

Prince George's County Board of Health: Expanding Primary Care Access

Howard University Faculty Practice Plan

Vincent Orange Jr., MBA, MHA - Chief
Executive Officer

Leslie Jones, MD – Chief Medical Officer

Howard Faculty Practice Plan Executive Leadership Team



BS, Biology Morehouse College

Master Health Administration
George Washington University

Master Business Administration
Georgetown University

20 + Years Leadership Experience

- Rutgers/RWJBH
- University of Virginia
- John Hopkins Health System
- GW Medical Faculty Associates
- MedStar Health, Inc.
- Unity Health Care, Inc.

**Vincent Orange Jr.,
MHA, MBA**
Chief Executive Officer



BA, University of Virginia

Doctor of Medicine, Howard
University

Residency in Ophthalmology, Howard
University Hospital

Fellowship in Glaucoma, Wills Eye
Hospital

Clinical Associate Professor & Chair,
Department of Ophthalmology

Past recipient, American Glaucoma
Society Clinician-Scientist Award

Research in glaucoma therapies,
genetic epidemiology, and simulation-
based training

25+ years of clinical and leadership
experience at Howard University

Leslie Jones M.D.
Chief Medical Officer

Agenda

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County

Overview

The Problem That Must Be Solved :
Prince George's County Board of Health

"Improving access to primary care is one of the Board of Health's top priorities and we seek to get a better understanding as to what are the barriers in increasing access to primary care and what can be done to address the existing deficit."

Howard Faculty Practice Plan's response is the following :

- ★ Prince George's County must partner with a healthcare entity that intimately understands the care and socioeconomic concerns for its residents.
- ★ The proposed partner must have a business model, that is committed to hiring primary care physicians that will practice in the County, as well as bring the County to the national physician per capita standards.
- ★ The proposed partner must be committed to the community and have a lasting presence.
- ★ The proposed partner must be prepared to invest in service lines that mirror the clinical needs of the county, in addition to primary care.
- ★ The proposed partner must be committed to employment pipelines in the county, that provide physician support and long-term career growth for county residents.
- ★ The proposed partner must provide culturally competent care.

Prince George's County

Health & Demographic Needs Assessment



Prince George's County – Population Analysis

Based on the Prince George's County Community Health Assessment, we recognize county residents face the following health outcomes – Howard University is here to care for residents:

Health Outcomes

Obesity (~50% of Adults)

Diabetes (~12% prevalence)

Maternal Health Disparities

Cancer

Behavioral Health and Substance Use

Howard University



Bariatric Medicine/Surgery



Diabetes Treatment Center



OBGYN + Fibroids Robotic Surg. Specialist



Oncology + Breast, Prostate Specialist



Psychiatry + Behavioral Health



Prince George's County – Healthcare Needs Assessment

- Deficit of ~1,050 physicians, more than half attributed to primary care
- Deficit of ~475 hospital beds, with 78% fewer beds per 1,000 residents than the U.S. average
- ~42% of care is sought outside the County, signaling lack of local capacity
 - *Indirectly costing economic development and job creation*
- Nearly half of adults (~265,000 residents) live in medically underserved areas

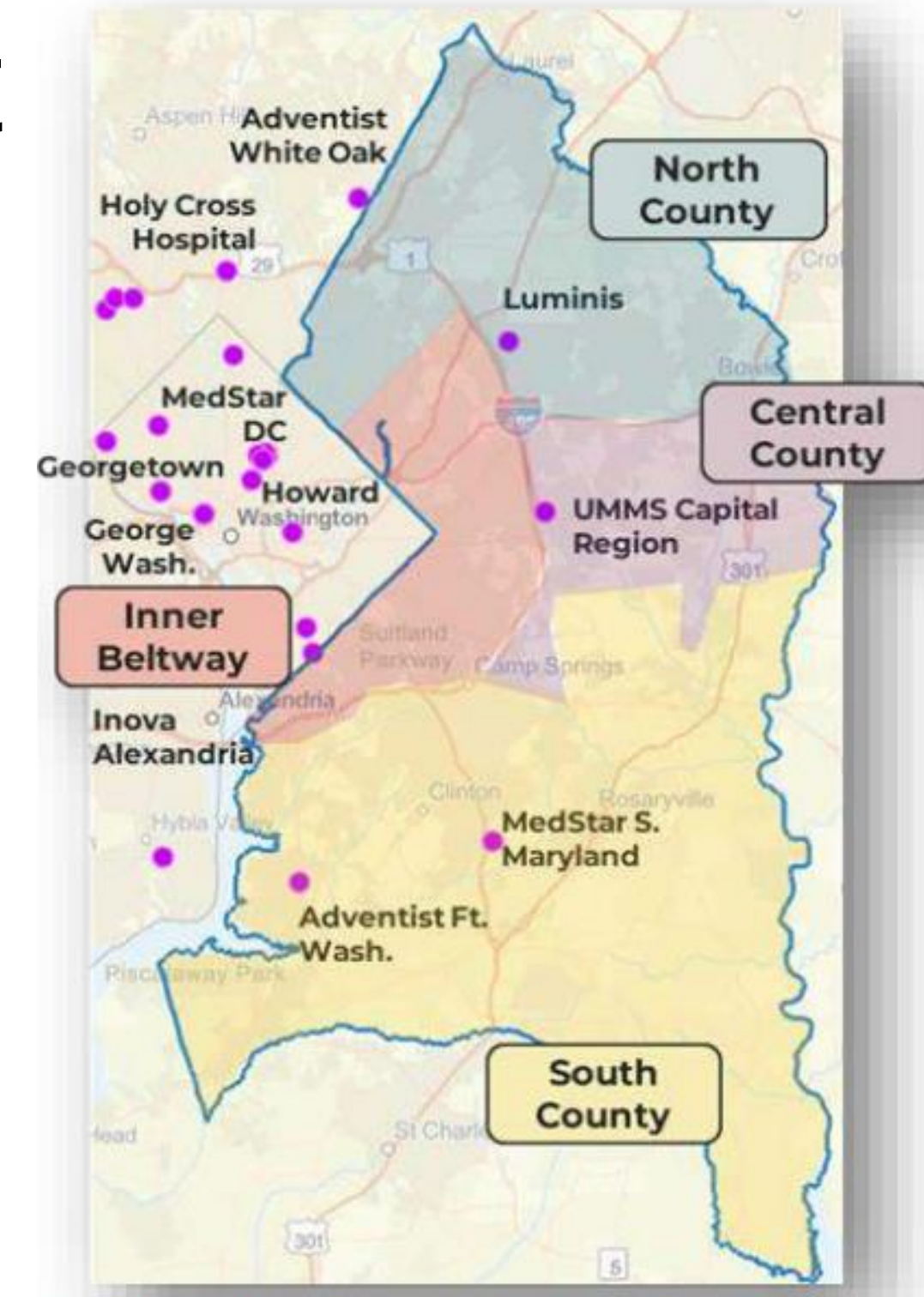


Figure 1. Regions and hospitals of Prince George's County, MD.

