# HEALTH CARE FOR THE UNINSURED
## Fiscal Year 2021 Budget Priorities



## Joint Advocacy Statement : Fiscal Year 2021
### Health Centers Leadership Council and Primary Care Coalition
### Supported by Montgomery Cares Advisory Board

Montgomery County provides access to affordable health services for County residents through a portfolio of five programs collectively referred to as the Healthcare for the Uninsured Programs.

- Montgomery Cares
- Care for Kids
- Maternity Partnership
- Dental Clinics (5 County Operated, 2 Nonprofit Operated)
- Heathcare for the Homeless

**Thank you for supporting a strong health care safety net and providing resources needed to respond during the COVID-19 crisis. Please make sure we can continue to respond to the tremendous needs that will exist after the crisis.**

Council President Sidney Katz
Montgomery County Council
100 Maryland Avenue, 6th Floor
Rockville, MD 20850

April 10, 2020

Dear Council President Katz and Councilmembers:

During this global crisis the Council has been quick to act to support residents and shore up businesses and nonprofits. We greatly appreciate the March 31 action taken by the Council to infuse funds for residents and community service organizations. Time and again, the Montgomery County Council has demonstrated commitment to ensuring vulnerable community members have access to health services. On behalf of the Montgomery Cares Advisory Board, the Health Centers Leadership Council representing the executive directors of the 10 health care safety-net clinics, and the Primary Care Coalition, we thank you for investing in programs like Montgomery Cares, Care for Kids, Maternity Partnership, Health Care for the Homeless, and Dental Services.

In addition to responding to an unprecedented crisis, you must also do the routine work of developing the FY21 operating budget while anticipating and planning for the devastating impacts that COVID-19 will have on our community now and into the future. Therefore, as you consider budget priorities for FY21 and beyond we ask you to:

- Recognize that there will be a surge in treatment needs and care seeking that will come when movement restrictions are lifted and patients who have delayed care seek needed services. Safety-net providers will need the resources and added capacity to respond to that surge in demand
- Be prepared to extend the alternative funding mechanism for Montgomery Cares for the duration of time when movement is restricted—this may cross into FY21
- Beyond the surge from delayed care seeking, prepare to provide access to health care for County residents who will lose their employer-based coverage and will not have resources to purchase insurance.

The impacts of COVID-19 on the health care safety net will extend beyond the current outbreak. Below we will discuss them in three phases: the current emergency, the post crisis period, and eventual recovery (the "new normal").

**Responding to the Current Emergency**

Again, we thank the local government for moving quickly to pass the emergency relief package on March 31and we thank DHHS for approving an alternative funding mechanism for Montgomery Cares. The funding added to DHHS programs and community grants will help retain the capacity of our nonprofit health care providers to be able to mobilize and serve the community during this challenging time. Because Montgomery County has a strong, coordinated safety-net infrastructure we have been able to mobilize to ensure minimal disruption to regular health services while also supporting the community response to COVID-19.  We have:

- Worked with local hospital centers on emergency department diversion and enabling overall reduction in individuals seeking care at hospitals when it is not necessary

- Nimbly adapted to providing telehealth visits for patients and trained health care providers and patients on use of technology for telehealth
- Leveraged partnerships to secure needed equipment for remote patient monitoring
- Served as a trusted source of information for hard to reach populations

**Preparing for the Post Crisis Period**

This crisis has underscored the fact that the health care safety net is an essential component of overall health and public health in the County. The pressure on the health care safety net will extend beyond the outbreak and safety net providers must be adequately resourced to continue to serve the community in the post crisis period.

- We expect increased demand for primary care, specialty care, and oral health services in FY21 when restrictions on movement are lifted and patients seek care that had been delayed under the current CDC guidelines to postpone in-person treatment that is not urgent or emergent.
- We anticipate a rise in the number of uninsured patients as people who previously had employer-based insurance lose coverage due to closure of businesses that were not able to weather the storm.
- We expect growing need for behavioral health care as stress related to the current crisis is layered onto an already high preponderance of depression, anxiety, and PTSD experienced by patients of safety-net programs many of whom are seeking asylum and already living on the margins of society.
- We foresee significant pressure on program case management and enrollment staff at clinics, at OESS, and at the Primary Care Coalition as program enrollments and renewals that would have been processed in this timeframe are postponed. Wisely enrollment periods for Care for Kids have been extended to ensure continued access to care during this time frame and Montgomery Cares is able to serve patients under the presumptive eligibility rule; however, the delay in processing renewals will place greater pressure on an already challenged enrollment infrastructure later on.

