

Progress Report to Our Community

Addressing Community Health Needs

Fiscal Year 2017



2019



2018



2017



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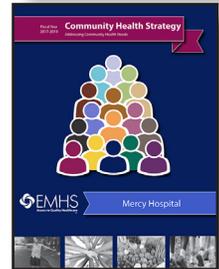
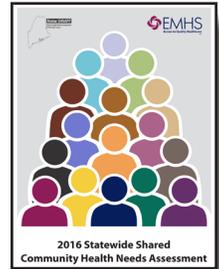
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Progress Report to Our Community



Charlie Therrien
President, Mercy Hospital



Making our communities healthier - It may sound like a simple goal, but doing it right, involves hard work, commitment, and collaboration. Many factors can influence the health of people in our communities including income, poverty, employment, education, and household environment.

In 2016, EMHS partnered with three other large healthcare systems and the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services, to create a Community Health Needs Assessment. We used that assessment and public input to develop a three-year strategy to improve the health and well-being of the communities that we serve.

The following is a progress report for our community health improvement plan for fiscal year 2017. As a member organization of EMHS, we at Mercy Hospital have our own unique set of priorities that we are addressing including:

- Substance Abuse Treatment
- Affordable Housing and Homelessness
- Medical Neighborhood
- Preventive Screenings and Immunizations
- Enrollment Activities and Coverage Counseling
- Health Education

We are also working together with other EMHS members throughout the state to prevent and treat opioid addiction and to improve access to healthy food for patients, families and communities.

The information contained in the following pages demonstrates our commitment to our communities and show the steps we have taken to reach our benchmarks. Thank you for taking the time to review these materials. We appreciate and value your partnership in this endeavor. Together we are achieving success and supporting vibrant and healthy communities across the regions where we work and serve.

Sincerely,

Charlie Therrien

President, Mercy Hospital



Priority #1: Substance Abuse Treatment

Rationale:

The goal is to create a successful integrated and comprehensive substance abuse treatment model for the Greater Portland community.

Intended action to address the need:

In June 2015, Mercy Hospital moved Partial Hospitalization and Intensive Outpatient Services to the State Street Campus and closed the Recovery Center in Westbrook. Melissa Skahan, Vice President of Mission Integration at Mercy Hospital, convened the Greater Portland Addiction Collaborative (GPAC) steering committee to build capacity for addiction treatment in Greater Portland. GPAC focuses on four key goals: the effective use of existing resources, lowering cost while increasing the availability of high quality treatment, filling the gaps by expanding the continuum, and ensuring accountability for services delivered.

At a series of three meetings from December 2015 through February 2016, GPAC outlined Portland's unmet need for addiction services for uninsured or under-insured persons; developed a comprehensive, low-cost model to meet that need; and determined the cost, funding strategy, accountability, and governance required for success.

Programs and resource allocation:

Mercy Hospital has agreed to serve as the backbone organization to ensure integration and optimization of the collaborative model. GPAC participants agreed upon a collaborative model for addiction services. Highlights of each partner's role are as follows:

- **Portland Police Department:** PPD hired a Substance Abuse liaison to refer residents in need of service to the addiction collaborative and provide those residents ongoing support, saving on high-cost incarceration. This clinician responds with police officers to all overdoses and works closely with street outreach and all providers.
- **The Opportunity Alliance:** This team of professional mobile outreach clinicians responds around-the-clock to crises and refer clients to the collaborative, working with hospitals, EMS, and police, promoting greater engagement in treatment and services.
- **Milestone Recovery:** Milestone Recovery offers emergency shelter, medically managed detoxification and long-term treatment. Their detoxification center will add bed capacity and additional nursing staff in an effort to serve more uninsured persons. The Homeless Mobile Outreach Team provides critical street outreach and transport for much of the target population.
- **Portland Recovery Community Center (PRCC):** PRCC offers healthy community and peer support to individuals seeking varied recovery pathways. Sustained peer support for all participants beginning at detox, including individual and group recovery support and coaching, at Milestone and instructed sober housing, will be offered.
- **Amistad:** Peer Coaching Initiative provides daily intentional peer support and provides the oversight in the GPAC structured sober housing.

- **Community Housing of Maine (CHOM):** is the largest provider of supportive housing in Maine. They will develop four properties for structured sober living for a total of 48 beds in year one, to reduce length of stay in detoxification without requiring housing assistance.
- **Preble Street Services:** Outreach and case management staff from Preble Street serve homeless individuals in and out of shelter: veterans, trafficking victims, youth, and tenant/families in a number of sites in Greater Portland.
- **Catholic Charities:** provides intensive outpatient, medication assisted treatment, and ongoing counseling in a lower cost community-based setting. Catholic Charities will add clinical staff and additional slots into intensive outpatient to serve more uninsured.
- **Integrated Addiction Services of Mercy Hospital, Maine Health and Greater Portland Health:** All providers will integrate addiction services into their primary care program to expand services and medication assisted treatment.

Planned collaborations:

Drawing on Portland's strength as a small city where people know and trust one another, the collaborative aligns the efforts of the following organizations currently addressing the opioid crisis: Mercy Hospital, Milestone Recovery, Portland Community Health Center, Catholic Charities of Maine, Portland Recovery Community Center, The Opportunity Alliance, Portland Police Department, The City of Portland, Maine Medical Center, Amistad, Preble Street, and Community Housing of Maine.

