

HHS COMMITTEE #1  
March 10, 2011

## MEMORANDUM

March 8, 2011

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **Update: Montgomery Cares**

At this session, Department of Health and Human Services Director Uma Ahluwalia and Jean Hochron, Senior Administrator for the Montgomery Cares Program, will be present to provide the Committee with an update on the Montgomery Cares Program.

### **Background**

Montgomery Cares is the county's program to provide primary health care insurance to low-income uninsured county residents. The program is a partnership with the county's community clinic and other medical professionals who volunteer to provide primary care, specialty care, and other services. The program is administered through a contract with the Primary Care Coalition.

For FY11, budget constraints resulted in the program being funded at just under \$10 million, which was about a \$500,000 reduction from the FY10 approved budget. This reduced funding was approved at a time when the number of patients and primary care visits was increasing substantially. A key component of the program is a reimbursement of \$62 to the community clinics for each primary care encounter. The program also has some funding to purchase medications for distribution to Montgomery Cares patients at the clinics and for specialty care visits. The approved funding has never covered the full cost of prescriptions and other sources, such as the MedBank, are used. Only a portion of specialty care visits are reimbursed, with most being provided through volunteer networks. Many requests for specialty services are unmet.

For FY11, the budget was built around the priority of retaining the \$62 reimbursement and funding 70,000 primary care visits. This was expected to be close to the number of primary care visits expected in FY11, but it was also likely that this number might be exceeded. To achieve funding 70,000 primary care visits, the funding for specialty care was reduced by \$165,000, pharmacy services by \$285,000, and administration by \$10,000 over reductions already proposed by the County Executive. The Council was able to add \$462,340 for primary care visits through the reconciliation process.

## **Update**

Update materials are attached at ©1-68 and consist of two documents: (1) the FY11 Second Quarter Report provided to the Montgomery Cares Advisory Board (©1-28), and (2) the FY10 Annual Report from the Montgomery Cares Advisory Board (©29-68).

### ***FY11 Second Quarter Update***

For the full year of FY10, Montgomery Cares served 26,268 unduplicated patients and provided 71,480 primary care visits. For FY11, the primary care clinics projected that they could see 31,629 unduplicated patients and provide 84,204 primary care visits. However, because the FY11 budget is limited to funding for 70,000 primary care visits, DHHS has allocated primary care visit targets to each of the clinics based on prior experience. This allocation can be seen on ©2 in the second to last column on the right. As of the end of December, the clinics had provided 36,340 primary care visits, or 51% of the total amount budgeted. Most clinics are near the 50% mark but two: Community Clinic (67%) and Proyecto Salud (56%) are above 55% of their target. In addition, there is concern because the number of primary care visits (encounters) usually climbs in the last part of the fiscal year (see graph at ©3). While there was no significant change in the capacity of the community clinics in the first half of FY11, Holy Cross is opening a third clinic in the Aspen Hill area, the Spanish Catholic Center is moving its clinic to the McCarrick Center in Wheaton, and Mobile Medical Care is beginning to provide services at the East County Regional Service Center. So far, clinics are not purposefully delaying the time for an appointment, with most able to schedule a new patient within one or two weeks (many have same day access for sick patients).

The budget for medications is very close to target (©6) with \$782,929 spent through the first half of FY11. Again, clinics have been given an allocation in order to stay within the budget and are being very conservative in their purchasing. Some clinics have changed their policy and are requiring patients to use private pharmacies (low cost programs such as Giant, Walmart, Target, etc.) for certain medications (some clinics already did so). Information at ©7 indicates that a small survey of 77 patients indicated that 77% had been given a prescription to fill. Of the 77, 14% said they had not filled their prescription with cost being the main reason for not getting their medication. Information at ©10 also notes that use of the MedBank has increased over 50% from December 2009.

Because it is likely that the demand for primary care visits will exceed the budget in FY11, DHHS is working with the clinics to review the current allocations and reallocate funding in March. It is important not to let funding go unused because it has been allocated to a clinic

that does not need it, on the other hand this must be balanced against lowering an allocation for a clinic that has been working to stay within its target and will need the funding during the course of the year. There has not been a decision yet about what will happen if it is clear that funding will not be available to reimburse clinics for all their visits.

The FY11 Second Quarter report also includes data on specialty care visits (©14-16), the Behavioral Health Care program (©17 and 19-28); and the Oral Health Care program (©18). Note that there is about a 5 month backlog for providing dental care. The Committee may also be interested in the information at ©24 which shows the referrals for other services that are made through the case management that is a part of the Behavioral Health Care Program.

### ***FY10 Annual Report***

The FY10 annual report includes a graph at ©41 that shows the steady growth in the Montgomery Cares program from FY05 through FY10. In FY10, the program served 26,268 unduplicated patients, an increase of over 5,000 (25%) from FY09. About 15,000 more primary care visits were provided. Each patient was seen an average of 2.7 times during the year.

Montgomery Cares patients are mostly female (65%) and 57% of all patients are age 57 or older (see ©47). It is a racially diverse program but the majority of patients are very poor, having incomes below 100% of the Federal Poverty Level (\$22,350 for a family of four). Most referrals are from family, friends, or by word of mouth (73%) with about 3% of referral coming from hospital emergency rooms (©35).

Perhaps most importantly, the information on ©33 shows that the quality of care is improving each year when evaluated against national benchmarks. For example, the percentage of diabetes patients who had an annual blood glucose level testing was 81% in FY10 compared to 54% in FY08. The number of patients who have poor blood glucose level control decreased to 38% in FY10 compared to 57% in FY08. However, the number of patients who have breast cancer screening has not yet met the target of 54%-65% and colorectal cancer screening was just begun in 2009.

# Montgomery Cares Report FY11 Second Quarter

February 2, 2011

Sharon Zalewski, Director, Center for Health Care Access

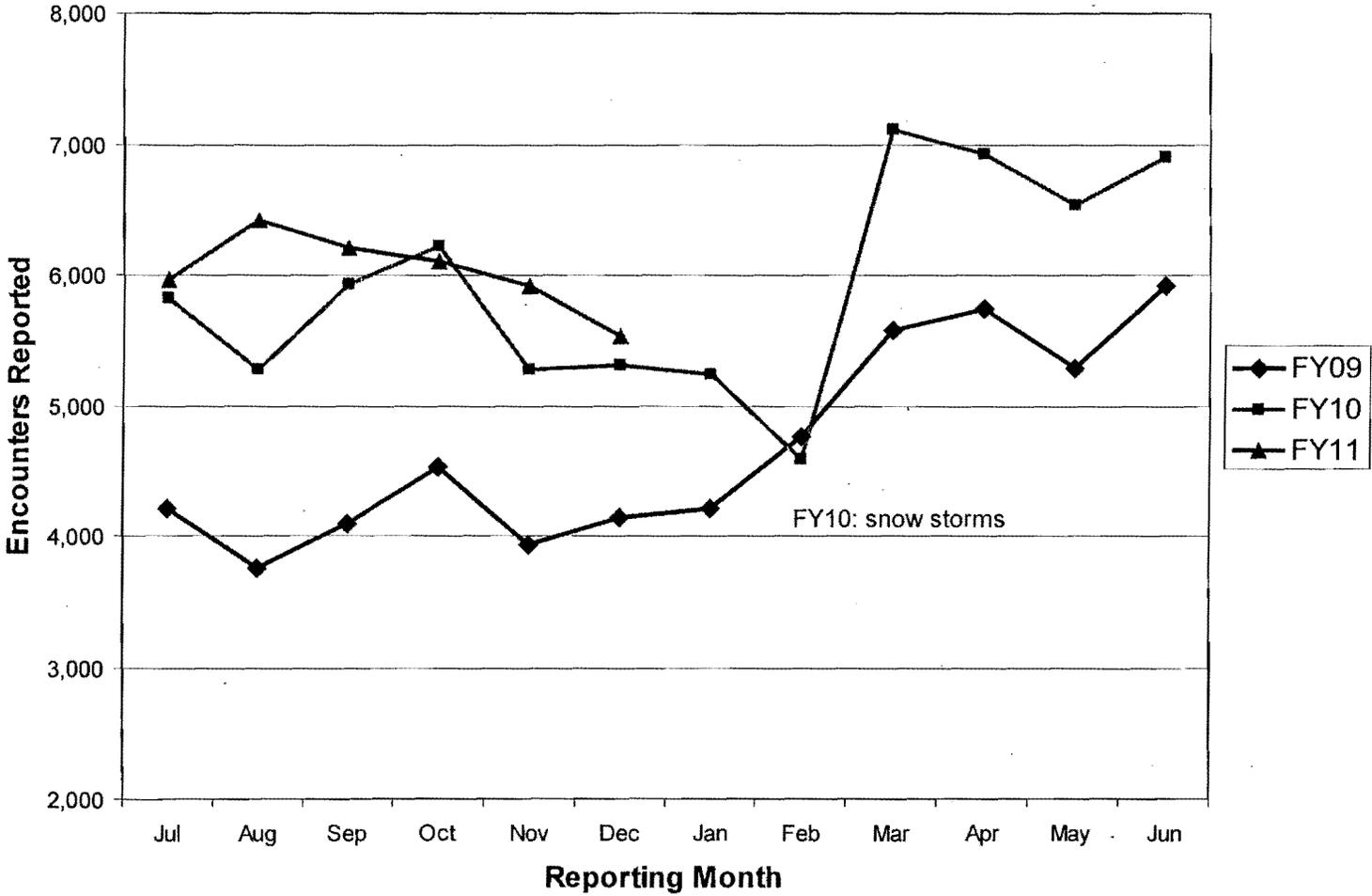
# YTD Patients and Encounters – December 2010

Year to Date  Clinic	Based on Clinic Projections						Budget Allocations	
	FY11 Target Patients	Unduplicated Patients	% Target Met	FY11 Target Encounters*	Encounters Approved	% Target Met	FY11 Budgeted Encounters	% of Budget Target
CCACC-PAVHC	450	261	58%	850	403	47%	742	54%
Community Clinic, Inc.	4,350	2,330	54%	13,609	4,970	37%	7,412	67%
CMR - Kaseman Clinic	2,939	998	34%	4,139	1,924	46%	4,068	47%
Holy Cross Hospital Health Center - Silver Spring	2,100	1,425	68%		3,408			
Holy Cross Hospital Health Center - Gaithersburg	2,533	1,708	67%		3,236			
Holy Cross Hospital Health Center - Wheaton	160			638				
Holy Cross Hospital Health Centers				14,040	6,644	47%	13,290	50%
Mary's Center	887	347	39%	2,495	505	20%	1,185	43%
Mercy Health Clinic	2,330	1,561	67%	7,000	3,210	46%	6,871	47%
Mobile Med	5,696	3,616	63%	13,745	6,193	45%	13,745	45%
Muslim Community Center Clinic	2,096	1,247	59%	7,138	2,889	40%	5,308	54%
Proyecto Salud - Wheaton & Olney	4,791	3,206	67%	12,700	6,803	54%	12,075	56%
Spanish Catholic Center	1,325	750	57%	3,000	1,542	51%	3,159	49%
The People's Community Wellness Center	1,122	503	45%	2,300	875	38%	2,145	41%
<b>General Medical Clinic Sub-totals</b>	<b>30,779</b>	<b>17,952</b>	<b>58%</b>	<b>81,654</b>	<b>35,958</b>	<b>44%</b>	<b>70,000</b>	<b>51%</b>
CCI - Homeless	550	116	21%	1,650	198	12%		
CMR - Kaseman Clinic - Homeless	300	71	24%	900	184	20%		
<b>Homeless Medical Clinic Sub-totals</b>	<b>850</b>	<b>187</b>	<b>22%</b>	<b>2,550</b>	<b>382</b>	<b>15%</b>		
<b>Medical Clinic Totals</b>	<b>31,629</b>	<b>18,139</b>	<b>57%</b>	<b>84,204</b>	<b>36,340</b>	<b>43%</b>	<b>70,000</b>	<b>51%</b>

\*Updated targets were set by clinics in November 2010; these are not the DHHS Budget targets.

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# FY09, FY10, FY11 Encounters by Month



# Montgomery Cares Utilization

## Unduplicated Patients

- 58% of the targeted number of unduplicated patients has been met;
- 22% of the homeless target has been met;
- 3 clinics have met less than 50% of their patient targets.

## Encounters

- 51% of the budgeted target has been met; 43% of clinics' target has been met.
- All clinics have reached 40% or more of the budgeted encounters;
- 5 clinics exceeded 50% of the budget target; with CCI has reaching 67% of budget target.

# Montgomery Cares Services

## Capacity

- There have been no significant changes in capacity this quarter.
- Holy Cross is planning to open a site in Aspen Hill.
- Spanish Catholic Center is planning to close its Langley Park site and relocate to the McCarrick Center in Wheaton in April.
- Mobile Medical Care, Inc. is sharing the East County Service Center in with TPCWC in January.

## Appointment Wait Times

- 5 clinics are scheduling new patients within 1 week; 2 clinics are scheduling within two weeks.
- Mary's Center, Mercy, Mobile Med and SCC have 30 to 90 day time frames for scheduling new patients. SCC has limited the number of new patients it will accept due to the planned relocation.
- All have reasonable appointment availability for returning patients. Many have same day access for sick patients requiring more urgent care.

# Community Pharmacy Update

**FY11 Medication Budget:** **\$1,550,410**

First Quarter Spending: \$ 289,736      Percent of Budget: 18.7%

Second Quarter Spending: \$ 493,193      Percent of Budget: 31.8%

**First Half Year Expenditure:** **\$ 782,929**

Each clinic was assigned a budget for 6 months based on past utilization patterns and projected number of patients.

1<sup>st</sup> Quarter – clinics were very conservative with ordering, had spent only about 19%

Clinics finding balance between offering POS meds and prescriptions to \$4 program

2<sup>nd</sup> Quarter – After 4 ordering cycles, funds were re-allocated during the 5<sup>th</sup> cycle based on:

- Observed shelf inventory
- Ordering patterns
- Patient count Q1 % target

**Second Half Year Allocation:** **\$ 767,481**

In the next half year of FY11, clinics will receive the same budget allocation as the first half year, excluding vaccines budget which were purchased during the first half of the year.

