



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 Access¹ 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.²

- *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.

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

² 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 campus³ 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

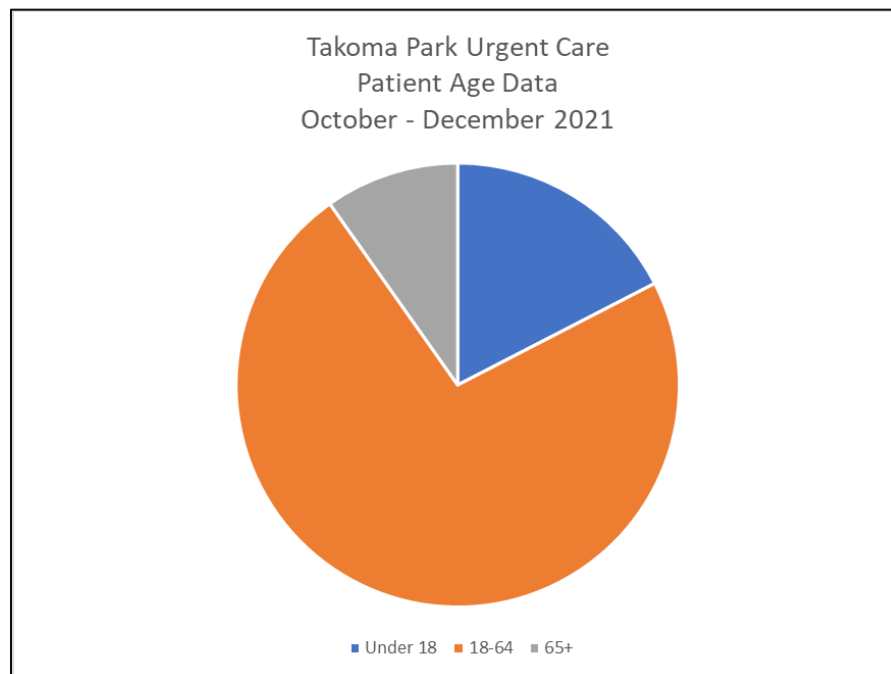
While the crisis response center will serve individuals experiencing an acute crisis, the goal for health care professionals is for patients to avoid crisis altogether. This requires access to preventative care and chronic care management. Therefore, AHC proposes to establish a new primary care office 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.

³ 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 24/7.⁴

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.



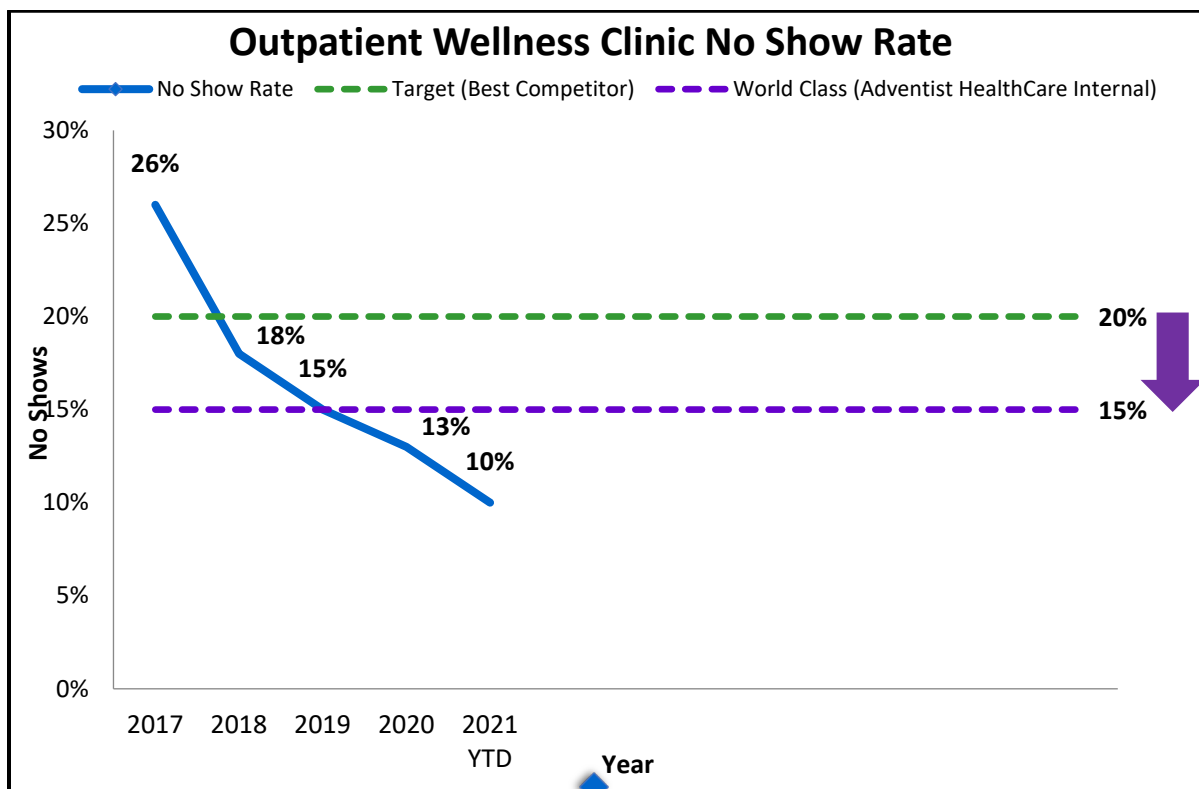
	Under 18	18-64	65+	Total
Total Visits	475	1983	267	2725
Percent of Total	17%	73%	10%	100%

