

Fiscal Year
2017-2019

Community Health Strategy

Addressing Community Health Needs



Eastern Maine Medical Center



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Introduction

EMHS and our more than 11,000 employees care deeply about our neighbors and communities. EMHS 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.

Eastern Maine Medical Center (EMMC) 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, Eastern Maine Medical Center creates healthier communities through the provision of services, resources, and programs within and beyond the walls of the hospital.

About EMHS

EMHS is an integrated health delivery system serving the state of Maine. EMHS offers a broad range of health delivery services and providers, including: acute care, medical-surgical hospitals, a free-standing acute psychiatric hospital, primary care and specialty physician practices, long-term care and home health agencies, ground and air emergency transport services, community and population health.



About Eastern Maine Medical Center

Eastern Maine Medical Center is a comprehensive, 411-bed medical center serving the greater Bangor area and the northern two-thirds of Maine. The medical center and its medical staff of more than 420 physicians provide a significant percentage of the primary care services offered in the Bangor area, as well as specialty and intensive services for patients from Waterville to the Canadian border. Eastern Maine Medical Center also provides outreach clinics to many local hospitals in the region, allowing easier access for patients and supporting the role of those hospitals in their communities. Eastern Maine Medical Center is a trauma center, bariatric center, regional cancer center, neonatal intensive care center, and a host of LifeFlight of Maine, a statewide medical helicopter service that transports critically ill and injured patients. Eastern Maine Medical Center is also a Joint Commission-certified Joint Center and Stroke Center.



EMMC cares for patients from newborn to the elderly. Our charitable mission dictates we serve all, regardless of ability to pay. The referral service area includes more than a half million residents in nine counties of northern, eastern, and central Maine: Kennebec, Knox, Waldo, Penobscot, Piscataquis, Washington, Hancock, Aroostook, and Somerset. Due to the economics of this region, EMMC serves a proportionally larger percentage of MaineCare (Medicaid) patients than the state's other specialty referral medical center in Portland. In addition to serving the patients of our region directly, we also serve other hospitals, providing telemedicine, pharmacy, and biomedical engineering support, education, best practice and policy sharing, and specialty clinics and programs.

Addressing Community Health Needs

Shared Community Health Needs Assessment

In 2016, Maine's four largest healthcare systems – EMHS, 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.



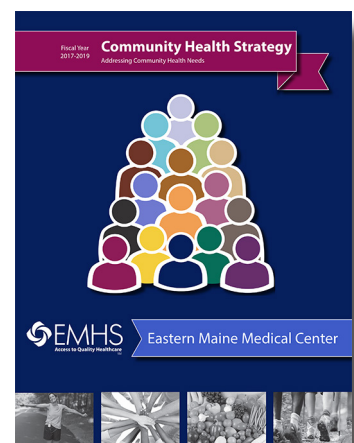
Results of the 2016 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Eastern Maine Medical Center. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission 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 Eastern Maine Medical Center.

Eastern Maine Medical Center 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.



Feedback Opportunity

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

Addressing Community Health Needs

Evaluation Efforts

The priorities identified in the next section will guide the development of a community health improvement plan. This annual plan defines the operational approach to be taken to address the goals and strategies articulated within. By using SMART Objectives (Specific, Measurable, Achievable, Realistic, and Time-Bound) to guide the intervention approach deployed, Eastern Maine Medical Center will be able to monitor and evaluate progress over time.

Approval from Governing Board

Eastern Maine Medical Center's Community Health Strategy was reviewed by the hospital's governing board and a resolution was made to approve and adopt both the Shared CHNA and the Implementation Strategy on **May 25, 2016**.

Selected Priorities of Focus

Priority #1: Substance Use Disorder

Rationale:

Substance use disorder continues to be the most significant health issue in Penobscot County, and partners from throughout the community are engaged in a focus effort to decrease its impact.

Intended action to address the need:

Eastern Maine Medical Center (EMMC) will continue to participate in the Community Health Leadership Board's initiatives to enhance substance use disorder prevention, recovery, and treatment in partnership with other organizations.