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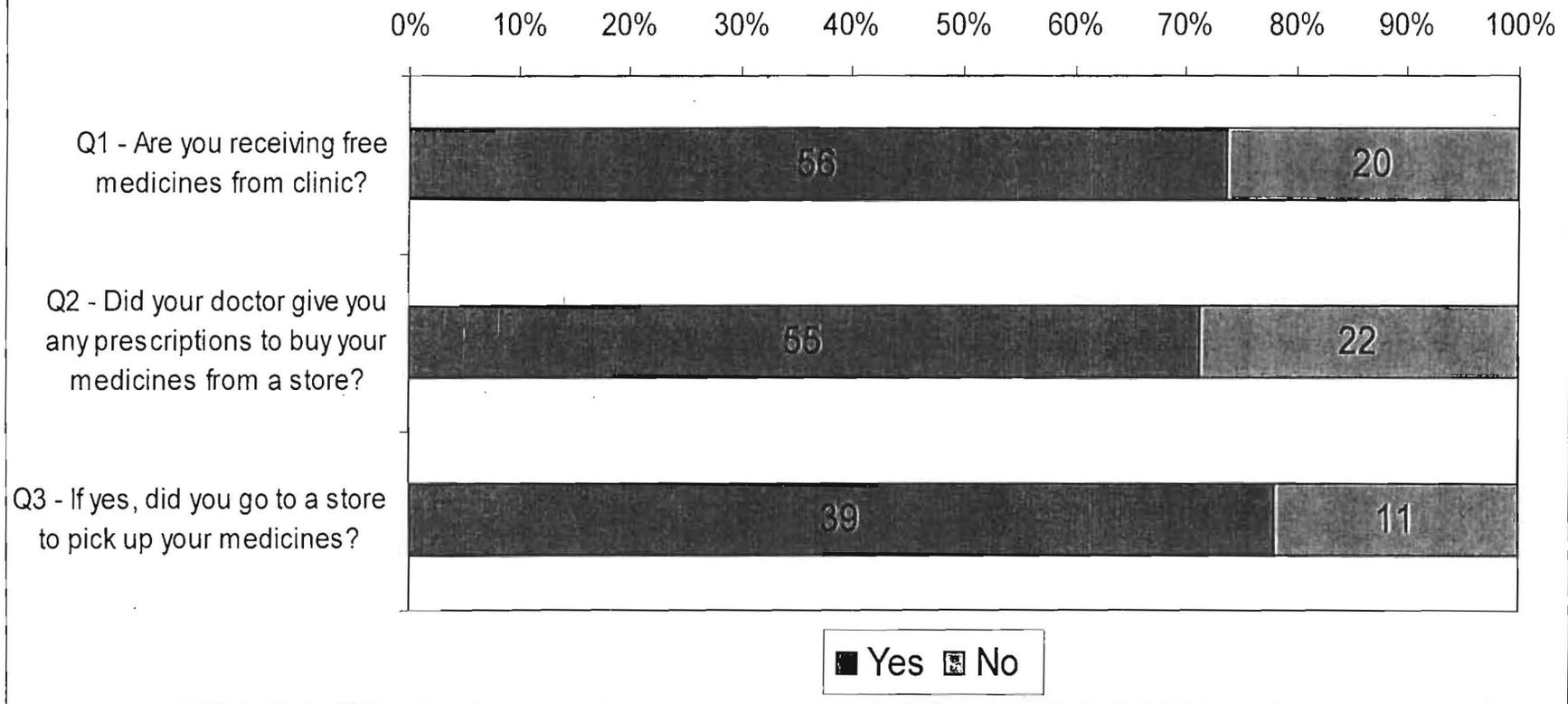
## Impact of Budget Reduction Strategy Patient's Pharmacy Experience

**300 surveys were sent to patients from 11 clinics to assess the impact of changes in pharmacy policy. There were 77 respondents (26 percent). Although the survey results were inconclusive regarding the level of compliance with filling prescriptions, the following information was obtained:**

- 71% of patients acknowledged receiving prescriptions to purchase medication;
- Of those receiving prescriptions, 50% indicated that they filled prescriptions, although some patients reported only filling prescriptions for the least expensive meds;
- 14% indicated that they did not fill prescriptions; 67% of those indicated the reason for not filling prescriptions was cost.
- 35% did not indicate whether or not they filled their prescriptions nor did they respond as to why they did not fill the prescriptions;

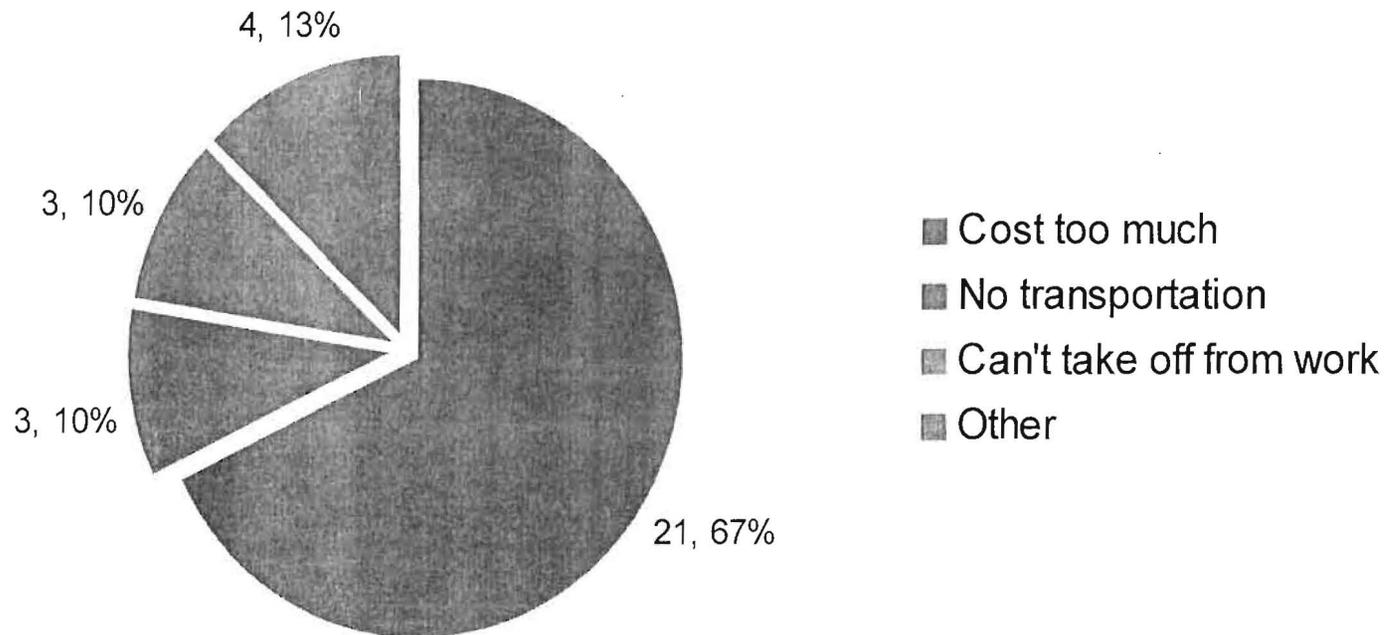
# Patient's Pharmacy Experience (cont.)

Number of patients received free medicines vs. number of patients purchased medicines at retail stores



# Patient's Pharmacy Experience (cont.)

**Q5 - Why didn't you go to a store for your medicines?**



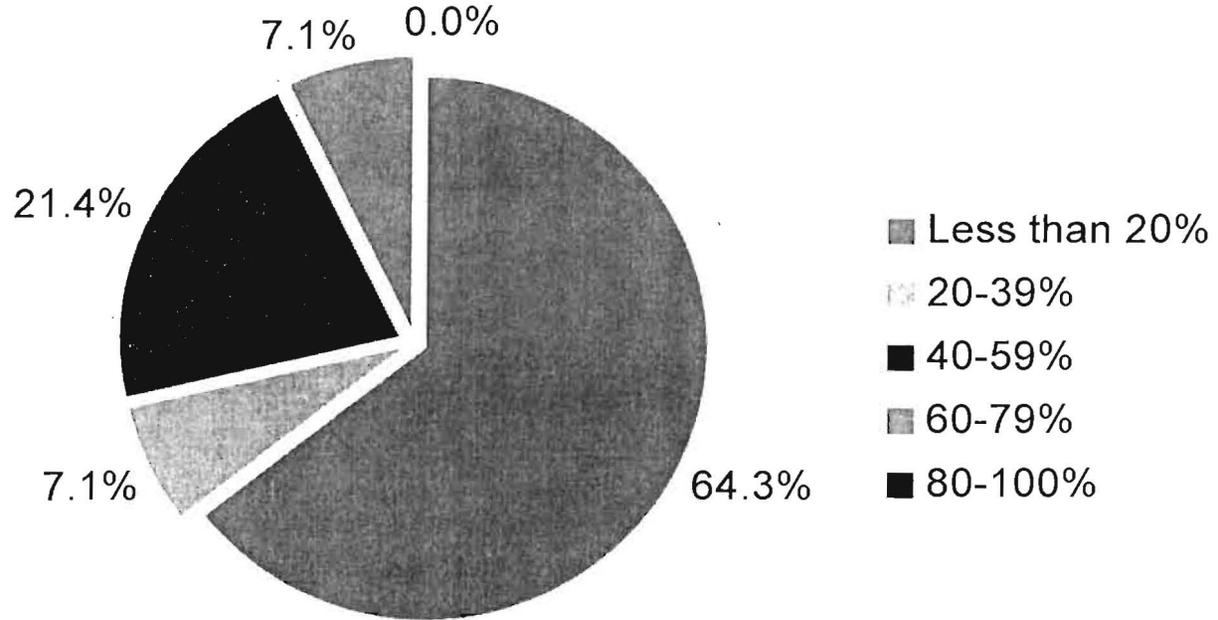
## Impact of Budget Reduction Strategy MC Clinic's Experience

**48 surveys were sent to Executive Directors, Medical Directors, Clinic Managers and Ordering People at 11 clinics at 16 sites. There were 15 responses from providers, RN's and MAs and other clinic staff.**

- 100% of clinics indicated following FY 11 budget strategies;
- 65% indicated that less than 20% of patients were shifted totally to \$4 programs;
- 77% experienced inventory deficiencies during the first half of FY11;
- 46% reduced purchasing of common drugs;
- 85% of providers responses to shifting patients to \$4 retail programs ranged from not acceptable to neutral;
- 71% are accepting of a hybrid POS/\$4 retail strategy to reduce costs;
- Medbank utilization has increased 50% between December 2009 and December 2010.

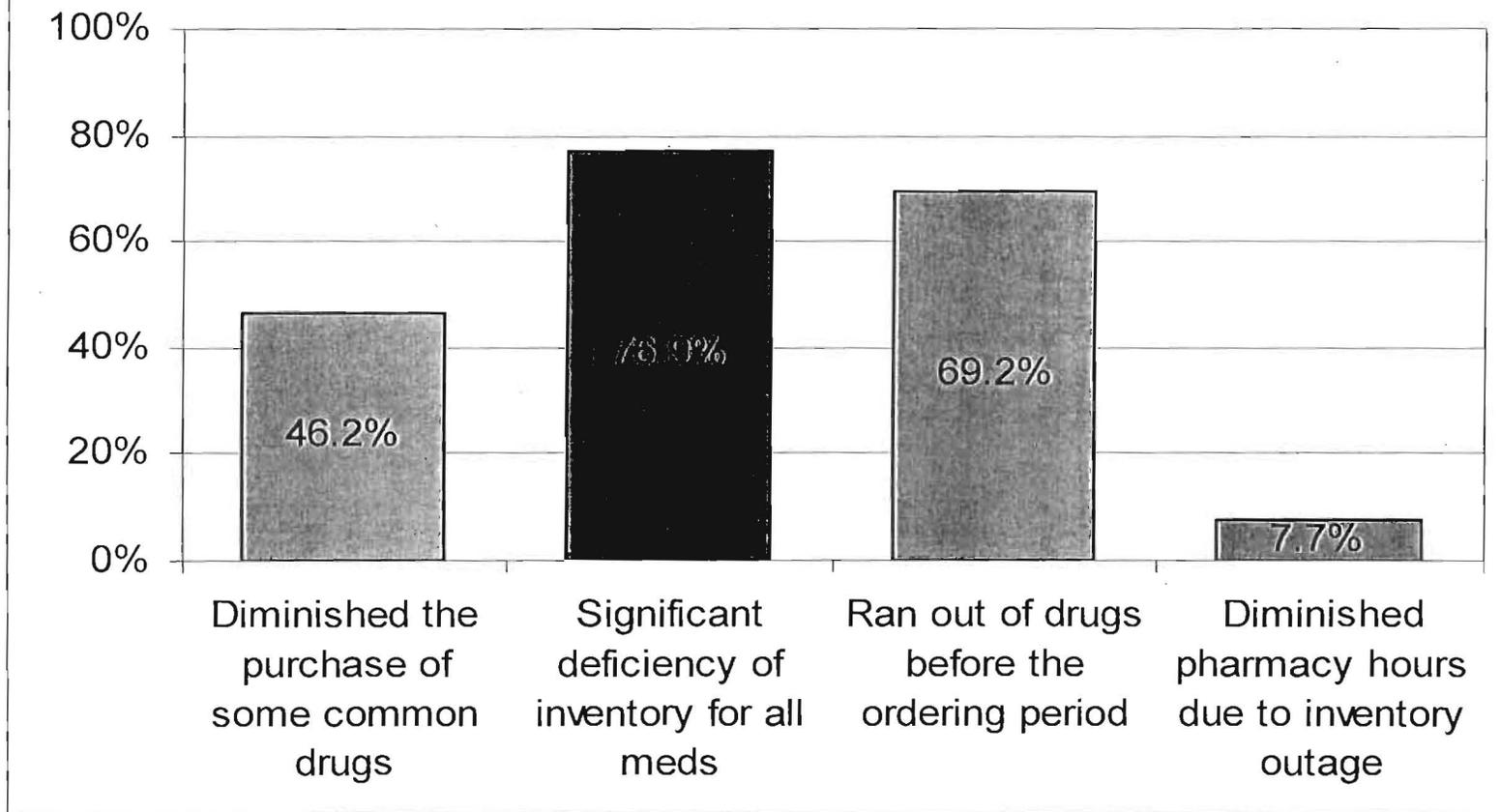
# Impact of MC Budget Reduction to Patients

Approximately, what percentage of your patients were shifted to the \$4 programs?



# Budget Reduction and Cost Saving Strategies

Which challenges have you encountered? Please select all that apply.



## P&T Recommendations 01/25/11 Meeting

1. Continue to have discussion with patients regarding budgetary reductions and the need to shift the burden for meds away from the point of service pharmacy;
2. Reinforce the strategies with providers, particularly the volunteer providers at clinic sites;
3. Prepare patient educational materials (posters, brochures, one pager flyers) regarding \$4 retail programs and other low cost medicine and diabetic supply resources for distribution at clinic sites;
4. Evaluate the clinic quality measures in Q4 for variance and assumptions regarding patient compliance with meds.

