What matters most?

- **Services**
  - Primary care
    - Wellness visits, including well-woman visits
    - Pediatrics – currently there is no pediatrician practicing locally
    - Behavioral health care
    - Treatment for substance use disorder (SUD)
  - Specialty care
    - Obstetrics – babies delivered locally
    - Cardiology
    - Ear/Nose/Throat (ENT)
    - Oncology
  - Elder care
  - Emergency services
    - Rapid response
    - High quality
    - Transport to a local facility
    - Transport to specialists, if needed
  - Locally available therapy (physical, respiratory, etc.)
  - Screenings
    - Colonoscopies
    - Mammograms
    - Other common screenings
  - Case management, including help with
    - Navigating a complex system
    - Applying for MaineCare
  - Prevention and wellness, including
    - Obesity
    - Hypertension

- **Systems and/or Infrastructure**
  - Hospital
  - FQHC
  - Long-term care
  - Residential care for SUD
  - Home visits as part of prevention
  - Alignment of patient needs and care settings (i.e. reducing/eliminating “patients in the wrong beds”)

- **Social determinants and other supports**
  - Transportation
  - Food security
  - Housing
  - Heat
General observations

• Much of what we need is here – the issues are cost and quality
• But what do we mean by “here”? Often, “here” means Bangor...
• A full-service hospital is not likely to return to Lincoln
• We have a great health care system in this country; it’s the insurance system that’s broken
• It’s frustrating to hear “we have no beds” but the hospital can’t take more patients
• There is an important synergy between FQHCs and hospitals and MaineCare

Community assets

• Strong municipal and school leadership
• Great recreation program (especially pre-K through 6th grade)
• Emerging economic opportunity as mill site is converted to industrial park
• Local partnerships
• Services: In addition to primary care and emergency services, we have x-rays, MRI, colonoscopies, orthopedics, pain management, dialysis... (not a complete inventory)
• Systems/Infrastructure: Hospital (Penobscot Valley Hospital/PVH), FQHC (Health Access Network), and PVH Rehab & Wellness Center

Challenges

• Attracting businesses
  o To locate here, companies will want good schools, recreation, and health care
  o Requires finding the balance between low taxes and adequate/strong public services
  o “Economic development raises all ships”
  o “We need to make Maine shine”
  o “Community development is economic development”
• Aging population
• Transportation
  o Lynx has had privacy issues
  o Reimbursement is a problem
• Staffing/workforce shortages – challenges to recruit and retain
• Un/under insurance, high co-pays, high costs of prescription drugs

How can things work better: what’s the ideal; what solutions can we pursue?

• Services we need:
  o More physicians and nurses, in general – there is a long wait for referrals
    ▪ Attracting well-trained workers to small/rural towns is a challenge that requires much effort and expense
    ▪ Choice in candidates is always more limited in small/rural towns
  o More access to specialists to reduce waiting lists and drive time to Bangor (this could be accomplished via telehealth or other service delivery alternatives), including
    ▪ Oncologists – driving long distances every day for weeks/months for cancer-related appointments is both grueling and inefficient
    ▪ Pediatricians
    ▪ Obstetricians
    ▪ Cardiologists
    ▪ Ear/Nose/Throat (ENT) specialists
Treatment options for substance use disorders
  ▪ Detox
  ▪ Emergent care
  ▪ Residential treatment
More beds for mental health care
  ▪ Mental health and SUD patients can remain in the emergency room for days, sometimes with their kids – this needs to be fixed
  ▪ We’re using jails as mental health beds
Post-hospital supports to prevent/minimize readmission
Long-term care facility, including for those with dementia – current options are limited
Home visits
  ▪ The school is exploring this for social workers to support children/families with behavioral health challenges
  ▪ It was a big loss when the home visiting program was cut back
  ▪ This can replace home health

Systems and/or infrastructure we need:
  ▪ Building the strength of the hospital – the biggest fear in the community is that the hospital shuts down – people love this hospital
  ▪ Home health – this was a system that worked well
  ▪ New and/or innovative approaches to service delivery are embraced positively in the community, for example
    ▪ Telehealth, particularly using primary care as “hub”
    ▪ Digital engagement with patients
    ▪ Community paramedicine – ambulance companies are interested but they don’t have much capacity
  ▪ We need to fix the insurance system
    ▪ Out-of-pocket and prescription drug costs make it difficult to get needed care and have everyone worried
    ▪ The MaineCare application process is very difficult and some people give up
    ▪ The MaineCare requirement to liquidate assets can dislocate families who are sharing a home
  ▪ We need to do better at getting patients in the “right beds” to limit/eliminate shortages/waiting lists – this includes improving the flow between low and high acuity beds

Supports we need:
  ▪ Transportation options - particularly transportation to and from Bangor – for patient appointments and to visit family who are receiving care
  ▪ More supports for “aging in place” – everyone wants to stay at home as long as possible

RECOMMENDATIONS
  ▪ To expand telehealth
    ▪ Look at VA model of telehealth – it works well
    ▪ Find ways to provide ongoing funding to maintain/upgrade equipment – traditional grant-funding makes telehealth difficult to sustain
    ▪ Revamp reimbursement system – this holds us back and needs a lot of work
In improve affordability and system usability
  ▪ Make it much easier to apply for and utilize MaineCare and patient supports by simplifying the application process and adding more navigators/case managers
  ▪ Look at the unintended consequences, including the liquidation of assets
  ▪ Look at expanding cost-sharing groups as an alternative to insurance coverage – there are more incentives for individuals to manage their health in partnership with their primary care provider

To get patients out of the “wrong beds”
  ▪ Be more proactive/efficient at returning patients to local care when they no longer need specialty care (that is often not local) – this will free up specialty beds for those waiting locally, and it will return less acute patients to local care
  ▪ Explore telehealth as a means to free up beds

To expand the workforce and attract new/young people to move to rural areas
  ▪ Make it easier for health care professionals to become teachers, which will create more capacity for students to study health professions in Maine
  ▪ Create state-funded incentives/subsidies for education and location

To create more capacity for residential care for mental health/behavioral health
  ▪ Engage state and federal lawmakers in allocating funding for expanded capacity

To support/strengthen hospitals as a vital component of the health care system
  ▪ Reform the payment system so hospitals are getting paid for everything they do

To raise up prevention and wellness in the community
  ▪ Look at the New Mexico model initiated by pharmacy residents
  ▪ Create more incentives and reimbursements, including reimbursement for the social determinants of health (e.g. heat, food, housing)