Consumer Standing Advisory Committee
July 2020 Meeting

7/22/2020

Legislative Overview and Potential Revisions to Hospital Community Benefit

Regulatory Mandates to Hospital Community Benefits

- HSCRC regulates Hospital Community Benefit (HCB) reporting via its authority in statute Health-Gen §19–303.[1]
  - Maryland COMAR 10. 37. 01.03. (M): Annual Nonprofit Hospital Community Benefit Report further outlines the HSCRC's HCB regulations.[2]
- Generally, the reporting standards developed by the HSCRC have followed and expanded upon the IRS's code 501(c)(3) status on a "Community Benefit Standard" as dictated by Rev. Rule 69-545 and Rev. Rule 56-185.
  - To demonstrate a community benefit, hospitals must additionally certify that they both provide benefits to a class of persons broad enough to benefit the entire community and operate to serve the public rather than private interest.
  - Further regulation of community benefits beyond the IRS requirements is left up to States.

[1] http://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=19-303&enactments=false
[2] http://www.dsd.state.md.us/comar/comarhtml/10/10.37.01.03.htm

2020 Legislative Update – SB0774 and HB1169

- During the 2020 Maryland Legislative Session, Senate Bill 0774 and House Bill 1169 updated Maryland regulation to better align HCB reporting with the TCOC Model. The legislation:
  - Updates definition of a Community Benefit in Maryland to: "A planned, organized, and measured activity that is intended to meet identified community health needs within a service area,"
  - Organizes into the categories previously established by the HSCRC for reporting,
  - Ties reporting closer to the Community Health Needs Assessment (CHNA) established by the Affordable Care Act (ACA); and,
  - Establishes an Hospital Community Benefits Reporting workgroup.

Other State Efforts to Improve HCB Reporting

1. Many States have recently updated their HCB process to better align with ACA reforms and state-specific priorities.
2. HSCRC staff would like to review these efforts to explore where reporting in Maryland can improve.
3. Maryland representatives are also participating in a workgroup on this topic convened by the National Academy for State Health Policy (NASHP).

Oregon 

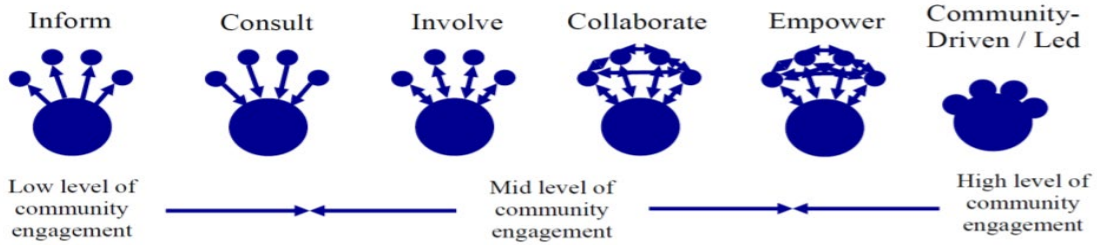
- In 2019, Oregon passed HB0376 which established more granular reporting and enforcement of HCB spending.
  - Includes a spending floor for nonprofit hospitals to be established every two years.
  - Requires hospitals to post their CHNA, opportunities for public participation, annual progress and three-year strategy publicly.
  - Per NASHP workgroup, they are also planning a dynamic reporting and dashboard system.

New York 

- State regulation requires hospitals to create a Community Service Plan, which must include:
  - A Community Health Needs Assessment and Implementation Report,
  - Solicitation of community viewpoints for hospital priorities,
  - Guidance for collaboration with local health departments; and,
  - Demonstrate the hospital's commitment to meeting community health care needs, providing charity care services, and improving health care accessibility for the underserved.

Massachusetts

- The Attorney General's Office issued guidance for its voluntary community benefit reporting on public engagement.
  - Guides hospitals on best practices for HCB engagement.
  - Asks hospitals to report their level of public participation based on the International Association for Public Participation (IAP2) scale via an assessment tool.



