

**MID COAST HOSPITAL**  
**Community Health Needs Assessment and Implementation Strategies**  
**FY 2011**

**Background**

On March 23, 2010 the Affordable Care Act (ACA) was enacted. The ACA, among other things, requires hospitals to perform Community Health Needs Assessments (CHNA) every three years. The requirement takes effect for tax years beginning on or after March 23, 2012 which for Mid Coast Hospital is fiscal year ending September 30, 2013. The requirement also allows the CHNA to be performed in the applicable tax year or in either of the two preceding years.

Beginning in 2010 and ending in 2011, Mid Coast Hospital, engaged in an assessment of the health needs of the mid coast community. This review, called the 2020 Vision, was the most comprehensive health needs assessment ever performed in our community. All told, over 1,000 community members attended one of many focus groups to discuss the current and future health needs in our region. Information from this process was summarized into five major focus areas that became Mid Coast's 2020 Vision. Finally, clinical, administrative, and population health initiatives were developed and prioritized into implementation strategies. Mid Coast's 2020 Vision is available online at: <http://www.midcoasthealth.com/2020-vision/>.

Although not known at the time, Mid Coast's 2020 Vision process fulfills the CHNA requirements that were later articulated in the July 7, 2011 IRS Notice 2011-5. This Notice was issued by the IRS to provide guidance to hospitals in conducting their CHNA. In retrospect, Mid Coast's process was precisely what the legislators had in mind as they drafted the CHNA language in the ACA. Because the CHNA requirements and IRS guidance were issued after the completion of Mid Coast's 2020 Vision process, the work has been reformatted to better align with the IRS guidance.

**Description of the Community Served**

Mid Coast Hospital's primary service area includes the towns of Arrowsic, Bath, Brunswick, Bowdoin, Bowdoinham, Dresden, Durham, Edgecomb, Freeport, Georgetown, Harpswell, Phippsburg, Richmond, Topsham, West Bath, Westport, Wiscasset, and Woolwich. The population of Mid Coast's primary service area is approximately 87,000, 17% of which are age 65 or older. The primary service area represents towns where Mid Coast Hospital represents 25% or more of the discharges or Mid Coast's discharges are within ten percentage points of the hospital with the greatest share of discharges.

It should be noted that most of the public health data available in Maine is at the county and public health district levels. Mid Coast's service area encompasses all of Sagadahoc County but only a small subset of Cumberland and Androscoggin counties. The public health experts at Mid Coast have long

recognized this data deficiency and typically utilize data from Sagadahoc County as a proxy for our entire service area. Data from the Maine CDC for Sagadahoc County show the following:

- Approximately 9% of the population is living at or under the Federal Poverty Level
- Approximately 8% of the population does not have health insurance
- Approximately 6.6% of the population is unemployed
- Approximately 13% of the adult population reports 'fair or poor' health
- Approximately 93% of the population has a 'usual primary care provider'

## **Methodology**

The 2020 Vision process included the following:

- Assessments of the various external factors and data that will impact the delivery of healthcare over the next decade, including: healthcare reform; State and Federal initiatives; technology; demographic trends; physician and workforce trends; the State Health Plan; Mid Coast's relationships with other providers; and Mid Coast's relationship with MaineHealth, its clinical affiliate.
- An internal assessment of Mid Coast's capabilities relative to meeting the needs of the community, including: moving toward accountable and integrated care; provider capacity; quality and patient safety; financial capacity; and information technology.
- Conducting a series of focus groups, both internal and external, to get a wide variety of opinions about the health needs and priorities for our community.
- Summarizing, analyzing, and synthesizing the mountains of information collected from the three steps above.
- Establishing priorities to be implemented over the next three years.

Mid Coast Hospital has had a long and successful collaboration with Access Health, the local Healthy Maine Partnership (HMP) in the mid coast region. Access Health's mission is as follows:

"Access Health works with community partners to contribute to the health and wellbeing of our communities through tobacco prevention & cessation, secondhand smoke reduction, physical activity & healthy eating promotion, chronic disease management, substance abuse prevention and lead poisoning prevention."

In many ways, Access Health, which is governed by an active community advisory board, can be thought of as an extension of Mid Coast Hospital in carrying out its specific community and public health initiatives outlined in its mission statement. Every five years, Access Health develops its strategic

priorities based on public health and other data, as well as its ongoing grass roots work in our community. These strategic priorities are then translated into annual implementation plans, which are also aligned with the Sagadahoc County Board of Health. Hence, Mid Coast's CHNA incorporates the work and priorities of Access Health and the local Sagadahoc County Board of Health.

The data sources used in the above process included vital records and other public health data from the Maine CDC, hospital utilization data from the Maine Health Data Organization, population and demographic data from the Maine State Planning Office, and Strategic and Implementation Plans provided by Access Health.

### **Community Input – Focus Groups**

As mentioned above, Mid Coast conducted a series of focus groups to better understand the needs of the community. While a SWOT type analysis was utilized to get the conversation started, most of the focus groups quickly evolved into a thoughtful discussion about what is needed in our community from a healthcare standpoint. This work was supported by a grant from the Robert Wood Johnson Foundation. Susan McClain, a Boston University MBA Student, helped organize and moderate the focus groups, take notes, and synthesize the responses. Twelve separate focus groups were conducted between June 2010 and November 2010 with the following groups:

- Patients and Families
- Leaders from the Faith Community
- Municipal Leaders
- Local Business – Chamber of Commerce
- Legislative Breakfast
- Corporators / Volunteers / Auxiliary
- Full Medical Staff, Medical Executive Committee, MCMG Physician Leadership Council
- Department Directors
- Board members
- Corporators
- Employees
- Senior Management

All told, over 1,000 community members participated in this exercise. As required in Notice 2011-5, two individuals with expertise in public health participated in the development of this CHNA. Steve Trockman, MPH is currently the Director of Community Relations and Outreach at Mid Coast Health Services. In this role Steve leads the organization's community health planning and operations. Steve is a graduate of the Rollins School of Public Health at Emory University and initially worked as a public health prevention specialist at the U.S. Centers for Disease Control and Prevention before joining the Maine Center for Disease Control and Prevention. At the time Marla Davis, RN, MS was Director of

Community Improvement at Mid Coast Hospital and a statewide leader in all aspects of public health with a particular passion and expertise for reducing the use of tobacco in our region.

