



CHANGING
Maryland
for the Better

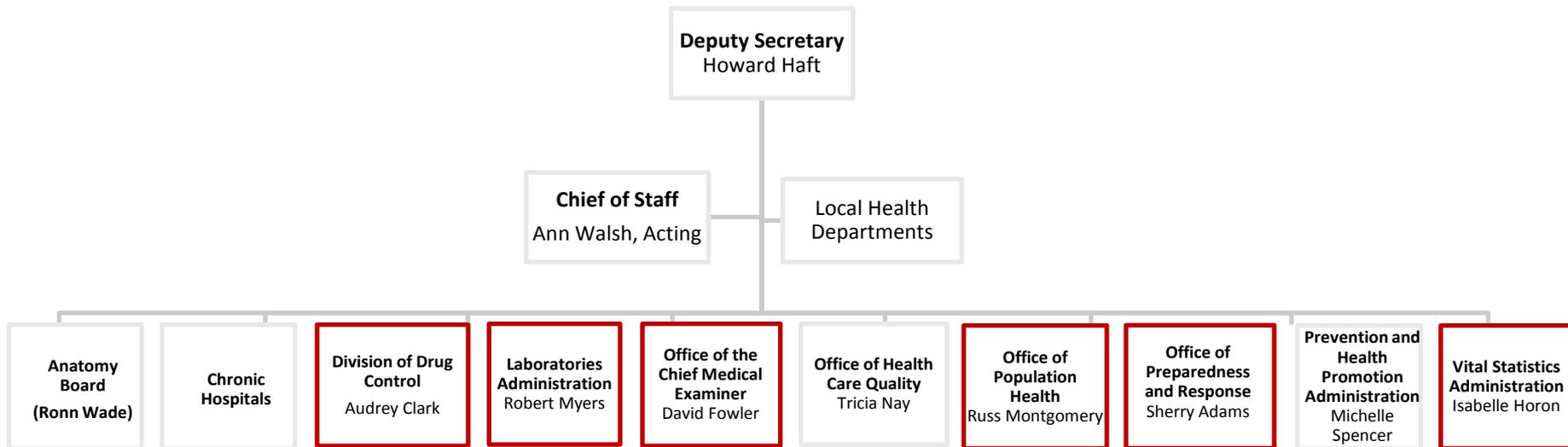
Public Health Services Fiscal Year 2017 Budget Overview

Van T. Mitchell, Secretary

Howard Haft, MD, MMM, CPE, FACPE, Deputy Secretary



Public Health Services Organizational Chart



Division of Drug Control

Major Responsibilities

The Division of Drug Control (DDC) enforces the Controlled Dangerous Substance (CDS) Act and ensures the availability of drugs for legitimate medical and scientific purposes while working to prevent drug abuse.

- DDC issues CDS permits to practitioners, researchers and establishments that administer, prescribe, dispense, distribute, manufactures, conduct research and conduct chemical analysis of CDS.
- The Division of Drug Control (DDC) is charged with enforcing the Controlled Dangerous Substance (CDS) regulations and assisting in the enforcement of Criminal Law Title 5 in Maryland.

DDC currently licenses approximately 40,000+ permit holders in Maryland.



Division of Drug Control

Accomplishments

- Reduced CDS paper applications turnaround time from 53 days to 9 days.
- Initiated a new Establishment Classification for 3rd Party Logistic Providers (3PL) – first in the nation to do so.
- Issued 19,001 CDS Registrations in FY 2015 and to date, for FY 2016 issued 13,076.
- Reduced registration fee/expanded CDS registration issue period from 2 year renewal periods (\$120) to 3 year renewals (\$120).
- In FY 2015 DDC performed 925 inspections of practitioners with dispensing permits, far exceeding the projected total of 500 inspections per year.
- Revising COMAR 10.19.03
 - Will define/streamline disciplinary procedures needed to suspend/revoke CDS registration of registrants involved in over-prescribing and dispensing of opioids not written for a legitimate medical purpose.



