Cultivating the Skills of Emerging Leaders at Community Health Centers

Ensuring Access to Affordable Primary and Preventive Health Care

Collaborating with Leadership Locally and Nationally to Achieve the Triple Aim
Improving the Patient Experience of Care ▲ Improving the Health of Populations ▲ Reducing the Per Capita Cost of Health Care
Our Vision
Healthy individuals and communities with quality health care for all

Our 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

<table>
<thead>
<tr>
<th>Bi-State Primary Care Association</th>
<th>34 Members in New Hampshire and Vermont</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28 Community Health Centers — 300,000 Patients — 120 Locations to Access Primary Health Care</td>
</tr>
</tbody>
</table>

### New Hampshire

- Ammonoosuc Community Health Services  
  *Franconia, Littleton, Warren, Whitefield, Woodsville*
- Charlestown Family Medicine (Springfield Medical Care Systems)  
  *Charlestown*
- Community Action Program Belknap/Merrimack Counties  
  *Concord*
- 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 Health and Wellness Center, A Program of Harbor Homes  
  *Nashua*
- Health Care for the Homeless Program  
  *Manchester*
- HealthFirst Family Care Center  
  *Franklin, Laconia*
- Indian Stream Health Center  
  *Canaan*
- Lamprey Health Care  
  *Nashua, Newmarket, Raymond*
- Manchester Community Health Center and Child Health Services at MCHC  
  *Manchester (4)*
- Mid-State Health Center  
  *Bristol, Plymouth*
- NH Area Health Education Center  
  *Lebanon*
- North Country Health Consortium  
  *Littleton*
- Planned Parenthood of Northern New England  
  *Claremont, Derry, Exeter, Keene, Manchester*
- Weeks Medical Center  
  *Groveton, Lancaster, No. Stratford, Whitefield*
- White Mountain Community Health Center  
  *Conway*

### Vermont

- Battenkill Valley Health Center  
  *Arlington*
- Community Health Centers of Burlington  
  *Burlington (3), So. Hero*
- Community Health Centers of the Rutland Region  
  *Bomoseen, Brandon, Rutland, Shoreham, West Pawlet*
- Community Health Services of Lamoille Valley  
  *Morrisville, Stowe, Colchester (pharmacy)*
- Gifford Health Care  
  *Bethel, Berlin, Chelsea, Randolph, Rochester, White River Junction*
- Indian Stream Health Center  
  *Canaan*
- Little Rivers Health Care  
  *Bradford, East Corinth, Wells River*
- Mountain Health Center  
  *Bristol*
- Newport Pediatrics and Adolescent Medicine  
  *Newport*
- North Country Hospital  
  *Barton, Newport, Orleans*
- 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, St. Johnsbury, White River Junction, Williston*
- Springfield Medical Care Systems  
  *Bellows Falls, Chester, Ludlow, Springfield, VT ; Charlestown, NH*
- The Health Center  
  *Cabot, Plainfield*
- Vermont Area Health Education Centers, University of Vermont  
  *College of Medicine, Office of Primary Care and Area Health Education Center Program*
- Vermont Coalition of Clinics for the Uninsured  
  *Barre, Bennington, Burlington, Middlebury, Putney, Randolph, Rutland, Springfield, White River Junction, Windsor*
Dear Friends and Colleagues,

Our 2015 fiscal year has been incredibly productive for Bi-State and our 34 member organizations in Vermont and New Hampshire. We have been actively engaged and favorably influencing health care reform initiatives advancing the Triple Aim framework designed to optimize health system performance by improving the patient experience, improving population health, and reducing the per capita cost of health care. We have done this work through the lens of a Patient-Centered Medical Home model of care.

In Vermont and New Hampshire, as well as nationwide, respected health care leaders are collaborating to redesign the health care delivery and finance systems. To improve access and value, new partnerships are organizing to coordinate a multidisciplinary provider team working with community health and social service experts across the entire continuum of care to ensure patients receive the right care, at the right time, in the right place and at the right cost.

We welcome the opportunity to lend our voice, expertise and experience to the vast network of committed individuals and organizations in pursuit of an efficient, cost effective and equitable health care system for all.

Thank you for your support.

