

**BWMC FY12 COMMUNITY BENEFIT REPORT**

**I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:**

1. Please list the following information in Table I below. For the purposes of this section, “primary services area” means the Maryland postal ZIP code areas from which the first 60 percent of a hospital’s patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes*:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
307	19,375	21061 21122 21060 21144 21113	<u>AAMC</u> 21061 21122 21113  <u>HH</u> 21061 21122	9% (BWMC patients residing in Anne Arundel County)	5% (BWMC patients residing in Anne Arundel County)

*\*Source: HSCRC*

2. For purposes of reporting on your community benefit activities, please provide the following information:

- a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital’s Community Benefit Service Area – “CBSA”. This service area may differ from your primary service area on page 1. Please describe in detail.)

### BWMC Primary Community Benefit Service Area

Zip Code	City
21060	Glen Burnie
21061	Glen Burnie
21122	Pasadena
21144	Severn
21225	Brooklyn Park
21226	Curtis Bay

### BWMC South Community Benefit Service Area

Zip Code	City
21012	Arnold
21032	Crownsville
21054	Gambrills
21108	Millersville
21114	Crofton
21401	Annapolis
21402	Annapolis
21146	Severna Park

### BWMC West Community Benefit Service Area

Zip Code	City
21090	Linthicum
21113	Odenton
20755	Ft. Meade
21240	BWI
21227	Elkridge/Arbutus
21076	Hanover

Baltimore Washington Medical Center considers most of Anne Arundel County the hospital's Community Benefit Service Area (CBSA). A few southern Anne Arundel County Zip codes have been excluded (20711, 20733, 20751, 20758, 20764, 20765, 20779) and a few eastern Howard County Zip codes (20723, 20794, and 21075) are also part of the hospital's CBSA. However, for this report, the data presented is based on Anne Arundel County.

Anne Arundel County is the fifth largest jurisdiction in Maryland with over 537,000 residents. It is part of the Baltimore metropolitan area and is located on the Chesapeake Bay, encompassing a 454 square mile area. The City of Annapolis (21401), the State Capitol, is centrally located between Baltimore and Washington,

D.C. The northern part of the County is suburban and urban with the southern part primarily rural and agricultural. The County has two State parks and more than 70 County parks for residents to enjoy.

Employment in Anne Arundel County is distributed across a wide array of industrial sectors. Based on 2011 employment figures, *trade, transportation and utilities, government and professional and business services* account for more than 60% of the total County employment: 27%, 18%, and 18%, respectively. Other major employment sectors include *leisure and hospitality services* (14%) and *education and health services* (14%) (*Source: MD Department of Labor, Licensing, and Regulation, 2011*).

Anne Arundel County has a diverse population with respect to age distribution. According to 2011 Census data, persons between the ages of 18 and 44 years old comprise the largest segment of the population at 36.4%. The next largest group is persons age 45 to 64, which makes up approximately 28.6% of the total population. Persons age 17 and under are 23% of the County population and those ages 65 and older comprise 12.1% of the population. (*Source: 2011 American Community Survey, U.S. Census Bureau*).

Anne Arundel County has approximately 120 public schools, 75 private schools, 70,000 students, 5,000 teachers and three major institutions of higher education. One of the most beneficial assets to Anne Arundel County is its well-educated population. Census estimates show that approximately 90% of the population over age 25 has obtained a high school diploma and approximately 36% of Anne Arundel County's population age 25 and over has either a bachelor's degree or a graduate professional degree. (*Source: 2011 American Community Survey, U.S. Census Bureau*).

While Anne Arundel County is generally considered an affluent county, it is important to recognize that more than 30,000 people (5.7%) live in poverty (*Source: 2011 American Community Survey, U.S. Census Bureau*). Quality of life for this population is hindered by issues of racial disparity and limited access to affordable housing and health care.

While Anne Arundel County has not experienced the racial and ethnic transformation happening in neighboring counties, there is growth in minority numbers in all categories. While Hispanics account for only 6.1% of the County's population as compared to 8.4% for Maryland, this represents a 25% increase from 2008. Asians make-up just over 3% of the population (*Source: Maryland Department of Planning, Planning Data Services, from the Population Division, U.S. Census Bureau, June 2010*).

Health disparities and poor health outcomes are the reality for African-Americans in Anne Arundel County. This population continues to have the highest incidence,

prevalence and mortality rates from chronic diseases including cardiovascular disease, diabetes and obesity (*Source: <http://www.dhmh.maryland.gov/ship>*).

Preterm birth and low birth weight continues to be the leading cause of death among infants in Anne Arundel County. The health of infants (less than one year old) is reflective of the health and social system a community has in place to support families and neighborhoods. Infant mortality measures deaths during the first year of life. The health of the mother before pregnancy can have a profound impact on the health of her baby. Issues such as pre-pregnancy weight, timely initiation of prenatal care, chronic disease management and substance abuse (including tobacco, alcohol and prescription drugs) continue to affect the health of babies born in the County.

Overall, Anne Arundel County ranks 7<sup>th</sup> (out of 24 counties including Baltimore City) in health measures such as health behaviors and social and economic factors that indicate what influences the health of the County, and 10<sup>th</sup> in health outcomes that indicate the overall health of the county (*Source :<http://www.countyhealthrankings.org>*).

