VISION
Working together so our communities are the healthiest in America

MISSION
MaineHealth and its members, reflecting the needs of our communities, acting within available resources and consistent with agreed-upon strategic priorities, will have as its primary goal the continual improvement of the health of the communities it serves.

The full MaineHealth Mission Statement is posted at mainehealth.org.

STRATEGIC PRIORITIES

- Population Health
- Workforce Engagement and Development
- Payment Reform and Price Transparency
- Local Health System Transformation
- Provider Alignment
- Quality Improvement

VALUES

- Patient Centered
- Respect
- Integrity
- Excellence
- Ownership
- Innovation
This has been a truly transformative year for MaineHealth.

We began this year as a hospital system of 10 member organizations serving diverse and independent communities across much of Maine and Carroll County, N.H. We will end 2018 by bringing together our Maine hospital members as a unified organization overseen by a single Board of Trustees. This will enable us to undertake our mission in common purpose, sharing the opportunities and challenges of providing care to the 1.1 million people across our service area.

Of course, our success will continue to depend on the talented people who make up the MaineHealth team, especially those on the front lines providing care in each of our communities. And as we have for the past 21 years, we will depend on volunteer and executive leaders in each of our communities to assure that we provide high-quality, patient-centered care as close to home as possible.

With the strength of the MaineHealth system now connecting us in each community, we’ve never been better positioned to achieve our vision.

— William L. Caron, Jr. and Richard W. Petersen

The stories inside this Annual Report reflect that commitment. We are investing in new infrastructure across our system. We are tackling tough problems like the opioid epidemic. We are delivering world-class cancer care in a team-based approach. And of course, we continue to invest in the future, not only through research, but also by educating the caregivers of tomorrow.

With the strength of the MaineHealth system now connecting us in each community, we’ve never been better positioned to deliver on our commitment to make a difference and achieve our vision of “working together so our communities are the healthiest in America.”

William L. Caron, Jr.
Chief Executive Officer, MaineHealth (1/1/19)

Richard W. Petersen
President, MaineHealth (1/1/19)
The MaineHealth system reaches more than 1.1 million residents in central, southern and western Maine and eastern New Hampshire. MaineHealth organizations include Coastal Healthcare Alliance (Pen Bay Medical Center and Waldo County General Hospital), Franklin Community Health Network, LincolnHealth, Maine Behavioral Healthcare, Maine Medical Center, MaineHealth Care at Home, Memorial Hospital, NorDx, Southern Maine Health Care and Western Maine Health; the MaineHealth Accountable Care Organization is also part of the MaineHealth family. Affiliates of MaineHealth include MaineGeneral Health, Mid Coast-Parkview Health, New England Rehabilitation Hospital of Portland and St. Mary’s Health System.
In This Annual Report

The Value of an Integrated Health System ................................................................. 2

Addressing the Opioid Epidemic: Putting Vision Into Action .................................................. 5

Maine Track: Making Dreams Come True for Doctors and Communities ........................................... 7

Healthier Futures Rising ................................................................................................. 8

Training Programs Provide Meaningful Career Paths .................................................................. 10

Collaborating to Enhance Patient Care and Outcomes .............................................................. 11

Innovative Research Builds Healthier Communities Across New England .............................. 12

Navigating the Cancer Care Journey ...................................................................................... 14

Partnering on Strategies to Increase Screening Rates ............................................................. 16

Improving Community Health, One Patient at a Time ............................................................ 18

Investing in Our Communities ............................................................................................ 20

MaineHealth and Subsidiaries Consolidated Statement of Operations ...................................... 21

COVER PHOTO: Pen Bay Medical Center ED Charge Nurse Diane Hynes (left) with her daughter, Dr. Caitlin Civiello
MaineHealth’s integrated network of care includes hospital systems, outpatient centers, home health agencies, outpatient surgery centers, laboratories, behavioral health services and 19,000 dedicated providers and employees working together to support care delivery. As a closely networked system, we share best practices and offer numerous programs, training and resources to improve the health status of our communities. Together, we invest in clinical and community programs and advocate for local, state and national policies that support the health and well-being of the people and communities we serve.

