NORTH SHORE MEDICAL CENTER
COMMUNITY BENEFIT ANNUAL REPORT
FY2012

NORTH SHORE MEDICAL CENTER

Organization Address and Contact Information	
Organization Name:	North Shore Medical Center
Address (1):	81 Highland Avenue
Address (2):	Not Specified
City, State, Zip:	Salem , Massachusetts 01970
Web Site:	www.nsmc.partners.org
Contact Name:	Lori Long
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Contact Address (2):	Not Specified
City, State, Zip:	Not Specified , Not Specified Not Specified

Organization Type and Additional Attributes	
Organization Type:	Hospital
For-Profit Status:	Not-For-Profit
DHCFP ID:	Not Specified
Health System:	Partners HealthCare
Community Health Network Area (CHNA):	North Shore Community Health Network(CHNA 14)
Regional Center for Healthy Communities (RCHC):	3
Regions Served:	Danvers, Lynn, Marblehead, Nahant, Peabody, Salem, Swampscott

Community Benefits Mission Statement

North Shore Medical Center, through its Community Benefit Program, works with residents and organizations within its service region in order to achieve and sustain measurable improvements in the population's health status, and particularly that of the underserved. It seeks to improve the health status of the communities through collaboration with community stakeholders to enhance existing programs and develop new programs to respond to the health care needs of priority populations.

Target Populations: Residents of service area with access barriers; individuals and families struggling with substance abuse and/or behavioral health issues; victims of domestic violence; youth at risk for teen pregnancy; and individuals at risk for or struggling with obesity.
Basis for Selection: Needs assessment
Publication of Target Populations: Marketing Collateral, Annual Report, Website, Other- Needs assessment
Hospital/HMO Web Page Publicizing Target Population:
http://nsmc.partners.org/web/about_us/community_outreach

Key Accomplishments of Reporting Year

While NSMC made progress on all components of its 2012 community benefit plan, highlighted here are significant advances made, with community partners, in the development of new models of care for some of the most vulnerable patients residing in NSMC's service area. Five components of NSMC's New Model of Care work are particularly noteworthy.

1. Specialty Care. Providing specialty care to all who need it is critical to our overall effort to keep patients healthy and out of the hospital. The specialty care delivery model that was built with the Lynn Community Health Center ("LCHC") 10 years ago will now serve as the platform for a broader program that has three components: 1) a program for Health Safety Net patients that provides support systems to help physician offices provide care to this population and pays them for providing it; 2) a program for Medicaid/MassHealth and Commonwealth Care patients that provides a similar set of supports to help physician offices in caring for this population; and 3) a program for uninsured and unenrolled patients to connect them with the appropriate state supported insurance plan that provides local access to needed specialty care. Together, NSMC and LCHC have spent several months during 2012 fine-tuning these three components as they apply in one specialty service, and are now prepared to roll them out to the other specialties.

2. Primary Care Connection. For many years, the health centers have worked with NSMC Community Relations and Case Management in a model Emergency Department/Primary Connection Project which was focused on assuring that patients without primary care physicians who show up in the Emergency Department are provided with a prompt follow-up appointment at the appropriate health center, as well as needed transportation and other assistance to get there. This year the parties have expanded this program to inpatients without primary care providers and have begun the process of coordinating it with programs for both inpatients and ED patients who already have health center connections. There are challenges on many fronts, including medical information sharing and continued access shortages, but the overall goal is to assure that no patient leaves NSMC without a follow-up appointment, if appropriate, at a health center. Since program inception, 10,000 patients have been connected to care in the community.

3. Complex Care Management. With support and assistance from PHS and NSMC, the two health centers have developed a Complex Care Management Initiative project which will focus on the use of carefully designed wrap-around services, including community health workers, as an integral part of a care management team working with high-risk patients to ensure they get the best care in the community or at the hospital. The 3 year pilot project was funded with a substantial grant from Partners HealthCare with the explicit goal that it be developed, implemented and evaluated so as to qualify for alternative funding resulting in long-term sustainability. During 2012, the

target population and the specifics of the care model were defined. The program started on January 1, 2013 and the evaluation will commence in May.

