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July 10, 2017

VIA HAND DELIVERY

Ruby Potter, Administrator
Maryland Health Care Commission
Center for Health Care Facilities
Planning & Development
4160 Patterson Avenue
Baltimore, MD 21215

Re: In the Matter of the Application of PB-Health to Establish a General
Hospice Program in Baltimore City – Docket No. 16-24-2389

Dear Ms. Potter:

Enclosed for filing in the above-captioned matter are an original and six copies of the
Consolidated Interested Party Comments of Carroll Hospice.

Thank you for your attention to this matter.

Sincerely,



Marta D. Harting

MDH:rlh
Enclosures

BEFORE THE MARYLAND HEALTH CARE COMMISSION

**IN THE MATTER OF
THE APPLICATION OF
BAYADA HOSPICE
TO ESTABLISH A GENERAL
HOSPICE PROGRAM IN
BALTIMORE CITY**

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Docket No. 16-24-2387

**IN THE MATTER OF
THE APPLICATION OF
PB-HEALTH
TO ESTABLISH A GENERAL
HOSPICE PROGRAM IN
BALTIMORE CITY**

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Docket No. 16-24-2389

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**CONSOLIDATED INTERESTED PARTY COMMENTS OF
CARROLL HOSPICE**

Pursuant to COMAR §10.24.01.08F(1), Carroll Hospice seeks interested party status in these matters and provides these consolidated comments regarding the certificate of need (CON) applications to establish a general hospice program in Baltimore City filed by: (1) Bayada Hospice (“Bayada”); and (2) P-B Health. Carroll Hospice filed a CON application to establish a general hospice program in Baltimore City (Docket No. 16-24-2388), so it qualifies as an “interested party” in these reviews under COMAR §10.24.01.01(b)(20)(a).

BACKGROUND

Carroll Hospice is a Medicare-certified, licensed general hospice program that has been providing hospice services in Maryland for more than 30 years. It currently serves more than 900 hospice patients annually in Carroll, Baltimore and Frederick Counties. Carroll Hospice has demonstrated superior performance in quality measures and utilization, exceeding regional benchmarks for quality in all 11 dimensions of hospice care and reporting one of the highest county

use rates for hospice care in Maryland. Carroll Hospice is an affiliate of Carroll Hospital Center, and is a member institution of LifeBridge Health (“LBH”), which also includes Sinai Hospital, Northwest Hospital, Carroll Hospital and Levindale Geriatric Center. Carroll Hospice App. at 6, 21-22.

The MHCC’s need projection for Baltimore City projects a net need to serve 1,233 patients in 2019. In response, Carroll Hospice filed a CON application to extend its outpatient hospice program to Baltimore City, a contiguous jurisdiction to its current service area. It did so recognizing a tremendous opportunity to link its existing hospice program with LBH, a recognized provider of physician services, home care, community services and acute and post-acute care in Baltimore City. It also recognized the potential to achieve broader acceptance and utilization of hospice care in Baltimore City through identification with LBH and its well-established, positive relationships in that jurisdiction. Carroll Hospice’s Application proposes to deliver outpatient hospice services to adult residents in the home, assisted living centers, and post-acute settings, along with providing community education and provider training to support advance care planning, encourage use of palliative care and promote the appropriate use of hospice care. Carroll Hospice App., at 6. Carroll Hospice will accept hospice referrals from across the City, and expects to draw referrals from all area hospitals that serve Baltimore City patients as well as other health care facilities. It will accept referrals from directly from physicians, Medicare Advantage plans, ACOs, MCOs, community-based organizations and the interfaith community across the City. Carroll Hospice App, at 6. Carroll Hospice’s CON Application projects that it will serve 290 patients in Baltimore City in 2019. Carroll Hospice App. Table 2B.

Bayada also filed a CON application to establish a general hospice program in Baltimore City, projecting to serve 167 patients in 2019. Bayada App. Table 2B. Bayada does not currently

operate a hospice program in Maryland, but operates hospice programs in four other states and operates home health agencies in eight Maryland counties. Bayada App. at 13.

P-B Health likewise filed a CON application to meet a portion of the Commission's 2019 need projection for Baltimore City, projecting that it will serve 113 patients in 2019. PB Health App. Table 2B. P-B Health does not operate any hospice programs in Maryland currently, but provides home health services in Baltimore City, as well as Anne Arundel, Baltimore and Howard Counties. P-B Health App. at 12.

