edu/princegeorgeshealth/UMDSPH_ImpactStudy.pdf Complete Study, July 2012

Working Group Objectives

Objective 1 – Within the next 5 months (late March 2013), review the Technical Reports and plan a regular series of discussions with members of the Health Committee and Progressive Cheverly

Objective 2: Within the next year hold a community-wide meeting with Prince George's residents to discuss the *Health Impact Study* and develop an action plan for community organization involvement.

Technical Reports in UMSPH *Health Impact Study* Reviewed by the Working Group

1. Random Household Survey
2. Interviews with Key Stakeholders
3. Physician Counts and Categorization and Characteristics of Physicians in the State of Maryland and Prince George's County
4. Identification of Geographic Areas of Need for Primary Care: an Assessment of the Geographic Distribution of Selected Health Care Resources
5. An Overview of the Public and Public Health Resources in Prince George's County
6. Current (2007-2009) Experiences and Future Projections of Prince George's County Residents' Hospital Encounters
7. An Assessment of Comparable Model Health Care Systems: Interviews with Key Professionals

Seven Major Themes for Advocacy Messages. **Advocate for**:

1. More transparency in health systems planning, which would include a developing a County-wide health advisory board, with community involvement in health systems planning
2. An integrated health system including primary care, hospital care, and the public health and medical care sectors, designed to eliminate health disparities.
3. More primary care services throughout the county, especially physicians, nurse practitioners, safety net providers and clinics inside the Beltway.
4. A more detailed health data infrastructure.
5. The integration of mental health and substance use services with medical, dental and rehabilitative services delivered in a culturally competent manner.
6. An up-to-date assessment of the capacity of existing public health resources to identify gaps in service, as well as advocate for increased funding for the Couth Health Department.
7. The expansion of partnerships and collaborations for Progressive Cheverly with an array of community-based and health care organizations

PROCESS USED TO REVIEW THE TECHNICAL REPORTS AND GENERATE THEMES FOR ADVOCACY

Questions that were addressed by the Working Group in Review of each SPH Technical Report

1. Within the 7 technical reports, where is the best fit for community activism by Progressive Cheverly members and other communities? Where can we be involved as advisers and advocates?

2. Specifically, how might community members be involved in community assessments and community benefit programs required of non-profit hospitals?

3. How can we address the discrepancies between the perspectives of community members and health care providers related to the importance of addressing significant public health problems? (For example, providers mentioned HIV/AIDS as a health issue needing public health attention more than the public)

4. How can we identify the perspectives of other health care providers, such as public health nurses, who were not included in the SPH survey?

5. What are opportunities for the media and others to inform, educate and advertise public health issues?

6. Chronic illness is mentioned prominently in the Impact Study. How we address other illnesses, such as infant mortality and HIV/AIDS, which are exacerbated by health disparities?

7. What populations, including marginalized populations, are most at risk for specific health disparities?

8. The UMSPH report recommends “image restoration and branding” for the new hospital and health system as a way of attracting patients and health care workers especially physicians. What are broader

recommendations related to health care outcomes and delivery?

9. Where are gaps in primary care? The county needs 61 MDs now!

10. How can we strengthen infrastructures to address health issues? How can we "be good" and not just "look good" health wise?

a. How can public be better informed re: health and health care—e.g. educating public about early prenatal care and HIV screening and prevention, etc.
b. Are Prince George's county communities with health insurance coverage handling disease burden as well as other counties?
c. How can local health department infrastructure be improved? Dependence on UMMS and health center is insufficient regarding health advocacy and involvement.

Seven Working Group members each took the lead in reviewing one Technical Report and developed a two to five page overview that was circulated to the Group and discussed in detail at a meeting. The Analysis and Discussion of each report below is a summary of the more detailed overview and discussion. Technical reports were discussed at three meetings, January 4, January 28 and February 4, 2013. The reports were not discussed in the order in which they appear in the *Impact Study;* however, they do appear in sequential order below**.**

Analysis and Discussion of Technical Report 1: Household Survey (Reviewed January 4, 2013)

The report described highlights of the survey of 1001 Prince George's County residents to determine their attitudes toward health care in the County, their own health status, usual sources of hospital care, and attitudes toward Prince George's Hospital Center and a new Regional Health Center.

