

# TRANSFORMATION

## MHA's 2017 Value Report to Members

As a member-driven organization, your MHA team prides itself on providing exceptional value for your dues. Following are just some of the ways MHA has brought value to the field in the past year. These four examples alone generate a direct financial benefit of \$70 for every dues dollar.

**\$500**

**MILLION**

increase to the  
fiscal year 2018 global  
budget update

**\$16**

**MILLION**

favorable modifications  
to incentive-based  
payment policies



**\$42**

**MILLION**

for Institutions  
for Mental  
Diseases

**\$5.5**

**MILLION**

for 11 hospital  
capital projects



Maryland Hospital Association

# LETTER TO OUR MEMBERS



The word “transformation” encompasses many ideas, from the straightforward changes in health care policy that affect every hospital in the nation, to a more fundamental shift in executive thinking about hospitals’ roles in their communities. The past year has seen immense transformation – politically, culturally, legally and philosophically – and we are all working to understand how to best leverage this change so hospitals can better meet their mission of care.

The widespread change drives home the importance of MHA, whose mission is to help decipher new policies, guide the development of future regulations, and ensure that policymakers and legislators never lose sight of what’s important to hospitals: the patients and communities they serve.

We at MHA view our work as both a privilege and a responsibility. As the environment continues to transform, and as your organization transforms in turn, your MHA will also evolve to best meet your needs.

This brief report highlights some of the ways MHA has provided value for you over the past year. It is a reflection of the priorities that you, our members, have set. We appreciate your commitment to this association, and to the goals that all Maryland’s hospitals share. We look forward to helping you navigate another year in which “transformation” will be the expectation, rather than the exception.



## **MHA serves hospitals in many ways, but focuses on three:**

- Advocacy before Congress, the White House, the Governor, and the state legislature
- Representation before state and federal regulators, including the Health Services Cost Review Commission
- Collaboration on issues

A handwritten signature in black ink that reads "Carmela Coyle".

Carmela Coyle  
President & CEO

A handwritten signature in black ink that reads "Mark T. Jensen".

Mark T. Jensen  
Chairman

Following are some highlights of the past year that demonstrate MHA's work for you.



## ADVOCACY

### Passed:

- Legislation that allows hospitals and physicians to collaborate financially – critical to success under the All-Payer Model
- An increase of \$100 million for community-based behavioral health providers, important partners in the continuum of care for patients with substance use and mental health disorders

### Expanded:

- Medicaid's telehealth program, which will improve the ability of providers, especially behavioral health providers in short supply, to offer services remotely and allow some application of remote-patient-monitoring

### Secured:

- A shift of most of the promised \$25 million spend-down of the \$365 million Medicaid tax in fiscal year 2018, to \$35 million for each of the next two fiscal years, after the governor and General Assembly delayed the spend-down to plug other budget gaps

### Defeated:

- Four trial lawyers' bills that would worsen Maryland's liability climate, including two to triple the cap on non-economic damages in medical malpractice and wrongful death lawsuits, and one to increase the cases in which punitive damages could be awarded

### Rejected:

- Legislation that would have required hospitals to display the value of their not-for-profit tax exemptions alongside the value of their community benefit contributions, a threat to hospitals' tax-exempt status



## QUALITY

### Hospitals achieved:

- A 48 percent reduction in the overall number of complications acquired in Maryland's hospitals, from 2013 to 2016; this represents 13,400 fewer complications
- A 16 percent decline in C. difficile infections from 2015 to 2016, a decrease of 300 infections
- A 49 percent reduction in the number of falls that resulted in serious injury, from 2011 to 2016
- A four-year-streak in which Maryland outpaced the nation has led to a 14 percent reduction in readmissions since 2011
- A 238 percent increase from fall 2016 to spring 2017 in the number of high-risk Medicare patients whose health information is shared among providers, so providers can work together to prevent unnecessary readmissions
- A 6.1 percent reduction in hospital admissions from 2013 to 2015, which represents 40,500 fewer admissions



## FINANCIAL

### For fiscal 2017, hospitals gained:

- \$500 million via a 3.1% global budget update
- \$5.5 million for 11 hospital capital projects (by fiscal 2022, the MHA bond program for capital projects will increase by \$1.5 million)
- \$42 million for the state's three Institutions for Mental Diseases
- \$37 million via the Maryland Hospital Acquired Conditions program
- \$11 million through the Readmissions Reduction Incentive Program

# HIGHLIGHTS

## ADVOCACY

Engagement in the legislative and regulatory process.

