

**IN THE MATTER OF**

**ADVENTIST HEALTHCARE, INC.**

**d/b/a WASHINGTON ADVENTIST**

**HOSPITAL**

**Docket No.: 13-15-2349**

\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*

**BEFORE THE**

**MARYLAND HEALTH**

**CARE COMMISSION**

\*\*\*\*\*

**REQUEST TO CHANGE A CONDITION OF A CERTIFICATE OF NEED APPROVAL**

**RELOCATION OF WASHINGTON ADVENTIST HOSPITAL**

**STAFF REPORT AND RECOMMENDATION**

**June 16, 2022**

## I. Background and Introduction

In December 2015, the Maryland Health Care Commission (MHCC or Commission) granted a Certificate of Need (CON) to relocate and replace Washington Adventist Hospital (WAH), located in Takoma Park. WAH was replaced by Adventist HealthCare (AHC) White Oak Medical Center, which opened in a new location in Silver Spring in 2019.

The City of Takoma Park (the City) requested and was granted “Participating Entity status”<sup>1</sup> during the hospital relocation review. (Holy Cross Hospital of Silver Spring was an interested party in opposition to the project.) The City voiced concern about the impact of the hospital relocation on geographic access to health care for city residents and access to affordable health care for the City’s indigent and uninsured residents. The City asked the Commission to “require Adventist to take all reasonable actions to mitigate the adverse impacts on Takoma Park residents’ “geographic and financial access to health care.”<sup>2</sup>

In response to the City’s concerns and based on a specific request from the City, Commissioner Fran Philips, the Reviewer in this case, recommended, and AHC accepted, the following condition on the CON approval:

Adventist HealthCare, Inc. must open an urgent care center on its Takoma Park campus coinciding with its closure of general hospital operations on that campus. The urgent care center must be open every day of the year and be open 24 hours a day. Adventist HealthCare, Inc. may not eliminate this urgent care center or reduce its hours of operation without the approval of the Maryland Health Care Commission.

The Commission is permitted to issue a Certificate of Need with conditions, if the Commission determines that conditions are appropriate in accordance with COMAR 10.24.01.13.

On August 26, 2019, AHC opened the urgent care center (UCC) in the former emergency department space of WAH. The UCC has operated 24 hours a day, seven days a week, on every day of the year since initiation of services. AHC reports investing nearly \$450,000 in startup expenses and marketing the UCC through a variety of channels.

AHC operates three other urgent care centers in Rockville, Germantown, and Laurel. AHC also operates two other Maryland general hospitals, in addition to the White Oak Medical Center, in Rockville and Fort Washington. Additionally, AHC operates a freestanding medical facility in Germantown.

---

<sup>1</sup> The City’s status as a “municipality where the proposed project will be located or from which an existing health care facility seeks to relocate” qualified it as a *participating entity*, which “shall have its comments on an applicant’s conformance with State Health Plan standards and review criteria considered and analyzed by a reviewer in a proposed decision or by Commission staff in a staff report to an application.” COMAR 10.24.01.

<sup>2</sup> Cited in Reviewer’s Recommended Decision, In the Matter of Adventist Healthcare, Inc. d/b/a Washington Adventist Hospital, Docket No.: 13-15-2349

In 2021 AHC requested a change to the UCC condition of its CON to permit it to reduce the UCC operating hours from 24 hours per day to 12 hours per day.<sup>3</sup> AHC stated that the combination of low visit volume and the expense of round-the-clock staffing is resulting in significant operating losses at the Takoma Park UCC.

On March 3, 2021, on behalf of Takoma Park, City Manager Suzanne R. Ludlow, submitted comments to the Commission on AHC's proposed modification of the UCC condition. The City expressed frustration with AHC's withdrawal of a special hospital and other facilities and services from the Takoma Park campus.<sup>4</sup> The letter stated that Takoma Park residents had unmet health care needs and AHC was working to remove required commitments to the community. Specific to the UCC, Ms. Ludlow criticized AHC's marketing of the UCC, the quality of the service being provided, as evidenced by complaints received by the City, and the unattractive appearance of the UCC. The letter acknowledged that "having a poor-quality urgent care center open through the night hours may not be the best use of AHC Healthcare funds and is not meeting the needs of the Takoma Park community." The letter concluded that, "the very real primary and behavioral health needs that were intended to be met through the commitments in the Certificate of Need still need to be met." Four Montgomery County legislators (District 20) endorsed the City's comment.

On March 17, 2021, AHC issued a letter responding to Takoma Park's comments, outlining an operating schedule change conditioned on broader plan development aimed at putting forward a sustainable alternative condition to the condition approved in 2015. This plan would be subject to returning to the Commission within a few months. It is described in the letter as a "long-term plan for providing care in Takoma Park." AHC stated that it would "seek the input of local stakeholders in developing the plan." MHCC staff engaged in discussions with AHC leadership and the City Manager in order to develop the plan. Following this exchange, AHC refiled an updated request for review and proposed that the approval of the change be conditioned on its development of a sustainable long-term plan to ensure access to urgent and/or primary care services in Takoma Park, which AHC would present to the Commission at its October 2021 meeting. At the July 2021 Commission meeting, the Commission denied AHC's proposal to reduce UCC operating hours required by the condition. The Commission recommended AHC engage with the City on the development of a proposal that would better meet the health care needs of the community.

---

<sup>3</sup> If a project sponsor wants to change a project that has received Certificate of Need approval, the project sponsor shall notify the parties in writing of the proposed changes as required in COMAR 10.24.01.17.

<sup>4</sup> As approved in 2015, two special hospitals, the existing rehabilitation hospital and a special psychiatric hospital replacing the former general hospital unit at WAH, planned to remain in Takoma Park. AHC subsequently gained approval to relocate these special hospital facilities to Silver Spring and, most of the psychiatric bed capacity, to Rockville. MHCC approved co-location of the general hospital and special rehabilitation hospital at the White Oak campus, returning to the Takoma Park campus model, and consolidation of psychiatric hospital facilities and services in Rockville with the of 10 adult acute psychiatric beds to be put into operation at White Oak. However, this psychiatric unit only operated for a short period before AHC suspended operation as a measure responding to the COVID-19 emergency. AHC has proposed closing this unit and consolidating all psychiatric hospital services in Rockville at Adventist Shady Grove Medical Center.

## **II. Change Request**

After the July 2021 Commission meeting, AHC engaged with representatives of Takoma Park in efforts to work towards a mutually agreeable solution. A workgroup was formed that met from January 2022 to April 2022 to help both parties gain a better understanding of the issues.<sup>5</sup> The workgroup's efforts resulted in an AHC proposal presented to the Takoma Park City Council in April 2022. AHC proposes to replace the UCC with a primary care office with embedded behavioral health counseling services in a medical office building on the former WAH campus. The full proposal is attached as Exhibit A, followed by the City's letter of endorsement attached as Exhibit B. AHC now proposes that the Commission change the original CON condition to state the following:

With its closure of the urgent care center on the former Washington Adventist Hospital campus, Adventist HealthCare, Inc. shall open a primary care office with embedded behavioral health counseling in Takoma Park as outlined in Exhibit A. Adventist HealthCare, Inc. may not eliminate these services without the approval of the Maryland Health Care Commission.

In addition to the proposed modification to the condition, AHC has agreed to donate physical space to be used as a location for a behavioral health crisis response center in Takoma Park.

## **III. Urgent Care Center in Takoma Park is not Sustainable**

Takoma Park UCC utilization since August 2019 has been light, when compared to AHC's other urgent care centers. The UCC only treats about half of the patients compared to the other UCCs, despite being the only center open 24 hours per day. (Exhibit C). AHC reports that, since its opening in August 2019, the UCC has been losing nearly \$1 million annually. In 2020 the UCC reportedly lost \$858,307 from operations and, in 2021, the comparable operating loss figure was \$974,594. AHC states that low utilization compounded by staffing challenges makes continued operation of the UCC unsustainable. AHC has decided to move away from UCC operations overall in favor of building an integrated network of community providers. AHC is now contracting with CFG Healthcare to take over its three other UCC locations under the name Patriot Care. AHC also notes that Takoma Park is served by five non-AHC affiliated urgent care centers located within a 2.1-mile radius of AHC Takoma Park.