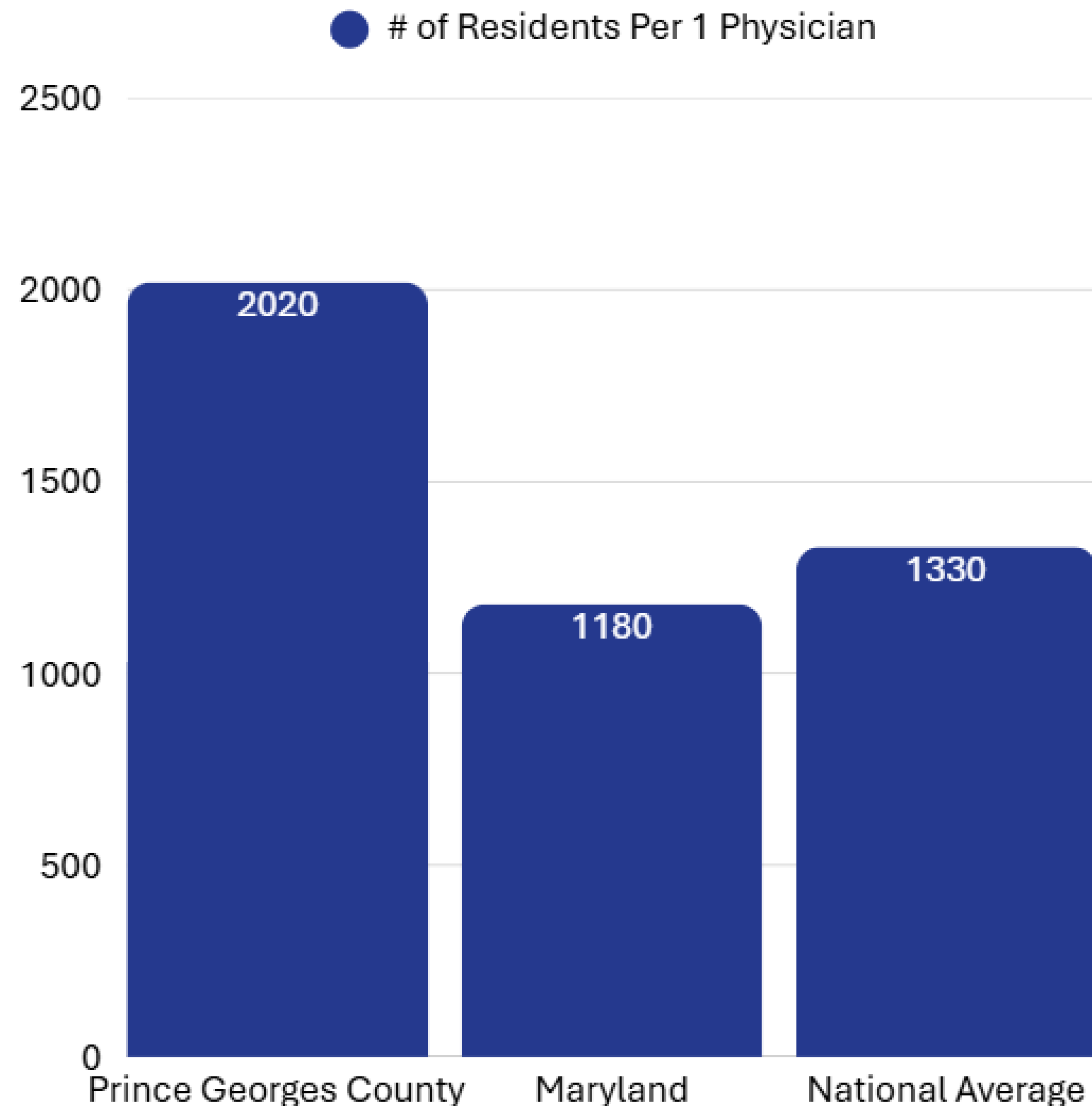
Source: Prince George's County – Huron Report



