

5.24.2023

## Group Meeting Norms

- When you join, please chat-in or say your name.
- State your name before speaking.
- Verbalize messages in chat.
- Speak for yourself only, using “I” statements: “I do not like...” instead of “we do not like...”
- Raise your hand to speak and use your camera when possible.
- Closed Captioning is available through Teams by clicking on More Actions and selecting “Turn on live captions”.
- Meeting notes will be sent in pdf format at the end of each meeting.
- All meetings will be recorded

## Vision

An equitable, just, and well Baltimore where everyone has the opportunity to be healthy and to thrive.

## LHIC Purpose

- The coalition’s purpose is to identify and address Baltimore City’s most **pressing structural health disparities** by bringing together a **multisector group**, with representation from community, health, and government.
- Requires the **shared leadership** of healthcare, government, organizations, community members, and representatives from underserved communities.
- Each LHIC identifies **3 health priorities** and works to address through a diversity of perspectives, collaboration, and pooling resources.

## Care Coordination Goals

1. Improve access to healthcare, services, and resources for Baltimore City residents.
2. Improve the quality of healthcare, services, and resources for Baltimore City residents.

## Objectives


- By December 2023, build four new referral pathways between health providers and community organizations.
- By January 2024, implement 1-2 policies in support of community health workers.
- By June 2024, coordinate the sharing of health-related social needs data across 85% of healthcare systems.

## Activities

- Convene healthcare and community partners with CRISP, Maryland’s Health Information Exchange.
- Work with healthcare partners to identify values, needs, and challenges related to data sharing.
- Recruit community organizations to share referral information.

- Test data sharing methods between 2-3 organizations to build upon data sharing processes.
- Share learnings and build community relationships through LHIC meetings.

GOAL	Activities	Members	Today's Discussion Topics	Next Steps
New Members	Call for new Members or Topics		1. Introductions: Do we have any new members	<p>Elizabeth Spradley: Nurse at MDH Center for Harm Reduction Services</p> <ul style="list-style-type: none"> <li>• Statewide drug user health and wound care</li> <li>• Trying to get a better feel for what other organizations are working on re: care coordination</li> <li>• Hoping to contribute</li> </ul> <p>Lorena de Leon's news: Went to a nationwide population health conference.</p> <ul style="list-style-type: none"> <li>• Maternal and child health: number one predictor of a healthy pregnancy and birth is safe and stable housing.</li> <li>• Looking into some housing initiatives locally.</li> </ul> <p><input type="checkbox"/> Tamara - Connect Lorena and Sadiya and the Department of Community Housing Development</p>

Community Informed Definition	Host focus groups, engage the community	BCHD, Ijeoma Eke, Lynell Medley	<ol style="list-style-type: none"> <li>1. UPDATE: We are recruiting 12 community members.</li> <li>2. CALL TO ACTION: bring 1 community member to this group, or invite to a full LHIC meeting</li> </ol>	 <p><b>COMMUNITY MEMBERS WANTED</b></p> <p>The Baltimore City Local Health Improvement Coalition (LHIC) is seeking community member participation in its workgroups to help initiate and guide conversations around positive health outcomes throughout Baltimore City.</p> <p><b>What do we need?</b> Energetic individuals with:</p> <ul style="list-style-type: none"> <li>• Desire and ability to listen and engage with multiple perspectives</li> <li>• Desire and ability to work and collaborate with diverse groups with long-term goals</li> <li>• Desire and ability to think about big problems and offer solutions</li> <li>• Open availability for designated workgroup meeting times</li> </ul> <p><b>Compensation:</b> Community members will receive a \$30/hr stipend for their participation in LHIC workgroups</p> <p><b>MUST BE A BALTIMORE CITY RESIDENT</b></p> <p><b>How do I join/Get more info?</b></p> <ul style="list-style-type: none"> <li>• Email Stephane Bertrand, LHIC Coordinator at <a href="mailto:stephane.bertrand2@baltimorecity.gov">stephane.bertrand2@baltimorecity.gov</a> or call at 443-257-5118</li> </ul> <p><b>BALTIMORE CITY HEALTH DEPARTMENT</b></p>
Define and Track our Success	Develop Shared, City-wide Goals,		<p>Shared Goals for Care Coordination</p> <ul style="list-style-type: none"> <li>• Review</li> <li>• Is this the impact we want to</li> </ul>	<p><b>Objectives</b></p> <ul style="list-style-type: none"> <li>• By December 2023, build four new referral pathways between health providers and community</li> </ul>

Community member:

- A person who lives in Baltimore City
- Who wants to engage outside of their professional work

Pay: \$30/hour via gift card

Looking for 12 people:

- Disability community
- Older adults
- Youth
- LGBTQ+

Make a referral!