**The Value of an Integrated Health System**

**Data Reporting and Evaluation**

Our annual Health Index Report monitors seven health indicators to inform our strategic actions for improving the health of the populations we serve. The Community Health Needs Assessment examines health status, use of health services, and access and barriers to health care.

**Access to Care**

We help to educate and enroll people in various state, federal and private health insurance programs and benefits. Donated health care services, as well as free or low-cost medications, are provided to low-income, uninsured patients through our CarePartners and MedAccess programs.

**Telehealth**

Our Telehealth Program works to improve the health status of our communities by integrating, advancing and optimizing the use of telehealth technologies to provide access to specific services, like stroke neurologists, to remote areas.

**Hospital Care**

We aim to provide the highest-quality care and experience for patients staying in our hospitals. This includes, but is not limited to, best practices around heart care, surgical care, emergency care, and antibiotic usage.

**Chronic Disease**

Our evidence-based programs improve care and outcomes for people living with chronic diseases such as diabetes, asthma, chronic obstructive pulmonary disease, behavioral health issues and tobacco dependence.

**Transition of Care**

We work to ensure patients receive excellent coordination of care across the continuum, from home to hospital to community-based provider or skilled nursing facility.
PHARMACY AND MEDICATION MANAGEMENT
We develop and promote the use of consistent policies, protocols and procedures across our system for medication management and safety.

PERFORMANCE IMPROVEMENT
Our Center for Performance Improvement works collaboratively across the MaineHealth system to improve the efficiency of clinical care delivery and to keep health care affordable.

EDUCATION, RESEARCH AND TRAINING
We are dedicated to training the next generation of physicians, nurses and health care professionals. Maine Medical Center is northern New England’s premier teaching hospital and Maine’s only academic medical center; it conducts leading-edge biomedical research through the MMC Research Institute. Educational and leadership development opportunities across our health system assist providers and care teams in achieving patient-centered health care goals. MaineHealth Education & Training is building a systems-approach to patient education that will ensure clinicians and patients have access to consistent, high-quality education across all points of care.

HOME HEALTH CARE
High-quality, home-based health services are delivered by local teams of nurses, physical and occupational therapists, speech-language pathologists, home health aides, nutritional counselors and social workers who help patients regain strength after surgery, manage chronic illness and achieve a higher quality of life.

PREVENTION AND WELLNESS
Our broad range of systemwide community health improvement and prevention programs support health and wellness at all stages of life — from making sure our children are up to date on immunizations, to supporting healthy eating and active living, to supporting our older adults in falls prevention.

BEHAVIORAL HEALTH
We’re committed to creating a seamless system of behavioral health services that coordinates hospital psychiatric care with community-based treatment services, and integrates access to behavioral health care with primary care services.
“It’s a choice to live a better life, but you need support and structure to keep on track. I was treated with compassion and respect. They saved my life and I am extremely grateful.

— Andy Allen, Falmouth
Addressing the Opioid Epidemic: Putting Vision Into Action

Opioid addiction is the public health crisis of our time. In Maine and New Hampshire, more than one person a day dies as the result of an overdose. “Opioid addiction is a complex, chronic disease,” said Jessika Morin, MD, a family medicine provider at Southern Maine Health Care (SMHC) and member of the MaineHealth Opioid Implementation Steering Committee, which was formed in 2016 to address the crisis.

Research shows that people receiving a combination of medication-assisted therapy and counseling have a 61 percent success rate.* In October 2017 MaineHealth put its vision into action by launching the Integrated Medication Assisted Treatment (IMAT) program.

“Recovery isn’t a straight path,” added Morin. “Medications like suboxone help those suffering from opioid addiction feel normal so they can then develop the coping skills through counseling needed to maintain their sobriety. Both providers and patients need a lot of real-time support to be successful. The IMAT program delivers intensive outpatient therapy (known as the hub) from Maine Behavioral Healthcare, followed by ongoing treatment (called the spoke) from local primary care practices like SMHC Family Medicine in Saco. As patients move through recovery, we collaborate with expert providers to help determine what the patient needs in the moment.”

