

HHS COMMITTEE #1  
March 4, 2010

**MEMORANDUM**

March 2, 2010

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Update: Montgomery Cares**

***Expected for this session:***

Uma Ahluwalia, Director, Department of Health and Human Services  
Dr. Ulder Tillman, Montgomery County Health Officer  
Jean Hochron, Senior Administrator, Montgomery Cares Program

At this session, the Committee will have an opportunity to receive an update on the budget and use projections for the Montgomery Cares program and discuss the findings and recommendations from the report, "Montgomery Cares Program – Assessment of Management Structure" completed by John Snow, Inc. for the Department of Health and Human Services.

**Update on Budget and Use (Patient and Encounter) Projections**

The Committee last discussed the budget, patient, and encounter projections for the Montgomery Cares program in its deliberation of the County Executive's proposed FY10 Round 2 Savings Plan. It was noted in that discussion that:

- The county has worked hard over the past few years to increase capacity in the clinics and more people are seeking services because of the economic downturn.

- The Council approved the Executive's original FY10 recommended budget which reduced the overall allocation to Montgomery Cares by about \$900,000. The HHS Committee shared with the Council at that time its concern that there might not be sufficient funds in FY10 for primary care visits.
- The FY10 original budget provided for 23,000 patients, but the Montgomery Cares Advisory Board projected that there might be as many as 28,000 patients during FY10.
- As of the end of December the clinics had seen 16,870 unduplicated patients for 33,932 primary care visits.
- At the HHS Committee worksession, the Director of Health and Human Services shared that the Executive understood that his Round 2 Savings Plan proposal could mean that the program might not have sufficient funds for the fiscal year and that new patients would not be seen once the 23,000 patient level is met.

The HHS Committee deferred a decision on the proposed \$183,000 in order to determine if there might be others ways to meet the target of the overall savings plan but not cut off primary care visits and pharmacy to new Montgomery Cares patients. At the Council session, HHS Committee Chair Leventhal shared that, after further discussion with DHHS Director Ahluwalia, there was agreement that DHHS could accept a \$183,000 unspecified reduction rather than a specific reduction to Montgomery Cares and that the \$183,000 identified as savings in Montgomery Cares would be reallocated to primary care visits and pharmacy. The Council approved this as a part of the Round 2 Savings Plan.

The HHS Committee was also concerned that additional funding beyond the \$183,000 might be needed to sustain primary care visits and pharmacy in FY10. **The Department of Health and Human Services is currently projecting that the clinics will provide 69,083 primary care visits in FY10 and that this cost can be covered within the current appropriation through the reallocation of the \$183,000 that was the subject of the Round 2 Savings Plan as well as the reallocation of an additional \$250,000 from unused facilities funds, lapsed positions in the contract with the Primary Care Coalition, a surplus in funding for homeless services, and other minor savings across the program.** A summary of this information is attached at © 1-2. It notes that:

- Historically, the number of encounters in the first half of the fiscal year represents 45% to 48% of annual usage.
- Assuming the 34,000 visits in the first half of FY10 represent 48% of total visits, there will be 68,712 primary care visits in FY10.
- The reallocation of funding will provide for 69,083 primary care visits for FY10 which should be sufficient to meet projected need.

In addition to the information at © 1-2, Council staff has provided at © 3 a summary of the type of usage and patient data that is reviewed by the Montgomery Cares Advisory Board on

a monthly basis. These reports include patient projections that are provided directly by the clinics to the Primary Care Coalition. For FY10, the clinics were asked to revise their projections mid-year to reflect any changes in clinic capacity or patient trends. The HHS Committee will see that the clinics project they may see as many as 27,656 unduplicated patients this year.

The bottom half of © 3 provides information on the actual number of primary care encounters that were approved for the 1<sup>st</sup> quarter of FY10 (through September 2009) and through January 2010. If the 39,259 visits represent 58% of total visits for FY10, then there would be about 67,700 visits in FY10 which also fits within the DHHS budget reallocation.

**Council staff is providing both types of data so that the Committee can see that there may be reasons why they may hear differing projections on the number of unduplicated patients. Council staff notes that for budget purposes, the more important number is the number of actual and projected visits.**

Council staff is very appreciative of the Department's continued efforts to look at ways to reallocate funding within the program in order to serve all Montgomery Cares patients who come to the clinics seeking primary care services during FY10.

#### **Assessment and Management Report – John Snow, Inc.**

The Committee was previously informed by Director Ahluwalia that the Department had contracted with John Snow, Inc. to conduct a study related to the administration and governance of the Montgomery Cares program. Excerpts from the report are provided at © 4-33. The Executive Summary is included at © 7-10. The report notes that the goal of the assessment was to review the Montgomery Cares management structure and develop recommendations regarding the most effective and appropriate option for the Program's management structure and growth. The consultant was asked to (1) review existing documents, reports, contracts, and other materials; (2) conduct key stakeholder interviews; (3) review similar programs nationally; and, (4) develop a series of reports and presentations to summarize and communicate the project's findings and recommendations.

Director Ahluwalia will provide the Committee with an overview of the findings and recommendations. Council staff highlights the following findings from the report as ones that may be of particular interest to the Committee and may relate to decisions that Council will need to make regarding future budgets and parameters for the program, especially if the county is going to increase medical care to uninsured residents in times of shrinking county revenues. (See © 20-25 for Findings):

- Even if comprehensive national health care reform is fully implemented, thousands of low-income residents of Montgomery County likely will not have insurance coverage and so will continue to need the support of a strong safety net. Even those eligible for new coverage under national reform may have to wait a number of years to obtain that coverage. Moreover, a strong safety net will help provide capacity to serve people who become newly eligible for Medicaid or other subsidized insurance products as reform is implemented. The

current provider supply and capacity in the County is not sufficient to meet the projected need in the County.

- The Montgomery Cares Program is only one of many programs/resources that can be leveraged to improve access to care for Montgomery County residents. By fully leveraging all potential resources, the County should be able to target Montgomery Cares program resources to those not otherwise covered. Other potential resources include: entitlement programs (e.g. Medicaid, Medicare), private third-party payers, patient contributions (co-pays), other County programs, Federally Qualified Health Center (FQHC) status, provider 'community benefit' programs, private funding and in-kind contributions. Currently a great deal of variation exists among participating providers related to enrolling people in and billing public and private third parties, collecting co-pays and utilizing other resources.
- Currently Montgomery Cares providers are relatively independent from each other. The Primary Care Coalition, with support from the County and other funders, operates or coordinates a number of programs/services available across providers (e.g. Project Access specialty care referral network, CHLCare's electronic medical records, Community Pharmacy, State MEDBANK and Quality Improvement projects). However, many people interviewed believe that additional efficiencies could be realized if independent providers themselves operated more as a network.
- There are conflicting opinions related to the extent to which programs relying predominantly on volunteer physicians should be encouraged by the Program. Volunteer physicians have been key to Montgomery Cares growth to date. However, some people interviewed felt that care programs based largely on volunteers brought management challenges not present in other models and could impact the Program's ability to introduce policies to support growth. Decisions related to programs relying on volunteers must be carefully considered as there are implications for malpractice coverage among other issues.

Prior to their recommendations, John Snow, Inc. provides **seven guiding principles** (© 25-26). Council staff highlights the following three for the Committee:

- The management structure for the Montgomery Cares Program should support growth of the program to improve access and the provision of high quality health services to improve health outcomes. Access alone is an important but not a sufficient goal. To assure quality, establishing quality standards, and measuring quality are important components of program management.
- Diversity among the organizations within Montgomery Cares should be supported to the degree that it strengthens the Program's ability to improve access to quality health services. Similarly consistency across programs should be strengthened when that will improve access and quality.
- Montgomery Cares is only a portion, and in some cases a very small portion, of the participating clinics', hospital's and PCC's operations. Non-Montgomery Cares funded activities and programs provide considerable value to the County and its residents and

should be encouraged. At the same time, these efforts should be visible to all and intentionally aligned across the County and Program participants.

**The following are the recommendations as included in the John Snow Report's Executive Summary** (detail on the recommendation is included at © 27-34)

### **1. Take Immediate Action to Improve the Current Management Structure:**

In JSI's assessment, the current management structure for the Montgomery Cares Program does not need to be radically altered. However, several improvements could help make the structure more efficient and effective.

- 1a. Clarify roles of the various components of the Montgomery Cares Program.
- 1b. Improve the current communication structure.
- 1c. Improve eligibility screening and enrollment.
- 1d. Establish County-wide expectations for performance and quality.

### **2. Strengthen the Delivery System:**

Strengthening the delivery system is necessary in order to achieve program growth goals; build a strong network of providers that can participate in expanding access; and, begin to coordinate diverse providers so the County is managing a system of care rather than multiple diverse independent organizations. Ultimately this will enable the County to streamline its management structure.

- 2a. Establish key areas where County expects consistency across providers. Priority areas are: eligibility screening and enrollment, co-pays and/or enrollment fees, minimum hours of access, core services:
- 2b. Identify new resources for primary and medical specialty care in the County.

### **3. Consolidate Enrollment**

At a minimum the County should expect all Montgomery Cares providers to consistently screen and assist patients to enroll in all County, State and Federal entitlement programs. The County should also review and update its County-staff enrollment function to make it more accessible to providers and participants. JSI recommends that the County's ultimate goal should be to move to establish a consolidated enrollment function for the Montgomery Cares and other County programs. Developing a consolidated enrollment function is an essential step in moving Montgomery Cares toward becoming a unified County-wide program rather than a program made up of individual providers and relationships.

- 3a. Screen and enroll participants through a uniform, consolidated process.

3b. Use the consolidated enrollment process to streamline Program management and improve care for patients.

