

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT



Board of Health Meeting
Ernest Carter MD PhD
March 7, 2022

Health Officer Updates

Brief Overview of the Mission of Agency

In 1920, Dr. Charles Winslow defined public health as “the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals

The broader current definition of the public health system offered by the Institute of Medicine report, *The Future of the Public's Health in the 21st Century*, calls for significant movement in “building a new generation of intersectoral partnerships that draw on the perspectives and resources of diverse communities and actively engage them in health action” (Institute of Medicine. (2002). *The Future of the Public's Health in the 21st Century*. Washington, DC, The National Academies Press).

The **mission of Prince George's County Health Department** is to:

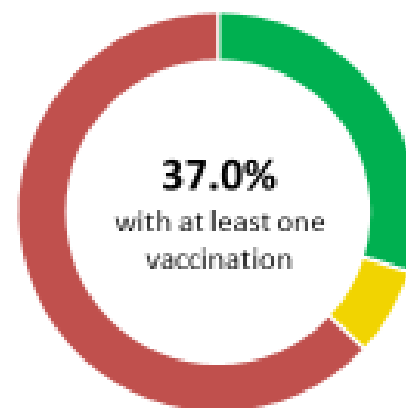
Protect the public's **health**. Assure availability of and access to quality **health** care services. Promote individual and community responsibility for the prevention of disease, injury and disability.

COVID-19 Community Level and Vaccination

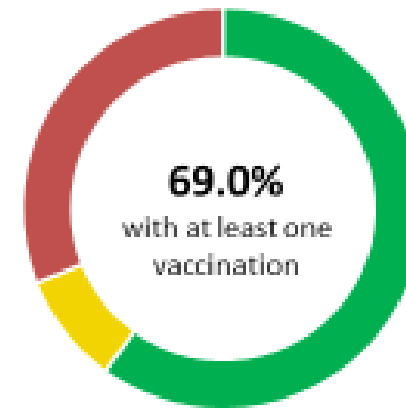
Per the new [CDC COVID-19 Community Levels](#) and the [Maryland Department of Education](#), people with COVID-19 symptoms, a positive test, or exposure to someone with COVID-19 should follow CDC guidance for isolation and quarantine and wear a mask regardless of the COVID-19 Community Level. According to the CDC, [vaccination](#) is considered the leading prevention strategy for those who are eligible.

	CDC 7-day Metrics: Prince George's County	CDC Transmission Level*
New Cases per 100,000 persons in the past seven days (cumulative)	55.87* (2/22/22-2/26/22)	Low (<200)
New COVID-19 admissions per 100,000 population (7- day total)	5.7 (as of 2/25/22)	Low (<10.00)
Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	6.00% (as of 2/25/22)	Low (<10.00)

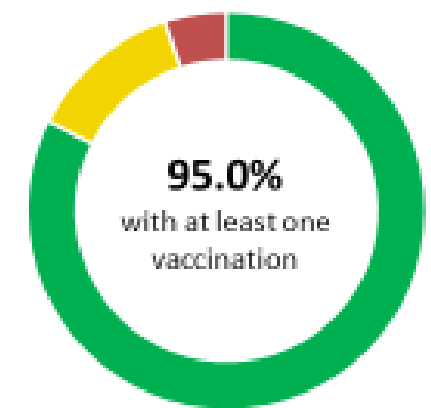
Resident Vaccination Status
Ages 5-9 Years**



Resident Vaccination Status
Ages 10-19 Years**



Resident Vaccination Status
Population Ages 12+*



■ Completed ■ Partial ■ Unvaccinated

*CDC data reported from [CDC COVID Data tracker](#) and [COVID-19 Community Levels](#), accessed 3/3/22

** Local vaccination data reported as of 3/1/2022

Major Areas of Focus and Objectives (shifted*)

*FY22 Q4 (04/2022 – 06/2022)

