

# NORTH SHORE MEDICAL CENTER

## Introduction

North Shore Medical Center (NSMC) is a multi-site, integrated, community health system located 20 miles north of Boston with two acute care hospital campuses:

NSMC Salem Hospital, located in Salem with 267 beds, provides a full range of adult and children's care including medical, surgical, emergency, ambulatory, obstetrical, neonatal, psychiatry, and substance abuse services. Like Union Hospital, Salem Hospital is also part of NSMC's regional system, which, in collaboration with the academic medical centers of Partners HealthCare, has dedicated multi-disciplinary Centers of Excellence, including the NSMC Heart Center, the NSMC Cancer Center, the NSMC Women's Center, and the NSMC North Shore Children's Hospital.

NSMC Union Hospital, located in Lynn with 147 beds, provides adult medical and surgical care, including emergency, ambulatory, cardiology, oncology, orthopedic and geriatric psychiatry services, as well as, a pain clinic and advanced minimally invasive procedures for residents of Lynn and surrounding communities.

This Community Benefit Report is based on NSMC's activities during FY2007.

## Mission Statement

The community commitment shared throughout NSMC entities has not changed since 1998 when the Board of Trustees of NSMC adopted the following community benefit mission statement:

*NSMC, 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.*

## Internal Oversight and Management of Community Benefit Program

On a day-to-day level, community benefit management staff report to the NSMC Senior Vice President for Strategy, Marketing, and Community Relations and participate regularly with the clinical and administrative leadership teams throughout NSMC entities. However, in terms of large-scale direction and leadership, the Community Affairs and Health Access Committee of the NSMC Board oversees all community benefit activities. This Committee was established in

2004 to strengthen long-standing community relationships and build others by integrating them into the formal NSMC governance structure, and to provide community benefit and community affairs activities with Board level oversight.

During 2007, the Committee expanded from 14 to 17 members, three of whom are current NSMC Trustees and one of whom is a former NSMC Trustee. The rest of the Committee members are also prominent community leaders, including physicians, health advocates, former city officials, and community agency heads.

The Committee meets quarterly and closely follows an annual schedule of responsibilities which includes, among other things:

- Review of annual health status indicators and establishment of annual community benefit priorities
- Review of the annual community benefit budget
- Preparation and presentation of annual reports
- Oversight of the community grants awards process
- Assessment of progress in meeting established priorities

The NSMC community benefit team also works closely with Partners Community Benefit Department, participates in the NSMC External Affairs Committee, and works with the Communications Department of NSMC to ensure that information about community needs is shared, and that community benefit efforts and accomplishments are recognized throughout NSMC.

## **Community Participation and Health Needs Assessment**

### ***Service Area***

NSMC's community benefit programming focuses on the communities of Danvers, Lynn, Marblehead, Nahant, Peabody, Salem, and Swampscott. NSMC's needs assessment for each of these communities includes an annual review of health status indicators from the Massachusetts Department of Public Health, ongoing participation in the regional Department of Public Health Community Health Network Area (CHNA) and elder service organizations, and ongoing consultation with community providers, advocacy groups and local agencies in each of the cities and towns in the service area.

Traditionally, Lynn has been the neediest of NSMC's communities and, therefore, much of the hospital's community participation on access issues has been focused there. NSMC's relationships with community-based health care organizations in Lynn are extensive and ongoing, involving participation on standing and ad hoc committees focused on specific health issues. This participation affords NSMC grass-roots exposure and the ability to impact a variety of access issues on the ground as they evolve. The Lynn Health Task Force is one of the strongest health advocacy groups in the country with a wealth of experience in the issues that create access problems for so many in the communities served by NSMC, and is a long-standing voice in working with NSMC in fashioning solutions to these issues in Lynn and has, in recent years, been willing to extend its expertise into other communities as well. (The Task Force

actually nominates three of the candidates for seats on the Community Affairs and Health Access Committee).

The process and level of community participation in Salem, the other community in the service area with severe access issues, is also robust. One of the first priorities of the Committee, when it was established in 2004, was the performance of a formal needs assessment for Salem. (Lynn had a needs assessment stemming from the 1997 change in ownership of Union Hospital that continues to serve as a blueprint for the community benefit plan in that community.) The Salem Needs Assessment was completed in 2006 and then integrated, along with other publicly available health needs data, with the Lynn assessment in order to serve as the basis for a formal set of NSMC Annual Community Benefit Priorities. These priorities were adopted for the first time by the Community Affairs and Health Access Committee in May of 2006. The Committee now annually adopts such priorities in May of each year and they serve as the NSMC community benefit plan for the upcoming fiscal year.

