Health Reform Symposium: A Summary of Proceedings and Recommendations

October 27, 2010

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Health Reform: A Blueprint for Montgomery

What might federal health reform mean for Montgomery County?

Can Montgomery County become the healthiest county in the U.S.?

Those were two core questions that stakeholders from the county addressed on October 27, 2010. Participants began to develop an overall goal to aim for and strategies to guide that aim. In addition, in the venues of topic-specific workgroups, they developed strategies that they and the citizens of the County can employ to get to the overall goal. Prepared materials on the Patient Protection and Affordable Care Act (the federal health reform law) provided background for the breakout discussions, to which these engaged stakeholders contributed their experienced insights.

What is striking at this point is the degree of agreement both with regard to obstacles and with regard to strategies. In an undertaking such as this, process is extremely important: it coalesces a broad swath of insight and information. Articulating and reflecting that swath of insight and information at this early point can lead to a common appreciation of both the challenges and the workable strategies to address them.

That is also the purpose of this publication. The exchange of information and ideas in October can create cohesion as stakeholders proceed with developing an actual blueprint for implementing health reform in the County.

On October 27, John Colmers, Secretary of the Maryland Department of Health and Mental Hygiene set the stage by highlighting the improvements in the health system that the Affordable Care Act can bring about. He posed the challenge of communicating to people in the county the importance of primary care and he declared that bending the cost curve is an essential part of implementation. His strongest points of emphasis, however, were first, shoring up the safety net so that it thrives during the transition to a reformed health system and second, aggressively addressing health disparities:

There is no way to improve overall health outcomes in Maryland without driving through health disparities. — John Colmers

With those challenges in mind, the participants broke into six workgroups. Those workgroups were:

1. Community-Based Delivery System
2. Public Health and the Community
3. Aging and Long-term Care
4. Behavioral Health Financing and Delivery
5. Workforce
6. Health Information Exchange
Following are reports that cover the main points from the discussion on each topic followed by Action Steps developed by each group of participants.

Though covering different workgroup topics, these reports reveal commonalities among the groups that are noteworthy with regard to future discussions and the formulation of a Blueprint. All the groups recognized the need for a comprehensive effort guided by an "audacious goal." All stakeholders hospitals, clinics, private providers, Montgomery Cares, and state and county government need to engage in a coordinated effort to develop and carry out strategies to reach the goal of making Montgomery County the healthiest county in the nation.

The Integration of Care and the Continuum of Care rose to the top of the favored strategies from primary care to health information technology. Strengthening the Safety Net through integrated primary care, networks of specialty care and Federally Qualified Health Centers was a common thread. The core strategy for integrating care is through the integration of the workforce into care teams. This means recognizing the vital contribution of each member of the care team and addressing the structural issues, such as reciprocal licensure and scope of practice regulations or laws. The organization of the health care and public health workforce into mutually appreciative and inter-reliant care teams can catalyze the coordination of care that everyone desires for the patient population in the county.

A similar, but distinct emphasis fell on Population Health. The Affordable Care Act affords counties, states and the nation the opportunity to move from sick care to health care and from acute care to preventive care. All of the groups acknowledged the importance of metrics to define and understand the health of the population. Likewise, all acknowledged that existing models hold promise for adoption in the county, such as global delivery systems like Geisinger or the Triple Aim Model of the Institute for Healthcare Improvement. Participants recognized the linkages among Primary Care, Public Health, Behavioral Health and Aging/Longterm care and discouraged the perpetuation of silos that have fragmented the health system into a "non-system" in most communities.

Mining the county's diversity to make it a true asset and not a liability will require straightforward attention to the Social Determinants of Health. Inequities of broad origins and the disparities in health status and health care arising from inequities can be delineated by the skillful use of Health Information Technology that can inform care integration and create a culturally competent response to inequity.

Most of the workgroups highlighted the need to engage the community and consumers of health services. Community education about the Affordable Care Act seemed particularly important with regard to health, wellness, prevention, and screening. Strong communications efforts are needed to keep the public on track in support of the federal reforms that will undergird the reforms in their communities.