Population of focus:

Treatment model for the Greater Portland community

Progress Report Update *continued*

FY 2017 Progress Report Priority 1: Substance Abuse Treatment	
Objective	By the end of FY17, we will reduce the number of uninsured persons declined access to substance use disorder treatment by 50% through optimization of existing assets and expansion of treatment, recovery-oriented services, and concrete supports such as housing and employment services.
Status	In Progress
Approaches taken and resources used	<p>In fiscal year 2017 (FY17), capacity-building was underway with community based organizations, with data scientists and engineers from Open Lattice creating an integrated data platform, accessible by all stakeholders, with real-time notifications of critical activities that influence recovery outcomes. Open Lattice and Greater Portland Addiction Collaborative (GPAC) partners began work in the summer and fall to develop electronic client records, a master person index, and integrate data from police, jail, and other partner organizations. This requires new work-flows and partners to migrate from paper documentation to a new electronic client record that will be shared through the electronic platform. A demo of the integrated platform will be available in December of 2017 (FY18).</p> <p>GPAC will evaluate data collection and sharing, work-flows, real-time alerts, and reporting functions, analyzing outcomes compared to systemic performance standards and identifying the interventions and recovery pathways that produce desired outcomes. We will test the impact of real-time notifications to drive response and care delivery and create performance evaluation tools across organizations. Testing and refinement will be ongoing. GPAC will seek an evaluator to develop a rigorous evaluation to assess program and achievement of recovery outcomes. Evaluation measures will be set up in a way that anticipates the requirements of a Pay For Success transaction. Evaluation outcomes will be shared broadly. Quantified Ventures will complete a feasibility study to determine whether specific interventions produce outcomes that could be appropriate for a PFS contract. Mercy Hospital submitted a proposal for technical assistance from Urban Institute for evaluation structuring and data analysis. The GPAC Steering Committee facilitated by Melissa Skahan, VP of Mission met weekly to finalize and adopt operating procedures. A practice council with membership from several organizations met and provided input for practice standards in the GPAC house. The first recovery residence has eight women residing with on-site support offered by a program manager, house manager, and peer support. All are engaged with medication assisted treatment and various wrap around services.</p>
Partners engaged	<p>Mercy Hospital partnered with the following entities on this priority:</p> <p>Mercy Hospital, Milestone Recovery, The Opportunity Alliance, Portland Police, City of Portland, Community Housing of Maine, Amistad, Portland Recovery Community Center, Greater Portland Health, Catholic Charities, Maine Health and Preble Street. National partners include Nonprofit Finance Fund, Urban Institute, Open Lattice, and Laura and John Arnold Foundation. Mercy Hospital submitted proposals to Urban Institute, and Bloomberg Foundation on behalf of the City of Portland for technical assistance and funding. Maine's Department of Corrections and Department of Health and Human Services have offered letters of support to serve as payors in anew financial model. Quantified Ventures remains our intermediary firm to structure a financial transaction.</p>

FY 2017 Progress Report Priority 1: Substance Abuse Treatment <i>continued</i>	
Highlights	A critical commitment of GPAC is to optimize existing assets. The early work of Open Lattice’s software engineers and data scientists will help to achieve that goal. Partner organizations – primarily community-based organizations - will migrate from paper processes and develop new work-flows guided by experts. Melissa Skahan serves on Urban Institute’s Community of Practice and GPAC was invited to apply for technical assistance. This presented a remarkable opportunity to have national policy and practice experts from D.C. to come to Portland and guide the structuring of the external evaluation and data analysis. GPAC secured the only Opioid Health Home contract in Southern Maine and committed to serve 100 uninsured persons. The identification of end payors and national research scientists to guide the next steps make an impact investment or Pay For Success financial transaction within reach.
Outcome Measure	60 per month (monthly contact and referral documentation provided by Milestone)
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In fiscal year 2018 (FY18), GPAC will continue to seek innovative funding mechanisms for housing and treatment, optimization of all partner organizations, integrated data platform, and rigorous evaluation.

Priority #2: Affordable Housing and Homelessness

Rationale:

McAuley Residence serves homeless women, who are battling substance use disorder with or without their children. The majority of women are addicted to opiates with ten or more years of active use and significant trauma, including rape, sex trafficking, and domestic violence. The program provides housing, access to comprehensive care, and promotes healthy lifestyles and self-sufficiency.

Intended action to address the need:

McAuley Residence, a department of Mercy Hospital, is a comprehensive two-year program with transitional housing for women in early recovery with or without children. In the newly-renovated space, McAuley Residence has fifteen apartments with beautiful common space for the residents to gather such as a community kitchen and large playroom for the children. Each woman sets measurable goals around sobriety, parenting, education, employment, and financial stability and is held deeply accountable for their personal success.

Programs and resource allocation:

Mercy Hospital provides the staffing (LMSW, LADC, and Peer) at McAuley Residence and provides resources to operate the program annually. Women and their children also have access to the resources of Mercy Primary Care and Specialty Care; and New England Eating Disorders Program as needed.

Planned collaborations:

McAuley Residence partners with several area primary care and mental health providers, hosts Alcoholics and Narcotics Anonymous meetings, and welcomes community volunteers as both sponsors and mentors. The Opportunity Alliance provides parenting coaches for families; and local colleges, universities, and Portland Adult Education services provide educational opportunities and counseling services. Key Bank provides individualized financial mentoring for the women to ensure financial literacy and self-sufficiency. Community Housing of Maine (CHOM) owns the property and provides apartments, office space, community kitchen and playroom space.