4. Primary Care Outreach and Engagement. Central to NSMC's New Model of Care effort is its commitment to engage every resident in its service area in primary care whether at the hospital or in the community. The Lynn Health Task Force, a strong and well-connected grass roots health advocacy group from Lynn, has agreed to take on the work of reaching out to the residents, especially those who may be very hard to convince of the advantages of engaging in primary care, and figuring out the barriers they face as well as ways we may succeed in breaking those down. The Task Force is currently developing its proposal for the specifics of this work.

5. Substance Abuse. The need for additional substance abuse services was one of the top priorities identified in the recently completed Health Needs Assessment. NSMC physician leadership has also highlighted this need as very important to the success of New Model of Care initiatives. Since last spring a consortium of substance abuse providers that includes LCHC, NSCHI, Project Cope and NSMC has been meeting to develop a focused assessment of existing service resources and gaps in this area, to leverage the existing resources and to plan collaboratively in prioritizing capacity needs for our shared call in the community. One of the top priorities that has emerged is to build more suboxone capacity; efforts are already underway to double the capacity at LCHC and to begin programs at both NSCHI and NSMC.

Plans for Next Reporting Year

NSMC's major goals for the upcoming year are to make significant progress on each of the FY2013 Community Benefit Priorities as articulated by the NSMC Community Affairs and Health Access Committee in June 2012. These goals include work in the following areas:

- **New Model of Care.** Continued progress on all aspects of New Model of Care work described above.
- **Teen pregnancy.** Evaluation of the Lynn project outlined last year and expansion into other communities.
- **Obesity**. Support of Mass in Motion work in Lynn and Salem as well as local YMCA youth programming.
- **Community Collaborations.** Support of Massachusetts Coalition for the Homeless in the Room to Breathe Project.

Community Benefits Leadership/Team

Lori Long is the Director of Community Relations and works with individuals and teams throughout the Medical Center who vary depending on the scope and focus of the community benefit project.

Community Benefits Team Meetings

Community Affairs and Health Access Committee (CAHAC) meets quarterly as an entire committee and also has periodic subcommittee meetings throughout the year as needed.

Community Partners

Center for Addictive Behavior
CHNA
Danvers Cares
Girls, Inc.
Greater Lynn Senior Service
Help for Abused Women and Children (HAWC)
Learn to Cope
Lynn Community Health Center

Lynn Communities That Care Coalition
Lynn Health Task Force
My Brother's Table
North Shore Community Health, Inc.
North Shore Elder Service
North Shore Recovery High School
Project COPE
Strongest Link

Community Health Needs Assessment

Date Last Assessment Completed and Current Status

Last comprehensive assessment was finalized in June 2012. Its findings have served as the basis for NSMC's FY 2013 community benefit priorities.

Consultants/Other Organizations

Lynn Health Task Force
CHNA

Data Sources

Community Focus Groups, Hospital, Consumer Group, Interviews, MassCHIP, Public Health Personnel, Surveys

Community Benefits Programs

Primary Care Connection	
Program Type	Community Health Needs Assessment, Direct Services, Grant/Donation/Foundation/Scholarship, Health Coverage Subsidies or Enrollment, Outreach to Underserved
Brief Description or Objective	For many years, the NSMC emergency department has worked with the Lynn and North Shore Community Health Centers in a model ED/Primary Care Connection Project which was focused on assuring that adult patients without primary care physicians who show up in the Emergency Department are provided with a prompt follow-up appointment as well as needed transportation and other needed supports at the appropriate health center. Based on the uncontroverted successes of this program, it was expanded this year to include pediatric ED patients and all inpatients. We have also coordinated this program with the efforts of those working in the partner organizations to obtain prompt health center follow-up for the patients who are being discharged from NSMC who already have a health center relationship. Data sharing has been increased, accommodating more appointments for patients who need to be seen quickly. This program is central to New Model of Care efforts and will continue to experience improvements in processes and capacity during the upcoming year.
Target Population	**Regions Served:** Danvers, Lynn, Marblehead, Nahant, Peabody, Salem, Saugus, Swampscott **Health Indicator:** Access to Health Care, All **Sex:** All **Age Group:** All **Ethnic Group:** All **Language:** All