#### **4. Establish Medical Homes**

JSI recommends that Montgomery County work towards ensuring that the primary care providers participating in the Montgomery Cares Program are able to serve as medical homes for Program participants and that every participant chooses or is assigned to a medical home. Since myriad definitions of medical home exist, the Program must first work with all stakeholders to develop a Program-specific definition or standards of a medical home.

4a. Work with providers to meet County-defined standards for a medical home.

4b. Develop processes to encourage participants to select or be assigned to a medical home.

#### **Follow-up Committee Worksessions**

The John Snow Report provides a comprehensive set of recommendations, some of which could be vetted and acted on in a short timeframe and some of which (such as implementing a medical home model or whether to operate as a managed care organization) will require much longer discussions with all the stakeholders of the program before decisions are made. Council staff expects that all the issues are of interest to the HHS Committee but some – like issues of quality assurance – would not be the subject of Committee or Council action but rather information from the Department on how it setting standards and providing oversight. For issues that are likely to have direct budget impact, the Committee may want to forward recommendations to the Council and provide the Department with policy guidance.

After this initial session and if the Committee agrees, Council staff and Director Ahluwalia can work to schedule a series of follow-up sessions where updates and information can be brought to the Committee on each of the recommendations in the report.

#### **Potential Priority Issue for the HHS Committee – Eligibility Screening**

Montgomery Cares is a vibrant program that has grown because of the enthusiasm of the community clinics. While the local dollars provided by Montgomery County have been critical to the establishment and expansion of community clinics and the per visits reimbursement provides them operating support, the diversity of the clinics has allowed Montgomery County to reach out to the county's diverse population and provide places where patients feels comfortable seeking and receiving care. In addition, suggestions like the one from the Commission on Health and the Montgomery Cares Advisory Board to find a way to allow Federal medical personnel to work in county clinics emphasize the partnerships that will continue to be needed in order to provide services to the uninsured, particularly specialty services.

That said; budgets are shrinking. If the overall goal of Montgomery Cares is to make sure that county residents who are currently uninsured have a way to access medical care that does not rely on visiting a hospital emergency room, then every effort must be made to make sure that the county is leveraging other programs that will provide residents with medical care. Council staff suggests that a priority issue for the HHS Committee should be ensuring that during FY11, all persons applying for services through Montgomery Cares are screened to determine if they are eligible for Medicaid or Medicare. If one presumes that 15% of 26,000 Montgomery Cares patients would be eligible for one of these programs, then 3,900 residents would be able to access a fuller array of medical services than currently provided by Montgomery Cares and 3,900 slots would be opened to serve other residents who are uninsured and not eligible for other medical programs. The John Snow Report says the following about eligibility screening:

## Recommendations

### 1c. Improve eligibility screening and enrollment.

JSI believes the County should work towards uniform eligibility screening and enrollment across all provider sites and ultimately implement a consolidated system for enrolling people in the Montgomery Cares Program (simultaneously with other County, State and Federal programs). Specifically, JSI recommends that all providers should screen all patients for eligibility for entitlement programs (e.g. Medicaid, Medicare), other County programs, and private insurance and assist them with enrollment in these programs if they are eligible. Organizations that are categorized as “Free Clinics” and benefit from Federal Tort Claim Act (FTCA) malpractice coverage by virtue of their Free Clinic designation should screen all patients and refer those who are determined to have a payment source. Even if the initial pay-off in terms of moving people into other programs is minimal, universal screening and enrollment is an essential prerequisite to extending the reach of the Montgomery Cares Program by ensuring that Montgomery Cares funds are allocated only to people who are not eligible for other coverage. Universal screening and enrollment is also a necessary preparatory step for providers to be able to participate fully if state or national health care reform extends coverage to more people.

JSI recognizes that policies related to serving patients with insurance and policies related to eligibility screening and enrollment currently vary considerably across providers participating in the Program. It is probably not possible to implement a uniform system in the near term. As an interim step, JSI recommends that the County review and update its eligibility and enrollment processes to include on-site accessibility to automated (web-based) enrollment assistance at all provider sites that request it. All of the similar programs reviewed as part of this project utilize decentralized web-based eligibility and enrollment systems with proven track records.

### 3a. Screen and enroll participants through a uniform, consolidated process.

All the model programs JSI reviewed have a uniform consolidated enrollment process. While there are differences in the details of implementation, there are also many consistencies that programs agree are important. “Best practices” suggest that a consolidated enrollment process should:

- Be conducted at the point of clinical service, preferably whenever the participant first presents for care;
- Include presumptive eligibility if final authorization cannot be secured at the time of screening;
- Utilize web-based screening/enrollment tools that simultaneously screen participants for other program eligibility;
- Provide a card and/or participant information packet as well as patient education to solidify awareness of the Program. Patient education should address the benefits (and limitations) of the Program, provider choices, and patient responsibilities;
- Include a unique and confidential identifier so participants can be tracked through the system; and,
- Define eligibility for a specific time period with automatic notices of when eligibility should be renewed.

3b. Use the consolidated enrollment process to streamline Program management and improve care for patients.

A consolidated enrollment function can potentially strengthen the Montgomery Cares Program in many ways that benefit the County, providers and participant. A consolidated function ultimately will enable to County to:

- Streamline and reduce redundancy in eligibility and enrollment functions;
- Enable Montgomery Cares to charge a Program enrollment fee or dues;
- Coordinate Montgomery Cares with other County, State or Federal programs to fully access all resources for the County and participants;
- Better assist Program participants understanding and use of the Program;
- Provide more coordinated care by being able to track patients throughout the system, assess utilization patterns and introduce individual-level (such as case management for people with selected chronic illnesses) and system-wide improvements (such as coordinated strategies to reduce ER utilization); and,
- More effectively use health information technology (e.g. establishing system-wide chronic disease registries and e-prescribing).

Council staff recognizes that this type of screening could result in some patients being referred to clinics that accept Medicaid payments and away from the clinic they initially chose. If eligibility screening finds a new cohort of Medicaid eligible residents, this may also encourage some clinics to accept Medicaid.

**Montgomery Cares  
FY 10 Budget Update**

DHHS anticipates being able to fully meet the service needs of all Montgomery Cares patients through the end of Fiscal Year 2010.

	<b>Number of patients</b>	<b>Number of encounters</b>
Official FY10 budget forecast	23,000	62,100
Utilize \$183,000 – returned savings plan funds	1,093	2,951
Utilize \$250,000 – reallocated funds	1,493	4,032
<i>Impact of \$433,000 reallocation</i>	<i>2,586</i>	<i>6,983</i>
<b>TOTAL</b>	<b>25,586 patients</b>	<b>69,083 encounters</b>

**Where is the money coming from and how will it be used?**

- 1) Source of funds
  - a. Unused Facilities funds
  - b. Unused Homeless funds
  - c. Lapsed positions in PCC contract
  - d. Additional minor savings in PCC budget
  
- 2) Use of funds
  - a. Assumes \$62 per encounter
  - b. Assumes 2.7 encounters per patient per year
  - c. Assumes adequate funds in current PCC medication budget to meet the needs of an additional 2,586 patients

**Why do we think that we will need to support approximately 69,000 encounters by the end of FY 10?**

- 1) FY 10 utilization to date
  - a. Midyear utilization: 34,016 visits over six months (7-1-09 thru 12-31-09)
  - b. Extrapolate for 12 months:  $34,016 \times 2 = 68,032$  visits for 12 months
  
- 2) Montgomery Cares history:
  - a. Utilization in the first six months of the fiscal year tends to reflect 45-48% of full year utilization, based on previous program history.
  - b. Assuming that the first six months of FY10 reflects 48% of the full year, expected utilization for the full 12 months would result in 68,712 total visits.

<b>Montgomery Cares Clinics</b>	FY10 Patient Targets from Clinics - Original	FY10 Patient Targets from Clinics - FEB REVISED	Change Original to Revised	<b>ACTUAL</b> unduplicated patients as of 1/31/2010
CCACC- Pan Asian Health Clinic	450	450	-	252
Community Clinic	2,500	2,500	-	1,567
Comm Ministries Rockville - Kaseman	1,200	1,578	378	514
Holy Cross - Silver Spring	1,958	1,758	(200)	1,353
Holy Cross - Gaithersburg	1,125	1,500	375	1,251
Mary's Center	616	500	(116)	368
Mercy Health Clinic	2,144	2,349	205	1,812
Mobile Med	5,670	5,670	-	4,057
Muslim Comm Center Clinic	1,850	2,400	550	1,275
Proyecto Salud - Wheaton and Olney	4,615	4,779	164	3,111
Spanish Catholic Center	1,150	1,012	(138)	870
People's Community Wellness Center	1,002	1,002	-	418
Under One Roof - Twinbrook	950	1,312	362	912
			-	
Mobile Med - Homeless Clinic	750	700	(50)	485
Under One Roof - Homeless Clinic	65	146	81	124
			-	
<b>TOTAL</b>	<b>26,045</b>	<b>27,656</b>	<b>1,611</b>	<b>18,369</b>
<b>Montgomery Cares Clinics</b>	Encounters (Visits) approved through September 2009	Encounters (Visits) approved through January 2010	Encounter to Patient Ratio as of January 2010	
CCACC- Pan Asian Health Clinic	185	427	1.69	
Community Clinic	1,310	3,338	2.13	
Comm Ministries Rockville - Kaseman	330	819	1.59	
Holy Cross - Silver Spring	1,701	4,140	3.06	
Holy Cross - Gaithersburg	1,378	3,172	2.54	
Mary's Center	241	670	1.82	
Mercy Health Clinic	1,808	4,048	2.23	
Mobile Med	3,624	7,875	1.94	
Muslim Comm Center Clinic	1,209	2,983	2.34	
Proyecto Salud - Wheaton and Olney	2,965	6,529	2.10	
Spanish Catholic Center	693	1,682	1.93	
People's Community Wellness Center	333	683	1.63	
Under One Roof - Twinbrook	623	1,500	1.64	
Mobile Med - Homeless Clinic	493	1,104	2.26	
Under One Roof - Homeless Clinic	124	289	2.33	
			-	
<b>TOTAL</b>	<b>17,017</b>	<b>39,259</b>	<b>2.14</b>	