---

<sup>5</sup>The workgroup participants included Kate Stewart, Mayor of Takoma Park - Peter Kovar, Ward 1 Councilmember - Cindy Dyballa, Ward 2 Councilmember - Jessica Clarke, Deputy City Manager - Dr. Marissa Leslie, AHC Medical Director of Behavioral Health Services - Mary McNamara Ward, AHC Vice President, Physician Network Operations - Kandy McFarland, AHC Interim Vice President of Behavioral Health - Kim Emerson, AHC Director of Behavioral Health Integration, and Andrew Nicklas, AHC Deputy General Counsel.

#### **IV. Primary Care with Embedded Behavioral Health Counseling**

AHC states that it remains committed to Takoma Park. Its mission is to expand access to preventative community-based care citing that this type of care can improve health outcomes and properly manage chronic conditions. Further, preventive community-based care focuses on management and prevention of illnesses, to prevent reliance on an urgent care center for routine treatment. AHC reports that based on its analysis, nearly all the same types of health care conditions seen at a UCC can be appropriately handled by a primary care office (93%). The conditions that would more appropriately be handled by a UCC or hospital emergency department are severe lacerations, chest pain, fractures and open wounds.

AHC conducted a market analysis to assess the ambulatory care needs of the Takoma Park community, defined as primarily consisting of the 20912 and 20913 zip code areas. The population in this area is approximately 26,000 persons with a median age of 34 and is expected to grow relatively slowly (0.34 percent by 2024). AHC found that, compared to Montgomery County as a whole, the Takoma Park area is underserved despite high demand for services (130 % higher than the national average). In a 20-mile radius of Takoma Park there are 15 primary care locations with 27 full time providers (a ratio of 1,733 persons per primary care physician). By comparison, Montgomery County as a whole, has a ratio of 732 patients per primary care physician.

The proposed Takoma Park primary care office, embedded with behavioral health counseling, will be located in a newly renovated space on the former WAH campus and can be opened in a matter of weeks after approval of this proposal. AHC states that the new primary care office will be offering a full range of preventative care. The office will employ a family care practitioner, a medical assistant and support staff. The office will operate from 8 am to 5 pm Monday-Friday and will staff 24 hours on a call-in assistance line with live answering. The office is projected to see 18-20 patients a day and serve patients aged 16 and older. There is also a plan to partner with the pediatric office located down the hall from the proposed primary care office and to build referral relationships in the community for families with young children.

For behavioral health, the new office will provide in person visits once a week (a projected average of six visits per day) as well as telehealth services five days a week, including medication management services. The office will have a private area with a computer for those who need the telehealth technology. Services will be available for all age groups. Services will be available in both English and Spanish. AHC states that it will also offer culturally appropriate services to meet the needs of the community.

AHC describes the nexus that exists between primary care and behavioral health settings, citing primary care as the largest referral source for behavioral health as patient's often first report concerns to their primary care providers. There is also a plan to share a medical record system between the primary care operations and the behavioral health component. AHC currently offers free behavioral health workshops and plans to continue this practice.

A referral will not be needed to access the primary care office or the Adventist network of care providers. The primary care office will accept the same insurance as the UCC including

Medicare, Medicaid, and commercial insurance. There will also be a charity care policy for those who are uninsured. Additionally, under insured patients will be eligible for discounted rates of payment. The primary care office will assist those who want to apply for Medicaid benefits. The office will also participate in the Project Access program, a county-wide program to provide access to care for low income, uninsured community members. In the last six months of 2021, the Takoma Park area is reported to have made 200 appointments through this program. The proposed primary care center will be another location for patients who want to utilize the Project Access program. AHC states that there will be a comprehensive marketing plan for the primary care office.

The City also wants to establish a behavioral health crisis center. Although AHC does not provide this service, it states that it will support the City's effort by donating the physical space for the center in a medical office building on the former hospital campus. AHC will also help the City with recruiting and has connected the City with the Nexus Behavioral Health workgroup, a program that is examining behavioral health needs across the county. The City will work on the development of the crisis center alongside Montgomery County representatives. AHC will also remain involved with planning for the crisis center.

## **V. Staff Analysis and Recommendation**

Staff does not believe that the original proposal to modify the condition by simply reducing the urgent care hours from 24 hours per day to 12 hours would have addressed the City's most critical health care service deficits. AHC's original proposed change in July of 2021 did not address the longer-term question of how AHC could continue to work to improve availability and accessibility of health care facilities and services for Takoma Park residents. It only proposed to continue work on an unidentified long-term solution.

In the replacement condition now proposed, there is the potential for a more effective approach to preventative community-based care, improved health outcomes, and more effective management of chronic conditions. It also provides for the promotion of wellness practices, with a focus on management and prevention of illnesses rather than episodic urgent care center visits. For these reasons, staff believes that the primary care center alternative may better meet the needs of both Takoma Park and AHC.

Staff recommends the Commission grant the request to change the UCC condition on CON Docket No. 13-15-2349 as proposed.

IN THE MATTER OF

ADVENTIST HEALTHCARE, INC.

d/b/a WASHINGTON ADVENTIST

HOSPITAL

Docket No.: 13-15-2349

\*  
\*  
\*  
\*  
\*  
\*  
\*

BEFORE THE

MARYLAND HEALTH

CARE COMMISSION

\*\*\*\*\*

Based on Commission Staff's review of the proposed replacement condition, it is this 16<sup>th</sup> day of June 2022, **ORDERED**:

That condition requiring operation of an urgent care center attached to the December 17, 2015 Certificate of Need authorizing relocation of Washington Adventist Hospital, Docket No. 13-14-2349, be replaced by the following condition:

With its closure of the urgent care center on the former Washington Adventist Hospital campus, Adventist HealthCare, Inc. shall open a primary care office with embedded behavioral health counseling in Takoma Park as outlined in Exhibit A Adventist HealthCare Inc. may not eliminate these services without the approval of the Maryland Health Care Commission.

# Exhibit A





## Updated Proposal for the City of Takoma

- Behavioral Health Crisis Response
- Primary Care
- Behavioral Health Counseling

## Executive Summary:

Adventist HealthCare (AHC) presents this updated and augmented proposal to establish crisis response, behavioral health counseling, and primary care services in Takoma Park to replace the current urgent care center on the former hospital campus.

- *Behavioral Health Crisis Response Services:* Providing this service remains an acute need for the city. AHC will work with city and county officials toward establishing a crisis response center in Takoma Park. To support the effort, AHC will assist in recruiting medical staff and donate space for the center within the medical office building on the former hospital campus to house the center.
- *Primary Care:* AHC will establish a new primary care office in the medical office building located on the former hospital Campus. AHC studied the need for health care services in Takoma and found compelling data supporting the need for a primary care office:
  - o Takoma Park has 962 patients per primary care provider compared to Montgomery County as a whole which has 732 patients per provider.
  - o From July through December of 2021, 200 appointments were made for Project Access<sup>1</sup> members to AHC physicians' offices within five miles of Takoma Park.

Opening a primary care in Takoma Park will expand access to care for city residents, particularly low-income and uninsured community members. Unlike the urgent care, primary care offers preventative care as well as treatment of chronic conditions. It will treat nearly all the same diagnoses as the urgent care and accept the exact same insurance.<sup>2</sup>

- *Behavioral Health Counseling:* Behavioral health counseling services will be imbedded within the new primary care practice. It will include both in-person and telehealth appointments. We will also offer free, in-person or virtual health and wellness workshops to the community at large. These workshops can be targeted to meet the needs of specific communities and adjusted for cultural appropriateness.

Based on our experience operating in the community and learning residents' needs, we believe this complement of services will best serve the needs of the Takoma Park community.

---

<sup>1</sup> Project Access is a county program that provides access to wide network of providers to low-income, uninsured community members.

<sup>2</sup> See Page 8 under *Comparing Primary Care to Urgent Care*.

## **Introduction:**

There is a need for behavioral health crisis response services and additional primary care and behavioral health counseling services within Takoma Park. AHC has engaged in regular meetings with city representatives to review the original proposal to substitute those services for the current urgent care center as presented to the Takoma Park City Council in November of 2021. To enable a robust and in-depth discussion, AHC brought executive leaders and subject matter experts to these meetings, including:

- Dr. Marissa Leslie, Medical Director of Behavioral Health Services;
- Mary McNamara Ward, Vice President of Physician Network Operations;
- Kandy McFarland, Interim Vice President of Behavioral Health;
- Kim Emerson, Director of Behavioral Health Integration; and
- Andrew Nicklas, Deputy General Counsel.

This proposal is the result of those meetings.