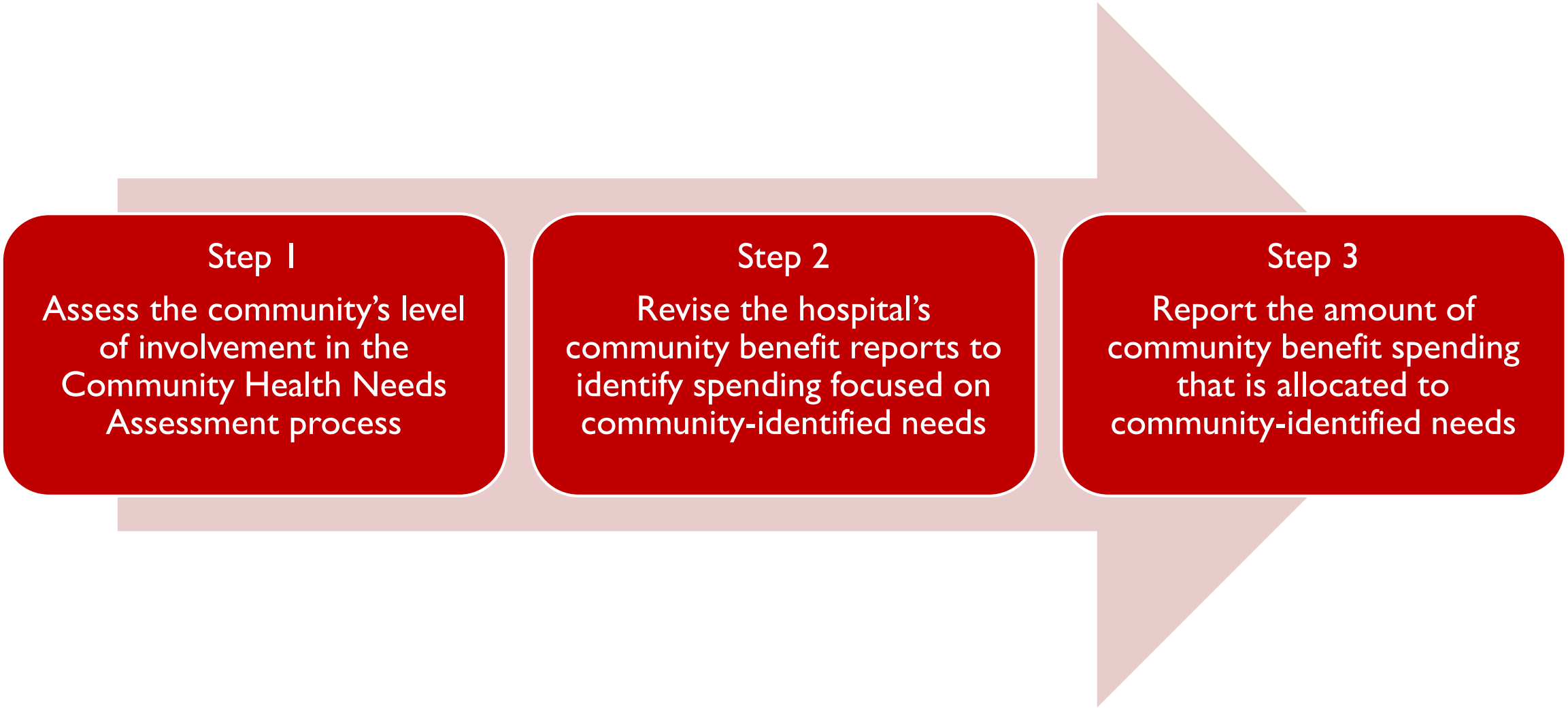
Colorado

- In 2019 Colorado passed HB1320 which requires all nonprofit hospitals to complete a CHNA every three years and create a community benefit implementation plan.
  - Hospitals must hold public meetings at least once a year to seek feedback regarding the hospital's community benefit activities during the previous years and the community benefit implementation plan for the following year.
  - Regulations outline which stakeholders should be involved, at a minimum, for each hospital.

Mandate for the Community Benefits Reporting Workgroup

- This group will:
  - Make recommendations to improve CHNA reporting and identification in the Hospital Community Benefit (HCB) reporting,
  - Update HCB guidelines to accommodate new statewide interests,
  - Review current HCB reporting guidelines to ensure data is reliable and consistent across hospitals; and,
  - Develop a report to the MD State Legislature by December 1, 2020 that includes:
    - A description of each hospital's process for soliciting input in the development of the community health needs assessment, and,
    - Recommendations for the Maryland Department of Health and the local health departments to assess the effectiveness of hospitals' community benefit spending to address the community health needs.

Strategy for Revising Hospital Community Benefit Reporting



Discussion

- Do CSAC members have any takeaways or comments they would like to discuss?
- HSCRC Staff research has indicated:
  - Reporting minimums/enforcement work best when paired with consistent and detailed reporting,
  - The CHNA is most valuable when there is meaningful engagement from the community; and,
  - Improving the reporting process and visibility/comparability of hospital HCB and CHNA will increase HCB transparency.
- What should this workgroup prioritize for development?

Engaging the Community in Hospital Community Benefit Reporting

MARYLAND

Spectrum of Public Participation

- Community Health Needs Assessments are required to, "Solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health." (IRS Section 501(r)(3)(B))
- The 'flavor' of this solicitation is unspecified, though some States like Massachusetts have provided guidance to hospitals when reporting Community Benefits and Health Needs Assessments.
- The International Association for Public Participation (IAP2) provides a portion of Massachusetts's Attorney General Guidance for use on a voluntary basis.

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Viewpoints of other Community Benefit Stakeholders

- Researchers of CHNA best practices suggest community engagement that is as close as possible to engaged/empowered end of the spectrum.
- State efforts that regulate or set standards for stakeholder participation in CHNA's include:
  - **Massachusetts** – Attorney General guidance and self assessment, mentioned previously.
  - **Colorado** – Hospitals must hold public meetings at least once a year to seek feedback, mentioned previously.
  - **Vermont** – Requires hospitals to conduct CHNAs and have a protocol for "meaningful public participation" in its process for "identifying and addressing health care needs that the hospital provides or could provide in its service area." These needs must be summarized in the hospital's community report and integrated with the hospital's long-term planning.
  - **Rhode Island** – hospitals must "delineate the specific community or communities, including racial or ethnic minority populations, that will be the focus of its community benefits plan and shall involve representatives in the planning and implementation process."

JOHNS HOPKINS
MEDICINE

2018 CHNA
Community Health Needs Assessment
Baltimore Hospitals and Health Department Coalition

Sharon Tiebert-Maddox, Director, Strategic Initiatives
JHH Community Health Improvement (CHI)
Government and Community Affairs

July 22, 2020

Required Reporting
Federal (IRS) & State (HSCRC)

Community Health Needs Assessment (CHNA)

- 2018 JHH Report publically available at: https://www.hopkinsmedicine.org/about/community_health/johns-hopkins-hospital/community_health_needs_assessment.html
  - Hospitals held accountable by:
    - Regulatory review (IRS every three years)
    - Strict requirements for process and transparency
    - Congressional scrutiny
- CHNA is part of Community Benefit Reporting
  - Annual submissions:
    - IRS 990 Schedule H & HSCRC Community Benefit Report
  - Heavily regulated with strict definitions of what constitutes a benefit to the community

BCHD and Baltimore Hospitals Coalition

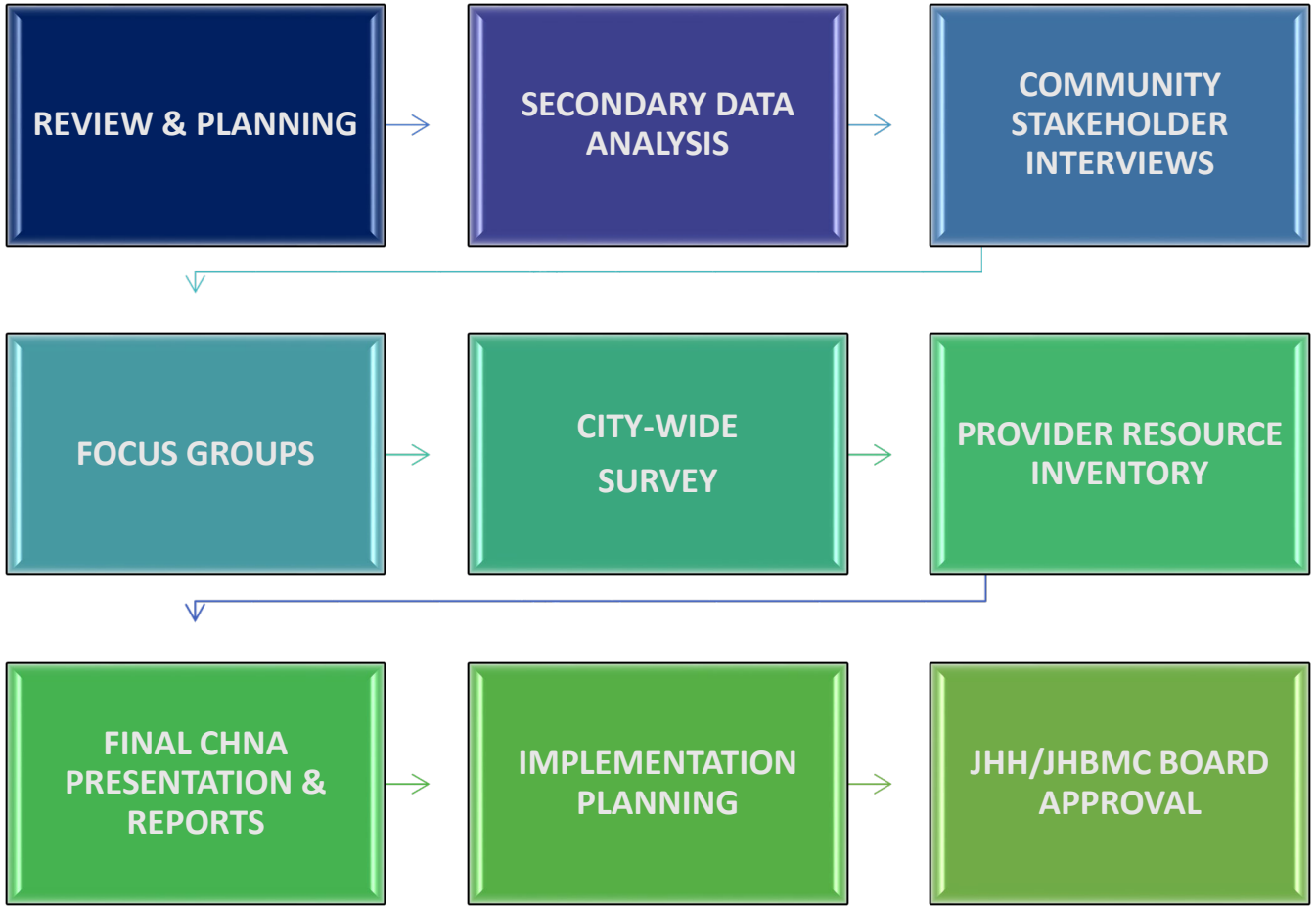
- June 2017: The Baltimore City Health Department and a coalition of Baltimore City Hospitals joined together on a first ever joint citywide CHNA project

