

Community Health Needs Assessment Implementation Plan

October 1, 2019 – September 30, 2021

Southern Maine Health Care



Southern Maine Health Care
MaineHealth

CHNA Implementation Plan 2019-2021

Southern Maine Health Care

The following report outlines progress on the Southern Maine Health Care 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, Southern Maine Health Care has a set of health priorities including:

- Social Determinants of Health
- Substance Use Disorder
- Healthy Aging
- Obesity Prevention

About Southern Maine Health Care

Southern Maine Health Care (SMHC) is a nationally accredited, award-winning not-for-profit healthcare system offering a comprehensive array of medical care and services including: a full-service medical center in Biddeford and emergency departments in Biddeford and in Sanford. A multi-specialty physician services group, SMHC Physicians, comprised of more than 125 physicians providing comprehensive primary and specialty services; non-emergency Walk-In Care; Centers for Breast Care, Sleep Disorders and Wound and Ostomy Care; behavioral health; eldercare services and a wide range of diagnostic and rehabilitation services. SMHC has more than 20 offices located in Biddeford, Kennebunk, Saco, Sanford and Waterboro.

In conjunction with consulting, courtesy, honorary physicians and health professionals, more than 200 SMHC active physicians provide care in the following specialties and sub-specialties: family medicine; internal medicine; pediatrics; obstetrics and gynecology; cardiology and vascular services; dermatology; pulmonology; oncology/hematology; neurology; gastroenterology; urology; allergy/immunology; general surgery; orthopedic surgery; otorhinolaryngology; ophthalmology; oral surgery and general dentistry; psychiatry; pathology; podiatry; anesthesiology; radiology; emergency medicine and occupational medicine.

SMHC is Joint Commission accredited, state-licensed, and is part of the MaineHealth family.

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.

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MaineHealth/Affiliate Hospital: Southern Maine Health Care

County: York

Health Priority: Substance Use Disorder

Goal of Health Priority: Prevention and Treatment of Substance Use Disorder

Strategies	Lead	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
Strategy 1: Increase Access to Treatment through Medical Assisted Treatment (IMAT) Via the Hub/Spoke Model	-Maine Behavioral Health Care -Dr. Jessika Morin -Primary Care Dyad Leadership	-Number of new patients per month served in the SMHC “spokes” in Sanford and Saco	-Maine Behavioral Health Care -MaineHealth Substance Use Disorder Service Line	Years 1-3
Strategy 2: Increase Access to IMAT by Increasing the Number of Waivered Providers	Primary Care Dyad Leadership -Dr. Jessika Morin -Director of Community Health Improvements	-Number of providers with Suboxone (Buprenorphine) waivers	-Maine Behavioral Health Care -MH Substance Use Disorder Service Line Leadership	Years 1-3
Strategy 3: Further Develop SMHC’s Emergency Departments Roles Through the Rapid Access Program and Dispensing Narcan Kits	-Dr. Andy Powell -Director of Community Health Improvement -Dr. Jessika Morin	-Number of naloxone kits provided per month for at-risk patients in the SMHC Emergency Departments -Number of times suboxone is administered in the SMHC Emergency	-Maine Behavioral Health Care -NorthEast Mobile Health Services	Years 1-3

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Strategies	Lead	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
		Departments with a warm hand off to the hubs		
Strategy 4: Develop an Opioid Health Home (OHH) in the SMHC Service Area	-Primary Care Dyad Leadership -Dr. Jessika Morin	-At least one primary care physician practice in each of the two primary SMHC service areas will meet the requirements of an Opioid Health Home (OHH)	-Department of Health and Human Services -Maine Behavioral Health Care -MH Substance Use Disorder Service Line Leadership	Years 1-3
Strategy 5: Offer Substance Abuse Prevention Education in the Local Community and Schools	-Partners for Healthier Communities (SMHC) -Director of Community Health Improvement	-Number of students educated -Number of community education programs offered in the SMHC service areas	-Coastal Healthy Communities	Years 1-3
Strategy 6: Implement Opioid HRSA Grant Per Requirements upon Federal Approval	-Local HRSA grant consortium -Dr. Jessika Morin	-Meet all operating and data collection requirements of the HRSA grant if awarded -Meet all HRSA reporting requirements	-Maine Behavioral Health Care -York Hospital -Frannie Peabody Center -Kennebunk Police Department -Nasson Health Care	Years 1-3