Prince George's County – Physician Shortage Per Capita

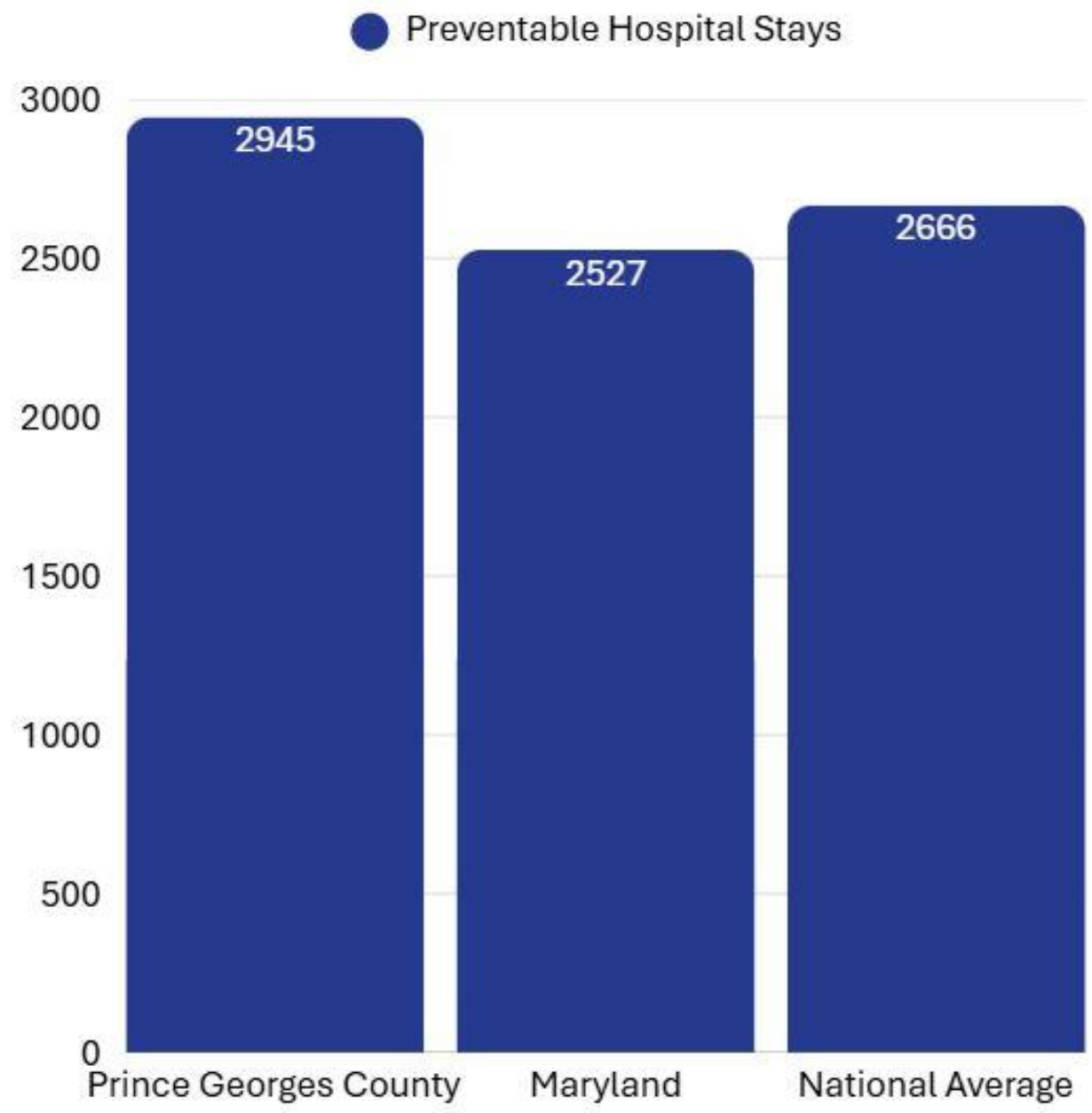
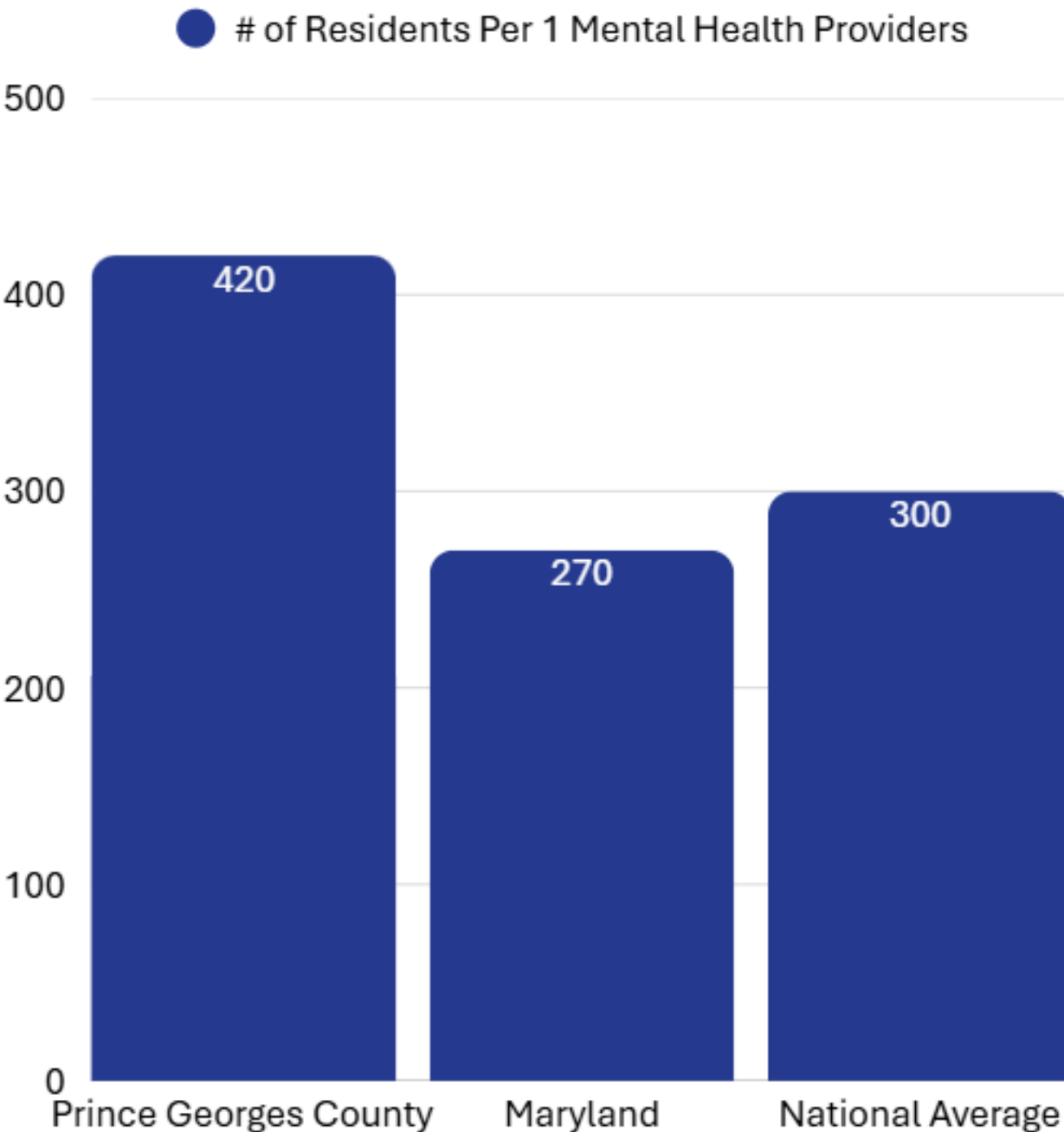
- Prince George's County:
1 physician per 2,020 residents
- Maryland (average):
1 physician per 1,180 residents
- United States (average):
1 physician per ~1,330 residents

Source: Prince George's – County Health Rankings



Prince George's County – Primary Care Gap

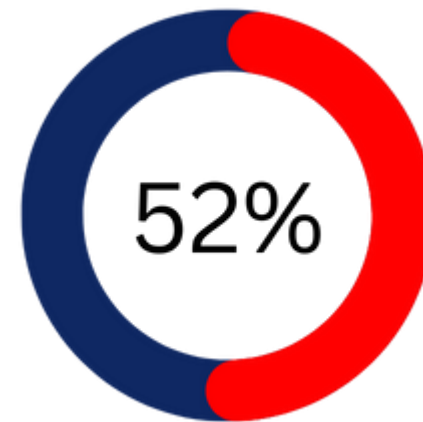
Impact on Mental Health & Hospital Stays



Source: Prince George's – County Health Rankings

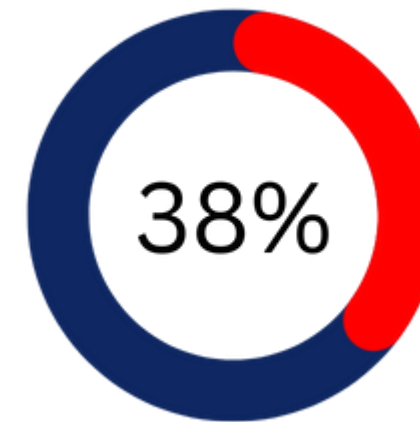
Social Needs Intensify Health Challenges

Food
Insecurity:



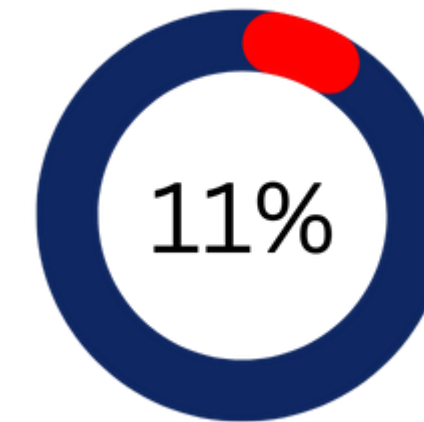
52% of adults in the Inner Beltway (~83,000 residents)

