Q1.

Introduction:

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. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. 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. ## Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Anne Arundel Medical Center	◉	○	
Your hospital's ID is: 210023	◉	○	
Your hospital is part of the hospital system called None - Independent Hospital.	◉	○	

Q4. 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.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

AAMC uses the Community Health Needs Assessments for Anne Arundel, Prince George's and Queen Anne's Counties to identify under-served areas. The links are as follows: https://www.aahealth.org/wp-content/uploads/2018/01/CHNA2015-.pdf https://www.princegeorgescountymd.gov/Archive.aspx?AMID=114&Type=&ADID= https://pophealth.health.maryland.gov/Documents/Resources/MidShore%20CHNA%202016-2019.pdf Local county health departments also provide health statistics: https://www.aahealth.org/statistics-reports/ https://www.princegeorgescountymd.gov/2561/Data-Reports AAMC also uses the following Maryland program web sites to access data: Maryland State Health Improvement Process (SHIP) measures http://ship.md.networkofcare.org/ph/ MD Vital Statistics Administration http://dhmh.maryland.gov/vsa/Pages/home.aspx The Maryland Report Card http://www.mdreportcard.org Community Health indicators http://wwwn.cdc.gov/communityhealth AAMC uses a variety of other data sources: CRISP and discharge information are also use to identify target populations at risk for re-admission. Nielsen Inc. County Data www.countyhealthrankings.org http://queenannes.md.networkofcare.org

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q7. ## Section I - General Info Part 2 - Community Benefit Service Area

Q8. 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 |

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

☐ 20701	☐ 20776	☐ 21062	☑ 21146
☐ 20711	☐ 20778	☐ 21076	☐ 21225
☐ 20714	☐ 20779	☐ 21077	☐ 21226
☐ 20724	☐ 20794	☐ 21090	☐ 21240
☐ 20733	☑ 21012	☐ 21106	☑ 21401
☐ 20736	☑ 21032	☐ 21108	☐ 21402
☐ 20751	☐ 21035	☑ 21113	☑ 21403
☐ 20754	☑ 21037	☐ 21114	☐ 21404
☐ 20755	☑ 21054	☑ 21122	☐ 21405
☐ 20758	☐ 21056	☐ 21123	☑ 21409
☐ 20764	☑ 21060	☐ 21140	☐ 21411
☐ 20765	☑ 21061	☑ 21144	☐ 21412

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

☐ 20233	☐ 20710	☐ 20742	☐ 20772
☐ 20389	☐ 20712	☐ 20743	☐ 20773
☐ 20395	☑ 20715	☑ 20744	☐ 20774
☐ 20588	☑ 20716	☐ 20745	☐ 20775
☐ 20599	☐ 20717	☐ 20746	☐ 20781
☐ 20601	☐ 20718	☐ 20747	☐ 20782
☐ 20607	☐ 20720	☐ 20748	☐ 20783
☐ 20608	☐ 20721	☐ 20749	☐ 20784
☐ 20613	☐ 20722	☐ 20750	☐ 20785
☐ 20616	☐ 20724	☐ 20752	☐ 20790
☐ 20623	☐ 20725	☐ 20753	☐ 20791
☐ 20703	☐ 20726	☐ 20757	☐ 20792
☐ 20704	☐ 20731	☐ 20762	☐ 20799
☐ 20705	☐ 20735	☐ 20768	☐ 20866
☐ 20706	☐ 20737	☐ 20769	☐ 20903
☐ 20707	☐ 20738	☐ 20770	☐ 20904
☐ 20708	☐ 20740	☐ 20771	☐ 20912
☐ 20709	☐ 20741		

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

☐ 21607	☐ 21638	☐ 21657
☐ 21617	☐ 21640	☐ 21658
☐ 21619	☐ 21644	☑ 21666
☐ 21620	☐ 21649	☐ 21668
☐ 21623	☐ 21651	☐ 21670
☐ 21628	☐ 21656	☐ 21679

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

☑ 21601	☐ 21653	☐ 21665
☐ 21612	☐ 21654	☐ 21671
☐ 21624	☐ 21657	☐ 21673
☐ 21625	☐ 21662	☐ 21676
☐ 21647	☐ 21663	☐ 21679
☐ 21652		

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

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. 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.

☑ Based on patterns of utilization. Please describe.

> AAMC defines the CBSA as the primary service area for AAMC in which the HSCRC identified the zip codes that compose the highest number of in-patient discharges. In addition, AAMC provides community benefit programs in locations of our ambulatory offices.

