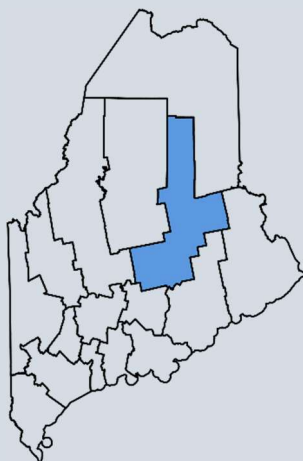




# Community Health Implementation Strategy

Addressing Community Healths Needs Fiscal Year 2026-2028



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Adopted by the PVH Board of Directors on **DATE**

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## INTRODUCTION

Penobscot Valley Hospital strives to understand and prioritize community needs, as expressed in the mission statement, *“To be our community’s trusted healthcare partner, committed to the health and well-being of those we serve with compassion, quality, and excellence”* meet regularly with community partners to plan and implement local solutions that make it possible for people in our communities to lead healthier lives. Penobscot Valley Hospital is committed to building healthier communities through a wide range of services, resources, and programs both at the hospital and within the communities.

Penobscot Valley Hospital participates in the Maine Shared CHNA and shares the mission to:

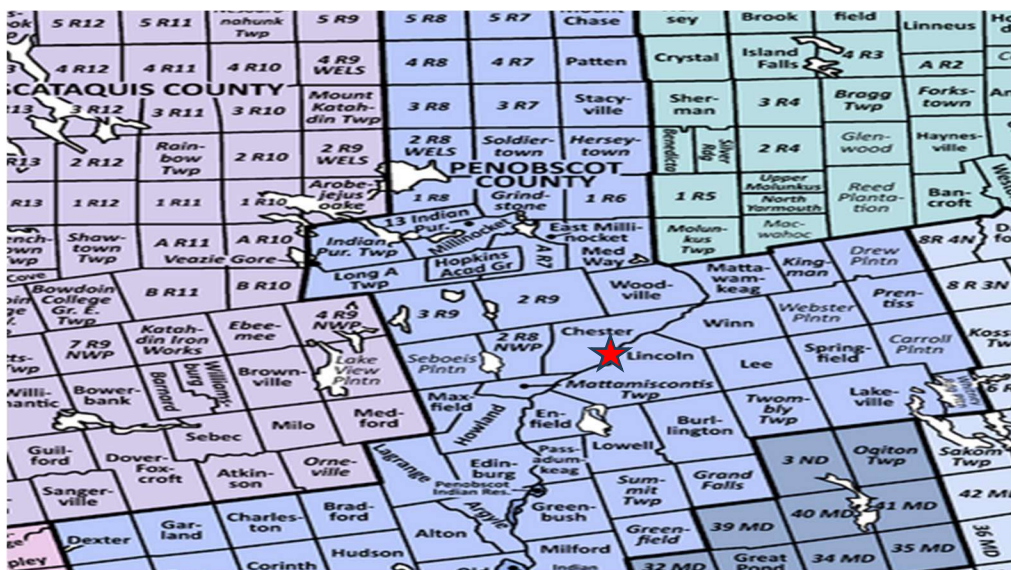
- Create Shared Reports,
- Engage and activate communities, and
- Support data-driven improvements in health and well-being for all people living in Maine.

Every three years, Penobscot Valley Hospital participates as a local organization to help identify priority health needs for Penobscot County. The data collected informs our community health improvement efforts for the next three years, resulting in the Community Health Implementation Strategy. Within the strategy, you will identify data-driven priority area accompanied by reasons for their selection and Penobscot Valley Hospital’s intended actions to address the need.

## ABOUT PENOBSCOT VALLEY HOSPITAL

Located in the scenic Central Maine region, Penobscot Valley Hospital serves Penobscot county and adjacent Washington, Piscataquis, and Aroostook Counties. Opened in 1973, Penobscot Valley Hospital is a 25 bed, non-profit, critical access hospital located in Lincoln. Services include 24/7 emergency department, imaging, lab, swing bed program, cardiopulmonary services, infusion room treatments, interventional pain management, Rehab – Physical, Occupational, & Speech Therapy , primary care , specialty care, and surgical services.