Housing Quality
Concerns:



38% of adults (~60,000)

Transportation
Insecurity:



11% of adults (~17,000)

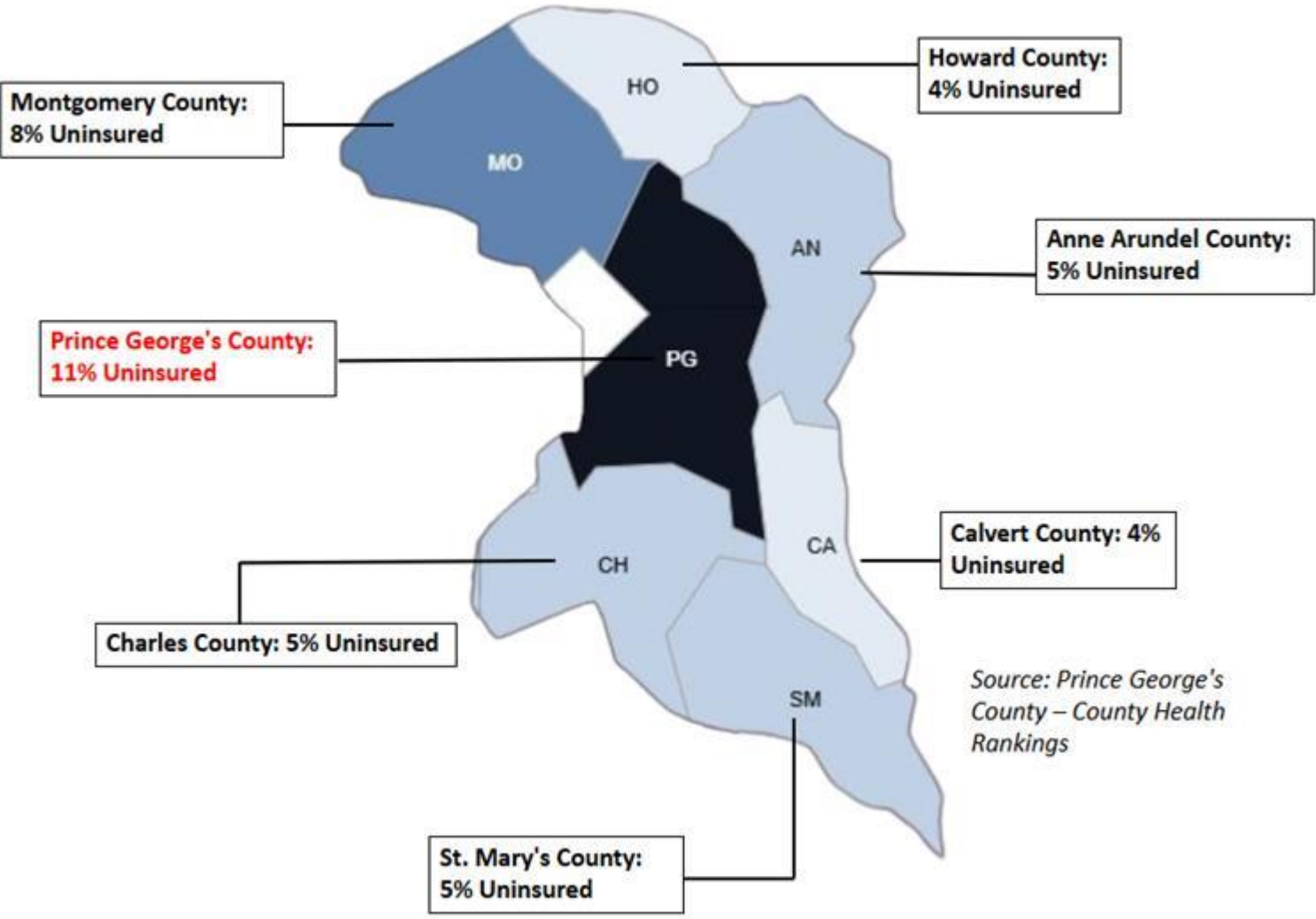
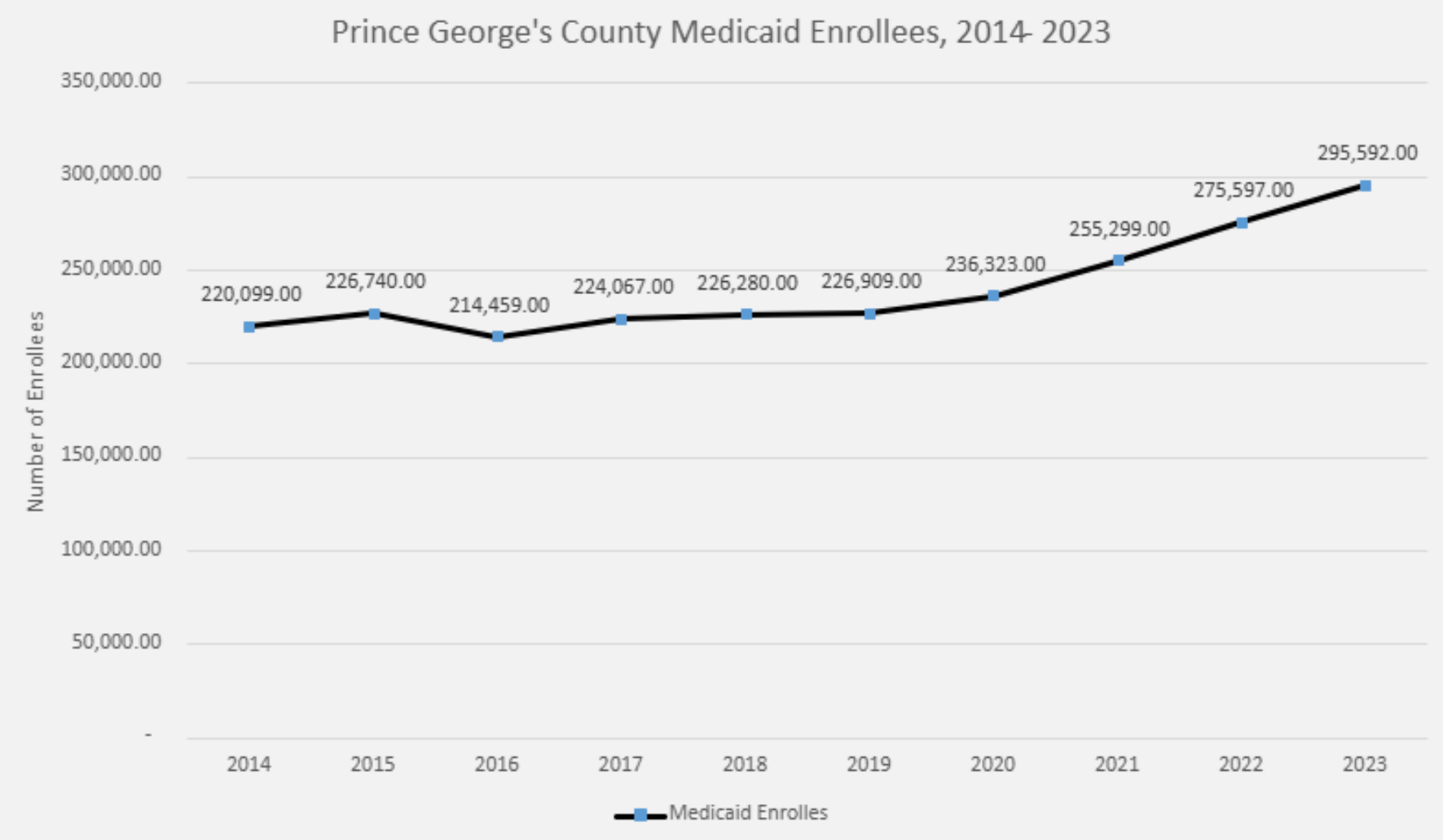
RELATION

