

Community Health Strategy

Addressing Community Health Needs Fiscal Year 2020-2022

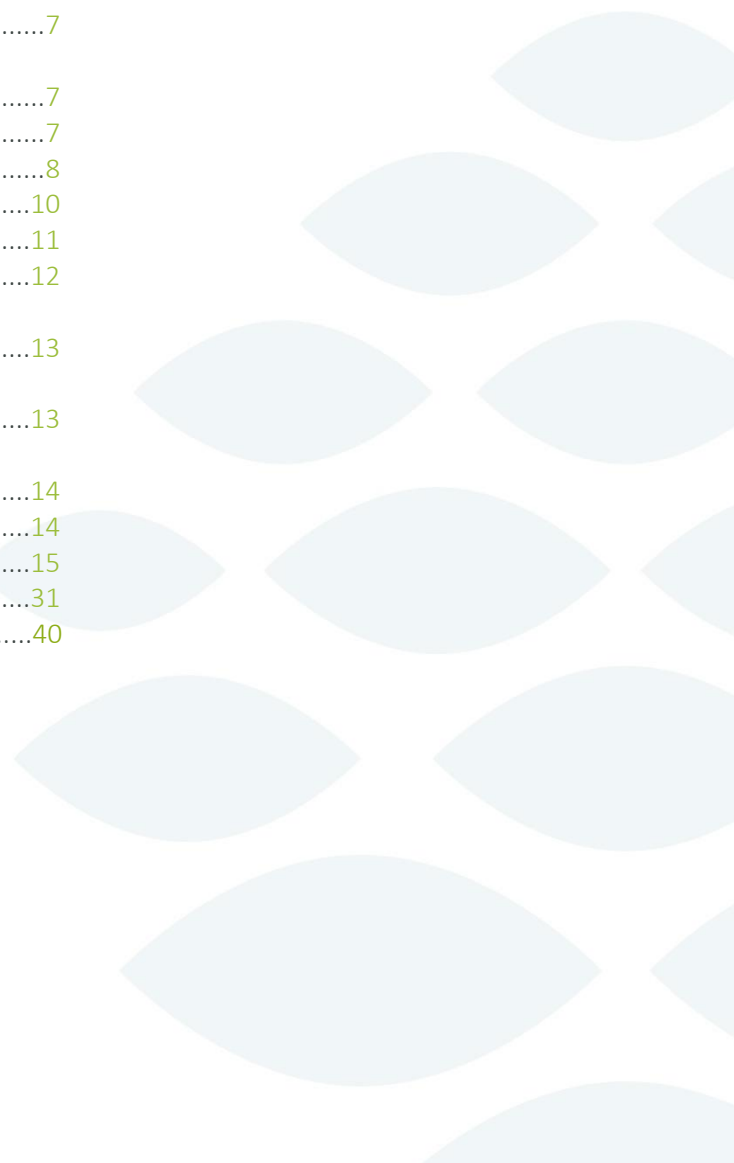
**Northern Light
Mercy Hospital**



**Northern Light
Health**SM

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Introduction

Northern Light Health and our more than 12,000 employees care deeply about our neighbors and communities. Northern Light Health member organizations work hard to understand and address priority needs. We meet regularly with community partners to plan and implement local solutions that make it possible for people in our communities to lead healthier lives. By working together, we promote a culture of stewardship and foster vibrant communities.

Northern Light Mercy Hospital is committed to shaping health improvement efforts in its service area based on sound data, personal and professional experience, and community need. Through collaborative efforts, Northern Light Mercy Hospital creates healthier communities through the provision of services, resources, and programs within and beyond the walls of the hospital.

About Northern Light Health

At Northern Light Health, we're building a better approach to healthcare because we believe people deserve access to care that works for them. As an integrated health delivery system serving Maine, we're raising the bar with no-nonsense solutions that are leading the way to a healthier future for our state.

As a statewide integrated healthcare system serving Maine, we provide care to people from Portland to Presque Isle and from Blue Hill to Greenville. We are comprised of nine member hospitals with 584 long-term beds, a single physician-led medical group, eight nursing homes, five emergency transport members, 37 primary care locations, and we employ more than 12,000 people in Maine.

About Northern Light Mercy Hospital

Mercy's long-standing commitment to the community began over 100 years ago. During the devastating flu pandemic of 1918, Mercy first opened its doors as Queen's Hospital on the corner of Congress and State Streets in Portland, Maine. In 1943 Mercy commenced operations at 144 State Street in Portland. The hospital was named for the Sisters of Mercy, who had assumed full responsibility for the new hospital. A major addition was built in 1952, and the entire facility was renovated in the 1980s. Westbrook Community Hospital was merged into Mercy in September 1999 and is currently operating as administrative offices and walk-in care.

At the turn of the century, as market demand and new clinical technology exceeded the capabilities of the State Street facility, Mercy embarked on a campaign to create the Fore River campus. Phase 1 of Mercy Fore River opened in September 2008 with a state-of-the-art medical office building and an advanced new hospital facility providing inpatient and outpatient surgical services, diagnostic imaging, laboratory, and The Birthplace on a 42-acre site overlooking the Fore River in Portland. Mercy provides a broad array of inpatient and outpatient diagnostic and therapeutic services including: medical, surgical, oncology, obstetrics, physical rehabilitation, imaging and laboratory. Mercy Hospital employs primary care, walk-in care, and specialty physician practices in Portland, South Portland, Westbrook, Falmouth, Gorham, and Windham locations.

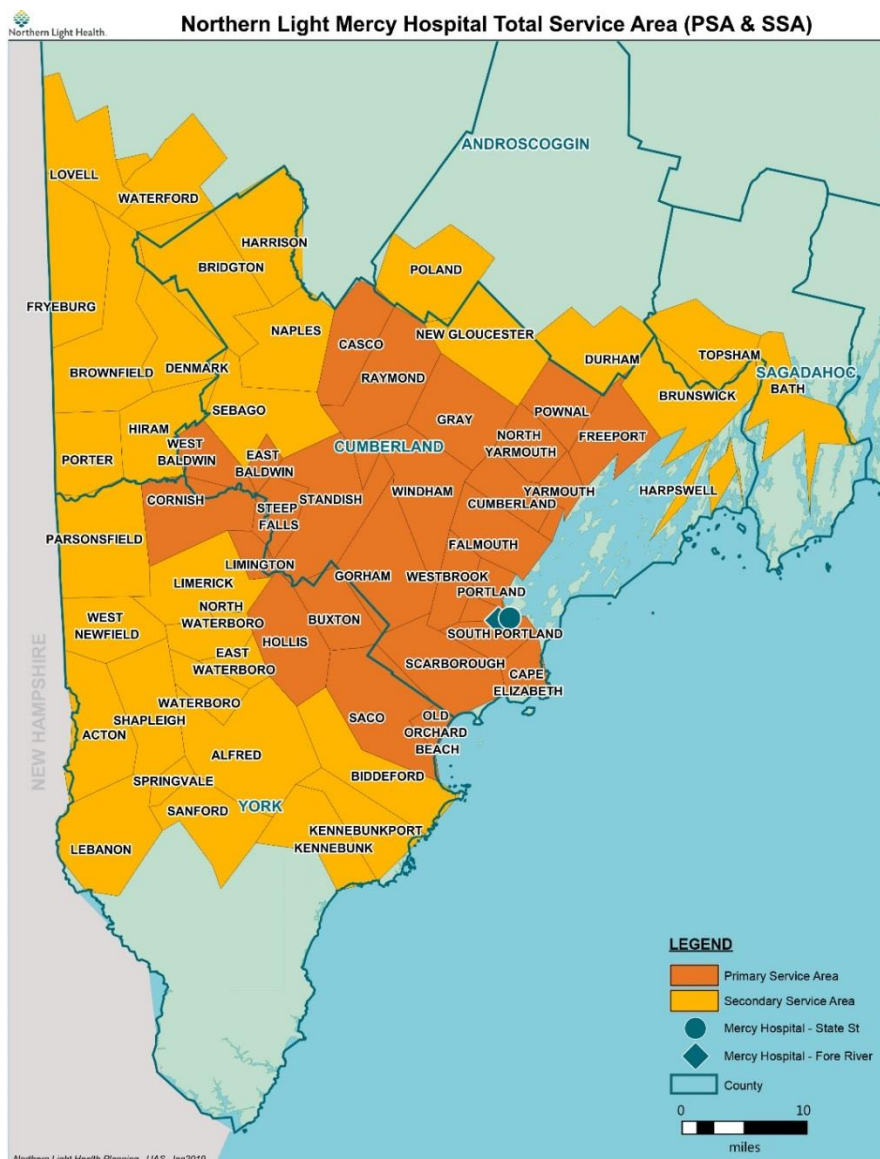
In 2013, Mercy became a member of Northern Light Health (then Eastern Maine Healthcare Systems) and has continued to fulfill its mission of service to meet the changing health needs of the greater Portland community.

Mercy carries out the healing work of Christ by providing clinically excellent, compassionate healthcare for all, with special concern for the poor and disadvantaged. Mercy’s values are visible components of Mercy’s strategic planning, patient care, and human resource initiatives. Mercy’s mission and values integrate well with Northern Light Health’s mission of improving the health of Maine’s people and the communities we serve.

Mercy is committed to giving back to the Greater Portland community. In FY 2017, Mercy provided \$43.25 million in community benefit, including un-reimbursed medical treatments, pro bono medical services, community education, and prevention outreach.

Definition of Community Served

Located in Portland, Maine, Northern Light Mercy Hospital has a service area comprised of both primary and secondary service areas, together referred to as the total service area. Total service areas (TSA’s) are developed by the Northern Light Health Planning department based on neighboring zip codes from which a majority of a hospital’s inpatient admissions originate. TSA’s can sometimes overlap due to hospital locations or because of the specialty services provided by the hospitals.



Demographic Data		
CUMBERLAND COUNTY		
	Percent	Number
American Indian/Alaskan Native	0.2%	650
Asian	2.0%	5,899
Black/African American	2.7%	7,833
Hispanic	1.9%	5,538
Some other race	0.4%	1,132
Two or more races	2.3%	6,768
White	92.3%	265,918
County population	288,204	

Social Determinants of Health Data	
CUMBERLAND COUNTY	
Median household income	\$61,902
Unemployment rate	2.9%
Individuals living in poverty	11.1%
Children living in poverty	13.3%
65+ living alone	46.4%
People living in rural areas	36.1%
Food insecurity	14.0%

Addressing Community Health Needs

Shared Community Health Needs Assessment

In 2019, Maine’s four largest healthcare systems – Northern Light Health, Central Maine Health Care, MaineGeneral Health, and MaineHealth – as well as the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services (DHHS), partnered to research and publish a shared Community Health Needs Assessment (Shared CHNA). The Shared CHNA provides a comprehensive review of health data and community stakeholder input on a broad set of health issues in Maine. The Shared CHNA data were made widely available to the public, as community engagement forums were held across the state, gathering additional feedback on priority issues and opportunities for community health improvement. These reports and the community input received are fundamental to achieving our goal of partnering with community, public health entities, and accountable care networks to improve the health and well-being of the communities we serve.