**Montgomery Cares Program**  
**Assessment of Management Structure**

**FINAL REPORT**

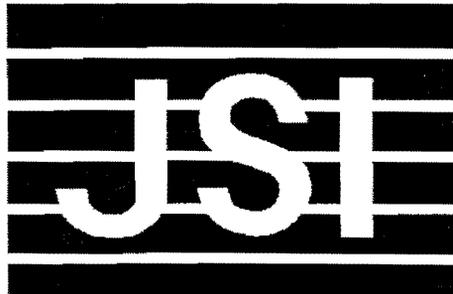
**February 2010**

**Submitted to:**

**Uma Ahluwalia, Director**  
**Montgomery County Department of Health and Human Services**  
**Jean Hochron, Senior Administrator**  
**Montgomery Cares Program**  
**401 Hungerford Drive**  
**Rockville, MD 20850**

**Submitted By:**

**John Snow Inc.**  
**44 Farnsworth Street, 7<sup>th</sup> Floor**  
**Boston, MA 02210**



## Preface

This report summarizes findings and recommendations from an assessment of the Montgomery Cares Program management structure, conducted by John Snow Inc. (JSI) between May and December, 2009. The Montgomery Cares Program (the Program) is a Montgomery County funded initiative that helps to ensure that low-income, adult, uninsured county residents receive high quality, accessible primary and specialty care services. Montgomery Cares operates primarily by providing financial support to a network of independently operated, community clinics to fund services for low-income, uninsured adults living in the County. Montgomery Cares also works with other community partners, including its affiliated clinics and hospitals, to administer a range of supportive programs and initiatives that help to coordinate services, enhance access, and maximize the impact of the Program.

The goal of the assessment was to review the Montgomery Cares' management structure and develop recommendations regarding the most effective and appropriate option for the Program's management structure and growth. More specifically, JSI was charged with: 1) reviewing existing documents, reports, contracts, and other materials, 2) conducting key informant or stakeholder interviews, 3) reviewing similar programs nationally, and 4) developing a series of reports and presentations to summarize and communicate the project's findings and recommendations.

## Overview of John Snow, Inc. (JSI)

John Snow, Inc. (JSI) is a health care research and consulting organization committed to improving the health of communities throughout the United States and overseas. Throughout its 33-year history, JSI has worked to address the needs of underserved populations to improve access and the quality of health care delivery systems. JSI fully shares the Montgomery County Department of Health and Human Service's and Montgomery Cares' mission to expand access to high quality health care services to low-income, uninsured residents of the County and were honored to be involved in this assessment. The Project Team for this effort was led by Patricia Fairchild, Vice President of JSI's U.S. consulting and research division. Also participating were Alec McKinney, senior consultant, and Natalie Truesdell, analyst.

## Acknowledgements

This project was conducted with the support of the Montgomery County Department of Health and Human Services (DHHS) and was guided by a Steering Committee made up of senior DHHS staff. Additional input was provided by the Montgomery County Council, the Montgomery Cares Advisory Board (MCAB), The Primary Care Coalition of Montgomery County (PCC) and all of the Montgomery Cares Program's affiliated clinics and hospitals. Their combined expertise, knowledge, and commitment to the project were vital and this project would not have been possible without their support and guidance. During this project JSI interviewed dozens of individuals, including administrative and clinical staff members from all of Montgomery Cares' affiliated organizations, the Primary Care Coalition, other health and social service providers, public officials from the Department of Health and Human Services, Montgomery County Council members, County-based advocacy groups, and consumers of care. JSI would like to acknowledge this support and thank all who took the time to talk with the Project Team and/or participate in the project's Steering Committee and stakeholder meetings.

## EXECUTIVE SUMMARY

John Snow Inc. (JSI) conducted an assessment of the Montgomery County Maryland's Montgomery Cares Program management structure between May and December, 2009. The Montgomery Cares Program (the Program) is a Montgomery County funded initiative that helps to ensure that low-income, adult, uninsured county residents receive high quality, accessible primary and specialty care services. The Program is comprised of several entities, all of which contributed to the Program's ability to provide services to more than 25,000 Montgomery County residents between July, 2008 and June, 2009. These are: the County Executive and County Council; the Montgomery County Department of Health and Human Services (DHHS), the Montgomery County Primary Care Coalition (PCC); the Montgomery Cares Advisory Board (MCAB); and, several independent clinics and hospitals joined under Community HealthLink.

The Montgomery Cares Program operates primarily by providing financial support to its affiliated hospitals and clinics, as well as other public programs in the County that provide services to low-income, uninsured adults. The Program works with the Primary Care Coalition of Montgomery County, the contracted administrator of the Program, and the Program's affiliated clinics and hospitals, to operate a range of other supportive programs and initiatives that help to coordinate services, enhance access, and maximize the impact of the Program. The Montgomery Cares Advisory Board, provides overall guidance, strategic planning and evaluation for the Program.

The goal of the assessment was to review the Montgomery Cares' management structure and develop recommendations regarding the most effective and appropriate option for the Program's management structure and growth. More specifically, JSI was charged with: 1) reviewing existing documents, reports, contracts, and other materials, 2) conducting key informant or stakeholder interviews, 3) reviewing similar programs nationally, and 4) developing a series of reports and presentations to summarize and communicate the project's findings and recommendations.

### Key Findings

#### **Current Management Structure, and Communication:**

- The current management structure for the Montgomery Cares Program is functioning relatively well given the stage of the Program's development and the complexity of the Program.
- The components that comprise the Program are similar to those found in most other County-funded coverage programs throughout the country. There is no intrinsic need to add or subtract stakeholder groups to improve program management.
- Both real and perceived overlap exists in the roles and responsibilities of the various entities that comprise the Program. This overlap has led to confusion and misunderstandings across stakeholder groups, as well as some inefficiency.

- Montgomery Cares has structures in place to enable communication among the various stakeholder groups, but there are gaps, and communication is not always effective.

**Health Care Service Delivery, Operations, and Quality:**

- The Montgomery Cares Program draws on a diverse spectrum of independent health care providers to provide health care services. This diversity brings strengths to the system but also challenges.
- Strengthening the primary care safety net by encouraging adoption of Medical Home concepts is a priority for the County, but access to other services also has to be strengthened so patients have access to the full continuum of care. Capacity to provide medical specialty services, oral health services and behavioral services also needs to be strengthened.
- Measuring quality should build on current initiatives focusing on patient outcomes. Such an approach allows for unique approaches to care by diverse providers, innovations in delivery of care, and tailoring care to patients' unique clinical, social, and cultural needs.
- Participants (patients) should have a stronger voice in how Montgomery Cares is operated to ensure their evolving needs are being addressed and to engage them in quality improvement.

**Program Growth and Expansion:**

- Existing clinics in the County can be relied upon to contribute incrementally to growth but their resources and current capacity are limited. To achieve growth targets, the County will need to explore new expansion options, while supporting the growth of current organizations.
- The Montgomery Cares Program is only one of many programs/resources that can be leveraged to improve access to care for Montgomery County residents. The County and its affiliated organizations should leverage all potential resources, like Medicaid and other grant programs so that Montgomery Cares Program can target resources to those not otherwise covered.
- While specifics are not known, the Program will undoubtedly see significant changes in the next 2-5 years as a result of state and national reforms and other environmental factors. The County and its affiliated organizations can expect a significant increase in time devoted to outreach and enrollment assistance should any type of national reform be passed.

## **Recommendations**

Recommendations for an appropriate and effective management structure to support the Montgomery Cares Program are presented on a continuum. This continuum begins with minimum recommendations that are considered by JSI to be essential to strengthening the Program and that can be implemented relatively quickly and inexpensively. The continuum extends to recommendations that require more extensive investment of time and/or resources by various stakeholders and could take many months or even years to complete. In JSI's assessment, the broader recommendations will have considerable impact on the Program and, most importantly, the people it is serving. Presenting the recommendations as a continuum is not meant to imply that steps must be followed sequentially. The County may elect to bypass some early recommendations and move directly to implementing more advanced recommendations.

### **1. Take Immediate Action to Improve the Current Management Structure:**

In JSI's assessment, the current management structure for the Montgomery Cares Program does not need to be radically altered. However, several improvements could help make the structure more efficient and effective.

- 1a. Clarify roles of the various components of the Montgomery Cares Program.
- 1b. Improve the current communication structure.
- 1c. Improve eligibility screening and enrollment.
- 1d. Establish County-wide expectations for performance and quality.

### **2. Strengthen the Delivery System:**

Strengthening the delivery system is necessary in order to achieve program growth goals; build a strong network of providers that can participate in expanding access; and, begin to coordinate diverse providers so the County is managing a system of care rather than multiple diverse independent organizations. Ultimately this will enable the County to streamline its management structure.

- 2a. Establish key areas where County expects consistency across providers. Priority areas are: eligibility screening and enrollment, co-pays and/or enrollment fees, minimum hours of access, core services:
- 2b. Identify new resources for primary and medical specialty care in the County.

### **3. Consolidate Enrollment**

At a minimum the County should expect all Montgomery Cares providers to consistently screen and assist patients to enroll in all County, State and Federal entitlement programs. The County should also review and update its County-staff enrollment function to make it more accessible to providers and participants. JSI recommends that the County's ultimate goal should be to move to establish a consolidated enrollment function for the Montgomery Cares and other County programs. Developing a consolidated enrollment function is an essential step in moving Montgomery Cares toward becoming a unified County-wide program rather than a program made up of individual providers and relationships.

