

Progress report on
Community Health
Needs Assessment
Implementation Strategy

fiscal year

2019 **2020** 2021

(October 1, 2019 – September 30, 2020)

Coastal Healthcare Alliance/
Pen Bay Medical Center
Waldo County General
Hospital



Coastal Healthcare Alliance MaineHealth

CHNA Implementation Plan 2019-2021

Coastal Healthcare Alliance/ Pen Bay Medical Center and Waldo County General Hospital

The following report outlines progress on the Coastal Healthcare Alliance Implementation Strategy on key health priorities identified in the **2018 Maine Shared Community Health Needs Assessment.**

The vision of the Maine Shared Community Health Needs Assessment is to help to turn data into action so that Maine will become the healthiest state in the United States. Its mission is a dynamic public/private partnership that creates Shared Community Health Needs Assessment Reports, engages and activates communities and supports data-driven health improvements for Maine people. To access the MaineHealth 2019 Community Needs Assessment Reports, visit:

https://mainehealth.org/healthy-communities/community-health-needs-assessment.

A member of the MaineHealth system, Coastal Healthcare Alliance has a set of health priorities including:

- Healthy Aging
- Obesity Prevention

- Mental Health
- Substance Use Disorder

About Coastal Healthcare Alliance

On December 1, 2015, Pen Bay Medical Center and Waldo County General Hospital began operating as one healthcare system called **Coastal Healthcare Alliance**. Each center remains the same, but they now offer shared services and programs to the entire region through the new company. The unification of the two systems in the Midcoast strengthens the network and provides access to the best healthcare the region has to offer.

Pen Bay Medical Center and Related Entities

Pen Bay Medical Center is a not-for-profit, Top Rural, Leapfrog Hospital Safety Score Graded and the largest community hospital in Midcoast Maine. Pen Bay Medical Center operates as a family of services that also includes Pen Bay Physicians & Associates, Quarry Hill Retirement Community, the Knox Center and the Sussman House. Through these organizations, and with a staff of more than 100 outstanding physicians and more than 1,500 healthcare professionals, we are able to provide the people of Midcoast Maine with a continuum of both routine and specialty patient-centered medical services. Pen Bay Medical Center is part of the Coastal Healthcare Alliance and the MaineHealth system.

Waldo County General Hospital and Related Entities

Waldo County General Hospital is a 2017 Becker's Hospital Review Critical Access Hospital to Know that operates as a family of services with Waldo County Medical Partners and Penobscot Shores Retirement Community. Through these organizations, we are committed to providing excellent care for patients and their families in a friendly, caring atmosphere. Services are provided as efficiently as possible with an eye on the future and in collaboration with other community-minded agencies. Waldo County General Hospital is part of the Coastal Healthcare Alliance and the MaineHealth system.

MaineHealth System Overview

MaineHealth is a not-for-profit integrated health system consisting of nine local hospital systems, a comprehensive behavioral healthcare network, diagnostic services, home health agencies, and more than 1,700 employed and independent physicians working together through an Accountable Care Organization. With more than 22,000 employees, MaineHealth is the largest health system in northern New England and provides preventive care, diagnosis and treatment to 1.1 million residents in Maine and New Hampshire.

In keeping with the health system's vision and mission, MaineHealth organizations work together to offer a wide range of community programs focused on disease management, prevention and population health, free of charge, and no one is ever denied care because of inability to pay. In 2019, the MaineHealth system provided over \$487.5 million in community health programs or services without reimbursement or other compensation.

Please highlight progress made from **October 1, 2019 - September 30, 2020** for strategies and actions taken to address the priority areas your organization selected as part of the 2018 Community Health Needs Assessment (CHNA) process. The strategies that your organization recorded in the 3-year Implementation Strategy section of your CHNA report are listed below. In addition, you are encouraged to include progress made for any additional strategies you implemented.