Community Housing of Maine (CHOM, our housing partner) is a non-profit charitable organization that as its core mission provides advocacy, supportive housing, community inclusion, and stability for homeless and special needs populations across the state. Catherine Morrill provides reduced child care services for the children at McAuley Residence. Weekly seminars around women's health issues, yoga, art lessons, and nutrition provide another venue for local artists, professionals, and chefs to volunteer at McAuley Residence.

Population of focus:

The program serves women who have experienced addiction, homelessness, trauma, sex trafficking, and domestic violence.

FY 2017 Progress Report Priority 2: Affordable Housing and Homelessness	
Objective	By the end of FY17, McAuley Residence will serve fifteen previously homeless women.
Status	Completed
Approaches taken and resources used	<p>In FY17, McAuley Residence continued to produce remarkable outcomes with 80% of residents remaining clean and sober and family reunification rates at 96%. Three phases of the program include:</p> <ul style="list-style-type: none"> • Phase one, women are expected to engage fully in substance use disorder treatment, mental health services, parenting coaching, and primary care. During this time, women have a curfew, are randomly drug tested, and are required to attend several process groups per week. • Phase two allows women to develop and execute a plan for family reunification in partnership with Child Protective Services and to advance their education or career goals. Several women attend higher education classes and are required to be productively engaged (work or school) for 35- 40 hours per week. Financial planning also becomes a priority. • Phase three begins the transition to independent living and women are welcomed to continue to attend community dinners, 12-step meetings in the house, and to attend aftercare groups.
Partners engaged	<p>Mercy Hospital partnered with the following entities on this priority :</p> <ul style="list-style-type: none"> • The Opportunity Alliance provides Parenting Coaching with both individualized direct service and groups • Sweetser provides play therapy for children as part of the reunification and family development • Key Bank provides financial planning to support the transition from general assistance and the development of self-sufficient plan • Cultivating Community provides low income CSAs and cooking lessons • Local chefs and community volunteers provide cooking lessons on Wednesdays • UNE MSW interns provide administrative support and assist with case management services • Yoga is offered twice weekly by community volunteer instructors • The 12-Step community offers several on-site meetings to include AA, NA, and Al Anon • Women’s Seminars are offered weekly to provide an array of healthy activities such as art classes and knitting • Mercy Foundation is pursuing the development of an endowment to sustain the program in perpetuity and support expansion

FY 2017 Progress Report Priority 2: Affordable Housing and Homelessness <i>continued</i>	
Highlights	Several leaders have toured McAuley Residence in the fourth quarter of FY17 to include Attorney General Janet Mills, Sen. Amy Volk, Rep. Karen Volk, and leadership of Maine State Housing. All have committed to participate in expansion efforts and introduced a bill titled “An Act to Stabilize Families” in 2017. A follow up meeting with Attorney General Mills included her lead attorney for settlement activities and lead attorney for child protective services.
Outcome Measure	80% of McAuley residents remain clean and sober
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, discussions are underway to build financial capacity to serve more families. We will complete a financial analysis of resources for Mercy Hospital and Community Housing of Maine to consider an additional site and added apartments at 68 High Street.

Priority #3: Medical Neighborhood: Affordable options for people who are uninsured or under-insured

Rationale:

The intent of this model is to provide access to care, leverage sustainable community assets, and promote rational utilization of all services.

Intended action to address the need:

Mercy's Medical Neighborhood seeks to provide access to quality healthcare for all uninsured patients in the Greater Portland community through the expansion of our flexible care delivery system. The intent of this model is to promote healthy relationships and rational utilization of services. The model seeks to reduce out of pocket costs associated with insurance plans, develop concrete supports, and reduce the overall cost associated with care of uninsured and under-insured patients.

Programs and resource allocation:

Mercy's Vice President of Mission facilitates the work of the medical neighborhood. The weekly meetings of the neighborhood team discuss the needs of individual high users, system issues, and trends across the care delivery system. Mercy's Emergency Department Care Manager and Financial Counselors play a critical role in developing a rapport with uninsured patients in the acute setting and engaging the necessary neighborhood resources such as peers, street outreach, or CHOWs to begin the desired transition to a medical home. Financial Counselors routinely meet patients in community to complete a comprehensive screen for resources.

The Utilization Review Team reviews all requests for care for uninsured persons to determine if the request meets medical necessity and to ensure that care is coordinated with community resources and providers. In 2015, utilization review process resulted in cost avoidance of \$1.3M in unnecessary or duplicative care. The medical neighborhood team advanced 444 individuals for disability, which provides access to a wide array of services, housing, and resources.

Planned collaborations:

Experts from Amistad's Peer Support Program, Milestone's Homeless Outreach & Mobile Engagement (HOME) Team, outreach workers from the City of Portland, Preble Street, and the Oxford Street Shelter; and Community Health Outreach Workers (CHOWs) from Portland's Health Equity Department respond to the unique needs of the vulnerable patients in Mercy's Medical Neighborhood and provide the necessary consumer insight to actively guide the response of the healthcare delivery system. The Patient Centered Medical homes at Portland Community Health Center (PCHC) and Mercy's Portland Internal Medicine (PIM) have integrated social interventions into their care delivery models with behavioral health services, community care teams, and care management; and remain committed to continually improving the patient experience for uninsured populations. Mercy's Financial Counselors offer marketplace enrollment services and advocate for governmental resources such as Medicaid Disability and Social Security benefits for all neighborhood patients. Patients access Mercy's medical neighborhood services through any partner agency, building upon existing relationships.