Finally, there was a broad consensus that health care and health status in the greater Washington metropolitan area is a regional issue. Populations are fluid and the regional partners are interdependent in ways that compel the leaders in Montgomery County, as in other parts of the metropolitan area, to keep in mind the regional aspects of public health,
delivery systems and workforce. In particular, structural issues such as licensure reciprocity, workforce development and retention, emergent care and public health responses require a region-wide perspective.

The effort that stakeholders put forth on October 27, 2010, can go a long way to inform and mold whatever next steps they choose to take toward implementing health reform in the County. The symposium enhanced prospects for collaboration, demystified "health reform," and created a basis for common action.
Montgomery County Health Reform Symposium: October 27, 2010
Community-Based Delivery System: Discussion and Action Plan

Discussion | Main Topics

- **Health Care is provided on a Regional Basis**: seeking and getting care in the greater metropolitan Washington area. The FQHC’s in Montgomery and Prince Georges counties and D.C. provide care to individuals from across the region, including Northern Virginia and West Virginia.
  - Resources for cross-border health issues include:
    - Primary Care Associations (Mid-Atlantic (MD/DE), DC, Virginia, West Virginia
    - Primary Care Offices in MD, DC, VA and WV
    - Health Departments from the various jurisdictions

- **Primary Care Providers**: there are various groupings of providers who need to be included in a comprehensive strategy. These include:
  - Health Centers’ Leadership Council (primary care providers who meet separately from the Primary Care Coalition and MC’s Department of Health and Human Services)
  - School-Based Health Centers can link primary care providers to other populations. ACA provides capital funding for SBHCs. Sites could serve a broader community.
  - Care for Kids: County-funded program for children (providers include school-based centers, private providers, Kaiser)
  - Hospitals, especially emergency departments o Convenient care clinics
  - Free clinics
  - The medical community at large: private physicians, specialists

- **Improving the health of Montgomery County involves more than the provision of primary care services**:
  - Access to specialty care (stronger network of subspecialty referral sources)
  - Access to medications
  - Access to hospital care
  - Chronic Disease Management: community-wide strategies centered on individuals and built on collaboration
  - Improving population health and improved population health outcomes

- **Workforce Training and Development Strategy needed to assure access to care and to assure the Integration of Care through the Workforce**
  - All workforce need to work at the top of their licenses, including physicians, nurses and ancillary personnel
  - Move from a provider-centric model to a care team model
    - Train existing workforce and move care team model into academic education and training programs
  - Need for more providers to meet the demand, including:
• Primary Care Providers, Behavioral Health Providers, Dentists.
• International Medical Graduates: Conrad option to waive J1 Visa
• Full use of Advanced Practice Nurses: Nurse Practitioners, Nurse Anesthetists, Certified Nurse Midwives, Certified Nurse Specialists

  o Integrate all levels of health workers:
    ▪ Community Health Workers/ Navigators /Promotores
    ▪ Patient Navigators: everyone needs help in navigating the health system
    ▪ Best use of the existing workforce, including volunteers
    ▪ Reciprocity on licenses needs to be granted by state (currently, if hospital-based, cannot get a waiver)
    ▪ Federal Tort Claims Act: malpractice coverage is available for free clinics
    ▪ Montgomery County provides tort protection for volunteers including health professionals
    ▪ Loan Repayment: MC providers lowest paid, highest malpractice and highest cost of living hence loan repayment is a retention/recruitment incentive

  o Retention and Recruitment: communities need to focus on these
  o National Health Service Corps: half-time positions not allowed

• Social Determinants of Health must be addressed in any blueprint to improve the health of Montgomery County
  o Must maintain a population health focus
  o Housing, Employment, Education
  o Availability of safe places to exercise
  o Land use planning: have a health assessment component
  o Address issues before they become a health problem

• Richness of diversity in Montgomery County requires multi-cultural capabilities, including language capabilities
  o Address the needs of individuals who will not be covered by the Affordable Care Act
  o Make the system of primary care efficient and consumer friendly (without a coordinated system of care, barriers to access will continue)

• Medicaid Expansion
  o Assess our patients with regard to Medicaid coverage
    ▪ Percentage of patients to be insured through the expansion
    ▪ Takes too long to get into Medicaid, denied sometimes
  o Efficient expansion: more state Medicaid workers needed
  o Outsourcing Medicaid billing: establish a shared billing service for Medicaid

