



Maryland
Hospital Association

September 3, 2021

Mark Luckner
Executive Director
Community Health Resources Commission
PO Box 2347
Annapolis, MD 21404

Dear Mr. Luckner and Data and Evaluation Subcommittee Members:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to respond to the Subcommittee's questions.

MHA's priority legislation, the Maryland Health Equity Resource Act, recognizes the immediate need to improve longstanding health disparities exacerbated by the COVID-19 pandemic, while creating a sustainable effort to meaningfully improve the lives of the most underserved and under-resourced Marylanders. As the subcommittees, advisory group, and the Community Health Resources Commission (CHRC) develop the Pathways program, it is important to ensure these grants are aligned with the broader Health Equity Resource Communities (HERC) strategy.

The Health Enterprise Zone Pilot program was successful, yet one missed opportunity was the inability to plan and evaluate interventions prior to the program start. Due to the short nature of the grants, it also was challenging to pivot when interventions were less fruitful. The Health Equity Resource Act helps overcome that barrier by establishing the initial Pathways program. The purpose of the program is "to provide the foundation and guidance for a permanent Health Equity Resource Community program." While Pathways grants are shorter, and likely smaller than future HERC awards, successful grantees should be well positioned to transition into a Health Equity Resource Community. Pathways grants should enable potential HERC coalitions to create the infrastructure to meet the goals of the HERC program, test innovative approaches to improve the health of communities, and focus on the immediate needs of the population with a plan for long-term and sustainable change.

Below are answers to the specific questions outlined in the request for public comment.

What sources of data do programs/applicants currently access? What data metrics currently reported by programs are most relevant for the future Pathways grantees?

Maryland hospitals and health systems utilize multiple sources of data for strategic planning in quality improvement and population health management. These include patient level data from electronic medical records; hospital aggregate data available through CRISP, like hospital readmissions; and other publicly available data sets, such as disease prevalence.

CHRC and the Advisory Committee should consider all available statewide data sources, as well as data available through public sources when considering the data infrastructure for the Health Equity Resource Communities programs. Like what was made available for Health Enterprise Zones, we recommend creating a public use file that all applicants can access, which shows standard data down to the ZIP code level.

Overall we encourage CHRC to prioritize alignment of HERC data strategy with the Maryland Department of Health's efforts to build a health equity data set as part of the [Maryland Commission on Health Equity](#) legislation.

What statewide measures should be used to demonstrate health disparities?

The Subcommittee should consider focusing on measures that indicate health care access challenges and looking at measures of community economic strain and other social determinants that contribute to health disparities. These could include unemployment, income, housing instability, educational attainment, and food insecurity.

As the Total Cost of Care Model matures, and the Health Services Cost Review Commission (HSCRC) takes a more focused look at population health and health equity we encourage the two commissions to collaborate where appropriate to leverage and align the considerable work underway.

What measures should be used to establish a baseline to assess impact and monitor/evaluate performance of the Pathways grantees?

The grant applicant should be required to determine the metrics based on the interventions the applicant proposes. Given the limited duration of the Pathways program, timely data availability to measure impacts, and the requirement for the CHRC to report on the potential for a Pathway grantee to evolve into a Health Equity Resource Community, CHRC should focus on process improvement measures that can be improved over two years.

What forms of technical assistance should CHRC provide to potential applicants and grantees?

CHRC should consider building a statewide data dashboard with the elements outlined in the legislation establishing the [Maryland Commission on Health Equity](#). The Commission should also consider the feasibility of providing analytical support to potential applicants to help interpret statewide data and synthesize statewide data with the applicant's data.

How should program evaluation focus on the effectiveness of the interventions on: (1) health outcomes of the population/community served; and (2) Social Determinants of Health (SDOH)/other barriers experienced by the population/community served?

Program evaluation should focus on measures that can be meaningfully improved within the two-year grant period.

MHA appreciates the Commission's leadership to strengthen health equity in our state—a key priority for the state's hospitals and health systems. Please contact us if you need additional information.

Sincerely,

Erin Dorrien
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Brian Sims
Director, Quality & Health Improvement