



Mount Desert Island Hospital's Community Health Needs Assessment Plan Evaluation

Mount Desert Island Hospital (MDIH) is very committed to assessing the needs of the community as surveyed through the Community Health Needs Assessment (CHNA) process or statewide surveillance data to form actionable initiatives and strategies to address these identified needs.

MDIH participated and partnered in developing a localized CHNA with Healthy Acadia a regional non-profit Healthy Maine Partnership dedicated to building healthy and vibrant communities. This partnership and survey resulted in actionable strategies that MDIH adopted in their action planning and developed strategies for deploying resources to meeting these identified strategies.

So where are we with this action planning?

<u>Identify Need</u>	<u>Strategy</u>	<u>Status</u>	<u>Measurement</u>
How can we ensure that all community members have access to affordable high quality health care?	<i>Expand Employer Relationships</i>	Completed integrated care model for offering services to our large employers in the area, such as Jackson Laboratory and Witham Family Properties. Performing medication management therapy, nutritional education and Biometrics	On-going feedback from the Bar Harbor Chamber of Commerce members and outreach to The Jackson Laboratory and major business.
	<i>Expand the programs addressing treatment needs of people with chronic conditions including diabetes</i>	Committed to the development and subsidization of the Community Care Team Model to additional practices and all payer classes. Provide nutritional services and diabetes education services to those patients most in need based on A1C levels.	Increase the referrals from the PCP's in our system to Community Care Teams and to our Diabetes Education Program as well as expand access through the Annual Wellness Visits for Medicare Patients.

	<i>Fortify and build on services that MDIH and BBRV do well</i>	Pain Management for acute pain, expand DEXA Bone Screening, expand alternative therapies, and expand the UPENN Relationship for Emergency Medicine and Mental/Substance Abuse Services.	Increased awareness of pain management services in our community with our providers. Implemented a credentialing for alternative therapies such as Reiki. Purchased and implement a DEXA Scanning Machine. Implemented the UPENN Emergency Department Rural Residency Program and Behavioral Health Rural Residency Program.
	<i>Make Clinical Information more accessible to clinicians</i>	Implement Maine HealthInfoNet throughout the MDIH System. Continue to build and fortify the Electronic Health Record and patient access to the record.	MDIH implemented Maine HealthInfoNet to clinicians throughout the organization to access information in one platform about services rendered to our population for healthcare. This includes education, imbedded "hub buttons" in the EHR to access the HIN information easily. Implemented EHR's in the Emergency Department, IP Clinical Setting, and the primary care setting.
	<i>Build effective communication plans to support seamless integration of our Medical Home (staff/community)</i>	Ensure needed information is available to identify specific data elements: Identify the key participants. Test flow of information to be useful.	Develop through our Health Center Advisory Team data that will help provide better integrated services to our patients through using SENSE Data extraction tool to better improve outcomes.

		<p>Develop a comprehensive Patient Portal: Establish Community Advisory Group</p> <p>Design a patient driven communication plan-utilizing key element stakeholders</p> <p>Provide patient portal access to appropriate data.</p>	<p>Successfully implemented IP and OP Patient Portals for our patients with reminders, educational information and visit summaries as well as ancillary test results.</p> <p>Using the Patient Centered Medical Home model maximize the advisory councils to provide feedback about their experiences and gaps in our communication model.</p>
	<i>Provide more continuity of inpatient care</i>	<p>Continue to explore Hospitalist scheduling opportunities to provide the maximum contract with both ongoing patients and their providers</p> <p>Explore continuity options with Surgeons for medical assistance from the Hospitalist program</p>	<p>Implemented Hospitalist expanded coverage to 7 days a week and fortified coverage using PA's.</p>
	<i>Get our message out more effectively-advertise our accomplishments both internally and externally</i>	<p>Initiate monthly internal blog from CEO</p> <p>Develop a comprehensive directory of available services-promote these services through: Waiting room kiosks, on hold messages on phones, menu/hard copies in waiting areas, patient portals, Internal TV</p>	<p>The President/CEO constructed monthly blogs and awareness campaign to our internal sources to promote our services and accomplishments.</p> <p>Our Public Affairs office compiled a comprehensive inventory of our services and our providers as well as community based services. This was published on our internal/external websites, our IP TV's,</p>

