2014 REPORT TO THE COMMUNITY
ADVANCING HEALTH
A LETTER FROM THE PRESIDENT AND CEO

Dear Friends and Neighbors,

As the largest not-for-profit healthcare provider in Maryland and the Washington, D.C., region and a leader in providing the highest level of care to the people we serve, MedStar Health recognizes that healthier individuals translate to healthier families, neighborhoods and communities. Our 2014 Report to the Community—Advancing Health—highlights our mission-driven work in community and population health, which goes beyond our walls and reinforces our commitment to advancing health. In this Report to the Community, you will see MedStar engaging multiple internal and external stakeholders and partners to address health issues facing some of the most marginalized and under-resourced communities across our region.

As part of our vision to be the trusted leader in caring for people and advancing health, we offer numerous programs and services to assist individuals and communities in meeting their personal and collective health goals.

MedStar’s community health initiatives are tailored to address the needs of diverse populations, those often disproportionately affected by disease. We continue to make significant strides in this area and increase our contribution to regional community health and wellness. Our comprehensive community health needs assessment process is structured to identify community health needs and build strategic partnerships to develop innovative approaches to addressing these needs—all to improve the health status of the communities we serve.

In addition to community health services, our commitment to advancing health is demonstrated by the assistance we provide individuals with financial limitations, the research we conduct to advance science and medicine, and our leadership in training the next generation of healthcare professionals.

Taken together, these investments represent our ongoing dedication to realizing healthier individuals, families and communities, and to truly advancing health.

Sincerely,

Kenneth A. Samet, FACHE
President and CEO
Easy access to health care and other services that promote well-being is a priority for advancing health in St. Mary’s County, Maryland. That’s why, in 2012, MedStar St. Mary’s Hospital, working with 12 partner organizations, was one of five groups awarded a four-year grant by the state to provide health outreach to Health Enterprise Zones (HEZ).

An HEZ is formed of one or more contiguous ZIP codes—in St. Mary’s case, it includes Lexington Park, Great Mills and Park Hall. Zone designation is based on a number of factors, including population size and proportion of residents with poor health outcomes who are economically disadvantaged.

Community partners represent a range of service providers, from county agencies to minority health coalitions to behavioral health and disability services providers. Lori Werrell, director of Health Connections at MedStar St. Mary’s Hospital, explains, “We sat down with our community partners before writing the grant and asked, ‘What are the residents of this community telling us they need?’”

The result was the MedStar St. Mary’s Greater Lexington Park HEZ, now known as AccessHealth, which involves three main components: 1) integrated medical care and care coordination, 2) a community health worker program and 3) transportation.

As someone who self-reported staying sick a lot, Alma Young was a perfect candidate for AccessHealth. She was constantly in and out of MedStar St. Mary’s Hospital for treatment of her congestive heart failure until July 2013, when a care coordinator referred Young to AccessHealth in her Lexington Park neighborhood.

A care coordinator is a hospital nurse who helps patients at high risk for readmission and/or have used the emergency room in the past for a chronic condition. After reaching out to AccessHealth, two community health workers “came right here and sat at my kitchen table,” and showed Young how to organize her medicine into a portable pillbox so she could go about her day. They also showed her how to check her blood pressure, the fluid in her body and her weight—in essence, how to read the signs of congestive heart failure. She hasn’t been back to the hospital since.

“It’s just like having a hospital right next door,” Young attests. “It’s got everything but an IV!”

Six of these community health workers, or neighborhood wellness advocates, are tasked with addressing social, nonclinical barriers to care. All of them live in the St. Mary’s HEZ and were hired because of their connectedness to their community: Trust is a key factor in this program.

“Community members are starting to seek us out,” Werrell says. “They have heard we are the place to go when you have a health-related question or problem.”

Because the HEZ is in a rural area, where public transportation is limited and some incomes make owning a car unaffordable, transportation is a huge factor in accessing health care.

As a result of these services, there has been a decrease in readmission rates, says Werrell. “Our patients are getting the services they need to keep them well.”

Although the four-year award will end in 2017, “The investment is helping us build capacity to continue this work beyond the life of the grant,” says Werrell.

Young is a frequent shuttle rider. She uses it to get to doctors’ appointments, the drug store, the grocery store, and Chancellor’s Run Park, where she and one of her neighborhood wellness advocates walk together every week.

“When they told me about the van, I thought, ‘Wow, everything’s falling into place in a way I can handle,’” she says. “I’m on my last wheel, but the wheel’s still going!”

