Suburban Hospital

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: Suburban Hospital.	◉	○	
Your hospital's ID is: 210022.	◉	○	
Your hospital is part of the hospital system called Johns Hopkins Medicine.	◉	○	
Your hospital was licensed for 230 beds during FY 2018.	◉	○	
Your hospital's primary service area includes the following zip codes: 20814, 20815, 20817, 20850, 20852, 20853, 20854, 20874, 20878, 20895, 20902, 20904, 20906.	◉	○	
Your hospital shares some or all of its primary service area with the following hospitals: Adventist HealthCare Shady Grove Medical Center, Holy Cross Germantown Hospital, Holy Cross Hospital, MedStar Montgomery Medical Center, UM Laurel Regional Medical Center, Washington Adventist Hospital.	◉	○	

Q3. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Additional health statistics incorporated and considered in Suburban Hospital's community benefit operations include: Healthy Montgomery, local health department's community health improvement plan; Suburban's local health improvement coalition (LHIC), as well as aggregated data composed over months and years from program screenings, education, and health activity evaluations.

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Suburban PSA Community Benefits Report.pdf
713.6KB
application/pdf

Q6. Please select the county or counties located in your hospital's CBSA.

☐ Allegany County	☐ Charles County	☐ Prince George's County
☐ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☐ Baltimore City	☐ Frederick County	☐ Somerset County
☐ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☐ Howard County	☐ Washington County
☐ Carroll County	☐ Kent County	☐ Wicomico County
☐ Cecil County	☑ Montgomery County	☐ Worcester County

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q8. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

☐ 20705	☐ 20833	☑ 20853	☐ 20871	☐ 20882	☐ 20903
☐ 20707	☐ 20837	☑ 20854	☐ 20872	☐ 20886	☐ 20904
☐ 20812	☐ 20838	☐ 20855	☑ 20874	☐ 20889	☐ 20905
☑ 20814	☐ 20839	☐ 20860	☐ 20876	☑ 20895	☑ 20906
☑ 20815	☐ 20841	☐ 20861	☑ 20877	☐ 20896	☑ 20910
☐ 20816	☐ 20842	☐ 20862	☑ 20878	☐ 20899	☐ 20912
☑ 20817	☑ 20850	☐ 20866	☐ 20879	☐ 20901	☐ 21771
☐ 20818	☑ 20851	☐ 20868	☐ 20880	☑ 20902	☐ 21797
☐ 20832	☑ 20852				

Q23. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. How did your hospital identify its CBSA?

- [ ] Based on ZIP codes in your Financial Assistance Policy. Please describe.
- [ ] Based on ZIP codes in your global budget revenue agreement. Please describe.
- [x] Based on patterns of utilization. Please describe.

  Included in the process is inpatient and emergency department utilization and statistics.

- [x] Other. Please describe.

  Suburban Hospital does not limit its community services to the primary service area. Rather, its Community Benefit Service Area (CBSA) includes specific populations or communities of need to which the Hospital allocates resources through its community benefit plan. The hospital determines its CBSA using data from inpatient records, Emergency Department (ED) visits, community health improvement initiatives, and wellness activities, which are aggregated and defined by the geographic area contained within the following fifteen zip codes: 20814, 20815, 20817, 20850, 20851, 20852, 20853, 20854, 20874, 20877, 20878, 20895, 20902, 20906, and 20910.
  Within the CBSA, Suburban Hospital focuses on certain target populations such as un- and under-insured individuals and households, low-income individuals and households, ethnically diverse populations, underserved seniors, and at-risk youth. Although some of the zip codes selected for Suburban Hospital's CBSA are not immediately adjacent to Suburban Hospital, the Hospital treats 23% of patients from the Silver Spring, Gaithersburg and Germantown areas (20874, 20878, 20902, 20906, and 20910).
  Furthermore, Suburban Hospital substantially supports safety net clinics and free health prevention and chronic disease programs in those designated areas.

Q32. Provide a link to your hospital's mission statement.

https://www.hopkinsmedicine.org/suburban_hospital/about_the_hospital/mission_vision_values.html

Q33. Is your hospital an academic medical center?

- ○ Yes
- ◉ No

Q34. (Optional) Is there any other information about your hospital that you would like to provide?

Suburban Hospital is a community-based, not-for-profit hospital that has served Montgomery County and the surrounding area since 1943. The Hospital provides all major services except obstetrics. One of nine regional trauma centers in Maryland, the Hospital is the state-designated level II trauma center for Montgomery County with a fully equipped, elevated helipad. Each year, more than 40,000 patients are treated at Suburban Hospital's Emergency/Shock Trauma Center. The Hospital's major services include a comprehensive cancer and radiation oncology center accredited by the American College of Surgeons Commission on Cancer; a cardiac surgery program, providing cardiac surgery, elective and emergency angioplasty as well as inpatient diagnostic and rehabilitation services; orthopedics with joint replacement and physical rehabilitation; behavioral health; neurosciences, including a designation as a Primary Stroke Center and a 24/7 stroke team; and senior care programs. In addition, Suburban Hospital provides services including the NIH-Suburban MRI Center; state-of-the-art diagnostic pathology and radiology departments; an Addiction Treatment Center offering detoxification, inpatient and outpatient programs for adolescents and adults; prevention and wellness programs; and a free physician referral service (Suburban On-Call). Suburban Hospital is one of two hospitals in Montgomery County to achieve the Gold Seal of Approval™ by The Joint Commission for its joint replacement program.

Q35. (Optional) Please upload any supplemental information that you would like to provide.

CBR FY18_Community Health & Wellness Initiatives_Attachment.xlsx
116.9KB
application/vnd.openxmlformats-officedocument.spreadsheetml.sheet

Q36.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- ◉ Yes
- ○ No

Q37. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q38. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

03/21/2013

Q39. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/01/2016

Q40. Please provide a link to your hospital's most recently completed CHNA.

https://www.hopkinsmedicine.org/suburban_hospital/_documents/community_health/CHNA_2016.pdf

Q41. Did you make your CHNA available in other formats, languages, or media?

- ◉ Yes
- ○ No

Q42. Please describe the other formats in which you made your CHNA available.

A copy of Suburban Hospital's Community Needs Assessment is made available in print at the Hospital and available in detail on the hospital's website. In addition, components of Suburban Hospital's Community Needs Assessment were also made available in print through the Hospital's quarterly magazine. A supplemental report on the community was also made available to community stakeholders and legislators in brochure form.

Q43. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☑	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☐	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☑	☑	☐	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☐	☐	☑	☑	☑	☑	☑	☐	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	☐	☐	☐	☐	☐	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify) Patient Education Committee	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q44. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities	Click to write Column 2

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Johns Hopkins Health System; Adventist Healthcare Shady Grove Hospital; Adventist Healthcare Washington Adventist Hospital; Holy Cross Hospital; Holy Cross Germantown Hospital; MedStar Montgomery Medical Center	☐	☐	☐	☑	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Montgomery County Health and Human Services	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: Montgomery County Agency on Aging	☐	☐	☐	☐	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: Montgomery County Council	☐	☐	☑	☑	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Bethesda-Chevy Chase MCPS and prive school cluster; Check it Out; Safe Sitter	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here: American University; University of Maryland	☐	☐	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: EveryMind; Cornerstone Montgomery; Girls on the Run	☐	☑	☐	☐	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: Linkages to Learning Bethesda-Chevy Chase YMCA; Parenting Encouragement Program	☐	☑	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here: Charles E Smith Life Communities; Sunrise Senior Living; Brighton Gardens	☐	☐	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: Washington Area Village Exchange	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here: Bethesda-Chevy Chase Chamber of Commerce; Montgomery County Chamber of Commerce; Bethesda Cares; Manna Food	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here: Bethesda-Chevy Chase Rotary Club; Jewish Social Service Agency; Mansfield Kasement Health Clinic	☐	☐	☐	☐	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (•) Yes
- ( ) No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

09/29/2016

Q47. Please provide a link to your hospital's CHNA implementation strategy.

https://www.hopkinsmedicine.org/suburban_hospital/_documents/community_health/CHNA_2016_Implementation_Strategy_Report.pdf

Q48. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q49. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [x] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health-Related Quality of Life & Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal & Infant Health
- [ ] Mental Health and Mental Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [x] Other (specify): Behavioral Health, Obesity

Q50. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Suburban's 2016 CHNA process included a three-tiered approach: 1) reviewing available local, state, and national data sets for core health indicators for Montgomery County; 2) conducting a community health survey to assess the needs and insights of residents in high priority zip codes from the Hospital's Community Benefit Service Area (CBSA); and, 3) engaging health experts and stakeholders to advise on the needs assessment. Results from primary and secondary data, Suburban's medical area of expertise, and county, state, and national health priorities were taken into consideration to identify the top five health needs for Suburban's community. After multiple prioritization discussions with stakeholders, the following main focus areas emerged for Suburban's 2016 Community Health Needs Assessment (presented below in no specific order): • Behavioral health • Cardiovascular health • Diabetes • Obesity • Cancer The Hospital's first assessment was conducted in 2013 and identified the same five health priorities as in 2016. The 2013 CHNA also included maternal and infant health as a sixth health priority but was eliminated in 2016 after consideration that while it aligned with county health priorities, it was not consistent with the Hospital's medical specialties, primary and secondary data, or health improvement programming. Suburban Hospital will continue to build upon existing programs addressing these five health areas and will work thoughtfully and diligently with partners over the next two years (2018-2019) to ensure that the valuable information attained from the CHNA process continues to be utilized for monitoring and evaluating established health targets and goals.

Q51. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

The attachment below is a summary of the 2016 CHNA health priorities and identifies the community benefit activities implemented each year to address health improvement efforts in alignment with hospital and county priorities.

Q52. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Community Health Improvement Report 2017.pdf
1.2MB
application/pdf

Q53. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑	Interfacing with hospital executives and Board of Trustees on processes, best practices, and frameworks.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑	Interfacing with hospital executives and Board of Trustees on processes, best practices, and frameworks.
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑	
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑	Suburban Hospital Board of Trustees
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☑	☑	☐	☑	☑	Community Health Improvement Strategy council
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Clinical Leadership (system level)	☐	☐	☐	☑	☑	☐	☐	☐	☑	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☐	☑	☑	☐	☐	☑	☑	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	

Physician(s)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q54. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Johns Hopkins Healthy System; Adventist Healthcare Washington Adventist Hospital; Holy Cross Hospital; Holy Cross Germantown Hospital; MedStar Montgomery Medical Center	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Montgomery County Health and Human Services	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	☐	☐	☑	☐	☐	☐	☑	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: Montgomery County Area Agency on Aging	☐	☐	☐	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: Montgomery County Council	☐	☑	☑	☑	☑	☑	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Montgomery County Public Schools; area private schools (St. Jane de Chantal)	☐	☐	☐	☐	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here: Univerisity of Maryland	☐	☐	☐	☑	☐	☐	☑	☑	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here: University of Maryland	☐	☐	☐	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: EveryMind; Cornerstone Montgomery	☐	☑	☑	☐	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: EveryMind; Cornerstone Montgomery; YMCA; Linkages to Learning	☐	☑	☑	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here: Charles E Smith Life Communities	☐	☐	☐	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: Washington Area Village Exchange; Scotland Health Partnership; Bradley Hills Village, Chevy Chase at Home; Bethesda Metro Area Village; Villages of Kensington	☐	☑	☑	☐	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here: Latino Health Initiaitve; Huntington Terrace Association	☐	☑	☑	☐	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here: Alpha Phi Alpha Fraternity	☑	☐	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q55. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- [ ] Yes, by the hospital's staff
- [x] Yes, by the hospital system's staff
- [ ] Yes, by a third-party auditor
- [ ] No

Q56. Does your hospital conduct an internal audit of the community benefit narrative?

- (•) Yes
- ( ) No

Q57. Please describe the community benefit narrative review process.

The Community Benefit report is reviewed in detail by Suburban Hospital Executive Leadership, the Community Benefit Advisory Council (CBAC), and the Planning and Finance Departments which includes a one on one with the CFO. Specifically, weeks before submitting the report, Johns Hopkins Health System hospitals meet for a formal review with the System's President and executive vice president of Johns Hopkins Medicine, Mr. Kevin Sowers. In addition, community benefit is integrated into the system's strategic plan and is reviewed quarterly with members of Management Communication Forum and the Hospital's Leadership Clinical Operations Team. The Johns Hopkins Health System's Executive Vice President, the Hospital's President and CFO all review and sign off the on the narrative and data collection before it is submitted to the HSCRC. The report is vetted though the Community Healthy Improvement Advisory Council chaired by Mr. Norman Jenkins and the Hospital's Board of Trustees chaired by Mr. Howard Gleckman.

Q58. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- (•) Yes
- ( ) No

Q59. Please explain:

This question was not displayed to the respondent.

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

- (•) Yes
- ( ) No

Q61. Please explain:

This question was not displayed to the respondent.

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

- (•) Yes
- ( ) No

Q63. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

Suburban Hospital's Community Benefit strategic plan is incorporated into the Hospital's strategic plan to ensure a collective approach to building quality relationships with community partners in addressing the health needs of the community. Three community health improvement goals were included in Suburban Hospital's FY 18 strategic plan: 1.) Initiate re-admissions reduction strategy by supporting a Village Alliance Model; 2.) Leverage current stakeholder resources to address population-specific behavioral health disparities; and, 3.) Integrate population health-specific interventions that support the reduction of health inequities. These goals were measured and reported quarterly as part of the hospital's overall operation performance scorecard. By the end of FY 18, the three goals were achieved. Included among the performance measures used to evaluate goal attainment were a communication plan to educate hospital employees and patients about Villages in operation; delivery of interventions targeting age, language, and population-specific communities; and, ensuring that 15% of interventions delivered support health inequities. In FY18, three Aging in Place forums were held, including not only Village Alliance Ambassadors but open to any older adult in the greater Bethesda/Montgomery County area. Forums delivered comprehensive, relevant aging health education by a Johns Hopkins-affiliated healthcare provider at no cost. Additional Aging in Place support came in the form of a request for proposals that issued $5,500 to nine local Villages in various stages of operations. Each grant was focused on increasing access to health and wellness programming and/or a reduction of social isolation. Fiscal year 2018 also saw exchanges in information sharing between the Hospital and the Villages. For example, Bradley Hills Village presented to the Care Coordination staff meeting, while Suburban Hospital providers presented health education at several individual villages. Established faith-based relationships helped leverage behavioral health disparities. For example, a symposium titled, Mitos y Realidades addressed Spanish-speaking parishioners and community members on the facts and fiction of common behavioral misconceptions, helping to break the cycle of misinformation and stigma among a specific population. Five Memory Cafes were held in FY 18, the first year of this program addressing early-onset dementia and Alzheimer's disease. This program was initiated in partnership with the Alzheimer's Association. Suburban's relationship with EveryMind included a suicide prevention screening open to the community, and ended the year with plans to offer two more. EveryMind is a local organization that delivers community education, advocacy, and direct services to empower children, teens, families, older adults, and the entire community to reach optimal mental wellness. With this partnership, Suburban was also able to offer Mental Health First Aid training. Fiscal year 2018 included new interventions that supported a reduction in health inequities. In partnership with Linkages to Learning Safe Sitter classes, helping deliver safety education to children ages 11-14. Multiple Chronic Disease and Diabetes Self-Management classes were held in Spanish, increasing access to these evidence-based programs that were offered in partnership with faith-based institutions and federally qualified health centers.

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

The Johns Hopkins Medicine Strategic Plan: https://www.hopkinsmedicine.org/strategic_plan/index.html

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Please see attachment below for a Suburban Hospital summary featured in the John Hopkins Medicine 2018 Community Benefit Report

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

JHM CBR 2018.pdf
4.8MB
application/pdf

Q67. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q68. Initiative 1

Q69. Name of initiative.

