





As the regional health care network serving Caroline, Dorchester, Kent, Queen Anne's and Talbot counties on Maryland's Eastern Shore, **University of Maryland Shore Regional Health** (UM SRH) provides inpatient and outpatient health care services for residents in this predominantly rural, 2,200 square mile region.

With more than 2,200 employees, board members and volunteers, and a medical staff that includes 526 physicians and advanced care providers, UM SRH works with various community partners to provide high-quality health care and to fulfill the organization's mission of *Creating Healthier Communities Together*.

UM Shore Regional Health is committed to improving the health of all residents in the five-county region. Every three years, a community health needs assessment (CHNA) is conducted to identify, evaluate and prioritize the most serious health needs in the region, including many chronic diseases. The CHNA drives the planning process and is key to developing effective strategies that improve the health and wellness of our communities.

Our community health improvement program includes charity care, subsidized health services, screenings, health fairs and community health services, and support for community-based health organizations who are our partners in meeting regional needs. We are also dedicated to providing wellness and educational programs, facilitating economic development programs, and fostering community partnerships with local government agencies and civic and nonprofit organizations.

UM SRH offers many community benefit activities and services to support the identified population health needs and priorities of the communities we serve. As described in this report, our community benefits program is designed to improve access to care and enhance care delivery to community members. We invite you to read about how we address the health needs in our community.



A Message to Our Community:

At University of Maryland Shore Regional Health (UM SRH), our mission, *Creating Healthier Communities Together*, reflects our commitment to building community partnerships that will help us foster better health outside the walls of our hospitals and outpatient facilities, while enhancing access to care and the overall quality of life in the five counties we serve.



This report describes some of the highlights of the community health improvement programs and activities conducted by UM Shore Regional Health. The value of our community benefit programs and services, including charity care, exceeds \$40 million, but the value is stronger than money — it's building healthier communities and our steadfast commitment to helping our patients and their families enjoy their best health and quality of life.

We are proud and gratified that so many of our UM SRH team members are highly engaged in this endeavor. They understand that in our largely rural and geographically expansive region, the broad range of individual health determinants includes individual behaviors, transportation, access to coordinated care, navigating care, chronic disease management, preventive care and health education. Our team members have risen to the challenges of meeting our communities' health needs by strengthening existing partnerships with community agencies and organizations, and launching new initiatives that address the challenges of our specific populations.

In so many health arenas — addiction services, diabetes and endocrinology, cancer, home-based care, comprehensive rehabilitation services, stroke recovery, men's health and women's health, to name just a few — UM SRH doctors, nurses and other care providers are out in the community, providing screening, education and support services, and speaking to groups in churches and community centers. They also participate in health fairs and wellness events, serve on inter-agency committees, and support fundraisers and awareness programs that benefit patients, their families and the broader community. The extraordinary dedication and energy of our team members is strengthening UM SRH's leadership as a positive force in the lives of the 170,000 men, women and children who live, learn and work in our five-county region.

On behalf of our devoted staff, physicians and allied health care providers, we thank you for your interest in the Fiscal Year 2017 UM Shore Regional Health Community Health Improvement Report.

Sincerely,



Kenneth D. Kozel, FACHE
President and Chief Executive Officer
University of Maryland Shore Regional Health



Kathleen McGrath
Regional Director, Outreach and Business Development
University of Maryland Shore Regional Health

CONNECTING PATIENTS & COMMUNITY RESOURCES

After discharge from hospitalization for an acute illness, most patients require timely follow-up from health care professionals. For high-risk patients — for example, those diagnosed with a chronic disease such as heart failure or chronic obstructive pulmonary disease — post-discharge support needs can be extensive, and if those needs are not met, the likelihood of readmission to the hospital increases significantly.