EMMC will implement prescribing protocols throughout its primary care offices, elements of which include a standardized contract and common approach to achieving informed consent. The Medical Group will continue a performance improvement plan developed to achieve greater compliance with its Medical Monitoring Protocol (a bundle that includes a medication contract, drug screen, pill count, and checks on a prescription monitoring program website). EMMC will evaluate its post-procedure prescription practices in specialty practices and identify areas for improvement and specific tactics to implement. Support and assistance will be provided with securing outside funding for social detox and a public awareness campaign as needed. Through the EMHS advocacy function, the Maine Hospital Association, and personal interaction with legislators, EMMC leadership will raise awareness among and attempt to secure the support of political leaders.

Programs and resource allocation:

Medical Group resources will be committed to assess the current state, finalize protocols, train providers, and monitor success. Leadership resources will be committed to legislative advocacy and support for funding.

Selected Priorities of Focus

Priority #1: Substance Use Disorder *continued*

Planned collaborations:

EMMC will work closely with members of the Community Health Leadership Board, including representatives from St. Joseph Hospital, EMHS, Penobscot Community Health Center, Acadia Hospital, City of Bangor, Penquis CAP, Community Health and Counseling Services, and Eastern Area Agency on Aging.

Population of focus:

The community, with a focus on patients who suffer with non-malignant chronic pain. We will impact the health of this population by targeting healthcare providers, legislators, and others.

Priority #2: Obesity

Rationale:

Obesity continues to be one of the most significant public health problems in our region.

Intended action to address the need:

While EMMC has several programs in place to impact the prevalence and effects of obesity for people of all ages, a gap exists in providing the best possible support and tools to help those who have obtained medical intervention adopt healthy habits for a lifetime. We will partner with other health-focused organizations within our community to support this population on their journey to a healthier lifestyle.

Programs and resource allocation:

EMMC will commit staff time to identify evidence-based tools, develop partnerships, and pursue grant funding and support from corporate partners. Leadership resources will be provided to promote the opportunities these partnerships create and to provide funding where appropriate.

Planned collaborations:

EMMC will pursue a collaboration with Hannaford to provide expertise and access to resources and tools to promote healthy decisions around food selection and preparation. EMMC will also partner with the Bangor Y to develop specialized fitness opportunities in a supportive environment for community members participating in our weight loss programs.

Population of focus:

A primary focus will be on patients within EMMC's weight loss program with some tactics reaching a broader audience of community members whose Body Mass Index (BMI) falls within the obese category.

Priority #3: Health Literacy

Rationale:

Health literacy is one of the greatest determinants of health status and plays a critical role in health outcomes.

Intended action to address the need:

EMMC seeks to improve employees' comprehension of health literacy and patients' understanding of their medical conditions, treatments, and instructions. EMMC will achieve this by educating staff (both front office and in the exam room) throughout its Medical Group in an effort to help improve their ability to identify patients who need assistance and provide information and connections to services for patients who could benefit.

Programs and resource allocation:

EMMC will develop a toolkit and with evidence-based materials for Medical Group staff. Health literacy will be included as a topic of discussion at staff meetings. In collaboration with Literacy Volunteers of Bangor, a video, internal newsletter articles, and fliers will be created to inform staff of best practices and to help with the identification of patients who can be referred to Literacy Volunteers for assistance. Also in collaboration with Literacy Volunteers, materials will be made available to patients in waiting rooms throughout the organization. Literacy Volunteers staff will track referrals from EMMC.

Planned collaborations:

EMMC will collaborate with Literacy Volunteers and other organizations to implement these strategies.

Population of focus:

Healthcare consumers who have difficulty understanding information about their medical condition, treatments, and instructions.