Senior Shape Exercise Program

Q70. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q71. Select the CHNA need(s) that apply.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [ ] Diabetes
- [x] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [x] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders
- [x] Nutrition and Weight Status
- [x] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [x] Social Determinants of Health
- [x] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [x] Other. Please specify.: Obesity, Behavioral Health

Q72. When did this initiative begin?

05/01/2000

Q73. Does this initiative have an anticipated end date?

- ( ) The initiative will end on a specific end date. Please specify the date.
- ( ) The initiative will end when a community or population health measure reaches a target value. Please describe.
- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

◉ Other. Please explain. The initiative is ongoing with no anticipated end

Q74. Enter the number of people in the population that this initiative targets.

There are 103,671 individuals aged 65 and older in the primary service area (PSA) in FY18. This represents just under 17% of the total population of the PSA.

Q75. Describe the characteristics of the target population.

Adults age 65 and greater

Q76. How many people did this initiative reach during the fiscal year?

439

Q77. What category(ies) of intervention best fits this initiative? Select all that apply.

- ☑ Chronic condition-based intervention: treatment intervention
- ☑ Chronic condition-based intervention: prevention intervention
- ☐ Acute condition-based intervention: treatment intervention
- ☑ Acute condition-based intervention: prevention intervention
- ☐ Condition-agnostic treatment intervention
- ☑ Social determinants of health intervention
- ☐ Community engagement intervention
- ☑ Other. Please specify.

Reduction in social isolation; mental health

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

Suburban Hospital Community Health and Wellness division leads the initiative with support from Montgomery County Department of Recreation (Holiday Park Senior Center, Margaret Schweinhaut Senior Center, Benjamin Gaither Center, Clara Barton Community Center, Potomac Community Center, North Potomac Community Center, Jane E. Lawton Community Center, Wisconsin Place Community Center) Bethesda Regional Service Center (BRSC), and Parks and Recreation of Prince George's County (Gwendolyn Britt Community Center).

○ No.

Q79. Please describe the primary objective of the initiative.

The Senior Shape Initiative provides active seniors a safe, low- to high-impact exercise regimen that focuses on strength and weight training, balance, flexibility, stretching and aerobic activity for optimal cardiovascular benefits and stamina. Held in senior and community centers in Montgomery and Prince George's Counties, fitness assessments are performed every six months during class time to measure the participant's balance, strength, flexibility and endurance. The goal of Senior Shape is to increase physical activity and fitness among the senior population by creating access to age-specific exercise programs. A secondary goal is to reduce isolation, while increasing socialization, engagement, and mindfulness.

Q80. Please describe how the initiative is delivered.

Senior Shape classes are held on an ongoing basis; multiple exercise classes are held either once or twice a week at ten different senior centers in Montgomery and Prince George's Counties. A certified group fitness instructor, who is also certified in CPR, facilitates each class series. Bi-annual fitness assessment designed to test the Senior Shape member's balance, strength; flexibility and endurance are conducted during class time.

Q81. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters — All participants must register for each 12-week session. Attendance is taken at each class.
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [x] Surveys of participants — A brief qualitative survey is distributed annually to gather feedback on the experiences and health impact the program has had on the Senior Shape members. In addition, Suburban Hospital collaborates with the other Montgomery County hospitals who offer senior fitness classes focused on cardiovascular disease, stroke, and obesity prevention, to include three quantitative questions related to the number of participant hospital stays and applicable readmissions. These three questions exist on all surveys for senior fitness classes among the hospitals and data is aggregated and shared. Additional outcome data is listed in the attachment below.
- [x] Biophysical health indicators — Suburban Hospital conducts a bi-annual fitness assessment designed to test and measure the Senior Shape member's balance, strength, flexibility and endurance against national data for age and gender. Additional outcome data is listed in the attachment below.
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [x] Effects on healthcare utilization or cost — Please see description of surveys below
- [ ] Assessment of workforce development
- [ ] Other

Q82. Please describe the outcome(s) of the initiative.

Outcomes for the survey and fitness assessment are as follows: Surveys (continued from above): One hundred and forty-nine surveys were completed in May and June of 2018. Due to the format of the survey and the software used, participants were not required to complete a response for each question. Detailed results for surveys conducted in FY18 can be found in the attachment under Supplemental Information. Fitness Assessments (continued from above): The fitness assessments were held at 8 of the 10 community centers in Montgomery and Prince George's counties. The assessment included the Chair Sit and Reach, Arm Curl, 2 Minute Step in Place and the Chair Stand. Based on the fitness assessment results, all of the participants either met or exceeded the national average for their age and gender. Detailed results for the seven fitness assessments conducted in Montgomery County in FY18 can be found in the attachment under Supplemental Information.

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

The Senior Shape Exercise Program is designed to improve the cardiovascular health, including reducing risk of stroke, improve overall fitness, and create social connections among the participants. The results of the fitness assessment indicate that they are meeting, or in many cases, exceeding what is considered normal for their age and gender, and therefore meeting the national fitness standards (short-term). Over time, the program will increase participant's cardiovascular endurance (mid-term) and improve quality of life while reducing the risk of coronary heart disease and risk factors associated with heart disease and obesity (long-term). Based on the responses from the qualitative survey, most of the respondents have noticed favorable and positive impacts on their health due to participation in Senior Shape. Furthermore, most of the Senior Shape member responses stated that they experienced no hospital stays or readmissions in the past 12 months. Therefore, the Senior Shape participants have been maintaining or improving cardiovascular health and overall fitness levels. Based on registration and attendance data, many of the members have been participating in one or more Senior Shape exercise classes over a period of years. Over several years, participantshave maintained a connection with the community and peers and have contributed to a decrease in social isolation.

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$122,170

Q85. (Optional) Supplemental information for this initiative.

FY18 Senior Shape narrative info_Final Attachment.pdf
607.5KB
application/pdf

Q86. Initiative 2

Q87. Name of initiative.

MobileMed/Heart Clinic at Suburban Hospital

Q88. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q89. Select the CHNA need(s) that apply.

- [x] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [x] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [x] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [x] Other. Please specify. Obesity; Access to specialty healthcare

Q90. When did this initiative begin?

10/01/2007

Q91. Does this initiative have an anticipated end date?

- ( ) The initiative will end on a specific end date. Please specify the date.
- ( ) The initiative will end when a community or population health measure reaches a target value. Please describe.
- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

◉ Other. Please explain. The initiative is ongoing with no anticipated end.

Q92. Enter the number of people in the population that this initiative targets.

19,774

Q93. Describe the characteristics of the target population.

The age-adjusted mortality rate due to Heart Disease in Montgomery County (2013-2015) was 107.5 deaths per 100,000 population. While this number has decreased from 136.4 deaths as measured from 2006-2008, there were 19,774 uninsured individuals in the PSA in FY18, indicating a need for access to specialty cardiac care in the county.

Q94. How many people did this initiative reach during the fiscal year?

336

Q95. What category(ies) of intervention best fits this initiative? Select all that apply.

- ☑ Chronic condition-based intervention: treatment intervention
- ☐ Chronic condition-based intervention: prevention intervention
- ☑ Acute condition-based intervention: treatment intervention
- ☐ Acute condition-based intervention: prevention intervention
- ☐ Condition-agnostic treatment intervention
- ☑ Social determinants of health intervention
- ☐ Community engagement intervention
- ☐ Other. Please specify.

Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

Suburban Hospital, Mobile Medical Care, Inc., the National Institute of Heart, Lung and Blood (NHLBI), and Community Cardiologists. Physicians, nurses, staff and administrators from the three partners-Suburban Hospital, the National Institute of Heart, Lung and Blood and MobileMed-volunteer their time to staff the cardiovascular clinic.

○ No.

Q97. Please describe the primary objective of the initiative.

The MobileMed/Heart clinic at Suburban Hospital seeks to reduce the number of deaths associated with coronary heart disease in Montgomery County. A cardiovascular clinic is held one night a week at Suburban Hospital where uninsured individuals have access to cardiac care, diagnostic tests, surgery and rehabilitation when needed, at little or no cost. Suburban aims to achieve this by increasing access to specialty care to uninsured, high-risk Montgomery County safety-net clinic patients and managing associated risk factors with coronary heart disease.

Q98. Please describe how the initiative is delivered.

The clinic is open year round on Thursday evenings from 3:30 PM to 8:00 PM at the Heart Center at Suburban Hospital. All services are free of charge and appointments are required. Access to a live language interpreter is also provided.

Q99. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑

- [x] Count of participants/encounters — Number of at-risk patients served documented by their primary diagnosis.
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [ ] Biophysical health indicators
- [x] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [x] Other — Number of racial and ethnic patients served

Q100. Please describe the outcome(s) of the initiative.

In FY18, there were 505 encounters, with 336 unduplicated patients, representing an 18% and 11.6% increase in encounters and unduplicated patients, respectively, from prior year. The top five diagnosis (ICD-10 codes) were: – I10 Essential (primary) hypertension (31% of encounters) – I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris (4% of encounters) – E78.5 Hyperlipidemia, unspecified (2 % of encounters) – R00.2 Palpitations (4% of encounters) – R07.9 Chest pain, unspecified (9% of encounters) The racial breakdown of clinic patients was as follows: 24.6% Black or African American, 8.8% Asian, 15.8% White, non-Hispanic, 44.1% Other Race, 0.7% American Indian or Pacific Islander, 6.0% Unreported/Refused to Report.

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

Each year, the clinic measures its success by whether the number of patients it serves increases (short-term goal); whether effective treatment of the different conditions that put the patients at risk for cardiovascular disease is reduced (mid-term goal); and by improving their quality of life while reducing their risk from pre-mature coronary heart disease mortality (long-term goal).

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$477,039

Q103. (Optional) Supplemental information for this initiative.

MobileMed article.pdf
68.7KB
application/pdf

Q104. Initiative 3

Q105. Name of initiative.

MobileMed/Endocrine Clinic at Suburban Hospital

Q106. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q107. Select the CHNA need(s) that apply.

- [x] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases

- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [x] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [ ] Sleep Health
- [x] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [x] Other. Please specify. Access to specialty healthcare

Q108. When did this initiative begin?

07/01/2010

Q109. Does this initiative have an anticipated end date?

- ○ The initiative will end on a specific end date. Please specify the date.
- ○ The initiative will end when a community or population health measure reaches a target value. Please describe.
- ○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ○ The initiative will end when external grant money to support the initiative runs out. Please explain.
- ○ The initiative will end when a contract or agreement with a partner expires. Please explain.
- ◉ Other. Please explain. The initiative is ongoing with no anticipated end

Q110. Enter the number of people in the population that this initiative targets.

19,774

Q111. Describe the characteristics of the target population.

The age-adjusted mortality rate due to Diabetes in Montgomery County (2014-2016) was 11.6 deaths per 100,000 population. While this number has decreased from 13.5 deaths as measured from 2011-2013, there were 19,774 uninsured individuals in the PSA in FY18, indicating a need for access to specialty endocrine care in the county.

Q112. How many people did this initiative reach during the fiscal year?

134

Q113. What category(ies) of intervention best fits this initiative? Select all that apply.

- [x] Chronic condition-based intervention: treatment intervention
- [ ] Chronic condition-based intervention: prevention intervention
- [x] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [x] Social determinants of health intervention
- [ ]

- [ ] Community engagement intervention
- [x] Other. Please specify.

Access to specialty healthcare

Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

Suburban Hospital, Mobile Medical Care. Inc., and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Physicians, nurses, staff and administrators from the three partners-Suburban Hospital, the National Institute of Diabetes and Digestive and Kidney Diseases and MobileMed-volunteer their time to staff the endocrine clinic.

- ( ) No.

Q115. Please describe the primary objective of the initiative.

The objective of clinic is two-fold: 1) to increase access of specialty care to patients who would not otherwise receive care; and 2) to reduce the incidence of complications due to endocrine diseases including diabetes. The MobileMed/Endocrine Clinic at Suburban Hospital seeks to reduce the number of deaths in Montgomery County associated from complications from endocrine diseases including diabetes. The clinic is held once a week at Suburban Hospital outpatient clinical setting, where uninsured individuals have access to the specialty care of endocrine conditions and diseases, from diagnostic tests, examinations, and one-on-one consultation with a Suburban Hospital Registered Dietitian and certified diabetes nurse educator, at little or no cost. Suburban aims to achieve this by increasing access to specialty care to uninsured, high-risk Montgomery County safety-net clinic patients and managing associated risk factors with endocrine diseases.

Q116. Please describe how the initiative is delivered.

The clinic is open year round on Thursday evenings from 4:00 PM to 7:30 PM at the Johns Hopkins Health Care and Surgery Center in Bethesda, MD. All services are free of charge and appointments are required. Access to a live language interpreter is also provided.

Q117. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters — Number of at-risk patients served documented by their primary diagnosis.
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [x] Biophysical health indicators — Improved health status of patients (improved Hemoglobin A1c)
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [x] Assessment of workforce development
- [x] Other — Number of racial and ethnic patients served.

Q118. Please describe the outcome(s) of the initiative.

In FY18, there were 323 encounters with 134 unduplicated patients. The clinic continues to demonstrate effective diabetes care. Despite the complexity of the cases, three-quarters of diabetic patients seen are now under good control (A1c<8) and/or have shown improvement. Of those 323 encounters, the top five diagnosis (ICD-10 codes) were: – E11.9 Diabetes mellitus without mention of complications (22% of encounters) – E11.65 Type 2 diabetes mellitus with hyperglycemia (14% of encounters) – I10 Essential (primary) hypertension (4% of encounters) – E03.9 Hyperthyroidism, unspecified (8% of encounters) – E03.9 Hypothyroidism, unspecified (8% of encounters) The racial breakdown of clinic patients was as follows: 24% Black or African American, 12% Asian, 16% White, 44% Other Race, 4% Unreported/Refused to Report.

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

Each year, the clinic measures its success by continued improvement of Hemoglobin A1C among diabetic patients (short-term goal); access to quality diabetes management and treatment for at-risk residents (mid-term goal); and by improving patient's quality of life while reducing their risk from complications from diabetes morbidity (long-term goal).

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

15,776

Q121. (Optional) Supplemental information for this initiative.

Mobile Med article_Endo.pdf
401.1KB
application/pdf

Q122. (Optional) Additional information about initiatives.

