

HSCRC Community Benefit Reporting Narrative

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:
96	7581 (excluding newborns) 8672 (including newborns)	20653 20659 20650 20619 20636	Calvert Memorial Hospital Civista Hospital	12%	7%

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.

St. Mary’s County is located on a peninsula in Southern Maryland with over 400 miles of shoreline on the Patuxent River, Potomac River and Chesapeake Bay. MedStar St. Mary’s Hospital, located in Leonardtown, Maryland, is the only acute care hospital in the county. The county is designated by the Bureau of Primary Care as a health professions shortage area for dental and mental health. The southern half of the county is designated as a primary care shortage area.

With a population of over 107,484 residents (2011 US Census estimate), St. Mary’s County is a federally designated rural area with a diverse population. Farmers, waterman, high tech scientists, defense contractors/engineers and military members live alongside Amish and Mennonite communities, making the St. Mary’s County population unique. The residents of St. Mary’s County are majority Caucasian (79.2%), followed by African American (14.6%), Hispanic or Latino origin (4.0%), Asian (2.7%), American Indian and Native Alaskan (0.5%) and Native Hawaiian and other Pacific Islander (0.1%).

St. Mary’s County has been the fastest growing county in Maryland within the past 10 years - with a population increase of 22% since 2000. The county also has the highest percentage of veterans in Maryland, one of the lowest median ages, and an emerging population that is increasingly Hispanic, all of which impact health and delivery of health services. Heart disease, cancer, lower respiratory illnesses, strokes and diabetes are the leading causes of death. Most residents (76.5%) work in the county. The high paying jobs associated with the Patuxent River

Naval Air Station mask a growing underserved area located outside the base gates in the Lexington Park community (ZIP code 20653).

With approximately 18.6% of the population living below the federal poverty level, Lexington Park has the greatest number of medically underserved citizens in the area. Approximately 11% (11,626 residents) of the St. Mary's population lives in the Lexington Park Census Designated Place (CDP), which is the single largest center of population in the county, with a disproportionate number living in poverty or near poverty levels. The largest number of minorities (32% African American and 7.4% Hispanic) live within this census tract. The median annual family income for Lexington Park is \$64,173, as compared to the median annual family income in St. Mary's County of \$80,053. Certain census tracts within the Lexington Park area have a high concentration of poverty, with one having a median annual family income as low as \$42,766. Lexington Park has a lower per capita income and a higher unemployment rate than the rest of St. Mary's County, a combination contributing to the county's health disparities

- 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.

Table II

<p>Community Benefit Service Area (CBSA) Target Population (target population, by sex, race, ethnicity, and average age)</p>	<p>Population: 107,484</p> <p>Sex: 50.1% Female 49.9% Male</p> <p>Average age 35.7</p> <p>Race: White persons = 79.2% Black persons = 14.6% American Indian & Native Alaskan persons = 0.5% Asian persons = 2.7% Native Hawaiian and Other Pacific Islander = 0.1% Hispanic or Latino origin = 4.0% White persons not Hispanic = 76.0% Persons reporting two or more races = 3.0%</p> <p>Population by age groups: Under 5 years = 7.3% 5 to 9 years = 7.3% 10 to 14 years = 7.3% 15 to 19 years = 7.8% 20 to 24 years = 6.8% 25 to 34 years = 12.4%</p>	<p>U.S. Census Bureau, 2011 estimate</p> <p>U.S. Census Bureau, 2011</p> <p>American Community Survey, 2006-2010 (http://factfinder2.census.gov/bkmk/table/1.0/en/ACS/10_5YR/DP05/0500000US24037)</p>
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	<p>35 to 44 years = 15.1%</p> <p>45 to 54 years = 15.7%</p> <p>55 to 59 years = 5.8%</p> <p>60 to 64 years = 4.6%</p> <p>65 to 74 years = 5.7%</p> <p>75 to 84 years = 2.9%</p> <p>85 years and over = 1.2%</p>	
Median Household Income within the CBSA	\$80,053	<p>U.S. Census Bureau</p> <p>http://quickfacts.census.gov/qfd/states/24/24037.html</p>
Percentage of households with incomes below the federal poverty guidelines within the CBSA	7.1%	<p>U.S. Census Bureau</p> <p>http://quickfacts.census.gov/qfd/states/24/24037.html</p>
Please estimate the percentage of uninsured people by County within the CBSA	12%	<p>2011 County Health Ranking Report</p> <p>http://www.countyhealthrankings.org/#app/maryland/2012/st-marys/county/1/overall</p>
Percentage of Medicaid recipients by County within the CBSA.	<p>7%</p> <p>Community Care = 4,601</p> <p>Long Term Care = 263</p> <p>SSI = 1,389</p> <p>MCHIP = <u>938</u></p> <p>7,191</p> <p>7,191 = 7 % of CBSA populations</p>	<p>St. Mary's County Department of Social Services</p>
Life Expectancy by County within the CBSA	77.8	Maryland SHIP data
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	<p>662</p> <p>White 572</p> <p>Black 85</p> <p>Asian or Pacific Islander 4</p> <p>Hispanic 3</p> <p>Age Adjusted Death Rate due to Breast Cancer – 23.5 deaths/100,000 females</p> <p>Age Adjusted Death Rate due to Prostate Cancer – 40.8 deaths/100,000 males</p> <p>Age Adjusted Death Rate due to Diabetes – 20.5 deaths/100,000 population</p>	<p>Vital statistics</p> <p>http://dhmh.maryland.gov/vsa/Documents/deaths-2011/St-Marys-Deaths.pdf</p> <p>National Cancer Institute</p> <p>MD Dept. of Health and Mental Hygiene</p>

