City of Havre de Grace

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February 6, 2018

Mr. Paul Parker
Center for Health Care Facilities Planning and Development
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

RE: Notice of Intent to Convert UM Harford Memorial Hospital to a Freestanding Medical Facility and Request for Exemption from Certificate of Need Review;

Request for Certificate of Exemption from CON Review – Merger and Consolidation of UM Harford Memorial Hospital, Inc. and UM Upper Chesapeake Medical Center, Inc.; and

Matter No. 17-12-2403, UM-Upper Chesapeake Health System
Construction of a New 40-Bed Special Psychiatric Hospital in Havre de Grace, Maryland

Dear Mr. Parker:

As Mayor of the City of Havre de Grace, I would like to express my concern with the University of Maryland Upper Chesapeake Health System (UM UCH) Notice of Intent to Convert the University of Maryland Harford Memorial Hospital (UM HMH) to a Free Standing Medical Facility (FMF). I am convinced that a FMF will not adequately serve the needs of the residents of our area as proposed, and I believe that a new small-scale, full service acute care hospital is needed to replace the existing Harford Memorial Hospital facility. I believe that the Maryland Health Care Commission (MHCC) needs to look objectively on health care delivery in our region separate from UM UCH with consideration for trends in hospital admissions and usage, the existing communities served by both hospital facilities, and regional population growth. I believe that this three-part reconfiguration of health care in Harford County warrants another look.

UM HMH was established in 1912 as an acute care facility serving not only the residents of Havre de Grace, but also residents of the broader region of Harford and Cecil Counties. Our community is accustomed to a level of care that will soon disappear from this area. UM HMH is a full-service hospital with 57 licensed Medical/Surgical/Gynecological/Addictions (MSGA) beds and 29 licensed psychiatric beds (total of 86 beds). However, UM HMH has a maximum of 128 beds (as self-reported in 2016), which allows for acute inpatient care as admissions might warrant. This is a fair amount of overflow capacity, if circumstances warrant its utilization, for instance with the current flu epidemic or in advance of population growth which is happening in this development

corridor. This "physical capacity" however does not transfer to University of Maryland Upper Chesapeake Medical Center (UCMC) in Bel Air. This physical capacity is lost within the plans of UM UCH for the merger and consolidation of the two hospital facilities.

Currently, UCMC in Bel Air is a 171-bed acute care hospital, with 160 MSGA beds, ten obstetric beds, and one pediatric bed. If the 57 licensed UM HMH (MSGA) beds go to UCMC the total will be 217 MSGA beds. In the UM UCH Request for Certificate of Exemption from CON Review – Merger and Consolidation, "the Commission projects a minimum need for 168 MSGA beds in Harford County in 2025, and a maximum bed need of 223." It seems those beds will be lost to Bel Air and still will not meet the actual need for demand as evidenced by the high usage of UM HMH. I see this decision not to be in the community's best interest. The current flu epidemic is a real time example, whereby the emergency department is packed and the hospital itself is full, to include overflow space. We contend that bed space in Harford County will be a problem within the consolidation/merger end-goal of UM UCH.

Looking at recent data from FY 2016 on discharges from the Merger and Consolidation application document, UM HMH had 3,109 discharges from MSGA beds. UCMC in Bel Air had 10,084 discharges in that same time period. One question that we have is: can the Bel Air facility handle thirty percent (30%) more volume after services are consolidated and merged at UCMC? Additionally, some patients cannot be served by UM HMH due to limitations on services offered (for instance, cardiac care is no longer offered). As such, there is already a reduced volume from the start at UM HMH as compared to UCMC. How will this volume be absorbed in one facility, especially when actual physical capacity will not be transferred and only licensed bed space will be added?

Havre de Grace absolutely needs emergency services within the region, thus the application for Exemption from CON Review for the conversion of UM HMH to a FMF by UM UCH. What is interesting to note is that in 2017, UCMC in Bel Air had 26,502 emergency department visits or 37.7% of total emergency visits to Maryland hospitals by residents in this region's service area. In the same timeframe, UM HMH had 23,938 emergency department visits or 34.1% of all emergency visits by residents of the service area. This is a large share of the volume, but what happens to those that need to be moved on from the proposed FMF? What are the real numbers for transport to acute care when acute care is not available at the new facility? What happens from a care perspective for the time lost between facilities? Please help us understand the true trade-offs for health care delivery for residents of Harford and Cecil Counties.

Over the past year City Officials have conducted a dialogue with UM UCH medical professionals and concerned residents about a FMF - Emergency Room (ER) based medical facility, especially with regard to the tradeoffs inherent in this type of operation compared to the full service hospital that was originally proposed for this site. Many have expressed a concern that an ER without the onsite back up of a fully staffed hospital, (with access to operating rooms and surgical staff), could have serious concerns when confronted with emergent medical conditions outside of the scope of the ER team's regimen. This will, as described in the UM UCH filings, necessitate either the transportation of such patients to the nearest full service medical facility and/or the reliance on our volunteer First Responders to make a critical judgment in real time regarding which facility to initially choose for transport. In addition, family or friends bringing "walk in" patients to a FMF will certainly not be conversant with the complicated determinations of exactly what conditions can be treated by a FMF, leading to even greater concerns relating to delays in emergency care. While this model may be workable, though with concerns, in an absolutely best case scenario, we believe the location of the proposed Havre de Grace FMF, in relation to general hospital facilities in Bel Air and other locations is simply not the best case available. It could be argued that the methodical removal of these services were in some respects planned to support the position UM UCH took at several public sessions that "well, Harford Memorial doesn't do that now, so you, the residents of Havre de Grace aren't losing anything!"

