



Mercy Medical Center  
Community Health  
Needs Assessment  
Implementation  
Strategy

June 8  
**2016**

*The Sisters of Mercy  
welcome all people of every  
creed, color, economic and  
social condition.*

Community health needs assessments (CHNA) and implementation strategies are required of tax-exempt hospitals as a result of the Patient Protection and Affordable Care Act. The CHNA and implementation strategies create an important opportunity to improve the health of communities by ensuring that hospitals have the information they need to provide community benefits that meet the needs of their communities. They also provide an opportunity to improve coordination of hospital community benefits with other efforts to improve community health. On December 31, 2014, the Internal Revenue Service (IRS) published final rules implementing the "Additional Requirements for Charitable Hospitals" section of the Affordable Care Act (ACA). The hospital facility must "conduct" a community health needs assessment ("CHNA") during the current taxable year or in either of the two taxable years immediately preceding such taxable year and an "authorized body of the hospital facility" must adopt an "implementation strategy" to meet the community health needs identified through the CHNA. Included in this document is Mercy Medical Center's CHNA Implementation Strategy as approved by the Mercy Health Services Mission & Corporate Ethics Committee on June 8, 2016.

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## **EXECUTIVE SUMMARY**

Mercy Health Services is an independent, not-for-profit, mission-driven health system serving Baltimore since 1874. At its center is a general acute-care teaching hospital affiliated with the University of Maryland School of Medicine located in the heart of downtown Baltimore. The Sisters of Mercy have sponsored Mercy since its healthcare operations began and Mercy has maintained a special, commitment to poor and underserved persons consistent with the mission of the Sisters of Mercy.

Mercy Medical Center is one of 13 hospitals in Baltimore City and one of 5 hospitals within the defined Community Benefit Service Area (CBSA). It serves a unique role as a high-quality community hospital, providing a broad range of primary and secondary acute-care services, as well as a preferred tertiary referral center providing services to patients from a broad geographic area. Mercy generates most of its total revenue from regionally oriented, surgically focused specialty programs from patients from nearly every ZIP code across Maryland. However, when it comes to Community Health Needs and Community Benefit activities, Mercy has focused its resources on a smaller geographic area that represents downtown and inner-city neighborhoods in order to include medically underserved, low income, and minority populations. Mercy provides an array of specialized citywide support programs for targeted populations including: lower-income pregnant women, individuals experiencing homelessness, substance abusers, and support and coordination with Federally Qualified Health Centers to meet community health needs. Mercy also houses a citywide forensic examination program for victims of sexual assault and a family violence program.

Baltimore City faces numerous social and economic challenges that negatively impact the overall health status of the population. Nearly 1-in-4 or roughly 145,000 persons in Baltimore live below the federal poverty line. Baltimore's economic challenges also translate to significant social challenges including high rates of violent crime and drug addiction. As result, Baltimore City, especially Mercy's defined CBSA, suffers from higher rates of mortality and lower life expectancy. The top four causes of premature death in the CBSA are heart disease, cancer, homicides, and HIV/AIDS. In addition, Baltimore City has higher rates of infant mortality and low birth weight births. Significantly more people die prematurely from all causes in the defined CNHA Service Area than in the City as a whole. Further, significant populations of individuals experiencing homelessness are found in Mercy's CBSA. The estimated life expectancy for individuals experiencing homelessness is only 48 years.

Mercy's location in the middle of a disproportionately poor city presents challenges and health disparities that are not evident in other parts of Maryland. Mercy has identified areas of opportunity where the mission and strengths of the institution intersect with the unmet public health needs that merit attention. Consistent with feedback received from community representatives, Mercy intends to focus its resources specifically on interventions, programs, and initiatives to: Improve access to care and the frequency of care for our homeless neighbors; Improve birth outcomes and pre-natal care for expectant mothers; Improve care coordination with the City's Federally Qualified Health Centers; and Support to victims of violence and addiction. Finally, Mercy has been successful in improving quality, lowering costs and responding to population/community needs by increasingly focusing on high-utilizer patients within the CBSA and beyond.

## **PRIORITIZATION OF NEEDS**

Mercy's location in the middle of a disproportionately poor, urban City presents challenges and health disparities that are not evident in other parts of Maryland. The health needs and societal needs identified in our Community Health Profile and interviews are staggering; simply put, a hospital like Mercy cannot single-handedly move the needle on many of these key community metrics. Therefore, Mercy intends to focus its limited resources on a defined number of health needs within the community, while putting tremendous thought and effort into executing our mission "to witness God's healing love for all people by providing excellent clinical and residential services within a community of compassionate care".