Population of focus:

All uninsured patients in the Greater Portland community.

FY 2017 Progress Report Priority 3: Medical Neighborhood - Affordable options for people who are uninsured or under-insured	
Objective	By the end of FY17, Mercy Hospital will secure health insurance coverage and avoid unnecessary cost for 200 persons.
Status	In Progress
Approaches taken and resources used	In FY17, Mercy continued to enroll uninsured persons on the Marketplace and secure Medicaid disability for individuals at Mercy and in the broader community. This service was publicized on Mercy Hospital's website and at Healthcare.gov with walk-in appointments welcomed. Financial Counselors meet with patients in community as needed and consistently produce good results. Dr. Altman continues to review 3-5 referrals for various testings, specialty care, surgical procedures, and physical therapy daily to ensure that utilization review, the standard of medical necessity, and multiple care options have been examined. Dr. Altman provides education and counseling for both provider and patient and engages the mission integration team to develop concrete supports.
Partners engaged	<p>Mercy partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Greater Portland Health • The Milestone Recovery • Amistad • City of Portland
Highlights	285 people have directly benefited from this service in 2017. With coverage and basic needs met, these individuals have new found access to care, options for mental health and substance use disorder services, and concrete support such as housing, food, and transportation. A current case involves a homeless patient with advanced head and neck cancer. This patient now has coverage, medication assistance, direct support for transportation, a sense of community, and reinstated social security disability payments. He is currently undergoing both chemotherapy and radiation therapy and being transported by Mercy is funding short term housing in a local hotel to allow for home health nursing and other supports to occur. A long term housing solution is also in the works for this gentleman.
Outcome Measure	On track for \$1.3M of avoidable costs
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy will continue this work as a valuable part of the Mercy continuum of care.

Priority #4: Preventive Screenings and Immunizations

Rationale:

Preventive screenings and immunizations help identify hidden disease risks for improved health and provide protection against infection with viruses.

Intended action to address the need:

- Mercy Hospital participates in health education events in Greater Portland and other health fairs within parishes, non-profits such as Amistad, and faith communities.
- All of Mercy's Primary Care Centers have achieved Patient Centered Medical Home certification and measure progress for all patients regarding engagement in preventive screenings, preventive care, and immunizations.

Programs and resource allocation:

Mercy Hospital provide administrative staff and clinical staff for flu clinics, outreach events, and health fairs. Mercy Hospital provides trans disciplinary staff in primary care sites to deliver integrated behavioral health services and social interventions to ensure comprehensive care and improved quality of life.

Planned collaborations:

Mercy Hospital partners with the Cumberland County District Public Health Council, local public health departments, city leaders, schools districts, parishes, and public housing to provide flu clinics and participate in health fairs. Mercy's Primary Care sites partners with local behavioral health providers and Community Care Teams. Through the work of the CDPHC, collaboration occurs to ensure access throughout the county to needed immunization clinics.

Population of focus:

All patients

FY 2017 Progress Report	
Priority 4: Preventive Screenings and Immunizations	
Objective	By the end of FY17, Mercy Hospital will provide health education at a minimum three community events.
Status	Completed
Approaches taken and resources used	<p>In FY17, Melissa Skahan, Vice President of Mission Integration at Mercy, presented throughout the organization to partner with the volunteers at the Wayside Food Program in Portland. Wayside has been increasing access to nutritious food for those in need in Southern Maine since 1986. Its hunger relief efforts include: community meals, mobile food pantries, a healthy snacks program for kids, and community gardens” (www.waysidemaine.org).</p> <p>Employees from Portland Surgical Associates and the Care Management Team helped prepare meals on two different occasions in April and May for more than 100 people that were served at the Westbrook Community Center. In June, staff from Mercy’s Medical Oncology group served a meal to more than 75 people at Hope GateWay on High Street in Portland. The opportunity to prepare and serve meals to those in the community was a privilege and worthwhile volunteer experience for all involved.</p>
Partners engaged	<p>Mercy Hospital partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Greater Portland Health • Sacred Heart St. Dominic’s • Wayside Community Cafes • Westbrook Senior Center • Salvation Army • Reiche School
Highlights	Wayside Community Café is a wonderful partner and indicated the desire to integrate health education into their current programming with Mercy Hospital. They reach a vulnerable population of elders, new Mainers, and materially poor individuals.
Outcome Measure	Attendance
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy Hospital will continue to support Wayside and Sacred Heart St Dominic’s Church and offer blood pressure, other preventive screenings based on needs or requests, and primary care resources.

Priority #5: Enrollment Activities and Coverage Counseling

Rationale:

Raise awareness of affordable coverage options and promote its enrollment and financial counseling services to the community at large.

Intended action to address the need:

Mercy Hospital welcomes all uninsured persons to provide education on affordable coverage options on the marketplace and provide application counseling services on Monday through Friday from 8-4pm.

