Tri County Health Improvement Coalition

Wednesday, February 25, 2015

9 A.M.

Somerset County Health Department

8928 Sign Post Road

Westover, MD 21871

Agenda

|  |  |  |
| --- | --- | --- |
| 9:00 | Welcome and Introductions |  |
|  |  |  |
| 9:10 | Diabetes Grant | Worcester County |
|  |  |  |
| 9:20 | 1422 Grant | Somerset, Wicomico, Worcester Counties |
|  |  |  |
| 9:30 | Opioid Misuse Prevention Grant | Somerset, Wicomico, Worcester Counties |
|  | * Voluntary grant awarded to lower counties from fed—indep from Gov’s initiative
* Will be hiring media consultant on education campaign (TV radio print)
* All certified as training entities for NARCan—crisis intervention and prevention
* Trying to get information specific to the region’s trends/stats/resources—so launched 10 min survey to get reliable data—distributing through Drug and Alcohol council and LHIC—will close 3/16 and must be done online
* Wicomico (largest volume of opiod fatalities on the shore except for Cecil Co) opioid fatality review team been in place to identify where intervention could have been useful in each case and applying preventive strategies appropriately.
* 265 indiv in Wicomico support group are getting rx for naloxone (to prevent overdose death)
* Training policy and community trainings on naloxone. 3 reversals-both of overdose and addiction through the program!
* Naloxone is as much for the caregiver/administrator as for the person who is addicted.
* Wicomico hospital created position for social worker in ER to do more sophisticated, coordinated discharge for people seeking help in the ER to prevent fatality
* Concern about Medicaid reimbursement for residential treatment has been altered such that local providers are only accepting self-pay –no insurance, and esp. no Medical Assist.
* Will be circulating report from Beacon that quantifies the cost of drug and alcohol use in the community (admissions, ER visits, costs associated with health care, law enforcement, incarceration, loss of productivity—modeled specifically for Eastern Shore based on national study—probably not as accurate locally.)
 |  |
| 9:40  | Sugar Free Kids | Worcester County |
|  | * Jennifer LeMade reviewed the Sugar Free Kids Resolution: To reverse the trend of obesity and teen diabetes in Maryland” presented by Robi Rawl at previous mtg and asked the group to consider signing on
* Elected not to sign on (referenced tobacco-free kids)
 |  |
| 10:00 | “Healthcare for All” |  |
|  | * Steve Ports’ presentation on the context of health system delivery change.
* Local context of trends in high blood pressure (Worchester better than state and national—others worse than both, cholesterol --Worchester highest in the state)
* Triple aim-make hospital responsible for (and incentivized to) working with patients and outpatient providers to improve patient care and outcomes
* Maryland is waived from Medicare payment principles. Everyone treated in MD hospitals pay the same rate for the same service regardless of hospital or payer.
* This arrangement has kept cost growth much lower than national trends (per case) now looking to do the same thing per capita
* New waiver took effect on 1/1/2014—creates more incentives and accountability for improving costs and quality
* Consumers should expect greater outreach from hospitals and providers
* Movement of care to the right care at the right time in the right place at the right price.
* This model has been piloted over the past 4 years under Total Patient Revenue (TPR) arrangements as local hospitals. GC has been doing it for the past 10 years. Found better quality, reduced costs and reasonable profitability. (Ex. School health asthma program collaboration with ER and nursing home collaborations—on-site rounds with hospital nurse at the nursing home)
 |  |
| 11:00 | Member Updates/Information Sharing |  |
|  |  |  |
| 11:30 | Adjournment |  |

Please R.S.V.P. to Darcy.Haldeman@maryland.gov by Monday, February 23, 2015