Bi-State Primary Care Association

Bi-State Primary Care Association, serving Vermont and New Hampshire, is a nonpartisan, nonprofit 501(c)(3) charitable organization established in 1986 that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont.

Vision
Healthy individuals and communities with quality health care for all.

Mission
Promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire.

Bi-State Staff

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Adam Woodall  IT and Office Systems Manager
James Zibailo  NH Community Development and Financial Services Coordinator
Dear Friends,

A health care revolution is taking place and safety net providers are at the heart of the transformation. Two critical changes catapulting this movement forward were the passage of the Patient Protection and Affordable Care Act and the Supreme Court’s decision regarding key provisions of the law. From these two events came the cascading changes that have forever altered the future of health care financing and service delivery.

How each state embraces reform differs, with tremendous state flexibility. Redesign matches the state’s culture and interest from all payer payment reform (Medicare, Medicaid and commercial), Medicaid Care Management, Medicaid Expansion; Health Insurance Exchanges (commercial insurance products offered with premium assistance to aid low and moderate income families); and navigators to help people understand the range of options, insurance affordability programs and coverage subsidies… just to name a few.

The following pages of our 2013 Annual Report describes our federal and state work to promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire. Thank you for your continued support and encouragement as we work to make quality health care accessible and affordable for all.

Grant Whitmer, MSM, CMPE
President, Board of Directors

Tess Stack Kuenning, CNS, MS, RN
President and Chief Executive Officer
We are extremely fortunate to have the full support of our Congressional delegation as we navigate the changing health care landscape. Through ongoing advocacy and education efforts, Bi-State has enjoyed tremendous bipartisan support of our federal public policy priorities. During the 113th Congressional Session, Congressman Welch (VT-D), Congresswomen Kuster (NH-D) and Shea-Porter (NH-D), along with Senators Ayotte (NH-R), Leahy (VT-D), Sanders (VT-I) and Shaheen (NH-D), lent their long-term support to our collective safety-net provider issues to expand and grow the Community Health Centers, National Health Service Corps; Area Health Education Centers; Maternal and Child Health Title V; Title X Family Planning; and the Women, Infants and Children Nutrition Program, as well as efforts to strengthen our nation’s workforce through the J-1 Visa Waiver Program. We are indeed grateful for their tireless support.

In recognition of their support, we presented our Congressional representatives with awards from the National Association for Community Health Centers.

Federal Government Relations
Tess Stack Kuennig, CNS, MS, RN
President and Chief Executive Officer

Bi-State Staff Participate on National and State Committees

**National**
George Washington University School of Public Health, Geiger Gibson Advisory Board, Community Health Center Leadership Capital Link Board of Directors National Association of Community Health Centers: Board of Directors Representing Region I Advocacy Task Force Rural Health Committee Legislative Committee Health Policy Committee Primary Care Association Leadership Primary Care Association and Health Center Controlled Network Advisory Committee

**Vermont**
Medicaid Exchange Advisory Committee Medicaid and Exchange Advisory Board Green Mountain Care Advisory Board ACO Standards Working Group Governor’s Workforce group University of Vermont, Area Health Education Centers Advisory Committee VT Dentist Workforce Committee VT Workforce Development Partners VT Oral Health Coalition

**New Hampshire**
Medicaid Advisory Committee NH Legislative Workforce Commission NH Oral Health Coalition Workforce Development Partners

Meeting with Representative Anne McLane Kuster

Senator Patrick Leahy - Distinguished Community Health Advocate Award accepted by his health policy advisor.

Senator Kelly Ayotte - Distinguished Community Health Advocate Award

Representative Peter Welch - Distinguished Community Health Defender Award

Senator Jeanne Shaheen - Distinguished Community Health Advocate Award

Senator Bernie Sanders - Distinguished Community Health Champion Award
New Hampshire Government Relations

Kristine E. Stoddard, Esq.
Director of New Hampshire Public Policy

Bi-State’s public policy focus in New Hampshire during the last fiscal year was improving access to affordable primary and preventive care by advocating for the restoration of primary care contracts and health care reform opportunities. In 2011, the State reduced the funding to the Community Health Centers by 42% or $4 million. This resulted in the elimination of primary and preventive care programs throughout the state. Bi-State successfully advocated for the restoration of $3 million in primary care contracts for the Health Centers.

