

Fiscal Year
2017-2019

Community Health Strategy

Addressing Community Health Needs



Beacon Health



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Introduction

EMHS and our more than 11,000 employees care deeply about our neighbors and communities. EMHS member organizations work hard to understand and address priority needs. We meet regularly with community partners to plan and implement local solutions that make it possible for people in our communities to lead healthier lives. By working together, we promote a culture of stewardship and foster vibrant communities.

Beacon Health is committed to shaping health improvement efforts in its service area based on sound data, personal and professional experience, and community need. Through collaborative efforts, Beacon Health creates healthier communities through the provision of services, resources, and programs within and beyond the walls of the hospital.

About EMHS

EMHS is an integrated health delivery system serving the state of Maine. EMHS offers a broad range of health delivery services and providers, including: acute care, medical-surgical hospitals, a free-standing acute psychiatric hospital, primary care and specialty physician practices, long-term care and home health agencies, ground and air emergency transport services, community and population health.



About Beacon Health

Since becoming the population health member of EMHS in 2010, Beacon Health has grown into the largest accountable care organization in Maine. We now support care for more than 110,000 people across Maine, including Medicare and Medicaid beneficiaries, and those covered by commercial insurers, including 17,000 EMHS employees and dependents on the EMHS Health Plan.



With an emphasis on preventive care in the community, Beacon Health's aim is to keep people from getting sick and to quickly respond to health issues when they happen to keep care as close to home as possible, whether at urgent-care facilities, primary care practices, or even home itself. We support transitions of care across the continuum and chronic illness management through our care coordination program.

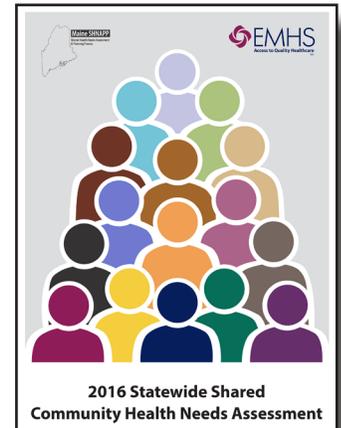
Beacon Health provides the care delivery and data experts, technology, infrastructure, and data-processing capability to help our network devise best practices and achieve optimal outcomes for their patient populations.

Our population health network which now comprises 13 hospitals, 41 primary care practices, and nearly 500 primary care and specialty providers. The Beacon Health Network footprint spans as many as 63 Maine towns and cities. For our model of care delivery to be as effective as possible, all our providers are on the same page on the best ways to engage patients and their caregivers in their health.

Addressing Community Health Needs

Shared Community Health Needs Assessment

In 2016, Maine's four largest healthcare systems – EMHS, Central Maine Health Care, MaineGeneral Health, and MaineHealth – as well as the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services (DHHS) partnered to research and publish a shared Community Health Needs Assessment (Shared CHNA). The Shared CHNA provides a comprehensive review of health data and community stakeholder input on a broad set of health issues in Maine. The Shared CHNA data were made widely available to the public, as community engagement forums were held across the state, gathering additional feedback on priority issues and opportunities for community health improvement. These reports and the community input received are fundamental to achieving our goal of partnering with community, public health entities and accountable care networks to improve the health and well-being of the communities we serve.



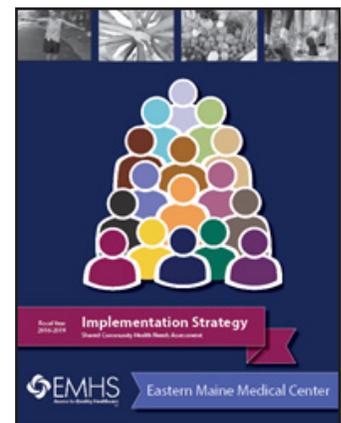
Results of the 2016 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Beacon Health. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and tax-exempt status. These benefits include a focus on the clinical, social, and environmental factors that influence the ability of people to lead healthier lives.

Community Health Strategy

This Community Health Strategy was developed with input from community stakeholders including those who serve priority populations, local Public Health District Liaisons, local business leaders, and community advocates.

