



Community Benefit Report

FY 2011, October 2010 – September 2011

EMHS Mission: The mission of EMHS is to maintain and improve the health and well-being of the people of Maine through a well-organized network of local healthcare providers who together offer high quality, cost-effective services to their communities.

EMHS System-wide Total Benefit: \$ 126,889,957

Community Health Improvement Services: \$ 6,908,633	Community Benefit Operations: \$ 2,536,582
Health Professions Education: \$ 1,048,006	Charity Care: \$ 25,644,233
Subsidized Health Services: \$ 28,351	Unpaid Cost of Public Programs:
Research: \$ 1,200,210	Medicare: \$ 41,621,101 Medicaid: \$ 42,664,900
Financial Contributions: \$ 220,455	Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 73M: \$ 4,571,458
Community-Building Activities: \$ 446,028	

Community Benefit by EMHS Non-profit Member



Total Community Benefit: \$ 13,685,350

Community Impact: Acadia Hospital participated in 10 of the 11 EMHS Community Health Needs Assessment forums. Acadia staff updated their knowledge of community needs pertaining to behavioral health in the region. This has led to collaborative opportunities with providers, public health and prevention specialists - particularly in the area of drug abuse education. It has also led to ongoing conversations about how Acadia Hospital might partner with rural communities to strengthen mental health.

Community Health Improvement Services: \$ 161,659	Charity Care: \$ 8,995,485
Health Professions Education: \$ 203,360	Unpaid Cost of Public Programs:
Research: \$ 21,511	Medicare: \$ 3,794,427
Community Building Activities: \$ 44,598	Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 3.0M: \$ 228,597
Community Benefit Operations: \$ 235,713	

\$ 272,651 is the total amount of donor funds used for community benefit at The Acadia Hospital through Acadia Hospital Healthcare Charities.



Total Community Benefit: \$ 13,423,805

Community Impact: The Aroostook Medical Center (TAMC) is committed to restoring, maintaining, and improving the health of our friends and neighbors by collaborating with community partners to build a healthier community. In 2011, TAMC engaged local organizations and businesses to discuss the OneMaine Community Health Needs Assessment, determine the community's top health priorities, and identify ways to respond.

Community Health Improvement Services: \$ 6,047	Unpaid Cost of Public Programs:
Health Professions Education: \$ 18,478	Medicare: \$ 8,864,440 Medicaid: \$ 2,598,952
Financial Contributions: \$ 74,862	Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 9.4M: \$ 547,353
Community Benefit Operations: \$ 84,892	
Charity Care: \$ 1,228,781	

\$ 131,828 is the total amount of donor funds used for community benefit at The Aroostook Medical Center through The Aroostook Medical Center Healthcare Charities.

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Total Community Benefit: \$ 1,684,125

Community Impact: Blue Hill Memorial Hospital participated in the Ellsworth Community Health Needs Assessment forum held on June 14, 2011. Several themes were consistently heard throughout the forum. One theme was the need to develop and maintain strong community partnerships that focus on local health and wellness needs. Since the June forum, Blue Hill Memorial Hospital has partnered with numerous organizations in our community to address concerns such as cancer, early childhood development, diseases associated with our aging population, and addiction. Recent partners have included (but not been limited to) Healthy Peninsula, the Jackson Laboratory, the Parker Ridge Retirement Community and area high schools. We continue to look for meaningful ways to partner with other organizations to help keep our community as healthy as possible.

Community Health Improvement Services: \$ 47,013	Charity Care: \$ 827,908
Research: \$ 18,020	Unpaid Cost of Public Programs:
Community-Building Activities: \$ 149,506	Medicare: \$ 273,029
Financial Contributions: \$ 7,421	Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 2.0M: \$ 195,122
Community Benefit Operations: \$ 166,106	

\$ 5,831 is the total amount of donor funds used for community benefit at Blue Hill Memorial Hospital through Blue Hill Memorial Hospital Healthcare Charities.



Total Community Benefit: \$ 1,039,367

Community Impact: In July 2011, C.A. Dean worked in collaboration with Mayo Regional Hospital to host a Community Health Needs Assessment (CHNA) for Piscataquis County. Topics that were discussed included access to care, substance abuse/mental health, chronic conditions and primary prevention/obesity. C.A. Dean has focused greatly on primary prevention and obesity. For example, C.A. Dean created a Summer Activity Booklet which was passed out to the younger generations in our area that listed all of the summer activities that are offered locally, contact numbers and names as well as hours and a brief description of that activity. C.A. Dean plans to do this again for next year. Our organization has been working closely with the school system to incorporate the topics that were discussed at the CHNA.

