

Q1.

## Introduction:

### COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

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

## Q2. Section I - General Info Part 1 - Hospital Identification

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: MedStar Montgomery Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210018	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called MedStar Health.	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

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

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

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

Q8. Please select the county or counties located in your hospital's CBSA.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Allegany County     | <input type="checkbox"/> Charles County    | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County    |
| <input type="checkbox"/> Baltimore City      | <input type="checkbox"/> Frederick County  | <input type="checkbox"/> Somerset County        |
| <input type="checkbox"/> Baltimore County    | <input type="checkbox"/> Garrett County    | <input type="checkbox"/> St. Mary's County      |
| <input type="checkbox"/> Calvert County      | <input type="checkbox"/> Harford County    | <input type="checkbox"/> Talbot County          |
| <input type="checkbox"/> Caroline County     | <input type="checkbox"/> Howard County     | <input type="checkbox"/> Washington County      |
| <input type="checkbox"/> Carroll County      | <input type="checkbox"/> Kent County       | <input type="checkbox"/> Wicomico County        |

Cecil County

Montgomery County

Worcester County

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

- |                                |                                |   |                                |                                |                                |
|--------------------------------|--------------------------------|---|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 20058 | <input type="checkbox"/> 20824 | <input type="checkbox"/> 20850            | <input type="checkbox"/> 20872 | <input type="checkbox"/> 20891 | <input type="checkbox"/> 20907 |
| <input type="checkbox"/> 20207 | <input type="checkbox"/> 20825 | <input type="checkbox"/> 20851            | <input type="checkbox"/> 20874 | <input type="checkbox"/> 20892 | <input type="checkbox"/> 20910 |
| <input type="checkbox"/> 20707 | <input type="checkbox"/> 20827 | <input type="checkbox"/> 20852            | <input type="checkbox"/> 20875 | <input type="checkbox"/> 20894 | <input type="checkbox"/> 20911 |
| <input type="checkbox"/> 20777 | <input type="checkbox"/> 20830 | <input checked="" type="checkbox"/> 20853 | <input type="checkbox"/> 20876 | <input type="checkbox"/> 20895 | <input type="checkbox"/> 20912 |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q33. How did your hospital identify its CBSA?

Based on ZIP codes in your Financial Assistance Policy. Please describe.

Based on ZIP codes in your global budget revenue agreement. Please describe.

Based on patterns of utilization. Please describe.



Other. Please describe.

This geographic area was selected based on hospital utilization and secondary public health data as well as its close proximity to the hospital, coupled with a high density of low-income residents.

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

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

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

<https://www.medstarmontgomery.org/our-hospital/mission-vision-and-values/>

Q37. Is your hospital an academic medical center?

Yes

No

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

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

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

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

Yes

No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

*This question was not displayed to the respondent.*

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

06/30/2018

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

[https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?opt\\_id=oeu1569963601270r0.6936279411285973&\\_ga=2.100326170.503386410.1569963605-676437262.1569963605](https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?opt_id=oeu1569963601270r0.6936279411285973&_ga=2.100326170.503386410.1569963605-676437262.1569963605)

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

- Yes
- No

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

The CHNA is available online and in print format.

Q47. Section II - CHNA Part 2 - Participants

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

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

Clinical Leadership (facility level)

N/A - Person or Organization was not Involved N/A - Position or Department does not exist Member of CHNA Committee Participated in development of CHNA process Advised on CHNA best practices Participated in primary data collection Participated in identifying priority health needs Participated in identifying community resources to meet health needs Provided secondary health data Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Clinical Leadership (system level)

N/A - Person or Organization was not Involved N/A - Position or Department does not exist Member of CHNA Committee Participated in development of CHNA process Advised on CHNA best practices Participated in primary data collection Participated in identifying priority health needs Participated in identifying community resources to meet health needs Provided secondary health data Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Population Health Staff (facility level)

N/A - Person or Organization was not Involved N/A - Position or Department does not exist Member of CHNA Committee Participated in development of CHNA process Advised on CHNA best practices Participated in primary data collection Participated in identifying priority health needs Participated in identifying community resources to meet health needs Provided secondary health data Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Population Health Staff (system level)

N/A - Person or Organization was not Involved N/A - Position or Department does not exist Member of CHNA Committee Participated in development of CHNA process Advised on CHNA best practices Participated in primary data collection Participated in identifying priority health needs Participated in identifying community resources to meet health needs Provided secondary health data Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Community Benefit staff (facility level)