**b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).**

Table II

<p>Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)</p> <p><i>Source: Maryland Department of Planning, Planning Data Services, from the Population Division, U.S. Census Bureau, June 2010.</i></p>	<p>537,656 Male 49.4%; Female 50.6%</p> <p>White, Not Hispanic (NH) 72.4% Black, NH 15.2% Hispanic 6.1% Asian, NH 3.4% American Indian, NH 0.3% Other, NH 2.6%</p> <p>Median Age: 38.4</p>
<p>Median Household Income within the CBSA</p> <p><i>Source: 2011 American Community Survey, U.S. Census Bureau; Maryland State Data Center, Maryland Department of Planning.</i></p>	<p>\$84,138</p>

<p>Percentage of households with incomes below the federal poverty guidelines within the CBSA</p> <p><i>Source: 2011 American Community Survey, U.S. Census Bureau; Maryland State Data Center, Maryland Department of Planning.</i></p>	<p>4.6% (All Families) 7.2% (Families with related children under 18 years) 5.7% (Individuals)</p>																		
<p>Please estimate the percentage of uninsured people by County within the CBSA</p> <p><i>Source: 2011 American Community Survey, U.S. Census Bureau; Maryland State Data Center, Maryland Department of Planning.</i></p>	<p>Civilian Non-institutionalized Population: 6.8% uninsured Civilian Non-institutionalized Population (under 18): 1.8% uninsured</p>																		
<p>Percentage of Medicaid recipients by County within the CBSA.</p> <p><i>Source: Maryland Medicaid eHealth Statistics FY12- Maryland DHMH.</i></p>	<p>9.0%</p>																		
<p>Life Expectancy by County within the CBSA.</p> <p><i>Source: Death Certificate Data, Maryland Division of Health Statistics, Maryland DHMH.</i></p>	<p>79.0 years</p>																		
<p>Mortality Rates by County within the CBSA (Age –adjusted rates per 100,000 population).</p> <p><i>Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, Maryland DHMH 2010.</i></p>	<table> <tr><td>Coronary Heart Disease</td><td>191.6</td></tr> <tr><td>Stroke</td><td>41.4</td></tr> <tr><td>Diabetes</td><td>22.0</td></tr> <tr><td>Unintentional Injuries</td><td>21.8</td></tr> <tr><td>All Cancer</td><td>182.2</td></tr> <tr><td>Lung Cancer</td><td>63.2</td></tr> <tr><td>Female Breast Cancer</td><td>25.0</td></tr> <tr><td>Homicide</td><td>3.8</td></tr> <tr><td>Suicide</td><td>9.5</td></tr> </table>	Coronary Heart Disease	191.6	Stroke	41.4	Diabetes	22.0	Unintentional Injuries	21.8	All Cancer	182.2	Lung Cancer	63.2	Female Breast Cancer	25.0	Homicide	3.8	Suicide	9.5
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<p>Access to healthy food, quality of housing, and transportation by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)</p> <p>Proportion of county restaurants that are Fast food restaurants</p> <p>Access to healthy food (measured as the percent of zip codes with a healthy food outlet, defined as a grocery store or produce stand/farmers’ market)</p> <p><i>Source: <a href="http://www.countyhealthrankings.org/maryland/anne-arundel/2012">http://www.countyhealthrankings.org/maryland/anne-arundel/2012</a></i></p> <p>Median contract rent in 2009 for apartments</p> <p><i>Source: 2011 American Community Survey, U.S. Census Bureau.</i></p>	<p>58%</p> <p>62%</p> <p>\$1,371</p>																		

<p>Est. median house or condo value in 2010 <i>Source: 2011 American Community Survey, U.S. Census Bureau.</i></p> <p>Total Housing Units Owner-Occupied Renter-Occupied (paying rent)</p> <p><i>Source: 2011 American Community Survey, U.S. Census Bureau.</i></p>	<p>\$332,800</p> <p>199,848 148,234 48,232</p>
<p>Government Subsidized/Section 8 Housing (renter pays 30% of total adjusted income)</p> <p><i>Source: <a href="http://www.hcaac.org/">http: www.hcaac.org/</a> and <a href="http://www.aacounty.org/Aging/Resources">www.aacounty.org/Aging/Resources</a></i></p>	<p>1,026 units available units Currently waiting list for placement is a minimum of one year.</p> <p>Available but preferential consideration is given to those with one or more of the following mitigating factors:</p> <ol style="list-style-type: none"> <li>1. 62 years or older</li> <li>2. Anne Arundel County resident</li> <li>3. Disabled</li> <li>4. Rent burdened (paying more than half of income for rent)</li> </ol> <p>In addition, factors such as homelessness, displacement, substandard residence, and physical victimization may be considered.</p>
<p>Transportation</p> <p>Vehicles Available (based on total housing units) No vehicles available</p> <p><i>Source: 2011 American Community Survey, U.S. Census Bureau.</i></p> <p>Anne Arundel County is served by a variety of public and specialized transportation, providing both local service and regional connections. The transit providers serving the County include (but not limited to):</p> <p>Maryland Transit Administration</p> <ul style="list-style-type: none"> <li>• MARC Commuter Rail service on the Penn line with stops in Odenton and BWI Airport rail stations.</li> </ul>	<p>192,325 7,523</p>

