HHS COMMITTEE #1
June 11, 2015

MEMORANDUM

June 9, 2015

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst

SUBJECT: **Montgomery Cares Advisory Board - Sunset**

Expected for this session:
Uma Ahluwalia, Director, Department of Health and Human Services
Steve Gammarino, Chair, Montgomery Cares Advisory Board
Tara Clemons, Department of Health and Human Services

The County law governing the Advisory Board for Montgomery Cares Program (Montgomery Cares Advisory Board or MCAB) sunsets on October 31, 2015. A copy of the law is attached at ©4-6. At this session, the Committee will consider the recommendation from the MCAB to continue and that certain changes be made to its mission and membership. As background, the April report (reporting through March) of Montgomery Cares activities is attached at ©8-26.

The March 27, 2015 memo from the MCAB is attached at ©1-3. The MCAB recommends that it continue through December 31, 2021 and also notes that its recommendations take into consideration the changing environment of healthcare including the Affordable Care Act, the expansion of Medicaid, and consumer-centered medical care. The following compares current law to the MCAB proposal.

1. Definition of Montgomery Cares Program:

Current:
"Program" means the Montgomery Cares Program, a public/private partnership between the Department and a network of nonprofit clinics and hospitals that provides primary medical care and prescription medications to low-income, uninsured adults who reside in the County.

MCAB Proposed:
"Program" means the Department's health care delivery system that provides primary medical care and other essential health care and related services, through public/private partnerships, to low-income and uninsured residents of Montgomery County.

2. Mission of the Board:

Current:
The Board's mission is to guide the development of the Program to ensure steady and measureable growth in the number of uninsured County residents accessing high quality and efficient health care services, including primary, specialty, dental, and behavioral health care services.

MCAB Proposed:
The Board's mission is to advise and recommend policies that assure access to high quality, efficient health care and related services for low-income and uninsured County residents.

3. Membership (membership at ©4-5)**:**

The MCAB is recommending the addition of one individual from a Managed Care Organization who is familiar with Medicaid and insurance issues affecting low-income populations.

In order to retain an odd number of members (and the current total of 17), the MCAB would reduce from four to three the number of individuals who have knowledge of and experience with issues relating to health care for low-income individuals, such as primary care, specialty care, behavioral health, or fiscal matters relating to any of these types of care.

4. Duties (duties listed at ©6)**:**

The MCAB is recommending changes to two duties and the addition of one more.

Current #9:
Evaluation of the Program, including quality of care assessment;

MCAB Proposed #9:
Evaluation of policies and programs to improve access to health care and related services for low-income and uninsured residents;

Current #10:
Strategic Planning.

MCAB Proposed #10:
Strategic Planning in support of the Health Care for the Uninsured programs administered by DHHS which currently include Montgomery Cares, Care for Kids, Maternity Partnership, DHHS Dental Services, and Health Care for the Homeless;

MCAB Proposed #11 (new):
Provide recommendations on health care services provided to low income and uninsured residents, including primary care, specialty care, dental care, behavioral health, and ancillary services.

5. Reporting:

Current:
The Board must submit a quarterly report to the County Executive, County Council, and Department on its activities, findings, and recommendations.

MCAB Proposed:
The Board must submit and annual Report to the County Executive, County Council and Department on its activities, findings, and recommendations.

Council staff comment and recommendations:

Council staff recommends continuation of the Montgomery Cares Advisory Board until December 31, 2021 and is in agreement with the changes proposed by the MCAB. The changes do reflect several important issues regarding the evolution of health care for the uninsured in Montgomery County.

- While the Board will continue to focus on Montgomery Cares (a program for adults), the change to patient-centered and family-centered medical care and medical homes means the Board should be discussing and providing advice on other programs such as Care for Kids and Maternity Partnership.

- The non-profit community clinics will continue to be the backbone of the Montgomery Cares program, but health care to the uninsured may well be provided through other means, including for-profit providers. Updating this language provides more flexibility for the future.

- Most boards, commissions, or committees do not have a sunset date. The MCAB is recommending that the law sunset in 2021. Given the changing nature of healthcare, Council staff believes this requirement to revisit the purpose of this board is appropriate and a sunset should remain in the law.

- Reducing the reporting to an annual report is really reflective of current practice. The MCAB receives monthly and quarterly reports from the contractor administering the program (the Primary Care Coalition). An annual report from the Board is sufficient.

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MONTGOMERY CARES ADVISORY BOARD

MEMORANDUM

March 27, 2015

TO: George Leventhal, President, Montgomery County Council
Isiah Leggett, Montgomery County Executive

FROM: Steve Gammarino, Chair, Montgomery Cares Advisory Board

SUBJECT: Extension of the Montgomery Cares Advisory Board and related recommendations

The enabling legislation for the Montgomery Cares Advisory Board (Board) specifies that authorization will sunset on October 31, 2015, unless reauthorization is carried out. The Board, as required, is submitting our recommendations about the future of the Board following the end of the authorization. As chair of the board, I am writing to communicate our recommendation that the Board be continued and that its scope be expanded.