Results of the 2019 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Northern Light Mercy Hospital. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and tax-exempt status. These benefits include a focus on the clinical, social, and environmental factors that influence the ability of people to lead healthier lives.

Community Health Strategy

This Community Health Strategy was developed with input from community stakeholders including those who serve priority populations, local Public Health District Liaisons, local business leaders, and community advocates.

Priorities were selected after weighing the severity of each priority area, availability of known and effective interventions, determination that the priority area was un-addressed or under-addressed, and community collaborations underway with Northern Light Mercy Hospital.

Northern Light Mercy Hospital reserves the right to amend this Community Health Strategy as circumstances warrant. For example, certain community health needs may become more pronounced and require enhancements or a refocus to the selected priorities of focus.

Process and Methods for Priority Selection

The community health strategy was developed by a planning team consisting of members both internal and external to our organization. The planning team included representatives with knowledge and insight of the communities served. Northern Light Mercy Hospital selected key priorities and strategies based on the county CHNA report, which includes quantitative health profile indicators and qualitative prioritization of need derived from a community engagement process. In addition, shared system-wide priorities were identified in the areas of Substance Use and Social Determinants of Health for all Northern Light Health members. These priorities were identified as shared priorities based on a selection process which considered a review of county level priorities across the state as well as local readiness and capacity to address these needs in partnership with local communities.

Members of Northern Light Mercy Hospital's Community Health Strategy team included individuals representing the following positions:

- Dawn MacFarland, Practice Manager Cancer Care, Infusion Services, and Palliative Care at Northern Light Mercy
- Dr. Karin Cole, Northern Light Mercy Surgery
- Dr. David Langdon, Radiology Associates
- Dr. Su-Anne Hammond, Medical Director of Primary Care at Northern Light Mercy
- Kristen Lehmann, RN Northern Light Mercy Surgery
- Cathy Haley, Director of Primary Care at Northern Light Mercy
- Lisa Bishop, Director of Specialty Care at Northern Light Mercy
- Dr. Kolawole Bankole, MD, MS, MBA, Director Portland Public Health
- Brian Townsend, Executive Director of Amistad
- Joe Everett, Chief Operating Officer, The Opportunity Alliance
- Jim Martin, Vice President of Programs, Sweetser
- Cullen Ryan, Executive Director, Community Housing of Maine
- Katie Kerr, Director of Mission Services, Patient Advocate at Northern Light Mercy
- Melissa Skahan, VP of Mission Integration at Northern Light Mercy

The following criteria were used for the health need selection process:

- Shared CHNA prioritization: How the health priority rank in the Shared CHNA
- System-wide priority areas of work as determined by the Community Health Council
- Ability to leverage local community assets: Identification of potential community partnerships to engage in order to address the priority need, or to build on current programs, emerging opportunities, or other community assets
- Expertise: Northern Light Mercy Hospital experts and local partnership experts in various priority areas
- Feasibility: Northern Light Mercy Hospital has the ability to have an impact given the community benefit resources available

Annually, our internal team will convene to determine if changes need to be considered in order to best address the priority health needs of our community.

NOTE: There were no written comments received related to the most recently conducted CHNA and Community Health Strategy for inclusion in this report.

Evaluation Efforts

Northern Light Mercy Hospital will monitor and evaluate the strategies related to this priority area of work for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Through internal quarterly reporting practices we plan to document and track measures, approaches and resources used, partners engaged, and highlights related to this priority area of work. These quarterly reports will inform our fiscal year-end Progress Report to Our Community that will be made publicly available on our community health strategy web page.

Feedback Opportunity

Contact communitybenefits@northernlight.org with feedback on this report.

Approval from Governing Board

Northern Light Mercy Hospital's Community Health Strategy and Community Health Needs Assessment (CHNA) were reviewed by the hospital's governing board and a resolution was made to approve and adopt both the Shared CHNA and the Community Health Strategy on April 18, 2019.

Selected Priorities of Focus

Priority #1: Social Determinants of Health

Rationale

A community's health can be determined in part by access to social and economic opportunities, the safety and cleanliness of environments, and the resources available in homes, neighborhoods and communities. These social determinants of health are the conditions in which people are born, live, work, and play and affect a wide range of health and quality of life outcomes. Examples of social determinants include socioeconomic status, availability of safe housing, education, access to healthcare services, and food insecurity. Over the past two decades, a large and compelling body of evidence has revealed that these factors play a powerful role in shaping health. This has resulted in a greater understanding that medical care is not the only influence on health and suggests that traditional healthcare models may not be enough to adequately improve health outcomes or reduce health disparities without also addressing how people live.

The Northern Light Mercy Hospital's Community Health Strategy team has identified Social Determinants of Health as a priority need for our community. There are substantial local community assets, and Northern Light Mercy Hospital has assets available to be leveraged in support of this need. Also, there are many evidence-based or promising approaches to address the need for interventions on the many facets of Social Determinants of Health. Finally, Social Determinants of Health rated as a high priority to the community and our Northern Light Health system.

Intended action to address the need

Implement a screening protocol to assess patient's social needs that may include housing, food security, transportation, financial strain, employment, physical activity, illicit substance use, mental health, family support, and/or exposure to violence and develop a system for organizing and maintaining resources and process for connecting patients with these supports for referrals.

Anticipated impact of these actions/expected outcomes

By removing barriers to healthcare, Northern Light Mercy Hospital will see reduced no-show rates, reduced Emergency Department utilization, and improved self-management of chronic conditions.

Programs and resource allocation

Northern Light Mercy Hospital will meet weekly to review utilization of uninsured persons to develop a plan to secure health insurance coverage and concrete supports with partner organizations.

Planned collaborations

Northern Light Mercy Hospital will partner with The Opportunity Alliance, Cumberland County's Community Action Provider, City of Portland, Amistad, Greater Portland Health, and area social service providers.

Plan for measuring impact

Northern Light Mercy Hospital will monitor and evaluate the strategies related to this priority area of work for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Through internal quarterly reporting practices, we plan to document and track measures, approaches, and resources used, partners engaged, and highlights related to this priority area of work. These quarterly reports will inform our fiscal year-end Progress Report to Our Community that will be made publicly available on our community health strategy webpage.

Northern Light Mercy Hospital will implement a tool to assess the social needs of our patients and develop a referral process to access services and resources such as housing, food, health insurance coverage, and transportation.

Population of focus

Uninsured and under-insured persons

Priority #2: Substance Use

Rationale

Substance use, including alcohol, tobacco, and other drugs, has a major impact on individuals, families, and communities. Alcohol misuse, smoking, and tobacco use cause or increase risk of many diseases, such as cancer, heart disease, diabetes, and respiratory conditions. The effects of substance use often result in social, physical, mental, and public health problems, including domestic violence, child abuse, accidents, crime and suicide. Substance use is now understood to be a complex disease of the brain and body, requiring long-term attention and treatment just like any other chronic illness. There are many effective evidence-based strategies that communities, including healthcare organizations and providers, may employ to prevent, identify, and treat substance use disorders.

The Northern Light Mercy Hospital's Community Health Strategy team determined it was feasible to address this need. There are substantial local community assets and Northern Light Mercy Hospital assets available to be leveraged in support of this need. Also, there are many evidence-based or promising approaches to address the need for substance use interventions. Finally, substance use rated as a high priority to the community and our Northern Light Health system.

Intended action to address the need

Increase the number of providers, using Medication-Assisted Treatment (MAT) and other evidence-based treatment options for persons with substance use disorder to include rapid access medication assisted treatment in our Emergency Department and Integrated Behavioral Health services in primary care.

Expand McAuley Residence; a comprehensive approach for family's affected by Substance Use Disorder with supportive housing.

Anticipated impact of these actions/expected outcomes

Northern Light Mercy Hospital will serve more individuals and families affected by Substance Use Disorder by increasing the number of Medication-Assisted Treatment options available and prevention partnerships engaged.

Programs and resource allocation

Rapid Access MAT via Emergency Department induction with comprehensive, holistic care provided in Northern Light Mercy Health Centers involves providers, nurses, and their respective teams from the Emergency Department and the Northern Light Mercy Health Centers. Financial Counselors at Mercy and Recovery Coaches from Amistad also play a significant role with patient navigation, removing barriers to care, and identifying resources for patients.

Northern Light Mercy Hospital employs the program director, drug counselor, trauma counselor, and recovery coach. Parent Coaching is provided through a contract with the Office of Substance Abuse and Mental Health Services and the Play Therapist is provided through a co-located model with Sweetser. Volunteers are coordinated by Mercy staff and play a critical role in the weekly women's seminar, cooking classes, and ongoing mentoring or sponsoring of families. Northern Light Health's Foundation staff solicits funds through annual campaign and other donor activity. Northern Light Health's Community Health and Grants Department pursues grants throughout the year on behalf of McAuley Residence.

Planned collaborations

Northern Light Mercy Hospital will partner with all members of the Greater Portland Addiction Collaborative to include Amistad Peer Support & Recovery Center, Catholic Charities, Portland Recovery Community Center, Maine Health, Preble Street, Milestone Recovery, Cumberland County Jail, District Attorney, Portland Police Department, Community Housing of Maine, and The Opportunity Alliance for improved coordination of care and increased access to evidence based interventions such as MAT.

McAuley Residence, a department of Northern Light Mercy Hospital will continue partnerships with Community Housing of Maine, The Opportunity Alliance, Sweetser, Sea Change Yoga, local childcare providers, Southern Maine Community College, University of Southern Maine, and Key Bank. The Recovery Community offers several onsite groups at McAuley Residence such as Alcoholics Anonymous, AL-Anon, and Narcotics Anonymous. Future partnership opportunities that arise will be identified in our annual Progress Report to Our Community.

Plan for measuring impact

Northern Light Mercy Hospital will monitor and evaluate the strategies related to this priority area of work for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Through internal quarterly reporting practices we plan to document and track measures, approaches and resources used, partners engaged, and highlights related to this priority area of work. These quarterly reports will inform our fiscal year-end Progress Report to Our Community that will be made publicly available on our community health strategy web page.

Northern Light Mercy Hospital will expand McAuley Residence to serve more families and will increase the number of patients in Greater Portland accessing Medication Assisted Treatment and other evidenced-based interventions such as Rapid Access MAT and ongoing treatment in primary care.