## **Behavioral Health Crisis Response Center**

AHC supports Takoma Park's desire to establish a behavioral health crisis response center to support individuals experiencing acute behavioral health episodes. To demonstrate this support, AHC will assist in recruiting the medical personnel to staff the center and donate the physical space to house the center. AHC has two units available in the medical office building on the former hospital campus<sup>3</sup> and AHC behavioral health clinical leaders have determined that they are both suitable for this purpose. AHC will continue to work with city and county officials to establish this center.

Additionally, AHC has connected Takoma Park representatives to the Nexus Montgomery Behavioral Health Workgroup that is examining behavioral health access across the county. This is a coalition of the Montgomery County Health Department and the county's four hospital systems. This will ensure that Takoma Park has a seat at the table as strategies are developed to address behavioral health access countywide.

## **Primary Care with Imbedded Behavioral Health Counseling Services**

While the crisis response center will serve individuals experiencing an acute crisis, the goal for health care professionals is for patients to avoid crisis altogether. This requires access to preventative care and chronic care management. Therefore, AHC proposes to establish a new primary care office with imbedded behavioral health counseling services in the medical office building on the former hospital campus. The office has been newly renovated and can be opened within a matter of weeks after approval of this proposal.

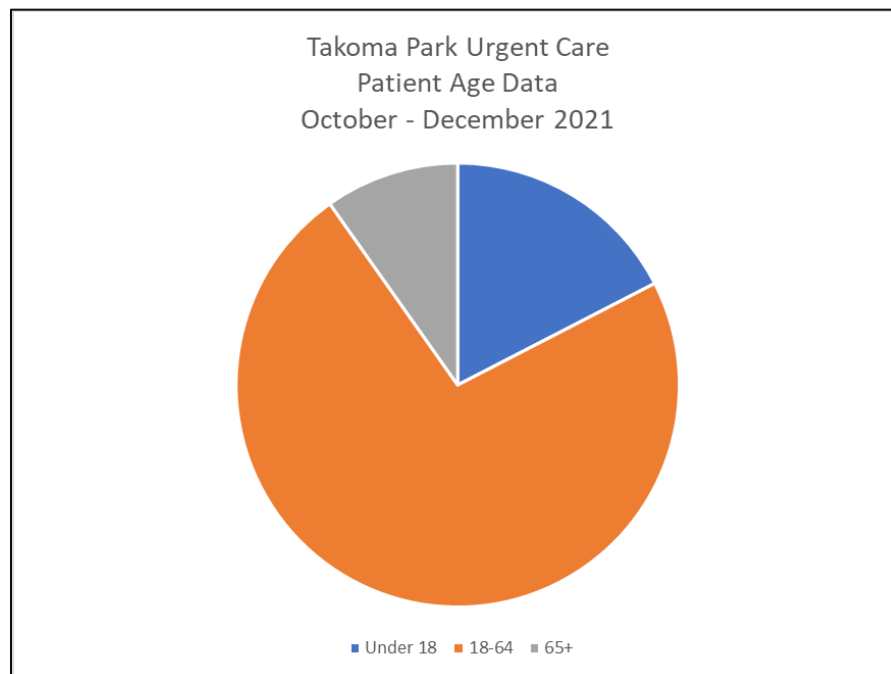
---

<sup>3</sup> These two units are in addition to the space currently set aside for the primary care office.

### *Primary Care*

The office would employ a family care practitioner and a medical assistant as well as support staff. It would offer a full range of care for patients, including preventative care and treatment of chronic conditions. The office would operate Monday – Friday from 8am to 5pm but patients would have 24/7 access to the on-call line with live answering. The office will be able to accommodate approximately 18-20 patients per day. When the office serves 15-18 patients per day consistently, AHC can expand hours and add additional providers. This was the case in the AHC primary care office in Silver Spring, which has grown to sustain three providers. This is in comparison to the urgent care which saw an average of 25 patients per day in 2021 – despite being open 24/7.<sup>4</sup>

AHC primary care offices serve patients from 16/17 years old through geriatric patients. It is industry standard to separate pediatric practices from general adult services as internists do not treat patients under 16. For families with younger children, AHC will meet with the current pediatric office down the hall from our proposed location, or other local practices, to build relationships for referrals. As you can see below, this potentially covers over 80% of the age range of patients seen at the urgent care.



	Under 18	18-64	65+	Total
<b>Total Visits</b>	475	1983	267	2725
<b>Percent of Total</b>	17%	73%	10%	100%

