Charles County Health System Transformation Presentation Evaluation Report
April 20, 2015

Number of attendees: **65**
Number of evaluations collected: **36**
(Majority serving diverse populations/minorities, low-income and providers; also additional write-in of mental and behavioral health patients/providers. *Perhaps this category should be added to the evaluation form and special outreach to these providers to participate in future forums*?)

This forum was the only regional forum to be held at a local public school and to coincide with a community event. An installation of the AIDS quilt was on display in the school's gymnasium and participants were able to view the exhibit before attending the forum.

The evaluation response rate was a bit better than other forums, perhaps due to more frequent reminders to complete them throughout the presentation and clear explanation of how feedback would be applied to future consumer outreach and engagement work.

Of those who completed evaluations **about three-quarters of respondents had never head about the waiver or other health system transformation (HST) before** (**27**). Of those who were aware of HST prior to attending the forum (9), they predominantly worked with/for the health department and local hospital (perhaps due to the instrumental role the health department played in planning and publicizing the event.) They had heard about it from the following sources:

- MHA
- Employer
- UMD monthly read reduction mtgs
- Local health department and/or hospital and/or LHIC
- Maryland Women's Coalition
- Indianapolis(?)
- UMRHCC (?)

There was not a significant difference in following responses between those who were learning about this issue for the first time and those who were already familiar with the concept. Responses are detailed below in aggregate.

Majority of respondents felt that after attending this forum, the best way to describe Maryland's HST was the following statement:

- **Creates a system where all health care providers work together to help keep the public healthy. (27)**
- **Enhances the overall healthcare system by improving the quality of care and reducing costs. (4)**

Two other suggested descriptions volunteered by participants include ,"Reducing ER visits by using community resources," and "It will depend on the citizen given often give/receive care across county lines."

The highest ranking aspects of HST that they felt would interest their constituents include:

- **Hospitals, healthcare providers, and community-based organizations will be working together to help Marylanders be as healthy as possible (34).**
- **Hospitals have an added incentive to keep people healthy (15).**

- The changes are to control health care costs (11).

When asked how they felt their constituents would want to be involved in implementing HST, most felt that **they'd like to "be more knowledgeable about healthcare services and options that can help improve their health and help save costs (27) and be more active in and knowledgeable about their own healthcare (19)."**

Most wanted to get information about HST from social media (24), their health care provider (18) and public meetings for patients and caregivers (14). About two-thirds wanted to get information now and every time new information becomes available (20).

Respondent profile

Organization	First learning about the waiver at this forum	Already familiar with the waiver
Private Citizen	6	0
CBO	7	1
Civic Org	2	0
Provider Group	3	4
FBO	1	2
Private Provider	3	0
No answer	1	0
Other	6 FQHC Local affiliate of national nonprofit (NAMI) Area Agency on Aging Psychiatric rehab ctr Elected official Local Health Department Home care provider	2 Health Department Hospital

1. Have you attended meetings before about health system transformation related to changes in how hospitals are paid?

No--27
Yes—9

- MHA
- Employer
- UMD monthly read reduction mtgs
- Local health department and/or hospital and/or LHIC
- Maryland Women's Coalition
- Indianapolis(?)
- UMRHCC (?)

2. After attending this forum, which of these statements best describes how you would summarize Maryland's health system transformation? (Select ONE)

Maryland's health system transformation:

27- Creates a system where all healthcare providers to work together to help keep the public healthy.

4- Enhances the overall healthcare system by improving the quality of care and reducing costs.

1- Will be most beneficial to people who go to the hospital frequently.

1- May cause people to get less care when they go to the hospital.

0- I need more information to summarize Maryland's health system transformation. It is a little complicated.

1- Other- "Reducing ER visits by using community resources" "It will depend on the citizen given often give/receive care across county lines."

1- No answer

3. Which aspects of Maryland's health system transformation do you think will interest your constituents most? (Select up to TWO)

34- Hospitals, healthcare providers, and community-based organizations will be working together to help Marylanders be as healthy as possible.

11- The changes are to control healthcare costs.

15- Hospitals have an added incentive to keep people healthy.

4- There is a regulatory body that oversees hospitals.