Combined, the three applicants project to serve 570 hospice patients in 2019. This represents less than half of the net need projection for 2019 of 1,233 patients. Indeed, the unmet need projected by the Commission is so great in Baltimore City that even at full utilization in subsequent years, the total patients projected to be served by all three applicants is less than the need projection for 2019 (482 for Carroll Hospice in 2020, 278 for Bayada in 2021, and 253 for PB in 2021).

COMMENTS

As described in the Carroll Hospice Application, hospice utilization in Baltimore City has remained significantly lower than the rest of the State. Between FY2013-2014, the hospice use rate for Baltimore City actually declined and FY2015 hospice patient volume was flat, despite efforts to promote hospice care. The Baltimore City use rate was 0.25% as compared with the statewide use rate of 0.43% in 2014 and 0.42% in 2013. Carroll Hospice App. at 28. Underutilization of hospice is particularly marked in the African American community, which represented 68% of the deaths in Baltimore City in 2014, but only 57% of hospice admissions. Carroll Hospice App. at 29. The Commission's significant need projection is driven in part by the

assumption that hospice utilization in Baltimore City will increase to approximate the statewide rate.

Increasing hospice utilization in Baltimore City will require robust public education and outreach, particularly within the African American community. Carroll Hospice believes that this goal can be accomplished by introducing additional hospice options and competition for Baltimore City residents. Doing so will maximize outreach and education efforts by hospice programs, and thereby the potential to achieve the goal of increasing utilization of hospice services within Baltimore City. In competing with one another, hospice programs develop and implement differing methods and approaches to strengthen community outreach and education, build support among community leaders, and build the cultural competence in the delivery system itself to respond more effectively to community need.

Carroll Hospice believes that its CON Application meets all the requirements of the State Health Plan for approval and that, from a comparative perspective, its Application is the strongest of the three Applications that are pending before the Commission to establish a general hospice program in Baltimore City. Carroll Hospice is the only Applicant that is an existing hospice provider in Maryland, and it has a proven track record of high quality as described in its Application, and more recently having received Hospice Honors 2017 reflecting high scores in the Hospice CAHPS compared to programs nationally and regionally. Carroll Hospice App. at 21-23. Additionally, Carroll Hospice has a record of strong utilization in its existing jurisdictions, and has proposed a detailed, comprehensive plan for public outreach and education to help to increase the appropriate utilization of hospice services in Baltimore City. Carroll Hospice App. at 23-24, 33, 35-40.

However, there is more than enough need in Baltimore City to accommodate all three applications in this review under the Need criterion. As discussed above, increasing the number of options for consumers in Baltimore City can help to increase outreach and education efforts to various groups and the potential to achieve the goal of increasing utilization of hospice services within Baltimore City. Increasing options represents greater opportunity to reach and connect with different religious groups and minority and cultural groups that efforts so far have failed to reach. Quality of care can also further this goal. Carroll Hospice notes that, in 2018, CMS is expected to release a public dataset on hospice providers that will allow consumers to compare/evaluate hospice providers along a common set of measures.¹ Quality performance indicators, then, will be a critical factor in meeting the goal of increasing hospice utilization, and offering City residents high quality hospice programs can help to increase utilization, particularly among groups that have been reluctant to use these services in the past. Quality is a key consideration in the review of applications to establish a new hospice program in Baltimore City under the State Health Plan (COMAR 10.24.13.05K).

Towards the goal of increasing utilization of hospice services in Baltimore City, each Applicant has proposed a different approach to public education and outreach. In its Application, Carroll Hospice emphasizes its plan to educate and build community trust and involvement in hospice services through programs that build relationships early on, during the healthier stages of life rather than only at the end of life. Carroll Hospice App. at 32, 33-35, 36-37. In its experience, broader acceptance and utilization of hospice care results from a broader understanding of hospice care as a care transition within a broader continuum of health care services. Carroll Hospice's Application describes its plans to leverage its affiliation with LBH and take advantage of LBH's

¹ See <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-04-27.html>.

