

# **NORTH SHORE MEDICAL CENTER**

## **Introduction**

The North Shore Medical Center (NSMC) is a multi-site integrated community health system located 20 miles north of Boston. The system includes more than 4,000 healthcare providers and employees in the following acute care hospitals, rehabilitation facilities, and home care and primary care services:

- Salem Hospital
- Union Hospital
- North Shore Children's Hospital
- Shaughnessy-Kaplan Rehabilitation Hospital
- VNA of Greater Salem – Partners Home Care
- Charter Professional Services Corporation

## **Mission Statement**

The community commitment shared by each of these entities and their staff was reinforced and renewed in 1998 when the Board of Trustees of the 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 Benefits Program**

Community benefit management staff report to the NSMC Senior Vice President and participate regularly with the clinical and administrative leadership teams of both Salem and Union Hospitals. Community benefit staff participates in the NSMC External Affairs Committee and various other hospital committees. The NSMC community benefit team works closely with the Community Benefit Programs department of Partners HealthCare.

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

NSMC's primary service area includes Danvers, Lynn, Lynnfield, Marblehead, Nahant, Peabody, Salem, Saugus, 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. The intensity of the needs assessment and level of community participation varies from one community to another and is reflective largely of the level of unmet health needs in the particular community. Within the service area, Lynn and Salem experience a significantly higher level of unmet needs.

### ***Overall Service Area***

Until recently, the main focus of the NSMC community benefit program has been in Lynn. While maintaining its commitment to continue to enhance the community benefit process and programs in Lynn, NSMC has begun to develop a more comprehensive community benefit plan in cooperation with a variety of community constituents with a particular focus in Salem. While some programs are oriented in one city or town in the service area, others address regional health problems with a more general approach.

NSMC works as part of the Community Health Network Area (CHNA) for the region, participating actively in DPH-sponsored health service planning and delivery efforts. The CHNA is chaired by a North Shore Children's Hospital employee, Cindy Lann, Community Liaison; North Shore Children's Hospital is active in the Childhood Asthma Working Group; and until recently the Coordinator of Interpreter Services at Union Hospital served as co-chair of the Interpreter Services Working Group of the CHNA.

### ***Lynn***

Lynn, with a 2000 population of 89,050, is by far the largest city in the service area. It has a large immigrant population that faces serious health care access problems. NSMC's current needs assessment and community participation process fall into two main categories.

### **Union Hospital Merger Process**

When Union Hospital merged with NSMC/Partners in 1997, the Lynn Health Task Force, which is now known nationally for its success in community health advocacy, presented the hospital organizations with a list of 13 priority unmet health needs for the City of Lynn. The Task Force had identified these needs over a period of many years through a far-reaching community process focused on Lynn's underserved residents. These needs were incorporated by the Massachusetts Public Health Council into a set of 13 requirements that were made conditions of the transfer of license necessary to effect the merger.

Those 13 conditions, as described below, have, by agreement with the Task Force, served as NSMC's community benefit plan for Lynn during the ensuing years. NSMC Board members and senior leadership meet regularly with the Task Force to monitor progress and establish specific goals. Work is done through focused workgroups comprising hospital staff and Task Force representatives. The parties also report annually to the Public Health Council. This year,

in recognition of a new, strong relationship between the Task Force and NSMC, the organizations collaborated on a joint report.

### **CAP Process**

During 2001, NSMC augmented its community participation in Lynn by joining the Lynn Community Access Program (Lynn CAP). Lynn CAP is a federally funded project that supports community efforts to develop coordinated systems of care for the uninsured. Lynn was chosen as the first community to implement a CAP program because of the strong collaboration among the Task Force, the Lynn Community Health Center and NSMC and their recent joint success in increasing access for the uninsured.

Through the CAP process, four priority health access issues were identified and working groups supported and coordinated by employed staff, have been meeting and reporting regularly on each of the following:

- Providing outreach to underserved populations, with a focus on Southeast Asians
- Increasing access to specialty physician services and pharmacy services
- Improving behavioral health services
- Integrating care coordination

### ***Salem***

In addition to NSMC's own review of public health data concerning Salem's health status, there are a number of community-based providers and organizations in Salem with which NSMC works to identify and address access issues and particular health needs. Examples of community partners in Salem include:

- North Shore Community Health, Inc., a federally funded community health center with clinical sites in Salem and Peabody. NSCH provides primary care and related services to meet the health care needs of underserved residents of those communities.
- VOCES, a health and social service organization working with Salem's Latino community.
- The City of Salem Board of Health, which performed its own health needs assessment in 1999. NSMC is working with the Mayor and the Board of Health to identify areas for collaboration. Projects under consideration include employee health education and training programs, domestic violence prevention (working with the Police Department), and youth programs.