<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA.</p>	<p>Mean travel time to work – 29.4 minutes</p> <p>Renter occupied housing – 28.3%</p> <p>Census tract 996001 in Lexington Park is a food desert in St Mary's County</p>	<p>American community survey (2008-2010)</p> <p>US Census http://quickfacts.census.gov/qfd/states/24/24037.html</p> <p>USDA.gov http://www.ers.usda.gov/data-products/food-desert-locator/go-to-the-locator.aspx</p>
<p>Available detail on race, ethnicity, and language within the CBSA</p>	<p>Please refer to the first row of this table.</p> <p>Language other than English spoken at home, pct age 5+, 2006-2010 - 6.8%</p>	<p>http://quickfacts.census.gov/qfd/states/24/24037.html</p>
<p>Selected health disparities for Southern Maryland</p> <p>% of Adults with Healthy Weight</p> <p>ER visits due to Hypertension</p> <p>ER visits due to Asthma</p> <p>Deaths from heart disease</p> <p>Diabetes related ER visits</p>	<p>White – 31% Black – 27%</p> <p>White – 241 Black – 845</p> <p>White – 54 Black – 148</p> <p>White – 213 Black – 243</p> <p>White – 231 Black – 1,184</p>	<p>Maryland SHIP data</p> <p>http://dhmh.maryland.gov/ship/PDFs/Southern%20Maryland%20County%20Level%20SHIP%20Disparities%20Data%20Charts%20Final%202012%2004%2009.pdf</p>
<p>Adults that report binge or excessive drinking in comparison to state and national average.</p>	<p>18% - St. Mary's County 15% - Maryland 8% - National</p>	<p>County Health Ranking Report</p> <p>http://www.countyhealthrankings.org/#app/maryland/2012/st-marys/county/2/overall</p>
<p>Adults that currently smoke in comparison to state and national average</p>	<p>21% - St. Mary's County 17% - Maryland 14% - National</p>	<p>County Health Ranking Report</p> <p>http://www.countyhealthrankings.org/#app/maryland/2012/st-marys/county/2/overall</p>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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.

MedStar St. Mary's, along with our community partners, conducted a full Community Health Needs Assessment with consulting firm Holleran, Inc. in 2009-2010, funded in part by a Health Resources and Services Administration (HRSA) planning grant. Primary data were collected via phone surveys and focus groups to reach a sample size of 1500 citizens. Oversampling of Lexington Park provided the additional data needed to analyze the needs of the underserved in St. Mary's County. The Community Health Advisory Committee, a committee of the Board of County Commissioners, evaluated the data and chose five focus areas that the hospital is helping to address over the next 5 years: obesity, infant and child death rate, healthcare practitioner shortages, childhood sexual abuse, and tobacco use.

The census designated place of greatest concern that was identified through the 2010 Community Health Needs Assessment was Lexington Park, which is located in a Healthcare Professional Shortage Area (HPSA score 10). The Lexington Park area has 18.6% of the population living below the federal poverty level and is the community with the greatest number of medically underserved citizens. This area is the proposed geographic location for the future establishment of a Community Health Center.

MedStar St. Mary's also participates on the MedStar Health Community Benefit Workgroup. The workgroup meets quarterly and its mission is to identify and develop programs and services that target the unique needs of vulnerable and underserved populations. The team is comprised of community health professionals from each MedStar hospital. A key function of the group is to analyze trends in population demographics as well as the incidence and prevalence of disease among the communities served. The group uses public health data to examine disparities in health conditions and/or quality of life by age, race/ethnicity, gender and socioeconomic status are also examined.

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

Listed below are the organizations and individuals that were consulted during our community needs assessment process in 2009. These groups/professionals provided feedback that supported that of the residents of St. Mary's County who participated in the assessment by taking the survey or attending a focus group.

St. Mary's County Health Advisory Committee (Now the LHIP)

- Patty Belanger, St. Mary's Nursing Center
- Cynthia Brown, Department of Human Services
- Laine Doggett, St. Mary's College
- Roy Fedders, citizen
- Georgette Gaskin, citizen
- William Icenhower, MD, St. Mary's County Health Department
- Delores Martin, Chesapeake-Potomac Home Health Agency, Inc.
- Captain Linda Ireland, Naval Health Clinic
- Kathleen O'Brien, Walden/Sierra
- Lori Jennings-Harris, Department of Aging
- Barbara Paterson, citizen

- Larry Polsky, MD
- Eleanor Ritchie, citizen
- Ella May Russell, St. Mary's County Dept of Social Services
- Patricia Wince, St. Mary's County Public Schools
- Christine R. Wray, CEO, MedStar St. Mary's Hospital
- Joan Gelrud, VP, MedStar St. Mary's Hospital

Purpose: To advise the Board of Health by identifying the health problems of St. Mary's County and setting priorities for improving the health of the community. The Advisory Committee's goal is to prevent and reduce premature death, disability and illness by developing St. Mary's County community health policies for recommendation to the Board of Health. The role of the Board of Health is to support the Committee by providing the necessary resources for the Committee to undertake the work, and by facilitating the planning process.