Population of focus

Persons and families affected by Substance Use Disorder

Priority #3: Access to Care

Rationale

Access to appropriate, affordable, quality healthcare is important to physical, social and mental health. Lack of health insurance, cost of care, lack of sufficient providers to meet patient needs, and transportation challenges all present significant barriers to the ability to access care when and where it is needed. While health insurance can remove some barriers to care, it does not guarantee access on its own. Individuals and families facing such barriers often delay or go without care, resulting in poorer health outcomes and reduced quality of life. There are many effective approaches that healthcare systems may use to reduce or eliminate barriers to care in the communities that they serve.

The Northern Light Mercy Hospital Community Health Strategy team has identified access to care as a priority need that we are well-positioned to address. In addition to a robust network of community partners, Northern Light Mercy Hospital has resources available to be leveraged in support of this need. There are many options for evidence-based policy and environmental strategies that may be employed to reduce barriers to care in both our community and organization.

Intended action to address the need

Northern Light Mercy Hospital will partner with the local housing authority, Portland's Minority Health Department, and other agencies in Greater Portland to offer health promotion events for disabled persons, low income elders, and families that include health education, preventive screenings, primary care appointments, and coverage counseling.

Anticipated impact of these actions/expected outcomes

Northern Light Mercy Hospital will increase understanding of chronic health conditions, preventive screening options, health insurance coverage, access to primary care, and greater understanding of the positive influence of healthy lifestyles, and access to primary care.

Programs and resource allocation

Northern Light Mercy Hospital will allocate resources for the events such as clinical and administrative staff for the events, health educational materials, and promotional information such as posters, flyers, and social media posts.

Planned collaborations

Northern Light Mercy Hospital will partner with Portland Housing Authority, Avesta Housing, Community Housing of Maine, City of Portland's Minority Health Department, and other agencies to deliver health education, preventive screenings, primary care appointments, and coverage counseling.

Plan for measuring impact

Northern Light Mercy Hospital will monitor and evaluate the strategies related to this priority area of work for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Through internal quarterly reporting practices we plan to document and track measures, approaches and resources used, partners engaged, and highlights related to this priority area of work. These quarterly reports will inform our fiscal year-end Progress Report to Our Community that will be made publicly available on our community health strategy web page.

Northern Light Mercy Hospital will monitor participation and impact by the number of persons, who are in attendance, referred to primary care, have completed preventive screening, and have secured health insurance coverage.

Population of focus

Uninsured and under-insured persons

Priority #4: Mental Health

Rationale

Mental health conditions, including depression, are leading causes of injury, illness, and disability in the United States and around the world. These illnesses are common and are caused by a complex combination of biological, psychological, and environmental factors. Untreated mental illness can result in severe health problems, including but not limited to heart disease and other chronic conditions, weakened immunity, social isolation, legal and financial problems, self-harm and harm to others, poverty, and homelessness. There is also a strong connection between mental illness and substance use, with more than one in four adults experiencing these co-occurring disorders. Limited healthcare options, lack of support, and fear of stigma may prevent individuals from seeking help, indicating an ongoing need to increase mental health awareness and address barriers to accessing mental healthcare.

The Northern Light Mercy Hospital Community Health Strategy team recognizes that addressing mental health needs is a priority for our community. There are substantial local community assets and Northern Light Mercy Hospital has resources available to be leveraged in support of this need. Furthermore, there are many options for evidence-based mental health interventions and services that promote appropriate and effective prevention, identification and treatment for mental illnesses.

Intended action to address the need

Northern Light Mercy Hospital will provide education/other tools to increase provider and clinical staff referrals to behavioral health resources and improved dialogue with patients and their families.

Anticipated impact of these actions/expected outcomes

Northern Light Mercy Hospital will see increased referrals to behavioral health services.

Programs and resource allocation

Clinical staff from Northern Light Mercy Hospital's Behavioral Health Consult and Integrated Behavioral Health Services will offer provider education and develop behavioral health resources.

Planned collaborations

Northern Light Mercy Hospital will partner with Northern Light Acadia Hospital, The Opportunity Alliance, and Sweetser to promote coordination of behavioral health services and access to various treatments.

Plan for measuring impact

Northern Light Mercy Hospital will monitor and evaluate the strategies related to this priority area of work for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Through internal quarterly reporting practices, we plan to document and track measures, approaches and resources used, partners engaged, and highlights related to this priority area of work. These quarterly reports will inform our fiscal year-end Progress Report to Our Community that will be made publicly available on our community health strategy webpage.

Northern Light Mercy Hospital will monitor increased referrals to behavioral health services through monthly reports.

Population of focus

General population

Priority #5: Older Adult Health/Healthy Aging

Rationale

The aging population in Maine and throughout the United States is increasing rapidly, which will contribute to higher demands for healthcare, in-home caregiving, and assisted living facilities, resulting in increased costs for these services. Older adults experience higher rates of chronic disease, including heart disease, cancer, diabetes, and Alzheimer's disease, with many managing two or more of these conditions. Additionally, many seniors experience disability, transportation challenges, social isolation, and unsafe housing, creating additional barriers to good health and quality of life. Research has shown that disability and decline are not always inevitable consequences of aging, and that health may be preserved through promotion of healthy lifestyles and appropriate preventive care. Older adults, particularly those in rural communities, may also be supported through aging in place strategies that integrate health and social services.

The Northern Light Mercy Hospital Community Health Strategy team has identified elder care and healthy aging as a priority need within our community. In addition to an established and capable network of community partners, Northern Light Mercy Hospital has resources available to be leveraged in support of this need. There are many options for evidence-based approaches for integration of healthcare and community services that will keep seniors healthy and safe in their homes for as long as possible.

Intended action to address the need

Northern Light Mercy Hospital will provide advance care planning education and training to increase completion of advance directives in patient Electronic Health Record (EHR).

Anticipated impact of these actions/expected outcomes

Northern Light Mercy Hospital will see increased completion of advance directives in EHR.

Programs and resource allocation

Patient education, training, and assistance will be offered quarterly at Northern Light Mercy Health Centers and annual sessions will be offered at local parishes and community organizations.

Planned collaborations

Northern Light Mercy Hospital will partner with local parishes and community organizations to offer trainings and assistance for advance care planning.

Plan for measuring impact

Northern Light Mercy Hospital will monitor and evaluate the strategies related to this priority area of work for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Through internal quarterly reporting practices, we plan to document and track measures, approaches and resources used, partners engaged, and highlights related to this priority area of work. These quarterly reports will inform our fiscal year-end Progress Report to Our Community that will be made publicly available on our community health strategy webpage.

Northern Light Mercy Hospital will track the increased number of advance directives in the EHR. Attendance at local parishes and community organizations will be tracked to determine population reach.

Population of focus

General population

Health Priorities Not Addressed

Northern Light Mercy Hospital considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. Northern Light Mercy Hospital has opted to work on all top five priorities as identified in the Shared CHNA.

Conclusion

Northern Light Mercy Hospital is thankful for the participation and support of our community members and many area organizations in the Shared Community Health Needs Assessment process and for contributing their knowledge of local community health needs. Through existing and future partnerships, collaborative efforts will be essential in addressing the identified community health strategies prioritized within.

Northern Light Mercy Hospital will engage in another Shared CHNA in 2022 and looks forward to ongoing community participation in these important efforts.

Appendix

Evaluation of Impact

Progress report on selected priorities from Northern Light Mercy Hospital's last (2016) Community Health Needs Assessment.

Northern Light Health and Northern Light Mercy Hospital are committed to promoting a culture of community stewardship, and partnering together with community stakeholders to address high priority health issues. In order to do so effectively, we regularly monitor the impact of our community health efforts, and make this information widely available to our communities in the form of annual Community Benefit statements, and this triennial Community Health Strategy report. The following annual Progress Report to Our Community provides a summary evaluation of impact of the actions taken by Northern Light Mercy Hospital to address community health priorities adopted in 2016.

Measuring and reporting on progress is critical to making a difference in the communities we serve, and in the lives of those we care for. The following annual Progress Reports to Our Community are provided:

- Progress Report to Our Community FY17
- Progress Report to Our Community FY18
- Progress Report to Our Community FY19

For additional information, visit <https://northernlighthealth.org/Community-Health-Needs-Assessment/2016-CHNA-Reports/Community-Health-Strategy>

Progress Report to Our Community

Addressing Community Health Needs

Fiscal Year 2017



2019



2018



2017



Mercy Hospital

Progress Report Update *continued*

FY 2017 Progress Report Priority 1: Substance Abuse Treatment	
Objective	By the end of FY17, we will reduce the number of uninsured persons declined access to substance use disorder treatment by 50% through optimization of existing assets and expansion of treatment, recovery-oriented services, and concrete supports such as housing and employment services.
Status	In Progress
Approaches taken and resources used	<p>In fiscal year 2017 (FY17), capacity-building was underway with community based organizations, with data scientists and engineers from Open Lattice creating an integrated data platform, accessible by all stakeholders, with real-time notifications of critical activities that influence recovery outcomes. Open Lattice and Greater Portland Addiction Collaborative (GPAC) partners began work in the summer and fall to develop electronic client records, a master person index, and integrate data from police, jail, and other partner organizations. This requires new work-flows and partners to migrate from paper documentation to a new electronic client record that will be shared through the electronic platform. A demo of the integrated platform will be available in December of 2017 (FY18).</p> <p>GPAC will evaluate data collection and sharing, work-flows, real-time alerts, and reporting functions, analyzing outcomes compared to systemic performance standards and identifying the interventions and recovery pathways that produce desired outcomes. We will test the impact of real-time notifications to drive response and care delivery and create performance evaluation tools across organizations. Testing and refinement will be ongoing. GPAC will seek an evaluator to develop a rigorous evaluation to assess program and achievement of recovery outcomes. Evaluation measures will be set up in a way that anticipates the requirements of a Pay For Success transaction. Evaluation outcomes will be shared broadly. Quantified Ventures will complete a feasibility study to determine whether specific interventions produce outcomes that could be appropriate for a PFS contract. Mercy Hospital submitted a proposal for technical assistance from Urban Institute for evaluation structuring and data analysis. The GPAC Steering Committee facilitated by Melissa Skahan, VP of Mission met weekly to finalize and adopt operating procedures. A practice council with membership from several organizations met and provided input for practice standards in the GPAC house. The first recovery residence has eight women residing with on-site support offered by a program manager, house manager, and peer support. All are engaged with medication assisted treatment and various wrap around services.</p>
Partners engaged	<p>Mercy Hospital partnered with the following entities on this priority:</p> <p>Mercy Hospital, Milestone Recovery, The Opportunity Alliance, Portland Police, City of Portland, Community Housing of Maine, Amistad, Portland Recovery Community Center, Greater Portland Health, Catholic Charities, Maine Health and Preble Street. National partners include Nonprofit Finance Fund, Urban Institute, Open Lattice, and Laura and John Arnold Foundation. Mercy Hospital submitted proposals to Urban Institute, and Bloomberg Foundation on behalf of the City of Portland for technical assistance and funding. Maine's Department of Corrections and Department of Health and Human Services have offered letters of support to serve as payors in anew financial model. Quantified Ventures remains our intermediary firm to structure a financial transaction.</p>

FY 2017 Progress Report Priority 1: Substance Abuse Treatment <i>continued</i>	
Highlights	A critical commitment of GPAC is to optimize existing assets. The early work of Open Lattice’s software engineers and data scientists will help to achieve that goal. Partner organizations – primarily community-based organizations - will migrate from paper processes and develop new work-flows guided by experts. Melissa Skahan serves on Urban Institute’s Community of Practice and GPAC was invited to apply for technical assistance. This presented a remarkable opportunity to have national policy and practice experts from D.C. to come to Portland and guide the structuring of the external evaluation and data analysis. GPAC secured the only Opioid Health Home contract in Southern Maine and committed to serve 100 uninsured persons. The identification of end payors and national research scientists to guide the next steps make an impact investment or Pay For Success financial transaction within reach.
Outcome Measure	60 per month (monthly contact and referral documentation provided by Milestone)
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In fiscal year 2018 (FY18), GPAC will continue to seek innovative funding mechanisms for housing and treatment, optimization of all partner organizations, integrated data platform, and rigorous evaluation.