As part of NSMC's increased emphasis on community health in Salem, a more structured community benefit process, involving a wide variety of concerned organizations and other stakeholders, will be undertaken during 2003.

### **Community Benefit Plans**

#### ***Process of Development and Target Populations***

##### **Overall Service Area**

### ***Cardiovascular Health Education and Prevention***

As part of the process of developing a cardiac surgery service, NSMC committed to support community providers in Lynn and Salem in a cardiovascular health education and disease prevention project. Because both Lynn and Salem have higher than average heart disease rates and relatively large Latino populations, the National Institutes of Health-developed program, “Salud Para Su Corazon” (Healthy Heart) was chosen as the model. It was implemented in Lynn in early 2002. In Salem, NSMC worked with community providers and DPH to tailor the program to meet the needs of the community, and implementation took place in early 2003. In Lynn, in addition to “Salud Para Su Corazon”, a cardiac health education and prevention program focused on seventh-grade students has begun at the Breed Middle School.

### ***Cancer***

As part of the Determination of Need approval for the new linear accelerator operating at the North Shore Cancer Center (located in Peabody), NSMC committed to work with community providers to improve access to cancer care for underserved populations. Specifically, NSMC will be working with the Salem Family Health Center and the Lynn Community Health Center with a focus on cancer prevention through smoking cessation programs for Latino residents.

### ***Domestic Violence***

A prominent regional domestic violence organization, Help for Abused Women and their Children (HAWC), approached NSMC in 1998 seeking to collaborate on hospital programming to reach patients and staff who may have been affected by domestic violence. Based on HAWC’s recommendations, it was determined that the most effective way to reach the target population was to assign domestic violence advocates to both Union and Salem Hospitals. Since 1998, NSMC has provided salary and other support to two HAWC employees who work full-time in the two hospitals.

### **Lynn**

As described above, the Community Benefit Plan for Lynn is based on the 13 Determination of Need (DoN) commitments made at the time of the Union Hospital/NSMC merger in 1997. The commitments focus on achieving improvement in the following areas and for specific target populations:

- Free Care access
- Interpreter services
- Financial investment in Lynn health care services
- Expansion of primary care services
- HIV services
- Health care transportation services
- Teen pregnancy prevention services
- Expansion of Free Care laboratory, specialty physician and pharmacy services
- Substance abuse services

- Mental Health services
- Health outreach services
- Domestic violence services
- Community representation on the Union Hospital Board

## ***Time Frame for Achieving Goals and Process for Measuring Outcomes and Evaluating Effectiveness of Programs***

### **Overall Service Area**

#### ***Cardiovascular Health Education and Prevention***

Regular measurement of specific health status indicators is included as part of the program. Reports assessing the progress of the program are prepared regularly.

#### ***Cancer***

The results of efforts to improve knowledge about cancer prevention and to decrease tobacco use among Hispanic residents of the service area will be measured and reported annually over the next five years.

#### ***Domestic Violence***

HAWC maintains quarterly and annual reports on its work in Union and Salem Hospitals.

### **Lynn**

The process for measuring the outcomes and evaluating the effectiveness of NSMC's efforts to achieve sustainable improvement in each of these areas is ongoing. Work with the Task Force takes place on a regular basis and reports to the Public Health Council are made annually. Additionally for many of the programs (teen pregnancy prevention, HIV and domestic violence programming, mental health services) quarterly progress reports are maintained to assess success in meeting annually renewed program goals.

Each of the conditions has its own time frame; those that could be accomplished quickly were given one- or two-year deadlines, while others were expected to take up to five years. It is now clear that compliance with several of the conditions which require systematic changes in local health care delivery will take longer than five years. NSMC continues to renew its commitment to use best efforts to achieve the goals articulated in the conditions.

## ***Budget Process***

### **Overall Service Area**

#### ***Cardiovascular Health Education and Prevention***

The budget for this initiative was established through the cardiac surgery Determination of Need (DoN) application process: beginning in 2002, NSMC has committed to spend over \$500,000 in direct program support and in-kind technical assistance over three years.