This Advisory Committee was part of the planning process for the needs assessment from the beginning and chose the initiatives for the Community Health Improvement Plan (CHIP).

St. Mary's County Government, Board of County Commissioners

- Francis Jack Russell, President
- Kenneth R. Dement
- Lawrence D. Jarboe
- Thomas A. Mattingly, Sr.
- Daniel H. Raley

The Board of County Commissioners serve as the Board of Health for the county and, as such, they were asked to provide guidance and input during this process.

St. Mary's County Public Libraries

The three libraries in St. Mary's County serve as hubs of information and as community gathering sites. Focus groups were held at libraries for citizens.

Greater Baden Medical Services, Inc. – Dr. Sarah Leonhard

Greater Baden manages the only Federally Qualified Health Center in the county. Due to its mission, the GBMS team is aware of access-to-care challenges for the uninsured and low wage earners.

Jobs Connect – Robin Finnacom, Community Development Corporation

Participants in the Jobs Connect program of the Lexington Park Community Development Corporation were asked to participate to assure that the low income and underserved community had a voice in the process.

The Jarboe Center, St. Mary's County Housing Authority

The Housing Authority of St. Mary's County, Maryland constructs and manages community facilities that promote education to all age levels. This includes the Dr. J. Patrick Jarboe Family Education and Head Start Center. Head Start is operated by Southern Maryland Tri-County Community Action Committee, Inc. (SMTCCAC), and provides pre-school to children ages 3 to 5 from families with household incomes at or below 50% of the median income for St. Mary's County.

The Dr. J. Patrick Jarboe Family Education & Head Start Center, dedicated in July 2002, is home to the Housing Authority's Family Self-Sufficiency (FSS) Program, Southern Maryland Tri-County Community Action Committee's (SMTCCAC) Head Start, and Tri-County Youth Services Bureau (TCYCS) programs. The center also provides space for Boys and Girls Club meetings, and GED classes.

As with the other agencies solicited for input it was felt that the Housing Authority population was important to access.

Lexington Park Elementary School

The school system is an integral partner in many health initiatives in the county.

St. Mary's Caring, Soup Kitchen

This organization served as a location for underserved patrons to complete the needs assessment questionnaire.

Three Oaks Shelter

Homeless shelter for men in the county and a partner in many community initiatives for the underserved.

Walden Sierra

Non profit providing Behavioral Health and Substance Abuse services for the county.

St. Mary's County Department of Human Services (and Department of Aging)

Provide core services coordination for Mental Health and Substance Abuse. Also houses the Department on Aging, a key partner on issues related to the aging population in the county.

Community Development Corporation

The Community Development Corporation serves residents of St. Mary's by promoting public and private investment in communities throughout the County. The Corporation is a catalyst for positive change in communities where commercial and residential redevelopment is needed.

St. Mary's County Health Department

The St. Mary's County Health Department provides essential programs and services to protect and promote the health of every St. Mary's County resident. We place a high value on the health of our community.

In cooperation with state and county officials and other partners who care about community health, it is our vision to improve the quality of life in St. Mary's County. As the county's leader in public health, we are committed to advancing the health of St. Mary's County by assuring access to personal and environmental health services and information.

Medical Staff of MedStar St. Mary's Hospital

Perspective of those charged with providing medical care to the citizens of the county was deemed important to the Community Needs Assessment process and physicians participated in a focus group with Holleran.

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

6/30/12

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? **Please be aware, the CHNA will be due with the FY 2013 CB Report.

Yes

No

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

2012

http://www.medstarhealth.org/body_community.cfm?id=557091&hcn=%2Findex.php%3Fmodule%3Dhtmlpages%26func%3Ddisplay%26pid%3D5007%26hcnembedredirect_%3D1

2010

[http://www.smchd.org/HealthImprovementProcess\(LHIP\)/HealthImprovementProcess.aspx](http://www.smchd.org/HealthImprovementProcess(LHIP)/HealthImprovementProcess.aspx)

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 Benefits planning part of your hospital's 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?