## Montgomery Cares Specialty Care: Second Quarter FY11

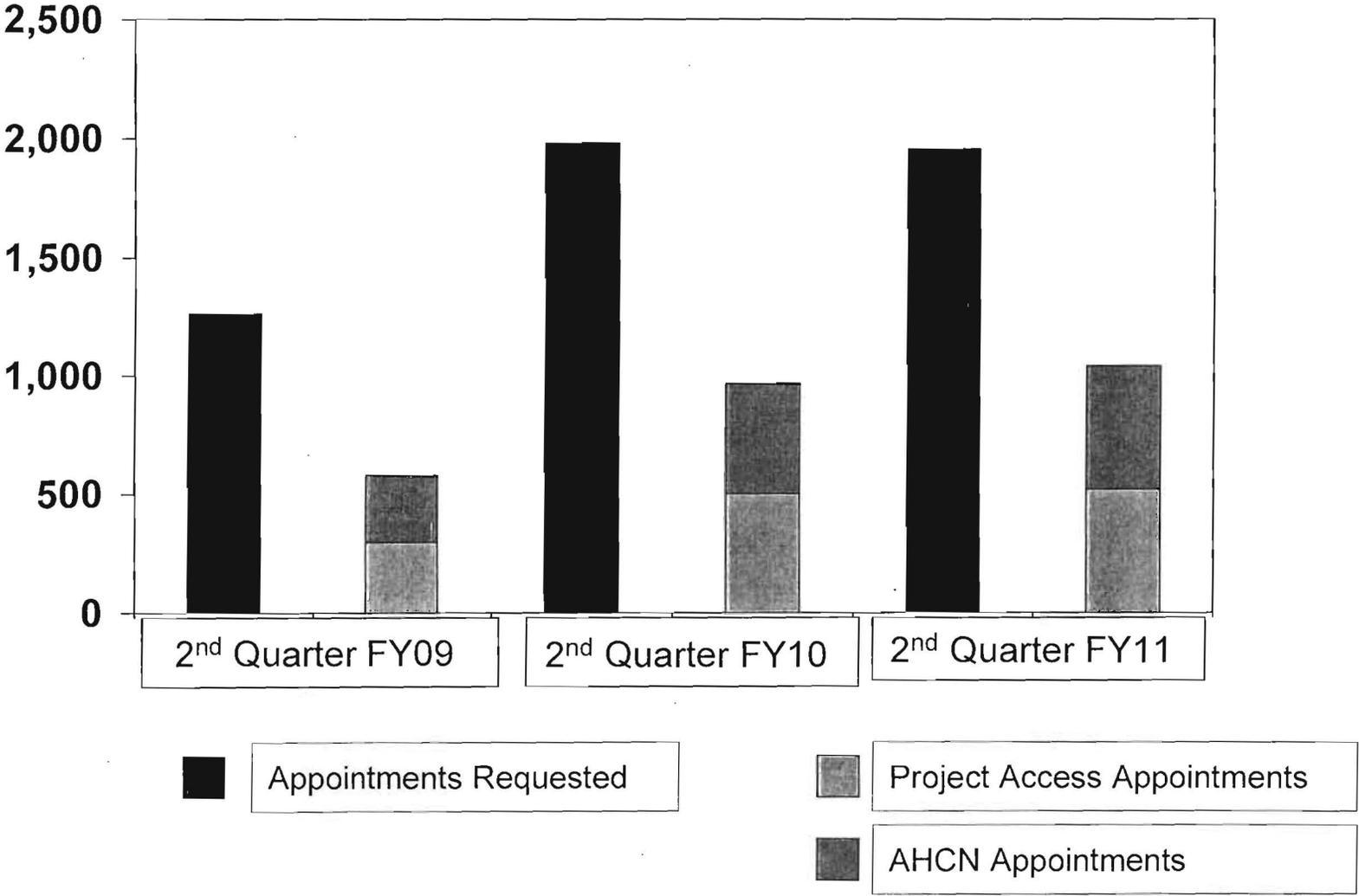
<b>Appointment Source</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>	<b>Cumulative Total</b>
<b>AHCN</b>	661	520			1,181
<b>Project Access</b>	366	521			887
<b>MM Heart Clinic</b>	123	113			236
<b>MC Clinics On-Site</b>	1,215	1,348			2,563
<b>TOTAL</b>	2,365	2,502			4,867

There has been a 46% increase in the number of on-site specialty care visits provided this year compared to last year.

Specialty care visits accounted for 9% of reimbursable encounters provided by clinics this quarter.

The number of specialty referrals received by the networks (1,957) and appointments provided (1,041) remained almost the same between 2<sup>nd</sup> quarter 2010 and 2011.

# Specialty Care Referrals to AHCN and Project Access 2nd Quarter: FY09, FY10 and FY11



# Specialty Care Activities

- A training on patient navigation for patients with complex cases was held in November for clinic managers and referral coordinators. A total of 6 clinics participated. A second training will be held in March.
- A resource database was developed and is being made available to clinic staff to help them link patients to community resources more effectively.
- Referral guidelines for common specialty conditions are being developed along with patient education materials.
- A consultant, funded by the Maryland Community Health Resources Commission, is evaluating Project Access. The baseline and interim reports will be finalized this quarter along with a dashboard of indicators to monitor the program on an on-going basis.
- PCC is collaborating with Holy Cross Hospital to develop a series of continuing education sessions on medical conditions that pose challenges for clinic primary care providers. These sessions will be videotaped and made available to clinic providers as requested.
- The MCAB Specialty Work Group met with hospital CEO's on January 24<sup>th</sup> where concrete areas of collaboration were identified and plans established for a follow-up meeting.

# Behavioral Health Program: Second Quarter FY11

<b>BHP Program Site</b>	<b>Patient Target</b>	<b>Cumulative Patients Served</b>	<b>Progress Meeting Goals</b>
<b>Holy Cross-SS and Gaithersburg</b>	<b>550</b>	<b>341</b>	<b>62%</b>
<b>Mercy Health Clinic</b>	<b>400</b>	<b>239</b>	<b>60%</b>
<b>Proyecto Salud</b>	<b>420</b>	<b>265</b>	<b>63%</b>
<b>Total</b>	<b>1,307</b>	<b>845</b>	<b>65%</b>

# Oral Health Pilot: Second Quarter FY11

## Spanish Catholic Center - Wheaton

- 721 Patients Served YTD
- 1,846 Encounters YTD
- Average Number of Visits 2.5

## DHHS Adult Dental Services – Metropolitan Court

- 561 Patients Served YTD
- 836 Encounters YTD
- Average Number of Visits 1.5

There continues to be a 5 month backlog of patients for oral health services.

# Montgomery Cares Behavioral Health Program

**The Montgomery Cares Behavioral Health Program goal is to establish an evidence-based collaborative care model that provides behavioral health care to Montgomery Cares patients in the primary care setting.**

- Identify patients with behavioral health needs.
- Evaluate patients to determine diagnoses and appropriate levels of care.
- Collaborate with primary care providers to offer appropriate treatment including medication, support, social service intervention and short-term therapy.
- Refer patients to primary psychiatric or substance abuse services as needed and assist with follow-through.

## Collaborative Care Teams At Each Site

**Consulting Psychiatrist**

**Care Manager  
(licensed bilingual)**

**Family Support Worker (bilingual)**

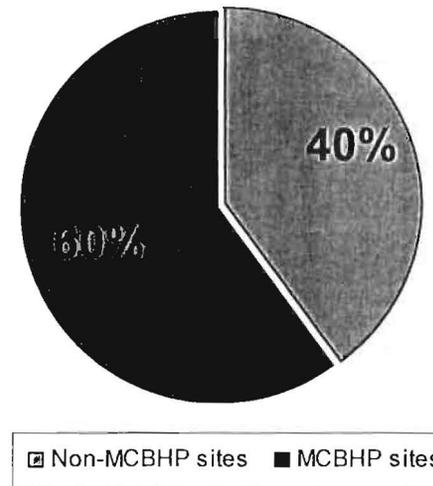
# MCBHP Current Scope of Service

The MCBHP currently operates at four sites at three partner clinics:

- Mercy Clinic
- Proyecto Salud Clinic
- Holy Cross Clinic-Silver Spring
- Holy Cross Clinic- Gaithersburg

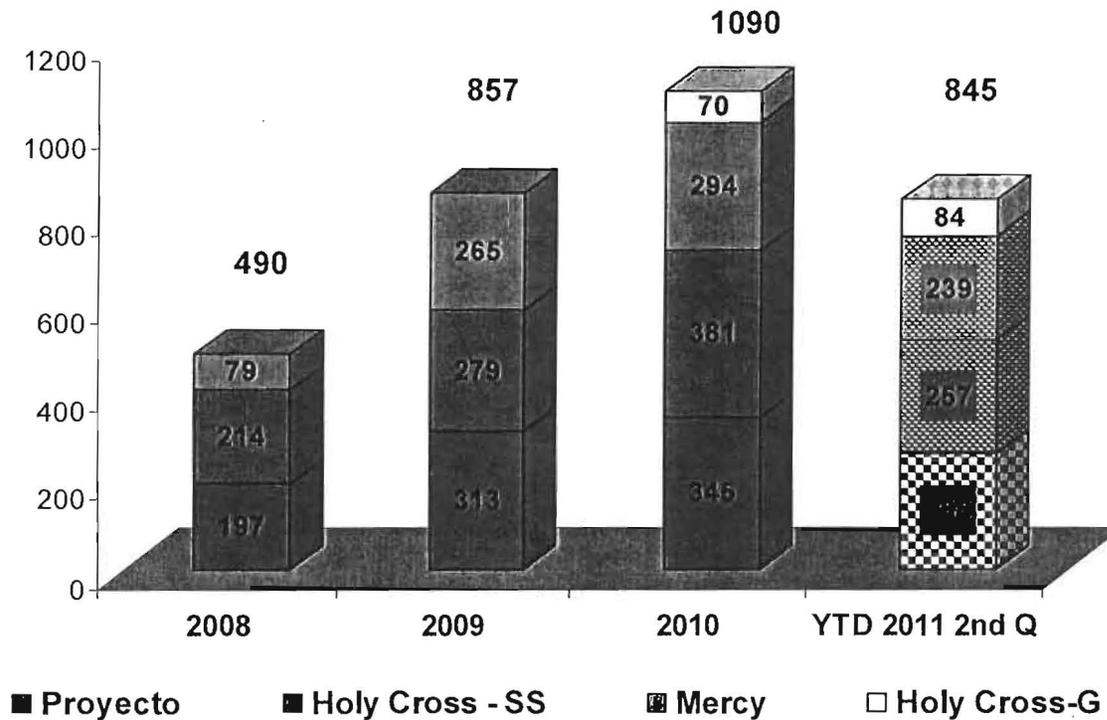
**In FY 2010 these clinics provided primary care services to 40% of the total Montgomery Cares patients.**

**Percent Of Total MC Patients At MCBHP Sites**



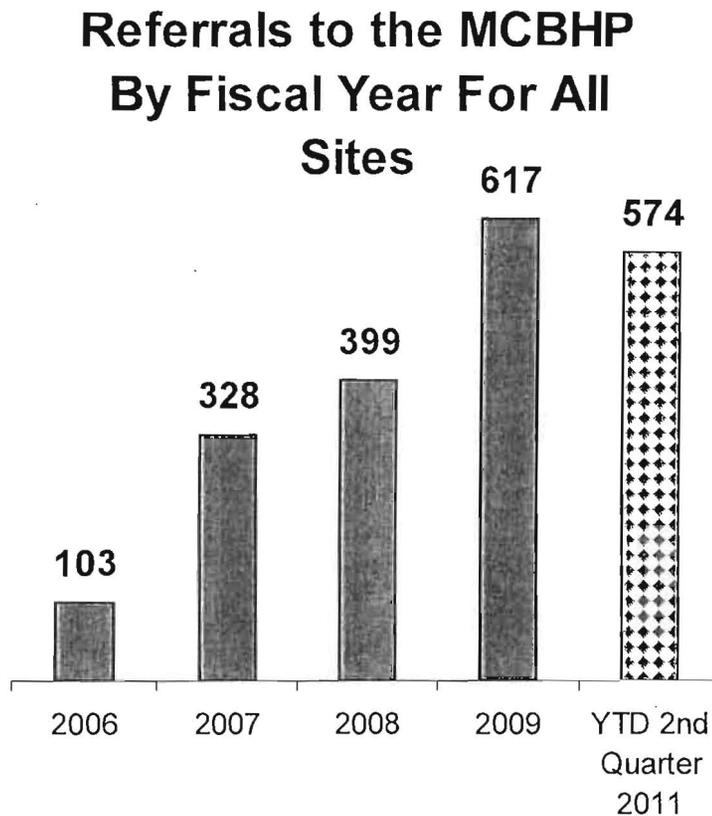
# Increasing Number of Patients Served by MCBHP

Number of Patients Served By MCBHP By Fiscal Year and Site



The MCBHP has increased the number of patients served each year in operation.

# Increasing Number of Referrals to MCBHP



Increasing referrals indicate provider buy-in and a high level of need for on-site services.

# MCBHP Provides Comprehensive Diagnostic Services and Tracks Patient Progress Overtime

## Services Provided By MCBHP FY 2010

	Holy Cross	Proyecto Salud	Mercy	TOTAL
Initial Screen	341	106	166	613
Psychosocial Evaluation	215	203	136	554
Medication Management/Education	487	537	315	1339
Reassessment	303	563	329	1195
Crisis Management	41	12	6	59
Therapy	14	17	44	75

# Case Management Improves Treatment Outcomes

## MCBHP Referrals Made, FY 2010

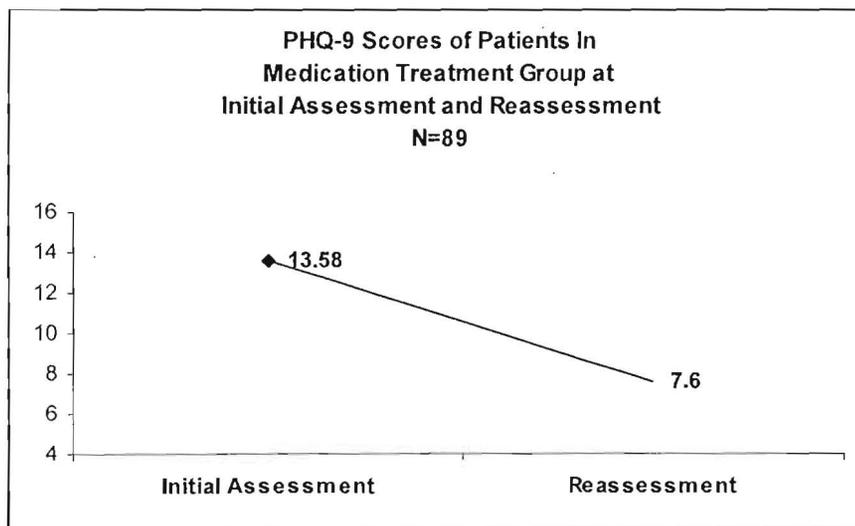
	<b>Holy Cross</b>	<b>Proyecto Salud</b>	<b>Mercy</b>	<b>TOTAL</b>
<b>Referral Food</b>	<b>88</b>	<b>144</b>	<b>32</b>	<b>264</b>
<b>Referral Housing</b>	<b>5</b>	<b>10</b>	<b>1</b>	<b>16</b>
<b>Referral Health Insurance/ Entitlement</b>	<b>3</b>	<b>30</b>	<b>3</b>	<b>36</b>
<b>Referral Employment Services</b>	<b>4</b>	<b>10</b>	<b>5</b>	<b>19</b>
<b>Referral Other</b>	<b>45</b>	<b>37</b>	<b>64</b>	<b>146</b>
<b>Referral Education/ Social Activity/Language</b>	<b>9</b>	<b>12</b>	<b>8</b>	<b>29</b>
<b>Referral Med Services/Info</b>	<b>3</b>	<b>38</b>	<b>17</b>	<b>58</b>
<b>Referral Mental Health Counseling</b>	<b>52</b>	<b>43</b>	<b>22</b>	<b>117</b>
<b>Referral Legal Services</b>	<b>12</b>	<b>9</b>	<b>3</b>	<b>24</b>
<b>Referral Psych svc - External</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>11</b>
<b>Crisis Center</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>10</b>
<b>Referral Substance Abuse svc</b>	<b>12</b>	<b>15</b>		<b>27</b>