- 3a. Screen and enroll participants through a uniform, consolidated process.
- 3b. Use the consolidated enrollment process to streamline Program management and improve care for patients.

#### **4. Establish Medical Homes**

JSI recommends that Montgomery County work towards ensuring that the primary care providers participating in the Montgomery Cares Program are able to serve as medical homes for Program participants and that every participant chooses or is assigned to a medical home. Since myriad definitions of medical home exist, the Program must first work with all stakeholders to develop a Program-specific definition or standards of a medical home.

- 4a. Work with providers to meet County-defined standards for a medical home.
- 4b. Develop processes to encourage participants to select or be assigned to a medical home.

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Appendix B: Key Informants and Stakeholders Interviewed

Appendix C: Model Program Interview Guide

Appendix D: Model Program Summary Descriptions

## I. Project Background and Purpose

### A. Montgomery County, Maryland

Montgomery County is an affluent, healthy, and vibrant community. In 2006, the County was the 8<sup>th</sup> wealthiest county in the Country with a median household income of \$87,624 and a median family income of \$103,476. Both of these figures are roughly two-thirds higher than the respective State averages and nearly twice as high as the national averages. According to a Physician Workforce Study conducted by the Maryland Hospital Association in 2007, Montgomery County had the highest physician to population ratio in the State (307/100,000 residents), which is 15% higher than the national average (269/100,000 residents). In addition, it has a strong network of hospitals that anchor the service system and provide world class health care services.

Despite this affluence and the inherent strength of the County's service system, major pockets of poverty exist in Montgomery County, a significant proportion of residents have no or inadequate health insurance, and many residents have limited to no access to health care services. More specifically, in 2007 the State Medicaid Office reported that approximately 11% (80,000 to 100,000) of County residents lacked adequate health insurance. In 2000, according to the US Decennial Census, there were 47,024 (5%) people in the County living in poverty and 121,931 (14%) people living in low-income households earning less than 200% of the Federal Poverty Level (FPL). Taking into consideration that the low-income population (< 200% FPL) is the target of the Montgomery Cares Program (Program), data suggests that more than 50% (53.2%) of this population has inadequate health insurance. This means that in 2000, more than 60,000 low-income people were likely uninsured or underinsured in the County. Unfortunately, due to the recession of 2008-2009, these numbers have likely increased significantly. In February of 2008, Montgomery County had an unemployment rate of only 2.7% compared to 3.4% for the State and 4.8% for the nation. By December 2009 Montgomery County's unemployment rate had almost doubled to 5.2%. While still significantly better than the State (7.2%) and nation (9.7%) the increases in unemployment are undoubtedly linked to decreasing incomes and increasing loss of insurance.

With respect to race and ethnicity, the County is a diverse melting pot of citizens and immigrants from all over the world. According to the 2006 American Community Survey, 29% of the population in the County reported as foreign born, compared to 12% for the State and 13% for the nation. With respect to language, 36% of the population in the County (5 years old or older) speaks a language other than English at home, compared to 15% for the State and 18% for the nation. Once again, taking into consideration the low-income target population for the Program, these figures are substantially higher. For example, it is estimated that 48% of the low-income target population in the County is foreign born and 50% speak a language other than English at home.

Given this population's income, the high cost of living in the County, and the language/cultural issues this population is extremely vulnerable and faces major barriers to access when seeking essential health care services. As a result this population is more

likely to delay seeking needed care and much more likely to experience health disparities and suffer from high rates of disease. Even with a high proportion of physicians to residents in the County, there remain a limited numbers of primary care providers in Montgomery County who are willing or able to serve low-income, Medicaid insured, or uninsured residents. Further, for those in this population that are able to access services, the care is typically fragmented and data shows that too often they rely on hospital emergency rooms for care.

### **B. The Montgomery Cares Program**

Montgomery County's health care service system for residents in middle- and upper-income brackets, who are largely privately insured, is strong and relatively stable. As stated above, the County has the highest physician to population ratio in the State (307/100,000 residents) and nearly 90% of the overall population has a usual source of care when they are sick or need advice about their health. There are a handful of leading hospitals that anchor the service system and myriad enabling, supportive, and social service organizations. This service system, combined with the fact that the County's population is generally affluent and well educated, enables many residents to have very good access to a comprehensive range of health care services and are able to navigate the health and social service system well.

While having many strong components, the health care system for the County's most vulnerable is not nearly as robust. In Montgomery County, the core of the health care safety net system is made up of a network of private, independently operated and hospital-operated clinics, loosely connected under an umbrella called the Community HealthLink. In addition, a series of programs operated jointly by the County and some of its private affiliates provide oral health, mental health, and homeless services. The County is also home to the Primary Care Coalition (PCC), a private, non-profit organization formed in 1993 to mobilize public and private resources to improve health care for low-income, uninsured, and medically underserved residents of the County. The PCC is contracted by the County to administer the Montgomery Cares Program and also develops and operates many other programs that enhance health care for the County's underserved population. The County, the PCC, the hospitals, and the Community HealthLink providers work together to help ensure that underserved populations have access to primary care, medical specialty care, and other supportive services.

The Montgomery Cares Program (Program) is a County-funded initiative that helps to ensure that low-income, adult, uninsured County residents who are served by the safety net receive high-quality, accessible primary and specialty care services. The Program operates primarily by providing financial support to the PCC, public programs, and independent and hospital run clinics to support services to low-income, uninsured adults. The Program was established in 2005. Since its inception, the Program and its affiliated organizations have served tens of thousands of adults that would otherwise not have received care or would have ended up seeking higher cost, less well coordinated services in the County's hospital emergency rooms. In 2009 alone, the Program served 24,830 low-income, uninsured adults and provided 56,597 visits.

and challenges. Prior to each interview, secondary data sources on each program were reviewed in detail for background.

A detailed interview guide was created to ensure that consistent information was captured across all four programs (Appendix C). The main sections of the interview guide were developed based on the information requested in the Request For Proposal and consisted of:

- History, Mission, and Structure
- Program Management and Governance
- Service Delivery Structure
- Financing
- Program Monitoring
- Overall Strengths and Challenges

After each program interview, JSI prepared a written summary of the program and a list of remaining questions. These were forwarded back to and reviewed by the interviewees. JSI then conducted follow-up interviews to confirm the written summary and finalize the program description. In a few instances, at the recommendation of the interviewee, JSI also talked to other key informants related to the program. In appreciation for their time and efforts, interviewees were offered a \$250 donation to their program.

Summary descriptions for each of the Model Programs that were explored in-depth are included in Appendix D.

### **III. Description of Major Components of the Montgomery Cares Program**

The Montgomery Cares Program (Program) is a County-funded initiative that helps to ensure that the low-income, adult, uninsured county residents who are served by the health care safety-net receive high quality, accessible primary and specialty care services. The Program operates primarily by providing financial support to a group of affiliated hospitals and clinics as well as other public programs in the County that provide services to low-income, uninsured adults. The Program also works with the Primary Care Coalition of Montgomery County, the contracted administrator of the Program, and its affiliated clinics and hospitals, to operate a range of other supportive programs and initiatives that help to coordinate services, enhance access, and maximize the impact of the Program.

Following is a description of the major Program stakeholder groups and their current role in the Program. This information was drawn from JSI's document review and key informant interviews. In writing this section, JSI assumes that the target audience for this report has a basic knowledge of the Program. With this in mind, the information below is

not an exhaustive review of these component groups' history and all of its responsibilities. Rather, the section provides a summary of the component group's purpose and role as part of the Program as well as other salient or key points that are relevant to of the project's findings and recommendations.

#### **A. Montgomery County Council**

- The Montgomery County Council is the legislative branch of County Government. It has nine members, all elected at the same time by the voters of Montgomery County for four-year terms.
- There are six standing committees of the Council, one of which is the Health and Human Service (HHS) Committee, which is currently chaired by Councilor George Leventhal. The HHS Committee also includes Councilors Duchy Trachtenberg and Nancy Navarro. Each Committee has budget review and program oversight responsibilities. DHHS and the Montgomery Cares Program is under the purview of the County Council's HHS Committee.
- George Leventhal is widely considered to be the "Founding Father" of the Montgomery Cares Program and has been central in its growth and development.
- The Montgomery County Council is responsible for establishing the Program's vision/mission, budget allocation, program oversight/accountability, and high level policy as well as advocacy for the target population.
- The County Council and the HHS Committee requests annual and periodic reviews and reports of progress and deliberates annually to determine and ultimately allocate the Program's budget.

#### **B. Montgomery Cares Advisory Board (MCAB)**

- In 2006, the Montgomery County Council created the Montgomery Cares Advisory Board (MCAB) to provide objective advice and counsel to the County Executive, the County Council and DHHS on matters relating to the County's goal of ensuring steady and measurable growth in the number of uninsured County residents accessing high quality health services. MCAB's functions include assisting eligible individuals to participate in non-County programs; maximizing the use of County funds for services; and evaluating the program, including quality of care; and strategic planning.
- MCAB is made up of a diverse group of 14 individuals that meets monthly to oversee and track the progress of the Program. The Board also explores specific, complex, and/or pressing issues confronting the Program. Through position papers and open dialogue at the meetings, the MCAB develops recommendations to the Council and all of the various stakeholders.
- MCAB is broadly represented by local experts with knowledge of public health, health care, public policy, public administration, legal issues, and a myriad of other

relevant areas of expertise. The MCAB also includes representatives from the major stakeholder groups including administrative and clinical staff from the participating hospitals and clinics, DHHS, and the PCC.

