



Community Benefit Report
 FY 2008, October 2007 – June 2008

EMHS Mission: The mission of EMHS is to maintain and improve the health and well-being of the people of Maine through a well-organized network of local healthcare providers who together offer high quality, cost-effective services to their communities.

EMHS System-wide Total Benefit: \$100,050,926

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| Community Health Improvement Services: \$504,366 | Community Benefit Operations \$161,854 |
| Health Professions Education: \$1,379,235 | Charity Care: \$10,394,376 |
| Subsidized Health Services: \$8,567 | Unpaid Cost of Public Programs: |
| Research: \$2,662,342 | Medicare: \$59,824,725 Medicaid: \$19,293,595 |
| Financial Contributions: \$151,037 | Other Public Programs: \$58,674 |
| Community-Building Activities: \$97,222 | Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$118M: \$5,514,933 |

\$1,077,749 is the total amount of donor funds used for community benefit through Healthcare Charities of EMHS.

Community Benefit By EMHS Non-profit Affiliate

The Acadia Hospital

Total Community Benefit: \$5,570,179

Profile: The Acadia Hospital, in Bangor, is Maine's comprehensive resource for information and treatment of mental illness and chemical dependency. Acadia is also the first psychiatric hospital in the nation awarded Magnet status for nursing excellence.

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| Community Health Improvement Services: \$11,984 | Charity Care: \$3,157,216 |
| Health Professions Education: \$3,898 | Unpaid Cost of Public Programs: |
| Community-Building Activities: \$3,446 | Medicare: \$1,324,003 Medicaid: \$242,889 |
| Community Benefit Operations: \$478 | Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$16.9M: \$826,265 |

\$51,147 is the total amount of donor funds used for community benefit at The Acadia Hospital through Acadia Hospital Healthcare Charities.

The Aroostook Medical Center

Total Community Benefit: \$13,659,659

Profile: Located in Presque Isle, The Aroostook Medical Center is a comprehensive healthcare organization offering an 89 bed acute care facility with a 72 bed nursing home, a 19 practice primary and specialty care provider group, a kidney dialysis center, a long-term care facility, and a regional ambulance service.

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| Community Health Improvement Services: \$34,350 | Charity Care: \$741,122 |
| Health Professions Education: \$4,802 | Unpaid Cost of Public Programs: |
| Financial Contributions: \$67,173 | Medicare: \$9,687,786 Medicaid: \$2,249,730 |
| Community-Building Activities: \$723 | Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$17.6M: \$873,973 |

\$122,505 is the total amount of donor funds used for community benefit at The Aroostook Medical Center through The Aroostook Medical Center Healthcare Charities.

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TOGETHER We're Stronger

Blue Hill Memorial Hospital

Total Community Benefit: \$4,260,587

Profile: Blue Hill Memorial Hospital (BHMH), in Blue Hill, is a critical access 25-bed rural hospital. BHMH's mission is to provide primary and selected specialty healthcare of outstanding quality, care for our patients with respect and compassion, and improve the health of the communities we serve.

Community Health Improvement Services: \$18,893

Charity Care: \$519,033

Unpaid Cost of Public Programs:

Medicare: \$3,559,842

Unrecoverable interest cost on funds used to subsidize state
Mainecare/Medicaid underpayments of \$4.1M: \$162,819

No donor funds used for community benefit at the Blue Hill Memorial Hospital through Blue Hill Memorial Hospital Healthcare Charities so far this year.

Charles A Dean Hospital and Nursing Home

Total Community Benefit: \$467,663

Profile: Charles A Dean Memorial Hospital and Nursing Home provides access to quality healthcare to the residents of and visitors to the Moosehead Lake region through our 14-bed critical access hospital, 24-bed nursing home, and Northwoods Healthcare family practice clinics.