Sincerely,
Kevin J. Kelley, MS, CMPE
Board Chair
Tess Stack Kuenning, CNS, MS, RN
President and Chief Executive Officer

The Triple Aim in Vermont and New Hampshire
- Improve the Patient Experience
- Improve Population Health
- Reduce Per Capita Costs of Health Care

Improve the Patient’s Experience of Care

Accountable Care and Management Services Organizations
Patient-Centered Medical Homes, a Multi-Disciplinary Team Approach to Care
Integration of Medical, Oral, and Behavioral Health Care and Pharmacy Services

Improve the Health of Populations

Expanding Access to Primary Care
Utilizing Data to Monitor and Improve Care
Strategies to Reduce Total Cost of Care
Provide affordable health insurance to all, especially for low–middle income earners.
Analyze data to determine care patterns and health outcomes, especially for patients with a chronic disease.
Engage patients in their care.
Examine the total cost of care to identify the systemic potential for savings.
Permanently and adequately fund Community Health Centers to ensure widespread access to integrated primary health care.

Reduce the Per Capita Cost of Health Care

Community Health Center: 3,500
Non-Community Health Center: 4,594

Annual Medical Expenditure per Patient by Provider Type

The Triple Aim in Vermont and New Hampshire
- Improve the Patient Experience
- Improve Population Health
- Reduce Per Capita Costs of Health Care

Improve the Patient’s Experience of Care

Accountable Care and Management Services Organizations
Patient-Centered Medical Homes, a Multi-Disciplinary Team Approach to Care
Integration of Medical, Oral, and Behavioral Health Care and Pharmacy Services

Improve the Health of Populations

Expanding Access to Primary Care
Utilizing Data to Monitor and Improve Care
Strategies to Reduce Total Cost of Care
Provide affordable health insurance to all, especially for low–middle income earners.
Analyze data to determine care patterns and health outcomes, especially for patients with a chronic disease.
Engage patients in their care.
Examine the total cost of care to identify the systemic potential for savings.
Permanently and adequately fund Community Health Centers to ensure widespread access to integrated primary health care.

Reduce the Per Capita Cost of Health Care

Community Health Center: 3,500
Non-Community Health Center: 4,594

Annual Medical Expenditure per Patient by Provider Type
This year there were significant advances and continuing support to fund programs that provide access and services to patients served by our members. Bi-State and our members extend our sincere appreciation to Congressmen Welch (D-VT) and Guinta (R-NH), Congresswoman Kuster (D-NH), Senators Ayotte (R-NH), Leahy (D-VT), Sanders (I-VT), and Shaheen (D-NH) for their unyielding support of the Community Health Centers; the 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.

Through the passage of the Medicare Access and CHIP Reauthorization Act of 2015, (H.R.2), our Vermont and New Hampshire Congressional Delegation members acted to avert a 70 percent reduction in Health Center funding. The bill also called for two-year funding of the National Health Service Corps and the Teaching Health Centers GME program at FY15 levels. This monumental achievement is a direct result of the strong advocacy and strategic planning by Health Centers nationwide. In addition, all of our Congressional representatives and senators signed onto the FY16 Health Center funding letters in support of Health Center appropriations.

We are enormously grateful that our Congressional Delegation showed strong leadership on health care access during the 114th Session, and we were very pleased to present them with leadership awards from the National Association of Community Health Centers on Capitol Hill.

Also of great importance, the Supreme Court of the United States decided the King v. Burwell case. Consistent with the statute, the Court’s decision upheld the outlay of premium tax credits to qualifying persons in all states, both those with exchanges established by a state and those established by the Department of Health and Human Services.
Reshaping Vermont’s Health Care Delivery and Payment Systems

Sharon M. Winn, Esq., MPH  - Director, Vermont Public Policy

In its public policy role, Bi-State promotes ideas and information to sustain and extend access to primary health care to those who need it most. We work closely with state policy makers and others to ensure ongoing integrity of the Health Center system in Vermont, and to build on it. One in four Vermonters accesses a Health Center for primary care. As the Health Centers take excellent care of Vermonters, the team at Bi-State assists the Health Centers to provide the resources and programs to serve their communities.

On the health care reform front, Bi-State and our members are working with other health care leaders and the Green Mountain Care Board on the unprecedented opportunity to reshape Vermont’s health care delivery and payment system. We envision a system that will keep healthy people healthy and will deliver to those who need it the right care, at the right time, in the right place and at the right cost. We will continue to seek a solution that is right for Vermont and Vermonters.