**Awaiting the Recovery**

Providing access to health services for vulnerable residents is crucial. A healthy population is essential to a thriving business environment; healthy adults can work productively to support their families, contributing to the community and economy; healthy children engage more fully in learning and school activities. Ensuring the viability of the health care safety-net is an important step to not only addressing current needs but also future recovery.

At some point in the future we will recover from this crisis. At that point, it will be important to strengthen the safety net to address challenges and gaps that existed before the COVID-19 outbreak. To that end we have included as an appendix the list of priorities that were jointly developed by the Montgomery Cares Advisory Board, Health Centers Leadership Council, and Primary Care Coalition prior to the outbreak. Many items listed in this packet are about maintaining a current level of service. For those that are about strengthening and expanding we recognize that this is not the time for expansion but we share them with you because although the timing may not be right they remain important priorities. We look forward to discussing them with you in the future.
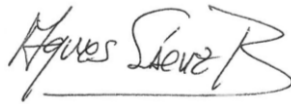
**In Closing**

We recognize that fiscal restraint is necessary. We also recognize the risks to the progress that has been made in establishing a truly remarkable health care safety-net system in this community. We stand ready to work with you to implement cost savings while preserving the integrity of the programs that meet the health care needs of our most vulnerable neighbors. Moreover, we look forward to the time when we can partner with you to chart a new course for the health of our community. **In the future, when we reach a point of full recovery, all stakeholders will need to pause and take stock of the situation. We will need to review the community needs that exist at that time, understand the resources available to address those needs and develop strategies to not only sustain but expand the public/private partnership to serve our citizens.**

Sincerely,
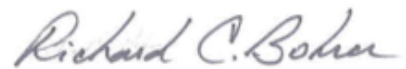
**Wayne L. Swann**
Chair, Montgomery Cares Advisory
Board

**Agnes Saenz**
Chair, Health Centers Leadership
Council

**Richard C. Bohrer**
Chair, External Affairs Committee
Primary Care Coalition

CC:
Raymond Crowel, Director, Department of Health and Human Services
Travis Gayles, Montgomery County Health Officer
Tara Clemons, Program Manager, Health Care for the Uninsured, Department of Health and Human Services
Linda McMillan, Senior Legislative Analyst, Montgomery County Council

"Look for help. Don't isolate yourself and don't be afraid. Seek help!"

~ Carmen, Mother of a CFK Participant

## Norvin and Carmen

Norvin is a smiling, joyful nine-year-old. He loves his classmates who help push hsi wheelchari to the bus every morning. He loves going to school. This is the first time in his life that he's been able to.

Born in Guatemala, Norvin has suffered from terrible seizures his entire life. Seizures that have interfered with his growth and development. When his mother Carmen brought Norvin to the U.S. she found Care for Kids and a connection to pediatric specialists, a neurologist, and orthopedic surgeon, a gastroentorologist, a physical medicine and rehabilitation doctor, and a developmental pediatrician. Now, Norvin has a team of specialists who are working on a diagnosis and treatment plan.

## Care for Kids

Care for Kids provides affordable primary and specialty care to the children from low-income families in Montgomery County who are not eligible for other state or federal health insurance programs. Care for Kids serves children from birth to age 19.

In FY19, Care for Kids served 5,600 children.

## Dental Services

County dental clinics operated by DHHS offer routine oral health services to county residents with no dental insurance. In addition, the Montgomery Cares Oral Health program serves adults enrolled in Montgomery Cares at nonprofit run dental clinics.
5,490 patients were served at the County Operated Dental Clinics in FY19.

# Care for Kids

Care for Kids enrollment has grown dramatically over the past few years and that trend continues as the region welcomes children fleeing violence in Central America. Many of the children arrive having had little access to health care in their home countries and having experienced traumatic journeys. CFK has seen increases in specialty care referrals, including greater need for long-term case management management.

In Q1 and Q2 of FY20, Care for Kids enrolled on average 230 new children per month. The average enrollment for new children in the same timeframe last year was 92 children per month. Rapid increases in enrollment are putting pressure on the program to continue to provide a high standard of customer service as well as putting presusre on the service network. At the end of FY20 Q3, CFK was projecting a $250,000 deficit for the current fiscal year. The pro-bono Kaiser Permanente panel is currently closed and many School Based Health Centers are at or nearing capacity. As a result of COVID-19 related school closures children previously assigned to school based health centers have been reassigned to contracted providers. All this means the program must be prepared to place more children with contracted providers.