Q123. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

CBR Presentation to Kevin Sowers.pdf
1MB
application/pdf

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- (•) Yes
- ( ) No

Q125. Please check all of the needs that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q126. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: http://ship.md.networkofcare.org/ph/index.aspx. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	
Reduce rate of sudden unexpected infant deaths (SUIDs)	
Reduce the teen birth rate (ages 15-19)	
Increase the % of pregnancies starting care in the 1st trimester	
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the %of students who graduate high school	
Increase the % of adults who are physically active	Senior Shape Exercise Program; specialty fitness classes such as Tai Chi, Mall Walking; Gentle Yoga, Pilates
Increase the % of adults who are at a healthy weight	Senior Shape Exercise Program; specialty fitness classes such as Tai Chi, Mall Walking; Gentle Yoga, Pilates
Reduce the % of children who are considered obese (high school only)	
Reduce the % of adults who are current smokers	Freedom From Smoking
Reduce the % of youths using any kind of tobacco product (high school only)	
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	Village Ambassador Alliance, Senior Shape Exercise Program, Chronic Disease Self-Management, Diabetes Self-Management
Reduce child maltreatment (per 1,000 population)	Parent Encouragement Program, Bethesda-Chevy Chase YMCA Youth and Familly Services
Reduce suicide rate (per 100,000)	Suicide prevention education; Mental Health First Aid; various support groups; Mindfulness Meditation
Reduce domestic violence (per 100,000)	Parent Encouragement Program, Bethesda-Chevy Chase YMCA Youth and Familly Services, Linkages to Learning
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	Balancing Act; Senior Shape Exercise Program; specialty fitness classes such as Tai Chi, Mall Walking; Gentle Yoga, Pilates
Reduce pedestrian injuries on public roads (per 100,000 population)	Walk to School Day in partnership with Safe Kids Coalition
Increase the % of affordable housing options	
Increase the % of adolescents receiving an annual wellness checkup	
Increase the % of adults with a usual primary care provider	Nexus Montgomery, Ongoing physician education
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	MobileMed/NIH Heart Clinic; MobileMed/NIH Endocrine Clinic; Primary Care Coalition; Project Access; Montgomery Cares
Reduce heart disease mortality (per 100,000)	MobileMed/NIH Heart Clinic, free on-going blood pressure screenings at over a dozen community centers, senior centers, and other publically-accessed locations; Senior Shape Exercise Program; specialty fitness classes such as Tai Chi, Mall Walking; Gentle Yoga, Pilates; Healthy cooking classes; Nutrition and Weight Management classes; One-on-one nutrition counseling; Chronic Disease Self-Management classes
Reduce cancer mortality (per 100,000)	Freedom from Smoking; Freedom from Smoking Plus; various support groups; health education seminars; skin cancer screenings
Reduce diabetes-related emergency department visit rate (per 100,000)	MobileMed/NIH Endocrine Clinic; Healthy cooking classes; Nutrition and Weight Management classes; One-on-One nutrition counseling; Diabetes Self-Management classes; various peer support groups; Pre-diabetes management classes; Diabetes Fine Tuning program; free on-going blood pressure screenings at over a dozen community centers, senior centers, and other publically-accessed locations; Senior Shape Exercise Program; specialty fitness classes such as Tai Chi, Mall Walking; Gentle Yoga, Pilates
Reduce hypertension-related emergency department visit rate (per 100,000)	MobileMed/NIH Heart Clinic, free on-going blood pressure screenings at over a dozen community centers, senior centers, and other publically-accessed locations; Senior Shape Exercise Program; specialty fitness classes such as Tai Chi, Mall Walking; Gentle Yoga, Pilates; Healthy cooking classes; Nutrition and Weight Management classes; One-on-One nutrition counseling; Chronic Disease Self-Management classes
Reduce drug induced mortality (per 100,000)	Addiction Treatment Center health education seminars and community conversations

Reduce mental health-related emergency department visit rate (per 100,000)	Mindoula
Reduce addictions-related emergency department visit rate (per 100,000)	Addiction Treatment Center health education seminars and community conversations
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	Memory Cafes in partnership with Alzheimer's Association
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	annual flu clinics in the community and worksites; Knots for Shots
Reduce asthma-related emergency department visit rate (per 10,000)	

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Safety education and injury prevention, such as Stop the Bleed training, CPR/AED training, Safe Sitter classes

Q128. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- [ ] No gaps
- [ ] Primary care
- [x] Mental health
- [x] Substance abuse/detoxification
- [ ] Internal medicine
- [ ] Dermatology
- [ ] Dental
- [ ] Neurosurgery/neurology
- [x] General surgery
- [ ] Orthopedic specialties
- [x] Obstetrics
- [ ] Otolaryngology
- [x] Other. Please specify. Vascular surgery; Anesthesiology; Endocrinology; Rheumatology; Pulmonology; Gerontology

Q129. 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.

Hospital-Based Physicians	As a state-designated regional trauma center for Montgomery County and the surrounding Washington DC Metropolitan area, Suburban Hospital provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the Hospital. Physicians from Bethesda Emergency Associates staff the Hospital's busy Emergency Department, treating over 40,000 life-threating and non-life-threatening patients in FY18 including approximately 1,500 trauma patients. In FY18, the Hospital contributed $1,569,658 in Trauma On Call Coverage and $188,330 in Emergency Room Coverage.
Non-Resident House Staff and Hospitalists	The Hospital staffs a team of hospitalists and intensivists to provide primary care for patients, working collaboratively alongside specialists and patients' primary care physician. In addition, Suburban Hospital Cardiac surgery program provides specialty cardiac care with three cardiothoracic surgeons.
Coverage of Emergency Department Call	See above, under Hospital-based Physicians.
Physician Provision of Financial Assistance	Suburban Hospital supports the efforts of community physicians who are willing to provide a sliding scale fee for patients unable to pay for service on an as needed basis. In addition, Suburban Hospital supports partnership efforts between community physicians and organizations such as the Primary Care Coalition and Catholic Charities of the Archdiocese of Washington.
Physician Recruitment to Meet Community Need	Since diabetes was one of the top twenty conditions among readmissions at Suburban Hospital in FY18, Endocrinology, Diabetes, and Metabolism Care at Suburban Hospital was established and overseen by Dr. Mihail Zilbermint.
Other (provide detail of any subsidy not listed above)	ENT On Call, OB/GYN On Call, Behavioral Health On Call, Urology On Call, Cardiology On Call
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

Suburban Hospital is concerned about patient access to care, which is endangered by an identified shortage of physicians in Montgomery County practicing in primary care and in several specialties. Studies have found shortages in Primary Care, Dermatology, Hematology/Oncology, Psychiatry, Anesthesiology, Emergency Medicine, Thoracic Surgery, and Vascular Surgery. Maryland also has only a borderline supply of orthopedic surgeons. Committed to expanding not only access to primary care for the uninsured, Suburban Hospital collaborates with local health partners like Montgomery Cares, Project Access, Primary Care Coalition, Catholic Charities, Mobile Medical Care, Clinica Proyecto Salud, NHLBI, NIDDK, community cardiologists and orthopedic surgeons to provide much needed specialty care, especially for those who suffer from chronic disease. A few examples of how Suburban Hospital and its partners are working to narrow the gap in availability of these specialty services are outlined below: Since 2007, the MobileMed/NIH Heart Clinic at Suburban Hospital has provided expert care to more than 4,000 patients to date and has conducted multiple open-heart surgeries at no cost to those patients who are in urgent need of these specialty care and inpatient services. Mobile Medical Care, Inc., the National Heart, Lung and Blood Institute and Suburban Hospital have operated a specialty cardiac clinic on-site to provide access to care and alleviate the gap in specialty providers for cardiac patients. Referred from safety net clinics in the County operated by MobileMed, Clinica Proyecto Salud and the Holy Cross Hospital Health Centers, each patient is seen by a Suburban cardiologist and clinical staff from the NIH. In addition to coordinating the cardiologists and nurses who volunteer at the clinic, the Hospital absorbs the costs associated with free cardiovascular specialty diagnostic screenings and open-heart surgery for patients who require advanced care. Based on the best practice model of the MobileMed/NIH Heart Clinic, Suburban Hospital, MobileMed Inc. and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) established a free endocrine clinic providing lifestyle and chronic disease management for people with endocrine diseases. For seven years, staff from Suburban Hospital, NIDDK and MobileMed have volunteered their time once a week by providing diagnostic tests, laboratory services and free medical examinations and have treated nearly 2,000 patients. In addition, Endocrine clinic patients have the opportunity to meet one-on-one with Suburban Hospital Registered Dietitians for free nutrition consultations to review individual nutrition plans and examine challenges with dietary restraints. Suburban Hospital provides financial support to several other safety net clinics in Montgomery County including Mary's Center to support its primary care initiatives at their Montgomery County locations. In addition, the Hospital provides in kind support to established safety net clinics –MobileMed and Clinica Proyecto Salud in providing diagnostics and laboratory testing for its patients. Suburban Hospital provides specialized care to the patients of Catholic Charities of Washington DC through a referral agreement at no cost. Gastroenterology Anesthesiology On Call Ophthalmology On Call Stroke On Call Vascular On Call Suburban Hospital is concerned about patient access to care, which is endangered by an identified shortage of physicians in Montgomery County practicing in primary care and in several specialties. Studies have found shortages in Primary Care, Dermatology, Hematology/Oncology, Psychiatry, Anesthesiology, Emergency Medicine, Thoracic Surgery, and Vascular Surgery. Maryland also has only a borderline supply of orthopedic surgeons. Committed to expanding not only access to primary care for the uninsured, Suburban Hospital collaborates with local health partners like Montgomery Cares, Project Access, Primary Care Coalition, Catholic Charities, Mobile Medical Care, Clinica Proyecto Salud, NHLBI, NIDDK, community cardiologists and orthopedic surgeons to provide much needed specialty care, especially for those who suffer from chronic disease. 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Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

I_Speak_____card.pdf
106.7KB
application/pdf

Q132. Upload a copy of your hospital's financial assistance policy.

Financial Assistance Policy_2018.pdf
162.9KB
application/pdf

Q133. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

Patient Information Sheet_2018.pdf
220.9KB
application/pdf

Q134. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

Please see the Free and Reduced Care Grid_2018 attached below for details; The range for 100% coverage of services is income level of $24,280 for a single person, up to $84,760 for a family of 8. These guidelines are based off of 200% of poverty guidelines.

Q135. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

Please see above.

Q136. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

The ranges for medically necessary care as a percentage of FPL is 300% to 500%; at 300% of FPL, there is a 50% allowance; at 400% of FPL, there is a 35% allowance; and, at 500% of FPL, there is a 20% allowance.

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

The Johns Hopkins Health System expanded its definition of Medical Debt to include copayments, co-insurance and deductibles of patients who purchased insurance through a Qualified Health Plan. JHHS defines a Qualified Health Plan as: Under the Affordable Care Act, starting in 2015, an insurance plan that is certified by the Health Insurance marketplace, provides essential health benefits, follows established limits on cost sharing (like deductibles, co-payments, and out-of-pocket maximum amount, and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold. Notice of financial assistance availability was posted on the Hospital's website and mentioned during oral communications. Suburban Hospital's policy was changed to state this is being done. This change was in response to IRS regulation changes. Previously patients had to apply for Medical Assistance as a prerequisite for financial assistance. Suburban Hospital policy now requires that the patient must apply for Medical Assistance or insurance coverage through a Qualified Health Plan and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. For Medical Hardship Medical Debt is defined as out-of-pocket expenses for medical costs for Medically Necessary Care billed by Suburban Hospital, the out-of-pocket expenses mentioned above do not include co-payments, co-insurance and deductibles, unless the patient is below 200% of Federal Poverty Guidelines. Suburban Hospital's Financial Assistance Policy was also changed to add an Appendix and language advising that the Appendix list physicians that provide emergency and medically necessary care at the hospital and whether the doctor is covered under the hospital's financial assistance policy. The Appendix is updated quarterly and posted on the hospital website. The policy and the website instruct patients to direct any questions they may have concerning whether a specific doctor has a financial assistance policy separate and apart from the hospital's policy. This change is in response to IRS regulation changes. Presumptive Financial Assistance Eligibility In February 2017, Suburban Hospital's financial assistance policy was updated further to expand presumptive eligibility to include partial financial assistance based on the federal poverty guidelines. Previously, patients received presumptive financial assistance only if they were at a level of the federal poverty guidelines to receive 100% assistance.

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Suburban Hospital's Financial Assistance application is available in Spanish and the hospital has various signage posted throughout the emergency department waiting rooms to ensure patients and families are aware of additional, free, assistance available to them. Please see the attachment in the physician gaps section for an example of signage.

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Free or Reduced Care Grid_2018.pdf
8.1KB
application/pdf

Q140. You have reached the end of the questions, but you are not quite finished. When you click the button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

Location Data

Location: (39.312698364258, -76.581001281738)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

Suburban Hospital

Primary Service Area

FY 2018 Q1-Q3

Source: HSCRC, IBM Watson Health

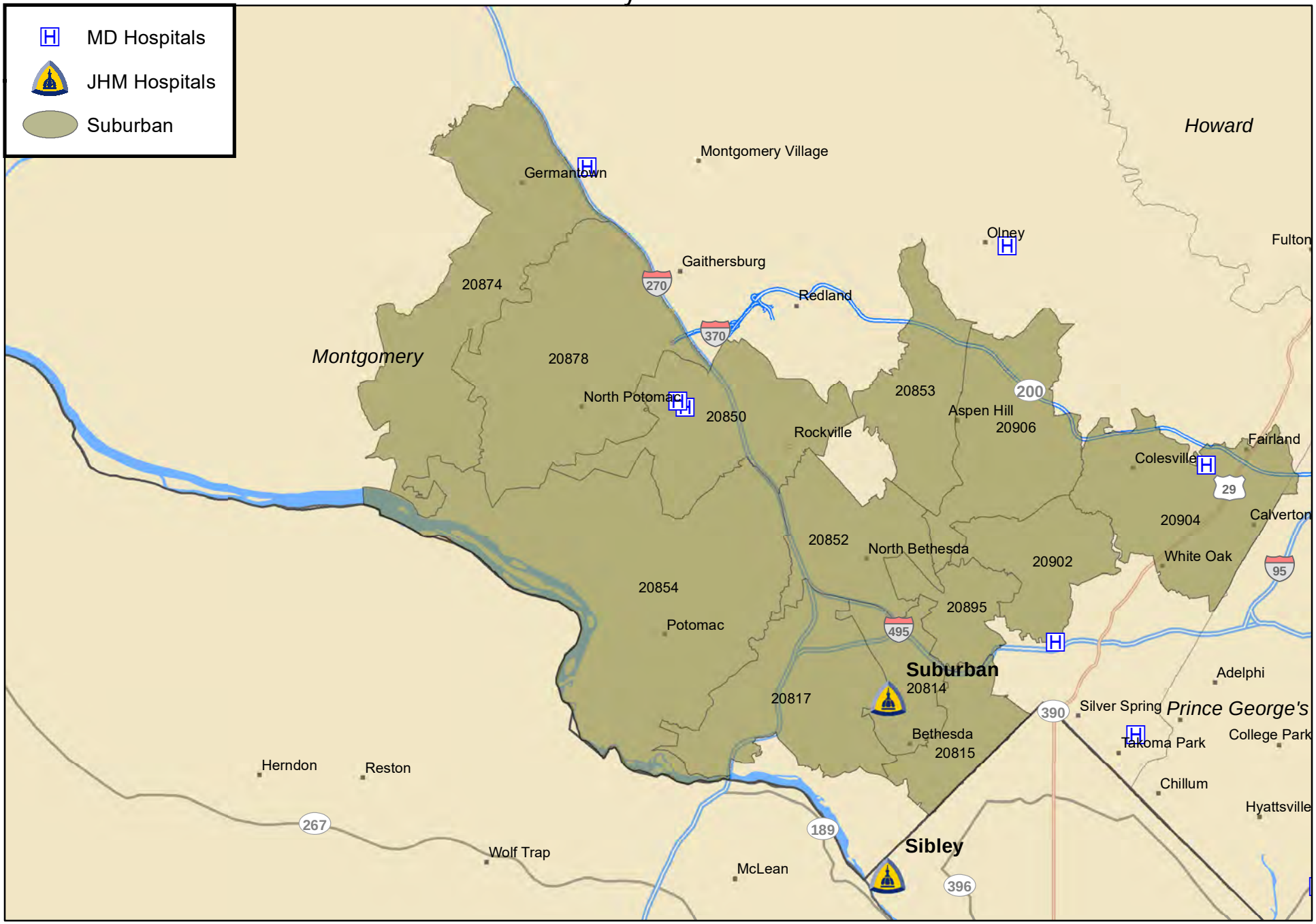
Includes Newborns

Zip Code	Zip City	JHSH Discharges	JHSH Market Share	All Hospital Discharges*	JHSH% of Zip**
20814	Bethesda	723	44.0%	1,643	6.9%
20815	Chevy Chase	552	32.2%	1,713	5.2%
20817	Bethesda	710	40.4%	1,759	6.7%
20850	Rockville	421	15.1%	2,791	4.0%
20852	Rockville	1,079	39.2%	2,750	10.2%
20853	Rockville	233	11.1%	2,101	2.2%
20854	Potomac	862	36.7%	2,349	8.2%
20874	Germantown	184	5.2%	3,552	1.7%
20878	Gaithersburg	277	8.7%	3,184	2.6%
20895	Kensington	361	32.5%	1,110	3.4%
20902	Silver Spring	331	10.1%	3,283	3.1%
20904	Silver Spring	238	4.2%	5,623	2.3%
20906	Silver Spring	446	7.8%	5,693	4.2%
Total		**6,417**	**17.1%**	**37,551**	**60.8%**

