Progress report on Community Health Needs Assessment Implementation Strategy

fiscal year 2016 2017 2018
(October 1, 2017 – September 30, 2018)

Maine Medical Center
Annual update of progress: Fiscal Year 2018

Maine Medical Center

The following report outlines progress on the Maine Medical Center Implementation Strategy on key health priorities identified in the 2016 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 2016 Community Needs Assessment reports, visit: https://mainehealth.org/healthy-communities/community-health-needs-assessment.

A member of the MaineHealth system, Maine Medical Center has a set of health priorities including:
• Adverse Childhood Experiences or ACEs
• Treatment of Opioid Use Disorder
• Obesity Prevention

About Maine Medical Center
Maine Medical Center is a complete health care resource for the people of greater Portland, the entire state of Maine, and northern New England.

Incorporated in 1868, Maine Medical Center is the state’s largest medical center, licensed for 637 beds and employing nearly 8,700 people. Maine Medical Center’s unique role as both a community hospital and a referral center requires an unparalleled depth and breadth of services, including the state’s only allopathic medical school program, through a partnership with Tufts University School of Medicine, and a world-class biomedical research center, the Maine Medical Center Research Institute.

Our care model includes the state’s largest multispecialty medical group, Maine Medical Partners. Maine Medical Partners provides a wide range of primary, specialty, and subspecialty care delivered through a network of more than 40 locations throughout greater Portland.

Maine Medical Center is the flagship hospital of MaineHealth, which is an integrated health network comprising 12 local hospital and other health facilities that touch central, southern, and western Maine and eastern New Hampshire. The collaboration of MaineHealth’s local organizations allows greater availability to community health improvement programs, access to clinical trials and research, and shared electronic medical records.

The strength of the health system, anchored by Maine Medical Center, enables each organization to invest in shared programs and services that improve the quality of care while reducing costs whenever possible. As a nonprofit institution, Maine Medical Center has provided more than $200 million annually in community benefits, delivering care to those who need it, regardless of their ability to pay.

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 2017, the MaineHealth system provided $451 million in community health programs or services without reimbursement or other compensation.
Please highlight progress made from **October 1, 2017 - September 30, 2018** for strategies and actions taken to address the priority areas your organization selected as part of the 2016 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: Maine Medical Center