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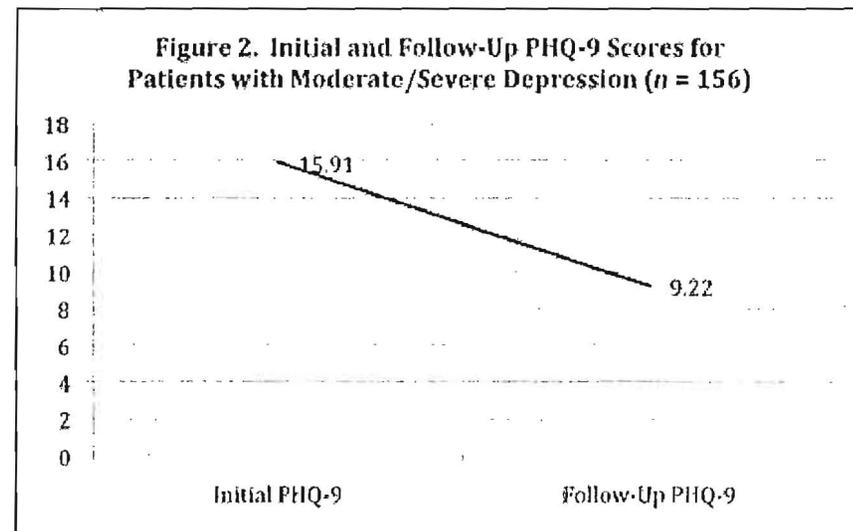
# MCBHP Patients Show Clinically Significant POSITIVE Outcomes for Depression and Anxiety

Patients, on average, were less depressed and less anxious at the time of follow-up. Analysis conducted by Georgetown University Department of Psychiatry of assessment scores for patients treated and tracked by the MCBHP over time. GT concluded that patients scores improved and that the improvements were statistically significant. The same results and conclusions were obtained for both 2008 and 2009 program evaluations. The results were similar for both depression (PHQ-9) and anxiety (GAD-7).

## 2008 evaluation results for PHQ-9



## 2009 evaluation results for PHQ-9



## Estimated Need For Behavioral Health Services Among MC Patients

Based upon literature reviews of the prevalence of behavioral health problems, the MCBHP needs assessments, the MCBHP experience with patient care, and the RAND evaluation we estimate:

**Of the 26,000 total FY 2010 Montgomery Cares patients:**

- **At least 7,800 patients, or 30% have a behavioral health need.**
- **40% or approximately 3,795 have a behavioral health diagnosis AND would be interested in receiving treatment for a behavioral health problem**

## Delivering Effective Behavioral Health Services In Primary Care Settings Is Standard Practice in Community Health Centers And Most Efficient

***Two-thirds of MC patients who want treatment for behavioral health problems can be treated in the primary care setting.***

**However, without behavioral health supports, treatment in the primary care setting is often not optimal:**

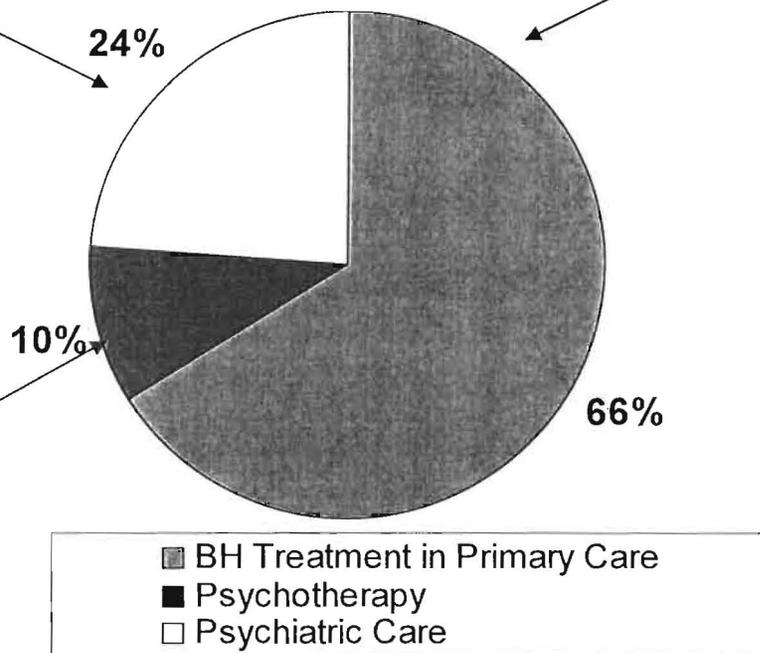
- PCPs often do not recognize or treat mental health disorders;
- PCP referrals to mental health professionals are not successful;
- PCPs may prescribe antidepressants but treatment is often ineffective;
- Patients discontinue use of medication too soon or stay on ineffective medications too long.

## Types of Behavioral Health Services Needed By MC Patients

An estimated 24% would need psychiatric care. Some of these could be served in the primary care setting, but some would need to be served in a more comprehensive mental health home.

Two-thirds would have problems that are appropriate to treat in primary care setting by PCP, under a an appropriate integrated care model.

Approximately 10% would prefer to seek psychotherapy outside the primary care setting.





DEPARTMENT OF HEALTH AND HUMAN SERVICES



Isiah Legget  
*County Executive*

Uma S. Ahluwalia  
*Director*

October 4, 2010

The Honorable Nancy Floreen  
President, Montgomery County Council  
100 Maryland Avenue, 6th Floor  
Rockville, Maryland 20850

Dear Ms. Floreen;

I am pleased to present the Montgomery Cares Advisory Board (MCAB) Fiscal Year 2010 Annual Report (July 1, 2009 through June 30, 2010)

This was a challenging year for the Board with great efforts devoted to advocacy work on behalf of the Montgomery Cares clinics and patients.

We thank you for your continued attention as we struggle through this difficult time. The Montgomery Cares Advisory Board recognizes that the County Council is a true champion of our cause, and we continue to be grateful for your support as we work together to serve the uninsured in Montgomery County.

Sincerely,

Richard Bohrer  
Chair, Montgomery Cares Advisory Board

RB/rs

cc: The Honorable George Leventhal, Chair, HHS Committee, Montgomery County Council  
The Honorable Duchy Trachtenberg, Member, HHS Committee, Montgomery County Council  
The Honorable Nancy Navarro, Member, HHS Committee, Montgomery County Council  
The Honorable Isiah Leggett, Montgomery County Executive  
Uma S. Ahluwalia, Director, Department of Health and Human Services  
Ulder J. Tillman, M.D., M.P.H., Chief of Public Health Services, Department of Health and Human Services  
Jean Hochron, Sr. Administrator, Montgomery Cares Program, Department of Health and Human Services



*Montgomery Cares Advisory Board*  
*Montgomery Cares Program Annual Report*

*Fiscal Year 2010*

*July 1, 2009 – June 30, 2010*



## **I. Introduction**

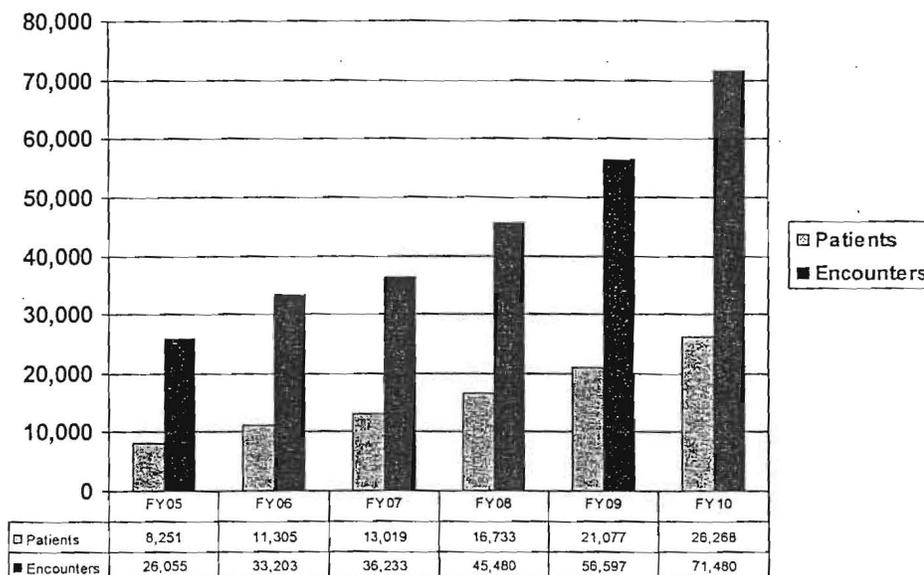
Most recent estimates from the U.S Census show that approximately 80,000 adults in Montgomery County do not have health insurance and therefore may not have a regular source of primary medical care. The MCares Program is the primary source of health care for at least a third of the uninsured adults in Montgomery County

In 2006, Montgomery County, with the help of the Primary Care Coalition, initiated the MCares Program to help combat the problem of health care for the uninsured. It is through the collaboration of County government, safety net clinics, county hospitals, private providers and the Primary Care Coalition that we have increased the number of uninsured adults receiving care by 190% in the past four years. This past year, FY2010, the safety-net clinics saw 26,268 patients, representing a 25% increase in just one year.

## II. MCares Program Activities

- **Patient Numbers:**

This year, the MCares clinics increased the number of patients served by 25% from 21,077 to 26,268 and the number of encounters increased 26% from 56,597 to 71,480.



- **MCares Consultant:**

John Snow, Inc. (JSI) completed the process of evaluating the management structure of the MCares Program. JSI presented its findings to HHS Administration, the Clinic management and the MCAB.

- **Grant Funding:**

The MCares Program was awarded a \$100,000 grant from Kaiser Foundation of the Mid-Atlantic States to facilitate MCares clinic participation in Maryland Medicaid and the State's Primary Adult Care (PAC) program.

- **Health Care for the Homeless:**

The MCares Program also supports the County's Health Care for the Homeless Program. Primary medical care is provided to residents of the three County adult emergency homeless shelters. Additionally, the Program provides the shelter residents with a nurse case manager to help them navigate through the complicated health care system, including assistance with discharge planning for homeless persons following hospitalization.

- **H1N1 Flu Emergency Planning:**

The MCares Program was very proactive in preparing the clinics and their patients for the winter's H1N1 and seasonal flu seasons. From August through December, 2009, the MCares DHHS Staff and the MCares PCC staff convened biweekly "Emergency Planning" conference calls. The clinics had the opportunity to share their efforts and experiences and ask questions of the DHHS Health Officer and her team from the Communicable Disease and Epidemiology Program. As a result of the calls, all clinics were able to apply to the State to become H1N1 vaccine providers.

### III. MCares Program Highlights

#### A. MCares Patient Demographics

The program demographics of the 26,268 people served are relatively stable from years past and indicate that the program serves a wide cross section of the County population.

Age of Patients	18-29	30-39	40-49	50-64	65+
FY09	17%	20%	24%	30%	9%
FY10	6%	14%	23%	44%	13%

Gender of Patients	Female	Male
FY09	65%	35%
FY10	65%	35%

Race of Patients	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	White	Other	Unk
FY09	<1%	13%	23%	<1%	18%	37%	9%
FY10	<1%	13%	21%	<1%	20%	39%	7%

*Note: 54% of all MCares Patients also identified themselves as "Hispanic"*

### III. MCares Program Highlights, continued

#### B. Clinical Performance

The clinics continue to providing quality medical care; diabetes and hypertension indicators are approaching and/or achieving national target benchmarks.

		2007	2008	2009	2010
Diabetes	% of diabetes patients who had annual HgA1c (blood glucose level) testing	79%-89%	54% (37-88%)	74% (63-86%)	81%*
	% of diabetes patients who had annual LDL Testing	73%-81%	47% (39-88%)	65% (60-84%)	74%*
	% of diabetes patients who had poor HgA1c (blood glucose level) Control	31%-48%	57% (67-33%)	44%* (58-29%)	38%*
	% of diabetes patients who had LDL control	N/A	22% (13-27%)	32% (25-36%)	36%
Hypertension	% of hypertension patients who had good blood pressure control	56%-66%	52% (25-76%)	60%* (56-71%)	64%*
Breast Cancer	% of patients who had a breast cancer screening	54%-65%	12% (3-34%)	26% (13-57%)	29%
Colorectal Cancer	% of patients who had a colorectal cancer screening ( <i>New in 2009</i> )	N/A	1% (0-7%)	2% (0-9%)	N/A

#### C. MCares Clinic Updates

- ❖ **Under One Roof Clinic:** In FY10, the program lost one safety-net clinic organization resulting in a reduction from twelve to eleven clinics participating in the MCares program. The Under One Roof Clinic lost its grant funding and could no longer afford to run a clinic.
- ❖ **Mansfield Kaseman Clinic:** The MCares program added one additional clinic in FY10. The Community Ministries of Rockville's Mansfield Kaseman Clinic joined the program. This new, eight exam room clinic is located near Rockville Town Center.
- ❖ **The People's Community Wellness Clinic:** The People's Community Wellness Clinic, located in the Briggs Chaney community of Eastern Montgomery County completed a renovation adding three additional exam rooms to their clinic.

#### D. MCares Services

- **Pharmacy Services:** MCares Community Pharmacy Program provides generic medications to our safety-net clinic patients at the time of the medical visit. If a patient requires a non-generic medication, the clinic refers him/her to the Primary Care Coalition (PCC) where the MCares staff can help the patient apply to the Maryland MedBank for a free supply of the needed medication.

	2007	2008	2009	2010	2011
Number of Patients Served	11,305	13,019	16,733	21,077	26,268
Number Prescription Units	36,882	43,075	73,702	109,814	101,676
Avg Number prescriptions/patient	3.3	3.3	4.4	5.2	3.9

- **Specialty Care Services:** MCares patients receive Specialty Care through a variety of access points. Clinic physicians can refer patients to one of the two volunteer networks: Project Access, funded by DHHS and managed by PCC and the Archdiocese Health Care Network (AHCN), partially funded by DHHS and managed by Catholic Charities. Both organizations match patient referrals with specialty care providers. The specialists provide the care to MCares patients on a pro-bono basis or for a small co-pay, or through partial funding from MCares.