According to the Maryland Department of Health and Mental Hygiene, the purpose of the HEZ is to increase access to care, decrease racial and ethnic health disparities, and reduce hospital readmissions. MedStar St. Mary’s Hospital is already seeing the benefits.
COLLABORATING FOR HEALTHY STARTS

The issue of low birth weight babies—infants weighing less than five and a half pounds at birth—is cause for concern in any community, but the rates in Baltimore County are particularly distressing. Baltimore County’s Local Management Board (LMB) sought to change the rates and reached out to MedStar Franklin Square Medical Center for help.

LMB identified a small community within the Essex neighborhood—a 10-minute drive from MedStar Franklin Square Medical Center—for which low birth weight was prevalent. As part of MedStar’s Community Health Needs Assessment (CHNA) process, representatives from LMB were engaged to explore opportunities to address this health issue collaboratively.

In turn, the hospital helped form the Healthy Baby Collaborative (HBC), a community hub/collaborative impact model committed to the common goal of ensuring healthy beginnings for babies born in southeast Baltimore County. Each member of the collaborative agreed it was essential to address low birth weight in working toward the main goal. Births to adolescents and infant mortality are other indicators that are linked to the collaborative’s common goal and can have lifelong consequences.

“Being born to an adolescent mother and having a low birth weight can have long-term effects, including a child’s education and ability to earn an income later in life. These issues can put them at risk of juvenile crime and learning disabilities—disadvantages that can last a lifetime,” says Tricia Isennock, Community Outreach manager at MedStar Franklin Square Medical Center.

Because of these factors, the HBC also focuses on preventing teen pregnancy—often, by identifying new teen mothers and providing counseling services on the physical risks of becoming pregnant in the teen years.

In charge of all of these activities is the HBC’s core leadership group, as well as 20 providers from Baltimore County’s Southeast Area Network. The network includes professionals and organizations of all kinds: workforce development providers, insurance providers, educational groups, libraries, other hospitals, health organizations, and nonprofit organizations focused on children and families—and the list is growing.

Tricia Isennock is dedicated to developing programs to promote healthy beginnings for infants in southeast Baltimore County.

For example, both MedStar Health and UnitedHealthcare® conduct health presentations featuring lactation consultants, dietitians and others to provide practical instruction for parents. Presentations take place at community baby showers that are held twice a year and hosted by HBC’s partner, Creative Kids in Essex. New mothers also receive donated clothing and other in-kind donations at these showers.

MedStar promotes these showers through the HBC and the network; likewise, the Baltimore County Department of Social Services notifies new mothers about the showers.

“Each organization we’ve approached is on board with the common goal: babies born healthy and being raised in safe and stable families and communities,” Isennock states. “The issue of healthy pregnancies is multifaceted. You have to provide various services at various levels of need. No one organization can do that—we have to act together.”

ADVANCING HEALTH
Hospital professionals, including Anoop Kumar, MD, emergency physician (center right), and Danielle Grimes, community liaison (far right), mentor students at Dr. Henry A. Wise, Jr. High School.

“Team approach, the things that these kids are learning are invaluable. Whatever their interest, it can tie into health care, especially since it is an industry going through a transformation.”

Students who participate in the Mini Medical School are those who elected to be part of a health and bio-science track that Henry Wise offers. Prince George’s County is offering the track at several schools with the hope of eventually expanding it county-wide. MedStar Southern Maryland Hospital Center plans to expand the Mini Medical School as the track extends to more schools and more grade levels.

Kumar explains that the hospital also has much to learn from the students, in terms of advancing health. The more the healthcare field adapts to new technology and ideas, the more need there will be for diverse talents, whether it be through music therapy or virtual reality rehab video games.

“These kids need to know that what they are interested in is exactly what healthcare needs right now,” Kumar states. “They already have the natural skills this field needs and are expressing them in the activities where they are already involved.”

His best advice for engaging students in health professions? “I keep it cool, simple and relevant to their level,” Kumar explains. “Many of these kids don’t see a wide range of careers. I really believe every child has great potential. By presenting these skills in the right way, you help them unlock their learning.”
Thanks to partial support from the Avon Foundation for Women, hospital associates are working directly in the Ward 5 community to learn about early detection barriers. Under the leadership of Elmer Huerta, MD, and Sandra Swain, MD, medical director of MedStar Washington Hospital Center’s Washington Cancer Institute, this initiative will help the hospital develop more culturally tailored, targeted interventions.