* Includes Maryland, DC, and Northern VA Hospitals (Source: HSCRC and IBM Watson Health)

**Note: JHSH had 10,553 discharges in FY 2018 Q1-Q3

Suburban Hospital
Primary Service Area



2018 Insurance Coverage Estimates by ZIP Code Reform
Area: Suburban PSA
Ranked by ZIP Code(Asc)

ZIP Code	ZIP City	2018 Reform Population								
		Total	Medicaid - Pre Reform	Medicaid Expansion	Medicare	Medicare Dual Eligible	Private - Direct	Private - ESI	Private - Exchange	Uninsured
20814	Bethesda	30,354	2,064	576	3,805	605	2,300	19,779	469	756
20815	Chevy Chase	30,816	1,667	477	4,965	776	2,309	19,611	361	651
20817	Bethesda	36,960	1,759	486	5,117	795	2,905	24,802	381	714
20850	Rockville	53,378	5,067	1,403	5,896	945	3,837	33,441	990	1,800
20852	Rockville	49,101	4,887	1,401	5,894	942	3,438	29,879	979	1,680
20853	Rockville	30,574	1,714	546	3,670	579	2,379	20,628	418	639
20854	Potomac	51,448	2,161	558	7,655	1,181	4,119	34,398	468	908
20874	Germantown	63,836	6,914	2,043	3,641	627	4,716	42,154	1,438	2,303
20878	Gaithersburg	68,251	5,003	1,476	5,891	957	5,334	46,685	1,110	1,796
20895	Kensington	20,356	1,776	512	2,473	392	1,460	12,766	326	651
20902	Silver Spring	53,569	6,643	1,975	4,564	743	3,645	32,547	1,246	2,204
20904	Silver Spring	58,416	7,238	2,058	7,211	1,142	3,811	33,174	1,258	2,525
20906	Silver Spring	69,305	8,750	2,339	11,093	1,753	4,220	36,518	1,486	3,145
Total		616,364	55,643	15,850	71,875	11,436	44,474	386,382	10,930	19,774

Demographics Expert 2.7
2018 Demographic Snapshot
Area: Suburban FY2018 PSA
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2010 Total Population	566,307	308,745,538
2018 Total Population	616,364	326,533,070
2023 Total Population	644,300	337,947,861
% Change 2018 - 2023	4.5%	3.5%
Average Household Income	$155,836	$86,278

	2018	2023	% Change
Total Male Population	294,563	308,338	4.7%
Total Female Population	321,801	335,962	4.4%
Females, Child Bearing Age (15-44)	116,572	117,813	1.1%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	**2018**	**% of Total**	**2023**	**% of Total**	**USA 2018 % of Total**
0-14	115,233	18.7%	117,065	18.2%	18.7%
15-17	23,633	3.8%	25,166	3.9%	3.9%
18-24	49,158	8.0%	54,331	8.4%	9.7%
25-34	74,383	12.1%	72,047	11.2%	13.4%
35-54	168,595	27.4%	167,836	26.0%	25.5%
55-64	81,691	13.3%	86,215	13.4%	12.9%
65+	103,671	16.8%	121,640	18.9%	15.9%
Total	**616,364**	**100.0%**	**644,300**	**100.0%**	**100.0%**

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2018 Household Income	**HH Count**	**% of Total**	**USA % of Total**
<$15K	11,986	5.2%	10.9%
$15-25K	8,746	3.8%	9.5%
$25-50K	30,575	13.2%	22.1%
$50-75K	30,902	13.3%	17.1%
$75-100K	27,100	11.7%	12.3%
Over $100K	123,156	53.0%	28.2%
Total	**232,465**	**100.0%**	**100.0%**

EDUCATION LEVEL

	Education Level Distribution		
2018 Adult Education Level	**Pop Age 25+**	**% of Total**	**USA % of Total**
Less than High School	21,415	5.0%	5.6%
Some High School	15,616	3.6%	7.4%
High School Degree	53,953	12.6%	27.6%
Some College/Assoc. Degree	74,951	17.5%	29.1%
Bachelor's Degree or Greater	262,405	61.3%	30.3%
Total	**428,340**	**100.0%**	**100.0%**

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	**2018 Pop**	**% of Total**	**USA % of Total**
White Non-Hispanic	280,797	45.6%	60.4%
Black Non-Hispanic	97,898	15.9%	12.4%
Hispanic	113,263	18.4%	18.2%
Asian & Pacific Is. Non-Hispanic	103,384	16.8%	5.8%
All Others	21,022	3.4%	3.2%
Total	**616,364**	**100.0%**	**100.0%**

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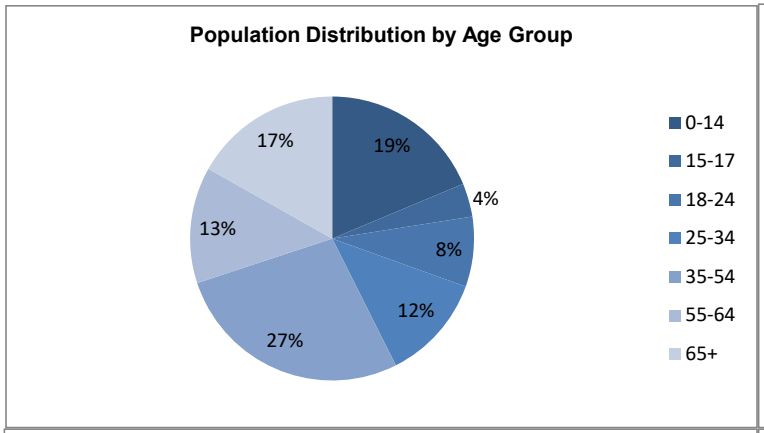
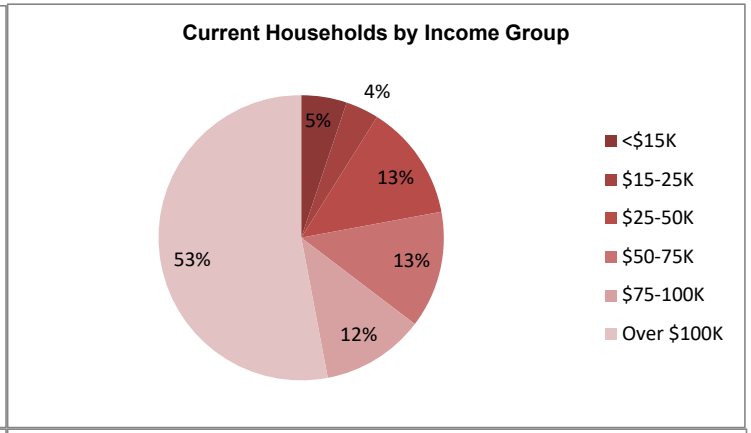
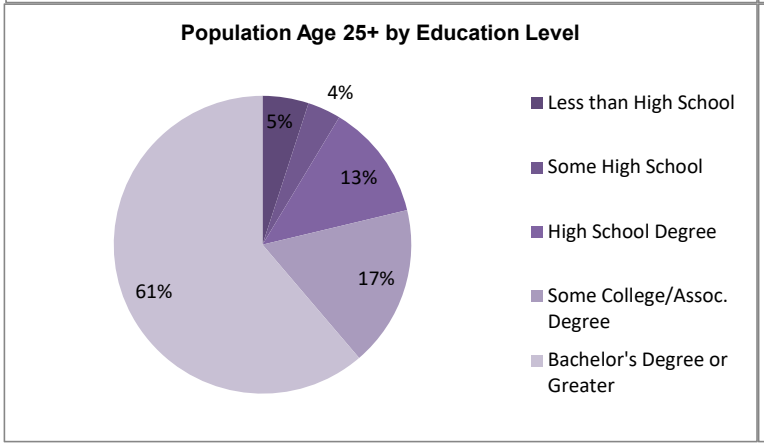
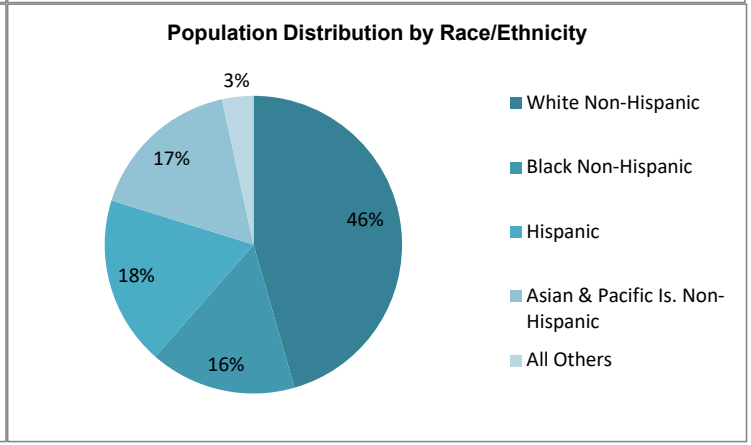
2018 Demographic Snapshot Charts
Area: Suburban FY2018 PSA
Level of Geography: ZIP Code









Suburban Hospital Community Benefit Report - FY 2018 (July 1, 2017 - June 30, 2018)

Community Health & Wellness Department- Partnerships

		Zip Code	Number of Events	# of Encounters	Total Number of Encounters	Undeserved Population
Activities						
	Community Benefit Operations					
	Suburban Hospital Community Health Improvement Advisory Council	20814	3	20	60	-
	Subtotal		***3***	***20***	***60***	***-***
	Community Health and Wellness State & County Health Initiatives					
	CHIP Community Health Improvement Process (Healthy Montgomery)	Various	9	30	270	
	Healthy Montgomery Hospital Workgroup Meeting	Various	7	9	63	-
	Healthy Montgomery-Diabetes Hospital Workgroup	20906	3	5	15	-
	Healthy Montgomery Monitoring & Evaluation Workgroup	20814	3	4	12	-
	Subtotal		***22***	***48***	***360***	***-***
	Partnership Meetings held at Suburban					
	Annual Mobile Med Meeting at Suburban Hospital	20814	1	150	150	
	Subtotal		***1***	***150***	***150***	***-***
	Village Partnerships					
	Village Ambassador Alliance Forums	20816	3	131	131	-
	Village Ambassador Alliance Wellness Grant Review Session	20814	1	4	4	-
	Bannockburn Village	20817				
	Bethesda Metro	20814				
	Bradley Hills Village	20817				
	Burning Tree Village	20817				
	Chevy Chase Village	20815				
	Little Falls Village	20816	1	8	8	-
	Maplewood Village	20814				
	Potomac Village	20854	1	70	70	
	Rockville Village	20850				
	Village of Kensington	20895	1	35	35	-
	Wyngate Village	20817				
	Subtotal		***7***	***248***	***248***	***0***

Suburban Hospital Community Benefit Report - FY 2018 (July 1, 2017 - June 30, 2018)

Community Health & Wellness Department- Partnerships

		Zip Code	Number of Events	# of Encounters	Total Number of Encounters	Undeserved Population
	FY2018 Coalition/Partnerships/Affiliations Meetings					
	American Red Cross	20814	3	2	6	-
	A Wider Circle					
	Adopt-A-Family Holiday Initiative	20910	11	4	44	44
	Volunteer Nursing Day- Planning		3	1	3	
	Volunteer Nursing Day-Event	20910	1	12	12	
	AHCN Advisory Council/Catholic Charities of Washington, DC Meetings		3	10	30	
1/14/2018	Alpha Phi Alpha MLK Breakfast	20852	1	5	5	-
	American Lung Association					
	Lung Expo 2018 Planning Calls		3	6	18	-
4/11/2018	Lung Expo 2018	21244	1	280	280	109
	BCC Chamber of Commerce	20814	1	50	50	
	BCC-YMCA					
10/26/2017	The Y Celebration	20005	1	130	130	-
	Bethesda Chevy Chase Rotary Club Meetings and Community Development events	20816	6	40	240	
	Cancer Disparities Taskforce	20910	2	10	20	-
	Charles E. Smith Life Communities Symposium Planning	20852	5	6	30	-
	Health Quality Innovators	20814	3	2	6	-
	Mansfield Kaseman Health Clinic					
	Meetings	20850	2	1	3	3
	Health Promoters Training	20850	2	6	12	12
	Latino Health Initiative	20910	6	5	30	-
	McCarrick Family Center	20906	4	2	8	
	Mobile Medical Care, Inc.					
	Transition of Care Meetings	20814	3	5	15	-
	Mobile Med/NIH Heart Clinic at Suburban Hospital	20814	51	15	765	765
	Mobile Med/NIH Heart Clinic- Annual Process Improvement Meeting	20814	1	10	10	-
	MobileMed/NIH Endocrine Clinic at Suburban Hospital	20817	51	12	612	612
	Mobile Med/NIH Endocrine Clinic- Annual Process Improvement Meeting	20814	1	16	16	-
	Montgomery County Cancer Crusade/Tobacco Coalition	20852	5	8	40	-
	Montgomery County Chamber of Commerce	20850	2	100	200	

Suburban Hospital Community Benefit Report - FY 2018 (July 1, 2017 - June 30, 2018)

Community Health & Wellness Department- Partnerships

		Zip Code	Number of Events	# of Encounters	Total Number of Encounters	Undeserved Population
	Montgomery County Senior Health and Wellness Advisory Council	20906	3	15	45	
	Montgomery County Food Council					
	Internal Meetings	20850	2	15	30	
	Food Literacy Workgroup	20814	5	16	80	
	Food Access Workgroup with Hospitals	20910	3	15	45	
	Montgomery County Thrift Shop Board Meetings	20814	4	15	60	
	Moving Bodies Living Network Meetings	varies	4	20	80	
	Nexus Montgomery		25	10	250	
	Proyecto Salud	20906	2	3	6	-
	Safe Kids Coalition	20906	4	7	28	
	Scotland Community Partnership	20854	6	10	60	
	Sunrise Corporation		3	12	26	
	United Way National Capital Region					
	United Way Awareness Tables	20814	4	100	400	
	United Way MoCo Regional Council	20852	2	3	6	-
	United Way JH Conference Calls	20814	6	8	48	-
	United Way Planning Meetings	20814	2	5	10	-
	Washington Metropolitan OASIS	20817	12	4	48	
	Subtotal		***259***	***996***	***3807***	
	Partnership Subtotal		***292***	***1462***	***4625***	***0***
List of Total Partnerships, Coalitions and Affiliations						
	A Wider Circle					
	Alpha Phi Alpha Fraternity					
	American Heart Association					
	American Lung Association					
	American Red Cross					
	Alzheimer's Association					
	Archdioceses Healthcare Network/Catholic Charities of Washington DC					
	Ashburton Elementary School					
	BCC YMCA					
	Bethesda Cares					
	Bethesda Chevy Chase Rotary Club					
	Bethesda-Chevy Chase Chamber of Commerce					
	Boy Scouts of America					
	Bradley Hills Elementary School					

Suburban Hospital Community Benefit Report - FY 2018 (July 1, 2017 - June 30, 2018)

Community Health & Wellness Department- Partnerships

		Zip Code	Number of Events	# of Encounters	Total Number of Encounters	Undeserved Population
	Cancer Disparities Taskforce					
	CASA of MD					
	Charles E. Smith Life Communities					
	Clark Construction					
	EveryMind*					
	Girls on the Run of Montgomery County					
	Go4Life, National Institute on Aging*					
	Health Quality Innovators*					
	Jewish Social Service Agency					
	Johns Hopkins University-Montgomery Campus					
	Kaiser Permanente					
	Latino Health Initiative					
	Leadership Montgomery					
	Linkages to Learning					
	Mansfield Kaseman Health Clinic					
	Mary's Center					
	MobileMed Inc.					
	Montgomery Cares					
	Montgomery County Cancer Coalition					
	Montgomery County Chamber of Commerce					
	Montgomery County Department of Health and Human Services					
	Montgomery County Department of Parks and Recreation					
	Montgomery County Food Council					
	Montgomery County Housing Opportunity Commission					
	Montgomery County Office on Aging					
	Montgomery County Public Schools					
	Montgomery County Stroke Association					
	Montgomery County Thrift Shop					
	Montgomery Hospice					
	National Alliance on Mental Illness					
	National Institutes of Health- National Heart Lung and Blood Institute					
	National Institutes of Health-National Institute of Diabetes and Digestive and Kidney Diseases					
	Osher Lifelong Learning					
	Parenting Encouragement Program					
	Primary Care Coalition					
	Project Access					
	Proyecto Salud Clinic					
	Safe Kids Coalition					
	Safe Sitter, Inc.					
	Scotland Community Partnership					
	Spirit Club					
	St. Catherine Laboure in Wheaton					
	Sunrise at Fox Hills					

Suburban Hospital Community Benefit Report - FY 2018 (July 1, 2017 - June 30, 2018)

Community Health & Wellness Department- Partnerships

		Zip Code	Number of Events	# of Encounters	Total Number of Encounters	Undeserved Population
	Sunrise at Maplewood					
	Tobacco Free Coalition					
	United Way National Capital Region					
	United Way Regional Council- Montgomery County					
	University of Maryland School of Nursing					
	University of Maryland School of Public Health					
	Village to Village Network Initiative					
	Washington Metropolitan OASIS					
	Wellness Corporate Solution*					
	Westland Middle School PTA					
	YMCA Youth and Family Services.					