In the legislature, Bi-State successfully advocated for increased funding for Patient-Centered Medical Homes and the Education Loan Repayment Program. Specifically, the FY16 budget includes $2.4 million to increase Vermont’s Blueprint for Health payments to practices. The budget also restored $667,000 to fund loan repayment through the Vermont Area Health Education Center (AHEC) Program.

In its public policy role, Bi-State promotes ideas and information to sustain and extend access to primary health care to those who need it most.

We work closely with state policy makers and others to ensure ongoing integrity of the Health Center system in Vermont, and to build on it. One in four Vermonters accesses a Health Center for primary care. As the Health Centers take excellent care of Vermonters, the team at Bi-State assists the Health Centers to provide the resources and programs to serve their communities.

On the health care reform front, Bi-State and our members are working with other health care leaders and the Green Mountain Care Board on the unprecedented opportunity to reshape Vermont’s health care delivery and payment system. We envision a system that will keep healthy people healthy and will deliver to those who need it the right care, at the right time, in the right place and at the right cost. We will continue to seek a solution that is right for Vermont and Vermonters.

In the legislature, Bi-State successfully advocated for increased funding for Patient-Centered Medical Homes and the Education Loan Repayment Program. Specifically, the FY16 budget includes $2.4 million to increase Vermont’s Blueprint for Health payments to practices. The budget also restored $667,000 to fund loan repayment through the Vermont Area Health Education Center (AHEC) Program.

Fostering Collaboration to Improve Health Outcomes

Joyce Gallimore, MPH, CPHQ  
Director, Community Health Payment Systems

By fostering greater collaboration among doctors, hospitals and other health care providers, Community Health Accountable Care LLC (CHAC) achieved savings for the Medicare program of over $1.1 million and over $3.3 million for the Medicaid program, effectively reducing health care costs among the patient populations served by its members.

Established in 2014, CHAC’s goals are to achieve better care for individuals, better health for populations, and slow the growth of health care expenditures. CHAC’s participants include Vermont’s 11 Federally Qualified Health Centers, Bi-State Primary Care Association, four hospitals, nine home health agencies, and 14 designated agencies.

CHAC’s primary care providers build upon long-standing focus on quality improvement, commitment to population health management and strong collaboration with allied providers in home health and behavioral health. Patients served by CHAC members are assured that each of their health care providers will have a more complete understanding of their health issues and will collaborate to improve health outcomes.

Through the Vermont Health Care Innovation Project, CHAC is collaborating with other Accountable Care Organizations and providers to create and model an integrated, cost-effective health care delivery system for Vermont.

Focus on Increasing Access to Primary Care in New Hampshire

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

Bi-State’s steadfast commitment to increasing access to primary care for New Hampshire residents is reflected in our advocacy for reauthorization of the New Hampshire Health Protection Program over the past year. More than 43,000 people have enrolled, including a significant percentage of small-business owners and their employees. Key legislators, the Business and Industry Association, the New Hampshire Hospital Association and health care providers support the Health Protection Program and anticipate reauthorization in the next legislative session.

Bi-State worked with elected officials and the New Hampshire Department of Health and Human Services to ensure the continuation of the primary care contract funding in the next biennial budget. The primary care funds help Community Health Centers fulfill their mission to provide primary and preventive health care to medically underserved people and underserved areas of the state.

Moving Toward a Value-Based Payment System

Lori H. Real, MHA  
Executive Vice President and Chief Operating Officer

The Centers for Medicare and Medicaid Services are leading the way to “reward increasing accountability for both quality and total cost of care as well as a greater focus on population health management.” Federally Qualified Health Centers, the Community Health Access Network and Bi-State Primary Care Association are working together through Primary Health Care Partners LLC to implement value-based agreements with payers. Like CMS, we support “better care, smarter spending and healthier people.”
Integrating Community-Based Health Systems to Support Patients
Sharon M. Winn, Esq., MPH - Director, Vermont Public Policy

In February, Bi-State facilitated meetings with legislators and leaders from Federally Qualified Health Centers, safety net providers, and our community partners in care (Area Agencies on Aging, Community Mental Health and Developmental Services, and Medicare Certified Home Health agencies) to demonstrate, and advocate for building, integrated community-based health care systems that provide primary care and a seamless transition to additional support services throughout the continuum of care. In meetings with Gov. Shumlin and Lt. Gov. Scott, we advocated for restoration of funding for the Education Loan Repayment program, an essential tool to recruit and retain a qualified health care workforce in Vermont.