- MCAB is staffed by DHHS, which provides administrative and clerical support.
- MCAB is responsible for providing input into the Program's vision/mission, high level policy, program oversight/accountability/evaluation, and strategic planning and priority setting as well as advocacy for the target population

**C. Montgomery County Department of Health and Human Services (DHHS)**

- The Montgomery Cares Program is operated as a separate department, with its own budget line item, within the Montgomery County Department of Health and Human Services. The Program has a DHHS staff of 4-5 people, led by a Senior Administrator who reports directly to the Director of DHHS and works very closely with the DHHS Chief Health Officer.
- In addition to a Senior Administrator, the Program also has a Program Manager who works with the Senior Administrator to manage the Program, a financial and budget Analyst who monitors the PCC contract and payments to the Program's affiliated clinics; a program staff member who helps to manage the homeless program, as well as a small pool of administrative support staff.
- DHHS staff have been charged with implementing the Program. They provide policy support, manage the contract with PCC (the contracted administrator of the Program), and provide informal guidance to community partners related to participating in the program. DHHS is also responsible for managing the budget and other program finances, including funds disbursement, and along with other stakeholder groups (County Council, MCAB and PCC), is responsible for program oversight and accountability. Finally, as mentioned above, Program/DHHS staff provide administrative and clerical support to MCAB.
- The Director of DHHS, the Chief Health Officer, and the Deputy Chief Health Officer meet regularly with Program staff to provide guidance and oversight support on issues related to program management and operations as well as overall program policy.
- Broadly speaking, DHHS is responsible for providing input into the Program's vision/mission, establishing policy, program oversight/ accountability/evaluation, program implementation, monitoring the PCC contract, and some service delivery, as well as advocacy for the target population.

**D. Primary Care Coalition of Montgomery County**

- The Primary Care Coalition of Montgomery County (PCC) was founded in 1993 and is a private, non-profit, charitable organization. The PCC mission states that PCC "works with public/private partners to help ensure that high-quality, accessible,

equitable, efficient, and outcome-driven health care services are available to low-income, uninsured residents of Montgomery County.” Since 1993, PCC has grown to a staff of 70 and is run by a 18-member all volunteer board of directors.

- Historically, PCC has served as an advocate for County residents without access to health care and over the years has developed numerous programs to address health care needs. PCC has been proactive and successful in its efforts to bring public and private resources into the County to support its mission. PCC has also been one of the County’s primary advisors, to both public sector and private organizations, on issues related to health care access and service delivery to low-income populations.
- Within the PCC, the staff is organized into five Centers: the Center for Health Care Access, the Center for Medicine Access, the Center for Community-Based Health Informatics, the Center for Health Improvement, and the Center for Children’s Health, each of which is headed by a senior-level director.
- The Montgomery Cares Program is one of several programs administered by PCC and is housed within its Center for Health Care Access. PCC has been the contracted administrator for the Montgomery Cares Program since its inception in 2005. PCC is contracted directly by DHHS to manage the Program and its responsibilities are broad and comprehensive. PCC executes and manages the contracts for participating hospitals and clinics. PCC also provides technical assistance to affiliates on an as needed basis and as funding permits in the areas of program management, billing, information technology, and clinical quality control. PCC has also raised funds to bring and manage infrastructural systems improvements, such as an open-source, Web-based electronic health record, pharmacy programs, and a centralized clinical measurement reporting system. These infrastructure programs have helped to centralize functions across affiliates to improve efficiency and quality of service delivery.
- In 2009, PCC’s grants and contracts to support programs, including Montgomery Cares, totaled \$2.6 million and included funding from the County, private foundations and the Federal government.
- With respect to its specific role in the Montgomery Cares Program, PCC is responsible for strategic planning/priority setting, program implementation, technical assistance and evaluation and some service delivery. However, PCC’s role in the County is larger than its contract for Montgomery Cares. In its broader role, PCC is also involved in providing input into the Program’s vision/mission, developing policies and related programs and advocacy.

**E. Community HealthLink Providers (Clinics and Hospitals) and Other Public Programs**

- The Montgomery Cares Program fulfills its mission primarily through a network of affiliated private, not-for-profit, independent hospitals and clinic partners that are part of the Montgomery County Community HealthLink. In addition, there are a number

of other affiliated programs, jointly operated by the County and other private organizations, which provide targeted services such as oral and behavioral health and services to the County's homeless populations.

- These clinics and hospitals are linked together and supported by the Montgomery Cares Program. The Montgomery Cares Program provides financial support (primarily through fee for service payments) as well as a range of other administrative and supportive structures that support these organizations in serving their target population and meeting their goals. For most but not all of the organizations, Program support is critical to their business model and allows them to sustain their programs.
- Community HealthLink and associated programs are made up of an extremely diverse set of community based providers that together constitute the core of the County's primary care health care safety net for low-income, Medicaid insured, and uninsured individuals and families. The clinics are widely dispersed throughout the County and are extremely varied with respect to their size, geographic focus, and target population; as well as their staffing structure and operational approach. Each has a specialized geographic, cultural, service-oriented, or otherwise unique niche that makes the whole greater than the sum of its parts. While there are literally dozens of organizations that support the Program in its efforts, the following are currently its core service providers and advocacy organizations.

**Community Clinic, Inc.**

Rockville, MD

**Mental Health Program**

Montgomery County, MD

**Holy Cross Hospital Health Center**

Silver Spring, MD

**Mercy Health Clinic**

Gaithersburg, MD

**Homeless Program**

Montgomery County, MD

**Mobile Medical Care, Inc.**

Bethesda, MD

**KAMMSA/Korean Community**

**Service Center**

Gaithersburg, MD

**Muslim Community Center Clinic**

Silver Spring, MD

**Oral Health Program**

Montgomery County, MD

**Proyecto Salud**

Wheaton, MD

**Pan Asian Volunteer Health Clinic**

Gaithersburg, MD

**Spanish Catholic Center**

Silver Spring, MD

**Mary's Center**

Silver Spring, MD

**The People's Comm. Wellness Center**

Silver Spring, MD 20903

**Under One Roof Medical Clinic**

Rockville, MD

- The Program's affiliated clinics and hospitals provide a broad range of health and social services to their patients. While serving underserved population is a core part of all of the affiliates' missions, many of the affiliated organizations, such as the hospitals and Federally Qualified Health Centers (FQHCs), operate a complex array of programs geared to many different segments of the County's population. With respect to the Montgomery Cares Program specifically, the affiliated clinics, hospitals, and programs typically provide a comprehensive range of primary care medical services as well as facilitate access to some medical specialty care services through their own networks or with the assistance of Project Access. A number of the affiliates also provide primary care specialty services such mental health, substance abuse, oral health, and homeless services.
- Broadly speaking, the community-based clinic, hospital, and program providers are responsible for program implementation and service delivery as well as advocacy to the target population. They also have input into Program policies through the various committees established for the Program

The table below summarizes the information compiled by the Project Team regarding the roles and responsibilities of the major groups involved in Montgomery Cares, as perceived by the broad range of stakeholders interviewed. It must be noted that there is not agreement on this issue, meaning that not all members of a group agree on their exact role. Furthermore, the perceived roles of the various groups by other parties may differ from the actual role they are fulfilling. Finally, there is considerable overlap in roles and responsibilities across all groups. Organizationally, there is nearly complete overlap between the roles and responsibilities of DHHS and PCC. With respect to roles/responsibilities, the most extreme overlap relates to setting broad vision/mission and policy, as well as with respect to planning and program oversight.

	Montgomery County Council	Montgomery Cares Advisory Board	Montgomery County, DHHS	Primary Care Coalition (PCC)	Community Providers
Advocacy for Target Population and Providers	XXX	XXX	XXX	XXX	XXX
Vision/Mission	XXX	XXX	XXX		XXX
Budget Allocations	XXX		XXX		
Overall Program Policy/Planning	XXX	XXX	XXX	XXX	
Program Oversight, Accountability, and Evaluation	XXX	XXX	XXX	XXX	
Program Implementation (System Building, Operations)			XXX	XXX	XXX
Technical Assistance			XXX	XXX	
Service Delivery			XXX	XXX	XXX

#### IV. Findings

The following is a discussion of key findings drawn from the document review, key informant interviews, and review of similar programs across the country, as well as the Project Team's knowledge of safety net systems and programs with similar mission and purpose. Findings have been segmented into categories that reflect the major areas covered in the assessment. Each category is prefaced with a summary of its content and, to the extent possible, a discussion of the source of the findings.

##### **A. Current Management Structure, and Communication**

Following are findings pertaining to issues related to how the Montgomery Cares Program is managed and governed as well as how the various stakeholders communicate. More specifically, this section discusses issues related to the roles and responsibilities of the major stakeholder groups, contracting arrangements, decision-making structures, committee structures, and lines of accountability. This information was drawn primarily from the document review and key informant interviews with the County Council members, DHHS/Montgomery Cares Staff, the Primary Care Coalition, clinic/hospital partners, and members of the Montgomery Cares Advisory Board .

##### Key Findings

- The current management structure for the Montgomery Cares Program is functioning relatively well given the stage of the Program's development and the complexity of the Program. The Montgomery Cares Program is relatively young, as compared to other similar programs, and many of the management systems, structures, and relationships are maturing. This is a natural process in any new, complex organization.
- The Montgomery Cares Program has demonstrated the ability to adapt and change. Willingness to change policies has been variable among providers.
- The components that comprise the structure of the Montgomery Cares Program include the County Executive and County Council, The Montgomery Cares Advisory Board, Montgomery County Department of Health and Human Services, The Primary Care Coalition and the health care clinics and programs that provide services for Montgomery Cares patients. These components are similar to components found in most other County-funded coverage programs throughout the country. There is no intrinsic need to add or subtract stakeholder groups to improve program management.
- Coverage programs are inherently complex mostly because they require many different groups to interact (e.g. health care providers, payers, patients, policy-makers) and because the environment in which they operate is in constant flux (e.g. changes in Medicaid, changes in funding availability, changes in clinic capacity).
- Based on JSI discussions with all of the various stakeholder groups, there is considerable overlap in roles and responsibilities, which has led to confusion and misunderstandings across stakeholder groups.