### **Prioritized Description of the Community Health Needs**

The needs identified in this assessment fall into two categories. First, the establishment of a new vision for Mid Coast (2020 Vision) sets the stage for everything else that follows. The Affordable Care Act was a call to action and recognition that the current healthcare system is not sustainable. Mid Coast recognized early on that without a new vision for the future, it will not be possible to address the needs of the community. Stated another way, the overarching need of the community is for its healthcare system to evolve into an organization better focused on improving the health of the community. The following sets forth the 2020 Vision for Mid Coast and the transformation that is necessary to better serve the community:

- **Prevention and Wellness.** This involves transforming Mid Coast into an organization that not only takes care of patients when they become sick but also takes responsibility for the health and wellbeing of our community.
- **Patient Experience.** This involves transforming Mid Coast into an organization that is easy to navigate and is committed to surpassing expectations in a caring way.
- **Integrated and Accountable Care.** This involves transforming Mid Coast into an organization that uses a team approach to managing the quality and cost of healthcare across all settings, engaging the patient, employers, and the entire healthcare team in the process.
- **Continuous Improvements to Achieve Superior Outcomes.** This involves transforming Mid Coast into an organization that continuously measures and improves everything we do and engineers safety, technology, evidence, and reliability into our clinical practices to achieve superior outcomes.
- **Meeting Community Needs.** This involves actively engaging with the community to plan for and meet changing needs, and provides a first place to turn for high-quality healthcare, close to home.

Second, based on the qualitative information that was collected from the focus groups, as well the quantitative data from the sources identified above, a number of more specific community health needs were identified. With input from the executive committee of the medical staff and the leadership committee of the employed physician group, Mid Coast's senior management team held a retreat to prioritize the identified needs. Strategies were developed to address the priority areas and presented to the Planning Committee of the Board. Finally, the Board of Directors approved the recommendations of the Planning Committee at their January 27, 2011 Board meeting. The highest priority needs identified include:

- Access to primary care including after-hours care
- Expand community outreach and wellness
- Integration of behavioral care with primary care
- Easier access to urgent care
- Access for uninsured and under insured
- Increased patient engagement
- Improve Cancer Care
- Reduce the prevalence of obesity
- Continue to reduce tobacco use

### **Existing Healthcare Facilities and Other Resources Available to Meet Community Needs**

- Mid Coast Health Services including Mid Coast Hospital (including its employed physicians), Community Health and Nursing Services, and Mid Coast Senior Health Center
- Addiction Resource Center
- Martin’s Point Health Care
- Numerous Provider Practices
- ACCESS Health
- OASIS Health Network - Free Clinic
- Maine Medical Center
- Parkview Adventist Medical Center
- Lincoln County Healthcare
- Community Counseling Center
- Sweetser
- Sexual Assault Support Services
- People Plus
- Bath Area YMCA
- Elmhurst
- Head Start
- Mid Coast Maine Community Action
- United Way of Mid Coast Maine

## IMPLEMENTATION STRATEGIES

The following table summarizes the Implementation Strategies for the Community Needs Health Assessment. Again, this information has been reformatted to better align with the IRS guidance.

Priority Health Needs	Strategies	Anticipated Impact	Evaluation Measures	Resources & Collaboration
<b>Access to Primary Care</b>	Open a Primary Care Center in Brunswick with open access for MaineCare patients  Evaluate feasibility of providing after hours care in PCP offices	Increase the number of patients, especially MaineCare, with a PCP  If feasible, will provide better access for patients	Change in PCP patient panels over time  Post Feasibility Study	New Primary Care Center  Post Feasibility Study
<b>Access to Urgent Care for Non-Emergent Health Issues</b>	Open a Walk-In Clinic in Brunswick	Reduce use of ED for non-emergent visits	Reduction in % of non-emergent visits in ED	New Walk-In Center
<b>Obesity</b>	Implement Let's Go (5-2-1-0) program throughout region	Begin to set the stage for reducing obesity rates through education of healthy behaviors	Achievement of ACCESS health goals relative to Obesity	Mid Coast Obesity Endowment, collaborate with ACCESS health, school systems
<b>Cancer Care</b>	Achieve Cancer Care Accreditation	Ability to provide more comprehensive Cancer Care services for residents of our region	Achieve Accreditation status	New coordinator for Cancer Accreditation
<b>Better Patient Engagement</b>	Implement a Patient & Family Advisory Council	Increased patient involvement in decisions / changes in the health care system	Active and engaged council.  Number of decisions made with prior input from patients	Mid Coast Hospital staff leadership.  Volunteers from the community.
<b>Expand Health Education and Wellness Offerings for the Community</b>	Develop a strategic plan for Community Health & Wellness that is integrated with Accountable Care Activities	Restructure all of the Community Health and Wellness offerings to better serve the community	Phase I – Restructured Department  Phase II – increase numbers served	New Director for Community Outreach
<b>Continue to Reduce Tobacco Use</b>	Collaborate and continue to support ACCESS health in accomplishing their strategic priorities	Reduction in the number of teens and adults in community who smoke	State CDC Assessment Data	Community Health Department at Mid Coast Hospital  ACCESS Health