

On the waterfront

Harbor East's tax benefits district may expand.

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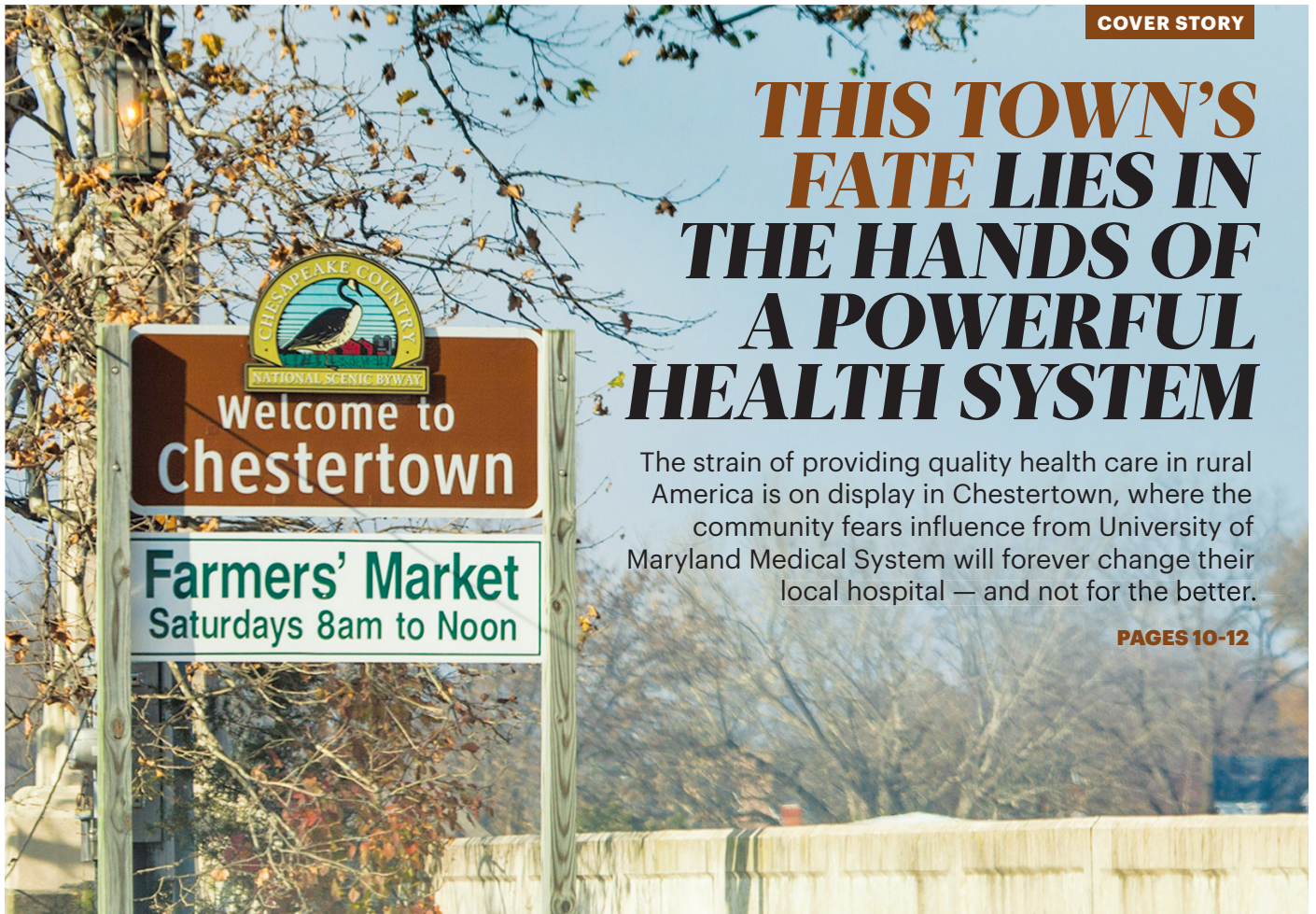


COVER STORY

THIS TOWN'S FATE LIES IN THE HANDS OF A POWERFUL HEALTH SYSTEM

The strain of providing quality health care in rural America is on display in Chestertown, where the community fears influence from University of Maryland Medical System will forever change their local hospital — and not for the better.

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BY KAITLIN NEWMAN

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SHAKING THE STATE UP



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COVER STORY

CHANGE COMES TO CHESTERTOWN

University of Maryland Medical System is drafting a plan to improve health care in the region. Some locals fear it will mean cuts to their community hospital.

BY SARAH GANTZ

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Dr. Wayne Benjamin was a whippersnapper of a doctor, fresh out of medical school and looking for a place where he could hang a shingle and get to work taking care of people.

