Community Health Strategy

Blue Hill Hospital

Addressing Community Health Needs

Fiscal Year 2023-2025

Northern Light Health℠

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Northern Light
Blue Hill Hospital

Letter from the President and Board Chair

We believe in providing Mainers with what they truly deserve—the absolute best in healthcare. This means actively engaging in our communities and working with partners to reduce external barriers that may prevent our neighbors from living their healthiest life.

Every three years, through the Maine Shared Community Health Needs Assessment (CHNA), Northern Light Health collaborates with Central Maine Healthcare, MaineGeneral Health, MaineHealth, and the Maine Center for Disease Control and Prevention to work with local organizations to engage communities to help identify priority health needs through a statewide assessment of community health needs. The data collected informs our community health improvement strategy for the next three years, resulting in this Community Health Strategy report—our road map towards building healthier, thriving communities. Within, you will find our identified data-driven areas of priority, rationale for each selected area, and intended actions to address the need.

We hope that you will take a moment to review the content within and please reach out with any questions or ideas you may have at communitybenefits@northernlight.org. We believe Maine will become one of the healthiest states in the nation, but that starts with collaboration and a shared conviction that we can make a difference. By addressing priority areas of need, breaking down barriers, and promoting health equity for all Maine people, we are well on our way towards a brighter future.

Sally Hutchins
Chair, Board of Trustees
Northern Light Blue Hill Hospital

John Ronan, FACHE
President, Northern Light Blue Hill Hospital
Senior Vice President, Northern Light Health

Introduction

Northern Light Health and our more than 12,000 employees care deeply about our neighbors and communities. Our 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 Blue Hill 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 Blue Hill 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. Our more than 12,000 team members are committed to making healthcare work for you: our patients, communities, and employees.

We provide care to people from Portland to Presque Isle and from Blue Hill to Greenville. We are comprised of ten member hospitals and 585 long-term beds, a single physician-led medical group, eight nursing homes, six emergency transport members, and 41 primary care locations.

About Northern Light Blue Hill Hospital

Originally donated by Mrs. F.B. Richards in 1922, Northern Light Blue Hill Hospital is committed to improving the health of the communities we serve. Our Blue Hill community is a beautiful place, and the people who live here deserve the best care possible, as close to home as they can be.

At Northern Light Blue Hill Hospital, we listen to our patients, and we also use community health data, like that collected in our Community Health Needs Assessment, to best serve our communities.

We welcome input from various groups, such as the Community Advisory Council and always respond to specific requests from our community partners, including local schools and nursing homes, and the Parker Ridge Retirement Community.

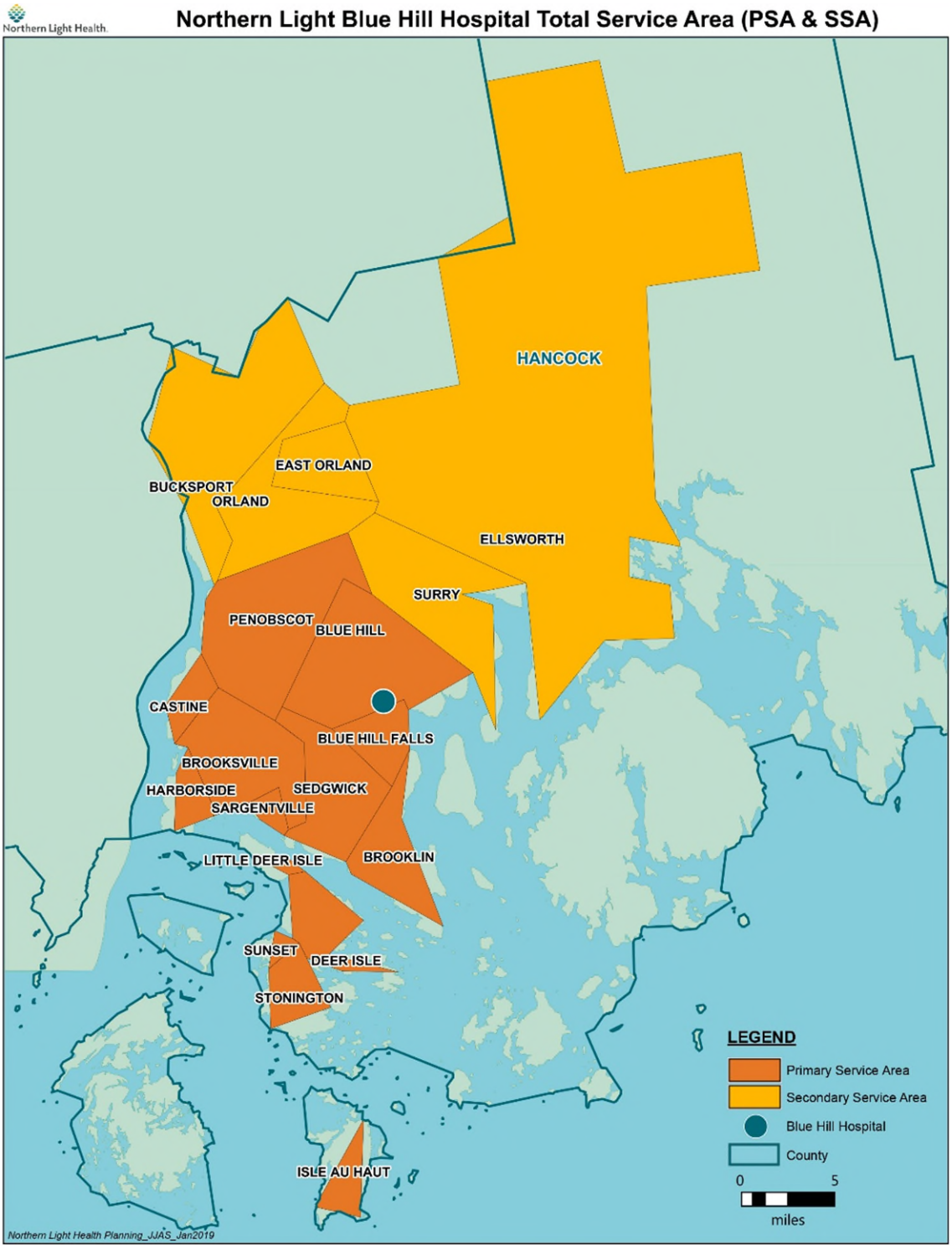
We collaborate with organizations including The Jackson Laboratory and Healthy Peninsula to deliver educational programs to the people we serve. These provide a significant community benefit at no cost to our local friends and neighbors.