This recommendation took into consideration the changing environment in healthcare today. Some of these changes included the implementation of the ACA, expansion of Medicaid and the drive for consumer-centered medical care. The Board's recommendation is also based on feedback and advice from key Montgomery Care stakeholders, which include leadership from the Montgomery Cares Clinics, DHHS, The Primary Care Coalition, and the County Council HHS Committee. The stakeholders uniformly thought that the Board plays a valuable role in providing policy advice to the County and serving as a forum for stakeholder input for the Program. It was also recognized that the Board was well positioned to provide an advisory role on medical care delivery and access for all low income and uninsured Montgomery County residents to include the County's other health care safety-net programs. This expanded role would allow for the development of comprehensive strategies and policies to improve continuity of care for this population.

Based on this evaluation the Board recommends:

1. The Board continue to provide an advisory role for the Montgomery Cares Program.
2. The Board's mission be revised "to advise and recommend policies that assure access to high quality, efficient healthcare and related services for low income and uninsured County residents".
3. The Board expand its oversight to programs under the authority of the Health Care for the Uninsured programs administered by DHHS. This includes Care for Kids, Maternity Partnership, Dental Services, and Health Care for the Homeless.
4. The Board's membership be modified to add an individual from a Managed Care Organization to complement the expertise of the Board in this expanded role.

The Board appreciates the opportunity to provide this recommendation and we are committed to continuing to work in close collaboration with you to achieve the principles of the Triple Aim (improving population health, patient experience and reducing costs) for our community.

We welcome the opportunity to meet with you to address any questions you may have on these recommendations.

Attachment

cc: Uma Ahluwalia, Director, DHHS
Dr. Ulder J. Tillman, Public Health Officer, DHHS

Recommendations to Continue the Montgomery Cares Advisory Board

The Board recommends the following to the Montgomery County Executive and Montgomery County Council:

1. That the Montgomery Cares Advisory Board be reauthorized

2. That the name "Montgomery Cares Advisory Board" be retained

3. That the Montgomery County Council amend Section 24-47 of the Montgomery County Code to change the definition of "Program" to the following, "**means the Department's health care delivery system that provides primary medical care and other essential health care and related services, through public/private partnerships, to low-income and uninsured residents of Montgomery County.**"

4. That the Montgomery County Council amend Section 24-49 of the Montgomery County Code to change the mission of the Board to read, "**The Board's mission is to advise and recommend policies that assure access to high quality, efficient health care and related services for low-income and uninsured County residents.**"

5. That the Montgomery County Council amend Section 24-52(a) of the Montgomery County Code to reflect the following duties:
    - Change item #9 to read: Evaluation of **policies and programs to improve access to health care and related services for low-income and uninsured residents**;
    - Change item #10 to read: Strategic Planning **in support of the Health Care for the Uninsured programs administered by DHHS which currently include Montgomery Cares, Care for Kids, Maternity Partnership, DHHS Dental Services, and Health Care for the Homeless; and**
    - Add #11 to read: **Provide recommendations on health care services provided to low income and uninsured residents, including primary care, specialty care, dental care, behavioral health, and ancillary services.**

6. That the Montgomery County Council amend Section 24-52(b) of the Montgomery County Code to read, "The Board must submit an **annual** Report to the County Executive, County Council and Department on its activities, findings and recommendations.

7. That the Montgomery County Council amend Section 24-50 of the Montgomery County Code to change the membership of the board as follows:
    - Item #5: Change from 4 to <u>3 individuals</u> who have knowledge of and experience with issues relating to health care for low-income individuals such as primary care, specialty care, dental care, behavioral health, or fiscal matters relating to any of these types of care
    - Item #10**: <u>Add 1 individual from a Managed Care Organization</u>** who is familiar with Medicaid and insurance issues affecting low-income populations.
8. That the Montgomery County Council amend Section 24-53 of the Montgomery County Code to reauthorize the Board through **December 31, 2021**.

Print

Montgomery County Code

ARTICLE VI. ADVISORY BOARD FOR MONTGOMERY CARES PROGRAM.*

Sec. 24-47. Definitions.

(a) In this article the following words have the meanings indicated.

(b) "Board" means the Advisory Board for the Montgomery Cares Program.

(c) "Department" means the Department of Health and Human Services.

(d) "Program" means the Montgomery Cares Program, a public/private partnership between the Department and a network of nonprofit clinics and hospitals that provides primary medical care and prescription medications to low-income, uninsured adults who reside in the County. (2006 L.M.C., ch. 2, § 1.)

Sec. 24-48. Established.

There is an Advisory Board for the Montgomery Cares Program. (2006 L.M.C., ch. 2, § 1.)

***Editor's note**—For history on previous Art. VI, see the editor's note to Art. V of this chapter.

Sec. 24-49. Mission

The Board's mission is to guide the development of the Program to ensure steady and measurable growth in the number of uninsured County residents accessing high quality and efficient health care services, including primary, specialty, dental, and behavioral health care services. (2006 L.M.C., ch. 2, § 1.)

Sec. 24-50. Members; appointments; terms.

(a) *Total members.* The Board has 17 members.

(b) *Ex officio members.* Subject to confirmation by the County Council, the County Executive should appoint the following individuals to serve as ex officio members of the Board:

(1) The County Health Officer or Officer's designee; and

(2) The Chief of the Department's Behavioral Health and Crisis Service or the Chief's designee.