MaineHealth Member Organization: Coastal Healthcare Alliance/WCGH & PBMC

Date: October 1, 2019- September 30, 2020

2019 CHNA Priority Selected	2019 Implementation Strategy / Planned Actions to Address Priority of Focus	If Action Implemented - Describe actions taken, impact from those actions, and collaborating partners If NO - Provide a reason why no action was taken
Healthy	Decrease % of patients with HbA1c > 9.0*	Decided not a metric that presented value in addressing obesity.
Eating Active	Action Implemented? □Yes ⊠No	- Bedded not a metric that presented value in addressing obesity.
Living	Continuing in FY21? □Yes ⊠No	
(HEAL)/	Increase MDPP and DPP participation	Offered National Diabetes Prevention Program with MaineHealth virtually.
Obesity	Action Implemented? ⊠Yes □No	Will continue to support effort though technical assistance in FY21.
Prevention	Continuing in FY21? ⊠Yes □No	
	Increase number of local businesses participating in	Through years of working in our community, we have found the best approach
	Journey to Health Worksite Wellness	is to be available to our community partners but to focus our efforts on our
	Action Implemented? □Yes ⊠No	CHNA priorities and system priorities.
	Continuing in FY21? □Yes ⊠No	
	Increase number of patients given Ending Hunger	Not necessarily ending hunger resources, but utilizing Aunt Bertha where can
	Resources (SDOH)	and providing food pantry details.
	Action Implemented? ⊠Yes □No	
	Continuing in FY21? ⊠Yes □No	
	Increase patients screened for food insecurity (SDOH)	Partnered with Good Shepard Food Bank to have emergency food bags
	Action Implemented? ⊠Yes □No	available in our primary care practices for our food insecure patients. We
	Continuing in FY21? ⊠Yes □No	utilize Belfast Public Health Nursing in addressing food insecurity.
	Increase physical activity through employee wellness	Physical activities programs offered = 12 with 116 participants; Virgin Pulse
	programming	participation among team members increased from 42% to 48% at PBMC and
	Action Implemented? ⊠Yes □No	from 51% to 57% at WCGH.
	Continuing in FY21? ⊠Yes □No	
	Journey to Health programming	• J2H healthy eating classes = 14; physical movement classes = 61; total
	Action Implemented? ⊠Yes □No	participants = 751
	Continuing in FY21? ⊠Yes □No	
	Meet annual Let's Go! 5210 implementation targets	• 41 sites in Knox, 34 sites in Waldo
	Action Implemented? ⊠Yes □No	
	Continuing in FY21? ⊠Yes □No	



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Healthy Eating Active Living (HEAL) /Obesity Prevention	Meet annual Let's Go! small steps targets Action Implemented?	PB - trained 5 practices, 3 recognized; WC - trained 9, 2 recognized.
Mental Health	Decrease readmissions Action Implemented? ⊠Yes □No Continuing in FY21? ⊠Yes □No	 Collaborate w/Palliative Care referrals for patient follow-up (3+ admissions). Continue work on tobacco cessation and referrals to helpline/review report on monthly basis from MaineHealth. Population Health to provide each WCMP PC practice RN or designee with BI portal HF/COPD high utilizer patient list monthly, RN/designee to review patients and seek ways to optimize care.
	Increase access to integrated behavioral health (SDOH) Action Implemented?	Integrated clinicians in place to support primary care in women's health practices at WCGH.
	Increase community outreach for mental health Action Implemented?	Three ACEs/resiliency trainings; 23 healthy mind Journey to Health classes with 2 scholarships.
	Increase outreach to schools for prevention Action Implemented? □Yes □No Continuing in FY21? □Yes □No	Will focus on collaborating with community partners to continue this work.
	Screen patients 0-17 with 2 question trauma screening at well child visits (SDOH) Action Implemented?	 Education to full practice teams, providers and clinical support on integrated tool in EPIC. Provided education at system level on referral options.
	Increase use of screening tools (PHQ9, GAD7, ACE) Action Implemented?	 MA's attend annual CQM Training. CQM Training integrated in to new hire Epic Training. Copies of PHQ-9 printed/laminated for MA's to hand to patients if uncomfortable with conversation in exam rooms. MAs follow-up with provider for review if uncomfortable with conversation. MA's integrated question into standard rooming process. Specialty practices incorporated in to standard rooming process. Many locations using as KPI or QAPI focus initiative.