- This yearlong project provided the foundation to coordinate and leverage resources to address the highest prioritized health needs in Baltimore in partnership with the residents in the city

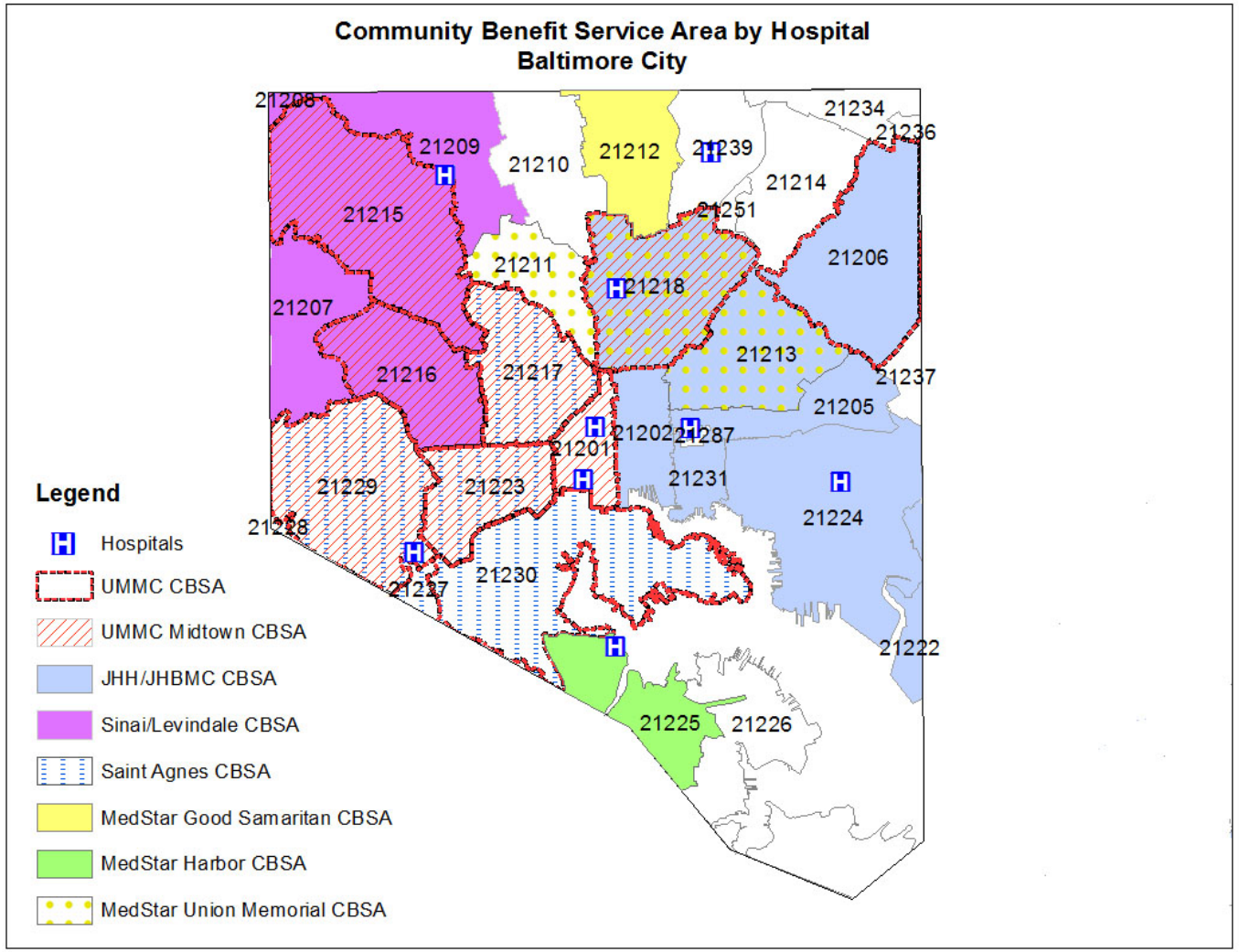
- Critical initial steps included:
  - Aligning process and standardizing the language used to describe community needs
  - Determining focus group participants to ensure representation of at-risk populations

- The group developed and implemented a survey tool which reached all areas in the city and engaged over 5,000 participants