In order to prioritize the multitude of health needs and disparities identified by the CHNA, the Community Benefits Committee has identified areas of opportunity where the mission and strengths of our institution intersect with the unmet public health needs that merit immediate attention and feedback from community health leaders. We are seeking to identify opportunities to align Mercy's strengths with the needs identified by the Baltimore City Health Department's Healthy Baltimore 2015 plan, the needs identified through our interview process. In determining those health needs that Mercy will not attempt to meet pursuant to this CHNA, focus will be placed on whether other organizations or governmental entities are better placed to respond to such health needs than Mercy. As stated earlier, Mercy intends to continue its focus on the specific needs identified in its 2013 CHNA. The desire to continue with these focus areas is validated by the feedback from community stakeholders to build upon existing successful efforts, as well the recognition that these needs require focused intervention over the long term. In contrast, at this time Mercy does not intend to create a new community-based program focused solely on heart disease and cancer. Considerable local and state resources are currently invested in these key causes of premature death. Furthermore, two large, high-quality academic medical centers exist within walking distance of our downtown hospital and provide significant cardiology and cancer programs to the community. While Mercy does not plan to create new stand alone programs in these two high priority fields, we do plan to continue our efforts to reduce these top causes of premature death through our existing clinical programs and by improving care coordination and health education in the community setting.

## **CHNA IMPLEMENTATION STRATEGY**

Based on CHNA data and community stakeholder interviews, Mercy Medical Center's CHNA Implementation Strategy remains focused on the following needs in our community:

- **Improving access to care and the frequency of care for our homeless neighbors.**
- **Identifying tactics and strategies to improve birth outcomes and pre-natal care for expectant mothers.**
- **Facilitating better care coordination with the City's Federally Qualified Health Centers.**
- **Providing support to victims of violence and addiction.**
- **Providing narrowly tailored health education to micro-targeted segments of the population within our community.**

Detailed explanations of the strategic goals and objectives for each of these five focus areas are contained on the following pages.

### **Aligned Population Health Initiatives**

In addition, since the 2014 implementation of the new Maryland all-payer model which followed the completion of Mercy's 2013 CHNA and Implementation Plan, Mercy is increasingly focused on high-utilizer patients, including those within our defined Community Benefit Service Area. Under the new All Payer Model Mercy Health Services continues improving quality, lowering costs and responding to population/community needs. Through Global Budget Revenue (GBR) incentives, Mercy has broadened its focus and reached further into the community to work towards Maryland's statewide population health goals. Mercy has reduced its population of high utilizers through highly effective readmission reduction and extended care activities. Mercy knows its high risk population including individuals experiencing homeless (proximity driven), end stage liver disease (program driven) and high risk mothers. Mercy has tailored specific interventions for these target populations.

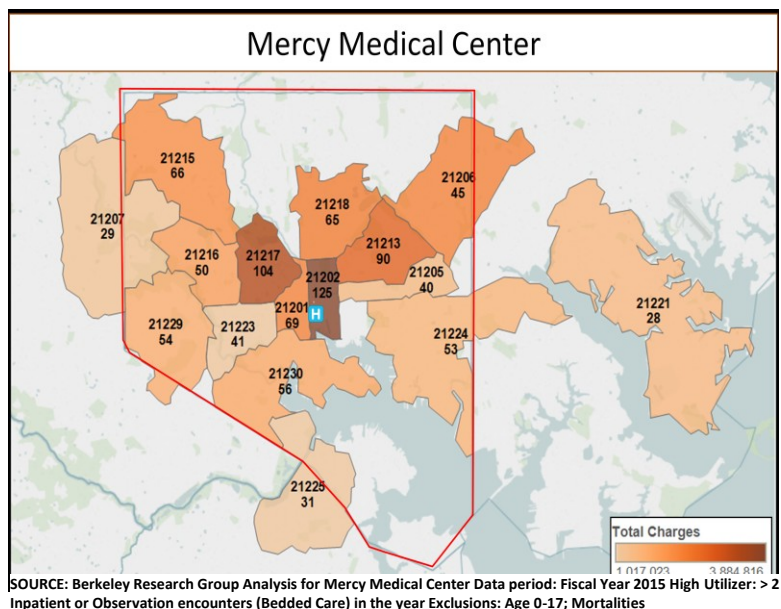
Mercy will continue to build on its successful 2014-15 population health strategies. A hospital stay provides a critical opportunity to identify and interact with high-risk/high need patients to prevent future hospitalizations. Central to Mercy's success in managing complex patients and reducing potentially avoidable utilization is a centralized care management infrastructure. Mercy will continue to build its core care management capabilities in and pursue additional strategies alone and/or in collaboration with other hospitals, FQHCs or payer partners. Mercy's complex care coordination and improvement activities include:

- Risk stratification of the population with a focus on patients with a high risk diagnosis
- A bedside medication delivery at discharge program
- Intensive education for patients and families through the Get Well Network
- Timely communication with primary care providers (PCP) and connecting patients without primary care physicians to PCP's in the community (including Obstetricians)
- Extended care activities by a physician-led population health team including a post acute clinic for post-discharge needs, scheduling or checking on follow-up appointments.
- Expedited charity care policy to speed transitions home or to lower cost settings.
- Care coordination across settings

As expected, there is significant geographic overlap of high utilizer patient origin and Mercy's Community Benefit Service Area, especially in the immediate areas where the most vulnerable populations reside (map below). The similarity of geography presents an ongoing opportunity to increase alignment between Mercy's Community Benefit activities and Mercy's focused population health interventions to reduce potentially avoidable utilization as identified in Mercy's 2016 Strategic Hospital Transformation Plan provided to the Maryland Health Services Cost Review Commission.

## Community Partnerships

Mercy has long-standing, and strong, community partnerships with Federally Qualified Health Centers (FQHC's). FQHC's fill a vital role in the community and our partnerships emphasize cooperation in caring for patients rather than competition. Mercy specifically maintains active partnerships with Health Care for the Homeless, Family Health Centers of Baltimore, Total Health Care and Park West Medical Center to help manage high risk populations including pregnant women. Ms. Faye Royale-Larkins, Chief Executive Officer, Total Health Care serves on the MHS Board of Trustees. MHS executives or physician leaders serve on the Boards of Total Health Care, Family Health Centers of Baltimore, Health Care for the Homeless and Park West Medical Systems.



## Implementation Strategy Detail

The following charts reflect the actions identified for measurement and tracking for the Mercy Implementation Strategy. The charts describe the actions the Mercy intends to take to address health needs, describes the anticipated impact of the actions, identifies resources committed and highlights key partnerships and collaborations. The Implementation Strategy is not intended to be a comprehensive catalog of the many ways the health needs of the community are addressed by Mercy Medical Center but rather a representation of specific actions that the hospital commits to undertaking and monitoring as they relate to each identified need. Key partners have been included in the line item entries on the Implementation Strategy charts; however, many Mercy clinical departments will be partnering in the collaborative efforts and specific actions that address the goals of “meeting the health needs of the community” whether that entails involvement in a clinical program or protocol or if it is an individual or group sharing knowledge in an educational outreach opportunity.

## 2016 CHNA IMPLEMENTATION STRATEGY

### Improving access to care and the frequency of care for our homeless neighbors

<b>Hospital Initiatives &amp; Objectives</b>	<ul style="list-style-type: none"> <li>✓ <b>Maintain support for Healthcare for the Homeless (HCH):</b> Mercy provides primary medical and pediatric physicians, nurse practitioners, PA and social work providers to support the mission of primary care, preventative medicine and support services at the HCH site. The initiative supports a continuum of care for patients utilizing HCH and Mercy services. Effective preventative care for this high risk population reduces avoidable utilization.</li> <li>✓ <b>Maintain Supportive Housing Program:</b> Mercy's Supportive Housing Program (MSHP) coordinates services to homeless families, families in shelters and families at risk of homelessness. The goal of MSHP is to house homeless families, prevent homelessness for families at risk of eviction and to provide support services such as counseling and advocacy.</li> <li>✓ <b>Maintain Emergency Department Social Work:</b> An emergency department visit provides a critical opportunity to identify and interact with high-risk patients and prevent future visits. Mercy provides case management/Social Worker (LCSW) capacity in the Emergency Department for homeless, substance abuse and psychiatric patient populations in need of primary care and social support referrals.</li> <li>✓ <b>Bi-Directional Patient Navigator:</b> Maintain patient navigator position for Healthcare for the Homeless (HCH) that will be primarily responsible for facilitating and ensuring that HCH patients keep their appointments and ensure that these patients arrive on time at the site of service. In addition, this position will identify patients in Mercy's Emergency Department who are in need of the client services provided by HCH.</li> <li>✓ <b>Maintain/Expand Mobile Clinic Services:</b> Partner with HCH to improve access to primary care, by supporting HCH's efforts to maintain and expand mobile clinic services for homeless clients along the Fallsway and specifically at the Weinberg Housing Resource Center.</li> <li>✓ <b>Maintain Emergency Dental Care &amp; Charity Dental Clinic Care.</b></li> </ul>
<b>Key Partners &amp; Resources</b>	<b>Healthcare for the Homeless, Catholic Charities, Mercy Emergency Department, Mercy Social Work Department.</b>
<b>Comments</b>	<p>Mercy Medical Center is a founding partner of Health Care for the Homeless which works to prevent and end homelessness for vulnerable individuals and families. HCH offers quality, integrated health care and promotes access to affordable housing and sustainable incomes through direct service, advocacy and community engagement. Mercy Medical Center physicians, nurses, social workers, supportive housing personnel and pastoral care staff support the health care needs of clients served by HCH. In partnership with Baltimore City shelters, the HCH Convalescent Care Program provides 24-hour shelter, recuperative care, case management and nursing assistance for individuals with medical conditions not appropriate for hospitalization.</p>