Dr. Morin helped establish the program in York County after seeing firsthand how it changes lives. One of her patients, Andy Allen of Falmouth, grew up in a loving family. Because of degenerative disc disease, Andy was prescribed opioids to help him cope with chronic pain. Over the course of 10 years he used increasing amounts of the narcotic, which Andy got through prescriptions and on the street. But his life gradually fell apart. After trying to stop by himself, Andy reached out to Maine Medical Center for help and was referred to the IMAT program in Biddeford. Since getting into the program, Andy has a full-time job and is getting back to activities he used to enjoy, like weight lifting.

To date, more than 900 people have been treated for opioid use disorder through four hubs and multiple spokes at primary care practices located in each region within the MaineHealth system. In addition, MaineHealth’s three affiliate hospitals also provide IMAT for patients within their hospital systems. With the success of the model, another hub is being established in Portland later this year. “It takes a village to treat opioid use disorder,” said Dr. Morin, “and the IMAT program provides the framework clients and providers need to be successful.”

To learn more about the IMAT program, visit mainehealth.org.

Caitlin Civiello, MD, works alongside her mother Diane Hynes, RN
Maine Track: Making Dreams Come True for Doctors and Communities

Caitlin Civiello, MD, a Board-certified emergency room physician who splits her time between Pen Bay Medical Center and Mid Coast Hospital, grew up knowing how important local hospitals are to their communities. She was raised in Owl’s Head, population 1,602, and her mother was a nurse in the Emergency Department at Pen Bay. “It was always my dream to work at the hospital with my mom,” Dr. Civiello said.

But Dr. Civiello says that her dream might not have come true had she not enrolled in the Tufts University School of Medicine — Maine Medical Center Maine Track program. The partnership, which just celebrated its 10th anniversary, was created to help stem a shortage of doctors — particularly primary care providers — in rural Maine. Through generous annual scholarships for approximately half of each class and exposure to Maine hospitals, patients and providers, the Maine Track program helps students fall in love with rural medicine and gives them a financial boost to make it possible for them to practice in Maine.

Aspiring doctors follow a long road to medical practice. They not only have to complete medical school, but also residencies and sometimes fellowships or stints in the military. It can take three to eight years for a medical school graduate to reach their practice destination. Still, more than 50% of Maine Track alums from the classes of ’13 and ’14 were practicing in Maine as of the fall of 2017, many of them in primary care.

That early success led Tufts and MMC to sign a new, 10-year agreement in August 2018. It allows for the possibility of expanding classes beyond their current 40 students (the majority of whom have ties to Maine), and it increases the amount of time spent at MMC in the first two years of the four-year program.

“Maine Track reminded me how much I loved the hospital and Maine’s medical community, and the scholarship allowed me to take the job I loved the most.”

— Caitlin Civiello, MD

“The quality of the network we have created to support medical students is really reflected in the number of them who choose to stay in Maine and practice medicine here. I’m excited about what’s going to come over the next decade,” said Bob Bing-You, MD, vice president of Medical Education at MMC and interim academic dean.
Providing outstanding, coordinated patient care to the 1.1 million people in our service area requires dedicated, talented teams together with the facilities and infrastructure to support them. MaineHealth’s commitment to quality and patient-centered care rose to new heights in 2017-18 with significant investments across our health system, taking form in building modernization, expansion and efficiencies.

The work underway across our health system is more than modernizing facilities. These investments in MaineHealth are an investment in our communities. Through operational efficiencies, we serve more people. Through modernization, we can better innovate to serve patients and their diverse needs every day. Through closer collaboration and teamwork, we support our vision of working together so our communities are the healthiest in America.

Maine Medical Center’s modernization and expansion project in Portland is well underway. The $525 million project will increase the number of single-occupancy patient rooms, modernize procedure rooms that support surgical and other cases, and dramatically improve access to the medical center by increasing parking, wayfinding, LifeFlight landings and even reorienting the front of the facility to Congress St. Overall, this project will allow Maine Medical Center to continue serving in its important role as the region’s leading provider of tertiary and emergency care services.