Bi-State advocated and continues to advocate for the expansion of health care coverage to low income New Hampshire residents through the expansion of Medicaid and participation on the Health Insurance Marketplace.

Vermont Government Relations

Susan Barrett, JD
Director of Vermont Public Policy

During the past year, Bi-State’s work at the public policy level revolved around the payment reform work of the Green Mountain Care Board, the State Innovation Model grant, and the creation of Vermont Health Connect.

In 2013, the Centers for Medicare & Medicaid Services Innovations Center awarded the state of Vermont a three-year, $45 million State Innovation Model testing grant to assess models of payment reform that would improve coordination and quality of care while also reducing costs. Bi-State worked with the Green Mountain Care Board during the grant application process, provided data, and assisted with the creation of Accountable Care Organization (ACO) standards and measures that would be utilized in the Commercial Insurance ACO pilot program. Primary care is at the forefront of health care reform and Bi-State will be an integral part of the design, implementation, and testing of payment reform models over the next few years.

Bi-State worked at the legislative level with lawmakers about the importance of funding recruitment and retention efforts to attract more primary care doctors and clinicians to Vermont; to support the establishment of new Federally Qualified Health Center sites; and to provide funding for the Vermont Coalition of Clinics for the Uninsured.

Community Health Accountable Care

Providing the Right Care at the Right Time

Lori H. Real, MHA
Chief Operating Officer

Community Health Accountable Care LLC (CHAC) was organized in Vermont in June 2012 and is comprised of seven Federally Qualified Health Centers and Bi-State. The mission of CHAC is to improve the ability of Health Centers to provide the right health care for their patients based on the medical and social needs of each individual patient. CHAC supports the Patient-Centered Medical Home principles of individualized self-directed treatment plans, an orientation towards whole health, and ongoing relationships between patients and their health care teams.

The unique landscape of health care reform in Vermont presents unprecedented opportunities to integrate care across health systems and strengthen the primary care infrastructure. CHAC intends to align its efforts with the Medicaid and Medicare Shared Savings Program. These efforts provide a platform for CHAC to leverage and share best practices, resources, and data to improve the cost and quality outcomes for all Vermonters.

Vermont Navigator Award

Kristen Bigelow-Talbert, MSHM
Project Coordinator

Bi-State was selected by the Department of Vermont Health Access to serve as a navigator organization to assist with the implementation of Vermont’s health insurance exchange, Vermont Health Connect, joining other organizations selected to work on the project statewide.

Bi-State’s trained and certified navigators offered an extensive schedule of 20 outreach and enrollment sessions throughout the state to train others to provide outreach and enrollment assistance. Demand for the training sessions was high with 255 attendees representing 72 different organizations in attendance. Bi-State will provide ongoing support to Vermont Health Connect.
Working Together to Improve Oral Health

Stephanie Pagliuca, Director
Bi-State Recruitment Center

On April 13, 2013, Bi-State and the Vermont State Dental Society (VSDS) convened a Dental Summit with private practice dentists and the nonprofit Federally Qualified Health Centers. Sharing a common goal to increase access to oral health care for Vermonters, the group of 55 participants spent a day in Stowe discussing barriers to achieving better oral health and the role that both private practitioners and Health Centers have in addressing the oral health needs of underserved populations. Raising patient awareness of the impact that poor oral health has on chronic conditions like diabetes and cardiovascular disease is important. The group identified the need to train primary care practitioners to screen for dental disease at its earliest stages, and the need to strengthen communications between dentists and emergency department personnel so that patients with dental issues are referred to local dentists for appropriate care.

David Averill, DDS, president of VSDS, noted that “approximately 80% of the patients on Medicaid in Vermont are seen by dentists in private practice. Coordination between private practices and Health Centers benefits not only the overall health of the patient, but the health care system as well.” A.J. Homicz, DDS, dental director of Families First Health and Support Center of Portsmouth, NH, said, “Making sure the right patient receives the right care in the right setting is the key to improving oral health and maximizing limited resources.”

