

STATE OF MARYLAND

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MARYLAND HEALTH CARE COMMISSION

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July 10, 2015

By E-Mail and USPS

John F. Morkan III, Esquire
Ober, Kaler, Grimes & Shriver
120 East Baltimore Street
Baltimore, Maryland 21202

Re: Additional Information Requests
Adventist HealthCare, Inc.
Docket Number 13-15-2349

Dear Mr. Morkan:

I have reviewed the information provided by the parties on May 29 and comments on that information filed on June 29. While I realize that responses to the comments are not yet due, I have concluded that I need additional information regarding the likely impact that the proposed hospital relocation will have on access to services by the local population, particularly access to behavioral health and emergency/urgent care services. For this reason, I request that Adventist HealthCare, Inc. (“Adventist”) provide the following additional information.

A. Requested information – behavioral health assessments and provision of services:

1. Please provide a more detailed description and more complete information regarding Adventist’s plans to assess and appropriately place patients with likely behavioral health diagnoses who present: (1) at the proposed replacement hospital’s emergency department; or (2) at Adventist’s Takoma Park campus’ urgent care center. Detail the staffing and resources that will be available to assess these patients at each site on a 24-hour basis (or, if not on a 24-hour basis, at the various applicable times), including the actual location at each site where behavioral health assessments will be made. Please complete the table in Attachment A and provide other information as needed to assure that Adventist has presented a complete picture of behavioral health assessments and placements.

2. For the following scenarios, please provide step-by-step illustrations of how the assessment/intake of a likely behavioral health patient will be conducted, depending on where the patient first presents.

In illustrating the steps, please describe where the initial assessment will take place, how this assessment will be staffed, what the possible dispositions are following the assessment and how the patient is expected to transition through the health care system, and the additional steps for each possible disposition. Detail, as appropriate to the scenario, how the disposition of the patient following assessment will be affected, based on the patient's presenting location.

Additionally, if the assessment/intake process is likely to vary depending on the time of day or day of week, please describe the process during each time segment.

Finally, also address actions that Adventist will take to minimize the need to transport patients between Adventist's Takoma Park campus and the proposed relocated Washington Adventist Hospital.

Scenarios 1a-e: A patient presents at the proposed urgent care center on Adventist's Takoma Park campus and the patient:

- a. Appears to be a danger to himself/herself or others;
- b. Appears to be so disabled by a mental disorder that s/he does not have ability to fulfill activities of daily living, including caring for the patient's children;
- c. Has a compromised physical state that further complicates the patient's mental state;
- d. Requests a referral for behavioral health problems; and
- e. Is already being treated with powerful psychotropic drugs (such as clozapine), but the treating provider can not be reached.

Scenario 2: A likely behavioral health patient presents at the proposed replacement hospital's emergency department;

Scenario 3: A likely behavioral health patient with no apparent substance abuse problem is encountered in the community by emergency medical service personnel and/or law enforcement authorities at a location that, under current circumstances, would result in transportation to Washington Adventist Hospital for an emergency psychiatric evaluation to determine if involuntary admission is appropriate; and

Scenario 4: A patient presents at a nearby hospital without psychiatric beds or services, where emergency department staff who conduct a preliminary psychiatric evaluation conclude that the patient needs a full behavioral health assessment (and possible inpatient or intensive outpatient behavioral health

services). The hospital contacts Adventist HealthCare seeking to refer the patient for appropriate behavioral health assessment or services.

3. Describe how Adventist will structure its behavioral health assessment and intervention processes in order to provide needed services and follow-up to patients at earlier stages, in an effort to avoid later crisis situations and either emergency or voluntary hospitalizations.