☐ Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

> See Community Health Needs Assessment reports and data include in previous section.

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

> https://www.aahs.org/About-Us/AAMC-Experience/Mission,-Vision-and-Values/

Q37. Is your hospital an academic medical center?

○ Yes
● No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

For additional information about AAMC, refer to: https://www.aahs.org/uploadedFiles/Contents/Hot_Documents/18-MARK-0651%20-%20AAMC%20Fact%20Sheet_update(2)-FINAL.pdf

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- ◉ Yes
- ○ No

Q42. 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.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

02/23/2016

Q44. Please provide a link to your hospital's most recently completed CHNA.

https://www.aahealth.org/wp-content/uploads/2018/01/CHNA2015-.pdf

Q45. Did you make your CHNA available in other formats, languages, or media?

- ◉ Yes
- ○ No

Q46. Please describe the other formats in which you made your CHNA available.

Our CHNA is available on line at the link listed above. AAMC also makes written copies available to the public as requested. Last, a summary report is made available electronically and in print formats. NOTE: The 2016-2019 CHNA was used for the FY2019 Community Benefit Report submission since the corresponding implementation plan addressed needs through FY19. The most recent CHNA was completed and published during the spring, 2019 (FY2019) and the corresponding implementation plan addressed the needs for FY20-22.

Q47. Section II - CHNA Part 2 - Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities									Other - If you selected "Other (explain)," please type your expla below:
	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)	
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)		☑									
Senior Executives (CEO, CFO, VP, etc.) (facility level)				☑	☑	☑	☑			☑	
Senior Executives (CEO, CFO, VP, etc.) (system level)		☑									
Board of Directors or Board Committee (facility level)										☑	Approved CHNA and Implementation Plan.
Board of Directors or Board Committee (system level)		☑									
Clinical Leadership (facility level)				☑	☑		☑				
Clinical Leadership (system level)		☑									
Population Health Staff (facility level)			☑	☑	☑	☑	☑	☑	☑		
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)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	☐	☑	☐	☑	☑	☐	☐	☐	
Nurse(s)	☐	☐	☐	☑	☐	☑	☑	☑	☐	☐	
Social Workers	☐	☐	☐	☑	☐	☑	☑	☑	☐	☐	
Community Benefit Task Force	☐	☐	☐	☑	☐	☑	☑	☑	☐	☐	
Hospital Advisory Board	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Our patient family advisory council receives updates about C
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q50. 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 in the 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: UM- Baltimore Washington Medical Center	☐	☑	☑	☑	☑	☑	☐	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Anne Arundel County Department of Health	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Anne Arundel	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the 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: Anne Arundel Department of Aging and Disabilities	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Anne Arundel County Partnership for Children, Youth and Families	☐	☑	☑	☑	☑	☑	☐	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the 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:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Anne Arundel County Mental Health Agency	☐	✔	✔	☐	✔	✔	✔	☐	☐	
Social Service Organizations -- Please list the organizations here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: YWCA of Central MD	☐	☐	☐	☐	✔	☐	✔	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Anne Arundel County Fire Department	☐	☐	☐	☐	☐	✔	☐	☐	☐	

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
◯ No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

09/30/2016

Q54. Please provide a link to your hospital's CHNA implementation strategy.

http://aamcvekpsauth/uploadedFiles/Contents/Community%20Health%20Needs%20Assessment%20Implementation%20Plan%202016.pdf

Q55. 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.

Q56. 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
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☑ Behavioral Health, including Mental Health and/or Substance Abuse
- ☑ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, Including Alzheimer's Disease
- ☑ Diabetes
- ☐ Disability and Health
- ☐ Educational and Community-Based Programs

- ☑ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☐ Health Literacy
- ☑ Health-Related Quality of Life & Well-Being
- ☐ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☑ Maternal & Infant Health
- ☑ Nutrition and Weight Status
- ☑ Older Adults

- ☐ Oral Health
- ☑ Physical Activity
- ☑ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☑ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☐ Housing & Homelessness
- ☐ Transportation
- ☐ Unemployment & Poverty
- ☑ Other Social Determinants of Health
- ☐ Other (specify) [_____]