Recovery

Administrative Areas

- Get workforce back on track after COVID exhaustion
- Integrate ICS into HD by initializing ID unit
- Hire and stabilize leadership positions
- Implement management controls and improve communications
- Preparing to return to HD strategic planning process

Programmatic Areas (population health model)

Diabetes & Hypertension: TLC-MD planning and boost Prevention Link

Maternal & Child Health: begin Planning

- School immunization & COVID vaccination integration
- Collaborate with TLC-MD & GW for Maternal Morbidity and Childhood
- Asthma funding from HSCRC

Behavioral Health:

- Crisis Response, Opioids
- Seek opportunities to establish a full continuum of behavioral health services within the county
- Continuing work with Luminis and TLC-MD – Crisis Center

Infectious Disease: Continue efforts in HIV elimination, continue contact tracing for reportable conditions, scheduling rabies vaccine

Environmental Health: Normalizing operations, returning to routine food safety inspections and outdoor pool inspections

*FY23 Q1 (7/2022 – 9/2022)

Stabilization

Administrative Areas:

- Reduction of Work force vacancies
- Boost Emergency Preparedness and response
- Re-launch HD strategic planning process
- Begin Community Health Assessment process
- EPIC and PHIN fully implemented

Programmatic Areas(population health model)

- Expansion of Health Equity, Literacy and Policy

Diabetes: expand DPPs and community outreach

Maternal Child: Introduce expanded areas

- Continue collaboration with TLC-MD and State in Maternal Morbidity and Childhood Asthma – extend partnerships/contracts
- Continue School immunizations and expand COVID/FLU vaccination

Behavioral Health:

- Continue planning with TLC
- Increase efforts to ensure first responders can adequately respond to and save a life of someone experiencing an opioid overdose

Infectious Disease: Expand Contact Tracing – partnership

Integration of Social Services and Family services into HD projects

Enhance and Stabilize Public Health Preparedness

Major Areas of Focus and Objectives

***FY23 Q2 (10/2022 – 12/2022)**

Expansion

Administrative Areas

- Continue to reduce workforce vacancies
- Continue to improve performance management
- Continue major planning efforts, including strategic planning and the community health assessment

Programmatic Areas (population health model): expansion of Health Equity, Literacy and Policy

Diabetes: TLC-MD Diabetes implementation and PreventionLink sustainability plan

Maternal Child:

- Outreach and implementation
- COVID vaccination expansion
- Collaborate with TLC-MD for Maternal Morbidity and Childhood Asthma funding from HSCRC: continue county wide implementation

Behavioral Health:

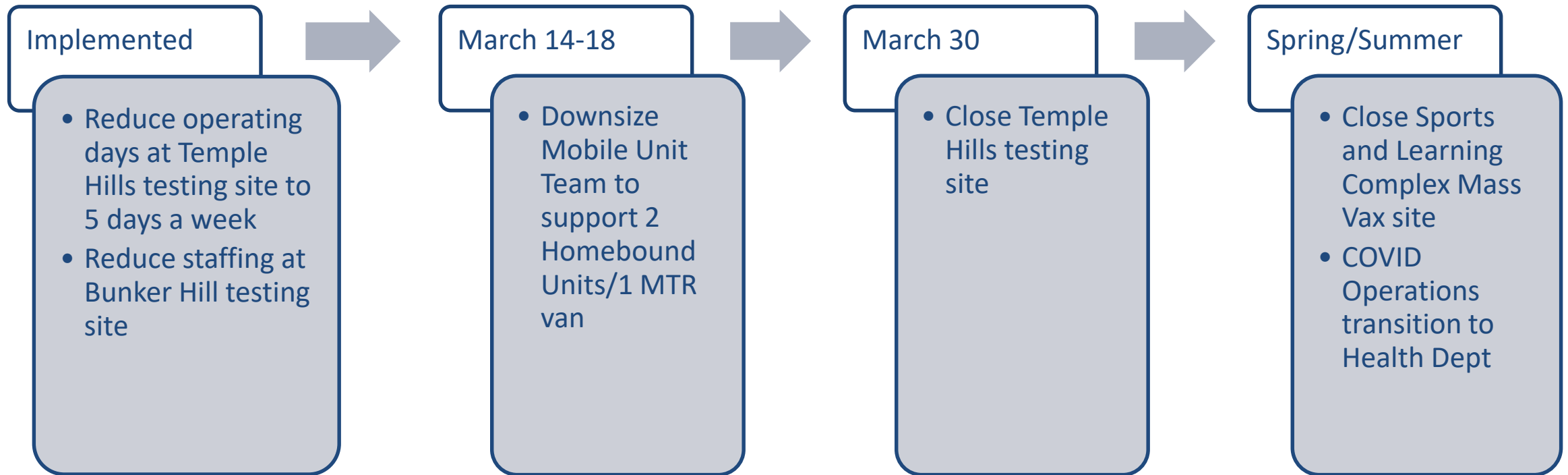
- Crisis Response
- Continue to seek opportunities to establish a full continuum of behavioral health services within the county