Achieving High Quality Care and Health Care Cost Savings
Patricia Launer, RN, CPHQ - Community Health Quality Manager; Heather E. Skeels - Project Manager; and Kristen Bigelow-Talbert, MSHM - Quality Improvement Facilitator

Assuring the quality of health care is a continuous process supported by the rigorous quality standards required for Patient-Centered Medical Home designation, Federally Qualified Health Center quality-improvement initiatives and health care reform. The goal is to achieve better health outcomes for patients and the Health Centers are dedicated to its success.

Ability to meet the high standards developed by the National Association for Quality Assurance determine Medical Home recognition. Bi-State served as a resource for the Health Centers as they designed and implemented the clinical processes necessary to meet the latest set of NCQA standards. All Vermont Health Centers have achieved Medical Home recognition.

Accountable Care Organizations act as a vehicle to support the work of achieving quality patient care at a reasonable cost. Community Health Accountable Care LLC (CHAC) is dedicated to supporting participants in providing high quality care for the communities they serve. Representatives from all of Vermont’s FQHCs, along with participating hospitals, designated agencies and home health agencies, are active members of CHAC committees. CHAC’s Clinical Committee, staffed by Bi-State, produced four sets of evidence-based recommendations, telephone triage protocols and patient education materials. Rollout of the recommendations to clinical staff occurred via webinars, peer-to-peer meetings and community meetings within Health Service Areas and through statewide Blueprint for Health meetings.

Key to the work of quality improvement is data collection and analysis. Developing a baseline of clinical outcomes that we could trust was imperative. During the first quarter of 2015, Bi-State managed a team of five to abstract data from charts across the network of Health Centers. Reporting measures required pulling over 100,000 data elements from the charts. Reliable and complete data enables staff at both Health Centers and CHAC to identify areas for improvement and to use as a resource those sites that are demonstrating success.

Fostering the Expansion of Health Care Access
James Zibailo — New Hampshire Community Development and Financial Services Coordinator

Bi-State is a resource for communities and organizations that offer or support primary health care services. We facilitate the expansion of medical, oral, behavioral, mental health and substance-use disorder services through Community Health Centers statewide.

Their strong community-based governance structure allows Health Centers to address specific health needs in their communities. Bi-State offers comprehensive board governance training annually and last year partnered with the National Health Care for the Homeless Council to focus on governance training for board members of Health Care for the Homeless programs.

In Grafton and Carroll counties, Bi-State assisted communities assessing requirements and benefits of establishing a Federally Qualified Health Center to improve local access to primary care. The financial stability of nonprofit Health Centers plays a critical role in ensuring access to high-quality, affordable health care. To assess financial strength, Bi-State facilitated the development and presentation of a financial trends analysis based on audited financial statements from all the Health Centers in New Hampshire and Vermont. The analysis revealed several opportunities for collaboration among the Health Centers that would enhance their collective financial performance.

During the past year, Bi-State worked closely with the New Hampshire Department of Health and Human Services and the managed care insurance companies to help minimize potential disruption in access to health care services during the ongoing implementation of Medicaid Managed Care.

“Thank you for sharing all the collaboration going on in the Northeast Kingdom. It makes me very proud to see this and tell you we are doing all of this work in Springfield, too. This is the best and most holistic way to serve Vermont.”
—Leigh Dakin, clerk and member of House Health Care Committee
2015 Advocate of the Year
Stephanie Pagliuca, director of Bi-State’s Recruitment Center, received the Advocate of the Year Award from the American Association of Nurse Practitioners at the AANP National Conference. The prestigious State Awards for Excellence recognize individuals who make significant contributions toward increasing awareness and acceptance of nurse practitioners. Stephanie was honored for educating health care providers on the role of nurse practitioners and for recruiting nurse practitioners to medical practices throughout New Hampshire for the past 20 years.

