
BACKGROUND – OPPORTUNITY FOR JOINT PUBLIC / PRIVATE PARTNERSHIP ON FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA)

A. Health Systems Prior to 2010

MaineGeneral and EMHS have both conducted CHNAs in the past as a tool for regional planning. These were data rich surveys with an anticipated 5 year shelf life. The OneMaine Health Collaborative was formed in 2007 by the CEOs of MaineGeneral, EMHS and MaineHealth, and the community health team of that collaborative decided to pursue a statewide CHNA. Planning for that CHNA occurred in 2008 and an RFP was issued in 2009. A contract was signed with UNE and USM/Muskie in 2009 for research to be conducted in 2010 with intent to disseminate results throughout the state in 2011.

B. State Administration Prior to 2010

The Baldacci Administration provided significant support to building a public health infrastructure. HMPs were contracted based on their ability to support public health priorities, DCCs were established for regional coordination (have no oversight powers), and the SCC was established for state coordination (also no authority for oversight).

Regional planning within this new structure, supported by Maine CDC, was focused on MAPP planning at the HMP level, and District Health Improvement Plans at the DCC level.

C. Collaboration Prior to 2010

Prior to the OneMaine CHNA initiative, there was no Maine CDC or other state governmental participation in regional CHNAs. With the launch of the OneMaine CHNA research in 2010, however, representatives of Governor's Office for Health Policy, Maine CDC and selected HMPs were formally added to the Advisory Committee.

Representatives of the health systems were frequently involved in HMP and DCC planning due to their seats on various advisory boards and councils.

Despite this emerging cross pollination, planning efforts at the state and health systems level were discrete and not inter-related.

D. Changing Environment 2010 – 2011

A section of federal Affordable Care Act has placed a requirement on all non-profit hospitals in the nation to conduct a CHNA every three years. Included in the resulting regulations is a requirement for those CHNAs to engage public health leaders in that process.

In addition, the LePage administration was elected into Augusta. Two aspects of that administration suggest that a new approach to health planning may be appropriate. The first of those is the elimination of the State Health Plan and the funding challenge faced by the HMPs. The second is the greater willingness of the administration to include the health systems as collaborators in various initiatives.

E. 2011 and Beyond

The OneMaine partners proactively held community forums across the state to engage various stakeholders in reviewing the data, the consultant's recommendations and helping establish local priorities for action. Attending at least one of those forums was Katrin Teel, Senior Health Policy Advisor, Office of the Governor. She subsequently requested additional copies of the CHNA executive summary for distribution to colleagues in the administration.

In September of 2011, Shawn Yardley became chair of the SCC, with state leadership provided by Sheila Pinette, DO, Director of Maine CDC and Prevention. Three subcommittees of the SCC were formed, one of which was the Planning and Coordination subcommittee. The draft mission of that group was: Maintain awareness of state level activities related to health planning, population health data and public health financing in order to increase coordination, synergy and collaboration, and reduce duplication of effort. Potential areas of activity:

- Coordinating public health planning / strategic planning activities, including activities related to accreditation
- Coordinating data gathering and assessment activities
- Ensuring integration with health needs assessments and health improvement planning activities
- Providing linkages between public health and hospital / health system planning activities.

At both the September and December 2011 meetings of the SCC (and this subcommittee), Jerry Whalen from EMHS suggested that state and health system planning be combined to maximize efficiency as well as the return on investment through meeting multiple public and private needs simultaneously. He also noted that with the new federal requirements, OneMaine would need to conduct at least some type of CHNA again by 2013.

(Note: The federal rule establishes the 3 year requirement based on the year of CHNA dissemination. The idea now being considered by OneMaine is to do a less elaborate CHNA in a 2013 research/2014 dissemination cycle, and an in-depth CHNA again in a 2016 research/2017 dissemination cycle.)

At the December 2011 SCC meeting, Nancy Birkhimer, director of Public Health Performance Improvement at Maine CDC noted the requirement for a State Health Assessment and a State Health Improvement Plan. For Maine CDC to be accredited in public health, these documents need to be complete on or before July 2013 (application due by July 2012). Jerry subsequently had a conversation with Nancy. Given this timeline, there may need to be a longer term plan to get to full collaboration, but, as noted above, a public/private collaborative should achieve greater ROI by meeting multiple needs, and this public health accreditation need could conceivably be part of the collaborative effort.

Nancy also noted that the State Health Assessment and State Health Improvement Plan will need to be renewed every 3-5 years. This process could consequently fit well within the 3 and 6 year CHNA cycles being considered by OneMaine.

F. Next Steps

Deb Deatrck at MaineHealth will convene a conference call prior to the March 22nd SCC meeting to further explore this public /private proposal. Attendees will include, at a minimum:

Julie Sullivan, Portland Public Health	Andy Coburn, Muskie School
Nancy Birkhimer, Maine CDC	Joel Kase, MaineGeneral
Natalie Morse, MaineGeneral	Shawn Yardley, Bangor Public Health
Deb Deatrck, MaineHealth	Julie Osgood, MaineHealth
Jean Mellett, EMHS	Jerry Whalen, EMHS

Other participants are encouraged.