- The overlap in roles and responsibilities has led to varying degrees of inefficiencies and lack of awareness as to who is responsible for what function or activity. Most significantly, there is concern and confusion regarding who is responsible for program oversight, accountability, and evaluation and for overall program planning and policy setting. The most common concern voiced by key informants was that too much control over planning, policy-setting and accountability had been ceded by the County to PCC. PCC's broad and diverse role in the County, beyond its responsibility for helping to administer Montgomery Cares contributes to this confusion.
- With respect to DHHS, the staff, and particularly the DHHS leadership, is well regarded and respected. There is strong support for Uma Ahluwalia. However, a number of key informants said that County processes, bureaucracy and regulations limited DHHS's ability to make timely decisions
- With respect to MCAB, while the Project Team believes the enabling legislation is clear on the Board's role; key informants voiced uncertainty with respect to the role of MCAB in setting policy and evaluating the Program, as well as uncertainty as to which entities the MCAB is advising. People interviewed also felt the roles of some individual members are unclear; specifically whether they are serving as individuals or representatives of a particular organization. A number of key informants also expressed the need for community or target population representation on the MCAB.
- The role of the County Council as the ultimate policy setting body for the Program is clear to everyone. However, there is some perception among the clinic and hospital partners that the Council is more closely aligned with some program participants than others and that some of its actions have been influenced by their relationships rather than by empirical data.
- Opinions differed among stakeholders regarding the value of PCC to the Montgomery Cares Program and whether the funds that were allocated to them through their contract is an efficient use of County resources. However, there is general recognition that PCC, while independent, is constrained by DHHS policies and regulations (e.g. budget cycle and authority) and consensus that PCC provides valuable technical expertise that is important to the continued growth and development of the Program. PCC's historic and continued contributions to developing and supporting other programs that benefit County residents is also widely recognized and appreciated. However, this broader role also leads to confusion about where PCC's responsibilities in relation to Montgomery Cares ends and their interest in other programs begins. Most people want greater clarity and transparency to distinguish PCC's role in Montgomery Cares from their other roles and programs.
- With respect to the hospital and clinic partners, there was strong support for provider autonomy and independence. However, opinions differed on the extent to which the considerable diversity among providers related to such policies as hours of operation, use of volunteers, and charging for services are a strength or weakness of the

program. A number of the hospital and clinic providers wanted a greater role in setting overall vision and policy.

- Montgomery Cares has structures in place to enable communication among the various stakeholder groups, but there are gaps, and communication is not always effective. Currently communication is mostly handled through a number of committees, which are primarily organized and staffed by the PCC, and meet anywhere from monthly to annually. DHHS and MCAB also have committees and their own communication structure. While there is some perceived value in the committees among participants, they are viewed by providers as primarily providing one-way communication from the PCC or DHHS and not seen as good mechanisms to encourage two-way dialogue. Much day-to-day communication is ad hoc and based on personal relationships.

## **B. Health Care Service Delivery, Operations, and Quality**

Following are findings pertaining to how services are delivered and organized, how clinics operate, including how clinics and the Montgomery Cares Program manages or monitors the quality of care. More specifically, the section discusses staffing structures, the extent to which care is coordinated, medical home concepts, quality improvement/measurement, and consistency in operations across clinics. These findings derive directly from the review of model programs nationally and discussions with the staff at the programs explored in-depth. The findings also are derived more indirectly from key informant interviews, primarily through discussions of care coordination, communication, technical assistance, and the challenges and opportunities of participating in the Montgomery Cares Program.

- The Montgomery County health care safety net primarily consists of several independent clinics, private hospitals, and the County Department of Health and Human Services. The County does not have a County-supported hospital. Private physicians contribute to the Montgomery Cares Program in a limited way, principally through accepting referrals for medical specialty care.
- The Montgomery Cares Program draws on the diverse spectrum of independent health care providers the comprise the County's safety net, including hospitals, non-profit community primary care clinics, FQHCs and health department programs. This diversity brings strengths to the system (e.g. considerable non-County resources to support the safety net, enhanced patient choice, ability to gather financial and political support from a broad cross-section of the County, cultural competency) but also challenges (e.g. very different services, policies, and capacity that lead to confusion for individuals seeking care, potential inefficiencies, complicated program management and, at times, unequal cost, services and quality). Providers and policy-makers mostly support continuing the independence and diversity of the provider network.
- Extensive variation exists in how organizations participating in Montgomery Cares charge and collect for services rendered as well as the extent to which they encourage

patients to enroll in entitlement programs and bill those programs. While the assessment did not include an analysis of how many participants in Montgomery Cares are eligible for other entitlements or programs, inconsistent practices within participating organizations make it very likely that alternative funding sources are not being fully leveraged.

- Currently Montgomery Cares providers are relatively independent from each other. The Primary Care Coalition, with support from the County and other funders, operates or coordinates a number of programs/services available across providers (e.g. Project Access specialty care referral network, CHLCare's electronic medical records, Community Pharmacy, State MEDBANK and Quality Improvement projects). However, many people interviewed believe that additional efficiencies could be realized if independent providers themselves operated more as a network.
- There are conflicting opinions related to the extent to which programs relying predominantly on volunteer physicians should be encouraged by the Program. Volunteer physicians have been key to Montgomery Care's growth to date. However, some people interviewed felt that care programs based largely on volunteers brought management challenges not present in other models and could impact the Program's ability to introduce policies to support growth. Decisions related to programs relying on volunteers must be carefully considered as there are implications for malpractice coverage among other issues.
- Montgomery County's safety net system will be strengthened in many ways if the County and safety net providers adopt the Medical Home model as the preferred model of care for Program participants. While definitions of Medical Home vary considerably, medical home concepts are at the heart of many current coverage, payment and delivery system reform efforts<sup>1</sup>. Variation currently exists among organizations participating in the system related to the degree to which they serve as a patient's medical home. Many will require assistance to be able to serve as a medical home.
- Strengthening the primary care safety net is a priority but access to other services also has to be strengthened so patients have access to the full continuum of care. Capacity to provide medical specialty services, oral health services and behavioral (mental health and substance abuse) services also needs to be strengthened.

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<sup>1</sup> Myriad definitions of Medical Home exist. All include the central concepts of: providing a "usual source of care" – either an individual provider or a clinic/health center; ensuring the person's provider/health center is "accessible" when the person needs care (which is typically defined by the provider having hours that are convenient for patients and 24/7 coverage); and charging the person's provider with coordinating care across the full spectrum of health needs to ensure people have access to comprehensive services, including prevention and chronic disease management. Most definitions of Medical Home also include the concepts of patient-centered care and the expectation that providers will measure and work to continually improve the quality of care they provide.

- While clinical guidelines are important to help ensure consistent quality with provider organizations, County-wide expectations of quality should not be based on adherence to specific clinical guidelines, but rather should focus on patient outcomes, allowing for unique approaches to care by diverse providers, innovations in delivery of care, and tailoring care to patients' unique clinical, social, and cultural needs. Currently, a number quality improvement and quality assurance activities are underway. For example, the Montgomery County clinic Medical Directors meet quarterly to discuss quality measures and best practices. These meetings and other activities are long standing and have matured over time. The PCC has been collecting quality data and convening the quarterly meetings of Medical Directors to discuss the data since 2003 and in 2007 the PCC and the Medical Directors approved specific set of measures for use. In 2008, eight of the Montgomery Cares clinics reported data on the set of approved measures.
  
- The significant differences in policies among participating providers are leading to confusion in the community among participants and their advocates. Information is frequently passed by "word-of-mouth" between participants and participants often make choices about where/how to receive care based on inaccurate information. Confusion can also hinder timely and appropriate access.
  
- Participants (patients) should have a stronger voice in how Montgomery Cares is operated to ensure their evolving needs are being addressed and to engage them in quality improvement. Currently consumer input is strong at many of the provider organizations involved in the Program but it is not consistently incorporated at the County/Program level.

### **C. Program Growth and Expansion**

Following is discussion of issues related to growth and expansion of Montgomery Cares and the extent to which the Program is currently situated to respond to the needs of the County's low-income, uninsured population. More specifically, the section discusses to the possible impact of national health reform, the existing capacity of the Program to meet the needs of the low-income uninsured adult population in the County, resource constraints, and the opportunities that exist to draw additional resources to the Program. These findings derive primarily from the Project Team's body of knowledge and experience as well as through discussions with the project's key informant interviews. In-depth discussions the Project Team had with the staff at the national model programs also contribute to the findings. These programs are facing similar issues and had valuable insight.

- The growth target for the Montgomery Cares Program is currently 40,000 people. Last fiscal year the program served about 25,000 people. However, the economic downturn and a rise in the immigrant population in the County have increased the number of uninsured in the County so current need for the Program likely exceeds this target.

