

## PRINCE GEORGE'S COUNTY – 'A MEDICAL DESERT'

### BACKGROUND

Something has gone very wrong when it comes to the quality and quantity of health care for the nearly one million residents of Prince George's County. This conclusion comes through in listening sessions with local residents, in meetings with doctors and retired medical professionals, in reviews of two major studies of the county, and in discussions with experts in the health care field.

### WHAT'S WRONG?

**PHYSICIAN GAP.** Based on an exhaustive analysis done by Huron Associates (Prince George's County Healthcare and Social Needs Assessment + Investment Strategy Report, October, 2023), "Based on expected population growth over the next five years, **Prince George's County had the most significant undersupply of physicians in the area, with a gap of over 1,000 physicians (-62% less than needed).**" At the same time, DC had an oversupply of physicians – 888 more than needed (+73%).

**HOSPITAL BED GAP.** Again according to the Huron study, "While the DC-Metro area has excess beds, **Prince George's County has a 474 hospital bed deficit relative to the state of Maryland over the next 20 years.**" This deficit is especially acute in the Inner Beltway, North County and South County. And it means that the county has 78% fewer hospital beds per 1,000 than the national average and 42% fewer than the Maryland average.

**HOSPITAL GAP.** While the City of Baltimore has 10 hospitals (which once served a population of one million, now serving a population of 575,000) and the District of Columbia has 11 (general, special population, and psychiatric), **Prince George's County has 4 with population of ~970,000.**

**FUNDING GAP.** The unique way that medical care is financed in Maryland – called the Maryland Model – makes it somewhere between extremely unlikely to impossible that any quality hospital system would be willing to fill these gaps by building new, state-of-the-art hospital facilities in the county. This is good news for DC, northern Virginia, Delaware, and Pennsylvania – states and municipalities with reimbursement rates that make it possible for hospitals to make a profit – but terrible news for the residents of the county.

**URGENT CARE GAP.** In 2022, PLAN reviewed a number of lists of urgent care facilities in Maryland. We used sources from the state, from insurance companies, etc. For this reason, the numbers below are rough, but we should expect the trends will be close to correct since we used the same methodology across the state. During the COVID crisis, this gap meant that residents of Prince George’s County were more isolated, more vulnerable, and exposed to greater risks than others.

<b>VERY ROUGH NUMBERS RE URGENT CARE ACCESS IN MARYLAND</b>	
Howard County	1 urgent care facility for every ~24,300 people
Baltimore County	1 urgent care facility for every ~36,000 people
Anne Arundel County	1 urgent care facility for every ~42,700 people
Montgomery County	1 urgent care facility for every ~43,200 people
Baltimore City	1 urgent care facility for every ~48,200 people
<b>Prince George's County</b>	<b>1 urgent care facility for every ~65,800 people</b>

## **WHY DOES IT MATTER?**

TREATMENT IS HARDER TO FIND AND HARDER TO GET TO. Residents of the county often must travel to other areas to find quality care. While the residents of the county are often tested at rates similar to residents in other areas, they experience challenges when their conditions require treatment. The Huron Assessment noted, “there is a significant **need in Prince George’s County for healthcare infrastructure (beds and physicians) to support**

**metabolic syndrome patients through screening and monitoring of risk factors, social needs intervention (e.g. food and transportation), and provider availability (e.g. primary care, cardiology, endocrinology, etc.).** Overall trends for cancer diagnoses.... highlight the need for **hematology/oncology providers and services within Prince George's County as opposed to the significant burden of out-migrating from the county for care."**

THE DELAYS CAUSED BY THE LACK OF NEARBY CARE MEAN THAT RESIDENTS OFTEN ARE SICKER WHEN AND IF THEY FIND CARE AND ARE MORE LIKELY TO DIE OF THEIR CONDITIONS AS A RESULT. The conditions that both the Huron Assessment and the 2022 Prince George's County Community Health Assessment identified – heart disease, diabetes, several forms of cancer, and stroke – are often not treated early enough to prevent severe and sometimes fatal outcomes. The residents of the county surveyed for the 2019 study, as well as the 2022 study, are very clear on these challenges. Those interviewed in 2022 concluded, "The most important health issues facing the county are 1) behavioral health, (2) chronic diseases, (3) access to care, and (4) issues surrounding healthy eating and active living (i.e., food insecurity and food deserts). These leading issues remained the same from the 2019 Community Health Assessment...."

### **WHAT ELSE IS HAPPENING AS A RESULT OF THESE GAPS?**

In the vacuum created the lack of high-quality medical facilities and options in the county, our team has heard that at least one insurance company has targeted Hispanic residents of the county. Hispanics are statistically much less likely to seek care, which the insurance industry knows very well. Thus a policy sold to an Hispanic person or family is more profitable than one sold to a person or family that is more likely to access care. And high co-pay charges further discourage people from seeking care. Of course, the consequence is that people get sicker and are at greater risk if and when they decide to seek treatment.

Because the Maryland Model perversely creates incentives for hospitals to push patients out and to keep beds empty, patients are often shuttled to

facilities outside of the county and even outside of the state – which creates another burden on the patient and the patient’s family for the time and cost of transportation to these other facilities. This is so counter-intuitive, we are going to repeat this for emphasis: **an empty bed is the only way for hospitals in Maryland to make money due to the state’s unique-in-the-nation reimbursement system. And there is no financial incentive to open beds in Maryland.**

Finally, the state has witnessed the reduction and near-elimination of most of its pediatric programs, according to health experts.

### **PLAN’S PROPOSED STEPS**

PLAN has begun to dig into this matter. It would be important to have a clergy caucus to review these findings and discuss next steps.

PLAN could put together a clear and simple **survey form** that would go along with this update. The update and survey could be **distributed in every PLAN member institution** to **educate leaders about the state of health care in the county**, to **listen to their own experiences**, and **to recruit leaders** who wish to be involved in an effort to correct these conditions and bring modern, accessible, high-quality care to the one million residents who are now at risk because of this situation.

It’s been suggested that, one of the major insurance companies have targeted Hispanics to create policies. Because they are less likely to seek care.

May be worth looking into the percentage of Hispanics in the area

Insurance companies open to offering policies may assist this cause from an opposite perspective.

**Issues:**

Available care

Insurance coverage

Affordable care