Community Health Improvement Services: \$ 9,500	Community Benefit Operations: \$ 320
Health Professions Education: \$ 11,789	Charity Care: \$ 327,822
Subsidized Health Services: \$ 1,221	Unpaid Cost of Public Programs:
Research: \$ 2,000	Medicare: \$ 211,697 Medicaid: \$ 334,218
Financial Contributions: \$ 5,855	Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 0.9M: \$ 56,445
Community Benefit Activities: \$ 78,500	

\$ 5,751 is the total amount of donor funds used for community benefit at Charles A Dean Memorial Hospital through Charles A Dean Memorial Hospital Healthcare Charities.



(data below reflects Home Office activity only)

Total Community Benefit: \$ 6,033,506

Community Impact: EMHS is committed to sharing information from the OneMaine Community Health Needs Assessment throughout our service area. During May –September 2011, EMHS, with the help of local partners, organized eleven regional community forums throughout central, eastern, and northern Maine. At each regional forum, community leaders and engaged residents met to hear about the Community Health Needs Assessment, gain insights from local medical, public health, and behavioral health experts, and to discuss health improvement ideas with others in multiple break-out sessions.

Community Health Improvement Services: \$ 5,354,273	Research: \$ 146,394
Health Professions Education: \$ 80,884	Community-Building Activities: \$ 132,878
Financial Contributions: \$ 121,849	Community Benefit Operations: \$ 197,228

\$116,127 is the total amount of donor funds used for community benefit at EMHS through EMHS Healthcare Charities.

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Total Community Benefit: \$ 281,792

Community Impact: Eastern Maine HomeCare (EMHC) is committed to fighting substance abuse among the elderly. As a provider of healthcare services in the home, EMHC clinicians play a critical role in helping the elderly properly use – and then dispose of – medications once they are no longer needed. Substance abuse was a concern noted in every Community Health Needs Assessment Forum and EMHC looks forward to partnering with other healthcare leaders in our communities to further reduce substance abuse among the elderly.

Community Benefit Operations: \$ 31,500

Charity Care: \$ 10,737

Medicaid: \$ 239,555

\$ 91,490 is the total amount of donor funds used for community benefit at Eastern Maine Homecare through Eastern Maine Homecare Healthcare Charities



Total Community Benefit: \$ 83,337,780

Community Impact: In late June, area professionals, business, and government leaders from across the greater Bangor area attended a community forum to learn about local priority health issues and how to better improve the lives of people living in Penobscot County. The reality is Penobscot County has the highest percentage of obese residents of any county in Maine. Eastern Maine Medical Center, as an annual sponsor and mentor for the Wellness Council of Maine, brings well coaching and healthy lifestyle initiatives into area organizations.

Community Health Improvement Services: \$ 731,851

Charity Care: \$ 12,100,419

Health Professional Education: \$732,055

Unpaid Cost of Public Programs:

Subsidized Health Services: \$22,949

Medicare: \$ 26,341,964 Medicaid: \$ 38,027,834

Research: \$ 984,212

Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 47.0M: \$ 2,926,814

Financial Contributions: \$ 448

Community-Building Activities: \$ 11,234

Community Benefit Operations: \$ 1,458,000

\$ 2,598,199 is the total amount of donor funds used for community benefit at Eastern Maine Medical Center through Eastern Maine Medical Center Healthcare Charities.



Total Community Benefit: \$ 5,442,631

Community Impact: Dozens of local professionals, business and government leaders, and concerned citizens gathered on August 30 for the Waterville area OneMaine Community Health Needs Assessment community forum to learn about local priority health issues and the steps needed to effectively address them. Childhood obesity continues to be a major public health concern in Central Maine, with reported rates of overweight or obesity for youth in grades nine through 12 at 25 percent in Kennebec and 30 percent in Somerset counties in the 2010 report. Inland recently helped create and became an official Let’s Go! Kennebec dissemination partner to help address the issue and will focus efforts on the healthcare sector by assisting hospital-owned physician practices in adopting the program.

Community Health Improvement Services: \$ 56,922

Charity Care: \$ 1,031,738

Research: \$ 8,140

Unpaid Cost of Public Programs:

Financial Contributions: \$ 10,020

Medicare: \$ 2,087,697 Medicaid: \$ 1,464,341

Community-Building Activities: \$ 77,415

Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 8.9M: \$ 488,440

Community Benefit Operations: \$ 217,918

\$ 99,572 is the total amount of donor funds used for community benefit at Inland Hospital through the Inland Healthcare Charities

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Total Community Benefit: \$ 113,057

Community Impact: Rosscare has convened a community task force to address the issue of identifying substance abuse in older adults. Community collaborators include The Acadia Hospital, Eastern Maine HomeCare, and the University of Maine Center on Aging. The task force goal is to develop and launch tools for healthcare professionals to screen for alcohol abuse in older adult populations and provide resources for community support and treatment.