“This session has helped to strengthen the working relationship between Bi-State and Vermont State Dental Society. We look forward to working together in the future,” said Vaughn Collins, VSDS executive director.

Strengthening Dental Centers

Through Bi-State’s participation in the DentaQuest Foundation’s Strengthening the Oral Health Safety Net Initiative, five Federally Qualified Health Centers in Vermont had the opportunity to work with experts in their field to review their own dental center operations. The Health Centers are exploring ways to reach out to those in need of dental care and enhance the care they provide to existing patients. Through 2015, experts from Safety Net Solutions, funded by the DentaQuest grant, will provide ongoing technical support and identify best practices as each Health Center develops a plan to improve community access and expand services.

“The DentaQuest project has been fantastic from our perspective. Absolutely excellent!” - Grant Whitmer, executive director, Community Health Centers of the Rutland Region.

Leadership at the Dental Summit (L-R): Vaughn Collins, MS, executive director, VSDS; Lori Real, MHA, chief operating officer, Bi-State; A.J. Homicz, DDS, dental director, Families First Health and Support Center; Stephanie Pagliuca, director of Bi-State Recruitment Center; Steven Geiermann, DDS, interim director of the American Dental Association; and David Averill, DDS, president, VSDS.

The Next Generation of Dentists

Two Federally Qualified Health Centers in rural New Hampshire with newly established dental clinics, Ammonoosuc Community Health Services, Littleton, and Mid-State Health Center, Plymouth, will become training sites for dental students from the University of New England in 2016. The Health Centers will provide quality dental care for rural residents and serve as a vital part of the pipeline for recruiting the next generation of dentists to New Hampshire.
Delivering Quality Care

Patricia Launer, RN, CPHQ
Clinical Quality Improvement Facilitator

Each day, Bi-State and its members work to expand access to affordable, high quality health care for the people and communities we serve in an environment of rapid change. At the same time, we are documenting our success in meeting these goals through myriad venues, including the Uniform Data System, recognition as Patient-Centered Medical Homes, attestation of Medicaid Meaningful Use, and participation in state and federal health care reform, including Accountable Care Organizations. Succeeding in this mission requires an integrated network of health care professionals working together as a team. Bi-State is an integral component of this team providing technical assistance and support in workflow redesign, hands on coaching, training in current quality improvement expectations and methodologies, and opportunities for peer-to-peer networking across the Vermont Rural Health Alliance network.

“For Community Health Centers of Burlington, Bi-State’s Quality Improvement peer-to-peer network has been an incredibly valuable asset. It has helped us meet our colleagues who are facing many of the same challenges and who, unlike Quality Improvement experts in different fields, fully appreciate the complexities of operating a quality program within the Federally Qualified Health Center framework. The ideas that have been shared have helped create a more robust and mature quality program at our Health Center, making the meeting time the most productive 60 minutes I spend meeting all month.” - Jonathan T. Bowley, MA, NCP, Associate Director of Health Information Systems, Community Health Centers of Burlington.

NCQA Patient-Centered Medical Homes

Recognition as a Patient-Centered Medical Home by the National Committee for Quality Assurance means that a practice has met “clear and specific criteria” that indicates they “organize care around their patients, work as a team, and coordinate and track care over time.” This aligns with the work Health Centers are already doing as they seek to create an environment where care of the whole patient is integrated into daily practice.

New Hampshire

Ammonoosuc Community Health Services
Charlestown Family Medicine
Goodwin Community Health
Coos County Family Health Services
Families First Health and Support Center
Harbor Care Clinic, a Program of Harbor Homes
Health Care for the Homeless Program
Indian Stream Health Center
Lamprey Health Care
Manchester Community Health Center
Mid-State Health Center

Vermont

Community Health Centers of Burlington
Community Health Centers of the Rutland Region
Community Health Services of Lamoille Valley
Gifford Medical Center
The Health Center
Little Rivers Health Care
Newport Pediatrics and Adolescent Medicine
Northeastern Vermont Regional Hospital
North Country Health Systems
Northern Counties Health Care
Northern Tier Center for Health
Springfield Medical Care Systems

Medical and Dental Health Care Workforce Recruitment and Retention

The Bi-State Recruitment Center tracks primary care provider vacancies reported by hospitals, Community Health Centers, and private practices in New Hampshire and Vermont. The Recruitment Center serves as an active recruiter to fill vacancies in both states. Bi-State is the only nonprofit organization in both states conducting national marketing and outreach to attract and recruit clinicians from out-of-state.

