

City of Takoma Park

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Kate Stewart, Mayor

July 8, 2016

VIA EMAIL TO Eileen.fleck@maryland.gov

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

Re: Informal Public Comments, Freestanding Medical Facilities Regulations

Dear Ms. Fleck:

Thank you for allowing the City of Takoma Park ("City") to submit informal comments on the June 23, 2016, Freestanding Medical Facilities Regulations draft.

As a result of a Certificate of Need proceeding that spanned nearly a decade, the City of Takoma Park will soon be losing its only acute care general hospital, Washington Adventist Hospital ("WAH"), which is relocating 6.6 miles away. Adventist Healthcare, Inc., the owner of WAH and WAH's current campus in the City of Takoma Park, has developed a reuse plan for the Takoma Park campus that includes an urgent care center, psychiatric hospital, lab and radiology facilities, and a FQHC. However, the City is concerned about the loss of the existing emergency department in Takoma Park and the impact that it will have on its residents' geographic and financial access to care. In addition, nearby competing acute care general hospitals are concerned that the loss of emergency medical services in Takoma Park will cause demand to exceed the capacity in their emergency departments. One competing hospital, Holy Cross Hospital, will be closer to most Takoma Park residents than WAH's new facility.

Upon review of the draft regulations, the City suggests the addition of provisions establishing an expedited review process for FMF CON applications under the following circumstances:

1. A hospital is relocating within its existing service area;
2. The hospital is seeking to establish an FMF on its previous campus;

3. The hospital obtained a CON authorizing the relocation within the preceding five years;
4. The hospital has a record of compliance with licensure standards and requirements that demonstrate its ability and commitment to provide quality health services;
5. The expedited FMF CON application is consistent with the State Health Plan; and
6. The Commission determines that the relocation CON proceeding record is sufficient to evaluate the need for an FMF at the former hospital campus with minimal supplementation of data.

The City believes that establishing an expedited CON process under such circumstances will promote the policy objectives of the proposed regulations and reduce the administrative burdens and costs for applicant hospitals and the Commission.

Generally, a contested CON proceeding for the relocation of an acute care general hospital results in an extensive evidentiary record relating to all aspects of the applicant hospital, its service area, and its competitors, including data and findings regarding service area demographics, ED volumes and capacity of the applicant and competitors, and the applicant's finances. Allowing the Commission and the applicant to utilize the evidentiary record and findings from the prior proceeding will save the Commission and the applicant significant time and money.

In addition to the development of pertinent data through a relocation CON proceeding, the unique factual circumstances of a hospital relocation, which involves the vacating of some existing medical facilities and either the abandonment or continued use of support facilities, create the potential to establish emergency medical services where they are needed and in a financially efficient manner.

Policy 1: Emergency services provided at hospitals and FMFs shall be financially and geographically accessible to Maryland's population.

When a hospital closes and relocates an existing facility, the geographic access to an emergency department is reduced for nearby residents. For poor, uninsured, or underinsured individuals, their financial access to medical services is also reduced because only hospitals and FMFs are subject to EMTALA. Establishing an FMF in the same location as a former hospital restores geographic and financial access to area residents.

Policy 2: Emergency services provided at hospitals and FMFs shall be provided in the most cost-effective manner possible consistent with safely and effectively meeting the health care needs of patients needing emergency medical care.

In the case of WAH's relocation from Takoma Park, it will be vacating its existing emergency department and retaining a variety of services that will be useful for an FMF. This will obviate the need for the construction of a new emergency department and support facilities. Other relocating hospitals will also likely be able to reuse emergency department and support facilities.

Policy 3: Resources shall be used efficiently in producing emergency services at hospitals and FMFs. Development of excess emergency medical service capacity should be avoided. Resource capacity development shall match the acuity of patients' needs.

In the case of WAH's relocation from Takoma Park, it will be reusing its Takoma Park campus for a variety of medical purposes, including an urgent care center. Establishing an FMF adjacent to an urgent care center will allow each facility to refer patients to the appropriate facility based on their acuity without a significant delay in care. Other relocating hospitals are likely to have the capacity on their vacated campuses to provide both urgent care centers and FMFs, which will promote the efficient provision of care to walk-in patients.

Allowing hospitals to obtain an FMF CON promptly following the issuance of a relocation CON will enable the Commission and the hospital to make adjustments to the capacity of the new ED and FMF and make appropriate modifications to the authorized ED capacity in the relocation CON.

Policy 5: An acute care general hospital operating an FMF shall assess the primary care needs of the population in its service area and maximize the number of people in its service area who have a regular source of primary care. The hospital shall educate individuals and families in its service areas about appropriately using emergency medical facilities in order to reduce avoidable use of emergency services.

As noted above, WAH will be operating an urgent care center on its Takoma Park campus following its relocation. The staff of an FMF located on the campus will be able to refer lower-acuity patients to the urgent care center and advise them of the appropriate use of the urgent care center, FMF, and the hospital's emergency department. Other relocating hospitals will likely also have space in existing buildings to provide both an urgent care center and an FMF.

Thank you for your consideration of the City's comments. We hope the Commission will take this opportunity to improve the operation of Maryland's health care system and reduce the administrative burden of hospitals and the Commission.

Very truly yours,


Kate Stewart
Mayor
City of Takoma Park