

IN THE MATTER OF

WASHINGTON ADVENTIST HOSPITAL, INC.

Docket No. 13-15-2349

* BEFORE THE

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* MARYLAND HEALTH

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* CARE COMMISSION

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**HOLY CROSS HOSPITAL OF SILVER SPRING'S COMMENTS ON
ADVENTIST HEALTHCARE'S RESPONSES TO THE REVIEWER'S
QUESTIONS DATED JULY 10, 2015**

Holy Cross Hospital of Silver Spring, Inc. ("HCH"), by its undersigned counsel and pursuant to the July 10, 2015 letter of Commissioner Phillips, submits these comments on the responses of Adventist HealthCare, Inc. ("AHC") to the questions posed by Commissioner Phillips.

**I. AHC HAS NOT ADDRESSED ALL CONCERNS ABOUT ITS ABILITY TO
APPROPRIATELY ASSESS AND PLACE PSYCHIATRIC PATIENTS
THROUGH THE PLANNED URGENT CARE CENTER ON THE TAKOMA
PARK CAMPUS.**

In Question A.2, the Reviewer seeks detailed information about how AHC proposes to conduct assessment and intake of behavioral health patients under a variety of scenarios if the acute general portion of Washington Adventist Hospital ("WAH") is relocated to White Oak, leaving behind a separate special psychiatric hospital on the Takoma Park campus. In response, AHC tries mightily to show that it will perform appropriate intake and assessment in an urgent care center with no available emergency services on site. In fact, it will be exceedingly difficult, and in some cases impossible, to perform effective psychiatric assessment and intake in an urgent care center, especially if the urgent care center is not open at all times.

In the Reviewer’s Scenario 1(a), the premise is that the “patient appears to be in danger to himself/herself or others.” Such a patient should be assessed in an emergency department, not an urgent care center without the necessary resources to address the patient’s needs and protect others. AHC states that the urgent care center will be staffed at all times with at least one qualified mental health professional, which it defines as a clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, or psychiatric nurse. AHC Responses at 5-6.

Even if AHC provides this staffing – which it will not be obligated to do¹ – it is not clear that an urgent care center is an appropriate setting for a patient with significant mental health issues. Indeed, telephone inquiries to several Montgomery County urgent care centers, including AHC’s Centra Care in Rockville, revealed that none accept patients with suicidal or homicidal idiopathic tendencies; each of the centers directed the caller to a hospital ED. Even if the proposed urgent care center in Takoma Park actually opens and provides mental health assessment and intake (unlike the other urgent care centers in the County), patients, families of patients, and emergency care providers, would not likely consider an urgent care center to be an appropriate venue for such services. They likely will continue to seek assessments and intake in a hospital ED.

Only those hospital EDs designated by the Department of Health and Mental Hygiene provide emergency evaluations of patients in need of psychiatric services. MD. CODE ANN. HEALTH-GEN §§ 10-620 et seq. (West 2015). Thus, if an individual in Takoma Park is in need of

¹ Aside from not being obligated to provide any particular staffing for the urgent care center, despite its representations to the Reviewer, AHC will not be obligated to open and operate the urgent care center at all. As AHC has structured its CON application, the approval of the relocation of acute general hospital services to White Oak will not be conditioned on AHC providing any services in Takoma Park. Already, AHC has stated that it intends to operate the urgent care center on a 24/7 basis only “initially.”

an emergency evaluation, he or she will be sent to an ED in one of the Montgomery County hospitals, not an urgent care center, for evaluation. While the staff in AHC's proposed urgent care center may initiate the involuntary admission process by completing an application for admission, no patients will be sent to the urgent care center for emergency evaluation.

AHC refers to an "on-call psychiatrist" who will be available for "disposition determination as well as face-to-face diagnostic evaluations, as necessary." AHC does not describe the other duties and roles this professional will have while serving the urgent care center, nor does AHC explain how this professional will be affiliated with the urgent care center and where he or she will be located during on-call duty. Since on-call physician capability is not common practice for urgent care centers, to better assess both the financial and operational feasibility of AHC's staffing plan, it is important to understand the proximity and capacity of the on-call psychiatrist, as well as his or her financial relationship with AHC.

II. AHC'S EXPECTATION THAT IT WILL SERVE MORE THAN 45% OF WAH'S CURRENT ED VOLUME AT THE PLANNED URGENT CARE CENTER IS NOT REALISTIC.

In responding to the Reviewer's Question B.1, AHC estimates that more than 45% of the 2014 ED visits at WAH "could have been treated" at the planned urgent care on the Takoma Park campus. AHC acknowledges that most ESI level 3 patients (70%) could not be treated or fully assessed for treatment in the urgent care center. AHC Responses at 26. However, to show that the proposed urgent care center could accommodate 30% of the ESI level 3 patients, AHC should provide the Commission with more detail about the precise diagnoses that AHC believes can be addressed in the urgent care center. As AHC notes, and as its table of 2014 ED visits shows, ESI level 3 includes a majority of the patients seen in the ED (60% in 2014) and a diverse group of diagnoses. While AHC provides a few examples of level 3 diagnoses that would not be

treatable in the proposed urgent care center, it does not provide specific information about which diagnoses could be treated. Also, AHC does not explain or support the basis for its estimate that 30% of level 3 patients could be treated in the proposed urgent care center.

