Draft Principles for Review of Applications

Background

The following are proposed principles for the review of applications for HEZs. These principles will inform the Request for Proposals and will be used in the final selection of the Health Enterprise Zones. The Department of Health and Mental Hygiene and Community Health Resources Commission are seeking general public input on these selection principles as well as answers to specific questions.

The Department and Commission are also seeking input on additional data resources that may be made available to assist in the development of proposals.

Draft Principles

1. Purpose. The application must describe how the proposal will address the core statutory goal of Health Enterprise Zones of reducing health disparities, including racial/ethnic and geographic health disparities, in Maryland.

2. Description of need. The application should describe the health needs of the population, covering, for example, health metrics, poverty, health status of racial and ethnic minority populations, primary care access, lack of insurance, and other needs specific to the community.

3. Core disease targets. The application should identify specific diseases for improvement. Applications are encouraged to target at least one of the following conditions identified by the Health Disparities Workgroup of the Maryland Health Quality and Cost Council: cardiovascular disease, diabetes, and asthma.

4. Goals. The application should propose measurable goals for health improvement in the HEZ by January 2016. Goals should cover each of the following areas:

    a. Improved health outcomes (SHIP measures or others)
    b. Expanded primary care workforce
    c. Increased community health resources
    d. Reduced preventable emergency department visits and hospitalizations
    e. Reduced unnecessary costs in health care

    The goals should reflect the disparities being addressed. For example, if the disparity being targeted is diabetes admissions for African-Americans, the goal should be stated as a specific value for diabetes admissions for African-Americans.

5. Strategy. The application should propose strategies and interventions to meet the goals. Investments in prevention, community outreach, and improved self-management of chronic disease are encouraged. The evidence and rationale for the strategies and interventions should be presented. Examples of such strategies could include:
    o A strategy to increase provider capacity by a specified percentage
    o A strategy to improve the quality of service delivery as indicated by HEDIS measures
    o A strategy to address community barriers to healthy lifestyles

1

- o   A strategy to improve health outcomes through the use of community health workers
- o   A plan to strengthen community and environmental policies to support good health in schools, day care, recreation centers, senior centers, and workplaces
- o   A strategy to provide better access to healthy foods or facilities for physical activities
- o   A strategy to reach underserved racial and ethnic minority persons in the Health Enterprise Zone

6. <u>Cultural competence</u>. The application should explain how the strategies will be implemented in a culturally competent manner and designed to be accessible to the target population. This includes addressing translation and interpretation issues for foreign language speakers, and issues of low health literacy in the population. The application should describe the efforts that will be undertaken to recruit a racially and ethnically diverse workforce for the HEZ.

7. <u>Balance</u>. The proposed strategies should be balanced between community-based approaches with primary care provider based incentives; it should combine grants with other types of credits and incentives.

8. <u>Coalition</u>. The applying coalition should include a diverse array of health and community partners, with specific roles and deep historical experience working in the zone. The proposal should describe the coalition team and what assets, experience, knowledge, etc., it brings to the proposed Zone. There should be a clear governance structure with a point of accountability.

9. <u>Work-plan</u>. The application should include a detailed list of program activities, measurable outputs, timelines, responsible entities and other logistics that enable tracking of effort; describe roles of the listed partners, include interim milestones and deliverables; and support appropriate data collection and reporting. Funding levels to partners should be appropriate to their responsibilities in the work-plan.

10. <u>Program Management and Guidance.</u> The application should include a plan for periodic reporting to the State regarding progress and challenges on implementation of the HEZ work-plan and interim values for the evaluation metrics.

11. <u>Sustainability</u>. The application should describe a plan for sustainability and acquisition of resources beyond State funding, including partnership with entities in the health care system that have the financial incentive for better outcomes. Investments from insurers who stand to gain from cost savings in the HEZ are a potential component of a sustainability plan.

12. <u>Evaluation</u>. The application should propose an evaluation plan which tracks progress in meeting the health goals for the Health Enterprise Zone. As discussed in 4 above, these should include goals in each of these areas:

   a. Improved health outcomes (SHIP measures or others)
   b. Expanded primary care workforce
   c. Increased community health resources
   d. Reduced preventable emergency department visits and hospitalizations
   e. Reduced unnecessary costs in health care

In addition, the evaluation plan should propose assessing the process used to achieve these goals. For example, the plan should track the use of proposed incentives, the implementation of the plan on cultural competency, the broad-based participation of the community coalition, and the status of progress on sustainability.

Questions for Public Input

Public comment will be accepted on the above principles from June 15 to July 20. All public comments and responses to these questions should be sent to hez@dhmh.state.md.us. In addition, we request comment on this question:

1. What other data resources would be helpful to be provided? Please suggest resources that will be possible for the Department to make available in the next 4-8 weeks.