## Request

- **$64,574 to hire 1.0 FTE Client Services Specialist to keep up with rising enrollment levels** (including fringe and indirect cost).

- **$ 65,574 to hire 1.0 Medical Assistant Case Manager to support specialty care referrals and case management needs** (including fringe and indirect cost).

- **$255,680 to provide medical services to meet growing program participation reimbursed at 70% of Maryland Medicaid** (this does not account for projected program growth in FY21).

# Dental Services

County Dental Clinics are experiencing a shortage of providers and ancillary support staff resulting in long wait time for appointments, insufficient availability for emergency care, and a lack of sufficient specialty care. This shortage is exacerbated by an increase in the number of pediatric patients being referred to the County Dental Clinics from the Care for Kids program. Many of the referred children have complex needs requiring nitrous oxide for sedation and availability of a pediatric dentist to provide care. The County Dental Clinics can improve service and operations with additional staffing in the form of

- **$ 60,000 for 0.4 FTE General dentists**
- **$ 40,000 for 0.4 FTE Dental hygenists**
- **$ 16,800 for 0.4 FTE Dental assistants**

# Montgomery Cares

### Primary Care Reimbursement Rate

Montgomery Cares per visit reimbursement to health care providers has not kept up with the rate of inflation. Currently set at $76.50 per visit reimbursement is just 64% of Maryland Medicaid reimbursement and it is widely understood that Medicaid reimbursement is much lower than cost. At the same time new County policies have introduce important but costly measures to clinic operations. We request a commitment from the County to work over time to align Montgomery Cares reimbursement wtih Maryland Medicaid starting by aligning with 70% of Medicaid in FY21.

### Project Access - Specialty Care

Project Access recieves funding from both the Montgomery Cares program and the Nexus Montgomery Regional Partnership. The Maryland Health Services Cost Review Commission (HSCRC) which provides funding for Nexus Montgomery has shifted its priorities. As a result $155,000 that supports Project Access direct care and case management staffing will be lost in FY21. This request is to maintain the same level of service by restoring the lost funding.

### Psychiatry

The Montgomery Cares Behavioral Health Program uses a Collaborative Care model which is a team based approach. Six of the ten Montgomery Cares clinics participate in the program which embeds Behavioral Health Care Managers at participating clinic sites. Care Managers work collaboratively with primary care providers. Psychiatry services are provided through a contract with Georgetown. Care Managers and Primary Care Providers can consult with Georgetown Psychiatrists telephonically, through case panels, and the Psychiatrists provide some hours onsite at clinic locations. Georgetown has increased their rates. This request is to adjust for the rate increase and expand psychiatric consultation to Montgomery Cares clinics that have not historically participated in the Collaborative Care model.

### Quality Assurance Audits

Montgomery Cares clinics recieve onsite Quality Assurance reviews conducted by an external consulting group. These reviews occur every three years and look at clinical, human resources, and financla procedures. FY21 is the scheduled year for the routine Quality Assurance reviews.

## Request

- **$440,417 to align Montgomery Cares reimbursement with 70% of Medicaid for a projected 72,000 encounters.**

- **$155,000 to maintain Project Access level of service and restore funds previously contributed through Nexus Montgomery Hospital Collaborative.**

- **$86,300 to ensure access to Psychiatric consultation for all Montgomery Cares patients who need it.** (A minimum of $75,268 would be needed to maintain the same level of service but not expand psychiatry to new sites)

- **$70,000 to conduct needed Quality Assurance reviews.**

### Yvonne and Fadima

When Fadima's mother, Yvonne, was diagnosed with ovarian cancer she sprang into action as an advocate for her mother. After losing her sister to pancreatic cancer, Fadima was not ready to lose her mother as well. Project Access worked with Fadima, Yvonne, and clinic partners to get Yvone the care she needs. Yvonne is now receiving chemo therapy.

### Montgomery Cares

Montgomery Cares is a public-private partnership, administered by the Primary Care Coalition, that provides health care to adults who live in Montgomery County, have limited resources, and cannot get health insurance.

