Fiscal Year 2018

Progress report to our community

Addressing community health needs

Northern Light SM
Beacon Health

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Beacon Health

Michael P. Donahue, MBA
President
Beacon Health

We are proud to announce that EMHS has become Northern Light Health! As Northern Light Beacon Health, we're still the same passionate, hard-working folks our communities have come to trust for their healthcare needs. More than a name change, our new brand conveys our promise to lead Maine on a path to better health. We have come together to move healthcare in a new direction, creating a system that works for our patients, our people, and our communities.

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

The following is an update on the progress of that community health improvement plan for our fiscal year 2018. As an organization of Northern Light Health, we at Northern Light Beacon Health have our own unique set of priorities that we are addressing:

- Transportation
- Mental Health and Depression
- Obesity

We are striving for better: better access to health services, better care for our patients, and better ways to address the health issues that affect our communities. With the strength of our system and the relationships built with our communities, we know that together we'll create a healthier Maine.

Sincerely,

Michael Donahue, MBA
President, Northern Light Beacon Health

Progress report update

FY 2018 Progress Report
Priority #1: Transportation

Objective: By the end of fiscal year 2018 (FY18), patients who identify transportation as a barrier to accessing appropriate care will be connected with the Community Care Team for assessment and intervention to identify improved access to a reliable, available source of transportation for medical appointments, including specialty. Additionally, we will bring care to the patient, when possible, by providing home visiting completed by the Community Care Team or other community agency.

Status: In Progress

Approaches taken and resources used: In FY18, Northern Light Beacon Health offered more than 600 home visits, bringing healthcare to those who had difficulty with transportation. Completing these home visits allows us to not only make accessing healthcare easier, but they also give us the unique opportunity to spend more time with patients, in their own environments. This time and personal visits allow us to truly understand the needs of the patient and bring that information back to the healthcare team so we can work together – with each patient – to meet those needs.

Partners engaged: Northern Light Beacon Health partnered with the following entities on this priority:

- Most Northern Light Health primary care teams have access to the Community Care Team's home visiting program

Highlights: In FY18, Northern Light Beacon Health helped hundreds of patients to access transportation and travel several hundreds of miles to medical appointments and to other important locations (grocery stores, family visits, pharmacy, church, etc.).

Outcome Measure: In FY18, Northern Light Beacon Health provided home visits, especially for those patients with the greatest health and social needs. We completed more than 600 home visits, and were successful at finding transportation solutions for many of the patients we visited.

Project Lead: Tori Gaetani, Northern Light Beacon Health vice president of Nursing and Patient Care Services; Jaime Rogers, Northern Light Beacon Health director of Community Care and Behavioral Health Services

Next Steps: In fiscal year 2019 (FY19), Northern Light Beacon Health will continue to offer home visits, and will utilize evidence-based screening tools to improve screening for social determinants of health. Beacon Health will also work to integrate this screening at primary care practice locations, thus increasing the number of needs we can meet.

FY 2018 Progress Report
Priority #2: Mental Health/Depression

Objective: By the end of FY18, at least 60% of Accountable Care Organization (ACO) patients will be screened for depression using the Patient Health Questionnaire (PHQ)-9 screening tool. At least 40% of positive screens (i.e. >9), will be referred for behavioral health intervention (i.e. Community Care Team, licensed clinical social worker, psychiatric and mental health nurse practitioner, or other). Training and education will be provided to practice teams to enhance their willingness and ability to positively engage patients in discussing and intervening with depressive symptoms.

By the end of FY18, covered beneficiaries on the Northern Light Employee Health Plan will have access to Behavioral Health case management through Beacon's Community Care Team.

Status: In Progress

Approaches taken and resources used: In FY18, Northern Light Beacon Health made use of the Population Health Committee to set screening targets, review data dashboards, and select intervention methods. Beacon Health also utilized its Community Care Team and Care Coordination programs to advance Behavioral Health case management when beneficiaries were identified with behavioral health needs.

Partners engaged: Northern Light Beacon Health partnered with the following entities on this priority:

- The Acadia Hospital, Affiliated Employee Assistance Program
- Sweetser
- Spurwink
- All Northern Light Health primary care teams in all locations across Maine

Highlights: In FY18, Northern Light Beacon Health is proud to have launched Behavioral Health case management available to Northern Light Health insureds. This program enhancement will serve plan members well as Northern Light Beacon Health works to continue to improve behavioral health integration and knowledge and skill building for continued growth and development.

Outcome Measure: In FY18, Northern Light Beacon Health exceeded our goal: 60% of our ACO patients to be screened for depression. Northern Light Beacon Health screened more than 70% of our Medicare, MSSP patients and launching of behavioral healthcare coordination available for beneficiaries on the Northern Light Employee Health Plan.

Project Lead: Jaime Rogers, LCSW, MBA, director Community Care and Behavioral Health Services; Will Seavey, associate vice president, Population Health; Krissy Brasslett, MHA, RN, CPHQ, CPC, director, Quality Improvement

Next Steps: In FY19, Beacon Health will continue to work with our Northern Light Health partners to improve behavioral health screening and intervention for all patients.

FY 2018 Progress Report
Priority #3: Obesity (Physical activity/nutrition)

Objective: By the end of FY18, Northern Light Beacon Health will increase the number of locations where we offer our National Diabetes Prevention Program from zero to two.

Status: Completed

Approaches taken and resources used: In FY18, Northern Light Beacon Health used biometric data to confirm that interested employees were in fact eligible for the program. Northern Light Beacon Health sent out a communication to all Northern Light Health Home Office employees explaining the new wellness program specific to diabetes prevention. The response was immediate and overwhelming.

Partners engaged: Northern Light Beacon Health partnered with the following entities on this priority:

Northern Light Health Home Office employees
Northern Light Total Health Team, Home Office
Northern Light Health Home Office Benefits department

Highlights: By rewarding annual biometric screening participation, our Northern Light Employee Health Plan is able to offer programs tailored to the needs of our employee population. In FY18, Northern Light Beacon Health identified employees who would be eligible for the NDPP by using the annual biometric screening information. One email to employees and a day later our inaugural class was filled. We will take the lessons learned from our first year and continue to grow our program and locations to best help our employees reach their health and wellness goals.

Outcome Measure: In FY18, the outcome measure for this CHIP achieved by Northern Light Beacon Health was to increase the number of member organizations offering the National Diabetes Prevention Program from zero to two. We were able to increase from zero to one and enroll a full class of 12 participants.

Project Lead: Andy VanEss, MBA, Wellness Program Manager

Next Steps: In fiscal year 2019, Northern Light Beacon Health will work towards establishing more National Diabetes Prevention Programs across our statewide health system. The valuable insight we gained during our annual biometric screenings will allow us to further personalize our efforts to reach more employees. We plan to continue with our current class that was established in FY18 and learn from the pilot program to enhance our program. Our goal is to offer a comprehensive and tailored diabetes prevention program to our employees in order to engage, encourage, and guide them down their journey for a lifetime of better health and wellness.

Conclusion

Northern Light Beacon Health 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.

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