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(c) *Other members.* Subject to confirmation by the County Council, the County Executive should appoint the following individuals to serve on the Board:

(1) 2 representatives of community health care providers that participate in the Program;

(2) 1 representative of hospitals that participate in the Program;

(3) The chair of the Board of Directors of the entity that contracts with the Department to administer the distribution of funds for the delivery of Program services or the chair's designee;

(4) 3 members of the public;

(5) 4 individuals who have knowledge of and experience with issues relating to health care for uninsured individuals such as primary care, specialty care, dental care, behavioral health care, or fiscal matters relating to any of these types of care;

(6) 1 representative of the Commission on Health; and

(7) 1 representative of the County Medical Society; and

(8) 2 current or former recipients of services under the Program.

(d) *Terms.* A member appointed under subsection (c) serves a 3-year term.

(e) *Appointments; removal.* Section 2-148 does not apply to members appointed under subsection (b).

(f) *Conflicts of Interest.*

(1) Section 19A-11(a) does not apply to a member appointed under subsection (c).

(2) A member appointed under subsection (c) must:

(A) file a limited public financial disclosure statement that complies with Section 19A-17(a)(6); and

(B) publicly disclose to the Board the nature and circumstances of any conflict before voting on any Board recommendation. (2006 L.M.C., ch. 2, § 1; 2006 L.M.C., ch. 38, § 1; 2008 L.M.C., ch. 33, § 1; 2011 L.M.C., ch. 4, § 1.)

Editor's note—2008 L.M.C., ch. 33, § 2, states: Transition. The term of each member of the Advisory Board for the Montgomery Cares Program in office when this Act takes effect is extended to June 30, 2009. Beginning on July 1, 2009, the terms of each member appointed on or after that date must be staggered so that one-third are appointed for a one-year term, one-third are appointed for a two-year term, and one-third are appointed for a three-year term.

Sec. 24-51. Voting; chair; meetings; compensation.

(a) *Voting.* All members of the Board are voting members.

(b) *Chair.* The members of the Board must elect a chair by majority vote to serve a 1-year term.

(c) *Meetings.* The Board must meet at least 10 times each year.

(d) *Compensation.* Except as provided in subsection (e), a member must serve without compensation.

(e) *Expenses.* A member may request reimbursement for mileage and dependent care costs at rates established by the County. (2006 L.M.C., ch. 2, § 1; 2006 L.M.C., ch. 3, § 1.)

Sec. 24-52. Duties and staff.

(a) *Duties.* The Board may advise the County Executive, County Council, and Department on any matter relating to the goal of ensuring a steady and measurable growth in the number of uninsured County residents accessing high quality health care services, including:

(1) Eligibility criteria for participating health care providers;

(2) Eligibility criteria for individuals served by the Program;

(3) The method for allocating Program funds;

(4) The method of distributing funds to participating health care providers;

(5) The Program budget;

(6) Growth targets and resources needed to meet those targets;

(7) Assistance to eligible individuals to obtain State and federal health care coverage;

(8) Policies and practices to maximize the use of County funds for direct services to clients;

(9) Evaluation of the Program, including quality of care assessment; and

(10) Strategic planning.

(b) *Report.* The Board must submit a quarterly report to the County Executive, County Council, and Department on its activities, findings, and recommendations.

(c) *Consideration of findings and recommendations.* The County Executive, County Council, and Department must give serious consideration to the findings and recommendations of the Board.

(d) *Staff.* The Department must provide appropriate staff for the Board. (2006 L.M.C., ch. 2, § 1; 2008 L.M.C., ch. 33, § 1.)

Sec. 24-53. Termination.

(a) *Date.* The Board terminates on October 31, 2015.

(b) *Continuance of Board.* By March 31, 2015, the Board must recommend to the County Executive and County Council whether the County should continue the Board or establish an alternative governance structure for the Program. (2006 L.M.C., ch. 2 , § 1; 2008 L.M.C., ch. 33, § 1; 2014 L.M.C., ch. 39, § 1.)

montgomery cares for your health

Montgomery Cares Advisory Board
December 2, 2014

Testimony to the Montgomery County Council
Expedited Bill 56-14, Health – Montgomery Cares – Advisory Board - Continuation

On behalf of the Montgomery Cares Advisory Board (MCAB), we strongly recommend to the County Council that the advisory board be granted additional time to re-establish our governance structure. This would change the recommendation for continuation date from January 1, 2015 to March 31, 2015 and extend the sunset date from June 30, 2015 to October 31, 2015.

The Board makes this recommendation because the healthcare landscape has vastly changed since MCAB's inception in 2006. We are putting concerted effort into ensuring our mission, duties and structure align with the Montgomery Cares program and possibly other county health care delivery programs that serve the uninsured.

The implementation of the ACA expanded access to care for many Montgomery County residents but there is an estimated 60,000 residents who remain uninsured. Currently, the Montgomery Cares program serves around 30,000 uninsured residents. Based on these numbers, there will continue to be a need for a primary care delivery system that serves this population.