- i. Senior Leadership

1. CEO

2. CFO

3. Other (please specify) Joan Gelrud, RN, Vice President, Executive Lead for Community Benefits

- ii. Clinical Leadership

1. Physician Larry Polsky, Chair of the Local Health Improvement Process, Steve Michaels, VPMA

2. Nurse
 3. Social Worker
 4. Other (please specify)
- iii. Community Benefit Department/Team
1. Individual (please specify FTE)
 2. Committee (please list members)
 3. Other (please describe) Lori Werrell, MPH, CHES is the hospital lead for Community Benefits and Director of Health Connections (Community Benefit/Community Health Education Department of MedStar St Mary's Hospital). Support is provided by the Executive secretary for Richard Braam, CFO and the administrative staff of Health Connections. Each Department Leader is responsible for reporting community benefit activities involving their staff or utilization of department resources. The Finance Department is responsible for reporting Charity Care, Government-Sponsored Means-Tested Health Care, Subsidized Health Services and the determination of Community Benefit Operations. The cost of physician recruiting and subsidized payments are captured by the Physician Liaison. For the FY12, all Community Benefit activities are reported to the Vice President, Finance's secretary. Under the direction of the Vice President, Finance, the secretary is responsible for assigning the community benefit category and the financial value for the activity. The Vice President, Finance makes the final determination if an activity meets the criteria as a community benefit activity.
- c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?
- | | | |
|-------------|--|------------------------------|
| Spreadsheet | <input checked="" type="checkbox"/> _yes | <input type="checkbox"/> _no |
| Narrative | <input checked="" type="checkbox"/> _yes | <input type="checkbox"/> _no |
- d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?
- | | | |
|-------------|--|------------------------------|
| Spreadsheet | <input checked="" type="checkbox"/> _yes | <input type="checkbox"/> _no |
| Narrative | <input checked="" type="checkbox"/> _yes | <input type="checkbox"/> _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).

Table III

Initiative 1 – Obesity

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 FY?
60% of residents reported that they were over-weight or obese (2009 St. Mary's CHNA)	Establish and lead obesity coalition to achieve goals outlined in the Community Health Improvement Plan	<p>Increase by 5% the number of adults with a BMI \leq 24 by 2015</p> <p>Use data measures captured by the Maryland Behavior Risk Factor Surveillance System (BRFSS)</p> <p>Investigate and recommend a strategy to develop a Healthy St. Mary's County Coalition to address awareness, prevention, and targeted interventions to increase the number of individuals in St. Mary's county with a healthy BMI by Nov. 2015.</p> <p>Members of coalition will develop an action plan with measurable outcomes around obesity awareness, prevention and interventions by Feb 2012.</p>	Multi-year	The coalition now has over 20 active partners from public and private sectors. Key partners are the Health Department, St. Mary's County Human Services Department Department of Recreation and Parks, the School system, World Gym, St. Mary's Hospital, Citizen Members	Coalition reports back to the Community Health Advisory Committee on a quarterly basis beginning in July 2010	<p>Strategies for establishing a Health St Mary's Coalition developed by April 2011.</p> <p>Already seeing marked improvement in BMI. Baseline figures in 2009 indicated that 74.0% of the population was overweight or obese. 2011 results demonstrate a decrease of 8.4 percentage point, to 65.6% (BRFSS 2009 and 2011)</p>	<p>Yes</p> <p>Show us your moves Contest – Fall 2011</p> <p>Fit and Healthy St Mary's Expo held – May 2011</p> <p>Community Transformation grant initiatives incorporated</p> <p>Action plan completed and being implemented</p>	<p>Cost includes costs of initiatives to reduce chronic conditions as described in the 2010 needs assessment</p> <p>\$76,320</p>

Initiative 2 – Infant and Child Mortality.

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 FY?
<p>2007 infant mortality rate above state rate</p> <p>Child deaths for ages 1-4 higher than Maryland rate</p>	<p>Committee formed to examine data and make plan to reduce preventable infant and child deaths</p>	<p>Reduce St. Mary's County infant and child death rates to below state of Maryland's infant and child death rate by 2015</p> <p>St. Mary's County Health Department retrospectively reviewed infant and child deaths (ages 1-4) from 2005 to 2009 to identify any common causes that needed to be addressed and established a baseline for future comparisons in Sept 2010</p> <p>St. Mary's County Health Department established an Infant and Child Fatality Review Team to meet quarterly and perform concurrent reviews of infant and child deaths beginning June 2010. Report quarterly to CHAC beginning Sept 2010</p> <p>At end of each fiscal year, the review teams will compare infant and child death rates to Maryland rates. If indicated, the review board will develop a plan to reduce infant and child death rates.</p>	<p>Multi year</p>	<p>Health Department</p>	<p>September 2010</p> <p>*yearly thereafter by Health Department</p>	<p>Data monitoring continues and validation of data with state is ongoing.</p>	<p>Monitoring of rate continues but work plan completed</p> <p>Health Department now responsible for monitoring</p>	<p>Cost of attending meetings</p> <p>\$700.00</p>

Initiative 3 – Physician Shortage.