Infectious Disease: Continue efforts in HIV elimination, contact tracing

COVID-19 Operational Transition Timeline

In the next few months:

- Several COVID-19 response operations will scale down or demobilize entirely
- ICS will demobilize, COVID-19 operations will be managed in a new Communicable Disease and Emergency Preparedness Unit within the Health Department



Statewide Goals Across Three Domains

Hospital Quality

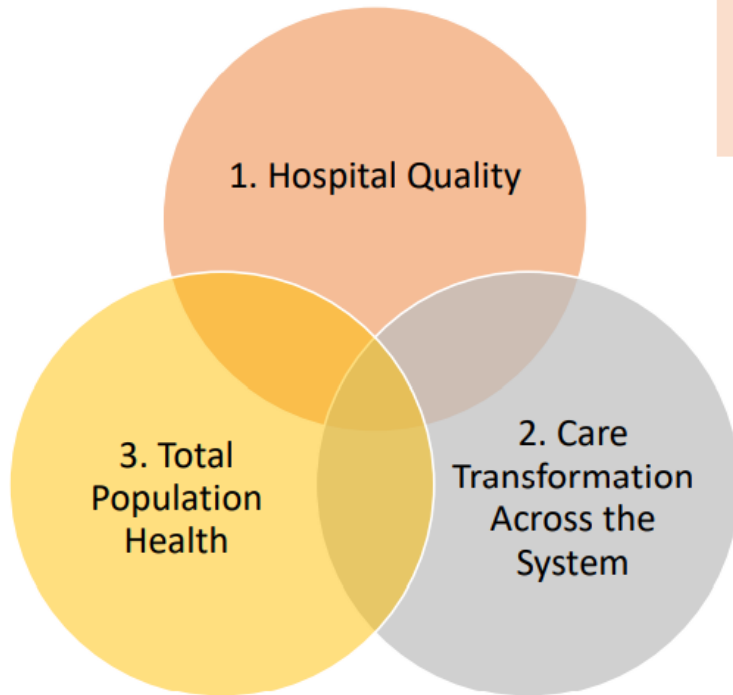
- Reduce avoidable admissions
- Improve Readmission Rates by Reducing Within-Hospital Disparities

Care Transformation Goals

- Increase the amount of Medicare TCOC or number of Medicare beneficiaries under value-based care models*
- Improve care coordination for patients with chronic conditions

Total Population Health Goals

- Priority Area 1 (Diabetes): Reduce the mean BMI for adult Maryland residents
- Priority Area 2 (Opioids): Improve overdose mortality
- Priority Area 3 (Maternal and Child Health Priority Area):
 - Reduce severe maternal morbidity rate
 - Decrease asthma-related emergency department visit rates for ages 2-17