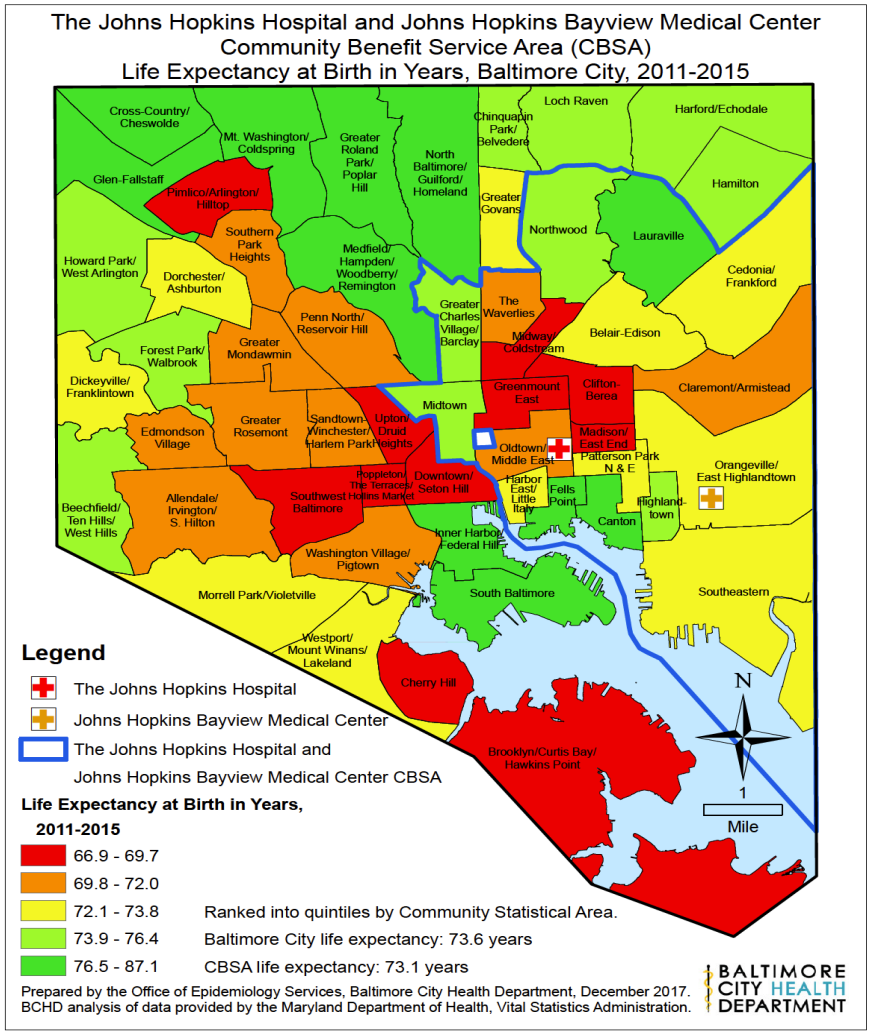
CHNA Year-long Process and Accountability



Review and Planning
Baltimore City Hospitals & BCHD Coalition



Secondary Data



- The partnership with BCHD elevated the quality and consistency of secondary data collection and analysis.
- BCHD provided data maps and reports on over 30 key health indicator core metrics.
- In addition to city wide data, BCHD mapped every hospital's CBSA to neighborhood health profiles and provided individual reports on core metrics for each partner.

Secondary Data
Examples of BCHD collaboration

#	Core Metric
	Social Determinants of Health
1	Total population (current) and projection
2	Age, sex, race/ethnicity
3	Percent of adults/children with no health insurance
4	Unemployment
5	Family poverty rate
6	School readiness and 3rd and 8th grade reading proficiency
7	Vacant building density
8	Percent of land covered by food desert
9	Liquor store density
10	Homicide rate (based on location of event)
	Health outcomes
11	Life expectancy
	Mortality rates (age-adjusted)
12	All-cause
13	Cardiovascular disease
14	Cancer (all kinds)
15	Lung cancer
16	Colorectal cancer
17	Breast cancer (females only)
18	Prostate cancer (males only)
19	Stroke
20	AIDS/HIV
21	Chronic lower respiratory disease
22	Homicide (based on victim residence)
23	Diabetes

- Social Determinants metrics were included in data elements
- Over 35 additional data sources were used including:
  - CDC
  - DHHS
  - MDH
  - CMMS
  - SAMHSA
  - NAMI
  - FBI
  - ADA
  - U.S. Census Bureau
  - RWJ Foundation

Primary Data – Who contributed?

OVER 5000 Baltimore residents participated in Interviews, Focus Groups and/or Surveys

Individual stakeholder interviews included:

- Internal and external experts – population health, public health etc.
- Community organization and neighborhood association leaders
- Community organization and neighborhood association members
- Resource organizations (Catholic Charities, Healthcare for the Homeless, Helping Up Mission etc.)
- Faith-based organizations
- Community residents
- Public officials

Surveys were distributed throughout the city at every opportunity for direct resident contact including public events, community meetings, health fairs, clinics, senior centers, newsletters, publications etc.

Focus Groups –
Ensuring often overlooked populations are heard

The Baltimore hospital coalition hosted a total of 12 focus groups involving 121 participants.

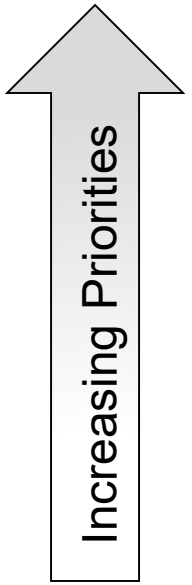
FOCUS GROUP AUDIENCE - number of participants - LOCATION OF THE EVENT:

1. Transition-age Youth - 20 - Youth Opportunity (YO!) Baltimore
2. Single Parents - 8 - Center for Urban Families
3. Older Adults - 12 - Langston Hughes Community Resource Center
4. LGBTQ - 5 - Chase Brexton Health Care
5. People with Disabilities - 5 - League for People with Disabilities
6. Key Stakeholders - 16 - Mercy Medical Center
7. Key Stakeholders - 7 - Forest Park Senior Center
8. Seniors in East Baltimore City - 12 - Mary Harvin Senior Center
9. Latinos/Spanish-Speaking - 7 - East Baltimore Medical Center
10. Homeless Adults - 5 - Banner Neighborhoods Community Center
11. Homeless Men in Temporary Housing - 12 - Helping Up Mission
12. Homeless Men in Overnight Shelters - 12 - Helping Up Mission

Identified Health Priorities
Johns Hopkins Hospitals

CHNA 2018 COMMUNITY HEALTH NEEDS

SOCIOECONOMIC NEEDS	DIRECT HEALTH NEEDS
EMPLOYMENT	BEHAVIORAL HEALTH - SUBSTANCE ABUSE
CRIME/NEIGHBORHOOD SAFETY	BEHAVIORAL HEALTH - MENTAL HEALTH
HOUSING/HOMELESSNESS	CHRONIC DISEASES (Incl. Health Education/Mgmt)
EDUCATION	UNINSURED/UNDERINSURED ACCESS TO CARE
FOOD ENVIRONMENT	DENTAL SERVICES



Key Findings – Different Communities have Different Priorities

- One of the key strengths of the BCHD and hospitals coalition is the ability to work together on complex problems and challenges to the health and wellness of Baltimore City residents.

