Community Health Implementation Plan

October 1, 2022 - September 30, 2024)

Southern Maine Health Care

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MaineHealth

Implementation Plan for Community Health Needs Assessment 2022-2024

MaineHealth Hospital: **Southern Maine Health Care**

County: **York**

Health Priority: Access to Care

Goal of Health Priority: To improve access, reduce barriers and decrease health inequities for all people.

Strategies	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
Strategy 1: Roll out the Lend a Hand (LAH) complex care management program to provide care coordination and patient navigation in the SMHC practices	• Number of LAH-enrolled patients (at SMHC practices) • Percentage of patients discharged from LAH with "goals met"	SMHC ambulatory practices SMHC/MHMG Population Health	1-3
Strategy 2: Improve connections to community-based programs/organizations providing health and social services to address the unmet healthcare needs of vulnerable populations.	• Increase referrals to the Patient Assistance Line (PAL) over baseline • Increase number of community-based programs/organizations added to FindHelp *(formerly Aunt Bertha)* • Increase the number of connections on FindHelp • Participation in MaineHealth Community Engagement Workgroup & support toward meeting quarterly outreach goals	SMHC Population Health FindHelp Community Health Improvement Team	1-3
Strategy 3: Increase patients referred and enrolled in National Diabetes and Prevention Program (NDPP)	• Percentage of patients who are enrolled in NDPP Program, meeting or exceeding the targets established on the system quality dashboard	SMHC Population Health MaineHealth NDPP Program	1-3
Strategy 4: Expand, support and collaborate with partners to address needs of New Mainers.	• Increase connections to local meetings and partners working with New Mainers • Establish a baseline of numbers of countries of origin of New Mainers in our primary service areas. • Ensure sustainability of the Saco Refugee Resettlement Assessment clinic	Community Health Improvement Access to Care team Catholic Charities	1-3

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Health Priority: Social Determinants of Health

Goal of Health Priority: To prevent and improve health outcomes for patients with substance use disorders

Strategies	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
Strategy 6: Expand equitable access to care by supporting people with transportation services. (Access)	• With MH, explore utilization of Uberhealth under the Findhelp platform as a possible transportation alternative for patients in need • Track utilization of program. • Track Number of patients receiving assistance from the Shuttle through NorthEast Mobile Services • Partner with YCCAC on transportation options for patients (HRSA Grant) for patients seeking support of substance and alcohol use. • Track utilization of patients using Southern Maine Connector which is a partnership program between SMHC and YCCAC	UberHealth NorthEast Mobile Services YCCAC FindHelp	1-2
Strategy 7: Improve utilization of FindHelp, as a tool to address identified SDOH barriers by increasing staff awareness.	• Track Population Health/Care Management staff actively using/accessing FindHelp • Trainings for staff to increase awareness and usage of FindHelp	Community Health Improvement Team SMHC Population Health FindHelp	1-3
Strategy 3: Increase depression screenings for Maine Families participants	• 100% of mothers enrolled in the Maine Families program will be screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	Maine Families Staff	1-2
Strategy 4: Increase resources for food insecurity	• Increase Patients screened for food insecurity from 80% to 95% (inpatient) • Increase food bags distributed from 75% to 90% every time a patient screens positive (inpatient) • Increase fresh produce distributed in the Emergency Departments to 200 bags per year • Continue to increase the Produce Prescription Program in the Biddeford Retail Pharmacy	SMHC Nutrition Staff Community Health Improvement Team (Let's Go!) Good Shepard Food Bank	1-2

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Health Priority: Older Adult/Healthy Aging

Goal of Health Priority: To improve health outcomes and health-related quality of life for patients age 65 or older.

Strategies	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
Strategy 1: Participate in Age Friendly Health System (AFHS) goals	• Increase rate of assessment of 4 M's in Primary Care Practices *(Mobility, Medications, Mentation and What Matters)* in patients over age 65	SMHC Population Health SMHC Ambulatory Practices Geriatric Steering Committee	1-3
Strategy 2: Improve health outcomes of older adults by delivering and referring to preventive services	• Track and increase the percentage of qualified patients with an Annual Wellness Visit (AWV) in the last 12 months	SMHC Ambulatory Practices SMHC Population Health	1-3
Strategy 3: Increase connections to lifestyle programs among older adults	• Ensure that FindHelp Directory includes community-based programs/organizations focused on serving older adults	Community Health Improvement Team Southern Maine Agency on Aging Population Health Matter of Balance	1-3

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Health Priority: Substance Use Disorder

Goal of Health Priority: To prevent and improve health outcomes for patients with substance use disorders.

Strategies	Metrics/What are we measuring?	Partners/External Organizations	Year of Work (1-3)
Strategy 1: Increase access to naloxone by prescribing and distributing kits to patients and family members at risk of overdose	• Pilot distribution of Harm Reduction bags for both Biddeford and Sanford Emergency Departments • Track number of bags distributed. • Partner with York County Sheriff's Office and Jail on distribution of harm reduction bags	SMHC Emergency Departments HRSA Grant Community Health Improvement Caring Unlimited State Resources	1-3
Strategy 2: Offer Substance Abuse Prevention Education and ACES training in the Local Community and Schools	• Number of students educated • Number of community education programs offered in the SMHC service areas	Community Health Improvement Local Schools Maine Prevention Service Maine Resiliency Building Network	1-3
Strategy 3: Increase and support nicotine/tobacco/vaping free policies and trainings in the communities and schools	• Number of presentations in the community on nicotine risks • Number of persons participating in these presentations	Community Health Improvement Local Schools MaineHealth Center for Tobacco Independence (CTI) Maine Youth Action Network	1-3
Strategy 4: Increase access to IMAT	• Establish IMAT spokes in Sanford and Kennebunk • Number of patients utilizing services • Increase the number of MOUD (Medical Opioid Use Disorder) providers who are prescribing at capacity	Maine Behavioral Health Care HRSA	2-3
Strategy 5: Assess and Implement OPAT (Outpatient Parenteral Antibiotic Therapy)	• Explore a possible OPAT program for patients with SUD (Substance Use Disorder) • Implement a program for OPAT	Gilman Clinic (MMP) Ambulatory Practices	2-3
Strategy 6: Increase access to treatment for opioid use disorder (OUD) using all forms of buprenorphine, including long acting injectable buprenorphine (Sublocade)	• Implement program with MBH • Track utilization and outcomes	Maine Behavioral Health Care MMP	2-3

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Health Priority: Priorities Not Selected

Goal of Health Priority: N/A

Health Priority	Reason Not Chosen
Physical Activity, Nutrition, Weight (Obesity)	• SMHC has a focus on food insecurity work and will be increasing local initiative for patients and staff experiencing. (Social Determinants of Health) • SMHC has added in work focused on increasing healthy initiatives for the older adult population. (Older Adult/Healthy Aging) • SMHC supports other existing initiatives with Let's Go and the National Diabetes Prevention Program. • SMHC and MMC collaborate in a regional medical and surgical bariatrics program.
Mental Health	• SMHC supports a number of strategic goals around the integration of behavioral health into patients' overall care delivery models. • The SMHC continually screens for Adverse Child Experiences (ACEs), utilizing risk stratification and reporting to identify patients, referral to case management. • SMHC partners with Maine Behavioral Health Care offering inpatient services throughout the County. • There are several areas of Substance Use/Mental Health that are being addressed in the plan.