Newly Insured Exceeds 53,000
Marilyn Sullivan, MEd - Project Coordinator, Outreach and Enrollment

Bi-State completed its second year as a Navigator Organization leading the New Hampshire Health Safety Net Coverage Collaborative in educating consumers about qualified health plans and the New Hampshire Health Protection Program. Bi-State, and its collaborative of five Community Health Centers, held 300 consumer outreach events and provided one-on-one assistance to 2,400 people. By February 2015, more than 53,000 were enrolled in affordable health insurance through the Marketplace, 70 percent qualified for an average tax credit of $244 per month and 43 percent obtained coverage for $100 per month or less after applicable tax credits.

New Hampshire’s uninsured rate fell from 13.8 percent in 2013 to 12.8 percent in 2014. Ensuring access to primary care lowers costs, reduces absenteeism at work and school, and most importantly, helps people get well and stay well.

The project described was supported by Funding Opportunity Number CA-NAV-15-001; CDFA 93.332 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Oral Health Services in Rural Areas
Stephanie Pagliuca – Director, The Recruitment Center

Thanks to a grant from the Health Resources and Services Administration and Bi-State’s partnership with the Division of Public Health Services Oral Health Program, individuals across northern New Hampshire have greater access to affordable dental services. Three Federally Qualified Health Centers in Belknap, Grafton and Merrimack counties added and staffed 12 new dental chairs and expanded access to oral services to more children and adults in underserved regions. Links found between oral health and overall health, established by medical research, substantiates that the integration of oral health with medical and behavioral health care is integral to the Community Health Center model of care.

Healthy Workforce, Healthy Economy
Kristine E. Stoddard, Esq. - Director, New Hampshire Public Policy

Senior leadership from the legislature, business and health care communities and the Community Health Centers attended Bi-State’s annual Legislative and Business Breakfast in February. Guest speakers included Executive Councilor Van Ostern, Chair of Senate Finance Sen. Forrester and Chair of House Finance Rep. Kurk.

With biennial budget negotiations in progress at the legislature, ensuring access to primary care for New Hampshire residents was a top priority for Bi-State. Van Ostern spoke of his support of the Health Centers and the services they provide statewide. He lauded the New Hampshire Health Protection Program as a bipartisan plan that produced a “tremendous positive change in health care”.

Tess Stack Kuening, Bi-State’s president and CEO, moderated a discussion with Forrester and Kurk who both stated they want “folks to get well” and support “programs that work” to improve health. Kuening noted that Health Centers provided primary health care services to more than 100,000 people in underserved areas and 42,000 people obtained health insurance through the Health Protection Program in its first year.

In closing remarks, Kuening stated, “The New Hampshire Health Protection Program gives Granite Staters a hand up, not a hand out. This important legislation moves our state forward as it improves the health of our workforce and ultimately, our economy.”

Young Adults Enrolling in Vermont
Kristen Bigelow-Talbert, MSHM Quality Improvement Facilitator

In year two as a designated Navigator Organization, Bi-State assisted hundreds of people with enrollment in Vermont Health Connect. Our role included raising public awareness through outreach campaigns as well as training other navigators and providing access to necessary resources.

By midyear, nearly 32,000 consumers obtained affordable health insurance. Sixty-two percent of enrollees qualified for a premium tax credit and nearly 40 percent of the newly enrolled fell into the key demographic of 18-34 year olds. Bi-State enthusiastically supported the effort to help Vermonters obtain health insurance through Vermont Health Connect.
Removing Barriers to Health Care Impacting Farmers and Farmworkers

Melissa Miles, MPH - Project Manager

Nationwide, and in Vermont, farmworkers are persistently engaged in strenuous manual labor. Without access to primary and preventive health care, their injuries and illnesses are frequently left untreated. To address this persistent health situation on Vermont farms, Bi-State applied to the Office of Rural Health Policy for an Outreach Services grant to support the development of Bridges to Health, a consortium of Bi-State Primary Care Association, the University of Vermont Extension (UVM) and the Open Door Clinic. By taking advantage of each organization’s diverse set of resources we were able to provide care coordination and outreach, a proven approach to helping underserved people and communities access health care resources.

With extensive outreach efforts during the past three years, farmworkers have overcome extreme barriers to care including cultural and linguistic isolation, lack of transportation, lack of information on where to go for care and a lack of health insurance. By year three of the program, Bridges had reached out to 80 farms in seven counties.

