Progress Report to Our Community

Addressing Community Health Needs

Fiscal Year 2017

EMHS
Access to Quality Healthcare SM

Maine Coast Memorial Hospital

Table of Contents

Progress Report to Our Community..... 3
Introduction..... 3

Progress Report Update..... 4
Priority #1: Substance Use Disorders..... 4
Priority #2: Physical Activity, Nutrition, and Obesity..... 6
Priority #3: Mental Health..... 8
Priority #4: Health Literacy..... 11
Systemwide Priority - Opioid Harm Reduction..... 15
Systemwide Priority - Healthy Food Access..... 17

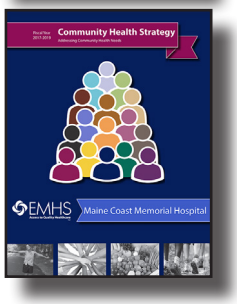
Conclusion..... 19

mainecoast memorial hospital
EMHS MEMBER

Progress Report to Our Community

mainecoast memorial hospital
EMHS MEMBER

John Ronan, MBA, FACHE
President, Maine Coast Memorial Hospital



Making our communities healthier - It may sound like a simple goal, but doing it right, involves hard work, commitment, and collaboration. Many factors can influence the health of people in our communities including income, poverty, employment, education, and household environment.

In 2016, EMHS partnered with three other large healthcare systems and the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services, to create a Community Health Needs Assessment. We used that assessment and public input to develop a three-year strategy to improve the health and well-being of the communities that we serve.

The following is a progress report for our community health improvement plan for fiscal year 2017. As a member organization of EMHS, we at Maine Coast Memorial Hospital have our own unique set of priorities that we are addressing including:

- Substance Use Disorder
- Physical Activity, Nutrition, and Obesity
- Mental Health
- Health Literacy

We are also working together with other EMHS members throughout the state to prevent and treat opioid addiction and to improve access to healthy food for patients, families and communities.

The information contained in the following pages demonstrates our commitment to our communities and show the steps we've taken to reach our benchmarks. Thank you for taking the time to review these materials. We appreciate and value your partnership in this endeavor. Together we are achieving success and supporting vibrant and healthy communities across the regions where we work and serve.

Sincerely,

John Ronan, MBA, FACHE

President, Maine Coast Memorial Hospital

Priority #1: Substance Use Disorders

Rationale:

These combined efforts seek to reduce the number of people struggling with substance use disorders in our community.

Intended action to address the need:

Maine Coast Memorial Hospital (MCMH) seeks to provide support and access to care for those struggling with substance use disorders by working with partners to: develop a hub and spoke model for treatment in Hancock and Washington counties, and develop and/or distribute of resource guides for prevention, education, and treatment. MCMH will also foster support group meetings (AA, NA, etc) by providing space when possible and disseminating information about meetings to the community, as well as continued work with our PT/Rehab Pain Control Program, the introduction of substance misuse screening in the primary care setting for use in regular check-ups, and education around medication free pain control alternatives.

Programs and resource allocation:

MCMH leadership has committed to working with partners to facilitate the development of the treatment hub, this will require time and expertise for development of a care delivery model that best serves the needs of our patient populations. Provider support, development and education, and possible recruitment of providers with substance misuse treatment experience will be integral to ensuring the program's success. Additional needs may include physical space and/or remodeling of existing space for treatment, and securing the funding to make this possible.

Planned collaborations:

Success of the substance use disorders treatment hub and other programming will rely heavily on the coordinated efforts of many local healthcare resources including, but not limited to the task force and steering committee developed in partnership with the Down East Substance Treatment Network made up of several organizations including MCMH, Blue Hill Memorial Hospital, Mount Desert Island Hospital, and Healthy Acadia. All of these groups currently act as resources for patients with substance use disorders and are key stakeholders in ensuring the success of the program to serve our community, each providing support and resources at different stages of care. Additional partnerships with local facilities with space for support group meetings will be necessary to ensure access.

Population of focus:

Community members challenged by substance use disorder, directly as a patient, or indirectly as a family member, or support person for a patient.