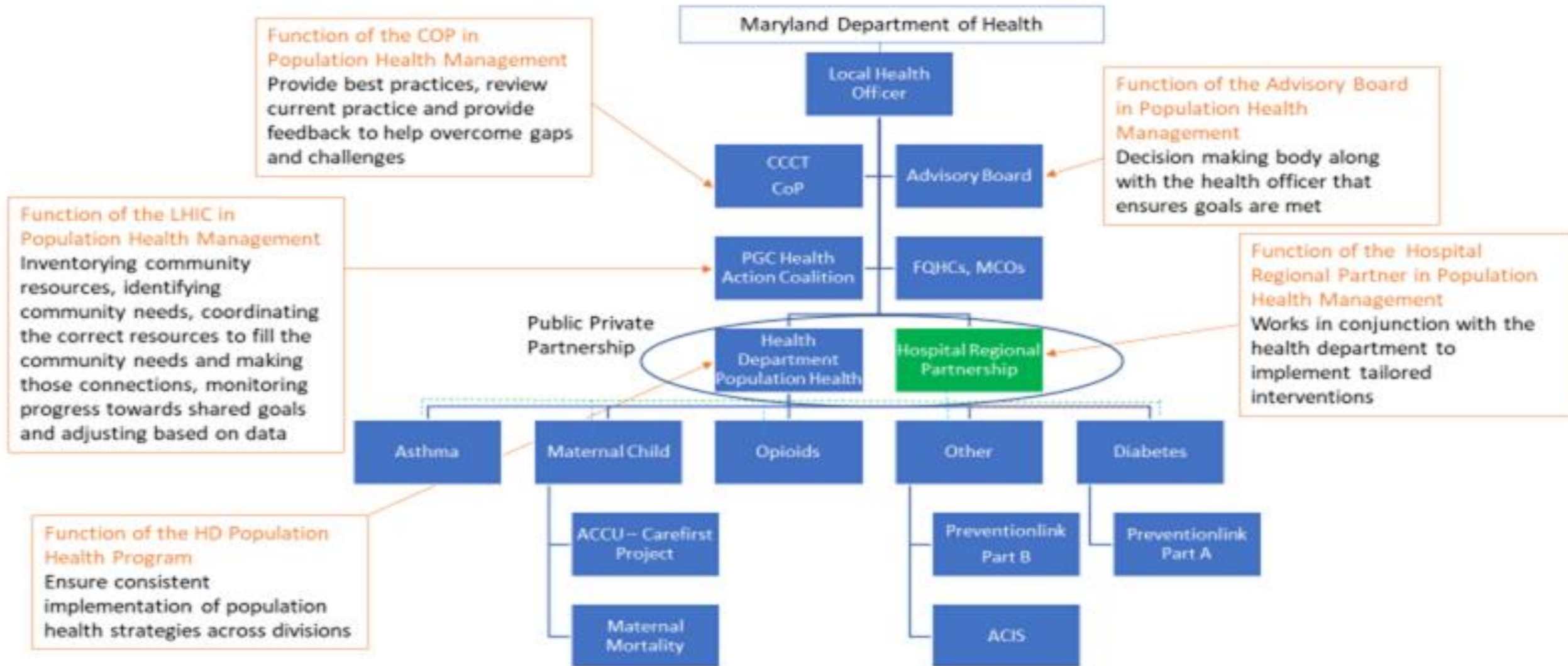


Goals of a Public Health Population Health Management

- Public Health Departments manage the entire population in their jurisdiction
 - Identify community needs, available resources, and gaps
 - Make connections between community needs and resources
 - Report on progress towards achieved shared goals
- Create an effective, sustainable and replicable model
- Create flexibility to quickly interpret and integrate multiple systems data into actionable population health management processes – public utility of population health
- Achieve maximum quality of health with minimal cost for targeted populations



Public Health Population Health Management Structure



OMH Grant: Health Leap (Health Literacy)