		<p>Develop a plan to best use social media to promote our services and offer networking information to users</p> <p>Promote services through media team efforts and accomplishments</p>	<p>video streaming in our practices and to our regional business partners.</p> <p>Our Public Affairs team developed a quality plan to implement social media campaign to enhance awareness and promote services; they achieved and exceeded the goal by the number of followers and "hits" on social media.</p>
	<p><i>Identify our unique attributes (what is unique to us? Describe from patient point of view and deliver consistently)</i></p>	<p>Develop an electronic questionnaire for input on what are the organization's key attributes</p> <p>Form a Community Advisory Group to discuss what they think are our key attributes</p> <p>Develop attribute brochure for front-line employees to distribute to patients/clients</p>	<p>This is an ongoing process to develop the questionnaire.</p> <p>The Community Advisory Groups have been established in our practices, we are currently working on developing an IP Advisory Committee and a Steering Group overseeing all of these groups' activities.</p> <p>The inventory of services and attributes has been distributed to our internal departments.</p>
	<p><i>Assist our providers in being recognized in the community</i></p>	<p>Develop of focus group of providers to determine their message</p> <p>Select and feature a "Provider of the Month", distribute this using local media sources as a featured materials, promote providers to provide education to</p>	<p>The organization worked with the Medical Director of the Health Centers to provide updates about events in the community and find alignment between interests and community services.</p>

		<p>community based on focus group, notify medical staff of community events/activities and promote attendance</p> <p>Encourage provider/non-providers to increase contact with community at a minimum of three (3) events during the course of a year.</p>	<p>Our providers worked in the local schools at sporting events, spoke at community forums about health risk and each PCMH implemented an advisory committee to provide feedback about important topics. We also use our Patient Portals to “push” information to the population about health risk or educational opportunities.</p>
	<i>Ensure available resources and systems to support PCMH chosen</i>	<p>Develop strategic outline of the goals, outcomes and deliverable of the Medical Home Model</p> <p>Measure the financial capacity needed to support the staffing models and infrastructure to develop the Medical Home Model</p>	<p>Ongoing within the current three year strategic plan to adopt and implement an integrated care model. Imbedded care management, behavioral health, social services and patient engagement.</p>
	<i>Explore offering services that patients, families, and overall community leave the island for now</i>	<p>Question practitioners to determine referrals off island for services not offered by MDIH</p> <p>Determine the necessity of adding service lines to our existing services</p> <p>Look into Cosmetic Dermatology</p>	<p>Look at referral data and continually assess the needs based on services being rendered outside of the system, as well look at strategies to engage the population that are not using our standard services.</p> <p>MDIH Credentialed a provider to perform basic Cosmetic Dermatology.</p>
Make health care more affordable	<i>Expand employer relationships</i>	<p>Continue to maximize relationships with The Jackson Laboratory using Care Management and ACO Models</p> <p>Work with local seasonal employers to</p>	<p>We have established quarterly meetings to work with The Jackson Laboratory to receive feedback and look at cost of care reduction.</p>

		<p>coordinate care and outcomes using a one practice solution</p> <p>Offer educational series to employers and community members which addresses specific needs from public and providers</p>	<p>We are a principal partner in the Beacon Health, LLC, a regional ACO designed to improve outcomes and reduce the cost of care. We continue to look at platforms for outreach to our public on specific health needs and available to coverage. We have Certified Application Counselors that help enroll community members into Health Insurance Exchange products.</p>
	<i>Promote Lean, Efficient and safe processes</i>	<p>Engage a Productivity Management Consultant to review processes</p> <p>Implement LEAN Process</p> <p>Concentrate on one topics at the Health Center Efficiency Committee Staff meetings that will help reduce costs</p>	<p>Implemented a labor productivity model internally to flex staffing during low volume periods.</p> <p>Engaged EMMC to deliver leadership training to Management regarding LEAN Processes.</p> <p>Develop and hold quarterly efficiency meetings from the Health Centers to discuss opportunities for shared services and standardization.</p>
	<i>Explore alternative patient management strategies for uninsured</i>	<p>Develop and cultivate a partnership with the DHHS to deliver care to the uninsured and underinsured</p> <p>Analyze patient utilization by service location (ED,IP,PT,Clinics)</p> <p>Access high frequency users' needs and manage these needs by condition, financial status then align them with Care Management</p>	<p>Work with the State of Maine and the SIM Grant to review different payment models.</p> <p>Use the HIN Analytic Risk tool to assess our population and look for high utilizers and high risk patients to align them with a PCP and care coordination.</p>

Overcome obstacles to accessing resources	<i>Address Short Term Facility Concerns</i>	Emergency Department flow- redesign of triage flow and waiting area. Signage- Develop standard signage for exterior and interior service areas	We have begun a bedside registration program that reduces the amount of time at registration and has improved the ED workflow and wait times.
	<i>Adopt our model for care and develop "one" MDIH Organization Patient Centered Medical Home.</i>	Define elements/attributes of our Medical Home Model Establish a stake holder group, which will develop the issue draft containing the proposed elements and attributes of the Medical Home Model to be presented to the Board of Trustees	We have developed seven key strategies to implement MDIH's Care Model. The care model is based on the medical home model and builds on integrated care which includes shared decision making, care coordination imbedded in the primary care practices, social work and behavioral health.
	<i>Build effective communication plans to support seamless integration of our Medical Home (staff/community)</i>	Ensure needed information is available to identify needed data elements: Identify the key participants Test flow of information Develop a Patient Portal with appropriate data designed with the help of practitioner and community	A strategy has been identified to implement patient portals; part of our barrier is there are multiple systems with multiple patient portals. We developed a steering committee consisting of providers, community members and clinical staff to determine how information will cross to the Patient Portal and what that information would consist of. These committees continue to work on improvements and opportunities to use these platforms.
	<i>Get our message out more effectively- advertise our accomplishments both internally and externally</i>	Develop a comprehensive directory of services available Develop a Patient Portal with appropriate data designed with the help	Under the direction of our Public Affairs Office, a complete inventory and listing of the services MDIH/BBRV provide has been