FY 2017 Progress Report Priority 2: Affordable Housing and Homelessness	
Objective	By the end of FY17, McAuley Residence will serve fifteen previously homeless women.
Status	Completed
Approaches taken and resources used	<p>In FY17, McAuley Residence continued to produce remarkable outcomes with 80% of residents remaining clean and sober and family reunification rates at 96%. Three phases of the program include:</p> <ul style="list-style-type: none"> • Phase one, women are expected to engage fully in substance use disorder treatment, mental health services, parenting coaching, and primary care. During this time, women have a curfew, are randomly drug tested, and are required to attend several process groups per week. • Phase two allows women to develop and execute a plan for family reunification in partnership with Child Protective Services and to advance their education or career goals. Several women attend higher education classes and are required to be productively engaged (work or school) for 35- 40 hours per week. Financial planning also becomes a priority. • Phase three begins the transition to independent living and women are welcomed to continue to attend community dinners, 12-step meetings in the house, and to attend aftercare groups.
Partners engaged	<p>Mercy Hospital partnered with the following entities on this priority :</p> <ul style="list-style-type: none"> • The Opportunity Alliance provides Parenting Coaching with both individualized direct service and groups • Sweetser provides play therapy for children as part of the reunification and family development • Key Bank provides financial planning to support the transition from general assistance and the development of self-sufficient plan • Cultivating Community provides low income CSAs and cooking lessons • Local chefs and community volunteers provide cooking lessons on Wednesdays • UNE MSW interns provide administrative support and assist with case management services • Yoga is offered twice weekly by community volunteer instructors • The 12-Step community offers several on-site meetings to include AA, NA, and Al Anon • Women’s Seminars are offered weekly to provide an array of healthy activities such as art classes and knitting • Mercy Foundation is pursuing the development of an endowment to sustain the program in perpetuity and support expansion

FY 2017 Progress Report Priority 2: Affordable Housing and Homelessness <i>continued</i>	
Highlights	Several leaders have toured McAuley Residence in the fourth quarter of FY17 to include Attorney General Janet Mills, Sen. Amy Volk, Rep. Karen Volk, and leadership of Maine State Housing. All have committed to participate in expansion efforts and introduced a bill titled “An Act to Stabilize Families” in 2017. A follow up meeting with Attorney General Mills included her lead attorney for settlement activities and lead attorney for child protective services.
Outcome Measure	80% of McAuley residents remain clean and sober
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, discussions are underway to build financial capacity to serve more families. We will complete a financial analysis of resources for Mercy Hospital and Community Housing of Maine to consider an additional site and added apartments at 68 High Street.

FY 2017 Progress Report Priority 3: Medical Neighborhood - Affordable options for people who are uninsured or under-insured	
Objective	By the end of FY17, Mercy Hospital will secure health insurance coverage and avoid unnecessary cost for 200 persons.
Status	In Progress
Approaches taken and resources used	In FY17, Mercy continued to enroll uninsured persons on the Marketplace and secure Medicaid disability for individuals at Mercy and in the broader community. This service was publicized on Mercy Hospital's website and at Healthcare.gov with walk-in appointments welcomed. Financial Counselors meet with patients in community as needed and consistently produce good results. Dr. Altman continues to review 3-5 referrals for various testings, specialty care, surgical procedures, and physical therapy daily to ensure that utilization review, the standard of medical necessity, and multiple care options have been examined. Dr. Altman provides education and counseling for both provider and patient and engages the mission integration team to develop concrete supports.
Partners engaged	<p>Mercy partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Greater Portland Health • The Milestone Recovery • Amistad • City of Portland
Highlights	285 people have directly benefited from this service in 2017. With coverage and basic needs met, these individuals have new found access to care, options for mental health and substance use disorder services, and concrete support such as housing, food, and transportation. A current case involves a homeless patient with advanced head and neck cancer. This patient now has coverage, medication assistance, direct support for transportation, a sense of community, and reinstated social security disability payments. He is currently undergoing both chemotherapy and radiation therapy and being transported by Mercy is funding short term housing in a local hotel to allow for home health nursing and other supports to occur. A long term housing solution is also in the works for this gentleman.
Outcome Measure	On track for \$1.3M of avoidable costs
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy will continue this work as a valuable part of the Mercy continuum of care.

FY 2017 Progress Report Priority 4: Preventive Screenings and Immunizations	
Objective	By the end of FY17, Mercy Hospital will provide health education at a minimum three community events.
Status	Completed
Approaches taken and resources used	<p>In FY17, Melissa Skahan, Vice President of Mission Integration at Mercy, presented throughout the organization to partner with the volunteers at the Wayside Food Program in Portland. Wayside has been increasing access to nutritious food for those in need in Southern Maine since 1986. Its hunger relief efforts include: community meals, mobile food pantries, a healthy snacks program for kids, and community gardens” (www.waysidemaine.org).</p> <p>Employees from Portland Surgical Associates and the Care Management Team helped prepare meals on two different occasions in April and May for more than 100 people that were served at the Westbrook Community Center. In June, staff from Mercy’s Medical Oncology group served a meal to more than 75 people at Hope GateWay on High Street in Portland. The opportunity to prepare and serve meals to those in the community was a privilege and worthwhile volunteer experience for all involved.</p>
Partners engaged	<p>Mercy Hospital partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Greater Portland Health • Sacred Heart St. Dominic’s • Wayside Community Cafes • Westbrook Senior Center • Salvation Army • Reiche School
Highlights	Wayside Community Café is a wonderful partner and indicated the desire to integrate health education into their current programming with Mercy Hospital. They reach a vulnerable population of elders, new Mainers, and materially poor individuals.
Outcome Measure	Attendance
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy Hospital will continue to support Wayside and Sacred Heart St Dominic’s Church and offer blood pressure, other preventive screenings based on needs or requests, and primary care resources.

FY 2017 Progress Report Priority 5: Enrollment Activities and Coverage Counseling	
Objective	By the end of FY17, Mercy Hospital will secure coverage for 100 persons, who were previously uninsured.
Status	Completed
Approaches taken and resources used	In FY17, Mercy’s Financial Counselors accepted walk-in appointments Monday through Friday from 8-4pm for uninsured persons. In 2017, Mercy found coverage for 304 individuals, which allows them to access services, medication, and treatment.
Partners engaged	This service is open to the general public and also is widely used by Preble Street, The Milestone Recovery, Amistad, Greater Portland Health, and The City of Portland.
Highlights	See “Approaches taken and resources used” section
Outcome Measure	Mercy helped to secure coverage for 304 individuals who were previously uninsured
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy will continue to help secure coverage for persons, who were previously uninsured.

FY 2017 Progress Report Priority 6: Health Education	
Objective	By the end of FY17, Mercy Hospital will provide a minimum of three health education sessions around nutrition and preventive care.
Status	Completed
Approaches taken and resources used	In FY17, food and health education remained a priority for Mercy Hospital as many providers, clinical leaders, and staff embrace the opportunity to provide education and volunteer. The new partnerships with local parish in the poorest neighborhood in Portland allowed Portland Internal Medicine, Surgical Services, and other departments to organize food drives, volunteer at food pantry, and provide a valuable food resource to a food insecure population. Wayside Cafés allowed staff to volunteer at local schools, Salvation Army, and directly with Wayside for food prep and delivery. The Digestive Health presentations by Mercy Gastroenterologist at WEX and UNUM were well received. Each presentation had roughly thirty participants.
Partners engaged	<p>Mercy Hospital partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Sacred Heart St. Dominic • Wayside Community Cafés • Lily Oncology Art • Local businesses are also new partners • Greater Portland Health
Highlights	Food insecurity was a new undertaking for Mercy and many staff, physicians, and departments participated throughout the year. The lunch and learns and other health related education sessions in local businesses presented a wonderful opportunity for providers and staff to share their expertise beyond Mercy. The breast care awareness event was very well executed, but not well attended. A debrief session helped set the strategy for 2018 to grow participation.
Outcome Measure	Three health education events were held in FY17
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy will continue to partner with Wayside Cafés, Sacred Heart St. Dominic Church, local businesses, and develop strategy to ensure that our oncology events are well attended at the Fore River Campus.

FY 2017 Progress Report Systemwide Priority: Opioid Harm Reduction - Patient Education	
Objective	By 9/30/2017, increase the number of provider offices providing patient education materials surrounding prescription drug safety.
Status	Completed
Approaches taken and resources used	In FY17, Mercy incorporated the Choosing Wisely patient education resources was used in Express Care and the emergency department to educate patients around the alternatives to opioids for pain management. The future state of embedding these tools in the electronic record will further the utilization as the paper copies can be difficult to consistently distribute.
Partners engaged	Mercy partnered with the following entities on this priority: <ul style="list-style-type: none"> • EMHS member organizations
Highlights	The resource was well received by nursing and providers and distributed as part of the discharge plan.
Outcome Measure	Five provider offices offered patient education materials on prescription drug safety
Project lead	Melissa Skahan, Vice President of Mission Integration and communications staff
Next Steps	In FY18, Mercy plans to have patient education in the electronic record from Choosing Wisely that will further promote the Mercy effort.