Division of Drug Control

Moving Forward: FY16 Goals

- Implement the CDS On-line Application, Payment and Fee Collection System.
- Maintain the reduction in the turnaround time for processing and issuing CDS Registrations
- Develop a broader, more far-reaching plan for addressing the opioid, prescription drug crisis from a preventive approach.
- Finalize all aspects of the division's organizational transition to the Deputy Secretary's Office.



Laboratories Administration

Major Responsibilities

- Conducts disease surveillance, reference and specialized testing
- Manages laboratory quality assurance and regulation
- Studies environmental health and protection
- Provides food safety assurance
- Conducts policy development of standards for all health-related laboratories and input into State and federal public health policies and laboratory regulations
- Participates in emergency and terrorism preparedness and response including infrastructure to analyze unknown samples for infectious, toxic, radioactive materials
- Conducts public health laboratory applied research to transfer technology and improve the practice of public health laboratory science

In FY 2015 the Administration performed over **9.0 million** public health tests.



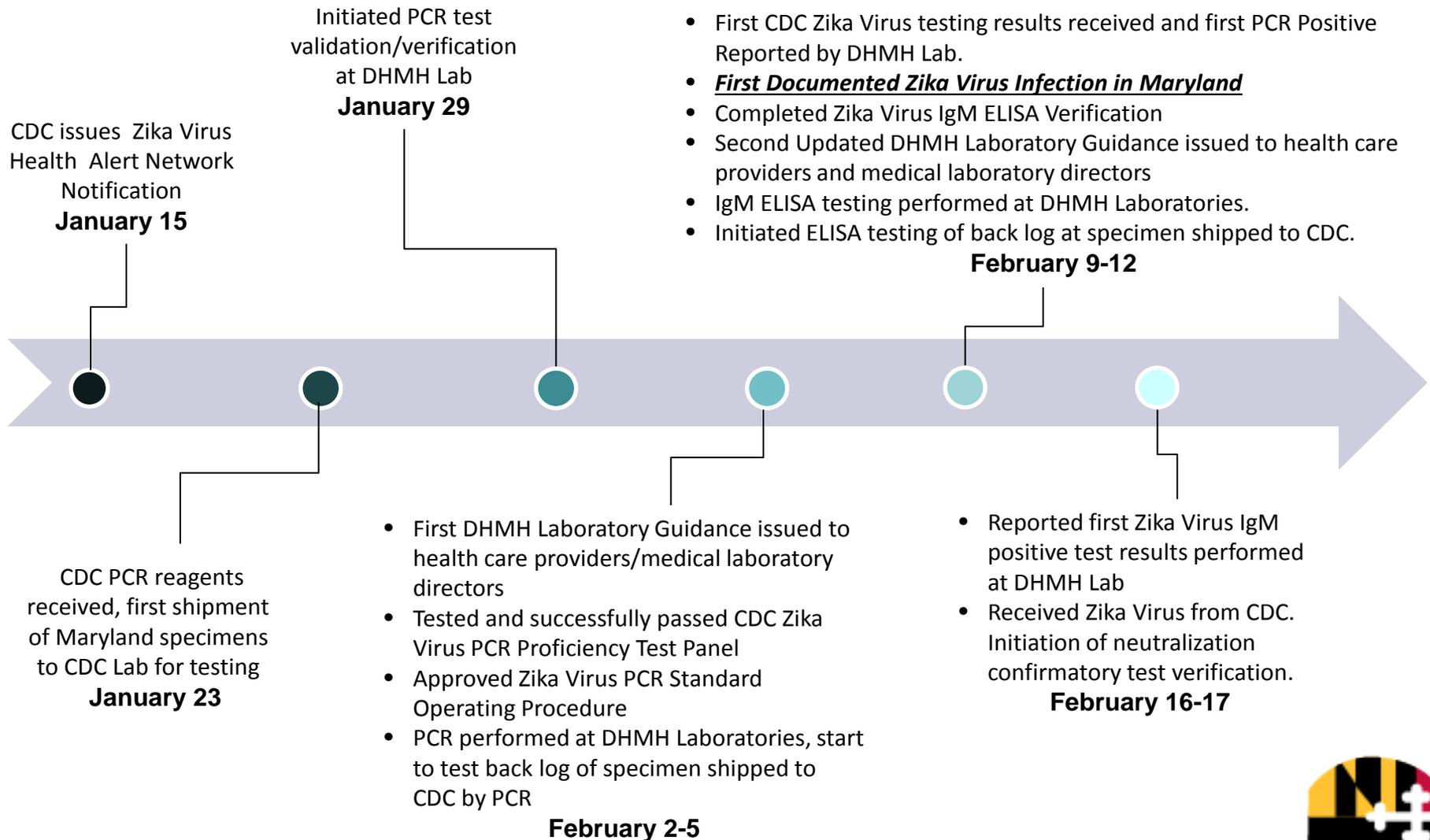
Laboratories Administration

Accomplishments:

- Relocation to state-of-art Laboratory facility during the spring of 2015
 - Completed required validation/verifications of hundreds of testing procedures before routine testing could be performed at the new location
 - Recertified the performance of numerous relocated and new laboratory instruments before they could be put into service at the new location
 - After a required CDC site inspection, successfully moved the Select Agent Program including remaining staff and the inventory of high consequence pathogens into the new location in early January of 2016.
- Response to Emerging and Reemerging Infections
 - Responded to several emerging and re-emerging infectious diseases outbreaks (Ebola, Dengue, Chikungunya, Middle Eastern Respiratory Syndrome Corona Virus, Zika virus) infections by validating and implementing assays to diagnose/provided emergency testing services when needed.
 - Zika Virus Response: validated and implemented both IgM antibody detection and molecular based PCR tests to identify Zika virus infections



Laboratories Administration: Zika Response



Office of the Chief Medical Examiner

Major Responsibilities

- The Office of the Chief Medical Examiner (OCME) has a statewide statutory obligation to investigate deaths that are caused by injury, homicide, suicide, in suspicious circumstances, and when a person is not attended by a physician.

In 2014 OCME conducted **11,027** case investigations and **4,107** autopsies.



Office of the Chief Medical Examiner

Accomplishments

- In 2015, the Office of the Chief Medical Examiner received 12,470 reported cases, which is about 25% of the approximately 44,000 deaths that occurred in Maryland.