- Existing clinics in the County can be relied upon to contribute incrementally to growth but their resources and current capacity are limited. To achieve growth targets, the County will need to explore new expansion options, while supporting the growth of current organizations.
- Even if comprehensive national health care reform is fully implemented, thousands of low-income residents of Montgomery County likely will not have insurance coverage so will continue to need the support of a strong safety net. Even those eligible for new coverage under national reform may have to wait a number of years to obtain that coverage. Moreover, a strong safety net will help provide capacity to serve people who become newly eligible for Medicaid or other subsidized insurance products as reform is implemented. The current provider supply and capacity in the County is not sufficient to meet the projected need in the County.
- The Montgomery Cares Program is only one of many programs/resources that can be leveraged to improve access to care for Montgomery County residents. By fully leveraging all potential resources, the County should be able to target Montgomery Cares program resources to those not otherwise covered. Other potential resources include: entitlement programs (e.g. Medicaid, Medicare), private third-party payers, patient contributions (co-pays), other County programs, Federally Qualified Health Center (FQHC) status, provider 'community benefit' programs, private funding and in-kind contributions. Currently a great deal of variation exists among participating providers related to enrolling people in and billing public and private third parties, collecting co-pays and utilizing other resources.
- While specifics are not known, the Program will undoubtedly see significant changes in the next 2-5 years as a result of reform and other environmental factors. These changes will impact who makes up the target population (some people, including many immigrants who are a significant portion of the current program will not be covered under any current proposals for national reform); what resources are available beyond those provided by Montgomery Cares to support expanded access and quality (e.g. new subsidized plans, expanded Medicaid); and potentially the viability of current providers (e.g. patient volume, grants may be impacted).
- State-level health care reform around the country has shown that new initiatives (such as potential national health care reform) are very confusing to participants. The County and providers can expect a significant increase in time devoted to outreach and enrollment assistance should any type of national reform be passed.
- If reform includes a significant coverage expansion, providers throughout the County (not just safety net providers) will see a significant increase in demand for primary care and specialty services.

## **V. Guiding Principles and Recommendations**

### **A. Guiding Principles**

Based on the findings discussed above, the following are principles that the JSI Project Team believes should guide the further development of the Montgomery Cares Program and that will allow the County to strengthen, grow, and maximize the value of the Program.

- 1) The management structure for the Montgomery Cares Program should support growth of the program to improve access and the provision of high quality health services to improve health outcomes. Access alone is an important but not a sufficient goal. To assure quality, establishing quality standards, and measuring quality are important components of program management.
- 2) A strong network of safety net primary care providers will be critical to ensuring access to quality care for the low-income population in Montgomery County for the long term. JSI defines a strong health care provider network as one that consists of organizations and individuals that are fiscally viable, provide convenient reliable access, assure access to and coordination of comprehensive high quality services, and collaborate to maximize efficiency in the system. A strong health care network does not require that all organizations function in the same way. However, all Montgomery Cares Program participants should receive a comparable scope and quality of services for a comparable price.
- 3) Providers participating in Montgomery Cares should be able to function as Medical Homes for Program participants based on an agreed upon definition and set of principles.
- 4) Need and demand for the Montgomery Cares Program will continue to require program expansion. Resources should be sought from all possible sources to support increased access and leverage Program resources.
- 5) Changes in State and national policies related to Medicaid, coverage for the uninsured and other reforms have the potential to have a major impact on the providers and participants in the Montgomery Cares Program and on the Program itself. Although the specifics details and exact impact of reforms are not known, the Program should position itself and its affiliated organizations to participate fully in reform initiatives.
- 6) Diversity among the organizations within Montgomery Cares should be supported to the degree that it strengthens the Program's ability to improve access to quality health services. Similarly consistency across programs should be strengthened when that will improve access and quality.
- 7) Montgomery Cares is only a portion, and in some cases a very small portion, of the participating clinics' hospital's and PCC's operations. Non-Montgomery Cares funded activities and programs provide considerable value to the County and its residents and should be encouraged. At the same time, these efforts should be visible to all and intentionally aligned across the County and Program participants.

## **B. Recommendations**

JSI's recommendations for an appropriate and effective management structure to support the Montgomery Cares Program are guided by the findings and principles described above. The recommendations are presented on a continuum. This continuum begins with minimum recommendations that are considered by JSI to be essential to strengthening the Program and that can be implemented relatively quickly and inexpensively. It should be noted that these minimum recommendations will likely result in only modest improvements to the current structure. The continuum extends to recommendations that require more extensive investment of time and/or resources by various stakeholders and could take many months or even years to complete. In JSI's assessment, the broader recommendations will have considerable impact on the Program and, most importantly, the people it is serving. The continuum is designed to enable the County and other stakeholders to move ahead as resources become available, as environmental factors like health care reform unfold, and as various components in the system become willing and able to move forward. Presenting the recommendations as a continuum is not meant to imply that steps must be followed sequentially. The County may elect to bypass some early recommendations and move directly to implementing more advanced recommendations.

### **1. Take Immediate Action to Improve the Current Management Structure**

In JSI's assessment, the current management structure for the Montgomery Cares Program does not need to be radically altered. However, several improvements could help make the structure more efficient and effective. The following improvements/modifications to the current management structure are considered the minimum changes required for effective and appropriate program management.

#### 1a. Clarify roles of the various components of the Montgomery Cares Program.

Two areas particularly warrant attention: 1) the roles/responsibilities of Montgomery County Department of Health and Human Services (DHHS) in relation to the roles/responsibilities of the Primary Care Coalition (PCC); and 2) the roles/responsibilities of the Montgomery Cares Advisory Board. JSI found a fair amount of overlap in the roles of DHHS and PCC and even more importantly, confusion among providers about each entity's roles. Overall, JSI recommends that DHHS be clearly responsible for establishing Program goals and policies and for the accountability of participating providers in adhering to these goals. Specifically DHHS should establish program policies and performance expectations including quality measures, monitor compliance with these, and act to correct deficiencies. A third party such as PCC or consultants may help the County monitor compliance or correct deficiencies but only if clearly acting as agents of the County. DHHS should also be responsible for implementing growth strategies to achieve County-established growth targets.

PCC should continue in its role of executing and managing contracts with providers, collecting data and information required by the County and providing technical and program development assistance. PCC should also be encouraged to continue to develop new programs that are separate from Montgomery Cares but benefit its providers and participants, or the County overall. However, additional clarity and transparency are

required to distinguish these programs from PCC's role administering Montgomery Cares and participation in other PCC sponsored programs should either be voluntary for Montgomery Cares providers or dictated by DHHS as part of participating in the Program.

In relation to the MCAB, JSI believes the Board has an invaluable role to play as an independent body with considerable relevant expertise. Specifically, the Board should advise the County Executive, County Council, and DHHS in the areas of program policies and performance expectations, program development goals, targets and strategies for growth, and evaluation and assessment. To enable it to make policy, development and growth recommendations, the Board should receive and review program data and evaluation results. These roles are all consistent with MCAB's enabling legislation.

The Board is respected as a diverse knowledgeable group that can deliberate and provide recommendations on controversial and sensitive issues and in the past the Board has established ad hoc workgroups to address such issues. However, because Board members are volunteers and most have full-time jobs, it is critical that their role as a deliberating body be focused on a limited number of critical issues and ones they choose to become involved in. For the Board to function as effectively as possible some structural improvements are recommended including: finalizing bylaws or operating procedures that describe the Board's purpose, functions, meeting schedules, membership, and decision-making processes; clarifying roles of members in terms of who they represent when sitting on the Board (e.g. themselves, their employer, a constituent group); and, strengthening the consumer voice on the Board either by including Program participants or expanding representation from advocacy groups not directly involved in the Program.

1b. Improve the current communication structure.

Montgomery Cares should work to refine its current communication systems to efficiently use staff time from all stakeholders and to engage stakeholders in meaningful discussions to improve and expand the Program. JSI recommends that each of the current committees be reviewed and reconstituted. As general guidance, DHHS should establish, lead and staff committees related to policy-setting and strategy (such as committees comprised of provider leadership staff or Boards) while PCC should establish, lead and staff committees related to program operations.

JSI also recommends that the County establish a process to meet with each of the Boards of Directors of the participating providers to discuss Program goals and the implications for each specific provider entity. These meetings are particularly important during a period of Program change, though even during stable periods, annual meetings are recommended.

1c. Improve eligibility screening and enrollment.

JSI believes the County should work towards uniform eligibility screening and enrollment across all provider sites and ultimately implement a consolidated system for enrolling people in the Montgomery Cares Program (simultaneously with other County,

State and Federal programs). Specifically, JSI recommends that all providers should screen all patients for eligibility for entitlement programs (e.g. Medicaid, Medicare), other County programs, and private insurance and assist them with enrollment in these programs if they are eligible. Organizations that are categorized as “Free Clinics” and benefit from Federal Tort Claim Act (FTCA) malpractice coverage by virtue of their Free Clinic designation should screen all patients and refer those who are determined to have a payment source. Even if the initial pay-off in terms of moving people into other programs is minimal, universal screening and enrollment is an essential prerequisite to extending the reach of the Montgomery Cares Program by ensuring that Montgomery Cares funds are allocated only to people who are not eligible for other coverage. Universal screening and enrollment is also a necessary preparatory step for providers to be able to participate fully if state or national health care reform extends coverage to more people.

JSI recognizes that policies related to serving patients with insurance and policies related to eligibility screening and enrollment currently vary considerably across providers participating in the Program. It is probably not possible to implement a uniform system in the near term. As an interim step, JSI recommends that the County review and update its eligibility and enrollment processes to include on-site accessibility to automated (web-based) enrollment assistance at all provider sites that request it. All of the similar programs reviewed as part of this project utilize decentralized web-based eligibility and enrollment systems with proven track records.

1d. Establish County-wide expectations for performance and quality.

Because the Montgomery Cares Program is made up of several independent and very diverse providers, JSI does not believe it is possible or productive for the Montgomery Cares Program to expect uniform approaches to clinical care or management. However, it is not only reasonable but essential that the County assures that a certain level of quality is being provided to all participants in the Program.

JSI recommends that the County continue to work in collaboration with providers, PCC and the MCAB to enable all Program providers to adopt the set of quality measures that were developed by participating Medical Directors and are currently being reported by several and to participate in quality performance measure data reporting. Encouragement of broader participation is already in process, as acknowledged in the 2009 Montgomery Cares Clinical Performance Measures report.<sup>2</sup>

Full participation by all Montgomery Cares providers in quality performance measure adoption and reporting will both support a culture of quality improvement across all organizations participating in the Program and provide the County with more complete information on the quality of services delivered at specific sites and across the entire program. In addition, the adopted measures as aligned with national quality measure that provide benchmarks and the opportunity to compare data with national data sets

## 2. Strengthen the Delivery System

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<sup>2</sup> Montgomery County Maryland Center for Health Improvement, 2009 Montgomery Cares Clinical Performance Measures Report.

