

Worksession

Agenda Item #	2
Meeting Date	March 2, 2009
Prepared By	Barbara B. Matthews City Manager
Approved By	

Discussion Item	Washington Adventist Hospital Certificate of Need
Background	<p>On September 22, 2005, the Board of Trustees for Adventist HealthCare voted to move Washington Adventist Hospital out of Takoma Park. Washington Adventist Hospital recently filed a Letter of Intent with the Maryland Health Care Commission concerning the proposed relocation and is expected to file a Certificate of Need application in April 2009.</p> <p>In accordance with the regulations of the Maryland Health Care Commission, the City is eligible to be recognized as a “participating entity” in the Certificate of Need process. The March 2, 2009 worksession will provide the Council with the opportunity to discuss whether it wishes to enter into a Memorandum of Agreement with Washington Adventist Hospital relative to the hospital’s Certificate of Need application and what the terms of any agreement should be.</p>
Policy	The Takoma Park City Council is concerned with the provision of health and related services in the City of Takoma Park, with the departure of the hospital.
Fiscal Impact	None
Attachments	<p>Report and Recommendations of the Takoma Park Health Services Impact Committee</p> <p>Resolution 2009-1 submitted by the Takoma Park Washington Adventist Hospital Land Use Committee</p> <p>Re-use Presentation made by Washington Adventist Hospital in November 2008</p>
Recommendation	Staff recommends that the Council discuss whether to enter into a Memorandum of Agreement with Washington Adventist Hospital relative to the hospital’s Certificate of Need application and provide direction to staff as to the terms of any agreement.
Special Consideration	

ADDRESSING COMMUNITY HEALTH CARE NEEDS

**Report and Recommendations
Submitted by
The Health Services Impact Committee
to
The City Council
of
Takoma Park, Maryland**

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February 25, 2009

Introduction

History and Context

The Washington Adventist Hospital (WAH) was originally established as the Washington Sanitarium in 1907. It was built by Seventh-day Adventists, with the personal involvement of Ellen G. White, a church founder. It was established as a naturopathic hospital as a consequence of the temperance and health reform movement of the 19th century.¹

Since that time the institution has evolved into its present form as an allopathic (conventional) hospital facility. Patients from across the region utilize WAH for cardiovascular care and rehabilitation. At this writing, WAH also supports an Emergency Department and services in behavioral health, maternity, oncology, orthopedics, pain management, and diagnostics (laboratory and imaging).²

On September 22, 2005, the Board of Trustees for Adventist HealthCare decided to relocate WAH from Takoma Park to a location north of the city. It was later announced that the new site would be in the White Oak area, approximately six miles from the current WAH campus.³

This move is expected to bring significant change to the community of Takoma Park. In order to investigate and better understand the health care needs and concerns of Takoma Park residents, the Takoma Park City Council (hereafter, “the Council”) established the Health Services Impact Committee (HSIC) on February 27, 2006 (Resolution 2006-12).

By December 2008 WAH had obtained unanimous approval from the Montgomery County Planning Board for its proposed land use plan at the White Oak site.⁴ It is expected that WAH will move operations to White Oak by 2013, pending approval from the State of Maryland in the form of a Certificate of Need.

Briefly, the charge of the HSIC is to conduct assessments, review existing reports, and obtain other information regarding the health care and health care access needs of Takoma Park. This report summarizes that information and recommends to the Council several options for promoting the health and well-being of its residents; improving accessibility of medical services within Takoma Park’s municipal boundaries; and hopefully having an impact on the affordability of this care as well.

Information Sources: Summary

Communications (either as a committee or as individuals) with:

- representatives from WAH such as its President, Jere Stocks, its Chief Financial Officer, Paul Nicholson, and various WAH Vice Presidents;
- city employees;
- health care professionals within and around Takoma Park;
- three public meetings;
- quantitative surveys of Takoma Park residents; focus group discussions with members of various vulnerable subpopulations in Takoma Park (e.g. senior citizens, disabled individuals, minorities, groups with limited proficiency in English);
- reviews of various other related documents, some of which are cited in this report.

Healthcare Facilities in the Vicinity of Takoma Park

Hospitals

The following table identifies eleven area hospitals:

Area Hospitals	
Washington Adventist - Takoma Park 7600 Carroll Avenue Takoma Park, MD 20912	Providence Hospital 1150 Varnum Street, N.E. Washington, DC 20017
George Washington University Hospital 900 23rd Street, NW Washington, DC 20037	Sibley Memorial Hospital 5255 Loughboro Road, N.W. Washington, DC 20016
Georgetown University Hospital 3800 Reservoir Road NW Washington, DC 20007	Suburban Hospital 8600 Old Georgetown Rd Bethesda, MD 20814
Holy Cross Hospital 1500 Forest Glen Road Silver Spring, MD 20910	Veterans' Administration Hospital 50 Irving St. NW. Washington, DC 20422

Howard University Hospital 2041 Georgia Ave., NW Washington, DC 20060	Washington Hospital Center 110 Irving Street NW Washington, DC 20010
Prince George's General Hospital Center 3001 Hospital Dr Cheverly, MD 20785	

Notes:

1. In 2007, Holy Cross and WAH together accounted for 54% of Montgomery County inpatient discharges and about 120,000 Emergency Department visits.⁵
2. In 2006 and 2007 it appeared that the Prince George's Hospital Center would close. However, at this writing Dimensions Healthcare still owns and operates that hospital.⁶

These hospitals are illustrated on the following map:

<http://www.batchgeocode.com/map/?i=0d06991a5e799d32b194ec819fc8e755>.