- \$4M, 2-yrs. - HHS, Office of Minority Health Grant for Health Literacy
 - Completed primary research/focus groups and final focus group findings report/summary;
 - 95% contracts finalized with partner organizations (Bowie State University, The Maryland Center at Bowie State University, The Healthcare Alliance, CASA de Maryland, SRB, Prince George's Healthcare Action Coalition); Morgan State University pending

CDC Grant: Community Health Integrated Services System (CHISS)

- \$9M, 3-yrs. – Center for Disease Control (CDC), Office of the Director
 - Established Community Health Worker (CHW) Work Group
 - Began collaboratives w/ community and government partners for dissemination of COVID-19 vaccination information and test kits;
 - Partners: The Healthcare Alliance, CASA de Maryland, AWPLI, Prince George's Healthcare Action Coalition. Prince Georges' Community Care Coordination Team (CCCT)

Pathways for Health Equity Grant

(Response to Maryland Health Equity Resource Act)

- \$1.7M, 2-yrs. – Maryland Community Health Resources Commission (CHRC)
 - Develops and establishes and intervention of the Resource Act which are:
 - Reduce health disparities
 - Improve health outcomes
 - Improve access to primary care
 - Promote primary and secondary prevention services
 - Reduce healthcare costs and hospital admissions and readmissions
 - PGC HD will utilize CHWs to conduct community outreach, facilitate linkage to care through care coordination and promote appropriate utilization
 - Multiple partners including Housing Authority, DSS, DFS, FQHCs, all PGC Hospital Systems, care coordination organizations, and others.

Health Assures Update

Health Assures Eligibility Criteria

- Uninsured
- Not eligible for Medicaid or other subsidized programs
- Income at or below 200% Federal Poverty Level
- Prince George's County resident

Health Assures Services/Rates

- \$180 Fixed rate for medical and dental visits to cover care management, lab, and radiology
- \$90 Fixed rate for follow up prenatal checks
- \$90 Fixed rate for ultrasound procedure
- \$90 Fixed rate for behavioral health visits
- \$90 Fixed rate for all telehealth visits

Health Assures FY22 Update

- \$2.8 million for uninsured patient visits
 - Not including \$250,000 General Fund for program administration
- **Entire fund expended by early December 2021**
 - Less than 6 months
- Projected actual expenses will exceed \$6 million based on current Health Assures program criteria

FY22 Expenditures

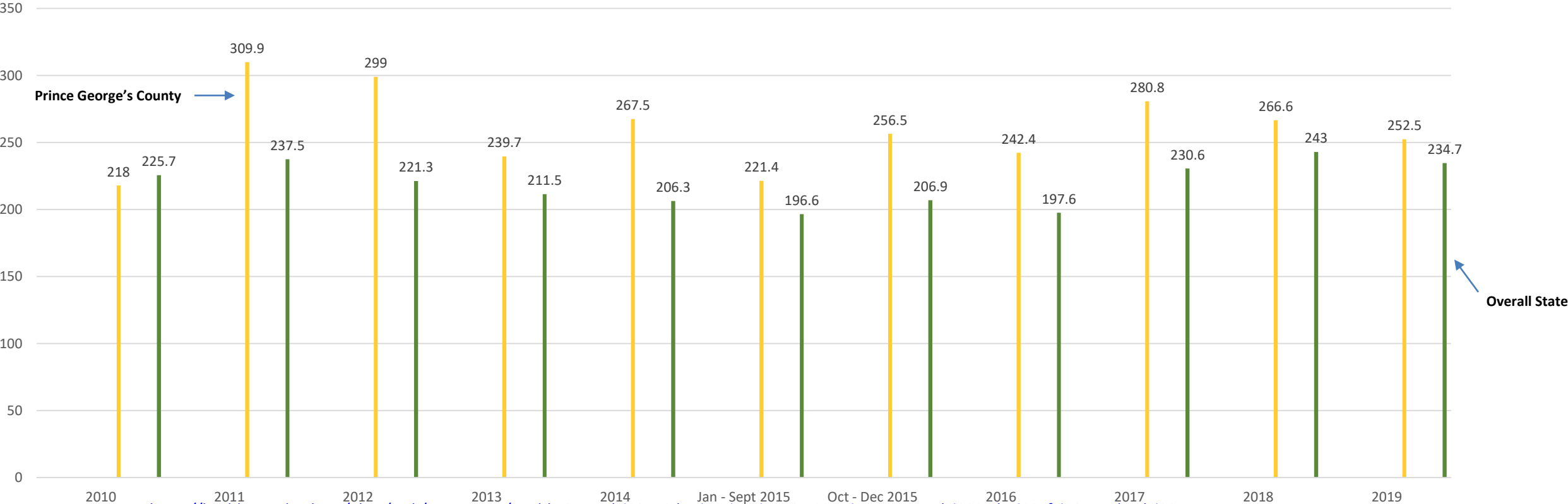
FQHC Name	Eligible Expenses <i>July-November</i>
CCI	\$ 987,660
EECH	\$ 29,430
FMCS	\$ 29,340
GBMS	\$ 376,080
LCDP	\$ 183,420
MC	\$ 976,680
Total	\$ 2,582,610