N/A - Person or Organization was not Involved N/A - Position or Department does not exist Member of CHNA Committee Participated in development of CHNA process Advised on CHNA best practices Participated in primary data collection Participated in identifying priority health needs Participated in identifying community resources to meet health needs Provided secondary health data Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Community Benefit staff (system level)

N/A - Person or Organization was not Involved N/A - Position or Department does not exist Member of CHNA Committee Participated in development of CHNA process Advised on CHNA best practices Participated in primary data collection Participated in identifying priority health needs Participated in identifying community resources to meet health needs Provided secondary health data Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Physician(s)

N/A - Person or Organization was not Involved N/A - Position or Department does not exist Member of CHNA Committee Participated in development of CHNA process Advised on CHNA best practices Participated in primary data collection Participated in identifying priority health needs Participated in identifying community resources to meet health needs Provided secondary health data Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Nurse(s)

N/A - Person or Organization was not Involved N/A - Position or Department does not exist Member of CHNA Committee Participated in development of CHNA process Advised on CHNA best practices Participated in primary data collection Participated in identifying priority health needs Participated in identifying community resources to meet health needs Provided secondary health data Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Social Workers

N/A - Person or Organization was not Involved N/A - Position or Department does not exist Member of CHNA Committee Participated in development of CHNA process Advised on CHNA best practices Participated in primary data collection Participated in identifying priority health needs Participated in identifying community resources to meet health needs Provided secondary health data Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Community Benefit Task Force



Maryland Department of Natural Resources

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of the Environment

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Transportation

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Education

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Area Agency on Aging -- Please list the agencies here:

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Faith-Based Organizations

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School - K-12 -- Please list the schools here:

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School - Colleges and/or Universities -- Please list the schools here:

N/A - Person or Organization was not involved  
Member of CHNA Committee  
Participated in the development of the CHNA process  
Advised on CHNA best practices  
Participated in primary data collection  
Participated in identifying priority health needs  
Participated in identifying community resources to meet health needs  
Provided secondary health data  
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School of Public Health -- Please list the schools here:



School - Medical School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:  
Brooke Grove Retirement Village

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:  
Olney Home for Life, Greater Olney Civic Association, Olney Chamber of Commerce

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations - Please list the organizations here:  
Primary Care Coalition

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

- Yes
- No

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

06/30/2018

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

[https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?opt\\_id=oeu1569963601270r0.6936279411285973&\\_ga=2.100326170.503386410.1569963605-676437262.1569963605](https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?opt_id=oeu1569963601270r0.6936279411285973&_ga=2.100326170.503386410.1569963605-676437262.1569963605)

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

*This question was not displayed to the respondent.*

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

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

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

The 2015 Community Health Needs Assessment identified the Aspen Hill/Bel Pre neighborhood (ZIP code 20906) as the designated Community Benefit Services, with a focus on persons aged 50 and older having risk factors that were linked to heart disease. While the primary focus was heart disease, there were other secondary identified community needs, including cancer prevention and mental/behavioral health that were considered for future programming. Similarly, the 2018 Community Health Needs Assessment continued to identify ZIP code 20906, in addition to ZIP code 20853 as the designated community benefit service, but with a special focus in overall chronic disease prevention and management (heart disease/stroke, diabetes, and obesity), in addition to access to behavioral health programs and social needs screening.

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

During FY19, key revisions were made across MedStar Health to more effectively impact the communities served throughout Maryland and Washington, DC. Several internal meetings were convened with leadership from each MedStar Health Hospital to review current practices and strategies. As a result of these meetings, the approach to the current Community Health Needs Assessment (CHNA) for the remainder of the three-year cycle (FY19-FY21) was revised. Using the standard categories, Health and Wellness, Access to Care and Social Determinants of Health to determine what to prioritize for the CHNA IRS requirements, each hospital agreed to select two to three strategies as priorities that have size and scale impact and measurable outcomes. MedStar Montgomery Medical Center's health priorities for the CBSA include health and wellness (chronic disease prevention and management, behavioral health) and social determinants of health (social needs screenings).

