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## **Readmissions**

Where are they coming from across the state, by area, district, and hospital

Do people go back to the same hospital when readmitted or different hospitals?

## **High utilizing patients**

What can we learn by mapping high utilizing populations in the state of Maryland? Is there an urban / rural / suburban split? Is it associated with access to health care, eg presence of a hospital?

Does the map of high utilizing patients evolve over time? In other words, does an intervention in a geographic area make sense?



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## **Health access score**

Develop a score, akin to the “walk score”, for access to health care, specifically looking at distance and paths to hospitals, PMD offices, specialist offices, Emergency Departments, Urgent care, clinics, pharmacies, and any other associated sources of medical care.

## **Specific patient conditions (eg transplant patients)**

Look for where people get care across time. Does this change for transplant patients?

Are there geographic patterns to how well people do with complex care that requires access across time?