

Community Health Improvement Implementation Plan FY20-22

Approved by the Board of Directors on June 27, 2019

Priority Area: Access to Care					
Long Term Goals Supporting Maryland SHIP:					
1) To increase the number of people with a usual primary care provider.					
2) To reduce the number of uninsured ED visits.					
Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Increase the number of people with a usual primary care provider.	St. Clare Medical Outreach	Undocumented population	The primary care clinic is composed of a medical director, nurse manager, PA, RNs, MAs, pharmacy liaison, health educator and office coordinator. An NP provides mental health counseling on a limited schedule. Patients are scheduled appointments according to provider's recommendation and treatment plan. Services provided in addition to primary care are immunizations, pharmaceuticals, health education, and referrals to specialist that participate in the program.	Number of new patients	UM St. Joseph Medical Group Baltimore County & City Health Departments FQHCs HealthCare Access MD Esperanza Center Adelante Familia Pro Bono
	Continue extended office hours for primary care.	Community	Two primary care practices will continue to offer evening office hours for appointments to make care more accessible for patients.		
	Continue rapid process improvement workshops for primary care offices.	Primary care offices (7)	Using a LEAN approach, identify inefficiencies related to phone triage, provider work flow, office layout, check out and referral processes. Implement changes, measure, and standardize.	Patient wait time	

Reduce the number of uninsured ED visits.	Transitional Care Center	High risk/high utilizer patients	Multidisciplinary approach employing a physician provider, pharmacist and case manager to follow up on high risk patients discharged from UM SJMC and transition them back into the community. CHWs to help with transportation needs, follow up appointments, psychosocial needs. Report conditions to providers.	Number of patients served Hospital PAU and readmission rates	UM St. Joseph Medical Group Community providers Baltimore County Department of Health Maxim
	Partner with HealthCare Access Maryland	Uninsured individuals	Offer regular onsite appointments with representatives from HealthCare Access Maryland for individuals in need of health insurance.	Number of appointments Number of individuals who gain access to health insurance	HealthCare Access Maryland Community providers Employee Health Community Health
Reduce transportation barriers.	Enhanced transportation access through partnership with transportation services and grant funding	Low income individuals with transportation barriers	Screen individuals who may need transportation assistance for appointments, programs, and at discharge. Subsidize this service.	Number of rides provided	Lyft Jimmys Cab Company Emergency Department Community providers Community Health
	Telehealth kits	Heart Failure Patients	25 kits being deployed to heart failure patients, allowing these patients to self-monitor and report regularly to a cardiologist. Recommendations can be made in real time without an office visit.	Number of participants Patient outcomes	Heart Failure Clinic
Reduce language barriers.	Greater use of translation services and bilingual staff and partners	Individuals with language barriers	Increase the availability of iPads which allow for video with translation services. Increase the availability of educational material in Spanish and other languages. Partner with bilingual professionals to	Number of iPads deployed Number of resources offered in Spanish Number of programs delivered in Spanish	St. Clare Med Outreach Transitional Care Center Nueva Vida

			offer programs in other languages.		
Increase seasonal influenza vaccination.	Free community flu clinics	Community	Free community flu vaccination clinics will be held on and off campus at a variety of locations and times. They will be advertised with home mailings, social media, and flyers in public places.	Number of free flu clinics Number of individuals vaccinated	White Marsh Mall Shops at Kenilworth The Orokawa Y St. Joseph Parish Our Lady of Grace Cathedral of Mary Our Queen Catholic Charities Marian House Esperanza Center
Address social determinants of health.	Increase screenings for social determinants of health	Transitional Care Center patients Heart Failure clinic patients	The nurse care management screens for social determinants of health among TCC patients. An initial appointment for patients in the Heart Failure Clinic will be with a PA who screens for social determinants of health.	Number of screenings performed	TCC Heart Failure Clinic Cardiology
Increase community resource awareness.	Resource directory and partnership	Community Partners Providers	Develop and maintain a list of community resources and programs available online. Expand distribution of program flyers. Engage in coalitions.	Number of coalitions	Baltimore County Department of Health Baltimore County Department of Aging Maryland Department of Aging MAC, Inc. UMMS GBMC
Reduce unemployment.	Support workforce development programs	High School Students	Continue to support the Start on Success Program through Humanim by hosting student interns. Continue to support the Corporate Work Study Program by sponsoring Cristo Rey High School students who gain work experience and tuition assistance.	Number of students	Humanim Cristo Rey

Priority Area: Mental Health and Substance Abuse

Long Term Goals Supporting Maryland SHIP:

1) Reduce emergency department visits related to mental health conditions.