Community Health Improvement Services: \$2,012

Charity Care: \$169,207

Financial Contributions: \$8,937

Unpaid Cost of Public Programs:

Community-Building Activities: \$428

Medicare: \$231,825

Unrecoverable interest cost on funds used to subsidize state
Mainecare/Medicaid underpayments of \$1.2M: \$55,254

\$8,909 is the total amount of donor funds used for community benefit at CA Dean through CA Dean Memorial Hospital and Nursing Home Healthcare Charities.

EMHS (data below reflects Home Office activity only)

Total Community Benefit: \$269,726

Profile: EMHS is a well-organized regional healthcare system serving all of central, eastern, and northern Maine. The system is comprised of seven member hospitals, several long term care facilities, homecare services, a research institute, and two strategic affiliates. Together, the system employees more than 7,000 employees. EMHS' vision is to be the best rural healthcare system in America by 2012.

Community Health Improvement Services: \$8,244

Community Benefit Operations: \$149,810

Financial Contributions: \$63,777

Community-Building Activities: \$47,895

A partnership with Central Maine Healthcare operates the only air ambulance program in Maine, LifeFlight of Maine. The capital investment in this project approximates \$6.5 million.

Eastern Maine Homecare

Total Community Benefit: \$311,509

Profile: Eastern Maine HomeCare entities include Bangor Area Visiting Nurses, Hancock County HomeCare & Hospice, Inland HomeCare, Sebasticook Valley HomeCare and Visiting Nurses of Aroostook. Eastern Maine HomeCare provides services from Fort Kent to Waterville and 25 miles west of Bangor to the coast.

Community Health Improvement Services: \$8,679

Unpaid Cost of Public Programs:

Medicaid: \$302,830

\$53,804 is the total amount of donor funds used for community benefit at Eastern Maine Homecare through Eastern Maine Homecare Healthcare Charities.

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TOGETHER We're Stronger

Eastern Maine Medical Center

Total Community Benefit: \$68,114,658

Profile: Located in Bangor, Eastern Maine Medical Center is the 411-bed regional referral center for the northern two thirds of Maine, offering specialty and sub-specialty surgical and medical services, as well as a full range of primary to intensive care services.

Community Health Improvement Services: \$261,551
Health Professions Education: \$1,339,478
Subsidized Health Services: \$8,567
Research: \$2,662,342
Community-Building Activities: \$412

Charity Care: \$4,689,501
Unpaid Cost of Public Programs:
Medicare: \$41,053,204 Medicaid: \$14,893,981
Unrecoverable interest cost on funds used to subsidize state
Mainecare/Medicaid underpayments of \$68.4M: \$3,205,622

\$822,609 is the total amount of donor funds used for community benefit at Eastern Maine Medical Center through Eastern Maine Medical Center Healthcare Charities.

Inland Hospital

Total Community Benefit: \$5,661,967

Profile: Inland Hospital is a 48-bed community hospital, plus Lakewood, a continuing care center offering long-term/skilled nursing/Alzheimer's-dementia care; and physician offices in Fairfield, Unity, Madison/Skowhegan, N. Anson, Waterville and Oakland.

Community Health Improvement Services: \$88,628
Health Professions Education: \$259
Financial Contributions: \$11,150
Community-Building Activities: \$40,956
Community Benefit Operations: \$11,566

Charity Care: \$410,252
Unpaid Cost of Public Programs:
Medicare: \$3,292,451 Medicaid: \$1,604,165
Unrecoverable interest cost on funds used to subsidize state
Mainecare/Medicaid underpayments of \$4.5M: \$202,540

\$16,168 is the total amount of donor funds used for community benefit at Inland Hospital through The Inland Foundation.

Rosscare

Total Community Benefit: \$1,029

Profile: Rosscare, a non-profit senior health service provider located in Bangor, provides or supports a continuum of quality and cost-effective, non-acute health and health related services for eastern and northern Maine. Programs enhance independence and quality of life at home, provide alternative care and living arrangements, and perform assessment, treatment, and management of chronic illness. A partnership with First Atlantic Corporation provides rehabilitative and long term care services at Ross Manor, Stillwater Health Care, Dexter Health Care, and Colonial Health Care.