1- Other__"Quality of care"_

4. In what ways do you think your constituents might want to be involved in implementing Maryland's health system transformation? (Select up to TWO)

19- Be more active in and knowledgeable about their own healthcare

27- Be more knowledgeable about healthcare services and options that can help improve their health and help save costs

9- Participate in Town Hall Meetings where they can learn more and provide input on how the health system transformation is implemented

8- Participate on advisory boards to help hospitals and the State understand how health system transformation is impacting healthcare consumers

4- Other__"Help train FBO to better serve as liaisons b/w health care provider organization and their congregation;"
"Get more specialists on board with new transformation"
"Do nurses sit on advisory boards currently?"
"[blank]"

5. What do you think is the best way to share information about Maryland's health system transformation with your constituents? (Select up to THREE)

18- Information from healthcare provider
11- Information when at/in the hospital
24- Social media, website
7- Billboards
14- Public meetings for patients and caregivers
7- Flyers, handouts, brochures
10- TV and radio commercials
5- Newspaper advertisement
3- Other "[blank"
"provide info and resources to key partners in community to share with their clients/patients"
"Commuter bus signs/VanGo"

6. When do you think is the best time for the state and hospitals to inform the public about Maryland's health system transformation? (Select ONE)

20- Now and every time new information becomes available
7- When there is information the public can easily understand and act on
9- When there are new programs resulting from the transformation that the public can understand and act on
0- When they personally experience a new program that resulted from the transformation.
1- Other "Presentation at churches, clubs, etc."

7. Which of these best describes the organization you represent?

6- I am a private citizen
8- Community-based organization
2- Civic organization
8- Other (see profile above)
7- Provider group
3- Faith-based organization
3- Private provider office
1- no answer

8. Who are your primary constituents? (Select up to THREE)

7- I am a private citizen
12- I am a healthcare provider
15- Diverse populations / minorities
9- Seniors
11- Low-income populations
0- Immigrants
3- Chronically ill
5- Children
7- Families
5- Caregivers
4- Parishioners in a faith-based organization
2- Healthcare providers
2- Other_"All county citizens [elected official]"
"behavioral health/mentally ill"

April 28, 2015

Western Maryland Forum evaluations
25 people in attendance
11 evaluations collected

This forum was held during the regular meeting time of the Cumberland Ministerial Association. This forum was different from others because this region has been operating under global budgets for more than 4 years. They had more programing and impact to share/report.

Some important background to consider: The hospital addressed global budgeting by modifying their campus to offer more preventive services on-site rather than tapping into/partnering with existing community assets. While this helps patients overcome transportation barriers, it has inadvertently weakened the broader primary care structure as more patients are diverted from the FQHC and other independent primary care providers to the hospital.

Because of the fact that this was a ministerial association mtg, there was great interest in the congregational faith network. Follow-up meeting will be held to discuss further in June.

Of the 25 people gathered for the forum

- 7 were nav/assisters from Healthy Howard; one was from Rural Area Enrollment Network, an enrollment program by Maryland Rural Health Assc.
- 6 were from local faith-based organizations
- 2 were from the hospital and 2 were from the health department
- the rest were from community based organizations like the NAACP and United Way

- Two had heard of HST before because they worked for Western Maryland Health Systems (chaplain and parish nurse coordinator); the rest had not (2 didn't answer the question). Which is interesting since they've been operating under the global budget model for 4 years.

- They thought that Maryland's HST was best described by the statement: "Enhances the overall health care system by improving the quality of care and reducing costs."

- They thought the two aspects of HST that would most interest their constituents were "Hospitals, health care providers and community based orgs will be working together to help Marylanders be as healthy as possible." (given the background stated above, this is an interesting choice—perhaps because it was the first option on the list?)And "Hospitals have an added

incentive to keep people healthy." (strongly reiterated by Steve's presentation and local doc presentation on the new ACO)

- They thought their constituents might want to be more involved in implementing Maryland's HST by "being more active in and knowledgeable about their own healthcare." And "Be more knowledgeable about healthcare services and options that can help improve their health and help save costs."

- They felt the best time to share the information was when there are new programs resulting from HST that the public can understand and act on.

- They felt the best way to share this information with their constituents was through their health care providers, information when at/in the hospital and through local tv/radio/print media. More than one respondent encouraged "low-tech" resources to better reach their congregants who are not likely to see health information (or any information) online. This region has an aging population.

There were a few questions about how a global budgeting and unique hospital system is reflected on their EOBs; how patients take advantage of a patient-centered-medical-home and physician led ACO (Western Maryland Health System); if/how Congregational Health Network is duplicative/supportive of Community Health Worker model.

The local panel of experts were more prospective (promoting new and future programs) rather than reflective of their early years of experience working under global budgets. Not sure we got a lot of valuable feedback on how it's going—perhaps because of tensions between actors in the room and by virtue of the fact that it was hosted on hospital grounds. When pushed for ideas on how to engage consumers in this ongoing process, there was general agreement that further investing in faith-based partnerships was an avenue to explore, but no additional ideas were shared.