



UNIVERSITY *of* MARYLAND MEDICAL SYSTEM

UMMC Midtown Campus - Presentation to Health Services Cost Review
Commission
July 13, 2022 Public Session

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Midtown's Essential Role in the Maryland Demonstration Model

- UMMC Midtown Campus is a **vital safety net hospital and anchor for health management** in West Baltimore's historically disadvantaged community
- Barometer of the **Maryland Demonstration Model's ability to accomplish its goals in a safety net setting**
 - Demonstrating the model's strength in terms of using its unique payment mechanism to affect health equity



Overview of Discussion

- Then: Nov. 2018 – \$14.1 million spenddown (implemented over FY19/FY20)
- Now:
 - Dramatic improvements in terms of access and quality
 - Significant investments in meeting community health needs
 - **Differential investments are required to impact health equity**
 - Unsustainable financial outlook
 - \$35 million operating loss for FY22 (-18% total operating margin)
 - Lost \$67 million since FY19 (losses in every year since spend down)
- Request: A permanent rate adjustment to address long-term sustainability
 - **Includes specific request to reverse the Spenddown**



UMMC Midtown Strategic Pillars: Access, Quality, Community Engagement

Strengthening access points for identified needs

- Aligning clinical programming with community health needs assessment
- Directed investments in mental health and addiction
- Community-based wellness programs such as Diabetes, HIV/infectious disease, chronic condition management

Quality

- **Leapfrog:** Grade “D” Score in Spring 2017 → **Grade “A” and “B”** scores since Spring 2020
- **Readmissions:** 26% reduction in risk-adjusted readmissions since CY2018 (vs. CY2021 October YTD) is the **best in the State**
- **Hospital-Acquired Infections:** FY19-FY21 rates **60%+ lower** than FY18
- **Patient Experience:** **Average 28 percentile improvement** in percentile ranking across seven domains (PY18 vs. PY22)

Community engagement strategy built to directly address needs identified in Community Health Needs Assessment (“CHNA”)



Midtown is an Outlier Safety Net Provider

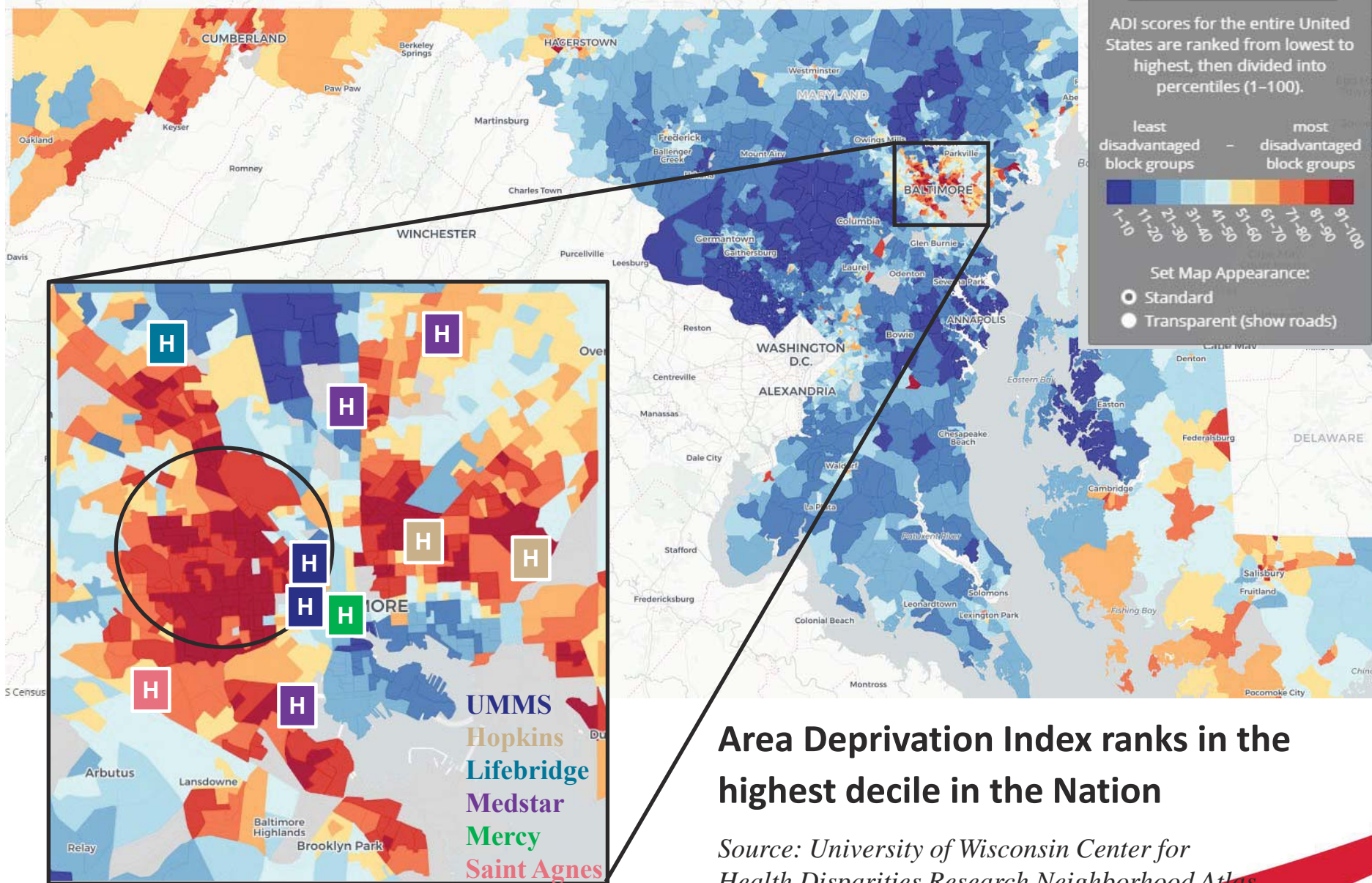
Disproportionate Share (“DSH”) = Percent of patient population that is Medicaid, Duals, Self-Pay, Charity