## 2016 CHNA IMPLEMENTATION STRATEGY

### Identifying tactics and strategies to improve birth outcomes and pre-natal care for expectant mothers

<b>Hospital Initiatives &amp; Objectives</b>	<ul style="list-style-type: none"> <li>✓ <b>Support Baby Basics Prenatal Health Literacy Program:</b> The Baby Basics Prenatal Health Literacy Program provides health education to expectant mothers at Federally Qualified Health Centers, read, understand, and act upon pregnancy information. The program empowers underserved populations to be active participants and to effectively navigate the healthcare system.</li> <li>✓ <b>Provide HCAM/ED Linkage &amp; Referral Initiative for Pregnant Women:</b> Pregnant mothers presenting to the Mercy ED are provided resources and referrals for insurance coverage.</li> <li>✓ <b>Host &amp; Support Child Fatality Review Committee:</b> Mercy hosts and participates in the multi-stakeholder Baltimore City Child Fatality Review Committee. The committee is provided notice of unexpected resident child deaths each month by the Office of the Chief Medical Examiner, reviews the circumstances of each incident, and then recommends and works to implement local level systems changes to prevent future deaths.</li> <li>✓ <b>Increase completion of pre-natal records:</b> Collaborate with FQHCs to make pre-natal records available for every mother delivering at Mercy.</li> <li>✓ <b>B'More for Healthy Babies:</b> Provide executive support to move the B'More for Healthy Babies initiative towards a long-term, sustainable financial model.</li> <li>✓ <b>Explore Nurse Home Visits:</b> Seek and evaluate grant opportunities to partner with Federally Qualified Health Centers and the Department of Social Services to expand nurse home visits to new/expectant mothers.</li> <li>✓ <b>Maintain Access to OB and NICU services:</b> Mercy provides support to physician practices through subsidies for PA and NP physician extenders in order to provide OB and NICU health care Services regardless of insurance status.</li> </ul>
<b>Key Partners &amp; Resources</b>	<b>B'More for Healthy Babies, Baltimore City Health Department, Metropolitan OBGYN, Total Healthcare, Family Health Centers of Baltimore, Park West Health System.</b>
<b>Comments</b>	<p>As the largest Birthing hospital in Baltimore City and as the second largest hospital provider of obstetrical services in Maryland for the Medicaid-insured population, Mercy is deeply committed to working with community stakeholders, local and state government and other providers to lower instances of infant mortality and premature births.</p>