### ***Additional Community Processes***

Within the past four years, NSMC has also inaugurated two other practices to demonstrate its commitment to be responsive to the communities it serves. First, it produces an Annual Report to the Community, a comprehensive publication affirming the priority of NSMC's mission to address the needs of its communities and describing its recent accomplishments in doing so. In addition to reporting on certain patient statistics and the financial health of the organization, the report describes specific initiatives targeted to underserved populations and notable advances in clinical programs, provides insight into future strategic initiatives, and highlights recent achievements of NSMC community members.

Second, it holds an Annual Report to the Community event. This event, which is attended by a wide array of individuals from the community, provides an opportunity for them to hear first-hand from NSMC trustees, senior leadership and physicians about local health status indicators and health needs and about the work in which NSMC is engaged to improve the health of its communities. The Annual Report is distributed at the event, as well as, in extensive mailings to NSMC constituents throughout the service area.

### **Community Benefit Plan**

The NSMC annual community benefit plan is articulated in a set of annual priorities established by the Community Affairs and Health Access Committee in May of each year. For 2007, those priorities included work in the following areas:

- Completion of consumer focus groups in Salem
- Continued collaboration with the Lynn and North Shore Community Health Center organizations in addressing the needs of the underserved in NSMC communities
- Continued affiliations with local community-based providers on domestic abuse, HIV services, and teen pregnancy issues
- Interpreter services at NSMC Salem
- Substance abuse programming
- Lung cancer interventions in Salem

- Community Health Improvement Fund (CHIF) and COMPASS award processes
- Prenatal care access in Lynn

## **Progress Report and Activity During Reporting Year**

While NSMC made progress on all components of its 2007 community benefit plan, there were four areas of particular accomplishment:

- New programming in substance abuse
- Strengthened collaboration with the Health Centers on Primary Care Connection Program
- Continued growth and impact of High Risk Community-based Case Management
- Support of local providers through the CHIF process

### ***New Programming in Substance Abuse***

Starting in 2003, when deaths from heroin overdoses in Lynn reached crisis levels, NSMC has been engaged in working with community groups to address issues on substance abuse. The accomplishments of the Lynn Heroin Overdose Task Force, which was formed in 2004 and included a unique combination of law enforcement, substance abuse agencies, health care providers, and health care advocates, provided a clear demonstration of the progress that could be made in reducing harm from substance abuse in a community if the right people come together to forge solutions. By raising public awareness about the problem, implementing innovative harm reduction programs for IV drug users, providing focused educational efforts in the jails and hospital emergency departments about overdose risks, and providing concentrated efforts to inform users and their families about resources for available help, not only have deaths from heroin overdoses been significantly reduced, but the available evidence suggests that overdoses themselves have decreased.

NSMC has been tracking hospital discharges for heroin overdoses since July 2004. While heroin overdoses constitute a very small picture of the substance abuse problem in its communities, and while hospital discharges for heroin overdoses show only a small portion of the heroin overdoses that occur, the data nevertheless shows a positive trend. For the 12 month period from July 2004 through June 2005, heroin discharges from NSMC emergency departments numbered 140; for the next two years they decreased to 124 and 109 respectively; and for the current year they are tracking at 91.

None of this, however, is to suggest that needed work is over. Substance abuse, particularly in adolescents and young adults, continues to rise to the top of any health needs survey in the communities served by NSMC; indeed, it was the number one priority in the Salem Health Needs Assessment. The gains that have been made in reducing heroin overdoses provide a message that, with concerted effort, progress can be made in addressing the larger substance abuse picture.

2007 was the year that NSMC undertook such concerted effort. The Community Affairs and Health Access Committee (CAHAC) formed a Substance Abuse Subcommittee in January 2007 and it went to work. Its accomplishments included the following:

- **Provider Education** - One of the issues continually articulated by individuals and families seeking help for substance abuse issues, as well as, by the practitioners trying to provide it, is the need for education of community physicians and other clinicians in identifying a substance abuse problem in patients and knowing where to direct them for help. With the eager support of NSMC's physicians, community benefit staff arranged two medical grand rounds sessions focusing on screening for substance issues in the primary care setting, brief intervention, and referral. A third medical rounds session focused on these issues was provided for pediatric clinicians treating adolescent patients. More provider education sessions are being planned.
- **Community Substance Abuse Forum** – As more and more scientific information becomes available about the causes of and treatment for addiction issues, it is important to make it available to those in the community raising, educating, and caring for our youth. On November 14, NSMC presented an all-day community substance abuse forum, entitled “Understanding Substance Abuse in Adolescents and Adults” with a target audience of parents, educators, and clinicians. The panelists included some of the foremost experts in the field, and the forum, which was attended by 250 people, received excellent reviews. A follow-up forum, directed at parents alone, is planned for the spring of 2008.
- **Weekly Family Support Group** – Parents and other family members are usually on the front-line of dealing with addiction in a son or daughter. Experience has shown that if they do not get the help and support they need, they will be less likely to help their loved one into recovery. Learn to Cope is a family support group located on the South Shore which was started several years ago by Joanne Peterson, the mother of a teenage boy addicted to heroin. She started the group to help herself and others, and it has grown into a weekly meeting often with over 50 attendees (some who traveled from the North Shore because of the lack of a similar group in their area), a 24 hour confidential web-site, and a clearinghouse for resource materials and other information for families in need. The group has attracted national and state acclaim as a model for helping families in substance abuses crises. NSMC was, therefore, honored when Ms. Peterson agreed to start a branch of Learn to Cope on the North Shore under NSMC's auspices. She held an inaugural meeting on the NSMC campus in September with 11 North Shore families and it is continuing to grow.
- **Dissemination of Data** – Raising awareness about the scope of the substance abuse crisis continues to be an important ingredient in an effort to increase prevention and treatment efforts. In 2007, NSMC started regular dissemination of substance abuse discharge data to local communities.
- **Compilation of Resource Guide** – A myriad of treatment modalities, confusing insurance restrictions, and critical bed and other placement shortages are just a few of the factors making navigation through the substance abuse treatment field an overwhelming challenge for patients, their families, and their primary care clinicians. One of the obvious first challenges for the Substance Abuse Subcommittee was to oversee the production of a user-friendly resource guide. Months of work have been put into collecting information and formatting such a guide; it is scheduled for completion within the next few months.
- **New Suboxone Programming** – With the support and encouragement of NSMC, the Lynn Community Health Center has received a grant to enable it to begin providing suboxone services in Lynn, to address this growing area of drug abuse.
- **Best Practices** - Throughout the past year, NSMC has played a role in bringing others together to learn about best practices in the field of substance abuse. This will help forge

relationships among clinicians and community voices that together will be in a position to bring about better prevention and treatment in this field.

NSMC will continue work on all of these initiatives during 2008.

### ***Strengthened Collaborations with the Health Centers on Primary Care Connection Program***

This year marked the fourth year of NSMC's commitment to its Under and Uninsured Access Project, a large-scale multi-faceted project, conducted in partnership with Lynn Community Health Center (LCHC) and North Shore Community Health Center (NSCHC), to improve access and care for under and uninsured patients in its communities. Since the beginning, one of the major components of the project has been their joint Primary Care Connection program. This program identifies patients who come to the NSMC Emergency Departments (EDs) who do not have a primary care relationship, and ensures that they do not leave without a next day (or very soon thereafter) appointment at the local health center. The program continues to be very effective in helping patients to not only access, but maintain, a primary care relationship. For the first few years, the program was focused in the NSMC/Salem ED; this past January it was launched in the NSMC/Union ED as well.

Not only do the patients receive an appointment (which NSMC nurses book from the ED), they are also given taxi vouchers, bilingual instructions and other appropriate supports to ensure that they keep the appointment. ED personnel and health center staff are in communication on a daily basis to ensure that patients receive the services they need and do not fall through the cracks. Clinical staff from both sites have strengthened communication processes to ensure that diagnostic test results are conveyed effectively and that needed follow-up care is obtained.

Since the program started in January 2005, over 2,700 new NSMC ED patients have followed up their emergency department visit by seeking care at one of the health centers. Once these patients experience their first encounter with health center care, they tend to return for ongoing primary care, averaging more than three annual visits to their new primary care provider.

This primary care connection project will grow in importance during 2008 as more and more individuals will be seeking a primary care "home" as a result of having health insurance for the first time under the Commonwealth's Health Care Connector Program.