Statewide Priority: Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform

Goal Description	Goal Status
Expansion of program to health center pediatric patients.	Lynn and North Shore Health Center pediatricians fully incorporated into program.
Expansion of program to ensure prompt follow-up for all inpatients.	Processes in place for follow-up appointments for existing HC patients and connection to care for new patients.
Refinement of data sharing and reporting	Work underway to improve patient tracking, information sharing b/t hospital and health centers, and discharge reporting.
Integration with urgent care services in Lynn	Work underway to ensure access to Lynn CHC urgent care when individual PCP appointments are unavailable.
Connect NSMC ED patients without primary care to care at Lynn and North Shore Health Centers	2,000 patients connected per year, 10,000 connected since program inception in 2004.

Partner Name, Description	Partner Web Address
Lynn Community Health Center	www.lchcnet.org
North Shore Community Health	www.nschi.org

Contact Information Lori Long, Llong1@partners.org

Complex Care Management Program

Program Type	Direct Services, Health Professional/Staff Training
Brief Description or Objective	This project funds the development and implementation of complex care management "wrap-around" teams (including RN care managers, social workers or behavioral health clinicians and community health workers) at Lynn and North Shore Community Health Centers for patients with complex needs. The primary objectives of the program are: 1. To improve outcomes and reduce costs and/or cost trends for high-cost adult Medicaid patients; and 2. To secure sustainable financing for the non-reimbursable costs of the team model. Teams have been at work since the spring of 2012 in defining the target population and modeling the interventions. Trainings have taken place for all members of the teams and actual programming began in January 2013.
Target Population	**Regions Served:** Danvers, Lynn, Marblehead, Nahant, Peabody, Salem, Saugus, Swampscott **Health Indicator:** Mental Health, Other: Alcohol and Substance Abuse, Other: Cancer - Other, Other: Cardiac Disease, Other: Cultural Competency, Other: Diabetes, Other: Hypertension, Overweight and Obesity, Substance Abuse **Sex:** All **Age Group:** All Adults **Ethnic Group:** All **Language:** All

Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform

Goal Description	Goal Status
Define patient population	High risk, Medicaid, adults with complex needs
Determine intervention components	Wrap-around services using social workers, behavioral health clinicians, and community health workers as appropriate
Training of team members	Approximately 25 individuals have completed training to date
Launch program	Program launched January 1, 2013

Partner Name, Description	Partner Web Address
Lynn Community Health Center	www.lchcnet.org
North Shore Community Health	www.nschi.org

Contact Information Lori Long , Llong1@partners.org

Specialty Access Program

Program Type	Community Benefits Planning Process, Community Health Needs Assessment, Outreach to Underserved
Brief Description or Objective	Providing specialty care to all who need it is critical the goal of keeping patients healthy and out of the hospital. It is also challenging to do so in a systematic manner in a community hospital setting where a majority of the specialists are in private practice. The specialty care delivery model that NSMC developed with the Lynn Community Health Center 10 years ago can now serve as the platform for a broader program that has 3 components: 1) a program for Health Safety Net patients that provides support systems to provide care to this population and pays them for providing it; 2) a program for Medicaid and Commonwealth Care patients that provides a similar set of supports to help the physician offices in caring for this population; and 3) a program for uninsured and unenrolled patients to connect them with the appropriate state supported insurance program with adequate participation by local specialists.
Target Population	**Regions Served:** Danvers, Lynn, Marblehead, Nahant, Peabody, Salem, Saugus, Swampscott **Health Indicator:** Access to Health Care, Other: Cancer, Other: Cardiac Disease, Other: Chronic Pain , Other: Colitis/Crohn Disease, Other: Cultural Competency, Other: Diabetes, Other: Hepatitis, Other: Hypertension, Other: Language/Literacy, Other: Osteoporosis/Menopause, Other: Parkinson's Disease, Other: Pulmonary Disease/Tuberculosis, Other: Uninsured/Underinsured, Other: Vision , Substance Abuse **Sex:** All **Age Group:** All **Ethnic Group:** All **Language:** All