He remembers the day – a fall Sunday in 1973 – when he and his wife drove over the two-lane bridge leading into Chestertown, an Eastern Shore hamlet along the Chester River so small you'd miss it if you blinked.

The town's hospital was busy, with off-duty doctors studying up on the procedures they'd perform the coming week. Across the street, the brick buildings and manicured shrubbery of Washington College cast an idyllic setting where 29-year-old Benjamin could see building a family.

More than 40 years later and nearing retirement, Benjamin isn't sure his younger self would find the same charm in Chestertown.

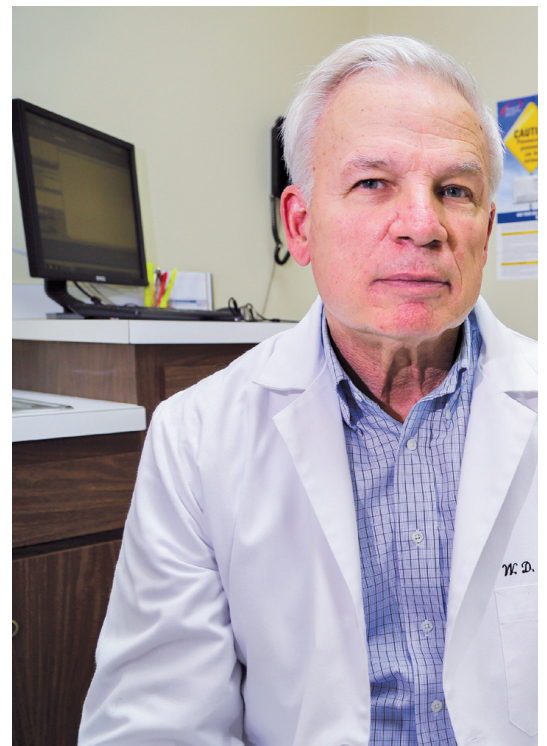
Chestertown, the hospital – heck, all of health care – has changed a lot since then. The community-owned Chestertown hospital that used to hold fundraisers to buy supplies was acquired by UMMS in 2008 and since 2013 is part of a three-hospital system called University of Maryland Shore Regional Health.

Now Shore Health and UMMS are trying to figure out how to meet growing challenges – financial strain, quality requirements, an aging population – and provide the best care possible for the 175,000 people who live in its five-county coverage area along Maryland's Eastern Shore. A strategic plan due out this spring is expected to pave a course, but doctors, patients and business owners fear that hospital executives will

look to cut costs and streamline services by shuttering, or at least paring down to the bones, their beloved hospital.

Their concern is sound. Whatever comes from the strategic plan will impact the fate not only of the hospital, but the local economy. In a small town, access to a hospital is an important benefit employers are able to offer new recruits. Washington College reassures the parents of prospective students that their newly adult children will be safe in Chestertown, with a hospital right across the street from campus. Nearby retirement communities have an edge on their more remote competition.

"It's a domino effect. It's not just taking care of sick people, it stirs the whole thing economically," said Chestertown





PHOTOS BY KAITLIN NEWMAN

“It’s going to be a challenge for all rural communities in realizing, appreciating and embracing what their health care is going to look like ahead.”

ALAN MORGAN, CEO of the National Rural Health Association.

Mayor Chris Cerino. “It affects people’s decisions to come here or stay here.”

Hospital executives say they have not made any decisions, which will also require approval from the boards at Shore Health and UMMS.

What’s going on in Chestertown is indicative of what’s happening in rural communities across the country. For better or worse, the way we receive health care and pay for it is changing, especially in rural America. The bricks and mortar of hospitals are becoming

less central as health systems seek out less-expensive, more-efficient ways and places to care for patients. And there’s no turning back.

Fifty-nine rural hospitals have closed since 2009; 11 this year alone, according to the National Rural Health Association. Rural hospitals often struggle more than their urban counterparts to bring in enough patients to cover the cost of keeping doctors on staff, maintaining state-of-the-art equipment and updating to electronic medical records (a federal mandate).

“At the end of the day, a lot of it comes down to communication,” said Alan Morgan, CEO of the National Rural Health Association. “The larger health systems that can successfully navigate the change and communicate the change to the community come out on top.”

That’s what makes Chestertown’s struggle a little more frustrating. UMMS executives, Shore Health’s CEO Ken Kozel, Dr. Benjamin and the doctors who have rallied behind him all say they want the same thing: To make sure patients are getting the best care possible. They just wholeheartedly disagree about the path to take them there.

Maryland’s strict regulatory control over hospital revenue adds to the challenge. The state has long regulated hospital rates and in 2014 embarked on an experiment to more closely tie hospital pay to quality, instead of the sheer number of patients treated. This tasks hospitals with finding ways to keep their patients healthier and out of their beds by better connecting patients to medical resources in the community and propping up needed services.