2) Reduce the drug-induced death rate.

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Create more pathways in the community for behavioral health patients.	Behavioral Health Center	High risk patients	The Behavioral Health Center provides diagnostic and transitional treatment planning with a multidisciplinary approach including comprehensive case management and intensive relapse prevention to help at risk patients transition back into the community	Number of patients served Hospital PAU and readmission rates	Community providers Baltimore County Department of Health VNA Mosaic
Provide culturally appropriate access to mental health.	Mental Health at St. Clare Medical Outreach	Undocumented population	Four office hours a week are devoted to mental health services provided by a bilingual family nurse practitioner with a certificate in mental health counseling	Number of patients served	ProBono Counseling Johns Hopkins Outpatient Psychology Alcoholics Anonymous First Step
Reduce the stigma around mental health conditions and increase the number of adults and adolescents referred for support.	Provide training in recognition and response for mental health disorders and crisis.	Providers Employees Partners Community	Partner with local organizations to offer trainings such as Mental Health First Aid and suicide prevention.	Number of trainings hosted Number educated	Mosaic UMMS
	Co-sponsor Not All Wounds Are Visible Conference Series	Community	Conferences create a forum for community conversations, greater awareness and resource sharing on issues specific to mental health and addiction.	Number of conference participants	UMMS

Reduce the drug-induced death rate.	Peer Recovery Specialists	ED patients	Partner with the Baltimore County Departments of Health for peer recovery specialists to be available for 1:1 peer outreach and coaching as well as resource assistance (detox, mental health services or facilities, assistance with supportive housing, transportation, medication, insurance, and other ancillary support)	Number of people served	Baltimore County Department of Health
	Promote pain management through Chronic Pain Self-Management Program	Community	Chronic Pain Self-Management is a six-week evidence-based workshop that helps participants manage fatigue and pain with action plans and simple exercises.	Number of workshops Number of completers	Baltimore County Department of Aging Maryland Pain Specialists MAC, Inc.
	Promote medication management.	Community	Partner with pharmacists for educational events, distribute drop box information: -Stepping On -Heart Health Event -Ask the Pharmacist information tables	Number of events Number of people served	Pharmacy Department The Orokawa Y Baltimore County Department of Health
Annual Powered by ME! Conference	Baltimore County and City Schools	A half day conference devoted to education and resources on substance abuse, performance enhancement and social responsibility.	Number of attendees Number of schools	Towson Sports Medicine Taylor Hooton Foundation One Love Foundation Shock Trauma Center for Eating Disorders at Sheppard Pratt	

Priority Area: Chronic Disease- Cardiovascular Disease/Obesity

Long Term Goals Supporting Maryland SHIP:

- 1) Reduce the mortality rate from heart disease and stroke.
- 2) Increase the proportion of adults who are at a healthy weight.
- 3) Increase the number of people who are physically active.

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Reduce the mortality rate from heart disease and stroke.	Heart Failure Clinic	Patients with heart failure and no cardiologist	The Heart Failure Clinic ensures timely access to comprehensive, specialty care. It includes four visits to address medication management, education, and social determinants of health. Patients will be referred to the Transitional Care Center as needed.	Number of patients served Number of readmissions	Cardiology Transitional Care Center Telehealth
	Cardiovascular Screenings	Individuals with risk factors	Carotid Artery Screenings Abdominal Aortic Aneurysm Screenings Coronary Calcium CT Scans Peripheral Arterial Disease Screenings	Number of screenings Number of referrals	Vascular Surgery Associates Cardiovascular Fitness Ultrasound Stroke Center
	Stroke Education	Community	Lectures and other educational efforts to increase awareness on stroke signs and symptoms, treatment, and prevention.	Number of lectures Number of participants	Stroke Center EMS
	Stroke Support Group	Stroke victims and their families	Meets every other month to connect stroke victims and their families with resources and support.	Number of participants	Stroke Center GBMC The Orokawa Y
Reduce the rate of diabetes.	Monitor and support diabetic patients	St. Clare Medical Outreach patients	Establish individualized A1C and blood glucose goals for each patient. Monitor A1C and blood glucose at each visit. Provide education on diabetes at each visit as needed. Encourage patients to be involved in care and treatment.	Average A1Cs	Nutrition and Diabetes Management Center