Discussion of the study raised a number of issues related to the health care system, such as:

a. Article in the Washington Post (published December 22, 2013)[1] indicates that the UMMS has not committed to funding the primary care sector of the new County Health System.
b. Under the Affordable Care Act, hospitals will lose money if patients are re-admitted within 30 days of discharge. A primary care system needs to keep county residents healthy *and* provide care management after they are discharged from hospitals, by recruiting public health nurses, social workers, case managers and navigators.
c. The working group is not clear as to what the University of Maryland Medical System envisions in the new training hospital system. Will there be satellite sites for primary care?
d. Addressing health disparities should be the underpinning of all of health care, since most populations are at risk for health disparities. Staff who looks like the populations served should be recruited for the health care system.

[1] Spivack, M.S. Stronger primary-care network called key to success of new Prince George's Hospital. Accessed December 27, 2012.

e. The county does not have sufficient primary care providers. (Cross reference with tech report #3 which calls for more nurse practitioners, and study question #9 calling for more primary care physicians.)
f. Who will provide incentives and fund primary care physicians, nurse practitioners, and other providers? Who should lead this endeavor? If the hospital is not leading, should the Health Dept. lead?
g. How are we building capacity for primary care satellites if the county is not eligible for more FQHCs? (Currently Community Clinic Inc., Mary's Center, Greater Baden Medical Services and the Health Department clinics exist.)
h. Residents inside the beltway declined to participate in the survey at higher rates than those outside the beltway. How can trust be enhanced among the health care system and residents inside the beltway and the residents who are undocumented?

Analysis and discussion of Technical Report 2: Interviews with Key Stakeholders (Reviewed 2/4/13)

Forty-five (45) persons were recruited for interviews, including health professionals, elected officials, and members of the media, business and education partners, and representatives of community-based organizations, among others. Forty (40) persons were interviewed and only five (5) declined to participate. Questions included health risks of County residents, opinions of the current health care services, and opinions of what a new health care system might look like, among others.

Discussion of the study raised a number of issues related to the health care system, such as:

a. The findings highlighted the lack of ambulatory care safety nets and significant out-of county use of health care services, inconvenient office hours, appointment availability and cost of care.
b. The report did relay a sense of optimism amongst the stakeholders interviewed, around the development of a University of Maryland Medical System county-wide health care system.
c. Progressive Cheverly (PC) could advocate for hospitals to specifically work with communities (as a part of community benefits) to identify the best entry points for bringing Nurse Practitioners (NPs) to the community as primary health care providers. PC also could provide valuable support in the decision process as to the appropriate location of feeder community health centers.
d. To address health disparities, it is important that the county develop a social marketing budget in support of and development of health education prevention/promotion messages focused on research-based disparities within the county.
e. To identify the perspectives of health providers not surveyed in the *Impact Study*, we need to ensure that NPs are closely involved in this process and their unique contribution and potentially greater role in primary health care should be considered. In addition the county will need to reassess the salary scales, promotional opportunities, and educational opportunities to recruit and retain highly qualified and specially trained workers.
f. The media may be able to play a role in publicizing the importance of other public health issues perceived to be of less importance by the public (ex, HIV/AIDS).
g. It is imperative that the County obtain a funding source to begin to build an evidence-base data gathering system that can support research findings and funding to be used to improve health outcomes, federal grant submissions and community request for county related data. The Health Department needs to be the primary source for county related epidemiological data.

h. To improve residents' perceptions around services provided by Dimension Healthcare, a marketing plan should be instituted to highlight the planned changes and facility accomplishments, and to market the expertise of the hospital and the accomplished employees.
i. Gaps in primary care need to be filled by 61 physicians as well as more NPs. We need safety net facilities, ambulatory care and more federally qualified health centers (FQHCs) and community-based facilities.
j. To better inform the public about health, we need to identify the most common and accepted (trusted) sources of information about health for specific target populations and establish relationships with state and local non-profits to be able to deliver health related messages with the support of the Health Department.
k. The Health Department can benefit from developing a more public image of its role in the health care system and how it carries out its mission by highlighting it strengths.

