



Population Health Workforce Support for  
Disadvantaged Areas Program  
(PWSDA)

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# Background: HSCRC and Total Cost of Care Model

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## ▶ HSCRC Background

- ▶ State agency tasked with maintaining the all-payer hospital rate setting system
- ▶ Leading statewide health care delivery transformation efforts under the All-Payer Model and Total Cost of Care Model

## ▶ Total Cost of Care Model Background

- ▶ Designed to coordinate care for patients across both hospital and non-hospital settings, improve health outcomes and constrain the growth of costs
- ▶ Payment framework for hospitals to move from volume to value
- ▶ Provider-led efforts to reduce avoidable use and improve quality and coordination
- ▶ Sustains rural hospitals with a stable revenue base
- ▶ Focus on population health improvement

# Overview of the Population Health Workforce Support for Disadvantaged Areas Program (PWSDA)

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- ▶ In December 2015, the HSCRC authorized \$10 million in rate increases for hospitals to train and hire workers from areas of high economic disparities and unemployment
  - ▶ Hospitals matched rate increases at 50%
- ▶ Hospitals must train, hire, and support workers to fill new positions designed to improve population health and further the goals of the All-Payer Model (now, Total Cost of Care Model)
- ▶ Goals are two-fold:
  - ▶ Improve socio-economic status of disadvantaged communities by increasing employment opportunities
  - ▶ Improve population health in Maryland through workforce investments

# Baltimore Population Health Workforce Collaborative (Baltimore Collaborative)

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- ▶ **Four Systems – Nine hospitals**
  - ▶ Hopkins (Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center)
  - ▶ Medstar (Franklin Square, Union Memorial, Good Samaritan, Harbor)
  - ▶ Lifebridge Sinai
  - ▶ University of Maryland (University of Maryland Medical Center, Midtown)
- ▶ **Program set a goal of hiring 208 workers by FY 2019**
  - ▶ Community Health Workers (CHWs)
  - ▶ Peer Recovery Specialists (PRSs)
  - ▶ Certified Nursing Assistants and Geriatric Nursing Assistants (CNAs/GNAs)
- ▶ **Program renewed through FY 2022 to allow Collaborative to continue to work towards training and hiring goals, with potential for continued growth**

# Program Partners

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- ▶ Baltimore Alliance for Careers in Healthcare (BACH) served as training coordinator and intermediary with hospital systems
- ▶ Recruitment, Essential Skills Training, and Wraparound Services
  - ▶ Turnaround Tuesday
- ▶ Technical Training
  - ▶ Baltimore Area Health Education Council (BAHEC) - CHWs
  - ▶ Community College of Baltimore County (CCBC) - CNAs
  - ▶ Jordan Peer Recovery Training (JPRT) - PRSs

# Training Outcomes and Worker Impact

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## Training Outcomes

- ▶ 207 individuals began training
- ▶ 183 individuals completed training
- ▶ 114 individuals hired

Position	Worker Count as of 6/30/18
Community Health Worker	73
Peer Recovery Specialist	27
Certified/Geriatric Nursing Assistant	14
<b>Worker Totals</b>	<b>114</b>

- ▶ Training and hiring continues in FY 2019

## Patient Care Activities

- ▶ Diverse patient population with a focus on high-utilizer and high-risk Medicare patients
- ▶ Key Activities include:
  - ▶ Care Coordination
  - ▶ Health Education and Health System Navigation
  - ▶ Companion Care and Patient Escort
  - ▶ Transitional Care for Home Health
  - ▶ Peer Recovery Support
  - ▶ Linking to Community Services
- ▶ Patient Impact (*through 6/30/18*)
  - ▶ 16,311 Interventions  
*Direct, Remote, and Community Based*
  - ▶ 10,422 Referrals  
*Connections to Medical or Social Services  
Based on Needs Assessments*

# Insights and Lessons Learned

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## ▶ **Slow Start-Up**

- ▶ Big ideas take time to implement, so progress at first was slow

## ▶ **Community Partnerships are Critical**

- ▶ Community partners critical to the recruitment and screening process
- ▶ Wraparound services to support workers has assisted in worker retention

## ▶ **Challenging to Quantify Impact**

- ▶ Workers are spread within and across 9 hospitals and integrated within new and existing programs
- ▶ Difficult to attribute differences in readmission and utilization rates to individual workers
- ▶ Anecdotal evidence shows positive outcomes for many patients

## ▶ **Broad Community Support**

- ▶ Powerful stories from workers about impact of the program on their lives
- ▶ Upward mobility for workers, particularly CHWs