



# MARYLAND RURAL HEALTH IMPLEMENTATION PLAN

Helping Maryland's rural communities be focused and effective in their implementation efforts.

## BACKGROUND

### on the **2018 Maryland Rural Health Plan**

**The purpose of this Implementation Plan is to provide a framework to guide intervention strategies that will address the goals and unmet needs identified in the 2018 Maryland Rural Health Plan.**

The 2018 Maryland Rural Health Plan is the result of a comprehensive examination of the rural health care needs of Maryland. The updated plan was made possible by a collaboration between the Maryland Rural Health Association (MRHA); the Maryland State Office of Rural Health; the Rural Maryland Council; and the Robert Wood Johnson Foundation. The Maryland State Office of Rural Health reports that 25% of Marylanders live in rural communities.<sup>1</sup> Rural residents may face structural, economical, and physical barriers to health care while rural health care providers seek strategies and opportunities to increase access and services available to their communities.

The 2018 Maryland Rural Health Plan examined existing county health plans and Community Health Needs Assessments (CHNA), the Maryland State Health Improvement Process (SHIP) data, results from a state appointed study on Maryland's Eastern Shore.

Data was aggregated by topic and themes found from multiple data sources emerged as key priorities. Findings were collated for the state, with county profiles highlighting their specific results. The areas of need that were identified across all 18 rural counties are:

1. **Access to care:** reduce barriers, remove gaps, and increase access to quality health care for rural Marylanders.
2. **Sustainable funding mechanisms for health care services:** secure permanent funding streams, explore new, innovative reimbursement systems, and work to improve funding regulations for all parts of health care infrastructure.
3. **Care coordination:** explore mechanisms to link health care consumers to services and improve coordination and collaboration between health care providers within rural Maryland.
4. **Chronic disease prevention and management:** reduce the incidence of new chronic diseases and increase ability for people to manage their conditions.
5. **Health literacy and health insurance literacy:** explore ways to increase individual health literacy and health insurance literacy of consumers.
6. **Outreach and education:** work with community-based services and health care infrastructure to provide outreach and education to citizens on relevant and emergent health issues.

# GOALS & Use of the Implementation Tool

To initiate and sustain change, several recommendations in three categories were identified and are listed below. For additional details on each of the recommendations, visit the Maryland Rural Health Plan interactive website: [www.mdruralhealthplan.org](http://www.mdruralhealthplan.org).

### Policy Recommendations:

- Medical Transportation and Emergency Medical Services Reimbursement
- Establishment of a Plain Language Policy
- Behavioral Health Treatment Policy
- Telehealth Expansion and Reimbursement
- Study of Best Practices for Recruitment and Retention of Rural Providers
- Reimbursement for Care Coordination

### Systems-Based Recommendations:

- Training for Transportation Professionals
- Telehealth Expansion and Medication Management
- Care Coordination and No Wrong Door Approach
- Database of Existing Resources for Rural Health

- School-Based Health Centers
- Mobile Health and Crisis Services
- Transportation Services
- Best Practices for the All Payer Model
- Community Trust Building
- Stigma Reduction
- Social Media and Marketing Services
- Expansion of Non-Clinical Health Professionals

### Individual Recommendations:

- Health Insurance Literacy Education
- Patient Advocacy
- Healthy Lifestyle Education
- Addressing the Unintended Consequence

The goal of each recommendation is to be general but specific enough to allow clarity for stakeholders to understand each recommendation's intent, while allowing flexibility to meet specific county needs.

## When it comes time to take action,

sometimes it is a challenge to move from a broad goal to effective and strategic action. This document addresses one specific part of action planning for impact: a well-thought-out implementation plan. This is a necessary framework to organize immediate, future, and ongoing transformation strategies.

This Implementation Plan moves into more specificity including:

- Specific and measurable objectives
- Strong evidenced-based strategies
- Specific action steps with accountabilities, deadlines and resources needed
- Links to national goals and strategies

The goal of this document is to help highlight programs that are focused and evidence-based and that will help rural Maryland stay on track. In addition, this document will help showcase how three (3) unique programs are achieving some of their specific goals related to community health improvement. To enhance the effectiveness of these efforts, community leaders and community members concerned have been engaged at every stage.