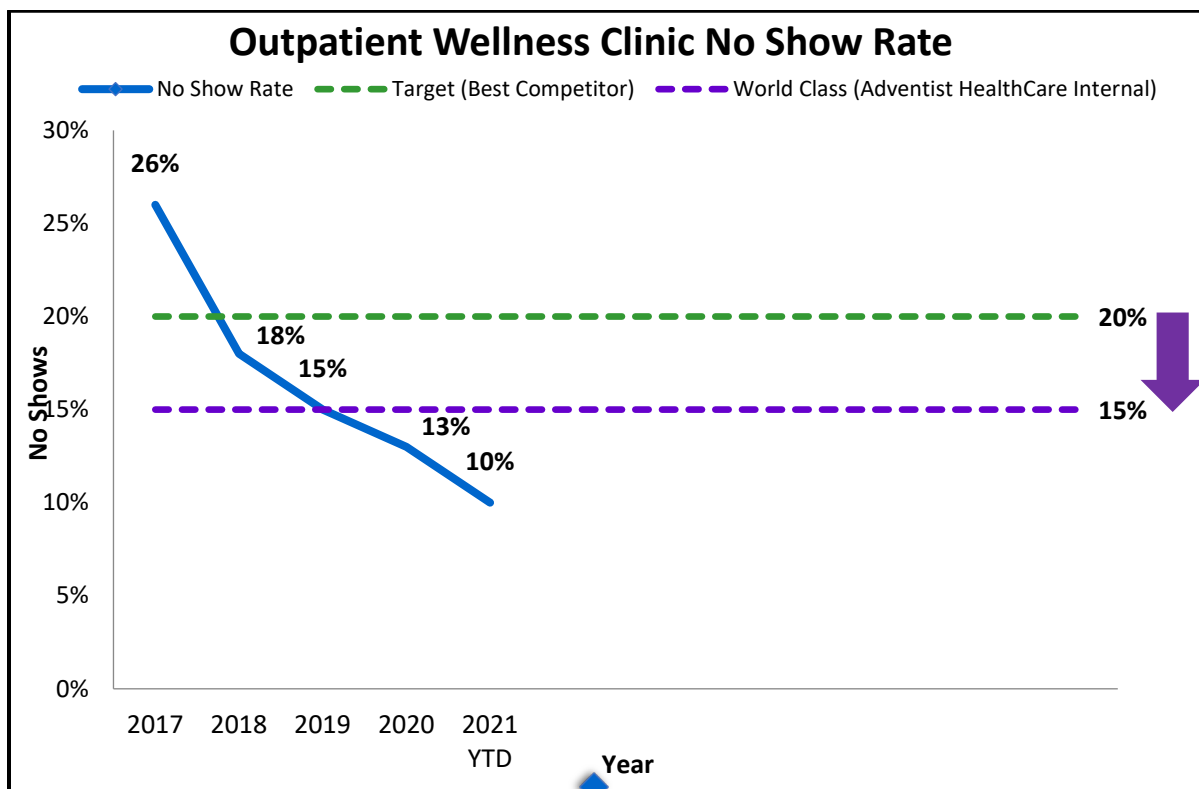
---

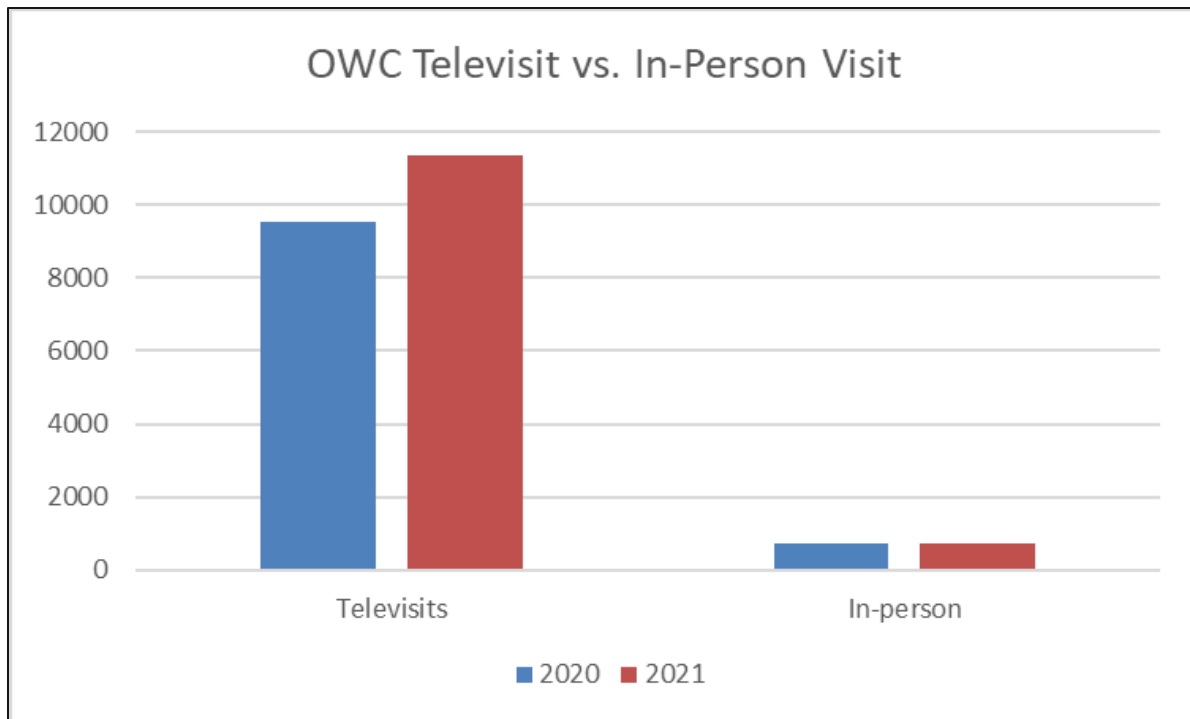
<sup>4</sup> See Exhibit C.

### *Behavioral Health Counseling*

The new primary care office will also provide behavioral health counseling delivered both in-person and through telehealth. Counseling (provided by professional counselors and licensed social workers) and medication management (provided by psychiatrists and psychiatric nurse practitioners) will be available in-person one day a week and five days a week via telehealth. A private space with a computer will be made available at the office for patients without the technology or a private space for telehealth. A therapist can see approximately six patients per day in-person and exponentially more can be seen via telehealth depending on demand. It takes time to build a practice but, as demand increases, the availability of in-person services can increase as well. Counseling services will be available for children, adolescents, adults, and older adults. Services are available in English and Spanish and we will explore providing services in other languages specific to the Takoma Park community, including Amharic.

Telehealth has been transformational for behavioral healthcare. Patients are more easily able to access and comply with medication management and psychotherapy. Issues around transportation, busy work schedules, childcare, stigma, privacy, and difficulty leaving the house due to symptoms of their psychiatric diagnosis can all be eased with telehealth services. With the expansion of telehealth services, the behavioral health “no-show” rate has dropped to 10%.





	2020		2021	
	Count	% of Total	Count	% of Total
Televisits	9517	93%	11363	94%
In-person	736	7%	730	6%
Total	10253		12093	

Imbedding counseling services within a primary care office facilitates access to behavioral health care. Primary care providers are the largest referral source to behavioral counseling as patients often first report mental health concerns to their primary care provider. Additionally, AHC primary care and behavioral health services are clinically integrated and share an electronic medical record, allowing for enhanced collaboration on mutual patients and a streamlined referral process. Both behavioral and physical health services can be augmented to meet community demand.

### *Operations and Care Coordination*

Community members seeking either physical or behavioral health care will not need any pre-existing relationship with Adventist HealthCare to access these services. Likewise, people seeking behavioral health services will not need to be patients of the primary care office. Anyone can contact the office and schedule a visit. If someone arrives without an appointment, staff will engage with them and work to get a visit scheduled. If the patient is experiencing a medical emergency, they will be connected with the appropriate care via ambulance.<sup>5</sup>

The primary care office will accept the exact same insurance as the urgent care, including Medicaid, Medicare, and commercial insurance. Both the urgent care and primary care offices require patients to have insurance or to pay for services themselves. The primary care office, however, unlike the urgent care, will assist individuals without insurance with enrolling in Medicaid. The primary care office also has a charity care policy for those who are underinsured or uninsured that offers discounted rates for care.

Additionally, AHC primary care offices participate in the Project Access program. Project Access is a countywide program administered by the Primary Care Coalition and funded by Nexus Montgomery and Montgomery County to provide access to care for low-income, uninsured community members. AHC's clinically integrated network of providers participate in the program. From July through December of 2021, approximately 200 appointments were made for project access members to AHC physicians' offices within five miles of Takoma Park. Project Access members in Takoma Park could now seek care in their community and be referred to our numerous local specialists who also participate in the program. Opening a primary care in Takoma Park will expand access to care for vulnerable individuals who may be limited in their health care options.

As a part of the AHC system of care, this location would connect patients to the full continuum of healthcare services that AHC provides throughout the region. Being a part of the AHC system of care is what distinguishes AHC primary care offices from other community-based clinics. AHC primary care patients can be easily and efficiently transferred among the AHC network of providers as they require different services whether acute hospitalization, specialty physician services, behavioral health care, home care, etc. AHC offers coordinated care across the largest clinically integrated physician network in the state. Providers within this network operate on the same electronic medical record which facilitates collaboration and communication. The AHC Care Management Team works across the health system, collaborating with physicians and patients to improve health outcomes by facilitating patient-specific care plans and coordinating multidisciplinary care from the time of diagnosis throughout treatment.

---

<sup>5</sup> See Page 8 under *Comparing Primary Care to Urgent Care*.

Although care coordination is most effective among AHC providers due to the clinically integrated network, patients are certainly not limited to AHC affiliated providers and care can be coordinated with providers outside our network. For example, if a patient wishes to see a specific specialist who is outside of our network, we will make the referral and coordinate care with that provider.

All Adventist primary care practices utilize SBIRT (Screening, Brief Intervention, Referral to Treatment), an evidenced based public health approach for the early detection of substance use disorders. If patients of the Takoma Park primary care office have behavioral health or substance use issues and meet the eligibility criteria to enroll in Adventist HealthCare's Adult Partial Hospitalization Program and/or Chemical Dependency Intensive & Structured Outpatient Programs, the primary care office will coordinate this treatment as appropriate. Patients can also be referred to other community-based programs outside of AHC based on the patient's need.

The primary care model is rooted in the principles of integration and coordination between clinical care practitioners, patients, and community service providers. The vision of AHC is to build capabilities in primary care practices that will allow them to improve outcomes, reduce costs, and optimize patient experience. Using a powerful analytics tool, we can aggregate clinical data to identify patterns of healthcare issues impacting a community and develop strategic interventions to address these issues on a communal scale. These capabilities include coordination of evidence-based clinical, psychological, and social services interventions. AHC has an associated community health and wellness division which provides targeted community-based health education programs and wellness screenings based on this data.

AHC also offers free, targeted community behavioral health workshops. These clinics are offered in-person and, leveraging the telehealth platform, can now be offered virtually as well (see Exhibit A). Topics have included Coping with Stress, Anxiety and Depression, Mindful Eating, Mindfulness, Coping with Loneliness, and Grief & Loss. These approachable and accessible workshops have had strong attendance and have led several participants to pursue medication and/or psychotherapy services. AHC hosted 48 workshops in 2021 and 13 in the first quarter of 2022. Workshops are offered in English and Spanish but can be targeted to meet the needs of other ethnic communities. AHC will work with community leaders to identify and reach out to communities in need and offer culturally appropriate services such as for the Ethiopian, French African, and Hispanic communities in Takoma Park.

The AHC primary care model results in high quality, patient centered care and supports overall community health.



## *Comparing Primary Care to Urgent Care*

Overview: Adventist HealthCare primary care offices and urgent care centers offer largely the same level of care to patients. As the data below demonstrates, nearly all the same diagnoses can be seen at either location. Both accept the same insurance and, as you can see below, the payor mix at the AHC primary care office in Silver Spring is very similar to the payor mix seen at the urgent care in Takoma Park. Therefore, the patients who have visited the urgent care will be able to be seen at the primary care office. Some services depend on the availability of medical equipment at a particular location, such as x-ray and laboratory testing. The main differences between primary care and urgent care are the manner in which care is accessed and the continuity of care over time.

Accessing Care: Primary Care offices require an appointment to see a provider, while urgent care centers take walk-in appointments. Same day appointments may be available at a primary care, depending on availability. If a new patient walked into the primary care office without an appointment, the front office staff would engage them and work to schedule an appointment. If a patient presented to a primary care or an urgent care in need of a higher level of care or with a major medical emergency, such as a experiencing a heart attack, then the staff would direct the patient to an emergency room or call an ambulance on their behalf, as appropriate.

