Bi-State Primary Care Association

25th Anniversary Report

Promoting Accessible, Affordable, High Quality Primary Care in Vermont and New Hampshire

Since 1986
Our nonprofit Community Health Centers are unique in their ability to tailor their services and programs to meet the needs of their local community. Community Health Centers provide access to primary and preventive health care services to all, regardless of insurance coverage or ability to pay. Public and commercial insurance is accepted, including Medicaid and Medicare. For those without insurance, a sliding fee based on income is available.

The Community Health Center model of care meets high standards for quality of care and positive health outcomes in the delivery of medical, dental, and behavioral health care services.

**NEW HAMPSHIRE MEMBERS**

- Ammonoosuc Community Health Services, Inc. - Franconia, Littleton, Warren, Woodsville, Whitefield
- Child Health Services - Manchester
- Community Action Program/Belknap-Merrimack Counties - Concord
- Concord Hospital Family Health Center and NH Dartmouth Family Practice Residency Program - Concord, Hillsboro-Deering
- Community Health Access Network - Newmarket
- Coos County Family Health Services, Inc. - Berlin, Gorham
- Families First Health and Support Center - Portsmouth
- Goodwin Community Health - Somersworth
- Harbor Care Clinic, A Program of Harbor Homes, Inc. - Nashua
- Health Care for the Homeless Project - 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 Center Program - Whitefield
- New Hampshire Health Center, New London Hospital Association - Newport
- North Country Health Consortium - Littleton
- Planned Parenthood of Northern New England - Claremont, Derry, Exeter, Keene, Manchester, West Lebanon
- Springfield Medical Care Systems, Inc. - Charlestown
- Weeks Medical Center - Groveton, Lancaster, Whitefield
- White Mountain Community Health Center - Conway

**VERMONT MEMBERS**

- Community Health Centers of Burlington - Burlington
- Community Health Centers of the Rutland Region - Brandon, Bomoseen, Rutland, West Pawlet
- Community Health Services of the Lamoille Valley - Morrisville, Stowe
- Gifford Medical Center - Bethel, Berlin, Chelsea, Randolph, Rochester, White River Junction
- Little Rivers Health Care - Bradford, East Corinth, Wells River
- North Country Health Systems - Barton, Newport
- Northern Counties Health Care, Inc. - Concord, Danville, Hardwick, Island Pond, St. Johnsbury
- Planned Parenthood of Northern New England - Barre, Bennington, Brattleboro, Burlington, Hyde Park, Middlebury, Newport, Rutland, St. Albans, Williston
- Springfield Medical Care Systems, Inc. - Bellows Falls, Chester, Ludlow, Springfield
- The Health Center - Cabot, Plainfield
- University of VT College of Medicine, Office of Primary Care and Area Health Education Center Program - Burlington
- VT Coalition of Clinics for the Uninsured - Bellows Falls
Improving Access to Health Care for 25 Years

Dear Stakeholders:

Over the course of the past 25 years, Bi-State’s mission has attracted a professional membership of nonprofit organizations committed to creating healthy communities in Vermont and New Hampshire. Community Health Centers (inclusive of Federally Qualified Health Centers, Rural Health Clinics, free clinics, private practices, and hospital-based primary care practices), Community Action Programs, Health Center Controlled Networks, and Area Health Education Centers are among those who partner with Bi-State to expand access to affordable, high quality health care. Bi-State’s membership has grown from two members in 1986 to 35 members in 2011.

We’ve made great strides in expanding access to primary care services - more than 301,500 people in medically underserved areas in Vermont and New Hampshire now receive care at our Community Health Centers. Some of the milestones achieved as a result of our strategic partnerships include the significant expansion of primary and preventive medical, dental, and behavioral health care and pharmacy services. Efforts to achieve these goals included the implementation of electronic health records; a wide range of training and technical assistance offerings to our members, their staff and boards; workforce recruitment and retention; leadership development; strategic advocacy; network collaborations; group purchasing and other program offerings. Collectively, these efforts leveraged funding opportunities that have enabled Community Health Centers to upgrade facilities, purchase equipment, extend hours, and hire additional clinical staff. Every milestone achieved demanded long-range planning, multi-tiered collaborations, and a passionate dedication to the mission of providing affordable primary care services to people in communities throughout Vermont and New Hampshire.