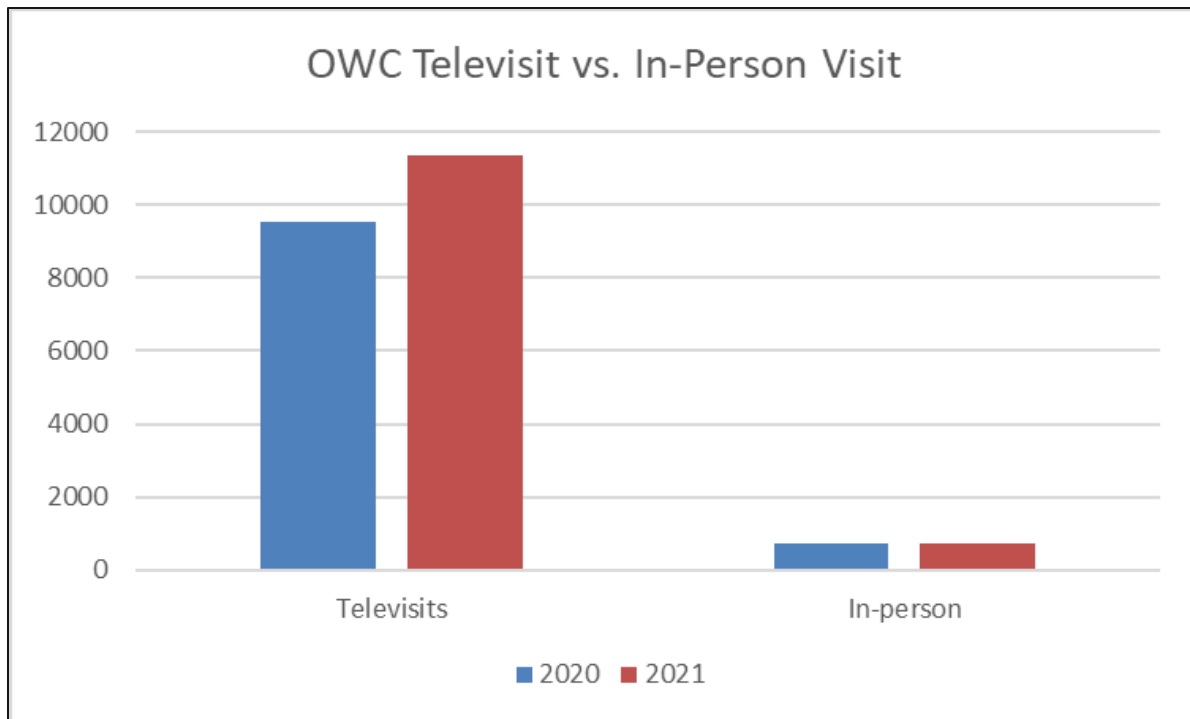
⁴ See Exhibit C.

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.⁵

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.