Analysis and Discussion of Technical Report 3: Physician Counts and Categorization and Characteristics of Physician in the State of Maryland and Prince George's County (Reviewed January 4, 2013)

A quantitative analysis of secondary data updated information on physician supply in Prince George's County. Physician counts are significantly lower than in other counties in Central Maryland. The ratio of primary care physicians per 100,000 residents is one-half to two-thirds lower when compared with Montgomery County. The count of physicians per 100,000 County residents was lower in 2009-2010 than in 2006-2007. The majority of County physicians practice either in a solo or a single specialty group practice.

Discussion of the study raised a number of issues related to the health care system, such as:

a. Physicians, physician assistants and nurse practitioners should be encouraged to open facilities within the community to help with some of the primary care issues in the county.

b. Creating a culture of transparency with health outcomes will make physicians more accountable. County residents should trust the health care providers and system. COUNTY STAT must include health. <u>How can a culture of transparency be supported?</u>
c. Re-branding the Prince George's hospital--Quality outcome data and patient satisfaction surveys should be available to the public to see how providers and organizations are doing on an annual basis as it relates to healthcare outcomes and delivery of care. Creating a culture of transparency is critical. <u>How can a system that focuses on quality outcomes and patient satisfaction be made available?</u>
d. <u>An advisory board, including residents, is needed to advise the entire new health care system: hospital, health department, and primary care. How can we advocate for this approach?</u>
e. Survey of providers such as MDs, NPs, and public health nurses is needed. <u>How might such surveys be supported and conducted?</u> The Health Department Healthcare Coalition workgroup on access has held a focus group with some medical providers.
f. The Health Department needs more staff and resources, but most of the Health Department budget comes from grants rather than County general funds. Entry salaries are lower than hospital salaries. The County Health Department needs more funding.

g. How might public health placements help develop a cadre of potential public health workers? What field placements do Schools of Public Health plan for MPH students? (Current placements involve data collection; might some placements involve work in patient care and community work?) What field placements do Schools of Nursing and Schools of Social work plan for, related to public health?

Analysis and discussion of Technical Report 4: Identification of Geographic Areas of Need for Primary Care: An Assessment of the Geographic Distribution of Selected Health Care Resources (Reviewed January 28, 2013)

Using Public Use Microdata Areas (PUMA) – used by the census-- and ZIP codes, the report identifies (1) Population characteristics – income, population growth, and race (2) Primary care health care resources – Primary care professionals - physicians, dentists, physician assistants, nurse practitioners, and (3) Hospital discharge and readmissions rates, education and median income.

Discussion of the study raised a number of issues related to the health care system, such as:

a. "The County safety net clinics are severely limited in size and number and are not resourced to meet the current needs of the community."
b. Compared with 5 other counties, all areas of Prince George's county are below average in terms of the ratios of physician, physician assistants, nurse practitioners, mental health professionals, and dental providers to population.
c. Prince George's county needs 61 additional primary care physicians to come up to average.
d. The greatest need for primary care providers is inside the Beltway, where the population is low income and Black and/or Hispanic. All communities inside the beltway can be identified as open to community activism, education, and involvement in health plan development.
e. Prince George's County Hospital is the primary in-patient provider for inside the Beltway. Additionally, some of the individual providers have practices in College Park and/or Greenbelt.
f. Outside the Beltway, the residents have more money, resources and insurance which allow them to use health care providers outside of the county. Here the focus can be on more health education.
g. The Technical Report did not mention Bowie, Laurel or Southern Prince George's facilities.
h. There is clearly a need to have a board of health, or health advisory commission to address the planning, program and resource development needs of Prince George's County.
I. Who is the leadership that Progressive Cheverly needs to work with to publicize the findings and analysis of this report? The monthly meeting of Mayors was suggested as well as meetings of Civic and Homeowners Associations inside the Beltway. Also Council District 5 (Council Chair Andrea Harrison's office has a list of associations and when they meet.

j. What is "the ask"? What should we come away with? As a result of these meetings

Analysis and discussion of Technical Report 5: An Overview of the Public and Public Health Resources in Prince George's County (Reviewed January 28, 2013)

The report includes a 2012 snapshot of programs/services from the Prince George's Health Department, safety net programs (especially Federally Qualified Health Centers), hospital community health benefit activities, behavioral and mental health resources, Prince George's County School health programs/services, nursing home and long term care facilities, the County Department of Parks and Recreation, and the U of MD Extension services.
Findings of the report included the following:

(1) The County has many public and public health resources that are assets and appropriate to the health needs of the county residents.
(2) "County safety net clinics are severely limited in size and number and are not resourced to meet the current needs of the community."