The American system of health care delivery is currently being examined and debated. While the future of the financing and delivery of health care is uncertain, what is crystal clear is the value Community Health Center’s comprehensive model of care brings to health care with proven results in cost, quality, and access. Bi-State has earned a seat at the table in federal and state policy discussions where we will continue to advocate for affordable access to primary medical, dental, and behavioral health care services for all.

We are heartened to know that you, your family, friends, and neighbors all have greater access to affordable, high quality primary care through our Community Health Centers. We acknowledge and appreciate the bipartisan support of our elected officials and the collaboration of agency directors, funders, and supporters.

We wish you good health and wellness in the years to come. Thank you for supporting access to primary care for the past 25 years!

Sincerely,

Kevin Kelley
President of the Board

Tess Stack Kuenning
Executive Director

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.

Board of Directors

OFFICERS

Kevin Kelley, President
Chief Executive Officer, Community Health Services of the Lamoille Valley

Kevin Cooney, Vice President
Chief Executive Officer, Northern Counties Health Care, Inc.

Richard Silverberg, Secretary
Executive Director, Health First Family Care Center

Pamela Parsons, Treasurer
Executive Director, Northern Tier Center for Health

Edward George, Immediate Past President
President/Chief Executive Officer
Manchester Community Health Center

DIRECTORS

Gail Auclair, Chief Executive Officer
Little Rivers Health Care

Glenn Cordner, Chief Executive Officer
Springfield Medical Care Systems, Inc.

Jack Donnelly, Executive Director
Community Health Centers of Burlington

Ann Peters, Chief Executive Officer
Lamprey Health Care

Marianne Savarese, Project Director
Health Care for the Homeless Project

Edward Shanshala II, Chief Executive Officer
Ammonoosuc Community Health Services, Inc.

Helen Taft, Executive Director
Families First Health and Support Center

Grant Whitmer, Executive Director
Community Health Centers of the Rutland Region
Expanding Access to Primary Care

Bi-State works with policy makers, funders, and providers to facilitate the expansion and accessibility of high quality, affordable health care for the residents of Vermont and New Hampshire. Over the course of 25 years, the number of Community Health Centers has grown from two in 1986 to 30 in 2011, with 112 primary care delivery sites serving 301,500 people in medically underserved communities.

Through community and network development, strategic advocacy, technical assistance, clinical workforce recruitment, and leadership development, Bi-State engages with all stakeholders to encourage a collaborative, efficient, and cost-effective approach to improve the health of communities in Vermont and New Hampshire.

Addressing Community Health Care Needs

As a result of successful federal grant applications for Facility Improvement Projects, funded through the American Recovery and Reinvestment Act, several Community Health Centers were able to renovate and expand their facilities in 2009 and 2010. They created 26 full-time jobs (excluding construction) and now serve an additional 10,000 patients. *

*Self-reported data, Community Health Centers, 2010

In Vermont, a 2009 assessment of unmet community health care needs revealed $34.5 million would be necessary to expand access to primary care to meet the current demand for services. The Community Health Centers of Burlington received a competitive federal grant award of $10.9 million that enabled them to implement necessary expansion and facility improvements. Bi-State and its members continue to seek the $23.6 million needed to meet patient demand for services at five other Community Health Centers in Vermont.

In New Hampshire, the need for $16.1 million to support facility expansion to meet patient demand for services was identified by Community Health Centers in 2009. Ammonoosuc Community Health Services, Inc., Goodwin Community Health, and Lamprey Health Care successfully competed for a combined $9.7 million in federal grant awards to renovate and expand their facilities. Another $6.4 million is necessary to meet patient demand for primary care services at two other Community Health Centers in New Hampshire.
Mobile Medical and Dental Care

Mobile Dental Care in Vermont

In Vermont, The Health Center, Northern Tier Center for Health, Community Health Centers of the Lamoille Valley, and Little Rivers Health Care are collaborating to staff a 40-ft. pediatric mobile dental clinic that travels to six underserved counties in Vermont to provide oral exams, X-rays, fillings, and sealants to hundreds of underserved children annually. The van and program are funded by Ronald McDonald House Charities and the four participating Community Health Centers.

Mobile Primary Care in New Hampshire

Families First Health and Support Center in Portsmouth, New Hampshire, added a second Mobile Health Care Team, including a registered nurse, nurse practitioner, a patient care coordinator, and an outreach worker to help meet the need for primary medical and dental care services among those who are homeless in the greater Seacoast Region.