Ten independent safety-net health centers participate in Montgomery Cares as primary medical care providers. Specialty care, medicine access, and behavioral health services are also provided through partnerships with local hospitals, pharmaceutical companies, Catholic Charities Health Care Network, and the Primary Care Coalition's Project Access program.

### In FY19, Montgomery Cares

- **26,400** patients served in 72,500 encounters.
- **13,000** patients recieved specialty care through Project Access
- **1,800** patients recieved behavioral health care through the Montgomery Cares Behavioral Health Collaborative Care program

> "Presenting the clinical measures pushes everyone to excell and do their best to reach or surpass the clinical measure guidelines and it gives us an opportunity to think together and collaborate in a way that is very useful and very meaningful!"
>
> ~ Dr. Monica Howard, Medical Director, Proyecto Salud

ADDITIONAL NEEDS WERE IDENTIFIED PRIOR TO THE COVID-19 OUTBREAK IN OUR COMMUNITY. IN LIGHT OF THE CURRENT CIRCUMSTANCES, THE JOINT ADVOCACY GROUP HAS CHOSEN NOT TO INCLUDE BUDGET REQUESTS ASSOCIATED WITH THESE INITIATIVES.

## Healthcare for the Homeless
- **No budget impact in FY21**

## Maternity Partnership Program
- **No budget impact in FY21**

## Total Quality Management

Providers participating in the health care for the uninsured programs meet all credentialing and certification requirements.

Quality Assurance means compliance measured against certain established standards. Quality Improvement is a continuous process focused on ongoing system improvements. Both are necessary components of a comprehensive, data driven and outcomes focused quality framework.

There is significant inconsistency in the overall approach to quality improvement and quality assurance across the five health care for the uninsured programs. Montgomery Cares currently has the most robust quality program currently but other programs lack the dedicated infrastructure to support a comprehensive approach to quality through a Total Quality Management program.

**Total Quality Management is important.**
- Moral imperative to ensure high standard of care for patients
- Economic imperative to understand return on investment in programs
- Risk management imparative related to medical legal risk
- Relevance
  - Mandatory reporting on CMS Core Set in 2022
  - Medicaid Managed Care Orgainzations factor performacne on CMS Core Set into network development decisions
  - Align with County initiative for outcome-based budgeting

### Request
- **Initiate a procurement process for a Total Quality Management Program. No budget impact until FY22.**

## Quality Workgroup Recommendation/Request

The Montgomery Cares Advisory Board, Health Centers Leadership Council and Primary Care Coalition Board convened a workgroup of experts in clinical quality to assess current quality practices and make recommendations.

The recommendation of the workgorup is to initiate a procurement process for a Total Quality Management program for Care for Kids, Maternity Partnership, Dental Clinics and Healthcare for the Homeless to include the following elements.

- **Measures development.** Adapt appropriate measures for each program from existing endorsed measures sets

- **Data reporting** and aggregation for key clinical indicators using clinical data, diagnostic and billing codes

- **Data analysis.** At determined interval run reports of agreed upon measures and provide analysis

- **Shared learnings.** Measures performance reviewed at a determined interval to identify trends and opportunities for improvement

- **Quality improvement.** Technical assistance to support improvement activities/change management

- **Quality Assurance Audit.** Third party audit of all systems to identify strengths and weaknesses, provide benchmarking

## Care for Kids

| | |
|---|---|
| 1.0 FTE Care Coordinator | $64,574 |
| 1.0 FTE Client Service Specialist | $64,574 |
| Medical Services to Adjust for FY20 Deficit | $255,681 |
| **Total Care for Kids Request** | **$384,829** |

## Montgomery Cares

| | |
|---|---|
| Align Primary Care Reimbursement with 70% of Medicaid | $440,417 |
| Increase Access to Specialty Care | $155,500 |
| Assure Appropriate Access to Psychiatry | $86,300 |
| Conduct Quality Assurance Audits | $70,000 |
| **Total Montgomery Cares Request** | **$752,217** |

## Dental Clinics

| | |
|---|---|
| 0.4 FTE General Dentist | $60,000 |
| 0.4 FTE Dental Hygenist | $40,000 |
| 0.4 FTE Dental Assistant | $16,800 |
| **Total Dental Request** | **$116,800** |