According to Dr. Huerta, lack of health insurance is typically considered the #1 barrier to breast cancer screening. However, more than 95 percent of women from Ward 5 who are treated at the hospital with stages 3 and 4 breast cancer have some form of insurance.

Melanie Laughinghouse is the breast health navigator/educator at MedStar Washington Hospital Center—a position made possible through the Avon grant. She participates in Ward 5 advisory neighborhood commission meetings, debates, fall festivals, neighborhood cookouts, and civic association meetings, sometimes late into the evening. “We are finding where these women are, and we’re going to where they’re most comfortable,” Laughinghouse explains.

Part of her activities includes administering a 31-question survey to women living in Ward 5, aimed at uncovering systemic or personal barriers that contribute to late-stage diagnosis. She also provides mammographic navigation by asking women the date of their last mammogram, identifying where and how the screenings were conducted, and setting up appointments for those who need them.

“Other professionals wait for people to come to their offices,” explains Dr. Huerta. “We’re going to where Ward 5 women are—the grocery store, CVS, at the park.”

Laughinghouse shares her cell phone number so women who decide to pursue a screening, or even just want more information, can follow up. She also tweets about the importance of screenings and that there are a variety of cancer treatments, which have proven to lead to positive patient health outcomes.

Through a preliminary analysis of quotes from a number of questionnaires, Dr. Huerta found that fear, competing priorities and health-related attitudes help explain why women who live in Ward 5 experience late-stage detection of breast cancer, even though they have health insurance.

In the short term, Dr. Huerta is confident this research will inform relevant campaigns geared toward fighting these barriers and advancing health in Ward 5.

In the long term, he aspires to take the project’s findings to create a model that can help MedStar Washington Hospital Center develop year-round community outreach activities to engage the local neighborhood in health promotion and prevention—particularly in urban environments.

“Urban hospitals are often in the middle of underserved communities,” Dr. Huerta explains. “My hope is that through innovative community programs, these urban hospitals develop a strong healthcare partnership with their local neighborhood.”

The Breast Cancer Prevention in the Neighborhood program will measure its success next year by finalizing the analysis of the questionnaires and mammogram results in Ward 5. MedStar Washington Hospital Center is planning to reach at least 1,000 women by the end of June 2015 through the questionnaire and face-to-face navigation around barriers to getting screened.
"If an able-bodied kid wants to play basketball, you need $50 gym shoes. If a kid with a disability wants to, you need a $3,000 chair."

— Joan Joyce, recreational therapy coordinator at MedStar National Rehabilitation Hospital

It all began with a wheelchair basketball team in 1986. MedStar NRH provided the equipment, coaches and facilities so participants did not need to buy anything. The team eventually evolved into the Adaptive Sports program, otherwise known as the Paralympic Sport Club, Washington, D.C., and "Blazesports Washington, D.C.,” and grew to include seven other sports. These include archery, adapted rowing, boccia ball (athletes throw, kick or use a ramp to propel a ball onto the court), handcycling (athletes ride a bicycle exclusively using their upper body), junior sled hockey, quad (or wheelchair) rugby, and wheelchair tennis.

“These kids can go to school on Monday morning and tell their friends they were in a hockey tournament over the weekend,” says Joan Joyce, director of the Adaptive Sports program and one of the coaches. “And their friends ask, ‘How did you do that? You’re in a wheelchair!’”

For John, the best part of being on the Sled Sharks team is the fun. For John’s mother, Heather, “It helps him feel free. When these kids are on the ice, it equalizes everything. It doesn’t matter what ability they have—they’re able to play competitively!”

The Sled Sharks take a break from practice at Kettler Capitals Iceplex.

The program covers the spectrum of disabilities and challenges. The new boccia ball team, for example, plays an adaptive game that features a ramp and a headpiece—perfect for individuals without the use of their hands, like amputees—as well as those with cerebral palsy, spinal cord injuries and spina bifida.

The athletes are not the only ones demonstrating good sportsmanship. Many of the coaches are volunteers with a passion for the sports and the individuals they coach. Other good “teammates” include the District’s Department of Parks and Recreation and Kettler Capitals Iceplex in Arlington—the practice arena of the NHL’s Washington Capitals—which allows the Sled Sharks to play for free.

The sports program is the only one in the Washington metropolitan area that enables individuals with disabilities to be physically active through team sports. Each year, it benefits more than 200 people, ages 4 to 65.