Mobile Medical and Dental Care

In 2010, for the first time in three years, a limited number of grant opportunities became available to Federally Qualified Health Centers to fund new Community Health Centers or to add new sites at existing Community Health Centers. Springfield Medical Care Systems, Inc. in Vermont, and Harbor Care Clinic, A Project of Harbor Homes in New Hampshire, were both selected for funding in this very competitive national grant process. As a result, there is a new health care clinic for the homeless in Nashua, New Hampshire. In Vermont, Springfield Medical Care Systems’ nine Community Health Centers (including one in Charlestown, NH) are now federally qualified and offer all the benefits therein, including reduced patient fees and access to a low-cost pharmacy.

Bi-State was able to leverage federal funding from the US Department of Agriculture with a State of Vermont grant to support the purchase of telemedicine equipment to be used in Vermont Community Health Centers. The equipment will be used to implement a new “Telemedicine Child Psychiatry” pilot project. Access to child psychiatric services often requires long-distance travel in rural Vermont, making it difficult for families to take advantage of services. This project addresses that barrier. As a result of the shared federal and state funding, telemedicine equipment is currently operational in 12 Vermont Community Health Centers. Children and their families are now able to access child psychiatric services at their local Community Health Center.

The Benefits of Telemedicine

Increasing Access to Health Care Services

Overcoming Barriers

“Before I came to the Community Health Center, I would use the hospital emergency room for care if it was really necessary. I’ve been a patient at a Families First Health and Support Center for four years now. I came for prenatal care and now I come for pediatric care for my daughter, and primary medical and dental care for myself. I don’t know where I would go without Families First.” - Dennie

Bi-State works to improve access to primary care for vulnerable, medically underserved populations. Because certain barriers make access to care difficult, vulnerable populations are most likely to seek care in hospital emergency rooms where the cost to the health care system is far greater than a visit to a Community Health Center. Common barriers to accessing care include: 1) living in medically underserved areas (insufficient number of providers); 2) a lack of health insurance; 3) an inability to pay out-of-pocket expenses; 4) a lack of transportation; 5) a need for language interpretation; and, 6) living below 200% of the federal poverty level; under which an estimated 202,000 people fall in Vermont and New Hampshire.*

*US Census 2010
Established in 1994, Bi-State’s nonprofit Recruitment Center is the only organization focused on the recruitment of a primary care workforce specifically for practices in Vermont and New Hampshire.

Bi-State’s Recruitment Center has placed more than 313 health professionals in primary care practices throughout Vermont and New Hampshire. Primary care physicians, physician assistants, certified nurse midwives, nurse practitioners, and dentists have been recruited. These health professionals are practicing in Community Health Centers, Rural Health Clinics, and hospital affiliated and private practices in the two-state region.

The Recruitment Center provides technical assistance to employers on the most effective techniques for attracting, recruiting and retaining a qualified primary care workforce. Educational loan repayment is a proven best practice in attracting and retaining health professionals. Since 2009, the Recruitment Center has assisted more than 100 sites in receiving designation for the National Health Service Corps. This designation allows clinicians working at the site to receive loan repayment in exchange for a 3-5 year service commitment. At present, there are more than 80 health professionals receiving National Health Service Corps loan repayment working in Vermont and New Hampshire communities.

Planning Ahead

Bi-State has produced workforce analysis and planning reports for both New Hampshire and Vermont. The two reports, available online, include: Oral Health Workforce Strategic Plan for New Hampshire and Opportunities to Improve Recruitment and Retention in Vermont.

The Recruitment Center reports are available on Bi-State’s website: www.bistatepca.org.

Outreach, Enrollment, and Education

In support of Vermont’s goal to provide health insurance to 100% of its population, Bi-State partners with the VT Department of Health to support an Outreach Specialist position to help uninsured Vermonters enroll in the Green Mountain Care plan that best suits their medical needs. The Outreach Specialist provides direct service and conducts training sessions for “outreach assistants” (that may include care coordinators and other administrative staff) located in Community Health Centers and social service agencies statewide. In support of this work, Bi-State also produces a manual for easy reference. Bi-State’s Vermont Outreach Manual is available under the Reports and Publications tab on Bi-State’s website at www.bistatepca.org.