The Town of Lincoln has a population of 4,853 and is located 49.1 miles from Bangor and 33.6 miles to Millinocket.



NEXT STEPS

The Maine Shared CHNA assessment reports will be used to fulfill the Internal Revenue Service (IRS) requirements for non-profit hospitals, the Public Health accreditation Board (PHAB) requirements for state and local public health departments, and the Community Services Block Grant (CSBG) requirements for Community Action Agencies (CAAs).










Penobscot Valley Hospital will:

- Create an informed strategy designed to address identified health and well-being priorities in Penobscot County.
- Utilize the 2025 Maine Shared CHNA and the 2025 Penobscot County Health Profile in the 2026-2028 in the implementation strategies.
- Reserve the right to amend this Community Health Implementation Strategy as circumstances warrant to better meet the needs of the community.



EXECUTIVE SUMMARY

The Maine Shared Community Health Needs Assessment (Maine Shared CHNA) is a collaborative effort amongst Central Maine Healthcare (CMHC), MaineGeneral Health (MGH), MaineHealth (MH), Northern Light Health (NLH), Maine Community Action Partnership (MeCap) and the Maine Center for Disease Control and Prevention (Maine CDC). By engaging and learning from people and communities and through data analysis, the partnership aims to improve the health and well-being of all people living in Maine.

**Penobscot County Health and Well-Being Priorities** The following table includes the top health and well-being priorities identified by Penobscot County stakeholder forum participants based on quantitative and qualitative data, and their own knowledge, expertise, and experience in the community. Those followed by “(ME)” indicate they are also state priorities. A complete list of results from the county stakeholder forum health and well-being prioritization process are listed in Appendix 2 below.

Community Conditions	Protective & Risk Factors	Health Conditions & Outcomes
 Provider Availability (ME)	 Illicit Drug Use	 Mental Health (ME)
 Aging-Related Services	 Alcohol Use	 Substance Use Related Injury & Death
 Housing (ME)	 Adverse Childhood Experiences (ME)	 Cancer

In addition, the following are state priorities that were not selected by Penobscot County:

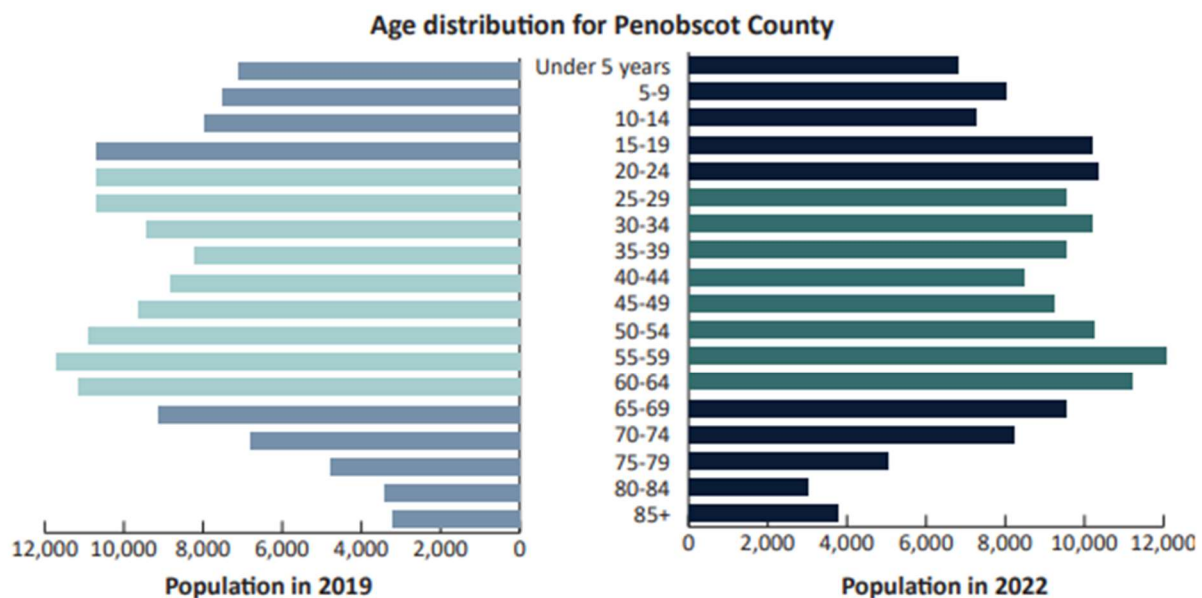
-  Transportation
-  Poverty
-  Chronic Conditions
-  Substance Use
-  Nutrition

## DEMOGRAPHICS

The following tables and chart show information about the population of Penobscot County. The differences in age and poverty are important to note as they may affect a wide range of health and well-being outcomes.