Health Priorities Not Addressed

Eastern Maine Medical Center considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. While the full spectrum of needs is important, Eastern Maine Medical Center is currently poised to focus only on the highest priorities at this time. A number of priorities not selected, due to a variety of reasons are listed below:

1. Physical Activity and Nutrition was not selected by Eastern Maine Medical Center as this will be covered as a component of obesity focus.
2. Mental Health/Access to Care was not selected by Eastern Maine Medical Center as this focus area is primarily addressed by The Acadia Hospital.
3. Cardiovascular Disease was not selected by Eastern Maine Medical Center. Will reassess in FY17 after new heart center is complete.
4. Poverty was not selected by Eastern Maine Medical Center as this focus area is outside of the scope of acute care hospitals.
5. Employment was not selected by Eastern Maine Medical Center as this focus area is outside of the scope of acute care hospitals.
6. Health Care Insurance/Cost of Care was not selected by Eastern Maine Medical Center. This was a priority in EMMC's FY15 plan, and an infrastructure is now in place to identify and assist people who need assistance with learning about and securing insurance coverage.

Conclusion

Eastern Maine Medical Center 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.

Eastern Maine Medical Center will engage in another Shared CHNA in 2019 and looks forward to ongoing community participation in these important efforts.

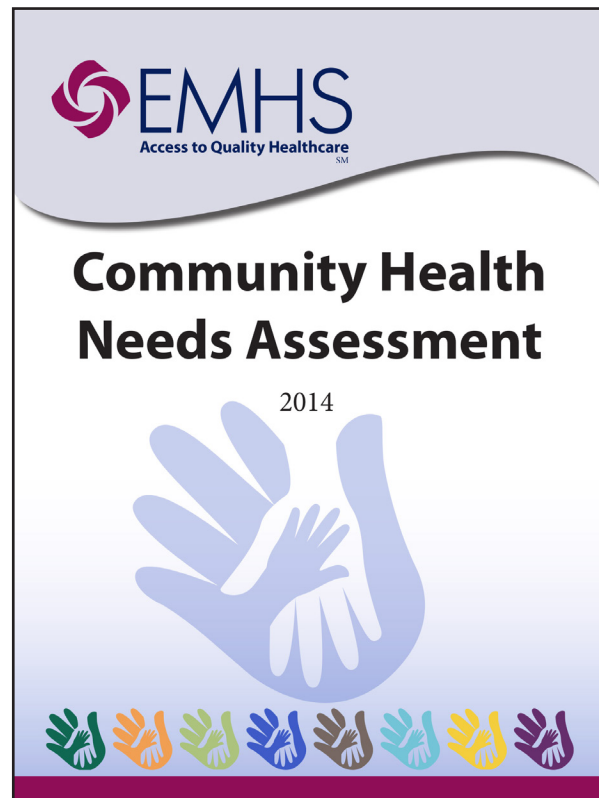


Appendix - Evaluation of Impact

Progress report on selected priorities from Eastern Maine Medical Center's last (2014) Community Health Needs Assessment.

EMHS and Eastern Maine Medical Center 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 table provides a summary evaluation of impact of the actions taken by Eastern Maine Medical Center to address community health priorities adopted in 2014.

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.



Appendix - Evaluation of Impact *continued*

Community Health Strategy - Evaluation of Impact Since 2014

Evaluation of impact of actions taken by the organization to address selected health priorities identified in the 2014 Community Health Needs Assessment (CHNA) Report is an important part of the community health improvement cycle. The following progress on activities to address priority areas identified in the 2014 CHNA are as follows:

White Cells: description of actions the hospital intends to take to address the health need.
Grey Cells: identified programs/resources the hospital plans to commit to address the health need.
Green Cells: planned collaborations between the hospital and other organizations to address the health need.