To assist these patients in achieving a successful transition from inpatient care to their home or community settings, UM Shore Regional Health established the Shore Post Acute Care Clinic (SPACC) in early 2016 as a free service to patients and their families. The SPACC team, which includes a physician, clinic director, pharmacist, social worker and nurse technician, takes a multidisciplinary approach to assessing and addressing the needs of patients at high risk for coming back to the hospital or missing critical post-discharge care during the transition from inpatient care to home.

“In many cases, these patients need assistance with their discharge instructions — getting prescriptions filled, understanding their medication orders, securing medical equipment or assistive devices, and obtaining referrals for specialty care,” says Trish Rosenberry, MS, BSN, RN, regional director, UM Shore Regional Health Specialty Clinics.

Much of the SPACC team’s work has been accomplished by telephone; in fact, for FY 2017, 4,892 calls reached out to patients discharged from UM Shore Medical Centers at Chestertown, Dorchester and Easton, providing assistance with the medical orders outlined in their discharge plans and with obtaining follow-up medical care. Patients also were referred to community resources such as county health departments, Upper Shore Aging (serving Caroline, Talbot and Kent counties), Maintaining Active Citizens, Inc. (serving Dorchester County), the Queen Anne’s County Department of Aging, the Queen Anne’s County Mobile Integrated Health (MICH) program, as well as a host of home health care, pharmacy and skilled nursing, assisted living and hospice care providers.

As an important initiative in UM Shore Regional Health’s mission of *Creating Healthier Communities Together*, SPACC has helped thousands of patients maintain better health outside the walls of the hospital.



PROMOTING RECOVERY AWARENESS

Recovery for Shore (RFS) is a volunteer organization sponsored by UM Shore Regional Health under the leadership of Sharon Dundon, program specialist for Shore Behavioral Health’s Addictions Program. The group’s mission is to promote awareness of recovery from mental illness and substance use disorders and to advocate for resources that support individuals and families seeking help with addiction, mental health and recovery issues. RFS membership includes varied public agencies and private and nonprofit organizations as well as individuals in Caroline, Dorchester, Kent, Queen Anne’s and Talbot counties.

In September, 2016, RFS organized a community event to celebrate National Recovery Month, “A Message of Hope — Recovery Happens!” at Christ Church Easton. Attended by more than 200 people, the event included the “Alive at Five” service. Event sponsors included Shore Behavioral Health, the National Council on Alcoholism and Drug Dependence of Maryland, Queen Anne’s and Talbot County Health Departments, Warwick Manor, Christ Church Easton and Chesapeake Treatment Services.

In June 2017, RFS sponsored Rally for Recovery in front of the Talbot County Courthouse, followed by a picnic supper on the Christ Church Easton lawn. Remarks offered by keynote speaker, Bonnie Scott, founder of the Rising Above Disease Recovery House for Women, were well received by approximately 180 rally participants.

“We came away from both events with a real appreciation for the support our community demonstrates toward those in recovery and the need for greater funding for recovery initiatives,” says Dundon.



TELEMEDICINE EXPANDS ACCESS TO CARE

A telemedicine grant of \$75,000 from the Maryland Health Care Commission (MHCC) is helping to expand access to needed services and specialists in palliative care and psychiatry for patients and their families in Kent and Queen Anne's counties. The grant project is a collaboration between UM SRH, University of Maryland Medical System eHealth and the University of Maryland School of Medicine (UM SOM) Department of Epidemiology and Public Health.

Grant funds supported the purchase of telehealth technologies, training for clinicians and other users on the use of telehealth equipment, and support for UM SOM research professionals involved in the project. UM SRH provided a 2:1 match for the grant funds, bringing the total in support of telemedicine to \$225,000.



Prior to the use of telemedicine technology, palliative care providers Lakshmi Vaidyanathan, MD, Joseph O'Neill, MD and Sharon Stagg, CRNP spent time traveling between Easton and Chestertown. Under the grant, 32 palliative care evaluations have been conducted via telemedicine at UM Shore Medical Center at Chestertown and UM Shore Nursing and Rehabilitation Center at Chestertown.