FY 2017 Progress Report Priority 1: Substance Use Disorders	
Objective	Suboxone - By 9/30/2017 80% of primary care physicians will be trained and licensed to prescribe Suboxone.
Status	In Progress
Approaches taken and resources used	In fiscal year 2017 (FY17) Main Coast Memorial Hospital's (MCMH)medical staff leaders worked with providers to receive education, through training modules, related to suboxone prescribing protocols/access to medication assisted treatment (MAT). MAT programs, in partnership with counseling, are shown to be a best practice in reducing opiate use. MCMH, as part of the Down East Substance Abuse Network worked to establish a Hub and Spoke model of treatment in Hancock County. Licensing of providers is one of the first steps.
Partners engaged	MCMH engaged with the following partners on this priority: • Down East Substance Treatment Network members continue to engage with the community and medical professionals to ensure successful launch of the HUB program. • MDI Hospital, Blue Hill Memorial Hospital, Healthy Acadia, local law enforcement, key community stakeholders, business leaders, etc.
Highlights	See "Approaches taken and resources used" section.
Outcome Measure	One physician is licensed to prescribe and three are currently in training.
Project lead	John Ronan, President and Sheena Whittaker, MD
Next Steps	In fiscal year 2018 (FY18), MCMH will continue its work to develop a Hub and Spoke approach to support the licensing of providers to prescribe medication assisted treatment (MAT).

Priority #2: Physical Activity, Nutrition, and Obesity

Rationale:

Reduce the rate of obesity in our service area and increase physical fitness in our patients and reduce incidence of health conditions resulting from obesity and inactivity.

Intended action to address the need:

MCMH will support the development and implementation of education programs around nutrition and obesity, as well as support activities to encourage healthy and safe physical activity in our community.

Programs and resource allocation:

MCMH's Medical Nutrition Therapy group, along with primary care providers, will explore, develop, and implement results proven programs and resources to address this health need. (eg: the WOW (Way to Optimal Weight) program, Let's Go!) Pediatricians and other physicians have an established relationship with patients and their families in a personal setting that fosters conversation and sharing around the issues of obesity, nutrition, and physical activity. The Medical Nutrition Therapy group has been specially trained in the area of nutrition and weight management, they have access to tools and resources (eg: the Certified Diabetes Program) that patients can learn to use independently to establish life style changes. Current Occupational Health resources offered to local businesses will be expanded.

Planned collaborations:

MCMH will partner a number of groups to make an impact in this area, including EMHS as a resource for their WOW program for pediatric patient weight management. Healthy Acadia, who also provides diabetes education and nutrition education is an important partner and leading resource for our success in addressing these issues. In addition the Down East Family YMCA, Acadia National Park, and volunteer based exercise programs will be important partners for physical activity education and venues.

Population of focus:

Patients with unhealthy weight and challenges with maintaining an active lifestyle, and patients with or at risk of developing Type II Diabetes

FY 2017 Progress Report Priority 2: Physical Activity, Nutrition, and Obesity - Diabetes Prevention Program	
Objective	Diabetes Prevention Program - By September 30, 2017, the number of graduate level diabetes prevention group registrations will increase from 0 to 20.
Status	Complete
Approaches taken and resources used	In FY17, MCMH patients in our diabetes prevention group lose weight and maintain weight while engaged in quarterly meetings, extending this support program to graduates of the initial group will provide further support and guidance and keep patients engaged in healthy activities. The diabetes prevention program manager designed the program curriculum and registered 72 people through the year.
Partners engaged	MCMH relied on internal staff to develop and conduct this program. No other partners were engaged.
Highlights	See "Approaches taken and resources used" section.
Outcome Measure	72 participated in the program
Project lead	Amy Henderson, Nutrition Services Supervisor
Next Steps	This community health improvement plan is complete, and while the work to increase the number of graduate level diabetes prevention group registrations continues, it will not be captured in a community health improvement plan (CHIP) for FY18 as it is part of the day-to-day approach. MCMH will instead focus on offering physical activity events to the general population.

Priority #3: Mental Health

Rationale:

The intent of these services and education is to remove stigma around the treatment of mental health, increase awareness of mental health needs, and provide care for patients who may otherwise go without treatment.

Intended action to address the need:

MCMH will provide mental health services to community members in the primary care setting by implementing new delivery methods and bolstering existing services and screenings through provider and patient education.