Community Health Improvement Services: \$ 111,557

Community Benefit Operations: \$ 1,500

\$3,798 is the total amount of donor funds used for community benefit at Rosscare through Rosscare Healthcare Charities.

Total Community Benefit: \$ 1,848,544

Community Impact: Seabastcook Valley Health (SVH) and Eastern Maine Healthcare Systems co-hosted a well-attended Community Needs Assessment forum in our local area on June 3, 2011. Key priorities for our region include access to care, chronic disease management, obesity prevention and substance abuse prevention. SVH has begun initiatives in several of these areas, including establishment of care managers in our local practices and the Little Beacon Project, which is designed to coordinate care of patients with chronic diseases within our region more effectively.

Community Health Improvement Services: \$ 429,811

Health Professions Education: \$ 1,440

Subsidized Health Services: \$ 4,181

Research: \$ 19,933

Community-Building Activities: \$ 30,077

Community Benefit Operations: \$65,225

Charity Care: \$ 1,121,343

Unpaid Cost of Public Programs:

Medicare: \$ 47,847

Unrecoverable interest cost on funds used to subsidize state Mainecare/Medicaid underpayments of \$ 1.8M: \$ 128,687

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Community Benefit Report Glossary of Terms

Charity Care: The cost of care provided to uninsured, low-income patients who are not expected to pay all or part of a bill. Charity Care does not include bad debts arising from the failure to pay by patients expected to pay for such services.

Community Benefit: A planned, managed, organized, and measured approach to a healthcare organization's participation in meeting identified community health needs. It implies collaboration with a "community" to "benefit" its residents- particularly the poor, minorities, and other underserved groups- by improving health status and quality of life. Community benefit responds to an identified community need and meet at least one of the following criteria:

Generate a low or negative margin	Community-building activities
Health professions education	Community benefit operations
Subsidized health services	Charity care
Research	Government-sponsored healthcare
Financial contributions	

Community Benefit Operations: Costs associated with dedicated staff, community health needs and/or assets assessment, and other costs associated with community benefit strategy and operations

Community-Building Activities: Includes cash, in-kind donations, and budgeted expenditures for the development of community health programs and partnerships. Enhancements include physical improvements, economic development, healthy community initiatives, partnerships, environmental improvements, and community leadership skills training.

Community Health Services: Activities carried out for the purpose of improving community health. They extend beyond patient care activities and are usually subsidized by the hospital

Donor Funds: The donor funds provided by each entity's Healthcare Charities branch are monies distributed to address recognized needs in the community. Donor funds are not included in the individual entity's total community benefit amount or the system-wide community benefit amount.

Financial Contributions: Includes funds and in-kind services donated to individuals and/or the community at large. In-kind services include hours donated by staff to the community while on the healthcare organization's work time, overhead expenses of space donated to not-for-profit community groups for meetings, etc., and donation of food, equipment, and supplies.

Health Professions Education : This category includes providing a clinical setting for undergraduate/vocational training, internships/clerkships/residencies, and residency education for physicians, nurses and medical students; funding for staff education that is linked to community services and health improvement; nursing scholarships or tuition payments for professional education to non-employees and volunteers; and a clinical setting for undergraduate training for lab and other technicians.

Research: Studies on healthcare delivery, unreimbursed studies on therapeutic protocols, evaluation of innovative treatments, and research papers prepared by staff professional journals

Subsidized Health Services: Costs for billed services that are subsidized by the healthcare organization. They include clinical patient care services that are provided despite a negative margin because, although they are needed in the community, other providers are unwilling to provide the services and the services would otherwise not be available to meet patient demand. Negative contribution margin departments and/or services can be categorized in the subsidized health services area.

Unpaid Costs of Public Programs: EMHS reports both Medicare, a federal government-sponsored healthcare benefit program, and MaineCare, Maine's Medicaid program. The loss for both Medicare and MaineCare is the shortfall that is created when a facility receives payments that are less than the costs incurred for caring for public program beneficiaries.

Definitions derived from the CHA (Catholic Health Association), VHA Inc., Internal Revenue Service Schedule H of form 990, and Lyon Software - Community Benefit Reporting: Guidelines and Standard Definitions for the Community Benefit report for Social Accountability.

EMHS' community benefit report comes out quarterly (the EMHS fiscal year starts in October). If you would like to request that another email address be added to our distribution list, request to be taken off our community benefit distribution list, or have any question or concern regarding the EMHS Community Benefit Report, please send an email to communitybenefit@emh.org, or call (207) 973-7051. The most recent version of our report is always available on the EMHS website, www.emh.org.