 - Of these, 7,783 were identified as Medical Examiner cases, as defined in Annotated Code Health-General §5-309.
 - On investigation, 60% of these cases (4,636) required an autopsy, to determine the cause of death. This is an increase of 529 autopsies over 2014 figures.
- 6 articles accepted in international peer-reviewed journals
- Maintained resident training for the two medical schools in Baltimore, three in the District of Columbia, and the Armed Forces Institute of Pathology.



Office of the Chief Medical Examiner

Accomplishments Continued

- OCME staff continue to receive national and international recognition for contributions to the field.
 - Dr. Ling Li named Editor-in-Chief of Journal of Forensic Science and Medicine and received Outstanding Service Award from China University of Political Science and Law for significant contribution to enhancing China-US forensic science research and education.
 - Dr. Russel Alexander received the Sue Baker Public health impact award for best public health presentation at National Association of Medical Examiners conference on geo-mapping Heroin/Fentanyl deaths.
 - Dr. David Fowler continues to participate in the federal National Institute for Science and Technology (NIST) Organization for Scientific Area Committees (OSAC) for medicolegal death investigation and Dr. Warren Tewes serves on the OSAC for Odontology.



Office of the Chief Medical Examiner

Moving Forward: FY16 Goals

- Working to maintain national compliance with cost and caseload of medical examiners
- Continue the combined Cornell/OCME/Cardiovascular Pathology GE healthcare cardiovascular program with possibility of donated CT scanner



Office of Population Health Improvement

Major Responsibilities

- The Office of Population Health Improvement (OPHI) fosters the integration of a high-performing public health system with value-based health care to improve the health of communities and reduce health care spending.
 - Core Funding
 - Health System Transformation
 - Public Health Accreditation
 - School Health
 - State Health Improvement Process



Office of Population Health Improvement

Accomplishments

- Marked improvement in 24 out of 39 State Health Improvement Process (SHIP) measures that gauge the health of Maryland.
- Provided funding to eight applicants ranging from \$200,000 to \$400,000 to implement Regional Partnerships for Health System Transformation.
- Hosted a national Public Health Accreditation site visit in December 2015, accreditation determination expected March 2016.
 - Local Health Department Update: 4 accredited and 10 in process
- School-Based Health Centers increased telehealth connections from 5 to 6 with an enrollment of 974 students in telehealth (a 25% increase from the 2014 – 2015 school year).
- School Health Services Guidelines released for emergency care and anaphylaxis.
 - School diabetes and naloxone guidelines are currently under development.