**Date:** October 1, 2017 - September 30, 2018

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| **Adverse Childhood Experiences (ACEs)** | Increase mental health integration Action Implemented? ☑ Yes ☐ No Continuing in FY19? ☑ Yes ☐ No | • In collaboration with Maine Behavioral Healthcare, we managed and coordinated a nine-month trauma-focused cognitive behavioral therapy learning collaborative to ensure training requirements and certification standards were met by participating integrated behavioral health clinicians.  
○ Eight of ten of the integrated clinicians completed metrics as part of the learning collaborative  
○ All eight have participated in consultation call and seven of eight clinicians have engaged at least one client in trauma-focused cognitive behavioral therapy for a total of 16 clients | |
| | | FY19:  
• Annual implementation goal to increase the percentage of patients with a positive abbreviated Post Traumatic Stress Disorder Reaction Index (aPTSD-RI) screen, who are referred to or are already being treated by a behavioral health clinician from 50% to 65% | |
| | Train providers in adverse childhood experiences screening/trauma prevention Action Implemented? ☑ Yes ☐ No Continuing in FY19? ☑ Yes ☐ No | • The adverse childhood experiences team provided an interactive training at all 13 Maine Medical Partners practice sites, caring for children, to review recommended workflow and effective use of patient registries  
• A quarterly practice survey tracked screening tools, workflows and registry utilization revealing improvements from quarter one to quarter four in adopting adverse childhood experiences workflows  
• Initiated a primary care-wide adverse childhood experiences newsletter highlighting educational opportunities and resources quarterly and a monthly leadership update highlighting successes and barriers | |
| | | FY19:  
• Building Resilience for Adverse Childhood Experiences (BRACEs) will offer several learning sessions open to all providers as well as an adverse childhood experiences maintenance of certification opportunity | |
| | Expand education of adverse childhood experiences Action Implemented? ☑ Yes ☐ No Continuing in FY19? ☑ Yes ☐ No | • The adverse childhood experiences team developed and delivered a three-part webinar series to a total of 48 people from across the system  
○ Hosted three on-site trainings at MaineHealth and affiliate locations (LincolnHealth, Franklin Community Health Network, MaineGeneral Health) | |
| | | FY19:  
• The screening also will include an adverse childhood experiences number screener and a food insecurity section at all sites | |
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<td>Adverse Childhood Experiences (ACEs)</td>
<td>Redesign well child visit to identify and address disparities Action Implemented? Yes No Continuing in FY19? Yes No</td>
<td>Designed behavioral health and developmental action reports in order to track high-risk patients to ensure connection to treatment and resources FY19: The well child visit will include trauma screening, food insecurity screening and the use of a post-traumatic stress disorder screener if positive for trauma</td>
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<td>Develop intervention guidelines Action Implemented? Yes No Continuing in FY19? Yes No</td>
<td>Practice surveys revealed an increased need throughout the year for integrated behavioral health clinicians to be available on site for warm handoffs when risk issues were identified The survey indicated a 10% decrease in behavioral health clinician availability from quarter one to quarter four We will continue to increase the availability of validated trauma treatments available at Maine Medical Partners primary care offices through partnerships with integrated behavioral health</td>
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<td>Expand use of screening Action Implemented? Yes No Continuing in FY19? Yes No</td>
<td>As of July 2018, the percentage of eligible patients who had developmental screening completed increased from a baseline of 44.8% to 72.7% Trauma screening rates increased from a baseline of 77.8% to 84.5% One adult practice piloted a new adult adverse childhood experiences screening tool built in Epic electronic medical records system as a MyChart questionnaire The pilot expanded to include all behavioral health, internal medicine and family medicine providers located at this site The adult adverse childhood experiences screening tool pilot rate is currently at 32%, well above the target of 10% Two sites began a pilot of an adapted version of the Survey of Well-being of Young Children with enhanced adverse childhood experiences questions Initial chart review data demonstrated a higher positive rate of documented risk with the updated survey comparison to the standard version at 4% compared to 1% positive</td>
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<td>Decrease RX Drug Use &amp; Addiction</td>
<td>Train physicians on prescribing practices Action Implemented? Yes No Continuing in FY19? Yes No</td>
<td>The number of providers actively prescribing buprenorphine has increased by 133.3% At the start of the fiscal year, there were 9 providers actively prescribing As of August 2018, there were a total of 21 providers prescribing buprenorphine</td>
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<td>Utilize data to address health disparities Action Implemented? Yes No Continuing in FY19? Yes No</td>
<td>IMAT brings together substance use professionals, mental health workers and primary care providers who provide a more holistic approach to addressing patients’ needs and social determinants of health in regards to addiction Uninsured patients in the IMAT program are able to connect with CarePartners, an organization that helps participants find health care coverage</td>
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| Decrease RX Drug Use & Addiction | Integration of medical education for graduates and undergraduates around opioids | •This strategy was enhanced and continued to improve the education of providers by preparing an Accreditation Council for Graduate Medical Education application  