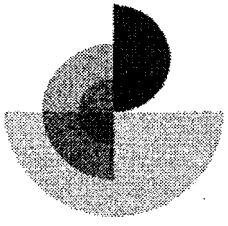
At this time, the MCAB is obtaining input from key stakeholders including leadership for the Clinics, Hospitals, DHHS, PCC, and the County Council HHS Committee. At this time, one of the options MCAB is considering will expand its mission to include other county safety – net programs. This would include all county programs that provide healthcare for the uninsured such as Maternity Partnership and Care for Kids. Expanding the MCAB mission would provide a more comprehensive review of critical county safety –net programs by the MCAB and align its oversight with the DHHS leadership of these programs.

We appreciate the county's commitment to the Montgomery Cares program and continue to work on improving efficiency and effectiveness. Thank you for considering MCAB's continuation request.

Steve Gammarino,
Vice-Chair, Montgomery Cares Advisory Board

Montgomery Cares Program Report
April 22, 2015

Rosemary Botchway, Senior Manager
Barbara Raskin, Montgomery Cares Program Manager
Deepa Achutuni, Montgomery Cares Program Assistant



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8757 Georgia Ave, 10th Floor
Silver Spring, MD 20910

www.primarycarecoalition.org

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YTD Patients and Encounters – March 2015

Year to Date	FY15 Unduplicated Patients			FY15 Encounters			Reimbursement
Clinic	FY15 Projected Patients	FY15 Unduplicated Patients	FY15 % of Projection	FY15 Projected Encounters	FY15 YTD Encounters	FY15 % of Target Met	MCares Payment $65/Visit*
CCACC-PAVHC	200	216	108%	600	390	65%	$25,350
Community Clinic, Inc.	3,200	2,344	73%	8,960	4,697	52%	$305,305
CMR - Kaseman Clinic	2,100	1,226	58%	6,002	2,934	49%	$190,710
Holy Cross Hospital Health Centers	6,700	4,826	72%	17,742	9,541	54%	$620,165
Mary's Center	1,200	709	59%	2,760	1,488	54%	$96,720
Mercy Health Clinic	1,793	1,190	66%	5,200	4,042	78%	$262,730
Mobile Med	5,200	3,073	59%	14,100	8,602	61%	$559,130
Muslim Community Center Medical Clinic	3,000	1,796	60%	7,500	4,715	63%	$306,475
Proyecto Salud - Wheaton & Olney	5,700	3,835	67%	17,100	10,473	61%	$680,745
Spanish Catholic Center	1,322	942	71%	3,438	2,088	61%	$135,720
The People's Community Wellness Center	1,200	403	34%	2,760	860	31%	$55,900
General Medical Clinic Sub-totals	31,615	20,560	65%	86,162	49,830	58%	$3,238,950
Montgomery Cares FY15 Budget	32,250		64%	82,707		60%	$5,375,955
CCI - Homeless*	300	82	27%	495	102	21%	$6,630
CMR - Kaseman Clinic - Homeless*	100	46	46%	230	74	32%	$4,810
Homeless Medical Clinic Sub-totals	400	128	32%	725	176	24%	$11,440
Medical Clinic Totals	32,015	20,688	65%	86,887	50,006	58%	$3,250,390

*Homeless encounters are reimbursed at $143 per visit. Homeless Medical Clinic reimbursements are a separate budget line item. Reallocated $25,000 to Mantoni Mobile Dentistry

Year to Date

Clinic	Patient Panel	Encounters YTD	Payments YTD
Care For Your Health*	46	58	$8,618

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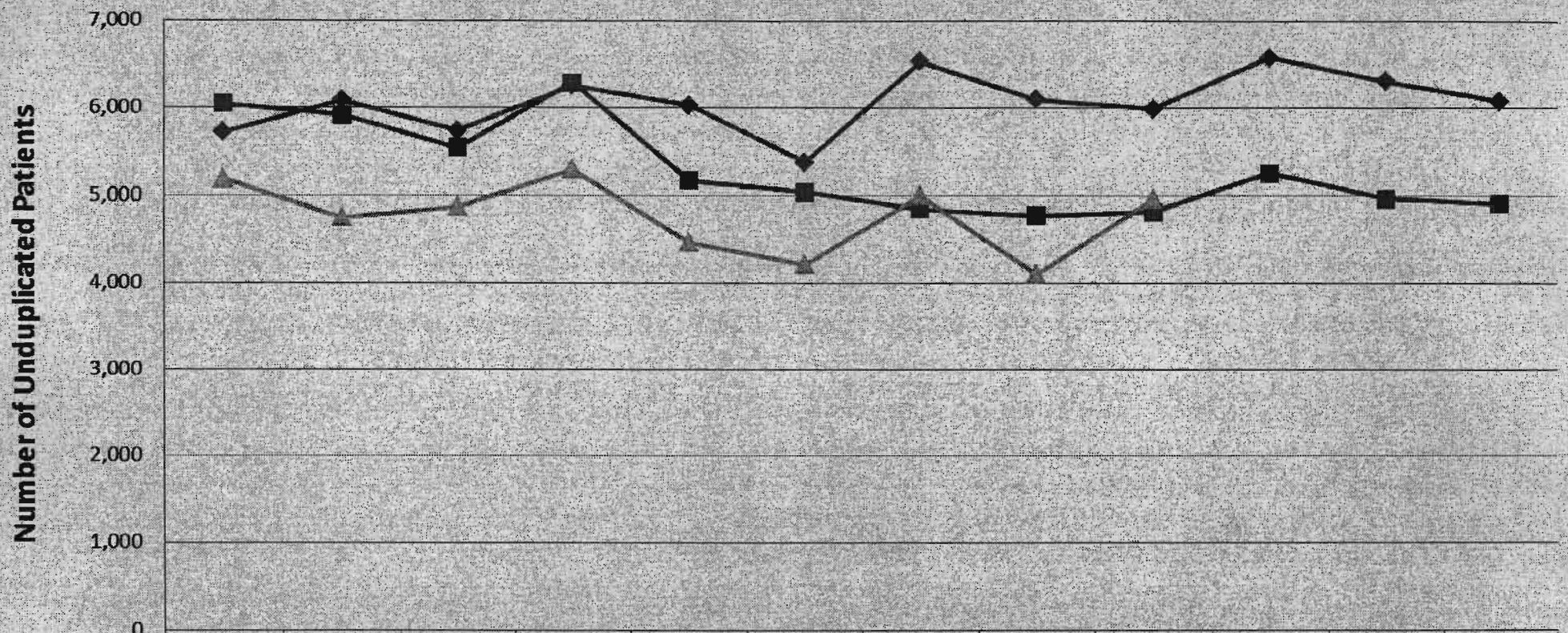
Unduplicated Patients FY 2013 – FY 2015 YTD