Higher social risk is directly tied to avoidable ED use and escalating cost of care

- 1 Uninsured:** 11% overall vs. 7% state avg.
- 2 Children in poverty:** 14% overall vs. 11% state avg. (~29,000 kids)

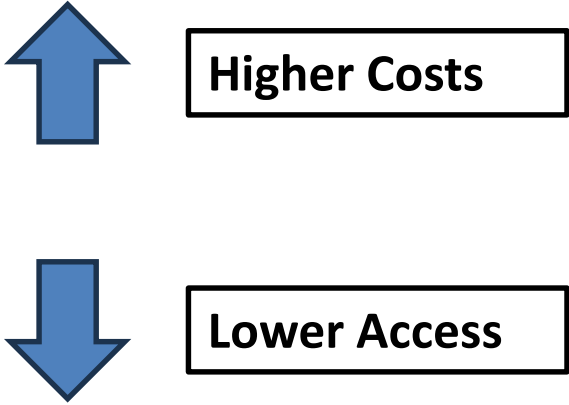


Prince George's County Medicaid Enrollees



In FY 2023, combined state and federal Medicaid expenditures averaged \$9,109 per enrollee, a 50-year high (Pew/Governing, 2023).

Although Medicaid has lower payment rates, Medicaid patients are more likely to face access barriers: a meta-analysis showed many physicians are less likely to accept new Medicaid patients (e.g. ~45 % of primary care providers willing to accept Medicaid vs ~94 % for private insurance)



Emergency Department Wait Times & Impact

Average ER Wait Time

Over 2 hours before evaluation, the highest in the state

Avoidable ED Visits

37% higher than Maryland average, linked to lack of primary care access

Care Location

42% of all care delivered outside the County - including many emergency visits

Inner Beltway Healthcare Access

Inner Beltway communities have no local hospital, forcing reliance on distant EDs for urgent needs

ER Utilization

ER is being used as a safety net for primary and preventive care, driving costs and worsening outcomes

- When patients receive care within a consistent physician group they are ~10 % less likely to go to the emergency department within 7 days (Annals of Family Medicine, 2017).

- Physician groups that centralize care continuity and coordination help shift patients from emergency use toward outpatient settings, reducing avoidable ED visits (RWJF Urgent Matters Report, 2023).

- Physician groups are positioned to provide coordinated care, triage systems, follow-up, and access channels that divert low-acuity demand away from the ED (CMS Innovation Center, 2019).



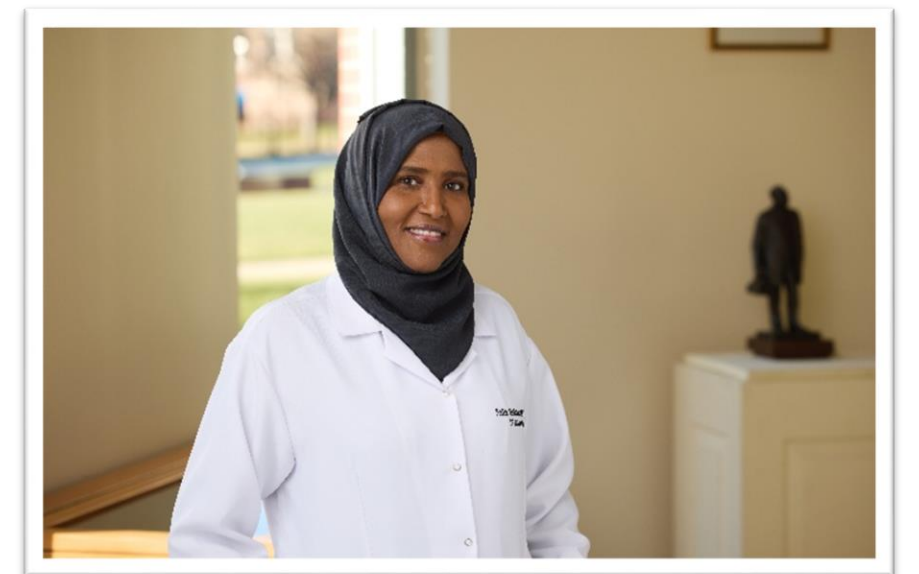
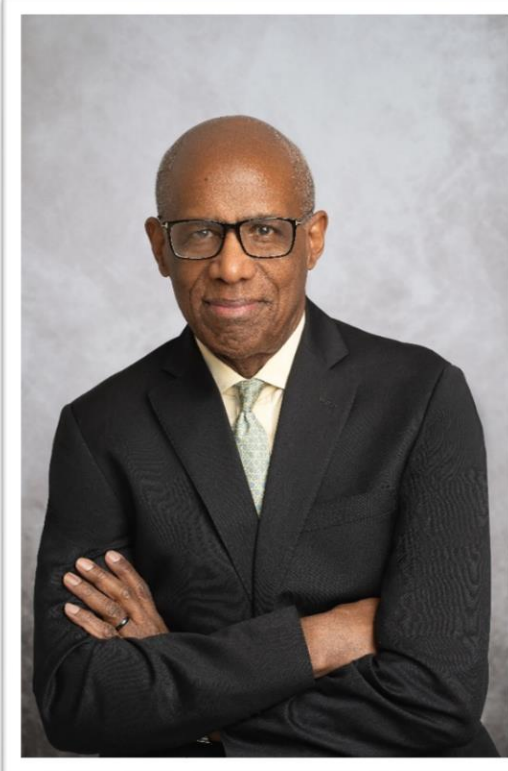
Physician shortage leaves residents with no choice but to rely on emergency departments for basic and preventive care, driving long waits, higher costs, and worse outcomes.

Howard University

Faculty Practice Plan (FPP)



FPP Department Chairs



Howard University Faculty Practice Plan

Our Mission:

The Faculty Practice Plan is committed to the advancement of healthcare and health equality, locally and globally by providing exemplary education, service and research that promotes patient-centered collaborative care and advocates for the elimination of health disparities.

