Implementation Plan for Community Health Needs Assessment

October 1, 2022 - September 30, 2024

Maine Medical Center
Implementation Plan for Community Health Needs Assessment 2022-2024

**MaineHealth Hospital:** Maine Medical Center  
**County:** Cumberland  
**Health Priority:** Access  
**Goal of Health Priority:** To improve access, reduce barriers and decrease health inequities for all people.

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<tr>
<th>Strategies</th>
<th>Metrics/What are we measuring?</th>
<th>Partners/External Organizations</th>
<th>Year of Work</th>
</tr>
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</table>
| **Strategy 1:** Improve connections to community-based programs/organizations providing health and social services to address the unmet healthcare needs of vulnerable populations | - # of Preble Street Learning Collaborative clients receiving short-term targeted case management  
- % of closed loop connections documented to community partners: MainelyTeeth Mobile Dental Clinic, Opportunity Alliance’s MaineFamilies/WIC, Jewish Community Alliance Diaper Bank and Maine Access Immigrant Network | MHMG Population Health; PrevME; Preble Street; Mainely Teeth; Opportunity Alliance; Jewish Community Alliance; Maine Access Immigrant Network | 1-3          |
| **Strategy 2:** Coordinate and improve access to primary care, behavioral health and specialized services | - % of eligible patients enrolled in National Diabetes Prevention Program (NDPP)  
- # of referrals to Living Well (with chronic conditions) & Living Well with Diabetes  
- Strive to increase access at MMC/MMP ambulatory practices for existing patients and those who do not have a primary care provider but would like to establish care  
- Explore expansion of school-based health clinics | MMC/MMP ambulatory practices; PrevME; MaineHealth Center for Health Improvement; MaineHealth Access to Care; NDPP; Living Well programs | 1            |
| **Strategy 3:** Implement PrevME Community Informed Care Initiative pilot program to better serve immigrant populations in collaboration with community partners | - # of patients enrolled in PrevME Community Health Informed Initiative pilot program  
- % discharged with “goals met”  
- # of connections to community resources/ supports made by PrevME pilot program staff | PrevME MAIN  
Catholic Charities | 1            |
| **Strategy 4:** Ensure equitable access to care by supporting people with transportation and/or interpreter/translation services | - Standard patient education materials created in different languages  
- % of MMC/MMP sites with IPad for video remote interpreters  
- Meet goals of MeHAF Data Innovation Project to advance equity in developmental screening and well-child visits for immigrant, refugee and asylee families  
- # of patients receiving transportation support: UberHealth, taxi vouchers and Greater Portland Council of Governments Bus Ambassador program | MMC/MMP ambulatory practices; MMC inpatient; MHMG Population Health; MMC Interpreters Committee; MaineHealth EPIC; Greater Portland Council of Governments; University of Southern Maine; Maine Access Immigrant Network; Cumberland County Developmental Screening Community Initiative | 1-3          |
Implementation Plan for Community Health Needs Assessment 2022-2024

MaineHealth Hospital: Maine Medical Center
County: Cumberland

**Health Priority:** Social Determinants of Health

**Goal of Health Priority:** To identify and address social determinants of health (SDOH).

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| **Strategy 1:** Expand FindHelp social services directory, by increasing engagement and partnerships with community-based programs/organizations | • # of community-based programs/organizations outreached to
  • Participation in MaineHealth Community Engagement Workgroup & support toward meeting quarterly outreach goals | MHMG Population Health
MaineHealth Center for Health Improvement
FindHelp | 1-3 |
| **Strategy 2:** Mitigate SDOH barriers by coordinating connections with internal and external resources | • % of MMC active patients with SDOH documented (any topic)
  • Partner to open the MaineHealth Food Pantry at MMC
  • # of MMC/MMP primary care & inpatient sites screening and responding to diaper insecurity
  • # of referrals to Patient Assistance Line (PAL) and Cumberland County Care Partners
  • # of connections to community resources/supports made by Access to Care, MMC/MMP ambulatory practices and MHMG Population Health staff (supporting Access Priority) | MMC/MMP ambulatory practices
MMC inpatient
MHMG Population Health
MHACO employed Care Managers
MaineHealth EPIC
MaineHealth Center for Health Improvement
MaineHealth Access to Care
Good Shepherd Food Bank | 1-3 |
| **Strategy 3:** Implement Early Childhood Specialist project to deliver trauma-informed, culturally-sensitive, resilience-building supports that focus on removing SDOH barriers for families who have children ages 0-3 | • # of families receiving services through the Early Childhood Specialist project
  • # of connections to resources/supports made by program staff | MMC/MMP ambulatory practices
Maine Behavioral Healthcare
University of Southern Maine |
Implementation Plan for Community Health Needs Assessment 2022-2024

MaineHealth Hospital: Maine Medical Center  
County: Cumberland  
Health Priority: Older Adult Health / Healthy Aging  
Goal of Health Priority: To improve health outcomes and health-related quality of life for patients age 65 or older.