Working closely with our charity care patients, we identify programs that will cover their healthcare costs. When no coverage is available, we offer assistance programs to help ensure that every patient has access to the medical care they need and deserve.

We have outreach activities to keep our communities in the best health possible, including blood pressure screenings, presentations on nutrition, the annual Women's Wellness Fair, early childhood development health fairs, an annual 5K race, and talks by our physicians and other providers around the region.

Definition of Community Served

Located in Blue Hill, Maine, Northern Light Blue Hill 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

HANCOCK COUNTY		
	Percent	Number
American Indian/Alaskan Native	0.5%	254
Asian	1.1%	624
Black/African American	0.9%	469
Native Hawaiian or Pacific Islander	0.1%	75
White	95.9%	52,344
Some other race	0.1%	65
Two or more races	1.4%	770
Hispanic	1.5%	794
Non-Hispanic	98.5%	53,807
County population	54,601	
Veterans	10.1%	
Gay, lesbian, and bisexual (high school students)	14.3%	
Gay, lesbian, and bisexual (adults)	3.0%	
Transgender youth (high school students)	1.1%	
Persons with a disability	14.6%	

Social Determinants of Health Data

HANCOCK COUNTY	
Median household income	$57,178
Unemployment rate	5.7%
Individuals living in poverty	10.8%
Children living in poverty	14.2%
65+ living alone	27.3%

Addressing Community Health Needs

Shared Community Health Needs Assessment

In 2022, Maine's four largest healthcare systems – Northern Light Health, Central Maine Healthcare, MaineGeneral Health, and MaineHealth – as well as the Maine Center for Disease Control and Prevention 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 perspective on a broad set of health issues in Maine.

The Shared CHNA data was made widely available to the public, as county-level community engagement forums were held across the state, gathering additional feedback on priority issues and opportunities for community health improvement. New this cycle was an expanded effort to reach those who may experience systemic disadvantages and therefore experience a greater rate of health disparities. Two types of outreach were piloted in this effort. One effort included nine community sponsored events hosted by organizations having statewide reach representing the following communities: Black or African Americans; people who are homeless or formerly homeless; older adults; people who are deaf or hard of hearing; people who define themselves or identify as lesbian, gay, bisexual, transgender, and queer and/or questioning (LGBTQ+); people with a disability; people with a mental health diagnosis; people with low income; and youth. In addition to these events, 1,000 oral surveys were conducted in collaboration with eight ethnic-based community organizations' community health workers to better reach Maine's immigrant population. These reports and the community input received are fundamental to achieving our goal of being a trusted and valued partner to improve the health of the people and communities we serve.

Results of the 2022 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Northern Light Blue Hill 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, district public health liaisons, 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 Blue Hill Hospital.

Northern Light Blue Hill 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

As a member of a partnering healthcare system in the Maine Shared Community Health Needs Assessment (Shared CHNA) effort, Northern Light Health's Community Health Council recognized the value, reach, and influence of aligned engagement efforts with a shared purpose. Review of the county CHNA forum priority voting revealed that mental health, social determinants of health, and substance use were among the top four priorities in almost every county CHNA forum. These three priority areas were adopted as shared priorities where Northern Light Health member organizations would engage in common strategy to achieve greater statewide effect.

Northern Light Blue Hill Hospital's community health strategy was developed to include our systemwide shared priority areas of work reflecting upon the quantitative health profile indicators and qualitative prioritization derived from the Shared CHNA's community engagement process. We also considered local readiness and capacity to address these needs in partnership with our local communities. Our planning team included representatives with knowledge and insight of the communities we serve.

Members of Blue Hill Hospital's Community Health Strategy team included individuals representing the following positions:

- Northern Light Blue Hill Hospital, Vice President, Senior Physician Executive
- Northern Light Maine Coast Hospital, Vice President, Senior Physician Executive
- Northern Light Maine Coast and Blue Hill Hospital(s), Director, Patient and Employee Experience
- Northern Light Maine Coast and Blue Hill Hospital(s), Director, Physician's Practices
- Northern Light Maine Coast and Blue Hill Hospital(s), Director of Quality
- Northern Light Maine Coast and Blue Hill Hospital(s), Lead of Quality
- Northern Light Blue Hill and Maine Coast Hospitals, Community Health Specialist
- Northern Light Blue Hill Licensed Social Worker
- Maine CDC, Downeast District Public Health Liaison
- Healthy Peninsula, Executive Director
- Island Health and Wellness, Executive Director
- Healthy Acadia, Director of Community Health
- Friends in Action, Executive Director
- Down East Community Partners (CAP), Executive Director

