Saint Agnes Hospital (21-0011)

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

Effective for FY2014 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) 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's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. 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 regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, and (3) hospital community benefit administration.

For the purposes of this report, the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name

and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);
A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and
A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) SHIP's CountyHealth Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);
(3) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(5) Local Health Departments;
(6) County Health Rankings (http://www.countyhealthrankings.org);
(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(13) Survey of community residents; and
(14) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need; or
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

Table I

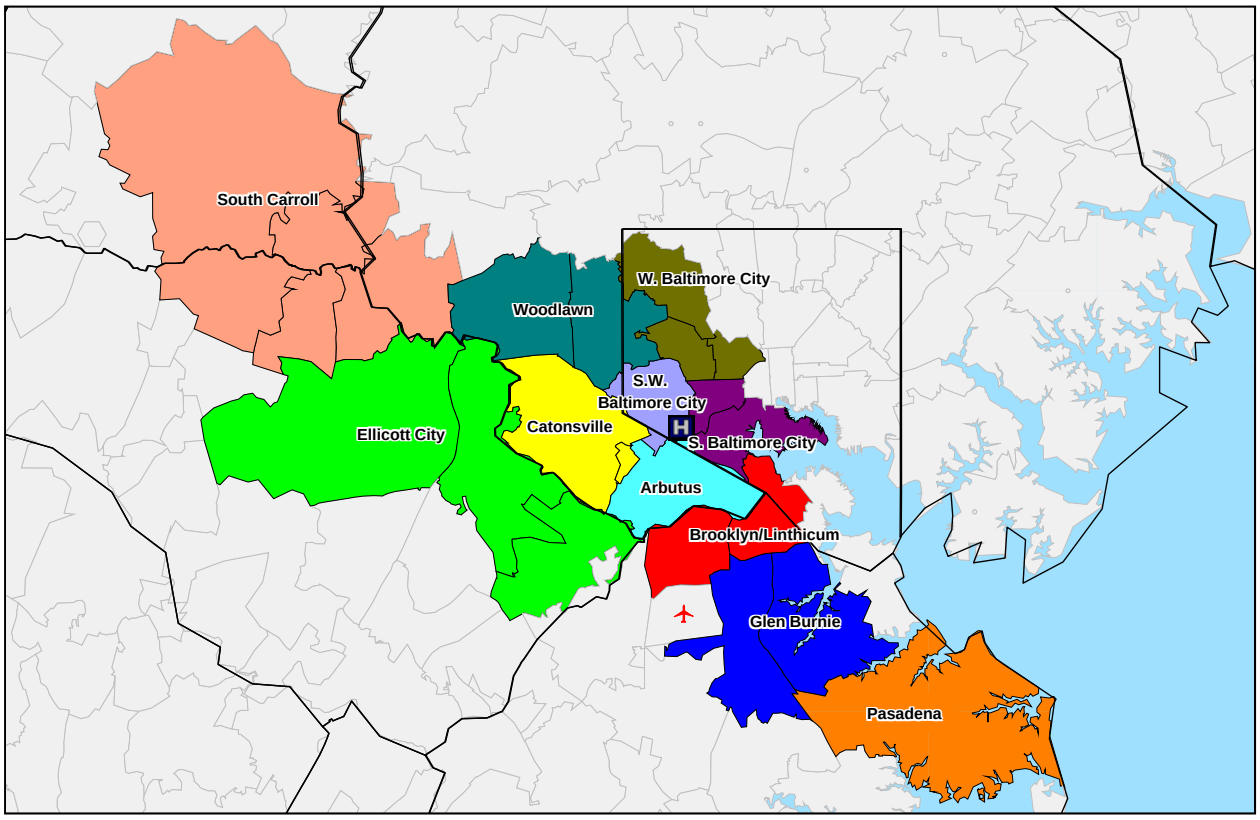
Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
336	19,286	21228, 21229, 21227, 21223, 21207, 21216	Sinai, BWMC, UMMC, Harbor, Mercy, UMMC Midtown, Bon Secours, JHH, Northwest, Howard County	Balt. City – 49.6% Balt. Cnty – 37.7% Howard Cnty – 4.7% Anne Arundel – 3.8%	Balt. City – 56.6% Balt. Cnty – 32.7% Anne Arundel – 4.4% Howard Cnty – 4.0%

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

a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1.) This information may be copied directly from the section of

the CHNA that refers to the description of the Hospital's Community Benefit Community.

Due to its location in the southwest segment of the Baltimore Metropolitan Area, Saint Agnes serves a diverse patient population. Saint Agnes' primary and secondary service areas (Southwest Baltimore City and Baltimore County, Northern Anne Arundel County, Eastern Howard County, and Southern Carroll County) have a population of approximately 738,000. The service area for study in the Community Health Needs assessment represents the zip codes that comprise 80% of Saint Agnes Hospital discharges, 60% of those discharges come from the primary service area, with the remaining 20% from the secondary service area. A map of the communities Saint Agnes serves is included below. Within the service area, Saint Agnes has defined eleven different communities. The communities are groupings of zip codes in the defined service area based on similar demographic characteristics and geographic boundaries. Details about each of the individual communities may be found in Attachment 2 of our CHNA.



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

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/) and its County Health Profiles 2013, (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), the Maryland Vital Statistics Administration (http://vsa.maryland.gov/html/reports.cfm), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014) (http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf)

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	Please refer to page 16 of our Community Needs Assessment (Appendix 6)
Median Household Income within the CBSA	Please refer to page 16 of our Community Needs Assessment (Appendix 6)
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Baltimore City 24.5% Baltimore County 9.7% Anne Arundel County 6.3% Howard County 5.3%
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Baltimore City 16.5% Baltimore County 11.9% Anne Arundel County 10.7% Howard County 8.1%
Percentage of Medicaid recipients by County within the CBSA.	Baltimore City – 44.2% Baltimore County – 21.2% Anne Arundel County – 13.5% Howard County – 12.9%
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/objective1.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Baltimore City – 72.4 years Baltimore County – 78.0 years Anne Arundel County – 78.0 years Howard County – 81.0 years
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	All rates per 100,000 population for 2008: Baltimore City – 1047.9 Baltimore County – 797.5 Anne Arundel County – 819.8

	Howard County – 676.0
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx	Please refer to Attachment 6 of our CHNA (*Service Area Health Risk Summary*). This assessment compares 35 community specific health indicators, against Central Maryland averages. The extent to which a community is at higher than average risk, for a specific indicator, the index score will exceed 1.00. The inverse is true for an index scores below 1.00, which indicates a comparatively lower level of health risk. The overall health index, which is an average of all community need indices, highlights those communities with the greatest healthcare needs in the Saint Agnes Hospital service area. This assessment has identified that the more urban based communities of West Baltimore City, South Baltimore City, Brooklyn/Linthicum and Southwest Baltimore City represent the greatest healthcare needs, each with overall indices exceeding 1.30. The suburban communities of Pasadena, Ellicott City and South Carroll have comparatively fewer healthcare needs, as determined by this assessment. Community needs, market share and community dependence rates, suggest that Saint Agnes Hospital can make the greatest impact in Southwest Baltimore City.
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	<u>Baltimore City:</u> White 31.8% Black 63.4% Hispanic 2.7% Other 2.1% <u>Baltimore County:</u> White 68.3% Black 24.5% Hispanic 3.0% Other 4.2% <u>Anne Arundel:</u> White 78.0% Black 14.8% Hispanic 4.3% <u>Howard County:</u> White 67.6% Black 16.7% Hispanic 4.9%

	Other 2.9% Other 10.8%
Other	

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

   __X_Yes
   ____No

   Provide date here. 02/25 /13 (mm/dd/yy)

   If you answered yes to this question, provide a link to the document here.

http://www.stagnes.org/downloads/Community_Health_Needs_Assessment_2013.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

   _X_Yes 02/25/13 (mm/dd/yy) Enter date approved by governing body here:
   ___No

   If you answered yes to this question, provide the link to the document here.

http://www.stagnes.org/downloads/Community_Health_Needs_Assessment_2013.pdf
Implementation Strategy can be found on page 4.

III. COMMUNITY BENEFIT ADMINISTRATION

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

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

      _X_Yes
      ___No

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

      i. Senior Leadership

         1. _X_CEO
         2. ___CFO

3. _X__Other (please specify) Chief Medical Officer

ii. Clinical Leadership

1. _X_Physician
2. _X_Nurse
3. _X_Social Worker
4. _X_Other (please specify) Please see page 9 of our CHNA

iii. Community Benefit Department/Team

1. ___Individual (please specify FTE)
2. ___Committee (please list members)
3. _X_Other (please describe) Community Benefit evaluation is managed by a multi-disciplinary group that includes Planning, Marketing, Finance, Nursing, Care Coordination and Mission Integration. (a complete list of members of our CHNA team is listed on page 9 of our CHNA)

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

Spreadsheet	__X___yes	____no
Narrative	__X___yes	____no

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

Spreadsheet	__X__yes	_____no
Narrative	__X__yes	_____no

If you answered no to this question, please explain why.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES
This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached examples of how to report.

For example: for each principal initiative, provide the following:

a. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.

b. Name of Initiative: insert name of initiative.

c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)

d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?

e. Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.

f. How were the outcomes of the initiative evaluated?

g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

i. Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

The community health needs assessment process surfaced a wide range of needs in the communities which Saint Agnes serves. In accordance with the criteria outlined in the Health Care Affordability Act and 501(r)(3) regulatory requirements, Saint Agnes developed an implementation strategy to address the most critical of health needs and geographies. While a focused number of community health needs and response initiatives are addressed in the implementation strategy, Saint Agnes will continue to offer its full spectrum of services to those whom seek care. For communities in which Saint Agnes is not the primary hospital provider; the primary provider is better positioned to address their community's health needs.

Non healthcare areas for which Saint Agnes does not have the requisite knowledge or expertise to address the needs, other community organizations will be better positioned to address these needs.

V. PHYSICIANS

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

Saint Agnes Hospital currently has one of the busiest Emergency Department (ED) in the state. Like many urban-based hospitals with significant ED volumes, a large proportion of the indigent and charity care provided by the hospital overall is generated through the ED. The increasing community need for indigent care coverage through the ED, coupled with declining physician reimbursement and greater malpractice exposure, has created greater "gaps" in the availability of specialist physicians to treat these patients. Consequently, mission-based hospitals like Saint Agnes, with an imperative to care for the poor and underserved, feel a duty to respond to fill in these gaps.

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

Physician subsidies included in category C is for coverage of emergency department call. Specialty physicians who are not being compensated for their services to treat the at-risk indigent community have sought assistance from the hospital, which receives at least a portion of their uncompensated care in rates. For fiscal year 2014, this subsidy paid by the hospital for this coverage amounted over $1.6 million. Costs in the table below have been included in line "C60 – Physician ED Indigent Care Subsidies".

Specialty	Annual Stipend
Hand Surgery	$85,370
Orthopedic Surgery	292,000
Podiatry	36,500
ENT	225,000
Plastic Surgery	70,972
Urology	109,500
Neurosurgery	182,500
General Surgery	114,170

Pediatric Surgery	221,680
Psychiatry	266,873
Total Subsidy	**$1,604,572**

In addition, St. Agnes further compensates specialist physicians for serving poor and vulnerable populations in our FQHC-based Community Specialty Clinic. These portions have been included in line "C50 – Community Care Center".