Bridges educated staff at Community Health Centers, hospitals, health departments, and other community partners on ways to improve their cultural and linguistic accessibility for the population. UVM developed health education materials and provided practitioner education. Students from diverse disciplines interacted with and enhanced their knowledge of the Latino farmworker population; many have gone on to pursue careers in rural health care for underserved populations.

Our evaluation of the program demonstrated farmworkers and farmers increased their knowledge of how and where to access health care services and providers gained greater capacity to extended services to this population. Given the success of the program, Bi-State was awarded another three-year grant that will allow us to expand Bridges to Health statewide.

Primary Care Workforce Investment

Stephanie Pagliuca – Director, The Recruitment Center
Sharon Winn, Esq., MPH – Director, Vermont Public Policy

National shortages of primary care physicians, aging of the current provider workforce and new and emerging models of care have resulted in increased demand for primary care providers. New Hampshire and Vermont have fewer primary care provider training programs than our neighboring states so the pipeline of graduating students is too small to satisfy staffing needs. Bi-State operates the region’s only nonprofit recruitment center focused exclusively on building a workforce of physicians, nurse practitioners, dentists and hygienists in both states.

Primary care physicians graduate with $170,000 - $275,000 in medical school student loan debt. The ability to offer a loan repayment benefit to providers is a significant recruitment and retention tool.

Bi-State collaborated with the Vermont Department of Health and the Area Health Education Center on an application to the National Health Service Corps Loan Repayment Program for $1 million and generated another million in matching state funds. This investment will support recruitment efforts in Vermont’s Health-Professional Shortage Areas for the next four years.

In New Hampshire, Bi-State’s collaborative effort with the Primary Care Workforce Commission and the Joint Underwriters’ Association resulted in a $1.65 million investment in the state’s Loan Repayment Program. This is the most significant investment in provider recruitment and retention in New Hampshire in more than 20 years.

Preparing Health Center Leaders

Stephanie Pagliuca – Director, The Recruitment Center

Eleven aspiring Community Health Center leaders graduated from Bi-State’s Leadership Development Program with a Certificate in Community Health Leadership in 2015. The program presents training in key management areas including Health Center operations, finance, workforce development, quality improvement, state and federal advocacy, strategic planning and nonprofit Health Center governance. Since 2008, Bi-State’s comprehensive leadership program has educated more than 100 emerging leaders from New Hampshire and Vermont.

“The program gave me a boost in knowledge involving many aspects of a health care organization that I was lacking. It has given me the foundation that I needed to become a better leader to my staff and employee to my organization.” – LDP 2015 Graduate

(L-R) Stephanie Pagliuca and Tess Stack Kuening with the 2015 Leadership Development Program graduating class: Jennifer Bernier, Lamprey Health Care; Stephanie Piet, Manchester Community Health Center; Laurie Garland, Manchester Community Health Center; Brandon Gilbert, Coos County Family Health Services; Lisa Tremblay, HealthFirst Family Care Center; Lindsay Karsten, Mid-State Health Center; Jordan C. Phinney, Indian Stream Health Center; Tanya Young, Indian Stream Health Center.
Honoring Extraordinary People

At the 2015 Primary Care Conference Awards Ceremony, Bi-State’s board of directors were pleased to recognize eight individuals nominated by their peers for their extraordinary dedication to improving access to primary care for vulnerable populations.

The Chair’s Award honors individuals who have made outstanding contributions to Bi-State’s mission to ensure access to health care for vulnerable populations.

Sen. Jeb Bradley – Majority Leader, New Hampshire Senate
Rep. George Till, MD – Representative, Vermont Legislature

Outstanding Clinician Award honors primary care clinicians whose exemplary skills and service have made a significant impact on the health of underserved patients and the community in which they serve.

Joanne Pomeranz, APRN-BC – Harbor Care Health and Wellness Center, A Program of Harbor Homes
Marlene Bristol, FNP – Little Rivers Health Care

The Public Service Award honors individuals whose position allows them to make extraordinary contributions in the area of public health and primary care access.

