

**MaineGeneral Medical Center**  
**COMMUNITY HEALTH NEEDS ASSESSMENT**  
**FY17**  
**Implementation Strategy**

Presented to:  
Board of Directors  
June 6, 2016



## **MaineGeneral Medical Center Community Health Needs Assessment Implementation Strategy**

Every three years, MaineGeneral Medical Center is required to do a community health needs assessment and draft an implementation plan to meet those needs. The implementation plan which follows lays out the organization's work in the identified areas for the coming year. In subsequent years we will provide a report on this year's work and our implementation plan for the following year.

In January, as a Board, you received a presentation from Jayne Harper and Natalie Morse on the collaborative process being used in Maine to do the actual needs assessment. At that time they reviewed the areas of significant concern which were gleaned from the data and shared with you the priorities for action identified by participants at several community forums which MaineGeneral Health sponsored in collaboration with the Central Public Health District (C.P.H.D.)

The five areas for which strategies have been developed are: Chronic Diseases; Obesity; Tobacco Use and Exposure; Substance Use Disorders; and Access to Care. The document identifies major strategies and resources committed, including those from our community partners and resources needed to most effectively do this work. Where grants and funding are identified as needed, we will engage actively in seeking this support. For FY16 the C.P.H.D. had over \$1 million dollars in grants and other funding.

All of the priorities identified in the forums are included in the plan. The health issues of falls, traumatic brain injury, and overall mortality rates were identified by surveillance but not selected. These were excluded because the others were identified both by the community forums and by data as the best use of our resources.

## MaineGeneral Medical Center Implementation Strategy

<i>Member / Affiliate Hospital</i>	MaineGeneral Medical Center
<i>County</i>	Kennebec and Somerset
<i>Priority</i>	Chronic Disease
<i>Goal</i>	Prevention and Management of Chronic Disease (Diabetes, Cardiovascular Disease and Cancer) via health system strategies.
<b>Strategies/ Activities:</b>	
	Implement Primary Care Demonstration Project Team Based Care pilot project within MaineGeneral Primary Care.
	Implement Care Management Platform by Kennebec Regional Health Alliance, and implement standardization of care management to improve population health.
	Utilize MaineGeneral Outpatient Staff Education Center to develop outpatient clinical staff education plan to assure competent workforce to implement population health strategies.
	Expand PICH Clinical Community Linkages Project to include screening for social determinants of health and chronic disease risk and referral to new evidence based services and resources to improve health.
	Expand and sustain the use of Community Health Workers in linking patients and practices to chronic disease management prevention and treatment resources in the MGH service area.
<b>Resources Committed:</b>	
	MG Primary Care budgets for Team Based Care, Care Management Platform and Staff Education Center
	PICH Clinical Community Linkages work funded by Center for Disease Control from July 1, 2016 to September 30, 2017
	Center for Prevention and Healthy Living funding from Peter Alfond Endowment, MaineGeneral Community Health Fund
	SIM grant from July 1, 2016 to Sept 30, 2016
	Additional resources committed by Spectrum Generation, KV YMCA, Alfond Youth Center, and Greater Somerset Public Health for chronic disease support services
<b>Resources Needed:</b>	
	Grant funding to expand primary care, care management, and community linkages activities and evaluate expansion of these strategies
	Additional funds needed to support community health workers, and evidence based programs and service.
	Leadership engagement with business leaders, insurers, governmental leadership (local and state), social service agencies
<b>Outcomes/what will be measured:</b>	
	Increased patient panels per practice and provider
	Improved patient experience scores in outpatient practices
	Improved chronic disease indicators (Blood pressure, Pre-diabetes, Diabetes, Depression, COPD)
	Maintain readmission rates for AMI, CHF, PN, COPD
	Increased referral to evidence based prevention services and social determinants of health resources in the community
	Increased enrollment and utilization of evidence based prevention intervention and health education services delivered by MGMC
	Increased screening rates for breast, cervical, colon and lung cancer

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<i>Member / Affiliate Hospital</i>	MaineGeneral Medical Center
<i>County</i>	Kennebec
<i>Priority</i>	Obesity
<i>Goal</i>	Prevention and Management of obesity via physical movement and healthy eating policies, programs and services.

<b>Strategies/ Activities:</b>
Expand and sustain evidence based healthy cooking and physical movement programs.
Develop and implement 3 year communication plan targeting providers, business, insurers, governmental leadership, social service agencies and the public on the benefits of local physical movement and healthy eating polices, programs, and services.
Primary care practices will develop proactive outreach plan and implement work flow and electronic health system changes to better serve populations of patients with obesity risk.
Expand obesity prevention activities via WIC (Women Infant and Children program) and primary care.
Increase collaboration with community agencies such as Alford Youth Center, YMCA and Spectrum Generation to assure obesity prevention programs are sustained in the community.
<b>Resources Committed:</b>
Peter Alford Endowment
Alford Communication Funds
WIC Resources
Clinical community linkages work to be funded by PICH grant funding from the Center for Disease Control from July 1, 2016 to September 30, 2017
<b>Resources Needed:</b>
Grant funding for program expansion
Leadership engagement with business leaders, insurers, governmental leadership (local and state), social service agencies
<b>Outcomes/ what will be measured:</b>
Improved obesity and physical activity indicators of adults and children (overweight, obesity, sedentary lifestyle)
Increased obesity prevention policy, program and service participation indicators
Improved WIC prevention indicators

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<i>Member / Affiliate Hospital</i>	MaineGeneral Medical Center
<i>County</i>	Kennebec
<i>Priority</i>	Tobacco Use and Exposure
<i>Goal</i>	Reduce lung disease mortality, by reducing disease risk factors for COPD and lung cancer via primary care and community based strategies.