Specialty	Annual Stipend
Dermatology	$17,600
Ophthalmology	6,000
Orthopedic	103,900
Podiatry	8,500
Total Subsidy	**$136,000**

Saint Agnes also provides the following physician primary care and obstetrical subsidies to members of its community. The table below summarizes the amount of the subsidy for FY 14 and where it has been reported on the CBR data collection tool.

- Perinatology Clinic - A hospital-based perinatology clinic designed to address the clear lack of adequate prenatal care in our CBSA. The clinic is staffed by two full-time perinatologists and receives a large number of referrals from the Baltimore Medical System FQHC.
- Seton Primary Care Clinic - This is a new freestanding primary care office established on the campus of Saint Agnes for delivering primary care to underserved, high-risk patients that are not able to gain access to the Baltimore Medical System primary care clinic due to financial barriers or are not able to be seen in a timely fashion. This timely primary care follow-up allows for more effective care coordination for these high-risk patients.
- BMS OB Hospitalist Coverage – Starting in FY 14, Baltimore Medical System decided to discontinue OB hospitalist coverage for their maternity patients at Saint Agnes. Saint Agnes Hospital agreed to fill this critical gap of OB hospitalist coverage once BMS discontinued the service. This allowed the underserved BMS patients to deliver at Saint Agnes instead of seeking out care at other area hospitals.

Physician Subsidy	CBR	Expense
Perinatology Clinic	C70	$40,500
Seton Primary Care Clinic	C80	441,500
BMS OB Hospitalist	C90	301,000
Total Subsidy		**$783,000**

Table III A. Initiative III Primary Care Access, Especially for the Poor and Vulnerable

Identified Need	Primary Care Access, Especially For the Poor and Vulnerable
Hospital Initiative	Facilitate access to primary care services for members of the community.
Primary Objective	Implementation Strategy: 1. In conjunction with strategic partner, Baltimore Medical Systems, Inc., facilitate access to primary care services via the Federally Qualified Health Center located on Saint Agnes campus through expansion of the FQHC facilities and enhanced collaborative linkages with Saint Agnes services. 2. Establish a Health Enterprise Zone in West Baltimore through a collaborative partnership, the West Baltimore Primary Care Access Collaborative (WBPCAC). Support the mission of WBPCAC to create a sustainable, replicable system of care to reduce health disparities, improve access to health care, reduce costs, and expand primary care and community health workforce.
Single or Multi-Year Initiative Time Period	This is a multi-year initiative intended to last the life of the current 3-year CHNA.
Key Partners in Development and/or Implementation	Baltimore Medical Systems and their FQHC located on the campus of Saint Agnes, the members of the West Baltimore Primary Case Access Collaborative (WBPCAC), Seton Medical Group (offers primary and OB/GYN care to residents in Saint Agnes' primary service area), Esperanza Center (provides free primary and dental care services to immigrants in the metropolitan Baltimore region).
How were the outcomes evaluated?	Outcomes were measured through four programs: 1). BMS OB Hospitalist Coverage – Starting in FY 14, BMS discontinued obstetrical hospitalist coverage for their maternity patients delivering at Saint Agnes. Saint Agnes Hospital agreed to fill this critical gap of hospital coverage once BMS discontinued the service. This allowed the underserved BMS patients to deliver at Saint Agnes instead of seeking out care at other area hospitals. 2). Seton Primary Care services offered on campus – This is a new freestanding primary care office established on the campus of Saint Agnes for delivering primary care to underserved, high-risk patients that are not able to gain access to the BMS primary care clinic due to financial barriers or are not able to be seen in a timely fashion. This timely primary care follow-up allows for more effective care coordination for these high-risk patients. 3). Collaborative partnership with West Baltimore Primary Care Access - Saint Agnes is one of the 16 founding partners in West Baltimore Care

Table III A. Initiative III Primary Care Access, Especially for the Poor and Vulnerable

	Collaborative which provides community outreach to reduce health disparities, improve health outcomes and reduce hospital emergency department utilization and costs for residents living in the West Baltimore Health Enterprise Zone. In addition being a key partner in helping to steer the strategic goals and operational processes of this program, Saint Agnes has partnered with the outreach teams to identify residents for participation in other outreach programs including the Heart-to-Heart Program, the Pre-Diabetes Education Program and the Breast Link Program. Saint Agnes also currently provides about 600 square feet in office space to employees of West Baltimore Care. 4). Breast Link Program - In cooperation with the Susan G. Komen Association of Maryland this program provides community outreach and education on breast health and preventative screenings for people residing in the West Baltimore Health Enterprise Zone.
Outcomes (Include process and impact measures)	1). BMS OB Hospitalist Coverage – Saint Agnes provided OB hospitalist coverage for 694 BMS maternity patients in FY 14. This was an 11% increase over what was provided by BMS in FY 13. 2). Seton Primary Care Services offered on campus – The two primary care physicians saw 2,607 patients during FY 14. 3). Collaborative partnership with West Baltimore Primary Care Access – Year one successes include hiring 23 health care providers, hiring and deploying 11 community health workers partnered with 172 community members to provide health education and maximize patient utilization of health and social services in the Health Enterprise Zone. Attached as Appendix VI is the West Baltimore Care Access Milestone & Deliverable Report that provides detail of the more than 19,000 patient visits seen in FY 14. 4). Breast Link Program • Reached close to 5,000 women through one-on-one, group and public education on the importance of breast health and regular mammograms • Trained 16 Shop Talk Ambassadors (community lay persons) to spread the word about the importance of regular mammograms. • Increased community outreach through neighborhood canvassing, public housing and senior center presentations and leveraging existing faith-based relationship • Provided patient navigation services to 28 women diagnosed with breast cancer receiving treatment at Saint Agnes in the targeted zip codes. • Provided free transportation services to 82 women • Established a medical home model with BMS providing increased access to mammogram screenings, follow-up diagnostics and treatment o 52 women were connected to BMS and received a clinical breast exam o 127 women received a free or low-cost mammogram o 10 women received free or low-cost follow-up diagnostic

Table III A. Initiative III Primary Care Access, Especially for the Poor and Vulnerable

	services at the Breast Center o 1 cancer diagnosis was detected at an early stage	
Continuation of Initiative	This initiative will continue into fiscal year 2015.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $842,579	B. Direct offsetting revenue from Restricted Grants $100,000

Table III A. Initiative II Cardiovascular Disease

Identified Need	Cardiovascular Disease
Hospital Initiative	Provides education and screening regarding cardiovascular disease throughout the community.
Primary Objective	Implementation Strategy: 1. Enhance and expand the foundation of education and screening services established with Saint Agnes's Red Dress Sunday and other initiatives to raise the community's awareness and knowledge of cardiovascular disease as well as an individual's own personal risk factors. 2. Support Baltimore City Health Department's Healthy Baltimore 2015 priority to promote heart health so as to reduce the impact of cardiovascular disease, the leading cause of death in Baltimore City. 3. Renovate acute care facilities of the Cardiovascular Institute to facilitate the adoption of a collaborative clinical practice model that better integrates all aspects of the multidisciplinary care team to improve patient outcomes. 4. Maintain Certificate of Ongoing Performance for primary and non-primary angioplasty programs to ensure that citizens of West Baltimore, particularly disenfranchised individuals continue to have access to interventional cardiovascular services. 5. Seek and secure grant opportunities that facilitate Saint Agnes's ability to enhance and expand cardiovascular education, screening, and treatment services.
Single or Multi-Year Initiative Time Period	This is a multi-year initiative intended to last the life of the current 3-year CHNA.
Key Partners in Development and/or Implementation	Screenings and education are done in cooperation with various organizations including senior centers, area churches and area schools. The Baltimore City Health Department will also be a key partner in reducing Baltimore's leading cause of death in the City.
How were the outcomes evaluated?	Outcomes were measured through three programs: 1). Heart-to-Heart program - In cooperation with AstraZenaca Health Foundation, this program provides a heart risk assessment and a 16-week healthy lifestyle intervention program for African-American women in medically underserved communities to reduce risk factors for cardiovascular disease. 2). Red Dress Sunday –In cooperation with West Baltimore Care and

Table III A. Initiative II Cardiovascular Disease

	several Medicaid MCOs, this program provides outreach and education on cardiovascular risk factors and improving heart health. The program targets residents in Saint Agnes' service area as well as residents living in the West Baltimore Health Enterprise Zone. 3). Other community based screening programs - Saint Agnes operates a number of community-based screenings in the area including Morrell Park Health Center, Security Square Mall, various senior centers and health fairs. Screenings performed are vascular, women's heart, hypertension, cholesterol and blood sugar screenings.
Outcomes (Include process and impact measures)	1). Heart-to-Heart program – • 236 women received a heart risk assessment and one-on-one consultation with a nurse practitioner. • 223 women participated in a 16-week heart healthy lifestyle program including nutritional education, fitness classes, behavioral coaching and heart health education. • 104 EKG's performed with 17.6% abnormalities referred to primary care physicians or cardiologists. • For women stratified in the high risk group, there was a statistically significant decrease in their total cholesterol, LDL and their total cholesterol-to-HDL ratio as evidenced by post-testing at intervention completion and six months later. This subset of 54 participants completed all three screenings. • For the 115 women who completed their baseline screening, intervention and post-intervention screening, there is a statistical significance for decreasing mean arterial pressure in 66:115 participants. There is also a statistical significance for decreasing total cholesterol in 71:115 of these participants. 2). Red Dress Sunday – • This outreach program engaged 179 churches. • Educated almost 32,000 individuals with 62.5% or 20,000 individuals in Saint Agnes' service area and the West Baltimore Health Enterprise Zone. • Educated 375 individuals at the Red Dress Sunday health fair and women's symposium bringing critical education and blood pressure screening to the community on heart disease. • Performed 38 blood pressure screenings referring 45% to their PCP for follow-up care and educating on medication compliance for hypertension control. 3). Community-based Screenings: • Vascular Screenings: o 277 patients screened o 171 normal results o 106 abnormal results o 87 referred back to PCP for further diagnostics • Women's Heart Screening: o 48 patients screened o 1 normal result

Table III A. Initiative II Cardiovascular Disease

	- o 47 abnormal result - o 19 referred to a cardiologist - o 9 referred to a PCP - o 17 Lifestyle modifications - o 2 referred to other physicians for non-cardiac findings - Hypertension Screenings – 2,145 patients screened - Cholesterol and blood sugar screenings – 792 patients screened.	
Continuation of Initiative	This initiative will continue into fiscal year 2015.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $314,412	B. Direct offsetting revenue from Restricted Grants $262,134

Table III A. Initiative I Obesity and Related Conditions

Identified Need	Obesity and Related Chronic Conditions
Hospital Initiative	Provides education regarding obesity and healthy lifestyle behaviors throughout the community.
Primary Objective	The goal of the initiative is to educate people on the health risks associated with obesity. Numerous studies demonstrate a strong link between obesity and the risk for chronic health problems such as heart disease, type-2 diabetes, cancer, stroke, asthma and arthritis. Implementation Strategy: 1. In collaboration with strategic partners, seek opportunities to contract with area employers to offer programs to improve the health status of the community workforce. 2. Explore opportunities to enhance access to bariatric surgery program through the Maryland Medicaid program. 3. Seek opportunities to engage with area middle and secondary schools to provide educational sessions regarding obesity and healthy lifestyle behaviors. 4. Explore opportunities to provide environments that enhance access to physical activity for the community as part of the Gibbons Commons master plan. 5. Seek and secure grant opportunities that facilitate Saint Agnes's ability to enhance and expand obesity education, screening, and treatment services.
Single or Multi-Year Initiative Time Period	This is a multi-year initiative intended to last the life of the current 3-year CHNA.
Key Partners in Development and/or Implementation	Maryland Medicaid MCO's, area middle and secondary schools, area employers, and partners involved in the development of the Gibbons site. Additionally, Saint Agnes will continue to participate with the local health jurisdictions (including the Baltimore City Health Department) in the development of initiatives to promote this health need.
How were the outcomes evaluated?	Outcomes were measured through two programs: 1). Pre-Diabetes Education Program - Outcomes were evaluated through Hospital participation with the Stulman Foundation Pre-Diabetes Education Program which is an education program to decrease the rate of pre-diabetes/diabetes for Saint Agnes' primary service area as well as residents in the West Baltimore Health Enterprise Zone.