<ul style="list-style-type: none"> <li>• Light rail service linking downtown Baltimore to Patapsco, Baltimore Highlands, Nursery Road, North Linthicum, Linthicum, BWI Business Park, BWI Airport, Ferndale and Cromwell stations in the County.</li> </ul> <p>MTA local bus services</p> <ul style="list-style-type: none"> <li>• Route 14 between Annapolis, Patapsco light rail station, and downtown Baltimore</li> <li>• Route 17 between Parkway Center, BWI Airport, and Patapsco light rail station</li> </ul> <p>Central Maryland Regional Transportation/Connect-A-Ride services in West Anne Arundel County:</p> <ul style="list-style-type: none"> <li>• Route B: Laurel Mall to Maryland City</li> <li>• Route J: Laurel Mall/Arundel Mills Mall /Cromwell Light Rail \Station/Glen Burnie/Freetown</li> <li>• Route K: Arundel Mills Mall/Severn/Meade Village/Pioneer City/Seven Oaks/Odenton MARC/Odenton</li> <li>• Route M: A peak hour circulator route providing service between the Piney Orchard Community and the Odenton MARC Station</li> </ul> <p><i>Source:</i> <a href="http://www.aacounty.org/PlanZone/Transportation/Transit.cfm">http://www.aacounty.org/PlanZone/Transportation/Transit.cfm</a>.</p>	
<p>CBSA Adult Obesity (Percentage of adults that report BMI <math>\geq 30</math>)</p> <p><i>Source:</i> <a href="http://www.countyhealthrankings.org/maryland/anne-arundel/2012">http://www.countyhealthrankings.org/maryland/anne-arundel/2012</a></p>	28%
<p>Annual Average CBSA Unemployment Rate</p> <p><i>Source:</i> Maryland Department of Labor, Licensing &amp; Regulation, July 2012.</p>	6.6%
<p>Access to Quality Health Care Hospitals</p> <p>Federally Qualified Health Centers (FQHCs) <i>Source: URL:</i> <a href="http://www.dhmh.state.md/us/gethealthcare/FQHC.pdf">http://www.dhmh.state.md/us/gethealthcare/FQHC.pdf</a></p>	<p>Baltimore Washington Medical Center Anne Arundel Medical Center</p> <p>Peoples Community Health Center, Inc. 2 centers: (1) 21226 and (1) 21144</p>

Health Disparities (selected)	
Infant Mortality Rate (per 1,000 births)	White/Non-Hispanic: 6.1 Black: 12.0
Percentage of births that are Low Birth Weight (LBW)	White/Non-Hispanic: 7.7% Black: 13.2%
Rate of ED visits for asthma per 10,000 population	White/Non-Hispanic: 45.3 Black: 251.2
Rate of ED visits for diabetes per 100,000 population	White/Non-Hispanic: 255.0 Black: 728.0
Rate of ED visits for hypertension per 100,000 population	White/Non-Hispanic: 124.1 Black: 542.6
<i>Source: <a href="http://www.dhmh.maryland.gov/ship">http://www.dhmh.maryland.gov/ship</a></i>	

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

**According to the Patient Protection and Affordable Care Act (“ACA”), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified perform an assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.**

**For the purposes of this report and as described in Health General 19-303(a)(4), a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:**

- (1) A description of the process used to conduct the assessment**
- (2) With whom the hospital has worked**
- (3) How the hospital took into account input from community members and public health experts**
- (4) A description of the community served; and**
- (5) A description of the health needs identified through the assessment process (including by race and ethnicity where data are available)**

Baltimore Washington Medical Center did not perform a community health needs assessment as defined by the federal reform bill in FY12. However, such an assessment has been completed (August – October 2012) and will be published along with BWMC’s implementation strategy/plan in May 2013. The information included below reflects the standard assessment process which Baltimore Washington Medical Center has typically conducted year-to-year.

**1. Identification of Community Health Needs:**

**Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.**

Baltimore Washington Medical Center utilized the Anne Arundel County Department of Health Report Card of Community Health Indicators to direct community outreach activities in FY12. This report card is issued by the Anne Arundel County Department of Health and reviewed by BWMC each year. The May 2011 Report Card was utilized to direct FY12 community outreach efforts. Additional resources referenced to identify community health needs included county health rankings (<http://www.countyhealthrankings.org>) and Maryland Department of Health and Mental Hygiene’s State Health Improvement Plan (SHIP) (<http://dhmh.maryland.gov/ship/>).

