

Introduction of Board of Health Consultant and Priorities for the Board of Health



Dr. Lakisa Blocker
Dr. Daniel Howard
Katherine Hall, MPH
Board of Health Consultant, Health Solutions Group

Background

Health Solutions Group is dedicated to improving Healthcare by Providing Scientific Strategies to implement in existing programs or create new ones to meet patients where they are while building healthier communities. In Prince George's County, racial/ethnic minority, rural, and low-income populations continue to experience suboptimal access to and quality of health care despite decades of recognition of health disparities and policy mandates to eliminate them. Many health care interventions that were designed to achieve health equity fall short because of gaps in knowledge and translation.

Health Solutions Group has trained clinical professionals who can provide innovative interventions that help improve systems, focusing on specialty care, diabetes and hypertension, women's health, HIV (infectious disease), mental health, and maternal health. We also provide recommendations for advancing the field of health equity and informing the implementation and evaluation of policies that target health disparities through improved access to care and quality of care. We are aiming to improve the quality and management of patient care and decreasing the number of patients with uncontrolled conditions in the following services.

Health Solutions Group Team

Dr. Lakisa Blocker

Trained Scientist/Principal Investigator with 15 years of research, clinical and epidemiological experience as a Principle Investigator in the government setting. Dr. Blocker conducted objective research that generated independent, high quality, and reproducible results on primary prevention and eradicating infectious diseases in vulnerable population through scientific modules.

She holds a BS in Biochemistry, MS/MPH in epidemiology and public health and a Doctorate in virology from University of Maryland and Johns Hopkins University.

Dr. Blocker has served as an appointed Ryan White Health and HIV Commission representing Suburban Maryland for 11 years. Through her tenure, Dr. Blocker appropriated and allocated Health programs and funding throughout the jurisdiction based off need assessments. This allowed Dr. Blocker to understand the region needs and use her scientific expertise to build healthy communities.

Dr. Daniel Howard

Dr. Daniel Howard has over 30 years of internal medicine and research serving the Maryland Community and affiliations with surrounding medical facilities. He currently is a Family Physician practicing in downtown Baltimore, serving a primarily underserved community in West Baltimore. His areas of interest include general primary/preventive healthcare, substance abuse, and geriatrics.

He graduated from Albert Einstein Medical School in New York in 1989, served an internship/Residency in Family Medicine at the University of Maryland School of Medicine, where he served as full-time faculty for four years prior to entering private practice. He has had extensive administrative experience, having set up and headed several school-based health centers in Baltimore (including the Paquin School for pregnant/parenting teens), served as Chairman of Family Medicine the Chief of Staff at Maryland General Hospital/University Midtown, where he still has inpatient privileges.

He has served as a Medical Director at several nursing facilities and with a regional nursing facility chain. He has provided medical and substance abuse care at several drug treatment programs in Baltimore, and is currently the Medical Director at the Penn North Treatment Center in Northwest Baltimore. Dr. Howard resides in the Madison Park/Bolton Hill neighborhood, near his office practice.

Katherine Hall, MPH

Katherine Hall is an accomplished public health professional with over eight years of experience in the field. Holding a Master's degree in Public Health from Tulane University in International Health and Development.

Throughout her career, Katherine has excelled in research, monitoring and evaluation, project design and management, and data analytics within the public and private sectors, both internationally and domestically. She has conducted extensive research utilizing various methodologies to address today's pressing public health challenges. Her strong background in economics has enabled her to apply analytical thinking and problem-solving skills to her work.

With a passion for health equity Katherine is a dedicated advocate who actively contributes to initiatives addressing health disparities and promoting access to quality healthcare for all.

Katherine currently works as a Global Health Security Program Advisor for the United States Agency for International Development (USAID) identifies disease outbreaks and provide technical support to the Missions USAID serves.

Discussion

- Needs Assessment by Council Districts
- Nurse-Patient Ratio
- Emergency Department (ED) Wait Times
- Behavioral Health and Crisis Response in Prince George's County

Scope Of Work

- Provide research and analysis as it pertains to major health indicators and the delivery of healthcare services in the County.
- Review, analyze, and provide feedback on current deliverables for all healthcare facilities, and providers in the County.
- Provide input and assist in coordination of the development of the County's long range health plans
- Assist with the oversight and implementation of public health in the County.
- Review the County's budget, providing advice on allocation of funds for health related purposes- based off needs assessment.
- Assist with reviewing Nurse to Patient Ratio and Emergency Room Wait Times, and create a universal comprehensive plan for implementation.
- Provide a Scientific Module for primary prevention in high risk populations.
- Provide a comprehensive review of current RAND report and implement modules based off needs.
- Advise on policy implementation, based on needs assessment, as appropriated in designated areas, and provide feedback to the Board of Health.
- Provide Epidemiological data to the Board of Health on disease trends and implement Best Practices/Primary Prevention Plans to eradicate diseases.