Programs and resource allocation:

Mercy has trained twenty staff to serve as Certified Application Counselors (CACs). The CACs are available from 8-4pm for scheduled and walk-in appointments; and have a dedicated phone line, and e-mail address.

Planned collaborations:

Mercy Hospital will partner with local parishes, insurers, city leaders, libraries, and providers to raise awareness of affordable coverage options and promote its enrollment and financial counseling services to the community at large. Collaboration continues with the CDPHC to bring all insurers from the exchange to the Council for education, updates, and discussion aimed at outreach to encourage enrollment and access to coverage.

Population of focus:

All uninsured persons.

FY 2017 Progress Report Priority 5: Enrollment Activities and Coverage Counseling	
Objective	By the end of FY17, Mercy Hospital will secure coverage for 100 persons, who were previously uninsured.
Status	Completed
Approaches taken and resources used	In FY17, Mercy’s Financial Counselors accepted walk-in appointments Monday through Friday from 8-4pm for uninsured persons. In 2017, Mercy found coverage for 304 individuals, which allows them to access services, medication, and treatment.
Partners engaged	This service is open to the general public and also is widely used by Preble Street, The Milestone Recovery, Amistad, Greater Portland Health, and The City of Portland.
Highlights	See “Approaches taken and resources used” section
Outcome Measure	Mercy helped to secure coverage for 304 individuals who were previously uninsured
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy will continue to help secure coverage for persons, who were previously uninsured.

Priority #6: Health Education

Rationale:

Health education motivates patients to improve and maintain their health, prevent disease, and reduce risky behaviors.

Intended action to address the need:

Mercy Hospital participates in community events with the Portland's Health Equity and Public Health Departments, providers, and non-profits to deliver health education sessions for the general public and vulnerable populations several times throughout the year.

Programs and resource allocation:

Below is a listing of ongoing programs and events that require resources.

- Mercy's New England Foot and Ankle provides foot care, diabetic screening, and new shoes and socks for 200 homeless persons at the Oxford Street Shelter in Portland in December.
- Mercy Hospital's Gastroenterology practice has partnered with Portland Community Health Center to develop Colon Cancer Screening Education and Awareness to increase prevention in patients over age 50 and those at high risk. This project includes translation of documents, training for medical assistants and staff regarding cultural awareness, and funding for uninsured persons for screening diagnostics. Screenings at area parishes occur to identify high risk patients and deliver the necessary services.
- Mercy Hospital partners with the City of Portland's Health Equity Department at an upcoming health fair event for the Latino community in Southern Maine. At the event, community members will receive an array of health screenings including nutrition counseling, dental screening, blood pressure screening, vision screening and free adjustable glasses for those that need them, child evaluation for growth and development, and more.

Planned collaborations:

Mercy Hospital partners with local non-profits, public health entities, civic leaders, and social service providers to deliver health education throughout the year at health fairs and events.

Population of focus:

The general public and vulnerable populations.

FY 2017 Progress Report Priority 6: Health Education	
Objective	By the end of FY17, Mercy Hospital will provide a minimum of three health education sessions around nutrition and preventive care.
Status	Completed
Approaches taken and resources used	In FY17, food and health education remained a priority for Mercy Hospital as many providers, clinical leaders, and staff embrace the opportunity to provide education and volunteer. The new partnerships with local parish in the poorest neighborhood in Portland allowed Portland Internal Medicine, Surgical Services, and other departments to organize food drives, volunteer at food pantry, and provide a valuable food resource to a food insecure population. Wayside Cafés allowed staff to volunteer at local schools, Salvation Army, and directly with Wayside for food prep and delivery. The Digestive Health presentations by Mercy Gastroenterologist at WEX and UNUM were well received. Each presentation had roughly thirty participants.
Partners engaged	<p>Mercy Hospital partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • Sacred Heart St. Dominic • Wayside Community Cafés • Lily Oncology Art • Local businesses are also new partners • Greater Portland Health
Highlights	Food insecurity was a new undertaking for Mercy and many staff, physicians, and departments participated throughout the year. The lunch and learns and other health related education sessions in local businesses presented a wonderful opportunity for providers and staff to share their expertise beyond Mercy. The breast care awareness event was very well executed, but not well attended. A debrief session helped set the strategy for 2018 to grow participation.
Outcome Measure	Three health education events were held in FY17
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy will continue to partner with Wayside Cafés, Sacred Heart St. Dominic Church, local businesses, and develop strategy to ensure that our oncology events are well attended at the Fore River Campus.

Priority: Opioid Harm Reduction - Patient Education

Rationale:

The opioid epidemic is a significant public health threat impacting all Maine communities. Primary prevention efforts such as patient education on medication safety, pain management alternatives to opioids, and safe disposal of unused medications are proven strategies to reduce opioid misuse.