• Payment Systems and Reimbursement Challenges
  o Medicaid reimbursement level is low
    ▪ Nurse Practitioners reimbursed @ 85% of physicians' rate
    ▪ Some physicians don't bill Medicaid: high administrative cost
  o Majority of clinics will need to bill/collect Medicaid
o FQHC status: raises reimbursements from $30-40 to $150/visit
  ▪ Identify resources to increase capacities and meet the requirements of FQHCs
o Consolidate contracts for laboratory services for safety net providers in the County: cost-effective options
o ACA: Nurse-managed clinics (care needs to be appropriately reimbursed)
  o Care coordination is not currently reimbursed
  o Business Systems also need to work in teams
  o Challenges presented by the distribution of poverty in Montgomery County and the unfavorable HPSA MUA/MUP designation pertaining to our County

• Populations and population health
  o Who are we seeing in the emergency rooms?
  o What groups of people are we NOT reaching?
  o 30% increase in number of seniors in the County anticipated
    ▪ Ambulatory, home and adult care
  o Ever-sicker population: need to change lifestyles
    ▪ Second-generation immigrants less healthy than first
    ▪ 30-50% of American people projected to be diabetic in the near future

• Access: models (Look at working models and adapt to our community)
  o Building networks: Communities Joined in Action
    ▪ Project Access: eligibility and provider networks
    ▪ Buncombe County, NC, model of Project Access
  o Global Delivery Systems: look at Geisinger, Mayo, Intermountain
  o Montgomery County Safety Net and Region:
    ▪ Triple Aim
    ▪ Adopt evidence-based, action-oriented model for population health improvement
    ▪ Community engagement: look at health and well-being and other social determinants that affect health
  o Community of care and access outside traditional medical model
    ▪ Access Points
    ▪ Hospitals, emergency departments, mental health
    ▪ Juvenile Centers, Detention Centers
    ▪ Just out of detention, just out of foster care
    ▪ Unemployed

• Improving Population Health a Must across all sectors
  o Health sector: hospitals, safety net, private providers
  o Government and Policy
  o Business Community

Based on the foregoing discussion, the discussants developed Actions Steps that need to be taken
toward the goal of developing an inclusive delivery system of coordinated care that leads to a healthier Montgomery County. They strongly supported the principle of innovation with existing resources. To that end, it is essential to point out that the first step "Get the Baseline Data - the Big Picture with a Consumer Focus" is already being addressed by the "Healthy Montgomery" effort of the Montgomery County Department of Health and Human Services. Those data will help inform the development and execution of strategies to accomplish steps two through four concerning a transition plan for the current safety net system, designing an integrated and results-driven community-based health care delivery system, and engaging and educating the community.

**ACTION STEPS**

*Operate on the Theory of Abundance: Operate on the theory of "no new money" Innovate with what we have*

The “Healthy Montgomery” effort of the Department of Health and Human Services is currently addressing the elements proposed by the discussants in Step 1:

1. **Get the Baseline Date — the Big Picture with a Consumer Focus**
   - Needs Assessment of the County to show the gaps|determine baseline
     - Health Montgomery, aka CHIP is underway
     - Gaps we need to bridge
     - Things we need to plan for
     - Picture of the 1 million County residents

   ![Coverage Pie Chart](Now) ![Coverage Pie Chart](Where we are going)
   - Description of the population
     - Race|ethnicity|age
     - County rankings|national data
     - Local data more specific to our community — develop as needed
     - Income levels
     - Disease prevalence
   - Develop metrics and capability to measure progress and effectiveness
   - Look to models to incorporate patient experience, health outcomes, and value for money

2. **Formulate a Transition Plan for Current Safety Net System**
   - Service Model:
     - Business Plan
       - Involvement of Stakeholders
     - Medicaid coverage
     - Uninsured, uninsurable, eligible but not enrolled
• Quality
• Efficiency

○ Current Clinics
  ▪ Examine effectiveness of the scale: increase collaboration and partnerships
○ Address specialty care needs
○ Assess role and relationship of hospitals and clinics