Discussion of the study raised a number of issues related to the health care system, such as:

a. the report is a first step and does not describe the capacity or adequacy of the other public and public health resources within the county.
b. Progressive Cheverly (PC) could help prioritize which categories of services should be assessed in-depth for capacity. The report recommends assessing the capacity of behavioral and mental health services as a priority (page 146-147). Report also recommends that another priority is assessing public health capacity for delivering the core public health functions (assessment, assurance, policy development)(page 154). Perhaps UMSPH students could be involved in this capacity assessment?
c. Report suggests that, in partnership, County hospitals and the Health Department "might want to support a shared County-wide assessment and common planning process" (p. 143).
d. "More publicity is needed to increase awareness of existing and needed public health sector resources in the context of the overall health care system redesign" (page 138).
e. Public health sector capacity, programs, and services must be planned for in tandem with the plan for a new hospital and health system (page 138, 140).
f. Dental prevention programs and care are needed for the dentally uninsured or underinsured.
g. Discussion: One impact of the current health care system is that a majority of residents go outside for primary and other health care, so we lose opportunity.

Analysis and Discussion of Technical Report 6: Prince George's County Residents' Hospital Encounters (Reviewed January 4, 2013)

Analysis of ambulatory care sensitive admissions data – admissions involving a diagnosis that is

responsive to good primary care, i.e., acute conditions requiring hospitalization that could have been avoided with properly managed ambulatory care and access to such care. Diagnoses focused on diabetes, COPD, hypertension, asthma, heart failure, and angina. Key variables in the model include ambulatory care-sensitive hospitalizations per 1,000 residents, readmissions within 30 days, health care workforce capacity (physicians, physician assistants, nurse practitioners and safety net clinics), and patient and population characteristics. The majority of County residents are discharged from hospitals in the region outside of the County. D.C. hospitals represent 26.3 percent of County resident discharges.

The report includes summary information on payer data for hospitals; PG hospitals are generally reimbursed in line with "safety net" hospitals, with Medicare, Medicaid or self-pay representing the majority of payments and private providers the lowest percentage of payments (2/3 of payments to PG County Hospital are made by Medicaid/Medicare/self-pay and about 30% are paid by private insurers). In general, people with private insurance tend to seek care outside the county and people who are dependent on Medicare/Medicaid/self-pay use county hospitals.

Heart failure, diabetes, and asthma are very prevalent and are priority conditions to be addressed. 21 discharges per 1000 county resident (per year?) were for these conditions. Readmissions averaged 10 percent (not totally clear what the denominator is?) for hospitalized PG county residents (2008/2009 data only). Regression model considers the following outcomes: PQI related to ambulatory care sensitive admissions data, readmission rate 2008, and readmission rate 2009.

Discussion of the study raised a number of issues related to the health care system, such as:

a. Additional staff such as Nurse Practitioners should be advocated for because their ratio to population has been shown to be associated with lower hospitalization rates (per technical report 6). This association is statistically significant while the associations for MDs and Physician assistants were not statistically significant.
b. The chronic diseases studied represent a small percentage of hospitalizations. We need to know all hospital admissions in the County, not just those of selected illnesses, to understand patterns of hospital care
c. What are broader causes of all hospitalization admissions that might be prevented? For example, who will provide care for HIV/AIDS and Hepatitis C patients?
d. Additional, real time health data are needed! Might the U of MD SPH have resources to help build an ongoing data infrastructure to identify which diagnoses occur in the county, where and to whom? (Epidemiologists at GW University SPH assisted the DC HIV/AIDS program to develop a simple data system on line.) This could help decides where primary care providers should be located.
e. Does the county have any resources to support additional studies of providers, nurse practitioners, public health nurses, social workers, etc. (ex, qualitative research, more in-depth interviews)?
f. Media can target messages about specific conditions (ex, some areas have a higher burden of asthma, while others have a higher burden of heart failure.)
g. Media outlets are also needed to help advertise PH accreditation of the Health Department when it occurs as well as successes of the hospital system. (Prince George's hospital only recently hired someone to do marketing. Previous budget cuts excluded that position.)