Remaining \$217,390 will be split among centers for their December visits in accordance with their % of overall uninsured expenses submitted

Maternal Child Health

Maternal Morbidity in Prince George's County

Severe Maternal Morbidity Dashboard



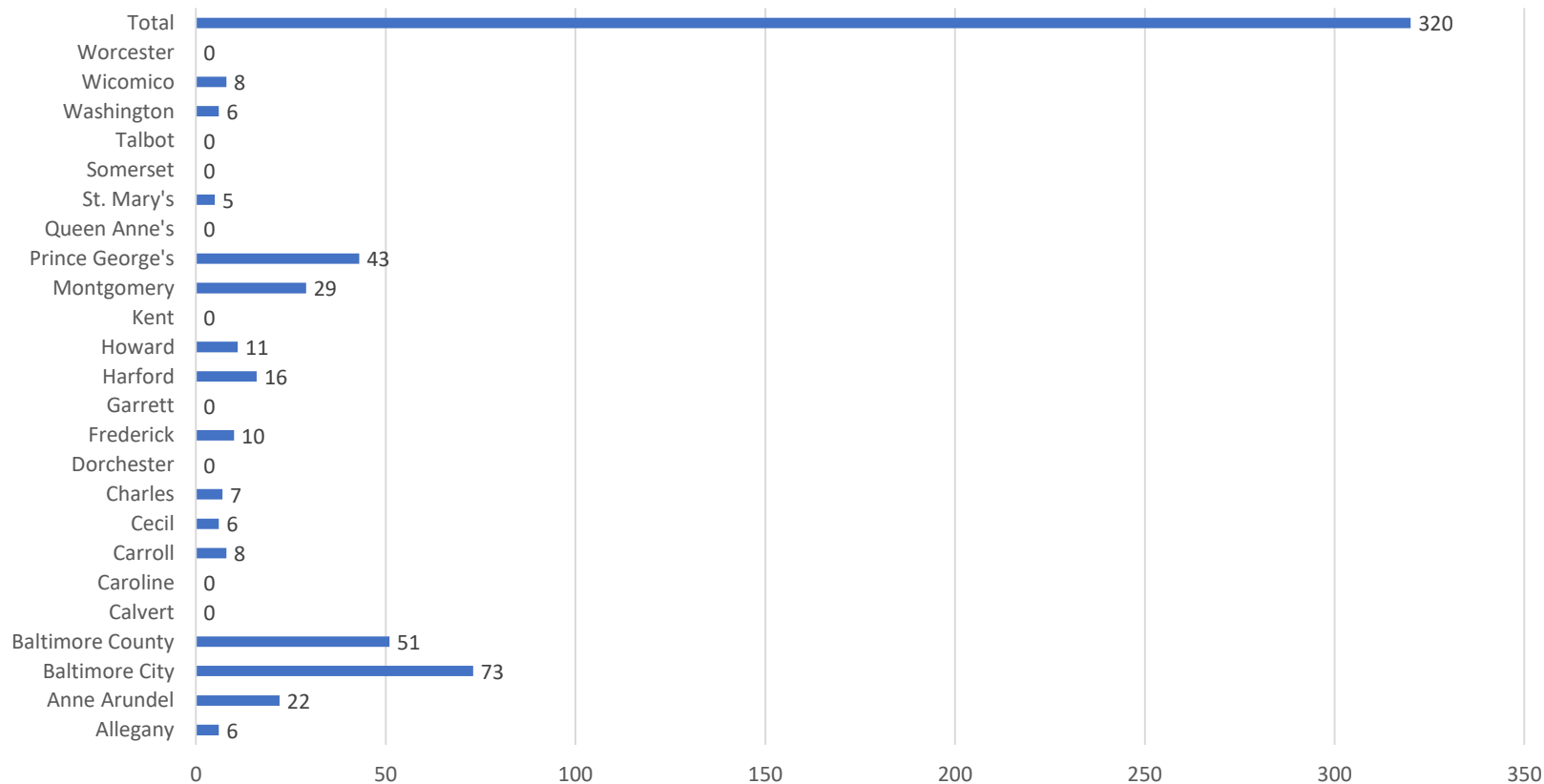
<https://health.maryland.gov/phpa/mch/Documents/Health-General%20Article,%20C2%A713-1207,%20Annotated%20Code%20of%20Maryland%20-%202019%20Annual%20Report%20%E2%80%93%20Maryland%20Maternal%20Mortality%20Review.pdf>