**Volunteer Specialty Care Programs**

	FY06	FY07	FY08	FY09	FY10
Project Access Completed Referrals	1,269	1,124	1,260	2,189	2,674
AHCN	Not available	Not available	1,693	1,781	2,005

Additionally, the MCares Clinics provide specialty care services on-site. These include volunteer and paid specialists as well as collaborations with hospitals to provide large-scale specialty care services.

**Total program Specialty Care (Project Access, AHCN, In-Clinic Specialty Care)**

	FY09	FY10
All Specialty Care encounters	8289	8206

- **Behavioral Health Services:** The MCares Behavioral Health Program provides evidence-based mental health treatment to MCares patients in three primary care clinics, Holy Cross Hospital Health Center, Mercy Health Center and Proyecto Salud. The number of patients receiving Behavioral Health Services has seen an increase of 122% since the program's inception in 2006; however, the capacity to provide behavioral health services continues to fall short of the demand for these services.

	FY06	FY07	FY08	FY09	FY10
Patients	71	170	490	819	1,090
Encounters	Not available	Not available	1,815	2,715	3,160

- **Oral Health Care Services:** The MCares Oral Health program accepts referrals from participating MCares clinics with the goal of improving access to dental care for MCares primary care patients. Oral health care is provided to MCares patients in two locations, a clinic in the Glenmont neighborhood operated by the Spanish Catholic Center and a clinic in Gaithersburg operated by DHHS. As with behavioral health, the demand for oral health is increasing and exceeds current capacity.

	FY06	FY07	FY08	FY09	FY10
Patients	212	340	625	1,291	1,719
Encounters	268	542	1,129	2,218	3,364

- **Program Referral Methods:** As of January, 2010, the MCares Clinics began collecting data as to how patients were referred to the program.

Family or Friends, word of mouth	9,850	73.42%
Other	1,096	8.17%
Other MCares Clinic	578	4.31%
Hospital Emergency Rooms	421	3.14%
MCares I & R Line	389	2.90%
Schools, Health Fairs, Community-based organizations	369	2.75%
Montgomery County DHHS	350	2.61%
Internet	125	0.93%
Media - Signs, Radio, TV, Mailings, Newspaper	79	0.59%
Hospital (non Emergency Department)	76	0.57%
Homeless Shelters	42	0.31%
Private Practice Doctor	41	0.31%
Unknown or Blank on record	9,628	--

### Information and Referral

The MCares Information and Referral Program assists callers in locating primary care services, manages brochure distribution, and conducts outreach and public education related to Mcares and other health care programs in Montgomery County. The I & R line averages 250 calls per month. Due to the FY10 budget shortfall, the MCares Information and Referral functions will be transitioned to 311 and other programs by December 2010.

## IV. Montgomery Cares Advisory Board (MCAB) Activities

The Board's work this past year was guided by the goal of providing leadership and guidance that results in access to a patient-centered health home for ALL eligible County residents.

In support of this goal, the MCAB focused on three priorities in FY10:

1. Strengthen and expand the safety-net clinics of Montgomery County so that the maximum number of patients are served and served well,
  2. Foster partnerships that result in adequate access to appropriate ancillary and support services, especially specialty care and behavioral health; and
  3. Actively and effectively communicate with elected officials, appointed officials and other stakeholders including consumers.
- **Board Leadership:** Richard Bohrer, Chairperson of the Board will complete the second year of his two-year term on September 22, 2010. Deborah Parham Hopson, Vice-Chair was reappointed for a second term as Vice-Chair. The MCAB elected Cesar Palacios to be the Board Chair, beginning September 23, 2010.
  - **Legislation:** The MCAB proposed a change to the MCares enabling legislation to expand the board composition to include MCares Program Consumers. The proposal was approved by the County Executive and is pending review of the County Attorney and adoption by the County Council.
  - **Board Membership:**
    - a. One Board members completed his Board term during the year. On June 30, 2010, Dr. Hugh Hill completed his tenure with the MCAB. Dr. Hill served as a a charter member of the Board and was the first Board Chair. His presence on the Board will be missed.
    - b. The County Executive reappointed three members to the Board: Peter Monge, Deborah Parham Hopson and Jim Marrinan and appointed one new member, Amjad Riar.
    - c. The Board continues to have a vacancy in the slot of "Representative from the Montgomery County Medical Society." Repeated recruitment efforts have not been successful.
  - **MCAB Workgroups:** The Board formed two workgroups to provide concentrated effort in support of the priorities outlined above:
    1. **Specialty Care Workgroup**
      - **Issue:** The lack of timely access to specialty care harms the patient and weakens the health care system. The backlog of patients with specialty care needs often results in of serious complications requiring more advanced medical treatment.
      - **Priority Statement:** The principal concern is the lack of specialists who are willing to treat the uninsured. Developing relationships with physicians, hospitals, and other health providers who provide these services was the primary goal of this work group. In addition, the group fostered a learning environment for primary care physicians to maximize their skills in the management of complex conditions. In this way, primary care providers can reduce the need for specialty care referrals.

## 2. Advocacy Workgroup:

- **Issue:** In this time of economic slow down, the need for primary care for the uninsured increases. The MCAB is committed to ensuring that there is adequate funding for Primary Care Services including a patient-centered medical home for all who present at a MCares Clinic.
  - **Priority Statement:** Provide best possible communication with elected and appointed officials and stakeholders by sharing evidence-based program data and subsequent budgetary implications; engage and inform the safety net clinics; and, to the extent possible, communicate with the general public and media about the MCares Program.
- 
- **Meetings and Events:**
    - In October, 2009 board members Dick Bohrer, Pernel Crockett, Duane Taylor, Ulder Tillman, and Cesar Palacios participated in a Health Care Reform Symposium sponsored by PCC. The symposium looked at Health Care Reform and the potential impact on Montgomery County's Safety Net Clinics.
    - On January 27<sup>th</sup>, 2010 the MCAB hosted the Executive Directors of the MCares Clinics for a discussion on the budget crisis. The Board alerted the clinics of the dire situation and encouraged the clinics to begin contingency planning.
    - Members of the MCAB met with members of the Commission on Health (COH) to work on the issue of increasing ways for federally employed medical professionals to volunteer at MCares clinics. Montgomery County has a significant population of medical professionals in federal jobs who experience license and malpractice barriers when trying to volunteer for our MCares clinics. A collaborative effort between the MCAB and the COH is underway to break down the barriers in order to increase the volunteer pool for the clinics.
    - Cesar Palacios, a Boardmember and the Executive Director of Proyecto Salud, arranged for the clinic directors to meet to discuss the impact of the proposed FY11 budget. The MCAB invited the clinics to join in the advocacy effort.
- 
- **Advocacy Efforts**
    - The MCAB Advocacy Workgroup developed a MCares Fact Sheet to use while meeting with elected and appointed officials. A copy of the Fact Sheet is attached.
    - The MCAB Advocacy Workgroup started their "advocacy tour" by meeting both with HHS Director Uma Ahluwalia and Beryl Feinberg of OMB in December, 2009. Foremost in the discussions were the Board's concerns over the shortfall in the FY10 Budget. In addition, the group visited the following elected officials:
      - Councilmember George Leventhal – January 19, 2010
      - County Executive Isiah Leggett and Chuck Short – January 20, 2010
      - Council President Nancy Floreen – January 20, 2010
      - Councilmember Duchy Trachtenberg, January 27, 2010
      - Councilmember Nancy Navarro's staff, January 27, 2010

- **County Grants and Contracts Review**

The MCAB studied the opportunities for the MCares Clinics to apply for additional County funding. In addition to the funds that the MCares Program allocates to the clinics, there are three types of County funds for which MCares clinics can compete. The Board took the following action:

1. **County Council Grants:** The MCAB underwent a formal review process for the County Council Grant proposals submitted by MCares clinics. Although the Board was impressed with the proposals, they felt that in consideration of the budget cuts proposed for MCares program, funds should be allocated to primary care services instead of allocated to individual clinics and projects.
2. **DHHS Community Service Grants:** In the past, MCAB has not been involved in this grant process, but the MCAB worked with Uma Ahluwalia and her staff, and this year, the Board was invited to send a member to participate on the review panel. Unfortunately, scheduling conflicts prevented participation, but the Board did review the proposals pertaining to MCares and provided comments.
3. **County Executive Grants:** In the past, MCAB has not been involved in this process. Dick Bohrer, on behalf of the Board, sent a letter to the County Executive requesting MCAB involvement in reviewing grant requests that pertain to MCares clinics.

- **MCAB Chair's Activities:** Mr. Richard Bohrer, Chair, MCares Advisory Board, attended and provided testimony and/or updates at the following events. Copies of testimony are attached.

1. County Council HHS Committee, September 16, 2009
2. DHHS Community Budget Forum on October 20, 2009
3. DHHS Director's Quarterly Meetings throughout the year. These meetings were also attended by the Chairs of the Department's other Boards, Commissions and Committees.
4. The County Executive's meeting with the Chairs of DHHS's Boards, Commissions and Committees, March 11, 2010
5. County Council Budget Hearing, April 7, 2010

#### **Attachments**

- FY10 MCares Year-End Report
- Testimony to CC HHS Committee, September , 2009
- Testimony to DHHS Director, October 2009
- MCAB Advocacy Fact Sheet, 2010
- Testimony to the County Executive, March 11, 2010

# ATTACHMENTS

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# Montgomery Cares Year-End Report Fiscal Year 2010

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July 29, 2010

Sharon Zalewski, Director, Center for Health Care Access

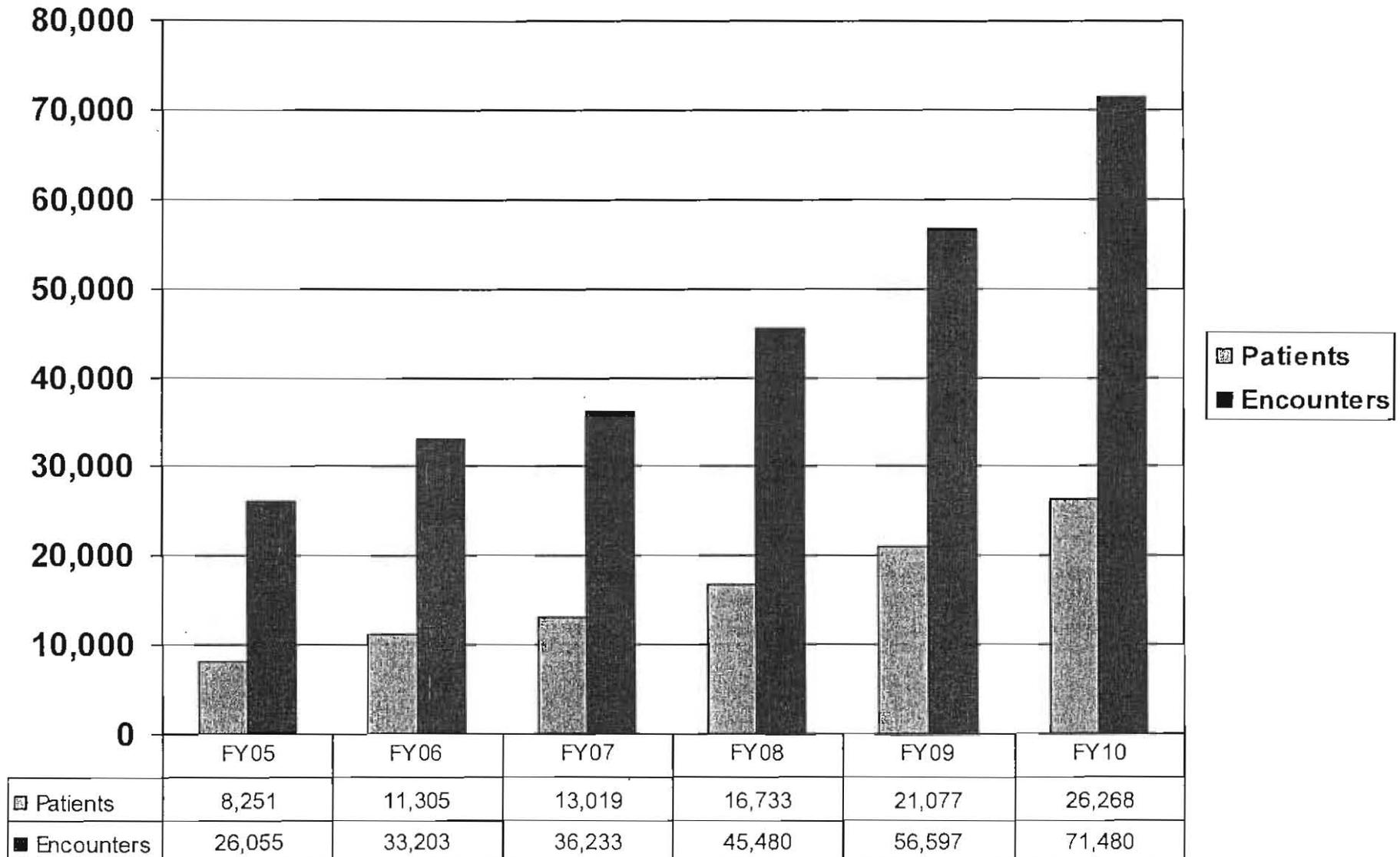
Lisa Wald, Montgomery Cares Program Manager