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 2 to 20.
Status	In Progress
Approaches taken and resources used	In FY17, Mercy continued to employ two addictionologists and one nurse practitioner (NP) who has secured the Rx Waiver. The NP began to provide rapid access to MAT and mental health services for very high risk women, who are living in the recovery residence. Maine Health continues to expand the number of providers with the intent to have prescribers in all primary care homes. Greater Portland Health has added five new physicians with waivers.
Partners engaged	<p>Mercy partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Milestone Recovery • The Opportunity Alliance • Greater Portland Health • Catholic Charities • Maine Health
Highlights	In the fourth quarter, Mercy added an excellent new prescriber, who treats patients in a holistic manner treating both psychiatric and substance use disorders at the same time. This has expanded access for patients and the new recovery residence has provided additional support for these patients. Mercy Hospital is a finalist with the Urban Institutes's grant for technical assistance to develop a new financial model for medication assisted treatment and necessary wrap around services.
Outcome Measure	18 providers qualified as Medication Assisted Treatment prescribers
Project lead	Melissa Skahan, Vice President of Mission Integration at Mercy for GPAC
Next Steps	In FY18, Mercy providers expressed an interest in prescribing MAT and this will continue to be a priority for MMG.

FY 2017 Progress Report Systemwide Priority: Opioid Harm Reduction - Provider Education	
Objective	By 9/30/2017, increase the number of EMHS providers receiving education on Maine's new opioid prescribing law (LD 1646, An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program).
Status	Completed
Approaches taken and resources used	<p>In FY17, Mercy engaged in the following activity in response to this priority: In October 2016 Gordon Smith, Executive VP of the Maine Medical Association presented "Maine's New Opioid Prescribing Law & the Opioid Crisis: Implications for Pharmacists and Providers," to the Mercy Medical Staff. This was a quarterly meeting, 55 members in attendance received 1 hour of CME credit each. In November of 2016 there was mandatory powerpoint education provided to all of the MMG providers (employed and per diem providers) and clinical staff through Healthstream. The objectives of the presentation included:</p> <ul style="list-style-type: none"> • Describe recent changes in state regulations • Review updates to the Mercy Controlled Medication Prescription and Management Policy • Establish standardized approaches for adhering to prescription and monitoring procedures and how these are to be reflected in the EHR <p>The completion of the education was tracked through Healthstream to ensure compliance. A similar presentation was also provided to the ED, Hospitalist/PE and Pharmacy department leaders by email. In addition to this training, areas most greatly impacted by the new regulations and workflows (Primary Care, Oncology, Portland Surgical and Maine Spine) were provided resource binders that contained copies of the presentations, the workflows and job aids for the updates that were made to Allscripts to facilitate documentation and tracking of patients on chronic opioid treatment plans, as well as the Chapter 488 and BOL Chapter 21 regulations. A brief presentation was also provided at the December Department Managers meeting.</p>
Partners engaged	Mercy partnered with the following entities on this priority: <ul style="list-style-type: none"> • Gordon Smith, Executive VP of the Maine Medical Association
Highlights	Please see the "Approaches taken and resources used" section.
Outcome Measure	55 providers received education on implementing Maine's new opioid prescribing laws being tracked in inventory database
Project lead	Dr. John Southall, Interim Vice President of Medical Affairs
Next Steps	In FY18, this effort will not be reported as this is routine education now and part of each provider's annual CME plan.

FY 2017 Progress Report Systemwide Priority: Opioid Harm Reduction - Supportive Recovery Services	
Objective	By 9/30/2017, increase the number of patient referrals to appropriate alternative pain treatment options listed in the resource guide developed for regional community based support services, from 0 to 100.
Status	Completed
Approaches taken and resources used	In FY17, Mercy developed a resource guide for distribution and the addition of Greater Portland Addiction Collaborative's (GPAC) first recovery residence have expanded housing with care coordination options in Greater Portland. Referrals come from various providers at Mercy, Maine Medical Center, and Greater Portland Health. A wait list of sixteen possible residents has already occurred. With additional donor funds, properties are being vetted to open the remaining 36 beds.
Partners engaged	<p>Mercy partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • The Opportunity Alliance • Milestone Recovery • Maine Health • Greater Portland Health • Catholic Charities • Portland Police • City of Portland • Community Housing of Maine • Amistad • Preble Street • Portland Recovery Community Center
Highlights	Open Lattice has advanced the integrated data platform with demo in December of 2017 and GPAC has endorsed the governance principles. The addition of a program manager to provide onsite care coordination has been vital to the successful treatment retention. Mercy Hospital is a finalist for the Urban Institutes technical assistance grant to develop a new payment model.
Outcome Measure	20 patient referrals to treatment and recovery oriented supports
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy plans to continue this effort as a priority as well as serving as the backbone organization for GPAC.

FY 2017 Progress Report Systemwide Priority: Healthy Food Access - Healthier Hospital Foodservice	
Objective	Increase the number of sites with improved availability of healthy foods through new or improved policies, environments, and systems by 9/30/2017.
Status	Completed
Approaches taken and resources used	Mercy's Food Service Director Bruce Turner has been a champion of healthy food and local sourcing of food for years. In FY17, Mercy introduced a six week summer cycle menu inclusive of fresh and chilled items containing very little fat content. Mercy invented a BFY program (better for you) offering three entrées a week that are the best entrée choice of the day. It is complete with recipes and nutritionals and the BFY logo to distinguish it from the other menu offerings.
Partners engaged	Mercy partnered with the following entities on this priority: <ul style="list-style-type: none"> • Preble Street Resource Center • Wayside Community Cafés • Gary's House • VNA Home Health Hospice • Local farmers for CSAs • McAuley Residence
Highlights	Bruce Turner and his team had multiple opportunities to highlight their continuous effort to make health food choices high profile and ever present for Mercy staff, patients, and visitors. Presentations to the board of directors and Mercy leadership reinforced the focus of improving options overall at EMHS. The use of Computrition software to refine recipes and highlight the caloric intake associated with each menu item provides consumers the necessary information to make improved eating choices.
Outcome Measure	Two foodservice environments with improved availability of healthy foods
Project lead	Bruce Turner, Director of Food Service, Stephanie Homon, Manager of Clinical Nutrition; Melissa Skahan, Vice President of Mission Integration
Next Steps	<i>In FY18, Mercy will continue to work on this priority.</i>

FY 2017 Progress Report Systemwide Priority: Healthy Food Access - Food Insecurity Screen and Intervene	
Objective	Increase the number of patients screened for food insecurity from 0 to 300 by 9/30/2017.
Status	In Progress
Approaches taken and resources used	In FY17, Mercy worked diligently to incorporate the validated screen and intervene questions and the community food resource document to the electronic medical record for the Pediatrics and Oncology departments to pilot the collection of food insecurity data. This effort opened a new dialogue with patients around a prevalent concern in Cumberland County. The food resource was provided to a cohort and referrals to the licensed clinical social workers (LCSWs) in the respective practices. Oncology patients will be re-screened throughout their treatment acknowledging the financial implications of the cost of care can influence patient's ability to address their basic needs such as food, housing, and transportation.
Partners engaged	No partners were engaged directly. However, several community-based organizations were noted in the community resource guide to access food.
Highlights	Staff remains very engaged in screening patients around food insecurity. The shift to electronic process will further support the effort
Outcome Measure	1617 patients screened using the two question screen
Project lead	Cathy Haley, Manager of West Falmouth Primary Care; Dawn McFarland, Manager of Mercy Oncology; Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy would like to expand this priority to all practices using the Allscripts EMR to identify more patients and food resources in the communities that we serve.

FY 2017 Progress Report	
Systemwide Priority: Healthy Food Access - Community Food Access	
Objective	Increase the number of partnerships with Community Based Organizations (e.g. schools, food pantries, congregate meal sites, etc.), with a focus on increased access to and availability of healthy foods by 9/30/2017.
Status	In Progress
Approaches taken and resources used	In FY17, Mercy worked closely with Wayside Café, United Way, Preble Street, Hope Gateway, and in the fourth quarter began to donate food to the GPAC Recovery Residence for women. This opportunity has presented a wonderful opportunity for various staff to volunteer directly, donate funds, and gain understanding of the level of food insecurity that exists in the communities that we serve.
Partners engaged	<p>Mercy partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Sacred Heart St. Dominic Church • Wayside Soup Kitchen with five locations • Catherine’s Cupboard • Cultivating Community • Preble Street, Wayside Soup, and United Way of Greater Portland • GPAC Recovery Residence for Women
Highlights	See “Approaches taken and resources used” section.
Outcome Measure	Nine partnerships with Community Based Organizations
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy plans to continue to work with community partnerships to improve the availability of environments with healthy food and beverage options.

Fiscal Year 2018

Progress report to our community

Addressing community health needs



Northern LightSM
Mercy Hospital

Progress report update

FY 2018 Progress Report

Priority #1: Substance abuse treatment

Objective: By the end of fiscal year 2018 (FY18), Greater Portland Addiction Collaborative (GPAC) will migrate all partner organizations to an electronic platform from paper documentation and serve 12 women in the new recovery residence.

Status: Completed

Approaches taken and resources used: In FY18, Northern Light Mercy Hospital facilitated the work of the GPAC Steering Committee, Practice Council, and the relationships with national partners, financial intermediary, and investors. Northern Light Mercy Hospital also engaged the critical resources of Northern Light Health's legal and IS compliance.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Open Lattice, Urban Institute, Portland Police Department and Substance Use Disorder Liaison, The Opportunity Alliance, Preble Street, Community Housing of Maine, Portland Recovery Community Center, Greater Portland Health, Amistad, Milestone Recovery, Catholic Charities, Maine Behavioral Health, and Maine Medical Center

Highlights: In FY18, Northern Light Mercy Hospital Mercy/Northern Light Health completed a comprehensive security audit of the Open Lattice cloud-based integrated data platform led by EMHS IS compliance and legal departments. Northern Light Mercy Hospital /Northern Light Health's legal department created the data sharing agreement to meet the necessary standards for consent, confidentiality, and compliance. Northern Light Mercy Hospital's technology partner, Open Lattice developed an electronic client record for GPAC partners, who were previously on a paper process. The organization worked with jail, police, health, and behavioral health providers to identify data points, execute agreements, and optimize workflows.

Outcome Measure: In FY18, the outcome measure for this CHIP achieved by Northern Light Mercy Hospital included the Open Lattice's development of new electronic client records for two organizations that were previously on paper. These organizations provide critical front line services with limited resources and this optimization cannot be understated. The execution of 10 data sharing agreements between Open Lattice and the individual partners sets the stage for data sharing of an integrated data platform with jail, police, health, and behavioral health data to drive care delivery and rapid response. Two organization that do not collect or aspire to collect data as drop in centers, determined through consultation to not stand up a data collection process. Urban Institute researchers continue to work with Northern Light Mercy Hospital and GPAC leaders to identify measurable outcomes, external evaluators, and impact investment processes. In addition, 14 women were served.

Project Lead: Melissa Skahan, vice president of Mission Integration

Next Steps: In fiscal year 2019, Northern Light Mercy Hospital will finalize the overarching data sharing agreement and work with scientists at Open Lattice and Urban Institute to develop a rigorous evaluation of the collaborative model. We will pursue additional housing and treatment offerings to build capacity for rapid access treatment and safe, sober housing.

