



HSCRC Community Benefit Reporting Narrative

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS

1. Please list the following information in the table.

Licensed bed designation FY12	Number of inpatient admissions FY11	Primary Service Area ZIP Codes FY11 ¹	All other Maryland hospitals sharing primary service area	Percentage of uninsured patients, by County FY11 PSA	Percentage of patients who are Medicaid recipients, by County
231 Acute	14,979	21218 21211 21213 21215 21206 21212 21217 21239 21234 21214 21222 21216 21221 21202 21225	Good Samaritan Hospital St. Joseph's Franklin Square; Greater Baltimore Medical Center Sinai Hospital	Baltimore City 5.8% Baltimore County 0.4%	Baltimore City 23.0% Baltimore County 1.6%

2. Describe the community your organization serves.

a. Describe in detail the community or communities your organization serves, known as the Community Benefit Service Area (CBSA). The CBSA may differ from your primary service area.

The primary service area and the CBSA are the same for Union Memorial Hospital. The CBSA is also used as part of the selection criteria for acceptance into the Shepherd's clinic program. Educational programming and community partnerships are focused on communities located in the first eight zip codes above. This includes the communities of Arlington, Charles Village, Clifton-East End, Druid, Govans, Hamilton, Hampden, Northwood, Overlea and Waverly.

¹ Primary service area is defined as the Maryland postal ZIP codes from which the first 60% of 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 by number of discharges.



b. In the table below, describe significant demographic characteristics and social determinants that are relevant to the needs of the community.² Include the source of the information in each response. (Please add rows in the table for other characteristics and determinants as necessary).

Some statistics may be accessed from the Maryland Vital Statistics Administration (<http://vsa.maryland.gov/html/reports.cfm>) and the Maryland State Health Improvement Plan (<http://dhmh.maryland.gov/ship/>).

Characteristic or determinant	Response	Source
Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, and average age)	63.5% African-American, 33.5% White Male 46.6%; female 53.5% Median age 34.0	U.S. Census Bureau, 2009 Data Profiles
Median household income within the CBSA	\$38,772	U.S. Census Bureau, 2009 Data Profiles
Percentage of households with incomes below the federal poverty guidelines within the CBSA	17.0%	U.S. Census Bureau, 2009 Data Profiles
Estimated percentage of uninsured people by County within the CBSA ³	Baltimore County 9.5% Baltimore City 15.2%	U.S. Census Bureau, 2009 Data Profiles
Percentage of Medicaid recipients by County within the CBSA	Baltimore County 8.5% Baltimore City 8.3%	U.S. Census Bureau, 2009 Data Profiles
Life expectancy by County within the CBSA	Baltimore Metro Area: Baltimore City 72.9	Maryland Vital Statistics Report, 2009
Mortality rates by County within the CBSA	All races, Baltimore Metro Area: Baltimore City 1020.2	Maryland Vital Statistics Report, 2009
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)	Waverly farmers market and Giant foods serve the 21128 community; however, access to healthy food is a documented problem throughout Baltimore city	Baltimore City Health Department, Baltimore office of sustainability

² 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 (i.e. gender, age, alcohol use, income, housing, access to quality health care, having or not having health insurance).

³ This information may be available at <http://www.census.gov/hhes/www/hlthins/data/acs/aff.html> or http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

Union Memorial's community benefits plan regularly aligns with its strategic initiatives. The plan is developed with the guidance of key stakeholders and assessment of state reports and patient data. The individuals involved in the process range from hospital and board leadership to our own staff of community nurse educators. Priorities and programs are routinely reviewed and discussed, relative to Union Memorial's current efforts, to address health-related issues or the ability to initiate or enhance our support. This process also identifies capital-related needs, such as facility expansion, which are necessary for Union Memorial to continue to serve the health care needs of our service area.

We concentrate on residents who have a high prevalence of severity for a particular health concern, with multiple health problems and limited access to timely, high quality health care. We focus on program activities that address the underlying causes of persistent health problems as part of a comprehensive strategy to improve health status and quality of life in local communities.

Union Memorial uses the following mechanisms for identifying community health needs: hospital utilization patterns, morbidity, mortality and lifestyle data provided by the local health department and other key partners, population trends and forecasts, and requests from the community served.

Union Memorial also participates on the MedStar Health Community Benefit Workgroup to study demographics, assess community health disparities, inventory resources and establish community benefit goals for both the Hospital and MedStar Health.

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted.

Baltimore City and Maryland health department and non-profit organizations such as the American Heart Association, American Cancer Society, American Stroke Association, Baltimore City Cancer Commission, the Baltimore City Health Department and Maryland Department of Aging participated in the community health needs process. We also partner with community organizations such as the Shepherd's Clinic, Johns Hopkins University, Charles Village Community Association, Waverly Community Association and the Waverly Farmers Market on health and social issues.

3. Date of most recent needs identification process of community health needs assessment: 05/01/2011; additionally, in FY2010 MedStar Health conducted a community health assessment of the Baltimore/Washington region using secondary data from various sources.



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 HSCRC FY11 Community Benefit Narrative Reporting Instructions page within the past three fiscal years?