Office of Population Health Improvement

Core Funding

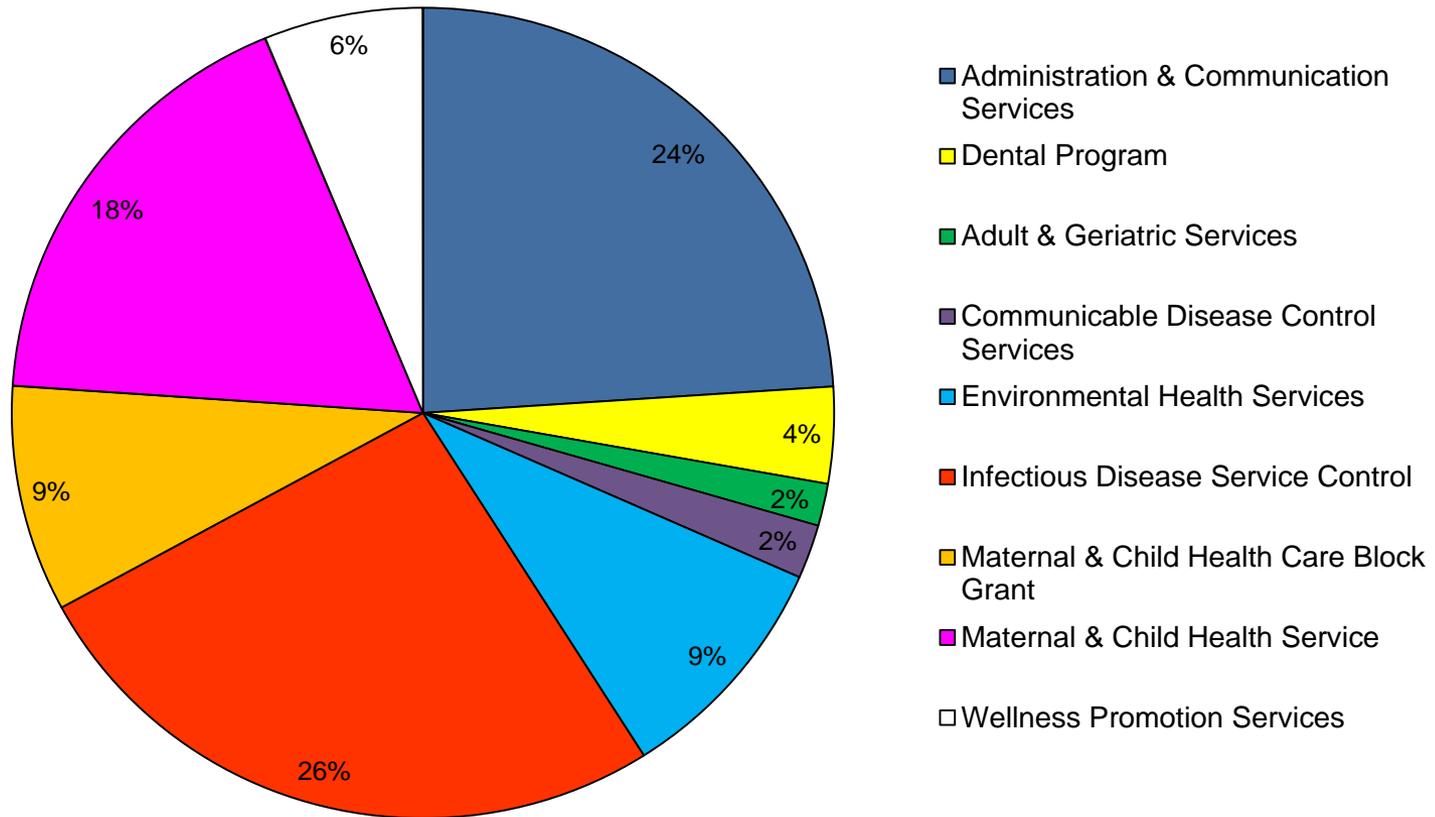
Core Local Health Funding supports a high quality, effective public health system funded with State and local resources to support prevention, provide protection and promote health for all Marylanders.