Clinics: Primary Care^{7,8,9,10,11}

A recent list of about 35 Takoma Park practitioners who may qualify as primary care providers (naturopathic, allopathic, and chiropractic doctors; acupuncturists) are listed in the table below:

Primary Care Practitioners in Takoma Park	
MD: Medicinae Doctor (Doctor of Medicine)	
Blake, Elizabeth C 7600 Carroll Ave, Rehab Hospital	Kelley, Laurence R 7901 Maple Ave
Callan, James E 7610 Carroll Ave # 470	Larca, Louis J 7901 Maple Ave
Chaudhry, Mohammad 7610 Carroll Ave #300	Lindgren, Keith M 7901 Maple Ave
Chung, Chan K 7600 Carroll Ave: WAH	Lingelbach, Jane M 7610 Carroll Ave
Cockrell Jr., James L 7901 Maple Ave	Marquez, Jaime F 7610 Carroll Ave #350
David, Bobby S 7610 Carroll Ave #270	Marter, H. Lyndon 7610 Carroll Ave #270
DiBianco, Robert 7901 Maple Ave	Plate, Cynthia V 7610 Carroll Ave #270
Elson, Norton A 7600 Carroll Ave	Rubin, Bruce E 7600 Carroll Ave: WAH

Flynn, Gawin L 7505 New Hampshire Ave #306	Sudhakar, Kempanna 7610 Carroll Ave #230
Green, Candace C 7676 New Hampshire Ave #220	Ton, Huyanh T 7505 New Hampshire Ave #310
Hardy, Cyril G 7620 Carroll Ave #100	Turco, Mark A 7901 Maple Ave
ND: Naturopathic Doctor (Doctor of naturopathic Medicine)	LAc: Licensed Acupuncturist
Amen, Nazirahk 7120 Carroll Ave	Amen, Nazirahk 7120 Carroll Ave
Wu, Joanne 6930 Carroll Ave #501	Wu, Joanne 6930 Carroll Ave #501
DC: Doctor of Chiropractic	Blaiwas, David 6935 Laurel Ave, # 203
Zinn, JoAnn 7000 Carroll Ave #S101	Hecker, Arnie 6630 Eastern Ave.
	Paide, Tori 7030 Carroll Ave
	Stromberg, Tessler 6935 Laurel Ave # 203

To find these providers on a map, see
<http://www.batchgeocode.com/map/?i=a734b890f8281064eacf85f914c80048>.

Clinics: Maternity Care^{12,13,14}

In the Washington-Baltimore area, at least nine birthing centers or midwifery practices have closed since the late 1990s. The Takoma Women’s Health Center closed in April 2007, and the Bethesda Maternity Center ceased operations one month later. At this writing there are no clinical, non-hospital delivery options in Montgomery County.

Clinics: Care for the Underserved^{15,16}

Montgomery Cares (a component of the Primary Care Coalition) serves as a primary health care network for the un- or underinsured. The Primary Care Coalition administers about \$10 million for health care services. In fiscal year 2007, Montgomery Cares served over 13,000 adults in over 38,000 patient visits.

Most of the clientele served by these clinics are Hispanic and African-American / black; less than 20% are Asian and less than 10% are white. Over 90% of the clients are at or below two times the Federal Poverty Level. The prevailing health care concerns of this population are cardiovascular disease, respiratory conditions, diabetes, and pain. ▸

Although there are no Montgomery Cares clinics within Takoma Park, eight facilities are located in the surrounding area. Participating clinics are illustrated by this link:
<http://www.batchgeocode.com/map/?i=2a3721a2ba8f253d8cd37035af2607c1>.

Elderly and Individuals with Disabilities

The demand for health care services tailored to the needs of the elderly is sure to rise in coming years. As baby boomers come of age the proportion of the population over age 65 is rising. Currently about 12% of the U.S. citizenry is 65 or older. By 2020 the Census Bureau projects one in five Americans will be elderly. Since a majority of seniors have multiple chronic conditions and account for more than 70% of public insurance expenditures for health care there is a distinct need for non-institutionalized services for elder Americans aged sixty-five and over. To this number must be added the number of disabled Americans who also are living longer and require services to a greater extent than ever before.

The Challenge of Chronic Illness

Findings from our surveys and focus group discussions identified chronic disease as a significant area of concern to residents of Takoma Park. Chronic diseases are ongoing illnesses, such as asthma, arthritis, cancer, diabetes and heart disease. The prevalence of chronic disease is a significant and growing problem in United States. More than 45% of the U.S. population, or 133 million people, have at least one chronic condition, and chronic illnesses have become the nation's leading cause of death and disability. Seven out of every 10 deaths can be linked to a chronic disease, with heart disease and cancer topping list of causes of mortality among Americans.

Individuals with chronic illnesses utilize more health care services than the general population.¹⁷ For public health insurance programs, the financial burden is disproportionately large, with treatments for chronic conditions accounting for 96% of all Medicare expenses and for 83 cents of every dollar allocated to the Medicaid program.¹⁸

Worries about a “crisis” or an “epidemic” of chronic disease are heightened by two widely observed trends. First, many chronic conditions (e.g., arthritis) are currently associated with aging, and the aging of the population is likely to affect the number of persons living with chronic conditions. Second, because many chronic conditions, such as diabetes and cardiovascular disease, are widely thought to be associated with poor diet, smoking, and a sedentary lifestyle, researchers have paid special attention to the 250% increase in the prevalence of obesity since 1980. The staggering increases in obesity rates have also led many to suggest that we are in the midst of an obesity-driven chronic disease crisis.

Barring major changes in lifestyle – particularly in nutrition and physical activity --the obesity levels alone in this country risk driving rates of chronic disease in coming years to once-unheard-of levels. Specifically, between now and 2020, the number of Americans living with a chronic condition is expected to increase 18% to 157 million.¹⁹

Our current system of health care is minimally successful at addressing the root causes of chronic disease; rather, patients tend to be managed within their disease state. Harkening back to some core principles and practices of early Adventist communities, the HSIC recommendations at the end of this White Paper underscore the importance of using naturopathic or traditional health care modalities alongside conventional practices to focus on health promotion.

Committee Findings^{20,21,22,23}

The data gathered by HSIC through surveys and focus groups do not have sufficient “statistical power” to confidently generalize all HSIC conclusions to the entire population of Takoma Park. Nevertheless, HSIC’s work offers valuable information and perceptions gathered from approximately 400 Takoma Park residents and their families over the last three years. It also provides the City Council –with observations and conclusions from the HSIC committee itself for consideration.

It is apparent that two socio-economic strata exist within the population of Takoma Park. One is visible, educated, financially comfortable, and covered by health insurance; the other is largely non-English speaking, mostly born abroad, poorer, and uninsured.