	Evidence-based programs	Community	Prevent T2 is a lifestyle change program with CDC-approved curriculum and led by a trained lifestyle coach. It is a year-long program that has been proven to prevent or delay type 2 diabetes. Living Well is a six week chronic disease self-management program developed by Stanford and delivered by two trained instructors.	Number of programs offered Number of program completers % weight lost	Nutrition and Diabetes Management Center MAC, Inc.
	Diabetes Support Group	Community	The Diabetes Info. Exchange is a monthly support group intended to encourage and exchange of information and support between presenters and attendees.	Number of groups hosted Number of attendees	American Diabetes Association Nutrition and Diabetes Management Center USDA Local fitness centers
Reduce the rate of hypertension.	Living Healthy with High Blood Pressure	Community	A 2.5 hour workshop for people who have been diagnosed with hypertension or high blood pressure and want to learn how to better manage their condition.	Number of classes Number of participants Pre-post evaluations	MAC, Inc. Baltimore County Department of Aging
	Blood Pressure Screenings	Community	Screenings offered onsite and offsite independently and in conjunction with other events. Educational resources will be offered.	Number of screenings Number of referrals	Baltimore County Department of Aging Senior Living Facilities
Increase the number of adults who are at a healthy weight.	Physical Activity Programs	Community	Free yoga classes will be offered weekly to the public. Partner with the Baltimore County Department of Aging to expand fitness program availability in the area. Partner with Towson Sports Medicine to offer functional movements screens to support adults who want to become physically active.	Number of programs Number of participants	SDK Pilates Baltimore County Department of Aging Towson Sports Medicine Employee Health

	Continue body composition analysis	<p>St. Clare</p> <p>Employees</p> <p>Community</p>	<p>Continue St. Clare walking/biking group.</p> <p>Partner with Employee Health to offer free wellness coaching services to UM SJMC employees who want to make lifestyle changes.</p> <p>Offer free body composition analysis which identifies individual body fat percentage, muscle mass, total body water, visceral fat, basal metabolic rate, and BMI for those who want to self-monitor or make changes. Provide education on healthy lifestyles and resources for support.</p>	<p>Number of participants</p> <p>Number of referrals</p>	The Orokawa Y
Increase the number of adolescents who are at a healthy weight.	Healthy Kids Running Series	Children Pre-K-8 th grade and their families	The Healthy Kids Running Series is a five week running program in the spring and fall for kids from Pre-K to 8th grade. Each Race Series takes place once a week and offers age appropriate running events including the 50 yard dash, the 75 yard dash, the 1/4 mile, the 1/2 mile and the one mile run. Resources supporting healthy lifestyles are also shared with participants and their families.	Number of participants	Healthy Kids Running Series Towson Sports Medicine New Balance
Increase healthy food access.	Produce in a SNAP	Community	<p>Partner with Hungry Harvest to host Produce in a SNAP- reduced-cost community markets that provide access to fresh, affordable produce.</p> <p>Partner with Meals on Wheels to share program information with patients identified as suffering from food insecurity.</p>	<p>Number of markets</p> <p>Bags of food sold</p> <p>Number of patients referred to Grocery Assistance Program</p>	Hungry Harvest Meals on Wheels Population Health

Priority Area: Cancer

Long Term Goals Supporting Maryland SHIP:

- 1) Reduce the cancer mortality rate.
- 2) Reduce the rate of adults who smoke.