## 2016 CHNA IMPLEMENTATION STRATEGY

### Facilitating better care coordination with the City's Federally Qualified Health Centers

<b>Hospital Initiatives &amp; Objectives</b>	<ul style="list-style-type: none"> <li>✓ <b>Participate in collaborative efforts to improve FQHC sustainability:</b> Mercy views Federally Qualified Health Centers as the backbone of population health for poor, minority populations in Baltimore City and the State of Maryland. It is critical that FQHCs work collaboratively to improve the long-term sustainability of their business models given current market dynamics since the implementation of the Affordable Care Act. Mercy will partner with collaborative initiatives to improve FQHC sustainability.</li> <li>✓ <b>Participate on FQHC Boards:</b> Similarly, senior Mercy Executives volunteer to serve on the boards of several Baltimore City Federally Quality Health Centers to promote collaboration and FQHC stewardship and sustainability.</li> <li>✓ <b>Maintain support of Family Health Centers of Baltimore:</b> Mercy provides subsidized support to Adult and Pediatric physician offices through the Family Health Centers of Baltimore (an FQHC). This helps to provide cost-efficient and accessible health care regardless of insurance status and arranges for sliding scale fees to assist the uninsured with physician and other expenses.</li> <li>✓ <b>Continue Family Violence Training:</b> Mercy's Family Violence Program develops training curriculums and provides training sessions for Baltimore City Federally Qualified Health Centers.</li> <li>✓ <b>Electronic Health Record / Health Information Exchange:</b> Mercy makes continual investment in EHR technology which facilitates the sharing of patient data amongst both internal and external providers. Mercy regularly contributes clinical and demographic data to CRISP, which is Maryland's Health Information Exchange (HIE). FQHCs are then able to access that data through CRISP's provider portal to incorporate relevant information for patient care coordination. Mercy's Epic system also allows providers to send and receive transitions of care electronically through direct messaging functionality.</li> </ul>
<b>Key Partners &amp; Resources</b>	<b>Total Health Care, HealthCare for the Homeless, Family Health Centers of Baltimore, Park West Health System</b>
<b>Comments</b>	<p>As noted earlier, Mercy has long-standing, and strong, community partnerships with Federally Qualified Health Centers (FQHC's). FQHC's fill a vital role in the community and our partnerships emphasize cooperation in caring for patients rather than competition. We are focused on collective learning, leveraging our respective strengths, and specific initiatives to improve community health. Mercy specifically maintains active partnerships with Health Care for the Homeless, Family Health Centers of Baltimore, Total Health Care and Park West Medical Center to help manage high risk populations including pregnant women.</p>

## 2016 CHNA IMPLEMENTATION STRATEGY

### Providing support to victims of violence and addiction

<b>Hospital Initiatives &amp; Objectives</b>	<ul style="list-style-type: none"> <li>✓ <b>Maintain Forensic Nurse Examiner Program:</b> The Forensic Nurse Examiner (FNE) Program (formerly the SAFE Program) provides care to victims of sexual, domestic, child, elder and institutional violence. The centerpiece of Mercy's program is a skilled team of Forensic Nurse Examiners (FNEs) who document the details of the assault, collect crucial time-sensitive evidence and perform medical exams, tests and treatments. In order to raise awareness and reduce violence, the program's leadership and certified nursing staff provide community education about domestic violence and sexual assault to law enforcement and the community. The FNE Program is the designated site for forensic patients in Baltimore City and the only comprehensive program of its kind in Maryland.</li> <li>✓ <b>Maintain Inpatient Substance Abuse and Medical Detoxification Services:</b> Mercy offers one of two inpatient detoxification units in Baltimore City and provides physician subsidies for the professional component of these inpatient services. Of note, a number of diseases and medical conditions are over-represented in patients with substance abuse. Consultative and follow up care with appropriate specialists also are supported.</li> <li>✓ <b>Maintain Family Violence Response Program:</b> The Mercy Family Violence Response Program provides confidential services to patients and employees who are victims of violence, abuse and neglect, including domestic violence, sexual assault and vulnerable adult abuse. The program offers counseling, crisis intervention, safety planning, danger assessment, counseling/legal resource linkage, advocacy, documentation and free short-term individual follow-up counseling regarding domestic violence.</li> <li>✓ <b>Maintain Screening, Brief Intervention and Referral to Treatment (SBIRT) services:</b> Mercy is one of three Hospital-based SBIRT sites in Baltimore City. SBIRT is a proven-effective public health approach to identifying and providing early intervention among individuals at risk for developing substance use and other behavioral health disorders.</li> <li>✓ <b>Stabilization Center:</b> Mercy and several other partners, including the Baltimore City Health Department and Behavioral Health System Baltimore, are supporting efforts to establish a Baltimore City Stabilization Center to better meet the needs of people in Baltimore who are intoxicated in public and pose a risk to themselves or people around them. The planned center will provide an array of support services to help clients stabilize their physical condition and take steps to improve their lives.</li> </ul>
<b>Key Partners &amp; Resources</b>	<b>Baltimore City Health Department, Behavioral Health System Baltimore, Baltimore City Sexual Assault Response Team (SART), Mercy Emergency Department.</b>
<b>Comments</b>	<p>As noted earlier, Baltimore has the one of the highest violent crime rates among major U.S. Cities with a rate of 1417 per 100,000 residents. The U.S. Drug Enforcement Agency reports Baltimore has the highest per capita heroin addiction rate in the country. Therefore, hospitals alone cannot significantly reduce violent crime or addiction in Baltimore. However, the programs described here are incredibly important pieces to a network of services provided to victims in Baltimore. Mercy will seek to enhance and continue these existing community resources.</p>