Current Deliverables Met

Provided an assessment and analyzation of the Rand Report to support the following recommendations:

- Needs Assessment in all council districts to create primary prevention module and programs that will meet the individual needs of that jurisdiction and decrease Public Health Crisis
- Reviewed Legislative Mandates in other states and prepared scientific modules to support current needs
- Meet with Nurses from 1199SEIU United Healthcare Workers-East
- Nurse to Patient Ratio Legislation/Statue Mandate preparation
- Hospital Support Staff protocol and SOP recommendations for revision to support the Hospital Shortage
- Reviewed current nationwide scientific modules and protocols for Behavioral Health and Crisis
- Researched Data on the following to to prepare primary prevention strategies to be presented and implemented in current clinical standards

Current Deliverables Met

Prepared standard operating procedures and strategies to include the following:

Workforce shortages have become severe enough that organizations have made them a main focus area in mid- to long-range strategic planning efforts. Some of the strategies that hospital executives have considered include:

1. Enhance employee retention programs and initiatives to slow the increase in employee turnover.
2. Improve current wage compensation systems and practices.
3. Enhance workforce processes and infrastructure.
4. Design, implement, and optimize advanced technologies to simplify or eliminate redundant work.
5. Increase the workforce supply through partnerships and other transactions.

While each of these strategies may have unique characteristics at any given organization, the common thread is the goal to keep employees satisfied at their current jobs, recruit to appropriate staffing levels to avoid service disruptions, and sustain these solutions to positively impact long-term financial and operational performance.

Current Deliverables Met

Future Legislation to support the following:

- Nurse to Patient Ratio Mandate
- Support staff to Patient Ratio Mandate
- Regulation of Dialysis Centers in the County:
- Mile radius on Dialysis centers in each council district

For each Dialysis center, there must be a lateral primary prevention strategy in place.

- Support Staff in schools to have training on dealing with Behavioral Crisis
- Nurse training incentives in High Schools to secure future Healthcare leaders.
- Primary Care Physicians, must have a physical address office in the jurisdiction they are serving patients

Methodology

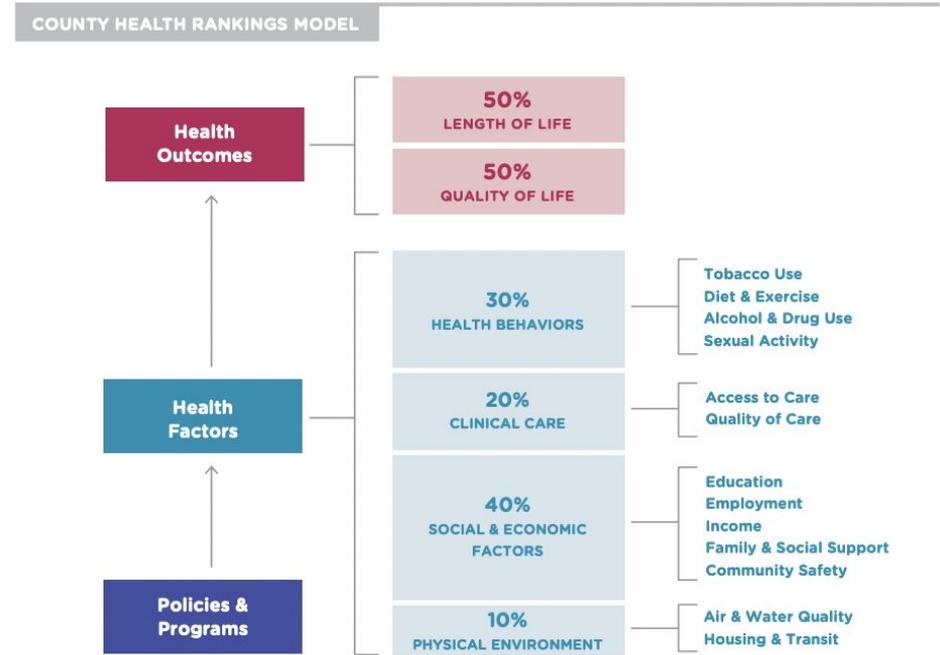
The purpose of the Prince George's Health Needs Assessment is to comprehensively analyze the overall health status and quality of life for residents in each Council District.