Table III A. Initiative I Obesity and Related Conditions

	2). The Hospital also provides Bariatric Surgery Education Seminars offered free to the public.	
Outcomes (Include process and impact measures)	1). Pre-Diabetes Education Program - • 110 participants enrolled in the Pre-Diabetes Education Program • 61 participants completed the Pre-Diabetes Education Program • 40 participants completed their 4-month post interventional screening (A1c or IFG) • Outcome data summarized in the table below. • For the 40 participants who completed their baseline screening, intervention and post-intervention glucose test, 50% improved their glycemic control from pre-diabetic range to normal based on their A1c or IFG glucose test. • For the 36 participants who completed their BMI screenings at both pre- and post-intervention, 50% lost a half inch or more on their waist circumference. 2). Bariatric Surgery Education Seminar – 1,101 people attended these seminars in FY 14 with 91 patients opting for bariatric surgery following the seminar.	
Continuation of Initiative	This initiative will continue into fiscal year 2015.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $35,000	B. Direct offsetting revenue from Restricted Grants $35,000

Table III A. Initiative I Obesity and Related Conditions

Outcome data:

A1c	**Baseline**	**Program Completion**	**% of Change**
≤ 5.6 (Normal)	0	19	**(+) 53%**
5.7–5.9 (Pre-Diabetic)	18	10	
6.0-6.4 (Pre-Diabetic)	18	7	
Total	**36**	**36**	
IFG	**Baseline**	**Program Completion**	**% of Change**
84.6-99.0 (Normal)		1	**(+) 25%**
100-112.5 (Pre-Diabetic)	2	2	
112.6-125 (Pre-Diabetic)	2	1	
Total	**4**	**4**	
Total Change			**(+) 50%**

VI. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
    a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

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

    - Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
        - in a culturally sensitive manner,
        - at a reading comprehension level appropriate to the CBSA's population, and
        - in non-English languages that are prevalent in the CBSA.
    - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
    - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
    - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
    - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
    - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

    b. Include a copy of your hospital's FAP (label appendix II).
    c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV).

Appendix I

Communication of Saint Agnes Charity Care Policy – FY 2014

Saint Agnes Hospital, created by the Daughters of Charity in 1862, was originally created to provide nursing care to the poor. Since its inception, Saint Agnes continues to provide healthcare services to the indigent as part of its mission. Saint Agnes' provides free care to individuals below 200% of the Federal Poverty Line (FPL). Patients with income above 200% of the FPL but below 300% can receive charity care based on a sliding scale. In cases of unusual medical, financial or humanitarian burden, St. Agnes can forgo the criteria established in the policy and offer charity care as is deemed appropriate. Additionally, as required by HSCRC regulation, Saint Agnes has adopted a financial hardship exemption that provides financial assistance to patients who incur medical debt for medically necessary services incurred by a family with income below 500% of the Federal Poverty Limit that exceeds 25% of the family income over a 12 month period.

Information regarding Saint Agnes' charity care policy is displayed at the following locations throughout the Hospital:

Diagnostic Imaging Registration
Main Entrance Information Desk
Surgery Registration Area
Seton Nuclear Cardiology Center
Breast Center
Cancer Center
Outpatient Rehab Services
Women's Health Center
Emergency Department Registration
Main Lobby/1st Floor Registration
Lab Outreach at BMS
Cashier's Office 1st Floor
Cardiac Rehab/Heart Failure Center
Anti-Coagulation Center
Seton Imaging Center
Diabetes Center

In addition, brochures and flyers are displayed and available to the public that describe the policy. St. Agnes also provides a copy of its *Patient Billing and Financial Assistance* Information Sheet to every inpatient treated per HSCRC regulations. The Information Sheet is published in both English and Spanish at a comprehension level suitable for our patient population. The Sheet summarizes the Hospital's charity care policy and also states Medicaid may be available to eligible patients. As part of the Corporate Responsibility Program (CRP), annual training for registration and billing personnel is conducted that includes knowledge of the organization's charity care policy. Finally, a public notice regarding the charity care policy is published annually in the *Baltimore Sun*.

St. Agnes has also adopted a hands-on approach to providing patients with a means of getting financial assistance for their healthcare. St. Agnes has a department within its Revenue Cycle division called Patient Financial Eligibility. The primary responsibility of this department is educating patients about financial assistance programs including public assistance and charity care. The department works with patients to evaluate their eligibility and income status for these financial assistance programs. In cases when eligibility status is favorable, the department assists the patients to obtain necessary documents and information to complete required applications.

Saint Agnes HealthCare System Policy and Procedure Manual	Page: 1 of 4	SYS FI 05
Subject: **Charity Care** **(Financial Assistance Non-Elective)**	**Effective Date:** 2/05	
	Reviewed: **Revised:** 1/09, 05/09, 10/10, 9/12	

Approvals:

Final - President/CEO: _____ Date:_____

Concurrence:_____ Date_____

(Policies become operational 30 days after CEO signs.)

POLICY STATEMENT

It is the mission of Saint Agnes HealthCare to provide healthcare services to the poor within the availability resources of Saint Agnes HealthCare. This policy establishes the criteria for evaluating the eligibility of patients for reductions in their bills based upon lack of financial resources and other criteria that may be established.

This policy applies to all non-elective services and procedures provided by Saint Agnes HealthCare.

SCOPE

This policy applies to all entities of the Saint Agnes HealthCare system.

PROCEDURE/RESPONSIBILITIES

Patients may apply for financial assistance at any time during the revenue cycle.

Eligibility Criteria

- Patients wishing to be considered for financial assistance must complete an application and provide, as necessary, supporting documentation required to verify financial resources. If an application or documentation is incomplete, an attempt may be made to confirm the patient's financial status and assistance eligibility through a credit bureau report or by use of automated eligibility software. Emergency department patients and other outpatients (account balances under $500.00) may be granted charity exclusively based upon the use of the automated eligibility software only. A signed/completed application will not be required. Some patients initially qualify for financial assistance through the BMS clinic. The Hospital will accept the approved BMS financial assistance application for most outpatient services. However, patients who receive hospital, inpatient surgery, oncology, MRI or pet scan services will be required to complete the Hospital application process.

- Before Saint Agnes financial assistance will be considered, Saint Agnes will confirm to the best of its ability that all other possible external sources of payment have been exhausted. Patients who are presumptively eligible for Charity because they are recipients of one of the means-tested social programs stated in this policy do not require all other possible external payment sources to be exhausted. The hospital will grant presumptive charity but may also assist the patient in qualifying for Medical Assistance.

- Patients who are currently eligible for Medical Assistance will qualify for financial assistance for balances after Medicaid payment.

- When an individual is determined to be eligible, all dependents of that individual whose

income and assets were considered in the original application are deemed to be eligible.

- Patients who have been approved for State Pharmacy Assistance and do not qualify for Medical Assistance will receive 100% charity care and will not be required to provide supporting documentation nor a signed application.

- A reduction to gross income may be grated to patients with extraordinarily high outstanding medical debt.

- Presumptive Eligibility of Charity Care

  Patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for 100% charity care.

  - Households with children in the free or reduced lunch program
  - Supplemental Nutritional Assistance Program
  - Low-income household energy assistance program
  - PAC
  - Workers, Infants and Children's Program

  The hospital must verify the patient's participation in the means-tested social program before presumptive Charity is granted. Verification is obtained either from the patient, or onsite Medical Assistance eligibility case worker, through the State of Maryland EVS system or any other appropriate source that may become available in the future. The patient will not be required to provide supporting documentation (other than proof of participation) nor a signed application. Saint Agnes HealthCare shall refund payments by patients in a means-tested government health care plan in accordance with the terms of the plan.

- Patients who are eligible for charity care who have completed the application and provided all supporting documentation will be granted a charity allowance that is valid for six months or until there is a change in the financial resources of the applicant, whichever comes first. Patients whose eligibility has been determined by use of the automated eligibility software will be granted charity for the specific date(s) only that prompted the application. Patients who are eligible for charity by participation in one of the means-tested social programs are eligible for charity for the program for the dates that can be verified with program eligibility.

- Individuals with monetary assets in excess of $25,000 or families with monetary assets of more than $50,000 are not eligible for financial assistance. Monetary Assets are defined as cash, checking accounts, savings accounts, stocks, bonds and money market accounts. Retirement accounts and a "safe harbor" equity in a primary residence up to the amount of $150,000 are not considered to be monetary assets.

- Any self pay balance, regardless of the amount, is eligible for charity care determination.

- Any patient with an account balance of more than $10,000 may request an individualized review of their financial situation. It is recognized that some patients may experience an unusual medical, financial, or humanitarian burden, but, based upon the criteria set forth in this policy, fail to qualify for charity care. In such cases, it is within the discretionary authority of Saint Agnes HealthCare to waive the charity eligibility requirements and apply charity care, as it deems appropriate.

- Patients or families may appeal decisions regarding eligibility for financial assistance by contacting the Corporate Director of Patient Financial Services.

- Saint Agnes HealthCare must refund any amount exceeding $25.00 collected from a patient/guarantor who was found to be eligible for charity care on the date of service within a two year period after the service date. The two year period will be reduced to 30 days if

documentation to the patient's account supports the fact that the patient was uncooperative during the hospital's initial attempt to qualify the patient for charity care.

Sliding Scale

- Patients with income less than or equal to 200% of the Federal Poverty Level (FPL) will be eligible for 100% charity care write off of the charges for services.

- Patients with income above 200% of the FPL but not currently exceeding 300% of the FPL will receive a charity care write off based on a sliding scale. The sliding scale will be updated annually to reflect the current FPL as published in the Federal Register. Upper FPL limits may change at the discretion of hospital senior management.

- The maximum patient payment for reduced cost care is not to exceed the charges minus the hospital markup.

Financial Hardship

Patients may also be eligible for charity care if they meet criteria that would determine that they are experiencing a financial hardship.

Financial hardship is defined as medical debt for medically necessary services incurred by a family with income below 500% of the FPL that exceeds 25% of the family income over a 12 month period. Medical debt is out of pocket expenses, excluding copayments, coinsurance and deductibles for medical costs billed by Saint Agnes HealthCare.