Community Health Improvement Services: \$699
Community-Building Activities: \$330

\$2,607 is the total amount of donor funds used for community benefit for Rosscare services through Rosscare Healthcare Charities this quarter.

Sebasticook Valley Hospital

Total Community Benefit: \$1,733,949

Profile: Sebasticook Valley Hospital, in Pittsfield, is a 25 bed critical access hospital with a wide range of inpatient and outpatient services including: a Women's Health Center, general and specialty surgeries, special care and swing bed units, two rehabilitation center locations, diagnostics, laboratory, cardiopulmonary service, primary care and specialty physician practices, diabetes management services, a sleep study center, and community health services including dental health services, and nutritional counseling.

Community Health Improvement Services: \$69,326
Health Professions Education: \$30,798
Community-Building Activities: \$3,032

Charity Care: \$708,045
Unpaid Cost of Public Programs:
Medicare: \$675,614 Other: \$58,674
Unrecoverable interest cost on funds used to subsidize state
Mainecare/Medicaid underpayments of \$4.9M: \$188,460

No donor funds used for community benefit at Sebasticook Valley Hospital through Sebasticook Valley Hospital Healthcare Charities so far this year.

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Medicaid reimbursement to Critical Access Hospitals in Maine is designed to cover the cost of providing services. Therefore, the three EMHS Critical Access Hospitals- Blue Hill Memorial Hospital, Charles A Dean Memorial Hospital, and Sebasticook Valley Hospital -do not report a Medicaid payment shortfall.

EMHS' community benefit report comes out quarterly (the EMHS fiscal year starts in October). If you would like to request that another email address be added to our distribution list, request to be taken off our community benefit distribution list, or have any question or concern regarding the EMHS Community Benefit Report, please send an email to communitybenefit@emh.org, or call (207) 973-7051. The most recent version of our report is always available on the EMHS website, www.emh.org.

Living Well

Skowhegan Woman Learns Pain Management is Within Her Power



Skowhegan class



Claire Theriault-Perkins, an accounting professor at the University of Maine at Augusta, loves to garden. But four years ago a hip injury changed her life, causing her to ache with chronic pain and avoid her favorite summertime activity.

Now, thanks to Living Well, a self-management program designed especially to help people with chronic conditions, Claire is back amongst the petunias and vegetables – and enjoying the garden in a way that brings her joy, not pain.

“It was frustrating to not be able to all do the things I did before my injury – like work in the garden all day or take a three mile walk,” Claire says as she kneels in her Skowhegan garden. As a self described perfectionist and over-achiever, Claire explored pain management options, went to clinics and researched chronic pain, but found that, “nothing made an impact on me as much as what I learned in the Living Well classes-especially the part about how to set realistic goals.” Now Claire weeds the garden for 20 minutes a day and asks for help, instead of trying to get everything done at once.

Living Well was developed by Stanford University for those living with health problems such as arthritis, asthma, diabetes, heart disease, cancer, or a long-term ailment such as back or muscle pain. The strategies for improving quality of life taught in the program worked for Claire because they are evidence-based, which means they are proven to work. The classes are interactive and offer ways to manage stress, frustration, fatigue, pain, and isolation. Besides learning how to set realistic goals, participants learn relaxation techniques and how to take more time for themselves. Other topics include eating for better health, managing medications, exercise, and how to work in partnership with family members and healthcare providers.

“I live life more fully now because I have the tools to cope with my chronic pain. Living well is a reality for me,” remarks Claire.

Living Well was offered to the Waterville and Skowhegan communities this spring by Inland Hospital and the Maine Primary Care Association (MPCA). Inland nurse, Rebecca Kline, RN and Edwina Ducker from the MPCA together taught two six-week sessions at Spectrum Generation’s Muskie Center and the Skowhegan Community Center. The program was funded in part through a grant from the Administration on Aging to the Maine Department of Health and Human Services, Office of Elder Services.