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

In 2013, the identified needs were obesity/ overweight, cancer, mental health/ substance use, chronic disease (heart disease and diabetes), services for un-insured and under-insured, access to care, and health disparity. In 2016, there were over 50 health needs communicated in the assessment. While many of the needs overlap or are needs we currently address, it was important to prioritize needs to support a strategic framework, maximize resources, and have an impact. Through a very structured strategic prioritization process, AAMC prioritized the following as health needs we would address: improved community based care-coordination, expansion of mental health/ substance use, senior care/ palliative care, infant mortality, and improved resource planning for regional health disparities. The health needs identified in 2013 still exist in the County. Healthy Anne Arundel Coalition (LHIC) includes workgroups to address obesity prevention, access to care, and mental health/substance use. AAMC continues to support those efforts by allocating resources to the LHIC. As a hospital, our focus us to address improved care coordination, chronic disease management, reduce re-admissions and un-necessary utilization, expand mental health and substance use programs, align with local end of life programs, and implement efforts to reduce infant mortality. We monitor our progress through stratified metrics that include race, ethnicity, and gender. AAMC either directly addresses or collaborates with community organizations to address the prioritized health needs in the County. AAMC's prioritized health needs are very similar to the needs that UMBWMC chose. Currently, the hospitals are collaborating on the BATP project which addresses improved care conditions, behavioral health, access to palliative care, and providing resources and support to the vulnerable communities. Both hospitals co-chair the LHIC, with the Health Officer serving as Chair of the committee. All organizations are committed to partnering and supporting the initiatives of the LHIC. Specifically, the needs are obesity, behavioral health, and access to care. AAMC provides staff to all sub-committees and support as needed to promote their work. The health department has taken the lead on these initiatives (all outlined in the CHNA) since they are public health measures.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

NOTE: For the purposes of the FY18 Community Benefit report, AAMC is using the FY16 Community Health Needs Assessment. Although, the FY2019-2021 CHNA was released during February, 2019, the implementation plans to address the health needs for that assessment were not developed and Board approved until June, 2019. There were several key partners involved in the collaboration and planning process for the FY2016 CHNA. Each organization utilized the CHNA for its own purpose, but the partners collaborate to extend the work of the LHIC (Healthy Anne Arundel Coalition). The LHIC has identified obesity prevention, behavioral health, and access to care as their prioritized health needs. Each need has a dedicated committee to establish objectives, develop work plans, identify and allocate necessary resources etc. Each partner has leadership roles on the LHIC Steering Committee and/or subcommittees. We assist with providing resources, oversight, etc. to achieve the goals of each subcommittee. Other partners include key LHIC members such as Anne Arundel County Department of Recreation and Parks, Anne Arundel Community College, Anne Arundel County Department of Social Services, Anne Arundel County Public Schools, Office of Economic Development, Care First/ Blue Cross Blue Shield, the Office of the Mayor of the City of Annapolis, and the NAACP. Together, the organizations can exchange ideas, maximize resource allocation, develop a county-wide program, and work together to meet targeted goals. There is a collaborative working arrangement in the County. Specifically, each April, the County hosts Healthy Anne Arundel Month. Each organization has the opportunity to showcase programs that reduce the health needs of the County. This increases awareness and fosters community. Refer to the link provided for specific detail on data collection and findings.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Participants

Q61. 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										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)	
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☑	☑	☐	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	The Board approved the CBR and activities.
Board of Directors or Board Committee (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☐	☐	☐	☐	☑	☐	
Clinical Leadership (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Population Health Staff (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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 staff (facility level)	☐	☐	✔	✔	✔	☐	☐	✔	✔	☐	
Community Benefit staff (system level)	☐	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	✔	✔	☐	☐	☐	☐	✔	☐	
Nurse(s)	☐	☐	✔	✔	✔	✔	✔	✔	✔	☐	
Social Workers	☐	☐	✔	✔	✔	☐	☐	✔	✔	☐	
Community Benefit Task Force	☐	☐	✔	✔	✔	✔	✔	☐	✔	☐	
Hospital Advisory Board	☐	☐	☐	☐	☐	☐	☐	☐	☐	✔	The patient advisory council provides input to initiatives.
Other (specify) [ ]	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q63. 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: UM-BWMC	✔	✔	☐	☐	✔	☐	✔	✔	☐	Bay Are Transformation Project

Organization	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: Anne Arundel County Department of Health									☑	Provided input to initiatives
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Anne Arundel									☑	The coalition provided leadership in obesity prevention. behavioral health and access to care initiatives. AAMC provided some funding.
Maryland Department of Health	☑									
Maryland Department of Human Resources	☑									
Maryland Department of Natural Resources	☑									
Maryland Department of the Environment	☑									
Maryland Department of Transportation	☑									
Maryland Department of Education	☑									
Area Agency on Aging -- Please list the agencies here: Anne Arundel Department of Aging and Disabilities							☑			
Local Govt. Organizations -- Please list the organizations here: Partnership for Children, Youth and Families							☑			
Faith-Based Organizations							☑			