3. **Design a Community-Based Health Care Delivery System**
   ○ Cover all Lifecycles: Pre-conception, Pre-natal, pediatric, adolescent, adult, geriatric
   ○ Integrated, coordinated, multi-cultural, results-driven
   ○ Adopt evidence-based improvement models for systems to decrease fragmentation and improve the patient experience
     ▪ Models of improvement
     ▪ Planned care
     ▪ Care Team Approach: the Individual at the Center
     ▪ Customized Care Plan
   ○ Workforce: the right people, with the right training, in the right teams, to get the right results
   ○ Develop business plan to assure sustainability

4. **Engage and Educate the Community**
   ○ Research and use good models of outreach and engagement
     ▪ Strategies: faith-based, community organizing
   ○ Social determinants of health
     ▪ Who needs to be at the table
     ▪ Healthy lifestyles and healthy communities
Montgomery County Health Reform Symposium: October 27, 2010
Public Health and the Community: Discussion and Action Plan

Discussion | Main Topics

- **Population Health - From sick care to health care**: the ACA shifts the focus to health care and its population-based aspects. Mandatory funding is intended to catalyze community transformation to improve population health before people get sick.
  
  o **The integration of public health and primary care** is the lynchpin to keeping the community healthy. ACA includes huge expansions of coverage and emphasizes primary care. The County needs to seize opportunities to integrate public health and primary care.
    
    o Currently a lack of coordination for preventive services: patient navigators are needed to get patients through the system
    o Hand-offs from specialty care back to primary care providers needs improvement
    o Medical workforce needs to be realigned to the needs of the community
    o Medical students and ancillary care professionals need to be educated in public health
  
  o **Need for success strategy through more collaboration in the County**
    
    o What can the state do that is truly innovative?
    o Good structures exist: the Commission on Health is well positioned to advise the Council Health Committee of the County Council and the County Executive
    o The Montgomery County Advisory Board can make recommendations to the county’s Department of Health and Human Services and to the County Executive and the County Council
    o The Medicaid changes and the expansion of private insurance through the exchanges could have unintended consequences that could discourage people from seeking preventive and screening services. The intent of the ACA is the opposite of such an unintended outcome. Such glitches need to be anticipated: health department budget and public health needs should be coordinated.
  
  o **Need to capture funding opportunities**
    
    o Disparities exist between what we are expected to do and the available budget to do it
    o Compelling ideas will attract funding: high quality grant writing is needed
    o Roadmap of funding opportunities as they become available is needed
    o Roadmap of funding opportunities as they become available is needed
    o County-wide effort on Community Transformation grants
    o Community Transformation grants could help integrate public health and primary care
    o We need to leverage relationships so that we use community resources to the maximum
    o Need to develop consensus on use of hospital and health insurance community benefit
    o Need policy, strategy, and mechanisms to move money from health care delivery to population health improvement
Community Engagement
- The population needs to be educated about health disparities and inequities, and about public health and prevention.
- Council Health Committee, YouTube and other media to attract public attention

The discussants developed the following Action Steps with the overall recommendation that the County identify a goal and ask everyone in the County to work toward the goal. They also emphasized that metrics need to define the problems and guide the solutions.

ACTION STEPS

1. **Articulate the audacious goal that Montgomery County will become the healthiest county in the Nation.**

2. **Define priorities for health promotion and disease prevention** that are driven locally and that are aligned with national and state objectives.
   - Engage more traditional and non-traditional partners to improve overall health and well-being
   - Articulate strengths, weaknesses and gaps
   - Organize ourselves to respond strategically
   - Engage the community to provide basic information that addresses the information gaps

3. **Integrate the care delivery system to strengthen the existing safety-net system.**

4. **Identify the changes that align with the ACA and that improve population health.**
Discussion | Main Topics

- ACA changes the mindset about healthcare from acute care to prevention

- ACA’s Elements that address the needs of older adults and their caregivers
  - Help for Early Retirees
  - Aging and Disability Resource Centers (ADRCs)
  - Medicare Part D "donut hole" diminished and enrollment assistance
  - Health and Wellness
  - Care Transitions
  - Medical or Health Homes
  - Medicaid Spousal Protections
  - CLASS Act, voluntary program for purchasing community living assistance services and supports
  - Protection for Vulnerable Elderly
  - Home Community Based Services Expansion in Medicaid

- Community Education
  - Older adults need to understand what the ACA will mean for them; in particular, the health and wellness aspects: people need to know that there is no co-pay.
  - ADRU: Montgomery County Department of Health and Human Services, Aging and Disability Services, has Aging and Disability Resource Unit. ACA funding will help increase and train staff and help market unit. These centers can provide a single point of entry for people seeking information: many residents call about nursing home placement because they do not know about resources in Montgomery County.

