

Community Health Needs Assessment Implementation Plan

October 1, 2019– September 30, 2021

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 2018 Community Needs Assessment reports, visit: http://www.mainehealth.org/chna

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

•	Healthy Aging	Mental Health
	Obesity Prevention	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 eight local hospital systems, a comprehensive behavioral healthcare network, diagnostic services, home health agencies, and more than 1,600 employed and independent physicians working together through an Accountable Care Organization. With more than 19,000 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 2018, the MaineHealth system provided \$477 million in community health programs or services without reimbursement or other compensation.

MaineHealth/Affiliate Hospital: Pen Bay Medical Center & Waldo County General Hospital

County: Knox & Waldo County

Health Priority: Substance Use Disorder

Goal of Health Priority: To improve the prevention of and recovery from SUD/OUD

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
Strategy 1: Increase access to and participation in treatment through Medical Assisted Treatment (IMAT) using Hub/Spoke model *	New patients in (MaineHealth) IMAT program # x-waivered providers # x-waivered providers accepting new patients # IMAT awareness programs (including marketing outreach) offered	Primary Care – PBFM, PBIM, WCMP	Maine Behavioral Healthcare	Years 1-3
Strategy 2: Substance use prevention and awareness through community involvement	# programs offered # participants in educational programs	Community Health & Wellness; Primary Care	Knox County Community Health Coalition (KCCHC); Local schools; Law Enforcement; EMTs	Years 1-3
Strategy 3: Early intervention program(s) for pediatric patients	MIYHS past 30-day use of prescription drugs middle school MIYHS past 30-day use of prescription drugs high school	Community Health & Wellness; PB Pediatrics; WCMP	Local schools; KCCHC; Belfast Pediatrics	Years 1-3
Strategy 4: Develop protocols for Rapid Access of Suboxone in the ED	Guide and standardize suboxone treatment in ED (PBMC) # patients receiving treatment in ED (WCGH) # patients receiving treatment in ED (PBMC) # providers prescribing naloxone per EMR protocol	Hospital ED, Pharmacy	Practices (PBMC & WCGH)	Year 1-3

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
Strategy 5: Increase access to medication take back (SDOH)	Assess options for practice MAT sites as take back locations	Pharmacy, Practices (PBMC & WCGH), Community Health & Wellness, Marketing	Law Enforcement; Safe Harbor; EMS; Knox County Recovery Collaborative	Year 2
Strategy 6: Increase access to Naloxone (SDOH)	# of trainings provided on Naloxone # prescriptions using standing order stigma reduction campaign regarding prescription of Naloxone # primary care locations with Naloxone available in office # of providers prescribing naloxone per EMR protocol Explore opportunities to offer reduced price or free Naloxone	Primary Care (PBMC & WCGH), Community Health & Wellness, Pharmacy, all providers, Marketing & Communications	KCCHC, Local EMTs	Years 1-3
Strategy 7: Reduce stigma	# of stigma trainings offered for staff and providers re: substance use disorder # of stigma trainings offered for providers re: naloxone prescription # of stigma trainings offered in community # participants in trainings	Community Health & Wellness, Practices (PBMC & WCGH)	Local schools, KCCHC, law enforcement, churches, Seaport	Years 1-2
Strategy 8: Perinatal	# prescriptions provided by x-waivered Certified Nurse Midwives Integrate CNMs into expectant moms group visits with local hub Standardize prenatal screening	WCMP and PB Women's Health	WIC	Years 1-3
Strategy 9: Decrease access to prescription drugs among high school students	# drug take back events MIYHS data # educational programs offered to high school students	Community Health & Wellness (education), Marketing, Health care providers	KCCHC, law enforcement, local schools	
Strategy 10: Support quality of life for patients (including	Explore non pharmacologic modalities to meet needs of patients living with chronic pain	Palliative Care, Community Health & Wellness, Physical Medicine, Rehabilitative	Integrative Medicine – i.e. local acupuncturist, massage therapy, etc.	Year 1-3