The patient and any immediate family member of the patient living in the same household are eligible.

The family will be eligible for the hardship allowance when seeking subsequent care at the same hospital during the 12 month period beginning on the date of which the hardship allowance was initially received.

The patient is expected to notify Saint Agnes HealthCare of his/her and covered family member's eligibility for the charity programs when they present for subsequent services.

If the patient is eligible for another form of financial assistance, the program that is most beneficial to the patient will be applied.

If the patient income is between 200% and 300% of the FPL, the balance due from the patient after application of the hardship allowance or charity allowance must be billed at charges minus mark-up.

Example: *Financial Hardship*

Family Size	=	4
Family Income	=	$100,000
Medical Debt	=	$40,000
25% Maximum Medical Debt	=	$25,000
Hardship Allowance	=	$15,000

Authorization Levels

Charity allowances in accordance with the policy require the following approvals:

Account Balance	Approval Authority
Up to $499.99	Collection Representative or Financial Interviewer/Collection Supervisor
$500.00 - $4,999.99	Patient Accounts Director
$5,000.00 - $9,999.99	Patient Accounts Director Corporate Director of Patient Financial Services
$10,000.00 and greater	Patient Accounts Director Corporate Director of Patient Financial Services Senior Vice President / CFO

CONCURRENCE(S):

Corporate Director, Patient Financial Services

REFERENCE(S):

CROSS REFERENCES:

Ascension Health System Policy 16: Billing and Collection for the Uninsured

SAINT AGNES HOSPITAL

Saint Agnes Hospital
Patient Billing and Financial Assistance
Information Sheet

Financial Assistance Policy

It is the mission of Saint Agnes Hospital to provide healthcare services to the poor within the available resources of the hospital. The type of service you receive, your income, assets and the location of your residence are criteria that are considered in the eligibility determination.

We offer a number of financial assistance programs to help qualified patients honor the uninsured portion of their bill.

Financial Assistance

You may qualify for free or reduced cost care in increments of 100%, 75%, 50% or 25% of the uninsured portion of your bill.

Patients who quality with income less than or equal to 200% of the Federal Poverty Level (FPL) will be eligible for 100% assistance.

Patients with income above 200% of the FPL but not currently exceeding 300% of the FPL will receive assistance based on a sliding scale. The sliding scale will be updated annually to reflect the current FPL as published in the Federal Register.

Please call 410.368.2140 for more information. You may also qualify for an extended payment schedule or a prompt pay discount. Please call 410.368.2175 for more information or to discuss your rights and obligations with regard to this bill.

Medical Assistance

You may be eligible for Maryland Medical Assistance. Medical Assistance is a program that will pay for your health coverage. If you wish to apply with the State please call 1-800.332.6347 or visit www.dhr.state.md.us.

Our staff can also help you navigate the complexities of the State of Maryland Medical Assistance eligibility process. If you would like to apply with us please call 410.368.3314 or 410.368.3430.

General Billing Inquiries

You will receive a statement of account for your portion of the bill. Please call the telephone number listed on you statement for general billing inquiries.

Your Rights/Obligations

Patient Obligations:

- To provide the hospital with accurate information regarding any insurance, health plan or public program (Medicare, Medicaid, TriCare, etc.) or other health coverage that you may have.
- To provide requested financial information if you are applying for reduced fee or charity care.
- To respond to billing or collection notices in a timely manner.
- To contact the hospital if you have questions about your bill or are having trouble paying a bill.

Patient Rights:

- To consult a private attorney, the Maryland Attorney General's Office or a state or county Consumer Protection Agency regarding your rights under the law.
- To exercise your rights under the federal Fair Debt Collection Practices Act (FDCPA). You can get more information on the FDCPA by calling the Federal Trade Commission in Washington DC or going to: http://www.ftc.gov/bcp/menus/consumer/credit/debt.shtm
- To exercise your rights under Maryland consumer debt collection laws (see Title 14 of the Maryland Commercial Law Article) or go to the Maryland People's Law Library at: http://www.peoples-law.org/consumer/debt.htm
- To challenge the validity of any debt that is more than three years old under the state statute of limitations.

Hospital Billing Information Only

This information is provided with regard to your hospital bill only. You will receive separate bills for any other services provided, including physician services, radiology, lab and anesthesia services.

SAINT AGNES HOSPITAL

Información Sobre Facturación al Paciente y Asistencia Financiera del Saint Agnes Hospital

Póliza de Asistencia Financiera

La misión del Saint Agnes Hospital es proveer servicios para la salud al pobre dentro de los recursos disponibles del hospital. El tipo de servicio que usted recibe, su ingreso, bienes y la locación de su residencia forman el criterio a ser considerado en la determinación de su elegibilidad.

Ofrecemos una variedad de programas de asistencia financiera para ayudar a aquellos pacientes que califican a cubrir las porciones de sus cuentas no cubiertas por seguros.

Asistencia Financiera

Puede que usted califique para recibir atención gratuita, o a un costo reducido, en incrementos del 100%, 75%, 50% o el 25% de la porción de su cuenta no cubierta por seguro.

Los pacientes que califiquen con ingresos por debajo de, o igual al 200% del Nivel Federal de Pobreza (FPL por sus siglas en Inglés – Federal Poverty Level), serán elegibles para recibir el 100% de asistencia.

Pacientes con ingresos por encima del 200% del FPL, pero no excediendo el 300% del mismo, recibirán asistencia basada en una escala deslizable. La escala deslizable se actualizará anualmente para reflejar el corriente FPL tal como publicado en el Registro Federal. Para más información sobre calificaciones para recibir cuidado médico gratuito o a un costo reducido, por favor llame al 410-368-2140. Usted también puede calificar para un plan de pago extendido o para un descuento por pago rápido.

Para más información, o para discutir sus derechos y obligaciones respecto a esta cuenta, por favor llame al 410.368.2175.

Asistencia Médica

Puede que usted califique para la Asistencia Médica de Maryland (Maryland Medical Assistance). La Asistencia Médica es un programa que pagará por su cobertura médica. Si usted desea aplicar con el Estado, por favor llame al 1.800.332.6347, o visite en el Internet el www.dhr.state.md.us.

Nuestro personal también puede ayudarle a navegar las complejidades del proceso de elegibilidad del programa de Asistencia Médica del Estado de Maryland. Si usted quisiera presentar una solicitud a través nuestro, por favor llame al 410.368.3314 o al 410.368.3430.

Preguntas Generals Sobre Cuentas

Usted recibirá un estado de cuenta por la porción de la que es responsable. Por favor llame al número de teléfono listado en su estado de cuenta para preguntas generales.

Sus Derechos/ Obligaciones

Obligaciones del Paciente:

- Proveer al hospital con información correcta sobre cualquier seguro, plan de salud o programa público (Medicare, Medicaid, TriCare, etc.), u otra cobertura médica que usted tenga.
- Proveer la información financiera requerida si usted está solicitando cuidado médico a costo reducido o gratis.
- Responder notas sobre cuentas o de colección dentro del plazo esperado.
- Contactar al hospital si usted tiene preguntas sobre su cuenta o si está teniendo dificultades en pagar la misma.

Derechos del Paciente:

- Consultar a un abogado privado, a la Oficina del Consul General de Maryland, o a una Agencia de Protección al Consumidor estatal o del condado sobre sus derechos bajo la ley.
- Ejercer sus derechos bajo el Acta Sobre Prácticas Justas de Colección de Deudas (FDCPA, por sus siglas en Inglés). Usted puede obtener más información sobre el FDCPA llamando a la Comisión Federal de Comercio (Federal Trade Commission) en Washington, C.D., o dirigiéndose en el Internet, al: http://www.ftc.gov/bcp/menus/consumer/credit/debt.shtm
- Ejercer sus derechos bajo las leyes de colección de deudas de Maryland, vea el Título 14 del Artículo de Ley de Comercio de Maryland, o diríjase en el Internet a la Biblioteca Popular de Leyes, en el http://www.peoples-law.org/consumer/debt.htm
- Desafiar la valides de cualquier deuda con una antigüedad de tres años o más bajo el estatuto de limitaciones.

Información Sobre la Cuenta del Hospital Solamente

Esta información provista se refiere solamente a su cuenta con el hospital. Usted recibirá otras cuentas por separado por otros servicios recibidos, incluyendo servicios de médico(s), radiología, laboratorio, y/o por servicios de anestesia.

Saint Agnes Hospital Baltimore, Maryland

Community Health Needs Assessment & Implementation Strategy

Introduction

Beginning in 1862, and continuing over the last 150 years, Saint Agnes Hospital has been providing for the health care needs of Southwest Baltimore and surrounding communities. Saint Agnes Hospital conducted the community health needs assessment (CHNA) as an update to its prior assessment last conducted in 2008. The CHNA was conducted for Saint Agnes' primary and secondary service areas, a geography that includes Southwest Baltimore City and Baltimore County, Eastern Howard County, Southeast Carroll County and Northern Anne Arundel County.

While retaining elements of the 2008 assessment process, this CHNA was retooled to address the assessment and implementation strategy requirements as outlined in the Health Care Affordability Act and 501(r)(3) regulatory requirements. As an independent health care provider in the community, Saint Agnes completed its assessment individually and collaborated with the local health jurisdiction in the formulation of its implementation plan.

The health needs present in the Saint Agnes Hospital service area are as diverse as the communities served. The assessment highlights each community individually, identifying the risk factors and health needs that are unique to that specific population. While Saint Agnes will continue to provide a wide array of hospital and non-hospital based health care services, our Community Health initiatives identified through the CHNA reflect the most critical, pressing health need gaps.

Description of Communities Served by Saint Agnes Hospital

Due to its location in the southwest segment of the Baltimore Metropolitan Area, Saint Agnes serves a diverse patient population. Saint Agnes' primary and secondary service areas (Southwest Baltimore City and Baltimore County, Northern Anne Arundel County, Eastern Howard County, and Southern Carroll County) have a population of approximately 738,000. The service area for study in the Community Health Needs assessment represents the zip codes that comprise 80% of Saint Agnes Hospital discharges, 60% of those discharges come from the primary service area, with the remaining 20% from the secondary service area. A map of the communities Saint Agnes serves is included in Attachment 1. Within the service area, Saint Agnes has defined eleven different communities. The communities are groupings of zip codes in the defined service area based on similar demographic characteristics and geographic boundaries. Details about each of the individual communities may be found in Attachment 2.

Who was Involved in the Assessment

The assessment process involved both quantitative and qualitative components. Saint Agnes engaged the participation of key internal and external stakeholders who represent the broad interest of the communities served by Saint Agnes to review the quantitative analysis. The stakeholders provided input through a structured online survey and via focus groups across the assessment process during late Fiscal Year 2012 and early Fiscal Year 13. The stakeholders were individuals with expertise in provision of health care services and public health and included community leaders, physicians, nursing, social work, pastoral care, care management, emergency outpatient and management representatives. A list of CNHA participants is included in Attachment 3.

Saint Agnes met with the Health Officer and senior leadership team of the Baltimore City Health Department in July 2012 to review the preliminary findings of the Community Health Needs Assessment and discuss the shared health priorities between the Saint Agnes assessment and the Baltimore City assessment as noted in the publication, *Healthy Baltimore 2015*.