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 FY?
86.2% Physician shortage in Southern Maryland	Examine ways to bring additional practitioners to St. Mary's County	<p>To increase the number of available primary care physicians, specialists, and dental care providers in St. Mary's County by 2015</p> <p>Support the efforts of MedStar St. Mary's Hospital in its attempts to recruit physicians to St. Mary's County to improve access to health care by supporting requests for funding and program development, and support hospital initiatives to improve the recruitment process.</p> <p>Report number of new physicians recruited to St. Mary's County each year at the August and February Community Health Advisory Committee meeting through 2015</p>	Multi	<p>MedStar Franklin Square Medical Center Rural Rotation Residents</p> <p>MedStar Georgetown University Hospital, Residency Program and CME programs.</p>	February and August reports to CHAC until August of 2015	<p>Recruited</p> <ul style="list-style-type: none"> 1 adult endocrinologist 1 urologist 2 primary care 1 ortho <p>Reports Presented</p>	<p>Ongoing; MedStar St. Mary's has a physician development plan.</p> <p>Ongoing</p>	\$219,399

Initiative 4 – Child Abuse.

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 FY?
<p>Statistics indicate a higher than average number of child sexual abuse cases in St. Mary's County</p>	<p>To aid in decreasing cases of child sexual abuse by leading committee to review all reported cases</p>	<p>Decrease the number of reports of child sexual abuse in St Mary's County</p>	<p>Multi year Now led by Department of Social Services</p>	<p>Department of Social Services, SAFE, Sherriff's Department, Child Advocacy Center</p>	<p>August 2010</p>	<p>Committee concluded work and determined that current programs and processes were adequate. Data correction identified and undertaken by DSS.</p>	<p>Department of Social Services monitoring continues and has the lead on this initiative moving forward MSMH continues to partner with DSS to monitor data</p>	<p>Only cost is SAFE coordinator attendance at meetings \$700.00</p>

Initiative 5 - Smoking.

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 FY?
50% smoking rate in Lexington Park Area among low-income, under- and uninsured residents	Assign staff to be part of Health Department Lead Coalition to reduce tobacco usage	<p>To provide smoking cessation resources to the low-income populations in the Lexington Park Area</p> <p>Recruit and train facilitators for smoking cessation programs</p> <p>Offer a minimum of two smoking cessation classes and more resources for the low-income population in Lexington Park each year, reaching at least 20 individuals with 40% of participants completing the classes by June 2012.</p> <p>Participants will be contacted three and six months after the program to evaluate the effectiveness of the class and smoking cessation. Measure outcomes using CDC guidelines. Report to CHAC quarterly.</p> <p>Implemented a smoking cessation social marketing campaign targeted to low income populations in Nov. 2011</p>	Multiple	Health Department and other members of St. Mary's County Cancer Coalition	Quarterly	<p>Provided Nurse to Health Department for Smoking Cessation Classes</p> <p>No need for new instructors identified</p> <p>38 residents completed the full 10 week program</p> <p>Data still being tabulated by health department</p> <p>Great American Smokeout event held in Nov. 2011</p>	Yes	\$4838

2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, 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 prioritization and planning.)

Following a review of the research findings, the attendees participated in a large group discussion about the key observations and findings from the assessments. At that time, the attendees listed what they believed to be the key issues facing the health of St. Mary's County residents. This list was driven by both the quantitative results of the study, but also the qualitative feedback garnered from the various countywide focus groups. The following list outlines the key health concerns that were identified.

1. Cardiovascular health
2. Diabetes
3. Cancer
4. Infant and child death rates
5. Childhood sexual abuse
6. Oral care
7. Transportation barriers, specifically as it relates to access to health care needs
8. Too few healthcare specialists in the county
9. Childhood asthma
10. Difficulty navigating the complexities of the health system
11. Obesity
12. Alcohol abuse
13. Lack of primary care providers, specifically those accepting medical assistance
14. Smoking rate in Lexington Park area of the county

After developing the master list of issues, participants engaged in a ranking exercise through the use of a wireless keypad voting system. Attendees were asked to rate each of the above 14 issues on a scale of 1 (not a significant issue at all) through 5 (significant issue). Each vote was submitted anonymously and instantly via the wireless voting system. The system was operated by the Holleran facilitator. The table below outlines the average 1 through 5 rating for each issue. The issues are ranked from highest to lowest. The higher the average rating, the greater the perceived significance of the issue.

Issue	
Cardiovascular health	4.67
Infant and child death rates	4.67
Lack of primary care providers, specifically those accepting Medical Assistance	4.67
Diabetes	4.33
Cancer	4.0
Childhood sexual abuse	4.0
Oral care	3.83
Transportation barriers, specifically as it relates to access to health care needs	3.83

Too few healthcare specialists in St. Mary's County	3.83
Difficulty navigating the complexities of the health system	3.67
Obesity	3.67
Smoking rate in Lexington Park area of St. Mary's County	3.67
Childhood Asthma	3.5
Alcohol abuse	3.33

The group discussed the implications of the rankings and initially elected to identify the top six issues (those rated 4.0 and higher) as the prioritized areas for St. Mary's County. Upon further discussion, after merging related issues, and an evaluation of what issues can be best addressed; the group resolved to embed diabetes, cardiovascular health and cancer within the obesity issue. It is perceived that all of these issues can be effectively impacted by addressing the obesity issues within the county.

The following areas are identified needs that would not be addressed in this needs assessment cycle because available resources were too limited to be effective in all areas.