**In collaboration with state-wide partners, this Maryland Rural Health Implementation Plan seeks to document needs, as well as serve as a roadmap to develop actionable and practical strategies and create healthier rural communities.**

# PROGRAM IMPLEMENTATION

## EXAMPLE 1

### Charles County Health Department Mobile Integrated Health

This program addresses the following recommendations from the Maryland Rural Health Plan:

#### Primary

- Patient Advocacy
- Community Trust Building
- Mobile Health and Crisis Services

#### Secondary

- Care Coordination and No Wrong Door Approach
- Medical Transportation and Emergency Medical Services Reimbursement
- Expansion of Non-Clinical Health Professionals

*Description:* The Charles County Mobile Integrated Health (MIH) initiative is intended to decrease the use of emergent care and medical transportation by addressing the social determinants of health and by providing trusted care coordination and referral to needed community resources.

#### PRIORITY AREA: Mobile Integrated Health

**GOAL:** Decrease the percentage of emergency department (ED) visits and 911 system calls among participants by increasing health literacy, appropriate routine primary care, and community resource referral.

Short Term Indicators	Source
Increase in the number of people enrolled in the program	Program enrollment data
Long Term Indicators	Source
Reduction in Hospital Readmissions	Readmissions data collected by recruited hospitals and Chesapeake Regional Information System (CRISP) reports
Reduction in the Emergency Medical Services	Reports from the EMS Quality Assurance

#### OBJECTIVE #1: Recruit High EMS and ED Utilizers to the Program

##### BACKGROUND ON STRATEGY

Source: MIH Program

##### ACTION PLAN

Data Source	Output
EMS and MIH Team	Number of program participants enrolled
Charles Regional Medical Center Case Managers	
Evaluations	Total number of unduplicated participants

<b>OBJECTIVE #2: Provide Support for High Utilizers of EMS and ED Utilizers to the Program</b>	
<b>BACKGROUND ON STRATEGY</b> Source: MIH Program	
<b>ACTION PLAN</b>	
<b>Data Source</b>	<b>Output</b>
MIH Team EHR Tracking System	Number of program participant home visits
	Number of face-to-face participant encounters at other locations
	Number of face-to-face participant encounters by phone or email
	Total number of participant encounters

<b>OBJECTIVE #3: Link Program Participants to Community Social Services</b>	
<b>BACKGROUND ON STRATEGY</b> Source: MIH Program	
<b>ACTION PLAN</b>	
<b>Data Source</b>	<b>Output</b>
MIH Team Electronic Health Record Tracking System	Number of program participant contacted 48 hours after discharge
	Number of home environment scans performed
	Number of program participant receiving health education
	Number of program participants linked to primary care

<b>OBJECTIVE #4: Reduce Hospital or EMS Utilizations Utilizers of EMS and ED Utilizers to the Program</b>	
<b>BACKGROUND ON STRATEGY</b> Source: MIH Program	
<b>ACTION PLAN</b>	
<b>Data Source</b>	<b>Output</b>
Quality Assurance Officer of EMS and MIH paramedic	Number of EMS calls from program participants
	Number of program participant hospital ED visits
CRISP or Maryland Health Services Cost Review Commission (HSCRC) database at hospital	Number of program participant hospital admissions
	Number of program participant hospital readmissions 30 days after discharge

<b>ALIGNMENT WITH STATE/NATIONAL PRIORITIES</b>		
<b>OBJ #</b>	<b>Maryland State Health Improvement Process</b>	<b>Healthy People 2020</b>
<b>1</b>	Access to health services persons with medical insurance	Access to health services persons with medical insurance
<b>2</b>	Access to health care uninsured ED visits	Access to health services persons with medical insurance

# PROGRAM IMPLEMENTATION EXAMPLE 2

## Garrett County Health Department's Medication Assisted Therapy Program

This program addresses the following recommendations from the Maryland Rural Health Plan:

### Primary

- Telehealth Expansion and Medication Management
- Behavioral Health Treatment Policy
- Expansion of Clinical and Non-Clinical Health Professionals Secondary

### Secondary

- Community Trust Building

*Description:* The Medication Assisted Therapy Program from the Garrett County Health Department is intended to aid those people addicted to opioids in Garrett County. The program uses telehealth methods and behavioral health techniques as a method of helping people overcome opioid addiction.