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

Q60. Section III - CB Administration Part 1 - Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:



Q62. Section III - CB Administration Part 1 - Participants (continued)

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
Other Hospitals -- Please list the hospitals here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
Local Health Department -- Please list the Local Health Departments here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
Maryland Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>
Area Agency on Aging -- Please list the agencies here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below: <input type="text"/>



	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: Olney Home for Life <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations - Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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

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

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

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

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

The internal review of the Community Benefit Report is performed by the Administrative Director, Population Health, the Financial Services Manager, and the CFO. The CFO provides oversight of the CBISA reporting function, auditing process and approval of Community Benefit funding. The CEO's signature is obtained through an attestation letter supporting their approval of the Community Benefit Report. The MedStar Health Corporate Office also conducts a review/audit of the hospital's Community Benefit Report annually.

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

- Yes
- No

Q69. Please explain:

*This question was not displayed to the respondent.*

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

Yes

No

Q71. Please explain:

*This question was not displayed to the respondent.*

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

Yes

No

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

MedStar Health's vision is to be the trusted leader in caring for people and advancing health. As part of MedStar Health's fiscal 2018-2020 system strategic plan (which acts as the umbrella plan for all MedStar hospitals), community health and community benefit initiatives and tactics are organized under the Evolving Care Delivery Model domain, with recognition of health disparities and an aim to integrate community health initiatives into the interdisciplinary model of care.

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

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

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

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

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

Q79. Name of initiative.

Senior Wellness Program

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

Yes

No

Q81. In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**  
**Other: Medication Adherence**

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



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

Q82. When did this initiative begin?

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

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

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

-

Other. Please explain.

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

The target population of the Senior Wellness program is seniors 65 and older, with a special focus on those who are overweight and obese. There are 6,290 residents 65 and older living in ZIP code 20906. 63.4% of adults in Montgomery County are overweight or obese. 36% of adults in Montgomery County suffer from high blood pressure and the Heart Disease mortality rate for persons 65 and older is 726.4 in Montgomery County, compared to 47.2 for those who are between the ages of 35-64. 7.4% of adults in Montgomery County live with diabetes.

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

6,290

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

321

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Chronic disease-based intervention:  
Management Intervention.

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

- Yes. Please describe who was involved in this initiative.
- No.

County Community Recreation Center, Longwood Community Center and Ross-Boddy Community Center. Community Centers served as class room space during FY19.

Q89. Please describe the primary objective of the initiative.

The primary objective of the Senior Wellness Program is to reduce the prevalence and risk factors that contribute to chronic disease among high-risk populations by providing physical fitness classes that increase strength, flexibility, balance, coordination and cardiovascular endurance to those age 65 and older. Exercise is a key factor in managing chronic illnesses and improving quality of life.

Q90. Please describe how the initiative is delivered.

Senior wellness program is composed of variety of classes including, Senior Strength and Balance, Tai-Chi for Health, Body Balance Yoga and Gentle Flow Yoga for seniors. All classes are offered as free weekly exercise programs and are facilitated by a certified fitness instructor. All classes are comprised of low-impact aerobic movements, concentrating on improving cardiovascular health, weight loss, balance and flexibility.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

In FY19, 321 individuals were reached by the Senior Wellness program. Of those, 141 participants were screened; 91% reported improvements in blood pressure readings; 72% reported improvements in cholesterol readings; 74% reported improvement in Glucose ABA1C; and 82% reported improvements in body weight. 86% of participants reported zero Emergency Department visits during the past 12 months and 0.03% reported being admitted to a hospital overnight or longer.

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

Senior Strength and Balance Program at MedStar Montgomery decreases isolation and increases physical activity in older adults. In FY19, over 70% of screened participants reported improvements in blood pressure, cholesterol and body mass index. Healthy Montgomery core measure data indicates heart disease mortality age-adjusted rate in Montgomery County is decreasing at rate 105.3 in comparison to MD SHIP at 166.3. As people age, maintaining strength, flexibility, cardiovascular health and an ideal BMI is key to the ability to function on a day-to-day basis and can contribute to the management and prevention of chronic health conditions.

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

Hospital Funds: \$25,589

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Screening, Brief Intervention and Referral to Treatment (SBIRT Program)

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

- Yes
- No

Q99. In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**  
**Other: Medication Adherence**

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

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention

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

Q100. When did this initiative begin?

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

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

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

- Other. Please explain.