For UMMS, a sprawling \$3 billion health system with 10 acute care hospitals, this means figuring out how those hospitals are going to work more closely together and save money through reducing redundancy. At the same time, each member hospital must tailor its services to meet unique community needs. A shared electronic record system, consolidated purchasing and administrative tasks; individual projects to expand an emergency room or establish a community clinic.

For example, University of Maryland St. Joseph Medical Center in Towson has been expanding its maternity services; University of Maryland Midtown Campus shut its down, merging the unit with nearby University of Maryland Medical Center.

“At the heart of it people want to be confident they have access to the right services when they need them. I respect that – I want that for myself,” said Alison Brown, a senior vice president and the chief strategy officer at UMMS. “I think what the country is grappling with is the cost of doing that is just prohibitively expensive.”

Shore Health is just one, small piece

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BY KAITLIN NEWMAN

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of the UMMS puzzle. Still administrators say they are investing on the shore and point to a \$4.3 million emergency department expansion and renovation at the Chestertown hospital and a \$600,000 medical office building for pediatrics and other specialties at UM Shore Health at Dorchester. The system's third and largest hospital is UM Shore Health at Easton, which also got a new medical office building this year. The point of the strategic plan is to build on these improvements, administrators say.

That's not how Chestertown sees it.

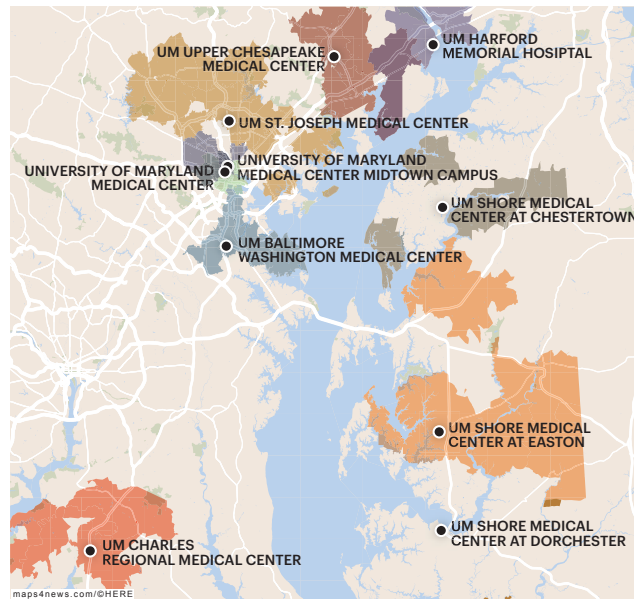
Shortly after combining the Chestertown, Dorchester and Easton hospitals into Shore Regional Health, the system shut down Chestertown's pediatrics department and maternity ward. The move didn't exactly get this new marriage of small town and big city off to a good start, establishing a sense of distrust among many locals that UMMS has struggled to shake.

Difficulty bringing new doctors to the area and trims to other services has deepened that distrust and instilled among some a feeling that UMMS is not truly working with patients' best interest in mind. The doctors and patients who have seen this steady shift worry a more deliberate change from UMMS will only take away what little they have left.

"A lot of the things we feared would happen are happening now," Benja-

BOTH SIDES OF THE BAY

University of Maryland Medical System hospitals' primary service areas are the ZIP codes from which 60 percent of admissions originate. Their total service areas cover a much broader region.



min said.

"They're becoming our enemy," he added.

Benjamin and another longtime doctor, Dr. Gerard O'Connor, are leading a grassroots effort to save the hospital. They took out space in the local

paper, the Kent County News, for an open letter to Shore Health that details their demands: maintaining inpatient services at the hospital, restoring services such as dialysis and ophthalmology that have been cut back, and improving recruitment among prima-

ry care and specialty doctors. Twenty-nine doctors and 30 business leaders and community members signed the letter.

"Health care has to be delivered differently, sure," O'Connor said between appointments. "But health care has to be delivered."

The group hopes to make enough noise to catch lawmakers' attention in Annapolis.

Kozel, the Shore Health CEO, is firm that the system's strategic planning committee hasn't decided yet what to do. At the same time, Kozel is clear the hospitals can't stay the same.

"What we're trying to do is create a regional vision that looks at what services will we be offering and what facilities do we need to support those services," he said.

He says he is trying hard to make the connection between Shore Health, UMMS and the community.

The system's strategic planning committee is a group of about 25 that includes UMMS and Shore Health administrators, doctors and community representatives. Kozel said he wants the plan to reflect the community's needs and wants, and to carefully consider their opinions.

Kozel is hopeful he'll find a way to express his vision to the local community in a way that resonates, that makes it possible for everyone to work together.

"I live in this community, too," Kozel said. ▮