- Core Funds consist of state general funds, federal Maternal and Child Health Title V funds and local match/overmatch funds.
 - Average county funding is \$2 million
 - Funding amounts range from \$400,000 to \$8.9 million
- Core funding serves over 570,00 Marylanders.



Office of Population Health Improvement

Estimated FY2016 Core Funding (state general and federal dollars)

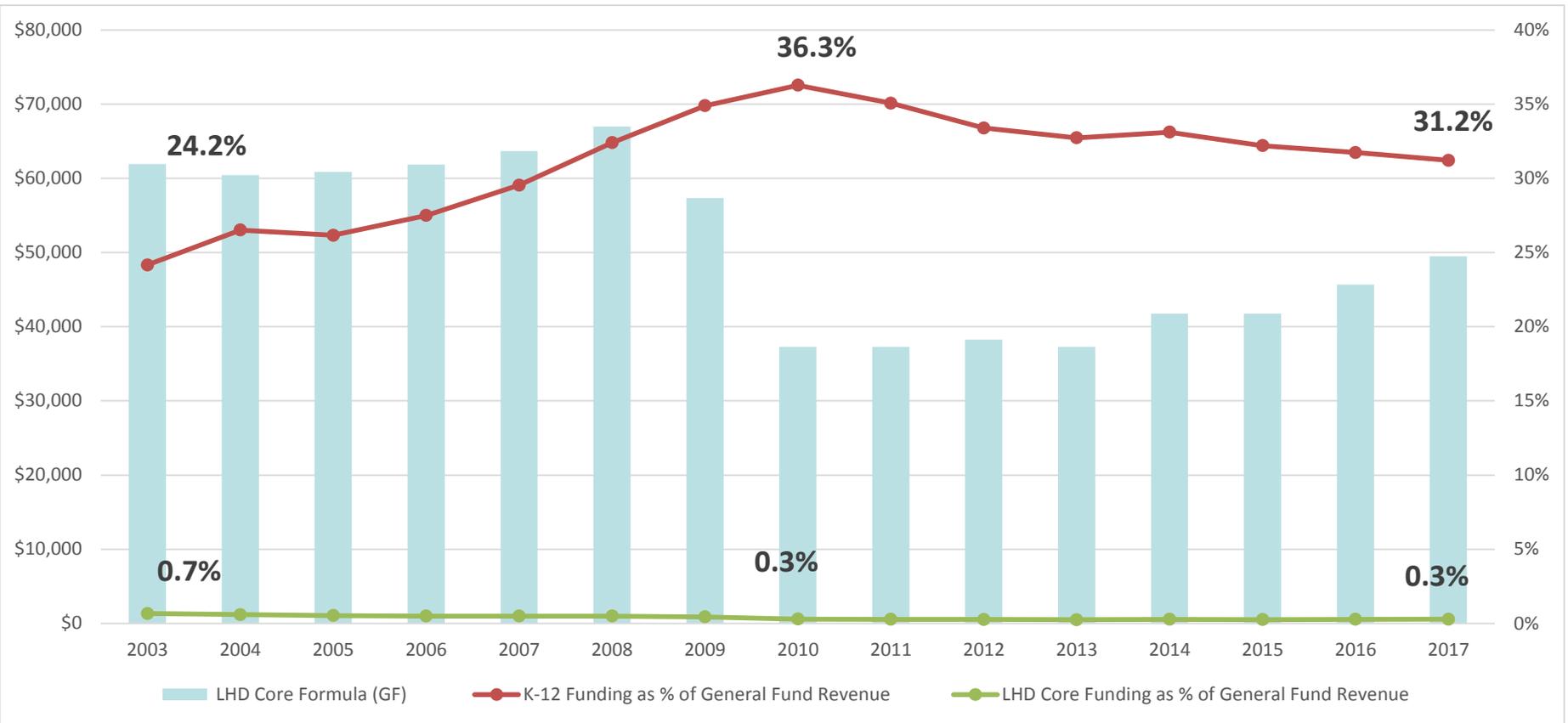


Total state/general funds approximately \$50 million in FY2016



Office of Population Health Improvement

Core Funding (\$ thousands)



