Fiscal Year 2022
PROGRESS REPORT TO OUR COMMUNITY
Addressing community health needs

Northern Light
Blue Hill Hospital
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## Progress Report to Our Community

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This past year, we not only continued our ongoing work to safeguard our communities from the COVID-19 pandemic, but we set our sights towards the future. We looked to build and improve upon the delivery of healthcare in Maine, and partnership is essential to this work; coming together to ensure our families, friends, and neighbors have access to the very best resources for generations to come.

While the pandemic still looms and may for quite a while, we will never stop looking forward and thinking strategically about addressing the most critical community health needs. In 2019, Northern Light Health partnered with three healthcare systems and the Maine Center for Disease Control and Prevention to create a Community Health Needs Assessment (CHNA). 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.

This report is an update on the progress of our community health strategy for fiscal year 2022, representing the third year of our three-year health improvement plan. In addition to the extraordinary ongoing outreach and collaborative efforts during the coronavirus pandemic, Northern Light Blue Hill Hospital continues to engage in priority areas of work, including:

- Social determinants of health
- Substance use
- Access to care

I hope you find the update contained in this report informative. If you ever have any questions, please don’t hesitate to reach out to communitybenefits@northernlight.org. Lastly, we know our community trusts us to provide exceptional healthcare and resources that complement a healthy, enriched life, and we are dedicated to maintaining that trust through hard work and commitment to doing what’s right for Maine. We look forward to our continued services in the months ahead.

Sincerely,

John Ronan, MBA, FACHE
President, Northern Light Blue Hill Hospital
Progress report update

FY 2022 Progress Report
Priority #1: Social Determinants of Health

Objective: Increase the number of sites implementing screening and referral for health-related social needs from zero to three by 9/30/22.

Status: In progress

Strategy: In fiscal year 2022 (FY22), Northern Light Health made significant progress in Social Determinants of Health (SDOH) screening and intervention. The Northern Light Health SDOH Team defined “completed” SDOH screening and established a system policy for minimum SDOH screening standards to provide consistency in screening guidelines. During the course of FY22, the SDOH Team worked with Information Systems to continually improve the SDOH Screening Tool based on user recommendations and will continue to manage user requests moving forward. SDOH Team leaders worked with members of Northern Light Health Quality to develop an SDOH screening dashboard which provides real-time screening rates by member organization, practice, provider, and payor type, as well as prevalence of SDOH need from positive screening results. The dashboard is undergoing validation and is anticipated to be available in FY23. Northern Light Health achieved a significant milestone in responding to social health needs when the new Northern Light Health findhelp platform went live on September 13, 2022. Findhelp is a national social care network that will make it easier for patients and providers to find and connect with local resources. The platform is embedded within our electronic health record so that care teams can find and refer patients to resources and has a public portal that community members can access at any time.

Partners engaged: Northern Light Blue Hill Hospital partnered with the following entities on this priority:
- Acadia Hospital
- AR Gould Hospital
- Beacon Health
- CA Dean Hospital
- Eastern Maine Medical Center
- Home Care & Hospice
- Inland Hospital
- Maine Coast Hospital
- Mayo Hospital
- Mercy Hospital
- Sebasticook Valley Hospital

Outcome measure: System data for SDOH screening became available in December 2021 and revealed that 2.6% of patients had a completed SDOH screening within the past 12 months. By September 2022, this rate had increased to 8.2% with minimal education or promotion from the system. Among the five practices participating in the Institute for Healthcare Improvement/Pfizer, Inc. quality improvement project, average completed SDOH screenings among all five sites increased from 4.2% to 22.1%. This project demonstrated the benefit of a quality improvement approach to increasing SDOH screening rates and lessons learned will inform best practices to be shared in fiscal year 2023.
**Progress Report to Our Community 2022**

**northernlighthealth.org**

**Project leads:** Mike Murnik, MD, Senior Physician Executive; Tammy Dickey, Director of Physician Practices; Nikki Gebreselassie, Quality Lead

**Next steps:** The Northern Light Health SDOH Team will continue to monitor and support improvements to SDOH screening and support efforts to increase availability of accurate and timely SDOH screening and results data. In fiscal year 2023 (FY23), Northern Light Health will focus on optimizing the Northern Light Health findhelp platform by increasing community partner awareness of and engagement with the platform. A Community Engagement Workgroup has been convened and will meet regularly to discuss and plan community outreach and engagement as part of the FY23 Community Health Improvement Plan goal of increasing community partner use of the platform.