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Strategies	Lead	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
			-North East Mobile Health Services -York County Community Action Program -York County Shelter Program -MaineWorks	
Strategy 7: Increase Maine Families use of the Behavioral Health Screening Tool with all Prenatal and New Mothers within 90 days of Enrollment in the Maine Families Program	-Director of Maine Families Program -Director of Community Health Improvement	-Number of Maine Families clients screened prenatally and within 90 days for tobacco, alcohol, drugs, depression, and family violence -Number of referrals made from SMHC practices to MaineFamilies	-Maine Families staff -Providers referring in to the Maine Families program	Years 1-3
Strategy 8: Increase the Number of Local Organizations with Policies Related to Nicotine Use	-Partners for Healthier Communities -Director of Community Health Improvement	-Number of policies updated or added in local workplaces, municipalities, and schools	-Local workplaces, schools, and municipalities -Local health care partners	Years 1-3
Strategy 9: Increase Community Awareness of Nicotine Risks by Offering Community Education Forums on Tobacco/Vaping	-Partners for Healthier Communities -Director of Community Health Improvement	-Number of presentations in the community on nicotine risks -Number of persons participating in these presentations	-Chambers of Commerce -Municipalities -Schools -Community Centers	Years 1-3

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Strategies	Lead	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
Strategy 10: Increase the Percent of Patients Screened and Referred to the Quitline for Tobacco.	- SMHC Respiratory Therapy	-Percent of qualifying patients screened -Percent of patients referred to the Quitline through Epic	-Primary Care providers -MaineHealth	Years 1-3

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

Maine Behavioral Health Care, York Hospital, Frannie Peabody Center, Kennebunk Police Department, Northeast Mobile Health Services, York Community Action, York County Shelter Program, Maine Families

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MaineHealth/Affiliate Hospital: Southern Maine Health Care

County: York

Health Priority: Physical Activity and Nutrition

Goal of Health Priority: Decrease the Prevalence of Obesity in the SMHC Service Area

Strategies	Lead	Metrics/What are we measuring?	SMHC Lets Go Program	Year of Work (1-3)
Strategy 1: Implement Let's Go! Small Steps Program in the Family and Internal Medicine Practices	-Community Health Improvement Director -Primary Care dyad leadership	-Number of Family and Internal Medicine providers and staff trained on Small Steps -Number of Family and Internal Medicine practice achieving meeting recognition criteria	SMHC Lets Go Program MaineHealth	Years 1-3
Strategy 2: Increase Access to Pre-Diabetes Counseling and/or Classes	-Director of Community Health Improvement -Primary Care Dyad Leadership	-Number of pre-diabetes classes offered in the SMHC service area -Number of primary care providers and teams trained in National Diabetes Prevention Program classes	-Southern Maine Agency on Aging -MaineHealth Population Health staff	Years 1-3
Strategy 3: Increase Provider Referrals to Pre-diabetes Counseling and/or Classes	-Director of Community Health Improvement -Primary Care Dyad Leadership	-Number of providers trained in National Diabetes Prevention Program (NDDP) -Epic referral preference lists include NDDP	-MH Population Health staff -SMHC Population Health staff	Years 1-3

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Strategies	Lead	Metrics/What are we measuring?	SMHC Lets Go Program	Year of Work (1-3)
		-Number of referrals into NDDP		
Strategy 4: Increase Patients Screened for Food Insecurity and ACES	-Primary Care Dyad Leadership -Director of Community Health Improvement -Pediatric Dyad Leadership	-Percent of patients screened at well-child visits for ACES and food insecurity in Pediatrics and Family Medicine	-MH Pediatric Service Line -MH Population Health staff	Years 1-3
Strategy 5: Meet Annual Let's Go! 5210 Implementation Targets	-SMHC Lets Go Program	-Number of schools, childcare sites, afterschool programs, pediatric practices, and family medicine practices in which Lets Go education has occurred	Let's Go! and MPS grant	Years 1-3
Strategy 6: Decrease Percent of Patients with HbA1c >9.0%	-Primary Care Dyad Leadership -Director of Community Health Improvement	-Heat Map data showing performance against goals	-MH Quality Council	Years 1-3

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

Lets Go, Southern Maine Agency on Aging, Family and Internal Medicine practices at SMHC, MH Quality Council

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MaineHealth/Affiliate Hospital: Southern Maine Health Care

