



ASSESSING PRINCE GEORGE'S COUNTY HEALTHCARE AND SOCIAL NEEDS AND 10+ YEAR INVESTMENT STRATEGY

Prince George's County, Maryland

Final Report

Presented October 11th, 2023

1. Executive Summary

Prince George's County has vast gaps in healthcare infrastructure, including:

- **~1,050 physician deficit**, with over 50% of the gap attributable to primary care.
- **~475 hospital bed deficit**
- **Geographic inequities** in access, infrastructure, and investment, particularly in the Inner Beltway region

As a result of these vast healthcare infrastructure gaps, **Prince George's County residents seek ~42% of their healthcare needs outside the county.**

Recommendation: Health providers, payors, and elected county and state leaders must **create a partnership that provides the foundation for a multiphase, sustained \$2.24 billion investment** to improve access to care, reduce social health inequities, proactively engage and treat patients for targeted disease states, and build healthcare infrastructure for present and future generations. The investment, detailed in Figure 2, is divided into three phases.

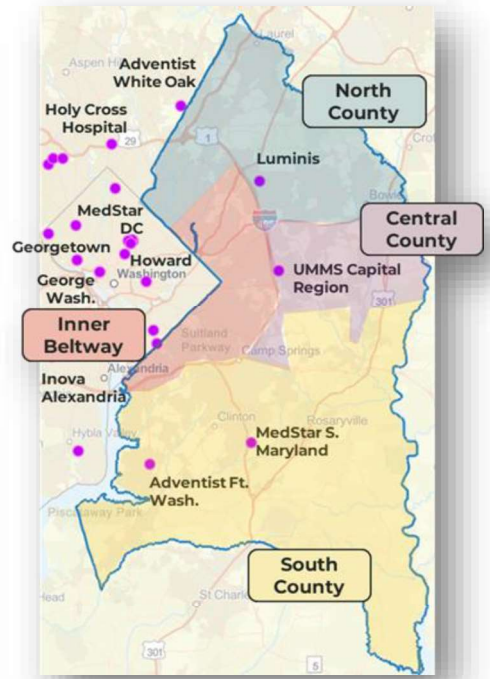


Figure 1. Regions and hospitals of Prince George's County, MD.

1. **Phase I: Short-Term (0-3 years): ~\$276 million.** Investments in priority service lines based on the county's most significant care volumes, out-migration, and physician gaps.
2. **Phase II: Medium-Term (3-10 years): ~\$983 million.** Investments to begin expansion of additional healthcare and social services infrastructure that require increased or intensive capital.
3. **Phase III: Long-Term (10+ years): ~\$983 million.** Investments to ensure all county residents have accessibility — both through mitigating social barriers and increasing capacity — to healthcare infrastructure on par with peer Marylanders.

| | North County (Pop: 312,991) | Inner Beltway (Pop: 302,074) | Central County (Pop: 110,313) | South County (Pop: 251,499) | Prince George's County (Pop: 976,877) |
|---|--------------------------------|---------------------------------|----------------------------------|--------------------------------|---|
| Short-Term (0-3 Years) <i>Service Lines With Highest Volume, Out-Migration + Physician Gaps</i> | \$69.4M | \$147.2M | \$7.7M | \$51.7M | \$276.0M |
| Medium-Term (3-10 Years) <i>Begin Expansion Of Additional Services And Infrastructure</i> | \$230.2M | \$578.3M | \$11.6M | \$163.0M | \$983.1M |
| Long-Term (10+ Years) <i>Expanded Infrastructure On Par With All Marylanders</i> | \$230.1M | \$578.3M | \$11.5M | \$162.9M | \$982.8M |
| | \$529.7M | \$1,303.8M | \$30.8M | \$377.6M | \$2.24B |

Figure 2. Prince George's County healthcare infrastructure investment by phase and county region.

1.1 Background

Prince George's County Executive's Office (Maryland) contracted Huron in 2023 to assist county leadership with a comprehensive healthcare needs assessment using industry-leading data sets (see Figure 3) and financial modeling considerations.

For too long, Prince George's County has taken a piece-meal approach in response to meeting the county's healthcare and social needs. Accordingly, **this assessment sets the stage for Prince George's County to define its overall county needs and identify the investment and partners best positioned to meet each need.** This is the **first comprehensive assessment of its kind in the State of Maryland.**

Huron convened two workstreams to meet Prince George's County objectives:

1. **Healthcare Needs Assessment** — assess the demand for health and social services across the full continuum of care and create a detailed action plan to address the identified gaps preventing county residents from having convenient access to comprehensive care options.
2. **Feasibility Study** — analyze the county's healthcare needs assessment output to determine the recommended action plan's expected cost and financial return on investment.