School - K-12 -- 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 - 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:

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:

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:
Arundel Lodge, Anne Arundel County Department for Mental 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:
☐	☐	☐	☐	☐	☐	☑	☐	☐	

Social Service Organizations -- Please list the organizations 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:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Post-Acute Care Facilities -- please list the facilities 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:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Community/Neighborhood Organizations -- Please list the organizations 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:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

		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:		☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:		☑	☐	☐	☐	☐	☐	☐	☐	☐	

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

☑ Yes, by the hospital's staff

☐ Yes, by the hospital system's staff

☑ Yes, by a third-party auditor

☐ No

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

◉ Yes

○ No

Q67. Please describe the community benefit narrative audit process.

> The Department of Community Health maintains the on-going operations review, communication and documentation of CB activities. The Community Outreach Steering Committee includes a group of educators across the organization (cancer prevention/ smoking cessation, women's health, Pathways/ substance use prevention, dietitians, community health nurses, and health educators) who meet monthly and they report regularly on past activities and future opportunities for community education and outreach. They identify populations and geographic areas in need and topics of interest. This group is responsible for implementing many of the community benefit activities across the organization. They maintain on-going communication within AAMC and the community. The second committee includes a leadership task force that meets 2 -3 times per year to outline strategic objectives for community benefit expense. This group identifies strategic priorities based on the Community Health Needs Assessment (CHNA) and the Annual Operating Plan (AOP). They ensure that community benefit, the AOP and the CHNA are in alignment. The group also audits the financial and narrative portions of the Community Benefit report. Last, it is responsible to coordinate information dissemination to the Board for reporting and approval processes. Senior leadership (CEO, CFO, CSO, COO, CNO, CMO) reviews and approves the narrative and spreadsheet prior to submission to the HSCRC. The Board of Trustees completes the review of the narrative and spreadsheet in January (the month after submission). The spreadsheet is included as part of the financial audit process that the hospital undergoes annually and 990 Form submission to the IRS annually.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

◉ Yes

○ No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

◉ Yes

○ No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

◉ Yes

○ No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

AAMC's mission is to enhance the health of the people it serves. It is also guided by its core principles of compassion, trust, dedication, quality, innovation, diversity and collaboration. In February 2010, the Governing Board adopted a 10-year strategic plan and outlined a vision of Living Healthier Together." That means that the care that AAMC provides is centered on the patient. AAMC operates beyond the walls of the hospital and serves a broad geography and diverse population of patients. Our work builds on partnerships, relationships and connectivity. We hold shared accountability among patients, physicians, hospital, employees and community. We are driven by standards based on evidence and outcomes while remaining viable, cost-effective, and responsible. AAMC uses a strategic planning framework that categorized 35 initiatives into 5 strategic goal areas (Quality, Community Health, Workforce, Growth, and Finance). This is reviewed annually by senior leadership, clinical leadership, and administrative leadership to identify opportunities for growth and health improvement through planning retreats, meetings, and data analysis. These initiatives were chosen based on their ability to have significant impact on the care of patients and the community; improve health, increase quality, reduce costs, and strengthen workforce. Leaders identify Community Benefit through the strategic initiatives and report the data and information to Department of Community Health Improvement for collection and analysis. Community Health tracks the data and reports monthly to leadership through the True North Metrics process.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

https://www.aahs.org/uploadedFiles/Contents/Eyebrow/About_Us/Promos/V20-brochure-FINAL-web3.pdf

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

AAMC provides leadership to the Healthy Anne Arundel Coalition (LHIC). The CHNA is an ad-hoc committee of Healthy Anne Arundel. We partner with community organizations through Healthy Anne Arundel to collaborate and extend the work of the Healthy Anne Arundel Coalition. The LHIC has identified obesity prevention, behavioral health, and access to care as their prioritized health needs. Each need has a dedicated committee to establish objectives, develop work plans, identify and allocate necessary resources etc. Each partner has leadership roles on the LHIC Steering Committee and/or subcommittees. We assist with providing resources, oversight, etc. to achieve the goals of each subcommittee. Other partners include key LHIC members such as Anne Arundel County Department of Recreation and Parks, Anne Arundel Community College, Anne Arundel County Department of Social Services, Anne Arundel County Public Schools, Office of Economic Development, Care First/ Blue Cross Blue Shield, the Office of the Mayor of the City of Annapolis, and the NAACP. Together, the organizations can exchange ideas, maximize resource allocation, develop a county-wide program, and work together to meet targeted goals. There is a collaborative working arrangement in the County. Specifically, each April, the County hosts Healthy Anne Arundel Month. Each organization has the opportunity to showcase programs that reduce the health needs of the County. This increases awareness and fosters community. There is additional information included in this report about collaboration in the community through the LHIC for the purposes of CHNA planning, strategy, and community benefit spending.