### ***Continued Growth and Impact of High Risk Community-Based Case Management***

Since the fall of 2004, NSMC has had in place, also as part of its Under and Uninsured Access Project, a high risk community-based case management program to serve under and uninsured patients. These patients, because of a combination of a number of medical, behavioral health and socio-economic circumstances, need an extra layer of hands-on case management and compassionate care to help them escape their well-documented cycle of excessive use of emergency department care, poor outcomes, and unnecessary and unduly long inpatient stays. NSMC hired three full-time nurse case managers to staff the program; two were dedicated to those patients with primarily medical issues and one was dedicated to those patients with a

primary psychiatric diagnosis. NSMC partnered with LCHC and NSCHC to identify these patients and their needs. Because the nurse case-managers were to be community-based, NSMC and its partners believed that they would have a unique ability to transcend the institutional barriers that can interfere with access to coordinated care across hospital campuses and community health centers. The goal of the program was to ensure communication and coordination across sites, as well as screening, linkage to services, follow-up education and resources these high-risk patients require.

For each patient referred to the program, the case manager coordinates an individualized goal-oriented treatment plan in collaboration with all members of the care delivery system, including the hospital treatment team, the social service community-based agencies and other related outpatient treatment providers, with the goal of maintaining patients in the community and reducing the need for inpatient hospitalization. Special attention is paid to helping patients obtain affordable medications and remaining compliant with medication regimens. By providing these patients with the tools they need to take control of their health, they are then able to do so on their own. The results have been very rewarding, not only to the patients, but to the caregivers who have helped them to achieve goals previously thought impossible. The nurse managers are passionate about their work and always available to tell of their success stories.

Data on outcomes from three years of program experience demonstrate that the program is meeting its goals. In order to determine how well the case management interventions are working, hospital utilization data on emergency room visits, inpatient admissions, and length of stay for inpatient visits for the period of time since the patient was enrolled in the program, are compared to those indicators for the same length of time prior to enrollment. Six months is considered the minimum amount of time worthy of comparison. Over 1,000 patients have been enrolled in the psychiatric and medical programs since their inception. Data on those patients included in the analysis shows decreases in all three utilization measures:

- Inpatient discharges are down by six percent
- The average length of stay for inpatient visits is down by 29 percent
- Emergency room visits are down by nine percent

Based in large part on the success of this community-based case management program, NSMC and the health centers will be developing new programs of case management/patient navigation for vulnerable populations in the upcoming year.

### ***NSMC Community Health Improvement Fund***

In 2001, NSMC created a Community Health Improvement Fund (CHIF). This fund provides grants ranging from \$1,000 to \$10,000 to organizations working on community health issues in towns within the NSMC service area. In each of the first three years, grants were awarded to seven local non-profit agencies. In 2007, the sixth granting cycle, the CHIF awarded grants to nine additional agencies. The grants were:

- **Catholic Charities of the North Shore (CCNS)** - CCNS provides GED (General Equivalency Diploma) programs to approximately 115 local adolescents who have dropped out of high school. Many of these young people are living on their own, without training or experience in the fundamentals of healthy living and homemaking. CHIF funding will enable CCNS to

provide a Healthy Living Program (nutrition, exercise, homemaking) to these at-risk adolescents as an adjunct to its GED programming.

- **Children's Friend and Family Services (CFFS)** - CFFS provides a highly regarded Youth Mentoring Program for at-risk youth in local communities. There are currently 100 young people on the waiting list for mentors. CHIF funding will enable CFFS to expand its capacity to serve more families through a short-term, focused effort of recruiting and training youth mentors.
- **Danvers Community YMCA** - CHIF will provide start-up funds for a community-based collaborative effort to provide a comprehensive 12-week program of personal coaching and physical activity for middle school children in need of assistance to maintain a healthy weight.
- **Hospice of the North Shore (HNS)** - HNS has initiated a variety of projects aimed at increasing its ability to serve culturally diverse patients and families in the service area who are living with end-of-life concerns and yet have been underserved in hospice and palliative care programs. As a result of these efforts, it anticipates increased requests for services from Latino and Russian families. CHIF funding will enable HNS to implement a focused recruiting and training effort for Russian and Latino staff.
- **Lynn Community Health Center** - LCHC is in the forefront in the Lynn community of reaching out to the most vulnerable of new populations. In recent years there has been a large influx of Guatemalan women of Mayan origin, for many of whom, Spanish is a second language. They speak Mann, a dialect of their home region, and most of them are preliterate. When they arrive, they are isolated, scared, and unaware of the services available to them. CHIF funding will enable the LCHC to reach out to these women and offer them a support group to provide them with survival skills and a sense of empowerment to care for themselves and their children.
- **Lynn Time Bank, Inc.** - This Lynn-based volunteer time bank offers its members a mechanism for trading services in a wide range of activities. This CHIF grant will enable it to set up a system to enable its members to offer and access transportation to health care appointments for North Shore residents who experience transportation barriers.
- **Melanoma Foundation** – This grassroots educational organization, founded by a man who lost his young son to melanoma, is engaged in educating the community about melanoma risks, prevention, and detection. This CHIF grant will enable it to increase its outreach activities by collaborating with ongoing community outreach efforts by NSMC.
- **Save Our Children (SOC)** - This Salem-based hunger organization assists many local families with weekly groceries, summer lunches, and other hunger assistance. However, due to restrictions on how it can use funding it receives, it is unable to offer some of its neediest families with infants help with diapers, baby food, and formula. This CHIF grant will enable SOC to provide a new program of assistance to its families with infants.
- **Team Up, Inc.** - This grass-roots, volunteer organization in Marblehead has been engaged in a team building approach involving parents, youth, and educators on issues of concern to youth and families. This CHIF grant will enable it to carry out a two-part program of community needs assessment and education on the topic of youth alcohol, tobacco, and drug use and to begin to expand its reach to all of the communities served by NSMC.