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

- Shared CHNA prioritization: How the health priority rank in the Shared CHNA
- Systemwide priority areas of work as determined by the Community Health Council
- Health equity: Which populations are disproportionately affected by the priority's area of focus; which populations may be experiencing unique barriers to resolve the issue; and what data or themes emerged from the CHNA Forums and County Health Profile that reinforce selecting one or more populations of focus

- 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 Blue Hill Hospital experts and local partnership experts in various priority areas
- Feasibility: Northern Light Blue Hill Hospital has the ability to have an effect given the community benefit resources available

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

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

Evaluation Efforts

Northern Light Blue Hill Hospital will monitor and evaluate the strategies related to priority areas of work for the purpose of tracking the implementation of these strategies as well as to document the anticipated effect. Through internal quarterly reporting practices, we plan to document and track measures, approaches and resources used, partners engaged, and highlights related to these priority areas 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.

Feedback Opportunity

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

Approval from Governing Board

Northern Light Blue Hill 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 May 26, 2022.

Selected Priorities of Focus

Priority 1: Mental Health (also referred to as Behavioral 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. Mental health can affect an individual's ability to practice good health behaviors and seek care or resources when needed. 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.

Northern Light Blue Hill Hospital's Community Health Strategy team recognizes that addressing mental health needs is a priority for our community with a focus on health equity especially for those who may be experiencing health disparities. There are substantial local community assets and Blue Hill 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 actions to address the need

Blue Hill Hospital will take the following actions to address this need in our community: partner with schools and other community organizations to ensure that children and families have improved access to mental health prevention, early intervention, and treatment services. We will improve screening practices, strengthen the availability of resources within our practices (and in partnership with outside resources) for helping patients with behavioral health issues, develop and implement workflows that support ease of screening, management, and referral, and participate in community education.

Anticipated impact of these actions/expected outcomes

We anticipate that our efforts will result in improved identification of people in need, improved access to behavioral health treatment services, and thus ultimately improve the health of the people we serve and the community at large.

Programs and resource allocation

We plan to dedicate necessary Northern Light Blue Hill Hospital internal resources in the form of time devoted to annual community health improvement planning (CHIP), implementation, and evaluation, within the community health, population health, clinical, and administrative departments.

Planned collaborations

We will continue to work closely with regional partners including Northern Light Maine Coast Hospital and community health organizations (including Healthy Peninsula and Healthy Acadia) on an ongoing basis to coordinate plans and activities and maximize impact of our CHIPs. We also will be developing relationships with area elementary school counselors.

Population of focus

The population of focus will be children and youth and their families within our community, with emphasis on children identified as being at risk for, or currently affected by, behavioral health concerns.

Priority: 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 and affordable housing, reliable transportation, access to healthcare services, and food security. 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 a person's social and environmental factors.

Northern Light Blue Hill Hospital's Community Health Strategy team has identified Social Determinants of Health as a priority need for our community with a focus on health equity, especially for those who may be experiencing

health disparities. There are substantial local community assets and Blue Hill 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 Northern Light Health.

Intended action to address the need

Blue Hill Hospital intends to take the following actions in some capacity during this three-year cycle to address this need in our community: understand barriers to social determinants screening, establish partnerships with community organizations to support and facilitate enrollment in the FindHelp.org directory, connect resources to patients that have been identified as being in need, and provide or support cultural competency, trauma-informed care training of all staff to support sensitive and caring delivery of social determinants of health screening and referral.

Anticipated impact of these actions/expected outcomes

We anticipate that the result of these efforts will increase our understanding of social determinants of health needs in our community, to make it easier and more effective for care teams to screen patients consistently, to offer meaningful help to patients in need by connecting them with effective community resources, and to ultimately improve the health of the communities we serve.

Programs and resource allocation

We plan to dedicate necessary Northern Light Blue Hill Hospital internal resources in the form of time devoted to annual community health improvement (CHIP) planning, implementation, and evaluation, within the community health, population health, clinical, and administrative departments.

Planned collaborations

We will continue to partner closely with regional partners including Northern Light Maine Coast Hospital and community health organizations including Healthy Peninsula, Healthy Acadia, Downeast Community Partners, and other community organizations on an ongoing basis to coordinate plans and activities and to maximize the impact of our CHIPs.

Population of focus

Our population will include patients/community members of all ages, with the intention to particularly identify and reach people with the highest need for support and resources, and highest risk for isolation.

Priority: Substance Use

Rationale

Substance use, including opioids, alcohol, tobacco, and other drugs, have a major influence on individuals, children, other family members, 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.

Northern Light Blue Hill Hospital's Community Health Strategy team determined it was feasible to address this need with a focus on health equity, especially for those who may be experiencing health disparities. There are substantial local community assets and Blue Hill 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 substance use interventions. Finally, substance use rated as a high priority to the community and Northern Light Health.

Intended action to address the need

Blue Hill Hospital intends to take the following actions to address this need in our community to reduce barriers and improve access to and availability of substance use prevention, treatment, recovery, and harm reduction services: assess and improve screening practices, strengthen the availability and clinical-community linkage of resources within our practices (and in partnership with outside resources) for helping patients with substance use disorders, support integrated models of care for pregnant or parenting women and substance-exposed infants, develop and implement workflows that support ease of screening, management, and referral, and participate in community education.

Anticipated impact of these actions/expected outcomes

We anticipate that our efforts will result in improved identification of people in need, improved access to substance use treatment services, and thus ultimately improve the health of the people we serve and the community at large.