	<p>track our success, and Share success with the city</p>		<p>make?</p> <ul style="list-style-type: none"> <li>• How do we track our success towards these goals             <ol style="list-style-type: none"> <li>1. Do we have this data? Can it be shared?</li> </ol> </li> </ul>	<p>organizations.</p> <ul style="list-style-type: none"> <li>○ Bidirectional referral pathways</li> <li>○ Learning about the relationship between CBOs and clinicians</li> <li>○ Lorena to share work that MPC is doing in the city.             <ul style="list-style-type: none"> <li>• CBOs are non-incentivized (MCOs do not have funds to provide incentives for SDOH work)</li> <li>• Explore future collaborations for incentives</li> <li>• ~60% of MPC members have been retained for 5 or more years.</li> <li>• Housing services are not administered through the MCOs. Services are generally maintained.</li> </ul> </li> <li>○ Hopkins will begin referring to a small group of CBOs to test a new platform.             <ul style="list-style-type: none"> <li>• Incentivized</li> <li>• Bring the CBOs to the LHIC meetings?</li> </ul> </li> <li>○ Mapping referral pathway structures would be important for interoperability.             <ul style="list-style-type: none"> <li>• Where are the pitfalls?</li> <li>• What already exists?</li> <li>• Reframe this from building to learning/consolidating/improving.</li> </ul> </li> </ul> <p><input type="checkbox"/> Elise - Follow up with Kristin, Lorena, and Marik</p> <ul style="list-style-type: none"> <li>• By January 2024, implement 1-2 policies in support of community health workers.             <ul style="list-style-type: none"> <li>○ Samantha Sailsman - connected to the MDH                 <ul style="list-style-type: none"> <li>• No strategy for CHW reimbursement yet</li> </ul> </li> <li>○ Possibility of funds                 <ul style="list-style-type: none"> <li>• Have contractors do a broad analysis before carrying out work</li> </ul> </li> <li>○ Support existing work</li> <li>○ Following Kansas model</li> <li>○ Concern about reimbursement funds going</li> </ul> </li> </ul>
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				<p>towards admin costs</p> <ul style="list-style-type: none"> <li>• Look into other models</li> </ul> <ul style="list-style-type: none"> <li>○ Look into current CHW work and use waivers       <ul style="list-style-type: none"> <li>• A lot of current work is being siloed. Bring it together.</li> <li>• Chronic health conditions are part of the eligibility criteria for reimbursement.</li> </ul> </li> </ul> <p><input type="checkbox"/> Mary - Share Lorena's resources with the Care Coordination meeting notes</p> <p><input type="checkbox"/> Elise - Follow up with Tamika</p> <p><input type="checkbox"/> Stephane - Reach out to Samantha Sailsman, give presentation date for next LHIC Care Coordination meeting</p> <p><input type="checkbox"/> Stephane - Make sure Stephane, Elise, and Tamara are in all future CHW meetings.</p> <ul style="list-style-type: none"> <li>• By June 2024, coordinate the sharing of health-related social needs data across 85% of healthcare systems.       <ul style="list-style-type: none"> <li>○ Make information available at point of care</li> <li>○ ~3 health systems who have agreed to share data with CRISP</li> <li>○ Meeting with CRISP next week for an update on total groups that are sharing data</li> <li>○ Data is collected through EMRs and standardized questions           <ul style="list-style-type: none"> <li>• Automatic data export</li> <li>• CRISP working on standardizing screening tools</li> </ul> </li> <li>○ How do you create buckets for different questions from different systems?</li> </ul> </li> </ul> <p><input type="checkbox"/> Elise - Bring Lorena into a meeting with CRISP</p> <p><input type="checkbox"/> Elise - Refine the goals based on the above feedback.</p> <p><input type="checkbox"/> Matt - Create a dashboard to share goals and progress publicly.</p> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Convene healthcare and community partners with CRISP, Maryland's Health Information Exchange.</li> <li>• Work with healthcare partners to identify values,</li> </ul>
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				<p>needs, and challenges related to data sharing.</p> <ul style="list-style-type: none"> <li>• Recruit community organizations to share referral information.</li> <li>• Test data sharing methods between 2-3 organizations to build upon data sharing processes.</li> <li>• Share learnings and build community relationships through LHIC meetings.</li> </ul>
Quarterly LHIC Meeting	Share our successes		<p>LHIC Quarterly Meeting</p> <ul style="list-style-type: none"> <li>• Elise will present on Data sharing plan</li> <li>• TBD--Samantha S. overview of CHWs</li> </ul>	Friday, June 2 at 9:00 a.m.
CHNA/ CHP	Complete CHNA and CHP dashboard	BCHD, Bryce Parker (MPC)	Review Tentative Timeline	CHNA is being pushed back. We're all working together to create the CHNA and identify shared goals.
Policy Work/ Advocacy	2 areas of potential: 1. CHW reimbursement, 2. Advocacy with HSCRC	BCHD, Lorena de Leon, Tracy	Update: Working to connect with the MDH CHW work with Samantha Sailsman We have connected with MDH to collaborate but no action yet.	
Data Sharing	All of the Health Systems and FQHCs share social needs data.	MPC, BCHD, Marik Moen, CRISP, Steven McGaffigan	Discussion: Data Sharing Plan. Every other month meeting with health systems to discuss sdoh screening, navigation, and CHNA.	