Shore Behavioral Health is on the leading edge in applying telemedicine in acute behavioral health assessment. Shore Health's Behavioral Health Response Team (BHRT), comprised of specially trained counselors and social workers as well as psychiatrists Eric Anderson, MD and Saeed Salehinia, MD, responds to requests from the four UM SRH emergency departments to provide assessments of patients with behavioral health needs. Before telemedicine, having a patient evaluated required either transferring the patient or having BHRT team members travel from one ED to another.

Thanks to telemedicine technology, the BHRT team members in Dorchester and Easton can now assess patients in Queenstown and Chestertown – no transfer or travel needed. Patients are assessed, treated and either admitted or discharged on a more timely basis. To date, telemedicine has facilitated more than 43 behavioral health assessments for patients in Chestertown and Queenstown.

“A core strategy, both for UMMS and Shore Regional Health, is to provide the right care at the right place at the right time,” says Ken Kozel, president and CEO, UM SRH. “As a key tool in that strategy, telemedicine has the potential to create greater efficiencies and lower health care costs while it expands access to care and improves patient outcomes.”

SCREENINGS & SUPPORT PROMOTE BETTER CHRONIC DISEASE MANAGEMENT

Support groups, classes and screenings are important services offered by UM SRH to help people identify and manage a variety of health conditions. During Fiscal Year 2017, our medical and allied health care professionals offered these services, free of charge, in Cambridge, Chestertown, Denton, Easton and Queenstown.

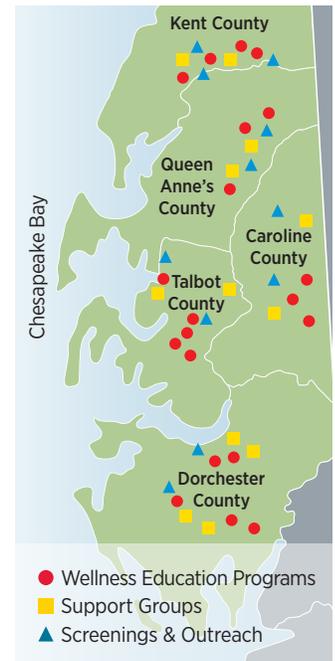
These services empower individuals with risk factors for chronic disease, and those who have been diagnosed, to take a proactive and informed role in managing their health. Support groups and free classes are also open to family members and caregivers who gain better understanding of the challenges posed by chronic disease and strategies to assist their loved one.

Studies have found that peer support:

- reduces morbidity and mortality rates as well as the use of emergency services;
- increases life expectancy and knowledge of a disease; and,
- improves self-reported health status and self-care skills, including medication adherence.

During the past year, UM Shore Regional Health's free screenings, classes and support groups have focused on the following:

- Addiction and mental illness: weekly support group offered at UM Shore Medical Center at Dorchester
- Breast Cancer: monthly support group in Easton, along with a one-on-one mentoring program and a survivors' support program; free screenings and ongoing community outreach
- Cancer: monthly support groups in Chestertown and Easton
- Childbirth (labor and delivery, breastfeeding and parent education)
- Diabetes: monthly support groups offered in Caroline, Dorchester, Kent and Talbot counties
- Heart Disease: weekly blood pressure screenings offered at UM Shore Medical Centers at Dorchester and Easton
- Prostate Cancer: monthly support group in Easton, and free screenings
- Stroke Recovery: monthly support groups in Easton and Queenstown



COMMUNITY HEALTH NEEDS ASSESSMENT

University of Maryland Shore Regional Health's Community Health Needs Assessment (CHNA) is conducted every three years in partnership with multiple local agencies and organizations, including the local health departments that serve Caroline, Dorchester, Kent, Queen Anne's and Talbot counties. The last CHNA was completed in 2016.

The CHNA is conducted to describe the population's health status, identify areas for health improvement, determine factors that contribute to health issues, and identify resources that can be mobilized to address population health improvement.