SUBURBAN HOSPITAL

2016-2017 **Community Health Improvement** Report

Behavioral Health: High Priority, Deliberate Approach

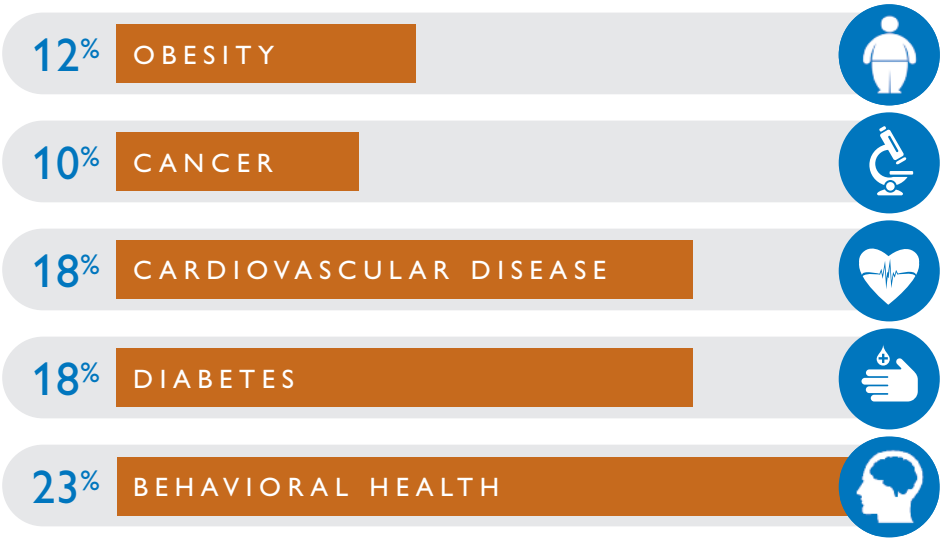
The 2016 Community Health Needs Assessment (CHNA) process identified—through primary and secondary data, community surveys and input from public health experts and stakeholders—five health priorities: cancer, obesity, cardiovascular health, diabetes and behavioral health. As a result of these findings, strategies have been developed to address and evaluate each health need. They also overlap with local, state and national priorities as well as Suburban's 2013 CHNA findings. This relationship affords Suburban the ability to align its community health improvement efforts in order to decrease health inequities, lack of access and unhealthy behaviors. Read more about this collective impact approach on the next page.

During the 2016 CHNA priority-setting process, behavioral health was identified as the top health priority among stakeholders, and for those reasons, we are highlighting this health issue.

The statistics in our community are harrowing. Since the last CHNA in 2013, there has been a 12 percent increase in people visiting a hospital emergency department for a behavioral health condition in Montgomery County. The suicide rate has remained at or over seven deaths per 100,000 population since 2007. "We face an epidemic of opioid and heroin use that is killing young people and destroying families throughout our community," notes Beth Kane-Davidson, director of Suburban's Addiction Treatment Center. "Treatment and prevention of substance abuse is more critical now than ever before in my 30 years working in this field. Drug overdoses kill more people than car crashes and guns combined. Our Addiction Treatment Center takes hundreds of calls each year from distraught parents and family members seeking help for their loved ones. We must do everything we can to protect our community and provide treatment to all those in need."

> "We face an epidemic of opioid and heroin use that is killing young people and destroying families throughout our community."
>
> **Beth Kane-Davidson, Director of Suburban's Addiction Treatment Center**

2016 CHNA Priorities



Suburban Hospital remains committed to living out its mission of improving health with skill and compassion to help shape Montgomery County as a healthy, vibrant and resilient community. The following report takes an in depth look into the various and complex challenges we face as we address behavioral health. It also outlines the outcomes we aim to achieve and how we apply the expertise of our professional care providers to address behavioral health concerns.

Some of our initiatives include:

- Comprehensive services for individuals with emotional problems, mental illness and addictive diseases, as well as services designed to foster mental health;
- Support groups to help community members manage emotional stress associated with chronic and acute health conditions; and
- Community health improvement programs to foster social support, particularly among the senior population.

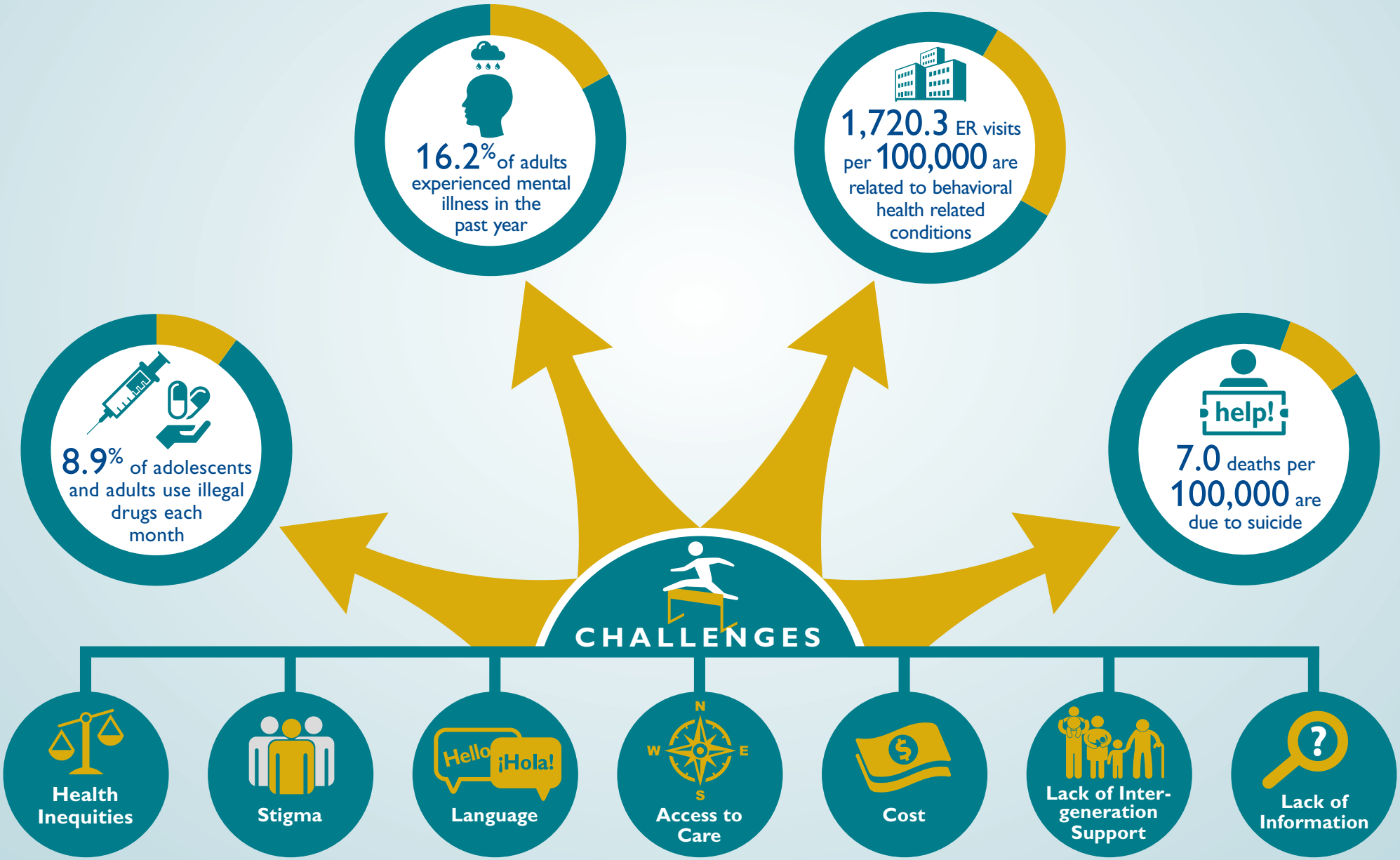
"There is such a significant need for these services in our community and I am proud of the approach Suburban Hospital takes in providing behavioral health care," notes Suburban Hospital president Jacky Schultz. "Our programs are recognized across the region because we emphasize respect for the patient and family while also providing the least restrictive level of care both within the hospital and in the community. In fact, we are in the process of expanding our crisis unit to meet the needs of our patients. Behavioral health services are a priority at Suburban Hospital."

To see the entire 2016 CHNA and associated implementation plan for all five health priorities, log on to: **suburbanhospital.org/CHNA**.

Strengthening a Culture of Health

Behavioral Health
By the Numbers

Behavioral health includes mental health, addiction and crises intervention and transcends race, culture, socioeconomic status and life stages in Montgomery County. With this expansion of health issues comes a multitude of challenges that Suburban Hospital is dedicated to addressing.



A **Collective Approach**

As an integral stakeholder in the local health care system, Suburban Hospital addresses behavioral health needs with the support of strong and long-standing partnerships in Montgomery County. These partners work across sectors to address the complex health and social challenges of behavioral health by aligning their individual agendas into one with a clear, common, and measurable outcome.

SUBURBAN HOSPITAL EXPERTISE

Addiction Treatment Center

SUBURBAN HOSPITAL EXPERTISE

ED Crisis Intervention

SUBURBAN HOSPITAL EXPERTISE

Inpatient Services

OASIS Montgomery

Parenting Encouragement Program (PEP)

The Mindfulness Center

Washington Area Village Exchange (WAVE)

YMCA Youth and Family Services

13 PARTNERS

National Alliance on Mental Illness of Montgomery County

Narcotics Anonymous

Montgomery County Stroke Association

Montgomery County Police Department

Montgomery County Department of Recreation

Healthy Montgomery

Girls on the Run Montgomery County

Alcoholics Anonymous

SUBURBAN HOSPITAL EXPERTISE

Community Health and Wellness

SUBURBAN HOSPITAL EXPERTISE

Outpatient Behavioral Mental Health Services

The **Change** We **Want** to **See**

Healthy Behaviors

Foster social and emotional support

How?

By supporting aging in place of our seniors through educational and community-based programs and by providing positive parenting resources that will nurture stronger families

Access to Healthcare Services

Increase knowledge of behavioral health resources in Montgomery County and facilitate access to available services

How?

By linking patients in need of behavioral health services to appropriate community resources

ACTIVITIES

- Art Therapy
- Village Ambassador Alliance
- Suburban On Call
- Meditation Classes
- Parenting Seminars
- Alcohol and Other Drugs Education Seminars
- Mindoula support for individuals facing behavioral health challenges
- Behavioral inpatient/ outpatient services
- Senior Fitness Programs
- Support Groups
- Magellan Care Coordination Services

Health Inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age.

— **WORLD HEALTH ORGANIZATION**

Community Benefit FY16 Update

Extending care and compassion to the community has been a goal of Suburban Hospital for nearly 75 years. On a daily basis, Suburban Hospital employees dedicate their time and expertise to address the community's most pressing health issues through various community improvement initiatives.

Below are several examples of hospital colleagues who have made an impact in our community beyond the hospital walls.

Dr. Dominique Foulkes, medical director and chair of the Suburban Hospital Pediatrics Department, volunteers her time to inspire our community's youngest residents. Dr. Foulkes authors a blog on Montgomery County's Girls On The Run (GOTR) website. Topics include providing tips on outdoor safety, why you get a fever when sick and how to stay hydrated while exercising. When leading hospital tours for local Girl Scout troops and student groups, Dr. Foulkes demonstrates how to take vital signs, explains what happens when a patient is admitted to the hospital, and explains which items should be included in a First Aid kit.

Ahmed Omar, network analyst for Suburban Hospital's Management Information Systems department, has been an energetic and committed volunteer for Montgomery County's GOTR bi-annual 5K Fun Run since 2013. Through health-focused interactive games and activities such as the "Jumpstart your Heart," "Create a Healthy Plate" and "Know your Blood Pressure Numbers," Ahmed and other Suburban Hospital employees encourage girls and their families to maintain healthy lives by promoting physical activity, good nutrition and overall well-being.

The Diabetes Fine Tuning program is a series of small group sessions for recently discharged patients and their care partners to discuss crucial components of diabetes care. Pharmacist Lee Ann Alexander contributes her time and expertise by answering pharmaceutical-related questions from patients and assists with their diabetes management goals to improve their health and quality of life. Her role as a pharmacist has been vital to ensuring a multidisciplinary approach to diabetes management.

Another diabetes focused initiative is the Diabetes Nurse Champion program, which aims to improve the lives of people with diabetes who are admitted to Suburban Hospital. Champions Periwinkle "Wink" Mackay, a nurse educator, and Jun Bie, a nurse practitioner, have led the Diabetes Champion program since January 2015. Wink and Jun manage all aspects of the program, from recruiting participants to designing the curriculum. Their leadership and vision have enabled an initiative to be put in place that was previously nonexistent. Focused on the goal of providing better care for our patients with diabetes, Wink and Jun are champions for people living with diabetes.

Once a month, respiratory therapists, Ayo Seriki and Shanmugam "Panneer" Panneerselvam facilitate the American Lung Association's Better Breathers Club® At each meeting, the therapists provide a supportive environment where individuals living with Chronic Obstructive Pulmonary Disease (COPD) and other respiratory conditions are able to learn techniques to help them cope with their condition. Ayo and Paneer are also strong advocates for smoking cessation programs and making resources available for patients who are committed to quitting smoking.

Caring for Our Community

FY16

NOTE: Font size 7pt. Is this ok?

In FY16, Suburban Hospital conducted **2,595** community health improvement programs, screenings, classes, seminars and activities that served **71,323** individuals and dedicated **$21,451,227** in community benefit contributions to support the needs of Montgomery County residents.