⁵ 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

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

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

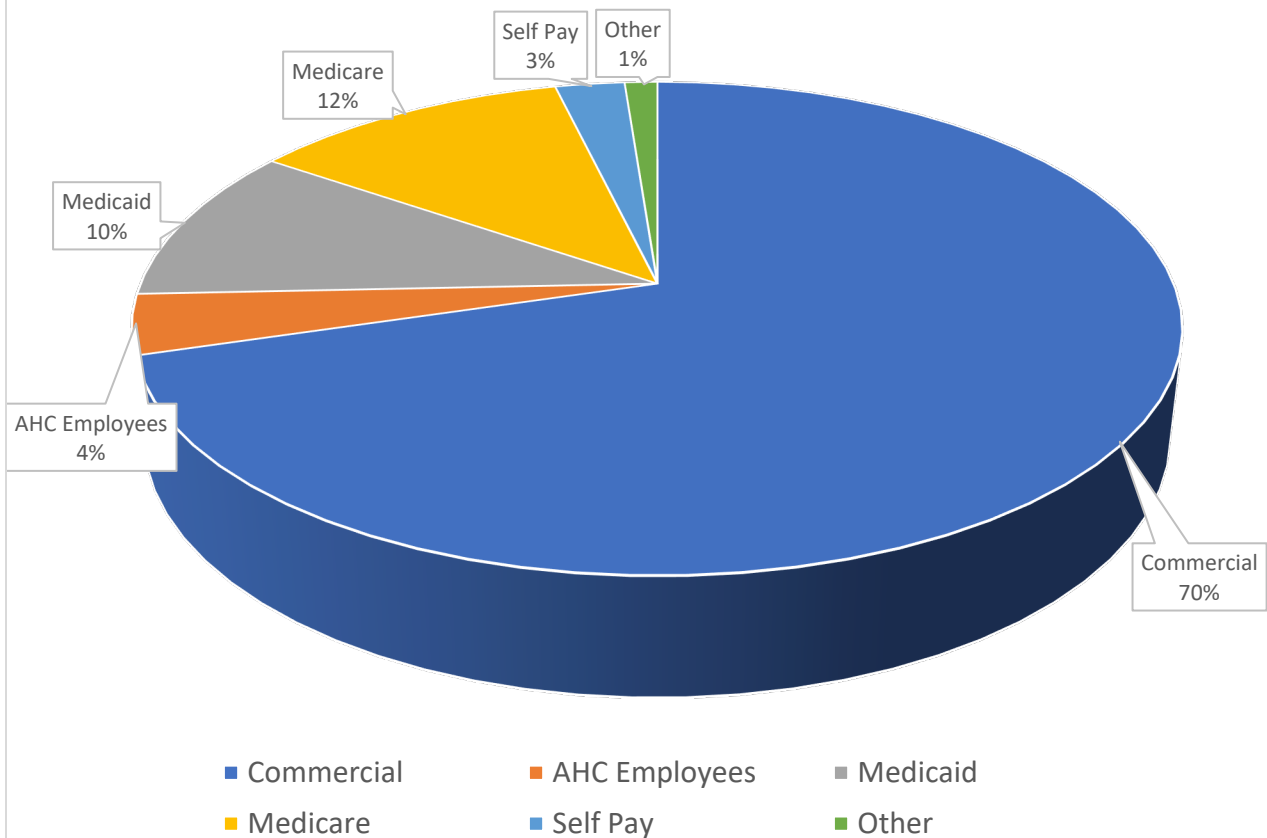
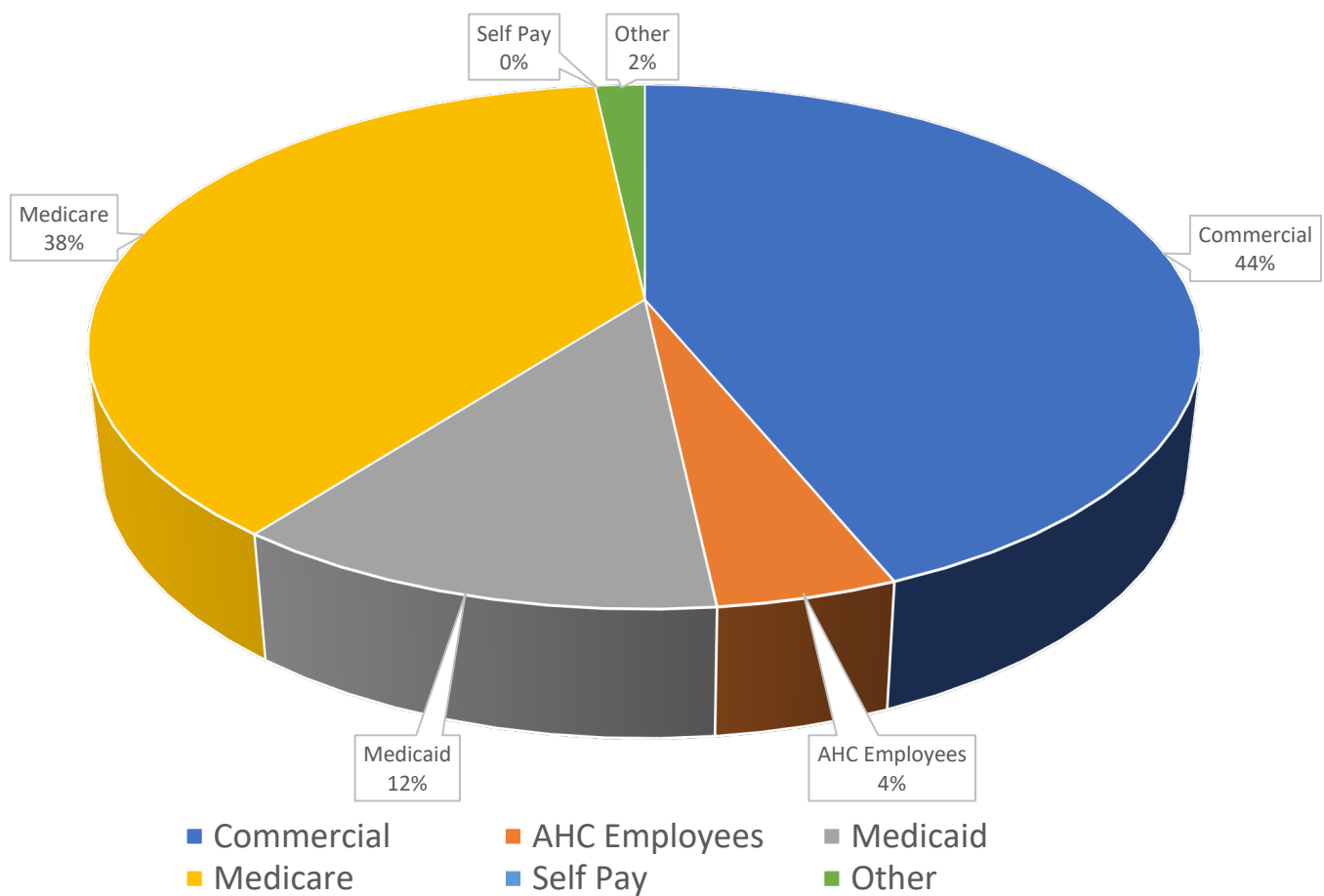