	July	August	September	October	November	December	January	February	March	April	May	June
FY13	5,719	6,080	5,735	6,254	6,024	5,375	6,528	6,094	5,984	6,571	6,303	6,075
FY14	6,044	5,913	5,540	6,286	5,168	5,037	4,846	4,767	4,810	5,246	4,963	4,907
FY15	5,184	4,743	4,870	5,294	4,453	4,208	4,992	4,096	4,957			

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Growth Trends: FY14 vs. FY15 Projections

	July	August	September	October	November	December	January	February	March	April	May	June	TOTAL
FY14	6,958	6,895	6,109	7,173	5,968	5,690	6,406	5,451	5,560	6,119	6,060	5,804	74,193
FY15	6,268	5,587	5,930	6,501	5,250	4,895	5,167	4,863	5,115	6,062	5,510	5,324	66,473

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Montgomery Cares March 2015 Performance

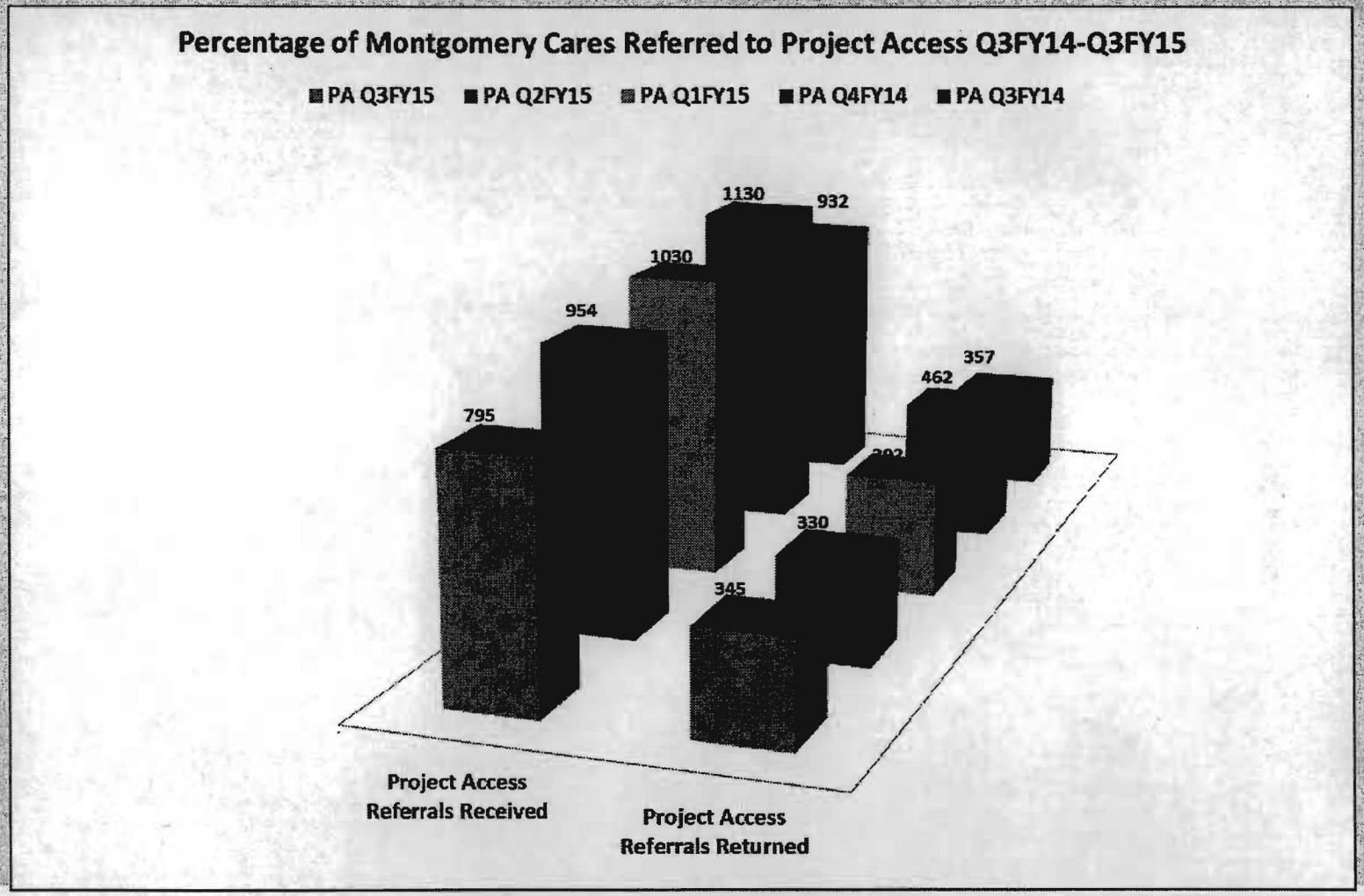
The benchmark for March is 75%.