Source: CY2019 HSCRC abstract data excluding chronic and outpatient elective services



Midtown's Community is Among the Most Disadvantaged in the Country





Top Social/Environment Issues

Identified by Community Residents Surveyed in the CHNA

Neighborhood Safety/Violence	Poverty	Lack of Job Opportunities	Racial/Ethnicity Discrimination	Housing/Homelessness
<ul style="list-style-type: none">• Narcotics and overdose calls per 1,000 are 2x to 3x the City average• Gun-related incidents per 1,000 are nearly double City average	<ul style="list-style-type: none">• \$40,000 median household income is less than half of State median• 25% are below the Federal Poverty Level• 50% do not have a car• 30% have no internet at home	<ul style="list-style-type: none">• 12% of adults aged 25 or older are unemployed• 18% of adults aged 25 years or older have less than a high school diploma or GED	<ul style="list-style-type: none">• 87% of community is black• Longstanding structural/ societal discrimination and racism	<ul style="list-style-type: none">• 12% of Midtown ED admissions self report as homeless• 15% of children and families in Midtown Pediatric PCP are housing insecure

Source: UMMC Midtown/Downtown 2021 Community Health Needs Assessment and Implementation Plan (2022-2024)



Equity in Patient Care: National and Regional Media Coverage

The Washington Post *Democracy Dies in Darkness*

University of Maryland Medical System drops race-based algorithm officials say harms Black patients

By Ovetta Wiggins November 17, 2021

Reexamining the role of race in kidney health



WYPR - 88.1 FM Baltimore | By Sarah Y. Kim
Published March 3, 2022 at 7:20 PM EST

- Additional Outlets**
- Associated Press
 - CBS National News
 - National Public Radio
 - Wall Street Journal