In analyzing key health, demographic, and socioeconomic data, we gather information to:

1. Better understand the needs, challenges, strengths, and opportunities for health residents;
2. Identify ways to leverage strengths and opportunities so our systems can better meet our unique needs and challenges.

The data shall included all sectors to make informed policy and programmatic decisions as well as support the development of topic-specific assessments and improvement plans.

The content I'm requesting will serves as a comprehensive health status assessment of Prince George's Resident and is organized around a modified version of the County Health Rankings Model



Source: University of Wisconsin Population Health Institute, 2014

Key Focus Areas for each council district

- detailed data and statistics,
- community assets & resources,
- promising practices & policies,
- information on related funding opportunities, and
- data resources.

Health Determinants & Factors

The social, economic, behavioral, environmental and clinical factors and systems that impact population health

Community Description

The demographic overview of our diverse population

Health Determinants & Factors

The social, economic, behavioral, environmental and clinical factors and systems that impact population health

Health Outcomes

The physical and mental well-being of the population, including length and quality of life.

Key Health Indicators for Research Study

- Clinical Preventive Services
- HIV
- Cardiovascular
- Infant Mortality
- Maternal Health
- Nurse Patient Ratio
- Injury Violence Prevention
- Mental Health And Mental Disorders
- Nutrition weight status and Physical activity
- Access to Health Services
- Substance Abuse
- Hypertension
- Behavioral Health and Crisis
- Child Obesity

Physician Needs Assessment

- Market-specific needs assessment to provide accurate and detailed reporting of physician supply and demand and the resulting surplus/deficit by payer type and specialty
- Interactive mapping tool with the ability to select specific zip codes for strategic consideration and to account for any shifts in demographic mix
- Predictive modeling to assess the impact of virtual care, urgent care, retail health and more
- Advanced practice provider calculator to measure utilization across specialties and corresponding effect on physician supply and demand
- Comprehensive customizable reports with 5-year rolling projections and automatic annual updates to demand and geographic information
- Archived reports to provide strategic service area documentation and annual Stark compliance reporting for fair market value and commercial reasonableness considerations

Moving Forward:

Nurse to Patient and Support Staff Ratio

Workforce shortages have become severe enough that organizations have made them a main focus area in mid- to long-range strategic planning efforts. Some of the strategies that I'm advocating to consider include:

- Enhance employee retention programs and initiatives to slow the increase in employee turnover.
- Improve current wage compensation systems and practices.
- Enhance workforce processes and infrastructure.
- Design, implement, and optimize advanced technologies to simplify or eliminate redundant work.
- Increase the workforce supply through partnerships and other transactions.

While each of these strategies may have unique characteristics at any given organization, the common thread is the goal to keep employees satisfied at their current jobs, recruit to appropriate staffing levels to avoid service disruptions, and sustain these solutions to positively impact long-term financial and operational performance.

Moving Forward:

Nurse to Patient and Support Staff Ratio

- The breadth and depth of organizational risk associated with the labor shortage has intensified during the pandemic and will likely continue after the crisis has subsided. Mitigating these risks will be a main driver in a hospital or health system's ability to remain financially solvent and relevant in their market. Professionals who are involved in risk management, labor relations, and other risk-related disciplines will need to employ a combination of strategies and solutions such as those outlined above to respond to this ever-growing challenge. Hospitals and health systems that succeed in doing so will be employers of choice and be able to manage future risks effectively.
- Customize retention Strategies
- Consider learning more on advance practice Nurses and amending their role to help bridge the vacant gap in the healthcare system.

Focus Areas for Future Preparedness

1. **Team Satisfaction:** Are you reimagining delivery models to boost team satisfaction, such as expanding use of telemedicine platforms that allow nurses to work remotely more often?
2. **Engagement:** Do you foster engagement and retention by regularly soliciting and acting on staff input through structurally embedded opportunities like shared councils and committees?
3. **Eliminating Gaps:** What gaps do you need to address so that you can quickly and efficiently ramp up, deploy and support staff during the next emergency or pandemic?
4. **Next Up?:** Have you reviewed and updated your succession-planning strategies for clinicians?
5. **Clinical Workflow:** What technologies are you exploring to help you optimize clinical workflow and ensure patient access to health care when clinician numbers are limited?