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. 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.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Community Care Coordination for Patients with Chronic Disease

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

◉ Yes
◯ No

Q81. In your most recently completed CHNA, the following community health needs were identified:
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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Environmental Health, Health-Related Quality of Life & Well-Being, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Tobacco Use, Other Social Determinants of Health Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☑ Access to Health Services: Health Insurance   ☑ Heart Disease and Stroke

☑ Access to Health Services: Practicing PCPs   ☐ HIV

☐ Access to Health Services: Regular PCP Visits   ☐ Immunization and Infectious Diseases

☐ Access to Health Services: ED Wait Times   ☐ Injury Prevention

☐ Access to Health Services: Outpatient Services   ☐ Lesbian, Gay, Bisexual, and Transgender Health

☐ Adolescent Health   ☐ Maternal and Infant Health

☐ Arthritis, Osteoporosis, and Chronic Back Conditions   ☑ Nutrition and Weight Status

☑ Behavioral Health, including Mental Health and/or Substance Abuse   ☑ Older Adults

☑ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☑ Chronic Kidney Disease	☑ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☑ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☑ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☑ Other Social Determinants of Health
☑ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q82. When did this initiative begin?

> 07/01/2016

Q83. Does this initiative have an anticipated end date?

○ No, the initiative has no 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.

> This initiative is an on-going multi-year program that has no end date. However, it is anticipated that the program will change and additional revenue streams will be sought.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

> The target population includes patients with various chronic disease such as CHF, COPD, diabetes, and cancer. Many have mental health and/or substance use as co-morbid diseases as well. They are often high utilizers of the healthcare system (not just at AAMC) and are at high risk of re-admission due to their disease and how they are affected by social determinants of health.

Q85. Enter the estimated number of people this initiative targets.

179,000

Q86. How many people did this initiative reach during the fiscal year?

4,000

Q87. 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.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

- ⦿ Yes. Please describe who was involved in this initiative.

  DSS
  The Coordinating Center
  Department of Aging and Disabilities
  (Anne Arundel, Queen Anne's, Prince
  George's Counties)
  UM-BWMC
  CRISP Care Management Services by
  Johns Hopkins Healthcare
  Healthy Anne Arundel Coalition

- ◯ No.

Q89. Please describe the primary objective of the initiative.

Reduce un-necessary utilization and charges for chronic disease patients who frequent acute care settings and improve the self management skills of these patients and families (caregivers).

Q90. Please describe how the initiative is delivered.

In a collaborative setting, AAMC refers patients at discharge from the in-patient setting to community based programs who can address social determinants of health (see partners above). Ambulatory physicians in the AAMC Collaborative Care Network refer at-risk patients to our out-patient care coordination program who also refer patients to community based programs who can address social determinants of health (see partners above). Patients are followed through an out-patient care coordination process to address medical and non-medical needs. This fiscal year, AAMC implemented a follow up system for all discharged patients to determine if additional health is required to address medical and non-medical needs (e.g., appointment setting, obtaining medications, understanding care instructions). AAMC also supports disease specific navigators to assist patients with social needs (Pulmonary disease). AAMC also pays for medical transportation and some medications for patients with medical and financial needs.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑ Count of participants/encounters | Number of patients assisted
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☐ Surveys of participants
- ☐ Biophysical health indicators
- ☐ Assessment of environmental change
- ☐ Impact on policy change
- ☑ Effects on healthcare utilization or cost | Re-admissions and reductions in expenses for patient populations .
- ☐ Assessment of workforce development
- ☐ Other

Q92. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Shorter interactions between health coaches and patients (30 day) were more effective in reducing costs and patient visits than longer interactions between nurses and patients (60 day).

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

Community based care managers work with individual patients to link them to community resources for housing, transportation, affordable medications, health insurance etc. The 2016 Community Health Needs Assessment states that community based care coordination was a lacking service in Anne Arundel County. AAMC also provides financial support to patients for transportation and medication costs as well to under-served patients who qualify.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Total Hospital Expenses = $808,660.72

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Substance Use Prevention/ Recovery

Q98. Does this initiative address a need identified in your most recently completed CHNA?