<b>PRIORITY AREA: Medication Assisted Therapy (MAT)</b>	
<b>GOAL:</b> To use telehealth technology to provide MAT to those suffering opioid addiction	
<b>Short Term Indicators</b>	<b>Source</b>
100% increase in the number of providers prescribing buprenorphine in Garrett County	Garrett County Health Department Database
Double the number of patients being treated with buprenorphine in Garrett County	Garrett County Health Department Database
<b>Long Term Indicators</b>	<b>Source</b>
A reduction in the number of overdose deaths in Garrett County	CRISP
A reduction in the number of overdose admissions to local emergency rooms	CRISP
<b>OBJECTIVE #1: Reduce Hospital Admissions and Readmissions Due to Overdose</b>	
<b>BACKGROUND ON STRATEGY</b>	
Source: Garrett County Health Department	
<b>ACTION PLAN</b>	
<b>Data Source</b>	<b>Output</b>
CRISP	Number of hospital admissions due to opioid addiction related overdose of program participants
	Number of hospital readmissions due to opioid addiction related overdose of program participants

<b>OBJECTIVE #2: To Increase the Number of Providers That Can Handle Overdose Patients and Substance Abusers</b>	
<b>BACKGROUND ON STRATEGY</b> Source: Garrett County Health Department	
<b>ACTION PLAN</b>	
<b>Data Source</b>	<b>Output</b>
Garrett County Health Department Database	Number of behavioral health providers licensed to prescribe Buprenorphine in Garrett County
	Number of program staff trained in SAMHSA Treatment Improvement Protocol (TIP)

<b>OBJECTIVE #3: Reduce Inappropriate Utilization of the Emergency Department (ED) Due to Overdose</b>	
<b>BACKGROUND ON STRATEGY</b> Source: Garrett County Health Department	
<b>ACTION PLAN</b>	
<b>Data Source</b>	<b>Output</b>
CRISP	Number of ED visits due to opioid related overdose of program participants

<b>OBJECTIVE #4: Reduce the Number of Overdose Deaths</b>	
<b>BACKGROUND ON STRATEGY</b> Source: Garrett County Health Department	
<b>ACTION PLAN</b>	
<b>Data Source</b>	<b>Output</b>
CRISP	Number of deaths due to opioid related overdose of residents of Garrett County

<b>OBJECTIVE #5: To Increase the Number of Patients Receiving MAT in Garrett County</b>	
<b>BACKGROUND ON STRATEGY</b> Source: Garrett County Health Department	
<b>ACTION PLAN</b>	
<b>Data Source</b>	<b>Output</b>
Garrett Regional Medical Center's Electronic Medical Record system	Total number of new patients in medication-assisted treatment through Garrett County Health Department program
	Number of in-person medication-assisted treatment sessions
	Number of telehealth medication-assisted treatment sessions
	Total number of patient medication-assisted treatment sessions

<b>ALIGNMENT WITH STATE/NATIONAL PRIORITIES</b>		
<b>OBJ #</b>	<b>Maryland State Health Improvement Process</b>	<b>Healthy People 2020</b>
1	Decrease in the drug induced death rate	Reduce pain medication overdose deaths
2	Reduce ED visits due to addiction-related conditions	Reduce proportion of adults using illicit drugs

# PROGRAM IMPLEMENTATION

## EXAMPLE 3

### Atlantic General Hospital's Chronic Pain Rehabilitation and Treatment Program

This program addresses the following recommendations from the Maryland Rural Health Plan:

**Primary**

- Behavioral Health Treatment Policy
- Database of Existing Resources for Rural Health
- Healthy Lifestyle Education

**Secondary**

- Stigma Reduction
- Community Trust Building

*Description:* Atlantic General Hospital's Chronic Pain Rehabilitation and Treatment Program is intended to decrease the use of opioids in patients suffering from chronic pain, by providing a new biopsychosocial model-based treatment service.