Largest primarily African American Physician Group in the world, consists of 180+ Faculty that teach at Howard University College of Medicine and have privileges at Howard University Hospital

28+ Specialties **180+ Providers**

Specialties:

- Obstetrics & Gynecology
- Pediatrics
- Community & Family Medicine
- Dermatology
- Ophthalmology
- Psychiatry
- Neurology
- Orthopedics & Rehab

Medicine Specialties:

- Allergy & Immunology
- Gastroenterology
- Endocrinology
- Cardiology
- Geriatrics
- Internal Medicine
- Pulmonary Disease
- Infectious Disease
- Hematology & Oncology
- Rheumatology

Surgery Specialties

- Neuro Surgery
- Colon Rectal Surgery
- Otolaryngology
- Plastic Surgery
- Podiatry
- Surgical Oncology
- Bariatric Surgery
- Trauma & Critical
- Urology
- Vascular Surgery



Huron Report: Howard U FPP Gap Analysis

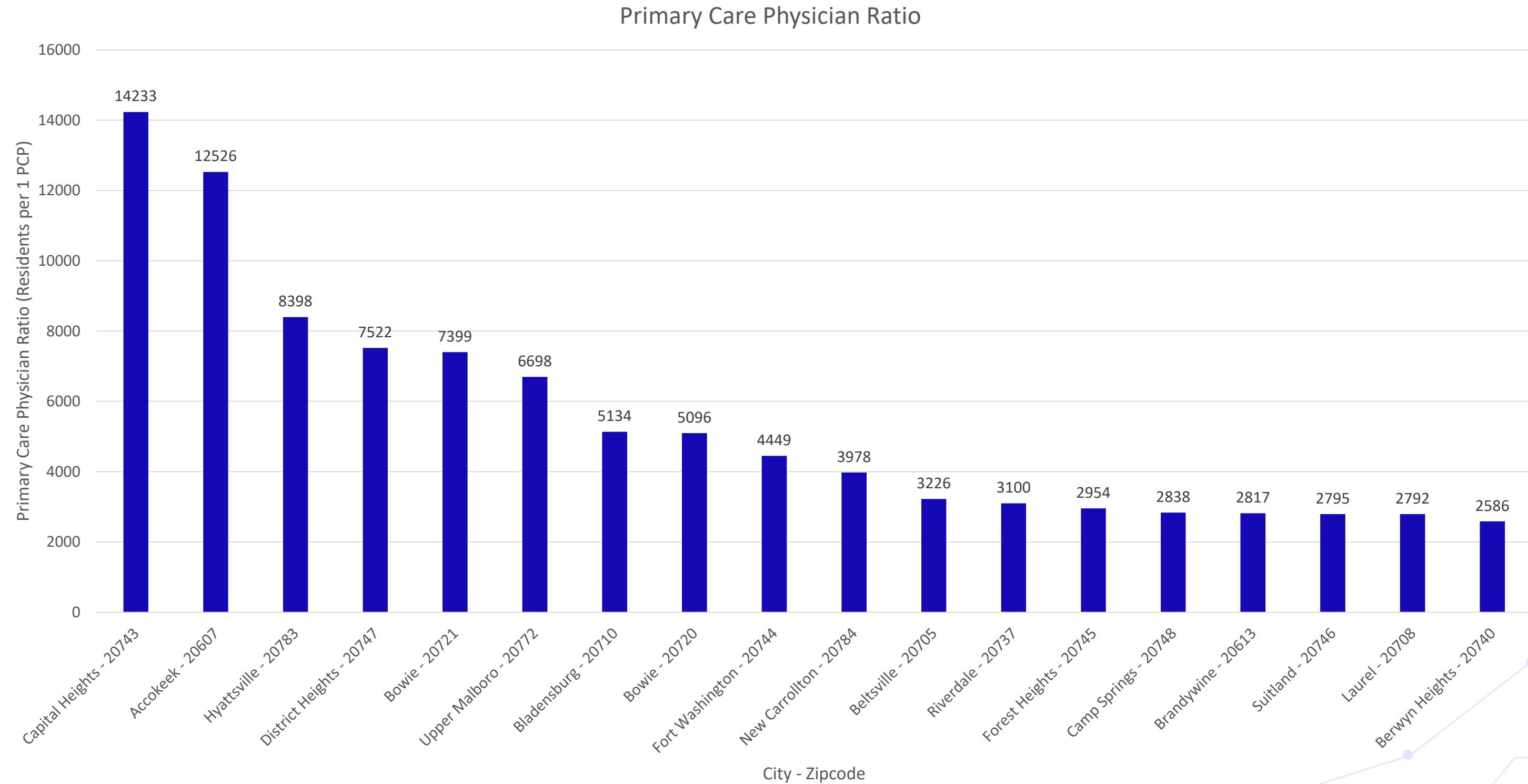
	Specialty	1 Prince George's County, Physician Supply	2 2027 Estimated					3 Gap To Target
			AMA (US Supply)	GMENAC	Mature HMO	Kaiser Plans	Average	
Primary Care	Family & General Practice	102.0	312.8	250.2	423.0	102.3	272.0	-170.0
	Internal Medicine	180.0	382.3	285.9	198.6	282.0	287.2	-107.2
	Pediatrics	1.0	243.3	123.1	153.9	147.9	167.1	-166.1
	Obstetrics & Gynecology	9.0	134.0	98.3	112.2	106.2	112.7	-103.7
	Primary Care Total	292.0	1,072.3	757.6	887.6	638.4	839.0	-547.0

As identified by the Huron Report, Prince George's County currently faces a gap of **547 physicians**.

FPP Primary Care: Specialties		Additional Patient Capacity as of October 6th
Family & General Practice		3,280
Internal Medicine		2,584
Pediatrics		2,317
Obstetrics & Gynecology		1,819
Grand Total Unique New Patients		10,000

- Currently, ~40% of FPP Faculty Live in Prince George's County
- The needs of Prince George's County are aligned with FPPs expansion plan: By 2030 the FPP will expand to 13% market share
- **FPP is committed to Hire 20 – 40 new faculty that fit Prince George's county Primary Care definition. The investment in faculty will help the county meet the national average for patient to physician ratio.**
- Right now, the FPP is equipped to see an additional **10,000 Prince George's County Residents**

Prince George's County – Primary Care Physician Ratio by Zip Code



Source: Prince George's County – Huron Report



FPP - Innovative Models of Care Delivery



Diagnosis-Based Scheduling model ensures the highest acuity patients are treated first



Mobile clinic program capable of reaching medically underserved neighborhoods



Telehealth and digital health platforms expand access to hard-to-reach populations



Data-driven outreach identifies high-burden ZIP codes to optimize physician deployment

FPP: Diagnosis-Based Scheduling: *FPP Schedule Advisor*

Cardiology	General Cardiology	Abnormal Stress Test Results	Schedule within 7 days or sooner ** Escalate to MA/Provider if no appointments are available**	New: 40 min **All NEW patients to Dr. Young** Follow-up: 20 min **Unless otherwise stated**	Dr. Prafulla Mehrotra Dr. Ruth Tamrat Dr. Raymond Young	No: N Yes: E Young aware
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Schedule Advisor:

FPP’s diagnosis-based scheduling tool that triages patients by condition and acuity. By matching appointment length and urgency to diagnosis, it **reduces wait times, improves access, and ensures high-risk patients receive timely care** (Medical Care, 2018).