EMHS Member Organization: Eastern Maine Medical Center

Date: July 15, 2016

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Lack of insurance/unable to pay for the care	Hire additional financial counselors to assist patients in identifying pay sources including governmental programs and exchanges.	Yes	Twelve new financial counselor positions were added in fiscal year 2015 to improve the organization's ability to assist all patients in understanding their coverage options.
	Assist patients in applying for coverage including the healthcare marketplace, COBRA, disability, MaineCare and free care.	Yes	Financial counselors helped patients enroll in public and private health insurance plans, including Cobra (28 patients), premium assistance through EMHS Foundation (17 patients), and the Health Insurance Marketplace (hundreds of patients).
	Work collaboratively with patients to develop payment plans.	Yes	By developing payment plans, EMMC has been able to help more patients meet their financial obligations than would be possible if payment plans were not offered.
	Increase resources to assist patients to meet their financial obligations.	Yes	EMMC maintains a generous financial assistance program and a free care program to support treatment for patients who need assistance with paying for the cost of care.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Lack of insurance/unable to pay for the care	Create a communication plan regarding the availability of these resources.	Yes	A comprehensive communication plan was developed to make connections with uninsured patients who qualified for coverage through public or private insurance programs. Information is also available on the EMMC website. Uninsured surgery patients are screened prior to their procedures to determine their eligibility for public programs of the Health Insurance Marketplace.
	Work with other area providers during the next market place enrollment to increase the number of people who apply for health benefit plans.	Yes	EMMC launched an extensive campaign to encourage community members to seek assistance with signing up for the Health Insurance Marketplace. Events were held with all three participating insurers in Bangor, Orono, and Hampden.
Substance Abuse	Active participation in the Community Health Leadership Board's project to address addiction issues in the community. The initial goal of this group is to measurably reduce the impact of addiction and substance abuse in our community.	Yes	EMMC's president and CEO has been an active participant since the group's inception. EMMC's chief medical officer and others assist by participating in subcommittees. The group is still in the process of developing and implementing solutions.
	Community Process-substance abuse education sessions have been scheduled.	Yes	Community Health Leadership Board members have held community sessions on the opioid epidemic.
	Full day strategic planning session focusing on addressing additional issues in our community has been planned.	Yes	EMMC leadership participated in a Community Health Leadership Board retreat held in September 2015.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Substance Abuse	Additional action steps will be developed based on the outcome of this session.	Yes	EMMC has participated in a community campaign to increase awareness, legislative advocacy in support of a social detox center, and efforts to increase the number of providers who offer treatment in Greater Bangor.
	Resources will be committed based on strategic planning session.	Yes	Community Relations resources have been committed to contribute to the awareness campaign, and physicians have dedicated time to reviewing and updating prescribing protocols.
	Each participating organization in the CHLB will be expected to contribute \$1000 to support the group's work for the coming year.	Yes	Eastern Maine Medical Center has contributed \$2550 to the Community Health Leadership Board in support of local efforts to combat opioid misuse.
	This is a collaborative effort between EMMC, St. Joseph Hospital, EMHS, Penobscot Community Health Center, Acadia Hospital, City of Bangor, Penquis CAP, Community Health and Counseling Services and Eastern Area Agency on Aging.	Yes	See above.
	Collaboration with Primary Care Physicians at Penobscot Community Health Center to wean drug and/or alcohol addicted newborns in outpatient setting.	Yes	The medical director of EMMC's NICU works closely with primary care physicians in the community to provide this service. This includes collaborating with Penobscot Community Health Center on a clinic.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Screening Programs	Review emerging screening recommendations and adopt relevant screening practices.	Yes	EMMC routinely reviews and adopts evidence-based screening practices in order to ensure patients receive care that incorporates national best practices.
	Once implemented, compliance with the standards are monitored on a quarterly basis.	Yes	Compliance with standards is monitored on a monthly basis and group review of scores.
	In areas where providers do not achieve approved thresholds a 90 day corrective action plan is implemented.	Yes	Corrective action plans are in use throughout primary care to address thresholds that are not met. Primary care uses a service-wide approach, which leverages the collective effort of all practices to implement improvement opportunities.
	Increase access to PCP in the community via recruitment of physicians, nurse practitioners, physician assistance and panel size.	Yes	EMMC continues to hire primary care providers to meet the needs of the community and has reconfigured schedules to improve access. Metrics to demonstrate the success of this change are not yet available.
	For 2015 EMHS will require participants in the health plan to have a primary care provider.	Yes	EMMC launched a comprehensive internal campaign to connect employees with providers who have open panels.
	In 2016 standardized biometric screening will be implemented to proactively identify members at risk.	Yes	Biometric screening is not required but is available and incentivized.
	Practices offer free blood-pressure readings for walk-in patients, a critical diagnostic indicator for many chronic diseases.	No	This service is offered as part of regular appointments and in a drop-in basis for a small fee that can be charged to insurance.
	EMMC will work with EMHS and Beacon Health Medical Neighborhood on this initiative.	N/A	N/A