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
palliative care patients) with chronic pain	# patients on pain medication with palliative care exemption # alternative classes offered to patients with chronic pain	Services (Orthopedics & Physical Therapy)		
Strategy 11: Responsible opioid prescribing and management	Quarterly review of safe opioid prescribing # providers meeting state opioid prescribing metric in EMR which is in alignment with Chapter 21 State law on safe opioid prescribing	Family Medicine, Internal Medicine and Primary Care practices (PBMC & WCGH), Surgery		Years 1-3
Strategy 12: Tobacco prevention and awareness	# MA trainings by CHW team on referrals to the MTHL # referrals made to the MTHL # tobacco-free policies implemented in Waldo County # tobacco-free policies implemented in Knox County # tobacco prevention presentations in community GSSE award for WCGH GSSE award for PBMC # participants in tobacco prevention education and/or trainings # vaping awareness and prevention programs offered # teens trained as SideKicks # adults trained as mentors for SideKicks	Community Health & Wellness, Practices (PBMC & WCGH)	MaineHealth Center for Tobacco Independence, Population Health (WCGH), Knox County Community Health Coalition, local schools, law enforcement, libraries	Years 1-3

Resources Committed: Organizations that are contributing to priority area and/or funding sources

MaineHealth/Affiliate Hospital: Pen Bay Medical Center & Waldo County General Hospital

County: Knox & Waldo County

Health Priority: Mental Health

Goal of Health Priority: Increase access and treatment

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
Strategy 1: Health literacy (SDOH)	# SDOH responses in EPIC % health literacy SDOH screening completed	Primary Care practices (PBMC & WCGH)	MaineHealth Learning Resource Center, MaineHealth ACO, Population Health, Local libraries	Year 1
Strategy 2: Increase access to integrated behavioral health (SDOH)	# referrals to Maine Behavioral Healthcare or other entity Increase office hours for primary care Explore need for Nurse Practitioner in Emergency Department Assess need for a social worker in the Emergency Department Collaborate with community partners to identify resources available	Primary Care practices, Emergency Department (PBMC & WCGH), Case Management	Maine Behavioral Healthcare, Emergency Mental Health Urgent Care Center, Knox County Providers Group	Years 1-3
Strategy 3: Screen patients 0-17 with 2 question trauma screening at well child visits (SDOH)	# providers trained on ACEs and Food Insecurity screening # sites where Well Child Visits include ACEs and Food Insecurity screening % patients 0-17 with trauma screening % ACE screening age 3-5 % ACE screening age 6-11 % positive ACE screening age 3-5 % positive ACE screening age 6-11 # referrals to services for positive screen # resources provided for positive screen	Pen Bay Pediatrics, Pen Bay Family Medicine, Waldo County Family Medicine, WCMP Primary Care, WCMP Health Centers	MaineHealth, Maine Behavioral Health, Child Development Services, Case Management, Population Health, DHHS, Emergency Department	Years 1-3

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
Strategy 4: Increase outreach to schools for prevention	# stigma trainings # of Youth Mental Health First Aid trainings (schools)	Community Health & Wellness, Population Health	School Nurses, KCCHC, Schools, faith community, Farnsworth, NAMI	Years 1-3
Strategy 5: Increase community outreach	# Youth Mental Health First Aid trainings (community) # Journey to Health Healthy Mind classes # scholarships awarded for Journey to Health Healthy Mind classes # referrals to Journey to Health for health coaching # referrals to Journey to health for wellness classes	Community Health & Wellness, Practices (PBMC & WCGH)	NAMI, KCCHC, Schools, faith community, Law Enforcement, Knox County Recovery Collaborative	Years 1-3
Strategy 6: Decrease readmissions	Length of Stay (LOS) in ED (PBMC) LOS in ED (WCGH) LOS at PBMC (inpatient) LOS at WCGH (inpatient) Readmission rate (PBMC) Readmission rate (WCGH)	PBMC PARC, Emergency Department (PBMC & WCGH), Population Health	DHHS, Behavioral Health, Community Health & Wellness	Years 1-3
Strategy 7: Increase use of screening tools (PHQ9, GAD7, ACE)	% screened % offered resources * see ACEs strategy	Practices (PBMC & WCGH)	Belfast Pediatrics	Years 1-3
Strategy 8: Food insecurity (SDOH)	* See implementation plan for Obesity Prevention			

Resources Committed: Organizations that are contributng to priority area and/or funding sources

MaineHealth/Affiliate Hospital: Pen Bay Medical Center & Waldo County General Hospital

