



Committee: Access of Quality Health Services
Date of Meeting: March 24, 2005, 10am – 12pm
Location: University of Maryland
655 West Baltimore Street, Room BRB 14-007
Baltimore, Maryland

□ In Attendance

Committee:

Co-Chairs Sherry McCammon

Members Joyce Eienman Lisa Green Pearl Holland
Donna Lee Adrian Mosley Elisha Pulivarti
Loretta Wall Melissa Wu

New Members: Keith Hobbs, Maryland General Hospital
Pearl Lewis, Maryland Patient Advocacy Group
Herbert Lodder, JHBMC Pastoral Care
Sharon Praissman, JHH, Nelson 6
Michael Papi, Special Needs Coordinator

Co-Staff: Arlee W. Gist, Lead Staff

MHHD Staff: Carlessia Hussein, Director
Janet Adams, Writer

Total Attendance: 17

□ Meeting Summary and Key Points

- Sherry McCammon welcome members and provided an overview of the meeting process. It is noted that a several committee members are new to the committee and all were welcomed.
- Dr. Hussein confirmed the committee's acceptance of the February 23, 2005 meeting notes. No changes were made to the notes.
- Dr. Hussein provided an overview of the committees charges, purpose of committee recommendations, referenced key reports such as Institute of Medicine-Unequal Treatment, Sullivan Commission Report and Agency for Healthcare Research and Quality - December 2004 Report.

- New members selected the sub-committee best suited for them and the groups worked on their recommendations.
- Dr. Hussein and Ms. Sherry McCammon closed the [full] committee meeting commending the subcommittees for their responsiveness in composing recommendations for Maryland Health Disparities Plan.

FOLLOW-UP

□ Action Steps

- Each subcommittee will summarize group work and forward notes to Arlee W. Gist. Notes will be attached to [full] committee meeting notes and distributed. Each subcommittee will manage itself apart from MHHD.

Next meeting will be on *Thursday, April 28, 2005* at from *10:00am – 12:00pm*. The location is *University of Maryland School of Medicine, 655 West Baltimore Street, Room BRB 14-007, Baltimore, Maryland*

- Members are welcome to send information and address questions to Arlee W. Gist, Committee Lead Staff at agist@dhmh.state.md.us.

NOTE: There will be no report for Sub-committee 2.



Lisa Green, chair for subcommittee, reviewed minutes from the last meeting emphasizing that the scope for this subcommittee is to focus on the range of access and quality issues relevant once an individual has arrived at the door of a doctor's office or facility for service. Much of the group was comprised of new members, including:

New Committee Members

Pearl Lewis
Herbert Lodder
Sharon Praissman

To structure the discussion, the group used the adapted health disparities framework by Cooper, Hill and Powe focusing on the "Mediating Factors" box and "Barriers" box. We identified the list of issues under these boxes that were considered a priority for Maryland and would be used to guide the recommendations. These included:

Barriers for accessing health care:

- Need for Special Needs Coordinators/ Patient Representatives
- Need for referrals to appropriate services.
- Primary care is a parking lot because system can take them
- Capacity issues in hospitals
- Need to utilize other health care providers like NP's, RN's etc.
- Need for discharge plans and follow-up care
- Lack of specialty providers in remote areas
- Need for a volunteer system supported on state level
- Insurance is based on acute care model not preventative care

Mediating Factors:

Provider Characteristics:

- Need for communications/customer service
- Lack of cultural competence
- Appropriateness of Care
- Lack of resources
- Lack of information
- Reimbursement issues

Group also talked about the Inventory that the Health Disparities Coalition will be releasing soon. It was mentioned that the Inventory may not be broad enough to address the concerns of this subcommittee.

Based on the discussion of the above issues, the group derived a draft list of broad recommendations that will be fleshed out in greater detail at the next meeting.

Draft Recommendations:

1. More public awareness/education about resources and services. Creation of an 800# for health care services or possibly expand First Call For Help, which is currently only social services.
2. Vertically integrate primary care system by creating a referral system for primary care to specialty care.
3. Provide incentives for health care providers especially specialty care and remote areas.
4. Improve the continuity of patient care through services like patient navigation, patient advocacy and patient representatives programs.
5. Create a Holistic Health Care System by treating the whole patient.

Notes compiled by Sherry McCammon and reviewed by Lisa Green.

MARYLAND PLAN TO ELIMINATE HEALTH DISPARITIES

Access of Quality Health Services Committee

Subcommittee 3 Notes: Improving Health Promotion and Disease Prevention

Members

Keith Hobbs
Pearl Holland
Carlessia A. Hussein
Donna Lee
Michael Papi
Elisha Pulivarti
Melissa Wu

Recommendations

1. Initiate specific mandates for health promotion and prevention of illness throughout the life cycle.
2. Inclusion of health promotion and disease prevention in health professional training curriculums.
3. Develop critical pathways essential to disease prevention
4. Develop specific guidelines for implementing health and wellness days { instead of health fairs }
5. Launch statewide media campaigns with more graphic public service announcements to raise awareness about health issues.