Linking Public and Clinical Health Reporting Systems in Maryland: Community Health Needs and Benefits

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Introduction: Population Health Reporting

- Office of Population Health Improvement
- Who does population health reporting in Maryland?
  - Hospitals and health systems
  - Local health departments and local health improvement coalitions (LHIC)
  - Maryland Department of Health
- Why does population health reporting matter?
  - Indicators selected and data collected
- How can population health reporting improve?
  - Alignment
  - Collaboration
  - Integration
Project Approach and Limitations

- Review of reporting tools
- Cataloguing of reporting tools
- Review of regulations and best practices
- Stakeholder meetings
  - Maryland Community Health Resources Commission
  - The Hilltop Institute at UMBC
  - Maryland Health Services Cost Review Commission (HSCRC)
  - Maryland Department of Health
    - Health Systems Transformation
    - Medicaid
  - Maryland Association of County Health Officers (MACHO)
Hospital Reporting

- Non-profit hospital reporting tools
  - Community Health Needs Assessment (CHNA) → United States Internal Revenue Service
  - Community Benefit Report (CBR) → Maryland Health Services Cost Review Commission

- What are these tools used for?
  - Fulfilling IRS and HSCRC requirements
  - Guiding institutional priorities
  - Improving population health

- How can these tools improve?
  - HSCRC reporting tool update process
  - Hospital-health department-LHIC collaboration
  - SHIP alignment
Local Health Department Reporting

● Local health department reporting tools
  ○ Community Needs Assessment (CNA)
  ○ Community Health Improvement Plan (CHIP)

● What are these tools used for?
  ○ Improving services
  ○ Allocating funds
  ○ Partnering with community
  ○ Public Health Accreditation Board (PHAB)

● How can these tools improve?
  ○ Active collaboration amongst Health Officers
  ○ SHIP alignment
  ○ Health department-LHIC-hospital collaboration
Case Study: Bon Secours, Southwest Baltimore City

- Progressive community benefit programs closely aligned with CHNA, including:
  - Housing assistance and financial services
    - 2016 CBR: 729 hospital-owned housing units in service, 464 eviction prevention screenings
  - Job search and placement support
    - 2016 CBR: 104 clients placed in paid employment, 981 clients served
  - Health Enterprise Zone focused on cardiovascular health
    - Four zip codes: 21216, 21217, 21223, 21229
    - 2016 CBR: 3,231 community health worker encounters, 528 fitness classes, 39 scholarships

Key Sources and Partners:
Southwest Baltimore City Neighborhood Profile (Baltimore City Health Department, 2011)
Maryland State Health Improvement Process (SHIP) data
Baltimore Neighborhood Indicators Alliance
Baltimore City Department of Housing & Community Development
United Way
<table>
<thead>
<tr>
<th>Bon Secours Hospital (Baltimore City)</th>
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<tbody>
<tr>
<td><strong>CHNA</strong></td>
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<tr>
<td>Crime and trauma</td>
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<td>Hospital quality &amp; patient safety</td>
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<td>Service coordination across health system</td>
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<td>Health education</td>
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| Behavioral/Substance use | - Screening Brief Intervention Referral to Treatment (SBIRT) Peer Recovery Support program  
- Outpatient and partial hospitalization behavioral and substance use programs  
- Rapid HIV testing |
| Primary care access | - Patient-Centered Involvement in Evaluating the Effectiveness of Treatments (PATIENTS) program: ~250 individuals engaged  
- Tele-Heart Program: nurse care management, education, home assessments  
- Parish Nurse Ministry: faith community collaboration, home visits, church clinics |
| Advocacy & policy change |  |
| Children’s health |  |
| Healthy food access |  |
| Employment | Community Works Career Development program: served 981 individuals |
| Housing/homeownership | Community housing: development of safe, affordable housing (729 units currently in service) |
| Community unity |  |
| **CNA** | **CHIP** |
| Education: school readiness, educational attainment | Women’s services |
| Socioeconomics: household incomes, labor force participation |  |
| Built & housing environments & homelessness |  |
| Safety: shooting & homicide rates, school fighting | Violence prevention: Safe Streets & upstream approaches to address violence |
| Food: food deserts | Chronic disease prevention: reduce food deserts & food insecurity |
| Health Outcomes & health behaviors: |  |
| Maternal & child health: preterm births & prenatal healthcare | Life course & core services: racial health disparities, HIV rate, infant mortality, life expectancy |
| Mortality & illnesses: chronic disease & life expectancy | Chronic disease prevention: obesity, asthma, smoking, lead poisoning |
| Health behaviors: drug use & vaccinations | Behavioral health: substance abuse and mental health |
Conclusions and Future Work

- Project ownership and authorship matters
  - Even documents with the same authors don’t always tell a uniform story
- Low resource settings may lead to innovation
  - Collaboration found in counties with relatively few hospitals
- Further room for alignment
  - Identification of invested population health reporters → SHIP integration
  - Maryland best practice development
  - MDH-local health department partnerships
  - Quality improvement
Acknowledgements

● Cheryl De Pinto
● Chad Perman
● Alice Bauman
● Cameron Pollock
● Office of Population Health Improvement staff
● Stakeholders: Laura Goodman, Mark Luckner, Ruth Maiorana, Laura Spicer, Amanda Vaughan
References