◉ Yes
◯ No

Q99. In your most recently completed CHNA, the following community health needs were identified:
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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Environmental Health, Health-Related Quality of Life & Well-Being, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Tobacco Use, Other Social Determinants of Health Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☑ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth

☐ Disability and Health		☐ Tobacco Use
☐ Educational and Community-Based Programs		☐ Violence Prevention
☐ Environmental Health		☐ Vision
☐ Family Planning		☐ Wound Care
☐ Food Safety		☐ Housing & Homelessness
☐ Global Health		☐ Transportation
☐ Health Communication and Health Information Technology		☐ Unemployment & Poverty
☐ Health Literacy		☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being		☐ Other (specify) [_____]

Q100. When did this initiative begin?

07/01/2016

Q101. Does this initiative have an anticipated end date?

- ◉ No, the initiative does not 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.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

AAMC is committed to prevention, treatment and recovery of substance use disorders. We have developed an education program targeted to students and residents in our service area, specifically focusing our efforts in Anne Arundel County. In addition, our Pathways Treatment facility provides charity care for patients who do not have insurance. Our substance use treatment team has developed recovery programs (open to anyone in recovery, not just Pathways Patients) to provide support for individuals and families. The programs target high school students and adults who are at -risk for substance abuse, and patients/ families in recovery.

Q103. Enter the estimated number of people this initiative targets.

80,000

Q104. How many people did this initiative reach during the fiscal year?

10,000

Q105. 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.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

- ⦿ Yes. Please describe who was involved in this initiative.

  Anne Arundel County Department of Health (LHIC and providers),Anne Arundel County Public School System, Anne Arundel Mental Health Agency, Anne Arundel County Mobile Crisis Unit, Arundel Lodge, private providers (14 in total), commercial insurances.

- ○ No.

Q107. Please describe the primary objective of the initiative.

(1) Expand education and awareness about substance use disorders to high school students and adults (2) Increase awareness and access to treatment and substance use recovery programs for individuals and families

Q108. Please describe how the initiative is delivered.

(1) Community health educators work with schools and other partner organizations to deliver messages and education regarding substance use (alcohol, vaping, opioid). This can be accomplished in formal settings (classrooms, community trainings, etc) or through more informal setting by supporting grassroots prevention efforts such as SADD and MADD. (2) Monthly recovery weekends, 12 step programs, and other recovery initiatives are provided free of charge to patients and families. (3) AAMC collaborates with partners (listed above) to extend the reach of programs, avoid duplication, and streamline communication. This is a county wide initiative.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑ Count of participants/encounters `# of people reached`
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☑ Surveys of participants `Patient satisfaction`
- ☐ Biophysical health indicators
- ☐ Assessment of environmental change
- ☐ Impact on policy change
- ☑ Effects on healthcare utilization or cost `Reduction in acute care services (ED and mobile crisis response)`
- ☐ Assessment of workforce development
- ☐ Other

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

Substance use (opioid and alcohol) was a clear community need in the FY2016 CHNA. It is critical to reduce alcohol use rates, opioid use rates, and death by overdose. Prevention efforts and on-going recovery programs are essential to reduce the substance use rates and death.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Total cost = $151,036.44

Q113. (Optional) Supplemental information for this initiative.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Access to Care/ Patient Engagement

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- ⦿ Yes
- ◯ No

Q117. In your most recently completed CHNA, the following community health needs were identified:
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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Environmental Health, Health-Related Quality of Life & Well-Being, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Tobacco Use, Other Social Determinants of Health Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☑ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☑ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health

☐ Health-Related Quality of Life & Well-Being   ☐ Other (specify) [   ]

Q118. When did this initiative begin?

[07/01/2011   ]

Q119. Does this initiative have an anticipated end date?

◉ No, the initiative does not 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.

[   ]

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

[Individuals who are under-insured or un-insured and need access to low cost, high quality primary care; all AAMC primary care patients]

Q121. Enter the estimated number of people this initiative targets.

[1,000,000   ]

Q122. How many people did this initiative reach during the fiscal year?

[186,860   ]

Q123. 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.

> Patient engagement initiative

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

> DSS, Anne Arundel County Health Department, Housing Authority of the City of Annapolis, other referring sources.

○ No.

Q125. Please describe the primary objective of the initiative.

> Increase access to primary care via low cost clinic, tele-health visits, and technology.

Q126. Please describe how the initiative is delivered.