PRIMARY CARE  
COALITION OF  
MONTGOMERY COUNTY

# Montgomery Cares

## Patients and Encounters FY05 through FY10

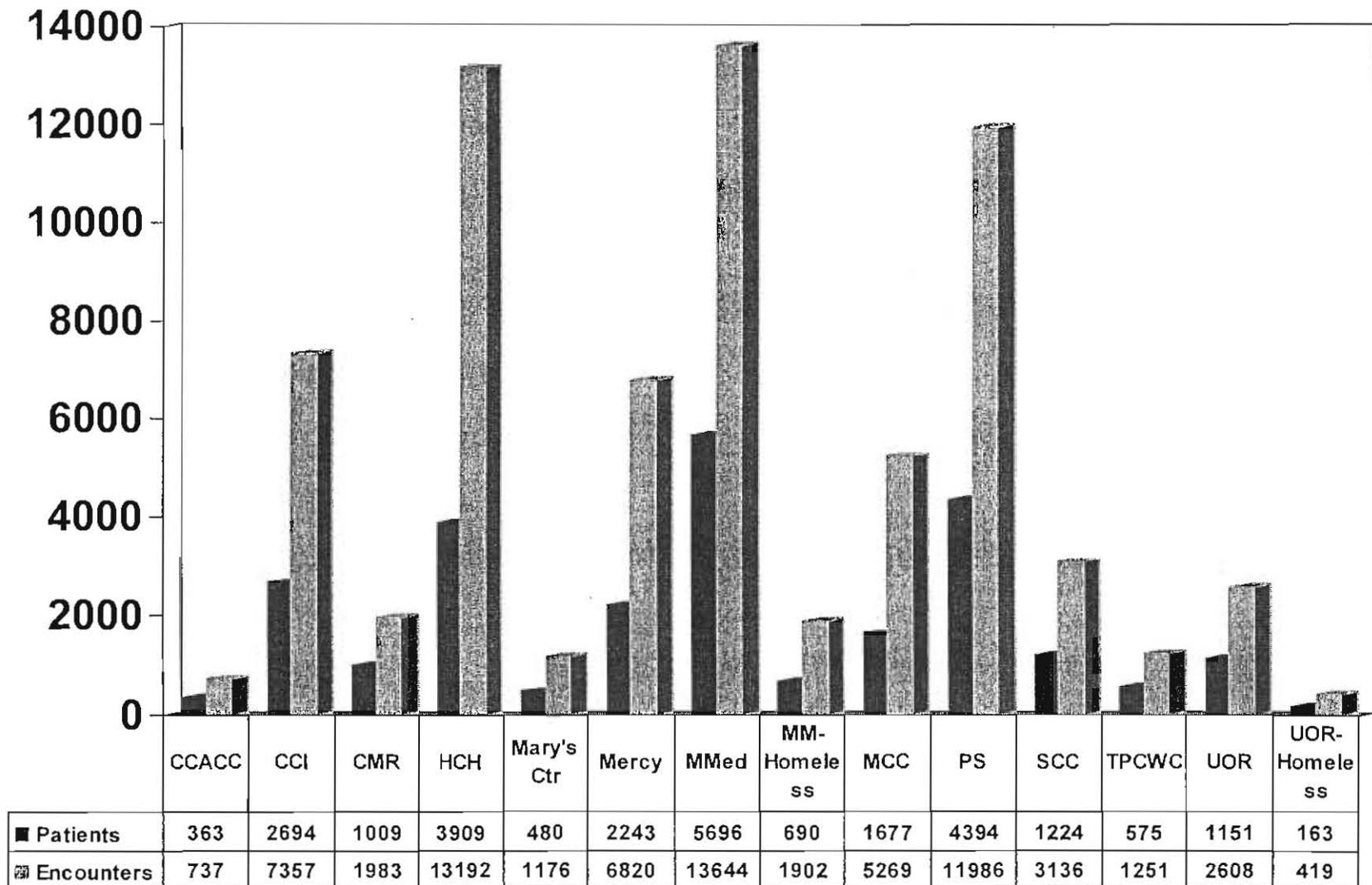


# FY10 Year-End Data Summary

Clinic	FY10 Target Patients*	Unduplicated Patients	% Target Met	FY10 Target Encounters*	Encounters Approved	% Target Met	Encounter/Patient Ratio
CCACC-PAVHC	450	363	81%	800	737	92%	2.03
Community Clinic, Inc.	2,500	2,694	108%	6,500	7,357	113%	2.73
CMR - Kaseman Clinic	1,578	1,009	64%	3,061	1,983	65%	1.97
Holy Cross Hospital Health Centers	3,258	3,909	120%	13,435	13,192	98%	3.37
Mary's Center	500	480	96%	1,100	1,176	107%	2.45
Mercy Health Clinic	2,349	2,243	95%	7,282	6,820	94%	3.04
Mobile Med	5,670	5,696	100%	13,115	13,644	104%	2.40
Muslim Community Center Clinic	2,400	1,677	70%	7,200	5,269	73%	3.14
Proyecto Salud - Wheaton & Olney	4,779	4,394	92%	11,542	11,986	104%	2.73
Spanish Catholic Center	1,012	1,224	121%	2,434	3,136	129%	2.56
The People's Community Wellness Center	1,002	575	57%	2,400	1,251	52%	2.18
Under One Roof - Twinbrook	1,312	1,151	88%	2,669	2,608	98%	2.27
<b>General Medical Clinic Sub-totals</b>	<b>26,810</b>	<b>25,415</b>	<b>95%</b>	<b>71,538</b>	<b>69,159</b>	<b>97%</b>	<b>2.72</b>
Mobile Med Homeless	700	690	99%	1,920	1,902	99%	2.76
Under One Roof - Gude	146	163	112%	400	419	105%	2.57
<b>Homeless Medical Clinic Sub-totals</b>	<b>846</b>	<b>853</b>	<b>101%</b>	<b>2,320</b>	<b>2,321</b>	<b>100%</b>	<b>2.72</b>
<b>Medical Clinic Totals</b>	<b>27,656</b>	<b>26,268</b>	<b>95%</b>	<b>73,858</b>	<b>71,480</b>	<b>97%</b>	<b>2.72</b>

\*Targets were revised by clinics in February 2010; these are not the DHHS Budget targets.

# Unduplicated Patients & Encounters by Clinic: FY10



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# Program Successes

## Growth

- This year, the number of patients served increased by 25% from 21,077 to 26,268.
- The number of encounters increased 26% from 56,597 to 71,480.

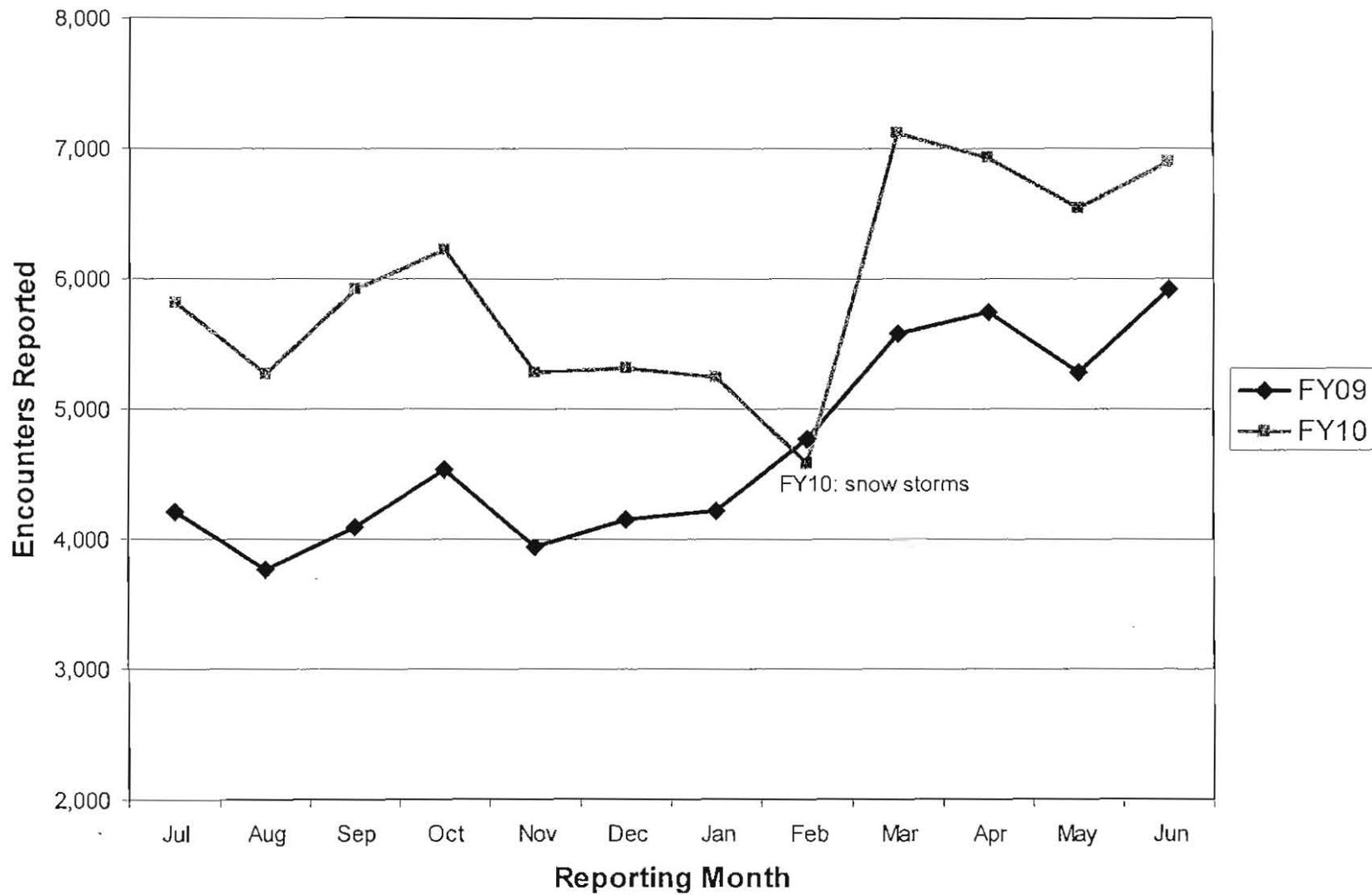
## Consistency

- Organizations are setting realistic targets, reaching 95% of their goal for the last two fiscal years.
- The encounter/patient ratio has been approximately 2.7 for the past 3 fiscal years
- Utilization trends have been consistent for the past 2 years.

## Resources

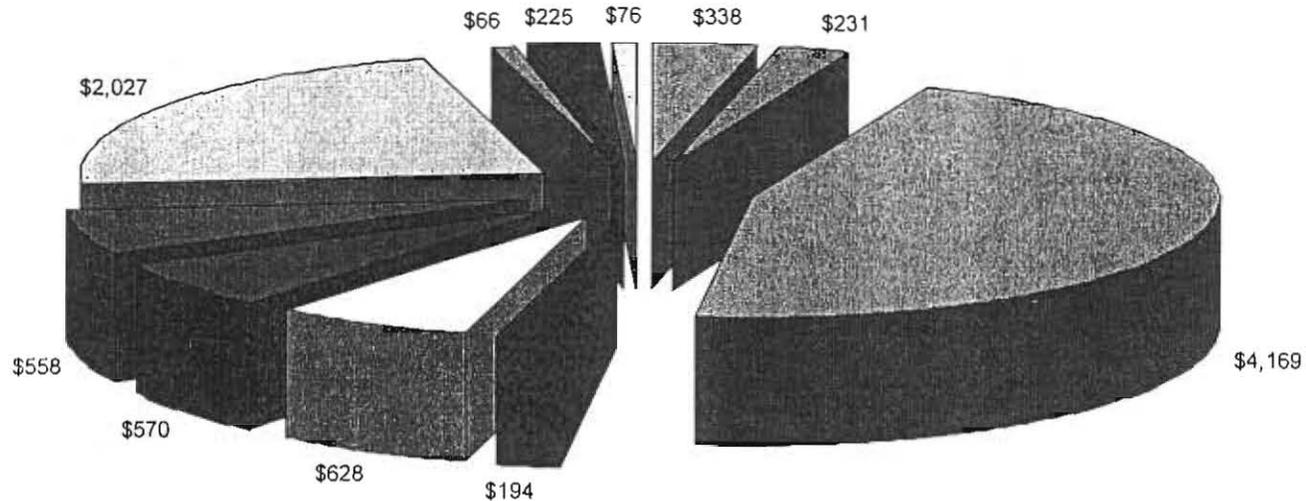
- Montgomery Cares closed the year within .1% of the budget despite two reductions made during the course of the fiscal year.
- Budget overage was related to the number of primary care encounters and better than expected performance in diabetes education.

# FY09 & FY10 Encounters by Month



# Montgomery Cares FY10 Expenditures (PCC Only)

Montgomery Cares FY 10 Actual ('000)



- |                            |   |                          |
|----------------------------|---|--------------------------|
| ■ Administration           | ■ Behavioral Health Pilot               | □ Community Pharmacy     |
| ■ Diabetes Education       | ■ Health Care for the Homeless Services | □ Information & Referral |
| ■ Information Technology   | ■ Oral Health Pilot                     | ■ Primary Care           |
| ■ Quality Assurance & RAND | □ Specialty Care & AHCN                 |                          |

# Montgomery Cares Patients

<b>Mostly Female</b>	65%
<b>Aging</b>	57% are 50 or older 23% are in their 40's 14% are in their 30's 6% are 18 to 29
<b>Majority Hispanic</b>	54%
<b>Racially Diverse</b>	20% White 22% Black 13% Asian 39% Other 0.5% Native American, Alaskan, Pacific Islander
<b>Very Poor</b>	57 % have income $\leq$ 100% FPL 10 % have income between 101-133% FPL 10 % have income between 134-250% FPL

# Montgomery Cares Information and Referral

The Montgomery Cares Information and Referral Line began in FY 2007. In addition to assisting callers, the Information and Referral Specialist manages brochure distribution and conducts outreach and public education related to Montgomery Cares and other health care programs in Montgomery County.

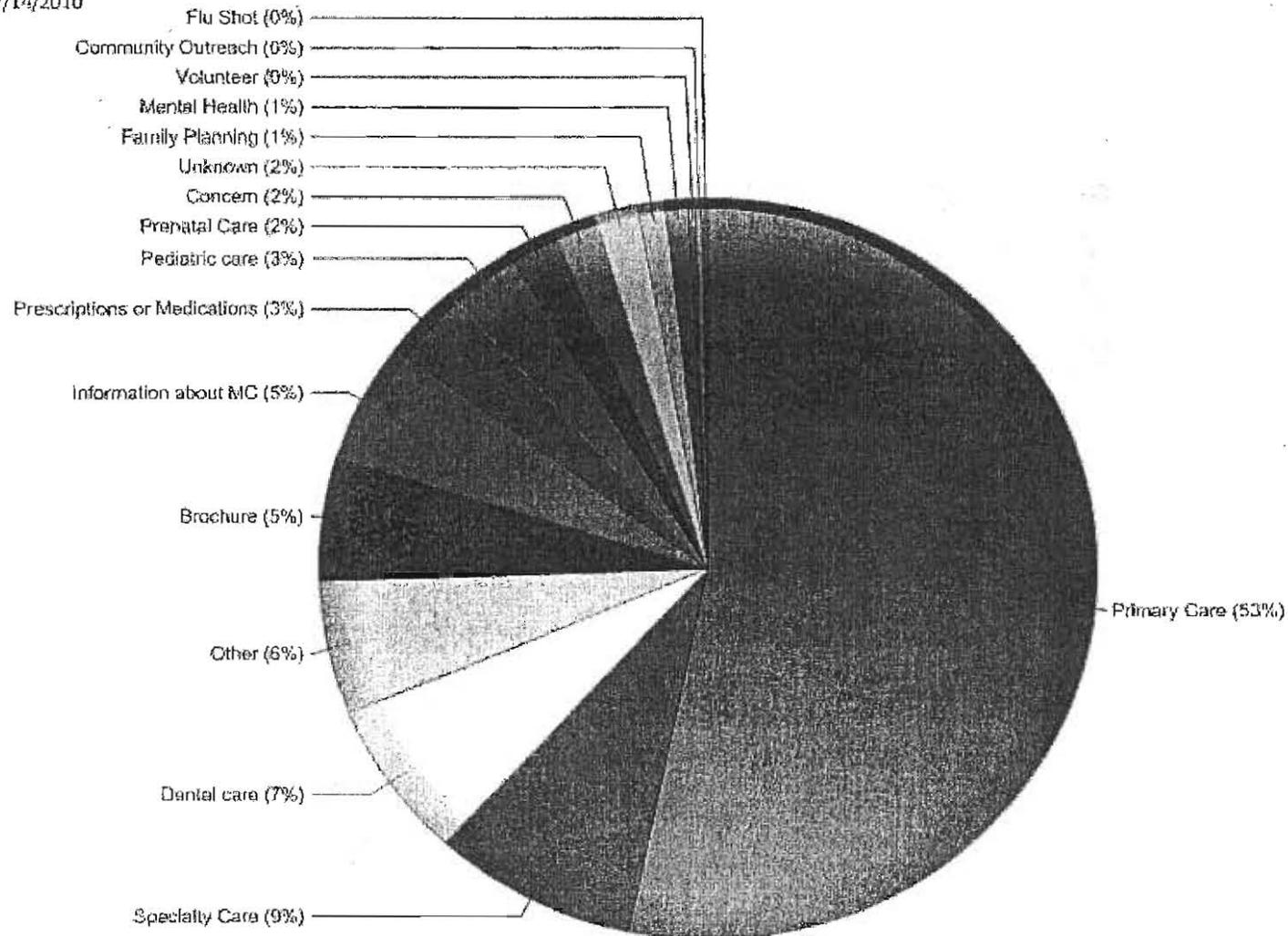
- Call volume increased 3% between FY09 and FY10 from 2,912 calls to 3,011 calls.
- The line averages 250 calls per month.
- 53% of callers are seeking primary care; 9% are seeking specialty care; 3% need medication.
- 89% are people who are uninsured; 60% are unemployed.
- 68% of callers are female; 21% of the calls are in Spanish.
- 17% call the line more than once.
- 13% learned about the line from the internet.