Acuity-based scheduling **reduced median wait times for urgent patients by 34%** compared to routine appointments (Medical Care, 2018).

Improving Prescription Access + Patient Outcomes

FPP has a state-of-the-art Access Center – Powered by EGS Global AI Technology

Medication Access Gaps in Prince George’s County

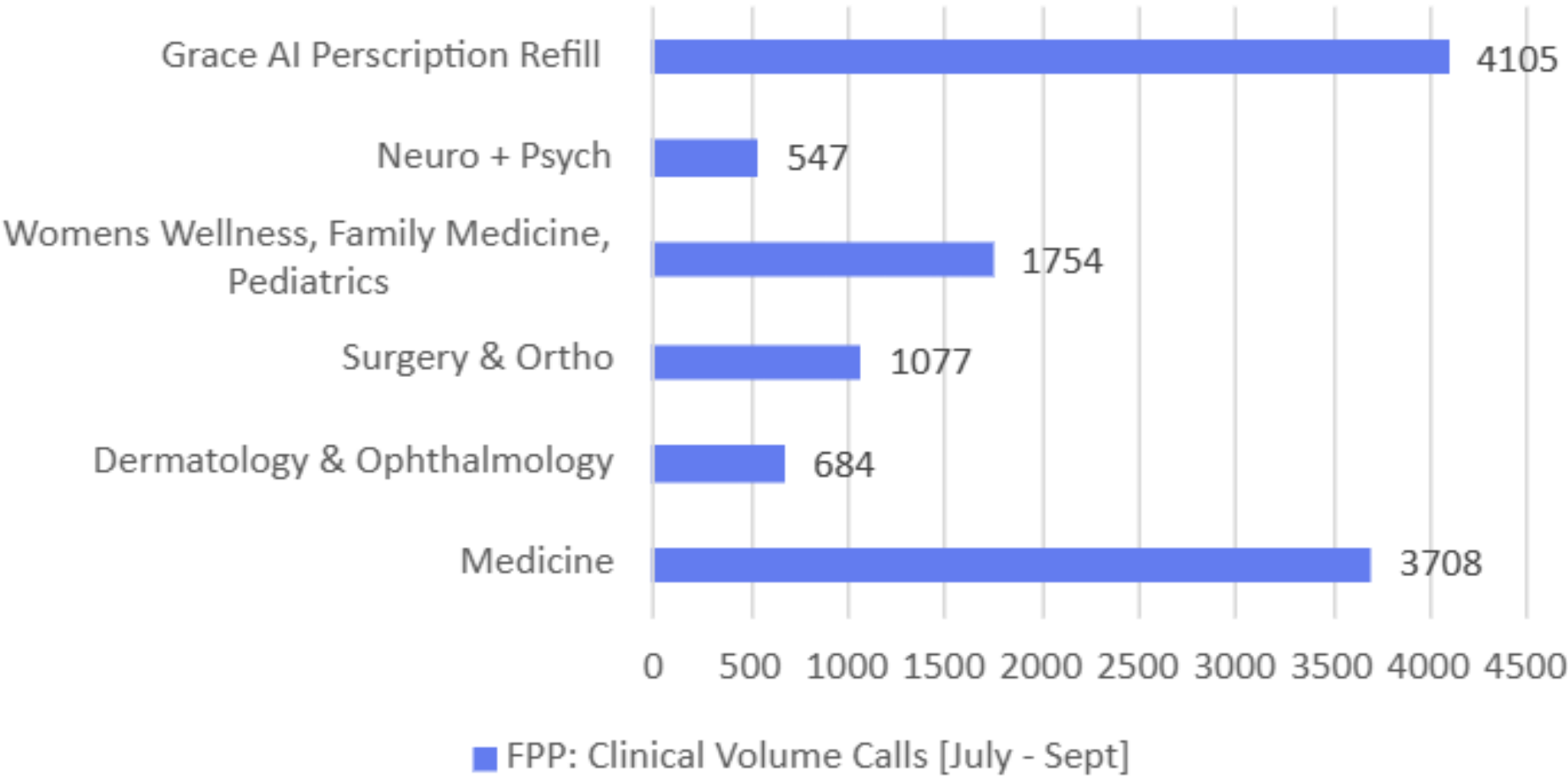
- Residents report difficulty affording prescriptions, even when insured.
- Affordability gaps contribute to missed refills and lower adherence, worsening chronic disease outcomes.



FPP Solution: Patient Access Team

- Our Patient Access Team currently manages on average 1000+ prescription refills per month efficiently.
- With proven infrastructure, FPP can absorb demand in Prince George’s County and ensure patients have continuous access to needed medications.
- Coupled with clinical teams, this reduces ER reliance and supports better chronic disease management.

FPP: Clinical Volume Calls [July- Sept]



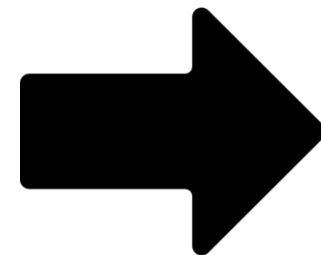
**FPP Access Center became fully AI Integrated July 2025*

Stories from Prince George's County Residents



- **C.F:** Mother complained of chest pain. Waited 3 days without seeing a cardiologist; later found to have a heart attack and stroke.
- **S.D:** An expectant mother in her final weeks of pregnancy was told no appointments were available until September, leaving her without needed follow-up care.
- **A.W:** After surgery, Amy was discharged on a Friday but couldn't access medications because the hospital pharmacy closed over the weekend.

Current State

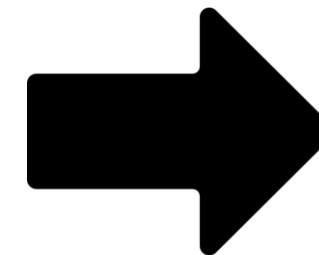


FPP

Intervention



Desired Outcome



- Patient calls Clinical Access Line for chest pain; speaks with triage nurse and schedules a same-day cardiology appointment following ambulatory access guidelines.
 - Patient calls Access center, based on her diagnosis and progression due to pregnancy, priority culturally competent care is provided.
 - Patient calls medication refill line, supported by Grace AI. AI interface can refill prescriptions in real time and manage prescription care plans. Allowing Amy to pick up her medication within 24 hours at her nearest pharmacy.
- Mother receives timely diagnosis and coordinated care, preventing a stroke or heart attack.
 - Mothers gain consistent prenatal follow-up, reduced anxiety, and safer deliveries through reliable access to care.
 - Patients like Amy leave the hospital with immediate or scheduled access to their prescription. Technology-enabled refill management ensures continuity of care, faster recovery, and fewer ER readmissions.

