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## **Howard County Local Health Improvement Coalition**

Access to Care Work Group Delegate Report

January 25, 2018

**FY 18-20 Access to Care Priority 1:** Reduce Emergency Department visits for diabetes, hypertension, and asthma in Howard County.

**FY 18-20 Access to Care Priority 2:** Increase the number of Howard County children and adults who access dental care annually.

### **FY 18-20 Access to Care Goals:**

**Goal 1.1a:** Provide referral/linkage to diabetes/hypertension/asthma education and services through community partnerships and evidenced-based programs for priority populations.

**Goal 1.1b:** Engage HCLHIC member organizations in coordinated communication through social, print and other media on disease prevention and awareness for priority populations.

**Goal 2.1a:** Provide referral/linkage to dental care and oral health education through community partnerships and evidenced-based programs for priority populations.

**Goal 2.1b:** Engage HCLHIC member organizations in coordinated communication through social, print and other media on disease prevention and oral health awareness for priority populations.

### **FY 18-20 Access to Care Process Objectives:**

- By June 30, 2020, participation in evidence-based Chronic Disease Self-Management and Diabetes programs for priority populations will be increased by 20%.
- By June 30, 2020, participation in evidenced based asthma education for priority populations will be increased by 10%.
- By June 30, 2020, 20% of HCLHIC partner organizations will be engaged in Diabetes, Hypertension and Asthma awareness for priority populations by utilizing communication action alert tool.
- By June 30, 2020, 20% of HCLHIC partner organizations will be engaged in targeted education on appropriate uses of primary care, urgent care, emergency department and telemedicine by utilizing communication action alert tool.
- By June 30, 2018, 600 adult patients will receive free/low cost clinical dental services through Chase Brexton. *\*targets to be set annually*
- By June 30, 2018, 250 children will receive free/low cost clinical dental services through Chase Brexton and Smile Program with HCPSS. *\*targets to be set annually*

- By June 30, 2020, dental care providers providing free/low-cost community clinics and/or screening services/restorative care will be increased by 5%.
- By June 30, 2020, 10% of HCLHIC partner organizations will be engaged in Oral Health Awareness and Free/sliding scale dental provider awareness for priority populations by utilizing communication action alert tool.

**FY 18-20 Q1 & Q2 Progress Report**

	<b>Discussion</b>
<p><b>List the action item (s) that this work group will complete by June 2018.</b></p> <p align="center"><b>IN- PROCESS</b></p>	<p><b>The action items this group will complete by June 2018 are as follows:</b></p> <ul style="list-style-type: none"> <li>A. Increase evidence-based diabetes and hypertension program participation for priority populations by 5%</li> <li>B. Establish a baseline for participation in asthma education program participation by priority populations.</li> <li>C. Access to Care specific presentation/training held during 1 full HCLHIC meeting /1 work group meeting annually</li> <li>D. Include diabetes; hypertension; asthma; appropriate uses of primary care, urgent care, and emergency department and telemedicine; oral health; and, free/sliding scale dental provider awareness-related awareness actions/messages in a minimum of 2 HCLHIC Action Alert Tools per topic</li> <li>E. Engage a minimum of 5% of HCLHIC member organizations in diabetes; hypertension; asthma; appropriate uses of primary care, urgent care, and emergency department and telemedicine; oral health; and, free/sliding scale dental provider awareness-related awareness actions/messages through the HCLHIC Action Alert Tool</li> <li>F. Provide free/low cost clinical dental services to 600 adults</li> <li>G. Provide free/low cost clinical dental services to 250 children</li> <li>H. Increase dental care providers providing free/low-cost community clinics and/or screening services/restorative care services by 1.25%</li> </ul>
<p><b>What is the current status of the action item (s) above during this fiscal quarter?</b></p>	<p><b>The current status of the action items are as follows:</b></p> <ul style="list-style-type: none"> <li>A. The Access to Care work group convened a small group representative of CDSMP providers to examine capacity/participation in CDSMP programs in Howard County. The group discussed the FY 18-20 HCLHIC goals for increasing participation and strategies to work collaboratively with partners to maximize effectiveness.</li> </ul> <p>A comprehensive list of CDSMPs offered throughout the county has been compiled and shared through the HCLHIC communication channels as well as with CAREAPP in order to maximize referral availability.</p> <ul style="list-style-type: none"> <li>B. The HCLHIC team met with representatives from the Howard County Health Department’s Bureau of Child Health, the Maryland Department of Health, the Howard County Public School System, and</li> </ul>

the Maryland Chapter of the American Academy of Pediatrics to discuss current asthma initiatives, data and objectives within Howard County and the surrounding area.

C. During the FY 18 Q1 Full HCLHIC meeting Traci Kodeck, CEO of HealthCare Access Maryland, presented on HCAM's new role in Howard County as the connector entity and in assisting Howard County residents in accessing care. Shanika Cooper, Director of the Bureau of Access to Healthcare at the Howard County Health Department, presented on the bureau's work in assisting Howard County residents in accessing care.

D. As of FY 18 Q2, 2 diabetes/hypertension-related services associated actions/messages were included in the HCLHIC Action Alert Tool.

As of FY 18 Q2, no asthma actions/messages were included in the HCLHIC Action Alert Tool (to be included in FY18 Q3 and Q4).

As of FY 18 Q2, 2 appropriate uses of primary care, urgent care, and emergency department and telemedicine actions/messages were included in the HCLHIC Action Alert Tool.