The Montgomery Cares Information and Referral functions will be transitioned to 311 and other programs by December 2010.

# Caller Needs

Caller Need - 7/1/2009 to 6/30/2010

As of 7/14/2010

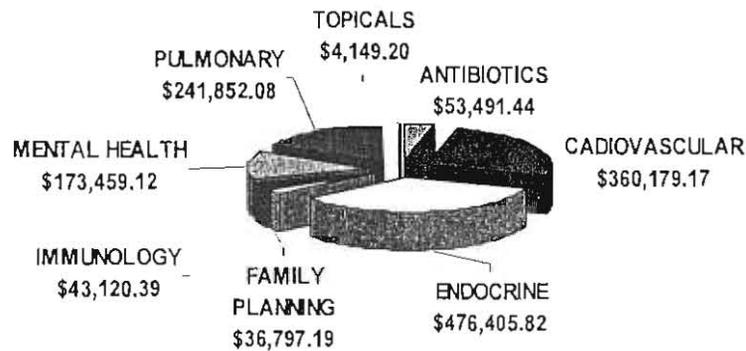


## Community Pharmacy Highlights FY 10

- Formulated a set of DRAFT Pharmacy Management guidelines to improve pharmacy operations
- CHL Care Medication Module Implemented at clinic sites to connect prescribing to patient profiles
- Introduced Patient Pharmacy Experience Surveys to better understand patient experience and expectations
- Recruited volunteer pharmacist from UMD School of Pharmacy to P&T Committee
- Participated in Safety Net Pharmacy Poster Session at The American Pharmacist Association Annual Meeting

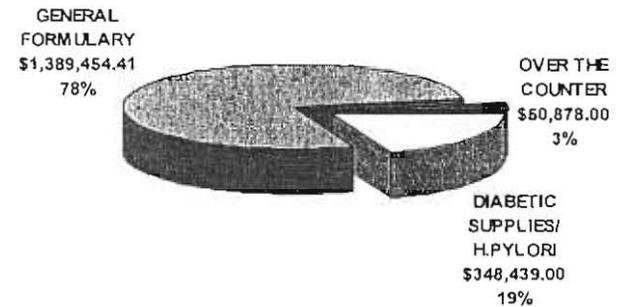
# FY 10 Pharmacy Breakdown by Category

### General Formulary



- ANTIBIOTICS    ■ CARDIOVASCULAR    □ ENDOCRINE    □ FAMILY PLANNING
- IMMUNOLOGY    □ MENTAL    ■ PULMONARY    □ TOPICALS

### General Formulary versus Over-the-Counter, Diabetic Supplies & H. Pylori



- GENERAL FORMULARY    ■ OVER THE COUNTER    □ DIABETIC SUPPLIES/ H.PYLORI

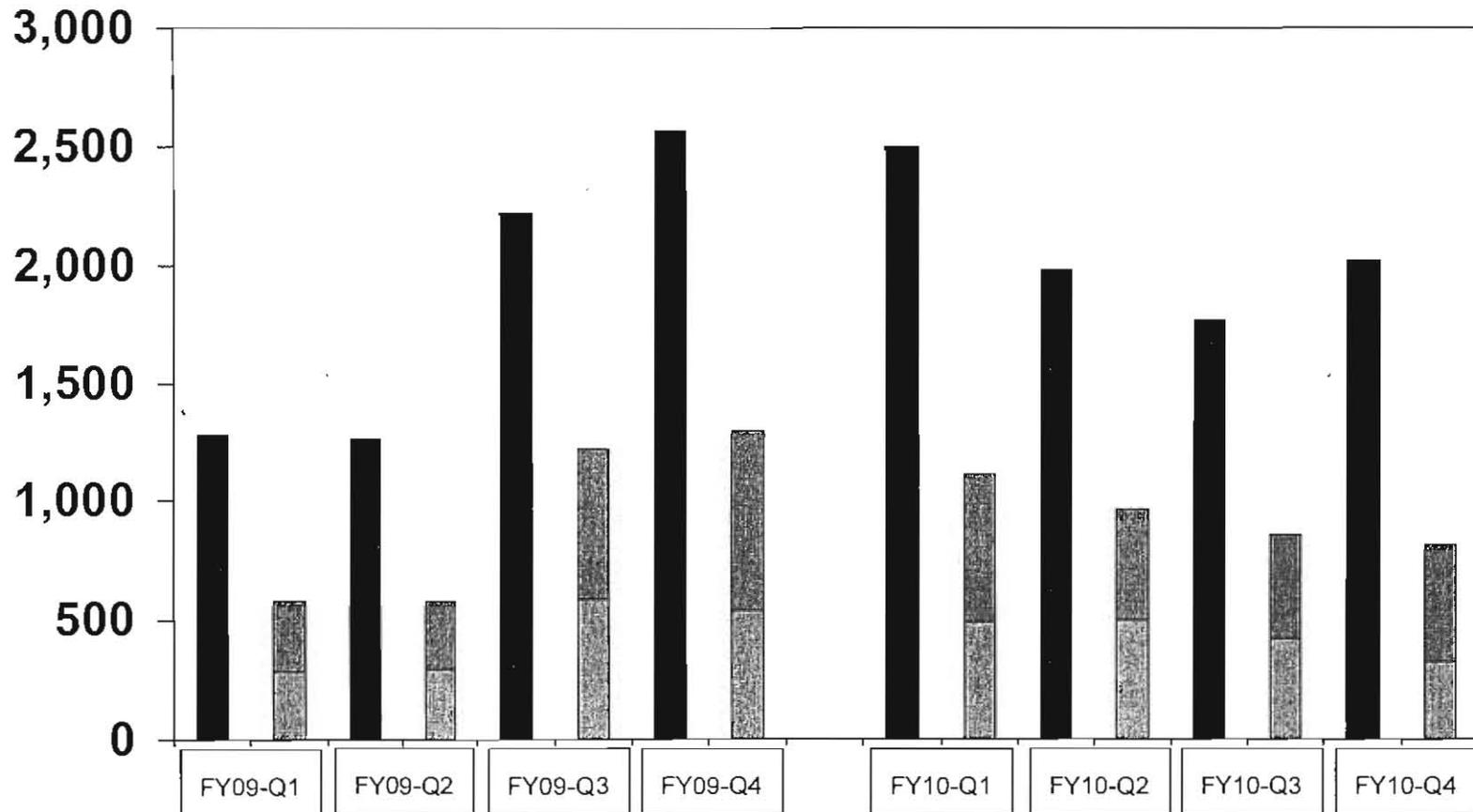
### FY10 Expenditure

General Formulary	\$1,392,604.00
Diabetic Supplies / H. Pylori	\$348,439.00
Over the Counter	\$50,878.00

### Diabetic Supply Distribution

Glucometers	2,086
Strips (vials)	10,019
Lancets (boxes)	5,315

# Project Access and AHCN Specialty Care FY09 & FY10



■ Appointments Requested

■ Project Access Appointments

■ AHCN Appointments

# Montgomery Cares Specialty Care – FY10

<b>Appointment Source</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
<b>AHCN</b>	623	466	384	491	1,964
<b>Project Access</b>	493	500	424	326	1,743
<b>MM Heart Clinic</b>	96	103	121	123	443
<b>Podiatry Clinic</b>	48	55	23	11	137
<b>MC Clinics On-Site</b>	847	904	980	1,188	3,919
<b>TOTAL</b>	<b>2,107</b>	<b>2,028</b>	<b>1,932</b>	<b>2,139</b>	<b>8,206</b>

# FY10 Clinic-Based Specialty Care Services

Clinic Organization	# Encounters w/Primary or Preventive Care CPTs	# Encounters w/Specialty Care CPTs
CCACC-PAVHC	734	3
Community Clinic, Inc.	7,009	348
Holy Cross Hospital Health Centers	12,933	259
Mansfield Kaseman	1,963	20
Mary's Center	1,129	47
Mercy Health Clinic	5,118	1,702
MCC Medical Clinic	4,750	519
Mobile Medical Care*	12,329	1,315
Mobile Med – Homeless	1,902	0
Proyecto Salud	11,980	6
Spanish Catholic Center	2,996	140
The People's Community Wellness Center	1,248	3
Under One Roof**	2,890	137
<b>Total</b>	<b>66,981</b>	<b>4,499</b>

Cumulative data from July 1, 2009 through June 30, 2010.

\*Includes MM/Suburban/NIH Heart Clinic

\*\*PA Podiatry Clinic

# Montgomery Cares Support for Specialty Services

Montgomery Cares FY10	
Project Access Staff (PA)	\$195,178
Archdiocesan Health Care Network (AHCN)	\$50,000
Direct Specialty Care Services (PA)	\$380,790
Clinic On-Site Specialty Services (\$62 per visit)	\$278,938
<b>Total</b>	<b>\$904,906</b>

# Specialty Care Highlights

## Expanding Access

- Over 160 specialists now volunteer in Project Access.
- New specialists have been added in thoracic surgery, ophthalmology, optometry, dermatology, physical therapy and radiation oncology.
- An endocrine clinic opened at CMR – Kaseman Clinic.
- An agreement for lower-cost pathology services was established.

## Improving Process

- Email consultation pilot showed promise and will be implemented with a secure email system that is HIPAA-compliant.
- Work flow analysis was completed for the clinics to improve coordination of referrals.
- Surveys were sent to specialists and to clinic referral managers to identify barriers and delays.

# Specialty Care Case Management

There are currently 2 grant funded case managers working with patients with complex specialty care needs and cancer.

- 298 patients with complex conditions have received case management services during FY10.
- The average monthly caseload is 22.
- 27 people with cancer have received case management services during the last 3 months. 1 patient died. It is estimated that 16 of the 27 are eligible for Medicaid.

Case Management tools and resources developed include:

- An assessment tool for clinic staff to use with patients diagnosed with complex conditions.
- Clinical guidelines for working up complex patients.
- Resource database for cancer care and other specialty resources.
- Patient navigation tool and clinical guidelines.

# Behavioral Health Program

The number of patients receiving Behavioral Health Services has increased from 490 in FY08 to 1,090 in FY10, an increase of 122%. The proportion of patients served has increased from 7 to 10 percent of the population. The overall patient population at BHP sites continued to increase during this time period making it difficult to achieve the target 15% penetration rate.

<b>NUMBER OF PATIENTS SERVED FY2010</b>			
	<b>Patient Population</b>	<b>Total Patients Served By BHP</b>	<b>% patient served</b>
<b>Holy Cross SS/Gaithersburg</b>	<b>3,909</b>	<b>451</b>	<b>11.5</b>
<b>Proyecto Salud Wheaton/Olney</b>	<b>4,394</b>	<b>345</b>	<b>7.8</b>
<b>Mercy</b>	<b>2,243</b>	<b>294</b>	<b>13.1</b>
<b>Total</b>	<b>10,546</b>	<b>1,090</b>	<b>10.3</b>

# Behavioral Health Program

## FY10 Highlights

- Better traction at most sites
- Expansion of coverage to include Proyecto Salud Olney and Holy Cross Gaithersburg
- Expansion of hours at Proyecto Salud
- Addition of on-site psychiatric evaluation allows more uninsured patients to be served at the clinics
- Continuity of care provided by bi-lingual Care Managers

## FY11 Challenges

- Reduced staffing at Proyecto Salud resulting from budget reduction
- Transition from Georgetown psychiatric support to community psychiatrists
- Ability to meet needs at current sites
- Strategies to provide BHP Services at other sites without additional Montgomery Cares resources

# Oral Health Program

Oral Health Provider	Unduplicated Patients	Encounters	Ratio
Spanish Catholic Center	865	2,133	2.47
DHHS Adult Dental Services at Metro Court	854	1,531	1.79
<b>Total</b>	<b>1,719</b>	<b>3,664</b>	<b>2.13</b>

- The Oral Health Pilot accepts referrals from participating Montgomery Cares clinics to improve access to dental care for Montgomery Cares primary care patients.
- Growth in dental capacity has not kept pace with the growth in primary care capacity. The Pilot has the capacity to serve less than 7% of the current primary care population, compared to 10% last year.

# RAND Interim Evaluation Report: February 2010

## Pharmacy Services

- Point of service access to medications is viewed as a benefit by patients and providers, but medication distribution practices pose a burden for providers and patients.
- Providers and patients would like the formulary to be expanded to include more classes of medications.

## Specialty Care

- Access to specialty medical care and diagnostic services continues to be challenging.
- Appointment availability varies widely by specialty need.
- Patients express frustration with their lack of control over appointment scheduling.

## Behavioral Health Care

- Behavioral Health needs are not adequately addressed.
- Primary care providers do not routinely ask about emotional or mental health issues, and mental health referrals are not routinely provided.

## Oral Health Care

- Dental care is not easily available.
- Outside of Montgomery Cares, dental services that are available can be costly.