Statewide Priority: Address Unmet Health Needs of the Uninsured, Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform

Goal Description	Goal Status
Allocate funding for specialty services not recognized under HSN	Funds allocated for payment of what would otherwise be bad debt services.
Enlist specialty service to streamline the program and prepare for wider participation	Pilot completed with cardiology department and beginning roll-out to other services.

Partner Name, Description
Lynn Community Health Center

Partner Web Address
www.Lchcnet.org

Contact Information Lori Long, Llong1@partners.org

Substance Abuse Program	
Program Type	Community Health Needs Assessment,Community Participation/Capacity Building Initiative,Direct Services
Brief Description or Objective	The need for additional substance abuse services was one of the top priorities identified in the recently completed Health Needs Assessment. NSMC physician leadership has also highlighted this need as very important to the success of New Model of Care initiatives. Since last spring a consortium of substance abuse providers that includes LCHC, NSCHI, Project Cope and NSMC has been meeting to develop a focused assessment of existing service resources and gaps in this area, to leverage the existing resources and to plan collaboratively in prioritizing capacity needs for our shared call in the community. One of the top priorities that has emerged is to build more suboxone capacity; efforts are already underway to double the capacity at LCHC and to begin programs at both NSCHI and NSMC.
Target Population	**Regions Served:** Danvers, Lynn, Marblehead, Nahant, Peabody, Salem, Saugus, Swampscott **Health Indicator:** Access to Health Care, Other: Alcohol and Substance Abuse, Substance Abuse **Sex:** All **Age Group:** All Adults **Ethnic Group:** All **Language:** All

Statewide Priority: Promoting Wellness of Vulnerable Populations

Goal Description	Goal Status
Assess current resources and leverage new resources.	Clinical and community members have been engaged to jointly assess existing resources and jointly prioritize next steps in building resources.

Partners

Partner Name, Description **Partner Web Address**

Contact Information Lori Long, Llong1@partners.org

Expenditures

Community Benefits Programs	
Expenditures	Amount
Direct Expenses	$2,797,989
Associated Expenses	Not Specified
Determination of Need Expenditures	$301,691
Employee Volunteerism	Not Specified
Other Leveraged Resources	$2,054,504

Net Charity Care	
Expenditures	Amount
HSN Assessment	$4,686,564
HSN Denied Claims	$58,093
Free/Discount Care	$600,381
Total Net Charity Care	$5,345,038

Corporate Sponsorships	$124,489

Total Expenditures	$10,623,711

Total Revenue for 2012	$1,305,584,000

Total Patient Care-related expenses for 2012	$411,739,290

Approved Program Budget for 2013 (*Excluding expenditures that cannot be projected at the time of the report.)	$10,623,711

Comments: Not Specified

Optional Information

Community Service Programs	
Expenditures	Amount
Direct Expenses	Not Specified
Associated Expenses	Not Specified
Determination of Need Expenditures	Not Specified
Employee Volunteerism	Not Specified
Other Leveraged Resources	Not Specified

Total Community Service Programs	Not Specified	
Full-Text PDF Report:	Not Specified	
Original Full-Text Report:	Not Specified	
Bad Debt:	Not Specified	Not Specified
IRS 990:	Not Specified	