> (1) Un-insured or under-insured patients have access to community clinics on a sliding scale fee. Care management and extensive follow up is provided to support the patients. (2) Access to tele-health visits and self scheduling for primary care visits have improved access for patients.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☑ Count of participants/encounters — Number of community clinics patients/ encounters and active users and new accounts

☐ Other process/implementation measures (e.g. number of items distributed)

☐ Surveys of participants

☐ Biophysical health indicators

☐ Assessment of environmental change

☐ Impact on policy change

☐ Effects on healthcare utilization or cost

☐ Assessment of workforce development

☐ Other

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

> Patient demand is greater than supply of PCP services as a result of these intiatives. We strive to become efficient and reduce wait times for appointments.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

> Access to providers and care was a health need stated in the FY16 Community Health Needs Assessment. AAMC determined that partnering with patients to engage in their health in an easy way would be one initiative to address access to care.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> $900,174.3

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (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.

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

○ Yes
◉ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Environmental Health, Health-Related Quality of Life & Well-Being, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Tobacco Use, Other Social Determinants of Health Other:

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

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

Q137. Why were these needs unaddressed?

We rely on our community partners to provide some community programs. Specifically, the health department provides access to dental health and vision screenings for children. They also have an HIV screening program and case management program. Arthritis, food safety, global health, and sleep health were not included in our CHNA; therefore, they are not considered community health needs and we did not allocate resources to those issues. Last, we have been developing internal programs for employees that address diverse groups and their needs, ie. LGBTQIA. It is anticipated that in FY20-21 additional community work and collaboration with be provided. Social determinants of health was identified as a top health need in the FY19-21 CHNA; housing, food access, transportation, etc will be be addressed in that implementation plan.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	⦿	○
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	⦿	○
Healthy Communities - includes measures such as domestic violence and suicide rate	⦿	○
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	⦿	○
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	⦿	○

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. ## Section V - Physician Gaps & Subsidies

Q141. 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
- ☑ Mental health
- ☑ Substance abuse/detoxification
- ☐ Internal medicine
- ☐ Dermatology
- ☑ Dental
- ☐ Neurosurgery/neurology
- ☑ General surgery
- ☐ Orthopedic specialties
- ☑ Obstetrics
- ☐ Otolaryngology
- ☐ Other. Please specify. _____

Q142. 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	AAMC would not be able to provide 24/7 coverage for in-patients
Non-Resident House Staff and Hospitalists	AAMC would not be able to provide 24/7 coverage for in-patients
Coverage of Emergency Department Call	AAMC would not be able to provide 24/7 coverage for ED patients
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	There are provider deficits in our service area; it is critical to recruit to attract PCPs, Psychiatric providers, general surgeons, etc.
Other (provide detail of any subsidy not listed above)	Oncology - AAMC would not be able to provide comprehensive cancer services for solid tumor cancers
Other (provide detail of any subsidy not listed above)	Palliative Care - This service would not be available to out-patients if not subsidized
Other (provide detail of any subsidy not listed above)	

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

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Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. ## Section VI - Financial Assistance Policy (FAP)

*Q146.* Upload a copy of your hospital's financial assistance policy.

FAP-FY20.pdf
230.7KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

FAP-PLS_logo.pdf
66.4KB
application/pdf

Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.

	100	150	200	250	300	350	400	450	500	
Percentage of Federal Poverty Level										198
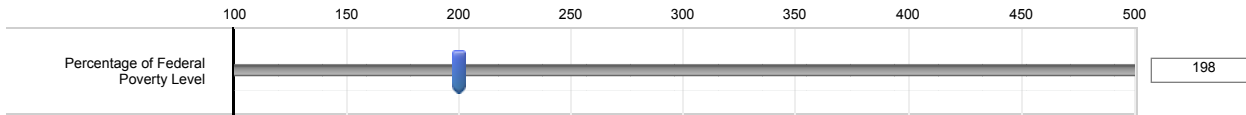
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

	200	250	300	350	400	450	500	
Lowest FPL								230
Highest FPL								330
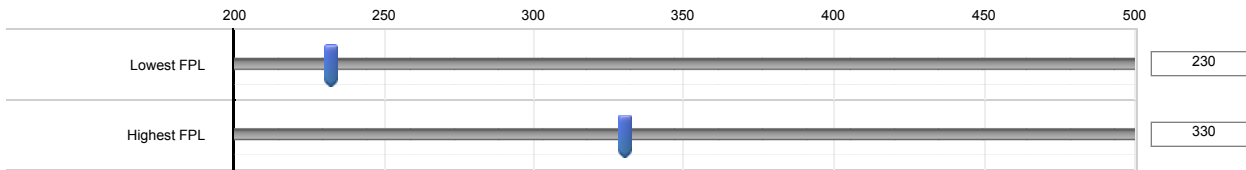
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	100	200	300	400	500	600	700	
Lowest FPL								330
Highest FPL								500

Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

Debt as Percentage of Income												25

0   10   20   30   40   50   60   70   80   90   100
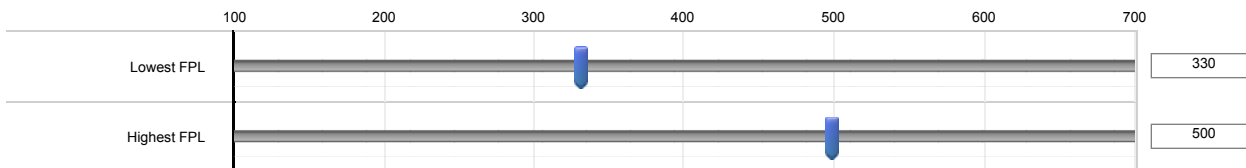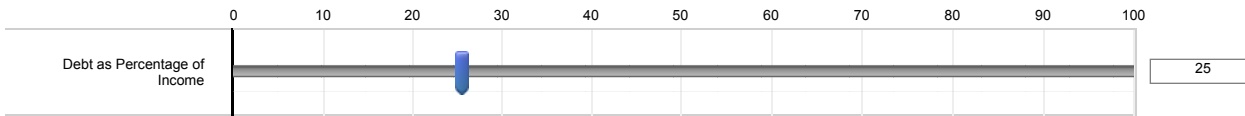
Q152. Has your FAP changed within the last year? If so, please describe the change.

(●) No, the FAP has not changed.

(○) Yes, the FAP has changed. Please describe: [   ]

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

[   ]

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (38.989395141602, -76.54940032959)

Source: GeoIP Estimation

Thank you for submitting Anne Arundel Medical Center's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In response to Question 48 beginning on page 5 of the attached, for the line "Senior Executives (facility level)" you selected the "Other" option but did not provide an explanation as required. Please describe how these individuals were involved.

- In response to Question 63 beginning on page 13 of the attached, for the line "Other Hospitals" you selected "N/A – Person or Organization was not involved" but then you selected other activities. Please clarify whether you did not intend to select the "N/A" option. You also added an explanation to the "Other" text box but did not select the "Other" option. Please clarify whether you intended to select the "Other" option.

- In response to Question 81 on page 17 of the attached you selected "Chronic Kidney Disease," "Hear Disease and Stoke," and "Violence Prevention" as needs addressed by the Community Care Coordination for Patients with Chronic Disease initiative but you did not select these as needs identified by the CHNA in Question 56 on page 11. Please clarify whether you intended to select "Chronic Kidney Disease," "Hear Disease and Stoke," and "Violence Prevention" as CHNA needs in Question 56.

- You did not respond to Question 110 on page 22 of the attached. Please describe any observed outcomes of the Substance Use Prevention/ Recovery initiative.

- In response to Question 117 on page 23 of the attached you selected "Access to Health Services: Outpatient Services" as a need addressed by the Access to Care/ Patient Engagement initiative but you did not select this as a need identified by the CHNA in Question 56 on page 11. Please clarify whether you intended to select "Access to Health Services: Outpatient Services" as a CHNA need in Question 56.

- In Question 136 on page 26 of the attached, where you select the CHNA needs that were unaddressed by the hospital, you selected a number of needs that were not selected in Question 56 on page 11. These needs include "Arthritis, Osteoporosis, and Chronic Back Conditions," "Food Safety," "Global Health," "HIV," "Lesbian, Gay, Bisexual, and Transgender Health," "Oral Health," "Sleep Health," "Vision," and "Housing & Homelessness." Please indicate whether these needs should have been selected in Question 56, or should not have been selected in Question 136.

- Question 137 on page 27 is asking for an explanation regarding the CHNA needs that were not addressed by you community benefit initiatives and were selected in Question 136. As addressed above, after you have clarified which needs should have been selected in Question 136, please revise your response to Question 137

accordingly.

- In Question 148 on page 28, your response to the threshold for free care is not clear. Please confirm that you intended that to read "200."
- In Question 149 on page 28, your response for the range for reduced-cost care is unclear. Please clarify whether you intended to select 200% to 300% FPL as the range for reduced-cost care.
- In Question 150 on page 28 you selected 330% as the lowest threshold for financial hardship. Please clarify whether you intended to select 300% FPL for the lowest threshold.

Please provide your clarifying answers as a response to this message. Thank you for your attention to this matter.