## Halthcare for the Homeless

| | |
|---|---|
| Request suspended | None in FY21 |

## Maternity Partnership Program

| | |
|---|---|
| Request suspended | None in FY21 |

## Total Quality Management

| | |
|---|---|
| Initiate a procurement process for a Total Quality Management Program | None until FY22 |

## Total FY21 Request

$1.25M

# HEALTH CARE FOR THE UNINSURED

## Access

### Provides a health home for 26,400 adults and 5,600 children.

- Primary and preventive care
- Behavioral health care
- Specialty medical care
- Oral health
- Pre-natal care
- Medicine access
- 40+ primary care access points county wide

## Collaboration

### Engages 10 safety-net health centers, 5 health systems, and local government to serve vulnerable patients.

- **660** Medical volunteers
- **250** Individual volunteers
- Partners with **8+** institutions of higher learning

## Leverage

| $18M | $5.6M | $3.3M | $5.00 |
|------|-------|-------|-------|
| Pro-bono specialty care provided | Free brand name medications | Patient fees and co-pays | leveraged from every County dollar invested |

## Quality
### Medical care that exceeds national benchmarks for diabetes and hypertension

(Montgomery Cares Adult Primary Care Only)

Montgomery Cares FY2019
Benchmark*

Diabetes: Good A1c Control (<8)
Hypertension: Blood Pressure Control
Cervical Cancer Screening

*Target: Average Medicaid HMO Performance, NCQA "State of Health Care Quality 2018"
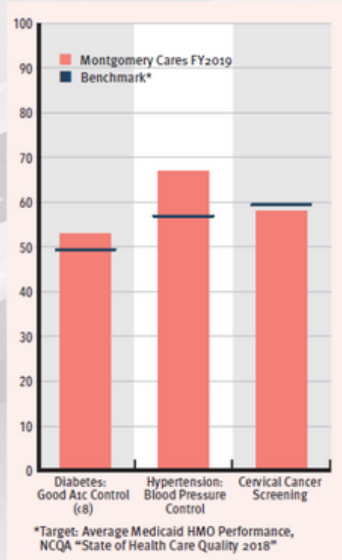
# A Community Asset Delivering Essential Services to Vulnerable Populations

## 5,640
*Patients referred to specialty care*

1,512 pediatric cases
4,125 adult cases

## 1,400
*Low income patients received needed brand name medications*

Insulin and behavioral health medications among the most needed brand name medications among our patients and among the most expensive and difficult to obtain.

## 1,800
*Adults received integrated behavioral health counseling.*

95% of all Montgomery Cares patients are screened for depression annually. Those who need it can access behavioral health counseling integrated in the primary care setting.

## 1,400
*Children with complex needs received case management*

761 cases were for short term needs. 610 cases required long-term case management from the CFK Specialty Nurse Case Manager.

## 1,381
*Healthy babies delivered*

thanks to prenatal care provided by the Maternity Partnership, out of 1,472 total mothers served in FY19

## 6,368
*People received dental services*

From county and nonprofit operated dental clinics.

# Care For Kids FY19 Patient Population
## by County Council District

primary care coalition

0    5    10
Miles

N

| District 1 - | 91 patients | Andrew Friedson |
| District 2 - | 988 patients | Craig Rice |
| District 3 - | 1,399 patients | Sidney Katz |
| District 4 - | 1,850 patients | Nancy Navarro |
| District 5 - | 1,252 patients | Tom Hucker |

At Large    Gabe Albornoz
            Evan Glass
            Will Jawando
            Hans Riemer