BECKER'S Infection Control Patient Safety & Outcomes Public Health

HOSPITAL REVIEW Executive Moves Transaction & Valuation HR Capital Te

Coordination Legal & Regulatory Compensation Payer

U of Maryland Medicine eliminates race as birthing decision factor

Cailey Gleeson (Twitter) - Wednesday, May 4th, 2022

MARYLAND VOICES

The Baltimore Sun | Saturday, February 26, 2022

YOUR TURN

UMMS focused on ending disparities in health care

Modern Healthcare

NEWS DIGITAL HEALTH INSIGHTS DATA/LISTS OP-ED AWARDS EVENTS

Home > Transformation

May 19, 2022 06:00 AM

How removing race-based guidance can benefit patients and clinical practice

MARI DEVEREAUX KARA HARTNETT



Top Community Health Needs

Identified by Community Residents Surveyed in the CHNA

Midtown Clinical Programs

Heart Disease/Blood Pressure	• Cardiology Clinic
Diabetes/High Blood Sugar	• Endocrine Clinic
Alcohol/Drug Addiction	• Center for Addiction Medicine
Mental Health (Depression/Anxiety)	• IP Behavioral Health (Adult + Adolescent) • Adult Day Program
Overweight/Obesity	• Adult and Pediatric Primary Care

Source: UMMC Midtown/Downtown 2021 Community Health Needs Assessment and Implementation Plan (2022-2024)



Examples of Efforts to Address Community Needs

Hospital-based programming to meet community health needs (\$12M annually)

- Relocate UMMC Adult Psych to Midtown to establish Adolescent Psych at UMMC (overall expansion of Psych program)
- 24/7 social work, community health workers, case management, care coordination, home health, transportation

Community-based programming to meet community health needs (\$9M annually)

- Unregulated Clinic models anchored at Midtown that connect to community to focus on education, prevention, and addressing social environment needs
 - Primary care, Diabetes and other chronic conditions, HIV/Infectious Disease, Pediatrics, Women's Health
- Center for Addiction Medicine and Psychiatric Day Hospital
- Community Health Education Center

System and SOM investments disproportionately oriented toward West Baltimore

- Community impact grants – food/employment security **\$3M annually**
- Community impact investing – economic/environmental disparities – *1% of investible assets (ongoing commitment, **\$14M invested in 2022**)*
- Strategic relationship with faculty brings resources into community



We Aren't Done Yet

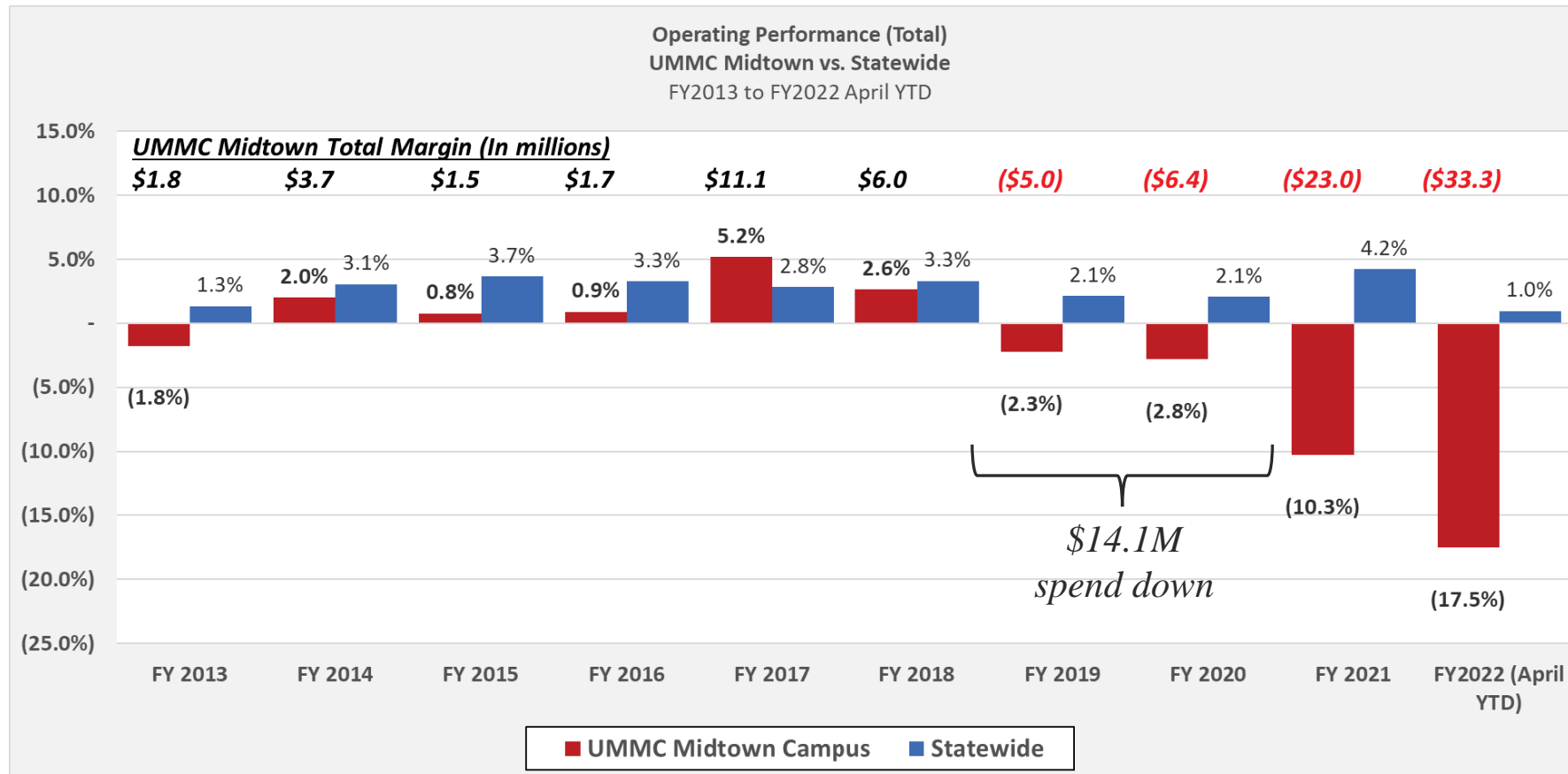
Future Vision for Addressing Health Equity