- **h.** After Katrina in New Orleans, Charity Hospital ceased to function and an entirely new, less expensive primary care system was restructured with clinics (by LSU, Tulane and Xavier). Could these examples be models for a Prince George's County primary care system?
- **i.** The UMMS will need to link with and support primary care.
- **j.** What are the best entry points for bringing NPs to the community as primary health care providers? How can Progressive Cheverly advocate for primary care in the health system?

Analysis and discussion of Technical Report 7: An Assessment of Comparable Model Health Care Systems: Interviews with Key Professionals (Reviewed January 28, 2013)

Interviews were conducted with representatives of thirteen health care systems (not identified by name or place) throughout the United States. This Technical Report identified many interesting ideas, and it was difficult to relate specific health care system characteristics and strategies with health outcomes. There were no recommendations specifically for our new health care system.

Looking at specific elements of a health system (both hospital and community) that effect outcomes (p. 200, Table 4), the report identified numerous approaches that might be useful for this County, some of which included:

1) Integrating a mental health specialist into primary health care teams for to train physicians
2) Parity for mental health coverage
3) Full range of psychiatric services
4) Access to care for uninsured and insured (i.e. identify where to focus health care improvement, medical homes thru partnership with community health care clinics that reduce admissions, readmissions and ER utilization, case managers identify patients and follow up with them
5) Intensive focus on prevention
6) Coordination of care when a patient leaves the hospital
7) Improvements in information technology (IT) systems
8) University medical center that views community health as a high priority
9) Develop a team-based, multi-disciplinary, multi-specialty approach to treatment

Table 5 on page 203 lists a number of ideas that could strengthen a health care system for public Health. Included are the following:

1. Developing an efficient system of providing care for those unable to pay
2. Increasing the number of persons with health insurance (especially as a result of the Affordable Care Act [ACA])
3. Reducing emergency room visits and keeping the population healthy

Discussion of the study raised a number of issues related to the health care system, such as:

a. An integrated health care system is needed**!** UMMS has been quoted in the Washington Post as saying that they are not designing primary care for the system.
b. Timing is important to influence the decisions of the State Department of Health and Mental Hygiene, county government, UMMS, and regional health stakeholders regarding an integrated health care system. It seems critical to meet soon with Brad Seamon (Chief Administrative Office of County) and Andrea Harrison (Chair of the County Council).

c. Transparency is needed throughout the strategic planning of an integrated health system! This group has the experience and skills to advocate for transparency by the decision-makers.

d. What is the health care system envisioned for the county?
What is the health care system Progressive Cheverly envisions for the county?
What are primary care facilities needed to feed into the health department and hospital(s)? (Some suggest 7-8 primary care facilities.)
What can the Progressive Cheverly Health Committee do to make the planning process more transparent?

e. Per the ACA, the quality of the "hand-off" of persons after hospitalization to the primary care part of the system will be important to prevent re-admissions and prevent the hospital being financially penalized for re-admissions that occur within 30 days.

f. Hospitalization rates should eventually decrease if the use of primary care services increases. It will be important for the system to monitor both types of utilization rates.

Major Themes for Advocacy that Emerged from Reports 1, 3, and 6 (reviewed January 4, 2013)
from review of reports 1, 3, and 6 these major themes emerged for advocacy:

- Advocate for the primary care part of the health system, especially nurse practitioners.
- Advocate for a better health data infrastructure.
- Advocate for more transparency, which would include a health advisory board of citizens.

Major Themes for Advocacy that Emerged from Reports 4, 5, and 7 (reviewed January 28, 2013)
From review of reports 4, 5, and 7 these major themes emerged for advocacy:

- advocate for an integrated health system including primary care, hospital care, and the public and public health sector,
- advocate for more primary care throughout the county, especially safety net and primary care services inside the Beltway,
- advocate for more transparency of health system planning, which would include a health advisory board of citizens,
- advocate for the integration of mental health services with physical care services,
- Advocate for assessing the capacity of existing public and public health resources and identify gaps in service.
- Progressive Cheverly Health Committee needs to develop a timely strategic plan for addressing the themes listed above.

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