County: Knox & Waldo County

Health Priority: Obesity Prevention

Goal of Health Priority: Decrease prevalence of obesity

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
Strategy 1: Decrease % of patients with HbA1c > 9.0 *	% of patients with HbA1c >9.0 # patients referred for Diabetes Self- Management Training # patients screened	Diabetes and Nutrition Care Center (PBMC), Diabetes Management, Primary Care practices (PBMC & WCGH), Population Health	All medical providers NorDx lab	Years 1-3
Strategy 2: Increase patients screened for food insecurity (SDOH)	# providers trained on food insecurity screening best practices # educational programs offered to providers re: food insecurity % of patients screened at Well Child Visits	PB Pediatrics, Waldoboro Family Medicine, PB Family Medicine, Waldo Primary Care practices, Community Health & Wellness, Population Health, Diabetes and Nutrition Centers	MaineHealth, ACO	Years 1-3
Strategy 3: Increase number of patients given ending hunger resources (SDOH)	# of food emergency food bags distributed # of patients provided with SNAP information	PB Pediatrics, Waldoboro Family Medicine, PB Family Medicine, WCMP Primary Care, Community Health & Wellness including SNAP, Population Health	Good Shepard Food Bank and local food pantries and soup kitchen (i.e Area Interfaith Outreach, Belfast Soup Kitchen), Maine Hunger Initiative, local food councils, Waldo County Building Communities for Children	Years 1-3
Strategy 4: Increase MDPP and DPP participation	# of participants that attend the MDPP and DPP # towns reached	Diabetes and Nutrition Care Center (PBMC), Primary care practices	MaineHealth, Epic team	Years 1-3

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
	% weight loss at end of year one for MDPP and DPP % weight loss at end of year two for MDPP Minutes of exercise avg. week at end of year one for MDPP and DPP Minutes of exercise avg. per week at end of year two for MDPP Evaluate ways to streamline referral process	(PBMC & WCGH), Population Health		
Strategy 5: Journey to Health programming	# SNAP-Ed classes offered (Waldo County) # of healthy eating classes offered # of physical movement classes offered # of towns reached # participants # new participants % participants evaluated likely to implement what they learned % participants indicate weight loss in 3-month follow-up survey % participants indicate feel better overall in 3-month follow-up survey	Community Health & Wellness	Journey to Health contractors, Practices, Schools, local sites for programming including libraries, churches and town offices, local Chamber of Commerce	Years 1-3
Strategy 6: Meet annual Let's Go! 5210 implementation targets	# schools, childcare sites, afterschool programs, pediatric practices, family medicine practices reached Evaluate effectiveness of Let's Go! program	Let's Go! Coordinator (Community Health & Wellness), Pediatric practices	Local schools and childcare sites (including Head Starts, YMCAs, etc.), MaineHealth Let's Go! Home office, MaineHealth Center for Health Improvement	Years 1-3
Strategy 7: Meet annual Let's Go! small steps targets	# of practices trained on Small Steps # of practices meeting recognition criteria	Let's Go! Coordinator, Practices (PBMC & WCGH), Community Health & Wellness	MaineHealth Let's Go! Home Office	Years 1-3

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
Strategy 8: Increase number of local businesses participating in Journey to Health Worksite Wellness	# local businesses receiving wellness services through Journey to Health # community events for local businesses	Community Health & Wellness	Rockland Main Street, local Chamber of Commerce, current worksite wellness clients	Years 1-3
Strategy 9: Increase physical activity through employee wellness programming	% enrolled in Virgin Pulse # programs offered	Community Health & Wellness	MaineHealth WOW!, Local recreation centers, YMCA, MRC, The Pitch	Years 1-3
Strategy 10: Early implementation programs/screening and support	Explore a Group Visits Obesity Model within ambulatory practices Assess need and ability to offer remote patient visits for patients pursuing weight loss surgery	Practices (PBMC & WCGH), Practice Management	PT/OT, Behavioral Health, Population Health, MMP Weight and Wellness	Year 2?
Strategy 11: Transportation (SDOH)	Evaluate strategies to address transportation issues for patients	Practices, Practice Management, Community Health & Wellness, Population Health		

Resources Committed: Organizations that are contributing to priority area and/or funding sources

MaineHealth/Affiliate Hospital: Pen Bay Medical Center & Waldo County General Hospital