To raise awareness and provide a guide to health care providers and services, Bi-State published Health Care for All in Vermont in 2010. Several projects funded by the American Recovery and Reinvestment Act are profiled, there is a description of the models of care, and an overview of several health care programs available to Vermonters.

Health Care for All in Vermont is available on Bi-State’s website at www.bistatepca.org.

Training Future Leaders

Bi-State’s Leadership Development Program educates emerging and evolving leaders of Community Health Centers. The Program provides in-depth, day-long training workshops covering key issues pertaining to Community Health Center operations, staffing, and administrative and clinical management. Since the Program’s inception in 2009, 35 have graduated and an additional 27 have taken one or more classes.

The Leadership Development Program, offered on a biennial basis, presents a series of six seminars, hosted by Community Health Centers in Vermont and New Hampshire. Study areas include: Community Health Center History and Leadership, Grassroots and Legislative Advocacy, Quality Improvement, Workforce Development, Budgeting, and Strategic Leadership.

Graduates earn a certificate in Community Health Leadership.

2010 Graduates of the Leadership Development Program with instructors Lori Real (2nd row, far right) and Norrine Williams (3rd row, far right) and Administrative Assistant and Data Coordinator, Amanda Spreeman (2nd row, far left).
Community Health Center History

In 1968, H. Jack Geiger, MD, launched the Community Health Center movement in the United States with the establishment of urban and rural Community Health Centers in Massachusetts and Mississippi, respectively. The Community Health Center model of care has earned bipartisan support for more than four decades. Nationwide, there are 1,200 Community Health Centers serving 20 million people.

Executive Director, Tess Stack Kuenning, was one of only 23 nationwide appointed by Secretary Sebelius, US Department of Health and Human Services, to serve on the federal Negotiated Rulemaking Committee in 2010 to review and update criteria used to define “medically underserved areas” and “health professional shortage areas” in the United States. The defining criteria, affecting numerous federal and state programs and billions of public dollars, are used to target resources to areas of need.

Federal Committee Appointment

Tess Stack Kuenning (L) with Secretary Kathleen Sebelius in Washington, DC.

Advocating for Health Care Access

Every spring, Bi-State’s executive director, and Community Health Center directors and their board members, meet with our Congressional Delegations on Capitol Hill in Washington, DC. These personal visits are used to inform and educate federal policy makers about the healthy outcomes and cost-efficiencies achieved by the Community Health Center model of care; and to invite lawmakers to see the model in action by visiting their local Community Health Center when they return to their districts.

National Association of Community Health Center presenters, including Ann Peters and David Reynolds, pose with award recipients at the 2011 Policy & Issues Forum in Washington, DC.

16 Minutes: Open Doors to Health in New Hampshire

“Bi-State’s ‘16 Minutes’ video brought home again to me the value of Community Health Centers to our local and regional businesses. Listening to the doctor talking about treating the CEO of a large company, as well as the hourly worker without health insurance who may face significant financial barriers to health care, I was reminded of the importance of Community Health Centers and the valuable health care services they provide to thousands of people in New Hampshire.”

- Jim Roche, President of the NH Business and Industry Association.

View Bi-State videos online at: www.bistatepca.org

Testifying to Value of Community Health Centers

Bi-State members take time to educate and inform state legislators about community health care needs and the high quality, cost-effective model of care practiced by Community Health Centers.

Renewed Life for Vietnam Veteran

John is a former marine and Vietnam veteran who lost his farm and health insurance when he became too ill to work.

“It changed my life and my outlook going to Families First Health and Support Center when I did. There was help from somewhere and there were people that cared. You were never looked upon as homeless, or as someone not worthwhile. With the help of smoking-cessation meds and the substance abuse counselor, I am now a non-smoker. I feel 150% better.”

Community Health Center History

Dr. H. Jack Geiger (L) with Dr. John Hatch in the mid-1960s at the Delta Health Center.

In 1968, H. Jack Geiger, MD, launched the Community Health Center movement in the United States with the establishment of urban and rural Community Health Centers in Massachusetts and Mississippi, respectively. The Community Health Center model of care has earned bipartisan support for more than four decades. Nationwide, there are 1,200 Community Health Centers serving 20 million people.
Convening Stakeholders in Health Care

Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies and programs that promote and sustain community-based, primary health care services. Bi-State’s health care policy work at the state and federal level is primary to our purpose.