### General Assembly

**21**

HOSPITAL LEADERS TESTIFIED  
IN ANNAPOLIS

**14**

HOSPITALS  
PARTICIPATING

### Health Services Cost Review Commission

**32**

HOSPITAL LEADERS TESTIFIED  
BEFORE THE HSCRC

**17**

HOSPITALS  
PARTICIPATING

### MHA|PAC

**521**

HOSPITAL LEADERS  
CONTRIBUTING

**52**

HOSPITALS  
PARTICIPATING

**\$158,535**

TOTAL  
CONTRIBUTIONS

## HOSPITAL INITIATIVES

Statewide programs to improve care for patients and communities.

### Equity of Care

**100%**

HOSPITAL  
PARTICIPATION

### Emergency Department Opioid Prescribing Guidelines

**100%**

HOSPITAL  
PARTICIPATION

### Care Alerts/Care Plans:

**238%**

INCREASE IN THE NUMBER  
OF HIGH-RISK MEDICARE  
PATIENTS ENROLLED

**100%**

HOSPITAL  
PARTICIPATION

### Reducing First-time C-sections

**97%**

BIRTHING HOSPITALS  
PARTICIPATING

### Neonatal Abstinence Syndrome

**Collaborative**

**97%**

BIRTHING HOSPITALS  
PARTICIPATING

## EDUCATION AND PROFESSIONAL DEVELOPMENT

Opportunities for hospital staff to develop skills

### MHA-led meetings

**285**

PARTICIPANTS

**64**

HOSPITALS  
PARTICIPATING

### Maryland Healthcare Education Institute programs

**850**

PARTICIPANTS  
FOR IN-HOUSE  
PROGRAMS

**62**

DAYS OF ON-  
SITE HOSPITAL  
PROGRAMS

**12**

HOSPITALS  
PARTICIPATING

**25**

WEBINARS  
HOSTED

## AFFILIATE ENGAGEMENT

Helping hospitals and health systems with staffing  
and purchasing needs.

### Prime (MHA's group purchasing subsidiary)

**100%**

HOSPITAL  
PARTICIPATION

**\$114.8**

MILLION IN  
PURCHASES

**\$9.2**

MILLION IN  
ESTIMATED SAVINGS

### Chesapeake Registry (MHA's supplemental staffing subsidiary)

**33**

PARTICIPATING  
ORGANIZATIONS

NEARLY  
**745,000**

STAFFING HOURS  
PROVIDED

## MEMBER ENGAGEMENT

MHA is a member-driven organization, the only state hospital  
association led by hospital trustees (the board is composed of the  
chief elected trustee leader or a designee). Without your help,  
MHA could not do the things it does to help hospitals.

### Participation on MHA boards, committees, councils, work groups, task forces and more

**180**

INDIVIDUALS

**49**

ORGANIZATIONS

# MHA MEMBERS

## Adventist HealthCare

- *Adventist HealthCare Behavioral Health & Wellness*
- *Adventist HealthCare Physical Health & Rehabilitation*
- *Adventist HealthCare Shady Grove Medical Center*
- *Adventist HealthCare Washington Adventist Hospital*

## Anne Arundel Medical Center

## Atlantic General Hospital

## Bon Secours Baltimore Health System

## Brook Lane

## Calvert Health System

## Children's National Medical Center

## Dimensions Healthcare System

- *Laurel Regional Hospital*
- *Prince George's Hospital Center*

## Doctors Community Hospital

## Fort Washington Medical Center

## Frederick Regional Health System

## Garrett Regional Medical Center

## Greater Baltimore Medical Center

## HealthSouth Chesapeake Rehabilitation Hospital

## Holy Cross Health

- *Holy Cross Germantown Hospital*
- *Holy Cross Hospital*

## Johns Hopkins Health System

- *Howard County General Hospital*
- *Johns Hopkins Bayview Medical Center*
- *The Johns Hopkins Hospital*
- *Mt. Washington Pediatric Hospital*
- *Suburban Hospital*

## Kennedy Krieger Institute

## LifeBridge Health

- *Carroll Hospital Center*
- *Northwest Hospital*
- *Sinai Hospital of Baltimore*

## McCready Health

## MedStar Health (in Maryland)

- *MedStar Franklin Square Medical Center*
- *MedStar Good Samaritan Hospital*
- *MedStar Harbor Hospital*
- *MedStar Montgomery Medical Center*
- *MedStar Southern Maryland Hospital Center*
- *MedStar St. Mary's Hospital*
- *MedStar Union Memorial Hospital*