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| **Strategy 1:** Participate in Age Friendly Health Systems (AFHS) goals  | • Rate of assessment of 4Ms in patients age 65 or older  
• Achievement of AFHS recognition                                                             | MMC/MMP ambulatory practices  
MaineHealth EPIC                                                                                   | 1-3               |
| **Strategy 2:** Improve documentation of Advance Care Directives, POLST,   | • # of patients with documented Surprise Question & % of patients with documented Serious Illness Conversations in EPIC  
• Number/% of Advance Care Directives, POLST, and Serious Illness Conversations in EPIC with patients age 65 or older | MMC/MMP ambulatory practices  
MaineHealth EPIC                                                                                   | 1-2               |
| and Serious Illness Conversations in EPIC with patients age 65 or older   |                                                                                               |                                                                                                  |                   |
| **Strategy 3:** Improve health outcomes of older adults by delivering and referral to preventive services | • % of Medicare or Medicare Advantage patients or patients age 65 or older with wellness visit in the past 12 months | MMC/MMP ambulatory practices  
MaineHealth EPIC                                                                                   | 1-3               |
| **Strategy 4:** Increase connections to lifestyle programs among older adults | • # of referrals to Southern Maine Agency on Aging’s Meals on Wheels & Age Well programs via FindHelp  
• Ensure that FindHelp directory includes community-based programs/organizations focused on serving older adults (supporting SDOH Priority) | MMC/MMP ambulatory practices  
MHMG Population Health  
MaineHealth Center for Health Improvement  
Living Well programs  
Southern Maine Agency on Aging  
FindHelp                                                                                           | 1-3               |
## Implementation Plan for Community Health Needs Assessment 2022-2024

**MaineHealth Hospital**  
**Maine Medical Center**

**County:** Cumberland  
**Health Priority:** Substance Use Disorders (SUD)  
**Goal of Health Priority:** To prevent and improve health outcomes for patients with substance use disorders.

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| **Strategy 1:** Increase access to treatment for opioid use disorder (OUD) using all forms of buprenorphine, including long acting injectable buprenorphine | • # of patients receiving buprenorphine  
• # of patients receiving long acting injectable buprenorphine  
• # of x waivered providers actively prescribing buprenorphine | MMP Primary Care IMAT Program  
MaineHealth EPIC  
Maine Behavioral Healthcare  
State of Maine Office of MaineCare Services – Opioid Health Homes program | 1-3 |
| **Strategy 2:** Increase access to naloxone by implementing MaineHealth guidelines for providers on prescribing and distributing kits to patients and family members at risk of overdose | • % of patients treated for OUD with a current prescription for naloxone on medication list  
• % of patients at high risk for overdose with a current prescription for naloxone on medication list  
• # of naloxone kits supplied to Emergency Room and primary care practices for distribution to patients | MMC Emergency Department  
MMP Ambulatory practices  
MaineHealth EPIC  
City of Portland Needle Exchange Program | 1-3 |
| **Strategy 3:** Expand treatment for alcohol use disorder (AUD) through provider education and begin treating alcohol withdrawal in outpatient settings for qualified patients | • # of patients treated for AUD  
• # of providers trained to treat AUD  
• # of patients treated for acute alcohol withdrawal in outpatient setting | MMC/MMP ambulatory practices  
MMC Emergency Department  
Maine Behavioral Healthcare | 3 |
| **Strategy 4:** Increase the # of pregnant and postpartum patients with SUD cared for in an integrated model | • # of patients enrolled in MaineMOM at MMC OB/GYN Clinic  
• % of pregnant & postpartum patients with SUD screened for Hepatitis C  
• % of pregnant & postpartum patients with SUD offered referral to peer recovery coaches | MMP OB/GYN Clinic  
Maine Behavioral Healthcare  
State of Maine Office of MaineCare Services – MaineMOM program | 1-3 |
**Health Priority**

**Reason Not Chosen**

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| Physical Activity, Nutrition, Weight (Obesity)      | • Diabetes Treatment & Documentation of Severe Obesity are tracked on the MaineHealth System Quality Dashboard with targets for % of patients with HbA1c > 9.0.  
• MMC has incorporated disease-specific standard workflows in ambulatory and inpatient settings. For example, completing the Physical Activity as a Vital Sign (PAVS) screening and providing exercise prescriptions to appropriate patients.  
• MMC supports other existing initiatives with Let’s Go and the National Diabetes Prevention Program. |
| Mental Health                                        | • MMC supports a # of strategic goals around the integration of behavioral health into patients’ overall care delivery models.  
• A # of primary care sites participate in formal partnerships with community behavioral health organizations via the State of Maine’s Behavioral Health Homes (BHH) program.  
• The MMC Pediatric teams continue to demonstrate leadership around screening of Adverse Child Experiences (ACEs), utilizing risk stratification and reporting to identify patients, referral to case management.  
• Eating disorders among children and adolescents have increased dramatically during COVID and we are working on a more robust inpatient eating disorder program but need outpatient eating disorder programs to prevent hospitalization and a process for follow up after discharge to prevent readmission.  
• MMC staff participate in the Developmental Screening Community Initiative of Cumberland County (DSCI) which is an extensive network of clinical and community providers. |