Legislative and Business Breakfast
Concord, New Hampshire

Senator Bernie Sanders Leadership Award
In honor of those who have made valuable, significant, and lasting contributions to the Community Health Center Movement.

Inaugural Leadership Award Recipient
H. Jack Geiger, MD, MSci, Hyg, ScD (hon).

Dr. Geiger is the founder of the Community Health Center movement in the United States and was the director of the first urban and rural Community Health Centers.

25th Anniversary Keynote Speakers
(L-R) Dan Hawkins, Jr., Sara Rosenbaum, and Merle Cunningham with Executive Director Tess Stack Kuenning, and Moderator David Reynolds.

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2011 Bi-State Awards
In recognition of excellence, commitment, and dedication.

Bi-State Award recipients with Executive Director Tess Stack Kuenning and nominating members of Bi-State’s Board of Directors, at the 25th Primary Care Conference.

Legislators Reception - Montpelier, Vermont

In attendance at the Breakfast were (L-R): Michael Licata, VP and David Juvet, Sr. VP, NH Business and Industry Association; Commissioner George Bald, NH Department of Resources and Economic Development; President Jim Roche, NH Business and Industry Association; and Director of NH Public Health, Dr. José Montero.

The VT Commissioner of Health, Dr. Chen (center right), takes time to meet with Community Health Center leaders and Bi-State staff.

Bi-State member, Glenn Cordner, CEO of Springfield Medical Care Systems, Inc. (L), talks with Governor Shumlin and Tess Stack Kuenning at the Legislators Reception.
Quality Matters: Creating Healthy Communities

■ Improving Health Information Exchange in Rural Counties
Bi-State was awarded a US Health Resources and Services Administration (HRSA) “Health Information Technology/Health Center Controlled Network” grant of $2.2 million through a competitive grant process in 2010. This investment will assist Community Health Centers utilize existing electronic health records (ensuring data collected is structured, reliable, and complete) and enable them to participate in the Health Information Exchange through VT’s Health Information Exchange Network, and populate the Clinical Data Repository. When the Clinical Data Repository is populated, the network will engage in quality improvement and benchmarking activities.

In New Hampshire, the Community Health Access Network (CHAN) assists its members in fully integrating their electronic data within the health care system, collect and analyze clinical data to determine the state of community health, identify problems and find solutions, and increase efficiency for better patient care. CHAN provides hardware and software systems’ support and offers the strength of a collaborative network in which all parties are able to learn from each other.

■ NCQA Designation for Patient-Centered Medical Homes
The medical home model of care aims to improve coordination of care, to increase the value of health care received, to promote active patient and family involvement, and to help control the rising costs of health care for both individuals and other payers, like Medicaid and private insurers. Medical homes are key components of state health reform efforts. To date, twelve of Bi-State’s Community Health Center members have earned the highest level of recognition by the National Committee for Quality Assurance (NCQA) and the remaining Community Health Centers are in various stages of the application and verification process.

NCQA designation is a widely recognized symbol of quality in health care. To be certified, organizations must pass a rigorous, comprehensive review and report annually on performance measures. Bi-State’s 2010 Primary Care Conference was devoted to the processes involved in establishing a medical home, earning NCQA recognition, and understanding the emerging world of pay for performance. Experts from the National Association of Community Health Centers; VT Blueprint for Health; US HRSA Bureau of Primary Health Care; the NH Institute for Health Policy and Practice, and the Primary Care Development Corporation illuminated federal and state guidelines and provided a toolkit for achieving NCQA accreditation.

■ Putting Policy into Practice
Bi-State established the VT Rural Health Alliance (VRHA) for Community Health Centers, clinics, and small hospitals to enable them to work collaboratively to put the state’s ambitious health care reform agenda into practice. VRHA provides an additional resource that allows rural primary care providers to embrace and excel at the challenges that are being presented to them by statewide initiatives such as VT Blueprint for Health and outreach for the Green Mountain Care Medicaid expansion programs. Together, VRHA members are in a prime position to pilot the system change envisioned for the new initiatives in health care reform, payment restructuring, health information technology, and the VT Health Information Exchange Network.