Programs and resource allocation

We plan to dedicate necessary Northern Light Blue Hill Hospital internal resources in the form of time devoted to annual community health improvement planning (CHIP), implementation, and evaluation, within the community health, population health, clinical, and administrative departments.

Planned collaborations

We will continue to work closely with regional partners including Northern Light Maine Coast Hospital, the Downeast Treatment Center Hub, and community health organizations (including Healthy Peninsula and Healthy Acadia) on an ongoing basis to coordinate plans and activities and maximize impact of our CHIPs.

Population of focus

The population of focus will be adolescents and adults within our community, with emphasis on people identified as being at risk for, or currently affected by, substance use disorders.

Health Priorities Not Addressed

Northern Light Blue Hill Hospital considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. Priorities not selected, due to a variety of reasons, are listed below:

- Access to care: Access to care was not selected as an independent priority of focus as many of our efforts identified in our strategy are connected to access issues. In addition, our hospital has current initiatives that are ongoing and part of our continual mission to improve access to care such as provider recruitment, engagement of navigators or the equivalent, and other efforts that support this priority.

Conclusion

Northern Light Blue Hill Hospital is thankful for the participation and support of our community members and many area organizations in the Shared CHNA 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 Blue Hill Hospital will engage in another Shared CHNA in 2025 and looks forward to ongoing community participation in these important efforts.

Appendix

Evaluation of Impact

Progress report on selected priorities from Northern Light Blue Hill Hospital's last (2019) Community Health Needs Assessment.

Northern Light Health and Northern Light Blue Hill Hospital are committed to promoting a culture of community stewardship and partnering together with community stakeholders to address high priority health issues. To do so effectively, we regularly monitor the effect 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 Blue Hill Hospital to address community health priorities adopted in 2019.

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 for:

- Progress Report to Our Community Fiscal Year 2020
- Progress Report to Our Community Fiscal Year 2021
- Progress Report to Our Community Fiscal Year 2022

For additional information, visit https://northernlighthealth.org/2019-Community-Health-Strategy

Fiscal Year 2020

PROGRESS REPORT TO OUR COMMUNITY

Addressing community health needs

Northern Light
Blue Hill Hospital

Progress report update

FY 2020 Progress Report
Priority #1: Social Determinants of Health

Objective: Increase the number of sites implementing screening and referral for health-related social needs from 0 to 3 by 9/30/20.

Status: Foundational work started

Strategy to achieve the objective (approaches taken, and resources used): In fiscal year 2020 (FY20), Northern Light Blue Hill Hospital participated on a Northern Light Health (NLH) systemwide Social Determinants of Health (SDOH) workgroup responsible for developing, implementing, and monitoring the effectiveness of a system approach to SDOH screening and intervention inclusive of food security and other social needs. To date, the workgroup's focus has been on the identification of the SDOH screening and referral process, local resource development, provider training and education requirements for the screening tool's implementation, quality review and management of these efforts. NLH system defined SDOH screening and intervention as a strategic priority to improve the health of the patients it serves.

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

- Northern Light AR Gould Hospital
- Northern Light Beacon Health
- Northern Light CA Dean Hospital
- Northern Light Eastern Maine Medical Center
- Northern Light Home Care & Hospice
- Northern Light Inland Hospital
- Northern Light Maine Coast Hospital
- Northern Light Mayo Hospital
- Northern Light Mercy Hospital
- Northern Light Sebasticook Valley Hospital

Highlights: In FY20, Northern Light Blue Hill Hospital, as part of the NLH SDOH workgroup, engaged in literature reviews and outreach efforts to other healthcare system's efforts in this realm to learn about the successes and challenges related to this type of screening effort that will ultimately help to inform how we will operationalize this effort throughout our system.

Outcome measure: In FY20, Northern Light Blue Hill Hospital's identified individual targets were not met for this priority area of work due to the deliberate approach by Northern Light Health as a system, to define a standard process for SDOH screening and intervention. As a result, this year's efforts have primarily been foundational. To date, the efforts of this workgroup has resulted in increased support for this initiative and the development of a screening tool for identifying patients in need.

Project lead: Mike Murnik, MD, Senior Physician Executive

Next steps: In fiscal year 2021 (FY21), Northern Light Blue Hill Hospital will continue participating in the SDOH workgroup through NLH. The group will proceed with identifying the specific social needs to be

recommended for inclusion in the system screening process. The group will also continue discussions and planning for provider education efforts to increase understanding of SDOH and current development of NLH screening and intervention protocol. We anticipate roll-out implementation of the SDOH screening efforts to take place in the coming year. In addition, we'll also continue to consider COVID-related changes to primary care and how these may impact feasibility and provider/patient receptiveness of SDOH screening and referral.

Priority #2: Substance Use

Objective: Access to Treatment: Increase the number of Medication-Assisted Treatment options for opioid use readily available in local communities from 3 to 4 by 9/30/20.

Status: Completed

Strategy to achieve the objective (approaches taken, and resources used): In FY20, Northern Light Blue Hill Hospital was able to increase the availability of Medication-Assisted Treatment (MAT) options for opioid use in the local communities. This program allows for patients to obtain rapid access into MAT for Substance Use Disorders. Initially, primary care providers were the first to qualify and implement MAT, Blue Hill Hospital has now expanded the focus to include Emergency Department providers which enables the organization to reach more of those who need assistance.