## Serving Free Care and Medicaid Patients

In addition to its innovative program to coordinate care delivery and expand services for Free Care patients, NSMC provided nearly \$11 million of Free Care to more than 5,500 uninsured patients during FY2007. The Uncompensated Care Pool covered more than half of this loss, for a net cost to the hospital of \$5.5 million. Approximately two-thirds of all NSMC Free Care patients were from Salem and Lynn. After years of growth in the number of Free Care patients at NSMC, there was a 17 percent decline in 2007. At the same time, the hospital treated nearly 1,800 patients newly insured under Commonwealth Care.

NSMC is also a significant provider of health care for Medicaid patients, providing more than \$56 million worth of care to more than 22,000 patients in FY2007. Because this care is not fully reimbursed, the hospital and its doctors lost more than \$18 million by providing it.

## Measuring the Commitment

One way to measure NSMC's commitment to the community is by the amount spent on health care services and programs. The following table calculates this in two different ways – first, according to the guidelines promulgated by the Attorney General's office and second, according to a broader definition that considers additional components of spending or revenue loss.

### Components of FY2007 Community Commitment (in \$ Millions)

#### *Compiled according to the Attorney General Guidelines*

Community Benefit Programs		
Direct Expenses		
	Program Expenses	1.5
	Health Center Subsidies (Net of Uncompensated Care)	N/A
	Grants for Community Health Centers	0.5
Associated Expenses		N/A
DoN Expenses		N/A
Employee Volunteerism		N/A
Other Leveraged Resources		
	Grants Obtained	0.3
	Doctors Free Care	1.5
Net Charity Care (Shortfall plus Assessment)		6.2
Corporate Sponsorships		0.1
Total per AG Guidelines		10.1

**Components of FY2007 Community Commitment**  
**(in \$ Millions)**  
*Compiled according to a Broader Definition*

	Program Expenses	1.5
	Health Center Subsidies (Net of UC and Medicaid Loss)	N/A
	Grants for Community Health Centers	0.5
Associated Expenses		N/A
DoN Expenses		N/A
Employee Volunteerism		N/A
Other Leveraged Resources		
	Grants Obtained	0.3
	Doctors Free Care	1.5
Net Uncompensated Care – Hospitals (Shortfall plus assessment net of Insurer Contributions)		5.1
Bad Debt (at Cost)		
	Hospitals	3.4
	Doctors	1.8
Medicaid Loss (at Cost)		
	Hospitals	15.2
	Doctors	3.2
Medicare Loss (at Cost)		
	Hospitals	21.9
	Doctors	10.9
Unreimbursed Expenses for Graduate Medical Education		0.1
Corporate Sponsorships		0.1
Linkage/In Lieu/Tax Payments		0.3
Total Broader Definition		65.8

*Note: Where N/A is reported, it should be noted that although amounts are not available for reporting, Partners hospitals, health centers, and physicians provide substantial contributions.*

Depending upon the definition used, NSMC contributed between two percent and more than 13 percent of patient care-related expenses to the community in FY2007.

## **Next Reporting Year**

NSMC's major goals for the upcoming year are to make significant progress on each of the FY2008 Community Benefit Priorities as articulated by the NSMC Community Affairs and Health Access Committee in May 2007. These goals include work in the following arenas:

- Improving access through health center collaborations
- Community Partnerships in Domestic Violence, teen pregnancy, and HIV programming
- Substance abuse
- Translation Services
- Anti-smoking programming

## **Contact Information**

For questions about this report, or for more information about NSMC's community benefit activities, please contact:

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