The next group of recommendations is aimed at expanding and strengthening the County's safety net health care delivery system. Strengthening the delivery system is necessary in order to: achieve program growth goals; build a strong network of providers that can participate in expanding access; and, begin to coordinate diverse providers so the County is managing a system of care rather than multiple diverse independent providers. Ultimately this will enable the County to streamline its management structure.

2a. Establish key areas where County expects consistency across providers.

As repeatedly noted, the Montgomery Cares Program currently covers services provided by several separate and independent providers with very different services, policies and operations. While there are some aspects of program management that are similar across all providers (for example the contract and reporting requirements) this diversity means program management is really tailored to each organization. For a number of reasons, JSI is recommending that the Montgomery Cares Program move to increase consistency across providers. Areas where additional consistency would be beneficial either to strengthen program management, support program growth or improve services for participants are: eligibility/enrollment screening, participant co-pays for services, minimum hours for access, and minimum core services. Following is a brief discussion of why some consistency in the other areas is important and how it might be accomplished without sacrificing organizational autonomy.

- **Uniform or consolidated eligibility screening and enrollment:** Discussed in #1c, above and further in #3 below. The goals are to maximize revenue from other sources so that Montgomery Cares resources can target those most in need and to provide consistency across the Program.
- **Co-pays and/or Enrollment Fees:** Co-pays by Program participants at the time of service and/or as monthly or annual cost-sharing for coverage are part of all the model programs JSI reviewed. Co-pays or enrollment fees or dues are considered important to enhance program revenue and to impart awareness among consumers on the value of services or coverage received. In most other programs, co-pays are standardized i.e. the program establishes co-pay or cost-sharing requirements, not individual providers. Currently the Montgomery Cares Program does not charge any participants an annual or monthly enrollment fee or dues nor does it expect any cost-sharing for the coverage it offers. Furthermore, co-pays across providers are extremely variable. As a result, Program participants have very different experiences depending on where they are served. Again, JSI understands that co-pays cannot be immediately standardized across all providers. Co-pay policies are established by the Boards of the various organizations and reflect the mission and goals of the organizations and Free Clinics may not be able to charge for services without risking malpractice coverage. While JSI believes the County should move toward standardized co-pays and/or cost-sharing, as an interim step, the County could consider allowing providers to fund all or part of County-established co-pay with their own funds. This is the policy used in Ingham County Michigan, one of the model programs JSI reviewed.

- **Minimum hours of access:** It is important that organizations providing primary care are available to their patients on a regular schedule for some number of minimum hours a week and also that patients have a defined way of accessing primary care when the provider is not available. Some minimum level of access is important to enable patients to get routine care including preventive services and chronic disease management at times that are convenient for them and to get acute care when they need it. Otherwise, patients may forgo important preventive or follow-up visits and unnecessarily utilize hospital emergency departments for acute needs. Establishing minimum hours of access and after hours coverage are also essential for a provider to serve as a medical home. JSI recommends the County work with providers and the MCAB to establish minimum expectations for hours of access and after-hours coverage.
- **Core services:** As primary care providers, clinics participating in the Montgomery Cares Program should be expected to provide or make sure their patients have access to core primary care services. Typically these include prevention screening and education, acute care diagnosis and treatment, and chronic disease management. Again JSI recommends the County work with providers and the Advisory Board to establish minimum expectations for services. JSI also recommends that the County continue support for centralized programs that benefit and extend all providers' services including Project Access and Spanish Catholic's specialty referral programs and the Community Pharmacy program.

2b. Identify new resources for primary and medical specialty care in the County.

Expanding the capacity of existing providers and identifying new providers to participate in coverage programs for low-income adults – for both primary and specialty care - is a major challenge for all coverage programs. Many programs have launched and are evaluating major initiatives to expand capacity. California is a leader in working to expand specialty services with foundation and State funded initiatives to explore new models (e.g. utilizing community benefit programs and volunteer networks to draw more private providers into their programs, expanding telemedicine, training primary care providers in specialized services, enhancing information technology to facilitate/support referrals). Many coverage programs are also working to expand primary care capacity by providing technical assistance to help existing providers become more efficient and productive, expanding networks of providers to include more private practices and hospitals, leveraging the FQHC program to bring more resources to the primary care system and developing more coordinated systems of providers to introduce economies of scale and shared resources. While there are no “easy fixes” for expanding capacity Montgomery County could utilize the lessons learned in other programs to expand their capacity. JSI sees particular opportunities for Montgomery County in leveraging the Federal and State's Community Benefit regulations, expanding FQHC services and using information technology to support referrals.

### 3. Consolidate Enrollment

Currently, participants may receive a Montgomery Cares Program card when they register with a participating provider, but they are still registering with the provider and not the Program. That is, the Program does not have a consolidated enrollment function that enables it to identify unique participants in the system or to track them through the system. Furthermore, Program participants generally have a very low awareness of the Montgomery Cares Program itself. As discussed above, at a minimum the County should expect all Montgomery Cares providers to consistently screen and assist patients to enroll in all County, State and Federal entitlement programs. The County should also review and update its County-staff enrollment function to make it more accessible to providers and participants. However, JSI recommends that the County's ultimate goal should be to move to establish a consolidated enrollment function for the Montgomery Cares and other County programs. Developing a consolidated enrollment function is an essential step in moving Montgomery Cares toward becoming a unified County-wide program rather than a program made up of individual providers and relationships.

3a. Screen and enroll participants through a uniform, consolidated process.

All the model programs JSI reviewed have a uniform consolidated enrollment process. While there are differences in the details of implementation, there are also many consistencies that programs agree are important. "Best practices" suggest that a consolidated enrollment process should:

- Be conducted at the point of clinical service, preferably whenever the participant first presents for care;
- Include presumptive eligibility if final authorization cannot be secured at the time of screening;
- Utilize web-based screening/enrollment tools that simultaneously screen participants for other program eligibility;
- Provide a card and/or participant information packet as well as patient education to solidify awareness of the Program. Patient education should address the benefits (and limitations) of the Program, provider choices, and patient responsibilities;
- Include a unique and confidential identifier so participants can be tracked through the system; and,
- Define eligibility for a specific time period with automatic notices of when eligibility should be renewed.

3b. Use the consolidated enrollment process to streamline Program management and improve care for patients.

A consolidated enrollment function can potentially strengthen the Montgomery Cares Program in many ways that benefit the County, providers and participant. A consolidated function ultimately will enable to County to:

- Streamline and reduce redundancy in eligibility and enrollment functions;
- Enable Montgomery Cares to charge a Program enrollment fee or dues;
- Coordinate Montgomery Cares with other County, State or Federal programs to fully access all resources for the County and participants;
- Better assist Program participants understanding and use of the Program;
- Provide more coordinated care by being able to track patients throughout the system, assess utilization patterns and introduce individual-level (such as case management for people with selected chronic illnesses) and system-wide improvements (such as coordinated strategies to reduce ER utilization); and,
- More effectively use health information technology (e.g. establishing system-wide chronic disease registries and e-prescribing).

A consolidated enrollment function is also a prerequisite if the County wants to ensure people are attached to a medical home (see # 4 below).

#### **4. Establish Medical Homes**

As noted in the discussion of findings, definitions of medical home abound. However, most include the central concepts of: providing a “usual source of care” for patients – either an individual provider or a clinic/health center; ensuring the person’s provider/health center is “accessible” when the person needs care (which is typically defined by the provider having hours that are convenient for patients and 24/7 coverage); and charging the person’s provider with coordinating care across the full spectrum of health needs to ensure people have access to comprehensive services, including prevention and chronic disease management. Most definitions of medical home also include the concepts of patient-centered care where the patient and families work in partnership with the provider as well as the expectation that providers will measure and work to continually improve the quality of care they provide. JSI recommends that Montgomery County work towards ensuring that the primary care providers participating in the Montgomery Cares Program are able to serve as medical homes for Program participants and that every participant chooses or is assigned to a medical home.

##### 4a. Work with providers to meet County-defined standards for a medical home.

First, a workable definition of medical home must be established for the Program. JSI has suggested widely used criteria for defining a medical home but the County should explicitly adopt its own definition/criteria to correspond to its goals and to align with any definitions being used by the State or others for payment incentives or demonstration programs. Assuming the County and providers are able to agree on and implement minimum expectations for hours and services (as discussed in # 2a above), the initial steps necessary to establish participating providers as medical homes will have been accomplished. The County and providers will be able to focus on other key aspects of medical home such as strengthening care coordination.

4b. Develop processes to encourage participants to select or be assigned to a medical home.

Once providers are able to serve as medical homes and the County has implemented a coordinated enrollment function (discussed in #3 above), the County will have the option of requiring participants to choose or be assigned to a medical home. This will require introducing new administrative processes and require some patient and provider education but the result will be better care for patients.

**5. Fully Transition Montgomery Cares to a Managed Care Organization**

Many of the recommendations described above, particularly the consolidated enrollment function and attachment of participants to a medical home, position the County to transition the Program to become a managed care organization. The additional advantages of making the complete transition is that the County can further centralize program administration and more easily align payment for services with incentives for how care is delivered. While the County might reach the point where it wants to consider operating the Program as a managed care organization, JSI does not recommend setting this a goal at this point. Rather we recommend implementing the specific program enhancements described above, enabling the County, providers, and participants to adjust to incremental changes and also providing time to assess the impact of any State or national reforms that may impact the Program.