- Oral Care
- Transportation barriers, specifically as it relates to access to health care needs
- Difficulty navigating the complexities of the health system
- Asthma
- Alcohol Abuse

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.

The State of Maryland has a growing shortage of physicians in clinical practice. The 2011 County Health Rankings reveal that the physician to citizen ratio in St. Mary's County is 1723:1 compared with the State average of 713:1 and a national benchmark of 631:1. The county is a Healthcare Provider Shortage Area (HPSA) in Primary care for the southern half of the county and a Dental and Mental Health HPSA for the entire county. According to the 2008 Med Chi report, the area is currently underserved in all specialties except Neurology. Due to this shortage, many providers have closed their panels for Medicaid and HealthShares¹ patients. Even those with health insurance can find securing a primary care physician or specialist appointment challenging.

The Get Connected to Health Program, funded by MedStar St. Mary's, provides primary care to the uninsured one day per week for eight hours. Securing additional primary care coverage to provide care to the uninsured and specialists to see these patients for additional care is sporadic and difficult due to the shortage of primary care and subspecialists in the area.

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.
 - a. Due to the limited number of specialists on staff at MedStar St. Mary's, subsidies are paid to physicians to provide on-call services for the hospital's Emergency Department and other patient care areas. Subsidies are paid to physicians in the following specialties:
 - Orthopedics
 - Obstetrics and Gynecology
 - General Surgery
 - Cardiology
 - Otolaryngology (ENT)
 - Gastroenterology
 - Urology
 - b. MedStar St. Mary's entered into recruitment and income guarantee agreements with primary care practices in the area in order to assist with the ever growing need for primary care physicians.

¹ HealthShares is a local non-profit organization that serves as a safety net for the uninsured in St Mary's County

VI. APPENDICES

Appendix I – Description of Financial Assistance Policy (FAP)

MedStar St. Mary's follows the Maryland Hospital Association guidelines, the Health Services Cost Review Commission and the MedStar Corporate Policy. The hospital has FAP cards and signs at every service location. MedStar St. Mary's 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. The hospital 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. Routine process is to include the FAP along with financial assistance contact information in patient bills for our Resource Counselor. The hospital employs a full time Resource Counselor as well as an in-house DSS caseworker to respond to the needs of patients and/or their families for information about the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable. In addition to the above, MedStar St. Mary's provides annual education about the Financial Assistance Program to the hospital associates. Hospital representatives attend community outreach and community benefit functions as requested to educate patients on the Financial Assistance Programs. As the liaison for the Amish Community in St. Mary's County, hospital representatives also attend annual offsite meetings to address special needs of that population.

<http://www.medstarstmarys.org/body.cfm?id=382>

Appendix II – Financial Assistance Policy

Title:	Hospital Financial Assistance Policy
Purpose:	To ensure uniform management of the MedStar Health Corporate Financial Assistance Program within all MedStar Health hospitals
Effective Date:	07/01/2011

Policy

1. 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. MedStar Health and its healthcare facilities will:

- 1.1 Treat all patients equitably, with dignity, with respect and with compassion.
- 1.2 Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
- 1.3 Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for the care they receive.
- 1.4 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.

Scope

1. 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:

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

Definitions

1. Free Care

Financial assistance for medically necessary care provided to uninsured patients in households between 0% and 200% of the FPL.

2. Reduced Cost-Care

Financial assistance for medically necessary care provided to uninsured patients in households between 200% and 400% of the FPL.

3. Medical Hardship

Medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

4. Maryland State Uniform Financial Assistance Application

A uniform data collection document developed through the joint efforts of Maryland hospitals and the Maryland Hospital Association.

5. Maryland Patient Information Sheet / MedStar Patient Information Sheet (Non-Maryland Hospitals)

A patient education document that provides information about MedStar's Financial Assistance policy, and patient's rights and obligations related to seeking and qualifying for free or reduced cost medically necessary care.

Responsibilities

1. 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. Additionally, the Maryland Patient Information Sheet / MedStar's Patient Information Sheet will be provided to inpatients on admission and at time of final account billing.

2. 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:

2.1 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.

2.2 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.

2.3 Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.

2.4 Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.

2.5 Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

2.6 It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

3. 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 will determine eligibility for charity care and sliding-scale financial assistance based on review of income for the patient and their family (household), other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

4. ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE

4.1 Federal Poverty Guidelines. Based on family income and family size, the percentage of the then-current Federal Poverty Level (FPL) for the patient will be calculated.

4.1.1 Free Care: Free Care will be available to uninsured patients in households between 0% and 200% of the FPL.

4.1.2 Reduced Cost-Care: Reduced Cost-Care will be available to uninsured patients in households between 200% and 400% of the FPL. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

4.1.3 Ineligibility. If this percentage exceeds 400% of the FPL, the patient will not be eligible for Free Care or Reduced-Cost Care assistance (unless determined eligible based on Medical Hardship criteria, as defined below).

4.2 Basis for Calculating Amounts Charged to Patients: Free Care or Reduced-Cost Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level Free / Reduced-Cost Care	
	HSCRC-Regulated Services ¹	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

4.3 **MedStar Health Washington DC Hospitals** will comply with IRS 501(r) requirements on limiting the amounts charged to uninsured patients seeking emergency and medically necessary care.

