

MOUNT CARMEL HEALTH SYSTEM

2007 COMMUNITY BENEFIT REPORT



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BENEFIT REPORT**



MOUNT CARMEL

Mission Statement

We serve together
at Mount Carmel in Trinity Health,
in the spirit of the Gospel,
to heal body, mind and spirit,
to improve the health of our communities,
and to steward the resources
entrusted to us.

Core Values

Respect

Social Justice

Care of the Poor and Underserved

Compassion

Excellence

SPIRIT



WHO WE ARE

Since the Sisters of the Holy Cross first opened Hawkes Hospital, now Mount Carmel West, in Franklinton in 1886, Mount Carmel has been dedicated to providing skilled, compassionate care to members of our surrounding community. Over the past 120 years, our healthcare ministry has grown to encompass additional hospitals – Mount Carmel East, Mount Carmel St. Ann’s and now, Mount Carmel New Albany Surgical Hospital. Our health system also includes a College of Nursing, a Medicare Advantage health plan called MediGold, home care and medical equipment services, hospice and palliative care.

Today, more than 9,000 associates, 1,500 physicians and 1,300 volunteers support our healthcare ministry. Last year, Mount Carmel had almost 1 million patient visits. We are a member of Trinity Health, the fourth-largest Catholic health system in the U.S. based on operating revenue.



MOUNT CARMEL

WHAT IS “COMMUNITY BENEFIT?”

Community benefit is a measurement of the total amount of money, time and resources that are dedicated to provide care or promote health and healing in response to identified community needs. Community benefits are not items or programs generated primarily for marketing purposes. Mount Carmel produces its community benefit report each year to hold ourselves accountable to our mission. It demonstrates to the community what we give back in return for the privilege of being tax-exempt¹.

Mount Carmel follows the community benefit reporting guidelines of the Catholic Health Association of the United States (CHA), which stipulates that community benefits must meet at least one of the outlined criteria². Community benefits must:

- Generate a low or negative margin
- Respond to needs of special populations, such as persons living in poverty and other disenfranchised persons
- Supply services or programs that would likely be discontinued – or would need to be provided by another not-for-profit or government provider – if the decision was made on a purely financial basis
- Respond to public health needs
- Involve education or research that improves overall community health

For more information about community benefit reporting guidelines, a copy of CHA’s “A Guide for Planning and Reporting Community Benefit” may be obtained online at www.chausa.org or by calling (314) 253-3458.



TYPES OF COMMUNITY BENEFIT

Community benefit is divided into two categories.

Benefits to the Poor include the medical care, education and programs that are provided for people who are poor and underserved (i.e., people at 200% or lower of the federally defined poverty level, beneficiaries of Medicaid, or those who are medically in jeopardy, e.g., low income HIV/AIDS and cancer patients and efforts to reduce infant mortality in that population). This category includes the following costs:

- **Traditional Charity Care** refers to the free or discounted health services provided to persons who cannot afford to pay.
- **Unpaid Costs of Medicaid** are the “shortfall” created when Mount Carmel facilities receive Medicaid payments below the actual costs of treating patients. Medicaid is federal funding administered by the state that is allocated to provide care and health services to low income people.

RESPECT



Benefits for Broader Community include medical care, education and programs that are provided for the entire community. This category includes the following costs:

- **Public Programs** are monies spent for services for which patients or clients receive no bills. Examples include internships, residency education and job shadowing opportunities.
- **Community Services** are programs for which no individual patient bill exists. These services include the following:
 1. **Community Health Services** encompass community education, screenings, support groups and other service oriented programs. Examples include grief support groups, blood pressure screenings and educational presentations in the community.
 2. **Subsidized Health Services** include emergency and trauma services and efforts in preventive medicine. Examples include a free-standing community clinic and the Mount Carmel Health Stations program.
 3. **Health Professions Education** is the amount of money necessary to finance the resident program.
 4. **Research** includes the *Columbus Community Clinical Oncology Program (CCOP)* and other research approved through the Mount Carmel Institutional Review Board.
 5. **Donations** are materials, time or monetary donations that derive from departmental operating budgets. Examples include sponsorships of Hilltop Bean Dinner, Champion of Children, and the American Heart Walk, among many other causes and organizations Mount Carmel has supported. Medical and non-medical supplies donated to non-profit agencies also are included.
 6. **Community Building Activities** include programs that benefit the educational and community building efforts of the city. Examples include blood drives, Operation Feed, and representation on many Chambers of Commerce.
 7. **Community Benefit Operations** include of employees whose job descriptions include responsibility for reporting the community benefit.