If our region must have an FMF model, perhaps this concept could work as part of a compliment of specialty services in Bel Air, which has greater proximity to the range of services available in Baltimore, and with a general hospital located in Havre de Grace. When looking at the I-95 corridor, major regional hospital facilities are located in Baltimore and Christiana, (along with Philadelphia, which serves a geographically different market). In view of the limited area for expansion available at the UCMC campus in Bel Air and in terms of the best long-range regional planning, might it not be prudent to focus on the Havre de Grace location as potentially the best fit for a full service hospital and health care facility, with more than ample room for future needs, a history of comprehensive health care delivery, ease of access, and a direct connection to I-95? Bel Air might then be a best fit for the specialty behavioral health pavilion and other more compact services, while the larger, more space dependent regional facilities, including a full service regional hospital and ER, are consolidated in Havre de Grace. With the Havre de Grace location, virtually right at a modern interchange on I-95 and not constricted by available land, traffic congestion or a highly developed corridor, offers the quickest possible access for emergency vehicles arriving from either the south or north. This section of I-95 tends to have little or no regular congestion, not even at peak hours.

While I understand the complexities introduced by a regional facility that contemplates activity across State lines with differing medical regulations and reimbursement rates, those are policy challenges, not physical ones, and only requires a willingness and determination to address those challenges legislatively, which is not a cost factor. On the other hand, all of the concerns we raise about the Bel Air location are physical problems that range from the very costly to the insoluble to resolve.

Many of the arguments in support of the current applications heavily depend on conditions and circumstances that do not yet exist. The responses to the questions posed by the MHCC, while certainly detailed, well-intended, hopeful in outlook and represent the work of a dedicated and knowledgeable team at UM UCH, are difficult [at best] to review with any certainty.

While I hope that it is not too late to reconsider the current plan, I would hope that even in the case of an approval, the MHCC would consider the merit of my concerns, along with the following points:

1. We would like to understand the admissions data for UM HMH. Are they downsizing it to a FMF due to decline in admissions? It is my understanding that admissions are not low and they have recently opened a flex unit with 18 beds to keep up with patient load. They are consistently full with need for additional overtime help.

2. Between now and the construction of any new facility, the MHCC should direct UM UCH to stop the deconstruction of services at UM HMH, and direct the restoration and improvement of those services until such time as a new full-service general hospital is constructed.

3. An automatic review period, say in 3 to 5 years, where you would then have a data base of factual information to test against the anticipated outcomes as described in the filings. As the first such facility of its kind, this would not only address the legitimate concerns of our community, but could well set a standard of review that would become a model for the MHCC and beyond.

4. There is a large transit-dependent population in this region that utilizes this hospital facility, and this region has the public and private infrastructure to serve these needs, whether its private taxis or Harford Transit local bus service. Transit-dependent residents of Havre de Grace and adjoining communities currently have dependable access to UM HMH for full-service acute care. What happens when those services are removed to UCMC in Bel Air? It is not only the patient transport to UCMC – that is part of the equation – it is the patient's family members being able to reach and support them.

5. This is a population that is under-studied in the UM UCH three-part proposal with regard to significant adverse effects. Will some residents choose not to go to the hospital (i.e. wait it out overnight) due to the distance and challenges of getting to Bel Air, both for themselves and their family members. In addition, there are approximately 140 employees that walk to work, whether by choice or by need. How do they factor in to the changing terms of employment location?

6. The City of Havre de Grace has received numerous recognitions, most recently by *Southern Living Magazine* as one of the best places to retire, and a key attraction for retirees is access to a general hospital. This was certainly a factor with many of our residents who relocated to the Bulle Rock Community, which was marketed as a retirement community. It is imperative that consideration of growth in the region, specifically for aging demographic and age-targeted developments. Havre de Grace currently has a growing Planned Adult Community at Bulle Rock, with over one thousand new homes and almost another thousand planned to be built, as well as other areas where retirement age targeted development has been proposed. Certainly Bel Air and Aberdeen cannot claim any special attraction to retirees, so Havre de Grace is unique among Harford County municipalities in that respect. We would ask the MHCC to recognize that and insist on the inclusion of a small general hospital in any plan of UM UCH. The City of Havre de Grace recognized this great opportunity decades ago and described in the City's comprehensive plan the potential to become a naturally-occurring retirement community as part of its overall vision.

7. Residents and retirees alike understand the need to travel for major surgery, but especially for retirees and senior residents, many living alone, the everyday inpatient services available at UM HMH are key to their quality of life, health and well-being.

Thank you very much for this opportunity to comment.

Sincerely,

William T. Martin
Mayor, City of Havre de Grace

David Glenn, Council President

Michael Hitchings, Council Member

David Martin, Council Member

Jason Robertson, Council Member

Casi Tomarchio, Council Member