Programs and resource allocation:

Primary care practices will provide space, and MCMH will explore the technology needed to ensure tele-psych services access in each clinic location. All providers will engage in supplementary training regarding the diagnoses and treatment of mental health, including the referral process for external resources outside of those that can be provided by MCMH. Additional education around suicide prevention will be available for providers. All treatment spaces will be marked as safe spaces for LGBTQ patients. MCMH will invest in time and tools for providers to connect with educators and local school systems to strengthen mental health resources for adolescents.

Planned collaborations:

MCMH will continue to partner with Community Health and Counseling Services to provide in practice treatment for community members, as well as build on the established relationship with Acadia Hospital to expand tele-psych services, particularly for those community members with transportation challenges. NAMI Maine and Crisis Response will be a vital resource to provide education and resources for providers and staff as experts in mental health and suicide prevention, as they have established protocol and best practices that we can implement.

Population of focus:

Patients with mental health needs in the MCMH service area.

FY 2017 Progress Report Priority 3: Mental Health - Community Health Counseling Services	
Objective	Primary Care offices will schedule intake appointments with Community Health and Counseling Services prior to patients leaving their primary care appointment. By 9/30/2017, Maine Coast Memorial Hospital will increase the number of patients, referred to Community Health and Counseling Services by their provider, who immediately initiate an appointment prior to leaving their primary care appointment from 0-75%.
Status	Complete
Approaches taken and resources used	Immediate scheduling for intake appointments leads to better patient compliance and increased access to behavioral health services. Making appointments while in the office decreasing phone wait time, confusion, and decreases decline rate of referrals. In FY17, MCMH worked diligently to refer patients to Community Health and Counseling Services (CHCS) prior to the conclusion of their primary care appointment.
Partners engaged	MCMH engaged the following partners on this priority: • Community Health and Counseling Services
Highlights	See "Approaches taken and resources used" section.
Outcome Measure	344 patients were referred to CHCS and 127 patients scheduled and attended appointments and received therapy services.
Project lead	Jen Hubbard, PhD, Director of Primary Care and Referrals
Next Steps	This community health improvement plan is complete, and while the work increase the number of patients referred to Community Health and Counseling Services by their provider, who immediately initiate an appointment prior to leaving their primary care appointment continues, it will not be captured in a community health improvement plan (CHIP) for FY18 as it is part of the day-to-day approach.

FY 2017 Progress Report Priority 3: Mental Health - Provider Education	
Objective	By September 30, 2017, 95% of providers and staff will attend staff education with Crisis Response and Community Health and Counseling Services regarding their referral processes, as well as the diagnoses and prevention of depression and suicide.
Status	In Progress
Approaches taken and resources used	In FY17, MCMH worked closely with behavioral health specialists to improve the care available for all of our patients, and increases the effectiveness of the referral process as well as the utilization of the services available. MCMH scheduled Gate Keeper training with NAMI (National Alliance on Mental Illness) for primary care office management. After this training was conducted, front line staff and providers were provided education. MCMH also hired a psychiatric nurse practitioner embedded in the primary care practice to assist with this ongoing behavioral health need.
Partners engaged	MCMH engaged the following partners on this priority: • NAMI (National Alliance on Mental Illness)
Highlights	See "Approaches taken and resources used" section.
Outcome Measure	All providers, nurses, and staff have been exposed to this education and information.
Project lead	Jen Hubbard, PhD, Director of Primary Care and Referrals
Next Steps	In FY18, MCMH plans to continue working collaboratively with others to adapt the Joint Commission's preferred standardized, outcome tools for Suicide Prevention.

Priority #4: Health Literacy

Rationale:

All of these measures will ensure that patients not only understand their health care needs and conditions, but why they are being prescribed specific treatments and medications, and how to use them to best improve their quality of life.

Intended action to address the need:

MCMH intends to increase the health literacy of our patient population through a variety of activities including: hosting and/or staffing free Know Your Numbers health fairs, hosting free community health education forums in a variety of settings, providing materials for patients to write down their questions and answers, and facilitating access to evidence based online health education resources. In addition to these actions MCMH will invest in provider communication training to simplify communication with patients.