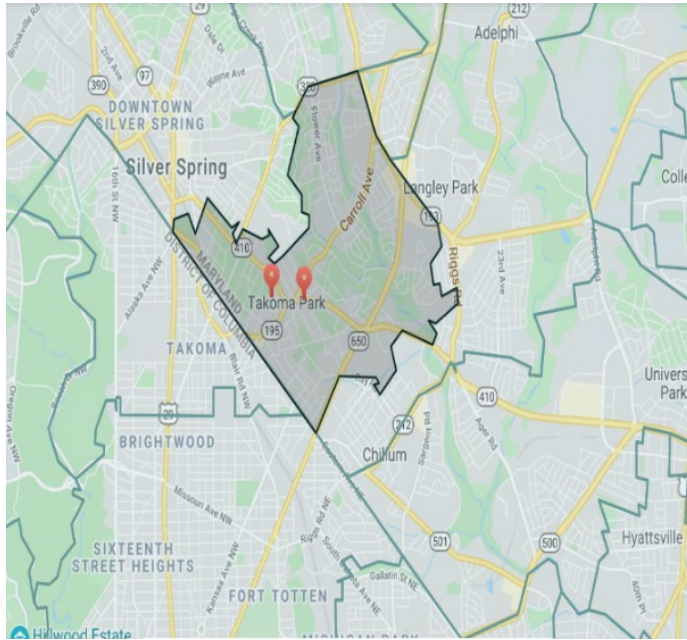
Table 2 – 2021 Payor Mix: Primary Care Colesville Rd.	
Payor	% of Payor Mix
Commercial	44%
AHC Employees	4%
Medicaid	12%
Medicare	38%
Self-Pay	0%
Other	2%
Grand Total	100%