Those in the wealthier group will not be significantly affected when WAH relocates. Their insured status confers freedom of choice, and many (53%) have chosen not to use WAH in the past. For this segment of the population, the relocation will result primarily in a longer commute to a different facility for emergency services. However--other than for urgent needs-- health care quality and access for the insured residents of Takoma Park will be relatively unaffected by WAH’s move.

For persons in the less fortunate group, the relocation poses a larger obstacle. To the extent that they rely on WAH for health care, these people worry that both urgent issues and everyday primary care will not be adequately addressed after WAH relocates. This population has larger socioeconomic pressures than does the first group; people in this stratum often struggle to maintain a steady income, and most also often support family members in other countries. As a result, accessing and affording health care is additionally burdensome.

Data collected by the Committee suggest that most residents have yet to develop alternatives for obtaining hospital services following the hospital’s departure. Findings from the focus groups convened by HSIC suggest that the insured and economically advantaged segment of the Takoma Park population is bothered but not overly concerned about having to use Holy Cross or another hospital facility that is somewhat less proximate to their homes than WAH.

A majority of residents – regardless of social class or ethnic background –express a desire for nearby, after-hours, urgent clinical care; for locally available general/primary care practitioners; and for convenient wellness and prevention facilities and services.

These preferences are consistent with various proposals for the site that have been put forth by interested parties, including Adventist Healthcare. In addition, among the most frequently mentioned health care concerns on the questionnaire is care for the elderly. We believe this is certain to become an increasingly important issue as the population ages.

Challenges to Health Care

As Council knows, we are currently experiencing a major health care crisis. In the early 1990s, national health care costs exceeded 14% of the gross domestic product. Overall health care expenditures were over \$830 billion, or a yearly per capita cost of over \$3,000. The number of uninsured Americans rose from 30 million in the early 1990s to over 45.7 million in 2007. This represents roughly 16% of the population.^{24,25,26,27,28,29}

In 2000, 11.25% of the populace was below the Federal Poverty Level. In Takoma Park this figure was 10.3% or about 1,782 persons. In 2005, medical expenses were the second leading cause of personal bankruptcy in the United States.^{30,31}

People of lower socioeconomic status often depend upon Emergency Departments (EDs) for general medical or primary care. Up to one-third of urgent ED visits may be due to delaying primary medical care for chronic conditions until a situation reaches a crisis level. From 50% to almost 70% of ED visits are actually for issues of a non-urgent nature. Reasons for such non-urgent use of EDs include lack of a primary care practitioner, need for care outside of business hours, and transportation issues.^{32,33,34}

Usage of urgent care facilities or EDs for primary care serves to increase general health care costs because such facilities seek to recoup their ED losses from other revenue streams. Thus a negative health and financial spiral is generated: poorer populations who cannot afford primary care for chronic issues delay such care until a crisis occurs; an ED is used for this crisis; the parent facility, which by law cannot demand payment, raises its general health care rates; these higher rates drive more financially vulnerable people into bankruptcy, swelling the ranks of those without primary care. This is an inefficient and grossly expensive drain of our precious financial, personnel, and equipment resources.

Those with health insurance also incur costs. Direct medical costs include premiums, services, equipment, and pharmaceuticals. Total health care expenses also include long term disability, short term disability, absenteeism, and presenteeism.³⁵ While direct medical costs were about \$6,000 per employee per year in 2000, *total* costs were about \$18,000 per employee per year, or three times the amount reflected by direct costs.³⁶

Rising to the Challenge: A Paradigm Shift

Many believe that the time has come for a genuine paradigm shift in the health care sector and that our country will never rein in costs or guarantee better access until we achieve universal coverage. *While our city may not have the resources to play a significant role in any grand shift to universal coverage, it can and should strive to help every city resident attain and sustain a condition of true health and wellness, rather than simply managing disease.* In Takoma Park, it is incumbent upon us to shoulder some of the responsibility for our own health rather than relying solely upon the largesse of any outside entity such as WAH. The City must acknowledge an obligation to contribute towards this cause, including a possible monetary commitment. We must understand and compare health care operational costs and revenue— including tax relief and government and regulatory subsidization – in order to clearly quantify any difference that may then be addressed by government, citizens, and health care providers sharing a common responsibility. It is not sufficient to simply state that facilities should be provided and then wait for this to occur.

Integrative Clinic

An after-hours urgent care facility would meet one community need, but alone it is not a model of sustainable health care. To effect a change in the basic health status of our populace, it is suggested that the City consider collaborating with the county and state to place an array of health care organizations and providers in an Integrative Clinic. Such a facility would address the stated desire of City residents for nearby general primary care by using all available tools to help people attain optimal health.

There are a variety of practitioners who may qualify as primary caregivers. These qualified “alternative” providers are given the same basic and clinical training as medical doctors.³⁷ Examples, in addition to naturopathic physicians, include chiropractic doctors, nurse-midwives, and (in some cases) acupuncturists. These practitioners can and do work side-by-side with conventional doctors to improve true health for populations ranging from cancer patients, to expectant mothers, to those who have been historically underserved. By providing integrated primary care, we can address and begin to solve a root cause for the current health care crisis - chronic disease.^{38,39,40,41,42,43,44,45}

The challenge to providing integrative care in Takoma Park is twofold. First, the State of Maryland must act to grant all qualified professionals a scope of practice that includes primary care. Without such a scope an otherwise qualified practitioner cannot use all available methods to assist the patient, and it would be impossible for the vision of an Integrative Clinic to be realized. (For example, in Maine a naturopathic doctor may conduct a gynecological exam.⁴⁶ However, a patient seeing a naturopath in Maryland for pelvic pain must be referred even though the practitioner has identical training to their colleague in Maine. For the patient, this means incurring additional office fees as well as a delay in treatment as she waits to schedule another visit.)

While scope of practice issues are under the purview of the State, the Committee urges the City to act as an advocate in this realm. Currently the State is examining this issue with regard to nurse-midwives. (It should be noted that establishing appropriate scopes of practice for qualified professionals is either cost-neutral or adds to the revenue of a state budget.⁴⁷)

Second, a common challenge to private practitioners in Takoma Park is the cost of clinical space. The relative scarcity of appropriate practice space is likely a cause for rather high commercial rental rates within the City, and these rates serve as a major driver to increase practitioner fees.⁴⁸ If this cost were decreased, fees could likewise be lowered and care would become vastly more affordable. A community location dedicated to various private practitioners would lower the cost of primary care services. Since the current WAH campus will be at least partly vacated in the near future, an opportunity exists to easily address this challenge.