Continuity of Care: Primary care provides the opportunity to develop a long-term relationship with a provider. Urgent care visits are more transactional and focus on the issue being presented at the time. Establishing a long-term relationship with a provider leads to better health outcomes. Patients are more likely to complete regular wellness checks and screenings when they have a consistent primary care provider. This leads to early detection of potential health issues and provides an opportunity to take corrective actions to avoid future complications. Primary care doctors have a more complete understanding of their patients' health. They can get to know patients on a personal level and gain a sense of all the things that may be affecting a patient's health. This relationship enables primary care doctors to oversee a patient's care more effectively, coordinate among specialists as needed, and help patients reach their long-term health goals.

# Takoma Park Urgent Care – Diagnoses Breakdown

## Patient Diagnoses (October – December 2021):

- Total: 4914
- Treatable by Primary Care: 4593 (93%)
- Not treatable at Primary Care\*: 331 (7%)

\* Most require emergency department, some may be seen at an urgent care

## Diagnoses requiring emergency department or urgent care:

- Severe Lacerations (*ED only*)
- Chest pain/tightness (*ED only*)
- Fractures/bone breaks
- Open wounds

# Top 20 Diagnoses at Takoma Park Urgent Care

- The top 20 diagnoses account for over 60% of the total diagnoses treated at the TP urgent care.
- All of the top 20 diagnoses are treatable at primary care.

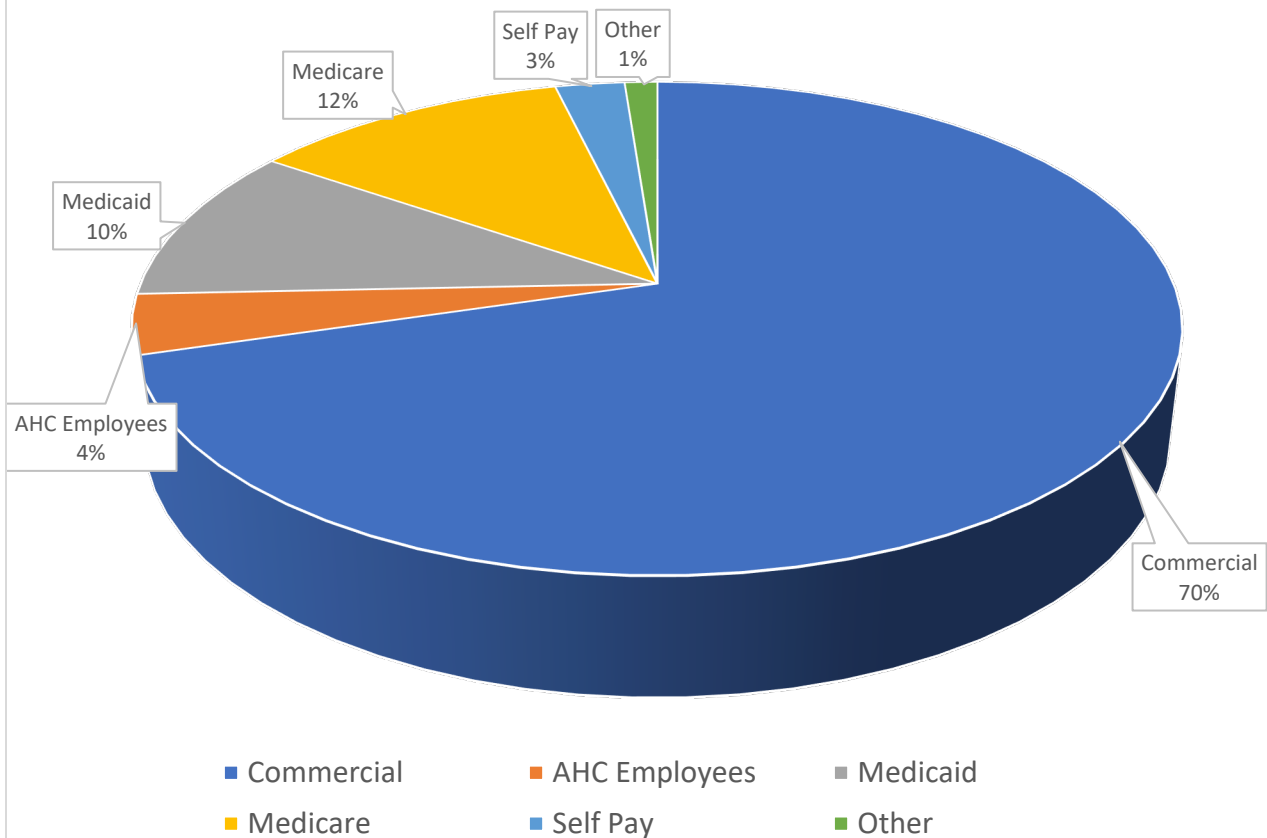
Diagnosis	Count	Percent of Total Diagnoses
Contact with and (suspected) exposure to other viral communicable diseases	871	18%
Encounter for observation for suspected exposure to other biological agents ruled out	596	12%
Cough	302	6%
Sore throat	282	6%
Elevated blood-pressure reading, without diagnosis of hypertension	123	3%
Nasal congestion	79	2%
Flu-like symptoms	68	1%
Fever, unspecified fever cause	65	1%
Encounter for screening for other viral diseases	64	1%
Elevated blood pressure reading in office with diagnosis of hypertension	59	1%
UTI symptoms	57	1%
Acute nonintractable headache, unspecified headache type	56	1%
Close exposure to 2019-nCoV	56	1%
Encounter for screening laboratory testing for COVID-19 virus	48	1%
Runny nose	37	1%
Cough, unspecified	35	1%
Acute pharyngitis, unspecified etiology	33	1%
Exposure to COVID-19 virus	32	1%
Rash	32	1%
Diarrhea, unspecified type	30	1%

## Payor Mix Data:

AHC Takoma Park Urgent Care vs. AHC Primary Care Office in Silver Spring

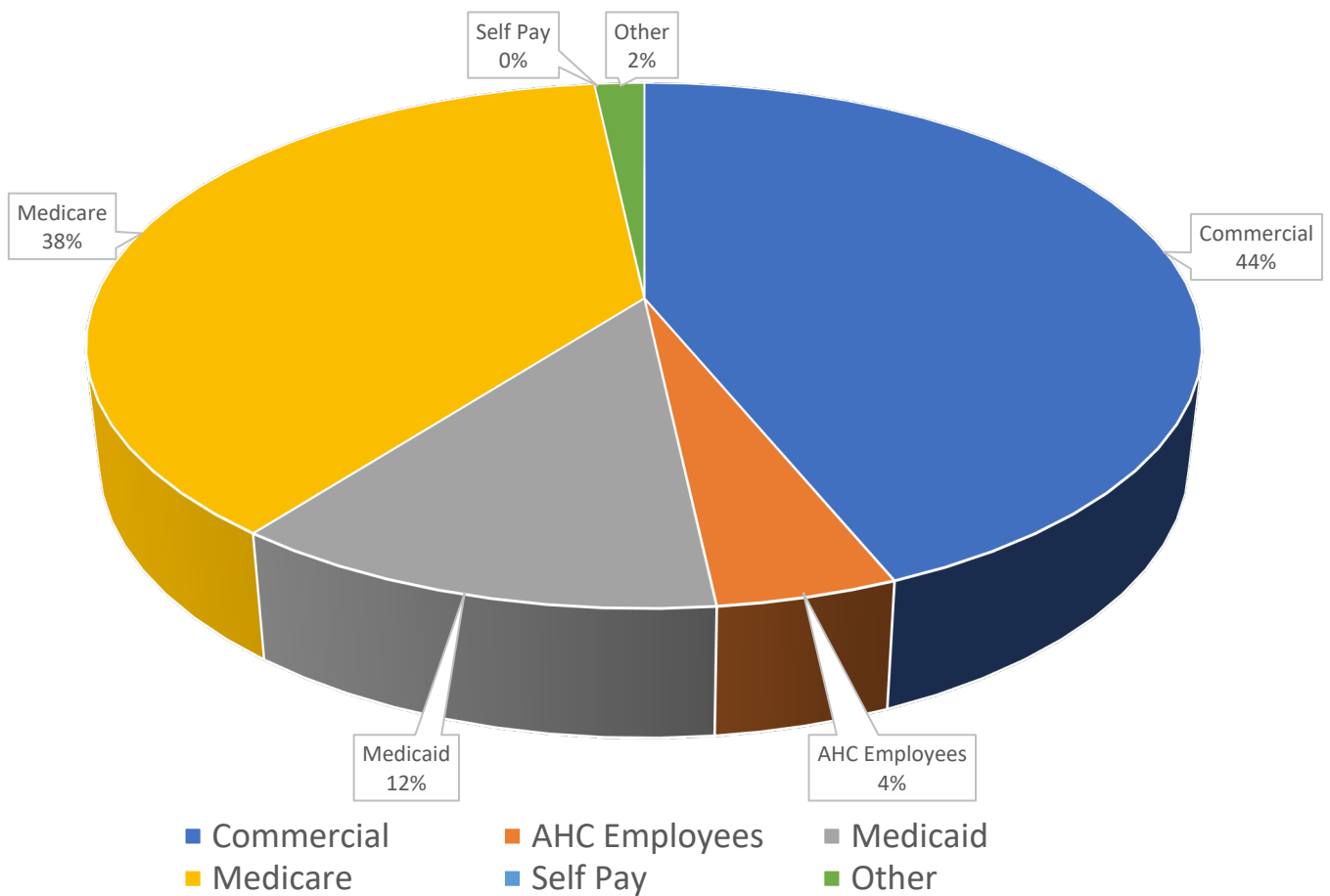
<b>Table 1 – 2021 Payor Mix: Takoma Park Urgent Care</b>	
<b>Payor</b>	<b>% of Payor Mix</b>
Commercial	70%
AHC Employees	4%
Medicaid	10%
Medicare	12%
Self-Pay	3%
Other	1%
<b>Grand Total</b>	<b>100%</b>