¹Tax-exempt hospitals do still pay employment taxes, such as federal income tax withholding, Social Security and Medicare tax, on all wages paid to employees. Tax exempt hospitals also pay income tax on all unrelated business income and pay taxes such as property or sales tax on facilities or activities that are not part of the tax exempt purpose.

²These criteria are outlined in the Catholic Health Association's "A Guide for Planning and Reporting Community Benefit."



BILLING, CHARITY CARE AND FINANCIAL ASSISTANCE

As a mission-driven, tax-exempt healthcare system, Mount Carmel cares for everyone regardless of ability to pay. For those who are uninsured or under-insured, Mount Carmel has a procedure in place to identify patients eligible for Medicaid, Ohio's Hospital Care Assurance Program, or Mount Carmel's own patient financial assistance program. Mount Carmel will cover the cost of care for anyone whose income is up to 200% of the federal poverty level. Payment assistance is available for those whose income is between 201% and 400% of the federal poverty level.

THE UNPAID COST OF MEDICARE

The amount that Medicare reimburses healthcare providers, including hospitals, is generally less than what it actually costs to treat Medicare patients. Last year, Mount Carmel's unpaid cost of Medicare totaled \$23,742,861.

In compliance with Catholic Health Association (CHA) community benefit reporting guidelines, Mount Carmel is not including this amount in this year's community benefit total.



MOBILE MEDICAL COACH CELEBRATES 10 YEARS OF SERVICE

How do you celebrate a 10th birthday – balloons, birthday cake and candles? How about with immunizations, physicals and case management? That's right – as Mount Carmel celebrates 10 years of serving the community with our mobile outreach coach, our commitment to providing health care beyond our hospital walls remains as strong as ever.

GETTING STARTED

In response to a 1985 community needs assessment, Mount Carmel created several programs including hospice, home care, senior services and outreach. The Outreach program began by offering predominantly nurse assessments and education at three central Ohio soup kitchens and shelters. In the early years of this program, Mount Carmel used a small mobile medical van to offer minor care and medical evaluations at these sites. While this van aided in the care of hundreds of patients, the Outreach staff saw that they could serve more patients, offer more services and provide a great measure of privacy with a different vehicle.

In 1998, the Mount Carmel Foundation and Auxiliary donated a 40 foot mobile medical coach, complete with two examination rooms, nurse triage work stations, an EKG machine, a C-arm radiographic unit, a microscope, an on-board pharmacy and storage for surgical and other medical supplies.

With this generous donation, Mount Carmel's Outreach program received something even more amazing – the opportunity to provide necessary health care services to people who would otherwise fall into the gaps.

OUTREACH



OUTREACH SITES

In the ten years since Outreach received the mobile medical coach, Mount Carmel has served more than 160,000 patients at 33 different soup kitchens, shelters, schools and low-income neighborhoods. Currently serving nine sites with a total of 25 visits per month, Mount Carmel evaluates the effectiveness of existing sites on a regular basis and collaborates with community partners to determine if new or additional sites are needed to best serve the people in need.

And the needs are significant. Mount Carmel provides acute and urgent care, immunizations, physicals, education, referrals and case management. Patients can even receive minor surgeries on the medical coach. By providing this care, Mount Carmel is also reducing serious conditions from lack of treatment and costly emergency visits.

What is more, the majority of patients at these sites have no insurance, no primary care doctor and the care provided by the Outreach team is the only medical care they receive. "I have heard so many patients say that they don't know what they would have done if Mount Carmel would not have provided this service," said LaDonya Christian, a nurse with the Outreach program for more than five years.

Mount Carmel even offers care dedicated to the Hispanic and Somali communities in Central Ohio. There are outreach sites are located in neighborhoods largely populated with immigrants and include culturally-sensitive care and interpreters to eliminate barriers to health care.



DOOR TO DOOR

In addition to providing a safe, private and mobile place to care for patients, the mobile coach can also serve as a banner of hope as it goes through low-income neighborhoods in Central Ohio with the Door to Door program.

Started in 1995 in response to an alarming infant mortality rate in Franklin County, the Door to Door program goes into low-income neighborhoods to provide immunizations and school physicals to children in need. This program also provides immunizations to adults as necessary, so Mount Carmel has often had the privilege of caring for whole families.

“When people open their doors, they often think we are selling something,” Christian said of the Door to Door program. “But when we offer these resources they are so receptive and always have a story to share about why they need this care.”