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

Suburban Hospital

For nearly 75 years, Suburban Hospital has remained committed to improving the health and well-being of our neighbors and the surrounding community. We believe that quality health care should be accessible to all.

Through partnerships and programs, we work to identify health priorities and generate solutions to address the growing challenges of preventing chronic disease and building safe and healthy communities.

CHRONIC DISEASE SELF-MANAGEMENT

Dedicated to helping improve the health status of individuals living with chronic diseases, such as diabetes and heart disease, Suburban Hospital is increasing capacity and access to evidence-based self-management programs developed by Stanford University: Chronic Disease Self-Management (CDSM) and Diabetes Self-Management (DSM). Initiated in the fall of 2017, and in partnership with the Health Quality Innovators, the two programs teach participants problem-solving and decision-making in managing their well-being through education on the nature of their condition, the need to exercise, proper nutrition, and appropriate use of medications. Courses also focus on communicating with family, friends and health professionals. Participants set S.M.A.R.T. goals, plan ways to meet these goals, and are required to report progress which is reinforced by group feedback in reoccurring workshops. Emphasis on self-management requires a proactive approach, thus facilitators are trained to lead workshops in English and Spanish, at targeted demographic locations such as senior centers, outpatient medical facilities, clinics, and independent senior living facilities. In 2017, Suburban Hospital trained 17 facilitators, half of which are bilingual. Participants report improvements in glucose control, healthier eating, and increased physical activity.

> "I really learned a lot, and I really enjoyed the class. I personally needed that helpful information. It really encouraged and motivated me to take better care of myself…The seminar was very informal with good participation, and I felt I could express myself and get help. I am sure everyone felt the same way."
>
> *- Miss Martha Johnson, Chronic Disease Self-Management class attendee*

SENIOR SHAPE

Active living is crucial in keeping our aging population healthy and independent. For close to 20 years, Senior Shape has consistently motivated individuals to enhance balance, strength, and flexibility which link to overall improved cardiovascular health. Over 600 older adults exercise year-round. Operating daily at 10 different community and senior centers in Montgomery and Prince George's County, Senior Shape provides participants the option of low to high-intensity exercises from aerobics, weight training, and stability ball to enhancing one's flexibility and strength. Participants exercise 1-2 times per week for 45 minutes. To measure improvement, fitness assessments are conducted twice a year which are designed to measure balance, strength and flexibility against national standards of the same age group. The assessments provide not only important benchmarks for evaluation but also keep Senior Shapers

Senior Shape classes prepare long-time participants like Mr. Breckenridge to increase flexibility and strength along with improved balance and agility.

challenged and engaged. "Most are meeting or exceeding the guidelines for their age group," says Sara Demetriou, Coordinator of Health Initiatives and Community Partnerships. Overall, Senior Shape affords Montgomery and Prince George's County older adults with consistent support and a haven for individuals to stay active, be engaged and thrive.

VILLAGE AMBASSADOR ALLIANCE

Initiated in 2016, the Village Ambassador Alliance supports seniors who choose to age in their homes rather than in retirement communities. "Villages are local, volunteer-led grassroots organizations," that are in themselves communities in which members coordinate and help one another hand-in-hand. This "neighbor-helping-neighbor" model is in nearly 50 neighborhoods throughout the D.C. metropolitan area of which Montgomery County hosts almost half. Each village is structured to uniquely support the individuals it serves through services such as volunteer transportation and social activities to reduce isolation. Suburban Hospital provides resources – start-up grants, and expertise from clinical providers such as psychologists and gerontologists to support health and well-being through communication, education, and training. For example, healthcare providers share practical approaches to fall prevention, healthy grocery shopping and cooking for one. The reciprocal learning provided by local villages is shaping the alignment of aging in place models that mold the future of patient-centered care.

WORKFORCE DEVELOPMENT WITH A WIDER CIRCLE

For the past five years, Suburban Hospital has supported A Wider Circle via Adopt a Family and various health and wellness initiatives that impact vulnerable families. This Montgomery County based charity helps those in need rise out of poverty. In addition to providing basic household items to vulnerable families, A Wider Circle also conducts a career boot camp to prepare individuals to enter the workforce and/or advance their career. In these sessions, participants are taught the necessary skills and approaches for the modern job market including resume building, interviewing skills and strategies in making a good first impression with a potential employer. Suburban Hospital's Senior Talent Acquisition Specialist, Theresa Mazzaro who volunteers her time and knowledge at the boot camp sessions states that "It makes sense to combine the vision of A Wider Circle's Boot Camp with our goal of helping all people in our community obtain gainful employment in health care with us, or elsewhere." Mazzaro has guided and educated residents on careers in health care settings while encouraging individuals who face challenges including not having a college degree, long gaps of employment and the stigma of a criminal record. "I think I opened the group's eyes to see the possibilities and have hope. One person, in particular, had applied [for a job] and we are working together to help her find the right fit," says Mazzaro. Given that income is one of the most important social determinants of health, connecting individuals with job opportunities and training can lead to not only stable employment, but also improved quality of life through life changing community connections.

Type 2 diabetes rates are higher in the Hispanic community. The Diabetes Self-Management Program ensures that underserved communities receive the support they need to manage and control their diabetes.

Suburban Hospital held two fitness assessments in FY18; however, for comparison purposes of this report, results will be compared between fiscal years (May 2017 and November 2017). The fitness assessments were held at eight of the 10 community centers in Montgomery and Prince George's counties. These assessments are designed to test the Senior Shape member's balance, strength, flexibility and endurance against national standards for age and gender. The assessment included the Chair Sit-and-Reach (measurement of flexibility), Arm Curl (measurement of strength), 2 Minute Step-in-Place (measurement of endurance and balance), and the Chair Stand (measure of balance).

Based on the fitness assessment results, all of the seniors either met or exceeded the national average for their age and gender. However, when comparing the average results between genders from May to November, the average number of all four exercises for women decreased 1-3 reps while the average number of Sit-and-Reach and 2 Minute Step-in-Place increased for men. The average Chair Stand for the men remained the same between the May and November assessments. Please see below for detailed results of the seven assessments held in Montgomery County.

Senior Shape participants in FY18: 439

Number of senior shape classes held in FY18: 1, 150

Total number of Senior Shape locations: 9 in Montgomery County & 1 in Prince George's County

Fitness Assessment Results from Montgomery County classes in November 2017:

Test	Average Females	Average National Standard Females	Average Males	Average National Standard Males
Chair Stand (# of stands from seated position without using arms of chair in 30 seconds)	**16**	**4 - 17**	**16**	**7 - 12**
Arm Curl (# of reps in 30 seconds; 5 lbs. for women, 8 lbs. for men)	**20**	**8 - 19**	**20**	**10 - 22**
2 Minute Step in Place (# of marches in a 2 minute time period)	**109**	**44 - 107**	**113**	**52 – 116**
Chair Sit & Reach	**0.6**	**-4.5 - 5.0**	**-1.31**	**-6.5 - 4.0**

(+/- inches fingertips reach past extended leg while seated)				

Fitness Assessment Results from Montgomery County classes in May 2017:

Test	Average Females	Average National Standard Females	Average Males	Average National Standard Males
Chair Stand (# of stands from seated position without using arms of chair in 30 seconds)	**17**	**4 - 17**	**16**	**7 - 12**
Arm Curl (# of reps in 30 seconds; 5 lbs. for women, 8 lbs. for men)	**23**	**8 - 19**	**22**	**10 - 22**
2 Minute Step in Place (# of marches in a 2 minute time period)	**113**	**44 - 107**	**111**	**52 - 116**
Chair Sit & Reach (+/- inches fingertips reach past extended leg while seated)	**0.80**	**-4.5 - 5.0**	**-1.02**	**-6.5 - 4.0**

In addition to the bi-annual fitness assessments, a brief qualitative survey was distributed in June 2018 to gather feedback on the experiences and health impact the program has had on the Senior Shape participants. In addition, Suburban Hospital collaborated with the other Montgomery County hospitals and included three quantitative questions related to the number of hospital stays and potential related readmissions. Due to the format of the survey and the software used, the members were not required to complete a response for each question. The questions and results from this survey as it relates to their health are as follows:

1. **Please rate your Senior Shape experience in regard to how it has impacted your life and daily activities.**

a. *It has increased my range of motion.*
   1 -strongly disagreed
   1 -disagreed
   16 -neither agreed or disagreed
   59 -agreed
   71 -strongly agreed
   0 -N/A

b. *It has improved my quality of life.*
   1 -strongly disagreed
   0 -disagreed
   10 -neither agreed or disagreed
   54 -agreed
   80 -strongly agreed
   2 -N/A

c. *My level of strength and flexibility has increased since I started the program.*
   1 -strongly disagreed
   1 -disagreed
   13 -neither agreed or disagreed
   45 -agreed
   88 -strongly agreed
   0 -N/A

d. *The class has improved my health and wellbeing.*
   1 -strongly disagreed
   1 -disagreed
   9-neither agreed or disagreed
   48 -agreed
   87 -strongly agreed
   2 -N/A

2. **I have noticed improvements or have been able to maintain healthy levels of the following health measures**:
   a. *Blood Pressure:*
      2 -strongly disagreed
      2 -disagreed
      32 -neither agreed or disagreed
      56 -agreed
      27 -strongly agreed
      26 -N/A

   b. *Cholesterol:*
      2 -strongly disagreed
      1-disagreed
      38-neither agreed or disagreed
      43 -agreed
      24 -strongly agreed
      35 -N/A

   c. *Glucose and HbA1c (blood sugar):*
      2 -strongly disagreed

0 -disagreed
29 -neither agreed or disagreed
38 -agreed
23 -strongly agreed
49 -N/A

d. *Body Weight:*
2 -strongly disagreed
3 -disagreed
31 -neither agreed or disagreed
53 -agreed
31 -strongly agreed
22 -N/A

The three additional questions included in collaboration with the Montgomery County hospitals are as follows:

1. **In the past 12 months, how many times did you go to a hospital emergency room for treatment for yourself?**
   a. 0 - 126 Responses
   b. Once - 12 Responses
   c. Twice - 2 Responses
   d. 3x - 0 Response
   e. 4x - 0 Responses

2. **How many different times were you admitted to a hospital overnight or longer in the past 12 months?**
   a. None/0 - 134 Responses
   b. Once - 6 Responses
   c. Twice - 1 Responses
   d. 3x – 0 Response
   e. 4x - 0 Responses
3. **How many total nights did you spend in the hospital in the past 12 months?**
   a. None/0 - 132 Responses
   b. Once - 2 Responses
   c. Twice - 4 Responses
   d. 3x - 1 Response
   e. 36x - 1 Response

A Lifesaving Partnership

Clinic Offers Heart Care to County's Most Vulnerable

Heart disease is the leading cause of death for residents of Montgomery County, no matter what their gender, ethnicity or socioeconomic status. For the county's most vulnerable population—low-income residents with no health insurance—heart disease is particularly problematic. Without access to advanced cardiac care, treatable conditions such as narrowed arteries and failing heart valves can progress to the point where life-threatening heart attacks, strokes or heart failure are a constant danger. But for the past decade and more, these patients have had a lifeline: free, state-of-the-art care from some of the country's leading heart specialists and researchers, using the latest equipment and techniques.

Each Thursday evening, the cardiovascular surgery suite at Suburban becomes the Mobile Med/NIH Heart Clinic at Suburban Hospital, which brings together cardiovascular experts from Suburban and the National Heart, Lung and Blood Institute (NHLBI) to provide free evaluation, diagnosis and treatment for patients with no insurance.

"I've never seen anything like it, certainly not in this region," says Peter Lowet, executive director of Mobile Medical Care, Inc. "All of those treatments would not be available to low-income uninsured people otherwise. Without this kind of charitable service, these patients would be waiting for an emergency—a heart attack or serious cardiac event—and then they would receive the treatment in the emergency room."

Remarkable treatments

MobileMed, which celebrated its 50th anniversary this year, sees more than 4,400 primary care patients in more than 16,000 visits annually at seven fixed and mobile clinics across Montgomery County, Lowet explains. When these patients are diagnosed with or suspected to have heart issues, they are referred to the Heart Clinic, which celebrated its 11th year of service in 2018. Since it opened in 2007, the clinic has treated well over 3,000 patients in more than 5,000 encounters, including a record 505 encounters in the past year. Approximately 70 MobileMed patients have undergone advanced treatment, including heart surgery, vascular/cardiac device placement or coronary angioplasty at Suburban Hospital.

"These are patients with heart disease who need a surgical intervention or periodically need echocardiograms and stress tests to monitor their disease progression," says Kathleen Luton, R.N., M.S.N., C.R.N.P., MobileMed's clinical director. "We've been able to do some pretty remarkable things, including cardiac bypass surgery and procedures to implant pacemakers and artificial valves."

Suburban donates the space for the clinic and provides technicians for lab testing and scribes to document medical records. Suburban and NIH cardiologists, cardiothoracic surgeons and nurses, along with other MobileMed providers, donate their time to staff the clinic. The Heart Clinic grew out of a partnership between MobileMed and Suburban that dates back to 1995, in which Suburban provided free or low-cost cardiovascular diagnostics, interventional and diagnostic radiology, lab and inpatient services.

One-stop heart care

“We’re set up to serve the most advanced, chronically ill cardiovascular patients from across the county,” explains Monique Sanfuentes, M.A., M.B.A., administrative director of Community Affairs and Population Health at Suburban Hospital. “One appointment does it all. When patients come in, they see nurses and cardiologists, get labs done, and get medications, all in one visit.” If patients need to stay in the hospital after a procedure, Suburban waives the cost, and has even raised money to allow MobileMed patients to participate in cardiac rehabilitation programs.

Dr. Richard Cannon of the NHLBI has been a crucial part of the partnership, Sanfuentes notes. He has been a regular participant in the Thursday clinics since their launch, and when Heart Clinic patients qualify for studies ongoing at the NIH Clinical Center, he helps them connect with even more advanced treatment. “That’s the advantage of having NIH right across the street,” Sanfuentes says.

The success of the Heart Clinic inspired the creation of the Suburban Hospital MobileMed Endocrine Clinic in 2009, which treats patients with endocrine issues. The clinic saw 134 patients in 313 encounters in FY2018.

“Suburban is an example of how a community partner should interact with their community,” says Luton. “They are a role model for the entire country in that regard. We frequently have patients where we don’t have anywhere else to turn, and I’ll call Monique and I can’t think of the last time she wasn’t able to help. It’s that level of cooperation and collaboration that makes this partnership as great as it is.”

Sidebar:

NIH Heart Clinic at Suburban Hospital, By the Numbers

Over the past year (FY2018), the MobileMed/NIH Heart Clinic at Suburban Hospital delivered

505 encounters for

336 patients, a

13 percent increase from the prior year.

Top five conditions treated in FY 2018:

1. Hypertension (31 percent of encounters)
2. Chest pain (9 percent)
3. Palpitations (4 percent)
4. Atherosclerotic heart disease of native coronary artery without angina pectoris (4 percent)
5. Hyperlipidemia (2 percent)

At Suburban Hospital, the commitment to care for our community is deeply rooted in the day to day operation of our workforce. For example, Dr. Leila Hall is the chair of pediatrics and medical director of the Shaw Family Pediatric Emergency Center. In addition to caring for her young patients in the Emergency Department, Dr. Hall also volunteers considerable time in the community to help prevent unnecessary emergencies as safety is her number one priority. Dr. Hall is always willing to take time out of her busy schedule to guide our emerging citizens through "a day in the life" scenario of our Pediatrics Center. From teaching safety tips and first-aid to local Cub and Girl Scout troops, she is hands-on at the Annual YMCA Healthy Kids Day to answer specific medical questions from local parents. Suburban Hospital is a proud health partner and supporter of Girls on the Run, Montgomery County. Dr. Hall contributes to this initiative by providing monthly health strategies and resources that can be accessed by GORT participants and their parents. This past fall, Suburban hosted a screening of the documentary, *The Invisible Threat,* which highlighted the controversy surrounding childhood immunizations. To no surprise, Dr. Hall was an integral component of the follow-up panel discussion that addressed the importance of vaccinations in preventing childhood disease to concerned parents.