How the Assessment was Conducted

Saint Agnes conducted its CHNA in two phases. The first phase was a quantitative assessment utilizing readily available secondary data sources to analyze 26 indicators of health status. An index of community health indicators definitions and sources is included in Attachment 4.

Similar to the methodology utilized by the Robert Wood Foundation and the University of Wisconsin Population Health Institute in their ***County Health Ranking*** project, each of the eleven communities within the Saint Agnes service area was compared to Central Maryland average for each indicator to identify critical community health gaps. Within each community, if the health status for each indicator that was at least 10% worse than the Central Maryland average it was flagged as a potential critical health needs gap (red light). The 26 health indicators were grouped into 4 categories:

1. Demographic and socio-economic characteristics,
2. Lifestyle & behavioral factors,
3. Co-morbid precursor diagnoses, and
4. Major disease diagnoses

In addition to the health indicator profiles, Saint Agnes reviewed the Community Health Plans of the local health jurisdictions including Baltimore City and Anne Arundel, Baltimore, Carroll, and Howard Counties. In addition, Saint Agnes is an active participant of the Community Health Planning Task Force for Baltimore City and Baltimore County. The information from the local health jurisdictions was included in the second phase of the CHNA process.

The second phase of the assessment was a qualitative assessment utilizing internal and external stakeholders that represented the broad interest of the communities served and/or had expertise in health care services/public health. Stakeholders completed an online survey utilizing multiple techniques (top-of-mind, rank scaling, nominal group) to identify and prioritize community health needs. In addition to the online survey, stakeholders participated in focus group meetings. During the focus groups, the results of the qualitative assessment were shared as well as the results of the online survey and local health jurisdiction summaries. The result of the stakeholder focus groups was a recommendation to focus on the three most critical health priorities in Saint Agnes's community health improvement initiatives.

Health Needs Identified

During the community health needs assessment process, a broad range of health needs emerged. Twenty-eight community needs were identified in total. These covered the spectrum from direct healthcare-related needs, such as *Primary Care Access*, to non-healthcare needs that affect a population's health status, like *Literacy Education*. A detailed list of all health needs identified in the process may be found in Attachment 5.

The health status and subsequent needs of the populations analyzed vary widely by community; with similar communities demonstrating thematically comparable health needs.

In the older, urban communities Saint Agnes serves, the Socio-Economic/Vulnerable Population and indicators pose an elevated concern compared to other communities assessed. Communities vulnerable in these areas have a larger proportion of the population at risk due to their age (less than five years or greater than 65 years), have a lower level of education and income and have less access to primary care. In these same communities,

the Lifestyle/Behavior indicators are all red, demonstrating significant risk. Communities demonstrating needs in these areas reflect health needs associated with issues such as obesity, tobacco use and insufficient prenatal care.

Arbutus, Catonsville, Glen Burnie and Woodlawn each show an overall health status on par with the Central Maryland Average, however the risk level for particular indices indicates that gaps exist in communities that do not have an overall unfavorable health status. Communities with aging populations such as South Carroll and Pasadena, show greater risk for the Major Disease Index, Joint & Spine Procedures.

The summary of community health indicator profiles provides detail of each community's health risks in Attachment 6.

Saint Agnes Hospital is one of among a dozen hospital providers that currently meet the majority of the acute health care needs of the defined service area in this assessment. These hospital providers include Johns Hopkins Health, University of Maryland Health System, and LifeBridge Health, Mercy Medical Center and Bon Secours Hospital. In addition to the hospital providers there is a wide-array of other community resources including Federally Qualified Health Centers, faith-based church communities, schools, and various private and public social service agencies that are available to address the health needs of the community independently and/or in partnerships with the area health systems. As noted, Saint Agnes participates in several forums such as the Baltimore City Health Improvement Planning Council, the Baltimore County Health Coalition, and the West Baltimore Primary Care Access Coalition. Each of these forums provides an opportunity for the vast array of community resources to connect and jointly address community health initiative priorities.

Communities Health Needs Priorities:

The process of the assessment utilized quantitative and qualitative data analysis to identify and prioritize community health needs. The prioritization process utilized multiple techniques such as online survey and stakeholder focus groups which employed top-of-mind, rank scaling, open end response, and nominal group technique to achieve consensus prioritization of most critical community health needs. The following health needs and geographies were identified as priority areas toward which Saint Agnes should focus its efforts:

The priority needs identified were:

1. Obesity & Related Conditions
2. Cardiovascular Disease
3. Access/Linkages to Primary Care, especially to the poor and vulnerable populations

Recognizing there are a wide variety of resources available to respond to the needs of the community, particularly the other hospital providers located in and around the Saint Agnes service area, in order to have the most impact Saint Agnes will focus community health initiatives in the communities of Southwest Baltimore City (21229), Catonsville (21228), and Arbutus (21227).

How the Implementation Strategy Was Developed

Following the identification of CHNA priorities, Saint Agnes solicited input from CHNA focus group participants as well as consulting with a variety of stakeholders including the Saint Agnes Foundation Board and the Baltimore City Health Department to share the assessment findings and discuss potential organizational response. In addition, Saint Agnes inventoried current community health activities to realign with new priorities, particularly within the Maryland Metabolic Institute and Cardiovascular Institute which have direct responsibility for two of the three identified priorities. The Community Health Need Assessment and Implementation Plan were reviewed and approved by the Saint Agnes Executive Leadership as well as the Planning Committee of the Board of Directors prior to review and approval by the Board of Directors.

Implementation Strategy

- **Obesity and Related Chronic Conditions**

1. Enhance the health status of Saint Agnes associates at risk for metabolic syndrome through participation in The Maryland Metabolic Institute's well4life program.

2. In collaboration with strategic partners, seek opportunities to contract with area employers to offer programs to improve the health status of the community workforce.

3. Explore opportunities to enhance access to bariatric surgery program through the Maryland Medicaid program.

4. Seek opportunities to engage with area middle and secondary schools to provide educational sessions regarding obesity and healthy lifestyle behaviors.

5. Explore opportunities to provide environments that enhance access to physical activity for the community as part of the Gibbons Commons master plan.

6. Seek and secure grant opportunities that facilitate Saint Agnes's ability to enhance and expand obesity education, screening, and treatment services.

- **Cardiovascular Disease**

1. Enhance and expand the foundation of education and screening services established with Saint Agnes's *Red Dress* Sunday and other initiatives to raise the community's awareness and knowledge of cardiovascular disease as well as an individual's own personal risk factors.

2. Support Baltimore City Health Department's Healthy Baltimore 2015 priority to promote heart health so as to reduce the impact of cardiovascular disease, the leading cause of death in Baltimore City.

3. Renovate acute care facilities of the Cardiovascular Institute to facilitate the adoption of a collaborative clinical practice model that better integrates all aspects of the multidisciplinary care team to improve patient outcomes.

4. Maintain Certificate of Ongoing Performance for primary and non-primary angioplasty programs to ensure that citizens of West Baltimore, particularly disenfranchised individuals continue to have access to interventional cardiovascular services.

5. Seek and secure grant opportunities that facilitate Saint Agnes's ability to enhance and expand cardiovascular education, screening, and treatment services.

- **Primary Care Access, Especially For Poor and Vulnerable**

1. In conjunction with strategic partner, Baltimore Medical Systems, Inc., facilitate access to primary care services via the Federally Qualified Health Center located on Saint Agnes campus through expansion of the FAHC facilities and enhanced collaborative linkages with Saint Agnes services.

2. Establish a Health Enterprise Zone in West Baltimore through a collaborative partnership, the West Baltimore Primary Care Access Collaborative (WBPCAC). Support the mission of WBPCAC to create a sustainable, replicable system of care to reduce health disparities, improve access to health care, reduce costs, and expand primary care and community health workforce.

Next Steps

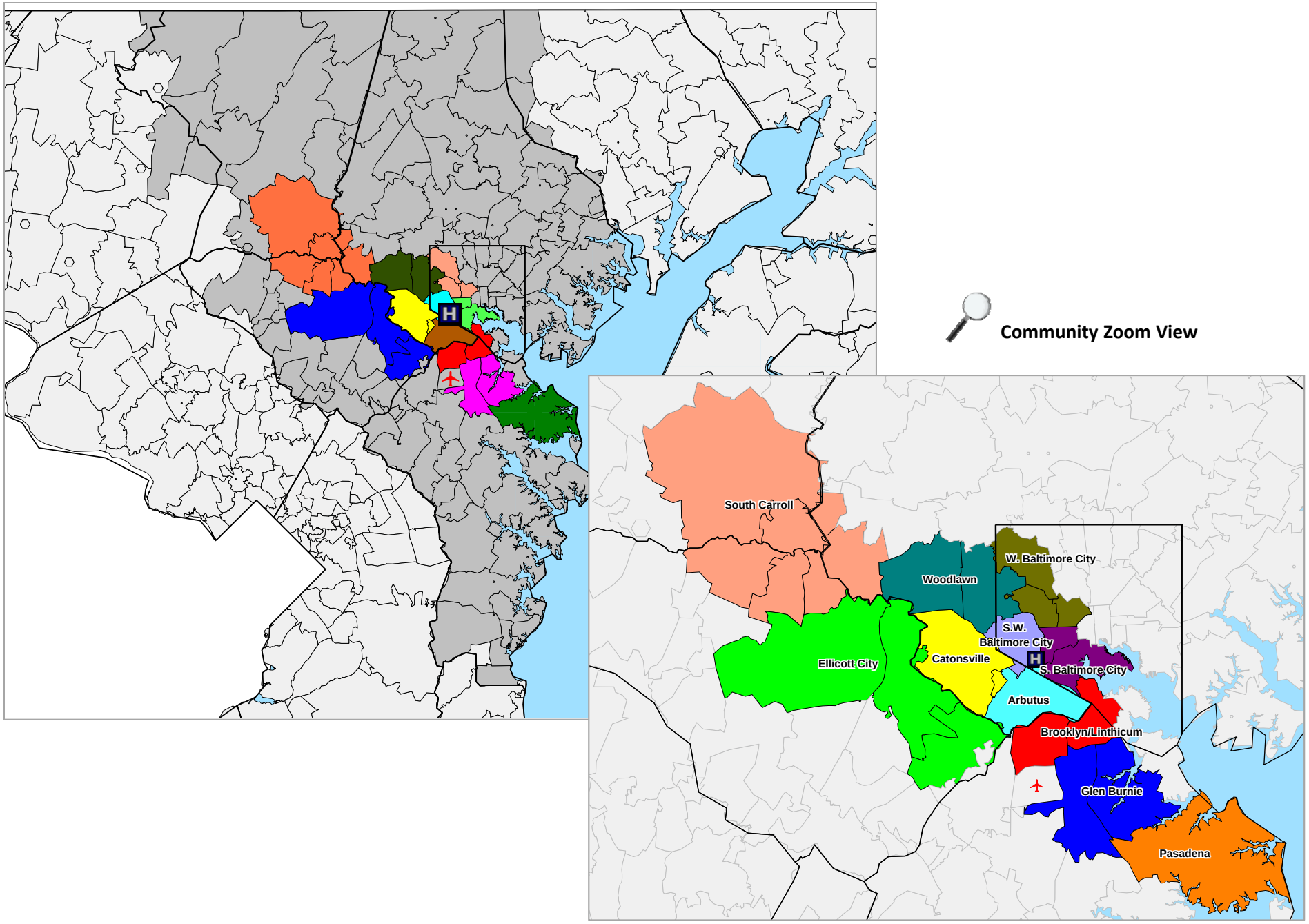
The Board of Directors of Saint Agnes Hospital approved the Community Health Needs Assessment and Implementation Plan on February 25, 2013. Subsequent to that approval, Saint Agnes will publish the assessment on its website in accordance with the requirements that the assessment be made "widely available to the public" in the Spring of 2013. In addition, Saint Agnes will continue to reach out to the community leaders to share the results of the assessment as well as identified priorities as a mechanism to educate the community and identify strategic partners that can assist with addressing identified health needs.