The Recruitment Center creates awareness of employment opportunities in New Hampshire and Vermont and provides assistance to doctors, nurse practitioners, physician assistants, nurse midwives, and dentists interested in learning more. Since 1994, the Recruitment Center has communicated with more than 13,500 clinicians who were interested in learning about practice opportunities in New Hampshire and Vermont. To-date, 350 providers have chosen to relocate to work in one of the two states.
Improving Public Health

Melissa Miles, MPH  
Project Manager

Primary Care Conference: Building Primary Care Capacity for the Future

Susan Noon, MBA, APR  
Director of Marketing and Development

Medical Directors Ready to Lead

A key component of care coordination is to ensure patients can access appropriate health care in a timely manner. When care is delayed, health conditions often become more complex to treat. Coordinating care is efficient and effective. To reduce barriers to care for migrant farmworkers, Bi-State is working with the Open Door Clinic and the University of Vermont Extension in seven counties to increase access to care through direct outreach. Services include health screenings and education, referrals to providers, assistance setting up appointments, coordinating transportation and interpretation, and follow-up health care visits.

In three very rural areas of Vermont, Federally Qualified Health Centers are coordinating care to connect families with child psychiatry services through telemedicine. The Health Centers report that without this telepsychiatry program families would face very long waiting periods to receive services locally, and would struggle to complete all the paperwork necessary for a psychiatric visit.

In another project, two Health Centers are working with a chronic care coordinator from the VT Blueprint for Health to share dietician services between two Health Centers through the use of telemedicine equipment. A registered dietician develops self-management plans for patients to improve their body mass index measures, diabetes and/or hypertension outcomes. Access to specialized services for patients with obesity is improved through the ability to share dietician services at different locations.

In June 2013, Bi-State and the National Association of Community Health Centers presented a two-day program, Community Health Center Medical Directors Training, for 28 medical directors and Health Center leaders from Vermont and New Hampshire. Drs. Kumble Rajesh, MD, and Ron Yee, MD, both Federally Qualified Health Center medical directors and trainers, led a vibrant and thought-provoking conference.

The experience in the room ranged from one to forty years in the medical field, providing a great camaraderie and learning forum. Dr. Yee made a point to say that “medical directors can have a huge impact on a higher level for their patients and the community” as was evident from the participant evaluations where one participant was ready to start-up a pharmacy at their Health Center and several more stated they would update their quality improvement plans and use data more effectively to measure quality of care. Others planned to encourage better communication among staff and through provider evaluations. All of these actions will lead to improvements in managing the total cost of care while providing high quality access to health care services in both states.

Continuing education sessions for administrators, financial officers, and clinicians included Managing FTCA Risk, A Key Component of Enterprise Risk Management; ICD-10: Transition and Impact; and Federal Health Care Reform: Implications for Board Members. (Presentations at www.bistatepca.org.)

Bi-State’s annual awards were presented to seven remarkable individuals in recognition of their outstanding service and dedication to improving access to affordable, high quality health care in New Hampshire and Vermont.

The President’s Award  Rep. Michael Fisher, VT Legislature
Sandy Pardus, MBA - CFO, Lamprey Health Care, NH.

The Community Service Award  Michael Thompson, MD, Prenatal and Family Physician - Goodwin Community Health, NH.
Caroline Evans, FNP - Little Rivers Health Care, VT; Nicole Fischler, APRN, and Allison Knight, MA - Ammonoosuc Community Health Services, NH.

The Public Service Award  Hunt Blair, Principal Advisor, State HIT-enabled Care Transformation, Office of the National Coordinator for Health IT, U.S. Department of Health and Human Services; and Nancy Martin, RDH, MS, Oral Health Program Manager, NH Department of Health and Human Services.
New Hampshire Legislative and Business Breakfast

At the Legislative and Business Breakfast, when Senator Jeb Bradley spoke to the audience, he said, “It is my hope that if there is revenue, the $2 million cut [per year of the biennium budget] from primary care will be restored. Investing in New Hampshire’s Community Health Centers is a good use of scarce funds.” Following Sen. Bradley at the lectern, House Speaker Terie Norelli stated, “Information so far indicates that our public health and the economic well-being of the state will benefit significantly when everyone has access to health care. Community Health Centers provide our most vulnerable neighbors with comprehensive, cost-effective, high-quality care. In fact, they lead the nation in the treatment of chronic diseases – treating asthma, immunizing children in schools, and controlling diabetes.”