**2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted? Include representatives of diverse sub-populations within the CBISA, including racial and ethnic minorities (such as community health leaders, local health departments, and Minority Outreach & Technical Assistance program in the jurisdiction).**

The Healthy Anne Arundel Coalition was formed in December 2011 and is managed by the County Department of Health. The Healthy Anne Arundel Steering Committee, including Vice Chair, Kathleen McCollum, Senior Vice President of Business Development and Ambulatory Services at Baltimore Washington Medical Center, is composed of public sector agencies, health care providers and payers, the business community, and community-based and academic partners including:

- Anne Arundel Community College
- Anne Arundel County Department of Aging and Disabilities
- Anne Arundel County Department of Detention Facilities
- Anne Arundel County Department of Health (including representatives from Women’s Infants and Children (WIC) and Healthy Start
- Anne Arundel Department of Recreation and Parks
- Anne Arundel County Department of Social Services
- Anne Arundel County Mental Health Agency, Inc.
- Anne Arundel County Office of the County Executive
- Anne Arundel County Public Schools
- Anne Arundel Economic Development Corporation
- Anne Arundel Health System

- Arundel Community Development Services, Inc.
- Baltimore Washington Medical Center
- CareFirst BlueCross BlueShield
- City of Annapolis Mayor's Office
- Community Foundation of Anne Arundel County
- Housing Authority of the City of Annapolis
- MedStar Harbor Hospital
- NAACP-Anne Arundel County Branch
- People's Community Health Centers, Inc.
- Rite Aid Corporation
- University of Maryland School of Public Health
- Wal-Mart

In addition to providing the coalition with steering committee leadership, a variety of clinical and non-clinical BWMC associates serve on various coalition workgroups. The work of the coalition began by reviewing and prioritizing objectives identified by the Maryland Department of Health and Mental Hygiene's (DHMH) State Health Improvement Process (SHIP). SHIP, launched in September 2011, focuses on improving the health of Maryland residents in six vision areas: Healthy Babies, Healthy Social Environments, Safe Physical Environments, Infectious Disease, Chronic Disease and Health Care Access. Under SHIP's umbrella, the coalition develops and implements strategies that will improve local public health. The steering committee then reviewed County data and identified seven health focal areas that included obesity, cancer, mental health and substance abuse, dental care, sexual health, housing and the environment. The steering committee decided to focus the coalition's efforts on two health priorities: (1) obesity prevention and (2) management of substance abuse and mental health as co-occurring disorders.

The coalition formulated an action plan that articulates specific goals and strategies for both health priorities. Through coalition workgroups and committees, representatives from around the County collaborate to assess local health needs and services; share data and other resources; explore evidence-based health practices; and acquire support to enhance and initiate health programs that impact targeted populations and communities. The coalition plans to effectively leverage and utilize new and existing resources to measurably improve the County's health.

In addition to being an integral part of the Healthy Anne Arundel Coalition, BWMC continues to maintain open communication with the Anne Arundel County Department of Health, Anne Arundel County Public School System and church leaders. BWMC's community outreach programs can be found in County schools, senior centers, community centers and churches throughout the County.

BWMC's director of community outreach participates in committees and advisory councils, promoting continuous dialogue between the medical center and community

stakeholders. This provides opportunities for new ideas and programs to be exchanged, allowing BWMC to maximize community outreach efforts.

BWMC seeks insight from community members attending educational programs through its program evaluation tool. Program participants are asked to complete a brief survey evaluation, providing feedback and comments about the program they attended, as well as providing suggestions for future program topics. This valuable insight is used in conjunction with the DHMH SHIP and the Anne Arundel County Department of Health Report Card of Community Health Indicators to plan future educational offerings and direct outreach activities.

Additionally, in March 2012, a community health assessment web survey was available on the home page of BWMC's web site, mybwmc.org. Visitors were prompted to take the survey only once on their first visit to mybwmc.org and were given the option to bypass taking the survey if they were not interested in providing feedback. One hundred thirty-one people responded to this nine question survey, 85 of which live in Anne Arundel County. Of these 85 respondents, 71% (60 respondents), indicated that high blood pressure, heart disease and issues of being overweight or obese were of moderate or serious concern to them. However, of these same 85 respondents, only 25% (21 respondents) indicated that they participate in 30 minutes or more of physical activity or exercise three or more times per week. Albeit a relatively small sample size, results directly correlate with the Anne Arundel County Department of Health Report Card of Community Health Indicators that shows obesity and related health concerns a reality for a large portion of our community (28%).

**3. When was the most recent needs identification process or community health needs assessment completed?**

Provide date here. 5/01/11

**4. Although not required by federal law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years?**

Yes

No; Conducted in September 2012 in partnership with A.A. County Department of Health and Anne Arundel Medical Center. Assessment and strategy/implementation plan to be published by May 2013.

### III. COMMUNITY BENEFIT ADMINISTRATION

**1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?**

**a. Is Community Benefit planning part of your hospital's strategic plan?**

Yes

- Community Outreach activities associated with Community Benefit are included in BWMC's annual operating plan that is derived from BWMC's 5-year strategic plan that was completed in 2010 and updated annually.

No

**b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):**

**i. Senior Leadership**

1.  CEO

2.  CFO

3.  Other (please specify)

- Board of Directors

- Senior Vice President

**ii. Clinical Leadership**

1.  Physician

- Director, Community Vascular Screening Program

- Chairman, Urologic Oncology

2.  Nurse

- Inpatient Team Certified Registered Nurse Practitioner (CRNP)

- Director, Emergency Department (ED) Nursing

- Director, Women's and Children Services

3.  Social Worker

4.  Other (please specify)

**iii. Community Benefit Department/Team**

1.  Individual (please specify FTE)

- Director, Community Outreach (1.0 FTE)

2.  Committee (please list members)

- Board of Director's Community Benefit Committee

Members include:

- Lou Zagarino - Chairman, BWMC Board of Directors

- Walter Hall - BWMC Board of Directors and Chairman, BWMC Community Benefit Committee
- Michael Caruthers - BWMC Board of Directors
- Paul Gable - BWMC Board of Directors
- Penny Cantwell - BWMC Foundation Board of Directors
- Donna Jacobs - Senior Vice President  
Government and Regulatory Affairs  
University of Maryland Medical System
- Al Pietsch - Chief Financial Officer, BWMC
- Kathleen McCollum - Senior Vice President, BWMC
- Ed DeGrange - Manager, Community Development and Business Relations, BWMC

3.  Other (please describe)  
- Director, Decision Support (1.0 FTE)

**c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?**

Spreadsheet  yes \_\_\_ no  
Narrative  yes \_\_\_ no

**d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?**

Spreadsheet  yes \_\_\_ no  
Narrative  yes \_\_\_ no

#### **IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES**

- 1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).**

***For example:*** For each major initiative where data is available, provide the following:

- a. Identified need:** This includes the community needs identified in your most recent community health needs assessment as described in Health General 19-303(a)(4). Include any measurable disparities and poor health status of racial and ethnic minority groups.
  - b. Name of Initiative:** insert name of initiative.
  - c. Primary Objective of the Initiative:** This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)
  - d. Single or Multi-Year Plan:** Will the initiative span more than one year? What is the time period for the initiative?
  - e. Key Partners in Development/Implementation:** Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
  - f. Date of Evaluation:** When were the outcomes of the initiative evaluated?
  - g. Outcome:** What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).
  - h. Continuation of Initiative:** Will the initiative be continued based on the outcome?
  - i. Expense:** What were the hospital's costs associated with this initiative? The amount reported should include dollars, in kind donations, or grants associated with the fiscal year being reported.
- 2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an**

**identified community need, or lack of resources related to prioritizing and planning.)**

The primary health needs identified by the Anne Arundel County Department of Health Report Card of Community Health Indicators are cancer, heart disease, chronic lower respiratory disease (CLRD), stroke and infant mortality. Obesity was also identified as a health issue for more than 28% of adults in BWMC's CBSA. Through the programming outlined below, BWMC adequately addresses cancer, heart disease and obesity, stroke and infant mortality. Chronic lower respiratory disease (CLDR) is partially addressed through the offering of smoking cessation classes. A lack of appropriate expertise prevented addressing the well-documented relationship between elevated air pollution (environment) and compromised health including decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects.

Table III: Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY12
Infant Mortality	Stork's Nest	The primary objectives of Stork's Nest include preventing premature births, low birth weight babies and sudden infant death syndrome (SIDS), the leading causes of infant mortality. Prenatal care is essential to increasing chances of positive pregnancy outcomes. BWMC's Stork's Nest is an incentive-based prenatal education program designed to encourage pregnant women to have a healthy pregnancy, giving their babies the best opportunity for a healthy beginning. Educational topics include healthy eating for two, exercise, managing stress, breastfeeding and safe sleeping for baby. Any pregnant Anne Arundel County resident is eligible to participate, however, the program targets pregnant women at the greatest risk for having poor pregnancy outcomes, specifically African-American women, teenagers, women of low socioeconomic status and	Multi-year initiative beginning in 2006.	BWMC is the leading sponsor of this initiative. Additional supporting sponsors include the Anne Arundel County Department of Health, March of Dimes (Maryland Chapter) and Zeta Phi Beta Sorority.	July 1, 2011 through June 30, 2012 was evaluated in July 2012.	211 Anne Arundel County residents participated in Stork's Nest in FY12. This represents a 25% increase from FY11. The program coordinator contacts program participants at three months and 12 months postpartum to conduct a thorough follow-up to determine health of the mother and baby. At three months, each participant is asked a variety of questions regarding the baby's birth weight, whether the baby is taken to the pediatrician regularly, the emotional health of the mother and whether or not the baby is provided a safe sleep environment. At 12 months, participants are questioned about continuing to take their infant to the pediatrician for wellness visits/immunizations. FY12 outcomes directly linked to reducing infant mortality (with due dates on or before 6/30/12) include: <ul style="list-style-type: none"> <li>Babies born <math>\geq</math> 37 weeks gestation: 91%</li> <li>Babies born <math>&gt;</math>5 lbs. at birth: 90%</li> <li>Babies put to sleep on their back: 96%</li> </ul>	Yes	\$79,051 (including staff salaries; excluding donations)  ----- Monetary and in-kind program donations: \$4,936