**HEALTH
DEPARTMENT**
Prince George's County

Maternal Mortality in Prince George's County

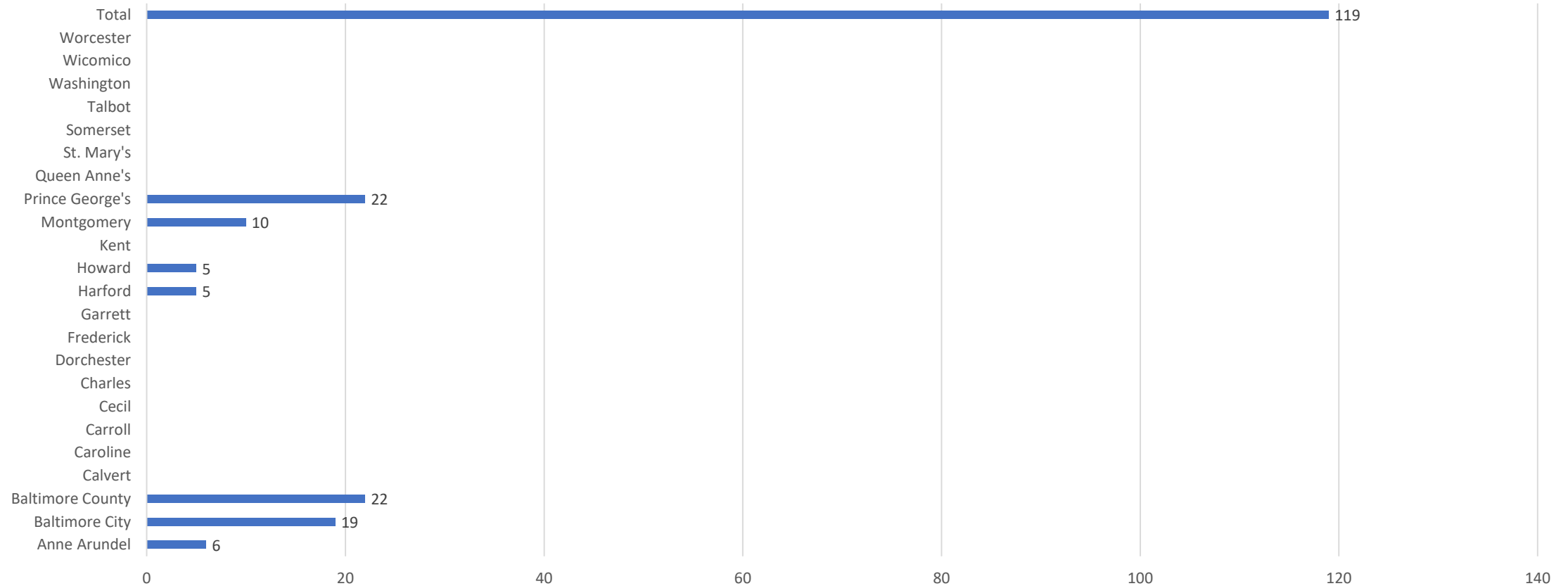
Pregnancy Associated Deaths 2010-2017



Pregnancy-associated death: Death of a woman while pregnant or within 1 year of pregnancy conclusion, irrespective of the duration and site of pregnancy, regardless of the cause of death. Cells based on fewer than 5 deaths are suppressed. Multiple years are aggregated due to suppression restrictions. Data is displayed only for the available years.

Maternal Mortality in Prince George's County

Pregnancy Related Deaths: 2010-2017



Pregnancy-related death: Death of a woman while pregnant or within 1 year of conclusion of pregnancy, irrespective of the duration and site of pregnancy, from any cause related to or aggravated by her pregnancy or its management, but not from accidental or incidental causes. Cells based on fewer than 5 deaths are suppressed. Multiple years are aggregated due to suppression restrictions. Data is displayed only for the available years.

Prince George's County Maternal Child Health Program

Current Program/Services

- Clinical Services
 - Well woman and problem focused exams
 - Pregnancy testing and OB referrals
- Care Coordination
 - OB referrals
 - Home Visiting (Healthy Beginnings: funded by MDH)
 - The Healthy Beginnings Care Management Program offers services to support a healthy pregnancy and healthy baby through early intervention to pregnant and parenting “at- risk” mothers, infants and children (up to 2 years old) who live in Prince George’s County.
 - Several entry points: hospitals, health providers, CHWs, CBOs, FBOs, County Agencies etc.....

Prince George's County Maternal Child Health Program