- Clinics have served 65% of the projected number of unduplicated patients within the first nine months of the fiscal year, and have reached 58% of their projected number of encounters
- 60% of the budget for clinic visits has been expended
- Care For Your Health, which is reimbursed on a capitated basis, has a patient panel of 46 Montgomery Cares eligible patients; 42% of its 110 patient target

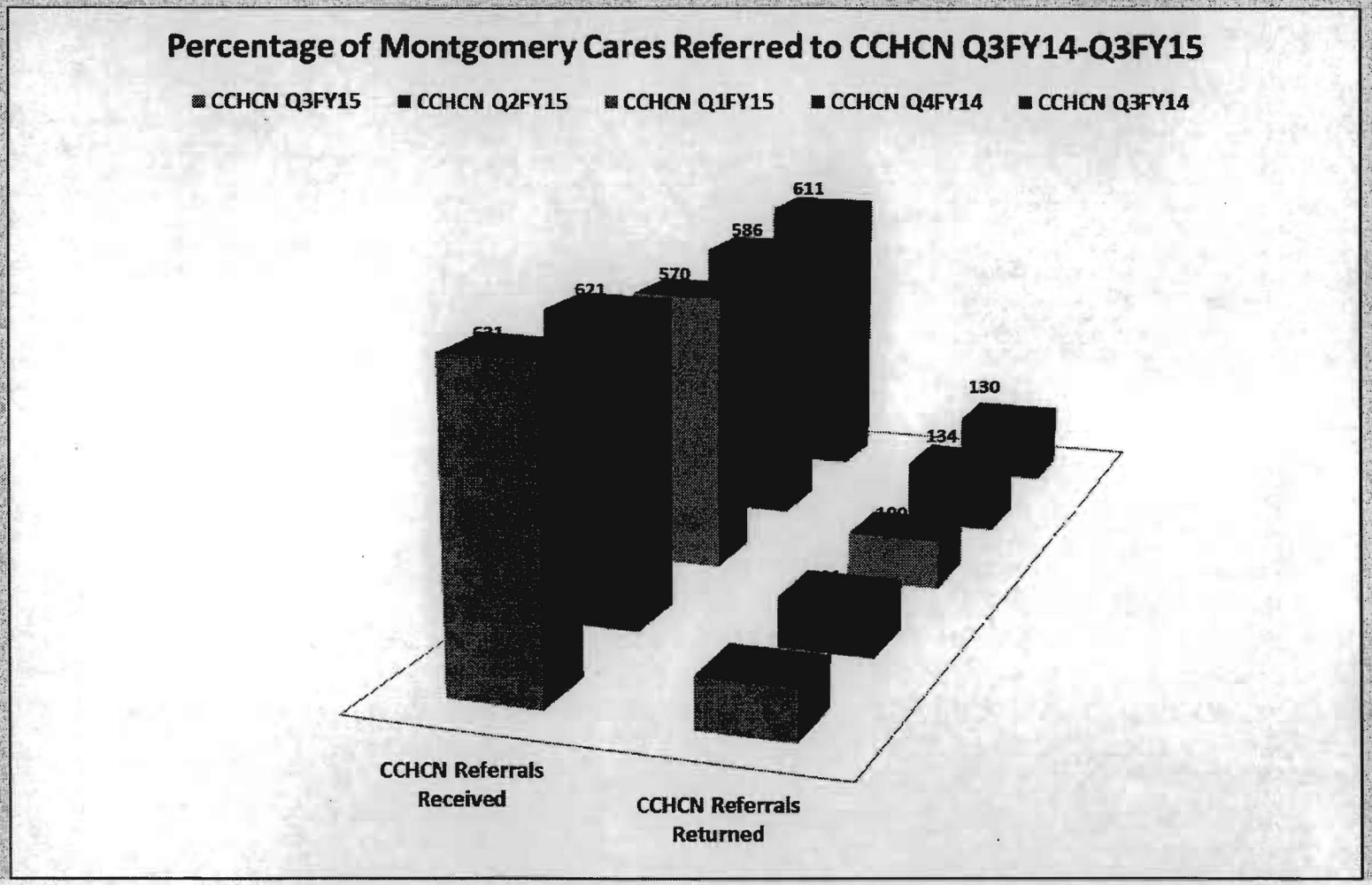
Length of Time to Next Appointment for New Patients