**Priority #2: Substance Use**

**Objective:** Maintain the number of Medication-Assisted Treatment options for opioid use readily available in local communities at four by 9/30/22.

**Status:** Completed

**Strategy:** In FY22, Northern Light Blue Hill Hospital met its objective target of maintaining the number of Medication-Assisted Treatment (MAT) options for opioid use readily available in local communities at four by 9/30/22. This was accomplished by prioritizing ongoing conversations and providing support for staff including training on patient referrals for MAT/Medications for Opioid Use Disorder (MOUD) into the Down East Treatment Center for services. Positive progress was made in 2022 developing strong relationships with MAT/MOUD providers. Collaboration continued with Down East Treatment Center to promote the program and engage patients and providers.

Northern Light Blue Hill Hospital maintained focus on substance use, specifically the use of MAT/MOUD, through educational and training offerings for providers and staff. The education provided new providers the opportunity to become MAT/MOUD trained, refreshed protocols, and reinforced the addition of the rapid access into MAT/MOUD in the emergency department for those patients with most limited access.

**Partners engaged:** Northern Light Blue Hill Hospital partnered with the following entities on this priority:

- **Northern Light partners:**
  - Northern Light Primary Care Medical Staff
  - Northern Light Primary Care Walk-in services in Ellsworth
  - Northern Light Emergency Care at Maine Coast and Blue Hill Hospitals
  - Northern Light Beacon Care Management
  - TEAM Health Medical Staff

- **Community partners:**
  - Down East Treatment Center
  - Healthy Acadia Recovery Coaches
  - AMHC

**Outcome measure:** In FY22, Northern Light Blue Hill Hospital successfully engaged four primary care practices to make MAT/MOUD referrals in the effort to increase provider and patient awareness of opioid use disorder, reduce stigma, and increase readiness for treatment. Educational opportunities were provided to promote
MAT/MOUD. Getting patients in the community who would benefit from the services and support provided by MAT/MOUD to take advantage of the program is an ongoing issue of concern that has affected Blue Hill Hospital’s ability to reach the target outcome number of unique individuals exposed to the intervention.

To strengthen the relationship with our community partners, ongoing education and networking with primary community partner Downeast Treatment Center continues. Michael Murnik, MD provides monthly clinical supervision for the Downeast Treatment Center’s “Hub and Spoke” treatment model that was developed by Downeast Substance Treatment Network Partners. Dr. Murnik also attends monthly meetings of the Downeast Substance Treatment Network which is a monthly collaborative effort hosted by community partner Healthy Acadia to address the gaps and increase access to substance treatment and recovery.

Northern Light Blue Hill Hospital successfully maintained the number of Medication-Assisted Treatment options for opioid use readily available in local communities at four throughout the fiscal year, reaching 40 unique patients to MAT/MOUD intervention.

Project leads: Mike Murnik, MD, Senior Physician Executive; Tammy Dickey, Director of Physician Practices; Nikki Gebreselassie, Quality Lead

Next steps: In FY23, Northern Light Blue Hill Hospital will continue to focus on increasing provider and patient awareness of opioid use disorder and reducing stigma. Priority will be given to finding new ways of attracting and directing community members in need to take advantage of the support available to them. Blue Hill Hospital will encourage all interested providers to increase readiness for treatment and receive training to become MAT/MOUD prescribers at Northern Light Health primary care sites. Blue Hill Hospital will continue to partner with community agencies to establish or expand local treatment programs to increase the reach of services to 45 unique patients and MAT options to five. Dr. Murnik will continue to partner with and provide clinical oversight for the Hub and Spoke work that is ongoing at the Downeast Treatment Center, as well as continue to participate as a core member in monthly Downeast Substance Treatment Network meetings.