B. Requested information – the proposed urgent care center:

1. Based on the current case mix at the Washington Adventist Hospital (“WAH”) emergency department, what is Adventist’s assessment of the proportion of visits currently seen at the existing WAH emergency department that could be handled at the proposed urgent care center? Please characterize the distribution of patients presenting at the WAH emergency department in 2014 by level of acuity, using the Emergency Severity Index (ESI), which is a five-level emergency department triage algorithm developed by AHRQ. Urgent care centers are not equipped to treat patients presenting with an ESI level of 1 (life threatening) or 2 (emergent, high risk). Will the urgent care center be able to treat all patients who present in the ESI 3-5 range? Please describe conditions and situations regarding patients within the ESI 3-5 range that Adventist expects would not receive treatment at its planned urgent care center.
2. Detail plans for implementing continuity and integration of care for patients who obtain care at the proposed urgent care center. What actions will Adventist take to assure that patients seen at the urgent care center obtain recommended primary and specialty physician follow-up care or care for conditions that require long-term ongoing care and management?
3. Regarding the ancillary services (e.g., radiology, lab) that will be located on Lower Level I (the same level as the urgent care center), will the ancillary services be operated by the urgent care center or by another entity? What are the planned hours of operation/availability of the ancillary services? Will ancillary services be available to outpatients other than those using urgent care, behavioral health, or rehabilitation services at the Takoma Park campus?
4. What insurance plans, including Medicare and Medicaid, will the proposed urgent care center accept?

C. Requested information – financing

1. Regarding planned borrowing that Adventist would undertake to finance improvements at the Takoma Park campus, please provide additional information including, but not limited to, type of debt, lender/ source of funding, anticipated terms, etc. If funding for any part of the planned improvements to the Takoma Park campus is separate from the

others, provide separate details for each service, center, or other part of Adventist's proposed Takoma Park campus.

D. Requested information – impact

1. In its May 29, 2015 response to my additional information request, Adventist provided information regarding its calculations of the impact of the relocation on MSGA admissions at area hospitals. Please submit detailed information (and formulas, as appropriate) showing how Adventist reached its calculation of the impact on obstetric volumes at other area hospitals.
2. With respect to the additional information regarding Adventist's calculation of MSGA impact, please provide the formula(s) underlying the calculation of the anticipated market share shifts. If one or more formulas were used to account for the factors that went into estimation of the market share shifts for each zip code area, please provide each such formula. If Adventist did not use formulas to calculate impact on MSGA volumes, please describe in detail how the impact(s) were calculated.

Please provide the requested information sought by these questions on or before August 10, 2015. After receipt of Adventist's responses, the interested parties and participating entity will have 30 days to file comments on the information provided, followed by a 15-day period in which. Adventist can respond to the comments.

Sincerely,



Frances B. Phillips
Commissioner/Reviewer

cc: Ulder Tillman, M.D., Montgomery County Health Officer
Paul E. Parker
Kevin McDonald
Joel Riklin
Suellen Wideman, AAG
Howard L. Sollins, Esquire
John J. Eller, Esquire
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Ella R. Aiken, Esquire
Susan C. Silber, Esquire
Kenneth Sigman, Esquire
Catherine S. Tunis, SOSCA President

Attachment A**Location of and Staffing for Initial Assessments
of Behavioral Health Patients**

| | Location at Which Patient First Arrives | |
|--|---|-----------------------------------|
| | Replacement Hospital Emergency Room | Takoma Park Urgent Care Center |
| Day – 8am to 4pm | | |
| Staffing. The number of FTE staff by licensure category, and their specific duties in the assessment of likely behavioral health patients. If staff involved varies based on presenting condition or circumstances, please explain. | | |
| Other information. The types of behavioral health assessments that can be made during this time period, the location(s) of the various types of assessments (and any variance that may result from presenting condition or circumstances), and transport protocols applicable at or resulting from initial assessment. | | |
| Evening – 4pm to Midnight | | |
| Staffing. (see description above) | | |
| Other information. (see description above) | | |
| Overnight – Midnight to 8am | | |
| Staffing. (see description above) | | |
| Other information. (see description above) | | |