

Morning Breakout Topics:

Creating Collaborative Solutions across Multiple Organizations

- Kris Doody, CEO, Cary Medical Center
- Peggy Pinkham, Executive Director, Maine Rural Health Collaborative

The Maine Rural Health Collaborative (MRHC) will share the work of this newly formed organization, why this Collaborative was formed and outline some of the successes and challenges of a multiple hospital collaborative. The hospitals in the Collaborative are: Cary Medical Center, Houlton Regional Hospital, Mount Desert Island Hospital, Northern Maine Medical Center and St. Joseph Hospital.

Improving Community Health through Innovations in Financing

- Glenn Landers, Associate Project Director, Georgia Health Policy Center

A presentation on Bridging for Health: Improving Community Health through Innovations in Financing, supported by the Robert Wood Johnson Foundation, is aiding communities in developing and implementing financing mechanisms that rebalance and align investments in health. This breakout will showcase a financing module developed for the Bridging for Health project by the Georgia Health Policy Center. The module is designed with a stewardship lens to enable stakeholders to clarify and align community need, think about possible innovations in financing health, apply both technical and adaptive thinking skills, use decision tree analysis, and imagine how funding for health could flow differently in communities.

Telehealth – Innovations for Enhancing Rural Health Care Access and Outcomes

- Dean Bailey, Manager of Special Projects, Sweetser
- Marc Kaplan, Medical Director, Sweetser
- Danielle Louder, Program Manager, Technology Support Initiatives, MCD Public Health
- Lisa Tuttle, Program Director of Practice Transformation, Maine Quality Counts

In this session we will discuss two different models which use technology to increase timely access to care: Sweetser will show how it has utilized live videoconferencing to provide mental and behavioral health services within the primary care setting, enhancing access to rural and underserved populations through Federally Qualified Health Centers. He will share lessons learned, how the model has improved specific patient outcomes, and challenges encountered along the way in respect to implementation and sustainability. Members from the Northeast Telehealth Resource Center and Maine Quality Counts will describe Project ECHO, an innovative model which uses simple technology to “democratize knowledge” through peer learning modules (specialist to primary care provider), increasing confidence and capacity of rural healthcare providers to effectively manage complicated, yet common diagnoses in the primary care setting.

Preparing Health Professionals for Practice in Rural Communities

- Peter Bates, Senior Vice President for Academic Affairs & Chief Academic Officer, MMC Medical School Program
- Marya Goettsche Spurling, Family Physician, Skowhegan Family Medicine

This session will cover knowledge and ideas about the health challenges facing Maine and our rural communities, the health workforce dilemma and unique education and research programs that may help improve the health of our communities.

Afternoon Breakout Topics:

Sunrise Health Care Coalition Models the Value of Collaboration

- Theresa Brown, Director of Practice Management, Calais Regional Hospital
- Addie Carter, CEO, East Grant Health Center
- Holly Gartmayer-DeYoung, CEO, Eastport Health Care, Inc.
- Christopher Kennedy, VP Physician Practices, Downeast Community Hospital

Sunrise Health Care Coalition members, Leaders of Change in Washington County, is a non-profit membership organization comprised of the five FQHC's and the two CAH Rural Health Clinics. Utilizing a culture of relationship, we assess needs and brainstorm solutions aimed at improving the population health of our county. Innovations we'll discuss: Bright Spots in Health Care Hall of Flags Day; Cultural Immersion Downeast experiential for UNE graduate students and Community Circles. Our collegial approach will be described reflecting how SHCC supports each other using examples: CHC Week, recruitment activities, shared best practices, health care training (Opioid Epidemic and Hepatitis C) and others.

Community Care Partnership of Maine (CCPM): An Alternative ACO Model for Independent, Community-Focused, Health Care Organizations

- Audie Horn, Clinical Practice Director, Katahdin Valley Health Center
- Robert Peterson, CEO, Millinocket Regional Hospital
- Ken Schmidt, President & CEO, Penobscot Community Health Care

With its partners, Penobscot Community Health Care (PCHC) initiated Community Care Partnership of Maine to improve patient care and prepare for the future of health care reimbursement – payment for outcomes instead of units of service. PCHC, seven fellow community health centers, St. Joseph Healthcare, and community hospitals in Millinocket and Caribou learn, grow, improve care, and seek to gain financially as an Accountable Care Organization. CCPM now has ACO-type arrangements with Medicare, MaineCare and two commercial payers - with 3-4 a next year. These arrangements will reward us financially if our patients achieve improved health, have a positive experience in our practices and if the overall health care costs of our patients are contained.

Interprofessional Team-Based Practice and Education Approaches to Rural Health

- Dora Mills, Director, Center for Health Innovation, University of New England

“We already do team-based care” is a common response to explaining what interprofessional practice and education are. And while it is true that rural health care often does a great job of team-based care, there is evidence that we don't do it as well as we think we do. This session will focus on sharing lessons learned from implementing these strategies, why they are especially critical to rural health and rural health care, and what steps rural health care providers and communities can take to implement interprofessional team-based care and education.

Community Para-Medics and Community Health Workers at Work in Rural Areas

- Barbara Ginley, Chief Technical Officer, Maine Migrant Health Program
- Scott Lash, Director of Operations, Boothbay Ambulance Service

Primary care workforce shortages hit rural communities particularly hard. This dynamic coupled with expectations that the transformed healthcare system have effective community connections has led to recognition of the role extenders can play in working closely with care teams and patients in community settings. Here in Maine, community paramedicine is an evolving paradigm in prehospital healthcare. This model utilizes EMT and paramedic staff, as a community extender in providing non-emergent healthcare to underserved and at-risk populations. Similarly, CHWs are extenders whose “lived experience” informs their work in bridging systems of care and communities and addressing social determinants of health.