strong ties with both the African American community and the Orthodox Jewish community in Baltimore. Those plans include (1) linking with LBH's interfaith community work (including the Faith Health Network), (2) integrating the hospice program with LBH's chronic disease management programs and post-acute services, (3) introducing hospice services through LBH's broader initiatives for population health management, which builds positive relationships before sickness occurs, and (4) delivering education programs through its physician residency and the 500+ physicians credentialed by LBH to produce lasting change in practice patterns. Carroll Hospice App. at 35-38. Carroll Hospice's plans to conduct provider education extend beyond LBH entities to other healthcare facilities and healthcare practitioners throughout Baltimore City, including the Veterans Administration. Carroll Hospice App. at 24, 39. As a 4-star We Honor Veterans partner, Carroll Hospice feels it is positioned well to serve Baltimore City's veteran population.² With regard to the African American community in particular, Carroll Hospice described its plan to use A.P.P.E.A.L. (A Progressive Palliative Care Educational Curriculum for the Care of African Americans at Life's End) for education and outreach to increase utilization of hospice care. Carroll Hospice App. at 23-24.

Bayada's Application, on the other hand, describes its plan to implement the "Caring Connections" model (based on the National Hospice and Palliative Care Organization guidelines) for outreach and education within the African American and Latino communities in Baltimore. Bayada App. at 42. Its Application also describes a cultural competence learning program for staff that it has developed and plans to implement in Baltimore City. Bayada App. at 41-42. Bayada describes its plans to hire a community liaison to make educational presentations in the

² Carroll Hospice was recently elevated from a 3-star partner in the We Honor Veterans program to a 4-star partner. It is noteworthy that Baltimore City has the third-largest Veteran population in the state. See Exhibit 1.

community and to collaborate with physicians and other referral sources with an initial primary focus on the diagnoses of cancer, congestive heart failure, chronic obstructive pulmonary disease and HIV/AIDS. Bayada App. at 41-42. It also describes linkages with existing health care facilities in Baltimore City, including Genesis Healthcare. Bayada App. at 37-38.

PB Health offers a different set of approaches and resources as a minority owned company that currently provides home health services in Baltimore City. PB's application describes its history as a home health care agency of partnering with community groups in Baltimore City to reach underserved populations, with a particular emphasis on patients with HIV/AIDS. PB Health App. at 11. It also describes plans to expand its current outreach program to increase awareness within underserved incurable patients and their caregivers and to develop an outreach alliance with community organizations, churches and ministerial staff to reach underserved populations. PB Health App. at 34-35.

In short, while there are some common themes between them, each Applicant would bring to bear a different set of resources, relationships and approaches to public education and outreach, which can bring about greater public education and awareness about hospice care and increase the potential to achieve the goal of increasing the appropriate utilization of hospice services within Baltimore City.

CONCLUSION

Pursuant to COMAR §10.24.01.01(b)(20)(a), Carroll Hospice requests that the Commission takes the foregoing comments into account in making a decision in the review of these Applications. Additionally, pursuant to COMAR 10.24.09.01A(3), Carroll Hospice requests oral argument before a recommended decision is prepared.

Respectfully submitted,

Marta D. Harting

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Venable LLP
750 E. Pratt Street, Suite 900
Baltimore Maryland 21202

Counsel for Carroll Hospice

CERTIFICATE OF SERVICE

I hereby certify that on this 10st of July, 2017, a copy of the foregoing Consolidated Interested Party Comments of Carroll Hospice was sent by electronic mail and by first class mail, postage prepaid, to:

Jonathan Montgomery, Esq.
Gordon Feinblatt LLC
223 E. Redwood Street
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Marta D. Harting

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the Consolidated Interested Party Comments of Carroll Hospice are true and correct to the best of my knowledge, information and belief.

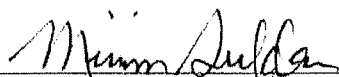
Date: 7.10.2017

Regina M. Bodnar
Name: REGINA M. BODNAR
Title: EXECUTIVE DIRECTOR

AFFIRMATION

I hereby declare and affirm under the penalties of perjury that the facts stated in the Consolidated Interested Party Comments of Carroll Hospice are true and correct to the best of my knowledge, information and belief.