Sean Carlson, 18 years old, joined the Sled Sharks because “I’ve loved hockey all my life.” Along with “being able to hit, skate and score,” he is grateful that hockey has allowed him to form new friendships and work as a teammate. Carlson also practices both as a player and volunteer with the USA Warriors, an ice hockey program in Washington, D.C., designed for veterans with physical disabilities. He has a dream of playing in the Paralympics with the U.S. Paralympic Sled Hockey team.

Through the Adaptive Sports program, Joyce and her colleagues have seen many dreams like Sean’s realized. The program is advancing health, and not only in temporary physical ways: It gives people a healthy lifestyle after therapy. “These athletes see others with disabilities and think, ‘Wait, you’re married? You drive a car? You have a job?’” Joyce remarks. "It shows them that there's life after rehab. Life goes on.
Aspen Hill has a population with great need, so we tailor our Access to Care/Heart Health program to this area,” explains Gina Cook, manager of Marketing and Communications at MedStar Montgomery Medical Center.

The program comprises monthly screenings on Saturday mornings at a church that serves as a food pantry. Nurses from the MedStar Visiting Nurse Association check participants’ blood pressure, cholesterol and body mass index at these screenings and counsel them on how to bring those numbers down through healthy lifestyle habits.

With the help of Dairy Marroquín, MedStar Montgomery Medical Center’s bilingual Community Benefit outreach coordinator, participants receive linguistically appropriate health information.

“The program uncovers individuals who are uninsured and don’t realize they’re at risk,” Cook explains. “Most are surprised to learn that their cholesterol levels are high.”

Because many who are screened are uninsured and therefore unlikely to make an appointment with a local physician, Marroquín asks patients a series of questions related to their healthcare insurance and the primary care provision during the screening. If patients are uninsured, do not have a primary care provider or have not seen a primary care provider recently, Marroquín provides them with information about an area clinic, which provides primary care services free of charge for the uninsured.

Marroquín then calls them to ensure they have scheduled their appointments—that same week if the patient needed care as soon as possible or, otherwise, within two weeks.

“Patients without insurance most likely end up in the ER,” explains Cook. “We encourage them to get a checkup and follow-up. They can get started on medication to bring down their cholesterol level and to prevent heart attacks.”

Because the church promotes the food pantry at nearby Georgian Forest Elementary School, the program is advancing health for many individuals who might not otherwise attend, like Maria Escobar, whose daughter attends Georgian Forest. At the screening, Escobar discovered she had high cholesterol.

“I learned that I need to follow up with my doctor more carefully, and more often,” Escobar remembers. “Because of this program, I have learned about the importance of cooking healthy meals for my family and me.”

Since her screening, Escobar eats healthy foods and avoids sugary foods and beverages like sodas. She also visits a nearby clinic regularly for routine primary care.

“I feel like I have more control of my condition,” she says. “My family and I are eating healthier.”
“Part of moving through the education continuum is moving from student to teacher,” explains Jamie Padmore, corporate vice president of Academic Affairs at MedStar Health and associate dean of GME & Educational Scholarship at Georgetown University School of Medicine. Participants learn about social research, complete an applied leadership focus activity, conduct a research project that aligns with their work, and earn their certifications.

For its first five years, Teaching Scholars classes included 12 to 14 educators annually. In 2014, the program setup changed so class sizes were cut in half, with the course expanding to two years, instead of just one.

“Participants felt that one year allowed them to get their feet wet, but not complete a robust research project,” explains Padmore. “They needed more time to engage in the research and be educational leaders.”

Claudia Harding, a clinical social worker at MedStar Franklin Square Medical Center, graduated from the Teaching Scholars program in January 2013. Through her research project, Harding was able to adapt an informal home visit program that helps prevent hospital readmissions into something more structured and quantifiable. “I had been intimidated by research and data,” Harding admits. “The program gave me the skills to make research very real and meaningful to people in practice.”

Today, she teaches the hospital’s Family Medicine residents within the context of community practicum and advocacy. Harding created affiliations with community sites for residents to visit, including a homeless shelter, a center serving people with mental illness and developmental disabilities, a nursing home, a YMCA, and more. “I have residents everywhere in the southeast Baltimore region,” Harding says. “It gives them an understanding of the population cared for by the hospital.”

MedStar Georgetown University Hospital’s Mike Donnelly, MD, certified in internal medicine and pediatrics, graduated from the Teaching Scholars program in January 2010. His research focused on whether the hospital’s outpatients had better outcomes when there was a formal handoff of care at the end of a resident’s term, versus an informal reassignment with another resident.