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Screening Programs	In addition EMMC has a strong relationship with the Eastern Area Agency on Aging; to work together to ensure patients have transportation and resources to care for themselves independently.	Yes	Collectively, EMMC and the Eastern Area Agency on Aging engage in efforts to ensure patients' needs are met before and after discharge and on a routine basis.
Crime Violence	EMMC implemented a dedicated security force 24 hours a day 7 days a week.	Yes	EMMC maintains an around-the-clock security force that can quickly respond to incidents on campus any time.
	Risk assessments are conducted and pro-active measures including training and equipment have been put into place to mitigate identified risks.	No	Staff will be trained to deal with combative patients, visitors through mandatory MOAB training. As of summer 2016, Clinical Education is putting together plans to roll this out to all employees.
	Incidents are tracked through a centralized reporting system for follow-up and trend analysis.	Yes	Incidents are tracked through RL solutions, reviewed, and followed up on.
	EMMC has a contract with the Bangor Police Department for an officer to be stationed in the ED for six hours each night during the hours of highest risk.	Yes	EMMC has had a police officer stationed in the ED at night to reduce the likelihood of violence.
	Developing a house-wide education plan to focus on workplace violence.	Yes	Management of Aggressive Behavior (MOAB) has been identified as the standard training that will be used and a mandatory training course for all employees.
	There will be specific training requirements for all employees with departments or positions at greatest risk being the first to complete training.	Yes	Currently being implemented through comprehensive MOAB training.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Crime Violence	Greg Howat, Vice-President Human Resources EMHS East Region and Debbie Richards, Patient Care Administrator are members of a community task force focused on Domestic Violence. Members of this task force include the Bangor Police Department, DHHS, legal representatives and Spruce Run advocates. The task force focus is to assess the current state of domestic violence in our region, identify key issues or concerns and to propose solutions to those issues.	Yes	The task force met several times to identify strategies to reduce domestic violence. Mandatory staff education is being planned as a result of this work.
Care for Chronic Conditions	As certified Patient-Centered Medical Home practices the practices have care managers for patients with diabetes, hypertension, CHF and depression.	Yes	Beacon Health care managers are embedded in practices and work on-on-one with patients to help them manage chronic disease.
	Patients who require additional support are able to receive counseling, either via the phone on in person visits, on medications, diet and coaching on healthy behaviors to aide in the self-management of their disease(s).	Yes	See above - this service is facilitated through the care managers embedded in the practices.
	Each practice also has behavioral health specialists, who work in parallel with the medical team to enhance the patient's complete health.	Yes	Every primary care practice has a full-time behavioral health specialist who can work one-on-one with patients.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Care for Chronic Conditions	EMMC plans to add panel managers in each primary care practice who will proactively identify patients with outdated routine screenings such as mammography and colonoscopy as well as diabetic and hypertension monitoring. The additional support in each practice will allow each practice to provide the necessary care and oversight of the patient population.	Yes	Panel managers are now in place at all primary care practices to identify patients who could benefit from screening.
	EMMC has a strong relationship with the Eastern Area Agency on Aging; to work together to ensure patients have transportation and resources to care for themselves independently.	Yes	EMMC's strong relationship with the Eastern Area Agency on Aging helps connect patients to the resources needed to access care.
	EMMC also works closely with the Bangor Public Health team to reach patients who face socio-economic barriers to chronic care.	Yes	EMMC maintains a close relationship with Bangor Public Health to ensure care is provided and address high priority public health issues.