Planned Expansion/Future Services

- **Maryland Maternal Opioid Mortality program (MOM)**
 - **Background:** Eight states are participating in a five-year demonstration from the Center for Medicare and Medicaid Innovation (CMMI)
 - **Intervention:** Maryland's MOM model funds Medicaid managed care organizations (MCOs) to provide enhanced case management services to pregnant and postpartum Medicaid participants who have opioid use disorder.
 - **Timeline:** CMMI demonstration ends in December 2024; Maryland Medicaid has committed to continuing after the culmination of the demonstration period.
 - **Expansion:**
 - The MOM model was originally slated for statewide implementation; the state scaled back to a one-county pilot and launched the model in **St. Mary's County**.
 - The road back to statewide:
 - July 2021-June 2022: Pilot program in St. Mary's County
 - July 2022-December 2022: Ramp-up in selected counties, to be determined by MCOs
 - January 2023 and beyond: Statewide implementation

Prince George's County Maternal Child Health Program

Planned Expansion/Future Services

- **Doula Pilot Program (Medicaid Reimbursement)**

Eligibility

- Maryland Medicaid member
- Pregnant, or have been pregnant within the last 180 days
- Get a referral from your doctor, or other licensed clinician, like a social worker or nurse practitioner.

- **GW Collaboration (Center of Excellence)**

- The Center will provide educational, training and research opportunities for faculty and students, as well as agencies, organizations, and communities in Washington, D.C.
- Evaluate outcomes of MCH programs to establish and promote improved maternal child health and wellbeing with a focus on Black Maternal Health