Intended action to address the need:

- Develop an action plan
- Establish patient education protocol and timeline
- Track activity

Programs and resource allocation:

- Staff time
- Educational materials – Choosing Wisely or similar materials

Planned collaborations:

- Maine Quality Counts – Choosing Wisely, Caring for ME

Population of focus:

- Patient population in need of chronic pain management

FY 2017 Progress Report Systemwide Priority: Opioid Harm Reduction - Patient Education	
Objective	By 9/30/2017, increase the number of provider offices providing patient education materials surrounding prescription drug safety.
Status	Completed
Approaches taken and resources used	In FY17, Mercy incorporated the Choosing Wisely patient education resources was used in Express Care and the emergency department to educate patients around the alternatives to opioids for pain management. The future state of embedding these tools in the electronic record will further the utilization as the paper copies can be difficult to consistently distribute.
Partners engaged	Mercy partnered with the following entities on this priority: <ul style="list-style-type: none"> • EMHS member organizations
Highlights	The resource was well received by nursing and providers and distributed as part of the discharge plan.
Outcome Measure	Five provider offices offered patient education materials on prescription drug safety
Project lead	Melissa Skahan, Vice President of Mission Integration and communications staff
Next Steps	In FY18, Mercy plans to have patient education in the electronic record from Choosing Wisely that will further promote the Mercy effort.

Priority: Opioid Harm Reduction - Access to Medication Assisted Treatment

Rationale:

Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies to provide a “whole-patient” approach to the treatment of substance use disorders. Increasing access to MAT is needed to effectively treat growing numbers of individuals who are dependent on heroin and prescription pain relievers that contain opiates.

Intended action to address the need:

- Assess areas of need
- Develop an action plan
- Establish timeline
- Track activity

Programs and resource allocation:

Staffing, staff training materials, educational materials

Planned collaborations:

- Mercy Medical Group
- Maine Health
- Greater Portland Health
- The Milestone Recovery
- The Opportunity Alliance
- Catholic Charities

Population of focus:

General population and patient population in need of chronic pain management for treatment and recovery

FY 2017 Progress Report Systemwide Priority: Opioid Harm Reduction - Access to Medication Assisted Treatment	
Objective	By 9/30/2017, increase the number of qualified Medication Assisted Treatment (MAT) prescribers from 2 to 20.
Status	In Progress
Approaches taken and resources used	In FY17, Mercy continued to employ two addictionologists and one nurse practitioner (NP) who has secured the Rx Waiver. The NP began to provide rapid access to MAT and mental health services for very high risk women, who are living in the recovery residence. Maine Health continues to expand the number of providers with the intent to have prescribers in all primary care homes. Greater Portland Health has added five new physicians with waivers.
Partners engaged	Mercy partnered with the following entities on this priority: <ul style="list-style-type: none"> • Milestone Recovery • The Opportunity Alliance • Greater Portland Health • Catholic Charities • Maine Health
Highlights	In the fourth quarter, Mercy added an excellent new prescriber, who treats patients in a holistic manner treating both psychiatric and substance use disorders at the same time. This has expanded access for patients and the new recovery residence has provided additional support for these patients. Mercy Hospital is a finalist with the Urban Institutes’ grant for technical assistance to develop a new financial model for medication assisted treatment and necessary wrap around services.
Outcome Measure	18 providers qualified as Medication Assisted Treatment prescribers
Project lead	Melissa Skahan, Vice President of Mission Integration at Mercy for GPAC
Next Steps	In FY18, Mercy providers expressed an interest in prescribing MAT and this will continue to be a priority for MMG.

Priority: Opioid Harm Reduction - Provider Education

Rationale:

Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse, abuse, or overdose from these drugs.

Intended action to address the need:

- Develop an action plan
- Develop protocols for tracking and maintenance
 - Create tracking inventory of provider training and competency needs
 - Integrate database into system for tracking
 - Maintain database
- Track attendance at trainings

Programs and resource allocation:

- Provider educator
- Staff time
- Educational materials – Caring for ME

Planned collaborations:

- Gordon Smith, SVP of MMA

Population of focus:

- Patient population in need of chronic pain management

FY 2017 Progress Report Systemwide Priority: Opioid Harm Reduction - Provider Education	
Objective	By 9/30/2017, increase the number of EMHS providers receiving education on Maine's new opioid prescribing law (LD 1646, An Act to Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program).
Status	Completed
Approaches taken and resources used	<p>In FY17, Mercy engaged in the following activity in response to this priority: In October 2016 Gordon Smith, Executive VP of the Maine Medical Association presented "Maine's New Opioid Prescribing Law & the Opioid Crisis: Implications for Pharmacists and Providers," to the Mercy Medical Staff. This was a quarterly meeting, 55 members in attendance received 1 hour of CME credit each. In November of 2016 there was mandatory powerpoint education provided to all of the MMG providers (employed and per diem providers) and clinical staff through Healthstream. The objectives of the presentation included:</p> <ul style="list-style-type: none"> • Describe recent changes in state regulations • Review updates to the Mercy Controlled Medication Prescription and Management Policy • Establish standardized approaches for adhering to prescription and monitoring procedures and how these are to be reflected in the EHR <p>The completion of the education was tracked through Healthstream to ensure compliance. A similar presentation was also provided to the ED, Hospitalist/PE and Pharmacy department leaders by email. In addition to this training, areas most greatly impacted by the new regulations and workflows (Primary Care, Oncology, Portland Surgical and Maine Spine) were provided resource binders that contained copies of the presentations, the workflows and job aids for the updates that were made to Allscripts to facilitate documentation and tracking of patients on chronic opioid treatment plans, as well as the Chapter 488 and BOL Chapter 21 regulations. A brief presentation was also provided at the December Department Managers meeting.</p>
Partners engaged	Mercy partnered with the following entities on this priority: <ul style="list-style-type: none"> • Gordon Smith, Executive VP of the Maine Medical Association
Highlights	Please see the "Approaches taken and resources used" section.
Outcome Measure	55 providers received education on implementing Maine's new opioid prescribing laws being tracked in inventory database
Project lead	Dr. John Southall, Interim Vice President of Medical Affairs
Next Steps	In FY18, this effort will not be reported as this is routine education now and part of each provider's annual CME plan.