Priorities were selected after weighing the severity of each priority area, availability of known and effective interventions, determination that the priority area was un-addressed or under-addressed, and community collaborations underway with Beacon Health.

Beacon Health reserves the right to amend this Community Health Strategy as circumstances warrant. For example, certain community health needs may become more pronounced and require enhancements or a refocus to the selected priorities of focus.



Feedback Opportunity

Contact communitybenefits@emhs.org with feedback on this report.

Addressing Community Health Needs

Evaluation Efforts

The priorities identified in the next section will guide the development of a community health improvement plan. This annual plan defines the operational approach to be taken to address the goals and strategies articulated within. By using SMART Objectives (Specific, Measurable, Achievable, Realistic, and Time-Bound) to guide the intervention approach deployed, Beacon Health will be able to monitor and evaluate progress over time.

Approval from Governing Board

Beacon Health's Community Health Strategy was reviewed by the organization's governing board and a resolution was made to approve and adopt both the Shared CHNA and the Implementation Strategy on July 11, 2016.

Selected Priorities of Focus

Priority #1: Access of Behavioral Care/Mental Health Care

Rationale: Anticipated impact statements provided below.

Intended action to address the need:

- Develop state-wide, multi-stakeholder high value network of behavioral health providers
 - Anticipated impact - Improved coordination and measurement of quality outcomes for behavioral healthcare
- Develop infrastructure to promote the delivery of tele-psychiatry services
 - Anticipated impact – Improved access to services in rural health settings
 - Anticipated impact – Minimized delay in diagnosis and treatment
- Optimize ongoing utilization of Community Care Team
 - Anticipated impact – Continued connection of patients with available services in the community
 - Anticipated impact – Improved identification and integration of comorbid behavioral and chronic medical conditions (whole-person care)
- Sustainability plan for Community Care Team post Patient Centered Medical Home (PCMH) pilot
 - Anticipated impact – Continuation of critically important home- and community-based services after funding ends
 - Anticipated impact – Anticipated integration into current Population Health service contracts
- Improved support of mental health in primary care settings
 - Anticipated impact – Improved integration of mental health services in primary care settings currently accessed by the patients
 - Anticipated impact – Improved patient experience by reducing barriers in utilization of mental health services
 - Anticipated impact – Enhanced mental health knowledge and support to the primary care provider

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Selected Priorities of Focus

Priority #1: Access of Behavioral Care/Mental Health Care *continued*

Programs and resource allocation:

- Beacon Health Community Care Team
- Beacon Health Care Coordination Program
- Next Generation ACO Telehealth benefit enhancement program
- Beacon Health's Population Health Committee
- Behavioral Health In-system Performance Improvement group

Planned collaborations:

- Existing MOUs with Area Agencies on Aging within the State, and the City of Bangor Public Health
- Beacon Health Preferred Provider agreements with Acadia Hospital, Sweetser, and Spurwink

Population of focus:

- ACO contracts and attributed lives, Medicare, Mainecare, EMHS Medical Plan

Priority #2: Transportation

Rationale: Anticipated impact statements provided below.

Intended action to address the need:

- Optimizing Community Care teams to bring services to the patients and improve patient experience
 - Anticipated impact – Improved patient engagement and self-management
 - Anticipated impact – Improved identification, diagnosis, and treatment
- Develop infrastructure to promote the delivery of post-discharge home visits
 - Anticipated impact – Reduced emergency department visits and hospital admissions
 - Anticipated impact – Improved follow-up visit occurrence by reducing transportation barriers
- Develop infrastructure to promote the delivery of tele-health services
 - Anticipated impact – Improved access to services in rural health settings
 - Anticipated impact – Minimized delay in diagnosis and treatment
- Resource coordination to facilitate patient access to community transportation
 - Anticipated impact – Increased utilization of available transportation resources
 - Anticipated impact – Improvement patient experience and engagement with service provider

Programs and resource allocation:

- Beacon Health Community Care Team
- Beacon Health Care Coordination Program
- Next Generation ACO Telehealth and Post-Discharge Home Visit benefit enhancement programs
- Beacon Health's Population Health Committee

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Selected Priorities of Focus

Priority #2: Transportation *continued*

Planned collaborations:

Existing MOUs with Area Agencies on Aging within the State and the City of Bangor Public Health
Collaboration with other Community Action Program agencies
Preferred Provider agreements with local healthcare providers

Population of focus:

ACO contracts and attributed lives, Medicare, Mainecare, EMHS Medical Plan

Priority #3: Mental Health

Rationale: Anticipated impact statements provided below.