As Saint Agnes develops the FY14-18 Integrated Strategic Operational Financial Plan (ISOFP) as well as FY 14 Strategic Implementation Plan, the CHNA Implementation Plan will be integrated into those documents as well as into the relevant Institute strategic plans. To ensure appropriate accountability, initiatives within the CHNA implementation plan will be assigned to key executive leaders.

Saint Agnes will continue to participate with the local health jurisdictions in the development of community health initiatives and alignment of shared objectives.

Saint Agnes will also need to develop a CHNA performance report card including identification of metrics that reflect the community health status, particularly for the identified priorities.

Attachment 1: Service Area & Community Map



Attachment 2: Community Profiles

Arbutus (Zip Code 21227):
Arbutus is an older suburban community, located south of Caton and Wilkens Avenues, and has a population of 33,139. The traditionally blue collar community is part of the Baltimore County Health Jurisdiction. Saint Agnes Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

Brooklyn-Linthicum (Zip Codes 21090, 21225):
Brooklyn-Linthicum is an older urban/suburban community, located southeast of Caton and Wilkens Avenues, and has a population of 40,179. The industrial and blue collar community has seen an increase in the uninsured population and is part of both the Baltimore City and Baltimore County Health Jurisdictions. Harbor Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

Catonsville (Zip Code 21228):
Catonsville is an older suburban community, located west of Caton and Wilkens Avenues, and has a population of 48,659, with a growing proportion of seniors. The traditionally white collar community is part of the Baltimore County Health Jurisdiction. Saint Agnes Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

Ellicott City (Zip Codes 21042, 21043, 21075):
Ellicott City is a growing suburban community, located west/southwest of Caton and Wilkens Avenues, and has a population of 48,659. The predominantly white collar community is part of the Howard County Health Jurisdiction. Howard County General Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

Glen Burnie (Zip Codes 21060, 21061):
Glen Burnie is an older suburban community, located west/southwest of Caton and Wilkens Avenues, and has a population of 75,243, with a growing proportion of seniors. The traditionally blue collor community is part of the Anne Arundel County Health Jurisdiction. Baltimore Washington Medical Center is the primary hospital provider best positioned to address the specific health needs of this community.

Pasadena (Zip Code 21122):
Pasadena is a suburban community, located southeast of Caton and Wilkens Avenues, and has a population of 58,941, with a growing proportion of seniors. The growing community is primarily served by Baltimore Washington Medical Center and is part of the Anne Arundel County Health Jurisdiction. Baltimore Washington Medical Center and Anne Arundel Medical Center are the primary hospital providers best positioned to address the specific health needs of this community.

South Baltimore City (Zip Code 21223, 21230):
South Baltimore City is an older urban community, located east/southeast of Caton and Wilkens Avenues, and has a population of 62,268. The urban community is projected to experience population declines. South

Baltimore City is part of the Baltimore City Health Jurisdiction. Baltimore Washington Medical Center is the primary hospital provider best positioned to address the specific health needs of this community.

South Carroll (Zip Codes 21104, 21163, 21784):
South Carroll is a suburban community, located northwest of Caton and Wilkens Avenues, and has a population of 52,287, with a growing proportion of seniors. The traditionally rural community has transitioned to a growing suburb of the Metro Baltimore Region. South Carroll is part of Carroll County Health Jurisdiction. Carroll County General Hospital and Northwest Hospital are the primary hospital providers best positioned to address the specific health needs of this community.

Southwest Baltimore City (Zip Code 21229):
Southwest Baltimore City is an older urban community, located at Caton and Wilkens Avenues, and has a population of 46,881. Similar to other urban areas, Southwest Baltimore is projected to experience population declines. Southwest Baltimore City is part of the Baltimore City Health Jurisdiction. Saint Agnes Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

West Baltimore City (Zip Code 21215, 21216, 21217):
West Baltimore City is an older urban community, located north of Caton and Wilkens Avenues, and has a population of 134,531. Similar to other urban areas, West Baltimore is projected to experience population declines. West Baltimore City is part of the Baltimore City Health Jurisdiction. Sinai Hospital, University of Maryland and Bon Secours Hospital are the primary hospital providers best positioned to address the specific health needs of this community.

Woodlawn (Zip Code 21207, 21244):
Woodlawn is a suburban community, located northwest of Caton and Wilkens Avenues, and has a population of 83,180, with a growing proportion of seniors. Woodlawn is part of the Baltimore County Health Jurisdiction. Northwest Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

Attachment 3: Community Health Needs Assessment Participants

Saint Agnes Hospital has a long standing history of conducting community health needs assessments having conducted the first formal assessment in the early 1990s. Since that time, Saint Agnes has established many relationships with members of the physician medical community, community leaders, and former governance leaders that have specialized knowledge of health and the defined community or expertise in public health. For example, Dr. Raymond Bahr, a retired member of the Saint Agnes medical staff, is a world renowned expert in community education and early intervention to reduce the incidence of death as a result of heart attack. Saint Agnes was fortunate to have the following individuals participate in the assessment process due to their strong knowledge of our community and the health industry, their specialized medical or public health expertise, or because of their position within the organization were able to represent the needs of the medically underserved, low-income, and minority populations, and those with chronic disease health needs.

Community Representatives:

Raymond Bahr, MD, community representative, cardiologist
Kenneth Bancroft, community representative, former hospital CEO
Barbara Bozzuto, community representative, former member & chair hospital Board of Directors
Alan Reisinger, MD, community representative, primary care physician
Thelma Daley, PhD, community representative, former member hospital Board of Directors
Ron Kaufman, community representative, former member hospital Board Planning Committee
Stephen Plantholt, MD, community representative, cardiologist
Frank Ryan, community representative, former member hospital Board of Directors
Adil Totoonchie, MD, community representative, general surgeon, former member hospital Board of Directors
Oxiris Barbot, MD, Health Officer, Baltimore City Health Department

Saint Agnes Hospital:

Shadi Barakat, MD, Medical Director Diabetes Center
Paul McClelland, MD, Psychiatrist
Richard Pomerantz, MD, Chairman Department of Medicine
Carole Miller, MD, Medical Director Cancer Institute
Michael Burke, MD, Chairman Department of Pediatrics
James Richardson, MD, Section Chief Geriatric Medicine
Michael Lantz, MD, Interim Chairman Department of OB/GYN
Deborah Som, MD, Associate Program Director Baltimore Medical Systems
Daniel Hardesty, MD, Physician Advisor Care Management
Kirstan Cecil, Director of Marketing & Communications
Cathy Carr-Dardin, RN, Bariatric Surgery Nurse Coordinator
Kim Fabian, Director Maryland Metabolic Institute
Peggy Lanasa, RN, Community Outreach Nurse Morrell Park Wellness Center
Karen Reichert, RN, Nursing Director Maternal Child Health
Shirley Sutton, Director Managed Care and Government Relations
Sr. Ellen LaCapria, DC, Vice President Mission Integration
MaryKay Gardenier, Vice President Cardiovascular Institute & Clinical Support Services
Nancy Mannion, RN, Clinical Unit Coordinator Preventive Cardiology
Jerrilyn Spiegl, RN, Clinical Operations Manager Cancer Institute
Mary Austin, Assistant Vice President Cancer Institute
Carolyn Moore, Director Rehabilitation Services
Donna Hall, RN, Director Care Management
Jennifer Broaddus, LCSW-C, OSW-C, Social Worker Cancer Institute
Chaplain Ann Hazelwood, Dmin, Director Spiritual Care
Susan Dove, RN, Nursing Director Emergency Department

Attachment 4: Community Health Indicators, Definitions & Sources

Socio-Economic / Vulnerable Population

What degree of vulnerability exists with regards to greater health care needs, or greater disparities in access to health care?

These indicators identify vulnerable populations, such as age groups which have a higher propensity to utilize healthcare, as well as those which are more likely to experience financial barriers and disparities in access to health care.

Age Under 5; Age 65+	Diversity	Uninsured
High School Diploma/Less	Primary Care Access	Low Income Households

Lifestyle / Behavior

How prevalent are certain lifestyle choices and behavior patterns, which are highly correlated to increased risk of developing health-related complications and co-morbid conditions?

These indicators identify lifestyle choices and behavioral patterns which increase the risk of developing co-morbid conditions. Metrics such as behavioral health, substance abuse and HIV can be predictive of overall health status.

Obesity	Behavioral Health	HIV Positive
Insufficient Prenatal Care	Substance Abuse	Tobacco Use

Co-Morbid Conditions

How prevalent are co-morbid conditions, which indicate greater risk of developing major disease, and how well are these conditions managed?

These indicators identify the prevalence of co-morbid conditions which are often precursors to major disease. High ambulatory sensitive admission rates may indicate poor access or inadequate health care management.

Arthritis	Joint & Back Pain	Asthma
Chronic Bronchitis	Diabetes	Hypertension
Ambulatory Sensitive Admissions		

Major Disease

How prevalent are major diseases, which require high levels of care and intensive health services?

These indicators identify the prevalence of major disease which require high levels of care and intensive health services. A high prevalence of major disease represents a significant degree of health need, in a community.