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

Northern Light Blue Hill and Maine Coast Emergency Department
Northern Light Blue Hill Primary Care Medical Staff
TEAMHealth Medical Staff
DownEast Treatment Center

Highlights: Eight Medical Providers have received education and training to offer MAT at both Northern Light Maine Coast and Northern Light Blue Hill Hospitals. Frontline and provider MAT program champions were identified and assisted with implementation. Various highlights to this program include; development of Emergency Department and Primary Care MAT protocols, policies, implementation of Telehealth MAT visits, and recruitment of primary care providers. Virtual training on Trauma Informed Care was offered to all staff as a supplemental resource to assist with reduction of stigma associated with Substance Use Disorders.

Outcome measure: In FY20, Northern Light Blue Hill Hospital increased the number of Medication-Assisted Treatment options to 4 total sites. There was a total of 28 patients who have referred and participated in the MAT program.

Project lead: Mike Murnik, MD, Senior Physician Executive

Next steps: In FY21, Northern Light Blue Hill Hospital will continue Trauma Informed Care training with the goal to develop a Trauma Informed Care Ambassador program. This will allow ambassadors to educate, disseminate resources, and provide trauma-informed care to the local communities. New providers will be onboarded with education and certification in MAT. Northern Light Blue Hill Hospital will look to increase the ability to use telehealth visits to coordinate continued care and support.

Priority #3: Access to Care

Objective: Increase the number of patients accessing non-urgent care by community paramedicine programs from 25 to 45 by 9/30/20.

Status: In progress

Strategy to achieve the objective (approaches taken, and resources used): In FY20, Northern Light Blue Hill Hospital deployed various strategies to enhance patient care services through collaboration with various community paramedicine partners. External community partner work engaged Emergency and Inpatient nursing leadership, social work and discharge planning, lab director, and registered nurses from all primary care locations to develop workflows for identifying patients, making referrals, communicating results, and coordinating with community resources. Program education and availability was communicated to local and external stakeholders.

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

- Healthy Peninsula
- Memorial Ambulance
- Castine Volunteer First Responders
- Peninsula Ambulance Corps
- Northern Light Blue Hill Care Team: Primary Care Providers, RNs, MAs, Social Work, clerical staff, administration, ED and Inpatient Director, Care Management
- Northern Light Home Care & Hospice
- Northern Light Beacon Health

Highlights: In FY20, Northern Light Blue Hill Hospital worked with local paramedicine community partners to develop alternative and creative methods in providing non-contact patient care services with local and external partners due to limitations of current pandemic. Traditional paramedicine efforts were unable to continue, and non-contact community-based resources such as curbside visits, physically distanced visual assessments, medication reconciliation, telephonic and mail outreach were provided. In addition, the paramedicine program was also able to assist with obtaining necessary durable medical equipment, assist with food insecurity programs, and connect patients and families with other community resources and services as needed.

Outcome measure: In FY20, Northern Light Blue Hill Hospital engaged four community partners. The partners include: Healthy Peninsula, Memorial Ambulance, Castine Volunteer First Responders, and Peninsula Ambulance Corps. The community paramedicine programs received and provided services to 41 total patients. The pandemic did impact two community paramedicine programs in the area due to lack of available personal protective equipment. However, one area program was able to modify and create alternative visits through establishing a curbside visit program.

Project lead: Mike Murnik, MD, Senior Physician Executive

Next steps: In FY21, Northern Light Blue Hill Hospital will increase the number of patients accessing non-urgent care by continuing the paramedicine program partnerships. This will include increasing the number of unique individuals participating in this program to a total of 58 participants and utilizing alternative options and modalities to assist patients, such as initiating services through providing curbside or physical distanced programing. Future community collaborations will be explored to enhance home care services for local community members.

Conclusion

Northern Light Blue Hill Hospital continues work on identified priorities through its 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.

Fiscal Year 2021

PROGRESS REPORT TO OUR COMMUNITY

Addressing community health needs

Progress report update

FY 2021 Progress Report
Priority #1: Social Determinants of Health

Objective: Increase the number of sites implementing screening and referral for health-related social needs from zero to one by 9/30/21.

Status: In progress

Strategy (approaches taken, and resources used) and highlights from this effort: In fiscal year 2021 (FY21), Northern Light Blue Hill Hospital participated in the Northern Light Health Social Determinants of Health (SDOH) system workgroup, which met bi-weekly through November 2020. The workgroup suspended meetings after this date to accommodate new system-level SDOH efforts. In January 2021, Northern Light activated four critical path project teams to plan and operationalize a system approach to identifying patients with social health needs. These groups oversaw standardization of the Cerner Social History Tool in the medical record, which will ensure patient demographics and health history are documented in a consistent fashion across all Northern Light member hospitals. The existing "Food Insecurity" form in Cerner was then updated to include six additional evidence-based questions to assess patients' housing status and safety, transportation, utilities, daily activities, and isolation. The updated screening form aligns with most of the recommendations developed by the SDOH workgroup members. Both the "SDOH Screening" form and the updated Social History Tool went live in Cerner on 5/18/21 and are now available for use. Additional efforts during this year included foundational work to operationalize the Social Vulnerability Index and developing recommendations for implementation of a social care network platform (called Aunt Bertha). These additional Cerner functions are slated to go live in fiscal year 2022 (FY22) and will provide Northern Light with enhanced ability to understand social needs by populations and geographic location and provide seamless patient referrals to community-based organizations for assistance with social needs. Moving forward, the SDOH workgroup will be re-established in FY22 as the "SDOH Team" and report to Northern Light's Quality Council and will be responsible for developing, implementing, monitoring, and evaluating the effectiveness of the system's implementation of SDOH screening and intervention.