Penobscot County Population <b>152,640</b>	State of Maine Population <b>1,366,949</b>			
	Penobscot	Maine		
Median household income	\$59,438	\$68,251		
Unemployment rate	2.9%	3.1%		
Individuals living in poverty	13.4%	10.9%		
Children living in poverty	14.8%	13.4%		
65+ living alone	31.2%	29.5%		
			Penobscot County	
			Percent	Number
			American Indian/Alaskan Native	1.1% 1,697
			Asian	1.0% 1,486
			Black/African American	1.0% 1,504
			Native Hawaiian or other Pacific Islander	0.0% 34
			Some other race	0.7% 1,038
			Two or more races	3.3% 5,101
			White	92.9% 141,780
			Hispanic	1.6% 2,498
			Non-Hispanic	98.4% 150,142

The chart below shows the shift in the age of the population between 2015-2019 and 2018-2022. As Maine's population grows older, there may be impacts on health care costs, caregivers, and workforce capacity, while on the other end, increases in children may cause impacts on child care availability and educational institutions.



## LEADING CAUSES OF DEATH

When reviewing the top health and well-being priorities it is important to consider how they may fit into the leading causes of death for the county and Maine. In some instances, they may overlap, in others they may contribute to or cause a leading cause of death, and in others they may be distantly related. The priorities identified demonstrate the continuum of health and well-being and the impact of other factors, such as social, institutional, and community conditions, and protective and risk factors on health and well-being outcomes.

### Leading Causes of Death, 2022

The following chart compares leading causes of death for the state of Maine and Penobscot County.

Cause of Death	Maine	Penobscot County
Heart disease	27.2%	29.1%
Cancer	25.9%	23.3%
Accidents	10.5%	12.0%
COVID 19	6.0%	7.0%
Chronic lower respiratory disease	6.8%	6.9%
Diabetes	4.6%	4.4%
Cerebrovascular disease	4.8%	4.4%
Alzheimer's disease	4.1%	2.5%
Influenza & pneumonia	2.1%	2.5%
Suicide	2.0%	2.2%
Nephritis, nephrotic syndrome & nephrosis	1.8%	2.0%
Parkinson's disease	1.7%	2.0%
Chronic liver disease and cirrhosis	2.3%	1.7%



## PENOBSCOT VALLEY HOSPITAL PRIORITIES

This Community Health Implementation Strategy was developed with input from community stakeholders including those who serve priority population, public health partners, business leaders, and community advocates. Community members and stakeholders identified priority area based on three categories as indicated in the Penobscot County Community Health Needs Assessment report. These three categories are Community Conditions, Protective and Risk Factors, and Health Conditions and Outcomes. To improve the lives of our patients and those living in Penobscot County, Penobscot Valley Hospital by increasing access to providers, improving the lives of community members with substance use disorders/mental health disorders, addressing age related needs, and improving the health of patients with chronic conditions.