- Through the establishment of standard language and data references, the hospitals are aligned in how to talk about needs both city wide and in individual CBSAs.

- As seen in the BCHD community health profiles, and confirmed in the citywide CHNA survey, neighborhoods can have differing priorities. The hospital coalition serves to unite all in addressing citywide issues, while allowing individual hospitals to retain the needed flexibility when developing individual strategies in response to their CBSA residents.

Implementation Strategy Program Examples

Employment

- Baltimore Population Health Workforce Collaborative
- Summer Jobs Program
- General Services Healthcare Internship Program

Crime/Neighborhood Safety

- Operation P.U.L.S.E. (People United to Live in a Safe Environment)
- Safe Streets Baltimore
- Office of Juvenile Justice Delinquency Prevention Safe and Thriving Communities Grant

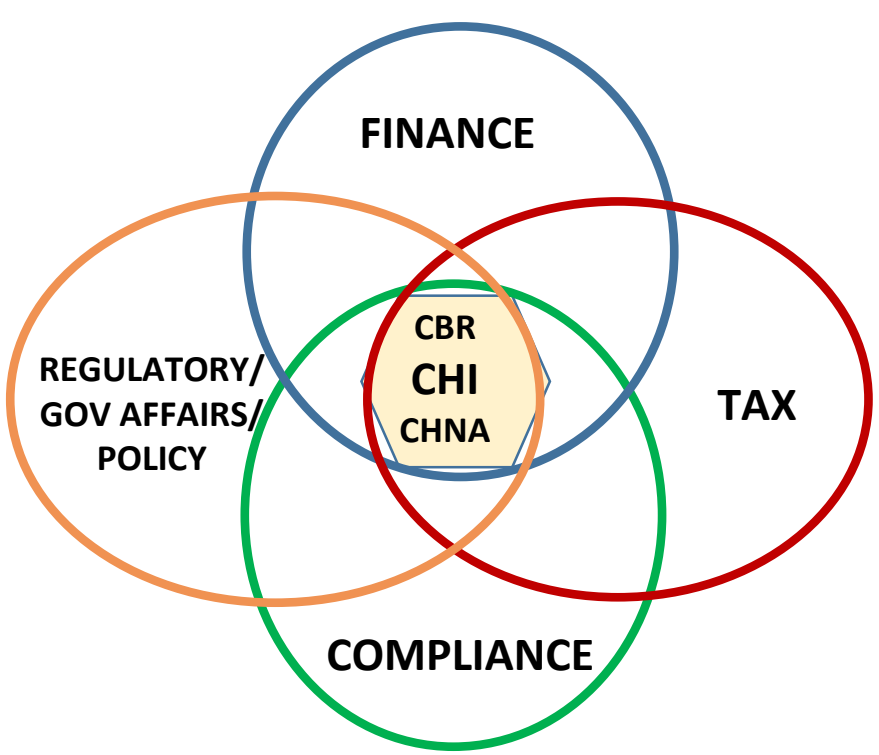
Behavioral Health - Substance Abuse

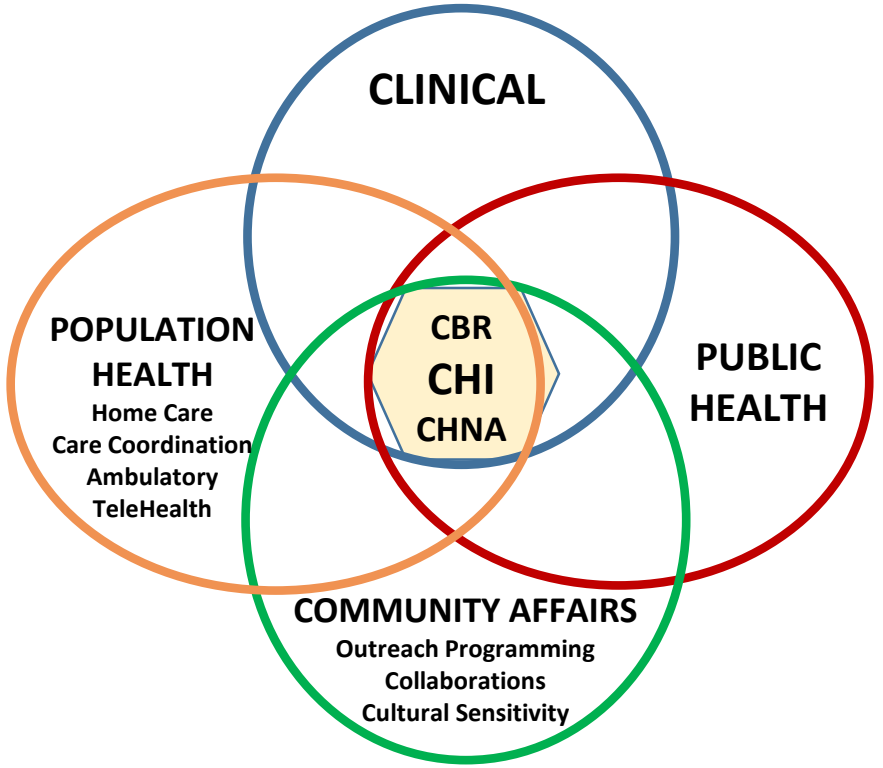
- Buprenorphine and Methadone Treatment Services
- Broadway “911” Center for Substance Abuse
- Helping Up Mission and Wilson House

Behavioral Health – Mental Health

- Behavioral Health Intervention Team (BHIT)
- ED-based Community Health Workers (CHW)
- COSTAR Rehab/Mobile Treatment Assertive Community Treatment (ACT)

Community Health Improvement
The "Sweet Spot"





CHNA is a strategic tool that can unite many disparate stakeholders to a common goal

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Community Health Needs Assessment of Harford County

University of Maryland Upper Chesapeake Health

and The Harford County Health Department

Public Health
Prevent. Promote. Protect.
Harford County
Health Department

University of Maryland Upper Chesapeake Health

The Community Health Needs Assessment (CHNA) is completed every three years

- 2015 and 2018 are currently on Upper Chesapeake Health's website www.umuch.org
- Current 2018 CHNA is also published on HCHD and Healthy Harford's websites
- Next CHNA will be published June 30, 2021
- Currently in the beginning stages of planning for 2021 CHNA
- CHNA encompasses the entire County (pockets of marginalized population throughout zip codes)

Public Health
Prevent. Promote. Protect.
Harford County Health Department

University of Maryland Upper Chesapeake Health

The process steps for Harford County's CHNA are set forth and completes through a partnership with Upper Chesapeake and Harford County Health Department. The process begins the 13 months prior to the CHNA's next published date.