<b>Strategies/ Activities:</b>
Expand tobacco exposure screening and referrals to lung disease risk reduction and screening services via primary care.
Implement use of community health workers "CHWs" to educate low income communities about lung cancer risk and link them to cessation, primary care, prevention services and lung cancer screening.
Expand access and referral to cessation services via WIC, and MG counseling.
<b>Resources Committed:</b>
MaineGeneral Community Health Fund
Bristol Meyer Squibb Foundation Lung Cancer Prevention and Screening contract
Free ME from Lung Cancer Foundation funds
Clinical community linkages work to be funded by PICH grant funding from the Center for Disease Control from July 1, 2016 to September 30, 2017
WIC Contract funds
<b>Resources Needed:</b>
Grant funding or other payment for Community Health worker staff time
IT technical support for report writing assuring accurate data re tobacco exposure and referral to services for quality improvement and program evaluation
<b>Outcomes/ what will be measured:</b>
Increased % of patients screened and referred to lung disease risk reduction services
Increased % of patients age 55+ receiving Low Dose CT Lung cancer screening
% of MaineGeneral Primary Care practices and providers implementing lung disease screening and referral interventions

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<i>Member / Affiliate Hospital</i>	MaineGeneral Medical Center
<i>County</i>	Kennebec
<i>Priority</i>	Substance Use Disorder
<i>Goal</i>	Reduction in overdose mortality, by implementation of health systems strategies reducing number of pain prescriptions per capita, substance use risk screening, and provision of treatment in primary care.

<b>Strategies/ Activities:</b>
Establish a comprehensive medical staff plan for opiate prescribing, pain management, risk reduction and opiate treatment of patients.
Implement outreach plan for provider education on guidelines for safe opioid prescribing, use of Maine Prescription Drug Monitoring (PMP) system, screening and referral for opiate dependence services.
Implement public education campaign on MG standards of care for pain management, and commitment to prevention and treatment.
Implement overdose prevention and naloxone education in all MaineGeneral clinical settings targeting patients and families at increased risk.
Expand medication assisted treatment capacity by providing provider and primary care office staff training.
Complete feasibility study to expand integrated harm reduction services to Waterville area.
<b>Resources Committed:</b>
Rural Opioid Overdose Reversal HRSA Grant (July 1 to October 1, 2016)
Maine General Community Health Fund
<b>Resources Needed:</b>
Grant funding to coordinate implementation of Community Education Campaign
Funds to coordinate implementation of comprehensive plan of medical staff education, including waiver training, new guidelines for safe opioid prescribing, PMP updates, and treatment resources
<b>Outcomes/ what will be measured:</b>
Increased # of providers utilizing PMP, new prescribing guidelines for safe opioid prescribing, and community education materials.
Increased % MGH practices where office based opioid treatment services are provided.

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<i>Member / Affiliate Hospital</i>	MaineGeneral Medical Center
<i>County</i>	Kennebec
<i>Priority</i>	Access to Care
<i>Goal</i>	<b>Increasing access to primary care, oral health and mental health services.</b>
<b>Strategies/ Activities:</b>	
	Expand use of Community Health Workers to address access to care barriers related to medical care and oral health.
	Expand Center for Prevention and Health living HUB staffing to support linking Emergency Department, Express Care, and Care Management Platform patients without a PCP to appropriate follow up and primary care.
	Expand the integration of mental health services in primary care settings.
	Implement stigma education for medical staff and primary care regarding mental illness and barriers to access to care.
	Implement collaboration strategies and referrals between oral health service providers and primary care to assure dental health service access to children up to age 9, and pregnant women.
	Participate in public transportation planning process to address transportation barriers to assure access to prevention and medical care services.
<b>Resources Committed:</b>	
	SIM grant from July 1, 2016 to Sept 30, 2016.
	Maine Oral Health Funders Children's Oral Health Program Grant July 1, 2016 to June 30, 2017.
	From The First Tooth Oral Health grant, January 1, 2016 to Dec 31, 2016.
	MaineGeneral Community Health Fund.
	Medical Staff and Behavioral Health Leadership education budgets.
<b>Resources Needed:</b>	
	Additional Funds to support community health workers, and HUB navigation staff
	Grant to support oral health service access for uninsured pregnant women
	Local matching funds to support enhancements to public transit services to areas outside of Kennebec Explorer current routes.
<b>Outcomes/ what will be measured:</b>	
	Increased # of patients linked to services by Community Health Workers and HUB staff.
	Increased # of practices offering mental health services.
	# of providers and practice staff completing training on addressing stigma.
	Increased # of children up to age 9 and pregnant mothers who are linked to a dental health practice for oral health services.
	# of new transit routes and service times established to support access to prevention and care.