Intended action to address the need:

- Develop state-wide, multi-stakeholder high value network of mental health providers
Anticipated impact - Improved coordination and measurement of quality outcomes for mental healthcare
- Optimize ongoing utilization of Community Care Team
Anticipated impact – Continued connection of patients with available services in the community
Anticipated impact – Improved identification and integration of comorbid mental and chronic medical conditions (whole-person care)
- Improved support of mental health in primary care settings
Anticipated impact – Improved integration of mental health services in primary care settings currently accessed by patients
Anticipated impact – Improved patient experience and quality of life by reducing barriers in utilization of mental health services
Anticipated impact – Enhanced mental health knowledge and support to the primary care provider
Anticipated impact – Improved provider experience

Programs and resource allocation:

Beacon Health Community Care Team
Beacon Health Care Coordination Program
Behavioral Health In-System Performance Improvement group
Beacon Health's Population Health Committee

Planned collaborations:

Multi-disciplinary care teams, across the continuum of care
Primary Care Practices
Beacon Health Preferred Provider agreements with Acadia Hospital, Sweetser, and Spurwink

Population of focus:

ACO contracts and attributed lives, Medicare, Mainecare, EMHS Medical Plan

Priority #4: Depression

Rationale: Anticipated impact statements provided below.

Intended action to address the need:

- Improve depression screening rates and documentation of intervention with positive screens
 - Anticipated Impact – Improved identification, diagnosis, and treatment of depression
 - Anticipated Impact – Improved ACO and other Value-based programs quality performance
- Develop state-wide, multi-stakeholder high value network of mental health providers
 - Anticipated impact - Improved coordination and measurement of quality outcomes for depression
- Improved support of depression identification, diagnosis, and treatment in primary care settings
 - Anticipated impact – Improved integration of depression treatment in primary care settings currently accessed by patients
 - Anticipated impact – Improved patient experience and quality of life by reducing barriers in utilization of depression treatment
 - Anticipated impact – Enhanced knowledge and support for the primary care team, including Beacon Health care coordinators, regarding depression identification, diagnosis, and treatment
 - Anticipated impact – Improved provider experience

Programs and resource allocation:

Beacon Health Care Coordinators Beacon, Health Community Care Team Beacon Health, Population Health Committee

Planned collaborations:

- Multi-disciplinary care teams, across the continuum of care
- Primary Care Practices
- Beacon Health Preferred Provider agreements with Acadia Hospital, Sweetser, and Spurwink

Population of focus:

ACO contracts and attributed lives, Medicare, Mainecare, EMHS Medical Plan

Health Priorities Not Addressed

Beacon Health considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. While the full spectrum of needs is important, Beacon Health is currently poised to focus only on the highest priorities at this time. A number of priorities not selected, due to a variety of reasons are listed below:

1. Drug and Alcohol Abuse was not selected by Beacon Health as this focus area lacks data for metrics.
2. Obesity, as a sole indicator of health, was not selected by Beacon Health as we have proven programs around diabetes and prevention to best support our populations.
3. Physical Activity and Nutrition, both valid and proactive ways to influence future health, was not selected as Beacon Health plans to focus its attention in other areas with our proven strategies.
4. Poverty was not selected as currently Beacon Health community care teams are supporting our populations in meeting some of their basic needs in order to help patients and families focus on their health.
5. Health Care Insurance was not selected as Beacon Health is focusing resources to elevate and expand our proven areas of expertise.
6. Employment was not selected as Beacon Health continues to develop our current workforce to meet the changing needs of our healthcare delivery model.

Conclusion

Beacon Health is thankful for the participation and support of our community members and many area organizations in the Shared CHNA process and for contributing their knowledge of local community health needs. Through existing and future partnerships, collaborative efforts will be essential in addressing the identified community health strategies prioritized within.

Beacon Health will engage in another Shared CHNA in 2019 and looks forward to ongoing community participation in these important efforts.