An Integrative Clinic could also serve as a draw for clientele from the surrounding region. There is a large and growing usage of complementary and alternative medicine in the United States; it is estimated that over one-third of adults currently use such therapies.^{49,50} An influx of clients to an Integrative Clinic, coupled with a provision for lower-cost practice space, could significantly reduce visit fees for City residents as well as the underserved.

Wellness and Prevention Facilities and Services

As a complement to an Integrative Clinic the city should advocate for the provision of wellness and prevention facilities and services, for which City residents also expressed a need. As we claim responsibility for our own health, we must learn and practice healthy lifestyles in addition to consulting with practitioners in the Integrative Clinic. Such a wellness and prevention facility might include space for physical activity, classes, and community presentations.

The Community Center on Maple Avenue currently offers some such space, although it is more suited to classes and presentations than physical activity. The facility on New Hampshire Avenue includes basic weight room and aerobic equipment, a small gym, and space that may be used for dance or other classes. However, its hours of operation are restricted and the single, undersized gymnasium is inadequate to serve current community needs.⁵¹

It is therefore recommended that the City expand the hours of existing facilities as well as considering creation of additional locations. Practitioners at the Integrative Clinic can then provide appropriate classes, and residents can actively participate in promoting their own health and wellness.

24 Hour Urgent Care Facility

Both the economically stable and economically vulnerable groups in our City express a desire for the continued local availability of after-hours urgent care. Above all, they wish to have a nearby facility, ideally within Takoma Park, where they can receive care in the event of a sudden health crisis. Both groups express worry that an additional 30 minutes for transport to the proposed WAH White Oak facility will adversely affect their health or prevent them from arriving at all.

Although it would provide only palliative or stabilizing care, a twenty-four hour urgent care facility will unquestionably be needed in Takoma Park. This facility could act as a resource of penultimate resort in the case of a health emergency. However, with the establishment of an Integrative Clinic and a wellness and prevention facility, the case load of an urgent care facility as well as area EDs should be reduced over time. Confining our efforts to merely providing urgent care will prove to be insufficient.

Assisted Living

Many elderly and healthy but disabled individuals need assistance in performing activities of daily living (such as eating, dressing, toileting, bathing) and the increasing percentage of the population over 65 indicates a growing need for medical services which target the elderly.

Assisted living is a residence or facility devoted to providing assistance in performing activities of daily living. Assisted living facilities are licensed in Maryland by the state's Department of Health and Mental Hygiene. The Maryland Health Care Commission lists forty-four such facilities in Montgomery County housing ten or more residents, and notes there are many facilities in addition which house less than ten. Of the forty-four, 43% of them provide special care for patients with Alzheimer's. These are both for-profit and non-profit facilities.⁵²

Assisted Living is not a Medicare covered benefit, and Maryland provides coverage only in limited circumstances—under a first come, first served Medicaid waiver with limited enrollment and with stringent income and asset requirements.

The Committee believes the possibility exists on the current WAH campus to develop an assisted living facility for those who do not require 24-hour nursing care. Here the issue is how to deal with a lengthy or permanent impairment which obstructs a person's ability to maintain a comfortable and independent life. In addition, housing constraints may make it impossible for some people to continue to live in their homes, since stairs and available bathrooms may become insurmountable obstacles.

An industry has developed devoted to providing an alternative to individuals for whom semi-independent living is a viable alternative. We believe it makes sense to partner with existing providers and WAH to explore the possibility of providing such a facility on the existing WAH campus. WAH has included the idea in its health care vision and we think it is timely and would be well received by individuals who otherwise may find themselves increasingly isolated from assistance.

The WAH Proposal

Certain parts of WAH's proposed vision as presented publicly on September 22, 2008 are consistent with this Committee's recommendations. Regrettably, however, WAH's proposal, is silent as to cost and funding and does not address which of its elements are considered relatively more or less practicable or desirable. Nevertheless, WAH has evinced a clear desire to provide continued health care in Takoma Park and should therefore be commended.

Included in WAH's possibilities, in addition to ER/Urgent Care, a Wellness/Fitness Center, a primary care clinic and assisted living, were laboratory, radiology and oncology services, dialysis, rehabilitative services, behavioral health, a maternity partnership, educational and research facilities, a dining facility and limited retail stores, a detoxification center, a hospice, and social services for immigrants and foreign trained health professionals. The Committee believes this report reflects the community's feelings and concerns, and encourages WAH to focus especially on the four needs articulated in this report: urgent care, wellness/fitness, integrative primary care and assisted living.

Site Use

Although the primary focus of the committee report is on health services and needs, site use is a consideration. Issues such as urgent care, primary care, fitness/wellness services and assisted living are high among community preferences for use of the site. The committee feels such services are in line with the Adventist emphasis on physical, mental, spiritual, and social whole health. Without specifying location, the Committee feels that the establishment of an integrative health clinic, including practitioners who are qualified as primary caregivers, such as medical doctors, naturopathic physicians, nurse-midwives, chiropractors, and possibly acupuncturists, is consistent with the Adventist tradition.

Beginning Steps

The vision described above poses a lofty goal, and such a goal is achieved by starting with discrete, approachable steps. Following are suggestions for measures the City may take at this time, with the information available at this date:

- expand hours of service for existing community wellness facilities;
- determine an appropriate site for the Integrative Clinic;
- determine an appropriate site or sites for a possible additional wellness facility;
- advocate at the State level for adequate scopes of practice for health care providers in the Integrative Clinic;
- obtain data from WAH regarding health care operational costs and revenue support (including tax relief and government and regulatory subsidization). These data are necessary to prepare for a possible monetary commitment towards health care;
- investigate partnering with private entities (individuals or institutions), nonprofit organizations, and/or other governmental bodies to acquire funding for the Integrative Care clinic, a possible wellness facility, an urgent care clinic and an assisted living facility;
- investigate possibilities to insure that primary care services are available to underserved and insured members of this community.