### ***Cancer***

The budget for this project was established as part of the DoN process, and is set at \$120,000 over five years, beginning in 2002.

### **Lynn**

The budget process for Lynn Community Benefit Programs differs somewhat from that of other communities insofar as the DoN conditions require a certain level of expenditure, over a five year period, for Lynn programs and capital projects. That amount, \$15 to \$20 million, includes investments made to improve facilities at Union Hospital, as well as, the substantial capital investment in Lynn Community Health Center facilities.

## ***Process for Reviewing, Evaluating and Updating the Plan***

### **Overall Service Area**

Compliance with the cancer services access (linear accelerator) and cardiac health education and prevention (cardiac surgery) DoN conditions will be reviewed and reported to the Department of Public Health regularly. The community benefit plan being developed for Salem will include a mechanism for regular review and revision in collaboration with community organizations.

### **Lynn**

As mentioned above, NSMC reports annually to the Public Health Council regarding its achievements in fulfilling the DoN commitments. The Task Force reviews NSMC's report prior to its submission and the two parties work together to renew and/or revise commitments as appropriate. In the past the Task Force filed its own report. In 2002, however, in recognition of the tremendous progress that has recently been made on some of the most challenging conditions and the high level of trust that has grown between the Task Force and NSMC leadership, the two entities collaborated in filing a joint report. Based on the joint request of NSMC and the Task Force, the Public Health Council extended annual reporting.

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

### ***Major Programs, Initiatives and Accomplishments***

#### **Cardiac Health Education and Prevention**

In Salem “Salud Para Su Corazon” is run as a collaboration between the Salem Family Health Center and VOCES, while in Lynn the Lynn Community Health Center has taken the lead. In addition, LCHC operates a cardiovascular health education and prevention program for students at the Breed Middle School. These programs were implemented in early 2002.

### **Domestic Violence Prevention**

Two full-time domestic violence workers have completed more than four years of domestic violence programming at the Union and Salem Hospital campuses. Financial support for their positions will continue in FY2003.

These two advocates work on-site at Union and Salem Hospitals to identify victims of domestic violence and obtain appropriate assistance for them through the HAWC network. The counselors are now providing in-house training, crisis intervention, and information and referrals to patients and employees of the NSMC.

Called “Crossroads”, the NSMC/HAWC program reaches women who will not disclose their abusive situation to anyone but their health care provider. The program’s unique collaboration with HAWC provides victims of domestic violence with a well-established array of services throughout the North Shore. All Crossroads services are voluntary, free and confidential. An average of 15 new referrals are made each month to the program from various departments in the Hospitals with the greatest number of referrals coming from the Emergency Departments, Psychiatry and self referral by employees.

### **Healthy Homes**

Healthy Homes works to promote good health by reducing hazards that lead to disease and injury among children. A community health worker at North Shore Children’s Hospital visits homes to educate families about prevention methods and help them make changes that can reduce the risks of lead poisoning, asthma, allergies, or unintentional injury. The project focuses on a wide range of hazards including poor indoor air quality, mold, pests, fire, structural defects, and lead paint. During 2002, the caseworker made nearly 450 home visits to 185 families throughout the North Shore.

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

The North Shore Medical Center Foundation recently created a Community Health Improvement Fund. This fund provides grants ranging from \$1,000-\$10,000 to organizations working on community health issues in towns within the NSMC service area. During its first year the fund awarded seven grants totaling \$50,000 to health care and social service agencies from four communities. The grants awarded were:

- Catholic Charities North: After School Evening Program to benefit Salem High School students at risk of failing and/or dropping out of school
- Project COPE, Inc.: Renovation of kitchen in the Women’s Residential Treatment Program in Lynn

- Hospice of the North Shore: Development of summer camping experiences for grieving children and their families
- North Shore ARC: Purchase a set of *Kids on the Block* puppets in an effort to educate and sensitize grammar school children about people with disabilities
- Lynn Community Elder Services: Purchase equipment to bring the Adult Day Health Center into compliance with state regulations
- CAB Health & Recovery Services, Inc.: Strong Kids/Strong Families after school program for at-risk middle school-age children in Salem
- St Joseph Food Pantry: Provide breakfast, lunch, and snacks to 40 underprivileged Latino youth ages six to 12 who attend the Mary Jane Lee Park Summer Meal & Recreation Program in Salem

The grant application period for the 2003 funding cycle was open from December, 2002 through mid-February 2003. Decisions will be announced in May 2003.