Future Deliverables

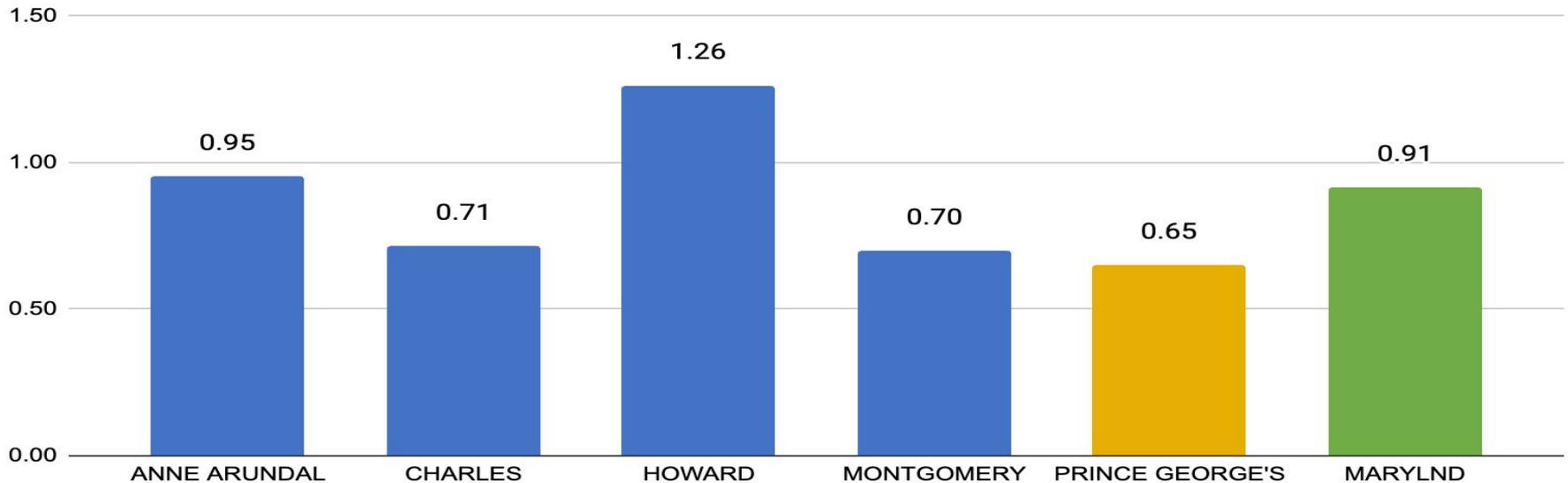
Work with Health Department and provide recommendations on the following to the Board of Health:

- Create Individual assessments for all **Health Indicators** and provide scientific module/primary prevention strategies to be implemented in CBO and Healthcare Funded Providers to be mandated in their Standard Operating Procedure and Protocols
- Provide Modules and Needs assessment layout for future research group to perform in each jurisdiction
- Provide/Recommend Healthcare Legislation to strengthen the community based off Data and Science

High School Health Prevention
Outreach and Awareness in Communities
Nurse to Patient Ratio
ED Wait-times
Behavioral Health and Crisis Prevention