Conclusion

To adequately address both the long- and short-term needs of the community, the City of Takoma Park should take definitive steps to establish a local health care system consisting of four main components:

- an Integrative Clinic including practitioners who are qualified as primary caregivers, such as medical doctors, naturopathic physicians, nurse-midwives, chiropractors, and possibly acupuncturists;
- a wellness or fitness facility;
- an urgent care, after-hours facility;
- an assisted living facility.

All four components of this concept are essential. An urgent care facility with after-hours access is needed within the Takoma Park community. However, without the first two components such a facility will quickly be overwhelmed and become an expensive drain of resources. Inclusion of the first two components will also reduce usage of area EDs as a source of primary care. Addition of an assisted living facility will extend the continuum of care envisioned in this report so that aging or handicapped citizens need not face the future solely on their own.

Notes

- ¹ Conversation with Dr. Wu and D Kohn, Education Chair, Historic Takoma. ca. Dec 2005.
- ² Washington Adventist Hospital. <http://www.adventisthealthcare.com/WAH/>
- ³ City of Takoma Park. <http://www.takomaparkmd.gov/admin/WAH/wahleave.html>
- ⁴ Plumb T. "Washington Adventist Hospital Gets OK to Relocate." *Washington Business Journal*. 05 Dec 2008. <http://www.bizjournals.com/washington/stories/2008/12/01/daily91.html>
- ⁵ Jacobs D. "Holy Cross: Keep Adventist Inside Beltway." *Gazette Community News*. 12 Sep 2007: A7, A20.
- ⁶ Dimensions Health. <http://www.dimensionshealth.org/website/c/pghc/>
- ⁷ American Association of Naturopathic Physicians. <http://www.naturopathic.org/viewbulletin.php?id=118>
- ⁸ Maryland Chiropractic Association. <http://www.marylandchiro.com/>
- ⁹ Maryland Acupuncture Society. <http://www.maryland-acupuncture.org/>
- ¹⁰ Maryland State Medical Society. <http://www.medchi.org/>
- ¹¹ Maryland Association of Osteopathic Physicians. <http://www.maops.com/> There are no DOs located in Takoma Park.
- ¹² Ly P. "A Labor Without End." *The Washington Post*. 27 May 2007: W20.
- ¹³ Shaver K. "Birth Centers' Closures Limit Delivery Options." *The Washington Post*. 18 May 2007: B1.
- ¹⁴ Conversation with Dr. Wu and E Fulham, CNM and M Rothman, CNM. 23 Oct 2008.
- ¹⁵ Primary Care Coalition of Montgomery County. *Working Together for a Healthy Community*. 2007 Annual Report.
- ¹⁶ Electronic mail to Dr. Wu from B Clark, Clinical Director, Mobile Med. 28 Jan 2008. Mobile Med is a component of Montgomery Cares.
- ¹⁷ Individuals with chronic illnesses account for 76% of hospital admissions; 80% of prescription drugs; 72% of all physician office visits.) In fact, approximately 78% of the nation's total health care expenditures are now attributable to chronic disease. See <http://www.fightchronicdisease.org/resources/almanac.cfm>.
- ¹⁸ Partnership to Fight Chronic Disease (PFCDD), *2008 Almanac of Chronic Disease*, available at <http://www.fightchronicdisease.org/resources/almanac.cfm>
- ¹⁹ PFCDD, *2008 Almanac*, <http://www.fightchronicdisease.org/resources/almanac.cfm>.
- ²⁰ Public meeting: Victory Towers. 07 Feb 2007. Approximately 30 attendees (residents of Victory Towers) and City Council Member Austin-Lane.
- ²¹ Public meeting: City Hall. 11 Apr 2007. Two attendees and City Council Member Sniper.
- ²² Public meeting: City Hall. 01 May 2007. Approximately 50 attendees, various City Council Members and City Mayor, and WAH CEO Jere Stocks.
- ²³ Rivera MI. *The Takoma Park Community Health Needs Survey*. Prepared for: Health Services Impact Committee, Takoma Park, Maryland. Jan 2009.
- ²⁴ National Center for Health Statistics. *Health United States, 1991*. Hyattsville, MD: Public Health Service, 1992. (DHHS publication no. (PHS) 92-1232.)
- ²⁵ Clinton B. The Clinton health care plan. *N Engl J Med* 1992;327:804-807.
- ²⁶ Sullivan LW. The Bush administration's health care plan. *N Engl J Med* 1992;327:801-804.
- ²⁷ DeNavas-Walt C, Proctor B, Mills RJ. Income, Poverty, and Health Insurance Coverage in the United States: 2003. U.S. Census Bureau. Aug 2004.
- ²⁸ U.S. Census Bureau, Current Population Survey. Age, Sex, Household Relationship, Race and Hispanic Origin - Poverty Status of People by Selected Characteristics in 2000. Mar 2001.
- ²⁹ U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2000 to July 1, 2008 (NST-EST2008-01). 22 Dec 2008.
- ³⁰ Himmelstein DU, Warren E, Thorne D, Woolhandler S. Illness and injury as contributors to bankruptcy. *Health Affairs*. 02 Feb 2005. <http://content.healthaffairs.org/cgi/content/full/hlthaff.w5.63/DC1>