Programs and resource allocation:

MCMH will designate staff to facilitate testing and results counseling at Know Your Numbers health fairs in non-clinical settings. The Public Relations Department will explore additional venues for health education events, and engage health care providers to present in these locations. Enhancements will be made to the MCMH website for patient education through the purchase of a health resource library and/or web space dedicated to directing patients to existing evidence based online resources.

Planned collaborations:

The Down East Public Health Council Clinical Health Care Systems will help determine places of need for Know Your Number health fairs and provide additional resources for public health education and services at events. Local libraries, the Down East Family YMCA, Healthy Acadia, and patient advisory committees will provide feedback for locations for health forums and website enhancements.

Population of focus:

All patients of MCMH

FY 2017 Progress Report Priority 4: Health Literacy - Know Your Numbers	
Objective	Maine Coast Memorial Hospital will host 2 Know Your Numbers Health Fairs before 09/30/2017.
Status	Complete
Approaches taken and resources used	In FY17, MCMH hosted a Know Your Number Health Fair to include not only measuring important health indicators such as cholesterol, blood pressure, BMI, and blood sugar but counseling with a health care professional to educate on results, and provide access to referral services.
Partners engaged	MCMH engaged the following entities on this priority: • Eleanor Widener Dixon Memorial Clinic in Gouldsboro clinic committee • Gouldsboro police department • Cadillac Mountain Sports
Highlights	The health fair had a lot of participation from the clinic committee, particularly their president who attended to hand out the bike helmets.
Outcome Measure	One health fair conducted
Project lead	Doug Keith, Director of Rehabilitation Services
Next Steps	This community health improvement plan is complete, and while the work to educate community members about important health indicators continues, it will not be captured in a community health improvement plan (CHIP) for FY18 as it is part of the day-to-day approach.

FY 2017 Progress Report Priority 4: Health Literacy - Health Forums	
Objective	Maine Coast Memorial Hospital will host 14 Community Health Forums/Education events before 09/30/2017.
Status	Complete
Approaches taken and resources used	In FY17, MCMH conducted Community Health Forums and community health education events to educate our community about healthcare resources and local treatments. By taking health forums into additional settings (satellite clinic communities and schools) we reached audiences that might not come to the hospital for education. The forums were promoted through a variety of avenues such as press release, print and radio advertising, and social media. Attendance was variable based on topic – nutrition, orthopedic, and arthritis topics draw larger crowds while topics about specific procedures and cancer have low turn-out.
Partners engaged	No partners were engaged as this was an internal initiative within MCMH.
Highlights	MCMH was approached by a former nursing director who runs a rheumatoid arthritis support group to do a health forum about Rheumatoid Arthritis with one of our rheumatologists. Dr. Radis was happy to partner with her and attendance for this event was 27 people. The conversations at this event were very moving, and reassuring for the attendees and I am thrilled that we were able to offer this topic.
Outcome Measure	14 Health Forums were conducted in FY17
Project lead	Patricia Patterson King, Director Marketing and Public Relations
Next Steps	In FY18, MCMH will continue to host community health forums/education events in order to provide/engage the community in a variety of health focused topics.

FY 2017 Progress Report Priority 4: Health Literacy - Patient Education	
Objective	By September 30, 2017 Maine Coast Memorial Hospital will add two links to provider approved resources for patient education to the patient portal, and increase registered portal users by 10%.
Status	Complete
Approaches taken and resources used	In FY17, MCMH provided links for users of the patient online portal access to health information helps patients understand disease and treatment, and engages them in their care. Patients are increasingly accessing health information online, in an effort to ensure that they are accessing accurate resources Maine Coast Memorial Hospital provided reliable options. Links to the Centers for Disease Control website and WebMD website.
Partners engaged	No partners were engaged as this was an internal initiative within MCMH.
Highlights	See "Approaches taken and resources used" section
Outcome Measure	6859 patient portal users
Project lead	Jennifer Lee, HIM Director
Next Steps	This community health improvement plan is complete, and while the work to offer provider approved resources to MCMH patient portal continues, it will not be captured in a community health improvement plan (CHIP) for FY18 as it is part of the day-to-day approach.

Priority: Opioid Harm Reduction Access to Medication Assisted Treatment

Rationale:

Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies to provide a "whole-patient" approach to the treatment of substance use disorders. Increasing access to MAT is needed to effectively treat growing numbers of individuals who are dependent on heroin and prescription pain relievers that contain opiates.