Priority: Opioid Harm Reduction - Supportive Recovery Services

Rationale:

The opioid epidemic is a significant public health threat impacting all Maine communities. Alternatives to opioid prescribing options for pain management are critical offerings to educate patients. Through the provision of or referral to pain management options may lead to reduced rates of prescription drug abuse.

Intended action to address the need:

- Develop an action plan
- Identify regional community based support services offering alternative pain treatment options such as:
 - SUDs and alternative pain treatment options, sober housing, peer recovery centers, recovery oriented groups such as 12-step or Safe Recovery, peer recovery coaches, and mental health services
- Create a linkage/relationship with referral path entities
- Assess potential to embed referral entities into EMR
- Develop an action plan to embed referrals into EMR
- Develop a training protocol to educated providers on use of tool
- Track referral use (quarterly)

Programs and resource allocation:

- Provider educator
- Staff time
- Educational materials – Caring for ME
- Research and connection with potential external referral entities
- Creation of educational materials

Planned collaborations:

- The Milestone Recovery
- The Opportunity Alliance
- Maine Health
- Greater Portland Health
- Catholic Charities
- Portland Police
- City of Portland
- Community Housing of Maine
- Amistad

Population of focus:

- Patient population in need of alternative pain treatment options

FY 2017 Progress Report Systemwide Priority: Opioid Harm Reduction - Supportive Recovery Services	
Objective	By 9/30/2017, increase the number of patient referrals to appropriate alternative pain treatment options listed in the resource guide developed for regional community based support services, from 0 to 100.
Status	Completed
Approaches taken and resources used	In FY17, Mercy developed a resource guide for distribution and the addition of Greater Portland Addiction Collaborative's (GPAC) first recovery residence have expanded housing with care coordination options in Greater Portland. Referrals come from various providers at Mercy, Maine Medical Center, and Greater Portland Health. A wait list of sixteen possible residents has already occurred. With additional donor funds, properties are being vetted to open the remaining 36 beds.
Partners engaged	<p>Mercy partnered with the following entities on this priority:</p> <ul style="list-style-type: none"> • The Opportunity Alliance • Milestone Recovery • Maine Health • Greater Portland Health • Catholic Charities • Portland Police • City of Portland • Community Housing of Maine • Amistad • Preble Street • Portland Recovery Community Center
Highlights	Open Lattice has advanced the integrated data platform with demo in December of 2017 and GPAC has endorsed the governance principles. The addition of a program manager to provide onsite care coordination has been vital to the successful treatment retention. Mercy Hospital is a finalist for the Urban Institutes technical assistance grant to develop a new payment model.
Outcome Measure	20 patient referrals to treatment and recovery oriented supports
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy plans to continue this effort as a priority as well as serving as the backbone organization for GPAC.

Priority: Healthy Food Access - Healthier Hospital Foodservice

Rationale:

Inexpensive, calorie-dense, and highly processed foods have become readily available, contributing to the increased incidence rate of obesity and obesity-related diseases. Integration of a Healthier Hospital Foodservice model of excellence, focused on manageable and sustainable changes to foodservice policies, environments, and procurement practices, can make it easier for patients, visitors and staff to improve their diet and health outcomes.

Intended action to address the need:

- Assessment of foodservice operations
- Develop action plan and ongoing nutrition efforts
- Develop communication plan around current and new practices of healthy food options.
- Increase the purchase of healthier or sustainable food items (e.g. increasing nutrient dense options, low-sodium, low saturated fat, added sugars)
- Environmental changes to increase availability of healthier foods and beverages (e.g. menu changes, vending machine options, product placement, nutrition information posting)

Programs and resource allocation:

Staff time; EMHS support

Planned collaborations:

None noted

Population of focus:

Hospital cafeteria consumers (employees, patients, community members)

FY 2017 Progress Report	
Systemwide Priority: Healthy Food Access - Healthier Hospital Foodservice	
Objective	Increase the number of sites with improved availability of healthy foods through new or improved policies, environments, and systems by 9/30/2017.
Status	Completed
Approaches taken and resources used	Mercy's Food Service Director Bruce Turner has been a champion of healthy food and local sourcing of food for years. In FY17, Mercy introduced a six week summer cycle menu inclusive of fresh and chilled items containing very little fat content. Mercy invented a BFY program (better for you) offering three entrées a week that are the best entrée choice of the day. It is complete with recipes and nutritionals and the BFY logo to distinguish it from the other menu offerings.
Partners engaged	Mercy partnered with the following entities on this priority: <ul style="list-style-type: none"> • Preble Street Resource Center • Wayside Community Cafés • Gary's House • VNA Home Health Hospice • Local farmers for CSAs • McAuley Residence
Highlights	Bruce Turner and his team had multiple opportunities to highlight their continuous effort to make health food choices high profile and ever present for Mercy staff, patients, and visitors. Presentations to the board of directors and Mercy leadership reinforced the focus of improving options overall at EMHS. The use of Computrition software to refine recipes and highlight the caloric intake associated with each menu item provides consumers the necessary information to make improved eating choices.
Outcome Measure	Two foodservice environments with improved availability of healthy foods
Project lead	Bruce Turner, Director of Food Service, Stephanie Homon, Manager of Clinical Nutrition; Melissa Skahan, Vice President of Mission Integration
Next Steps	<i>In FY18, Mercy will continue to work on this priority.</i>

Priority: Healthy Food Access - Food Insecurity Screen and Intervene

Rationale:

According to the USDA, Maine ranks fourth in the nation and first in New England for very low food insecurity. Lack of access to nutritious foods greatly increases a number of health risks such as those associated with chronic disease and developmental issues among youth. Screening patients for food insecurity and connecting them with reliable food assistance resources can remove a barrier to good health, improving health outcomes for children, families and older adults who are at greatest risk.