Cancer	Cardiovascular	Coronary Heart Disease	Joint & Spine Procedures
Coronary Heart Failure	Heart Attack	Stroke	Infant Mortality

Attachment 4: Community Health Indicators, Definitions & Sources

Socio-Economic/Vulnerable Pop.	Definition
Age Under 5	2010 Census Data; Thomson Reuters - Claritas 2010*
Age 65+	2010 Census Data; Thomson Reuters - Claritas 2010*
High School Diploma/Less	Highest achieved education for population age 25+; Thomson Reuters
Diversity	Non-Caucasian population, 2010 Census Data; Thomson Reuters - Claritas 2010
Primary Care Access Age 18+	Percent of population with a personal physician; Thomson Reuters - Regionally adjusted survey responses
Uninsured	Uninsured population, 2010 Census Data; Thomson Reuters - Claritas 2010
Low Income Households	Household Income 200% above the 2010 poverty level for a household of 4; Thomson Reuters - Claritas 2010
Lifestyle/Behavior Index	
Obesity	Admissions per 1000 population, Maryland Inpatient Discharge Data, ICD-9 Dx Codes 278-278.01; MSA 2010**
Behavioral Health	Admissions per 1000 population, Maryland Inpatient Discharge Data, MDC 19; MSA 2010**
HIV Positive	Admissions per 1000 population, Maryland Inpatient Discharge Data, ICD-9 Dx Code 042; MSA 2010**
Insufficient Prenatal Care	Admissions per 1000 population, Maryland Inpatient Discharge Data, ICD-9 Dx Code V23.7; MSA 2010**
Substance Abuse	Admissions per 1000 population, Maryland Inpatient Discharge Data, MDC 20; MSA 2010**
Tobacco Use	Admissions per 1000 population, Maryland Inpatient Discharge Data, ICD-9 Dx Code 305.1; MSA 2010**
Co-Morbid Conditions Index	
Arthritis	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Back and Joint Pain	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Asthma	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Chronic Bronchitis	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Diabetes	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Hypertension	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Ambulatory Sensitive Admissions	Maryland Inpatient Discharge Data, Asthma (Dx 493-493.9), Diabetes (Dx 249-250.9) and Hypertension (Dx 401-405); MSA 2010**
Major Disease Index	
Cancer	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Cardiovascular	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Coronary Heart Disease	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Coronary Heart Failure	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Heart Attack	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Stroke	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010
Joint & Spine Procedures	Maryland Inpatient Discharge Data, ICD-9 Proc Codes .70-.73; .80-.85; 3.09; 80.51; 81.00-81.08; 81.30-81.39; 81.51-81.55
Infant Mortality	Maryland Inpatient Discharge Data, ICD-9 Dx Code 656.4; MSA 2010**
Cancer - Gyn	Prevalence per 100 population, regionally adjusted estimates, National Health Interview Survey; Thomson Reuters 2010

Sources

Market Expert; Thompson Reuters

**MSA 2010; Market Share Analyst, St. Paul Computer Center; Maryland Inpatient Discharge Data

Attachment 5: Health Needs Identified and Priority Needs Not Being Addressed

The community health needs assessment process surfaced a wide range of needs in the communities which Saint Agnes serves. In accordance with the criteria outlined in the Health Care Affordability Act and 501(r)(3) regulatory requirements, Saint Agnes developed an implementation strategy to address the most critical of health needs and geographies. While a focused number of community health needs and response initiatives are addressed in the implementation strategy, Saint Agnes will continue to offer its full spectrum of services to those whom seek care. For communities in which Saint Agnes is not the primary hospital provider; the primary provider is better positioned to address their community's health needs. Non-healthcare areas for which Saint Agnes does not have the requisite knowledge or expertise to address the needs, other community organizations will be better positioned to address these needs.

Community Health Need	Saint Agnes CHNA Implementation Plan Objective
Cardiovascular Disease	CHNA Priority as a critical community health need. Specific objectives to address identifed community health need are included in CHNA Implementation and will be coordinated through the Saint Agnes Cardiovascular Institute.
Obesity & Related Chronic Diseases	CHNA Priority as a critical community health need. Specific objectives to address identifed community health need are included in CHNA Implementation and will be coordinated through the Saint Agnes Maryland Metabolic Institute.
Primary Care Access	CHNA Priority as a critical community health need, with special attention to the primary care needs of poor and vulnerable populations. Specific objectives to address identifed community health need are included in CHNA Implementation and will be coordinate through Saint Agnes's primary care group, Seton Medical Group, and with other strategic partnerships.
Asthma	This need was not identified/prioritized as a critical community health need. Saint Agnes response will be provided through physician and hospital services to asthma patients seeking care at Saint Agnes.
Behavioral Health Services	This need was not identified/prioritized as a critical community health need. Due to State Health Plan regulations, Saint Agnes does not currently provide behavioral health continuum of care and other providers in the community are better positioned to address this need.
Cancer	This need was not identified/prioritized as a critical community health need. Saint Agnes offers inpatient and outpatient oncology services through its Cancer Institute for patients seeking care at Saint Agnes.
Community Care Management/ Care Coordination	This need was not identified/prioritized as a critical community health need. Saint Agnes will provide limited community-based care management services via demonstration projects within readmission reducation initiative.
General Community Outreach	This need was not identified/prioritized as a critical community health need. Community outreach will focus within three identified critical health needs which include cardiovascular disease, obesity & related chronic conditions, and primary care access.
HIV	This need was not identified/prioritized as a critical community health need. Saint Agnes response will be provided through physician and hospital services to HIV patients seeking care at Saint Agnes.
Medication/Treatment Plan Compliance	This need was not identified/prioritized as critical community health need. Saint Agnes will provide limited medication-treatment plan compliance as part of care management services via demonstration projects within readmission reducation initiative.
Special care needs for Children	This need was not identified/prioritized as critical community health need. Saint Agnes offers a wide array of physician, outpatient, emergency and inpatient services through the Bunting Institute for Women and Children for patients seeking care at Saint Agnes.
Special care needs for Immigrant Populations	This need was not identified/prioritized as a critical community health need. Saint Agnes offers a wide array of physician, outpatient, emergency and inpatient services to meet the health needs of immigrants seeking care at Saint Agnes.

Community Health Need	Saint Agnes CHNA Implementation Plan Objective
Special care needs for Seniors	This need was not identified/prioritized as a critical community health need. Saint Agnes offers a wide array of physician, outpatient, emergency and inpatient services to meet the health needs of elderly seeking care at Saint Agnes.
Women's Health/Prenatal Care	This need was not identified/prioritized as a critical community health need. Saint Agnes offers a wide array of physician, outpatient, emergency and inpatient services to meet the health needs of women seeking care at Saint Agnes.
Chronic Disease Management	This need was not identified/prioritized as a critical community health need. Saint Agnes provides a limited range of chronic disease management services via demonstration projects within readmission reducation and patient-centered medical home initiatives.
Diabetes & Hypertension	Components of these community health needs will be addressed within the identified critical health needs of obesity & related chronic diseases and cardiovascular disease as noted Previously.
Early Detection & Screening Programs	This need was not identified/prioritized as critical community health need. Community based early detection and screening programs will focus within three identified critical health needs which include cardiovascular disease, obesity & related chronic conditions, and primary care access.
Healthy Lifestyle Behaviors	Components of this community health need will be addressed within the identified critical health needs of obesity & related chronic diseases and cardiovascular disease as noted above.
Nutrition Education & Access to Healthy Foods	Components of this community health need will be addressed within the identified critical health needs of obesity & related chronic diseases and cardiovascular disease as noted above.
Services to Poor & Vulnerable	This need was not identified/prioritized as a critical community health need. Saint Agnes, along with all Maryland hospitials, offer a wide array of physician, outpatient, emergency and inpatient services to meet the health needs of the poor and vulnerable under Maryland's All Payor system.
Substance Abuse (Tobacco, Alcohol, Drugs)	Components of this community health need will be addressed within the identified critical health needs of obesity & related chronic diseases and cardiovascular disease as noted above.
Community Housing/Living Conditions	This need was not identified/prioritized as a critical community health need. As a hospital provider, Saint Agnes does not have the requisite knowledge or experise to address this need. Other organizations in the comunity are better positioned to address this need.
Crime	This need was not identified/prioritized as a critical community health need. As a hospital provider, Saint Agnes does not have the requisite knowledge or experise to address this need. Other organizations in the comunity are better positioned to address this need.
Jobs/Skills Training	This need was not identified/prioritized as a critical community health need. As a hospital provider, Saint Agnes does not have the requisite knowledge or experise to address this need. Other organizations in the comunity are better positioned to address this need.
Literacy Education	This need was not identified/prioritized as a critical community health need. As a hospital provider, Saint Agnes does not have the requisite knowledge or experise to address this need. Other organizations in the comunity are better positioned to address this need.
Medication Affordability	This need was not identified/prioritized as a critical community health need. As a hospital provider, Saint Agnes does not have the requisite knowledge or experise to address this need. Other organizations in the comunity are better positioned to address this need.
Stress Management	This need was not identified/prioritized as a critical community health need. As a hospital provider, Saint Agnes does not have the requisite knowledge or experise to address this need. Other organizations in the comunity are better positioned to address this need.
Transportation	This need was not identified/prioritized as a critical community health need. As a hospital provider, Saint Agnes does not have the requisite knowledge or experise to address this need. Other organizations in the comunity are better positioned to address this need.

Attachment 6: Service Area Health Risk Summary by Community

Service Area Health Risk Summary by Community

Community Health Indicators	Central Maryland Average	Arbutus	Brooklyn/ Linthicum	Catonsville	Ellicott City	Glen Burnie	Pasadena	South Baltimore City	South Carroll	Southwest Baltimore City	West Baltimore City	Woodlawn
Socio-Economic / Vulnerable Pop.	**Percent of Population**											
Age Under 5	6.5%											
Age 65+	12.8%											
High School Diploma/Less	40.0%											
Diversity	40.7%											
Primary Care Access Age 18+	86.9%											
Uninsured	16.3%											
Low Income Households	34.4%											
Overall Index Score												
Lifestyle/Behavior Index	**Rate per 1,000 Population**											
Obesity	19.58											
Behavioral Health	7.61											
HIV Positive	2.18											
Insufficient Prenatal Care	3.84											
Substance Abuse	2.69											
Tobacco Use	23.05											
Overall Index Score												
Co-Morbid Conditions Index	**Rate per 100 Population**											
Arthritis	17.30											
Back and Joint Pain	21.53											
Asthma	9.17											
Chronic Bronchitis	3.07											
Diabetes	6.65											
Hypertension	23.47											
Ambulatory Sensitive Admissions	1.51											
Overall Index Score												
Major Disease Index	**Rate per 100 Population**											
Cancer	0.49											
Cardiovascular	2.46											
Stroke	2.22											
Joint & Spine Procedures	0.60											
Infant Mortality	0.43											
Cancer - Gyn	0.57											
Overall Index Score												
Summary Need Index												

Index Definition

A community health indicator which measures exactly at the Central Maryland average is represented by an index score of 1.00. The extent to which a community health indicator is favorable, or unfavorable, to the Central Maryland average is represented by an index score below 1.00, or above 1.00, respectively. The "stoplight" signals correspond to index scores as noted to the right.

	Mild Risk	Moderate Risk	High Risk
Signal			
Index Score	<1.05	1.05 to 1.10	>1.10

Attachment 6: Service Area Health Risk Summary by Community

Health Index Summary

Community	Zip Codes	Population	SAH Market Share	SAH Dependence	Vulnerable Population Index	Lifestyle Behavior Index	Co-Morbid Conditions Index	Major Disease Index	Overall Health Index
West Baltimore City	21215, 21216, 21217	134,531	5.0%	7.1%	1.67	2.49	1.21	1.01	1.60
South Baltimore City	21223, 21230	62,268	13.5%	8.6%	1.45	2.30	1.19	0.77	1.43
Brooklyn/Linthicum	21090, 21225	40,179	5.9%	2.4%	1.30	1.74	1.13	1.35	1.38
Southwest Baltimore City	21229	46,881	42.1%	18.2%	1.44	1.44	1.15	0.91	1.24
Woodlawn	21207, 21244	83,180	11.6%	6.9%	1.16	1.02	1.04	0.86	1.02
Arbutus	21227	33,139	45.6%	12.8%	1.04	1.00	0.98	0.94	0.99
Glen Burnie	21060, 21061	75,243	3.1%	1.8%	0.98	0.88	1.00	1.02	0.97
Catonsville	21228	48,659	54.7%	18.6%	0.90	0.57	1.05	1.11	0.91
South Carroll	21104, 21163, 21784	52,287	4.1%	1.0%	0.67	0.36	0.92	1.16	0.78
Ellicott City	21042, 21043, 21075	102,415	13.0%	5.0%	0.67	0.30	0.85	0.90	0.68
Pasadena	21122	58,941	3.0%	1.0%	0.72	0.54	0.93	0.97	0.63

The communities included in this health needs assessment represent the Saint Agnes Hospital primary and secondary service areas. The assessment compares 35 community specific health indicators, against Central Maryland averages. The extent to which a community is at higher than average risk, for a specific indicator, the index score will exceed 1.00. The inverse is true for an index scores below 1.00, which indicates a comparatively lower level of health risk.