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- ³¹ City of Takoma Park. Library Reference/Local Information, *op.cit.*
- ³² Baker DW, Stevens CD, Brook RH. Regular source of ambulatory care and medical care utilization by patients presenting to a public hospital emergency department. *JAMA*. 1994; 271(24), 1909-1912.
- ³³ Baker DW, Stevens CD, Brook RH. Determinants of emergency department use by ambulatory patients at an urban public hospital. *Ann Emerg Med*, 1995;25(3):311-316.
- ³⁴ Glick DF, Thompson KM. Analysis of emergency room use for primary care needs. *Nurs Econ*. 1997: Jan-Feb;15(1):42-9.
- ³⁵ Decreased productivity by people who are present for work, but who are distracted and less engaged due to health or other life issues.
- ³⁶ Brady W, Bass J, Moser R, Anstadt GW, Loepcke RR, Leopold R. Defining total corporate health and safety costs significance and impact: review and recommendations. *J Occup Env Med*. 1997;39(3):224-231.
- ³⁷ They are required to be educated and pass board exams in basic sciences such as anatomy and physiology; clinical sciences such as gastroenterology, cardiology, and oncology; and diagnostic sciences such as blood tests and imaging. They are also required to complete clinical internships and externships.
- ³⁸ American Association of Naturopathic Physicians. <http://www.naturopathic.org/viewbulletin.php?id=118>
- ³⁹ Federation of Chiropractic Licensing Boards. <http://directory.fclb.org/US/tabid/100/Default.aspx>
- ⁴⁰ California Department of Consumer Affairs. http://www.acupuncture.ca.gov/consumers/consumer_faqs.shtml
- ⁴¹ Cancer Treatment Centers of America. <http://www.cancercenter.com/cancer-doctors/specialties.cfm>
There are five facilities across the U.S.; the nearest is in Philadelphia, PA.
- ⁴² Borgess Integrative Medicine. <https://www.borgess.com/?pId=59> Kalamazoo, MI.
- ⁴³ Clifton Springs Hospital. <http://www.cliftonspringshospital.org/thesprings.php> Clifton Springs, NY. Like WAH, this was also originally established as a naturopathic hospital.
- ⁴⁴ Outside In. <http://www.outsidein.org/> Portland, OR services for homeless youth.
- ⁴⁵ Virginia Garcia Clinic. <http://www.virginiagarcia.org/>. Hillsboro, OR services for migrant workers.
- ⁴⁶ Maine Revised Statues. Title 32, Chapter 113-B, Subchapter 3: Naturopathic Medicine Licensing Requirement and Scope of Practice. <http://www.mainelegislature.org/legis/statutes/32/title32sec12522.html>
- ⁴⁷ Snider P, Cutler S, Schikowitz S. Naturopathic Profession Research Documentation. Unpublished manuscript.
- ⁴⁸ Conversations with Dr. Wu and private practitioners. Jun 2008 through Jan 2009.
- ⁴⁹ Eisenberg DM, Kessler RC, Foster C, Norlock FE, Calkins DR, Delbanco TL. Unconventional medicine in the United States. Prevalence, costs, and patterns of use. *N Engl J Med*. 1993 Jan 28;328(4):246-52.
- ⁵⁰ Barnes PM, Powell-Griner E, McFann K, Nahin RL. (May 2004). Complementary and alternative medicine use among adults: United States, 2002. *CDC Adv Data*. 27 May 2004;(343):1-19.
- ⁵¹ Conversation with Dr. Wu and H Kohn, Dec 2008.
- ⁵² See <http://mhcc.maryland.gov/consumerinfo/assistedliving/industryprofile.aspx>.

Appendix

Response to Questions Asked by City Council, Feb. 2, 2009

1. The Committee did not discuss specific areas as alternatives to the WAH site, since it understood HSIC's charge to be to consider the health care needs of Takoma Park without regard to the relative desirability of any location at which these needs might be addressed or met.

2. For purposes of this report, use of the term "urgent care center" means a licensed facility providing immediate, unscheduled care for minor health problems, in distinction to an emergency room which requires immediate access to an operating room and which is staffed, equipped and licensed to provide immediate care for life-threatening or limb or organ impairing conditions.

3. Communities with Integrative Clinics including naturopathic physicians and others are in notes 41-45. Additional facilities may be accessed via the following links:

· note 41--Cancer Treatment Centers of American (CTCA):

CTCA: Philadelphia, PA

<http://www.cancercenter.com/eastern-hospital/doctors-clinicians.cfm>;

CTCA: Zion, IL

<http://www.cancercenter.com/midwestern-hospital/physicians.cfm>;

CTCA: Seattle, WA. Note the individual docs are listed on the left of page. The link below is to one ND of three on staff. There are also two acupuncturists, three MDs, and one NP.

<http://www.cancercenter.com/seattle-clinic/physicians/timothy-birdsall.cfm>;

CTCA: Tulsa, OK

<http://www.cancercenter.com/southwestern-hospital/doctors-practitioners.cfm>;

CTCA: Goodyear, AZ

<http://www.cancercenter.com/western-hospital/doctors-clinicians.cfm>;

· note 42--

Borgess Integrative Health (system of hospitals around Kalamazoo, MI):

<https://www.borgess.com/?pId=59>;

· note 43--Clifton Springs Hospital: Clifton Springs, NY.

<http://www.cliftonspringshospital.org/thesprings.php>

Clifton Springs was, like WAH, originally established as a naturopathic hospital;

· note 44-- Portland, OR:

Services targeted to homeless youth.

<http://www.outsidein.org/services.htm>

Here the medical clinic consists of "a coalition of medical and naturopathic doctors and interns, acupuncturists, and Chinese herbalists";

· note 45--Virginia Garcia Clinic. Hillsboro, OR:
In the recent past naturopathic doctors and interns served at rotations here.
<http://www.viriniagarcia.org/index.html>.

Examples of naturopathic interns completing rotations alongside allopathic doctors at clinics targeting the underserved and of naturopathic interns completing rotations alongside allopathic doctors at clinics targeting the underserved may be found at

- <http://www.ncnm.edu/ncnm-teaching-clinics/community-clinics.php#Naturopathic>
- <http://www.ncnm.edu/ncnm-teaching-clinics/community-clinics.php#Naturopathic>.

In the DC area there are at least two clinics that operate with an Integrative model:

- National Integrated Health Associates (<http://www.nihadc.com/practitioners>);
- George Washington Center for Integrative Medicine
(<http://www.integrativemedicinedc.com/p163.html> @ Clinical Staff).

The economic dilemma can be addressed by modeling part of an Integrative Clinic following those cited at <http://www.ncnm.edu/ncnm-teaching-clinics/community-clinics.php#Naturopathic>. These are collaborative clinics including cooperation from private institutions and corporations as well as grants from other entities, private and public, such as the Gates Foundation.

4. Wellness/Fitness center refers to a physical space or spaces where activities such as the ones listed below can occur. However, the center should also be intimately connected with the services provided by practitioners in the Integrative Clinic.

The new paradigm of health holds that each individual is ultimately responsible for her or his own wellness. In order to arrive at an optimal level of health, a person may consult with practitioners in the Integrative Clinic and may use some level of supplementation or even pharmaceutical medication. However, once each person arrives at their optimal wellness level such supplementation becomes unnecessary and consultation drastically decreases in frequency. At the same time, each person learns to eat what is uniquely suited to him- or herself and what types of activities they need to sustain that optimal level. Proper nutrition and proper activities are the cornerstone of maintaining health, and these should be customized to each individual.