### PRIORITY – IMPROVE PROVIDER AVAILABILITY

<b>Hospital Name:</b> Penobscot Valley Hospital <b>County:</b> Penobscot <b>Health Priority:</b> Provider Availability <b>Goal of Health Priority:</b> Increase access to healthcare in the community		
Strategies	Proposed Measures	Internal /Partners/External Organizations
<b>Strategy 1:</b> Highlight Mission and Values of PVH	<ul style="list-style-type: none"> <li>Clearly articulate PVH's mission and how the provider's work contributes to that work via marketing</li> </ul>	Design Lab, Lincoln News, LinkedIn
<b>Strategy 2:</b> Showcase Culture at PVH via media and outreach	<ul style="list-style-type: none"> <li>Use authentic employee testimonials, videos, and social media to highlight PVH's positive, supportive, and collaborative work environment</li> <li>Attend job fairs to increase community presence in local market</li> </ul>	Design Lab, Lincoln News, LinkedIn, PVH HR
<b>Strategy 3:</b> Prioritize wellbeing of staff and providers	<ul style="list-style-type: none"> <li>Emphasize initiatives for provider well-being, as work-life balance is a major factor for candidates.</li> <li>Emphasize natural beauty of the surrounding area and small community living</li> <li>Offer competitive Earned Time Off</li> </ul>	PVH HR, Senior Leadership Team, Board of Directors, Cross Insurance, Aflac, Design Lab
<b>Strategy 4:</b> Support Structured Site Visits for new or interested candidates	<ul style="list-style-type: none"> <li>Facilitate well organized site visits that include introductions to key staff, team members, and senior leaders</li> </ul>	PVH HR, department leaders, senior leaders, Austin Major
<b>Strategy 5:</b> Assess healthcare gaps within the local community	<ul style="list-style-type: none"> <li>Annually assess and explore service lines to determine community need</li> <li>Increase # of Orthopedic Referrals received via expanded community outreach</li> <li>Explore expansion of urologic surgery services</li> <li>Increase # of Podiatric Referrals received via expanded community outreach</li> </ul>	Senior Leadership, department leaders, Northern Light Eastern Main Medical Center, Millinocket Regional Hospital, Penobscot Valley Hospital, Penobscot Valley Primary Care, Health Access Network
<b>Strategy 6:</b> Increase the number of College Partnership	<ul style="list-style-type: none"> <li>Increase the # of accepted partnerships with local colleges for students (MA/RN/NP/PA)</li> </ul>	University of Maine System, University of New England, Eastern Maine Community College, Beal College, Northern Penobscot Tech Region 3, and Husson.
<b>Strategy 7:</b> Increase Access to Primary Care	<ul style="list-style-type: none"> <li>Recruit full time NP/PA/Medical Providers to increase access to primary care in local community</li> <li>Utilize locum staff to expand patient access to care</li> </ul>	Jobs Boards, Recruiters/Austin Major, Design Lab

## PRIORITY – SUBSTANCE USE DISORDER/MENTAL HEALTH

<b>Hospital Name:</b> Penobscot Valley Hospital <b>County:</b> Penobscot <b>Health Priority:</b> Mental Health and Substance Use Disorder <b>Goal of Health Priority:</b> Driving positive change to ensure community members with mental health or substance use issues can achieve well-being.		
Strategies	Proposed Measures	Internal /Partners/External Organizations
<b>Substance Use Disorder</b>		
<b>Strategy 1:</b> Increase referrals to substance use disorder treatment and medication for opioid use disorder	<ul style="list-style-type: none"> <li>Year 1: Track the number of referrals made for patients for SUD and MOUD</li> <li>Year 2: Increase the number of referrals for SUD and MOUD patients</li> </ul>	T-Systems, Athena, CPSI reporting
<b>Strategy 2:</b> Improve employee understanding of SUD patient needs	<ul style="list-style-type: none"> <li>Year 1: Provide stigma training to care team members</li> </ul>	Maine Substance Use Learning Community, Maine.gov
<b>Strategy 3:</b> Increase access to naloxone and buprenorphine	<ul style="list-style-type: none"> <li>Year 1: # of patients who received buprenorphine prescriptions in the (outpatient and inpatient)</li> <li>Primary Care join MNDI for naloxone distribution</li> </ul>	Maine Naloxone Distribution Initiative (MNDI), PVH Pharmacy and Athena
<b>Strategy 4:</b> Increase access to harm reduction services	<ul style="list-style-type: none"> <li># of patients encounters with recover Peer Recovery Partners</li> </ul>	Save-a-Life Recovery Resource Center, Savida, Alternative Wellness Services, Pir 2 Peer Recovery Center
<b>Strategy 5:</b> Increase referrals to evidence-based tobacco treatment services	<ul style="list-style-type: none"> <li>% of patients 18 and over who are screened for tobacco use</li> <li># of referrals to Maine QuitLink by adding link to PVH Website for patient resources</li> <li>Quit link information added to ED discharge instructions</li> </ul>	Maine Quit Link, Maine Health Center for Tobaccos Independence, Penobscot Valley Primary Care, Penobscot Valley Emergency Department
<b>Mental Health</b>		
<b>Strategy 1:</b> Increase routine screening	<ul style="list-style-type: none"> <li>Provide identification and treatment of depression through routine screening</li> </ul>	Penobscot Valley Primary Care, Penobscot Valley Hospital Emergency Department
<b>Strategy 2:</b> Reduce stigma surrounding mental health	<ul style="list-style-type: none"> <li>Promote available resources to reduce mental health stigma through education and other available resources</li> </ul>	NAMI Maine, Sweetser, Alternative Wellness Services, Community Health and Counseling, True Connections Behavioral Health Services, Turning Point Mental Health Professionals
<b>Strategy 3:</b> Promote Psychological First Aid	<ul style="list-style-type: none"> <li>Promote Psychological First Aid (PFA) training to educators, caregivers, community members and healthcare providers to reduce stigma and help support mental health</li> </ul>	Northern Light Acadia, NAMI MAINE, Maine Disaster Behavioral Health
<b>Strategy 4:</b> Public Outreach	<ul style="list-style-type: none"> <li>Share depression screening warning signs via social media and PVH display campaign</li> </ul>	Design Lab, Lincoln News