Yes

No - In FY11 Union Memorial, under the direction of MedStar Health, began the community health assessment process. The planning phase, including data collection and implementation strategy publication, is scheduled to be completed by June, 2012.

If yes, please provide a link to the document or attach a PDF of the document with your electronic submission.

III. COMMUNITY BENEFIT ADMINISTRATION

1. Decision making process concerning which needs in the community would be addressed through community benefits activities of your hospital.

a. Does your hospital have a Community Benefit strategic plan?

Yes

No

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

i. Senior Leadership

1. CEO

2. CFO

3. Other, please specify: Hospital board, COO, assistant vice president of community and government relations

ii. Clinical Leadership

1. Physician

2. Nurse

3. Social Worker

4. Other, please specify: Outreach educators

iii. Community Benefit Department/Team

1. Individual, please specify FTE: _____

2. Committee, please list members:

Jill Johnson, AVP Strategic Planning, Community and Government Relations

Neil MacDonald, VP Operations

Joe Smith, CFO

Cheryl Lunnen, VP Cardiovascular Services

Steve Koenigsberg, VP Surgical Services

Emily Sheeler, Financial Manger

Mark Hoefflich, Manager of internal communications

3. Other, please describe: Community Education Staff,

Nicole Ketterer, Orthopedics Educator



Mary Lue Silbergeld, Oncology Educator
Roz Markus, Diabetes Educator
Kerry Martinez, Cardiovascular Educator

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

Spreadsheet X Yes _____No
Narrative X Yes _____No

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

Spreadsheet X Yes _____No
Narrative X Yes _____No

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Using the tables on the following pages, provide a clear and concise description of the needs identified in the process described above, the initiative undertake 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. Please list each initiative on a separate page. Add additional pages/tables as necessary.

2. Describe any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital. Explain why they were not addressed.

Drug and alcohol treatment programs: The hospital does not have the physical space to develop such a program at this time.

Adolescent in-patient psychiatry: This service is provided by our sister hospital, Franklin Square Hospital Center.



Initiative One: Access to Care for the Uninsured

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	Outcomes	Continuation of Initiative
Primary/specialty care of the uninsured	Shepherd's Clinic	Provide primary and specialty care health services to uninsured adults who live in the Union Memorial primary service area and meet financial criterion.	Multi-Year	Shepherd's Clinic	7/1/10-6/30/11	5,330 visits; 1,700 individuals	This initiative has been in existence for 20 years and is expected to continue

Initiative Two: Cancer Screening

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	Outcomes	Continuation of Initiative
Cancer-related illness/disease	Free screenings for individuals who are uninsured or underinsured and meet certain income requirements <u>Screenings:</u> Breast and cervical cancer Colorectal cancer Prostate cancer	Early detection of cancer-related illness/disease; access to follow-up care when necessary	Multi-Year	Maryland Cancer Fund Baltimore City Maryland Department Health Harbor Hospital	7/1/10-6/30/11	<u>Breast and cervical cancer:</u> 668 screenings; 13 cancer diagnoses <u>Colorectal cancer:</u> 73 screenings; one cancer diagnosis <u>Prostate cancer:</u> 65 screenings; two cancer diagnoses	Continuation is dependent on BCCP grant funding

Initiative Three: Cardiovascular Health

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	Outcomes	Continuation of Initiative
Early detection and management of heart disease	<p>Free education classes</p> <p>Women's health event</p> <p>Baltimore Heart Walk</p> <p>Blood pressure screenings</p> <p>Firefighter assessment program</p>	<p><u>All</u></p> <p>Increase awareness of heart-related illnesses and symptoms and improve healthy living</p>	<p><u>All</u></p> <p>Multi-Year</p>	<p><u>All</u></p> <p>American Heart Association</p>	<p><u>All</u></p> <p>7/1/10-6/30/11</p>	<p><u>Education Classes:</u></p> <p>Participants increased their awareness of basic heart disease prevention strategies, including lifestyle changes. In addition, participants learned the importance of knowing warning signs for heart attack and getting help fast.</p> <p><u>Women's health event:</u> More than 50 women attended a free event focusing on risks and other factors specific to women and heart</p>	<p>Community education classes will continue in 2012</p>



						<p>disease. Free blood pressure and cholesterol screenings were also offered.</p> <p><u>Baltimore Heart Walk:</u> Team of walkers participated in annual event at Rash Field and raised \$20,000 in support of cardiovascular disease research and education.</p> <p><u>Blood pressure screening</u> 60 individuals screened at YMCA Stadium Place. Goal: to increase participants' awareness of their individual BP level, the effects of uncontrolled hypertension and available resources, such as seeing their doctor. Each</p>	
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						<p>interaction is used as an opportunity to assess and address both individual and community challenges related to risk factors and their management.</p> <p><u>Firefighter Assessment</u> 4 individuals</p>	
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V. Physicians

1. Describe gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Physician leadership and case management staff consistently identified several areas of concern:

- Timely placement of patients in need of inpatient psychiatry services
- Limited availability of outpatient psychiatry services
- Limited availability of inpatient and outpatient substance abuse treatment
- Medication assistance

2. If Physician Subsidies is listed in category C of your hospital's CB Inventory Sheet, 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.