Inland Hospital pursued Living Well as a way to impact startling health statistics about chronic disease in its service area. The 2007 EMHS Community Health Needs Assessment identified that more than a quarter of the population in Central Maine has been diagnosed with three or more chronic diseases, such as diabetes and asthma. As part of its Community Benefit Program, Inland dedicated funds to train a nurse to co-facilitate Living Well classes. Thanks to the fun, personal approach of the classes, the useful lifestyle information, and the support of physicians who recommend the program to their patients, Living Well is improving lives.

Living Well was also offered in the Bangor area by Rosscare and in Presque Isle by The Aroostook Medical Center (TAMC). TAMC is offering another session this fall.

Community Benefit Report Glossary of Terms

Charity Care: The cost of care provided to uninsured, low-income patients who are not expected to pay all or part of a bill. Charity Care does not include bad debts arising from the failure to pay by patients expected to pay for such services.

Community Benefit: A planned, managed, organized, and measured approach to a healthcare organization's participation in meeting identified community health needs. It implies collaboration with a "community" to "benefit" its residents- particularly the poor, minorities, and other underserved groups- by improving health status and quality of life. Community benefit responds to an identified community need and meet at least one of the following criteria:

- Generate a low or negative margin
- Health professions education
- Subsidized health services
- Research
- Financial contributions
- Community-building activities
- Community benefit operations
- Charity care
- Government-sponsored healthcare

Community Benefit Operations: Costs associated with dedicated staff, community health needs and/or assets assessment, and other costs associated with community benefit strategy and operations.

Community-Building Activities: Includes cash, in-kind donations, and budgeted expenditures for the development of community health programs and partnerships. Enhancements include physical improvements, economic development, healthy community initiatives, partnerships, environmental improvements, and community leadership skills training.

Community Health Services: Activities carried out for the purpose of improving community health. They extend beyond patient care activities and are usually subsidized by the hospital.

Donor Funds: The donor funds provided by each entity's Healthcare Charities branch are monies distributed to address recognized needs in the community. Donor funds are not included in the individual entity's total community benefit amount or the system-wide community benefit amount.

Financial Contributions: Includes funds and in-kind services donated to individuals and/or the community at large. In-kind services include hours donated by staff to the community while on the healthcare organization's work time, overhead expenses of space donated to not-for-profit community groups for meetings, etc., and donation of food, equipment, and supplies.

Health Professions Education: This category includes providing a clinical setting for undergraduate/vocational training, internships/clerkships/residencies, and residency education for physicians, nurses and medical students; funding for staff education that is linked to community services and health improvement; nursing scholarships or tuition payments for professional education to non-employees and volunteers; and a clinical setting for undergraduate training for lab and other technicians.

Research: Studies on healthcare delivery, unreimbursed studies on therapeutic protocols, evaluation of innovative treatments, and research papers prepared by staff for professional journals.

Subsidized Health Services: Costs for billed services that are subsidized by the healthcare organization. They include clinical patient care services that are provided despite a negative margin because, although they are needed in the community, other providers are unwilling to provide the services and the services would otherwise not be available to meet patient demand. Negative contribution margin departments and/or services can be categorized in the subsidized health services area.

Unpaid Costs of Public Programs: EMHS reports both Medicare, a federal government-sponsored healthcare benefit program, and MaineCare, Maine's Medicaid program. The loss for both Medicare and MaineCare is the shortfall that is created when a facility receives payments that are less than the costs incurred for caring for public program beneficiaries.

Definitions derived from the CHA (Catholic Health Association), VHA Inc., and Lyon Software- Community Benefit Reporting: Guidelines and Standard Definitions for the Community Benefit Inventory for Social Accountability.