- Mansfield Kaseman Clinic, Proyecto Salud in Olney and Wheaton, and Spanish Catholic Center can see patients within two days
- Care for Your Health, Holy Cross Aspen Hill, Mobile Med, Muslim Community Center Medical Clinic, and The People's Community Wellness Center can provide appointments within 1 week
- CCACC, Mary's Center, and Mercy Health Clinic can provide appointments within 2 weeks
- Community Clinic Inc. and Holy Cross Gaithersburg, and Holy Cross Silver Spring can provide appointments within 3 weeks

Project Access Referral Requests Q3FY14 – Q3FY15



CCHCN Referral Requests
Q3FY14 – Q3FY15



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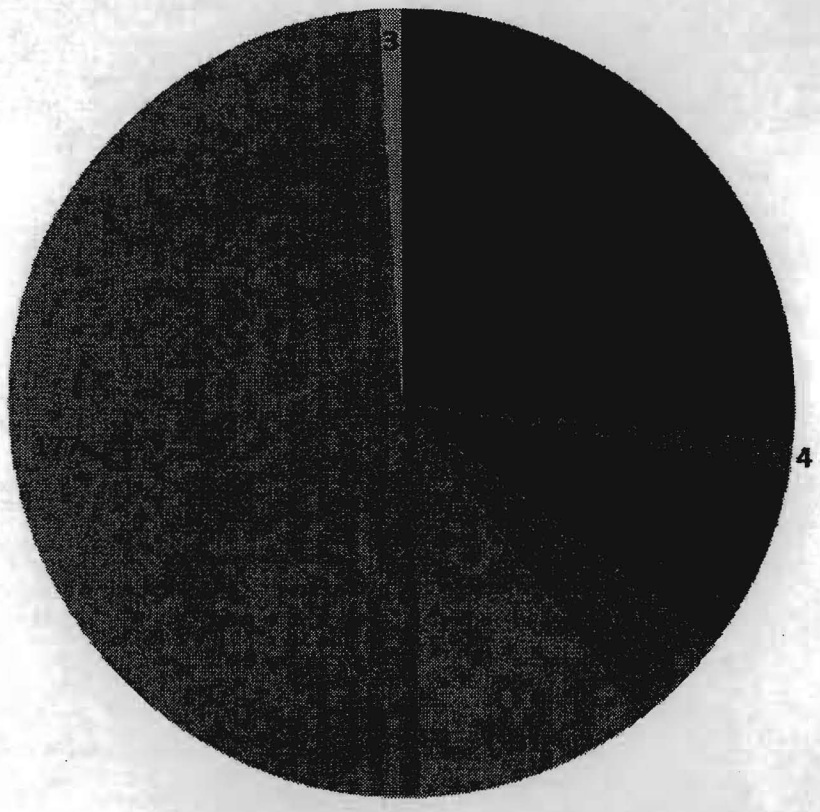
Project Access Reason For Return Q3FY15



- Missing Information After Requested
- Inappropriate Referral
- Eligibility Expired
- Cannot Contact Patient
- Patient Left Country
- No Longer Needed
- Already Under Care
- Limited Availability/Can Be Addressed At Clinic
- Patient Cannot Pay Fee

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Specialty Care Updates: Q3FY15

Project Access

- Reason for returned referrals were tracked this quarter, providing better insight into areas requiring improvement or increased resources.
- Quarterly Specialty Care meetings with Adventist Healthcare System were established this quarter.
- Increased resources and recruitment efforts in nephrology and oncology began at the end of Q3FY15.

CCHCN

- Recruited 3 new specialists this quarter and 6 in Quarter 1, exceeding the annual goal of 12 new specialists.
- Increased recruitment in the areas of endocrinology, rheumatology, dermatology, and neurology are focus areas for the next quarter.

Community Pharmacy Expenditures
Q3 FY 2015

Category	FY15 Budget Allocation	Q1	Q2	Q3	Total Expenditure	% Expenditure	Budget Remaining	% Remaining
General Formulary	$1,000,500	$189,874	$186,332	$225,851	$602,057	61%	$398,443	39%
Diabetic Supplies/ H. Pylori	$262,936	$52,507	$88,007	$46,109	$186,623	71%	$76,313	29%
Behavioral Health	$75,122	$1,672	$9,045	$9,201	$19,918	27%	$55,204	73%
Vaccine	$89,412	$83,757	$5,655	$0	$89,412	100%	$0	0%
Bradley	$3,000	$44	$0	$0	$44	1%	$2,956	99%
Total	**$1,430,970**	**$327,854**	**$289,039**	**$281,161**	**$898,054**	**63%**	**$532,916**	**37%**

Montgomery County Medbank
Q3 FY 2015

	Q1	Q2	Q3	Q4	Total
Value of Medications Received	$443,906	$777,135	$860,961		$2,082,002
• Applications Processed	606	743	791		2,140
• Active Patients	1,009	1,084	1,153		
• New Enrollees (captured in active patient volume)	44	75	69		188
• Assisted with Health Coverage Enrollment	64	37	15		116

Pharmacy Update

Community Pharmacy

Clinics are beginning to express concern that their current budgets will not cover their needs through the end of FY15 especially since supplemental funds will not be available at the end of this fiscal year.