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

	2000 Census		2010 Census		2019 Estimates		2024 Projections		Percent Change 2000 to 2010		2019 to 2024
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

	2000 Census		2010 Census		2019 Estimates		2024 Projections		Percent Change 2000 to 2010		2019 to 2024
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

	2000 Census		2010 Census		2019 Estimates		2024 Projections		Percent Change 2000 to 2010		2019 to 2024
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	
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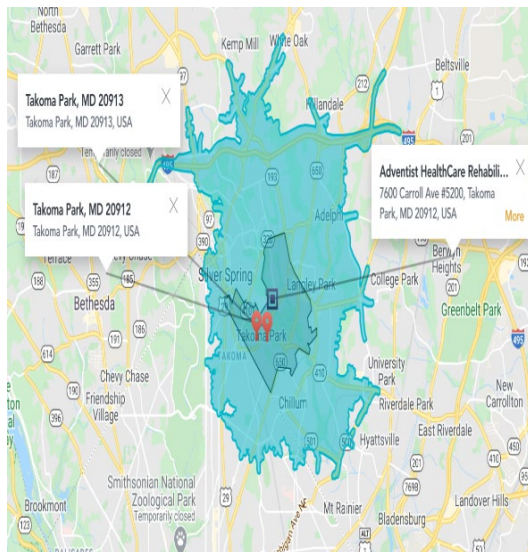
Households by Income

	2000 Census		2010 Census		2019 Estimates		2024 Projections		Percent Change 2000 to 2010		2019 to 2024
\$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%

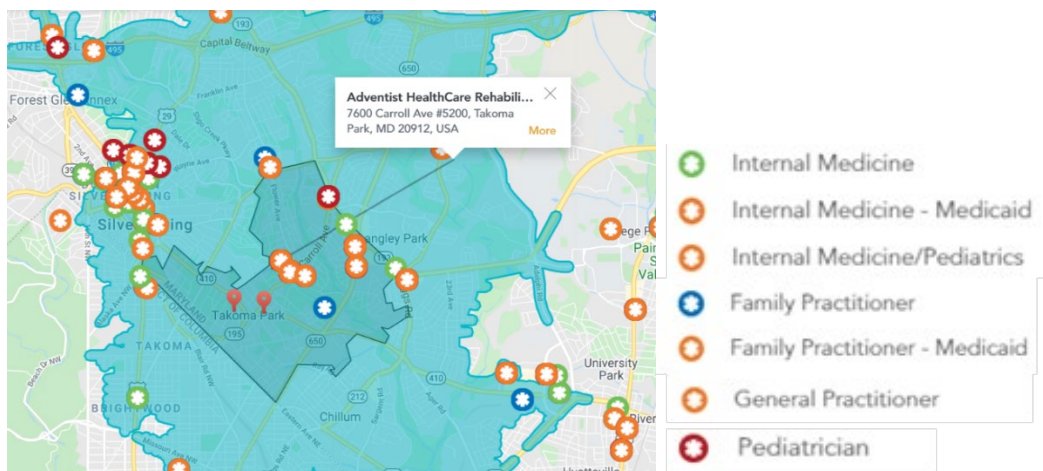
Employment

	2000 Census		2010 Census		2019 Estimates		2024 Projections		Percent Change 2000 to 2010		2019 to 2024
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.