## PRIORITY – CHRONIC HEALTH CONDITIONS

<b>Hospital Name:</b> Penobscot Valley Hospital <b>County:</b> Penobscot <b>Health Priority:</b> Chronic Health Conditions <b>Goal of Health Priority:</b> Improve outcomes for chronic illness through early detection, management, and prevention		
Strategies	Proposed Measures	Internal /Partners/External Organizations
<b>Cancer</b>		
<b>Strategy 1:</b> Maintain or increase HPV vaccination rate	<ul style="list-style-type: none"> <li>% patients 13 years old who have completed their HPV vaccinations by age 13</li> </ul>	Penobscot Valley Primary Care, Maine Immunization Program, Health Access Network
<b>Strategy 2:</b> Increase rates for lung, cervical, breast, and colorectal cancer screenings	<ul style="list-style-type: none"> <li>% of female patients 50-74 seen in the last year who had a mammogram within the last 27 months</li> <li>% of patients 45-75 seen in the last year who had appropriate screening for colorectal cancer</li> <li>% of patients 50-80 who meet LDTC criteria seen in the last year who had appropriate screening for lung cancer</li> <li>% of female patients 21-65 seen in the last year who have had a cervical screening in the past 36-60 months as appropriate</li> </ul>	Penobscot Valley Hospital Radiology, Penobscot General Surgery, Penobscot Valley Primary Care, Health Access Network, Community Care Partnership of Maine, Northern Light EMMC, Millinocket Regional Hospital, St. Joseph's Hospital
<b>Heart Disease</b>		
<b>Strategy 3:</b> Increase rates for lipid screening	<ul style="list-style-type: none"> <li>% of all patients seen in the last year who have had a lipid screening</li> </ul>	Penobscot Valley Hospital Lab, Penobscot Valley Primary Care, Health Access Network, Millinocket Regional Hospital, Northern Light EMMC, St. Joseph's Hospital, Community Care Partnership of Maine
<b>Strategy 4:</b> Monitor each patient for hypertension	<ul style="list-style-type: none"> <li>% of all patients seen in the last year who have had education when blood pressure surpasses 120/80</li> </ul>	Penobscot Valley Primary Care, Penobscot Valley Hospital, Community Care Partnership of Maine
<b>Strategy 5:</b> Increase rate of blood glucose screening	<ul style="list-style-type: none"> <li>% of healthy patients 45 and older who have had a glucose screening in the past 36 months</li> </ul>	Penobscot Valley Hospital Lab, Penobscot Valley Primary Care, Health Access Network, Millinocket Regional Hospital, Northern Light EMMC, St. Joseph's Hospital, Community Care Partnership of Maine
<b>Diabetes</b>		
<b>Strategy 6:</b> Increase the number of patients who have an annual diabetic foot exam	<ul style="list-style-type: none"> <li># of patients referred to a podiatrist for diabetic foot exams</li> </ul>	Penobscot Valley Primary Care, Penobscot Valley Foot Clinic, Health Access Network, Millinocket Regional Hospital, Northern Light EMMC, St. Joseph's Hospital, Community Care Partnership of Maine
<b>Strategy 7:</b> Increase the number of patients who have an annual eye exam	<ul style="list-style-type: none"> <li># of patients referred for annual eye exams</li> </ul>	Penobscot Valley Primary Care, KVHC, Vision Care of Maine, St. Croix Family Health Care Center, Community Care Partnership of Maine
<b>Strategy 8:</b> Increase the annual number of eligible individuals that are referred to the National Diabetes Prevention Program	<ul style="list-style-type: none"> <li># of eligible individuals that are referred to the National Diabetes Prevention Program</li> </ul>	Penobscot Valley Hospital, Penobscot Valley Primary Care, Community Care Partnership of Maine, National Diabetes and Prevention Program