County: Knox & Waldo County

Health Priority: Healthy Aging

Goal of Health Priority: Increase access to healthy aging opportunities

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
Strategy 1: Health literacy (SDOH)	# programs re: healthy aging # participants Trained literacy volunteers in practices # community improvement forms reviewed for font size	Community Health & Wellness, Belfast Public Health Nurse, Practices (PBMC & WCGH)	Occupational Medicine, Pulmonary Rehab, Physical Therapy, Local community groups – i.e. St. George Community Development, YMCA, Penquis, Spectrum Generations, etc., MaineHealth Care at Home, MaineHealth Learning Resource Center	Years 1-3
Strategy 2: Access to care and medication (SDOH)	% uninsured # patients aided by CarePartners and Claim Aide personnel Assess telehealth capabilities in new health center on PBMC campus	WCGH Population Health, Practices (PBMC & WCGH)	CarePartners, Claim Aide	Years 1-3
Strategy 3: Falls prevention education through Matter of Balance	# classes offered # of participants # Matter of Balance coaches trained # towns in Knox County holding classes # towns in Waldo County holding classes Falls with injury per 1000 patient days	Community Health & Wellness	MaineHealth Center for Health Improvement – Healthy Aging	Years 1-3
Strategy 4: Falls prevention screening	# patients screened Standardize testing from home care to primary care (i.e. one test throughout med review)	Primary Care Practices (PBMC & WCGH), Inpatient, Pharmacy	MaineHealth Care at Home	Years 1-3

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
Strategy 5: Fall prevention through Tai Chi (social isolation SDOH)*	# Tai Chi for Wellness classes through J2H # Tai Chi for Osteoporosis classes though J2H # participants in classes % participants evaluated likely to implement Tai Chi	Community Health & Wellness		Years 1-3
Strategy 6: Social isolation (SDOH)	* see Journey to Health access and fall prevention programming			
Strategy 7: Increase access to Journey to Health classes (SDOH)*	# Journey to Health classes for seniors # towns in Knox County holding J2H classes # towns in Waldo County holding J2H classes # participants in J2H classes	Community Health & Wellness	MaineHealth Care at Home, St. George CDC, Aging Well in Waldo County, Making Community Happen Inc., Belfast Public Health Nurse, Public Health Nursing	Years 1-3
Strategy 8: Transportation (SDOH)	Link Dash systems – Midcoast Connector Dash system to stop at Madelyn Lane, Rockport Explore grant options for transportation for PBMC & WCGH current and prospective patients	Community Health & Wellness, Population Health, CHA Grant Writer	Midcoast Connector, Aging Well In Waldo County	Year 1 Year 2
Strategy 9: Community education on advance directives and the conversation project	% patients with advanced directives # classes offered # participants	Community Health & Wellness, Practice Management	Palliative Care, MaineHealth Care at Home	Years 1-3
Strategy 10: Chronic disease management	# of Medicare wellness visits # chronic disease care management referrals Homebased palliative care (NP/SW)	Care Coordinators, Population Health, Primary Care (PBMC & WCGH), Palliative Care	ACO	Years 1-3

Strategies	Metrics/What are we measuring?	Resources/Responsible Parties	Partners/External Organizations	Year of Work (1-3)
	virtual visits # readmissions for COPD			
Strategy 11: Increase CRC screening rates	Patients aged 50-75 who had an office visit in the past 12 months and screened for CRC # community education outreach % eligible patients screened	Primary care practices (PBMC & WCGH), Community Health & Wellness	MaineHealth Cancer Care Network (MHCCN); American Cancer Society (ACS)	Years 1-3
Strategy 12: Increase # of patients with Advance Directives documented in EMR	# First Steps® facilitators trained # of patients with Advance Care Directives	Primary Care (PBMC & WCGH), Community Health & Wellness, Population Health	Patient Registration	Years 1-3
Strategy 13: Explore age friendly community initiative		Community Health & Wellness	LincolnHealth, Aging Well in Waldo County, Making Community Happen, Spectrum Generations, KCCHC	Year 1 2
Strategy 14: Meet annual Let's Go! Small Steps targets	# of practices trained on Small Steps # of practices meeting recognition criteria	Let's Go!, Practices (PBMC & WCGH), Community Health & Wellness	MaineHealth Let's Go! Home Office	Years 1-3

Resources Committed: Organizations that are contributing to priority area and/or funding sources