4.3.1 Amounts billed patients who qualify for financial assistance will be an average of the three best negotiated commercial rates.

4.3.2 MedStar Health will calculate the average of the three best negotiated commercial rates annually.

5. FINANCIAL ASSISTANCE: ADDITIONAL FACTORS USED TO DETERMINE ELIGIBILITY FOR MEDICAL ASSISTANCE: MEDICAL HARDSHIP.

5.1 MedStar Health will evaluate patients for Medical Hardship Financial Assistance if they exceed the 400% of the FPL and are deemed ineligible for Free Care or Reduced-Cost Care.

5.2 Medical Hardship is defined as medical debt, incurred by a household over a 12-month period, at the same hospital that exceeds 25% of the family household income.

5.3 MedStar Health will provide Reduced-Cost Care to patients with income below 500% of the FPL that, over a 12 month period, has incurred medical debt at the same hospital in excess of 25% of the patient's household income. Reduced Cost-Care will be available based on a sliding-scale as outlined below.

5.4 A patient receiving reduced-cost care for medical hardship and the patient's immediate family members shall receive/remain eligible for Reduced-Cost medically necessary care when seeking subsequent care for 12 months beginning on the date which the reduced-care was received. It is the responsibility of the patient to inform the MedStar hospital of their existing eligibility under a medical hardship during the 12 month period.

5.5 If a patient is eligible for both Free Care / Reduced-Cost Care, and Medical Hardship, the hospital will employ the more generous policy to the patient.

5.6 Medical Hardship Reduced-Care Sliding Scale Levels:

Adjusted Percentage of Poverty Level	Financial Assistance Level – Medical Hardship	
	HSCRC-Regulated Services	Washington Facilities and non-HSCRC Regulated Services
Less than 500%	Not to Exceed 25% of Household Income	Not to Exceed 25% of Household Income

6. METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE: INCOME AND ASSET DETERMINATION.

6.1 Patients may obtain an application for Financial Assistance Application:

- 6.1.1 On Hospital websites
- 6.1.2 From Hospital Patient Financial Counselor Advocates
- 6.1.3 By calling Patient Financial Services Customer Service

6.2 MedStar Health will evaluate the patient's financial resources (assets convertible to cash) by calculating a pro forma net worth **EXCLUDING**:

- 6.2.1 The first \$150,000 in equity in the patient's principle residence
- 6.2.2 Funds invested in qualified pension and retirement plans where the IRS has granted preferential treatment
- 6.2.3 The first \$10,000 in monetary assets e.g., bank account, stocks, CD, etc

6.3 MedStar Health will use the Maryland State Uniform Financial Assistance Application as the standard application for all MedStar Health Hospitals. MedStar Health will require the patient to supply all documents necessary to validate information to make eligibility determinations.

6.4 Financial assistance applications and support documentation will be applicable for determining program eligibility one (1) year from the application date. Additionally, MedStar will consider for eligibility all accounts (including bad debts) 6 months prior to the application date.

7. PRESUMPTIVE ELIGIBILITY

7.1 Patients already enrolled in certain means-tested programs are deemed eligible for free care on a presumptive basis. Programs eligible under the MedStar Health financial assistance program include, but may not be limited to:

- 7.1.1 Maryland Primary Adult Care Program (PAC)
- 7.1.2 Maryland Supplemental Nutritional Assistance Program (SNAP)
- 7.1.3 Maryland Temporary Cash Assistance (TCA)
- 7.1.4 Maryland State and Pharmacy Only Eligibility Recipients
- 7.1.5 DC Healthcare Alliance or other Non-Par Programs

7.2 Additional presumptively eligible categories will include with minimal documentation:

- 7.2.1 Homeless patients
- 7.2.2 Deceased patients with no known estate
- 7.2.3 Members of a recognized religious organization who have taken a vow of poverty
- 7.2.4 All patients based on other means test scoring campaigns
- 7.2.5 All secondary balances after primary Medicare insurance where patients meet income and asset eligibility tests
- 7.2.6 All spend-down amounts for eligible Medicaid patients.

8 MEDSTAR HEALTH FINANCIAL ASSISTANCE APPEALS

8.1 In the event a patient is denied financial assistance, the patient will be provided the opportunity to appeal the MedStar Health denial determination.

8.2 Patients are required to submit a written appeal letter to the Director of Patient Financial Services with additional supportive documentation.

8.3 Appeal letters must be received within 30 days of the financial assistance denial determination.

8.4 Financial assistance appeals will be reviewed by a MedStar Health Appeals Team. Team members will include the Director of Patient Financial Services, Assistance Vice President of Patient Financial Services, and the hospital's Chief Financial Officer.

8.5 Denial reconsideration decisions will be communicated, in writing, within 30 business days from receipt of the appeal letter.

8.6 If the MedStar Health Appeals Panel upholds

9. PAYMENT PLANS

9.1 MedStar Health will make available interest-free payment plans to uninsured patients with income between 200% and 500% of the FPL.