FY 2018 Progress Report

Priority #2: Affordable housing and homelessness

Objective: By the end of FY 18, McAuley Residence will serve 15 previously homeless women and 25 children.

Status: Completed

Approaches taken and resources used: In FY18, Northern Light Mercy Hospital explored various avenues to build capacity for the proven model. Through new partnerships with the Senator Volk and the delegation, and the Quality Housing Coalition, we have secured an enhanced housing status for local apartments for reduced lengths of stay and will pursue the \$1 million in annual funding each year for the next three years.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Senator Amy Volk, Lisa Harvey McPherson, vice president of Government Affairs at Northern Light Health, Quality Housing Coalition, Sweetser, The Opportunity Alliance, Sea Change Yoga, Cultivating Communities, Plum Tree Counseling, Key Bank, and Recovery Community volunteers.

Highlights: In FY18, Northern Light Mercy Hospital partnered with Sen. Amy Volk, Majority Leader in the Maine Senate to advance discussion with state leaders to replicate or expand the McAuley Residence model. The need is so significant for women-specific opioid related care as fatal overdoses for women have increased 400% since 2011(CDC 17). Mirroring the rise of substance abuse, the rate of children in Maine's foster care system has increased dramatically. In 2016, there were more than 1,800 children in foster care, up almost 45% since 2011. The children of this public health crisis have also become increasingly complex, suffering severe trauma, attachment disorders, behavioral health, and cognitive disability. Over the past few years, psychiatric crisis at times with hospital admissions for children under eight years of age have become a norm at McAuley. Family reunification is a program goal and each mother is provided one on one and group parenting education and coaching with The Opportunity Alliance. While at McAuley, the children receive the care and attention in safe, structured housing with a fully present parent. This often requires in home support such as HCT, BHP, and trauma-informed family therapy with Sweetser until the children settle in to their healthy routine at home, in play, and at school. LD 1771, An Act to Stabilize Families, received unanimous support in both the House and Senate. A request for proposals will be released in October, 2018 with \$1 million of funding to expand the McAuley Residence model.

Northern Light Mercy Hospital also created a new partnership with the Quality Housing Coalition (QHC), developing Project HOME, a pilot project of QHC designed to remove those barriers for families with children who have successfully completed approved housing readiness programs. Project HOME approves and partners with housing readiness programs and landlords to facilitate and support quality rental housing opportunities. This new program gives priority to the families of McAuley Residence, which assists with timing the transition in Phase three.

Outcome Measure: In FY18, the outcome measure for this CHIP achieved by Northern Light Mercy Hospital was 18 women and 37 children benefited from services at McAuley Residence.

Project Leads: Melissa Skahan, vice president of Mission Integration and Ellie Burke, program director

Next Steps: In fiscal year 2019, Northern Light Mercy Hospital will seek to serve more women and children with this comprehensive approach.

FY 2018 Progress Report

Priority #3: Medical neighborhood

Objective: Affordable options for people who are uninsured or under-insured - By the end of FY18, Northern Light Mercy Hospital will secure health insurance coverage and avoid unnecessary cost for 200 persons.

Status: Completed

Approaches taken and resources used: In fiscal year 2018 (FY18), Northern Light Mercy Hospital's neighborhood team continues to meet weekly to examine utilization of uninsured or under-insured persons. Activities include securing health insurance coverage, developing a plan to secure concrete supports, encouraging rationale utilization of high cost services, and successful engagement into primary care with chronic disease management including integrated behavioral health services.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Amistad for peer support, City of Portland for community health workers, Milestone Recovery for and Greater Portland Health for cultural brokerage, connection with concrete supports, patient navigation, and care coordination.

Highlights: In FY18, Northern Light Mercy Hospital's neighborhood team continues to meet weekly to examine utilization of uninsured or under-insured persons. Activities include securing health insurance coverage, developing a plan to secure for concrete supports, encouraging rationale utilization of high cost services, and successful engagement into primary care with chronic disease management including integrated behavioral health services. Northern Light Mercy Hospital expanded the role of Amistad's peer support workers in the Emergency Department through a contract with the state for daily coverage from 4 pm to 11 pm. This new model presents additional opportunity for patient navigation and connection with vulnerable persons. Daily worklists for primary and express care practices and high need oncology patients are also part of the weekly conversations of the medical neighborhood team. Northern Light Mercy Hospital's psychiatric nurse practitioner rides along with Milestone Recovery's Homeless Outreach Mobile Team for outreach and street medicine to build rapport with disenfranchised patients. This presents further opportunity to redirect patients from high cost services to a primary care medical home at Northern Light Mercy Hospital or Greater Portland Health, the Federally Qualified Health Center.

Outcome Measure: In FY18, Northern Light Mercy Hospital secured health insurance coverage for 439 people.

Project Lead: Melissa Skahan, vice president of Mission Integration

Next Steps: In fiscal year 2019, Northern Light Mercy Hospital will add complex patients to the weekly review in primary care, express care, and specialty practices for uninsured and persons with high utilization as well as continued work in the Emergency Department. The intent will be to seek improved coverage, connections, and care coordination.

FY 2018 Progress Report

Priority #4: Preventive screenings and immunizations

Objective: By FY18, Northern Light Mercy Hospital will provide health education at a minimum of three community events.

Status: Completed

Approaches taken and resources used: In FY18, Northern Light Mercy Hospital developed several new partnerships in the communities in which we provide primary care.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Area neighborhood associations, local chambers, schools, PTAs, faith communities, and local businesses have offered new environments and audiences to deliver health education and provide screenings.

Highlights: In FY18, a public service announcement was created by Northern Light Mercy Hospital physicians and Northern Light Mercy Hospital provided colon screening tests to 156 low income persons associated with Northern Light Primary Care, West Falmouth and Northern Light Gastroenterology, Portland provided screening colonoscopies for 211 patients. A provider in Yarmouth also offered an education session on bike safety in partnership with the Casco Bay YMCA and provided helmet fitting assessments for 100 participants. Blood pressure screenings with follow up with primary care occurred during the Wellness Fair at Northern Light Mercy Hospital with 200+ participants. During the month of May, 176 patients were afforded a dedicated skin cancer screening for concerning lesions per patient report and provided education regarding sun safety.

Outcome Measure: In FY18, the outcome measure for this CHIP achieved by Northern Light Mercy Hospital providing health screenings to 687 individuals.

Project Lead: Melissa Skahan, vice president of Mission

Next Steps: In fiscal year 2019, Northern Light Mercy Hospital will continue to provide a wide array of preventive screenings and health education to promote consideration of vaccines and diagnostic testing.

FY 2018 Progress Report

Priority #5: Enrollment activities and coverage counseling

Objective: By the end of FY18, Northern Light Mercy Hospital will secure coverage for 100 persons, who were previously uninsured.

Status: Completed

Approaches taken and resources used: In FY18, Northern Light Mercy Hospital created a daily work list to ensure that patients seeking services in various locations are contacted for financial counseling.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Internal staff at the Northern Light Mercy Hospital. No external partners.

Highlights: In FY18, Northern Light Mercy Hospital continues to offer robust financial counseling to afford all persons access to health insurance coverage and the wide array of benefits and services that become available with comprehensive coverage. Several new staff were hired and trained to expand the service to our primary and specialty care practices. We created a daily work list of all uninsured persons who have accessed services in the emergency department, express cares, and primary care to proactively connect and offer financial counseling. We also added a financial navigator in Northern Light Health Oncology, Portland, to ensure that financial toxicity does not become a barrier to treatment for patient's battling cancer.

Outcome Measure: In FY18, 439 individuals, who were previously uninsured, were afforded health insurance coverage through Mercy financial counseling efforts.

Project Lead: Melissa Skahan, vice president of Mission Integration, and Kelly Addor, lead financial counselor

Next Steps: In FY19, Mercy will continually assess the impact of financial counseling and seek to engage patients in primary care.

FY 2018 Progress Report

Priority #6: Health education

Objective: By the end of FY18, Northern Light Mercy Hospital will provide a minimum of four health education sessions around nutrition and preventive care.

Status: Completed

Approaches taken and resources used: In FY18, Northern Light Mercy Hospital engaged in planning discussions with several new partners. The neighborhood associations, local chambers, schools, PTAs, faith communities, and local businesses have offered new environments and audiences to deliver health education. Examples include a local provider in Yarmouth partnered with the YMCA to deliver bike safety and wrote a health column around managing stress in adults and children.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Liz Parsons, president of the West End Neighborhood, Emma Holder of Parkside Neighborhood, West End News, and Wayside Community Cafes, local schools, rotaries and chambers, non-profits, faith communities, local festivals, and neighborhood associations.

Highlights: In FY18, Northern Light Mercy Hospital delivered several health education and preventive screenings to include Wayside Community Cafes, local schools, rotaries and chambers, non-profits, faith communities, local festivals, and neighborhood associations. The activities include Mercy's Wellness Fair that included the following: nutrition, breast health prevention and awareness, colon cancer awareness and prevention, tobacco cessation, wellness coaching and weight loss solutions, blood pressure screenings. We also held a Breast Health Awareness event on October 10 and provided education at the Making Strides Walk. Dr. Stoeller, a breast surgeon, presented awareness and prevention to a group of volunteers. A monthly support group was led by Mercy's clinical staff for patients and their families affected by blood cancer. A public service announcement was created during colorectal cancer awareness and screening public service announcement that had several 1000 views with Mercy physicians. A monthly health education column is published each month written by providers. In March 2018, Dr. Karin Cole highlighted the importance of screening tests to uncover underlying illness early. During Skin Cancer Awareness month, all patients were provided education about sun safety and a risk educational sheet from the American Cancer Society. Sun safety information and sunscreen samples were provided to participants in the Bug Light Summer Movie Series in South Portland. At the Wayside Westbrook Community meal and at Reiche School in Portland, elders and some families were provided nutrition information as Mercy employees volunteered to prepare and serve food as well as provide education. At the Tri for a Cure event, Breast Care Center of Maine provided education around breast cancer and the importance of preventive testing. In Yarmouth, a Northern Light Mercy Hospital physician partnered with the YMCA to deliver bike safety and wrote a health column around managing stress in adults and children.

Outcome Measure: In FY18, the outcome measure for this CHIP achieved by Northern Light Mercy Hospital was 21 health education sessions, two month long screening events for Northern Light Mercy Hospital patients, and delivered a monthly health education column and Public Service Announcements for social media, engaging several thousand individuals. The monthly columns, public service announcements on Facebook, and presence at large public events such as the Summer Movie Series and the Yarmouth Clam Festival draw 100,000 attendees.

Project Lead: Melissa Skahan, vice president of Mission Integration

Next Steps: In FY19, Northern Light Mercy Hospital will continue to seek new and innovative methods to partner with neighborhood associations, local chambers, schools, PTAs, faith communities, and local businesses. The use of social media and health columns allow our physicians and clinical staff to reach a very broad group of individuals.