The good news is that Dr. Hall is not alone, hundreds of additional Suburban Hospital medical providers, administrative and operations staff take time out of their work day to improve the health and well-being of our residents. Whether it's treating patients at the MobileMed/NIH Heart Clinic, screening individuals for preventive cancers or educating teens and parents on alcohol abuse, keeping individuals out of the hospital is just as important to providing high quality, compassionate care to those who may need us most.

The business of caring for our community does have a model approach to ensure we are utilizing staff and resources wisely. To stay organized and have the ability to measure positive health outcomes, Suburban, along with the other Montgomery County hospitals have aligned our health needs assessments, prioritization and implementation plans with Healthy Montgomery www.healthymontgomery.org. For FY13, our Community Benefit Report highlighted examples of how we addressed and met specific needs of the six identified health priorities (cardiovascular disease, cancer, diabetes, obesity, behavioral health and maternal and child health) within several of our community benefit service areas throughout the County. For the FY14 report, the health improvement interventions and staff who lead them will be detailed.

To begin, in FY14, Suburban Hospital conducted **2,583** community health improvement programs, screenings, classes, seminars and activities serving **72,776** individuals. Suburban provided **$21,432,492** in community benefit contributions to support the needs of Montgomery County residents.

Read on for more examples of Suburban Hospital's dedication and commitment to caring for our community.

Diabetes Education

In Montgomery County, 7% of residents are diagnosed with diabetes.

Every Thursday, in a donated space at the Johns Hopkins Health Care and Surgery Center on Rockledge Drive in Bethesda, staff from three different organizations come together and care for uninsured and underserved patients who have been diagnosed with endocrine diseases, including Type II Diabetes.

MobileMed., Inc., the National Institute of Diabetes and Digestive and Kidney Diseases and Suburban Hospital joined together in July 2010 to provide expert care to patients through the **MobileMed/NIH Endocrine Clinic at Suburban Hospital**. It was an easy decision to start the clinic given that diabetes is

one of the fastest growing health epidemics in Montgomery County. Located at the Johns Hopkins Health Care and Surgery Center, the clinic gives patients access—at little or no cost—to the specialty care needed to treat endocrine conditions and diseases, including diagnostic tests and examinations. In addition to their specialty medical care, endocrine clinic patients are provided with one-on-one consultations with a Suburban Hospital Registered Dietitian, enabling them to learn proper nutrition to control and monitor their diabetes.

In FY14, the clinic treated nearly 300 patients diagnosed with endocrine diseases such as goiter, hyperthyroidism, and uncontrolled Type II Diabetes. One way of measuring the clinic's success is by monitoring patients' Hemoglobin A1C (HbA1C), which is a blood test that evaluates how well one's diabetes is being controlled. **In FY14, there was an average HbA1C decrease from 8.9% to 7.8% vs. 8.8% to 7.9% in FY13.**

Caption: One of five Suburban dietitians, Rhonda Brandes donates her time and expertise educating diabetic patients on practical approaches to managing their diabetes through proper nutrition and food choices.

Maternal & Child Health

88.3% of students in Montgomery County graduate from high school

Caption: Parenting experts from around the country participate in bi-annual YMCA Parenting workshops supported by Suburban Hospital to share best practice strategies and approaches to raising our youngest residents.

Supporting our area families continues to be a committed priority of Suburban Hospital. Whether treating medical emergencies in our Pediatric Center or partnering with the local YMCA and schools to support vulnerable families throughout the holidays, ensuring a healthy future for our growing population often requires a variable approach.

Educating 1,852 families since 2003, Suburban Hospital has supported 22 YMCA parenting workshops focusing on different challenges facing children and their parents. Parenting experts address timely topics from "Duct Tape Parenting: Making Every Word Count" to "Brave New World: Managing the Internet in the Age of Handheld Devices," helping parents navigate their roles while offering strategies for raising kids. During the seminar, "Duct Tape Parenting," parent educator Vicki Hoefle addressed the trend of "over-parenting" and discussed ways parents can integrate a less-is-more approach to raising children in the 21st century**. Based on her book, she encouraged participants to identify over-parenting attitudes and behaviors while providing strategies for raising children who are respectful, independent, cooperative and engaged.** Attendees had an opportunity to ask specific questions regarding their child's behavior while learning valuable skills and concepts for raising independent and emotional healthy children.

For over twenty years, Suburban employees have supported Montgomery County families' at the most vulnerable time of lives via the **Adopt-a-Family initiative.** Every December, guidance counselors from partner schools such as **Bells Mill, Ashburton, Bethesda, Bradley Hills and Brookhaven elementary** identify specific students with demonstrated need. Families are then matched with hospital departments who volunteer to provide food, clothing and requested household items not only for the student, but for everyone living in the home. For example: One family from Cameroon had only been

settled in the County for a few months. With three small children and one on the way, there were little to no resources in terms of providing holiday items for their children as neither had been able to secure a steady job. Adopted by the Addiction Treatment Center team, the mother was in tears receiving warm winter clothing, among other essential household supplies and food that she would otherwise be unable to afford on her own. The Addiction Treatment staff were equally elated to help the family in a specific moment of need. When asked by the family, "What can we do in return?" Adopt- A-Family coordinator Sara Demetriou replied, "A little goes a long way, when you are able, help a family in need." **In FY14, 16 families were identified, serving over 100 family members comprised of infants, children, adults and the elderly.**

Cardiovascular Health

In Montgomery County, 119.7 deaths per 100,000 people occur due to heart disease

Caption: Caring for MobileMed cardiac patients has been a health priority since the MobileMed/NIH Heart Clinic at Suburban Hospital opened in 2007, totaling more than 3,700 patient visits.

For the past seven years, Suburban Hospital has partnered with Mobile Medical Care, Inc. and the National Heart, Lung and Blood Institute, expanding access to specialty care by providing free cardiovascular diagnostic, interventional, lab and inpatient services with the establishment of a cardiac clinic. At the clinic, qualified patients receive cardiac evaluations, imaging and testing services for little-to-no fee. One night per week, volunteer cardiologists, cardiothoracic surgeons, nurses, echo techs and other staff provide uninsured patients with expert cardiac specialty care at the MobileMed/NIH Heart Center at Suburban Hospital.

As the demand and need for specialty cardiac care increased, The Heart Clinic expanded access to serve eligible patients from additional County safety-net clinics. To date, the Heart Clinic specialty team has cared for **over 3,700 patients** that would otherwise not be available without health insurance. **In FY14, 490 patients visited the clinic. Among them, 28% were diagnosed with hypertension, 20% with chest pain, 18% with previously undiagnosed cardiac murmurs and 6% with coronary atherosclerosis.**

As the Heart Clinic evolves, the continuum of care for patients post heart surgery is an equally important identified priority. "Providing Cardiac Rehab for patients is an ideal component of strengthening patient's health outcomes" stated exercise physiologist Jean-Marie Gallagher, who manages Cardiac Rehab. As a result, **hospital staff organized a heart health t-shirt contest which raised over $4,000 to support free cardiac rehabilitation services to patients** who were identified as high-risk for possible complications without this added resource to supplement their recovery.

For example: One Heart clinic patient benefitting from this continuum of care initiative was a 44 year old male who suffered a heart attack at age 44. He was admitted to the hospital and underwent bypass surgery. Given this specific condition and to enhance recovery, a clinically-supervised exercise program through the hospital's Cardiac Rehabilitation program was initiated. Without health insurance, such specialized rehabilitation has an average cost of $180 per session. In this case, the supplemental costs were covered by the funds raised by hospital employees, who now have very stylish t-shirts and the seed money to help repair the broken hearts of our most vulnerable residents.

In addition: Heart clinic patients are also welcome to take advantage of free Heart Health classes, such as Heart Smarts, as well as nutrition and stress management. These services are an extension of hospital

services offered to the MobileMed/NIH Heart clinic patients, helping them to practice healthy lifestyles long after their cardiac surgery.

Cancer Awareness

124.6 death per 100,000 are due to cancer in Montgomery County

In partnership with the Sidney J. Malawer Memorial Foundation, Suburban Hospital's Cancer Program has offered free skin cancer screenings twice a year to Montgomery County residents since 2007. The screenings give residents the opportunity to be examined by a dermatologist for abnormal skin changes. Fortunately, most of the screenings reveal normal skin health. Volunteer dermatologists Drs. Thomas Yu, Joseph Lee, Roberta Palestine, Brenda Pellicane and Ali Hendi participated in the screenings in FY14, checking community members for potentially abnormal developments. **In FY14, a total of 121 community members attended the skin screenings. Eighteen residents with abnormal results, including possible basal cell or squamous cell carcinoma and melanoma, were referred for further testing.**

8.1% of Montgomery County residents are diagnosed with oral and neck cancers.

Oral, head and neck cancers are the sixth-most common form of cancer in the US, with 40,000 cases diagnosed annually. Smokers and tobacco users are at highest risk for these cancers; however, oral, head and neck cancers in non-smokers are a growing problem. Detecting these cancers early is imperative, so regular screenings are important. Johns Hopkins Head and Neck Cancer Center physician volunteers Drs. Murray Ramanathan, Wade Chien and Clint Allen, along with staff from Suburban's Cancer Center, have participated in yearly head and neck cancer screenings since 2011. **In FY14, of the 25 community members screened, three had abnormal results and were recommended for further follow up with a specialist.**

Caption- Supporting the Montgomery County Cancer Crusade by screening residents for colorectal cancer, Suburban physicians and staff wore blue in March in support of Colorectal Cancer Awareness Month.

Obesity Prevention

55.8% of adults in Montgomery County are overweight or obese

Caption: Dine and Learn participants from Rollingcrest-Chillum Community Center are learning new and creative ways to incorporate healthy foods into their everyday lifestyle with the help of Chef Nadine.

The Suitland Dine & Learn Program **is a monthly health education series available to residents of Suitland and surrounding communities in Prince George's County at no charge.** This important health improvement initiative provides participants with a blood pressure screening, a fitness coach-led exercise demonstration, nutrition counseling by a registered dietician, and a heart healthy cooking demonstration which included nutritious samples and recipes.

A free twice-a-year health assessment, which includes blood pressure screening, weight assessment, total cholesterol screening and waist circumference measurement, revealed improvement by the program's participants.

In FY14, from February 2014 to June 2014, results of the participant's blood pressure included lower systolic reading from 134 (pre-hypertensive) to 120 and a healthy diastolic average reading of 74. Dine & Learn members also lost an average of 7.2 lbs. during this time in addition to lowering their cholesterol from 190.4 to 177.7, a difference of 12.7 points. The cholesterol results complement the weight loss and lower blood pressure, indicating that participants are making healthier lifestyle choices and reducing their risk for obesity and other chronic conditions.

Caption: PICK YOUR POISON! On race day for the GOTR 5K, young runners test their safety knowledge of commonly mistaken items found in the medicine cabinet by guessing the correct "poison."

After school for ten weeks, 3rd through 8th grade girls participate in Girls on the Run (GOTR), a transformational physical activity-based youth program designed to promote healthy habits and an active lifestyle. Learning life skills through dynamic, interactive lessons and running games, the program culminates with the girls being physically and emotionally prepared to complete a celebratory 5k running event.

Supporting our youngest residents, Suburban Hospital has supported a health partnership with Girls on the Run (GOTR) of Montgomery County since April 2012. The hospital provided **136 new pairs of running shoes for girls at Title I Montgomery County Public Schools and offered over $5,000 in CPR and First Aid training to Girls on the Run coaches in FY14.** In addition, hospital employees volunteer their time during the GOTR 5K runs, providing medical treatment, blood pressure screenings and adding a *Pick your Poison* education component that is available to over 5,000 girls and their parents.

Behavioral Health

7.0 % of people aged 12 or older used an illicit drug.

Caption: Through interactive simulation, Suburban's Medical Explorers address balancing and judgment challenges while wearing "beer goggles," demonstrating how alcohol can impair one's vision and decision making ability.

Now, more than ever, youth have to deal with peer pressure. While there isn't just one reason for why a teen would try alcohol and other drugs; several factors can exert significant influence. Either out of curiosity, escapism, peer pressure, boredom, rebellion, availability of substances or continued use because of addiction, teenagers face many difficult choices today. **Behavioral health services have taken the front stage in recent years, not only in Montgomery County but nationally. Suburban Hospital has made it a priority to look for unique approaches to reach our youth.** Traveling to area high schools, Beth Kane-Davidson from Suburban Hospital's Addiction Treatment Center advises teens and parents on the dangers of substance abuse while offering a forum for an open dialogue for parents and their kids. Stressing the importance of good communication, she notes the importance of staying involved in their teen's world by knowing their friends and their friends' parents. Focusing on the fact that parents play a significant role in helping their son and/or daughter navigate the social scene, parents don't realize how important their "guardrails" are for them. She emphasizes to parents how easy accessible and readily available is it for kids to get drugs. This includes prescription drugs. **Over 60% of teens obtain prescriptions drugs from their home medicine cabinet. And if not at home, teens say that it is easy to get substances because they are everywhere-friend's houses, online, at parties, neighbor's houses or at school**.

In FY 14, Addiction Treatment counselors met with 203 adolescents with Medicaid for drug and alcohol treatment, totaling in $8,000 community benefit dollars. In addition, Kane-Davidson and her staff spoke with more than 100 teens and their parents at alcohol awareness programs throughout Montgomery County.

Providing a strong support system for teens is vital. Kane-Davidson offers this last piece of advice-if you suspect your teen might be experimenting, don't wait to intervene. Get professional help. The sooner a teen gets help, the better.

Self-Management Programs

"My life is so enriched, it really encouraged me and motivated me to take better care of myself"

-CDSMP Participant

PROGRAMS

- Chronic Disease Self-Management (CDSMP)
- Diabetes Self-Management (DSMP)

Education

11 Bi-lingual Workshops

Support

617 Encounters

Self-Empowerment

81% Able to better manage stress related to disease

The Village Ambassador Alliance (VAA)

BACKGROUND

Created in October 2016 to support the mission of helping community members improve quality of life and successfully age in place with dignity

6

FORUMS

- Relationship building
- Information sharing
- resource alignment

9

Grants

$ 5,500

WELLNESS GRANTS

- Reducing barriers to expansion
- Providing access to programs
- Increasing engagement by identifying neighbors living in isolation

A Culture Of Health

JOHNS HOPKINS MEDICINE

HEALTH EQUITY

When looking through the HEALTH EQUITY lens, we ensure that everyone has the opportunity to live a healthier life, no matter who they are, where they live, or how much money they make.

HEALTHY BEHAVIORS

When looking through the HEALTHY BEHAVIORS lens, we provide individuals and families with the knowledge and tools to make choices that lead to the healthiest lives possible.

ACCESS TO CARE

When looking through the ACCESS TO CARE lens, we create opportunities to enable and promote connections across health care, social services and public health systems to meet the needs of individuals and communities.

"Transcending the walls of the hospital and making people stars"

Use this simple tool to determine the native language of your patients or their preferred language of communication. Ask your patients to point to the language they speak.

I speak...