■ Effective Training and Technical Assistance
Bi-State’s leadership training supports the systems necessary to deliver high quality care and maximize the effectiveness of Community Health Center leaders. Training and technical assistance includes: Board Governance and Affiliations Training; Screening for Brief Intervention, Referral and Treatment; Managing the Health Center Revenue Cycle; Recruitment Strategies that Work; Developing Community Partnerships in a Changing Environment; Effective Health Center Boards; Uniform Data Systems Training; Meaningful Use Adoption; Obtaining Patient-Centered Medical Home Recognition; and Navigating the Health Information Technology Landscape.
Bi-State: A Smart Investment

Bi-State Financials - Fiscal Year Ending June 30, 2010

Bi-State 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 US and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the US. 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.

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<td>Ending Net Assets</td>
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Leveraging Resources for Members

For every $1 in dues, Bi-State returned $33 in direct financial benefits to members in 2010. Bi-State works at the state and federal level through competitive grant applications, contracts, and group purchasing pool savings to support access to primary and preventive care for Vermont and New Hampshire residents.

Group Purchasing Saves Community Health Centers $4 Million

Beginning in 2002, Bi-State established a Group Purchasing Program for members where they may purchase medical equipment, office supplies, software, hardware, printing, and professional services. Bi-State members have saved $4 million on purchases totaling $16 million since the inception of the program; saving an average of $500,000 per year.

Investing in the Future of Primary Care

In October 2010, after two decades of careful financial management, Bi-State was able to invest in a building to serve as its permanent New Hampshire headquarters. Moving staff from two leased offices in downtown Concord to 525 Clinton Street in Bow quickly helped to maximize productivity and improve efficiency.

With adequate space for member meetings, educational forums, and the convening of key stakeholders in health care policy, Bi-State offers the facility and professional services necessary to improve access to primary and preventive care for the residents of Vermont and New Hampshire.

Bi-State’s new office at 525 Clinton Street, Bow, NH.

Economic Impact: $180 Million and 1,800 Full-Time Jobs*

Vermont and New Hampshire Community Health Centers are a smart investment - not only do they support the local economy with jobs and purchasing power, they provide a medical home for more than 301,500 patients. Community Health Centers help reduce unnecessary hospitalizations, lower emergency room utilization rates, and improve the health of our workforce and our communities.

*Primary Care Revolution, Capital Link, 2009.
With Appreciation to our Funders, Partners, and Sponsors

Affiliated Health Care System
Amerigroup
Anthem
APS Healthcare
AT&T
BAE Systems
Bianco Professional Association
Centers for Medicare and Medicaid Services
Centrix Bank
Coastal Maine Popcorn Company
Commonwealth Purchasing Group
Dartmouth Hitchcock Norris Cotton Cancer Center
Dennehy & Bouley
Dentrix Enterprise
DiGiorgio Associates, Inc.
Endowment for Health
Fairpoint Communications
Fidelity Investments
Franklin Pierce University, Physician Assistant Program
Glaxo/Smith/Kline
Granite State Health Plan
Group Brokerage Insurance Agency
Harvard Pilgrim Health Care of New England
Infinite Imaging
Jeff Shroeder
Laconia Savings Bank
Lake Morey Resort
Legislative Solutions
Liberty Mutual
Manchester-Boston Regional Airport
Mass eHealth Collaborative
National Alliance on Mental Illness
National Association of Community Health Centers
Network Managers & Trainers
NH Association of Counties
NH Business and Industry Association
NH Charitable Foundation
NH Community Behavioral Health Association
NH Dental Society
NH Department of Health and Human Services
Office of Medicaid Business and Policy
NH Division of Public Health
NH Hospital Association
NH Medical Society
Northeast Delta Dental
Orr & Reno
Planned Parenthood of Northern New England
Rath Young and Pignatelli
Regional Extension Center of NH
Adam Schmidt
Shaheen & Gordon Capitol Insights Group
Sheehan Phinney Bass + Green Capitol Group
State Employees Association SEIU-Local 1984
Stuart D. Trachy
SuccessEHS
Sulloway & Hollis
The Dupont Group
Tim James
University of VT Area Health Education Centers
University of VT College of Medicine, Office of Primary Care
US Development Authority
US Health Resources and Services Administration
Bureau of Primary Health Care
Office of Rural Health Policy
VT Assembly of Home Health Agencies
VT Association of Hospitals and Health Systems
VT Council of Developmental and Mental Health Services
VT Department of Health, Office of
Rural Health and Primary Care and
Department of VT Health Access
VT Ethics Network
VT Health Care Association
VT Medical Society
VT State Dental Society
VT State Nurses Association
ZurickDavis