Nurse Patient Ratio

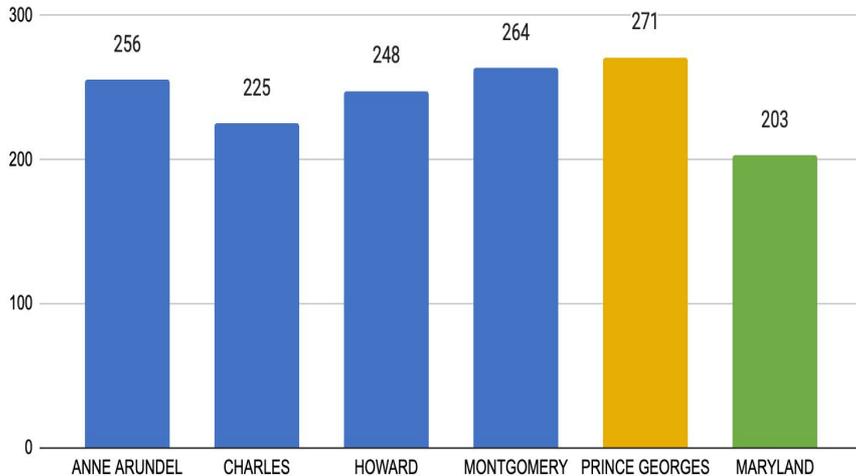
RN Supply and Demand Ratio



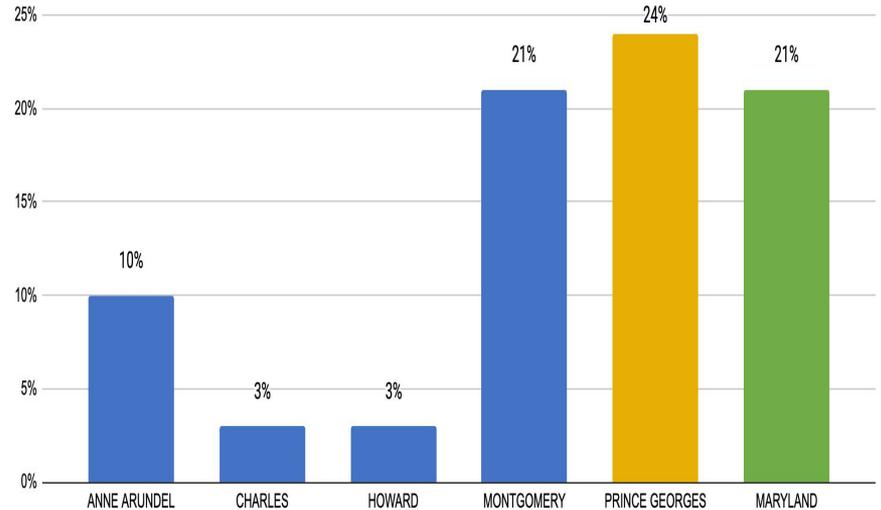
Data was collected by GlobalData and prepared for the Maryland Hospital Association. Maryland Nurse Workforce Projections 2021-2035. RN and LPN are both included in the data above for the Year 2021.

Emergency Department Wait-Time

Average (median) time patients spent in the emergency department before leaving from the visit



Percentage of Patients Who Left The Emergency Room Before Being Seen



Source: Center for Medicare and Medicaid. The average (median) time in minutes that patients spent in the emergency department – from the time they arrived, to the time they left. Data doesn't include patients who died in the emergency department, left without the approval of a licensed provider, or do not have where they went after they left the emergency department documented in their medical record.

Source: Center for Medicare and Medicaid Services. This measure shows the percentage of all individuals who signed into an emergency department but left before being evaluated by a healthcare professional.

Emergency Department

When Americans need healthcare, about half the time they'll head to the emergency room.

Research Studies Have Shown

That's the finding of a new study by researchers at the University of Maryland School of Medicine.

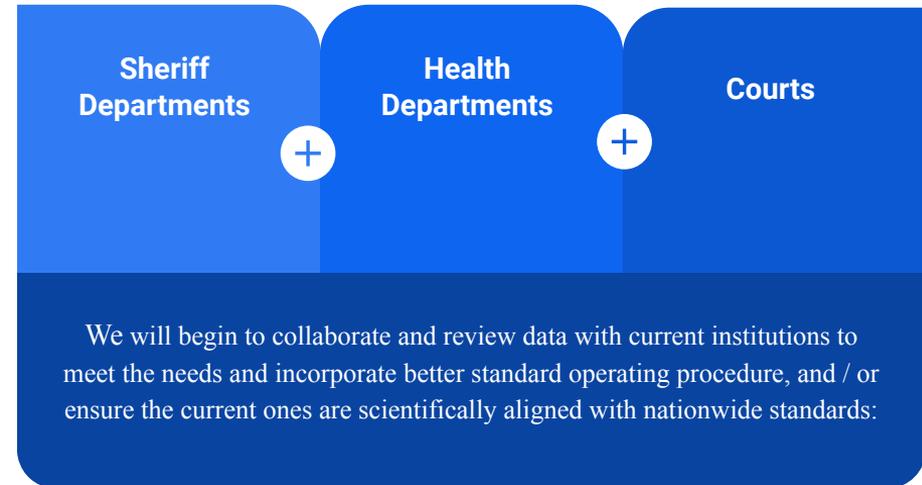
“Emergency care plays a significant role in healthcare delivery. We found that half of all hospital-associated medical care provided between 1996 and 2010 was provided in emergency departments,” Dr. David Marcozzi, an author of the study and associate professor in the University of Maryland School of Medicine Department of Emergency Medicine, told Healthline.