2019 CHNA Priority Selected	2019 Implementation Strategy / Planned Actions to Address Priority of Focus	If Action Implemented - Describe actions taken, impact from those actions, and collaborating partners If NO - Provide a reason why no action was taken
Older Adult Health/ Healthy Aging	Transportation (SDOH) Action Implemented? □Yes ⊠No Continuing in FY21? ⊠Yes □No	COVID presented issues here, exploring collaboration with community partners on this health issue.
	Health literacy (SDOH) Action Implemented?	Patient materials reviewed for health literacy at PBMC = 12; WCGH = 17.
	Community education on Advance Care Directives and the Conversation Project Action Implemented?	• 10 offerings, 5 held (others canceled due to COVID) with 16 total participants.
	Explore Age Friendly Community initiative Action Implemented?	Working with community partners in Knox County on the AARP livable communities project; community partner with Aging Well in Waldo County.
	Fall prevention through Tai Chi (also social isolation-SDOH) Action Implemented? ⊠Yes □No Continuing in FY21? ⊠Yes □No	One Tai Chi for Wellness with 11 participants; Tai for Osteoporosis held with 6 participants; more would have been conducted if not for COVID.
	Falls prevention education through Matter of Balance Action Implemented?	Two Matter of Balance classes offered with 20 total participants; Two Simple Strategies for Falls Prevention classes with 16 total participants.
	Falls prevention screening Action Implemented?	 MA's attend annual CQM Training. CQM Training integrated in to new hire Epic Training. MA's integrated question in to standard rooming process. Specialty practices incorporated in to standard rooming process. Many locations using as KPI or QAPI focus initiative. Inpatient and Ambulatory plans in place.
	Access to care and medication (SDOH) Action Implemented?	 Our CarePartners team has 25 Knox County members and 12 Waldo County members enrolled. The team also assisted with 348 MaineCare approvals. In Waldo County, the team completed 813 Prescription Assistance Program applications, with a value of \$1,248,576.86; In Knox County they completed 588 Prescription Assistance Program applications, with a total value of \$2,430,337.37.



2019 CHNA Priority Selected	2019 Implementation Strategy / Planned Actions to Address Priority of Focus	If Action Implemented - Describe actions taken, impact from those actions, and collaborating partners If NO - Provide a reason why no action was taken
Older Adult Health/ Healthy Aging	Chronic disease management Action Implemented? ⊠Yes □No Continuing in FY21? ⊠Yes □No	 HF Diueretics Protocol reviewed w/PCP's - work towards implementation with HomeHealth (staffing dependent). Pop Health COPD Grant Program. Asthma Action Plans educated and utilized in Primary Care offices. Patients discharged from ED or Inpatient with Diagnosis of "COPD/COPD Exacerbation" and greater than 3 visits in 6 months, referred to Pulmonology Practice for appointment with Nurse Practitioner. For In-Patient Hospitalization, one re-hospitalization would trigger referral to Pulmonology. COPD interdisciplinary work group working to achieve system initiatives to complete COPD AP and flu shots with all identified high utilizers. Population Health to provide each WCMP PC practice RN or designee with BI portal HF/COPD high utilizer patient list monthly, RN/designee to review patients and
	Increase CRC screening rates Action Implemented?	 Seek ways to optimize care. CRC Month community education = VStv wellness minute PSA reaching 17,300 viewers; health page news article with 8700 recipients; 14 social media posts reaching 8,805 viewers; MA's attend annual CQM Training. CQM Training integrated in to new hire Epic Training. FIT-FOBT Kits implemented in all practices – MaineHealth. Workflow and Marketing used at all sites. Report "Ordered and Not Returned" and Gap Report, helps with outreach by Population Health Team. 50 year old birthday (report) patients are addressed by Population Health. Pre-Visit Planning workflow supports noting patients due for Colonoscopy on appointment notes. Surgical Practice enters results in QM Results and update Health Maintenance with return date (OR Report). Colorectal Cancer Awareness Month - March 2019 - promotional activities, giveaways, etc.
	Increase # of patients with Advance Care Directives documented in EMR Action Implemented? □Yes □No Continuing in FY21? □Yes □No	While we do have the goal of increasing # patients with AD in the system, there is no way to track that number hence the "no" and "no" response for this strategy.