The CHNA assessment helps UM SRH to better understand the health status and needs of the community and to develop programs that will benefit the community by:

- Defining gaps in community health and developing strategies to assist in closing those identified gaps
- Informing the community about health services and other resources available regionally within the five-county area
- Developing partnerships and collaborations that impact the CHNA's select initiatives

UM SRH has a dedicated Community Health Planning Council, comprised of physicians, nurses and other specialists, as well as administrators. For the 2016 CHNA, UM SRH adopted The Association for Community Health Improvement's (ACHI) six-step methodology, which includes focus group sessions, listening sessions and online surveys. Additional sources of data were utilized from various federal, state, and local agencies, as well as private consulting and research groups, including:

- U.S. Census Bureau
- Maryland Vital Statistics Administration
- Mid-Shore Regional Health Improvement Coalition
- Maryland Department of Health and Mental Hygiene
- Office of Minority Health and Health Equity
- Robert Wood Johnson County Health Rankings & Roadmap
- Hollander, Cohen & McBride Marketing Research (phone survey)

Through the CHNA process, the communities' health care needs are prioritized and an implementation strategy is developed to address those identified as most pressing. Conducting CHNAs and making them available to the public meets requirements under the Patient Protection and Affordable Care Act, and must be in compliance with Health Services Cost Review Commission and Internal Revenue Service regulations. UM SRH CHNA assessments are made available to the public and can be found on our website at UMShoreregional.org.



CHNA IMPLEMENTATION PLAN

UM Shore Regional Health's most recent Community Health Needs Assessment, conducted in 2016, identified the following top health concerns:

- Chronic disease management (obesity, hypertension, diabetes, tobacco use)
- Behavioral Health
- Access to Care
- Cancer
- Outreach and Education (preventive care, screenings, health literacy)



These are the same top health concerns and health barriers as the overall Maryland Department of Health and Mental Hygiene State Health Improvement Process (DHMH SHIP) county data.

UM SRH determined that the greatest transformation in population health in the five-county region would be achieved by focusing on these issues. An implementation plan was developed for each priority, with key activities to improve care coordination and health education in community settings. The Steering Committee also incorporated identified priorities with those of DHMH SHIP. Three of the top priorities addressed in the implementation plan are:

Chronic Disease: To address diabetes-related emergency department visits, the implementation plan incorporated Shore Wellness Partners (SWP), which provides medical case management services at no charge. SWP focuses on patients with chronic disease, high utilizers of acute health care services, the uninsured, and those not eligible for skilled home care services. In FY 17, SWP nurses made 1,032 home visits and SWP social workers made 352 home visits. SRH is now building upon SWP foundations to develop a new, more robust and holistic Transitions of Care program, which provides systematic referrals and complex case management of high risk patients. SWP's social work program continues to offer financial and social services.

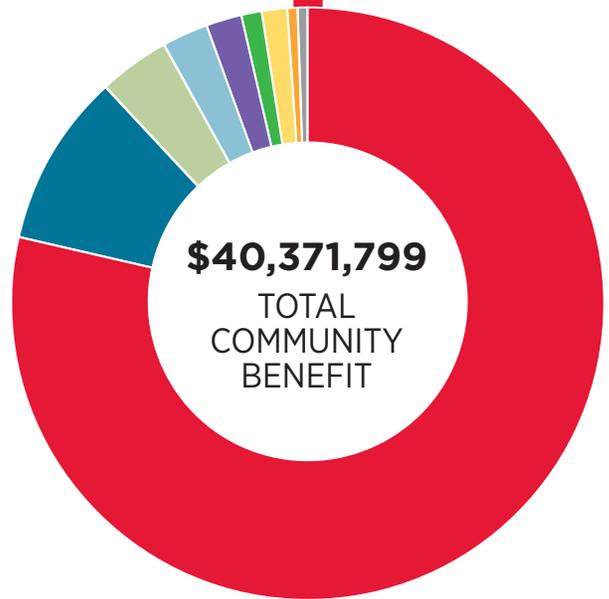
Behavioral Health: Each year, between 600-700 patients discharged from Shore Behavioral Health inpatient psychiatric care require specialized follow-up including case management, therapy, support and education. The Bridge Clinic is a free service for patients discharged from the behavioral health inpatient unit who are unable to access psychiatric care from the community due to shortage of psychiatric providers.