Partners engaged: Blue Hill Hospital partnered with the following Northern Light members on this priority:

- Acadia Hospital
- AR Gould Hospital
- Beacon Health
- CA Dean Hospital
- Eastern Maine Medical Center
- Home Care & Hospice
- Inland Hospital
- Maine Coast Hospital
- Mayo Hospital
- Mercy Hospital
- Sebasticook Valley Hospital
- Information Systems
- Clinical Informatics
- Clinical Standards Group

Outcome measure: In FY21, Blue Hill Hospital and other member hospitals were unable to initiate SDOH screening and meet the projected targets. This was an accepted outcome of the Northern Light system-led SDOH efforts, which were initiated after the FY20 community health improvement plan's activities and targets had been established. Ultimately, several key system outcomes were met during this period, including standardization of how and where SDOH information is documented within the electronic health record and adoption of a standard SDOH screening form. This provides a successful foundation for SDOH efforts moving forward. While screening has occurred, as a result of inclusion on standard patient rooming workflows, the reporting capability screening rates and/or results will be completed by Information Systems following additional auditing and mapping of appropriate Cerner concepts and data.

Project leads: Dr. Mike Murnik, Senior Physician Executive; Tammy Dickey, Director of Physician Practices; Alison Billings, Director of Quality

Next steps: In fiscal year 2022 (FY22), Blue Hill Hospital will participate in SDOH system workgroup efforts to operationalize SDOH screening within practice locations, as well as contribute to development of the metrics that will be used to report and evaluate SDOH screening reach and effectiveness. Member hospitals will have a key role in supporting the implementation of Aunt Bertha, primarily through completing an inventory of existing community resources and referral partners and conducting a community resource gap analysis to identify potential weaknesses in their local community services networks. These activities are proposed Key Performance Indicators in the FY22 Annual System Goals and will inform the development of the resource directory within Aunt Bertha. Additionally, member hospitals will have an opportunity to participate in SDOH quality improvement initiatives as part of a recent award to Northern Light Health. This grant, provided through a collaboration between Pfizer, Inc., and the Institute for Healthcare Improvement, will support discrete quality improvement projects to understand and improve SDOH screening and referral workflows.

Priority #2: Substance Use

Objective: Maintain the number of Medication-Assisted Treatment options for opioid use readily available in local communities at four by 9/30/21.

Status: Completed

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light Blue Hill maintained a focus on substance use, specifically the use of medication-assisted treatment (MAT), through educational and training offerings for providers and staff. Education allowed for new providers to become MAT trained, refresh protocols, and to reinforce the addition of the rapid access into MAT in the Emergency Department for those patients with most limited access. Blue Hill Hospital providers were also able to provide peer support and training to their Hancock County team members at Northern Light Maine Coast Hospital through Grand Rounds and shared medical staff meetings focused on substance use and treatment options for our healthcare teams to best serve our community members in need.

Partners engaged: Blue Hill Hospital partnered with the following entities on this priority:

Down East Treatment Center
Northern Light Beacon Care Management
Northern Light Emergency Care at Blue Hill and Maine Coast Hospitals

Northern Light Primary Care Medical Staff
Northern Light Primary Care Walk-in services in Ellsworth
TEAM Health Medical Staff

Outcome measure: In FY21, Blue Hill Hospital maintained the number of MAT options for opioid use readily available in local communities at four, reaching 40 unique patients for MAT intervention.

Project leads: Dr. Mike Murnik, Senior Physician Executive; Tammy Dickey, Director of Physician Practices; Nikki Robichaud, Outpatient Quality Lead

Next steps: In FY22, Blue Hill Hospital will utilize multiple strategies to address substance use and specifically access to treatment, such as continuing to recruit and train MAT prescribers at our primary care sites, and to increase provider and patient awareness of opioid use disorder, reducing stigma, and increasing readiness for treatment. Through these strategies, our goal is to maintain the number of MAT options for opioid use readily available in local communities at four throughout the fiscal year and to increase the reach to 45 unique patients for MAT intervention.

Priority #3: Access to Care

Objective: Increase the number of patients accessing non-urgent care by community paramedicine programs from 38 to 58 by 9/30/21.

Status: Completed

Strategy (approaches taken, and resources used) and highlights from this effort: In FY21, Northern Light Blue Hill Hospital utilized community partnership with Memorial Ambulance Corps and pivoted to meet the current needs of the community amidst the pandemic. Our Community Paramedicine program was impacted greatly by legislative, staffing, and financial resources, and we found our community program with one paramedicine program provider rather than five. This team, small in numbers, partnered with all available agencies and utilized any resources available to provide COVID-19 vaccinations, complete medication refill visits, vital sign checks, call patients to check in, and assist in several other ways. The team served 73 patients over the course of the year, and over 500 unique patient encounters. Whenever patients were well enough to come out of the program, paramedicine coordinators would communicate with case workers and the hospital staff to add additional patients to their roster to maximize their impact in the community. The community paramedicine team, care managers, and families also were in frequent communication of patient needs, making calls to help find resources, including volunteer programs for house repairs and Meals on Wheels to our most vulnerable patients, aligning with our brand promise to improve the health of the communities we serve.

Partners engaged: Northern Light Blue Hill Hospital partnered with the following entities on this priority:
Eastern Area Agency on Aging
Healthy Acadia
Memorial Ambulance Corps
Simmering Pot
Northern Light Blue Hill Hospital staff (primary care providers, RNs, Mas, social work, clerical staff, administration, ED director, inpatient director, population health and discharge planning)

Outcome measure: Blue Hill Hospital was able to increase the number of patients accessing non-urgent care by community paramedicine programs from 38 to 73 using one paramedicine site.