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

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

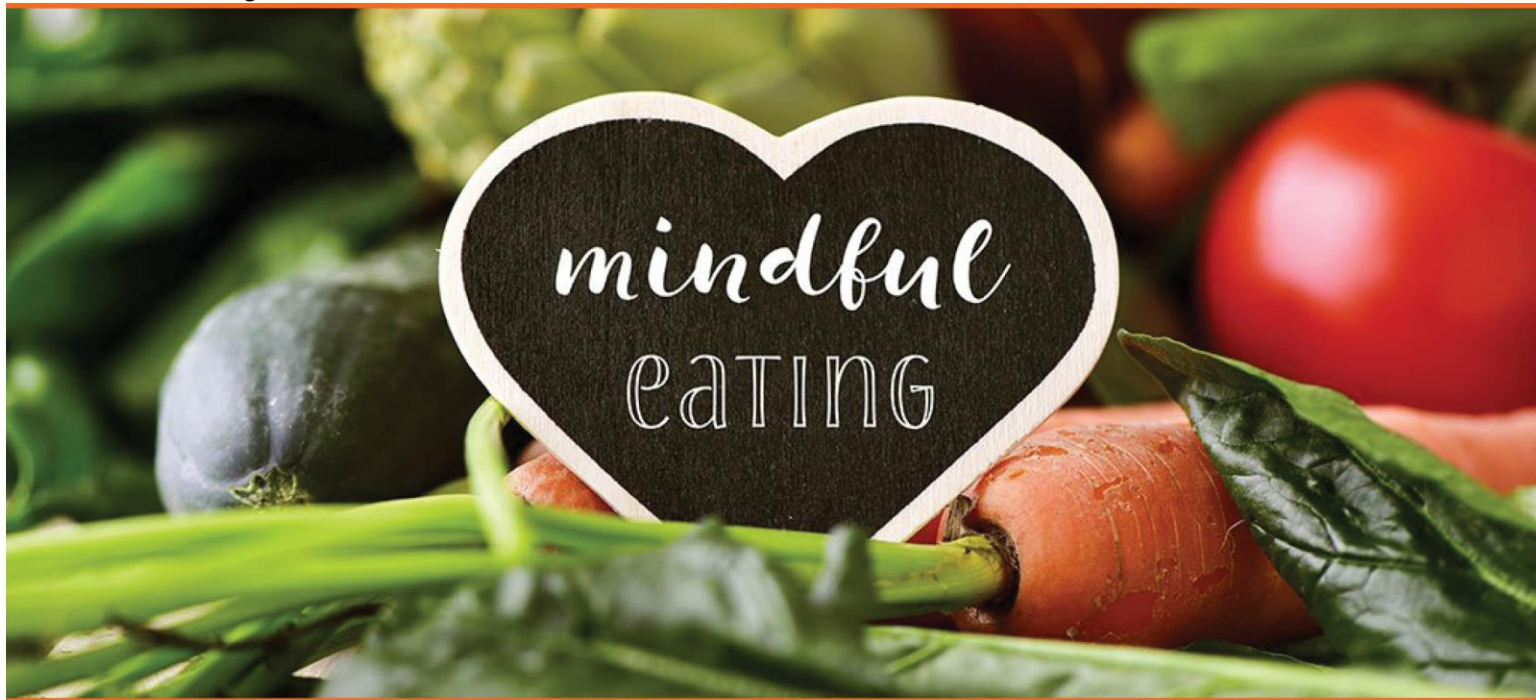
AHC has served the healthcare needs in Takoma Park since 1907 and remains committed to doing so. AHC has continued to operate the Manor House, an assisted living facility for adults with chronic and severe mental illness who are unable to live independently in a safe and supportive residential environment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



Workshop:

Mindful Eating

A Healthier Relationship with Food

This single session workshop will help you on your journey toward a healthier relationship with food and eating.

You will receive tips and guidance on:

- How our emotions affect our eating
- What it means to be full
- How to be present and enjoy what you're eating
- How to reduce anxiety about food

Note: *This is not a weight loss workshop.*

To Register

[AdventistHealthCare.com/Support Groups](https://AdventistHealthCare.com/SupportGroups)

Questions?

Please call 301-838-4912.

Workshop Details

Date: Tuesday, November 16

Time: 12:00pm-1:00pm

Location: Virtual via
Microsoft Teams

Stress & Coping Workshop:

Coping with Stress, Anxiety & Depression

This 5-session workshop will teach self-care skills for individuals experiencing symptoms of stress, anxiety and depression.

Topics include:

- ✓ Overview of stress, anxiety and depression
- ✓ Developing healthy routines
- ✓ Identifying triggers
- ✓ Self-care and coping skills
- ✓ Medication education
- ✓ Maintenance plan

PRICE: Free

AGE: 18+

WHEN: 11:00am – 12:00pm on the following Tuesdays:

Nov. 16 Nov. 23

Nov. 30 Dec. 7 Dec. 14

LOCATION: This group will meet virtually

To register for this group, please visit

AdventistHealthCare.com/SupportGroups

For questions, please call

301-838-4912



AdventistHealthCare.com/MentalHealth





Workshop:

Coping with Loneliness in Times of Social Distancing

Learn Skills to Cope with Loneliness

This virtual workshop teaches skills for individuals experiencing loneliness.