Furthermore, AHC does not provide sufficient detail about the nature of the ancillary services that AHC will commit to support the urgent care center. While AHC states that existing hospital support functions, such as laboratory, pharmacy, and radiology, will remain in place, AHC does not specify the level of support so that the Commission may assess the likely capabilities of the proposed urgent care center. For example, will the proposed urgent care center have ultrasound, flat film x-ray, CT, or MRI?

Regardless of the treatment capabilities and ancillary services of the urgent care center, perhaps the most critical question is whether patients who currently visit the WAH ED (and are accustomed to doing so) will seek care in the new urgent care center rather than visit the ED at HCH or another hospital near them. As shown in HCH's earlier submission, dated July 14, 2015, there are approximately 40 urgent care centers in Montgomery County, and 25% of them have opened since 2012. Yet ED volumes at HCH have remained generally flat over the past five years. *See* HCH Reply to AHC Comments on Additional Information Questions at 3-5. These data demonstrate that the increase in the availability of urgent care centers did not significantly relieve demand for ED services. Urgent care centers may help fill the need for primary care physician services, but they do not appear to serve as an effective substitute for ED services.

Apparently seeking to minimize the likely impact of the relocation of the WAH ED on HCH's ED, AHC states that "[p]atients who present to the urgent care center and need to visit a hospital emergency department will be referred to the WAH ED in White Oak." AHC

Responses at 27. However, AHC does not explain how or why such a patient would be transported to White Oak. If the patient is to be transported by County EMS, for most conditions, the Maryland Medical Protocols for Emergency Medical Services Providers would direct that he or she be transported to the nearest available hospital ED or freestanding medical facility.² For current residents using the existing WAH ED, this would now be the ED at HCH, not White Oak. Alternatively, if the patient will self-transport, it is not clear why he or she would choose to travel to White Oak rather than go to the closer ED at HCH for the majority of the WAH ED service area population. Given HCH's strong reputation in the community there is no disincentive for a patient to visit HCH's ED as a more convenient option.

III. AHC'S FINANCING PLAN AND BUDGET FOR THE TAKOMA PARK CAMPUS ARE VAGUE AND UNCERTAIN.

In response to the Reviewer's request for details about the proposed financing of the Takoma Park campus improvements, AHC provides vague and uncertain information, stating merely that it intends to seek a bank loan with a 25-30 year amortization no sooner than 2017. AHC Responses at 29-30.

As before, AHC provides no meaningful detailed breakdown of the project costs. It simply reproduced a seven line proposed budget with generalized categories. Although the budget includes a line for converting the WAH ED into an urgent care center (\$3,250,000), it is impossible to determine how much of the other projected expenditure should be included in the conversion of the ED to an urgent care center. The budget is vague, including substantial

² The Maryland Medical Protocols for Emergency Medical Services Providers are developed by the Maryland Institute for Emergency Medical Services Systems pursuant to COMAR § 30.03.05.02. See http://www.miemss.org/home/Portals/0/Docs/Guidelines_Protocols/Protocols_2015_FULL_Web.pdf?ver=2015-04-09-133642-297 (last accessed September 3, 2015).

expense categories such as “Other Requirements” (\$3,940,000) and “Takoma Park Facility Upgrades” (\$2,300,000). During the Takoma Park site visit, AHC mentioned a number of planned improvements, including moving walls, expanding open spaces, and creating private rooms as part of the renovations to the behavioral health unit. None of this is detailed in the budget. Similarly, during the site visit, AHC discussed the age of the existing facility, but the budget does not detail the necessary upgrades, such as asbestos abatement and updated air handling. AHC should provide detailed budget information concerning all aspects of the Takoma Park project.³

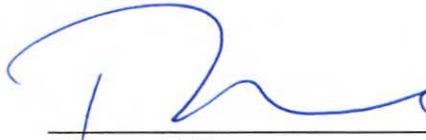
Finally, AHC provides no separate financial projections for the urgent care center as a stand-alone operation. Presumably, the revenue from the operation of the urgent care center will not be regulated by the Health Services Cost Review Commission. It is not clear how professional services and ancillary services in the urgent care center will be billed and collected. AHC should detail the revenue and expenses for the urgent care center so that the Commission may assess whether the center, as described by AHC, is financially feasible.

IV. CONCLUSION

For the foregoing reasons, and for the reasons set forth in HCH’s other submissions concerning the Modified Application, HCH respectfully asks that AHC’s Modified Application proposing to partially replace WAH with a new hospital in White Oak be denied.

³ As HCH noted previously, AHC states that the Takoma Park campus is “not a formal element” of its CON application. However, it appears that the cost of developing the campus after the relocation of acute general hospital services will exceed the capital expenditure threshold for CON review (presently \$11,750,000).

Respectfully submitted,



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Date: September 9, 2015

CERTIFICATE OF SERVICE

I hereby certify that on the 9th day of September 2015, a copy of the foregoing Comments on Adventist HealthCare's Responses to the Reviewer's Questions Dated July 10, 2015 was sent via email and first-class mail to:

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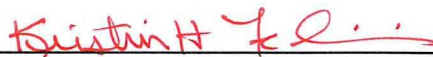


Thomas C. Dame

I hereby declare and affirm under the penalties of perjury that the facts stated in Holy Cross Hospital of Silver Spring's Comments on Adventist Healthcare's Responses to the Reviewer's Questions Dated July 10, 2015 and its attachments are true and correct to the best of my knowledge, information, and belief.

September 9, 2015

Date



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