Project leads: Dr. Mike Murnik, Senior Physician Executive; Tammy Dickey, Director of Physician Practices; Nikki Robichaud, Outpatient Quality Lead

Next steps: In FY22, Northern Light Blue Hill Hospital will work to develop a Cerner referral process for community paramedicine appropriate patients, educate departments regarding paramedicine program and maintain an ongoing partnership with Northern Light Health and community partners. By implementing these strategies, Blue Hill Hospital intends to increase the number of patients accessing non-urgent care by community paramedicine programs from 73 to 80, and maintain the relationship with the community paramedicine site, Memorial Ambulance Corps.

Conclusion

Northern Light Blue Hill 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.

Fiscal Year 2022

PROGRESS REPORT TO OUR COMMUNITY

Addressing community health needs

Northern Light℠
Blue Hill Hospital

Progress report update

FY 2022 Progress Report
Priority #1: Social Determinants of Health

Objective: Increase the number of sites implementing screening and referral for health-related social needs from zero to three by 9/30/22.

Status: In progress

Strategy: In fiscal year 2022 (FY22), Northern Light Health made significant progress in Social Determinants of Health (SDOH) screening and intervention. The Northern Light Health SDOH Team defined "completed" SDOH screening and established a system policy for minimum SDOH screening standards to provide consistency in screening guidelines. During the course of FY22, the SDOH Team worked with Information Systems to continually improve the SDOH Screening Tool based on user recommendations and will continue to manage user requests moving forward. SDOH Team leaders worked with members of Northern Light Health Quality to develop an SDOH screening dashboard which provides real-time screening rates by member organization, practice, provider, and payor type, as well as prevalence of SDOH need from positive screening results. The dashboard is undergoing validation and is anticipated to be available in FY23. Northern Light Health achieved a significant milestone in responding to social health needs when the new Northern Light Health findhelp platform went live on September 13, 2022. Findhelp is a national social care network that will make it easier for patients and providers to find and connect with local resources. The platform is embedded within our electronic health record so that care teams can find and refer patients to resources and has a public portal that community members can access at any time.

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

- Acadia Hospital
- AR Gould Hospital
- Beacon Health
- CA Dean Hospital
- Eastern Maine Medical Center
- Home Care & Hospice
- Inland Hospital
- Maine Coast Hospital
- Mayo Hospital
- Mercy Hospital
- Sebasticook Valley Hospital

Outcome measure: System data for SDOH screening became available in December 2021 and revealed that 2.6% of patients had a completed SDOH screening within the past 12 months. By September 2022, this rate had increased to 8.2% with minimal education or promotion from the system. Among the five practices participating in the Institute for Healthcare Improvement/Pfizer, Inc. quality improvement project, average completed SDOH screenings among all five sites increased from 4.2% to 22.1%. This project demonstrated the benefit of a quality improvement approach to increasing SDOH screening rates and lessons learned will inform best practices to be shared in fiscal year 2023.

Project leads: Mike Murnik, MD, Senior Physician Executive; Tammy Dickey, Director of Physician Practices; Nikki Gebreselassie, Quality Lead

Next steps: The Northern Light Health SDOH Team will continue to monitor and support improvements to SDOH screening and support efforts to increase availability of accurate and timely SDOH screening and results data. In fiscal year 2023 (FY23), Northern Light Health will focus on optimizing the Northern Light Health findhelp platform by increasing community partner awareness of and engagement with the platform. A Community Engagement Workgroup has been convened and will meet regularly to discuss and plan community outreach and engagement as part of the FY23 Community Health Improvement Plan goal of increasing community partner use of the platform.

Priority #2: Substance Use

Objective: Maintain the number of Medication-Assisted Treatment options for opioid use readily available in local communities at four by 9/30/22.

Status: Completed

Strategy: In FY22, Northern Light Blue Hill Hospital met its objective target of maintaining the number of Medication-Assisted Treatment (MAT) options for opioid use readily available in local communities at four by 9/30/22. This was accomplished by prioritizing ongoing conversations and providing support for staff including training on patient referrals for MAT/Medications for Opioid Use Disorder (MOUD) into the Down East Treatment Center for services. Positive progress was made in 2022 developing strong relationships with MAT/MOUD providers. Collaboration continued with Down East Treatment Center to promote the program and engage patients and providers.

Northern Light Blue Hill Hospital maintained focus on substance use, specifically the use of MAT/MOUD, through educational and training offerings for providers and staff. The education provided new providers the opportunity to become MAT/MOUD trained, refreshed protocols, and reinforced the addition of the rapid access into MAT/MOUD in the emergency department for those patients with most limited access.

Partners engaged: Northern Light Blue Hill Hospital partnered with the following entities on this priority:
Northern Light partners:

- Northern Light Primary Care Medical Staff
- Northern Light Primary Care Walk-in services in Ellsworth
- Northern Light Emergency Care at Maine Coast and Blue Hill Hospitals
- Northern Light Beacon Care Management
- TEAM Health Medical Staff

Community partners:

- Down East Treatment Center
- Healthy Acadia Recovery Coaches
- AMHC

Outcome measure: In FY22, Northern Light Blue Hill Hospital successfully engaged four primary care practices to make MAT/MOUD referrals in the effort to increase provider and patient awareness of opioid use disorder, reduce stigma, and increase readiness for treatment. Educational opportunities were provided to promote

MAT/MOUD. Getting patients in the community who would benefit from the services and support provided by MAT/MOUD to take advantage of the program is an ongoing issue of concern that has affected Blue Hill Hospital's ability to reach the target outcome number of unique individuals exposed to the intervention.

