### 1. *Expand or Enhance Community Paramedicine and/or Mobile Integrate Health Care*

Sending EMTs, paramedics, mid-level healthcare professionals, or community health workers into the homes of patients can help with chronic disease management and education, or post-hospital discharge follow-up, to prevent hospital admissions or readmissions, and to improve patients' experience of care. These health care workers can help patients navigate to destinations such as primary care, urgent care, mental health, or substance abuse treatment centers instead of emergency departments to avoid costly, unnecessary hospital visits. Legislative and regulatory barriers to the establishment of these programs should be removed. MIEMSS and the Health Occupations Boards will need to be consulted regarding necessary regulatory and or statutory changes. Funding: Perhaps existing state trust funds, for example, grants awarded to up to 5 jurisdictions up to $250,000 per year

| Yes | Yes with Modifications | No |
|---|---|---|
| **7** | **5** | **0** |

**Comments**

- Expand insurance reimbursement for visits
- Need sustainable funding, some options
  - CHRC
  - Block Grant through hospital rates
- Scope of practice changes needed
- Rural community set aside

### 2. *Expand non-Medicaid and Non-Emergency Transportation*

The State should promote the use of innovative approaches to non-emergent transportation. These approaches could include a health department establishing a transportation service or promoting the use of ride sharing technology. The Department of Health should be charged with developing standards for these local programs to ensure that transportation funds are appropriately utilized in all jurisdictions. Regulatory and or statutory changes necessary. Funding: Unknown, perhaps Medicaid funding

| Yes | Yes with Modifications | No |
|---|---|---|
| **12** | **1** | **0** |

**Comments**

- Use of commercial transport like Uber/Lyft should be explored
- Properly define medical, should include pharmacy/supplies?
- Need to ensure there's coverage where needed most

3. ***Expand the availability of new telehealth and mobile capacity***

Implement new pilot programs for telehealth in rural Maryland communities based on promising projects in the MHCC Telehealth and Mobile Health Pilot Program. A statutory change will be needed. Funding: TBD

| Yes | Yes with Modifications | No |
|---|---|---|
| 10 | 3 | 0 |

**Comments:**

- Need to increase broadband and "last mile" connectivity
- Make sure rules include all sites of service, FQHC and Health Departments
- Need to make sure there is a sufficient provider supply

4. ***Establish Regional Planning Councils***

Health care delivery in Maryland is often planned on a jurisdictional basis. A county-specific planning approach is not well aligned with the organizational structure of health care delivery in rural Maryland communities, given that large health care systems focus on a regional approach. A Regional (Cross Jurisdictional) Health Planning Council should be created and charged with developing a regional health care master plan. The regional master plan should address somatic, behavior, and dental care needs in acute, post-acute, and community-based care settings. The master plan should take into account infrastructure, capacity, and population health needs of the region. The Council shall use community needs assessments, existing Department of Health information, and other data sources in developing the Master Plan. The Council shall comment on the alignment of project proposals with the master plan from health care organizations. The Council shall review all projects covered in the Certificate of Need (CON) law if those projects are located in their region. The Council may hold public hearings on the projects and may make non-binding recommendation to the MHCC. The Council may be organized in each of the rural regions: Mid Shore, Lower Eastern Shore, Southern Maryland, and Western Maryland. Each council would be broadly representative of the region, including the community, health care professionals, and local officials. One member of each Council should be knowledgeable about veterans' health issues. Another member should knowledgeable about transportation issues that affect residents' access to care.

| Yes | Yes with Modifications | No |
|---|---|---|
| 6 | 4 | 2 |

**Comments:**

- Another layer of complex facility planning- Need a more population health focus
- Add other groups (EMS, hospice, home health, county health officers, local FQHC)

5. ***Enhance Behavioral Health Services in the Community***

Enhancement of behavioral health services in the community through mobile integrated healthcare, telehealth, or enhancement of Assertive Community Treatment (ACT) TEAMS can keep individuals with severe mental illness out of the emergency department. Providing Medication Assisted Treatment (MAT) training for primary care providers will allow patients a single point of contact for their MAT and primary care. Legislative and regulatory barriers to the establishment of these programs should be removed. Funding: Unknown

| Yes | Yes with Modifications | No |
|---|---|---|
| 7 | 5 | 0 |

**Comments:**

- Consider hub (behavioral health provider) and spoke (primary care provider) model
- Support existing infrastructure before expanding to new programs