Office of Preparedness and Response

Major Responsibilities

The Office of Preparedness and Response (OP&R) is the lead for Maryland's Emergency Support Function (ESF-8): Public Health and Medical. ESF-8 is responsible for the overall public health emergency preparedness for the state. This includes managing the following plans:

- Influenza Plan
- Extreme Cold Emergency Plan
- Extreme Heat Emergency Plan
- Pandemic Influenza Plan
- Strategic National Stockpile Plan

OP&R provides situational awareness to agency/ESF-8 partners, assesses DHMH emergency notifications for potential public health impact, manages the ESSENCE program, conducts health systems and surge planning, and coordinates with other state and Federal agencies for communications, response capabilities and planning.



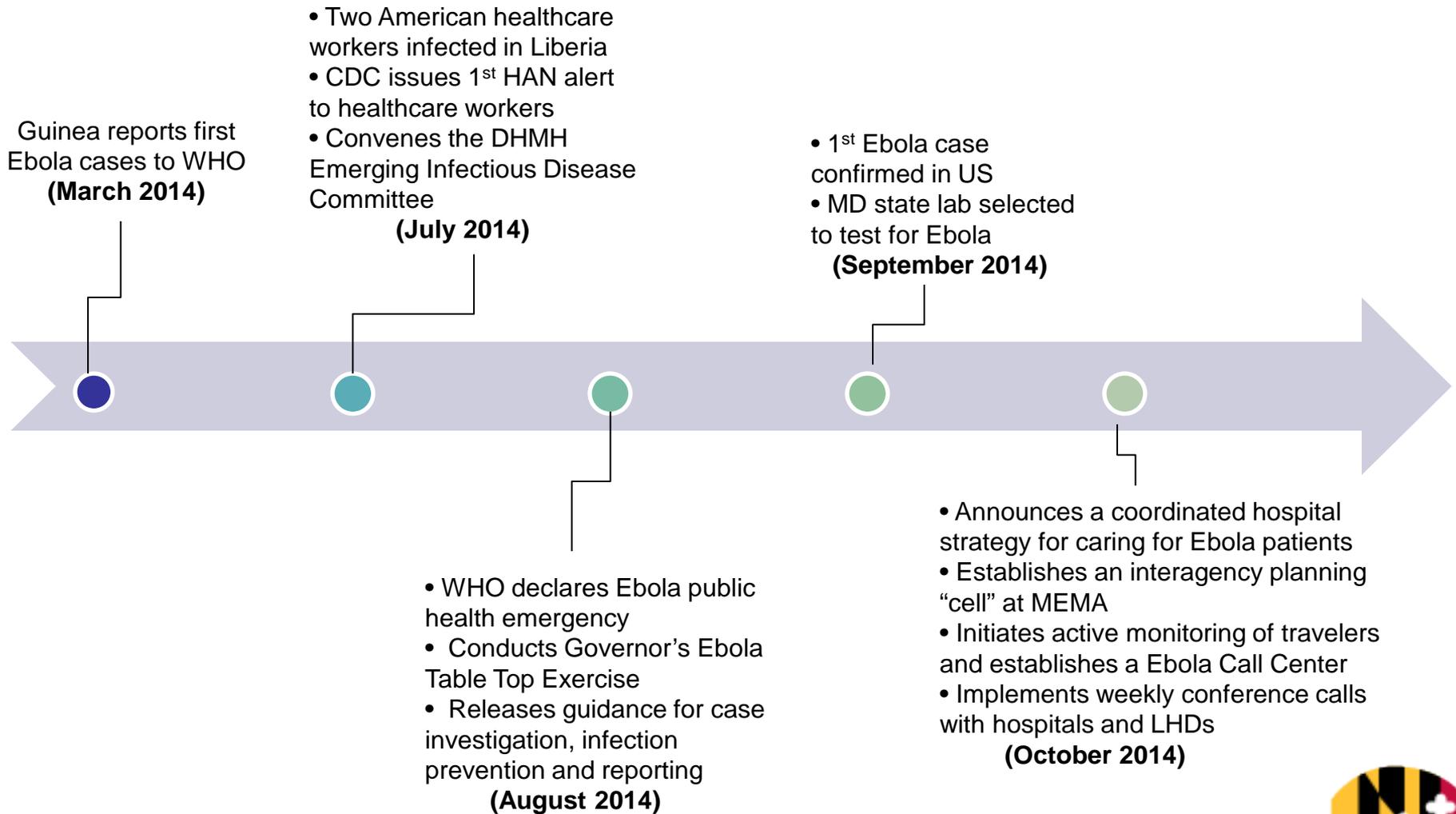
Office of Preparedness and Response

Accomplishments

- Creation and implementation of a Public Health Crisis Communications Plan
- Completion of the Public Health and Healthcare Services Recovery Plan as part of the Maryland State Disaster Recovery Operations Plan (SDROP)
- Participated in a CDC State Operational Readiness Review
- Provided Inventory Resource Management System (IRMS) training to over 50% of our local Strategic National Stockpile partners
- 3,900 Maryland Responders are registered in the Volunteer Registry, up from approximately 3,000 in 2013
- Leading the Ebola Virus Monitoring Program Call Center with more than 4,000 travelers monitored
- Three Tier Hospital Ebola Response System established
- Lead HHS Region III Ebola Con Ops development



Office of Preparedness and Response: Ebola



Vital Statistics Administration

Major Responsibilities:

- Registration and issuance of vital records (birth, death, fetal death, marriage, divorce)
- Analysis and dissemination of data for public health purposes
- Operation of the Virtual Data Unit (VDU), the central hub for coordinating all Departmental health data activities
- Coordination of drug overdose data activities



Vital Statistics Administration

2015 Accomplishments