Aligning with Prince George's County Goals

1

Expands primary and specialty care capacity in areas with highest provider deficit

2

Reduces avoidable ER visits by shifting demand into community-based clinics

3

Provides culturally competent care from physicians who reflect and live in the community

FPP Care Model – Enhances Primary Care Access to Specialists in Prince George's County

Clinical Team Model: structured team-based care pairing each physician with nurses, PAs, medical assistants, and allied health staff for maximum efficiency

- We have implemented Nurse Care Coordinators in the following specialties to ensure patient access.
 - GI/Endocrinology
 - Women's Health
 - Surgery
 - Sickle Cell
 - Cardiology

Improving Outcomes: ~5% higher diabetes protocol adherence, nearly double depression diagnoses through better screening, and fewer ED visits and hospital admissions compared to traditional models.

Source: (MGMA, 2020)



FPP Care Model – Connects Prince George's County Residents to Centers of Excellence & Specialized Programs

Preventive and chronic disease management programs to reduce unnecessary ED utilization

- Faculty Practice Plan - #1 Vaccine Compliant Practice in D.C.
- Diabetes Treatment Center
- Heart Failure Bridge Clinic Pilot
- Sickle Cell Clinic
- Pediatric Disease Management
- Integrated behavioral health and substance use programs to reduce preventable hospitalizations



FPP Care Model – Creates Employment Pipeline for Prince George's County Residents

Proven workforce pipeline: medical students, residents, and apprentices trained and retained locally

Fortis Medical Assistant Apprentice Pipeline

- FPP has partnered with Fortis as a training site for medical assistants in training
- 9 Fortis students have been hired on as full time staff following their training

Youth Apprenticeship Program

- FPP has received U.S Department of Labor Grant to train high school students to become healthcare apprentices. FPP and HUH has hired 25 apprentices thus far, FPP desires to bring this program to Prince George's County.



Faculty Practice Plan Partnership Commitment

Howard University Faculty Practice Plan understands the unique needs of Prince George's County, as outlined in the Huron Report and Community Health Assessment.

We would like to partner with Prince George's County to address the healthcare concerns for its residents and expand Primary Care.



Thank You!



Appendix

Specialty & Integrated Care Services

FPP directly addresses specialty shortages identified in County assessment

Women's Health & OB/GYN: maternal care, gynecology, high-risk pregnancy support

Surgical services: general surgery and orthopedics to alleviate procedural and pain care backlogs

Cardiology, Pulmonology, Oncology, Psychiatry: aligned with top gaps in County need projections

Integrated behavioral health and substance use programs to reduce preventable hospitalizations



High Burden of Chronic Disease and Maternal Health

~50% of adults are obese; obesity is most severe in the food-insecure Inner Beltway

Diabetes prevalence: 12% (~117,000 residents)

145,000 residents (~33%) are at risk for early-stage metabolic syndrome (diabetes, hypertension, hyperlipidemia)

Maternal health disparities:
Black women (18–44): 67.5% obesity risk
Hispanic women (18–44): 33% at risk for substance abuse

Cancer risk (colorectal, breast, lung, hematologic) is significantly elevated



Access Barriers – Inequitable Distribution of Providers



Inner Beltway has no hospital and experiences the longest wait times



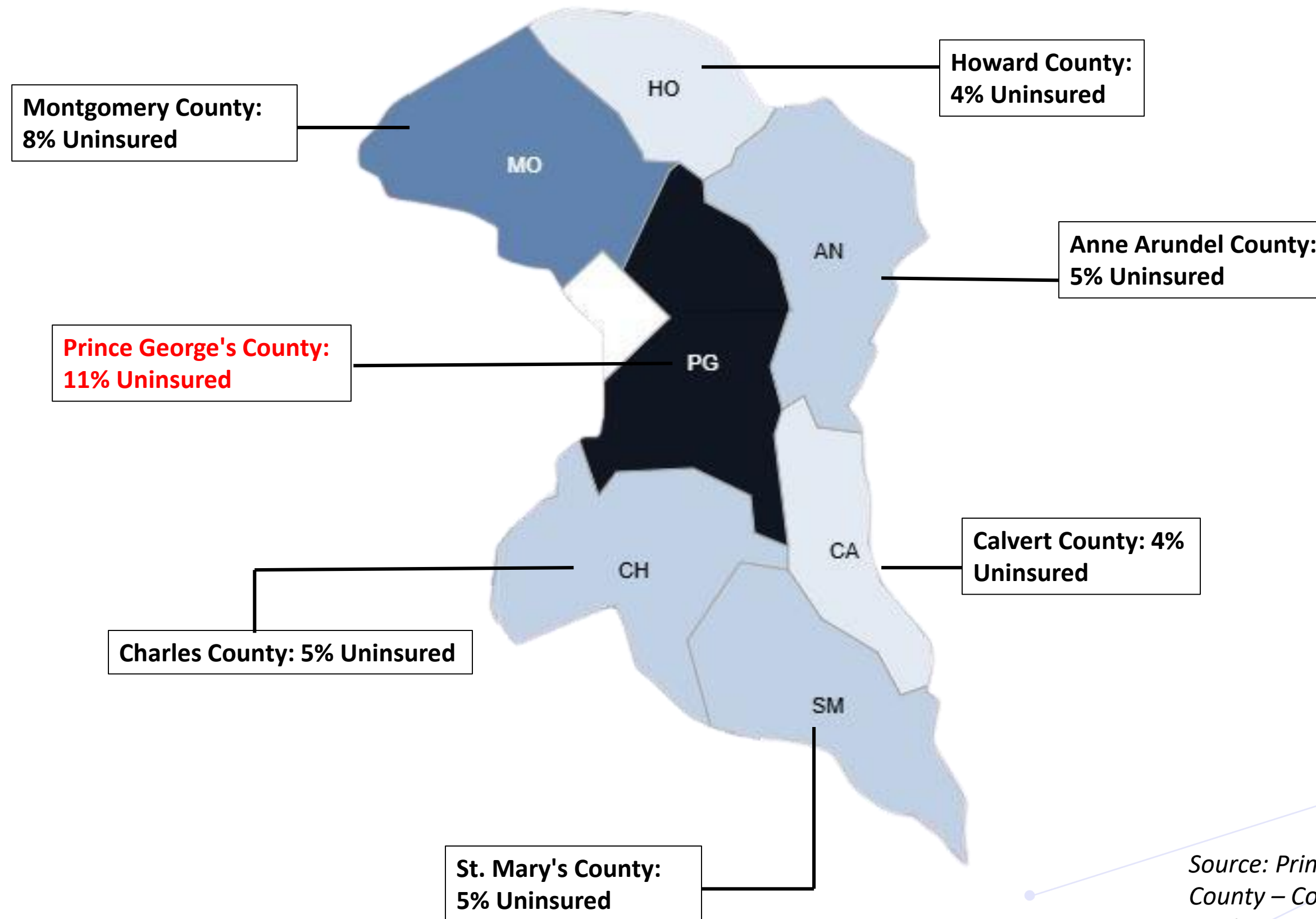
Inner Beltway and South County have 2–15x higher population-to-provider ratios than the rest of the County



Geographic inequities mean communities with the greatest need face the least access



Prince George's County – Uninsured Patient Overview



Source: Prince George's
County – County Health
Rankings