



Sinai Hospital
Northwest Hospital
Carroll Hospital
Levindale Hebrew Geriatric Center and Hospital

18 January 2016

Eileen Fleck
Chief, Acute Care Policy and Planning
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Re: State Health Plan for Facilities and Services, Freestanding Medical
Facilities, COMAR 10.24.19

Dear Ms. Fleck:

LifeBridge Health, Inc. ("LifeBridge") hereby submits the following comments on the draft of COMAR 10.24.19. On the whole, we believe this is a sound policy document balancing the needs of access, quality and cost regarding Freestanding Medical Facilities (FMF). However, we do think there are a few ways to improve the document to increase clarity and ensure comprehensiveness of the evaluation of FMF need and impact.

1. On page 14: We suggest using the term "Primary Service Area" in place of "Service Area." A broader definition of service area would result in large areas of the State having overlapping hospital service areas, making it necessary for the MHCC to decide not only if there is a need for an FMF need, but also who should fill that need.
2. On page 15: We suggest adding language around physician contracting to the list of ED environmental conditions that must be discussed in an application. As with other areas of hospital operations, the nature of the physician contracts can have a large impact on patient throughput and quality. Thus, we suggest some basic sharing of information in this area as part of the need evaluation.
3. On page 18: Given the large number of alternatives to relocating or creating a FMF, ranging from the Health System recruiting additional primary care providers in the community to expanding its existing ED, we suggest an application should include discussion of "at least three alternative approaches ... including but not limited to ED expansion".
4. On page 22: We suggest the impact discussion include a specific reference to the impact of the proposal on the population health programs of both the FMF's parent and other hospitals. The State is encouraging Health Systems to build

programs and recruit providers focused on chronic diseases, in part to prevent or divert patients from needing ER services in the first place. For example, a relocated FMF could divert patients from a new population health program that another nearby system had just invested in at the State's encouragement.

5. On page 22 again, we simply suggest changing the word "severe" to "undue" to create consistency in the paragraph.

Again, while LifeBridge believes this draft is a thoughtful policy document, a few modifications would only improve the process.

Very truly yours,



Neil Carpenter
LifeBridge Strategic Planning