Workshop Topics

Topics discussed will include:

- Identifying triggers
- Developing healthy routines
- Self-care and coping skills
- Establishing a mental wellness plan

Contact

Bozena Skraban, Health Education Coordinator

301-315-3132

BSkraban@AdventistHealthCare.com

Workshop Details

Date: Monday, Oct. 11

Time: 1:00pm-2:00pm

Location: Virtual

Stress & Coping Workshop:

Mindfulness

This one-hour workshop will teach skills to be fully present and aware of our thoughts and feelings without judgment. Mindfulness helps relieve stress, improve sleep, lower blood pressure and reduce chronic pain.

Topics include:

- ✓ Overview of the benefits of mindfulness
- ✓ Breathing exercises
- ✓ Mindful movement
- ✓ Progressive muscle relaxation

To register, please visit

AdventistHealthCare.com/SupportGroups

For questions, please call

301-838-4912

PRICE: Free

AGE: 16+

WHEN: **Wednesday, November 3**
12:00pm – 1:00pm

LOCATION: This group will meet virtually



Exhibit B

Exhibit B

AHC Urgent Care Centers

Total Visits by Shift

August 2019 – October 2021

		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
	Total	40554	36862	41613	20500

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

Exhibit C

Exhibit C

AHC Urgent Care Centers

Average Visits

August 2019 -October 2021

		GERMANTOWN	ROCKVILLE	LAUREL	TAKOMA PARK		
Year	Month	Total (8AM - 8PM)	Total (8AM - 8PM)	Total (8AM - 8PM)	8AM - 8PM	8PM - 8AM	Total
2019	August*	35	33	40	8	5	12
	September	38	34	43	8	4	12
	October	33	35	47	8	5	14
	November	34	35	44	7	2	9
	December	46	44	49	10	2	12
2020	January	46	40	49	8	3	11
	February	47	43	48	9	3	12
	March	39	33	40	8	3	11
	April	19	17	21	9	2	10
	May	29	23	23	9	2	10
	June	33	32	32	13	4	17
	July	67	64	62	33	10	43
	August	74	72	71	39	11	50
	September	51	55	55	31	6	37
	October	60	59	64	34	7	41
	November	89	75	82	58	16	73
	December	87	76	86	48	16	65
2021	January	68	57	70	30	7	37
	February	44	38	48	20	4	24
	March	41	35	46	18	4	21
	April	43	34	41	15	5	20
	May	39	33	38	12	5	16
	June	46	41	43	13	5	18
	July	51	43	47	13	6	19
	August	62	58	58	21	8	29
	September	61	53	64	25	8	33
	October	46	46	53	17	8	25

