GBMC Health Partners (GBMC) has joined with Helping Up Mission (HUM) to create a dedicated patient-centered medical home (PCMH) onsite at GBMC Health Partners at Helping Up Mission. HUM provides comprehensive, faith-based recovery services for men fighting addiction, poverty and homelessness. It is located at the former Presbyterian Eye, Ear and Throat Charity Hospital at 1017 E. Baltimore Street. It has a nearby day and residential shelter for women. HUM's residents lack access to healthcare and insurance. They frequently don't get primary, preventive or any medical care until they arrive in emergency departments. It's a drain on the patient and on the healthcare system.

PCMH’s are an ideal model for helping this vulnerable population, and they are a large component of our efforts toward redesigning care – serving the community by holding ourselves accountable for patients’ overall health and meeting them where they are, geographically, physically and emotionally. If we proactively manage a chronic condition such as diabetes by providing easy access to primary and behavioral healthcare, a patient is less likely to have acute episodes and end up in the emergency department time and time again. GBMC has built a network of 10 PCMH’s that are redesigning care across the Baltimore region and now at HUM. Our PCMH model is transforming healthcare delivery by emphasizing team-based care, continuity of care and evidence-based medicine. Our vision of an integrated healthcare team approach focuses on a patient's wellness and long-term care, rather than the traditional model of episodic care - waiting until someone has a health incident and "fixing" that problem – until the next time.
Episodic care ratchets up healthcare costs. We want to reduce costs by redesigning patient care to offer the best value to our patients and to healthcare systems. Our PCMH’s are already decreasing potentially avoidable use of emergency departments and hospital inpatient services for substance use disorders and chronic conditions – a win-win for patients and the healthcare systems of Baltimore City and the State of Maryland. GBMC, joined by Johns Hopkins University-Cornerstone Clinic, will provide top quality onsite primary, behavioral healthcare and substance abuse order for 550 current clients, future HUM clients, the women and children who will be treated in the new Women’s Center due to open in the Fall of 2021 as well as people who live in the East Baltimore Jonestown community. As part of our commitment to the anticipated 1,700 HUM alumni’s health and recovery, they are also encouraged to continue their care at GBMC Health Partners at Helping Up Mission. Renovation of the HUM onsite PCMH was completed in June. Since we opened in mid-June, we've served 135 HUM clients and will welcome the wider community by the beginning of 2020.

Primary care services at HUM have been limited in the past. GBMC Health Partners at Helping Up Mission will ensure clients receive the comprehensive, patient-centered care they deserve. HUM clients often have numerous health issues that need to be addressed, such as hepatitis-C, diabetes and hypertension. Many have lived on the streets while fighting their addictions. Many haven't had insurance or adequate or consistent healthcare for many years. They come from varying life experiences, including military veterans and formerly incarcerated, and range in age from 19 to 66. All have incomes below the federal poverty line. Health services for more than 95% of HUM clients are covered by Medicaid. Since HUM clients do not have personal transportation, accessing medical care within the general community is very challenging. Having an on-site primary care provider alleviates the transportation issue and provides patients with the ability to make follow-up visits to the provider. Until, funding permitting, we extend
after hours and weekend hours for HUM working residents, HUM will provide transportation to other GBMC PCMH sites that offer them. Our providers will be on call 24/7.

Moreover, behavioral health problems, including mental illness and substance use, are major drivers of healthcare utilization and cost. Although effective treatments exist, currently no more than 25% of people in need receive indicated care and there are not enough specialty/mental health providers to address this gap. Thirty to 50% of patient referrals from primary care to an outpatient behavioral health clinic do not make or follow-through with the first appointment (Source: Patient-Centered Primary Care Collaborative, Annual Fall Conference, 2015).

Co-locating mental health and medical providers supports coordinated care planning, goal setting and adhering to medical regimens by removing the need for patients to navigate the healthcare system. GBMC Health Partners at Helping Up Mission responds to patients immediately, when they may be most motivated to follow through with treatment.

To provide seamless integration with existing behavioral health services at HUM, GBMC will work closely with Johns Hopkins University-Cornerstone Clinic behavioral health and substance abuse specialists to develop standardized critical care pathways and workflows for patients with diabetes, hepatitis-C, hypertension and substance use histories. Our model of care is based on evidence-based guidelines that direct evaluation and treatment approaches and referral protocols. We are adapting our model for HUM clients and other Jonestown residents.
Now that the HUM PCMH space is renovated and operational, GBMC’s voluntary participation in the recently launched Maryland Primary Care Program (MDPCP) will enable our onsite care providers to play a role in its long-term success through our aim to deliver better health and better care with the least waste. MDPCP is a key component of the state’s Total Cost of Care All-Payer Model contract with the Centers for Medicare and Medicaid Services to coordinate patient care across hospital and non-hospital settings, improve health outcomes and limit growth of healthcare costs in Maryland. We expect that over time, GBMC Health Partners at Helping Up Mission will create long-term cost savings to the Baltimore region’s healthcare delivery system by taking a population health approach to serving residents battling both addictions and chronic diseases.

Sustaining the advanced primary care integrated model and growing it to serve East Baltimore residents of all income levels requires an investment on the part of GBMC. We wholeheartedly make that commitment, staffing our PCMH’s with a team of Board-certified physicians and advanced practitioners. We're streamlining care delivery through access to a full complement of specialists and via an integrated medical record system, connected not only to GBMC but most other area hospitals. Current and future HUM clients, as well as other East Baltimore residents, will be well-served by this partnership for many years to come.

GBMC’s model is the wave of the future. GBMC Health Partners at Helping Up Mission will be the perfect demonstration of how effectively integrating behavioral healthcare with primary care can achieve better access to care, better health outcomes with the least waste – goals of the triple aim in population health. Our primary goal is to keep people healthy and out of the hospital.

We anticipate operational costs will average $1 million per year over the first five years. A grant from the State of Maryland will cover about $380,000 per year of these costs for the first three years. We estimate Medicaid reimbursements will average $500,000 per year – substantial but not enough to cover the true costs of service provision; our first six weeks of operations resulted in a net loss of approximately $24,000. Thus, it is likely that $200,000 additional per year will be needed from generous donors like you to make this vital program successful.

In addition to operational expenses, there is a possibility we also will need resources for capital expansion to provide more space for future growth. As we expand to serving community residents, HUM and GBMC are already brainstorming possible configurations of an adjacent HUM space currently used as a
multipurpose room. This space has a direct entrance from the outside, offering community and HUM residents’ privacy as community members can access healthcare without walking through HUM. We’re going to immediately track operations such as per visit usage, reduction of ED visits, recovery maintenance rates, and other outcomes, and consult with providers and patients to identify and prioritize needs as client use grows. We’re taking into consideration projected operations volume driving a need for more exam rooms, a larger reception area and other possible needs such as a recuperative care area or ED diversion beds.

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