- Registered >175,000 births, deaths, marriages and divorces
- Issued > 575,000 certified copies of vital records
- Collected > \$12M in fees
- Provided data to numerous agencies/data users
- Produced numerous data-related reports
- Enhanced content of the Overdose Death Registry
- Continued to grow the Virtual Data Unit
- Successfully implemented the Department's Electronic Death Registration System (MD-EDRS)



Vital Statistics Administration

Moving Forward: 2016 Goals

- Continue implementation of Maryland Electronic Death Reporting System
 - Web-based system that medical certifiers and funeral homes use to file death certificates (greater efficiency, improved data quality, improved timeliness, increased security)
- Continue process improvement measures to improve customer service at the Division of Vital Records





STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

M00F Public Health Administration
FY2017 DLS Budget Analysis Response

Office of the Chief Medical Examiner (OCME)

Comment 1: The agency should comment on its plan to recruit medical examiners with the national shortage.

Response 1: OCME has recognized the critical national shortage and increased the number of funded FP training positions from 2-3 over three years ago. Health general 5-301 et al authorizes the Post Mortem Commission to hire 4 pathologists to be trained as forensic pathologists. Currently 3 of these positions are funded. Each of these positions counts as a 50% FTE towards National Association of Medical Examiners (NAME) accreditation and the cost to the state is 50% of a Medical Examiner (ME) salary. Hence there is no overhead for the state to train Forensic pathologists as they count dollar for dollar towards accreditation. Maintaining or increasing the training of forensic pathologists provides the state with a recruitment advantage of ME office without such training programs.

Comment 2: The agency should brief the committees on its plan to apply for federal funding to cover the costs of accreditation and its timeline for hiring a QA manager.