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

Exhibit D

Exhibit D

Urgent Care Centers in the Takoma Park Service Area

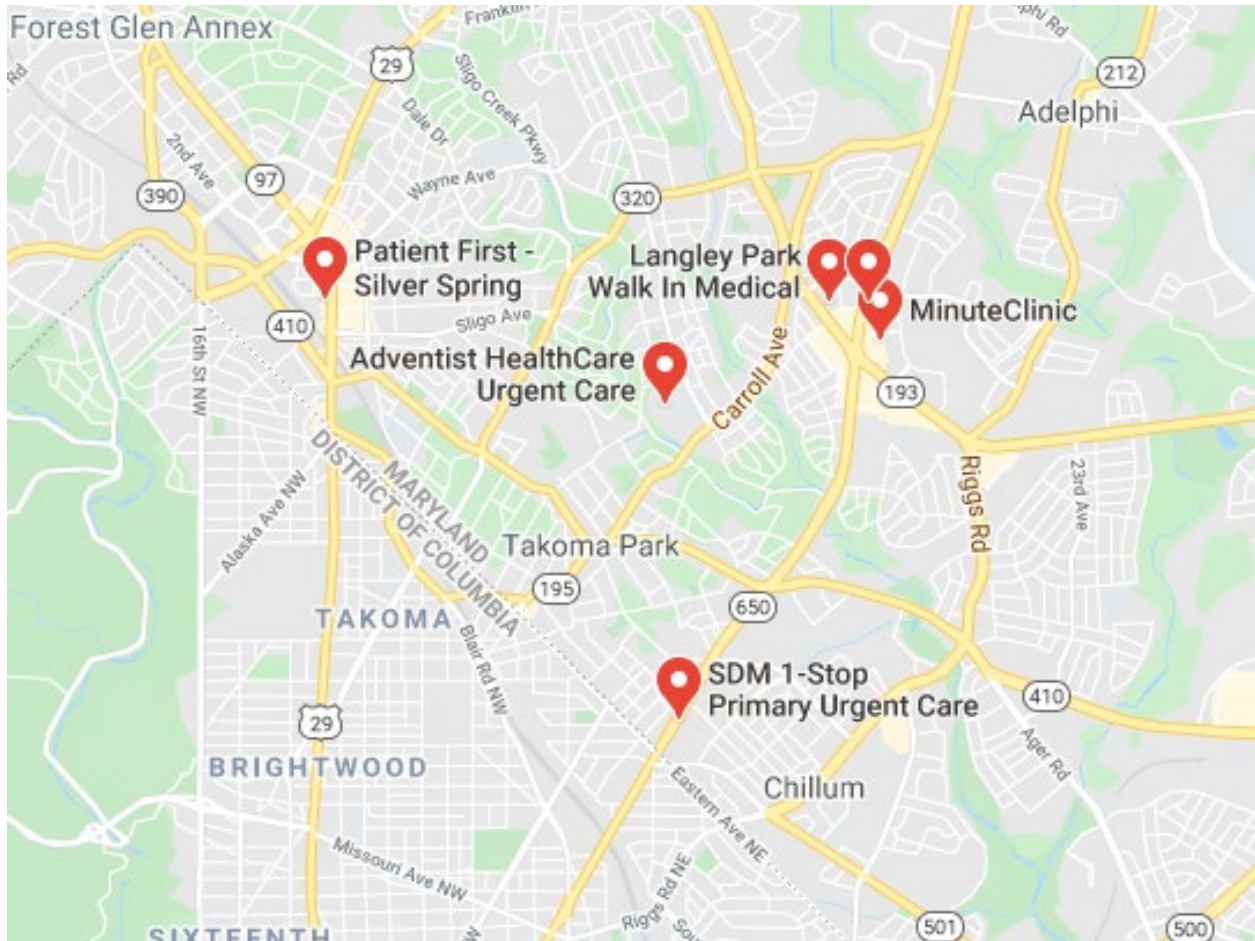


Exhibit E

Exhibit E

Exhibit E

AHC Income Statement by Cost Center

Takoma Park Aug 2019 - Sept 2021



Ledger Account	Takoma Park			Total
	Aug 2019 -Dec 2019	Jan 2020 - Dec 2020	Jan 2021 - Sept 2021	
Total Operating Revenue	214,936	1,378,156	719,864	2,312,956
Operating Expenses				
Salaries & Wages, Employee Benefits, & Professional Fees	758,890	1,928,096	1,287,278	3,974,264
Medical Supplies	13,506 	48,941 	17,285	79,733
General and Administrative, Purchased Services, & Building and Maintenance	108,322	259,425	156,174	523,920
Operating Expenses	880,718	2,236,462	1,460,737	4,577,918
Excess of Revenue Over Expenses from Operations	(665,782)	(858,307)	(740,874)	(2,264,962)

Exhibit F

Exhibit F

Exhibit F

AHC Income Statement by Cost Center

AHC Urgent Care Centers

Ledger Account	Germantown	Rockville	Laurel	Total
	Jan 2021 - Sept	Jan 2021 - Sept	Jan 2021 - Sept	Jan 2021 - Sept
	2021	2021	2021	2021
Total Operating Revenue	1,799,696	1,544,839	1,493,450	4,837,985
Operating Expenses				
Salaries and Wages	634,543	537,073	678,239	1,849,855
Employee Benefits	135,029	107,357	129,557	371,942
Contract Labor	0	0	0	0
Professional Fees	31,480	25,207	25,780	82,466
Medical Supplies	34,501	23,348	33,768	91,617
Transfer from Other UCC centers (topside adjustment)	(7,519)	(7,519)	(7,519)	(22,557)
General and Administrative, Purchased Services, & Building and Maintenance	735,259	711,645	453,312	1,900,216
Operating Expenses	1,563,293	1,397,110	1,313,136	4,273,539
Excess of Revenue Over Expenses from Operations	236,403	147,729	180,314	564,446