2019 CHNA	2019 Implementation Strategy /	If Action Implemented - Describe actions taken, impact from those actions, and
Priority	Planned Actions to Address Priority of Focus	collaborating partners
Selected		If NO - Provide a reason why no action was taken
Older Adult	Increase access to Journey to Health classes (SDOH)	Offered 16 classes for seniors; moved to virtual classes almost exclusively,
Health/	Action Implemented? Yes No	allowing for greater participation across our communities - we reached
Healthy Aging	Continuing in FY21? ⊠Yes □No	participants from 75 towns; 654 participants in J2H classes across the year.
Substance	Decrease access to prescription drugs among high school	We have no plans specific to this; focus on collaborating with community
Use Disorder	students	partners on education.
	Action Implemented? □Yes ⊠No	
	Continuing in FY21? □Yes ⊠No	
	Develop protocols for Rapid Access of Suboxone in the ED	Goal met, protocol developed and implemented.; WC implemented
	Action Implemented? \square Yes \square No	standardized protocol and education for ED providers to bridge patients to
	Continuing in FY21? □Yes ⊠No	treatment programs working with Waldo PCP MAT providers, Seaport and
		groups program.
	Early intervention program(s) for pediatric patients	Waiting for direction from health system.
	Action Implemented? ☐Yes ☒No	
	Continuing in FY21? ⊠Yes □No	
	Increase access to and participation in treatment through	• WC - increased X Waiver providers from four to 8; increased to "intermediate"
	Medical Assisted Treatment (IMAT) using Hub/Spoke	level program access for three out of four sites offering IMAT.
	model	
	Action Implemented? \square Yes \square No	
	Continuing in FY21? $oximes$ Yes $oximes$ No	
	Increase access to Naloxone (SDOH)	• Scheduled three naloxone trainings that were, unfortunately, canceled due to
	Action Implemented? \square Yes \square No	COVID and rescheduled due to weather. Secured free state supplies naloxone
	Continuing in FY21? \square Yes \square No	for Waldo MAT program locations. Focus on co-prescribing/providing for all
		patients on suboxone.
	Perinatal SUD Care	• Pen Bay CNM offering "Rebirth for Women" IMAT group started January 7,
	Action Implemented? $oximes$ Yes $oximes$ No	2020; Waldo CNMs integrated in Seaport mothers group program and part of
	Continuing in FY21? ⊠Yes □No	CHARM collective. Able to provide onsite perinatal care services to expecting
		moms there as needed.
	Reduce stigma	Offered three trainings reaching 41 participants.
	Action Implemented? ⊠Yes □No	
	Continuing in FY21? ⊠Yes □No	



2019 CHNA Priority Selected	2019 Implementation Strategy / Planned Actions to Address Priority of Focus	If Action Implemented - Describe actions taken, impact from those actions, and collaborating partners If NO - Provide a reason why no action was taken
Substance Use Disorder	Responsible opioid prescribing and management Action Implemented?	 Controlled substance agreements in place for all patients on opioids. MAT contracts for all patients in MAT program. Provider education by MaineHealth service line with monthly ECHO sessions. Will continue with focused efforts on naloxone dual prescribing.
	Substance use prevention and awareness through community involvement Action Implemented? ⊠Yes □No Continuing in FY21? ⊠Yes □No	 Waldo County Recovery Committee and Knox County Recovery Collaborative (KCRC) weekly meetings, Sponsored "What's Art Got to do with It" community event featuring Vijay Gupta in Waldo County (substance use/recovery focus). Three KCRC newsletters reaching 4,666 readers through social media.
	Support quality of life for patients (including palliative care patients) with chronic pain Action Implemented? □Yes ☒No Continuing in FY21? □Yes ☒No	• Strategy determined to be difficult to track (patients on pain med with palliative care exemption) and will focus efforts on other areas of substance use through education. We have no plans specific to this although our MAT programs are certainly options for our patients with chronic pain.
	Tobacco prevention and awareness Action Implemented? ⊠Yes □No Continuing in FY21? ⊠Yes □No	CHA Totals: 14 MA trainings on Maine Tobacco HelpLine; 768 referrals to Maine Tobacco HelpLine; 18 tobacco-free policies implemented; 7 WC tobacco prevention presentations; 6 Maine QuitLink trainings; PBMC & WCGH platinum Gold Star Standards of Excellence awards.