**PRIORITY AREA: Chronic Disease Prevention and Management (Behavioral Health Initiative)**

**GOAL:** To restore functioning and improve quality of life for persons suffering with chronic pain through the discontinuation or reduction of opioids for treatment of chronic benign pain and the return to a fulfilling lifestyle.

Short Term Indicators	Source
Decrease in the number of emergency room/primary care visits	Atlantic General Hospital admissions data
Decrease in the use of medications for pain management	Atlantic General Hospital
Long Term Indicators	Source
Reduction in the number of people using addiction rehabilitation	Atlantic General Hospital Volumes of participants

**OBJECTIVE #1: Successfully Manage Chronic Pain**

**BACKGROUND ON STRATEGY**  
Source: Atlantic General Hospital

**ACTION PLAN**

Data Source	Output
Center for Epidemiology Study- Depression scale	Measure levels of anxiety or depression
Multidimensional Pain Inventory (MPI)	Measure levels of chronic pain
SF-36	Quality of life measures



<b>OBJECTIVE #2: Successfully Provide Addiction Treatment (Reduce Use of Opioids)</b>	
<b>BACKGROUND ON STRATEGY</b> Source: Atlantic General Hospital	
<b>ACTION PLAN</b>	
<b>Data Source</b>	<b>Output</b>
Atlantic General Hospital's Opioid Task Force	Twelve-month total cost of care compared to prior years cost of care.
	Third party reimbursement

<b>OBJECTIVE #3: Increase Volume &amp; Integrate With Similar Plans</b>	
<b>BACKGROUND ON STRATEGY</b> Source: Atlantic General Hospital	
<b>ACTION PLAN</b>	
<b>Data Source</b>	<b>Output</b>
Atlantic General Hospital participant volumes	Increase in the number of people served
Atlantic General Hospital	Increase in number of medical specialties using these methods

<b>ALIGNMENT WITH STATE/NATIONAL PRIORITIES</b>		
<b>OBJ #</b>	<b>Maryland State Health Improvement Process</b>	<b>Healthy People 2020</b>
1	Decrease in the drug induced death rate	Reduce pain medication overdose deaths
2	Reduce ED visits due to addiction-related conditions	Reduce proportion of adults using illicit drugs



## SUMMARY & NEXT STEPS

**T**hree Maryland Rural Health Association (MRHA) member organizations have developed programs geared at addressing the recommendations from the Maryland Rural Health Plan. Funded with grants from the Maryland Community Health Resource Commission (CHRC), these programs have been implemented to address issues such as transportation, telehealth and behavioral health therapies.

The purpose of this Implementation Plan is to provide a framework to guide intervention strategies that will address the goals and unmet needs identified in the 2018 Maryland Rural Health Plan. These programs serve as examples of how small rural communities have identified areas for improvement and have developed comprehensive strategies to move the mark for improved health for their residents.

### **Charles County Mobile Integrated Health:**

The Charles County Mobile Integrated Health (MIH) program exemplifies a model of health care that brings care where it is needed most. This program focuses on patients who are high risk for hospital readmission and who do not qualify for home health assistance. Patients are recruited from the University of Maryland Charles Regional Medical Center, Charles County Department of Emergency Services EMS and primary care referrals from Health Partners Inc.

The MIH team provides home visits to all recruited individuals with the intent to address the social determinants which have led to the repeated use of emergent care services. In the initial visit the MIH team assess the patients' health and environment, as well as provides health education and arrange transportation to primary care providers. Following the initial visit, the MIH team provides care coordination to the patient as needed to keep him or her out of the ED.

The Charles County MIH project is also working with the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to advocate for emergency medical services reimbursement for MIH. This is a good example of innovative collaborations to address health care needs in rural Maryland. To date, the Charles County MIH project is on track to decrease the percentage of ED visits and 911 system calls, increase the number of participants who visit their primary care provider, and giving people the tools to self-manage their disease processes.