The Bridge Clinic has been successful in reducing readmission rates to the inpatient psychiatric unit at UM Shore Medical Center at Dorchester. In addition to weekly support group meetings, patients in urgent need of assistance get appointments with Bridge Clinic providers within 24 to 48 hours. Active case management also included weekly follow-up by telephone.

Cancer Screening: The Clark Comprehensive Breast Center's Wellness for Women (WFW) Program addresses breast cancer by providing uninsured and underinsured women with age- and risk-specific mammography screenings and clinical breast exams at no charge. WFW provided 162 screenings during FY 2017, while case workers completed 2,435 patient visits and managed a total of 382 patients.

Community Benefits Financial Contributions for Fiscal Year 2017

Mission Driven Health Care Services	\$ 31,816,580
Charity Care	\$ 3,807,085
Health Professional Education	\$ 1,509,261
Medicaid Assessments	\$ 1,045,531
Community Building Activities	\$ 749,628
Financial Contributions	\$ 539,311
Community Health Services	\$ 494,521
Foundation Funded Community Benefit	\$ 248,629
Community Benefit Operations	\$ 161,253



FINANCIAL ASSISTANCE POLICY

If you cannot pay for all or part of your care from our hospitals and services, you may be able to get free or lower cost services.

PLEASE NOTE:

1. We treat all patients needing emergency care, no matter what they are able to pay.
2. Services provided by physicians or other providers may not be covered by the hospital Financial Assistance Policy. You can call 800-876-3364 ext. 8619 if you have questions.

How the Process Works

When you become a patient, we ask if you have any health insurance. We will not charge you more for hospital services than we charge people with health insurance. The hospital will:

1. Give you information about our financial assistance policy, or
2. Offer you help with a counselor who will help you with the application.

How We Review Your Application

The hospital will look at your ability to pay for care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is low for the area where you live, or
2. Your income falls below the federal poverty level if you had to pay for the full cost of your hospital care, minus any health insurance payments.

PLEASE NOTE: If you are able to get financial help, we will tell you how much you can get. If you are not able to get financial help, we will tell you why not.



How to Apply for Financial Help

1. Fill out a Financial Assistance Application Form.
2. Give us all of your information to help us understand your financial situation.
3. Return the Application Form to us.

PLEASE NOTE: The hospital must screen patients for Medicaid before giving financial help.

Other Helpful Information

You can get a free copy of our Financial Assistance Policy and Application Form:

- Online at umshoreregional.org/patients/financial-assistance
 - In person at the Financial Assistance Department — UM Shore Health System
29515 Canvasback Drive, Easton, MD 21601
 - By mail: call 800-876-3364 ext. 8619 to request a copy
4. You can call the Financial Assistance Department if you have questions or need help applying. You can also call if you need help in another language. Call: 800-876-3364 ext. 8619.



UNIVERSITY *of* MARYLAND
SHORE REGIONAL HEALTH

University of Maryland
Shore Medical Center at Chestertown
100 Brown Street
Chestertown, MD 21620
410-778-3300

University of Maryland
Shore Medical Center at Dorchester
300 Byrn Street
Cambridge, MD 21613
410-228-5511

University of Maryland
Shore Medical Center at Easton
219 South Washington Street
Easton, MD 21601
410-822-1000

University of Maryland
Shore Emergency Center at Queenstown
125 Shoreway Drive
Queenstown, MD 21658
410-822-1000

UMShoreRegional.org