**Table 1A – 2021 Payor Mix:  
Takoma Park Urgent Care**



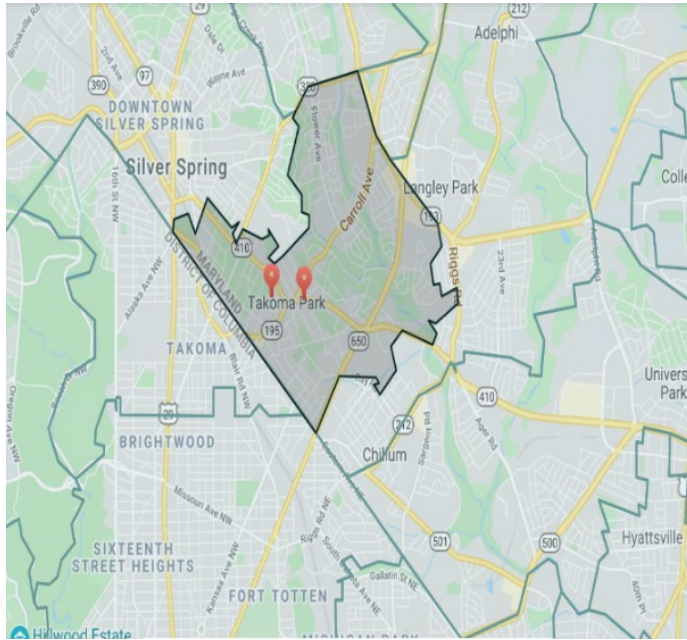
<b>Table 2 – 2021 Payor Mix: Primary Care Colesville Rd.</b>	
<b>Payor</b>	<b>% of Payor Mix</b>
Commercial	44%
AHC Employees	4%
Medicaid	12%
Medicare	38%
Self-Pay	0%
Other	2%
<b>Grand Total</b>	<b>100%</b>

**Table 2A – 2021 Payor Mix: Primary Care Colesville Rd.**



## *Needs Analysis*

AHC conducted a market analyses of the area to assess the ambulatory care needs of the Takoma Park community. The primary service area is comprised principally of two zip codes – 20912 and 20913, as depicted below:



According to the 2020 Census, the total population for this area is about 26,000 persons with approximately 10,000 households and the median age is only 34 years old. The population is expected to grow slowly, with only 0.34% growth predicted by 2024. Additional demographic data is presented below (Source: Buxton).

## Complete Demographic Summary Report

Geography: Takoma Park 20912 20913  
Date: July 13, 2020



### Population Demographics

	2000 Census		2010 Census		2019 Estimates		2024 Projections		Percent Change 2000 to 2010 2019 to 2024	
Total Population	25,956		25,115		26,100		26,179		-3.2%	0.3%
Population Density (Pop/Sq Mi)	9,575.66		9,146.37		9,628.63		9,657.72		-4.5%	0.3%
Total Households	9,890		9,384		9,903		9,963		-5.1%	0.6%
Population by Gender:										
Male	12,522	48.2%	12,078	48.1%	12,597	48.3%	12,658	48.4%	-3.5%	0.5%
Female	13,434	51.8%	13,037	51.9%	13,503	51.7%	13,521	51.7%	-3.0%	0.1%

### Population by Race

	<b>2000 Census</b>		<b>2010 Census</b>		<b>2019 Estimates</b>		<b>2024 Projections</b>		<b>Percent Change 2000 to 2010 2019 to 2024</b>	
White	10,791	41.6%	10,386	41.4%	9,556	36.6%	9,234	35.3%	-3.8%	-3.4%
Black	9,354	36.0%	9,124	36.3%	9,972	38.2%	10,016	38.3%	-2.5%	0.4%
American Indian or Alaska Native	123	0.5%	150	0.6%	186	0.7%	185	0.7%	22.3%	-0.5%
Asian/Native Hawaiian/Other Pacific Islander	1,119	4.3%	1,027	4.1%	1,137	4.4%	1,186	4.5%	-8.2%	4.3%
Some Other Race	3,166	12.2%	3,129	12.5%	3,671	14.1%	3,821	14.6%	-1.2%	4.1%
Two or More Races	1,403	5.4%	1,299	5.2%	1,578	6.1%	1,738	6.6%	-7.5%	10.1%

### Population by Ethnicity

	<b>2000 Census</b>		<b>2010 Census</b>		<b>2019 Estimates</b>		<b>2024 Projections</b>		<b>Percent Change 2000 to 2010 2019 to 2024</b>	
Hispanic	5,708	22.0%	6,109	24.3%	7,309	28.0%	7,630	29.2%	7.0%	4.4%
Not Hispanic or Latino	20,249	78.0%	19,006	75.7%	18,791	72.0%	18,549	70.9%	-6.1%	-1.3%

### Population by Age

	<b>2000 Census</b>		<b>2010 Census</b>		<b>2019 Estimates</b>		<b>2024 Projections</b>		<b>Percent Change 2000 to 2010 2019 to 2024</b>	
0 to 4	1,995	7.7%	1,982	7.9%	2,096	8.0%	2,070	7.9%	-0.7%	-1.2%
5 to 14	3,510	13.5%	2,884	11.5%	3,141	12.0%	3,378	12.9%	-17.8%	7.5%
15 to 19	1,640	6.3%	1,372	5.5%	1,265	4.8%	1,208	4.6%	-16.3%	-4.5%
20 to 24	1,826	7.0%	1,729	6.9%	1,613	6.2%	1,379	5.3%	-5.3%	-14.6%
25 to 34	4,499	17.3%	4,473	17.8%	4,257	16.3%	4,026	15.4%	-0.6%	-5.4%
35 to 44	5,148	19.8%	4,077	16.2%	4,371	16.7%	4,469	17.1%	-20.8%	2.2%
45 to 54	3,756	14.5%	3,668	14.6%	3,608	13.8%	3,517	13.4%	-2.3%	-2.5%
55 to 64	1,727	6.7%	2,890	11.5%	3,225	12.4%	3,154	12.0%	67.3%	-2.2%
65 to 74	1,040	4.0%	1,211	4.8%	1,598	6.1%	1,905	7.3%	16.4%	19.2%
75 to 84	601	2.3%	608	2.4%	671	2.6%	810	3.1%	1.2%	20.8%
85+	216	0.8%	222	0.9%	255	1.0%	264	1.0%	2.6%	3.6%

### Median Age:

Total Population	34.0		35.3		36.4		37.2	
------------------	------	--	------	--	------	--	------	--