In August 2018, LincolnHealth opened the Herbert and Roberta Watson Health Center, a new outpatient facility. The Watson Health Center is a patient-centered medical home, integrating primary care, specialty and ancillary services under one roof. The care model supports clinical collaboration across disciplines to provide high-quality, accessible, efficient and affordable care.
More than 500 employees from Information Technology and other administrative functions formerly spread across eight MaineHealth locations are now working together under one roof in Westbrook. The new location fosters collaboration and improves operating efficiencies across the system, ultimately benefiting our providers, nurses and the patients they serve. The presence of MaineHealth in Westbrook has also stimulated the city’s economic development, as new businesses have opened to serve the influx of new patrons.

Memorial Hospital’s Mount Washington Valley Adult Day Center broke ground in Conway, New Hampshire in June 2018. The new facility is addressing the community need for elder memory care services as well as respite for their caregivers. Structured activities, health monitoring, therapies and assistance with bathing and activities of daily living will be offered to seniors in the area.

Waldo County General Hospital sees 16,000 patients a year in a nine-bed Emergency Department. In May 2018, ground-breaking took place on a $9.7 million expansion to include six new beds, private rooms, updates to the trauma facilities, and dedicated spaces for patients in psychiatric crisis. The expansion addresses patient privacy needs with single-occupancy rooms and supports the growing demand for psychiatric and addiction services.
Training Programs Provide Meaningful Career Paths

Bruce Raymond was caring for his grandmother at the end of her life when, he said, “I had an important epiphany. I realized that I was very adept at caring for people who were sick, and that I found it fulfilling.”

Raymond enrolled in the Certified Nursing Assistant (CNA) program at Maine Medical Center (MMC) in 2016 and now works at MMC in The Barbara Bush Children’s Hospital Pediatric Intensive Care Unit as he continues his education to earn his BSN.

“Being of service to others has profoundly changed me and added meaning that I’ve sought my entire life,” Raymond said.

Across the country and here in Maine, the demand for talented, qualified health care providers like Raymond is great. MaineHealth is committed to workforce training and development efforts and has been for many years. MMC’s CNA program is now 18 years old. The hospital sponsors 90 students per year, and 95 percent of them are hired by the hospital.

The Maine Medical Center School of Surgical Technology, which began in the 1960s, allows students to rotate through MaineHealth-affiliated clinical sites from MaineGeneral Health to Southern Maine Health Care. Twenty students graduated in 2017 and more than half are now working at a MaineHealth hospital. NorDx has also created a program to train phlebotomists to meet the needs of our hospitals and patient service centers.
Collaborating to Enhance Patient Care and Outcomes

A low hospital readmission rate is a key marker of care quality recognized by Medicare, health plans and health systems across the country. A readmission occurs when a patient returns to the hospital within 30 days of an initial discharge and can indicate that a patient’s condition has worsened after treatment. To meet the challenge of improving post-discharge care and reducing readmissions, the MaineHealth Accountable Care Organization (ACO) is working to spread an important heart failure treatment protocol to nursing homes across the MaineHealth service area.

The protocol was developed and piloted by Maine Medical Partners Geriatrics, the MaineHealth Cardiovascular Service Line and other system partners in response to variations in heart failure care reported by local nursing homes. To improve care and reduce readmissions, the partners developed a standardized protocol that nursing homes could use to safely and quickly treat heart failure exacerbations on site using existing resources. The ACO, in collaboration with MaineHealth Healthy Aging, is training dozens of nursing homes on the protocol and helping them implement it successfully.

The protocol establishes a “target weight” for heart failure patients, established when their condition is well controlled. Rapid weight gain over the target triggers the protocol, particularly when accompanied by other symptoms. Nursing home staff consult the patient’s provider and a simple intervention typically returns the patient to baseline function within 48 hours.

“The protocol was first piloted at a rehabilitation facility within the MaineHealth Senior Living Collaborative (SLC), a group of over 40 nursing homes in the MaineHealth footprint that convenes to share best practices. The ACO and MaineHealth have helped spread it to additional members of the SLC. Currently, 20 nursing homes have adopted the protocol with exciting results. Preliminary data collected from a sample of 10 facilities show a heart failure readmission rate of 6 percent, well below the national skilled nursing facility readmission average of 22.4 percent. Based on this small sample, the ACO estimates that the protocol has contributed to 48 patients avoiding readmission.