		of practitioner and community	developed, circulated and posted internally and externally. This is a dynamic document that is updated continually.
How can we ensure that all community members have access to healthy affordable food?	<i>Operationally support the local farmers</i>	Provide space for a farmers market.	Space is already available and local farmers markets are established.
How can we increase physical activity and health transportation in our region?			The Hospital has limited resources to avail towards this need, we are working with Healthy Acadia, local schools and youth programs to help with activity based concepts.
How can we reduce and prevent substance abuse in our community?	Create more opportunities for people to get the support they need to free themselves from addiction	<i>Expand Employer and Community Relationships</i> Inventory Services in the Community Offer educational series to employers/community ongoing to address specific needs as identified by providers and public	MDIH houses the only Behavioral Health Center in Hancock County. We continue to look at collaborations in the county to provide services to those most in need for mental and substance use disorders. We are leaders in developing a countywide HUB/Spoke to facilitate access to substance use recovery options.
How can we ensure that children and youth in our region have the best opportunities to grow and thrive?	Improve opportunities for children and youth to engage in healthy activities	<i>Continue to expand access to oral health.</i> Develop business model to support the creation of a dental clinic located in SWH Explore grant/other opportunities to fund the program Complete the Capital Campaign	MDIH opened a new dental center in SWH located at 4 Community Drive. This facility was built using donor and operational funds, it houses the Community Dental Center and provides outreach to school through our school based oral health project.
		<i>Further develop</i>	We continue to

		<p><i>Childhood Wellness Programs</i></p> <p>Utilize MDIH Physical Therapist to help promote healthy activities for "high risk" children.</p> <p>Initiate program at Community Health Center developing individualized progressive exercise program for each patient to strengthen and increase exercise tolerance.</p>	<p>evaluate this program; we have developed a spring program called Food Revolution and Health Day in the local middle schools which teaches healthy cooking, eating and exercise.</p> <p>We are still navigating the PT in SW Harbor for adolescences.</p>
How can we promote health aging for all members of our community?		<p>Increase opportunities for socializing and healthy activities for seniors</p>	<p>We continue to provide valuable services at Birch Bay Retirement Village and the Straus Center to better serve our seniors and their caregivers through education, programs and improved transportation</p> <p>We continue to work with organizations, such as the Senior College to provide space for meetings and lectures to engage the community in ongoing educational opportunities.</p>
		<p>Enhance support for seniors and caregivers</p>	<p>We successfully promoted the BBRV Facility as a dynamic and constructive location for healthy senior activities through media outlets and community exchanges</p> <p>Implement new business plan for the Straus Center which focuses on new music therapies to engage and support seniors with</p>

			dementia and memory loss. We have moved the facility into the campus of BBRV from SWH, which has provided better access. Provide a new transportation model to help aid in attendance and continuity of care.
How do we build an environment that is healthy, free from toxins and protected for current and future generations?		Invest in opportunities to improve environmental health and sustainability	Continue to work with MDIH/BBRV Departments to identify group efforts to minimize the use of toxins and contaminants in our institution. Continue to store and dispose of hazardous waste using the newest and more environmental friendly methods.
How can we increase economic opportunities and decrease economic disparities in our region?	Improve opportunities for workers	<i>Fortify/Build on services we do well</i>	Continue to find donors and a sustainability model for programs, such as the UPENN collaboration, inviting businesses and affiliates to learn from these innovate models that may engage new business opportunities and entrepreneurial ideas
	Provide greater opportunities and coordinate resources to help businesses and entrepreneurs	Continue to work with programs such as the Tufts collaborative to bring medical students to the area to understand rural health needs, foster and encourage internships and work to meet specific accreditations, such as a Cancer Center of Excellence.	We have successfully implemented a very expansive learning environment at MDIH, partnering with UNE, Husson University, College of the Atlantic, Tufts and UPENN to provide opportunities for internships and residency learning in a rural health environment. We continue to look for funding to provide these opportunities and look for the return to be workforce back into this

			community.
	Improve opportunities for workers	Continue to promote and encourage upward mobility within the organization by encouraging further education and reimbursement for classes associated with continued and/or higher education. Work with local school programs, adult education and colleges to format curriculums to meet the diverse needs of our community.	MDIH/BBRV had developed community based learning opportunities for CRMA's and CNA's. These programs encourage upward mobility and are subsidized by the organization. MDIH also budgets for scholarships to help offset the cost of tuition for degree work related to job growth.