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

The target population of the SBIRT program is those requiring referrals to substance use and addiction treatment. There are 971,777 residents in Montgomery County, the Drug-Induced Mortality Age-Adjusted Rate is 12.0 per 100,000 in Montgomery County and the Drug-induced Age-Adjusted Mortality Rate is 11.7 per 100,000.

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

971,777

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

25,531

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Brief Intervention and Referral to Treatment.

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

- Yes. Please describe who was involved in this initiative.
- No.

Medstar Montgomery successfully partnered with Substance Abuse and Mental Health Services Administration (SAMSHA); Mosaic Group; Maryland Department of Health and Mental Hygiene - Behavioral Health Administration; MMMC ED Providers.

Q107. Please describe the primary objective of the initiative.

The primary objective of the SBIRT program is to identify patients with at-risk and dependent substance and/or alcohol use behaviors, and to provide a brief early intervention services to those who screen positively for risky drug and alcohol use.

Q108. Please describe how the initiative is delivered.

The SBIRT program includes a triage process of point of entry where patients are screened for addiction and substance abuse, followed by a brief intervention by a peer recovery coach. When appropriate patient is referred to addiction treatment services.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
-

Effects on healthcare utilization or cost

Assessment of workforce development

Other

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

25,531 SBIRT screens completed in FY19, with 1,683 positive screens.

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

Healthy Montgomery's health improvement process core measures data indicates that the substance abuse ER visit age-adjusted rates continue to increase in Montgomery County, indicating a continuous need to identify, reduce, and prevent problematic substance dependence. Through the SBIRT program MedStar Montgomery is able to assist by increasing the number of these patients referred to and admitted in programs for substance use/addiction treatment in the area, contributing to reduction of future illicit drug abuse.

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

Hospital Funds: \$105,640

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Wellness and Independence for Seniors at Home (WISH Program)

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

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify) Other: Medication Adherence**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance                       | <input type="checkbox"/> Heart Disease and Stroke                       |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs                        | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits                     | <input type="checkbox"/> Immunization and Infectious Diseases           |
| <input type="checkbox"/> Access to Health Services: ED Wait Times                          | <input type="checkbox"/> Injury Prevention                              |
| <input type="checkbox"/> Access to Health Services: Outpatient Services                    | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health   | <input type="checkbox"/> Maternal and Infant Health                     |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions              | <input type="checkbox"/> Nutrition and Weight Status                    |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Older Adults                        |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Oral Health                                    |
| <input type="checkbox"/> Children's Health   | <input type="checkbox"/> Physical Activity                              |
| <input type="checkbox"/> Chronic Kidney Disease  | <input type="checkbox"/> Respiratory Diseases                           |

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

Q118. When did this initiative begin?

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

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

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

- Other. Please explain.

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

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

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

1,376

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

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

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

- Yes. Please describe who was involved in this initiative.
- No.

MedStar Montgomery Medical Center partnered with the Coordinating Center, NMRP Hospitals (MedStar Montgomery Medical Center, Holy Cross Health Center Silver Spring, Holy Cross Health Germantown, Suburban Hospital, Shady Grove Adventist Hospital, Washington Adventist Hospital).

Q125. Please describe the primary objective of the initiative.

The primary objective of the WISH Program is to offer free health and wellness support programs to help maintain the health of its 65 and older community by connecting residents to resources that allow them to remain independent and in their own homes.

Q126. Please describe how the initiative is delivered.

A WISH coach visits the client in their home and helps them develop a personalized plan to maintain their health and independence. The coach will coordinate healthcare and support services based on the client's unique situation.

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

1,376 Engagements completed through WISH program in FY19. Of these there are 160 Active patients currently receiving full services and 109 Active patients, but only receiving periodic services as needed. There are 1,109 Inactive patients that received services previously in FY19, but are not currently receiving services.



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

Health coaching from WISH can help older adults to remain independent and age-in-place by connecting them to a variety of community based services ranging from transportation to ordering medical supplies. Some of the benefits of WISH include, improved health and well-being, greater sense of independence and self-confidence, stabilized health to keep seniors out of the hospital, smoother transitions from hospital to home and connection to community-based services. Maryland Census indicates there are 150,625 residents 65 and older living in Montgomery County, many who live independently with little assistance and can continue to benefit from a program such as WISH.

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

Hospital Funds: \$52,609.67

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

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

- Yes
- No

Q136.