“Lower readmissions is closely correlated to better patient outcomes,” said Dr. Betsy Johnson, president and CEO of the MaineHealth ACO. “You can think of each avoided readmission as a patient who is recovering from a hospital stay successfully. They’re stronger, healthier and happier than they would have been had they returned to the hospital.”

Today, the ACO and MaineHealth are working together to spread the protocol to all members of the Senior Living Collaborative through additional trainings and continued implementation assistance.
Innovative Research Builds Healthier Communities Across New England

Since 1991, Maine Medical Center Research Institute (MMCRI) has been at the center of MaineHealth’s mission to improve patient health and outcomes by advancing the science of medicine through biomedical research. Chronic diseases such as cancer, obesity, heart disease, Alzheimer’s and substance abuse — prevalent in northern New England’s aging and largely rural population — are some of the health challenges MMCRI is tackling through innovative research and partnerships.

In 2017 the National Institutes of Health awarded $20 million to MMCRI and its partner institutions, the University of Vermont and the University of Southern Maine, to create the Northern New England Clinical & Translational Research Network (NNE-CTR), a consortium to enhance collaborative research and medical treatments for the many chronic diseases prevalent in our region.

NNE-CTR’s focus is defining optimal methods of disease prevention and health care delivery in rural environments. The network is also training the next generation of biomedical scientists, physicians and nurses in research methodology to attract additional research support. Clifford Rosen, MD, director of the Center for Clinical and Translational Research at MMCRI, and Gary Stein PhD, director of the University of Vermont Cancer Center, co-lead the program.

“Our goal is to support innovative and transformative research, increase participation in clinical research and improve access of our rural residents to clinical studies. This will ultimately improve the health and vitality of the people of Maine, Vermont and New Hampshire,” said Dr. Rosen.

SMALL-SCALE PILOT PROJECTS TACKLE BIG PROBLEMS
The network includes six teams focused on key program areas to support this effort. Pilot Projects, one of the areas, studies a problem on a smaller scale and the results help evaluate how further research will be conducted. Three Pilot Projects have been funded to date, with more being planned.

Neonatal and pediatric neurologist Alexa Craig, MD, leads a Pilot Project focused on improving the detection of and treatment for neonatal encephalopathy in rural areas. Neonatal encephalopathy is a type of brain injury that can occur in newborn infants due to lack of oxygen and blood flow to the brain around the time of birth.

Therapeutic hypothermia is the only known treatment for neonatal encephalopathy; this involves placing the baby on a cooling blanket that maintains a temperature of 91 degrees Fahrenheit for 72 hours followed by 12 hours of rewarming. The baby is monitored in an intensive care unit during this treatment, and magnetic resonance imaging is then performed to determine presence or absence of brain injury.
One of the clinical challenges of this treatment is that it must be started within the first six hours of life, and earlier treatment is known to be associated with improved outcomes. For the 75 percent of infants treated with hypothermia who are born in rural Maine hospitals, recognizing neonatal encephalopathy and getting the baby cooled quickly are particular challenges, especially for providers in rural locations who do not see these babies all that often,” said Dr. Craig.

To combat these challenges, Dr. Craig developed her NNE-CTR pilot study to employ a telemedicine consult, a three-way, real-time interactive communication via video among the rural physician, the neonatologist at MMC and Dr. Craig. For infants and their families, this means faster diagnosis and treatment via a live consultation, thereby improving their chances of a better outcome or avoiding unnecessary treatment. Dr. Craig will assess the results of her pilot project in the next year to determine whether the real-time consultations successfully decrease the time to initiate therapeutic hypothermia. “It is exciting to be a part of a study that has such potential to improve patient care and outcomes,” said Dr. Craig.

For more information, visit mmcri.org.

The NNE-CTR expertly demonstrates the population health mission of the MaineHealth system by advancing scientific knowledge and clinical care through research and education.

— Clifford Rosen, MD
A cancer diagnosis can be frightening and unexpected, and taking the next steps for care and treatment can feel overwhelming. The MaineHealth Cancer Care Network provides patients in Maine and Mt. Washington Valley, NH with access to world-class, coordinated, comprehensive care — and with patient navigators to help them on their cancer care journey.