- Need for coordinated approaches among hospitals, clinics, Montgomery Cares and the county/state governments: eliminate the silos!
  - Reduce the 18% readmissions to hospitals
    - Partnerships with hospitals: work on discharge planning
    - Define ongoing care for patients
    - Define the incentives for hospitals that reduce readmissions
  - Dual Eligibility (Medicare and Medicaid)
    - High-need, high-cost population
    - Office of Dual Eligibility: how to innovate for this population
  - Home and Community-Based Services through Medicaid

- Protections for vulnerable older adult population
  - Ombudsman programs are inadequately funded
  - Ombudsman may extend to Home Care
  - Elder Justice Act - coordinated government response to elder abuse and neglect
  - Elders with limited English proficiency
Like the discussants in other breakout sessions, those working on Aging and Long-term Care developed priorities for action steps, with an emphasis on healthier behavior, prevention and the integration of services. They believe that the discussion about health must be changed to address health across the lifespan.

**ACTION STEPS**

1. **Immediate efforts at peer education** about the ACA
   - Promote healthier behavior and prevention
   - Define and target the disparities within the senior population

2. **Outreach and marketing of services**
   - Consider budget challenges
   - Increasing outreach grows the wait lists

3. **Promote integration of services**
   - Service providers need to communicate and coordinate
   - Need to address Mental Health and Dental Services
   - Health Information Technology
     - Use for medications: prescription records; interactions among medications; link between substance abuse and medications; over medicating and mixing medications and alcohol
   - Training community people who have frequent contact with elders on signs of mental impairment or substance abuse
Discussion | Main Topics

Opportunities for Behavioral Health provided by the Affordable Care Act:

- **Healthy Parity**
  - Overcome the distinction between physical and mental health
  - Public education and reduction of stigma

- **Emphasis on screening, assessment and prevention**

- **Expansion of continuum of care and focus on recovery**
  - More patient – and family-friendly care
  - Opportunities for consumers to rejoin the workforce

- **Integrated Care supported by Payment Reform**
  - Integrated provider teams: medical and mental health
  - Provider-based models of coordination and population-based care
  - Focus on Quality Improvement
  - Emphasis on effective modalities of treatment

- **SAMHSA’s Eight Strategic Initiatives: How they link to health reform and mental health/substance abuse services**
  - Prevention of Substance Abuse and Mental Illness
  - Trauma and Justice
  - Military Families
  - Health Care Reform Implementation
  - Housing and Homelessness
  - Health Information Technology
  - Data, Outcomes and Quality
  - Public Awareness and Support

- **Workforce Development that focuses on Behavioral Health**
  - Commissioned public health officers to provide services in community-based sites
  - Foreign trained professionals

Major challenges to Behavioral Health

- **Inadequate Community-Based Capacity and Inadequate Funding**

- **Special Populations**
  - Those left out of Health Reform
  - Re-entry populations from justice system and mental health institutions
  - Key populations need specific intervention packages
• Workforce
  o Expanding competencies and capabilities
  o Retraining of existing workforce and education of upcoming workforce
  o Diversity
  o Build partnerships with academic institutions

• “Essential” Benefits
  o States can add state-funded benefits, which is prohibitive
    ▪ Many people will receive lower benefits
  o Inadequate support for coordinated interventions

• No Health Information Technology Funding for Behavioral Health
  o HIT challenges to sharing information across mental health \ substance abuse and physical health sites that limit integration

Participants delineated a set of steps that need to inform developing a strategy for Montgomery County around the integration of behavioral and physical health services. They indicated a need further to set priorities among the following action steps in the near future.