**Montgomery Cares Advisory Board (MCAB)  
HHS Boards and Commissions  
Worksession**

**September 16, 2009**



### Overview:

The Montgomery Cares Program (MCares) provides primary health care to uninsured, low-income, adult residents of our County. The network of twelve safety-net clinics that serve MCares patients has significantly grown in ability and capacity in the past years. That, coupled with the increase in demand, has resulted in an increase in the number of uninsured adults receiving care by 155% in the past four years. In Fiscal Year 2009, the program served approximately 21,000 patients, up from just 16,773 in FY08, and a 26% increase in just one year. The safety-net clinics project that they will serve more than 26,000 people this fiscal year (24% increase over FY2009) and more than 30,000 people in FY2011 (17% increase over 2010).

The Montgomery Cares Program now considers itself a mature program, with a strong understanding of the complex task before it. In collaboration with the Primary Care Coalition, the Montgomery Cares clinic organizations, the area hospitals, and the medical and social service community, the program has developed a fiscal management program that successfully allocated and spent the FY09 funding awarded to the program.

### FY10 Goals/Priorities:

- The MCAB maintains its goal of providing leadership and guidance that results in access to a patient-centered health home for ALL eligible County residents.

In support of this goal, the MCAB developed three priorities to guide its work in FY10:

1. Strengthen and expand the safety-net clinics of Montgomery County so that the maximum number of patients are served and served well,
2. Foster partnerships that result in adequate access to appropriate ancillary and support services, especially specialty care and behavioral health; and
3. Actively and effectively communicate with elected officials, appointed officials and other stakeholders including consumers.

### FY10 Recommendations:

- Maintain funding for **essential primary care services**. The current FY10 County Council Budget appropriations significantly underfunds the expected patient care projections. The FY10 Budget funds will allow approximately 23,000 patients to receive primary care. In July of 2009, the program was serving 21,000 with the demands growing daily. The Montgomery Cares Clinics and the Montgomery Cares Advisory Board project that the FY10 patient count will exceed 26,000 and in FY11, it may reach upwards to 30,000 patients.
- Maintain adequate ancillary and support services, specifically **dental and behavioral health care**, to allow the MCares clinics to provide the uninsured access to services consistent with the patient-centered health home concept. The Montgomery Cares Program provides both oral and behavioral health services to a small portion of the Montgomery Cares patient population. Evaluative studies



# MONTGOMERY CARES FACT SHEET

• **TO ENSURE THAT THE PROGRAM CAN BEST SERVE THE UNISURED WE NEED:**

**1. ADEQUATE FUNDING FOR DIRECT PATIENT CARE:**

- **FY10:** The current FY10 Montgomery Cares budget only provides funding for up to 23,000 patients. **The program will need an additional \$800,000 to provide primary care, medications and specialty care for the 26,000 projected to seek MCares services.**
- **FY11:** The MCares clinics project that they will serve 30,000 patients in FY11, a 15% increase over the 26,000 they expect to serve in FY10. With that in mind, the program will need \$12.4 million in FY11 to provide care to the population. It represents an additional \$1.9 million over the current FY10 appropriation.

**2. ADEQUATE FUNDING TO PROVIDE PATIENTS WITH A PATIENT-CENTERED HEALTH HOME:**

The Montgomery Cares Advisory Board is advocating for the continuation of the patient-centered health model, which includes providing oral and behavioral health services. The MCAB is aware that the cost of expanding the oral and behavioral health programs is not fiscally feasible in FY10 or FY11, so they recommend working with other public and private agencies and providers to expand access to these essential services.

**3. FUNDING FOR TRAINING AND TECHNICAL ASSISTANCE:** All funds allocated to **training and technical assistance** have been eliminated over the past two years to allow for more funding for direct patient care. While dollars for direct service are the first priority, the MCAB recognizes that it is essential to also provide training and technical assistance to continue to improve and strengthen the clinic infrastructure. This fact has increased importance as the industry prepares for changes coming from the national health care reform efforts. Without a strong primary care safety-net, Montgomery County will not be in a position to take advantage of the opportunities the Health Care Reform may offer. Again, the MCAB recognizes that there are limited County funds available in FY2011 to support training and technical assistance programs, but the Board feels it would be negligent not to draw attention to this essential need.

• **OUR NUMBERS:**

Fiscal Year	MCares Budget		Patients Served				Patient Visits			
	Actual	Projected need	Number		% Increase		Number		% Increase	
FY06	\$4,961,000		11,459				35,269			
FY07	\$9,961,000		13,019		14%		36,233		3%	
FY08	\$10,728,010		16,773		29%		45,480		26%	
FY09	\$10,565,562		21,077		26%		56,597		24%	
FY10	\$10,507,934	\$11,308,000	23,000 <small>budgeted</small>	26,000 <small>projected</small>	9% <small>budgeted</small>	23% <small>projected</small>	62,100 <small>budgeted</small>	74,000 <small>projected</small>	10% <small>budgeted</small>	31% <small>projected</small>
FY11 <small>(projected)</small>		\$12,400,000	30,000		15%		88,000		19%	

- **OUR HISTORY:** In 2005, Montgomery County, with the help of the Primary Care Coalition and the area hospitals, initiated the Montgomery Cares Program to help combat the problem of health care for the uninsured.
- **OUR PATIENTS:** Must be 18 years or older, have low income, live in Montgomery County and not have health insurance.
- **OUR SERVICES:** Medical care, medications, lab tests, x-rays, preventive care (e.g. pap smears, flu shots), access to specialists, limited behavioral and oral health services.

- **OUR CLINICS:**

Chinese Culture and Community Services Center, Inc- Pan Asian Volunteer Health Clinic  
 Community Ministries of Rockville, Mansfield Kaseman Health Clinic  
 Community Clinic, Incorporated  
 Holy Cross Hospital Health Center  
 Mary's Center for Maternal and Child Care  
 Mercy Health Clinic  
 Mobile Medical Care, Incorporated  
 Muslim Community Center Medical Clinic  
 The People's Community Wellness Center  
 Proyecto Salud  
 Spanish Catholic Center  
 Under One Roof Medical Clinic

- **OUR GROWTH:**

- **In FY09, Montgomery Cares supported the opening of three new clinics sites and two clinic expansions.**
  - **In FY10, Montgomery Cares will support one new clinic site and three clinic expansions.**

1. A new Community Ministries of Rockville clinic: New eight-exam room clinic near Rockville Town Center.
2. Mercy Health Clinic in Gaithersburg: 1,800 square feet of space expansion to existing clinic.
3. The People's Community Wellness Center in Silver Spring: Expanding from two exam rooms to five exam rooms.
4. Spanish Catholic Center Dental Clinic: Relocated from Bethesda to Silver Spring (Glenmont) and expanding services from two to four days per week.
5. Other clinics increasing hours of operations including weekends and evenings.



## Montgomery Cares Advisory Board (MCAB)



### Presentation to County Executive Isiah Leggett March 10, 2010

### Budget FY11

#### Overview:

The Montgomery Cares Program (MCares) provides primary health care to uninsured, low-income, adult residents of our County. The network of twelve safety-net clinics that serve MCares patients has significantly grown in ability and capacity in the past years. That, coupled with the increase in demand, has resulted in a 155% increase in the number of uninsured adults receiving care over the past four years. In Fiscal Year 2009, the program served approximately 21,000 patients, up from 16,773 in FY08, a 26% increase in just one year. The safety-net clinics project that they will serve more than 26,000 people this fiscal year (24% increase over FY2009) and more than 30,000 people in FY2011 (17% increase over 2010).

MCares is now a mature program, with a strong understanding of the complex task before it. In collaboration with the Primary Care Coalition, the safety-net clinic organizations, the area hospitals, and the medical and social service community, the program has developed a fiscal management infrastructure to ensure that scarce County resources are appropriately allocated and expended. This infrastructure also allows for resource allocation priorities to be adjusted based on the operational experience of the past four years. The MCAB is well aware of the financial challenges our County is facing. **With that in mind, the Board is recommending a fund allocation strategy for Fiscal Year 2011 that places first priority on funding direct patient care services. While acceptance of these recommendations may result in some important services being reduced or eliminated, the Board believes essential health services need to continue to be provided to the maximum number of eligible patients.**

#### Goals/Priorities:

- The MCAB maintains its role of providing leadership and oversight that results in access to a patient-centered health home for ALL eligible County residents.

In support of this goal, the MCAB has developed three priorities to guide its work:

1. Strengthen and expand the safety-net clinics of Montgomery County so that the maximum number of patients are served and served well;
2. Foster partnerships that result in adequate access to appropriate ancillary and support services, especially specialty care and behavioral health; and
3. Actively and effectively communicate with elected officials, appointed officials, and other stakeholders, including consumers.

#### FY11 Recommendations:

**1. ADEQUATE FUNDING FOR ESSENTIAL MEDICAL SERVICES**

The Board has worked closely with the safety-net clinics to determine their capacity for services in FY2011. The Board believes that the clinics are on a course to serve 30,000 patients and provide between 75,000 and 78,000 medical encounters. Adequate County funding for this volume of services, including necessary medications and partial support for outpatient specialty care, will be approximately \$7 M. The total cost of providing a comparable level of service is approximately \$17.5M, which means every County dollar leverages another \$2.40 in other private resources.

**2. CONTINUED FUNDING TO PROVIDE ACCESS TO A PATIENT-CENTERED HEALTH HOME<sup>1</sup>:**

The Board continues to advocate for MCares resources being allocated in a way that supports the health home model. Such a model acknowledges the need many patients have for services other than just medical. In particular, the Board is aware of the significant need for oral and behavioral health services among the MCares patient population. The Board is aware that the cost of expanding these services in FY2011 is not fiscally feasible. Therefore, the Board is recommending funding behavioral and oral health services at the same level as FY2010 (\$938,000) and increasing efforts to work with other public and private agencies and providers to expand access to these essential services.

**3. FUNDING FOR AN INFRASTRUCTURE TO SUPPORT CLINIC IMPROVEMENTS:**

The Board recommends that the remainder of the appropriated dollars (approximately \$2.5M) support a public-private infrastructure designed to continuously improve practice at the clinics. While dollars for direct services are the first priority, the Board recognizes that it is important to provide training, technical assistance, technology and other resources and tools that will continue to improve and strengthen clinic operations. Without a strong primary care safety-net, Montgomery County not be in a position to take full advantage of the opportunities that a Health Care Reform may offer.

**4. DEVELOP A COORDINATED OUTREACH, ELIGIBILITY, ENROLLMENT AND CASE MANAGEMENT PROGRAM:**

Experience has shown that roughly 30% of all patients requesting care from a MCares clinic are potentially eligible for other sources of medical care, including public benefit programs such as Medicaid (MA) and Primary Adult Care (PAC). Screening and enrollment into the public benefit programs is essential to increasing the total number of County residents who have access to health care services. Enrolling patients into MA and PAC also ensures that County funds are allocated only to those people who can't get other coverage. Universal screening and enrollment is also a necessary step for preparing MCares clinics to participate fully in any future Health Care Reform program. Montgomery County must improve its capability to screen and enroll patients into the public benefit programs. Additionally, once a person is enrolled in a public benefit program, patients must also receive guidance to be connected to a primary care provider, within or outside of the MCares clinic family.

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<sup>1</sup> The MCAB defines a Patient-Centered Health Home model as having the following attributes: accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The health home should provide patients with timely, well-organized care and enhanced access to providers as well as a regular provider or place of care; ease in contacting providers by phone; ease in getting care or advice on weekends or evenings; and office visits that are always well organized and on schedule.



## Montgomery Cares Advisory Board (MCAB) Community Budget Forum

October 20, 2009



### Overview:

The Montgomery Cares Program (MCares) provides primary health care to uninsured, low-income, adult residents of our County. The network of twelve safety-net clinics that serve MCares patients has significantly grown in ability and capacity in the past years. That, coupled with the increase in demand, has resulted in a 183% increase in the number of uninsured adults receiving care the past four years. In Fiscal Year 2009, the program served approximately 21,000 patients; in FY10 the safety-net clinics project that they will serve more than 26,000 patients; and in FY2011, 30,000 patients are expected to receive care.

### FY11 Goals/Priorities:

- The MCAB maintains its goal of providing leadership and oversight that results in access to a patient-centered health home for ALL eligible County residents.

In support of this goal, the MCAB has developed three priorities to guide its work in FY10:

1. Strengthen and expand the safety-net clinics of Montgomery County so that the maximum number of patients are served and served well,
2. Foster partnerships that result in adequate access to appropriate ancillary and support services, especially specialty care and behavioral health; and
3. Actively and effectively communicate with elected officials, appointed officials and other stakeholders, including consumers.

### FY11 Recommendations:

1. **ADEQUATE FUNDING FOR DIRECT PATIENT CARE:** The MCAB is advocating for full funding of essential primary care, including costs for patient visits, medications and specialty care. The MCares clinics are on track to serve 30,000 patients in FY2011, which will be a 15% increase over those served in FY10. With that in mind, the program will need an appropriation of \$12.4 million in FY11 to provide care to the population.
2. **ADEQUATE FUNDING TO PROVIDE PATIENTS WITH A PATIENT-CENTERED HEALTH HOME:** The MCAB is advocating for the continuation of the patient-centered health home model, which includes providing **oral and behavioral health services**. The MCAB is aware that the cost of expanding the oral and behavioral health programs is not fiscally feasible in FY11, so they recommend working with other public and private agencies and providers to expand access to these essential services.
3. **FUNDING FOR TRAINING AND TECHNICAL ASSISTANCE:** All funds allocated to **training and technical assistance** have been eliminated over the past two years to allow for more funding for direct patient care. While dollars for direct service are the first priority, the MCAB recognizes that it is essential to also provide training and technical assistance to continue to improve and strengthen the clinic infrastructure. This fact has increased importance as the industry prepares for changes coming from the national health care reform efforts. Without a strong primary care safety-net, Montgomery County will not be in a position to take advantage of the opportunities the Health Care Reform may offer. Again, the MCAB recognizes that there are limited County funds available in FY2011 to support training and technical assistance programs, but the Board feels it would be negligent not to draw attention to this essential need.

and reports are consistent in their findings that both services need to be available to all Montgomery Cares patients.

The MCAB recognizes that the needed enhancements of both services is not fiscally feasible this year. The Board and County Council will need to push the Department of Health and Human Services, the medical community, and the social service community to reach out to other oral and behavioral health resources to ensure that adequate services are received by all in need.

- Continue funding for **specialty care**. The Board appreciates the funding provided to support specialty care program for FY10. The availability of specialty care services is a critical component to any successful primary care program. The MCares Program estimates that the specialty care budget must equal 10% of the primary care budget. If the patient demand for primary care continues to increase as anticipated, then there needs to be additional resources allocated for the provision of essential specialty care services.
- As the MCares Program has supported increasing numbers of patient visits over the past two years, all funds allocated to **training and technical assistance** have been eliminated. Again, the MCAB recognizes that there is no additional funding this year, but the Board feels it would be negligent not to draw the Council's attention to the fact that there is no available funding for training or technical assistance. In order to provide quality care, our Montgomery Cares Safety Net Clinics need access to training and technical assistance programs so that their operations will continue to be efficient and effective.