A patient navigator is an oncology nurse or social worker dedicated to connecting patients and their families with the information they need to make informed and timely decisions about their treatment plan. Navigators also help support seamless transitions between members of the care team, keeping patients as close to home as possible, but facilitating access to specialty oncology care when appropriate. The patient navigator service is free and provided at most MaineHealth locations.

Thanks to the generosity of the Harold Alfond® Foundation, six new patient navigators have recently joined the MaineHealth Cancer Care Network. Amber O’Leary, RN, OCN, is one such navigator who divides her time between Memorial Hospital in N.H. and Maine Medical Center (MMC) in Portland. At Memorial, O’Leary provides general navigation services, supporting patients with any kind of cancer. She helps patients get timely diagnostic testing and treatment closest to home; sometimes, a specialized treatment may not be provided at Memorial Hospital but is available within the network.

“I get to know patients and learn what they need,” said O’Leary. “It could be referrals, scheduling transportation to and from appointments, or connecting them with social services. It’s about bringing together the whole cancer care network in support of the patient.”
Memorial patient Karen Burt added, “Any question I have, Amber will find the answer to. She’s gotten me a ride to see my doctor, arranged for me to get the nutritional supplements I need. Now I don’t worry about things.”

O’Leary is also MaineHealth’s first head and neck cancer navigator. Based at MMC, she facilitates care for patients with complex needs, answering questions about their diagnosis and treatment plans and providing assistance throughout the continuum of care. Her work is supported by a multidisciplinary cancer conference that reviews newly diagnosed head and neck cancer cases.

“Amber — and other outstanding navigators like her — helps patients and families at one of the most hectic and emotional stages of care: from the initial diagnosis, through the staging process, to treatment, said Fred Roediger, M.D., Maine Medical Partners otolaryngologist. “This might include imaging studies, biopsies, and multiple appointments with physicians and other care providers in our system in a short time frame. She works hard to make it as smooth a process as possible.”

Patient navigators play an important patient care role within the MaineHealth Cancer Care Network, which brings together nearly 300 of the most talented cancer care providers in northern New England, with the support of the Harold Alfond® Foundation. There are over 35 clinical patient navigators across the network who work with patients and families to ensure they have all the information they need to make the most informed and timely decisions about their treatment plan.

For more information, visit mainehealth.org/cancer.
Partnering on Strategies to Increase Screening Rates

Colorectal cancer is one of the few forms of cancer that is preventable, treatable and beatable. That’s why it’s so important to get regular screenings beginning at age 50, and sooner if there are risk factors.

Even though these tests can save lives, many people still aren’t getting screened. “One of the biggest barriers to getting screened is fear of the test itself,” explained MaineHealth Chief Medical Officer Joan Boomsma, MD. “However, various screening options are available, including simple take-home options.” MaineHealth, in collaboration with system and community partners, has implemented a number of successful strategies to boost screening rates in our communities.

Since 2015, the Maine Cancer Foundation (MCF) has provided over $500,000 to MaineHealth to increase access to colorectal cancer screening. One of these projects focuses on educating community members about screening with the help of a mobile health unit. Operated through the Healthy Community Coalition of Greater Franklin County, the public health affiliate of Franklin Community Health Network, the unit distributes the Fecal Immunochemical Test (FIT), a non-invasive screening test that people can complete in the privacy of their own homes. To date, nearly 100 FIT kits have been returned to the lab with 16 percent of those testing positive and referred for follow-up.

Patient outreach is another strategy used to increase screening rates. With MCF grant funding, the City of Portland’s community health outreach workers partnered with Maine Medical Partners Family Medicine to help reach patients who do not speak English. Patients due for screening are identified using our electronic health record and then contacted to learn more about their options, including the FIT.

The MaineHealth Prevention and Wellness Program works closely with MaineHealth members and affiliates to track screening rates and share best practices for increasing patient screening. The MaineHealth Cancer Care Network is also a key partner in linking the clinical setting to community outreach efforts.