6. ***Fully Implement the Recommendations of the Workgroup on Workforce Development for Community Health Workers and Foster the Development of the Community Health Worker Programs at Maryland Community Colleges and AHECs.***

Community Health workers are frontline public health professionals who are also trusted members in their communities and have an unusually close understanding of the communities they serve. During the 2014 legislative session the General Assembly established the Workgroup on Workforce Development for Community Health Workers. That workgroup delivered its recommendations in June 2015. These recommendations should be fully implemented. Furthermore, the State should provide funds for the development of community health worker training programs through Maryland's community colleges and the Area Health Education Centers. Statutory changes necessary Funding: Unknown

| Yes | Yes with Modifications | No |
|---|---|---|
| 7 | 4 | 2 |

**Comments:**

- Regulatory oversight should be kept to a minimum
- Use 2015 report as a starting point, but stakeholders will need to be reconvened
- May exacerbate existing workforce shortages in rural areas

7. ***Create a Funding Source for Local Projects which Promote Health***

The General Assembly should create a funding source for local projects that are aimed at promoting health; these projects should be focused on rural communities. Examples of funding sources are the Robert Wood Johnson Foundation Culture of Health prizes and grants funded

through the Maryland Community Health Resources Commission. Statutory changes necessary. Funding: Unknown

| Yes | Yes with Modifications | No |
| --- | --- | --- |
| **8** | **4** | **1** |

**Comments:**

- Should not be used for ongoing communities needs
- Funds should allow communities to meet their own needs
- Support existing infrastructure before creating new programs

***8. Provide incentives for primary care practices in rural designated areas to participate in the Maryland Comprehensive Care Program (MCPC)***

The MCPC will begin accepting applications in the fall of 2017 and the program will launch in the third quarter of 2018. Rural practices should be encouraged to participate in the program. The state should encourage the establishment of care transformation organizations geared to meet the needs of rural primary care practices. Agreements with CMMI may be needed to support. Funding: TBD

| Yes | Yes with Modifications | No |
| --- | --- | --- |
| **10** | **1** | **1** |

**Comments:**

- CTOs need to be local in order to respond to the unique needs of the community.
- Current plan does not include FQHCs where many rural residents receive care.

***9. Support the establishment of Substance Abuse Treatment Centers in Rural Jurisdictions***

| Yes | Yes with Modifications | No |
| --- | --- | --- |
| **6** | **7** | **0** |

**Comments:**

- More clarity needed to define what services should be provided

*10. Recommendation to address concerns of the immigrant population*

| Yes | Yes with Modifications | No |
|---|---|---|
| 8 | 4 | 2 |

**Comments:**

- More clarity is needed
- Language services are a first step

*11. Expand FQHC capacity, including dental capacity, and establish teaching FQHCs.*

| Yes | Yes with Modifications | No |
|---|---|---|
| 7 | 5 | 1 |

**Comments**

- State has no control over the expansion of FQHCs but can support the expansion.
- Include FQHC "look-a-likes"
- Needs more detail
- Limit to communities without competing private dentists

*12. Encourage the development of programs to increase health literacy.*

| Yes | Yes with Modifications | No |
|---|---|---|
| 9 | 2 | 2 |

**Comments:**

- Fund through grants
- Must be done in a culturally competent way

*13. Increase coordination of care through the use of care managers*

| Yes | Yes with Modifications | No |
|---|---|---|
| 7 | 5 | 1 |

**Comments:**

- Coordinate with HSCRC to prevent duplication and must support the "all-payor model"
- Can be done through the health department

*14. Restore funding for health departments to provide services*

| Yes | Yes with Modifications | No |
|---|---|---|
| 7 | 5 | 2 |

**Comments:**

- Limit to communities without alternatives
- Coordination between health departments necessary

*15. Expand school-based behavioral health programs*

| Yes | Yes with Modifications | No |
|---|---|---|
| 10 | 3 | 1 |

**Comments:**

- Needs more definition around what services will be provided and should not be limited to behavioral health services

*16. Improve access to adult dental care by expanding capacity in the safety next provider and private practice community to serve adults who are uninsured or enrolled in Medicaid.*

| Yes | Yes with Modifications | No |
|---|---|---|
| 11 | 2 | 0 |

**Comments:**

- Funding for adult Medicaid patients will need to be increased.
- MCO's are not currently required to provide this service