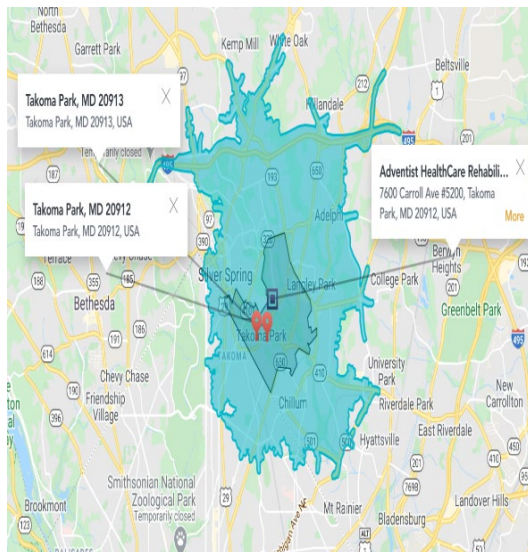
### Households by Income

	<b>2000 Census</b>		<b>2010 Census</b>		<b>2019 Estimates</b>		<b>2024 Projections</b>		<b>Percent Change 2000 to 2010 2019 to 2024</b>	
\$0 - \$15,000	1,261	12.7%	888	9.5%	824	8.3%	731	7.3%	-29.5%	-11.4%
\$15,000 - \$24,999	1,176	11.9%	738	7.9%	712	7.2%	653	6.6%	-37.2%	-8.3%
\$25,000 - \$34,999	1,293	13.1%	894	9.5%	870	8.8%	804	8.1%	-30.9%	-7.6%
\$35,000 - \$49,999	1,847	18.7%	1,378	14.7%	1,168	11.8%	1,093	11.0%	-25.4%	-6.4%
\$50,000 - \$74,999	1,879	19.0%	1,540	16.4%	1,543	15.6%	1,393	14.0%	-18.0%	-9.7%
\$75,000 - \$99,999	1,007	10.2%	906	9.7%	1,029	10.4%	946	9.5%	-10.1%	-8.1%
\$100,000 - \$149,999	891	9.0%	1,622	17.3%	1,690	17.1%	1,864	18.7%	82.0%	10.3%
\$150,000 +	552	5.6%	1,418	15.1%	2,067	20.9%	2,480	24.9%	157.0%	20.0%
Average Hhld Income	\$59,159		\$94,692		\$109,652		\$124,185		60.1%	13.3%
Median Hhld Income	\$44,712		\$60,851		\$71,628		\$82,601		36.1%	15.3%
Per Capita Income	\$22,541		\$35,674		\$41,895		\$47,551		58.3%	13.5%

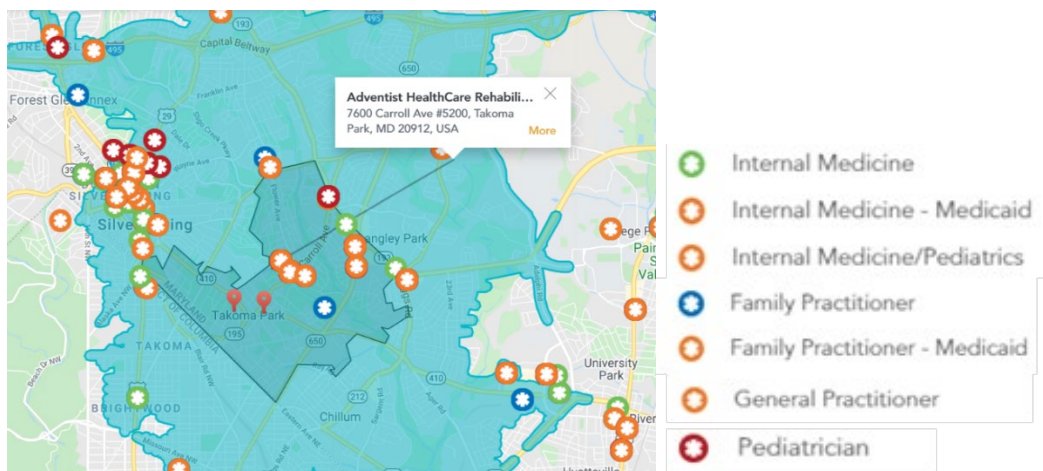
### Employment

	<b>2000 Census</b>		<b>2010 Census</b>		<b>2019 Estimates</b>		<b>2024 Projections</b>		<b>Percent Change 2000 to 2010 2019 to 2024</b>	
Total Population 16+	20,155		19,976		20,615		20,492		-0.9%	2.6%
Total Labor Force	14,945	74.1%	16,134	80.8%	16,157	78.4%	15,968	77.9%	8.0%	-1.2%
Civilian, Employed	14,006	93.7%	14,754	91.5%	15,339	94.9%	15,212	95.3%	5.3%	-0.8%
Civilian, Unemployed	929	6.2%	1,376	8.5%	813	5.0%	752	4.7%	48.1%	-7.5%
In Armed Forces	10	0.1%	4	0.0%	4	0.0%	4	0.0%	-55.4%	0.0%
Not In Labor Force	5,211	25.9%	3,841	19.2%	4,458	21.6%	4,524	22.1%	-26.3%	1.5%
% Blue Collar	4,218	30.0%	5,570	37.8%	6,121	39.9%	6,094	39.7%	32.1%	-0.4%
% White Collar	9,842	70.0%	9,184	62.2%	9,218	60.1%	9,118	59.4%	-6.7%	-1.1%

For the purposes of reviewing ambulatory needs data, AHC analyzed the zip codes map plus an area within a 20-minute drive time from the AHC urgent care in Takoma Park as displayed below.



The graphic below depicts primary care outpatient locations in Takoma Park and surrounding zip codes. There are approximately 15 primary care locations within Takoma Park including private and community clinics with approximately 27 full time providers giving an overall ratio of 962 patients to every one primary care provider. As a comparison, Montgomery County, as a whole, has a ratio of approximately 732 patients to one primary care physician. In 2018 there were approximately 150,000 primary care visits in Takoma Park – a care usage frequency of about 130% of the national average, demonstrating a high demand for primary care services in the area.



In neighboring Silver Spring, the number of Primary Care providers is significant, with many providers within a 20-minute drive time of the current Washington Adventist campus in Takoma Park including an existing AHC primary care office in Silver Spring on Colesville Road. However, southern Takoma Park has far fewer primary care locations and could benefit from a primary care center focusing on family care which would be ideal given the young age range of the population.



### *Marketing the New Primary Care Office*

Adventist HealthCare is committed to promoting the new primary care office to help ensure its success. We have developed the comprehensive marketing plan below. In addition to robust traditional marketing, AHC will engage with local community groups and prominent public meeting places, such as CHEER and the Crossroads Framers Market, to promote services and provide health education resources directly to the community. After this initial strategy, the office will be routinely marketed at regular intervals (approximately every 6/8 months). This includes recurring ad placement and repeatedly engaging with the community. AHC will also work to develop and distribute culturally appropriate resources within ethnic communities such as the Ethiopian, East African and Hispanic communities in the city.

<b>Takoma Park Primary Care Promotional Plan</b>		
<b>Activity</b>	<b>Timing</b>	<b>Budget</b>
<b>Direct mail (4)</b>	<ul style="list-style-type: none"><li>- 2-months prior to opening</li><li>- After opening</li><li>- 3-months after opening</li><li>- 9-months after opening</li></ul>	\$20,000
<b>Google pay-per-click ads</b>	Google ads for those searching key words in the Takoma Park geography (monthly)	\$12,000
<b>Pandora digital radio ads</b>	12-week campaign, starting 1-week before opening	\$15,000
<b>El Tiempo Latino newspaper</b>	12-week campaign, starting 1-week before opening	\$15,000
<b>Downtown Silver Spring and Takoma Park outdoor ads</b>	<ul style="list-style-type: none"><li>- 12-week campaign, starting 1-week before opening</li><li>- 12-week campaign, starting 9 months after opening</li></ul>	\$10,000
<b>TV Commercial ads</b>	12-week campaign, starting 1-week before opening	\$15,000
<b>Takoma Park Newsletter editorials</b>	Quarterly editorials on health education	n/a*
<b>Senior Beacon newspaper ½ page ads (4)</b>	<ul style="list-style-type: none"><li>- Ad space (opening month)</li><li>- 2-months after opening</li><li>- 6-months after opening</li><li>- 12-months after opening</li></ul>	\$10,000
<b>Facebook ads</b>	Monthly, running for 6-months after opening	\$1,500
<b>Local Community Groups</b>	Promotional material and health education resources will be provided to local community groups such as: <ul style="list-style-type: none"><li>- CHEER (existing partnership with AHC)</li><li>- IMPACT (existing partnership with AHC)</li><li>- Casa De Maryland</li></ul>	n/a

<b>Local Businesses</b>	<ul style="list-style-type: none"> <li>- Flyers and resources distributed to local business</li> <li>- Crossroads Farmers Market (AHC will engage with the market to distribute health education resources in person.)</li> </ul>	\$1500*
<b>Senior Living Apartment Housing</b>	Flyers at local senior living apartment complexes such as the Victory Tower and others.	n/a
<b>Total</b>		\$100,000

\*Estimated cost includes all flyers and promotional materials.