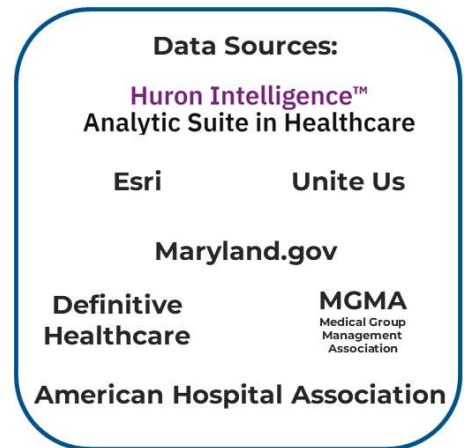


Figure 3. Huron used various data sources to complete the county's assessment.

How is this different than previous assessments?

Using data, we quantified county needs to ensure the highest priority needs are being addressed *and* appropriately resourced.

What comes next?

Drive coordinated healthcare improvement across partnerships at the county, state, provider, and payor levels by launching a comprehensive, measurable, and sustainable initiative to make our citizens healthier and spend less on healthcare for years to come.

1.2 Project Approach

Huron used a data-driven approach to evaluate, prioritize, and quantify relevant clinical and social needs to inform a detailed financial analysis for Prince George's County, detailed in Figure 4.



Figure 4. The County receives a data driven approach and key activities for their healthcare needs assessment and financial analysis.

These various data-informed findings and activities were integrated to tell a comprehensive story of what healthcare and social infrastructure gaps exist in Prince George's County, identify the highest priority needs, and quantify the total healthcare and social investment needed. This investment was further segmented to provide a pragmatic allocation of capital over the coming years and ensure that the investments are best apportioned to the specific needs of each county region. Each activity and the associated data inputs used are illustrated in Figure 5.

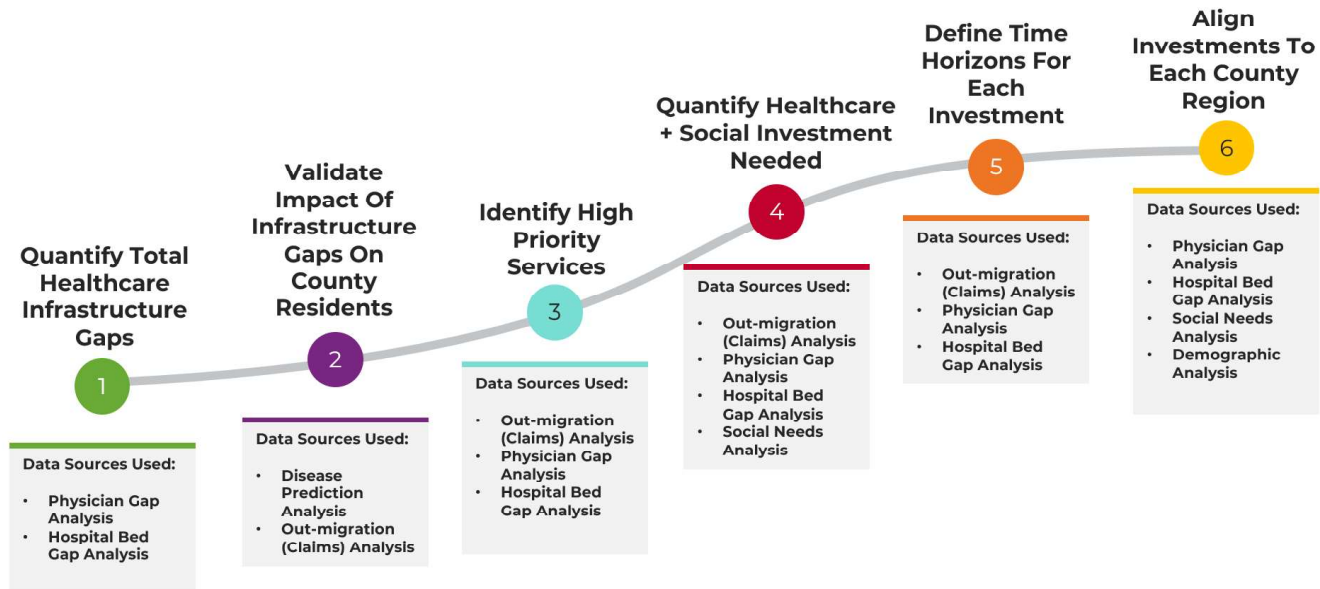


Figure 5: Prince George's County's overall project trajectory integrates different data sources into an overall recommended healthcare and social infrastructure investment strategy.

1.3 Results and Findings

Despite the highly educated and relatively affluent population, needs and priorities vary vastly across regions of Prince George’s County and highlight health inequities within the community.

We segmented the analyses and recommendations by clinical services, intervention type, location, and social infrastructure, detailed below:

1. **Clinical Services** — Which clinical specialties are in the highest demand by Prince George’s County’s communities?

The following specialty areas were consistently highlighted as critical to county residents:

- a. Cardiovascular
- b. Pulmonology
- c. General surgery
- d. Obstetrics (OB) and gynecology (GYN)
- e. Psychiatry and substance abuse
- f. Primary care

2. **Intervention Type** — How can the identified gaps be addressed to improve health outcomes?