9.2 Patients to whom discounts, payment plans, or financial assistance 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.

10 BAD DEBT RECONSIDERATIONS AND REFUNDS

10.1 In the event a patient who, within a two (2) year period after the date of service was found to be eligible for free care on that date of service, MedStar will initiate a review of the account(s) to determine the appropriateness for a patient refund for amounts collected exceeding \$25.

10.2 It is the patient's responsibility to request an account review and provide the necessary supportive documentation to determine free care financial assistance eligibility.

10.3 If the patient failed to comply with requests for documentation, MedStar Health will document the patient's non-compliance. The patient will forfeit any claims to a patient refund or free care assistance.

10.4 If MedStar Health obtains a judgement or reported adverse information to a credit reporting agency for a patient that was later to be found eligible for free care, MedStar Health will seek to vacate the judgement or strike the adverse information.

Exceptions

1 PROGRAM EXCLUSION

MedStar Health's financial assistance program excludes the following:

1.1 Insured patients who may be "underinsured" (e.g. patient with high deductibles/coinsurance)

1.2 Patient seeking non-medically necessary services, including cosmetic procedures

1.3 Non-US Citizens,

1.3.1 Excluding individuals with permanent resident /resident alien status as defined by the Bureau of Citizenship and Immigration Services has issued a green card

1.4 Patients residing outside a hospital's defined zip code service area

1.4.1 Excluding patient referral between MedStar Health Network System

1.4.2 Excluding patients arriving for emergency treatment via land or air ambulance transport

1.4.3 Specialty services specific to each MedStar Health hospital and approved as a program exclusion

1.5 Patients that are non-compliant with enrollment processes for publicly –funded healthcare programs, charity care programs, and other forms of financial assistance

As stated above, patients to whom discounts, payment plans, or financial assistance 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.

What Constitutes Non-Compliance

Actions or conduct by MedStar Health employee or contract employee in violate of this Policy.

Consequences of Non-Compliance

Violations of this Policy by any MedStar Health employee or contract employee may require the employee to undergo additional training and may subject the employee to disciplinary action, including, but not limited to, suspension, probation or termination of employment, as applicable.

Explanation And Details/Examples

N/A

Requirements And Guidelines For Implementing The Policy

N/A

Related Policies

N/A

Procedures Related To Policy

Admission and Registration

Financial Self Pay Screening

Billing and Collections

Bad Debt

Legal Reporting Requirements

HSCRC Reporting as required – Maryland Hospitals Only

Year End Financial Audit Reporting

IRS Reporting

Reference To Laws Or Regulations Of Outside Bodies

Maryland Senate Bill 328 Chapter 60 – Maryland Hospitals Only

COMAR 10.37.10 Rate Application and Approval Procedures – Maryland Hospitals Only

IRS Regulations Section 501(r)

Right To Change Or Terminate Policy

Any change to this Policy requires review and approval by the Legal Services Department.

Proposed changes to this Policy will be discussed with all affected parties at both the Business Unit and Corporate levels of the Organization.

The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team. The CEO has final sign-off authority on all corporate policies.

Appendix III – Patient Information Sheet

<http://www.medstarstmarys.org/body.cfm?id=382>

MedStar St. Mary's Hospital 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, have no other insurance options or sources of payment including Medical Assistance, litigation or third-party liability, you may qualify for **Free or Reduced Cost Medically Necessary Care**.

MedStar St. Mary's Hospital 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-care up to 400% of the federal poverty level.

Patients' Rights

MedStar St. Mary's Hospital will work with their uninsured patients to gain an understanding of each patient's financial resources.

- They will 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 have been wrongfully referred to a collection agency, you have the right to contact the hospital to request assistance. (See contact information below).

Patients' Obligations

MedStar St. Mary's Hospital believes that its patients have personal 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 and financial information.
- Provide requested data to complete Medicaid applications in a timely manner.
- Maintain compliance with established payment plan terms.
- Notify us timely at the number listed below of any changes in circumstances.

Contacts

Call 301-475-6039 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 at 1-800-332-6347. For TTY, call 1-800-925-4434.

Learn more about Medical Assistance on the Maryland Department of Human Resources website: www.dhr.maryland.gov/fiaprograms/medical.php

Physician charges are not included in hospitals bills and are billed separately.

Appendix IV – Mission, Vision, and Values

MedStar St. Mary's Hospital is a full-service hospital, which delivers state-of-the-art emergency, acute inpatient and outpatient care.

Mission

MedStar St. Mary's Hospital of Leonardtown, Maryland, is a community hospital that upholds its tradition of caring by continuously promoting, maintaining and improving health through education and service while assuring quality care, patient safety, and fiscal integrity.

Vision

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

Values

When you visit MedStar St. Mary's Hospital, we want you to feel like a treasured guest. This is a time of physical and emotional need, and we are here for you. Not only will we meet your medical needs, but we'll offer you the dignity, comfort and support you deserve during trying times. To make your guest experience the best it can be, we value Service, Patient First, Integrity, Respect, Innovation and Teamwork.

- **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.