Intended action to address the need:

- Initial meeting with system community health staff to offer resources and technical assistance
- Integrate food insecurity screen into EMR
- Educate healthcare team on the use of the tool
- Develop a site specific referral process
- Capture and report screening intervention evaluation data using the Clinical Research Center's protocol established through Partnerships to Improve Community Health

Programs and resource allocation:

- Staff time

Planned collaborations:

- The Harry E. Davis Pediatric Center
- Oncology and Hematology Program
- Community Food Resource Partners (see Resource Guide)

Population of focus:

- Food insecure patients at provider offices

FY 2017 Progress Report Systemwide Priority: Healthy Food Access - Food Insecurity Screen and Intervene	
Objective	Increase the number of patients screened for food insecurity from 0 to 300 by 9/30/2017.
Status	In Progress
Approaches taken and resources used	In FY17, Mercy worked diligently to incorporate the validated screen and intervene questions and the community food resource document to the electronic medical record for the Pediatrics and Oncology departments to pilot the collection of food insecurity data. This effort opened a new dialogue with patients around a prevalent concern in Cumberland County. The food resource was provided to a cohort and referrals to the licensed clinical social workers (LCSWs) in the respective practices. Oncology patients will be re-screened throughout their treatment acknowledging the financial implications of the cost of care can influence patient's ability to address their basic needs such as food, housing, and transportation.
Partners engaged	No partners were engaged directly. However, several community-based organizations were noted in the community resource guide to access food.
Highlights	Staff remains very engaged in screening patients around food insecurity. The shift to electronic process will further support the effort
Outcome Measure	1617 patients screened using the two question screen
Project lead	Cathy Haley, Manager of West Falmouth Primary Care; Dawn McFarland, Manager of Mercy Oncology; Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy would like to expand this priority to all practices using the Allscripts EMR to identify more patients and food resources in the communities that we serve.

Priority: Healthy Food Access - Community Food Access

Rationale:

Evidence suggests that people who experience food insecurity have poorer quality diets than the general population. Community based organizations are poised to improve the nutritional quality of the food and beverages they distribute. Support for these organizations and their efforts to help individuals experiencing food insecurity may have significant positive impacts on their overall health.

Intended action to address the need:

Complete asset map in catchment area of resources for food resources to include: community and school gardens, Senior meal programs, food pantries, and community meal sites.

Develop formal partnerships with local food pantries in communities with Mercy primary care.

Develop formal partnership with community meal sites in communities with Mercy primary care, which includes monthly volunteer opportunities to serve and prepare food and food donation.

Programs and resource allocation:

Staff time

Food donations

Planned collaborations:

Catherine's Cupboard (Sisters of Mercy)

Hope Gateway

Wayside Soup Kitchen

Casco Lodge

Westbrook Community Center

East End Community Center

Cultivating Community

Population of focus:

Food insecure patients

FY 2017 Progress Report Systemwide Priority: Healthy Food Access - Community Food Access	
Objective	Increase the number of partnerships with Community Based Organizations (e.g. schools, food pantries, congregate meal sites, etc.), with a focus on increased access to and availability of healthy foods by 9/30/2017.
Status	In Progress
Approaches taken and resources used	In FY17, Mercy worked closely with Wayside Café, United Way, Preble Street, Hope Gateway, and in the fourth quarter began to donate food to the GPAC Recovery Residence for women. This opportunity has presented a wonderful opportunity for various staff to volunteer directly, donate funds, and gain understanding of the level of food insecurity that exists in the communities that we serve.
Partners engaged	Mercy partnered with the following entities on this priority: <ul style="list-style-type: none"> • Sacred Heart St. Dominic Church • Wayside Soup Kitchen with five locations • Catherine’s Cupboard • Cultivating Community • Preble Street, Wayside Soup, and United Way of Greater Portland • GPAC Recovery Residence for Women
Highlights	See “Approaches taken and resources used” section.
Outcome Measure	Nine partnerships with Community Based Organizations
Project lead	Melissa Skahan, Vice President of Mission Integration
Next Steps	In FY18, Mercy plans to continue to work with community partnerships to improve the availability of environments with healthy food and beverage options.

Conclusion

Mercy Hospital continues work on identified priorities through the Community Health Strategy and is thankful for the participation and support of our community members and many area organizations for contributing their knowledge of local community health needs related to our priorities of action. Through existing and future partnerships, collaborative efforts are essential in addressing the identified community health strategies prioritized within.

Mercy Hospital will engage in another Shared Community Health Needs Assessment in 2019 and looks forward to ongoing community participation in these important efforts.