County: York

Health Priority: Healthy Aging

Goal of Health Priority: Increasing Health of Aging Population

Strategies	Lead	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
Strategy 1: Fall Risk Identification and Referral to Physical Therapy and Matter of Balance Programs (Balance Clinic)	<ul style="list-style-type: none"> -Primary Care Dyads -In-patient Nurse Leaders -Director of OP Rehab at SMHC -Community Health Improvement Director 	<ul style="list-style-type: none"> -Number of Matter of Balance Classes Offered -Epic referral is in place -Number of providers educated about balance related resources -Number of medical assistants educated about balance related resources -Number of OP Rehab Referrals for balance improvement 	<ul style="list-style-type: none"> -SMHC out-patient Rehab staff Southern Maine Agency on Aging Matter of Balance program -MaineHealth 	Years 2-3
Strategy 2: Introduce Respecting Choices Conversation (Patient-centered Advanced Care Planning)	<ul style="list-style-type: none"> -Community Health Improvement Director -SMHC Chief Medical Officer -Local informatics team 	<ul style="list-style-type: none"> -Number of Advanced Care Plans in place for primary care and hospitalized patients -Number of providers and primary care teams educated on Respecting Choices 	<ul style="list-style-type: none"> -Palliative Care Project EHCO -Southern Maine Agency on Aging -Seniors Plus -MaineHealth 	Years 2-3
Strategy 3: Create an Age Friendly Health System at SMHC	<ul style="list-style-type: none"> -SMHC Chief Medical Officer 	<ul style="list-style-type: none"> -Implementation of Work Plan from Geriatric Needs Assessment 	<ul style="list-style-type: none"> -University of New England -Southern Maine Agency on Aging 	Years 1-3

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Strategies	Lead	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
Strategy 4: Ensure Awareness of and Increase Appropriate Referrals to Alzheimers Care Resources	-Community Health Improvement Director -Geriatric Steering Committee		-MaineHealth Population Health staff -MMP Geriatric Group -MMC Elder Life Care Program -	
	-Community Health Improvement Director -Primary Care Dyad leadership -Hospital Case Management staff	-Number of providers educated about local health system resources related to Alzheimers -Number of primary care social workers and medical assistants educated about local and regional resources for patients with Alzheimers	-Southern Maine Agency on Aging's Cohen Center -Dr Shirley Fredericks -MH Alzheimers Partnership -York County Health Brain Initiative -Spectrum Generations	Years 1-3
Strategy 5: Increase the Number of Patients with Documented Advanced Directives	-Community Health Improvement Director -SMHC Chief Medical Officer	-Number of patients with advanced directives documented in Epic over the baseline	-SMHC Epic informatics staff for hospital and physician network	Years 1-3

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

Southern Maine Agency on Aging, Maine Medical Center Elder Life Care Program, University of New England, Maine Behavioral Health, MaineHealth

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MaineHealth/Affiliate Hospital: Southern Maine Health Care

County: York

Health Priority: Social Determinants of Health/Access to Care

Goal of Health Priority: Addressing the Social Determinants of Health Needs of our Communities and Increase Access to Health Care

Strategies	Lead	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
Strategy 1: Complete Patient Transportation Plan.	-Patsy Aprile -Director of Community Health Improvement	-Written plan for patient transportation to and from out-patient appointments -Establishment of a relationship with one or more transportation partners in the community -Development of a pro-forma for any investments required, including a Return on Investment (ROI) -Number of patients served by the plan	-Tri-county Transportation -York County Community Action	Years 1-3
Strategy 2: Increase the Number of Psychiatric Beds Serving Patients in York County	-Maine Behavioral Health Care -SMHC Senior Leadership Team	-Number of in-patient beds -Number of York County residents receiving in-patient services -Number of discharges from the mental health unit	-Maine Behavioral Health Care -Department of Health and Human Services	Years 1-3
Strategy 3: Increase The Number of Patients who are Screened and Enrolled in the MaineCare Program	-SMHC Care Partners staff	-Number of patients who are screened for MaineCare eligibility	-MH Care Partners Program	Years 1-3

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Strategies	Lead	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
	-SMHC Finance staff -Director of Community Health Improvement	-Number of patients who are enrolled in MaineCare	-Patient Financial Assistance Counselors	
Strategy 4: Increase Awareness of all Financial Assistance Programs in our Local Communities	-Director of Community Health Improvement -SMHC Finance staff	-Number of provider offices that receive education and collateral materials on the financial assistance programs available	-SMHC Care Partners -MH Care Partners	Years 1-3
Strategy 5: Increase the Number of Community Resources Entered into the Community Resource Tool	-Director of Community Health Improvement -Care Partners at SMHC	-Number of provider offices that receive education and collateral materials on use of the Community Resource Tool -Number of new resources added to the tool over the FY19 baseline	-MH Population Health staff -Southern Maine Agency on Aging	Years 1-3
Strategy 6: Increase # of community resources entered in the community resource tool	CHI Director	# of resources added into the community resource tool available	MaineHealth	Years 1-3

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

SMHC Care Partners, York County Community Action, Maine Behavioral Health Southern Maine Agency on Aging, Tri-county Transportation