### **Increasing Care for Free Care Patients**

Last year in this report, NSMC listed as a major goal for the upcoming year a pledge to make significant and concrete progress in improving Free Care access to specialty and other uncovered services. The accomplishments in this regard are significant.

The Free Care Pool pays for hospital services and health center services for individuals without health insurance and with limited income. It does not pay for physician services or pharmacy services unless they are provided through a health center or hospital. In a community like Lynn, in which physicians are independent from the hospital, where pharmacy services are limited, and where the health center has a very limited number of specialists on staff, access to necessary care for Free Care patients has been a critical problem.

NSMC and the Task Force began exploring ways to address this problem several years ago when it became clear that the systematic approaches to Free Care access at large teaching hospitals were not available in community hospitals. Progress in Lynn required physician leadership that understood existing barriers and were committed to finding creative solutions geared to the special circumstances of independent specialty groups and to Union's own limitations as a small community hospital with limited outpatient services and space.

Medical leadership accepted that challenge, and now, after countless hours of analysis, education and meetings, Lynn has begun to see significant improvement in care for its Free Care population. There now exists a cadre of independent physicians who not only understand the barriers faced by Free Care patients, but have worked together to put the following improvements in place:

#### ***Outpatient specialty sessions at the Lynn Community Health Center***

NSMC and Lynn Community Health Center have collaborated on a system whereby private community based specialists from the Union Hospital Medical Staff now provide regular

sessions for patients on-site at the health center in the following specialties:

- Pulmonology
- Endocrinology
- Cardiology
- Infectious disease

Specialists in surgery, gastroenterology, and neurology are scheduled to commence sessions shortly, and sessions in other specialties will begin once specialists are identified. Compensation is provided to the physicians pursuant to a specialty services compensation agreement between the Health Center and NSMC/Partners. Patient utilization will be monitored. The participating physicians have expressed a great deal of enthusiasm for their work at the health center.

### ***Hospital Inpatient Coverage Services***

As mentioned in prior reports, Union Hospital implemented a system in 1999 to assure that Free Care eligible patients are not billed for the services of hospital-based physicians. Services included under this arrangement include anesthesia, pathology, radiology, pulmonology, and emergency room physician care.

This past August, Union Hospital made another significant advance in the provision of inpatient physician services to Free Care patients through its new hospitalist program. Under this program patients who are admitted to the hospital who do not have a primary care physician may be cared for by a hospital-employed physician whose responsibility is to manage their care while in the hospital and oversee their discharge back to the community. Most of Union Hospital's medical staff participate in the hospitalist program, enabling 75 percent of the unassigned patients to receive inpatient care from the hospitalist.

There are 760 such "unassigned" inpatients a year at Union Hospital, many of whom are without health insurance. Prior to the implementation of the hospitalist program these patients were assigned a physician through the rotational on-call system in which all Union Hospital non-specialists participated. Because there was no contractual arrangement between the hospital and the covering physician the physician care would be billed privately. Under the hospitalist program the care can be billed to the Free Care Pool.

Early data from the program suggest that hospital readmissions for enrolled patients have declined significantly. This decline suggests that the care management aspects of the program are working.

NSMC will soon begin a full assessment of the utilization data for this program to determine whether it has the hoped-for effect of addressing the needs of patients receiving Free Care.

### ***Hospital Surgical Services***

Union Hospital has devised and implemented an innovative program to provide general surgical services to Free Care patients who enter the hospital through the emergency room or by referral from the health center. Known as the Surgeon of the Day Program, the hospital has worked out

an arrangement with its community-based general surgeons whereby one of them is available, on a rotating basis, five days a week from 7 AM to 7 PM to provide general surgery to these patients. The hospital contracts with the surgeons for this service and, therefore, the physician component of the surgery is appropriately billed to the Free Care Pool.

Not only does this program accomplish the critical goal of providing surgical services at no cost to Free Care patients, it works well for the surgeons themselves as an innovative and systematic approach to emergency room call coverage. As an additional benefit the increase in Pool revenue available to the hospital for the surgeon's services will help in maintaining its Free Care ratio.

### ***Pharmacy Services for Free Care Patients***

NSMC, with support from Partners HealthCare, has continued to provide support for a clinical pharmacist at the health center. The role of the clinical pharmacist in assuring the least costly and most effective therapies for low-income patients has been one of the most important and positive outcomes of the demonstration project. In finding ways to alleviate the rising costs of prescription drugs, the health center found that addressing the prescribing patterns of physicians and other prescribers had the most impact. The 340B discounts available to health centers and other disproportionate share providers have also been significant reasons for the reduction in prescription costs. The development of collaboration between providers and the clinical pharmacist on formulary decisions and the availability to the providers of ready consultation by the clinical pharmacist (counter-detailing the drug salesperson) has been shown to reduce costs even more dramatically.