		<p>women with previous poor pregnancy outcomes. The program offers multiple eight-week, hour-long education classes. One Spanish class (Esperando Bebe), two adult English classes and one teenage class are offered.</p>				<ul style="list-style-type: none"> <li>• Babies taken to wellness visits : 99%</li> <li>• Participants breastfeeding for at least three months: 63%</li> </ul>		
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Table III: Initiative 2.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY12
Coronary Heart Disease, Obesity	Heartbeat for Health	The primary objectives of Heartbeat for Health include education and awareness, encouraging community members to make healthy lifestyle choices to reduce the incidence of obesity and corresponding conditions including heart disease, high cholesterol and high blood pressure. Heartbeat for Health celebrates the benefits of dance and exercise in the prevention of heart disease. Held annually in February to coincide with National Heart Month, participants have the opportunity to try various dance styles, enjoy dance and exercise demonstrations and participate in free health screenings such as cholesterol, blood pressure and body mass index. Educational information on heart disease, cancer and diabetes is also available.	Multi-year initiative (began in 2005 as Day of Dance).	BWMC is the leading sponsor of this initiative. Community partners include Advanced Radiology, Chesapeake Foot and Ankle Center, Maryland Primary Care Physicians, Deliciously Nutritious and a variety of dance schools and instructors.	February 18, 2012 was evaluated in March 2012.	<p>More than 600 area residents participated in Heartbeat for Health in 2012. Exit surveys were conducted and completed by 107 attendees.</p> <p>FY12 event outcomes include:</p> <ul style="list-style-type: none"> <li>- 164 participants were screened for total cholesterol. 72 (44%) participants had a total cholesterol result of 200 mg/dl or greater, indicating the need for physician follow-up for retesting or other treatment based on the recommendation by the American Heart Association.</li> <li>- 133 participants had a vascular (carotid artery) screening conducted. One participant had an abnormal result and was referred to their primary care physician for follow-up.</li> <li>- 89 attendees that completed the exit survey (83%) indicated they would likely make lifestyle changes as a result of information gained from attending Heartbeat for Health.</li> </ul>	Yes. Heartbeat for health is scheduled for Saturday, February 16, 2013	\$19,503.57 (excludes expenses related to 94 staff hours)

		<p>This wellness event is widely promoted and well attended by more than 600 community members of all ages.</p>			<p>- 78 attendees that completed the survey (73%) indicated that one or more of the following health concerns were of moderate or serious concern to them: high cholesterol, high blood pressure, vascular disease, heart disease, diabetes, cancer, stroke, or losing weight/changing diet.</p>		
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Table III: Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY12
Cancer Mortality	Annual Father's Day Prostate Screening	<p>The primary objective for the annual Father's Day prostate screening is to educate men on the importance of screening as a tool in the early detection of prostate cancer. Cancer is the leading cause of death in Anne Arundel County with incidence and mortality rates of prostate cancer at or above the state average. This screening program offers participants a digital rectal exam and a prostate specific antigen (PSA) blood test.</p> <p>Additionally, BWMC offers a monthly prostate cancer support group led by a BWMC urologist to provide a forum for those community members already affected by prostate cancer.</p> <p>-----</p> <p>To further encourage the importance of screening</p>	Multi-year initiative	BWMC is the leading sponsor of this annual prostate screening. Private practice physicians from BWMC's medical staff provide support by conducting the screenings and reviewing screening results. BWMC's laboratory conducts the PSA testing.	June 21, 2012 screening was evaluated in July 2012.	<p>57 area residents participated in the annual prostate screening held at BWMC on 6/21/12. From the screening, it was determined that 12 men (21%) had either an abnormal exam or PSA blood test.</p> <p>All results are reviewed by the screening physicians and each participant is mailed a letter indicating their results, encouraging the participants to share the results with their private physician.</p> <p>All patients with abnormal results are also contacted additionally by phone by BWMC's outreach coordinator to make sure they understood their results, provide resource information as needed and to encourage that follow-up care be sought. Nine of the 12 men with abnormal results sought immediate follow-up care. For those participants not following-up with their primary care physician or urologist</p>	Yes	\$251.94 (excludes staff salaries)

		and early detection of cancer, BWMC offers informative talks on cancer prevention in the community.				immediately following the June screening, BWMC's outreach coordinator will reach out to them again in six months (December 2012).		
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Table III: Initiative 4.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY12
Stroke Incidence/ Mortality	Vascular Screenings ----- Stroke Support Group	In FY11, board certified vascular surgeons and ultrasound technicians from The Maryland Vascular Center at BWMC offered free monthly vascular screenings to the community. These potentially life-saving screenings for carotid artery disease (linked to stroke), abdominal aortic aneurysms and peripheral arterial disease are offered to community members age 50 or older who have one of the following risk factors: hypertension, diabetes, family history of vascular disease, high cholesterol or history of smoking.  Additionally, as a Primary Stroke Center, BWMC offers a monthly stroke support group that serves as a resource for patients who are recovering from a stroke or who are at high	Multi-year initiative.	BWMC is the sponsor of this initiative. BWMC partners with community organizations such as senior centers and churches to host the screenings.	July 1, 2011 through June 30, 2012 was evaluated in July 2012.	503 area residents participated in the vascular screenings offered at BWMC and at various locations in BWMC's CBSA. Of those screened, 43 abnormal results (8.5% abnormal rate) were determined. Results are made immediately available to participants and for abnormal results where follow-up is indicated, a clinician from The Maryland Vascular Center calls the participant's primary physician to discuss the findings.	Yes	\$442,127.00 (includes all associated screening costs)