FY 2018 Progress Report

Systemwide priority: Opioid Harm Reduction: Access to medication assisted therapy

Objective: By September 30, 2018, increase the number of qualified Medication Assisted Treatment (MAT) prescribers from four to nine.

Status: Completed

Approaches taken and resources used: In FY18, Northern Light Mercy Hospital convened a work group to plan the delivery of Rapid Access Medication Assisted Therapy in the Emergency Department to be part of a 24/7 solution for persons with Opioid Use Disorder. The team included providers from the Emergency Department and Primary Care. Mercy also met with Hannaford for pharmacy support such as daily dosing, with Amistad for patient navigation, and with MaineWorks leadership for workforce development and concrete supports from Maine Recovery Fund. Northern Light Mercy Hospital also met with leadership from the Office of Substance Abuse and Mental Health to secure a contract with funding for uninsured persons to access medication.

Greater Portland Addiction Collaborative (GPAC) partners continue to expand access to MAT across the collaborative. Daily dosing occurs at Greater Portland Health is at capacity with 25 patients. Catholic Charities and Milestone Recovery have added Patient Navigation to ensure that persons discharged from detox access the next level of care with ease at Catholic Charities Outpatient Counseling or Intensive Outpatient Program. Maine Medical Center and Maine Behavioral Health have integrated MAT into their practices with expanded access in several sites. Beyond the rapid access MAT in the ED, Northern Light Mercy Hospital has expanded access at Portland Internal Medicine and welcomes referrals from all partners and from other Northern Light Mercy Hospital primary care practices in Southern Maine.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Hannaford, Amistad, MaineWorks, and the State of Maine for rapid access medication assisted treatment. GPAC partners include Northern Light Mercy Hospital, Portland Internal Medicine, Greater Portland Health, Milestone Recovery, Catholic Charities, Maine Medical Partners, and Maine Behavioral Health.

Highlights: In FY18, Northern Light Mercy Hospital convened a work group to plan the delivery of Rapid Access Medication Assisted Therapy in the Emergency Department to be a 24/7 solution for persons with Opioid Use Disorder. The team of providers and nurses developed a workflow for evaluation and referral to ensure seamless integration into comprehensive care through integrated behavioral health with medication assisted treatment. Northern Light Mercy Hospital partnered with Hannaford for pharmacy needs such as daily dosing or individualized packaging, with MaineWorks for workforce development, and with Maine Recovery Fund for concrete supports such as clothing, food, and shelter. Northern Light Mercy Hospital was able to secure funding for a full time patient navigator with Amistad, funding for medication and treatment for uninsured, and funds to support concrete needs through the Office of Substance Abuse and Mental Health Services.

GPAC partners continue to expand access to MAT across the collaborative. Daily dosing occurs at Greater Portland Health is at capacity with 25 patients. Catholic Charities and Milestone Recovery have added Patient Navigation to ensure that persons discharged from detox access the next level of care with ease at Catholic Charities Outpatient Counseling or Intensive Outpatient Program. Maine Medical Center and Maine Behavioral Health have integrated MAT into their practices with expanded access in several sites. Beyond the rapid access MAT in the ED, Northern Light Mercy Hospital has expanded access at Portland Internal Medicine and welcomes referrals from all partners and from other Mercy primary care practices in Southern Maine.

Outcome Measure: In FY18, Northern Light Mercy Hospital launched the Rapid Access Medication Assisted Treatment in Northern Light Mercy Hospital's emergency department. The team of providers and nurses developed a workflow for evaluation and referral to ensure seamless integration into comprehensive care through integrated behavioral health with medication assisted treatment. Northern Light Mercy Hospital partnered with Hannaford for pharmacy needs such as daily dosing or packaging, MaineWorks for workforce development, and Maine Recovery Fund for concrete supports such as clothing, food, and shelter.

Project Leads: Sadie Knott, PMHNP-BC, Integrated Behavioral Health; James Berry, MD, Integrated Behavioral Health; Marc Hoffman, MD, Emergency Department; Melissa Skahan, vice president of Mission Integration

Next Steps: In FY19, Northern Light Mercy Hospital will coordinate with Portland Police Department's Substance Use Disorder Liaison and Local Emergency Management Services to provide overdose victims an option for treatment in real time.

FY 2018 Progress Report

Systemwide priority: Healthy food access - foodservice

Objective: Reformulate three recipes to improve the nutritional content of food options offered at foodservice venues (cafeteria, vending, catering), U.S. DHHS and CDC’s Health and Sustainability Guidelines for Federal Concessions and Vending Operations Guidelines* by 9/30/18.

Status: In Progress

Approaches taken and resources used: In FY18, Northern Light Mercy Hospital created new Better for You (BFY) menu options available as entrees at the State Street and Fore River Cafés on Mondays, Wednesdays, and Fridays for lunch. These entrees incorporate wholesome ingredients with healthy preparation methods to offer you low calorie, cholesterol, sodium, sugar, and fat meal selections. Information about their nutritional values is available in a binder and upon request for employees or visitors.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Nicole King, Food and Nutrition coordinator, Northern Light Community Health and Grants, and Elizabeth Clayton, Northern Light Total Health wellness specialist

Highlights: In FY18, Northern Light Mercy Hospital created new Better for You (BFY) menu options available as entrees at the State Street and Fore River Cafés on Mondays, Wednesdays, and Fridays for lunch. These entrees incorporate wholesome ingredients with healthy preparation methods to offer you low calorie, cholesterol, sodium, sugar, and fat meal selections. Information about their nutritional values is available in a binder and upon request for employees or visitors. Northern Light Health has purchased Computrition software for every hospital in the system, which allows recipe sharing and nutritional analysis of each recipe, which is imperative in the formulation of our own system wide healthy food initiative. A link was posted on the Mercy Intranet with 100+ healthy recipes posted for employee’s personal use.

Northern Light Health’s Nutrition Affinity Group is working together with Nicole King, Food and Nutrition coordinator of Community Health and Grants, and Elizabeth Clayton, Total Health wellness specialist, to formulate a systemwide healthy food initiative, called “4 U: Real Food. Real Easy. Real Good”. This will be replacing the former Guiding Stars program. We have had a handful of meetings in FY18, and we are still in the initial planning stages of what nutrient levels we want to include in each recipe category.

There is also a systemwide Pathways to Our Future group meeting on standardizing room service patient menus. Part of this initiative will also be to include healthier food options, as well as standardize some recipes for improving nutritional quality and customer satisfaction.

Outcome Measure: In FY18, 100+ recipes with improved nutritional content was posted on Mercy's intranet and provided in the cafes for employees, visitors, and consumers.

Project Leads: Stefanie Homon, manager of Clinical Nutrition and Bruce Turner, director of Food Services

Next Steps: In fiscal year 2019, Mercy will continue to participate in Northern Light Health’s Nutrition Affinity Group to formulate a system-wide healthy food initiative, called “4 U: Real Food. Real Easy. Real Good”. An ongoing initiative; we are hoping to have it completed in FY19.

Fiscal Year 2019

Progress report to our community

Addressing community health needs



Northern LightSM
Mercy Hospital

Progress report update

FY 2019 Progress Report

Priority #1: Substance abuse treatment

Objective: By September 30, 2019, Greater Portland Addiction Collaborative (GPAC) will execute a data sharing agreement, serve 12 women in the new recovery residence, and purchase a minimum of one additional residence.

Status: Completed

Approaches taken and resources used: In fiscal year 2019 (FY19), Northern Light Mercy Hospital works collaboratively with State leaders and partner organizations to advance a highly coordinated approach to care delivery with housing for persons with opioid use disorder.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Milestone Recovery, Greater Portland Health, Catholic Charities of Maine, Portland Recovery Community Center, The Opportunity Alliance, Preble Street, Maine Health, City of Portland, Portland Police, and Amistad

Highlights: In FY19, Northern Light Mercy Hospital facilitated the work of Greater Portland Addiction Collaborative that commits to advance seamless access to treatment, housing, and shared data. Community Housing of Maine purchased a second property and renovated to meet the needs of women seeking recovery. Amistad agreed to serve as program manager for this second property expected to open in early December 2019. Acknowledging the prevalence of fatal overdoses associated with release from jail, Amistad leader, Meredith Pesce has engaged Cumberland County Jail staff to hardwire a workflow from jail to housing and treatment. Both GPAC Recovery Residences secure MARR certification, which sets the stage for high quality housing and potential operational funds from the State. Melissa Skahan and Cullen Ryan, CEO of Community Housing of Maine testified before the Legislature in support of state funding for Recovery Residences.

Outcome Measure: In FY19, the outcome measure for this priority achieved by Northern Light Mercy Hospital was an additional 18 women were served in recovery housing with wrap around services.

Project Lead: Melissa Skahan, Vice President of Mission Integration

Next Steps: In fiscal year 2020 (FY20), Northern Light Mercy Hospital will continue to expand access to high quality treatment and housing.

FY 2019 Progress Report

Priority #2: Affordable housing and homelessness

Objective: By the end of FY19, McAuley Residence will serve 15 previously homeless women and 25 children.

Status: Completed

Approaches taken and resources used: In FY19, Northern Light Mercy Hospital's McAuley Residence continually refined the model to adapt to the dynamic impact of the opioid crisis and poly-substance use in Maine. Beyond creating a safe space for women to embrace recovery, the program has recognized and responded to the emerging complexity of children, who have endured exposure to opioids, trauma, and multiple medications in utero. Additional groups and services were added in FY19 to foster attachment and build capacity for both mother and child.

McAuley Residence is a comprehensive, two generational program with supportive housing for families affected by substance use disorder. The program allows women to engage in offsite mental health services, primary and specialty care services, and substance use disorder treatment without surrendering their children. Families are afforded intensive wrap around services, access to quality child care, parenting coaching, and capacity-building groups to ensure that family stabilization, employment, and education goals are met.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

McAuley Residence partners with several area primary care and mental health providers, hosts Alcoholics and Narcotics Anonymous meetings, and welcomes community volunteers as both sponsors and mentors. The Opportunity Alliance provides parenting coaches for families; and local colleges, universities, and Portland Adult Education services provide educational opportunities and counseling services. Key Bank provides individualized financial mentoring for the women to ensure financial literacy and self-sufficiency. Community Housing of Maine (CHOM) owns the property and provides apartments, office space, community kitchen and playroom space. CHOM, our housing partner, is a non-profit charitable organization that as its core mission provides advocacy, supportive housing, community inclusion, and stability for homeless and special needs populations across the state. Catherine Morrill provides reduced child care services for the children at McAuley Residence. Weekly seminars around women's health issues, yoga, art lessons, and nutrition provide another venue for local artists, professionals, and chefs to volunteer at McAuley Residence.