Response 2: There are limited funds available for forensic sciences at the federal level. OCME has applied for all available funds (formula and competitive) each year. All grant applications in Maryland must be made through the Governor's Office of Crime Control and Prevention (GOCAP) as the designated state agency. GOCAP monitors all federal grant opportunities. GOCAP then divides these by a formula among the forensic science laboratories in Maryland (Police and OCME). The OCME application this year (if successful) is to acquire an additional GCMS for toxicology to meet the need for the additional testing due to the surge in drug cases. This is considered to be a priority. OCME is looking to reassign a PIN to a QA manager if the funding can be identified.

The costs of accreditation fees at this time are budgeted for in the OCME request. However, to maintain accreditation is more than just the fee. The total cost of accreditation is found in the ancillary work of maintaining the quality of the unit to meet the requirements. This includes facility, staff, equipment etc. As such OCME is prioritizing the equipment needed to maintain accreditation. The average accredited office in the US spends \$3.36 per resident and the OCME budget is \$1.98.

Office of Population Health Improvement (OPHI)

Comment 1: The agency should comment on efforts to encourage accreditation for LHDs smaller jurisdictions.

Response 1: OPHI continues to work with all local health departments on pursuing accreditation, including smaller jurisdictions, through technical assistance regarding allocation of funds to cover necessary staff to manage the process as well as peer networking during all phases of accreditation. OPHI also utilizes the monthly health officer round table meetings to communicate with health officers regarding accreditation and is in the process of re-establishing bi-monthly accreditation support calls for local health departments this spring. Of note, the first two LHDs accredited (Allegany and Worcester) are from two rural, lower population counties.

Comment 2: The agency should brief the committees on the progress of LHDs in billing third party and MCOs for services.

Response 2: OPHI continues to provide technical assistance to local health departments (LHDs) on contracting with and billing Medicaid Managed Care Organizations (MCOs) and private payers. This issue is of significant interest due to changes in LHD funding over time and the recent decision to include willing LHDs as Essential Community Providers by the Maryland Health Benefits Exchange. At the direction of Deputy Secretary Haft, OPHI recently established a workgroup of health officers and LHD staff on contracting and billing issues, which will discuss long-term solutions such as potentially establishing a contract with a third-party billing service, which would be available to all LHDs. This would address the barrier of some payers having relatively few beneficiaries in a given jurisdiction using LHD services, which means that significant resources are needed for just contracting and billing for just a few clients. Moreover, an assistant attorney general is designated to work with LHDs on contract language and other related issues. The Assistant AG spearheaded the effort two years ago to establish a statewide contract with United Healthcare that includes all interested LHDs. The AAG will continue to assist in contract development.

Reducing Health Disparities

Comment 1: The agency should brief the committees on its plan to eliminate minority health disparities to improve quality preventative care as the HEZ pilot ends.

Response 1: Public Health Services continues to infuse nuanced approaches to addressing health disparities in all programs, not just preventive care activities associated with the HEZ pilot. For example, a team from the Department is participating in the Committee of Institutional Cooperation (CIC) Health Equity Initiative, which is a multi-state initiative led by the Big 10 athletic conference that brings together state health departments and universities in the Big 10 to address child health disparities. Dr. Steven Thomas, Director of the Center for Health Equity, is the lead for the University of Maryland College Park's team. The Department and UM have developed a joint proposal that would build on lessons learned from the HEZ pilot and broaden the focus to include children and their social determinants of health, including parenting issues, environmental exposures, and access to social services.

In addition, the Regional Partnerships for Health System Transformation initiative has the potential to address health disparities. The Health Services Cost Review Commission (HSCRC) and OPHI are partnering to provide \$2.5 million in hospital rates through a competitive process to fund hospital-led regional planning on care coordination, shared data infrastructure, improving quality of care, and access to social and public health services. The focus of these grants is on addressing unmet health and social needs in high-need patients, including minority populations. Eight regions were funded in the range of \$200,000 to \$400,000. These partnerships are now competing for a large amount of funding to implement their plans.

Finally, the Department recently brought on a new Director of the Office of Minority Health and Health Disparities (MHHD), Dr. Shalewa Noel Thomas who started in February 2016. Public Health Services is currently in the process of having all major unit and program heads meet with Dr. Thomas to discuss current health disparities efforts and to identify new ways to collaborate.