“Thanks to the efforts of our dedicated health professionals across the system, more patients are now being screened for colorectal cancer than ever before,” said Dr. Boomsma. The percentage of patients at primary care practices within the MaineHealth system who were screened for colorectal cancer rose from 65 percent in December 2016 to 75 percent in July 2018.
IMPROVING ACCESS TO LUNG CANCER SCREENING

Smoking is the leading cause of preventable death, and Maine has one of the highest smoking rates in the country — 15.3 percent of Mainers report they smoke every day vs. 12.4 percent nationally.

MaineHealth is a partner in the Maine Lung Cancer Coalition, a statewide, multi-institution, multi-disciplinary initiative to improve the prevention, early detection and treatment of lung cancer in Maine, funded by the Bristol-Myers Squibb Foundation, Maine Cancer Foundation and Maine Economic Improvement Fund.

The coalition also engages in health policy advocacy, and is working with its partners to build the capacity to collect and track patient screening and lung cancer diagnosis numbers. There are currently 18 screening sites in Maine from York to Aroostook County that offer low-dose computed tomography (LDCT) or a CAT scan to look for lung cancer at very early stages, when it can be most effectively treated.

The MaineHealth Cancer Care Network offers comprehensive lung cancer screening services to test people at high risk for lung cancer. As a result of efforts across the network to invest in resources such as patient navigators and data surveillance systems, the number of people screened for lung cancer through the network increased from 180 in 2016 to 987 in 2017. This growth is also a reflection of the increasing recognition of the value of lung cancer screening for detecting new cases earlier.
Improving Community Health, One Patient at a Time

CONNECTING MORE PATIENTS WITH TOBACCO TREATMENT

Across the MaineHealth system, clinical teams are making sure patients who want to quit tobacco have the resources and support they need to be successful. In 2016, MaineHealth set a goal to increase the number of patients referred to the Maine Tobacco HelpLine, a state-funded resource that is free to all Maine residents and managed by the MaineHealth Center for Tobacco Independence.

When tobacco users have the support of a HelpLine, they are four times more likely to quit successfully than when they try on their own. And when it comes to quitting smoking, research suggests that patients who receive assistance from their health care provider are two times more likely to successfully quit tobacco.

“Talking with patients about their tobacco use is important,” said David Spaulding, program manager for the MaineHealth Center for Tobacco Independence. “Research shows people may attempt to quit as many as 30 times before they quit for good, and chances for success improve with each attempt. We advise offering patients a referral to the HelpLine at every opportunity, because one of those times, they will say yes to treatment.”

Mary Ann Pollard, 76, started smoking when she was 18 years old. About six years ago, she started gradually reducing the number of cigarettes she was smoking — from as many as three packs a day to 10-12 cigarettes a day. During a visit with Rob Chamberlin, MD, her primary care provider at Maine Medical Partners, Pollard talked about her tobacco use and expressed that she might be interested in quitting for good. Dr. Chamberlin told her about the Maine Tobacco HelpLine and to call when she was ready.

In the meantime, the HelpLine mailed Pollard some materials about quitting smoking and she began incorporating the tips into her daily routine. Tobacco treatment specialists also called to check on her progress. “They were very helpful and supportive,” said Pollard. “They told me not to worry if I relapsed and to call them back if I ever wanted to talk.”

Recognizing the key role providers play in encouraging patients to quit, all MaineHealth primary care practices that are on Epic (our system’s shared electronic health record) were trained in 2017-18 on how to make a referral to the HelpLine using Epic — a process that takes as little as 60 seconds. In the first year after the training, these practices referred twice as many patients to the HelpLine compared to the previous year, and 65 percent more of their patients enrolled in treatment. At Lincoln Medical Partners practices alone, 299 patients were referred to the HelpLine, a 200 percent increase over FY17.

“I feel really good that I did quit,” said Pollard. The Maine Tobacco HelpLine can be reached at 1-800-207-1230.
TAKING SIMPLE STEPS TO PREVENT DIABETES

Andy Paul knew he needed to get active and lose some weight. But when his doctor told him that he had prediabetes and would need to go on medication, Paul knew he needed to take action. “I made it my mission to learn everything I could about the condition,” he said.