- Expand primary care – increase providers, clinic panel size, and annual visits over next five years
- Expand outreach – health education, screening (i.e. blood pressure, diabetes, cancer, depression, etc.)
- Build data systems to identify root causes/align strategies
 - Collect social determinants of health data
- Launch Social Determinants of Health Steering Committee
- Partner with University of Maryland Baltimore for collective impact in West Baltimore
- Continue to strategically direct system-level investments into initiatives that address socioeconomic disparities in West Baltimore



Midtown's Unsustainable Financial Performance

FY22 Projected Year End: (\$35M)
 FY23 Projected: (\$34M)



Source: HSCRC Annual Filing RE (FY13-FY21), HSCRC Unaudited FSA FY23 April YTD



Request for Permanent Rate Adjustment

- **Request: agreement to evaluate requests that permanently address long-term stability**
 1. Restore on a permanent basis the \$14.1M spend down adjustment as an investment in addressing health outcomes in a historically disadvantaged community
 2. Evaluation and addressing of the disproportionate impact of denials at a safety net provider
 - In FY21, UMMC Midtown experienced \$5M in denials beyond the Statewide average denial rate
 3. One-time bridge funding as \$15M performance improvement initiative is executed over FY23-FY25
 - One-time funding of \$15 million over two years (FY23, FY24)
 4. Evaluation of how we consider safety net hospitals in the efficiency calculations



Appendix



Travel Time to Healthcare Providers by Public Transportation

		MINUTES TO ED BY PUBLIC TRANSPORT				Share of ED Visits
		Sandtown/ Winchester	Seton Hill	Greater Modawmin	Greater Rosemont	
UMMC		18	10	45	32	18%
UMMC	Midtown	15	19	28	32	17%
Mercy		25	18	45	27	12%
Grace FMF		32	34	22	30	10%
JHH		25	28	45	50	9%
Sinai		42	58	40	58	8%
Union		40	38	35	50	7%
Saint Agnes		50	38	55	27	6%
Harbor		40	35	75	50	2%

*Travel time calculated using Google Maps
CY2021 share of ED visits for per HSCRC abstract data*