Steps include

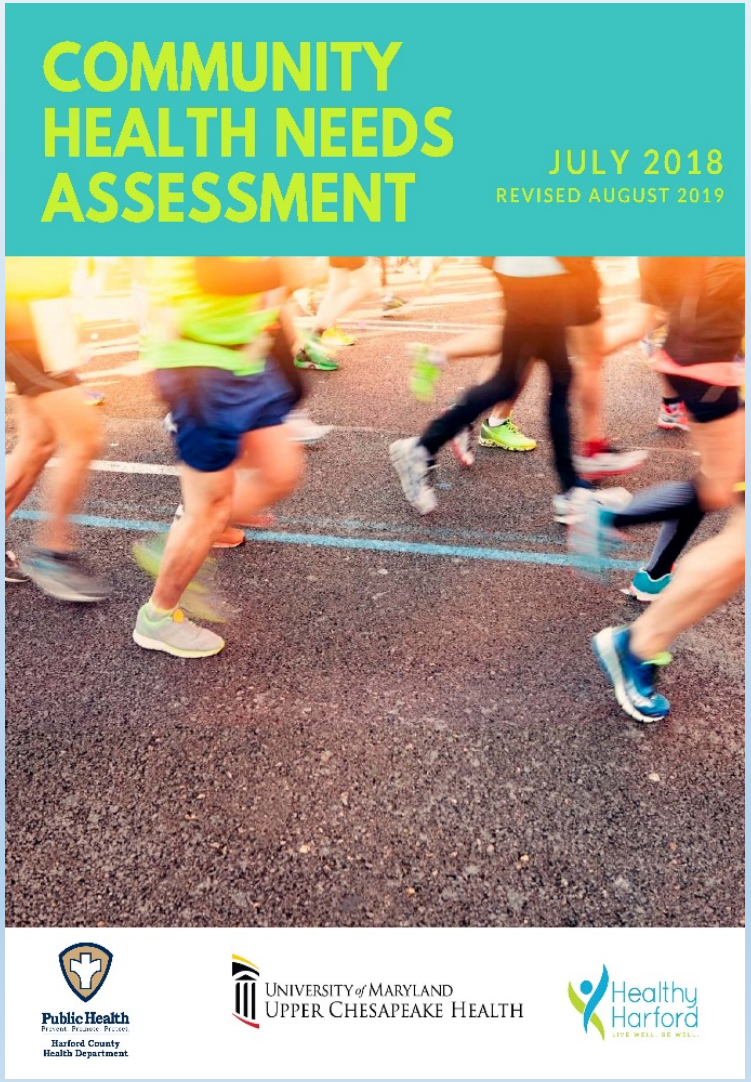
- Bimonthly planning meetings scheduled
- Timeline developed and marketing strategy determined
- Previous community survey questions reviewed
- Number of and the participants for the focus groups determined
- Focus group questions developed
- Facilitator and scribe roles for focus groups determined
- Secondary data researched and collected
- Written document initiated
- Primary data collected and reviewed

Public Health
Prevent. Promote. Protect.
Harford County Health Department

Steps (continued)

- Key County partners meet to discuss data and determine the top identified needs for the County
- Written report/assessment is completed, reviewed and approved
- Completed CHNA presented to the UCH Board of Trustees for final approval
- Approved CHNA published and disseminated to County partners and public

Harford County Health Planning Process 2018-2020



University of Maryland Upper Chesapeake Health (UMUCH) ***Community Health Improvement Implementation Plan***

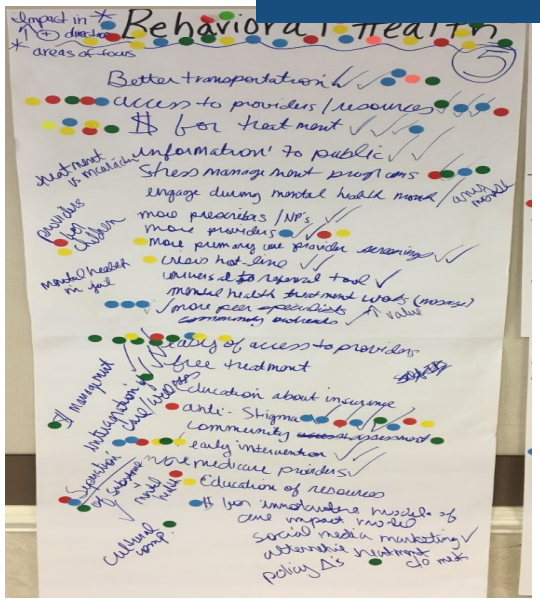
Public Health
Prevent. Promote. Protect.
Harford County Health Department

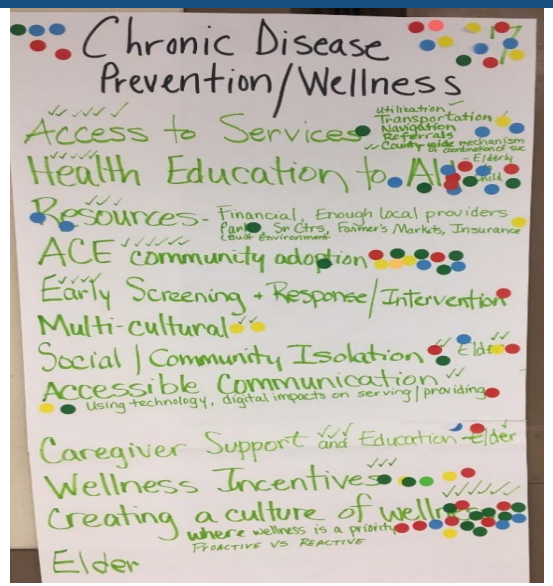
Harford Local Health Improvement Coalition
Participating Organizations

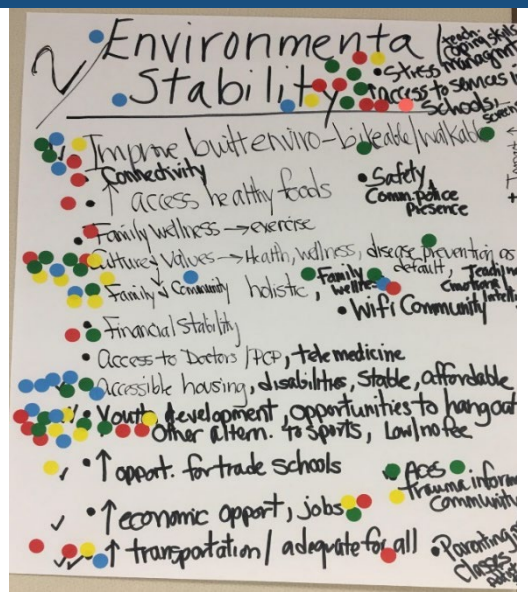
Organization
A.M.E. Church
ARS Health
Bel Air Volunteer Fire Company
Cancer Coalition
Harford Community Action Agency
Harford County Council
Harford County Department of Community Services
Harford County Department of Social Services
Harford County Health Department
Harford County Housing & Community Development
Harford County Office on Aging
Harford County Office on Drug Control Policy
Harford County Office on Mental Health/ Core Service Agency
Harford County Planning & Zoning
Harford County Public Schools
Harford County Sheriff's Office
Healthy Harford/ Healthy Cecil
Inner County Outreach
Maryland Department of Health
Office of Cancer Prevention
St. James A.M.E. Church
St. Margaret's Parish Health Ministry
Town of Bel Air
Towson University
University of Maryland Upper Chesapeake Health
University of Maryland School of Law Legal Resource Center
The Ward Y in Abingdon
Y in Central Maryland