As of FY 18 Q2, no oral health and, free/sliding scale dental provider awareness actions/messages were included in the HCLHIC Action Alert Tool (to be included in FY18 Q3 and Q4).

E. As of FY 18 Q2, 5.7% of HCLHIC member organizations engaged in diabetes/hypertension-related services action/messaging through the HCLHIC Action Alert Tool (National Diabetes Awareness Month).

As of FY 18 Q2, 0% of HCLHIC member organizations engaged in asthma action/messaging through the HCLHIC Action Alert Tool (to be included in FY18 Q3 and Q4).

As of FY 18 Q2, 4.5% of HCLHIC member organizations engaged in appropriate uses of primary care, urgent care, and emergency department and telemedicine action/messaging through the HCLHIC Action Alert Tool (Health Insurance Open Enrollment).

As of FY 18 Q2, 0% of HCLHIC member organizations engaged in oral health and, free/sliding scale dental provider awareness action/messaging through the HCLHIC Action Alert Tool (to be included in FY18 Q3 and Q4).

F. 632 adults (579 aged 21-64 years; 53 aged 65+) were provided free/low cost clinical dental services through Oral Disease and Injury Prevention (ODIP) grant through the Maryland Department of Health

(MDH).

- G. 147 children (7 aged 0-2 years; 21 aged 3-5 years; 43 aged 6-12 years; 76 aged 13-20 years) were provided free/low cost clinical dental services through on-site services at Chase Brexton.
- H. Increasing dental care providers providing free/low-cost community clinics and/or screening services/restorative care services will be addressed in FY 18 Q3.

**What are the next steps and projected timelines to accomplish the action item (s) above?**

**The next steps in order to accomplish the action items are as follows:**

- A. HCLHIC staff will facilitate quarterly meeting with key HCLHIC Member and stakeholder organizations to review existing evidence-based CDSMP/DPP programs for priority populations and review geo-mapping of targeted areas currently being served, current participation/capacity and gaps in service/capacity of programs in the county.
- B. Convene an action group comprised of key HCLHIC Member and stakeholder organizations to review existing evidence-based asthma programs and county initiatives such as HCGH home-based asthma group, and review geo-mapping of targeted areas currently being served, current participation/capacity and gaps in service/capacity of programs in the county.
- C. Suggested topics and presenters/presentations for FY 19 Q1 Full HCLHIC Access to Care specific presentation/training will be generated.
- D. Establish an action group comprised of strategic HCLHIC partners to guide the selection and development of diabetes; hypertension; asthma; appropriate uses of primary care, urgent care, and emergency department and telemedicine; oral health; and, free/sliding scale dental provider awareness-related actions/messaging to be shared through the HCLHIC Action Alert Tool during FY 18 Q3.
- E. Actions/messaging for HCLHIC Action Alert Tool on appropriate uses of emergency department, etc. awareness-to be developed in FY 18 Q3. HCLHIC staff has meeting with communication team for HCGH set to discuss the approach and legal advice provided by counsel regarding messaging that the hospital has been approved to use. HCLHIC specific messaging will incorporate this as a consideration to maximize approval for usage by partner organizations.

Information on asthma and the importance of asthma action plans will be incorporated into educational activities completed as a part of the Fit Family Night events that the Healthy Weight work group is

	<p>participating in.</p> <p>F. HCLHIC staff will continue to manage the ODIP grant through MDH.</p> <p>Collaborative referral process developed with Chase Brexton will be finalized.</p> <p>HCLHIC staff will participate in planning committee for Department of Community Resources and Services Dental Treatment Fair to be held in March 2018.</p> <p>G. HCLHIC staff has requested a presentation by HCPSS to the Access to Care work group to highlight outcomes from the new FY 18 partnership with Smile Maryland for pediatric dental services.</p> <p>H. Establish an action group comprised of strategic HCLHIC Member and stakeholder organizations to guide the selection and facilitation of provider and community educational opportunities intended increase free/low-cost dental services in the County.</p>
<p><b>List specific action(s) needed from HCLHIC members or specific work group(s) to successfully implement your action item(s) by June 2018.</b></p>	<p><b>The specific actions that are needed from HCLHIC members are as follows:</b></p> <ol style="list-style-type: none"> <li>1. HCLHIC members who are interested in being part of an overall HCLHIC Action group to refine the Action Alert Tool, messages crafted by work groups should contact <a href="mailto:mwahl@howardcountymd.gov">mwahl@howardcountymd.gov</a>; estimated time commitment would be 1-1.5 hours by phone/web 2-3 times a year.</li> <li>2. HCLHIC members are asked to add a link back to the HCLHIC website to their organizational websites. Information and image for logo can be found in the January 2018 Action Alert Tool under the Resources Tab/Member Action Alerts on the HCLHIC website at <a href="http://www.hclhic.org">www.hclhic.org</a>.</li> <li>3. HCLHIC members who are interested in being part of an action group to guide the selection and facilitation of asthma initiatives and educational opportunities should contact <a href="mailto:mwahl@howardcountymd.gov">mwahl@howardcountymd.gov</a>; estimated time commitment would be 1-1.5 hours by phone/web 2-3 times a year.</li> <li>4. HCLHIC members who are interested in being part of an action group to guide the selection and facilitation of provider and community educational opportunities intended increase free/low-cost dental services in the County should contact <a href="mailto:mwahl@howardcountymd.gov">mwahl@howardcountymd.gov</a>; estimated time commitment would be 1-1.5 hours by phone/web 2-3 times a year.</li> </ol>

Respectfully submitted by  
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Howard County Local Health Improvement Coalition