The potential capital investments include the types noted below, which are referenced throughout Huron’s findings:

- a. **Outpatient (OP) Investments:**
Investments driven by gaps in physicians and associated clinic space.
- b. **Inpatient (IP) Investments:**
Investments driven by gaps in physicians and associated hospital beds.
- c. **Primary Care Investments:**
Investments driven by gaps in physicians and social needs.
- d. **Social Needs Investments:**
Investments in access to transportation, housing, and food that impact health outside of the hospital setting.

3. **Location** — Given the inequitable distribution of healthcare needs across Prince George’s County, Huron collaborated with county leadership to segment the analysis into four regions, shown in Figure 6.

- a. North County
- b. Inner Beltway
- c. Central County
- d. South County

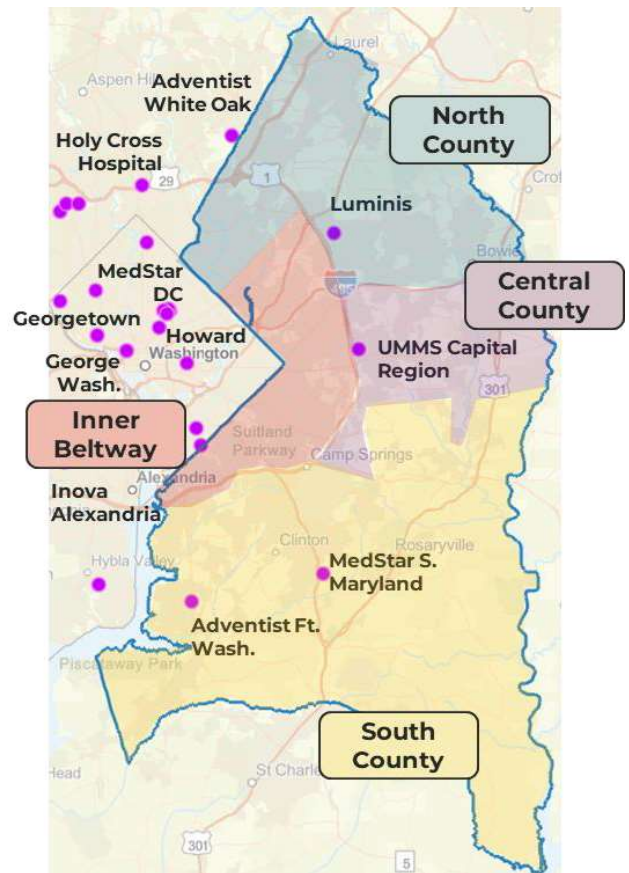


Figure 6. We analyzed four key regions in Prince George’s County. See Appendix A for zip-code level mapping and definitions.

4. **Social Infrastructure** — How can social needs, which have an outsized impact on individual and community health, be addressed to reduce the burden on healthcare infrastructure and improve the quality of life for Prince George’s County residents?

The three social needs identified for intervention include the below, which will be referenced throughout Huron’s findings:

- a. Transportation insecurity: The lack of reliable transportation or easy public transportation to satisfy non-emergency transportation needs.
- b. Housing quality: The presence of health risks in the home/residential building where an individual resides, e.g., lead paint, mold, inadequate cooling or heating, high radon levels, etc.
- c. Food insecurity: The inability or difficulty accessing and/or affording healthy food or enough food, frequently because of limited funds or residence in a food desert.

Where relevant, we accounted for future projected needs for clinical resources such as physicians and beds to determine the size and priority of investments. However, **well over 90% of all healthcare and social infrastructure gaps and associated investments are attributable to existing gaps as opposed to future needs.**

1.3.1 Key themes

Huron identified five key themes through our assessment of the county’s healthcare landscape, detailed in Figure 7. While these themes of health inequity, physician shortages, and specialty demand exceeding local supply are largely in line with trends across the United States, they are more significant than expected, given the overall affluence, accessibility, and population concentration of Prince George’s County. The county also has larger gaps across almost all healthcare and social indicators evaluated relative to the state of Maryland, the neighboring county, and the District of Columbia.



Figure 7. The healthcare needs assessment revealed overall themes of health inequity, physician shortages, and specialty demand exceeding local supply.

1.3.2 Investment By Region

Significant gaps in county healthcare infrastructure require multiple phases of sustained investment. The **~\$2.24 billion investment is intentionally prioritized and segmented into three phases over the next 10+ years, given the magnitude of the investment needed**, as noted below.

- **Phase I: Short-Term (0-3 years): ~\$276 million.** Investments in priority service lines based on the county's most significant care volumes, out-migration, and physician gaps.
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- **Phase III: Long-Term (10+ years): ~\$983 million.** Investments to ensure all county residents have accessibility to healthcare infrastructure on par with peer Marylanders.

Huron used detailed data regarding physician gaps, hospital bed gaps, primary care gaps, and social needs to calculate the investment amount. The ~\$2.24 billion investment **increases healthcare equity across regions of Prince George's County and the state of Maryland, especially in North County, Inner Beltway, and South County.**

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Figure 8. Prince George's County can improve citizens' access to healthcare and increase healthcare equity through targeted investments by region phased over 10+ years.