Total: 5,580 patients *

Damascus
Olney
Gaithersburg
Rockville
Potomac
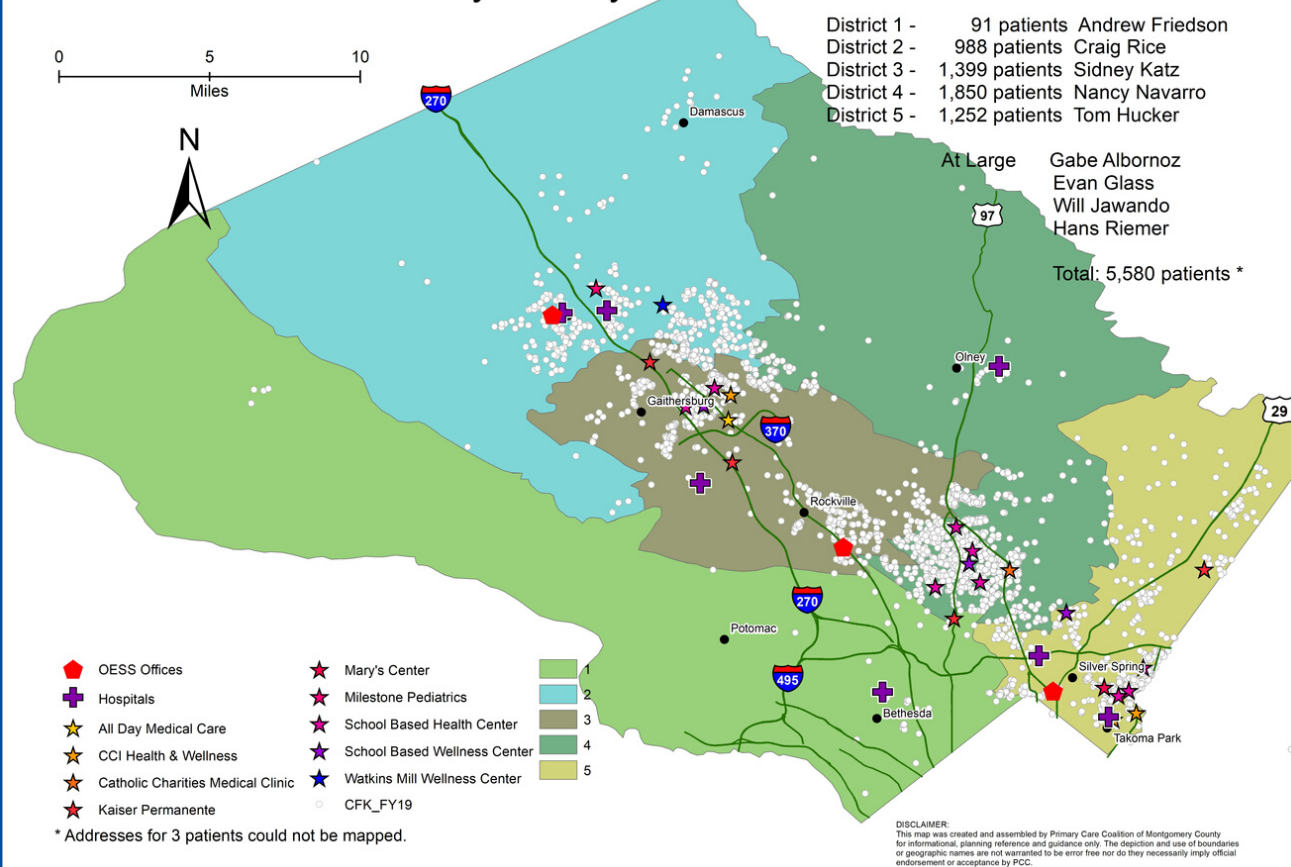Bethesda
Silver Spring
Takoma Park

- ⬟ OESS Offices
- ✚ Hospitals
- ★ All Day Medical Care
- ★ CCI Health & Wellness
- ★ Catholic Charities Medical Clinic
- ★ Kaiser Permanente
- ★ Mary's Center
- ★ Milestone Pediatrics
- ★ School Based Health Center
- ★ School Based Wellness Center
- ★ Watkins Mill Wellness Center
- ○ CFK_FY19

1
2
3
4
5

* Addresses for 3 patients could not be mapped.

DISCLAIMER:
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# Montgomery Cares FY19 Patient Population
## by County Council District

primary care coalition

0    3    6 Miles

N

| District 1 - | 744 patients | Andrew Friedson |
| District 2 - | 5,333 patients | Craig Rice |
| District 3 - | 4,985 patients | Sidney Katz |
| District 4 - | 8,869 patients | Nancy Navarro |
| District 5 - | 6,491 patients | Tom Hucker |

At Large    Gabe Albornoz
            Evan Glass
            Will Jawando
            Hans Riemer

Total: 26,422 patients*

Damascus
Olney
Gaithersburg
Rockville
Potomac
Bethesda
Silver Spring
Takoma Park

- ✚ Hospitals
- ☆ Dental Care
- ★ Primary Care
- ★ Specialty Care
- • Patients

- Dist. 1
- Dist. 2
- Dist. 3
- Dist. 4
- Dist. 5

* Map includes data from 10 Montgomery Cares-participating clinics.
Addresses for 93 patients could not be mapped.

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