Community Health Centers provide access to primary medical, oral, and behavioral health care to nearly 125,000 people in New Hampshire. The Health Centers accept all patients within their service area, regardless of insurance coverage or ability to pay, and offer interpretation, mobile health care, and access to lower cost prescription drugs.

Reception for Vermont Legislators

In February 2013, Bi-State’s director of Vermont Public Policy, Susan Barrett, and President and CEO Tess Stack Kuenning, with leaders from Federally Qualified Health Centers, Rural Health Centers, Vermont Coalition of Clinics for the Uninsured, and Planned Parenthood of Northern New England met with legislators and health officials to discuss the role of primary care safety net providers in health care reform. In separate meetings with Senate Pro Tempore John Campbell and Speaker of the House Shap Smith, Bi-State and its members discussed the need to improve mental health access through the primary care Health Centers that patients are familiar with and comfortable using. “I certainly support what you are doing and your voices are going to be more important than ever before,” Senator Campbell said. “It is my belief that primary care providers are the key to the success of the delivery system.”

Telehealth Presentations

Substance Abuse First Response: Identification, Intervention, and Treatment Engagement in the Primary Care Setting
Mitchell Barron, LICSW, LADC, Centerpoint Adolescent Treatment Services

Trauma, Treatment, and Recovery
Part I: What is Psychological Trauma?
Part II: The Impact of Trauma on Development
Margaret Joyal, MA

Ethical Considerations in Child and Adolescent Mental Health
Jessica O’Neill, DO, University of Vermont Child Psychiatry

More Than Sad: Adolescent Depression Assessment and Screening in Primary Care
Feyza Basoglu, MD, University of Vermont Child Psychiatry

Introduction to Gender Identity and Transgender in the Primary Care Setting
Evan Eyler, MD, University of Vermont College of Medicine

Attention Deficit Hyperactivity Disorder: More Than Medication
David Rettew, MD, University of Vermont College of Medicine

Bi-State Presentations, News, and Video at www.bistatepca.org

Publications

Vermont Primary Care Sourcebook
Bi-Annual Primary Care Association
January 2013
2nd Edition

Peer-to-Peer Meetings
Chief Financial Officers
Medical Directors
Federally Qualified Health Center Meetings
Member Meetings
Information Technology and Systems
Quality Improvement
Strategic Communications

Preparing the UDS Report
Annual training on changes to the Uniform Data System (UDS) enables Health Centers to accurately report on the populations they serve, their financial resources, and health care quality measures.
Bi-State Primary Care Association continues to have an unqualified A-133 audit with no instances of material weakness, significant deficiencies, or material noncompliance; qualifying as a low-risk auditee. The audit is conducted in accordance with auditing standards generally accepted in the U.S. and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the U.S. The audit includes a report of internal control over financial reporting and tests of its compliance with certain provision of laws, regulations, contracts, grant agreements, and other matters.

In May 2013, eight Federally Qualified Health Centers participating in the Vermont Rural Health Alliance concluded a three-year Health Information Technology Project. The primary goal of this project was for the Health Centers to have structured, reliable, and complete data in their electronic health records systems and to transmit that data to the statewide Clinical Data Repository (DocSite).

After intensive work by each Health Center, supported by the Health Alliance staff, Vermont Information Technology Leaders, the Blueprint for Health, and other statewide partners, the Health Alliance is proud to report that all eight Health Centers implemented an electronic health record and are participating in the Medicaid Meaningful Use incentive program; that clinical data required for Uniform Data Systems reporting in each electronic health record is structured, reliable, and complete; that all eight Health Centers were recognized as Patient-Centered Medical Homes; and all began participation in the Health Information Exchange Network. Through this work, the Health Centers achieved wide recognition for their leadership in Health Information Technology and Health Information Exchange.