  o A proposal for an addiction medicine fellowship at Maine Medical Center was submitted but has not been approved yet | |
| Participate w/ community partners | Action Implemented? ☐ Yes ☑ No  
Continuing in FY19? ☐ Yes ☑ No | •Utilizing a hub and spoke model, Maine Medical Center has partnerships across the state in five locations within the MaineHealth network of care providing intensive treatment with primary care practices offering continued support | |
| Deliver IMAT/ Patients participating | Action Implemented? ☐ Yes ☑ No  
Continuing in FY19? ☐ Yes ☑ No | •IMAT (Integrated Medication Assisted Treatment) has been implemented in all Maine Medical Partners primary care practice locations  
  •At the start of the fiscal year, there were 154 patients receiving buprenorphine  
  •As of August 2018, there were 209 patients receiving buprenorphine; representing a 35.7% increase | |
| Chronic pain management module | Action Implemented? ☐ Yes ☑ No  
Continuing in FY19? ☐ Yes ☑ No | •This has been built into Epic, our electronic medical records system | |
| Decrease Obesity (also Diabetes & CVD) | Implement and track Let’s Go! | •In program year 2017-2018, Let’s Go! engaged with a total of 1,333 program sites:  
  o Child care (438), schools (286), out-of-school (138), health care practices (5210: 148, Small Steps: 27 and school cafeterias (296)  
  •The vast majority of program sites continued their partnership with Let’s Go! from the previous year:  
  o 93% of child care, 97% of schools, 93% of out-of-schools, 98% of 5210 health care practices, and 100% of Small Steps health care practices. Overall, 22 sites closed and 16 opted out of the program. | |
| Develop standard of care for adults patients w/ obesity | Action Implemented? ☐ Yes ☑ No  
Continuing in FY19? ☐ Yes ☑ No | •A standard of care in the form of a clinical care pathway is available in flipchart format and built into the Epic electronic medical record system  
  •Training on the adult clinical care pathway was delivered to clinicians at monthly discipline meetings | |
| Partner with WOW! Council | Action Implemented? ☐ Yes ☑ No  
Continuing in FY19? ☐ Yes ☑ No | •Let’s Go! continued partnering with the Works on Wellness (WOW!) Council to supply Small Steps educational tools for employees through the system-wide rollout of the Virgin Pulse platform  
  o Promoted healthy behaviors around healthy eating, movement, sleep, and reducing sugary beverage consumption  
  •The Let’s Go! Healthy Workplace toolkit pilot was completed with assistance from WOW! and is now widely available for use throughout MaineHealth hospitals to help increase awareness of small steps and nudge environmental and policy change to encourage healthy eating and physical activity in the workplace | |
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| Decrease Obesity (also Diabetes & CVD) | Other: Tracking obesity prevalence and 5-2-1-0 behaviors | •Let’s Go! tracks the prevalence of obesity annually for pediatric patients age 2-19 through the MaineHealth Accountable Care Organization’s electronic medical records and biannually through the Maine Integrated Youth Health Survey (MIYHS)  
  o5-2-1-0 behaviors are also monitored biannually through MIYHS:  
  ▪Eat 5 or more fruits and vegetables, limit recreational screen time to 2 hours or less, engage in 1 hour or more of physical activity, and drink 0 sugary beverages daily |
| Offer support to MaineHealth network to implement Let’s Go! | Action Implemented? Yes No | •Let’s Go! provided ongoing support to all primary care practices in the MaineHealth network of care through bi-monthly emails, on-site trainings, webinars, online training modules, and an annual conference  
  •Materials to implement the 5-2-1-0 Program were provided and available to all practices  
  •95% of MaineHealth registered sites (42) achieved recognition as a site of distinction |
| Explore partnerships w/ community programs working w/ adults | Action Implemented? Yes No | •Let’s Go! worked to strengthen the community-clinical linkage across our communities by working with local Let’s Go! coordinators to develop regional resource guides for the clinical practices to provide to their patients to support efforts to access available local programs |
| Implement Adult HEAL in all Maine Medical Partners practices | Action Implemented? Yes No | •All 11 Maine Medical Partners primary care practices have implemented the adult program which is called Small Steps (previously HEAL)  
  oAll of these practices are continuing to implement the program  
  oRefresher training was made available to support full implementation at all practices |
| Address disparities | Action Implemented? Yes No | •Let’s Go! worked with all the healthcare practices in the state of Maine that have a high percentage of free care and Mainecare patients  
  •Targeted programs and sites that have underserved populations at them. Examples include:  
  oHead Start Programs, schools with greater than 50% of the children receiving free and reduced lunch and local afterschool programs that serve underserved populations  
  •Added trainings to ensure that healthcare practices are screening and addressing food insecurity |
| Work to establish HEAL worksite guidelines/ policies | Action Implemented? Yes No | •A Workplace Wellness Training was developed for statewide Dissemination Partners to educate school districts, schools, child care and out of school programs who implement the Let’s Go! Program  
  oThe training highlights tools and strategies to support a healthy workplace environment and setting strong workplace policies |
| Develop effective messaging for adult HEAL | Action Implemented? Yes No | •Small Steps is the theme for Let’s Go!’s adult healthy eating and active living program with the four key messages of: Move More, Eat Real, Drink Water, Rest Up  
  oThe messages have been well received by practice teams and patients as well as worksite partners  
  oThese messages have been adapted for the prenatal population |