The overall health index, which is an average of all community need indices, highlights those communities with the greatest healthcare needs in the Saint Agnes Hospital service area. This assessment has identified that the more urban based communities of West Baltimore City, South Baltimore City, Brooklyn/Linthicum and Southwest Baltimore City represent the greatest healthcare needs, each with overall indices exceeding 1.30. The suburban communities of Pasadena, Ellicott City and South Carroll have comparatively fewer healthcare needs, as determined by this assessment. Community needs, market share and community dependence rates, suggest that Saint Agnes Hospital can make the greatest impact in Southwest Baltimore City.

Attachment 6: Service Area Health Risk Summary by Community

Index Scores

Socio-Economic/Vulnerable Population							
Community	**Age < 5**	**Age 65+**	**Edu. < High School**	**Diversity**	**Primary Care Access**	**Uninsured**	**Low Income Households**
Arbutus	1.09	1.03	1.42	0.68	0.96	0.90	1.18
Brooklyn/Linthicum	1.14	1.13	1.56	0.90	0.95	1.97	1.45
Catonsville	0.87	1.44	0.82	0.92	0.80	0.58	0.86
Ellicott City	1.01	0.80	0.52	0.80	0.78	0.31	0.44
Glen Burnie	0.99	1.02	1.32	0.77	1.02	0.75	0.98
Pasadena	1.01	0.89	1.16	0.27	0.85	0.34	0.51
S. Balt City	1.17	0.88	1.54	1.30	1.22	2.43	1.61
South Carroll	0.96	0.95	0.78	0.37	0.86	0.26	0.48
SW Balt City	1.18	1.03	1.33	1.96	1.09	1.92	1.57
W Balt City	1.20	1.11	1.45	2.19	1.26	2.67	1.82
Woodlawn	1.14	0.85	1.02	2.16	0.94	0.85	1.19
Grand Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Lifestyle Behavior Index						
Community	**Obesity**	**Behavioral Health**	**HIV Positive**	**Insufficient Prenatal Care**	**Substance Abuse**	**Tobacco Use**
Arbutus	1.31	0.72	0.24	1.27	1.12	1.34
Brooklyn/Linthicum	2.26	1.52	1.22	1.31	1.90	2.24
Catonsville	0.78	0.61	0.25	0.56	0.56	0.64
Ellicott City	0.38	0.36	0.04	0.49	0.24	0.28
Glen Burnie	1.41	1.05	0.30	0.34	0.82	1.36
Pasadena	0.90	0.58	0.07	0.22	0.59	0.85
S. Balt City	1.54	2.11	3.14	1.73	2.63	2.63
South Carroll	0.64	0.59	0.05	0.13	0.27	0.46
SW Balt City	1.41	1.14	2.11	1.11	1.29	1.57
W Balt City	1.70	2.24	4.43	2.45	1.96	2.16
Woodlawn	1.24	0.96	1.17	1.25	0.66	0.83
Grand Total	1.00	1.00	1.00	1.00	1.00	1.00

Attachment 6: Service Area Health Risk Summary by Community

Index Scores

Co-Morbid Conditions Index							
Community	Arthritis	Back and Joint Pain	Asthma	Chronic Bronchitis	Diabetes	Hypertension	Ambulatory Sensitive Admissions
Arbutus	0.98	1.00	0.99	1.01	0.87	0.93	1.11
Brooklyn/Linthicum	1.03	1.00	0.98	1.02	0.98	1.00	1.90
Catonsville	1.15	1.07	1.02	1.06	1.11	1.12	0.86
Ellicott City	0.91	0.95	0.95	0.94	0.90	0.89	0.40
Glen Burnie	0.98	1.00	1.00	1.00	0.92	0.94	1.12
Pasadena	1.01	1.03	1.01	1.06	0.85	0.91	0.63
S. Balt City	0.93	0.96	0.99	0.95	1.01	0.99	1.81
South Carroll	1.03	1.03	0.99	1.04	0.89	0.94	0.50
SW Balt City	0.98	0.94	0.98	0.93	1.23	1.13	1.88
W Balt City	0.99	0.93	0.97	0.91	1.34	1.19	2.15
Woodlawn	0.90	0.90	0.97	0.88	1.18	1.09	1.34
Grand Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Major Disease Index						
Community	Cancer	Cardiovascular	Stroke	Joint & Spine Procedures	Infant Mortality	Cancer-Gyn
Arbutus	1.04	0.99	0.92	1.09	0.48	1.07
Brooklyn/Linthicum	1.07	1.06	1.02	1.28	2.59	1.07
Catonsville	1.26	1.26	1.27	1.16	0.46	1.24
Ellicott City	0.92	0.89	0.83	0.77	1.01	0.95
Glen Burnie	1.01	0.98	0.93	1.33	0.82	1.03
Pasadena	1.04	0.96	0.84	1.26	0.66	1.06
S. Balt City	0.87	0.90	0.97	0.76	0.25	0.88
South Carroll	1.05	0.99	0.90	1.18	1.78	1.07
SW Balt City	0.85	0.98	1.19	0.90	0.74	0.84
W Balt City	0.84	1.01	1.28	0.84	1.33	0.78
Woodlawn	0.75	0.90	1.10	0.83	0.84	0.72
Grand Total	1.00	1.00	1.00	1.00	1.00	1.00

Health Enterprise Zone Designee Milestone & Deliverable Reporting Chart- HEZ Incentives and Resources					Vol 1., Report 4. Due April 30, 2014
Health Enterprise Zone:	**West Baltimore**				
	Year 1 Goal	**Jul-13**	**Oct-13**	**Jan-14**	**Apr-14**
HEZ Practitioners hired in the Zone * Totals are NOT cumulative					
total # of HEZ practitioners hired in the Zone by quarter (total is not cumulative)		4	9.5	0	3
# of HEZ practitioners currently working in the Zone **		4	9.5	0	3
Use of HEZ Incentives (Loan Repayment and Tax Credits) Totals are NOT cumulative					
# of LARP slots requested		8	0	0	0
# of LARP slots utilized		6	1	0	0
# of applicants for HEZ income tax credits ***State rules not finalized		N/A	N/A	N/A	
# of applicants for HEZ hiring tax credits *** Legislation pending in Maryland General Assembly.		N/A	N/A	N/A	
HEZ employees in the Zone (all employees including HEZ practitioners, support staff, clerical staff, community health workers, and all others) Totals are NOT cumulative					
# of direct employees (those employees whose salary is supported by HEZ funds)***		8	16	0	0
# of indirect employees (those employees whose salary is not supported with HEZ funds)****			3	1	3
Patient-Centered Medical Homes (PCMHs) Totals are NOT cumulative-- THIS SHOULD BE REMOVED, THE LINE BELOW SHOULD BE REMOVED					
# of PCMHs created in the Zone (describe work of MLC and this issue in narrative)					
Resident Participation Totals are NOT cumulative					
# of patients seen across all sites **totals are potentially duplicated as a result of several reporting partners				4,386	19,113
# of patients visits across all sites				8,275	25,453

Notes/Comments

* HEZ Practitioners Hired- defined as a licensed health care provider who provides primary care services, behavioral health services or dental services in the Zone. This could include physicians, nurse practitioners, physician assistants, psychiatrists, psychologists, dentists, dental hygienists, licensed clinical social workers, licensed clinical professional counselors, and licensed substance abuse service providers.

**The number of HEZ practitioners working in the Zone may be different than the number of practioners hired in the Zone if a practitioner who has been hired accepts another position, changes jobs, and/or is no longer working in the Zone.

***Direct employees are defined as those employees whose salary is supported by HEZ funds, or incentives such as loan repayment were utilized in their recruitment.

****Indirect employees are defined as those employees whose salary is not supported with HEZ funds. HEZ incentives were not utilized to recruit these individuals.

Health Enterprise Zone Designee Milestone & Deliverable Reporting Chart- Key Activities and Milestones		Vol 1., Report 4. Due April 30, 2014			
Health Enterprise Zone:	**West Baltimore**				
	Year 1 Goal	**Jul-13**	**Oct-13**	**Jan-14**	**Apr-14**
Other Workforce Enhancements. Please provide information in narrative on any other employees hired in the Zone or plans to hire any other employees in the Zone. These will be added to this template at that time (discuss data in narrative). Totals are not cumulative					
# of new entry-level health professionals (need to develop/add definition)	0	0	0	0	0
# of community resident scholarships offered	0	0	0	0	0
# of residents who received scholarship and are employed by Zone	0	0	0	0	0
# of new CHWs deployed	11	1	14	0	3
# of CHWs trained		0	13	0	0
# of residents (unduplicated) seen by CHWs			2,157 (cumulative)		2184
Training Opportunities for Providers and Community Residents (discuss data in narrative). Totals are not cumulative					
Cultural Competency Training		0	2	1	0
Community Capacity Training (Business skills, work force development)		1	3	10	0

Community Partnerships and Expansions (discuss data in narrative). Totals are not cumulative					
"'Mini-Grants" awarded by Zone	4	0	7	0	0
Expansion of coalition partners within HEZ	0	9	3	7	8
Community Resource Enhancements (discuss data in narrative). Totals are not cumulative					
# of new community health resources created (need to develop/add definition)	5	8	2	5	10
Zone Resident Participation (discuss data in narrative). Totals are not cumulative					
# of residents enrolled in chronic disease management program		0	0	14	0
# of residents participating in WB CARE Fitness Program		33	69	88	319
# of residents participating in WB CARE Healthy Cooking Program		0	0	21	40
EHR Development and Data Integration (discuss data in narrative). Totals are not cumulative					
This could be described in the narrative report. (What is the specific goal related to this?)		In Progress			
Delivery of Clinical Health Care Services* (add new sites whenever necessary and discuss addition in narrative). Totals are not cumulative					
Total # of unduplicated patients seen in reporting period*				4,386	19170
Total # of patient visits in reporting period*				8,275	25,514
# of patients seen (unduplicated) at UMMC University Care at Edmondson Village*				1,833	2951
# of patients seen (unduplicated) at Bon Secours Family Health and Wellness Center*				62	242
# of patients seen (unduplicated) at Coppin*				376	232
# of patients seen (unduplicated) at St. Agnes Outpatient Clinic*				?	235
# of patients seen (unduplicated) at Baltimore Medical System at St. Agnes*				615	1066
# of patients seen (unduplicated) at Peoples at Washington Blvd.*				70	61
# of patients seen (unduplicated) at Total Health Care.*				1,405	14266
# of patients seen (unduplicated) at Park West.*				25	120

* If possible, these figures should be unduplicated. If not possible, indicate that the figure could include duplicates and elaborate on this issue in the narrative quarterly report.