Fiscal Years 2022-2024
Access to Care, LHIC

Strategy: *Physician Recruitment and Retention*	Enhance county capacity to provide recruit and retain health care providers and practices.			
Long Term or Outcome Objective:	Establish 3 medical practices within Charles County that will provide health care to the underserved population, with particular emphasis on mental health/psychiatry and primary care.			
Activity/Key Action Steps	**Measures**	**Key Partners**	**Timeline**	**Comments**
1. Recruit additional health care providers and specialists to the county through the University of Maryland Charles Regional Medical Center. 2. Succession for retiring providers in Charles County 3. Provide support to present PCP practices in Charles County by providing resources and offering Care Transition Organization services through UMMS for those that are part of the MDPCP program 4. A "Look Closer" campaign my UM CRMC for providers and services available locally	How long since you visited a doctor for a routine check-up (BRFSS) Charles County Population to Primary Care Provider Ratio Source: County Health Rankings Number of PCP & Mental Health practices started in Charles County Number of county practices educated on resources Number of materials disseminated Number of MDPCP practices in Charles County	UM CRMC UMCRMG CCDoH Kaiser NDG Marketing	In summer 2021 UM CRMG to launch new practices for PCP in Bryansroad and Mental Health services for pediatrics and adults in Charles County Ongoing monitoring of retiring PCP physicians in Charles County to offer succession planning Spring, 2021 meet with Johns Hopkins and Medstar as the larger practices in the county to offer resources and improve communication Launched in Jan. 2021, now we are building on the branding in other advertisement for practices and specialty areas	

Strategy:	Increase awareness of county health services in the Community by continuing an awareness campaign surrounding appropriate setting of care: primary care, urgent care, emergency department, and 911.			
Long Term or Outcome Objective:	Reduce the Charles County preventable hospital stay rate from 5108 per 100,000 Medicare enrollees to 4852.6 (5% reduction) per 100,000 Medicare enrollees. Source: County Health Rankings			
Activity/Key Action Steps	**Measure**	**Key Partners**	**Timeline**	**Comments**
1. Attend community events and programs to provide information on available county health services. 2. Engage community stakeholders in the bimonthly Access to Care Coalition meetings to share and gather information on services available. 3. Partner with the CDPMT to help manage conditions of HTN and DM in the community and prevent unnecessary ED utilization for these conditions. 4. UMMS 2.0 Risk Ranking tool implementation by the UM CRMC staff to help guide interventions.	Number of flyers developed Number of flyers disseminated Number of events attended Number of new members recruited Number of meetings held Date new risk ranking tool implemented	CCDoH UM CRMC UMMS Greater Baden (FHQC) Health Partners DSS Lifestyles Post-Acute Partners Right Time Johns Hopkins Medstar	Post COVID closures, when opportunity allows, attend at least 3-4 community events through each year of 22-24 ACC meetings set to restart in June 2021 and will be held bimonthly moving forward via WebEx or in person at a later date Attend CDPMT meetings monthly as available (Mary or other designated team member) Continue planning discussions with the UMMS Data Scientists and implement the new tool prior to fall 2021	

Strategy:	Increase health literacy of and decrease the social determinants of health and barriers to healthcare access for Charles County residents			
Long Term or Outcome Objective:	Decrease the percentage of Charles County residents who report that they were unable to see a doctor in the past 12 months due to cost from 8.6% to 8.2% (5% reduction). Source: Maryland Behavioral Risk Factor Surveillance System			
Activity/Key Action Steps	**Measure**	**Key Partners**	**Timeline**	**Comments**
1. Adapt the health literacy focus to include advanced care planning conversations and recruit volunteers, including the faith-based community, our trusted community leaders for community presentations. 2. Increase the county's capacity to implement evidence-based community health worker models which can provide culturally competent, individualized case management, patient navigation, and health education.	Number of trainings developed Number of presentations given Number of people trained on Health Literacy Number of community health worker models created, developed, or planned Number of new programs initiated	UM CRMC CCDoH CSM DSS Office on Aging Health Literacy Council Charles County Literacy Council United Way Charles County Public Schools	Attend at least one FLINT and one UM CRMC Volunteer Chaplain meetings in 2022 to present on Advanced Directives and other ways to partner with the faith-based leaders Hire a second CHW at UM CRMC in summer 2021 and work towards fully integrating the CHW as part of our transition team to help our high-risk population	
Address transportation and other SDoH barriers through new and innovative approaches. 1. Seek other resources/programs to bring care to our homebound population. Especially focusing on the MD and NP level providers. Investigate telemedicine options for pilot programs in the community. 2. NRC Health post discharge calls to identify concerns after discharge from the hospital and address concerns as well as link to resources. 3. Expand on the Lyft Health partnership to have ability for on demand cost efficient transportation for appointments and securing food and medications 4. Abbott nutrition project to help with high risk and underserved populations to get adequate nutrition and avoid unnecessary hospitalizations. 5. Explore the food as medicine (Produce Rx) program	Number of partners involved Number of new collaborations established Number of new programs developed Number of people served Risk adjusted all payer readmission rates from RRIP	UM CRMC CCDoH Lyft Health VanGo United Way NRC Health MIH CC Emergency Services DSS AAA Transport Services Tri-County Council	The MIH team will continue to offer telemedicine services throughout FY 22-24 Grow the use of Supportive Care for patients with chronic disease to be seen at home by an NP from Hospice of the Chesapeake Implemented NRC calls in Jan. 5, 2021 and looking to grow this program in the capture rate of patients by continuation on marketing efforts Lyft will be continued as part of the HSCRC Diabetes Grant and Population Health budget starting in July 2021 Abbott Nutrition project kickoff meeting and Food as Medicine presentation on 4/28/21	