



SOUTH OF SLIGO CITIZENS' ASSOCIATION

907 Larch Avenue
Takoma Park, MD 20912
January 19, 2016

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

Dear Ms. Fleck:

The South of Sligo Citizens' Association (SOSCA) members expressed severe concern about the move of Washington Adventist Hospital (WAH) to White Oak and especially the loss of emergency room services on the Takoma Park campus. Maintaining these services is necessary to ensure that the vital interests of the community are met. It is within this context that we offer comments on the proposed regulations for Freestanding Medical Facilities (FMF). Given the approval of the CON to move WAH to White Oak, SOSCA members and other residents are very supportive of converting the current emergency room to a FMF when the main hospital is moved to White Oak.

The Washington Adventist Hospital has been an asset to the Takoma Park community for decades. It has boosted property values and added a sense of security to residents that their health needs, especially competent emergency care, could be met in a nearby and convenient location. We would love to maintain the full hospital in Takoma Park if that were possible. Unfortunately, we must now plan to maintain competent emergency services within our community when WAH moves.

Maintaining the full services of an emergency room or FMF in Takoma Park has been a priority of the community since WAH first discussed renovating its facility years ago and then moving. Emergency medical services is the greatest local need identified in the 2012 WAH relocation citizen survey conducted by the City of Takoma Park. For most of the community, the emergency room is a life or death issue, especially in cases of heart attack, stroke, serious injuries, and even asthma and serious allergies. Distance and traffic in getting to another emergency room would take too long in cases of these types of emergencies. The local emergency room allows patients to maintain ties with family and friends in the community, and more readily get help when needed. For those who live alone, it may mean the difference between getting timely medical care in emergency situations or delaying and taking risky chances with their health. Women needing an emergency abortion or emergency contraceptive care are likely to be denied that care at Holy Cross. Having the WAH emergency room nearby is a valuable community asset

that has a significant positive effect on the quality of life of Takoma Park residents as well as our property values.

The proposed primary care facility to be run in Takoma Park when WAH moves does not provide the same services as the emergency room. It does not provide the same level of emergency and trauma care, does not have the same diagnostic capabilities, nor does it save lives when minutes count. It is not regulated the same as an emergency room, so even the basic services being proposed now could be cut with no recourse for the community.

Travel to the proposed White Oak location would be a burden to many community members, altering the decision to seek care in the wrong direction with many opting to not make the trip or delay the trip resulting in negative health outcomes. Many Takoma Park residents live alone and finding transportation to White Oak is difficult. One cannot call a neighbor to take them to the emergency room in White Oak in the middle of the night. Calling an ambulance would leave you with no transportation home requiring, if available, an expensive taxi ride.

Getting to White Oak from Takoma Park during rush hour is extremely difficult, routinely taking 45 minutes to an hour. Pity the person who has a stroke or heart attack during rush hour. In short, moving the hospital will be a huge burden on the health and decrease in services to the Takoma Park community.

WAH has expressed interest in applying for a FMF to replace the current emergency room in Takoma Park. The community supports a FMF on the Takoma Park location with all its attendant diagnostic capabilities and expertise. In this light, we offer the following specific comments on the proposed regulations for FMFs:

1. Under Project Review Standards/Need paragraph (c)(b)(viii), it seems appropriate to consider whether the applicant hospital has made attempts to reduce the use of its ED, but weight of the factor should be reduced in light of other factors such as the community need for an FMF and limitations to access to other emergency medical services, including the hospital's ER.
2. Under Access, consideration, including transport times, should also be given to situations where emergency patients are transported by family members or friends, and even self-transported, in addition to transport by ambulance. When a FMF is close to a community, these options are much more feasible and can significantly lower the cost of transport and in most situations, lower the time to transport.
3. Also under Access, consider delays due to traffic, especially during rush hours. Patients cannot often time their emergencies to coincide with less congested hours.
4. Measurement of transport times should be measured from the time of call for an ambulance, not when the ambulance arrives at a residence or leaves a residence for a medical facility.
5. Access should also consider whether the ambulance services in a community routinely includes EMT staffing and advanced life support equipment. Even in

affluent counties where most parts of the county may have these features, some communities may not have these advantages.

6. Whether considered under Access or another appropriate measure, the decision process to approve a CON for a FMF should include the values of improved medical outcomes due to more timely emergency medical treatment.
7. Under Costs, consider the savings in cases where a hospital is moving and requesting that their current emergency room be converted to a FMF. There can be considerable costs savings in such situations given that a facility is already established with the required equipment.
8. Costs should also consider the costs to a community such as decreased travel costs, whether a patient can be transported by family/friend/self vs the need to call an ambulance due to greater distances.
9. Consider the opportunity costs of reduced travel times to the patient and family/friends.
10. Consider lower costs of improved medical outcomes and the reduced future medical costs because of those outcomes when a patient can get more timely local emergency medical care.
11. Consider the cost of return travel for patients that must take an ambulance.
12. Consider the non-financial costs (stress, extra time) for those who must learn a new route to emergency services, especially in cases where a hospital has moved. In these cases, allowing a FMF in the same location where there has been a hospital emergency room for decades means no extra stress or time for the community to determine the best way to access emergency medical services.
13. Under Impact paragraph (c), include the costs/savings to the community of more convenient access to emergency medical services.
14. Under Preference in Comparative Reviews, add a new paragraph (f) "Benefits to the local community and demonstrated community support for a FMF."

Thank you for the opportunity to provide these comments from SOSCA. I hope that Maryland Health Care Commission will consider SOSCA's views in the regulations as appropriate to maintain strong health services in Takoma Park.

Sincerely,



Catherine S. Tunis, SOSCA President
tunis.catherine@erols.com