In addition to continuing to increase the number of MAT/MOUD and in response to our new substance use community health improvement plan in FY23, Blue Hill Hospital will be offering a minimum of two trauma-informed care educational trainings for providers and staff and will be distributing state-sponsored Naloxone kits through our primary care practices and the emergency departments.

Priority #3: Access to Care

Objective: Increase the number of patients accessing non-urgent care by community paramedicine programs from 58 to 64 by 9/30/22.

Status: Completed

Strategy: In FY22, Northern Light Blue Hill Hospital exceeded its goal to increase the number of patients accessing non-urgent care by community paramedicine programs from 58 to 64 by 9/30/22.

81 unique patients were served by Memorial Ambulance Corps in FY22, which offered community paramedicine (CP) visits for non-urgent care and support as part of continued community partnership with Blue Hill Hospital. Memorial Ambulance is currently the only remaining active CP team in the Blue Hill catchment area post COVID-19 epidemic. This team of ten volunteers partnered with all available agencies
and used any resources available to provide COVID-19 vaccinations during the year, complete medication refill visits, vital sign checks, call patients to check in, and offered reassurance and company for many isolated and lonely residents in Stonington and Deer Isle. Whenever patients were well enough to come off of their program, CP clinicians acted as advocates for their patients and made referrals back into the community to appropriate case workers and organizations, as well as communicating with the hospital or primary care staff of the change in care so the referral status and patient records were up to date. The CP team, care managers and families were in frequent communication of patient needs, making calls to help find resources, including volunteer programs for house repairs and Meals On Wheels to our most vulnerable patients, aligning with our brand promise to improve the health of the communities we serve. One Advanced EMT/RN shared her observation that medication reconciliation that Memorial Ambulance is able to provide is very helpful for the CP patients, particularly when being discharged home from a hospitalization with a change in prescription or dosage. CP clinicians are able to review discharge plans and prescriptions, provide education and reassurance at a time when patients are likely to be overwhelmed or in need of additional support in their own homes. “Most improve their medication compliance with a little support, which has led to decreased calls to the primary care offices.”

**Partners engaged:** Northern Light Blue Hill Hospital partnered with the following entities on this priority:

**Northern Light partners**
- Primary care providers
- Registered Nurses
- Medical Assistants
- Social workers
- Clerical staff
- Administration
- Emergency Department director
- Inpatient director
- Population health and discharge planning

**Community partners**
- Memorial Ambulance Corps
- Eastern Area Agency on Aging
- Healthy Peninsula
- Simmering Pot
- Healthy Acadia

**Outcome measure:** In FY22, Northern Light Blue Hill Hospital was able to increase the number of unique patients accessing non-urgent care by community paramedicine programs from 58 in FY21 to 81 unique patients using one volunteer community paramedicine site.

**Project leads:** Mike Murnik, MD, Senior Physician Executive; Tammy Dickey, Director of Physician Practices; Nikki Gebreselassie, Quality Lead

**Next steps:** Access to care was not selected as an independent priority of focus in our next three-year Community Health Strategy cycle as many of our efforts identified in our 2022 strategy are connected to access issues. In addition, our hospital has current initiatives that are ongoing and part of our continual mission to improve access to care such as provider recruitment, engagement of navigators or the equivalent, and other efforts that support this priority.
However, recognizing the valuable impact community paramedicine has on improving access to care for our patients, in FY23, Northern Light Blue Hill Hospital will continue work with Memorial Ambulance and include Peninsula Ambulance Corps on a grant proposal to HRSA with a defined goal to increase the capacity of Community Paramedicine in the region. Regardless of grant award status, relationships with our Community Paramedicine partners will continue. A Cerner (our electronic medical record) referral process for Community Paramedicine-appropriate patients will be established, as well as education and information sessions for departments regarding the paramedicine program and referral process by Sept 30, 2023.

**Conclusion**

Northern Light Blue Hill 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.