Intended action to address the need:

Assess areas of need
Develop an action plan
Establish training protocol and timeline
Track activity

Programs and resource allocation:

Funding for licensing
Staff time
Hub & Spoke plan

Planned collaborations:

Down East Substance Treatment Network members continue to engage with the community and medical professionals to ensure successful launch of the HUB program.

Population of focus:

General population and patient population in need of chronic pain management for treatment and recovery.

FY 2017 Progress Report Systemwide Priority: Opioid Harm Reduction - Access to Medication Assisted Treatment	
Objective	By 9/30/2017, increase the number of qualified Medication Assisted Treatment (MAT) prescribers from 0% to 80% (7 Providers).
Status	In Progress
Approaches taken and resources used	In fiscal year 2017 (FY17) MCMH's medical staff leaders worked with providers to receive education, through training modules, related to suboxone prescribing protocols/ access to medication assisted treatment (MAT). MAT programs, in partnership with counseling, are shown to be a best practice in reducing opiate use. MCMH, as part of the Down East Substance Abuse Network worked to establish a Hub and Spoke model of treatment in Hancock County. Licensing of providers is one of the first steps.
Partners engaged	MCMH engaged the following partners on this priority: • Down East Substance Treatment Network members engaged with the community and medical professionals to ensure successful launch of the HUB program • MDI Hospital offered guidance and information as a hub/spoke for providers
Highlights	See "Approaches taken and resources used" section.
Outcome Measure	One physician is licensed to prescribe and three are currently in training.
Project lead	Sheena Whittaker, MD, Chief Medical Officer
Next Steps	In fiscal year 2018 (FY18), MCMH will continue its work to develop a Hub and Spoke approach to support the licensing of providers to prescribe medication assisted treatment (MAT).

Priority: Healthy Hospital Food - Food Insecurity Screen and Intervene

Rationale:

According to the USDA, Maine ranks fourth in the nation and first in New England for very low food insecurity. Lack of access to nutritious foods greatly increases a number of health risks such as those associated with chronic disease and developmental issues among youth. Screening patients for food insecurity and connecting them with reliable food assistance resources can remove a barrier to good health, improving health outcomes for children, families and older adults who are at greatest risk.

Intended action to address the need:

Integrate food insecurity screen into EMR
Educate providers on the use of the tool
Develop a site specific referral process
Capture and report screening intervention evaluation data using the Clinical Research Center's protocol established through Partnerships to Improve Community Health

Programs and resource allocation:

Staff time; EMHS support

Planned collaborations:

EMHS Community Health; Healthy Acadia

Population of focus:

Food insecure patients at six provider offices

FY 2017 Progress Report Systemwide Priority: Healthy Food Access - Food Insecurity Screen and Intervene	
Objective	Increase the percentage of patients screened for food insecurity from 0% to 50% by 9/30/2017.
Status	In Progress
Approaches taken and resources used	In FY17, MCMH Pediatrics served as the pilot to launch this program to screen for food insecurity among its patients.
Partners engaged	MCMH engaged the following partners on this priority: • Healthy Acadia
Highlights	Due to the success of this priority, MCMH staff expressed interest in implementing a food box program in FY18.
Outcome Measure	5227 pediatric patients (not unique) were screened during the program, 44 screened positive, and 329 resource guides were provided.
Project lead	Terry Leahy, Director of Primary Care
Next Steps	This community health improvement plan is complete, and while the work to patients for food insecurity continues, it will not be captured in a community health improvement plan (CHIP) for FY18 as it is part of the day-to-day approach.

Conclusion

Maine Coast Memorial Hospital continues work on identified priorities through the Community Health Strategy and is thankful for the participation and support of our community members and many area organizations for contributing their knowledge of local community health needs related to our priorities of action. Through existing and future partnerships, collaborative efforts are essential in addressing the identified community health strategies prioritized within.

Maine Coast Memorial Hospital will engage in another Shared Community Health Needs Assessment in 2019 and looks forward to ongoing community participation in these important efforts.

mainecoast memorial hospital
EMHS MEMBER

EMHS
Access to Quality Healthcare SM