Paul’s spouse told him about a lifestyle change program offered through MaineHealth called the Diabetes Prevention Program, and he signed up immediately. Developed by the Centers for Disease Control and Prevention, this evidence-based program is proven to help people lower their chance of developing type 2 diabetes by teaching them about healthy eating and ways to increase physical activity. Classes are open to the public and offered through every MaineHealth hospital.

By participating in the Diabetes Prevention Program, Paul learned new ways to fit physical activity into his day and make healthy food choices. His hard work and dedication paid off; over the course of a year, his blood sugar level was within the normal range and his doctor told him that he no longer needs to take medication.

Prediabetes is a treatable condition. There are simple steps patients can take to prevent the progression of prediabetes to diabetes.

— Christina Holt, MD

Research has shown that people with prediabetes who take part in this structured lifestyle change program cut their risk of developing type 2 diabetes by 58 percent through modest weight loss (about 7 percent of body weight). “The Diabetes Prevention Program is one of the best resources to address prediabetes and support personal habit changes,” said Dr. Holt.

To learn more about the Diabetes Prevention Program, visit mainehealth.org/preventdiabetes.
Investing in Our Communities

In keeping with our vision and mission, the MaineHealth integrated health system works 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 quantifiable value of community benefits at cost was $451 million.

This number reflects all of the programs and services our health system provides without reimbursement, including uncompensated care, professional education and training, community health services and support, and research.

ENSURING ACCESS TO CARE

For more than 15 years, tens of thousands of Maine people have been connected to high-quality care, received free and low-cost prescription medications, and learned how to successfully navigate the complexities of the health care system through MaineHealth’s nationally recognized Access to Care programs:

- **CarePartners**
  Helps people who don't qualify for public or private health care coverage programs get the health care they need.

- **MedAccess**
  Helps patients and health care providers find free or low-cost prescription drug options.

- **Coverage Team**
  Helps to educate and enroll people through the Health Insurance Marketplace and MaineCare.

Here are just a few of the ways these important programs helped our communities in FY17:

- **5,372** individuals assisted directly through Access to Care programs
- **$14M** in medical care donated by participating hospitals and community providers through the CarePartners program
- **236** individuals transitioned from free care through CarePartners to insurance coverage
- **13,015** Prescription Assistance Program applications completed
- **$36.8M** in medications provided to individuals through Prescription Assistance Programs
- **320** individuals enrolled in coverage on the Health Insurance Marketplace
MaineHealth and Subsidiaries
Consolidated Statement of Operations

YEAR ENDED SEPTEMBER 30, 2017

($ in thousands)

<table>
<thead>
<tr>
<th>Funds Received</th>
<th>2017</th>
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<tbody>
<tr>
<td>Amounts charged for patient services</td>
<td>4,358,531</td>
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<tr>
<td>Less portion not received due to Medicare, Medicaid and private insurance reimbursement rates paid at amounts less than charged</td>
<td>(1,963,006)</td>
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<tr>
<td>Less portion of amounts charged not received due to lack of patient ability to pay</td>
<td>(111,439)</td>
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<tr>
<td>Less portion of amounts charged that were provided to patients as free care</td>
<td>(112,337)</td>
</tr>
<tr>
<td>Net payments received from services provided to patients</td>
<td>2,171,749</td>
</tr>
<tr>
<td>Gifts, earnings on investments and other non-patient revenue</td>
<td>252,136</td>
</tr>
<tr>
<td><strong>Total Funds Received</strong></td>
<td><strong>2,423,885</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funds Expended</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits</td>
<td>1,461,774</td>
</tr>
<tr>
<td>Professional fees, purchased services, supplies and taxes</td>
<td>600,352</td>
</tr>
<tr>
<td>Cost of facilities, depreciation, interest, other</td>
<td>248,652</td>
</tr>
<tr>
<td><strong>Total Funds Expended</strong></td>
<td><strong>2,310,778</strong></td>
</tr>
</tbody>
</table>

| Amounts Earned for Future Investments in Patient Care and Community Health Programs | $113,107 |

Working together so our communities are the healthiest in America

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