		risk for having a stroke. Additionally, informative talks on stroke prevention and vascular health are offered in the community.						
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Table III: Initiative 5.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY12
Chronic Lower Respiratory Disease (CLDR)/ Cancer Mortality	Smoking Cessation Classes	The primary objective of the smoking cessation classes is to educate participants on the health risks associated with tobacco use and provide the mechanisms (medication, counseling, etc.) to discontinue its usage. Made possible by a grant from the Anne Arundel County Department of Health, BWMC offers smoking cessation classes for those who live or work in Anne Arundel County who want to make the healthy lifestyle choice to quit smoking.	Multi-year initiative.	BWMC sponsors and administers this initiative with a grant from the Anne Arundel County Department of Health.	July 1, 2011 through June 30, 2012 was evaluated in July 2012.	In FY12, 41 people living or working in A.A. County enrolled in BWMC's smoking cessation program. 35 people actually started the program. Twenty of these participants completed the program; 15 of which had quit smoking at the end of their session. Participants are contacted at three, six and 12 months after completing the program to find out if they continue to be smoke-free. Three of the 15 participants (20%) in FY12 were smoke-free when contacted by the program coordinator. It is important to note that it is typically very difficult for the coordinator to reach participants for follow-up (phone number out of service, multiple messages not returned, etc.)	Yes	\$5,000 (grant funding awarded)

Table III: Initiative 6.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in Initiative Development and/or Implementation	Evaluation Dates	Outcome (include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY12
Obesity/ Access to Healthy Food	Farmers' Market	The primary objectives of BWMC's Farmers' Market includes providing a place where local producers of fresh produce, meat and homemade goods can sell directly to consumers while offering a diversity of fresh, high quality, locally grown produce for area residents. Area residents are able to speak directly with the people who produce the food, learn more about how it is grown and how to prepare it, enabling them to make educated food choices. Markets were offered one Friday and two Saturdays each month beginning in May 2012 through October 2012. In August 2012, market frequency was increased to every Saturday (in addition to one Friday each month). WIC Fruit & Vegetable Checks (FVC) and Farmers' Market Nutrition Program (FMNP) checks were accepted.	Inaugural year with the intent to become a multi-year initiative.	BWMC partners with Healthy Markets, LLC	May 2012 through June 30, 2012. Markets continue through October 2012	Between 150 and 200 people attended each farmers' market. Many people came to the market multiple times each month. It is estimated that approximately 750 area residents visited at least one BWMC Farmers' Market between May 1 and June 30, 2012.  While there is currently no measurable impact for this type of initiative, Maryland SHIP is currently working with the John Hopkins Center for a Livable Future to develop a new composite measure for access to healthy food.	Yes, including possible expansion to Hanover, Maryland (21076).	Start-up costs were \$5901.76.

## V. PHYSICIANS

- 1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.**

There are no gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured at Baltimore Washington Medical Center.

- 2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.**

- (1) Hospital-based physicians with whom BWMC has an exclusive contract
  - (a) Hospital-based laborists and Baltimore Washington Women's Health Associates (BWWHA) physicians - Health care services for obstetrics and gynecology are provided. Without the availability of these practitioners, patients would have to be transferred to another facility for care. A negative margin is generated. (\$1,285,717)
  - (b) Psychiatrists - Psychiatric services are provided in both inpatient and outpatient settings at BWMC, allowing patients access to the scarcely available mental health services in Anne Arundel County. A negative margin is generated. (\$348,052)
- (2) Non-resident house staff - These physicians ensure the continuum of primary care for inpatients. A negative margin is generated. (\$449,436)
- (3) Emergency Department Call - BWMC pays to provide the availability of on call physician specialists for the emergency department. These specialists would otherwise not provide services and patients would have to be transferred to another facility for care. A negative margin is generated. (\$1,036,360)

## VI. APPENDICES

- 1. Describe your Financial Assistance Policy:**
  - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under**

**federal, state, or local government programs or under the hospital's FAP.  
(label appendix 1)**

**For *example*, state whether the hospital:**

- **Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):**
    - **in a culturally sensitive manner,**
    - **at a reading comprehension level appropriate to the CBSA's population, and**
    - **in non-English languages that are prevalent in the CBSA.**
  - **posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;**
  - **provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;**
  - **provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;**
  - **includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or**
  - **discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.**
- b. Include a copy of your hospital's FAP (label appendix II).**
- c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General 19-214.1(e) (label appendix III).**
- 2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).**

## Appendix 1

Baltimore Washington Medical Center's Financial Assistance Policy (FAP) is established to assist patients in obtaining financial aid when it is beyond their ability to pay for services rendered.

A patient's inability to obtain financial assistance does not, in any way, preclude the patient's right to receive and have access to medical treatment at Baltimore Washington Medical Center.

Baltimore Washington Medical Center informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state or local government programs or under the hospital's financial assistance policy in the following manner:

- BWMC prepares its FAP in a culturally sensitive manner, at a reading level appropriate to the CBSA's population and in Spanish.
- BWMC posts its FAP and financial assistance contact information in all admission areas, the emergency room and all other outpatient areas throughout the facility.
- A copy of BWMC's FAP is included in the patient handbook that is provided to each patient upon admission.
- A copy of BWMC's FAP and financial assistance contact information is provided to each patient upon discharge.
- A copy of BWMC's FAP and financial assistance contact information is provided in patient bills; and/or
- BWMC discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and employs dedicated staff on-site to assist patients with qualification for such programs.
- An abbreviated statement referencing BWMC's financial assistance policy, including a phone number to call for more information, is run annually in the local newspapers (*Maryland Gazette, Capital and Baltimore Sun*).