Thus, a Wellness Center includes space and equipment (where needed) for:

- aerobic exercise;
- resistance exercise;
- flexibility exercise;
- meditation;
- creative expression;
- cooking and possibly simple botanical medicine classes;
- hydrotherapy classes;
- other didactic or demonstrative classes (*e.g.*, pregnancy, parenting, dance, reading nutrition labels, lowering blood pressure).

5. Regarding the likelihood of changing regulations for integrative care, it is difficult to predict how the Legislature may act on any matter. Within the naturopathic medical profession, bills have taken from as little as two (Maine) to more than ten years (Colorado - still pending) to pass. Currently, 15 states, Washington, DC and two territories have licensing laws for naturopathic physicians. The state of Virginia was recently contemplating a special license for naturopathic physicians to practice in its southwestern area, which is historically underserved.

In Maryland the nurse-midwives' bill is currently before the Legislature. If support and organization were given for a similar bill regarding other practitioners, regulation change might occur within a similar time frame.

6. The Committee does not recommend mobile clinics in place of a stationary health care facility. Research has convincingly demonstrated that mobile clinics are not cost effective -- especially in urban areas. The difficulties associated with staffing and running mobile clinics are significant, especially when serving multi-lingual communities. Moreover, for mobile clinics to be successful, they must have an established relationship with a full-service hospital that is available and accessible to the populations being served by the mobile unit. For these and other logistical reasons, HSIC does not support the idea of increasing the number of mobile clinics serving the Takoma Park area.

7. The Committee met with representatives of both Montgomery College and Columbia Union College in an effort to ascertain what the potential impact WAH's move might have on those institutions. It learned of an ongoing effort to create an allied health program or partnership between WAH and Columbia Union College and Montgomery College. As of yet, however, it remains unclear whether these discussions will actually bear fruit.

The Committee hopes that further talks between these educational institutions and WAH will also include the City. Together these entities could work together to realize the health care model envisioned by HSIC and described in this paper.

**WASHINGTON ADVENTIST HOSPITAL LAND USE COMMITTEE
CITY OF TAKOMA PARK, MARYLAND**

Resolution 2009-1

**Providing Advice of the Washington Adventist Hospital Land Use Committee on
Potential Support by the City of Takoma Park Council for Proposed
Washington Adventist Hospital Certificate of Need**

WHEREAS, on March 24, 2008, the Takoma Park City Council (Council) established the Washington Adventist Hospital Land Use Committee (WAHLUC); and

WHEREAS, on September 22, 2005, the Board of Trustees for Adventist HealthCare voted to move Washington Adventist Hospital (WAH) out of Takoma Park; and

WHEREAS, because of its size and location, any change of use at the site could have substantial impacts on the Takoma Park community in terms of services, appearance, traffic, and economic health; and

WHEREAS, the Council directed the WAHLUC to consider the positive and negative community impacts of various land use scenarios for the property, including impacts on nearby neighborhoods as well as the greater Takoma Park community; evaluate constraints, opportunities, and/or information gaps regarding reuse of the property; identify key requirements for successful reuse of the property; among other duties, and to brief the Council quarterly or as needed; and

WHEREAS, the Council will be considering whether to enter into a Memorandum of Agreement (MOA) with WAH at a work session scheduled for Monday, March 2, 2009, in which the City would support WAH's application to the State of a Certificate of Need for its new hospital location, conditioned on the WAH agreement to retain and support certain other health care services in Takoma Park and perhaps other terms; and

WHEREAS, the WAHLUC has reviewed the Certificate of Need process with representatives of the State of Maryland and considered the opportunity it provides for the City of Takoma Park (City) to obtain meaningful participation in the planned relocation of the WAH and the facilities and services that may remain at the Takoma Park WAH location.

NOW, THEREFORE, BE IT RESOLVED THAT the WAHLUC advises the Council as follows:

If the City enters into an MOA with WAH that does not include enforceable requirements for residual uses of the Takoma Park WAH location and specific commitments from WAH for City participation at each stage of the redevelopment process, the City may be obliged to support WAH's move to its new location while enforcement of the terms of the MOA will be difficult.

The Council should support the WAH Certificate of Need only in the event that the WAH agrees to enter into a binding MOA that details specific opportunities for the City to provide substantive input into the review and development of any residual use of the Takoma Park WAH location. In the event that WAH is not willing to commit to provide detailed redevelopment plans and information to the City and accept specific input from the City on a regularly scheduled basis, the Council should oppose the WAH Certificate of Need.

ADOPTED this 26th day of February, 2009.

Attest:

Eileen Sobeck

Eileen Sobeck, Chair

WAH Reuse Presentation

November 26, 2008
By Adventist HealthCare

“We demonstrate God’s care by improving the health of people and communities through a ministry of mental, physical and spiritual healing.”

VISION FOR EXPANDED ACCESS

Our Roots Are 100 Years Deep, But Our Vision Is All About New Possibilities



When we plan for the needs of the community, we do so for only one reason, to better serve our community by providing better access to health care for all. For us, Washington Adventist Hospital announced its Vision for Expanded Access, a strategic vision that emphasizes access to care for all patients, the hospital's mission and vision to ensure a lasting to the delivery of care.

The Vision for Expanded Access includes seven key elements designed to enhance access to care for the community and provide improved health care solutions and services:

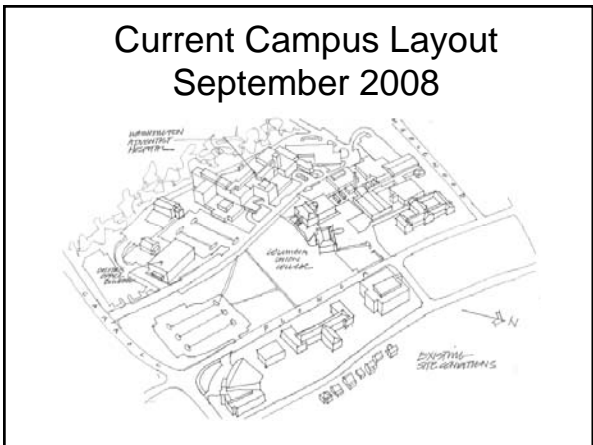
1. Development of a health care center in the Long Branch community to improve access to care.
2. Development of a Center on Health Disparities that combines clinical care, research and health services training for historically underserved populations within the hospital service area.
3. A contribution to the development of the health care ecosystem that is part of the redevelopment of the Takoma Park campus.
4. Strengthening existing systems to support available health care resources to underserved communities in Montgomery and Silver Spring's counties.
5. A commitment to provide comprehensive care at levels equal to or greater than historic levels and to contribute an overall to the Washington, DC, Triangle.
6. Redevelopment of the hospital's Board of Directors to better reflect the diversity of the community served by the hospital.
7. Initiation of the process of merging Washington Adventist Hospital to a new campus within the hospital's current service area which will enhance the hospital's ability to meet the needs of all patients.