In your most recently completed CHNA, the following community health needs were identified:  
**Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)**  
**Other: Medication Adherence**

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

*This question was not displayed to the respondent.*

Q137. Why were these needs unaddressed?

*This question was not displayed to the respondent.*

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

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

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input checked="" type="radio"/>	<input type="radio"/>
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	<input checked="" type="radio"/>	<input type="radio"/>

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

### Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology

Other. Please specify. 

Gaps in specialty care for our community still exist for the uninsured and immigrant populations. MedStar Montgomery Medical Center provides specialty care services for the uninsured, but we lack the capacity to meet all of the outstanding needs in areas such as Dental, and Oral and Maxillofacial Surgery. The hospital continues to sustain relationships with health partners such as Project Access, Montgomery Cares, Proyecto Salud and Holy Cross Clinic. Aspen Hill to bolster primary and specialty care services available to the uninsured.

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	<input type="text"/>
Non-Resident House Staff and Hospitalists	<input type="text" value="The hospital contracts/employees non-resident house staff and primary"/>
Coverage of Emergency Department Call	<input type="text"/>
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text" value="Women and Children- The hospital contracts with outside OB/GYN"/>
Other (provide detail of any subsidy not listed above)	<input type="text" value="Hospice and Continuing Care- MMMC's Continuing Care services provides a highly focused environment of care to meet the needs of its patients. Palliative care improves care, decreases suffering, and ensures quality and safe care to all patients at MMMC."/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

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

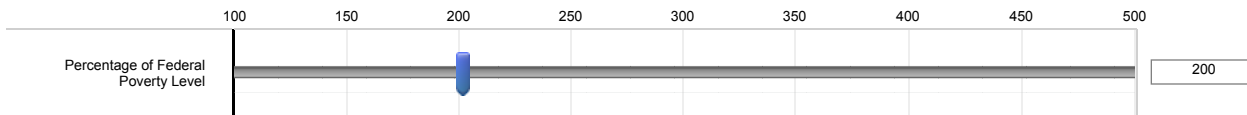
Q146. Upload a copy of your hospital's financial assistance policy.

[MedStar Corporate Financial Assistance Policy\\_07\\_2016.pdf](#)  
339.3KB  
application/pdf

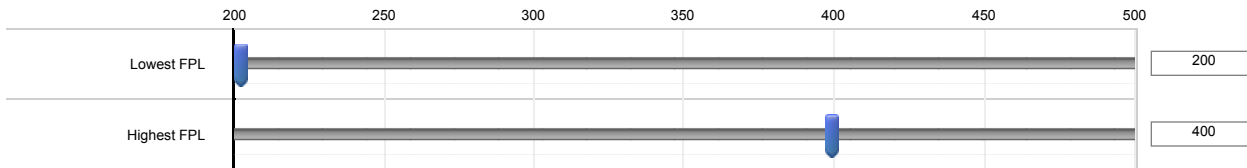
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[MedStar Patient Information Sheet.pdf](#)  
236.2KB  
application/pdf

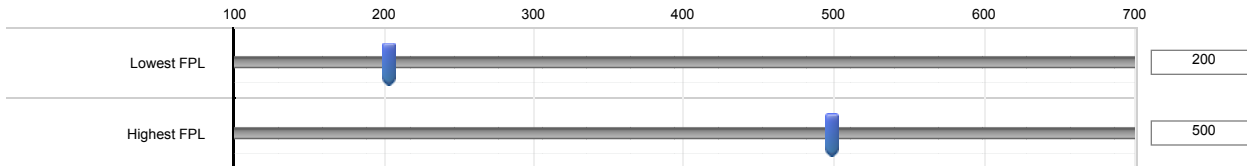
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



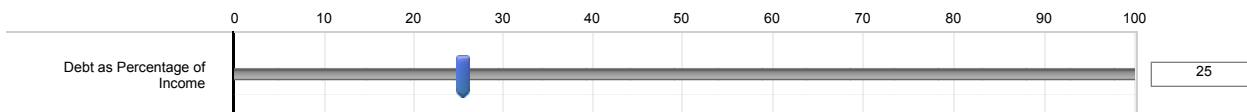
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



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



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



Q152. Has your FAP changed within the last year? If so, please describe the change.

No, the FAP has not changed.

Yes, the FAP has changed. Please describe:

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

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

## Q155. Summary & Report Submission

Q156.

### Attention Hospital Staff! IMPORTANT!

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

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

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