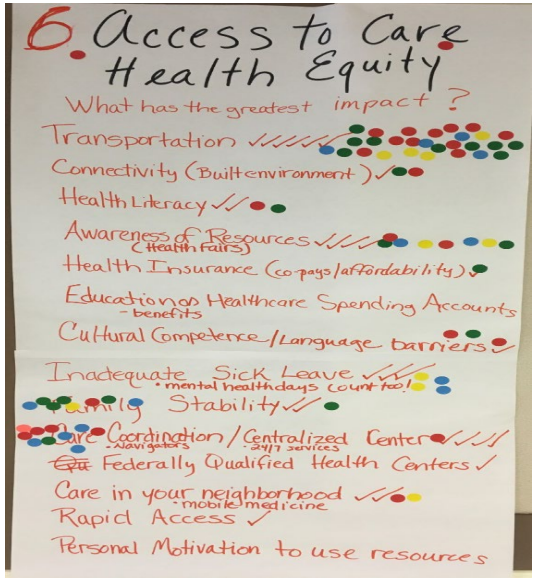
UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

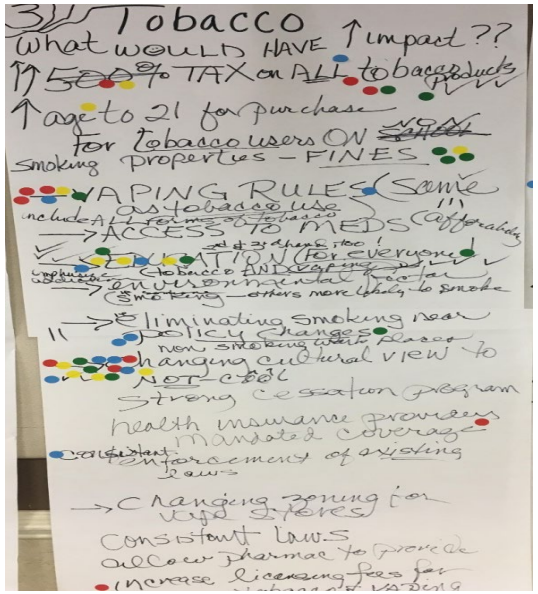
Harford County Health Prioritization Process

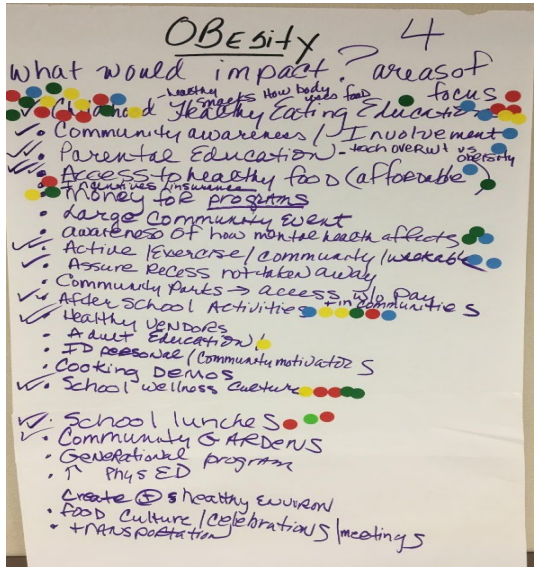












Public Health
Prevent. Promote. Protect.
Harford County Health Department

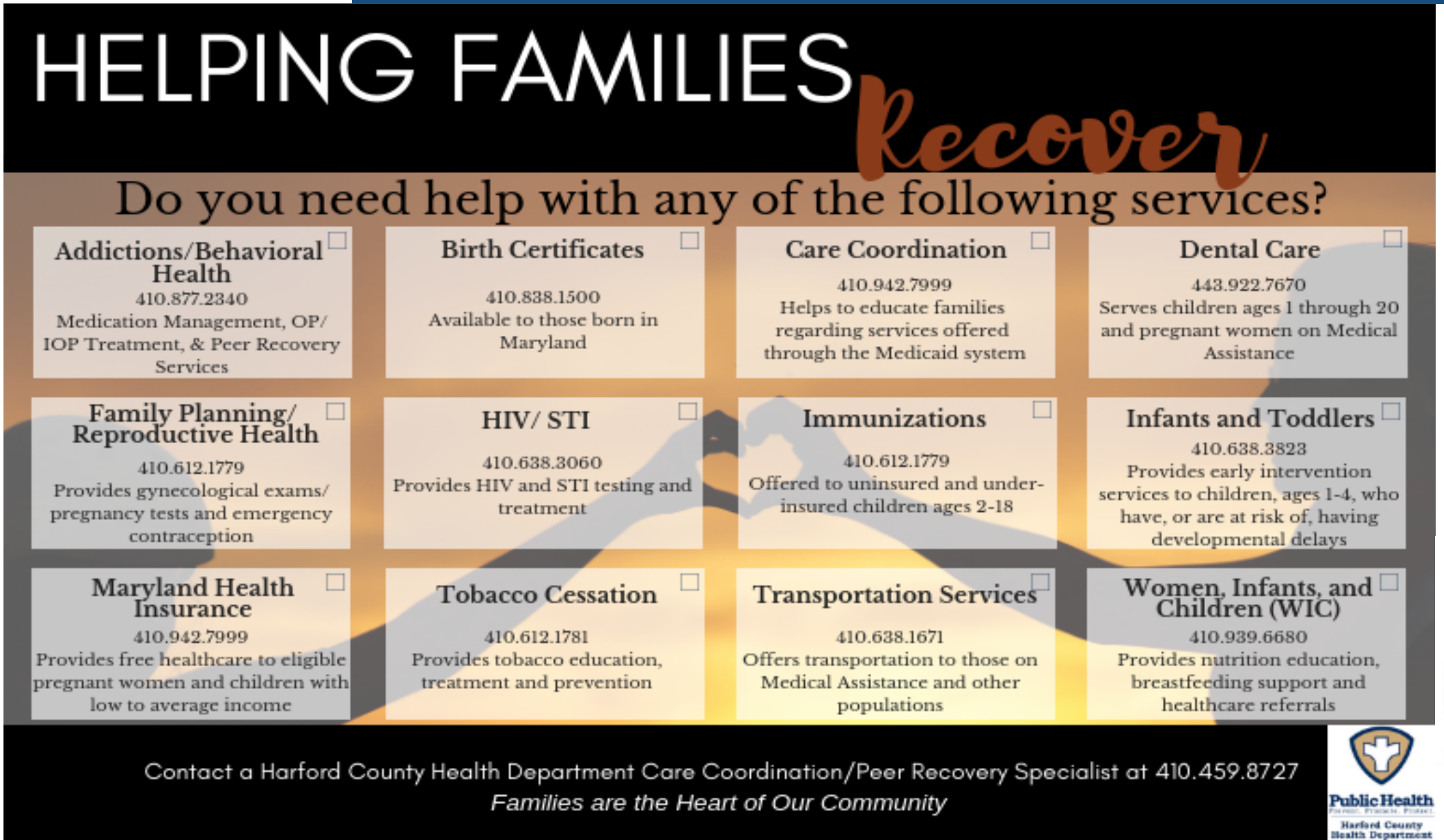
UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Klein Family Harford Crisis Center