## PRIORITY – AGE RELATED SERVICES

<b>Hospital Name:</b>	Penobscot Valley Hospital	
<b>County:</b>	Penobscot	
<b>Health Priority:</b>	Age Related Service	
<b>Goal of Health Priority:</b>	Improve the lives of older adults by enhancing their quality of life, health, and independence	
Strategies	Proposed Measures	Internal /Partners/External Organizations
Cancer		
<b>Strategy 1:</b> Referrals to home health	<ul style="list-style-type: none"><li>Evaluate patients for home health needs and refer to home health agency to support health needs and independent living</li></ul>	Penobscot Valley Hospital, Penobscot Valley Primary Care, Community Health and Counseling, Amedisys, Gentiva, Northern Light Home and Hospice.
<b>Strategy 2:</b> Perform Home Assessments	<ul style="list-style-type: none"><li>PT/OT perform discharge assessments to ensure patient needs/safety at home that improve patient independence and quality of life</li><li><b>Year One:</b> Number of patient home assessments completed by rehab team</li><li><b>Year Two:</b> Number of patient home assessments completed by rehab team and % patient readmission rate within 90 days</li></ul>	Penobscot Valley Hospital, Penobscot Valley Rehabilitation and Wellness
<b>Strategy 3:</b> Assistive Device Recommendation	<ul style="list-style-type: none"><li>PT/OT assess patient for assistive device with patient receipt of the device</li><li><b>Year One:</b> Number of assistive devices recommended with equipment received by the patient</li><li><b>Year Two:</b> Number of assistive devices recommended with equipment received by the patient and % with reported fall related complications within 90 days of discharge</li></ul>	Penobscot Valley Hospital, Penobscot Valley Rehabilitation and Wellness

## PRIORITIES NOT ADDRESSED

Penobscot Valley Hospital considered all priorities identified in the Shared CHNA, as well as other sources. Penobscot Valley Hospital will work in partnership with community-based organizations that are poised to address and lead effective efforts in the areas not implemented. Priorities not selected: Housing and Adverse Childhood Experiences. Our hospital will support these needs with referrals to and assistance from these community-based organizations for those community members who are identified through Social Determinants of Health and through requests for assistance.

## PROGRESS REPORT 2023 CHNA

In response to the 2022 Community Needs Assessment (CHNA) along with community input, hospitals and local public health districts developed their own three-year strategies and plans. Below are Penobscot Valley Hospital's updates on the selected priorities and activities since the 2022 CHNA. Year 2023 and 2024 work is complete, and year 2025 work is currently underway.