**ACTION STEPS**

1. **Create an Effective “Front Door” — Access to Behavioral Health**
   o Preserve and expand current capacity
     ▪ Crisis Center Services currently financed by County; potential to move to some fee-based financing
     ▪ Expand use of Screening, Brief Intervention and Referral to treatment (SBIRT) in settings like emergency departments
     ▪ Behavioral health within primary care settings, schools, child welfare agencies, juvenile services, faith-based groups, peer resources, recovery centers (both individual and family-focused)

2. **Integration — bi-directional — between Public Health, Behavioral Health, and social determinants**

3. **“Essential Benefits” Package — both federal and state**
   o Needs to include current behavioral health benefits
   o Need financing strategy
   o Needs to be evidence-based practices

4. **Customize “Health Homes” to provide care management**
   o For high utilization, socially complex, multi-need populations
   o Homeless, children with criminal justice involvement, high use community hospital patients
5. **Build Provider Capacity**
   - Help providers transition to health reform implementation: skill sets, Evidence-Based Practices, capacity for care coordination, quality and outcomes, adjusted to bundle rates
   - Mental health and substance abuse integration: dual certification and integrated payment system

6. **Strategic Partnerships**
   - Expand consumer and family peer support capacity
   - School-based behavioral health capacity: “Linkages to Learning” school-wide populations
   - Faith-based and national support networks

7. **Educational and Communications Strategy**
   - Behavioral health awareness and stigma reduction
   - Behavioral health as an essential aspect of health
   - Health reform and behavioral health
   - How to access behavioral health resources
   - Maximize communications technology for services delivery
   - Evidence-informed learning community focused on Montgomery County

8. **Financial Resources**
   - Assess available ACA and SAMHSA grants and develop strategies with the state to maximize current County innovations
   - Develop advocacy agenda for public and private support
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Workforce: Discussion and Action Plan

Discussion | Main Topics

• **Montgomery County’s large underutilized workforce**
  - Nurses choosing not to work because of scheduling need to be brought back into the workforce to provide greater capacity and more ethnic, linguistic diversity
  - Need for reciprocity standardization for all health professionals (MDs, nurses, dentists, pharmacists, and others)
    - Health certification boards need to help professionals with regulatory barriers
    - Maryland and Virginia have reciprocity
    - District of Columbia does not have reciprocity (separate license)
  - Increase marketing about availability of employment options in health clinics and communication among professionals about working in community health care
  - Encourage specialists to work in community clinics: a system is also needed to make referrals for surgery and specialty care.
  - Need to determine the number of providers needed for the patient population in community clinics.
  - Foreign professionals: need pathways to licensure, adjust university curricula to accommodate them, and encourage collaboration across professions and boards that reflect a more collaborative delivery system.

• **Medical, ancillary and dental education**
  - Montgomery County has only one medical school (Uniformed Services) but there is no training program. Within five years, the University of Maryland will have a medical school at Shady Grove.
  - University of Maryland is only dental school in the state. Medicaid pays for pediatric dentistry only, so pediatric dentistry is the only pathway for foreign dentists or foreign students. Other financial incentives need to be investigated.
  - Nationwide there are more online programs for nursing
  - More universities are relying on Montgomery County to provide externships for students. At University of Maryland Shady Grove, for instance, there will be 11-12 dental chairs for public services.
  - Need for greater health literacy among professionals and patients
  - Need to increase cultural competency and linguistic diversity of providers in community clinics

• **Federally Qualified Health Centers**
  - Health Reform Workgroup looking into having clinics qualify as FQHCs
    - Modification of FQHC requirements for the County because the low-income population is diffuse and does not follow zip codes (therefore the County currently does not qualify for a FQHC)
• **Malpractice Insurance**
  - Create a state-based program based on an existing federal program in which medical malpractice insurance is not needed if services are provided in a designated facility. This would increase the pool of professionals because of the financial incentive and business model.
  - Federal Tort Claims Act (FTCA) would decrease liability insurance
    - FQHCs do not require providers to carry private liability insurance
    - Montgomery County provides insurance for obstetricians who deliver babies in the County system

• **Regional approach to health care**
  - Partnerships with medical schools in the District of Columbia
  - Residency training outside of hospitals, e.g., in MC’s community clinics

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Based on the foregoing discussion, participants articulated the following four action steps. They did note, however, that the outcomes of the appropriation process in Congress would have a major effect on whether any state can implement many of the changes. Spending originates in the House of Representatives, which is now controlled by Republicans.