ER Physicians – Union Memorial has a considerable uninsured and underinsured population. Approximately 33% of all outpatient ED patients do not have an insurance provider on record.

Pediatric Physician ER Service Subsidy – Union Memorial does not maintain a full-time inpatient pediatric unit and does not employ pediatric staff.

Renal Dialysis Services – Demand for dialysis services in the immediate area surrounding Union Memorial is high and is expected to increase. The outpatient dialysis center at the hospital is consistently full and maintains a wait list for services. Renal specialists are in high demand in this market. Subsidy is required to maintain sufficient coverage.

Behavioral Health – Union Memorial has a robust inpatient psychiatric program which increases the number of patients in crisis who present in the ED. Patients are often uninsured or underinsured.



APPENDICES

Appendix 1: Charity Care Policy

As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients within the communities we serve who lack financial resources have access to necessary hospital services.⁴ MedStar Health and its healthcare facilities will:

- Treat all patients equitably, with dignity, with respect and with compassion.
- Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
- Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for part of all of the care they receive.
- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

In meeting its commitments, MedStar Health's facilities will work with their uninsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, MedStar Health's facilities will assist uninsured patients who reside within the communities we serve in one or more of the following ways:

- Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
- Assist with enrollment in publicly-funded programs for the uninsured (e.g., D.C. Healthcare Alliance).
- Assist with consideration of funding that may be available from other charitable organizations.
- Provide charity care and financial assistance according to applicable guidelines.
- Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.
- Offer periodic payment plans to assist patients with financing their healthcare services.

Each MedStar Health facility (in cooperation and consultation with the finance division of MedStar Health) will specify the communities it serves based on the geographic areas it has served historically for the purpose of implementing this policy. Each facility will post the policy, including a description of the applicable communities it serves, in each major patient registration area and in any other areas required by applicable regulations, will communicate the information to patients as required by this policy and applicable regulations and will make a copy of the policy available to all patients.

MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. The charity care, financial assistance, and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:

- Completing financial disclosure forms necessary to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.
- Working with the facility's financial counselors and other financial services staff to ensure there is a complete understanding of the patient's financial situation and constraints.
- Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.

⁴ This policy does not apply to insured patients who may be "underinsured" (e.g., patients with high-deductibles and/or coinsurance). This policy also does not apply to patients seeking non-medically-necessary services (including cosmetic surgery).



- Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.
- Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

Charity Care and Sliding-Scale Financial Assistance

Uninsured patients of MedStar Health's facilities may be eligible for charity care or sliding-scale financial assistance under this policy. The financial counselors and financial services staff at the facility will determine eligibility for charity care and sliding scale financial assistance based on review of income for the patient and her family, other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

The determination of eligibility will be made as follows:

1. Based on family income and family size, the percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance unless determined eligible in step 3. If the percentage is less than or equal to 400%, the patient is provisionally eligible, subject to the financial resources test in step 2.
2. The patient's financial resources will be evaluated by calculating a pro forma net worth for the patient and her family, excluding (a) funds invested in qualified pension and retirement plans and (b) the first \$100,000 in equity in the patient's principle residence.⁵ The pro forma net worth will include a deduction for the anticipated medical expenses to be incurred during the twelve months commencing on the date of the patient's admission to the facility. If the pro forma net worth is less than \$100,000, the patient is eligible for charity care or sliding-scale financial assistance; if the pro forma net worth is \$100,000 or more, the patient will not be eligible for such assistance.
3. For patients whose family income exceeds 400% of the federal poverty level, adjusted family income will be calculated by deducting the amount of medical expenses for the subject episode of care anticipated to be paid during the ensuing twelve month period. This calculation will consider any periodic payment plan to be extended to the patient. Based on this adjusted family income, the adjusted percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance. Periodic payment plans may be extended to these patients.

⁵ Net worth calculations will incorporate the inclusions and exclusions used for Medicaid. Anticipated recoveries from third parties related to a patient's medical condition (*i.e.* recovery from a motor vehicle accident that caused the injuries) may be taken into account in applying this policy.



For patients who are determined to be eligible for charity care or sliding-scale financial assistance, the following will be applicable based on the patient's percentage of the federal poverty level (or adjusted percentage, if applicable):

Adjusted Percentage of Poverty Level	Financial Assistance Level	
	HSCRC-Regulated Services⁶	Washington Facilities and non-HSCRC Regulated Services
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

As noted above, patients to whom discounts, payment plans, or charity care are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

Appendix 2: Mission, vision, and values statement

Mission

Union Memorial is a comprehensive hospital with regional specialty services of distinction and quality community services, all enhanced by clinical education and research.

Vision

To be the trusted leader in caring for people and advancing health

Values

Service: We strive to anticipate and meet the needs of our patients, physicians and co-workers.

Patient first: We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.

Integrity: We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.

Respect: We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

Innovation: We embrace change and work to improve all we do in a fiscally responsible manner.

Teamwork: System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.

⁶ The assistance levels described above for HSCRC-regulated services do not include any discounts that may be applicable under the HSCRC's prompt payment regulations.