## Appendix 2: Financial Assistance Policy (FAP)

### **POLICY:**

Baltimore Washington Medical Center (BWMC) strives to be the health system of choice through excellence in service, including service to residents of the community who do not have the adequate financial resources to pay for necessary health care service. Baltimore Washington Medical Center will grant financial assistance to patients who have the **demonstrated inability to pay**. The hospital's ability to grant financial assistance is dependent on the patient's complete, honest, and prompt cooperation with the financial assistance application process, as well as the availability of hospital resources to cover the cost of financial assistance.

1. All patients shall be eligible for financial assistance provided they meet the necessary criteria.
2. Financial assistance will be given without regard to age, race, creed, or sex.
3. Application for financial assistance should be made as soon as possible in the admission process; however, an application may be taken at any time during the billing and collection process. Applications are available at all hospital registration areas or can be obtained by calling the Patient Financial Assistance Customer Service representative at 410-787-4517.
4. Notice of the availability of financial assistance shall be posted in the Admissions Office, the Emergency Department, and points of clinical registration within the hospital. Such notice will be posted in English and Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.
5. BWMC will provide the financial assistance application, policies, procedures, and information available in English and Spanish, and/or any other language that will be understandable to target populations of patients utilizing hospital services.
6. BWMC will provide financial assistance only for services deemed medically necessary. Financial assistance will not be granted for patients scheduled for elective cosmetic/plastic surgery.
7. Patients in the Medicaid Primary Adult Care (PAC) program may be automatically considered for financial assistance depending on hospital resources.
8. Patients eligible for the Anne Arundel REACH Program are automatically considered for financial assistance at the time of billing.
9. Outpatient emergency services denied as medically unnecessary for patients covered under a Medicaid Managed Care Organization (MCO) may be automatically considered for financial assistance.
10. BWMC will provide financial assistance to individuals in households below 200% of the federal poverty level and reduced cost of care up to 300% of the federal poverty level.

11. Criteria to be considered in determining financial assistance eligibility include, but are not limited to: household income, patient's employment status and capacity for future earnings, other living expenses, and financial obligations.
12. Supporting documentation may include the following:
  - a. Copies of pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks
  - b. Prior year's tax returns
  - c. Bank statements
  - d. Proof of expenses
  - e. Basic Needs letter that indicates how persons with no income are meeting their day to day living needs

Patients will have 15 calendar days to return financial forms and the necessary documentation. Failure to provide requested documentation may result in denial for financial assistance.

13. BWMC will make every effort to determine financial assistance eligibility within two business days after the submission of the financial assistance application and all requested documentation.
14. A specific amount of financial aid will be established annually in the hospital's operating budget. This amount shall not exceed the maximum limitation for financial assistance as established by the Health Services Cost Review Commission.
15. BWMC reserves the right to modify this Financial Assistance Policy depending on the availability of such financial assistance allowances as established by the Health Services Cost Review Commission or any subsequent governing bodies or by the hospital staff.

**ORIGINATOR:**

Director, Patient Accounting

**REVIEW CYCLE:**

3-year

**APPROVAL:**

President/Chief Operating Officer

## Appendix III

### BALTIMORE WASHINGTON MEDICAL CENTER PATIENT INFORMATION SHEET

#### **Hospital Financial Assistance Policy**

**Baltimore Washington Medical Center (BWMC)** is committed to ensuring that uninsured patients within its service area who lack financial resources have access to medically necessary hospital services. If you are unable to pay for medical care, you may qualify for Free or Reduced Cost for Medically Necessary Care if you have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability.

BWMC meets or exceeds the legal requirements by providing financial assistance to those individuals in households below 200% of the federal poverty level and reduced cost of care up to 400% of the federal poverty level.

#### **Patients' Rights**

**BWMC** works with their uninsured patients to gain an understanding of each patient's financial resources.

- We provide assistance with enrollment in publicly-funded entitlement programs (e.g. Medicaid) or other considerations of funding that may be available from other charitable organizations.
- If you do not qualify for Medical Assistance, or financial assistance, you may be eligible for an extended payment plan for your hospital medical bills.
- If you believe you are wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below.)

#### **Patients' Obligations**

**BWMC** believes that patients have specific responsibilities related to the financial aspects of their healthcare needs. Our patients are expected to:

- Cooperate at all times by providing complete and accurate insurance & financial information.
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us in a timely manner at the number listed below of any change in circumstances.

#### **Contacts:**

Call 410-787-4440 with questions concerning:

- Your hospital bill
- Your rights and obligations with regards to your hospital bill
- How to apply for Maryland Medicaid
- How to apply for free or reduced care

**For information about Maryland Medical Assistance**

Contact your local department of Social Services  
1-800-332-6347 TTY 1-800-925-4434

Appendix III continued

Or visit: [www.dhr.state.md.us](http://www.dhr.state.md.us)

**Physician charges are not included in hospital bills and are billed separately.**

**I have read and understand the Patient Financial Policy and agree to follow its guidelines.**

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**Signature of Patient or Responsible Party**

**Date**

- Appendix IV: Mission and Vision Statements

## **VISION STATEMENT**

To be the preferred regional medical center through nationally recognized quality, personalized service and outstanding people.

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## **MISSION STATEMENT**

The mission of Baltimore Washington Medical Center is to provide the highest quality healthcare services to the communities we serve.