How can we change this?

- Specialty Care Doctors in communities that meet the needs of the residents “ Research study will cover this”
- Access to healthcare,
- Consumer-driven needs,
- Having an appreciation for the comprehensive care delivered by emergency departments, and the ability of emergency departments to fill a critical gap with regard to care delivered to vulnerable populations,”

Behavioral Health

Our country's approach to crisis mental health care must be transformed. Addressing crisis is the most basic element of mental health care because it immediately and unconditionally accepts everyone seeking care. It represents real-time access to services that align with the needs of the person when the person needs it most. In many states and communities, crisis care is nonexistent, limited or simply an afterthought viewed as an additional expense that was not included in the local budget. We cannot afford to pay the exorbitant price of not offering crisis care.



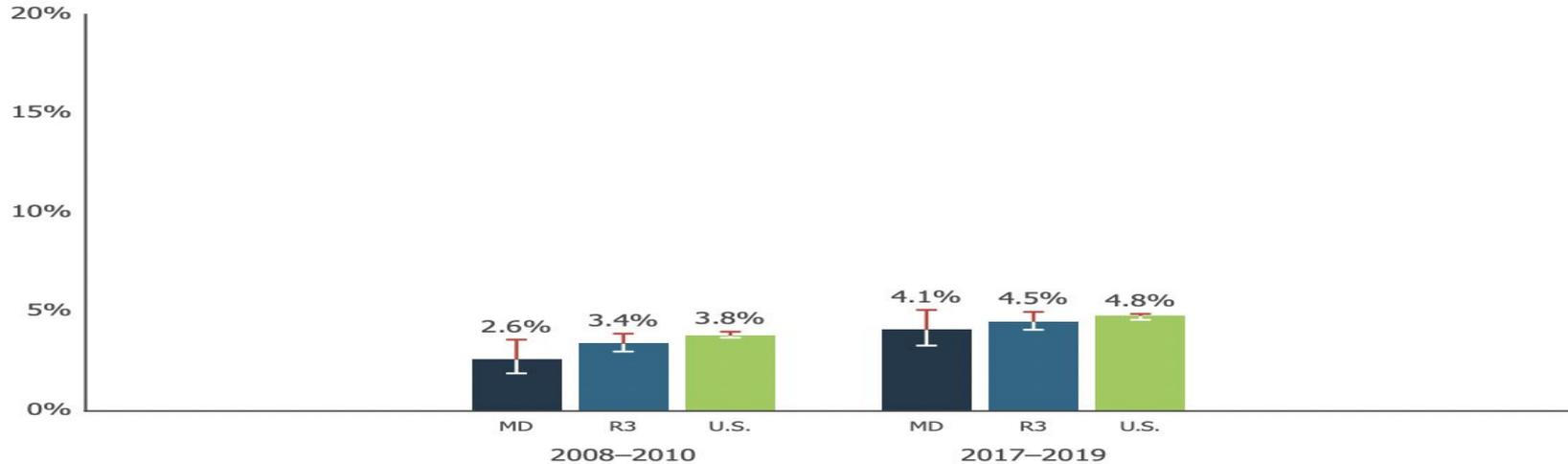
Behavioral Health and Crisis

Crisis mental health care in the United States is inconsistent and inadequate when it falls short of aligning with the best practice. This is tragic in that good crisis care is widely recognized as:

1. An effective strategy for suicide prevention.
2. An approach that better aligns care to the unique needs of the individual.
3. A preferred strategy for the person in distress that offers services focused on resolving mental health and substance use crisis.
4. A key element to reduce psychiatric hospital bed overuse.
5. An essential resource to eliminate psychiatric boarding in emergency departments.
6. A viable solution to the drains on law enforcement resources in the community.
7. Crucial to reducing the fragmentation of mental health care.

Behavioral Health

Serious Mental Illness (SMI) among adults ages 18 or older



Error bars indicate 95% confidence interval of the estimate.

MD = Maryland; R3 = Region 3 (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia); U.S. = United States.

Among adults aged 18 or older in Maryland, the annual average percentage with SMI in the past year increased between 2008–2010 and 2017–2019. During 2017–2019, the annual average prevalence of past-year SMI in Maryland was 4.1% (or 189,000), similar to both the regional average (4.5%) and the national average (4.8%).

Source: SAMHSA 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

How can we further assist you and your Healthcare concerns?