Our community counts on us when it comes to our health care and our mission. The plan is to be flexible and to be dynamic. We have 100 years of serving our community, and a new vision for the next 100 years. And that vision will guide us as we make decisions about the health care needs of our community.

For additional information regarding Washington Adventist Hospital's vision, please visit www.washingtonadventisthospital.com. You can also contact Administration at (301) 591-3000 or administration@wahadventist.com.

PHS Council Avenue
Takoma Park, MD 20912
301-591-1700
www.WashingtonAdventistHospital.com

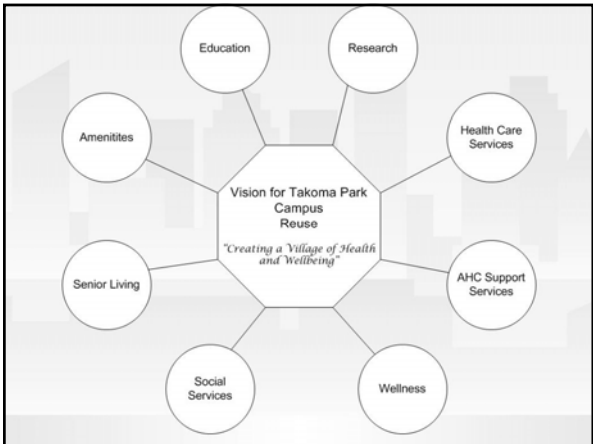




Vision Statement

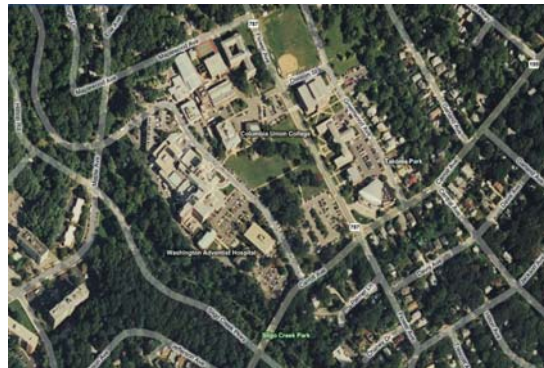
“Creating a Village of Health & Wellbeing”

In collaboration with other like minded organizations and our community, the Takoma Park Campus will be a vibrant center for our community’s health and wellbeing with services and spaces focused on health, fitness, education, research, non profit support, and community improvement.



**Vision for Takoma Park Campus
Continued Use**

- **Healthcare Services**
 - ED/Urgent Care
 - Primary Care Clinic
 - Rehabilitation Services
 - Dialysis
 - Behavioral Health Services
 - Maternity Partnership
 - Outpatient Lab/Radiology/Oncology
 - Detox Center
 - Sleep Services
 - Physician Services
 - Hospice/Assisted Living
 - Alternative Medicine
- **Research**
 - Center on Health Disparities
 - Clinical Trial Beds
- **Senior Living**
 - Assisted Living
- **Social Services**
 - US Immigration Center
 - Assistance to Foreign Trained Health Professionals
 - Health Sciences WIB
 - Other Non Profit Organizations
- **AHC Support Services**
 - Office Space
 - Storage
- **Amenities**
 - Cafeteria
 - Restaurant
 - Limited Retail Stores
- **Education**
 - School of Health Sciences
 - CUC Library
 - CPE Center
- **Wellness**
 - Fitness Gym & Aquatic Center
 - Lifestyle Center



**Fitness/Gymnasium/Aquatics Center
Components**

- Healthcare Clinic
- Health Science Classrooms
- Existing Gymnasium
- Additional Gymnasium
- Racquet Courts
- Cardio Machines
- Weight and Resistance Machines
- Sports Medicine
- Short Course Competitive Swimming Pool
- Therapeutic Pool
- Rock Climbing Wall
- Locker Rooms
- Offices

**FITNESS & WELLNESS
BUILDING LAYOUT - 1ST FLOOR**



**FITNESS & WELLNESS
BUILDING LAYOUT - 2ND FLOOR**



**COLUMBIA UNION COLLEGE
GATEWAY TO CAMPUS**



Proposed Tenancy

The following floor plans show recommended tenancy for the building under Development Option - B. At this time a Rehab Unit seems to be a viable occupancy and requires the 1970's building for its inpatient beds.

Lisner Building and area shown in color are to be demolished to open land bank.

Diagram from worksession

Floor Plan - Hospital

Lower Level 2

Cafeteria	10,500	0
Support	10,000	0
Corridor	1,000	0

Floor Plan - Hospital

Lower Level 1

High Care	11,000	11,000
Day Hospital / Out Services	8,000	8,000
Imaging	8,000	8,000
Pharmacy	20,000	20,000
Emergency Services Entry	4,000	4,000
Corridor	3,000	3,000

Floor Plan - Hospital

First Floor

Learning Center	17,000	17,000
Simulation Labs	20,000	20,000
Health Science Classrooms	23,000	23,000
Library	3,000	3,000

Floor Plan - Hospital

Second Floor

Office	10,000	10,000
Behavioral Health Outpatient	3,000	3,000
Sleep Lab	10,000	10,000
Alternative Medicine	10,000	10,000
Office	10,000	10,000
Corridor	3,000	3,000

Floor Plan - Hospital

Third Floor

Rehab Unit	21,500	21,500
Rehab Support	8,500	8,500
Support	1,000	0