## 2016 CHNA IMPLEMENTATION STRATEGY

### Providing narrowly tailored health education to micro-targeted segments of the population within our community

<b>Hospital Initiatives &amp; Objectives</b>	<ul style="list-style-type: none"> <li>✓ <b>Community Seminars:</b> Mercy provides a series of topical community health seminars that are free and open-to-the public at Mercy's downtown campus and throughout the broader region. The health seminars include expert presentations by Mercy primary care and specialist physicians on a variety of key health issues effecting community members.</li> <li>✓ <b>Personalized Health Education:</b> Mercy provides disease specific, patient education through its Get Well Network to reduce readmissions and improve population health. The program leverages the patient's in-room television to engage patients and families in the care process for improved outcomes. The Get Well Network delivers personalized patient education, medication information and chronic condition management tools.</li> <li>✓ <b>Health Web Videos:</b> Mercy maintains a large catalogue of more than 1000 high-quality, professionally produced web videos featuring Mercy primary care and specialist physicians on a variety of key health topics that are accessible on Mercy's website and YouTube Channel.</li> <li>✓ <b>Nutritional counseling and weight loss counseling sessions:</b> Mercy offers periodic nutritional and weight loss counseling sessions to employees, patients and the broader public in order to support a culture of fitness and wellness within our community.</li> <li>✓ <b>Health literacy for those in need:</b> Evaluate opportunities to provide targeted health education/literacy materials at Department of Social Services Resource Centers located within the CNHA Service Area.</li> </ul>
<b>Key Partners &amp; Resources</b>	<b>Mercy's Nursing Division, Mercy Marketing Department, Mercy HR Department, Mercy's Center for Endocrinology</b>
<b>Comments</b>	<p>There is a dearth of updated, high quality health education materials in our community. Significant thought went into identifying the most effective means of communicating public health messages to such a diverse community. Mercy already generates a large volume of health information via newsletters, the Mercy website, our YouTube channel and other media and Mercy continues to explore new opportunities to make this valuable health information available to the public.</p>

### **Mercy Community Benefits Steering Committee**

The following individuals devoted numerous hours on the Community Benefits Committee by helping develop Mercy Medical Center's Community Health Needs Assessment:

<b>Name</b>	<b>Title</b>
Kathryn Ault	Director of Pastoral Care
Dashaira Bennett	Outreach Social Worker
Nicholas J. Koas	Senior Vice President
Reverend Thomas R. Malia	Assistant to the President for Mission
Ryan C. O'Doherty	Director of External Affairs
Dianna O'Neil, MS	Director of Finance, Patient Care Services
Terri Palazzo, MS, RN, FACHE	Senior Director, Emergency Department
Kathryn Pilkenton	Senior Director, Financial Planning
Mary Louise Preis, Esquire	Chair, Mission and Corporate Ethics Committee of the MHS Board of Trustees; Retired banking and insurance executive
Sally B. Ratcliffe, LGSW	Director of Social Work
Leslie Sporn	Director of Corporate and Foundation Relations
Christopher G. Thomaskutty	Senior Vice President, Chief of Staff
Mary Catherine Webb, LCSW	Retired Director of Social Work and Pastoral Care

### **ACKNOWLEDGEMENTS**

On behalf of the Sisters of Mercy and the entire Mercy team, we wish to offer our gratitude and special recognition to the following organizations for their invaluable contributions and support of our Community Health Needs Assessment and Implementation Strategy:

- Baltimore Neighborhood Indicators Alliance-Jacob France Institute at the University of Baltimore
- Baltimore City Health Department
- Healthcare for the Homeless
- Baltimore City Department of Social Services
- The Annie E. Casey Foundation
- Total Health Care, Inc.
- HealthCare Access Maryland
- Association of Baltimore Area Grantmakers
- Sharp Leadenhall Planning Committee
- Christ Lutheran Church
- B'More for Healthy Babies Initiative
- Baltimore City Council

## **DISCLAIMER**

This Implementation Strategy addresses the community health needs described in Mercy Medical Center's Community Health Needs Assessment that Mercy plans to address in whole or in part and that are consistent with its mission. Mercy reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternatively, other organizations in the community may decide to address certain needs, indicating that Mercy then should refocus its limited resources to best serve the community. Beyond the initiatives and programs described herein, Mercy is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.