Highlights: In FY19, Northern Light Mercy Hospital's McAuley Residence provided a comprehensive two-generational program for 22 families affected by substance use disorder. In FY19, we added a social group led by a Licensed Clinical Social Worker that coordinates with other mental health providers of the children. This has proven to be impactful.

Outcome Measure: In FY19, the outcome measure for this priority achieved by Northern Light Mercy Hospital was providing a comprehensive two-generational program for 22 families affected by substance use disorder.

Project Lead: Melissa Skahan, Vice President of Mission Integration

Next Steps: In FY20, Northern Light Mercy Hospital will seek to open a second McAuley Residence in Bangor with the intent of serving an additional 10 families per year.

FY 2019 Progress Report

Priority #3: Medical neighborhood

Objective: By the September 30, 2019, Northern Light Mercy Hospital will secure health insurance coverage and avoid unnecessary cost for 200 persons.

Status: Completed

Approaches taken and resources used: In FY19, Northern Light Mercy Hospital's Director of Mission facilitates the work of the medical neighborhood. The weekly meetings of the neighborhood team discuss the needs of individual high users, system issues, and trends across the care delivery system. Mercy's Emergency Department, Primary Care Manager, and Financial Counselors play a critical role in developing a rapport with uninsured patients in the acute setting and engaging the necessary neighborhood resources such as peers, street outreach, or CHOWs to begin the desired transition to a medical home. Financial Counselors routinely meet patients in community to complete a comprehensive screen for resources. The Utilization Review Team reviews all requests for care for uninsured persons to determine if the request meets medical necessity and to ensure that care is coordinated with community resources and providers.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Amistad, City of Portland, and Greater Portland Health

Highlights: In FY19, Northern Light Mercy Hospital's neighborhood team ensures that all uninsured persons have access to a comprehensive evaluation for coverage options. This requires staff and partner organizations to meet patients where they are, which may include traveling to a local shelter, a patient's home, or public library to complete the screening process.

Outcome Measure: In FY19, the outcome measure for this priority achieved by Northern Light Mercy Hospital was 870 people were afforded health insurance coverage.

Project Leads: Katie Kerr, Director of Mission Services, Melissa Skahan, Vice President of Mission Integration, and Kelly Addor, Lead Financial Counselor

Next Steps: In FY20, Northern Light Mercy Hospital will include the new Emergency Department social worker and Recovery Coaches in the neighborhood meetings to ensure that vulnerable and uninsured patients seeking help with opioid use disorder can attain coverage.

FY 2019 Progress Report

Priority #4: Preventive screenings and immunizations

Objective: By September 30, 2019, Northern Light Mercy Hospital will provide health education around HPV vaccination and collect baseline data for current vaccinations.

Status: Completed

Approaches taken and resources used: In FY19, Northern Light Mercy Hospital delivered a health screening event and partnered on a flu clinic with Northern Light Home Care and Hospice.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Maine Access Immigrant Network (MAIN), a non-profit organization bridges access to health and social services for immigrants and refugees in Portland Maine. The organization works to build a stronger multicultural community in Portland, and to address refugee health literacy, health care enrollment, and coordination of health care benefits and non-clinical care. MAIN provided resource and referral information that is culturally and linguistically appropriate in English, Arabic, Somali, and French to ensure equal access to programs and services for new Mainers from Africa and Middle East.

The Town of Cumberland EMS and Northern Light Health offered a flu clinic for the general population that overlapped with an election.

Highlights: In FY19, Northern Light Mercy Hospital developed a new partnership with the Town of Cumberland's EMS and Aging in Place committee to develop health screening and education.

Outcome Measure: In FY19, the outcome measure for this priority achieved by Northern Light Mercy Hospital was approximately 197 adults and four children participated in these screening events.

Project Leads: Melissa Skahan, Vice President of Mission Integration, Ed Gilman, Director of Communication, Government Affairs, and Business Development, and Katie Kerr, Director of Mission Services.

Next Steps: In FY20, Northern Light Mercy Hospital will deliver monthly sessions in Cumberland and Yarmouth as well as events at local housing authorities and churches.

FY 2019 Progress Report

Priority #5: Enrollment activities and coverage counseling

Objective: By September 30, 2019, Northern Light Mercy Hospital will secure coverage for 100 persons, who were previously uninsured.

Status: Completed

Approaches taken and resources used: In FY19, Northern Light Mercy Hospital remains committed to having a team of Financial Counselors that work collaboratively with local agencies and clinical teams to uncover health insurance coverage options for uninsured or underinsured persons in Greater Portland. Mercy Hospital added a financial counselor in the Emergency Department.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

City of Portland, Amistad, and Greater Portland Health to secure coverage for uninsured persons

Highlights: In FY19, Northern Light Mercy Hospital Financial Counselors secured coverage for 870 people and effectively engaged patients through letters, phone calls, and face to face meetings.

Outcome Measure: In FY19, Northern Light Mercy Hospital secured health insurance coverage for 870 people.

Project Leads: Melissa Skahan, Vice President of Mission Integration and Kelly Addor, Lead Financial Counselor

Next Steps: In FY20, Northern Light Mercy Hospital will continue to seek to identify coverage options for uninsured persons.

FY 2019 Progress Report

Priority #6: Health education

Objective: By September 30, 2019, Northern Light Mercy Hospital will provide a minimum of four health education sessions around nutrition and preventive care.

Status: Completed

Approaches taken and resources used: In FY19, Northern Light Mercy Hospital provided four health education sessions for Maine Access Immigrant Network and Portland Housing Authority.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Maine Access Immigrant Network and Portland Housing Authority

Highlights: In FY19, Northern Light Mercy Hospital Dana Greer, RN, BSN, OCN delivered two presentations in partnership with the CDC and Maine Access Immigrant Network (MAIN) with five interpreters to diverse communities. The presentations were highly interactive and focused on nutrition, health behaviors influence on health, and preventive screenings.

Breast and Cervical Cancer Education: We had 32 female participants and three translators that spoke French, Somali and Arabic that assisted with translating information provided. We utilized slides with multiple pictures and breast models to convey the information. It was a very interactive presentation with numerous questions throughout and after the presentation. Each participant was given an orange sheet of paper that stated they attended the presentation and would like to discuss the information in more detail with their physician. At the end of the session participants were asked if anyone plans on changing their habits and follow the guidelines for prevention. By show of hands all participants agreed with this statement.

Colorectal and Lung Cancer Education: We had 35 men and one female participant and three translators that spoke French, Somali and Arabic that assisted with translating information provided. We utilized slides with multiple pictures to convey the information to the participants. We had multiple questions throughout and after the presentation. At the completion of the presentation by a show of hands all participants stated they plan to change their habits based on information provided.

Outcome Measure: In FY19, Northern Light Mercy Hospital delivered four health education sessions and reached an estimated 77 people.

Project Leads: Melissa Skahan, Vice President of Mission Integration, Katie Kerr, Director of Mission Services, and the Oncology Staff

Next Steps: In FY20, Northern Light Mercy Hospital will expand its partnership with Portland Housing Authority and deliver monthly health screenings and education sessions with Cumberland EMS.

FY 2019 Progress Report

Systemwide priority: Opioid harm reduction- MAT prescribers

Objective: By September 30, 2019, increase the number of qualified Medication Assisted Treatment (MAT) prescribers from 3 to 5.

Status: Completed

Approaches taken and resources used: In FY19, Northern Light Mercy Hospital provided rapid access medication assisted treatment to 97 people and kept 73% of the patients engaged in ongoing treatment at Portland Internal Medicine. Mercy also added four new providers with DEA X waiver allowing them to prescribe buprenorphine.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Amistad, Office of Substance Abuse and Mental Health Services

Highlights: In FY19, Northern Light Mercy Hospital provided rapid access medication assisted treatment to 97 people and kept 73% of the patients engaged in ongoing treatment at Portland Internal Medicine. Mercy also added four new providers with DEA X waiver allowing them to prescribe buprenorphine.

Outcome Measure: In FY19, the outcome measure for this priority achieved by Northern Light Mercy Hospital served 97 people and kept 73% of the patients engaged in ongoing treatment at Portland Internal Medicine. Mercy also added four new providers with DEA X waiver allowing them to prescribe buprenorphine and employed two recovery coaches.

Project Leads: Melissa Skahan, Vice President of Mission Integration, and Sadie Knott, PMHNP-BC, Psychiatric Mental Health Nurse Practitioner

Next Steps: In FY20, Northern Light Mercy Hospital will continue to expand services for persons with Opioid Use Disorder in Primary Care and the Emergency Department.

FY 2019 Progress Report

Systemwide priority: Healthy food access – healthy hospital food

Objective: Reformulate three recipes to improve the nutritional content of food options offered at foodservice venues (cafeteria, vending, catering) by September 30, 2019.

Status: Completed

Approaches taken and resources used: In FY19, the Northern Light Health Nutrition Affinity Group, which is composed of the clinical nutrition dietitian leads at all member hospitals, has been developing a systemwide healthy food labeling program for the cafeteria. The program is called “real.easy.good” and will be rolled out in September. The program will be a system-wide replacement for the former Guiding Stars program.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Northern Light Health Member Organizations

Highlights: In FY19, we removed, with the exception of ginger ale, all other sodas from the inpatient Room Service menus and offered new healthier beverage products in the cafeteria.

Outcome Measure: In FY19, the outcome measure for this priority achieved by Northern Light Mercy Hospital was that each week a minimum of three healthier recipes are offered to staff, patients, and visitors reaching approximately 1500 people.

Project Lead: Bruce Turner, Director of Food and Nutrition Services, and Stephanie Homon, Manager of Clinical Nutrition.

Next Steps: In FY20, Northern Light Mercy Hospital will continue to promote healthy food to all stakeholders.

FY 2019 Progress Report

Systemwide priority: Healthy food access – food insecurity, screen and intervene

Objective: Increase the number of screenings for food insecurity from 1617 to 1800 by September 30, 2019.

Status: Completed

Approaches taken and resources used: In FY19, Northern Light Mercy Hospital's patients in Oncology and Pediatrics are screened during each visit to assess food insecurity. Two questions are asked by the clinical staff to determine if patients worried that they would run out of food or food that they bought did not last for the month.

Partners engaged: Northern Light Mercy Hospital partnered with the following entities on this priority:

Local food pantries and food resources

Highlights: In FY19, Northern Light Mercy Hospital assisted 27 people, who reported being food insecure and were connected to resources for ongoing assistance.

Outcome Measure: In FY19, Northern Light Mercy Hospital screened 4,715 patients, and 27 people were identified as food insecure and were connected to resources.

Project Lead: Melissa Skahan, Vice President of Mission Integration

Next Steps: In FY20, Northern Light Mercy Hospital will expand screening to include social determinants of health such as housing and transportation.

Conclusion

Northern Light Mercy 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.