**ACTION STEPS**

1. **Preparation of training of professionals**
   - Internships in primary care through community health centers and private practices
   - More faculty to train professionals in mental health and dental services
   - Social Justice, Ethics and Law curricula for educational institutions
   - CDC Health Promoter Program as model for Montgomery College and University of Maryland
   - Facilitate access to loan repayment programs
   - Place students in County health care sites for internships, residencies and nurse residencies

2. **Addressing licensure barriers to practice in Maryland and the County**
   - Cross-state pacts for licensure for all professionals similar to those for nurses
   - Legislative efforts to ease licensing and scope of practice laws to allow providers to practice to the top of their licenses, particularly foreign medical graduates without licensure (including career pathways for foreign professionals to upgrade credentials and qualify for licensure and practice)
3. **Adaption of Federal Tort Claims Act to the State to provide universal liability coverage to providers**
   - Advocate for state-based liability coverage to specific types of providers
   - State-based liability coverage can “incentivize” providers to locate and practice in Maryland

4. **Increasing Reimbursement or Guaranteed Salaries for Primary Care Practice Sites**
   - Define infrastructure of a PCPS to balance between clinical and administrative functions
   - Equal pay for equal work: reimbursement standards for professionals providing and billing for the exact same services

5. **Individuals to serve on County Council to make decisions about health care workforce issues and policies**
Discussion | Main Topics

The discussion revolved around the roles Montgomery County can play in Health Information Technology. Maryland is a national leader in the development of HIT, so information from the Maryland Health Care Commission provided the background for the discussion about Montgomery County.

- **The current role Montgomery County can play in helping to increase provider adoption of Electronic Health Records (EHRs) and participation in the statewide Health Information Exchange (HIE)**
  - Patient interaction with the physician needs to be uninhibited by technology; however, typing and entering information while seeing a patient is a technique that can be developed.
  - Doctors need to do a better job of informing patients of the benefits of using Electronic Health Records.
  - The "sell" to doctors is that they can have their notes done at the time they see the patient because notes are done in real time. This takes out having to remain in the office dictating or writing notes after patients have left. This also gives doctors more time with patients and may help the doctor listen better.

- **The challenges, barriers, or obstacles in Montgomery County that need to be resolved before HIT can be advanced in the county**
  - To improve patient care and to produce better outcomes should be the real driver for Montgomery County.
  - **Meaningful Use** is essential not just to adopt an EHR but also to know how to use it for patient care coordination.
  - Consistency: lack of uniformity in data collection and entry causes difficulties. Volunteer personnel or sporadic data entry can lead to omissions of demographic information or other key patient health information.
  - Care Coordination and Delivery of Care: sequences within a computer program can inhibit how patients provide demographics and their history. Patients, particularly in a behavioral health care setting, tend not to answer within the schematics of a regimented program

- **What Montgomery County can do to ensure that HIT does not create disparities in care delivery**
  - Illustrate how HIT can identify disparities in the community
  - Use technology to determine where disparities exist
    - Geographical systems
    - Different populations without access to care
    - Preventive public health activities
    - Improve the patient experience
• How Montgomery County can educate consumers on the benefit of HIT
  o Creating a goal so people are happy to be a part of an EHR. It can be posed as a challenge to the community, for example a visual such as thermometer that shows how much money is being raised. This elicits excitement with citizens in the community. Things that get watched are things that get done.

Because of the progress Maryland has already made in Health Information Technology, both in its use and in identifying gaps and practical challenges, the discussion focused directly on producing implicit and explicit action steps, which are listed below:

**ACTION STEPS**

1. Ensure that HIT is designed to be friendly to the patient-physician interaction and that both regard its adoption as in their own interest
   o Train and re-train providers on how to balance interacting with patients and entering data
   o Enlist physicians' help in convincing patients of the benefits of EHRs
   o Convince physicians that EHRs save their time and enable better patient care

2. Meaningful use and Care Coordination
   o Ensure that EHRs promote care coordination
   o Work for consistency of data collection and entry
   o Make the entry flexible so that it aligns with patients varying modes of expressing

3. Ensure equity in health care delivery
   o Use HIT to identify disparities and inequities in the community
   o Use HIT to define the loci of disparities and inequities
   o Link the findings on disparities and inequities to preventive public health efforts

4. Engage consumers about the benefits of EHRs
   o Set a County-wide goal
   o Publicize the goal in a compelling, ongoing manner