Staff is assessing opportunities to shift dollars across the network to accommodate shortages.

Medbank

Request for medication through Medbank dropped in Q1 of FY 2015 as individuals made adjustments for health coverage in 2014. Medbank enrollment has increased 7% in Q2 and 6% in Q3 over Q1 enrollment.

Beyond Access

The PCC will conduct an oral presentation on Medication Therapy Management at the MD Inaugural Chronic Disease Conference in September.

Behavioral Health Services

Service*	Q1	Q2	Q3		Totals
Initial Screen	54	113	94		261
Case Review with Psychiatrist	220	277	251		748
Medication Education and Management	319	339	374		1,032
Reassessment	416	422	574		1,412
Referrals	227	309	304		840
Evaluation	180	212	177		569
Therapy	90	121	84		295
Psychiatrist Visit	15	33	17		65
Crisis Intervention	14	11	10		35

*Please note that more than one service can be provided in a visit.

MCBHP Number of Unique Patients

Program Site	Q1	Q2	Q3	Q4	YTD
Holy Cross – Aspen Hill	43	42	100		124
Holy Cross - Gaithersburg	103	98	123		212
Holy Cross – Silver Spring	139	125	184		283
Mercy Health Clinic	94	108	122		161
Proyecto Salud - Olney	64	55	60		111
Proyecto Salud - Wheaton	186	204	250		396
MCC Medical Clinic	14	17	15		26
The People's Community Wellness Center	15	16	15		32
Mansfield Kaseman Clinic	n/a	136	83		156
Totals	658	801	952		1,501

Behavioral Health Program Update

Behavioral Health Reporting

- MCBHP established quality measure related to depression screening and outcomes at the MCBHP partner clinics
  - Technical specifications finalized; will be presented to QHIC April 30, 2015

MCBHP Psychiatry Services Expansion

- Spanish Catholic Center Social Worker beginning to participate in Georgetown University psychiatric consultations

Training

- As a result of Behavioral Health Web and Action sponsored by PCC, CCI and HCHC became sites for state SBIRT Grant (Screening, Brief Intervention and Referral to Treatment)
  - 2 hour training on smoking cessation interventions in primary care will be offered by UMBC at PCC in May

Montgomery Cares Cancer Screening

FY 2015		Screenings Performed					
Cancer Screenings	FY 2014	FY 2015 Available	Q1	Q2	Q3	Q4	Total
Mammography	1,811	3,400	580	568	541		1,689
Colonoscopies	80	150	24	36	20		80

Mammograms are being provided by Community Radiology Associates, Holy Cross Hospital, Shady Grove Adventist Hospital and Washington Adventist Hospital at reduced rates.

Mammograms – most clinics are on target for meeting their FY 2015 mammogram screening goals. The number of screening mammograms performed in FY 2015 increased 37% over the first 3 quarters in FY 2014.

Colonoscopies – In the third quarter 20 colonoscopies were referred from 8 clinics. At Q3 the YTD colonoscopy screening represents 53% of target for screening.

Oral Health Program FY 2015 YTD

Provider	Unduplicated Patients	Encounters	Ratio
Spanish Catholic Center	1,299	4,004	3.08
DHHS Adult Dental Services - Metro Court	513	965	1.9
DHHS Adult Dental Services - Colesville	103	208	2.0
Muslim Community Center Medical Clinic - Dental	546	903	1.6
Total	2,461	6,080	2.5

- Spanish Catholic Center has a 3 month wait time for new patient appointments.
- Muslim Community Center Medical Clinic – Dental has a one week wait time for new patient appointments. They are now providing dental services four days per week.
- DHHS Metro Court and Colesville locations have a 2 week wait time for new appointments.
- CCI and Mary's Center offer dental services on a sliding fee schedule based on income.

IT Projects

Reporting

- Increase in ad hoc report requests from the clinics for their grants.

Laboratory Interface

- Working with Adventist Health Care to get a connection for integrating lab results in eCW. (Mercy Health Clinic and Mobile Medical Care) This has been significantly delayed due to amount of work and time required by Adventist. Tentatively scheduled for the fall.
- Community Radiology scheduled to be up before June 30, 2015

eCW Messenger

- Messenger is a feature that allows phone calls or text messaging to patients. Currently most clinics are using this for appointment reminders. We are working with Care For Your Health and Muslim Community Center to enable the campaigns feature for preventive health campaigns.

Insurance Billing

- Continue to work with clinics who want to use eCW to bill insurance. (Proyecto Salud, Mobile Medical Care)
- PCC is providing training and technical support.

Declining Montgomery Cares Encounters

Clinic Reported Factors Impacting Montgomery Cares Encounters

Factors Reported	Clinics Priority Ranking of Factors			
	CCI	Mobile Med	Mercy Health	Holy Cross
Change in Eligibility Status	1	1	2	1
Profile of Individuals Who Remain (Increase in individuals from Prince Georges)	2			2
Impact of EHR Conversion			1	4
Clinic Capacity/Work Force		2	3	3
Environmental Factors		4		
Non Reimbursable Encounters		3	5	
Reports		5	4	

Factors are ranked on a scale of 1-5; one being the highest.