To address these issues, the MIH program will be continuing to work to a goal of a 25% reduction in ED visits and 911 calls

among participants. The program also aims to increase health literacy and primary care provider visits among the participants. The goal is to increase the overall amount of participant health literacy and have each patient visit their primary care provider at least twice a year for routine care. In achieving these goals, the Charles County MIH team strives to give people the tools to self-manage their disease processes.

The program has seen success in the form of reduced inpatient admission and ED readmissions. Among the first 50 participants, ED utilization has dropped by 60% and there was a 48% reduction in EMS usage, for the first three months. The program has been successfully able to improve the health of the participants enrolled, with 68% of hypertensive and 38% of diabetic patients reporting improved health after enrollment.

### **Garrett County Health Department's Medication Assisted Therapy Program:**

The opioid epidemic that is currently sweeping through Maryland is hitting the rural counties especially hard. In counties such as Garrett County, opioid addiction and overdose-related deaths are wreaking havoc on the community. In response to this life-threatening condition, the Garrett County Health Department has implemented a program using telehealth technology to increase access to Medication Assisted Therapy (MAT).

There is a need and a challenge for rural communities to be able to use telehealth services, yet Tele-MAT is essential when there is a need for additional local providers. This project is a

collaboration between the Garrett County Health Department and the University of Maryland School of Medicine's (SOM) Department of Psychiatry. The focus of the project is to improve MAT compliance, which will lead to better recovery rates for those persons who are addicted to opioids. Two community service providers have been prescribing buprenorphine to their patients in Garrett County. Through the program, eight treatment staff have received training in the SAMHSA treatment improvement protocol for MAT as well as one part-time nurse. Also, the program uses existing high definition pediatric tele-psychological systems and Skype to communicate with patients. A total of twenty-eight opioid-addicted persons have enrolled, thirteen of which are still in treatment. Five of these people have been discharged from the program and are now only seen one time per week at level 1 outpatient treatment. Nine of the people enrolled have been able to obtain employment, and one patient has become a peer recovery coach.

The program so far has been successful in achieving its goals. With the growing need of telehealth services, the Garrett County Health Department have been able to recruit and identify additional MAT providers in the rural community. The success has prompted the University of Maryland SOM to submit an expansion grant based on this MAT model.

### **Atlantic General Hospital's Chronic Pain Rehabilitation and Treatment Program:**

The Atlantic General Hospital's Chronic Pain Rehabilitation and Treatment Program focuses on people who suffer chronic pain enough to affect their social life, occupation and/or their interpersonal activities. Providing treatment alternatives to opioids to help sufferers effectively manage their pain is critical. Patients have access to medically-driven pain management, vocational support, integrative health therapies like meditation and guided imagery, physical and occupational therapy, and behavioral health care to address all factors that may be contributing to their chronic pain.

The program uses an evidence-based biopsychosocial model and cognitive behavioral therapies to provide a 10-day multi-disciplinary outpatient service. Cognitive behavioral therapies including meditation and guided imagery are used to treat anxiety, pain and sleeping problems. Education in stress management, medication safety and coping skills is presented as alternatives to pain relievers. Therapies such as yoga, tai chi, and massage are also used to educate patients on safe and effective choices.

## **Overall Summary and Closing Statement**

The three organizations highlighted have developed novel approaches to addressing the unique health needs of rural Marylanders. The Charles County MIH program aids people who are frequent emergency service users in receiving health care needs outside of the emergency room. Both Garrett County Health Department's MAT programs and Atlantic General Hospital's Chronic Pain Rehabilitation and Treatment program have different approaches to addressing opioid addiction and preventing overdose.

MRHA hopes this document is a useful tool to help shed light on unique community approaches to addressing rural health needs. MRHA will continue to monitor these innovative programs as well as other program across rural Maryland in hopes that other communities in Maryland or across the nation can use these to develop similar implementation plans.

MRHA will continue to seek funding to move forward with work identified as priorities in the 2018 Maryland Rural Health Plan and will continue to share updates and highlights on the important work happening in rural Maryland.

***Updates can be found at [www.mdruralhealthplan.org](http://www.mdruralhealthplan.org).***



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