Priority	Activities	Partners	Key Accomplishments
<b>Organization_ Penobscot Valley Hospital</b>			
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• <b>2023</b> – PVH partnership with Northern Light Acadia Hospital for ED/Inpatients.</li> <li>• Outpatient tele psych program initiated for PVH patients and expanded to the community in late 2023</li> </ul>	Northern Light Acadia	<ul style="list-style-type: none"> <li>• Total of 161 patient visits in 2023 in outpatient behavioral health</li> <li>• 177 Telehealth visits in Emergency Department in 2023</li> <li>• 221 Mental Health Counseling referrals made by primary care</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>2024</b> – further expanded the outpatient telehealth program</li> <li>• Partnership with Northern Light Acadia telehealth for ED/Inpatients continued</li> </ul>	Northern Light Acadia	<ul style="list-style-type: none"> <li>• Total of 2004 patient visits in 2024 in outpatient behavioral health</li> <li>• Total of 141 Telehealth visits in Emergency Department in 2024</li> <li>• 215 Mental Health Counseling referrals made by primary care</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>2025</b> – 01/02/2025-05/31/2025 Outpatient Telehealth program complete</li> <li>• Partnership with Northern Light Acadia telehealth for ED/Inpatients continued</li> </ul>	Northern Light Acadia	<ul style="list-style-type: none"> <li>• Total of 161 patient visits in 2025 in outpatient behavioral health</li> <li>• Total of 94 YTD Telehealth visits in Emergency Department</li> <li>• 161 Mental Health Counseling referrals made by primary care YTD</li> </ul>
<b>Substance Use Disorder</b>	<ul style="list-style-type: none"> <li>• <b>2023</b> – Penobscot Valley Hospital provided care for Substance Use Disorder patients through emergency department and primary care</li> </ul>	Savida, Save-A-Life, Health Access Network, Northern Light Acadia	<ul style="list-style-type: none"> <li>• 22 patients for referred for substance abuse treatment in 2023 via primary care</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>2024</b> – Substance Use Disorder medication treatment expansion in behavioral health services</li> <li>• 01/2024 - Behavioral Health Staff Project Echo training</li> </ul>		<ul style="list-style-type: none"> <li>• 10 patients for referred for substance abuse treatment in 2024 via primary care</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>2025</b> – Penobscot Valley Hospital provided care for Substance Use Disorder patients through emergency department and primary care</li> </ul>		<ul style="list-style-type: none"> <li>• 14 patients referred for substance abuse treatment via primary care (YTD 09/30/2025)</li> <li>• 1 dose of Naloxone administered in the ED in the 90 days (7/5/25-09/30/25)</li> </ul>

<b>Access to Care</b>	<ul style="list-style-type: none"> <li>• <b>2023</b> – PVH offers telehealth services for patients with barriers to care.</li> <li>• A locum provider added to primary care to expand access</li> </ul>	HR, Primary Care, Austin Major Group	<ul style="list-style-type: none"> <li>• 2023 - Total Primary Care visits 4,697</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>2024</b> – Limited telehealth continues.</li> <li>• The locum provider position continues to expand access to primary care for the community</li> </ul>	HR, Primary Care, Austin Major Group	<ul style="list-style-type: none"> <li>• 2024 - Total Primary Care visits 5,860</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>2025</b> – Locum provider position continues to expand access to primary care for the community</li> <li>• Recruitment for permanent provider position in primary care</li> <li>• June 2025 - Podiatry added to service line at PVH</li> </ul>	HR, Primary Care, Austin Major Group	<ul style="list-style-type: none"> <li>• 2025 - Total Primary Care visits 5,518 (YTD 08/31/2025)</li> <li>• 2025 -Total Podiatry visits 196 (YTD 08/31/2025)</li> </ul>
<b>Social Determinants of Health (SDOH)</b>	<ul style="list-style-type: none"> <li>• <b>2023</b> – RN coordinators assist patients with social needs through primary care office.</li> </ul>	Local Food Cupboards, MaineCare, Penquis CAP, RN Coordinators, Case Management, Public transport	<ul style="list-style-type: none"> <li>• RN coordinators assist primary care patients with social needs.</li> <li>• Case Manager assists patients with SDOH needs as identified by staff</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>2024</b> – SDOH Screening Process implemented and referral process to case managers implemented</li> </ul>	Nursing/ Case manager/Quality	<ul style="list-style-type: none"> <li>• Increased responsiveness to patient SDOH needs</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>2025</b> – SDOH screening processes continues YTD</li> <li>• Primary Care joins CCPM</li> </ul>	Nursing/ Case manager/Quality	<ul style="list-style-type: none"> <li>• Average of 14 patients per month triggering for SDOH needs with referral for case manager YTD</li> <li>• New reporting mechanism implemented by Quality</li> </ul>