

BALTIMORE BUSINESS JOURNAL

Beyond Thin Mints

Girl Scouting teaches leadership lessons for life.

MARY JOHNSON, 31



COVER STORY

CLEAR PATHWAYS

Asthma is among the biggest health challenges Baltimore faces. There's a strong business case for why hospitals should try to address the crisis.

► STORIES ON PAGES 12-14

Kierra Stanton, left, visits Lisa Bell, a nurse practitioner at the Breathmobile.

BY JACLYN BOROWSKI

THE LIST

The area's wealthiest ZIP codes 16-21

Is your school a top performer?

22-23



PLAN AHEAD

GET READY FOR A BUSY, BUSY SEPTEMBER WEEK 2



TOURISM

VISION FOR URBAN PARK TAKES SHAPE 6

TECHNOLOGY

Hopkins accelerator growing quickly

University researchers want to make money off their discoveries.

SARAH GANTZ, 4

REAL ESTATE

BDC's McKenzie left lots undone

City Councilman Bill Cole will find many projects waiting for him when he takes over the Baltimore Development Corp.

KEVIN LITTEN, 8

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COVER STORY

► MODEL PROGRAM

BALTIMORE LOOKS TO SEATTLE IN TACKLING ROOT OF ASTHMA PROBLEM

SEATTLE — A big part of getting asthma under control is finding and addressing what causes it.

That's what prompted the King County Health Department to start looking for asthma triggers in the homes of their Seattle-area patients.

The Healthy Homes program, which helped reduce asthma hospitalizations and costs, has become a national example for other cities and counties, including Baltimore City Health Department.

The program was backed by a federal grant that has since ended. Now the county is working on a follow-up to the program that will look to electronic health records to better connect health care providers who handle asthma.

Here's how it works: Community health workers make a house call to families struggling with asthma to evaluate their home for triggers. Mold, dust, cigarette smoke, mice and chemical-based cleaning products are all triggers.

The health department helps residents with home improvements, like swapping dingy carpet for hardwood floors that won't collect dirt, and upgrading air filtration systems. Community health workers teach families about natural cleaners.

Baltimore's Community Asthma Program is based on King County's program. But the city faces different challenges.

For starters, the city is sicker

and poorer. Baltimore's Healthy Homes program is funded by the city for \$201,000 a year, enough to pay three full-time staffers and see up to 300 children annually. Roughly 12 percent of Baltimore's population has asthma, compared with 6 percent to 10 percent of King County residents.

One of the hardest tasks for King County health workers is convincing the area's Latino families to trade in the brand-name cleaning products they grew up with for natural cleaners.

"My grandmother used Clorox — she'd wash clothes against cement on the patio," said Patricia Gonzalez, whose family is from Mexico. She was horrified to learn her family's culture was making her son's asthma worse, but said she didn't question the need to switch.

Baltimore families are typically receptive to the advice offered up by Brandi Sanders, a city health worker. But getting to their homes can be a hazard — neighborhoods where asthma is most prevalent are among the most dangerous. Crime and unemployment give many families Sanders sees lots to worry about, so it is hard to know whether they will follow her advice. But she hopes they do.

"We're planting a seed," she said. "You don't always see the seed grow."



► BY THE NUMBERS

Maryland's asthma figures (2009)

\$99.2 million

Total spent on asthma hospitalizations and emergency visits in Maryland

\$33.3 million

Total spent on asthma hospitalizations and emergency visits in Baltimore

12,485

Emergency department visits for asthma in Baltimore

\$826

Average cost for an asthma emergency room visit in Baltimore

2,947

Hospital admissions for asthma in Baltimore

\$7,818

Average cost for asthma hospitalization in Baltimore

67

People who died from asthma in Maryland

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FAMILY HEALTH ADMINISTRATION CENTER FOR MATERNAL AND CHILD HEALTH

the population isn't necessarily aware how serious it can be," said Dr. Jason Custer, who oversees the pediatric intensive care unit at the University of Maryland Medical Center.

Hospitals have new reasons to look into asthma, but that doesn't mean they have been ignoring it.

The University of Maryland Medical Center's Breathmobile, an RV converted to a mobile clinic, has been on the road since 2002. The free asthma clinic rotates between 17 schools in Baltimore's sickest and poorest neighborhoods to make it easier for low-income families to get the care they need. A nurse practitioner and a nursing assistant treat about 500 children a year.

A study of the Breathmobile's impact between 2002 and 2007 found that with 500 patients it could save about \$1.7 million annually, or about \$3,500 per patient.

But 500 children barely makes a dent in the city's asthma ranks. The city health department estimates that as many as one in five public school students — some 16,000 children — could have asthma. And \$1.7 million in savings is pocket change for a \$1.4 billion hospital.

"It is a little overwhelming when you think about it," said Mary Beth Bollinger, the Breathmobile's medical director.

Bollinger looked into what it would take to cover more children who are considered high-risk because they are in the emergency room a lot. The medical center would need at least three Breathmobiles, plus more staff. The program's \$350,000 budget comes from grants through the University of Maryland Medical System Foundation. Considering the tight budgets hospitals have, Bollinger hasn't seen any signs that the medical center plans to increase the program's budget.

More Breathmobiles would mean reaching more children. But Lisa Bell, the program's nurse practitioner, knows from experience that fixing Baltimore's asthma problem is not as easy as making help readily available.