## Mercy Medical Center

## Meritus Medical Center

## NIH Clinical Center

## Peninsula Regional Medical Center

## Saint Agnes Hospital

## Sheppard Pratt Health System

## Union Hospital of Cecil County

## University of Maryland Medical System

- *Mt. Washington Pediatric Hospital*
- *University of Maryland Baltimore Washington Medical Center*
- *University of Maryland Charles Regional Medical Center*
- *University of Maryland Harford Memorial Hospital*
- *University of Maryland Medical Center*
- *University of Maryland Medical Center Midtown Campus*
- *University of Maryland Rehabilitation & Orthopaedic Institute*
- *University of Maryland Shore Medical Center at Chestertown*
- *University of Maryland Shore Medical Center at Dorchester*
- *University of Maryland Shore Medical Center at Easton*
- *University of Maryland St. Joseph Medical Center*
- *University of Maryland Upper Chesapeake Medical Center*

## VA Maryland Health Care System

## Western Maryland Health System

# 2016-2017 EXECUTIVE COMMITTEE OF THE BOARD

## Executive Committee of the Board, 2016 – 2017

Mark T. Jensen, Esq. – *Chair; Board Member, MedStar Health; Partner, Bowie & Jensen, LLC*

Samuel Ross, M.D. – *Vice Chair; Chief Executive Officer, Bon Secours Baltimore Health System*

Joseph Ross – *Vice Chair; President & CEO, Meritus Health*

Timothy Hearn – *Treasurer; Board Member, Sheppard Pratt Health System; Senior Managing Director, Mid-Atlantic Region, JLL*

Adriane Wodey – *Secretary; Board Member, Frederick Regional Health System*

## Chairs, Standing Committees & Policy Boards

Redonda Miller, M.D. – *Chair, Council on Clinical & Quality Issues; President, The Johns Hopkins Hospital*

Peggy Naleppa, Ph.D., FACHE – *Chair, Council on Financial Policy; President & CEO, Peninsula Regional Medical Center*

Kevin Smothers, M.D. – *Chair, Maryland Healthcare Education Institute; Vice President, Medical Affairs & Chief Medical Officer, Adventist HealthCare Shady Grove Medical Center*

Dean Teague – *Chair, Council on Legislative & Regulatory Policy; President & CEO, Calvert Health System*

Eric Wagner – *Chair, Maryland Hospital Association Political Action Committee; Executive Vice President, Insurance and Diversified Operations, MedStar Health*

## Trustee Councillors-at-Large

Harry Johnson – *Former Board Chair, Greater Baltimore Medical Center*

Mary Louise Preis – *Board Member, Mercy Medical Center*

## CEO Councillors-at-Large

Richard Bennett, M.D. – *President, Johns Hopkins Bayview Medical Center*

Robert A. Chrencik – *President & CEO, University of Maryland Medical System*

Terry Forde – *President & CEO, Adventist HealthCare*

Neil Meltzer – *President & CEO, LifeBridge Health*

Karen Olscamp – *President & CEO, University of Maryland Baltimore Washington Medical Center*

Judith Rogers, Ph.D. – *President, Holy Cross Hospital*

Sheldon Stein – *President & CEO, Mt. Washington Pediatric Hospital*

## Independent Councillors-at-Large

Stuart Guterman – *Health Economics Consultant*

Mary Pat Seurkamp, Ph.D. – *President Emerita, Notre Dame of Maryland University*

## Ex-Officio

Carmela Coyle – *President & CEO, Maryland Hospital Association*

## AFFILIATES

- Prime, MHA's shared services/group purchasing subsidiary, provided \$880,000 to the association in fiscal year 2017 to support advocacy efforts, and in grants to the Maryland Patient Safety Center.
- The Maryland Healthcare Education Institute continues to work with its members on the changing demands of population health management as well as the consistent challenges created by an aging health care workforce. Targeted programming was brought to hospital campuses this past year, with MHEI staff working individually and with groups of hospital staff totaling nearly 2,500 participants. Nearly one-third of MHEI members use MHEI for customized, specific, targeted programs and development.
- The Chesapeake Registry Program helps hospitals meet their evolving staffing needs by providing access to vetted, high-quality temporary staff, including nurses and allied health providers. The Registry offers a user-friendly software interface with real-time data to access staffing credentials. An estimated 745,000 hours of clinical personnel time were provided in fiscal 2017.

