



The mission of the Maine Health Access Foundation is to promote affordable and timely access to comprehensive quality health care, and improve the health of every Maine resident.

The Maine Health Access Foundation (MeHAF) is Maine's largest health care foundation. MeHAF was founded in 2000 and each year provides approximately \$4 million in grants and program funding to expand access to health care (particularly for people who are uninsured and medically underserved) and improve the health of all Maine residents.

Non-Competitive Grants Address Medication Safety, Promote Sharing, and Incubate Solutions

Goal:

MeHAF's goal for creating a non-competitive grant structure was to forge relationships with – and among – Maine's smallest and most rural hospitals. These Critical Access Hospitals (CAH's) are a vital care resource for most of Maine's rural population who are generally older, and have higher rates of poverty and lower median incomes with fewer health care providers. By building on the unique strengths of the CAHs to address systemic challenges, MeHAF supports individual CAHs in their efforts to enhance their own capacity, and the collaborative learning allows those incubated solutions to be shared with other organizations facing similar institutional challenges. <http://mainecahpatientsafety.net>

Need:

A CEO work group from the CAHs, working with the Maine CDC Office of Rural Health and Primary Care and the Maine Hospital Association, determined that, as a whole, the CAHs could benefit from more group learning and where possible, systematic approaches to common challenges. Based on its funding of ongoing medication access and medication management programs, MeHAF believed the convened CAH group offered a real opportunity to support rural care statewide and made funding available to hospitals interested in planning and implementing their own medication safety projects while participating in a collaborative learning process. The Maine Quality Forum, focused on patient safety, created a broader, continuous framework for the medication safety work. Fourteen CAHs are engaged in the medication and patient safety work. Technical assistance and support for the collaborative is provided by researchers from the University of Southern Maine, Muskie School of Public Service with an expertise in this area.

Program:

In the first year of the program, MeHAF dedicated \$10,000 for each of the 14 participating hospitals to assess its current systems and to learn best practices, and to design an implementation project that met identified needs. While the hospitals had to apply for the funds, the application was streamlined and simplified with the goal of funding every applicant. MeHAF provided up to \$50,000 for year-two implementation, again through a common, streamlined grant application, with the assistance of Muskie professional staff available to review and edit narrative drafts and the financial portions of the applications.

Results:

While the medication safety implementation work has just recently begun, there are a number of process results that have reinforced the benefits of a non-competitive grant approach.

- Impact: it is a more effective use of funding to address common challenges at like institutions by helping to “raise all boats” and reduce competition among institutions.
- Broader context and long term efforts: the Maine Quality Forum is a key partner in the collaborative, promoting broader patient-safety work at CAHs beyond the medication safety focus. Because of current medication safety work and the longer-term patient safety work, the collaborative has focus, immediate impact, and a long term vision.
- Non-competitive “spirit”: the collaborative learning and non-competitive grant application process has fostered a candid environment among the CAH community where sharing successes and challenges has reached an unexpected level.
- Improved grant-writing capacity: the non-competitive nature allowed hospitals who had never applied for a grant before to learn the basics of effective grant writing and management, perhaps better positioning them for additional funding from other grantmakers.

Lessons:

MeHAF has been able to develop productive relationships with Critical Access Hospitals, a critical component of the health care safety net in Maine, by identifying a common need and providing a non-competitive solution to addressing it. Steps included:

- Building deliberate partnerships with CAH leaders and supporting organizations to design the focus area of the initiative.
- Streamlining a process to encourage participation and support the development of the collaborative with a common purpose and standard expectations.
- Removing competition.
- Providing technical assistance to grantees to complete grant applications and facilitate collaboration.

Leverage:

MeHAF has leveraged its knowledge and experience about the challenges medical providers face related to medications, particularly among its target population of underserved and underinsured people in Maine, and has significantly expanded its relationships with key organizations in the safety net.

As vital service providers in their communities, the participating CAHs have leveraged two relatively modest grants (approximately \$60,000 over about two years) to address an increasingly complex institutional issue. The knowledge and information sharing among the collaborative members greatly enhances their available tools to improve performance well beyond the immediate medication or even patient safety goals. Each CAH has reached out to other healthcare providers in their communities to collectively consider and address complex patient safety issues such as medication reconciliation.