Laurie Harding, MS, RN – Chair, New Hampshire Primary Care Workforce Commission
John A. Olson, MEd – Chief, Office of Rural Health and Primary Care, Vermont Department of Health

The Community Service Award honors individuals whose volunteer efforts have made a significant impact on the vulnerable populations in Vermont and New Hampshire.

David Staples, DDS and Maureen Staples – Goodwin Community Health
Vermont Area Health Education Center Network – Elizabeth Cote, Director

Charting a Course for the Future

Susan Noon, MBA, APR
Director, Marketing and Development

On May 13, a sold-out crowd of senior health care administrators, health care providers, health sector policymakers, researchers and educators attended Bi-State’s 2015 Primary Care Conference. Bi-State’s annual conference addresses topical health industry issues, provides critical training, and prepares health care leadership for the year ahead.

In their keynote address, The Future of Medicaid and the Impact on Community Health Centers, Sara Rosenbaum, JD, George Washington University and Dan Hawkins, Sr. VP, National Association of Community Health Centers, shared their extensive knowledge and experience about impending changes to the Medicaid program and the impact on Community Health Centers and safety net providers.

Three educational workshops were held in the afternoon, Governing Patient Centered Medical Homes: Guidance for Board Members and Senior Leadership; Utilizing Data to Support Performance Improvement; and The Integrated Practice in Action: Building Clinical and Management Expertise in Oral Health.

Tess Stack Kuenning Selected for Capstone Fellowship Faculty

In the fall of 2015, Tess Stack Kuenning, CNS, MS, RN, was selected as faculty for The George Washington University Geiger Gibson Capstone Fellowship in Community Health Policy and Leadership. The Fellowship is for mid-level and senior staff pursuing executive leadership careers in Community Health Centers and Primary Care Associations. As a special initiative of the GWU Milken Institute School of Public Health, the Fellowship is named after physicians H. Jack Geiger and Count Gibson, Jr., pioneers of Community Health Centers and tireless advocates for human rights. The Fellowship cultivates the next generation of community health leaders through education, research and advancement of community health policy, practice and leadership.

In 2013, Kuenning was selected as the Geiger Gibson Distinguished Visitor in Community Health Policy. In this educational role, she shared 20 years of experience as president and chief executive officer of Bi-State Primary Care Association.

Senator Sanders Leadership Award

Sen. Sanders Leadership Award recognizes individuals who have made valuable, significant, and lasting contributions to the Community Health Center movement.

2015 Sen. Sanders Leadership Award
Dan Hawkins, Senior VP, Public Policy and Research, National Association of Community Health Centers

Since 1981, Dan Hawkins has guided health policy research and analysis at the National Association of Community Health Centers. His strategic leadership in policy development and advocacy extends to all 1,200 Community Health Centers nationwide. During his tenure the number of medically underserved people served by Health Centers has grown from five million to over 23 million.
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


Abigail Mercer, MBA - Chief Financial Officer

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td><strong>Assets</strong></td>
</tr>
<tr>
<td>Grant Revenue</td>
<td>Cash and Equivalents</td>
</tr>
<tr>
<td>3,883,622</td>
<td>1,288,492</td>
</tr>
<tr>
<td>Member Dues</td>
<td>Investments</td>
</tr>
<tr>
<td>260,352</td>
<td>101,665</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>Prepaid Expenses</td>
</tr>
<tr>
<td>147,417</td>
<td>32,511</td>
</tr>
<tr>
<td>Investment Revenue</td>
<td>Accounts Receivable</td>
</tr>
<tr>
<td>4,576</td>
<td>374,081</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>Total Current Assets</td>
</tr>
<tr>
<td>4,300,967</td>
<td>1,796,749</td>
</tr>
<tr>
<td></td>
<td>Limited Use Assets</td>
</tr>
<tr>
<td></td>
<td>1,796,749</td>
</tr>
<tr>
<td></td>
<td>Fixed Assets (net)</td>
</tr>
<tr>
<td></td>
<td>389,342</td>
</tr>
<tr>
<td></td>
<td><strong>Total Assets</strong></td>
</tr>
<tr>
<td></td>
<td>2,186,091</td>
</tr>
</tbody>
</table>