Dr. Donnelly attributes the program with equipping him to go through the processes required to conduct research. “It got me started in writing and doing more educational research,” he says. After graduating from the program, Dr. Donnelly published research involving another handoff study—this time on residency programs throughout MedStar Health. He accepted an offer to lead a national committee doing workforce survey research in internal medicine and pediatrics.

In their different fields of medical research, both Harding and Dr. Donnelly are advancing health by sharing what they learned in the Teaching Scholars program to residents.
Almost 2.5 million pounds of waste …

That’s what MedStar Harbor Hospital calculated it was throwing away each year—equivalent to each full-time hospital associate tossing five pounds of refuse in the trash each day.

The staff’s persistent push—particularly the Nursing staff—for a recycling program resulted in the birth of the green initiatives at the hospital in 2012.

The program began in January 2012, with a contract between Stericycle®, a biohazard waste disposal company, and Reduction In Motion, a sustainability project management firm focusing on zero-waste initiatives for all industries.

Once this team completed a facility-wide waste assessment and baseline data audit, the hospital and MedStar Health’s leadership created a steering committee (known as the “Green Team”) to drive these initiatives. The committee considered proposed separation programs, refined program communications and raised awareness of the program’s goals in order to reduce regulated medical waste to 10 percent of overall waste generated and increase recycling to more than 35 percent of overall waste.

"Once it was set up, associates fully embraced the recycling program," explains Carl Brown, III, general manager of Environmental Services and Patient Transportation at MedStar Harbor Hospital.

In the program’s first year, the hospital was recycling 19 percent and disposing 81 percent of its 2.5 million pounds of waste as regulated medical waste.

Just two years later, those numbers shifted drastically: 2014 yielded 45 percent recycling and only 10 percent regulated medical waste. The remaining 45 percent of the waste stream was treated as municipal solid waste, which is not only 20 percent less expensive to handle than regulated medical waste, but it also requires significantly less treatment, packaging, handling, and disposal needs.

Increasing both education and the visibility of green recycling containers played a huge role in achieving these numbers.

The initiatives clearly have raised the "green" bar facility-wide—beyond reduction of medical waste and an increase in recycling. The Green Team implemented a compost program, for example, that repurposes food waste and other organic materials. They also coordinate the recycling of printer toner cartridges with The Maryland School for the Blind, whose students recycle the cartridges for credit that helps pay for school supplies.

The Green Team also created a "New to You" program that finds homes for unused furniture among hospital associates. "There is no limit to what the Green Team will reuse, repurpose or recycle," Brown states. "This commitment is turning into much more than a waste and recycling effort: Every day it’s something new."

The hospital is now reevaluating its goals and plans to have recycling surpass the amount of general trash, with a new goal of 50 percent or more recyclable material. In addition, MedStar is considering adopting this approach system-wide. Brown believes the hospital is setting an example for other healthcare facilities nationwide for advancing health in this unique way.

“Through small actions, we’re contributing to a greener community,” Brown says.
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Each year, MedStar Health invests in the health of the community by providing more than a quarter of a billion dollars in community benefit. Services include teaching the next generation of health professionals, providing care for those who cannot afford to pay, delivering community health programs and services, and conducting research to advance care.

REMOVING COST AS A BARRIER

As a trusted leader in caring for people and advancing health, MedStar Health is committed to improving the health of the community—one person at a time. Doing so includes those patients who are uninsured, underinsured or experiencing financial hardship to access financial assistance.

Guided by a system-wide financial assistance policy, associates work in partnership with case workers from the local Social Services departments to help uninsured patients apply for insurance coverage through one of the Medicaid programs for individuals meeting the expanded federal poverty levels. When applicable, patients also receive assistance enrolling in entitlement programs such as Social Security disability and other safety net services. In addition, associates help patients who do not qualify for one of these programs to navigate through the enrollment options for one of the qualified health plans now being offered as part of the Affordable Care Act. When patients do not qualify for coverage through their state’s Medicaid program but are beneficiaries of a federal eligibility program, they qualify for financial assistance.

In 2014, this commitment translated into more than $111 million in charity care services. On an annual basis, nearly 17,000 lives are impacted, and approximately 37,000 medical visits are conducted.

Research
$8.6 M

Community Services
$53.5 M

Charity Care/ Bad Debt*
$111.4 M

Health Professions Education
$142.8 M

* Includes unfunded government-sponsored programs; D.C. hospitals only.
† Includes subsidies, community health improvement services, community building activities, financial contributions and community benefit operations.