The role of the clinical pharmacist in a community health center has been one of the most successful features of this collaborative effort with the Hospital and is under review by the Massachusetts League of Community Health Centers and the Bureau of Primary Health Care as a "best practice".

Another aspect of NSMC's work on Free Care pharmacy is the continued availability of prescription drug coverage for patients discharged from Union Hospital.

### **Expanding Primary Care Capacity**

The other major goal identified in last year's report for NSMC's community benefit program for 2002 in Lynn was to implement plans for a new primary care facility in West Lynn. At that time plans were underway to acquire a building at 189 North Common Street and to execute an affiliation agreement with the Lynn Community Health Center to provide it with the necessary support to provide much-needed primary care and other health care services at the new site under its license.

Much of 2002 was spent in an intensive effort crafting an appropriate affiliation agreement and negotiating for the site. NSMC/Partners executed the affiliation agreement in September, 2002; they were unable, however, to finalize the acquisition of the selected site.

The affiliation agreement was written with provisions for pursuing alternative sites. NSMC and the Health Center with the approval of the Task Force have already identified a substitute site and negotiations are currently underway for its acquisition. While the site is in the same underserved area, it is smaller and requires substantially less renovation. It is expected that the site will be ready for occupancy by Summer, 2003.

***Supporting Free Care and Medicaid Patients***

In addition to its innovative program to coordinate care delivery and expand services for Free Care patients, NSMC provided more than \$4 million of Free Care to approximately 4,000 uninsured patients during FY2002. This amount includes the cost of care provided net of reimbursement from the state Uncompensated Care Pool. More than two-thirds of all NSMC Free Care patients were from Salem and Lynn.

NSMC is also a significant provider of health care for Medicaid patients, providing nearly \$26 million worth of care to more than 20,000 patients in FY2002. Most of those patients were from NSMC priority communities.

***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 FY2002 Community Commitment  
(in \$ Millions)**

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

Community Benefit Programs		
Direct Expenses		
	Program Expenses	0.9
	Health Center Subsidies (Net of Uncompensated Care)	N/A
	Grants for Community Health Centers	N/A
Associated Expenses		N/A
DoN Expenses		1.4
Employee Volunteerism		N/A
Other Leveraged Resources		
	Grants Obtained	0.9
	Doctors Free Care	0.1
Net Charity Care (Shortfall plus Assessment)		4.2
Corporate Sponsorships		N/A
Total per AG Guidelines		7.5

**Components of FY2002 Community Commitment  
(in \$ Millions)**

***Compiled According to a Broader Definition***

Community Benefit Programs		
Direct Expenses		
	Program Expenses	0.9
	Health Center Subsidies (Net of UC and Medicaid Loss)	N/A
	Grants for Community Health Centers	N/A
Associated Expenses		N/A
DoN Expenses		1.4
Employee Volunteerism		N/A
Other Leveraged Resources		
	Grants Obtained	0.9
	Doctors Free Care	0.1
Net Uncompensated Care - Hospitals (Shortfall plus assessment net of Insurer Contributions)		1.2
Bad Debt (at Cost)		
	Hospitals	6.9
	Doctors	0.5
Medicaid Loss (at Cost)		
	Hospitals	2.2
	Doctors	0.5
Unreimbursed Expenses for Graduate Medical Education		0.1
Linkage/In Lieu/Tax Payments		0.4
Total Broader Definition		15.1

*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 nearly three and almost six percent of patient care-related expenses to the community in FY2002.

## **Next Reporting Year**

### ***Anticipated Goals and Program Initiatives and Projected Outcomes***

#### **Lynn**

NSMC's major goals for the upcoming year in Lynn are to:

- Implement plans for the new primary care facility in West Lynn
- Continue improving access to specialty physician care
- Continue coordinating care for mental health and substance abuse patients

#### **Salem**

NSMC's major goals for the upcoming year in Salem are to:

- Create formal affiliation with North Shore Community Health, Inc.
- Complete and implement community benefit plan
- Assess and report preliminary results of cardiovascular and cancer programs

## **Contact Information**

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

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