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Reduce the cancer mortality rate.	Increase early detection through screenings and education:		Partner with a physician champion, establish eligibility requirements, promote screening, implement screening, provide education and follow-up support as needed. Track metrics.	Number screened Number of participants referred for follow-up Number of cancers detected	Baltimore County Cancer Program
	Breast Cancer Screenings	Women 40 and over	Screening includes risk assessment, clinical breast exam, and mammogram.		Breast Center Advanced Radiology ACS Nueva Vida
	Cervical Cancer Screenings	Women 21-65	Screening includes pelvic exam, pap test, and follow-up testing as needed.		Women's Health Associates Pathology Nueva Vida
	Prostate Cancer Screenings	Men 50-70 (40 with risk factors)	Screening includes PSA blood test and digital rectal exam.		Chesapeake Urology Associates Lab
	Skin Cancer Screenings	Adults and children	Screening includes a visual inspection.		American Academy of Dermatology Skin Care Specialty Physicians
Colon Cancer Screenings	Employees and family members 50 and over	Screening includes a colonoscopy.	UM SJMC Employee and Community Health Digestive Disease Ctr		

Reduce the rate of adults who smoke.	Annual Cancer Symposium	Providers and allied health professionals	A half day conference to educate providers and other professionals on the latest in cancer screening guidelines and treatment.	Number of attendees	
	Partner to increase outreach efforts and resource awareness.	Partner organizations	Continue active membership in local and state cancer coalitions and initiatives.	Number of coalitions Number of educational events/initiatives	Baltimore County Cancer Coalition MD State Cancer Collaborative DHMH Patient Navigation Network Clare Marie Foundation About Faces
	Survivorship	Cancer survivors (patients and family members)	Increase access to survivorship support and services in the new Wellness and Support Center.	Number of referrals Number of patients served Number of family members served Number of classes and participants	Healing Therapy Acupuncture Yoga
	Partner with the Baltimore County Department of Health to promote smoking cessation classes and resources.	Current smokers	Share schedule of classes with patients, partner organizations, and community. Serve as a host site if needed.	Number of referrals	Baltimore County Department of Health
	Educate on the dangers of tobacco and electronic smoking devices.	Students Community	Provide educational material and presentations at school health fairs and community events.	Number of events Number educated	Baltimore County Department of Health Local schools

Priority Area: Fall Prevention

Long Term Goals Supporting Maryland SHIP:

- 1) Reduce the fall-related death rate.
- 2) Reduce the pedestrian injury rate.

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Reduce the fall-related death rate.	Evidence-based fall prevention programs.	Adults 65 and over	Stepping On is a 7 week evidence-based program that incorporates balance and strength exercises with education on home safety, medications, footwear, vision, and assistive devices. Partner with Baltimore County Department of Aging to expand the availability of strength and balance programs.	Number of programs Number of participants	Wisconsin Institute for Healthy Aging MD Dept of Aging Baltimore County Department of Aging UM SJMC Physical Therapy UM SJMC Pharmacy Van Dyke & Bacon Shoes MD Society for Sight
	Increase fall risk screening and awareness.	Community	Provide educational material on ways to identify and reduce fall risk to providers, partners, and related events such as Senior Expo, Fall Prevention Week, etc.	Number of individuals who receive education	Baltimore County Department of Aging The Orokawa Y Transitional Care Ctr ED
	Bone density screenings	Adults	Bone density screenings are offered through an ultrasound of the heel bone. Participants are counseled on their risk and given information on protecting bone health. Those identified as high risk are advised to speak with their health care provider about a DEXA scan.	Number of individuals screened	Baltimore County Department of Aging Towson Orthopaedic Associates National Osteoporosis Foundation
	Increase social		Partner with Baltimore County	Number of senior programs	Baltimore County

	support for older adults.	Seniors	Department of Aging to expand programs and support for seniors.		Department of Aging National Council on Aging
Reduce the pedestrian injury rate on public roads.	Education and partnership	Community	Partner with local safety and security teams to increase walkway safety. Provide pedestrian safety education.	Number of pedestrian safety initiatives.	Public Safety Officer Towson University