To strengthen the relationship with our community partners, ongoing education and networking with primary community partner Downeast Treatment Center continues. Michael Murnik, MD provides monthly clinical supervision for the Downeast Treatment Center's "Hub and Spoke" treatment model that was developed by Downeast Substance Treatment Network Partners. Dr. Murnik also attends monthly meetings of the Downeast Substance Treatment Network which is a monthly collaborative effort hosted by community partner Healthy Acadia to address the gaps and increase access to substance treatment and recovery.

Northern Light Blue Hill Hospital successfully maintained the number of Medication-Assisted Treatment options for opioid use readily available in local communities at four throughout the fiscal year, reaching 40 unique patients to MAT/MOUD intervention.

Project leads: Mike Murnik, MD, Senior Physician Executive; Tammy Dickey, Director of Physician Practices; Nikki Gebreselassie, Quality Lead

Next steps: In FY23, Northern Light Blue Hill Hospital will continue to focus on increasing provider and patient awareness of opioid use disorder and reducing stigma. Priority will be given to finding new ways of attracting and directing community members in need to take advantage of the support available to them. Blue Hill Hospital will encourage all interested providers to increase readiness for treatment and receive training to become MAT/MOUD prescribers at Northern Light Health primary care sites. Blue Hill Hospital will continue to partner with community agencies to establish or expand local treatment programs to increase the reach of services to 45 unique patients and MAT options to five. Dr. Murnik will continue to partner with and provide clinical oversight for the Hub and Spoke work that is ongoing at the Downeast Treatment Center, as well as continue to participate as a core member in monthly Downeast Substance Treatment Network meetings.

In addition to continuing to increase the number of MAT/MOUD and in response to our new substance use community health improvement plan in FY23, Blue Hill Hospital will be offering a minimum of two trauma-informed care educational trainings for providers and staff and will be distributing state-sponsored Naloxone kits through our primary care practices and the emergency departments.

Priority #3: Access to Care

Objective: Increase the number of patients accessing non-urgent care by community paramedicine programs from 58 to 64 by 9/30/22.

Status: Completed

Strategy: In FY22, Northern Light Blue Hill Hospital exceeded its goal to increase the number of patients accessing non-urgent care by community paramedicine programs from 58 to 64 by 9/30/22.

81 unique patients were served by Memorial Ambulance Corps in FY22, which offered community paramedicine (CP) visits for non-urgent care and support as part of continued community partnership with Blue Hill Hospital. Memorial Ambulance is currently the only remaining active CP team in the Blue Hill catchment area post COVID-19 epidemic. This team of ten volunteers partnered with all available agencies

and used any resources available to provide COVID-19 vaccinations during the year, complete medication refill visits, vital sign checks, call patients to check in, and offered reassurance and company for many isolated and lonely residents in Stonington and Deer Isle. Whenever patients were well enough to come off of their program, CP clinicians acted as advocates for their patients and made referrals back into the community to appropriate case workers and organizations, as well as communicating with the hospital or primary care staff of the change in care so the referral status and patient records were up to date. The CP team, care managers and families were in frequent communication of patient needs, making calls to help find resources, including volunteer programs for house repairs and Meals On Wheels to our most vulnerable patients, aligning with our brand promise to improve the health of the communities we serve. One Advanced EMT/RN shared her observation that medication reconciliation that Memorial Ambulance is able to provide is very helpful for the CP patients, particularly when being discharged home from a hospitalization with a change in prescription or dosage. CP clinicians are able to review discharge plans and prescriptions, provide education and reassurance at a time when patients are likely to be overwhelmed or in need of additional support in their own homes. "Most improve their medication compliance with a little support, which has led to decreased calls to the primary care offices."

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

Northern Light partners

- Primary care providers
- Registered Nurses
- Medical Assistants
- Social workers
- Clerical staff
- Administration
- Emergency Department director
- Inpatient director
- Population health and discharge planning

Community partners

- Memorial Ambulance Corps
- Eastern Area Agency on Aging
- Healthy Peninsula
- Simmering Pot
- Healthy Acadia

Outcome measure: In FY22, Northern Light Blue Hill Hospital was able to increase the number of unique patients accessing non-urgent care by community paramedicine programs from 58 in FY21 to 81 unique patients using one volunteer community paramedicine site.

Project leads: Mike Murnik, MD, Senior Physician Executive; Tammy Dickey, Director of Physician Practices; Nikki Gebreselassie, Quality Lead

Next steps: Access to care was not selected as an independent priority of focus in our next three-year Community Health Strategy cycle as many of our efforts identified in our 2022 strategy are connected to access issues. In addition, our hospital has current initiatives that are ongoing and part of our continual mission to improve access to care such as provider recruitment, engagement of navigators or the equivalent, and other efforts that support this priority.

However, recognizing the valuable impact community paramedicine has on improving access to care for our patients, in FY23, Northern Light Blue Hill Hospital will continue work with Memorial Ambulance and include Peninsula Ambulance Corps on a grant proposal to HRSA with a defined goal to increase the capacity of Community Paramedicine in the region. Regardless of grant award status, relationships with our Community Paramedicine partners will continue. A Cerner (our electronic medical record) referral process for Community Paramedicine-appropriate patients will be established, as well as education and information sessions for departments regarding the paramedicine program and referral process by Sept 30, 2023.

Conclusion

Northern Light Blue Hill 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.