Since the inception of Door to Door, Outreach has provided services to more than 11,000 patients, including immunizations to more than 3,700 children. Partially due to this program, the infant mortality rate in Franklin County has dropped from 21 deaths per 1,000 to 14 deaths per 1,000.

VINTON COUNTY

The mobile medical coach has also been a significant asset in filling in the health care gaps in Vinton County. This is one of the poorest counties in Ohio and health care resources are limited and often difficult to get to. Mount Carmel provides approximately 100 sports and work physicals at the local high school each year. And in the past, Mount Carmel has also offered services at local health fairs and collaborated with the county Health Department and other local organizations.

For Christian, it is particularly inspiring to see the work Mount Carmel does in Vinton County because she worked at the Vinton County Health Department before joining Mount Carmel. “When I was with the health department, resources for services were so limited, so it was awesome to have Mount Carmel provide those services. I am still in awe that MC supports this program and meets people’s needs where they are,” she said.

While we celebrate ten years of the mobile medical coach and how it has helped serve those in need, it is important to also recognize that filling in the healthcare gaps is not just about a vehicle. Christian remembers a time not long after she started at Mount Carmel. It was winter and man in the area of one of the outreach sites drastically needed care, yet he was reluctant to come to the coach. The site staff members brought this man to Dr. John O’Handley, who was willing to treat him on the sidewalk. “It affects me now to think that with this program Mount Carmel will go to where the patients are and do anything to get them the care they need,” she said. “And this patient realized we really did care.”

CARING



SUMMARY OF QUANTIFIABLE BENEFITS FOR FISCAL YEAR 2006

Mount Carmel Summary of Quantifiable Benefits
 For period from July 1, 2005 through June 30, 2006
 Classified as to Low Income and Broader Community

	Persons Served	Total Expense	Offsetting Revenue	Net Community Benefit	% of Organization Expenses Revenues	
<u>Benefits for Low Income</u>						
Traditional Charity Care	18,539	31,990,956	5,609,940	26,381,016	2.7%	2.6%
Unpaid Costs of Medicaid	93,138	74,032,477	54,592,202	19,440,275	2.0%	1.9%
Community Services:						
Community Health Services	12,842	636,607		636,607	0.1%	0.1%
Health Professions Education		3,757		3,757	0.0%	0.0%
Subsidized Health Services	54,423	1,483,933	120,165	1,363,768	0.1%	0.1%
Donations	18,030	156,187	200	155,987	0.0%	0.0%
Community Building Activities	8,460	55,965		55,965	0.0%	0.0%
Totals for Community Service	93,755	2,336,449	120,365	2,216,084	0.2%	0.2%
Totals for Low Income	205,432	108,359,882	60,322,507	48,037,375	4.9%	4.7%
<u>Benefits for Broader Community</u>						
Community Services:						
Community Health Services	61,369	2,964,645	3,068	2,961,577	0.3%	0.3%
Health Professions Education	92	3,697,785		3,697,785	0.4%	0.4%
Subsidized Health Services	21,164	134,403	3,603	164,562	0.0%	0.0%
Research	3,100	364,835		364,835	0.0%	0.0%
Donations	22,146	239,473	1,770	237,703	0.0%	0.0%
Community Building Activities	16,772	120,008	350	119,658	0.0%	0.0%
Community Benefit Operations		201,837		201,837	0.0%	0.0%
Totals for Broader Community	124,643	7,722,986	8,791	7,747,957	0.8%	0.8%
GRAND TOTALS	330,075	116,082,868	60,331,298	55,785,332	5.7%	5.5%

In addition to the above quantifiable benefits, the Mount Carmel Foundation supports system projects and programs that also benefit the community. The table below illustrates the amounts of unrestricted and temporarily restricted donations that were awarded by the Foundation's Allocation Committee in the past five fiscal years to various projects and programs.

Fiscal Year	Unrestricted Donations Allocated	Temporarily Restricted Donations Allocated	Financial Community Benefit
2007			
2006	\$381,442	\$2,139,167	\$2,520,609
2005	\$859,426	\$1,888,410	\$2,747,836
2004	\$628,849	\$2,512,183	\$3,141,032
2003	\$719,352	\$1,728,867	\$2,448,219
2002	\$1,338,505	\$1,025,179	\$2,363,684

For more information about the Mount Carmel Foundation, or to request a copy of their annual report, please call (614) 546-4500.



MOUNT CARMEL

A MEMBER OF  TRINITY HEALTH