Date: 2/10/17

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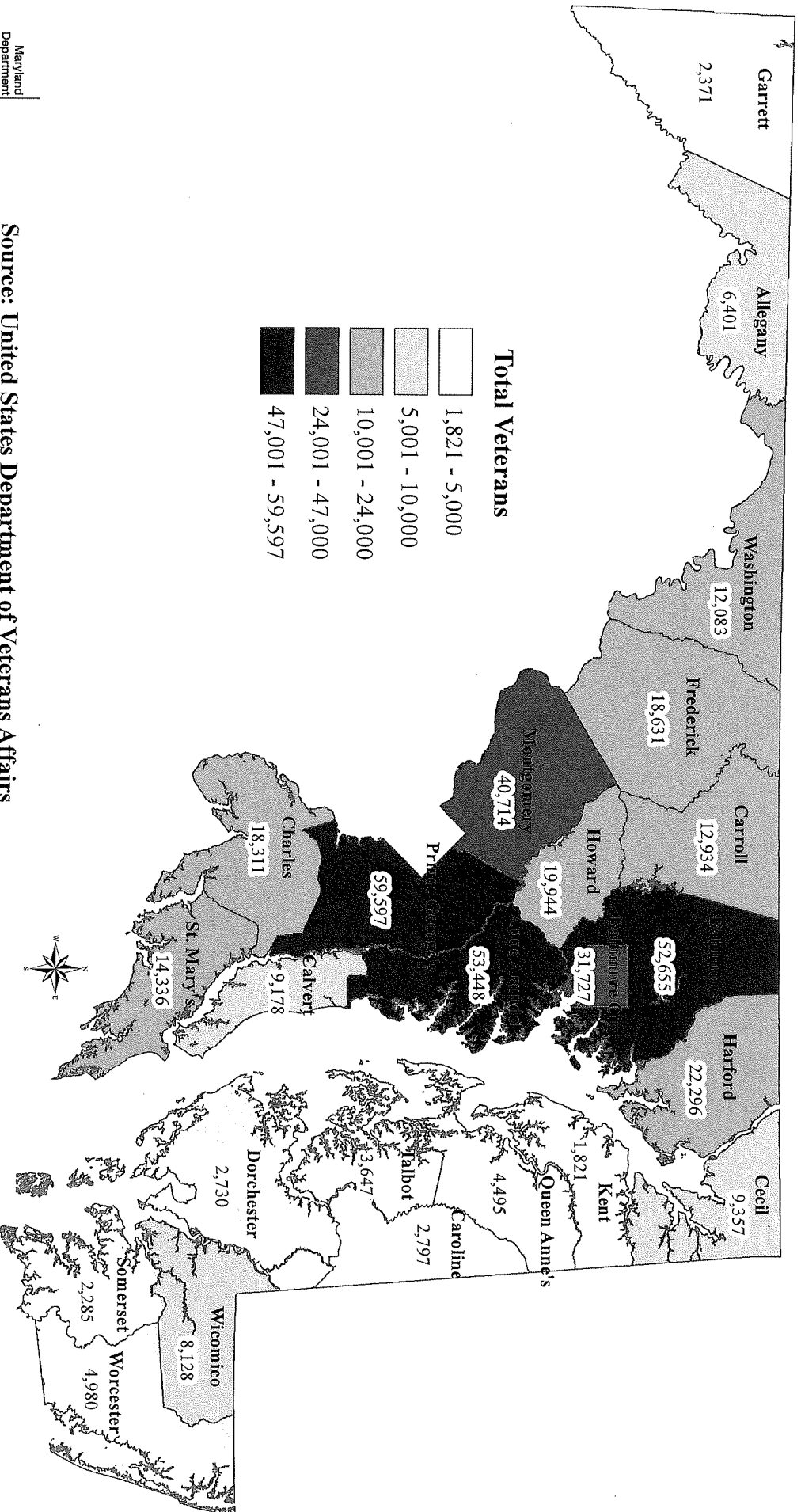
Name: MIRIAM SALDAN

Title: SENIOR MANAGING CONSULTANT

Projected Number of Veterans in Maryland - 2017

Exhibit 1

Projected Veterans in Maryland: 414,879



Source: United States Department of Veterans Affairs
 Map prepared for the Maryland Department of Veterans Affairs
 by the Maryland Department of Planning