Health Information Technology

Abigail Mercer, MBA
Chief Financial Officer

Bi-State worked with three Vermont and two New Hampshire communities interested in improving access to primary health care through the development of Federally Qualified Health Centers. Bi-State coached the organizations on program requirements and assisted with the development and submission of applications. In November 2013, all five organizations learned that their applications had been approved. Additionally, Bi-State provided technical assistance and education on the Health Center model to community groups in New Hampshire and farmworker health advocates in Vermont.

Bi-State worked with Health Centers to maintain and improve their financial sustainability by assisting with the transition to managed care for New Hampshire’s Medicaid population and the development of payment reform pilots in Vermont.

To better assist Health Centers, Bi-State convened a group of Health Center financial directors to meet on a regular basis for peer-to-peer networking and shared learning opportunities. Bi-State also convened Health Center outreach and enrollment specialists to develop a plan to assist uninsured residents navigate the new Health Insurance Marketplace.

Bi-State Primary Care Association
Financial Report - Fiscal Year Ending 2013

Abigail Mercer, MBA
Chief Financial Officer

Sources of Revenue

Bi-State Primary Care Association continues to have an unqualified A-133 audit with no instances of material weakness, significant deficiencies, or material noncompliance; qualifying as a low-risk auditee. The audit is conducted in accordance with auditing standards generally accepted in the U.S. and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the U.S. The audit includes a report of internal control over financial reporting and tests of its compliance with certain provision of laws, regulations, contracts, grant agreements, and other matters.
Bi-State Primary Care Association Members

New Hampshire

Ammonoosuc Community Health Services
Franconia, Littleton, Warren, Whitefield, Woodsville,
Community Action Program/Belknap-Merrimack Counties Concord
Child Health Services Manchester
Concord Hospital Family Health Center Concord, Hillsboro-Deering
Community Health Access Network Newmarket
Coos County Family Health Services Berlin, Gorham
Families First Health and Support Center Portsmouth
Goodwin Community Health Somersworth
Harbor Care Clinic, a Program of Harbor Homes Nashua
Health Care for the Homeless Program Manchester
Health First Family Care Center Franklin, Laconia
Indian Stream Health Center Colebrook
Lamprey Health Care Nashua, Newmarket, Raymond
Manchester Community Health Center Manchester
Mid-State Health Center Bristol, Plymouth
NH Area Health Education Program Whitefield
NH Dartmouth Family Practice, Residency Program Concord
North Country Health Consortium Whitefield
Planned Parenthood of Northern New England Claremont, Derry, Exeter, Keene, Manchester, W. Lebanon
Whites Medical Center Groveton, Lancaster, Whitefield
White Mountain Community Health Center Conway

Vermont

Community Health Centers of Burlington Burlington
Community Health Centers of the Rutland Region Brandon, Bomoseen, Rutland, West Pawlet
Community Health Services of Lamoille Valley Morrisville, Stowe
Little Rivers Health Care Bradford, East Corinth, Wells River
Newport Pediatrics and Adolescent Medicine Newport
North Country Hospital Barton, Newport
Northern Counties Health Care Concord, Danville, Hardwick, Island Pond, St. Johnsbury
Northern Tier Center for Health Alburg, Enosburg, Richford, St. Albans, Swanton
Planned Parenthood of Northern New England Barre, Bennington, Brattleboro, Burlington, Hyde Park, Middlebury, Newport, Rutland, St. Albans, Williston
Springfield Medical Care Systems Springfield, Bellows Falls, Chester, Ludlow, VT and Charlestown, NH
The Health Center Plainfield
University of Vermont College of Medicine, Office of Primary Care and Area Health Education Center Program Burlington
VT Coalition of Clinics for the Uninsured Barre, Bennington, Burlington, Colchester, Middlebury and Vergennes, Putney, Randolph, Springfield, White River Junction, Windsor

Thank you for supporting Bi-State Primary Care Association

DentaQuest Foundation
New Hampshire Charitable Foundation
New Hampshire Department of Health and Human Services
State of Vermont, Department of Vermont Health Access
U.S. Health Resources and Services Administration, Bureau of Primary Health Care

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