"Do you hear that? Do you hear the wheezing?" Bell asks. Kayla Stanton, whose back Bell's stethoscope is pressed against, stands still in the Breathmobile's exam room. Kayla's father, Timothy Stanton, leans closer. Neither answers the question.

With seven years of practice, Kayla and Kierra know how to recognize when their asthma is flaring up and they know what to do when they feel an attack coming on. Still, they have been in the hospital more times than either can count, including several stays in the intensive care unit. This trip to the Breathmobile is a follow-up to Kayla's most recent ER visit.

"It's scary the first time," Kayla said. "But then you get used to it."

Asthma is part of the Stantons' lives. They've gotten used to it. It doesn't bother them like it used to. Asthma is so prevalent in Baltimore that many families just accept it.

"We need to convince people it's not normal and shouldn't be normal and you shouldn't accept it as normal," Custer said.

Beneath problems with access to services and lack of education is the reality that many families simply have bigger problems to worry about.

Timothy and Kim Stanton know asthma is dangerous and are concerned about the girls. But, like many Baltimore families that frequent the Breathmobile, it is hard for them to

worry about a little wheezing when they're trying to keep food on the table and a roof over everyone's head.

Timothy lost his job in February and with it the family's insurance. Kim is starting a new job at the end of August that will come with health insurance. Until then, the bills pile up.

The girls are allergic to almost everything, exacerbating their asthma and adding to the Stantons' list of medications and doctors appointments, all of which are being paid for out of pocket. They have gone without some of their medications and missed appointments because the Stantons are behind on their mortgage and trying to pay down \$3,000 in medical bills. That doesn't include Kayla's most recent visit to the ER for an asthma attack.

"I know Lisa feels frustrated, but to me they're better. We're not in the ER every month," Kim said. "We can kind of, sort of, live normal lives."

Bell, the University of Maryland nurse whose patients know her by her first name, sees improvement but not enough. She wishes the Stantons wouldn't wait to take action until the ER is their only option. But she understands why they do.

COVER STORY



Kierra (underwater) and Kayla Stanton enjoy an afternoon at the Clifton Park pool with their grandmother. Both girls have asthma.

BY JACLYN BOROWSKI

FIGHTING for BREATH

HIGH ASTHMA RATES PLAGUE CITY'S POOR – AND HOSPITALS THAT TREAT THEM

BY SARAH GANTZ
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Kayla and Kierra Stanton came into this world wheezing. Seven years later they are still struggling to breathe.

The twins gave up cheerleading because their asthma made it hard to strut their stuff. They reluctantly guarded the goal in soccer games because it was the only position where they wouldn't get winded. And while this has been a great summer for swimming, they can splash around the public pool near their North Baltimore home only so long before they need to head to dry land.

"It feels like I'm a goldfish and I can't breathe" is how Kierra describes the way she feels when asthma takes hold of her windpipes.

Asthma is making the Stanton girls – and Baltimore – sick. Roughly 12 percent of the city's adult population and 20 percent of children have asthma. The city accounts for about one-third of all asthma hospitalizations in the state and has among the highest asthma hospitalization rates in the country. Nationally, asthma impacts 9 percent of both adults and children.

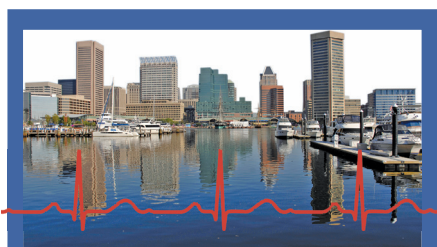
Hospital costs for asthma totaled \$33 million in Baltimore in 2009 and \$99 million statewide. Overall the chronic condition's toll is much higher. Asthma patients' medical costs average three times higher than the norm, and they spend significantly more on prescriptions. Children with poorly managed asthma are more likely to be obese, which opens the door for more chronic conditions and high medical bills as adults.

Here's the thing about asthma: It's

controllable and, if managed properly, shouldn't mean constant trips to the hospital. Those are two big reasons for hospitals to have asthma on their radar. A new state-regulated payment model caps hospitals' revenue, meaning they will make more money if they can cut unnecessary costs and hospital use by keeping patients healthy enough not to require a visit.

Lots of factors contribute to asthma – air pollution, old housing stock, demographics – so it is hard to nail down a specific reason why asthma is so bad in Baltimore. But what's certain is the city's asthma problem is widespread and deep-seated, which poses both a big opportunity to hospitals targeting unnecessary costs and a big challenge to wrap their arms around.

"In my mind, asthma has become the kind of chronic illness that overlays the population in Baltimore, and



This story is part of an occasional series about how Maryland's new, unprecedented way of regulating hospital revenue will force Baltimore hospitals to confront the city's deep-seated health problems. The project is supported by a fellowship from the Association of Health Care Journalists and the Commonwealth Fund.

COVER STORY

MAPPING IT

ASTHMA’S HOLD ON BALTIMORE

Lots of factors contribute to asthma, and in Baltimore poverty is part of the equation. Low-income families are more likely to live in neighborhoods with old housing, which comes with mold, mice and ancient carpeting full of dust mites. Children are among the hardest hit by asthma in Baltimore, as this map shows. Children under 18 account for just under half of all asthma-related emergency department visits, according to the Baltimore City Health Department. “Kids die every year of asthma in Baltimore,” said Margret Schnitzer, manager of Baltimore’s Community Asthma Program. “And it really shouldn’t happen.”