### Experience at the Urgent Care in Takoma Park

AHC has operated the urgent care in Takoma Park since August of 2019. In good faith, we invested nearly \$450,000 in startup expenses. We marketed the urgent care through multiple forms of media and in multiple languages, including:

- Direct mail sent to local residents;
- Social media promotions (<https://www.facebook.com/AdventistUCTakomaPark/>);
- An article in the Takoma Park newsletter;
- Website updates on all AHC related sites;
- Inclusion on material announcing the White Oak Medical Center;
- Additional flyers and handouts distributed at public events;
- Inclusion of Takoma Park on AHC Urgent Care on outdoor advertising.

Information on the hours of operation and public transportation options to reach the urgent care are readily available on the [website](#).

Despite these efforts, we continue to experience low patient volumes. Since opening in August 2019 through October 2021, the Takoma Park urgent care has seen approximately half the patients as the three other former AHC urgent cares – despite being the only center open 24 hours. In 2021, the Takoma Park urgent care saw an average of 25 patients per day compared to approximately 44 to 50 patients per day in the three other centers – again despite being the only one open 24/7. (See Exhibits B & C)

Takoma Park is served by five urgent care centers in addition to the one operated by AHC. (See Exhibit D) Takoma Park will continue to have access to urgent cares without the AHC urgent care.

These low volumes make the Takoma Park urgent care unsustainable. Since opening, the urgent care has lost over \$2.2 million. From January through September of 2021, the Takoma Park urgent care lost \$740,874 while the other three AHC urgent care centers each earned a profit ranging from nearly \$150,000 to over \$230,000. This is not to say that earning profits is the primary goal of health care, however, AHC cannot sustain this operation with annual losses of nearly \$1 million. (See Exhibit E & F)

Significant staffing challenges add to the operational struggles of the urgent care and contribute to the financial losses. Recruiting staff to work nights has become so difficult that it is nearly untenable. AHC is forced to hire contract staff at a significantly greater cost, and it is still a struggle to find people. Therefore, not only is 24/7 staffing inherently more costly – the staff themselves cost more. These higher costs exacerbate the financial distress caused by the low patient volumes.

Continuing urgent care operations is simply not viable for AHC. Furthermore, AHC has chosen to step away from urgent care operations as a whole. We have contracted with CFG Health Care, an established urgent care operator, to take over operations of the other three AHC urgent care locations under the name Patriot Urgent Care. The Urgent Care model does not align with our interest in providing preventative, community-based care. We have chosen to focus our investment on our extensive clinically integrated network of community providers. We believe this more directly supports our goal of helping people to stay healthy, reduce acute issues, and improve the overall health of the communities we serve. For these reasons, we believe the proposed services will better serve Takoma Park.

### **AHC's Continued Commitment to Takoma Park**

AHC has served the healthcare needs in Takoma Park since 1907 and remains committed to doing so. AHC has continued to operate the Manor House, an assisted living facility for adults with chronic and severe mental illness who are unable to live independently in a safe and supportive residential environment as an alternative to long-term psychiatric hospitalization.

We have provided services to the community throughout the COVID-19 pandemic including free COVID testing, inpatient care, an outpatient COVID-19 infusion center, and a robust Community Vaccination Clinic that administered over 20,000 doses to the community.

Additionally, we provided space on the campus to four different community organizations and the City of Takoma Park, free of charge, to support food distribution efforts in the community. We also recently contributed approximately \$12,000 in staff and supplies to support flu vaccinations in the area.

We look forward to continuing to serve this community as we bring a new, valuable services to Takoma Park residents.

# Exhibit B

# The City of Takoma Park

## Office of the City Council

Telephone: (301) 891-7230  
Fax: (301) 270-8794



7500 Maple Avenue  
Takoma Park, MD 20912

## *Takoma Park City Council*

May 26, 2022

Paul E. Parker  
Director, Center for Healthcare Facilities Planning & Development  
Maryland Healthcare Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

Dear Mr. Parker,

The Takoma Park City Council and City Manager would like to express our support for the Request for Modification of the Certificate of Need for the White Oak Medical Center from Adventist Healthcare (Docket No. 13-15-2349). The Request for Modification is based on the Adventist Healthcare Proposal for Healthcare Services in Takoma Park. This proposal is endorsed by the City following several months of robust discussion between Adventist Healthcare and City leadership.

The services offered by Adventist Healthcare (AHC) to replace the urgent care center have evolved significantly since the AHC July 2021 modification request. The expanded scope of the new AHC services resulted from direct feedback from both Councilmembers and City staff as to what types of services our City residents would need to compensate for the loss of the urgent care center. We believe the updated proposal is much improved and will make a valuable contribution to the work of meeting the health care needs of the Takoma Park community. We thank the AHC executive team for their regular involvement in workgroup discussions since January 2021.

The AHC augmented proposal includes the establishment of a primary care office with embedded behavioral health counseling. AHC has also committed to donating a physical space for a behavioral health crisis response center that will be established through a partnership with the Montgomery County Department of Health and Human Services. Primary healthcare that is sustainable and preventative will benefit all of our residents.

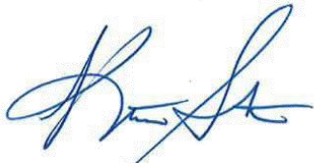
Behavioral healthcare for residents in crisis is another pressing need in our community. We look forward to supporting the enhanced proposal to be presented by the AHC team at the June 16<sup>th</sup> Maryland Healthcare Commission meeting.

The City of Takoma Park will continue to engage with Adventist Healthcare in partnership in the coming months to monitor the impact of these services on healthcare in our community and to facilitate the crisis response center. In particular, we look forward to updates from Adventist Healthcare on the volume of patients, the patients' demographic profiles and diagnoses, and the status of proposal implementation among other measurable outcomes.

We greatly appreciate the Maryland Healthcare Commission's ongoing efforts to work with the City and its healthcare stakeholders to ensure that the healthcare needs of our residents are met. Please let us know if there is any additional information we can provide.

Sincerely,

Mayor Kate Stewart for the Takoma Park City Council

A handwritten signature in blue ink, appearing to be 'Kate Stewart', written in a cursive style.

Jamal Fox, City Manager of Takoma Park

A handwritten signature in blue ink, appearing to be 'Jamal Fox', written in a cursive style.

# Exhibit C

## Exhibit C

### AHC Urgent Care Centers

Total Visits by Shift

August 2019 –April 2022

		GERMANTOWN	ROCKVILLE	LAUREL	TAKOMA PARK
Year	Month	Total (8AM - 8PM)	Total (8AM - 8PM)	Total (8AM - 8PM)	Total (24Hrs)
2019	August*	1100	1034	1241	72
	September	1143	1025	1295	370
	October	1019	1078	1451	419
	November	1030	1058	1313	279
	December	1422	1378	1508	375
2020	January	1439	1248	1532	349
	February	1373	1255	1398	356
	March	1218	1030	1232	340
	April	574	510	626	314
	May	903	713	708	312
	June	978	962	945	507
	July	2067	1979	1935	1336
	August	2294	2233	2210	1544
	September	1534	1648	1635	1107
	October	1857	1824	1985	1265
	November	2655	2262	2472	2201
	December	2702	2351	2679	2002
2021	January	2107	1765	2161	1132
	February	1221	1057	1338	663
	March	1281	1076	1423	655
	April	1289	1007	1221	587
	May	1203	1028	1167	500
	June	1378	1224	1301	543
	July	1583	1318	1460	597
	August	1916	1791	1812	905
	September	1830	1595	1911	989
	October	1438	1413	1654	781
	November	1323	1295	1436	667
	December	1885	1968	2202	1350
2022	January	1159	909	1188	405
	February	No longer operated by AHC	No longer operated by AHC	No longer operated by AHC	317
	March	No longer operated by AHC	No longer operated by AHC	No longer operated by AHC	360
	April	No longer operated by AHC	No longer operated by AHC	No longer operated by AHC	429
Total		44921	41034	46439	24028

\*Patients seen at Takoma Park for 6 days in August 2019. The First service date was August 26, 2019