Population Health Workforce Support for Disadvantaged Areas Program (PWSDA)

Katie Wunderlich, Executive Director, Maryland Health Services Cost Review Commission
Background: HSCRC and Total Cost of Care Model

- **HSCRC Background**
  - State agency tasked with maintaining the all-payer hospital rate setting system
  - Leading statewide health care delivery transformation efforts under the All-Payer Model and Total Cost of Care Model

- **Total Cost of Care Model Background**
  - Designed to coordinate care for patients across both hospital and non-hospital settings, improve health outcomes and constrain the growth of costs
  - Payment framework for hospitals to move from volume to value
  - Provider-led efforts to reduce avoidable use and improve quality and coordination
  - Sustains rural hospitals with a stable revenue base
  - Focus on population health improvement
Overview of the Population Health Workforce Support for Disadvantaged Areas Program (PWSDA)

- In December 2015, the HSCRC authorized $10 million in rate increases for hospitals to train and hire workers from areas of high economic disparities and unemployment
  - Hospitals matched rate increases at 50%
- Hospitals must train, hire, and support workers to fill new positions designed to improve population health and further the goals of the All-Payer Model (now, Total Cost of Care Model)
- Goals are two-fold:
  - Improve socio-economic status of disadvantaged communities by increasing employment opportunities
  - Improve population health in Maryland through workforce investments
Baltimore Population Health Workforce Collaborative (Baltimore Collaborative)

- Four Systems – Nine hospitals
  - Hopkins (Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center)
  - Medstar (Franklin Square, Union Memorial, Good Samaritan, Harbor)
  - Lifebridge Sinai
  - University of Maryland (University of Maryland Medical Center, Midtown)

- Program set a goal of hiring 208 workers by FY 2019
  - Community Health Workers (CHWs)
  - Peer Recovery Specialists (PRSs)
  - Certified Nursing Assistants and Geriatric Nursing Assistants (CNAs/GNAs)

- Program renewed through FY 2022 to allow Collaborative to continue to work towards training and hiring goals, with potential for continued growth
Program Partners

- Baltimore Alliance for Careers in Healthcare (BACH) served as training coordinator and intermediary with hospital systems
- Recruitment, Essential Skills Training, and Wraparound Services
  - Turnaround Tuesday
- Technical Training
  - Baltimore Area Health Education Council (BAHEC) - CHWs
  - Community College of Baltimore County (CCBC) - CNAs
  - Jordan Peer Recovery Training (JPRT) - PRSs
Training Outcomes and Worker Impact

Training Outcomes

- 207 individuals began training
- 183 individuals completed training
- 114 individuals hired

Training and hiring continues in FY 2019

<table>
<thead>
<tr>
<th>Position</th>
<th>Worker Count as of 6/30/18</th>
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<tbody>
<tr>
<td>Community Health Worker</td>
<td>73</td>
</tr>
<tr>
<td>Peer Recovery Specialist</td>
<td>27</td>
</tr>
<tr>
<td>Certified/Geriatric Nursing Assistant</td>
<td>14</td>
</tr>
<tr>
<td>Worker Totals</td>
<td>114</td>
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</tbody>
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Patient Care Activities

- Diverse patient population with a focus on high-utilizer and high-risk Medicare patients
- Key Activities include:
  - Care Coordination
  - Health Education and Health System Navigation
  - Companion Care and Patient Escort
  - Transitional Care for Home Health
  - Peer Recovery Support
  - Linking to Community Services

Patient Impact (through 6/30/18)

- 16,311 Interventions
  - Direct, Remote, and Community Based
- 10,422 Referrals
  - Connections to Medical or Social Services
  - Based on Needs Assessments
Insights and Lessons Learned

- **Slow Start-Up**
  - Big ideas take time to implement, so progress at first was slow

- **Community Partnerships are Critical**
  - Community partners critical to the recruitment and screening process
  - Wraparound services to support workers has assisted in worker retention

- **Challenging to Quantify Impact**
  - Workers are spread within and across 9 hospitals and integrated within new and existing programs
  - Difficult to attribute differences in readmission and utilization rates to individual workers
  - Anecdotal evidence shows positive outcomes for many patients

- **Broad Community Support**
  - Powerful stories from workers about impact of the program on their lives
  - Upward mobility for workers, particularly CHWs