Public Health
Prevent. Promote. Protect.
Harford County
Health Department

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Helping Families Recover



Public Health
Prevent. Promote. Protect.
Harford County Health Department

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

MEGAN's Place
Meaningful Environment to Gather & Nurture

HARFORD COUNTY HEALTH DEPARTMENT

MEGAN's Place

MEANINGFUL ENVIRONMENT TO GATHER AND NURTURE

ARE YOU PREGNANT OR A NEW PARENT?

DO YOU NEED HELP FINDING THE RIGHT RESOURCES?

MEGAN'S PLACE IS A FAMILY-ORIENTED ENVIRONMENT WHERE YOU CAN FEEL SAFE BUILDING RELATIONSHIPS AND PAVING THE WAY FOR A BRIGHTER FUTURE.

- Transportation
- Parenting Classes
- Support Groups
- Behavioral Health Services
- Family Planning
- Immunizations
- Care Coordination
- WIC
- Medicaid Application Assistance

1321 WOODBRIDGE STATION WAY
EDGEWOOD, MD 21040
(ENTRANCE IN THE BACK)

QUESTIONS?
CALL 410-612-1777 OR EMAIL
HCHD.MEGANSPLACE@MARYLAND.GOV
FOR MORE INFORMATION.
WWW.HARFORDCOUNTYHEALTH.COM

Public Health
Prevent. Promote. Protect.
Harford County Health Department

UNIVERSITY of MARYLAND UPPER CHESAPEAKE HEALTH

Harford County Local Health Improvement Coalition
Behavioral Health Workgroup Position Paper

Position Statement Regarding Vaping and the Use of Electronic Smoking Devices (ESD)

Prepared by the Harford County Local Health Improvement Coalition
Chronic Disease Prevention & Wellness Workgroup
October 2019

Vaping has become an epidemic, threatening the health and lives of the community. Presented is the Harford County Local Health Improvement Coalition (LHIC) Chronic Disease Prevention and Wellness W
ele

In

Vaping has become an epidemic, threatening the health and lives of the community… This position statement recommends that *all persons should refrain from vaping or using e-cigarettes,* particularly those containing THC, the active component of marijuana.

- **They have resulted in over 1,000 cases of *sudden, severe lung disease*, resulting in at least 18 deaths.**
- **They pose a *safety risk* through accidental explosions and poisonings.**
- **They are *especially risky for teens and young adults* as they can harm brain development. It is now illegal in Maryland to sell e-cigarettes to people under age 21.**

- It is now illegal to sell e-cigarettes to people under the age of 21 in the state of Maryland,

Public Health
Prevent. Promote. Protect.
Harford County Health Department

University of Maryland
Upper Chesapeake Health

Public Health
Prevent. Promote. Protect.
Harford County
Health Department

Discussion: Suggested Best Practices Requirements

- Within states, there is concern that stakeholder input in the process truly represents the community and not just the interests of board members, etc.

- How do hospitals currently engage with local stakeholders when developing the HCB or CHNA?

- Do workgroup participants have suggestions for how they might be able to comment or engage further in this process?

Why match the CHNA to the HCB?

- Creating consistent reporting guidelines for the HCB and recommendations for CHNA development and reporting will provide for:
  1. Identifiable investments in response to CHNA development; and,
  2. The scale of hospital's community investment.
- Under the TCOC Model it is important to highlight and understand all of the investment and effort hospitals are taking to:
  - Improve the total cost of care,
  - Impact the health and well-being of the communities they serve; and,
  - Partner with local stakeholders to enhance their activities.
- CHNA's also offer further detail on HCB investments, which can help illustrate hospitals' community impact to stakeholders and consumers.

Public Policy Community Benefit Spending

- Hospital Community Benefits are also intended to encompass 'public goods' or activities hospitals undertake as a result of public policy and/or the hospital's position in the community.
- Connecting the HCB to CHNA's is not intended exclude 'public policy' spending that is distinct, or unlisted, in the CHNA.
  - For example: Pandemic preparation is an allowable community benefit expenditure, which (as we now directly see) serves a public good, but might not be highlighted in a CHNA.
- The HSCRC and 2020 Legislation intend to improve public reporting and transparency, not necessarily direct funds from public policy objectives, like medical education or preparedness, to community health needs.

Examples of HCB: Community Health Needs vs. Public Goods

Community Health Needs

- Economic Stability
- Neighborhood, Physical Environment and Housing
- Education
- Food
- Community building
- Access to healthcare, quality of care
- Disease-specific outreach and programming

Public Goods

- Pandemic preparedness
- Reducing racial disparities
- Medical education
- Financial assistance and charity care
- Activities designed to impact a growing community health need not listed in previous CHNA
- Medicaid deficit assessment
- Provider subsidies
- Financial contributions to community partners

Next Steps

- Measuring, defining and understanding meaningful community engagement:
  - Hospitals could present on their community engagement process with local stakeholders.
  - Local health departments could present on their engagement with hospitals.
  - HSCRC staff hope to draft possible measures for assessing the level of community engagement.
- Categories of Special Interest – The HSCRC has heard from many stakeholders requesting additional information on certain types of HCB. We will discuss more detailed collection in the following areas:
  - Physician Subsidies,
  - Racial Disparities,
  - Statewide Health Priorities like diabetes and opioids,
  - Pandemic Preparedness; or,
  - Other Suggestions?
- Technical subgroup will convene to write reporting requirements.