Amharic	እኔ አማርኛ እናገራለሁኝ።
Arabic	أنا أتكلم العربية
Burmese	ကျွန်တော်မြန်မာဘာသာစကားပြောပါသည်
Cantonese	我講廣東話。
Farsi	من فارسی صحبت می کنم.
French	Je parle français
Greek	Μιλάω Ελληνικά
Haitian Creole	Mwen pale Kreyòl Ayisyen
Hebrew	אני מדבר/ת עברית
Hindi	मैं हिन्दी बोलता/बोलती हूँ
Japanese	私は、日本語を話します
Korean	저는 한국어를 합니다
Mandarin Chinese	我说汉语
Nepalese	म नेपाली बोल्छु ।
Polish	Mówię po polsku
Portuguese	Eu falo Português
Punjabi	ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹਾਂ।
Russian	Я говорю по-русски
Somali	Af Soomaali baan ku hadlaa
Spanish	Hablo español
Swahili	Nina zungumuza Swahili
Tigrinya	ኣነ ትግርኛ እዛረብ እየ።
Turkish	Türkçe Konuşuyorum
Urdu	میں اردو بولتا ہوں۔
Vietnamese	Tôi nói tiếng Việt

To request interpretation services, call

410-614-4685 (4-INTL)

at any time of day, seven days a week.

JOHNS HOPKINS
MEDICINE

FINANCE JOHNS HOPKINS MEDICINE	Johns Hopkins Medicine Finance **Financial Assistance Policies Manual** **General**	*Policy Number*	PFS039
		Effective Date	10/02/2018
		Approval Date	10/02/2018
	Subject **Financial Assistance for HCGH and SH**	*Page*	1 of 7
		Supersedes Date	02/01/2017

This document applies to the following Participating Organizations:

Howard County General Hospital Suburban Hospital

Keywords: assistance, financial

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I. POLICY

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: Howard County General Hospital (HCGH) and Suburban Hospital (SH).

II. PURPOSE

A. JHHS is committed to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

B. It is the policy of the Johns Hopkins Medical Institutions to provide Financial Assistance based on indigence or excessive Medical Debt for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance can be made, the criteria for eligibility, and the steps for processing each application.

C. JHHS hospitals will publish the availability of Financial Assistance on a yearly basis in their local newspapers, and will post notices of availability at patient registration sites, Admissions/Business Office the Billing Office, and at the emergency department within each facility. Notice of availability will be posted on each hospital website, will be mentioned during oral communications, and will also be sent to patients on patient bills. A Patient Billing and Financial

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Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.

D. Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses. Financial Assistance Applications and medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted so long as other requirements are met.

E. **FINANCIAL ASSISTANCE FOR PHYSICIANS PROVIDING CARE NOTICE:**
Attaches as EXHIBIT D is a list of physicians that provide emergency and medically necessary care as defined in this policy at HCGH and SH. The list indicates if the doctor is covered under this policy. If the doctor is not covered under this policy, patients should contact the physician's office to determine if the physician offers financial assistance and if so what the physicians's financial assistance policy provides.

III. DEFINITIONS

Medical Debt	Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the JHHS hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles unless the patient purchased insurance through a Qualified Health Plan and meets eligibility requirements. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay(opting out of insurance coverage, or insurance billing)
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of $150,000 in equity in patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans.
Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.
Medically Necessary Care	Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports, Explanation of Benefits to support Medical Debt.

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Qualified Health Plan	Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each marketplace in which it is sold.

IV. PROCEDURES

A. An evaluation for Financial Assistance can begin in a number of ways:
   1. For example:
      a. A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
      b. A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
      c. A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.

B. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.

C. Designated staff may meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
   1. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process each applicant must provide information about family size and income, as defined by Medicaid regulations. To help applicants complete the process, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.
   2. Applications received will be sent to the JHHS Revenue Cycle Management Department for review; a written determination of probable eligibility will be issued to the patient.
   3. At Howard County General Hospital (HCGH), complete applications with all supporting documentation submitted at the hospital are approved via the appropriate signature authority process. Once approved and signed off on, the approved applications will be sent to the JHHS Revenue Cycle Management Department's to mail patient a written determination of eligibility.

D. To determine final eligibility, the following criteria must be met:
   1. The patient must apply for Medical Assistance or insurance coverage through a Qualified Health Plan and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
   2. All insurance benefits must have been exhausted.

E. To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS. The patient is required to provide the following:
   1. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).
   2. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).

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3. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
4. A Medical Assistance Notice of Determination (if applicable).
5. Proof of disability income (if applicable).
6. Reasonable proof of other declared expenses.
7. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO (HCGH) or Director of RCM and/or CFO Suburban Hospital (SH) to determine if additional information is necessary.
8. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...

F. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a JHHS hospital, unless the patient purchased insurance through a Qualified Health Plan and meets eligibility requirements. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Revenue Cycle Management Department for final determination of eligibility based on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle for review and final eligibility based upon JHMI guidelines.
   1. If the application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward the application and attachments for reconsideration to the CFO (HCGH) or Director PFS and CFO (SH) for final evaluation and decision.
   2. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and CFO (HCGH) or Director RCM and CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and CFO (HCGH) or Director RCM and CFO (SH) will base their determination of financial need on JHHS guidelines.

G. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.

H. Services provided to patients registered as Voluntary Self Pay do not qualify for Financial Assistance.

I. A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) may continue to use a government-sponsored application process and associated income scale.

J. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. If patient is approved for a percentage allowance due to financial hardship it is recommended that the patient makes a good-faith payment at the beginning of the Financial Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.

K. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside

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agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is either a partial a 100% writeoff of the account balance dependent upon income and FPL amounts. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patients representative requests an additional 30 days.

Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.

L. Financial Assistance Applications may only be submitted for/by patients with open and unpaid hospital accounts.

M. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application (Exhibit A) unless they meet Presumptive Financial Assistance Eligibility criteria (see Appendix A-1). If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Director of Revenue Cycle and CFO (HCGH) or Director RCM and CFO (SH). Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

N. Patients who receive coverage on a Qualified Health Plan and ask for help with out of pocket expenses (co-payments and deductibles) for medical costs resulting from medical necessary care shall be required to submit a Financial Assistance Application if the patient is at or below 200% of Federal Poverty Guidelines.

O. If a patient account has been assigned to a collection agency, and patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency shall notify RCM and shall forward the patient/ guarantor a financial assistance application with instructions to return the completed application to RCM for review and determination and shall place the account on hold for 45 days pending further instruction from RCM.

P. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding $25. If hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to 30 days from the date of initial request for information. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.

Q. This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. Johns Hopkins will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

R. Actions JHHS hospitals may take in the event of non-payment are described in a separate billing and collections policy (PFS046). To obtain a free copy of this policy, please contact Customer Service at 1-855-662-3017 (toll free) or send an email to pfscs@jhmi.edu or visit a Financial Counselor in the Admission Office of any JHHS Hospital.

V. REFERENCE

JHHS Finance Policies and Procedures Manual

- Policy No.PFS120 - Signature Authority: Patient Financial Services
- Policy No.PFS034 - Installment Payments

Charity Care and Bad Debts, AICPA Health Care Audit Guide

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Code of Maryland Regulations COMAR 10.37.10.26, et seq
Maryland Code Health General 19-214, et seq
Federal Poverty Guidelines (Updated annually) in Federal Register

NOTE: Standardized applications for Financial Assistance, Patient Profile Questionnaire and Medical Financial Hardship have been developed. For information on ordering, please contact the Patient Financial Services Department. Copies are attached to this policy as Exhibits A, B and C.

VI. RESPONSIBILITIES– HCGH, SH

A. Financial Counselor (Pre-Admission/Admission/In-House/ Outpatient) Customer Service Collector Admissions Coordinator
Any Finance representative designated to accept applications for
1. Understand current criteria for Assistance qualifications.
2. Identify prospective patients; initiate application process when required. As necessary assist patient in completing application or program specific form.
Financial Assistance
On the day preliminary application is received, send to Revenue Cycle Management Department's for determination of probable eligibility.
3. Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), if submitted, to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments.
4. If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Management Personnel for review.
5. Review and ensure completion of final application.
6. Deliver completed final application to appropriate management.
7. Document all transactions in all applicable patient accounts comments.
8. Identify retroactive candidates; initiate final application process.

B. Management Personnel (Supervisor/Manager/Director)
1. Review completed final application; monitor those accounts for which no application is required; determine patient eligibility; communicate final written determination to patient within 30 business days of receiving completed application. If patient is eligible for reduced cost care, apply the most favorable reduction in charges for which patient qualifies.
2. Advise ineligible patients of other alternatives available to them including installment payments, bank loans, or consideration under the Medical Financial Hardship program if they have not submitted the supplemental application, Exhibit C. [Refer to Appendix B - Medical Financial Hardship Assistance Guidelines.]
3. Notices will not be sent to Presumptive Eligibility recipients.

C. Financial Management Personnel (Senior Director/Assistant Treasurer or affiliate equivalent)
CP Director and Management Staff
1. Review and approve Financial Assistance applications and accounts for which no application is required and which do not write off automatically in accordance with signature authority established in JHHS Finance Policy No. PFS120- Signature Authority: Patient Financial Services.

VII. SPONSOR

- CFO (HCGH, SH)
- Director of Revenue Cycle (HCGH)
- Director, PFS (SH)

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VIII. REVIEW CYCLE

Two (2) years

IX. APPROVAL

Electronic Signature(s)	Date
Mike Larson SVP Finance/Chief Financial Officer, JHHS; VP Finance/ Chief Financial Officer, JHHC; Exec. JHHS FIN	10/02/2018

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PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET
Johns Hopkins Medicine
The Johns Hopkins Hospital
Johns Hopkins Bayview Medical Center
Howard County General Hospital
Suburban Hospital

The Johns Hopkins Medical Institutions are committed to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

Summary of Eligibility Requirements and Assistance Offered

It is the policy of the Johns Hopkins Medical Institutions to provide financial assistance based on indigence or excessive medical debt for patients who meet specified financial criteria and request such assistance.

The hospital offers financial assistance to certain individuals under a Financial Assistance Policy. If you are unable to pay for medical care, you may qualify for Free or Reduced-Cost Medically Necessary Care if you:

- Are a U.S. citizen or permanent resident living in the U.S. for a minimum of one year (not required for Suburban Hospital or Howard County General Hospital)
- Have no other insurance options
- Have been denied medical assistance or fail to meet all eligibility requirements
- Meet specific financial criteria

No individual who is eligible for financial assistance under the Financial Assistance Policy will be charged more for emergency or other medically necessary care than the amounts generally billed (AGB).

Summary of how to Apply for Assistance under the Financial Assistance Policy

To obtain free copies of the hospital's Financial Assistance Policy and Application, and for instructions on how to apply, please visit our website at: https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance or visit a Financial Counselor in the Admission Office of the hospital. To obtain a free copy of the Financial Assistance Policy and Application by mail, call 443-997-3370 (local) or 1-855-662-3017 (toll free) to request a copy or submit a written request to Johns Hopkins Health System, Customer Service – Financial Assistance, 3910 Keswick Road, S-5300, Baltimore, MD 21211.

Please call Customer Service at 443-997-3370 (local) or 1-855-662-3017 (toll free) or send an email to pfscs@jhmi.edu or visit a Financial Counselor in the Admission Office of the hospital with questions concerning:

- The Financial Assistance Policy and Application
- Your hospital bill
- Your rights and obligations with regard to your hospital bill

- Your rights and obligations with regard to reduced-cost, medically necessary care due to financial hardship
- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance or other programs that may help pay your medical bills

Language translations for the Financial Assistance Policy and all related documentation can be found on our website at: https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance

Maryland Medical Assistance

You may also qualify for Maryland Medical Assistance. For information about Maryland Medical Assistance contact your local department of Social Services at 1-800-332-6347 (TTY 1-800-925-4434) or visit: www.dhr.state.md.us

Billing Rights and Obligations

Not all medical costs are covered by insurance. The hospital makes every effort to see that you are billed correctly. It is up to you to provide complete and accurate information about your health insurance coverage when you are brought in to the hospital or visit an outpatient clinic. This will help make sure that your insurance company is billed on time. Some insurance companies require that bills be sent in soon after you receive treatment or they may not pay the bill. Your final bill will reflect the actual cost of care minus any insurance payment received and/or payment made at the time of your visit. All charges not covered by your insurance are your responsibility.

If you do not qualify for Maryland Medical Assistance or financial assistance under the Financial Assistance Policy, you may be eligible for an extended payment plan for your medical bill.

Physician charges are not included in hospital bills and are billed separately.
Johns Hopkins is simplifying our billing statement. For services after July 23, 2018, you will receive one bill for your care at Johns Hopkins Health System (excluding Behavioral Health). However, you may still receive multiple bills for services received prior to July 23, 2018, until those balances are paid from hospital-based physicians like anesthesiologists, pathologists, as well as from private community physicians.

Appendix B: Free or Reduced Cost Care Financial Assistance Grid

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES Effective 2/1/18						
# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	**$24,280**	$26,708	$29,136	$31,564	$33,992	$36,420
2	**$32,920**	$36,212	$39,504	$42,796	$46,088	$49,380
3	**$41,560**	$45,716	$49,872	$54,028	$58,184	$62,340
4	**$50,200**	$55,220	$60,240	$65,260	$70,280	$75,300
5	**$58,840**	$64,724	$70,608	$76,492	$82,376	$88,260
6	**$67,480**	$74,228	$80,976	$87,724	$94,472	$101,220
7	**$76,120**	$83,732	$91,344	$98,956	$106,566	$114,180
8*	**$84,760**	$93,236	$101,712	$110,188	$118,664	$127,140
**amt for each member	$8,640	$9,504	$10,368	$11,232	$12,906	$12,960
Allowance to Give:	100%	80%	60%	40%	30%	20%

*200% of Poverty Guidelines
**For family units with more than eight (8) members

EXAMPLE: Annual Family Income $57,000
# of Persons in Family 4
Applicable Poverty Income Level $50,200
Upper Limits of Income for Allowance Range $60,240 (60% range)
($57,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

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PART THREE: AMENDMENTS

Question

In the section where you describe your hospital's CB initiatives, you selected a number of needs that were not selected in the CHNA section. Did you intend to select these needs as having been identified in your CHNA?

Answer

In addition to selecting Community Benefit initiatives outlined in questions (Q) 71, 89 and 107, it was interpreted to not only select the needs in the CHNA section, but also to include those secondary needs that are linked to each of the initiatives. For example, in the CHNA section (Q 49); heart disease and stroke were identified. Then, when documenting in (Q 89) additional needs were also selected such as: access to health services: health insurance, quality of life, social determinants of health, obesity and access to specialty healthcare as an assumed correlation to conducting our health improvement approach to addressing heart disease and stroke.

Question

In Initiative 2, when describing the evidence your hospital uses to determine the effectiveness of the initiative, you selected "Assessment of environmental change." Are you able to provide more detail about this measure?

Answer

"Mis-Click" when checking the other box: In review of the selections that were made, it has come to our attention, thanks to you, that this was an error on our part. During the time we were preparing the narrative formulary, the web-based program was running extremely slow and in trying to advance to the next section, the "Assessment of environmental change" box was selected in error. This was an oversight on our part. Thank you again for bringing this to our attention. We did experience quite a bit of frustration in the nimbleness of the document and this same issue happened to us several times during the program interface. Clearly, a few glitches went undetected.

Question

In Initiative 3, when describing the evidence your hospital uses to determine the effectiveness of the initiative, you selected "Assessment of workforce development." Are you able to provide more detail about this measure?

Answer

"Mis-Click" when checking the other box: In review of the selections that were made, it has come to our attention, thanks to you, that this was an error on our part. During the time we were preparing the narrative formulary, the web-based program was running extremely slow and in trying to advance to the next section, the "Assessment of workforce development" box was

selected in error. This was an oversight on our part. Thank you again for bringing this to our attention. We did experience quite a bit of frustration in the nimbleness of the document and this happened to us several times during the program interface. Clearly, a few glitches went undetected.