| **Expenses**                                           | **Liabilities and Net Assets**                             |
| Salaries and Related Expense                          | Accounts Payable                                           |
| 2,345,485                                              | 201,095                                                     |
| Other Operating Expense                               | Accrued Expenses                                           |
| 1,713,528                                              | 205,957                                                     |
| Depreciation Expense                                  | Deferred Revenue                                           |
| 29,970                                                 | 117,300                                                     |
| **Total Expenses**                                     | Current Maturities of LT Debt                              |
| 4,089,983                                              | 23,279                                                      |
|                                                        | **Total Current Liabilities**                              |
|                                                        | 547,833                                                     |

| Increase/(Decrease) in Net Assets                      | **State Grants**                                           |
| 211,984                                                | 33.3%                                                       |
| Change in unrealized gain on investments               | **Federal Grants**                                         |
| (3,845)                                                | 51.5%                                                       |
| Grants received for capital acquisitions               | **Other Sources**                                          |
|                                                        | 144,406                                                     |
| Beginning Net Assets                                  | **Private Grants**                                         |
| 1,284,911                                              | 6.5%                                                        |
| Ending Net Assets                                     | **Total Liabilities and Net Assets**                       |
| 1,496,054                                              | 2,186,091                                                   |

Bi-State’s group purchasing program saved members more than $1 million in the cost of supplies, equipment and services.
Bi-State Primary Care Association Staff

Kristen Bigelow-Talbert, MSHM  Quality Improvement Facilitator
Kathleen Fitzpatrick  Project Coordinator
Ann Forrest  Accounting Clerk
Joyce Gallimore, MPH, CPHQ  Director, Community Health Payment Systems
Mandi Gingras  Recruitment and Retention Coordinator
Claire Hodgman  Data and Marketing Coordinator
Tess Stack Kuening, CNS, MS, RN  President and Chief Executive Officer
Patricia Launer, RN, CPHQ  Community Health Quality Manager
Kimberly Martin  Senior Accountant
Abigail Mercer, MBA  Chief Financial Officer
Melissa Miles, MPH  Project Manager
Susan J. Noon, MBA, APR  Director, Marketing and Development
Stephanie Pagliuca  Director, Bi-State Recruitment Center
Suzanne G. Palmer  Executive Assistant
Lori H. Real, MHA  Executive Vice President and Chief Operating Officer
Lauri Scharf, MS  Program Manager, Health Care Informatics
Kate Simmons, MBA, MPH  Director, Vermont Operations
Heather E. Skeels  Project Manager
Amanda Spreeman  New Hampshire Data Coordinator and Administrative Assistant
Kristine E. Stoddard, Esq.  Director, New Hampshire Public Policy
Marilyn Sullivan, MEd  Project Coordinator, Outreach and Enrollment
Kendall West, MPH  Project Coordinator
Sharon M. Winn, Esq., MPH  Director, Vermont Public Policy
Adam Woodall  Information Technology and Office Systems Manager
James Zibailo  New Hampshire Community Development and Financial Services Coordinator

2015 FUNDERS

Centers for Medicare and Medicaid Services
Community Health Access Network
DentaQuest Foundation
Department of Vermont Health Access
Endowment for Health
New Hampshire Charitable Foundation
New Hampshire Department of Health and Human Services
RCHN Community Health Foundation
Vermont Behavioral Health Network
Vermont Department of Health, Office of Rural Health and Primary Care
US Health Resources and Services Administration, Bureau of Primary Health Care

2015 SPONSORS

American Cancer Society
Anthem BlueCross BlueShield, New Hampshire
AT&T
Azara Healthcare
Bank of New Hampshire
BlueCross BlueShield of Vermont
Clark Insurance
CommonWealth Purchasing Group
DiGiorgio Associates Inc./Monitor Builders, Inc.
Franklin Pierce University
Greenway Health
Henry Schein Practice Solutions
Hudson Headwaters Health Network
i2i Systems
Ingenuity Health
Maine Community Health Options
Minuteman Health
New Hampshire Dental Society
New Hampshire Healthy Families
New Hampshire Medical Society
NextGen Healthcare
Northeast Delta Dental
Orr & Reno
University of New England College of Dental Medicine
Vermont Information Technology Leaders, Inc.
Vermont State Dental Society
Veterans Rural Health Resource Center-Eastern Region, Office of Rural Health, VHA
Well Sense Health Plan

SPECIAL THANKS
Lake Morey Resort
National Association of Community Health Centers