Vermont Primary Care Sourcebook

Bi-State Primary Care Association

January 2017

6th Edition

Your source for information on federally qualified health centers and primary care.
# Table of Contents

| Bi-State’s Member Site Map                     | Migrant Farmworkers – Ensuring Access to Health Care |
| Bi-State’s Mission and Vision                 | Planned Parenthood of Northern New England Overview |
| Member Contact List                           | Area Health Education Centers (AHEC) Overview |
| Member Sites by Organization                  | AHEC Education and Career Pipeline |
| Member Overview and Coverage Status Mix        | AHEC Workforce Development |
| How Our Members Bring Value                   | Vermont Coalition of Clinics for the Uninsured Overview |
| Rural Health Clinics – Ensuring Access        | Vermont Coalition of Clinics for the Uninsured Site Map |
| FQHC Growth Since 2000                        | Community Health Accountable Care (CHAC) Overview |
| FQHCs Ensure Access in their Communities      | Strengths of Community Health Accountable Care |
| FQHC Patients by Payer                        | Vermont Public Policy Principles, Priorities and Strategies |
| Studies that Demonstrate FQHC Cost Management  | Ten Critical Points to Transform Vermont’s Health System |
| Funding and Reimbursement Structure           | Member Sites by County |
| Sliding Fee Scale for FQHCs                   | Vermont Legislative Representation Listing |
| FQHC Federal Requirements                     | Acknowledgements |
| How FQHCs Benefit Communities and the State of Vermont | |
| FQHCs and their Collaborative Partnerships    | |
| Exceeding National Benchmarks                 | |
| Telehealth in Rural Areas                     | |
Our members provide care to Vermonters at 90 sites across every county of the State.
Who We Are

Bi-State Primary Care Association was established in 1986 to serve Vermont and New Hampshire. Bi-State is a nonprofit, 501(c)(3) charitable organization 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.

Bi-State members include federally qualified health centers (FQHCs), community health centers (CHCs), rural health clinics (RHCs), private and hospital-supported primary care practices, community action programs, area health education centers (AHEC), clinics for the uninsured, Planned Parenthood and social service agencies.

What We Do

Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas.

Bi-State’s nonprofit recruitment center provides workforce assistance and candidate referrals to FQHCs, RHCs, and private and hospital-sponsored physician practices throughout Vermont and New Hampshire. The recruitment center focuses on recruiting and retaining primary care providers including physicians, dentists, nurse practitioners, and physician assistants.

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.

Vision

Healthy individuals and communities with quality health care for all.

For more information, contact Sharon Winn, Esq., MPH, Director of Vermont Public Policy, (802) 229-0002 or swinn@bistatepca.org.
Vermont Primary Care Sourcebook

January 2017

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Battenkill Valley Health Center (FQHC)
1. Battenkill Valley Health Center

Community Health Centers of Burlington (FQHC)
1. Champlain Islands Health Center
2. GoodHEALTH Internal Medicine
3. Pearl Street Youth Health Center
4. Riverside Health Center*
5. Safe Harbor Health Center*
6. School-Based Dental Clinic
7. South End Health Center

Community Health Centers of the Rutland Region (FQHC)
1. Allen Pond Community Health Center
2. Brandon Medical Center
3. Castleton Family Health Center
4. CHCRR Pediatrics
5. Community Dental Clinic*
6. Mettowee Valley Health Center
7. Rutland Community Health Center
8. Shorewell Community Health Center

Community Health Services of Lamoille Valley (FQHC)
1. Appleseed Pediatrics
2. Behavioral Health & Wellness Center
3. Community Dental Clinic*
4. Morrisville Family Health Care
5. Stowe Family Practice

Gifford Health Care (FQHC)
1. Bethel Health Center
2. Chelsea Health Center
3. Gifford Health Center at Berlin
4. Gifford Primary Care
5. Rochester Health Center
6. Twin River Health Center

The Health Center (FQHC)
1. Cabot Health Services (school-based)
2. The Health Center Main Site*
3. Ronald McDonald Dental Care Mobile*

Indian Stream Health Center (FQHC)
1. Indian Stream Health Center

Little Rivers Health Care (FQHC)
1. Clara Martin Center
2. LRHC at Bradford
3. LRHC at East Corinth
4. LRHC at Wells River
5. Valley Vista

Mountain Health Center (FQHC)
1. Mountain Health Center*
2. Mountain Health Center Annex
3. Mountain Health Dental Care*

North Country Health Systems (RHC)
1. North Country Pediatric and Adolescent Medicine
2. North Country Primary Care Newport
3. North Country Primary Care Barton/Orleans
4. North Country Obstetrics & Gynecology

Northern Counties Health Care (FQHC)
1. Concord Health Center
2. Danville Health Center
3. Hardwick Area Health Center
4. Island Pond Health & Dental Center*
5. Northern Counties Dental Center*
6. Orleans Dental Center*
7. The St. Johnsbury Community Health Center

Northern Tier Center for Health (FQHC)
1. Alburg Health Center
2. Enosburg Health Center
3. Fairfield Street Health Center
4. NCSS Health Center
5. NoTCH Dental Clinic*
6. St. Albans Health Center
7. Richford Health Center
8. Richford Dental Clinic*
9. Swanton Health Center

Planned Parenthood of Northern New England
1. Barre Health Center
2. Bennington Health Center
3. Brattleboro Health Center
4. Burlington Health Center
5. Hyde Park Health Center
6. Middlebury Health Center
7. Newport Health Center
8. Rutland Health Center
9. St. Albans Health Center
10. St. Johnsbury Health Center
11. White River Junction
12. Williston Health Center

Springfield Medical Care Systems (FQHC)
1. Charlestown Family Medicine (NH)
2. Chester Family Medicine
3. The Ludlow Dental Center*
4. The Ludlow Health Center
5. Mountain Valley Medical Center
6. Rockingham Medical Group
7. Springfield Health Center
8. The Women’s Health Center of Springfield

Vermont Coalition of Clinics for the Uninsured (Free Clinics)
1. Bennington Free Health Clinic
2. Good Neighbor Health Clinic
3. Health Assistance Program at UVM Medical Center
4. Health Connections at Gifford Medical Center
5. Open Door Clinic*
6. People’s Health & Wellness Clinic*
7. Putney Walk-In Clinic
8. Red Logan Dental Clinic*
9. Rutland Free Clinic*
10. Valley Health Connections
11. Windsor Community Clinic at Mt. Ascutney

*site provides dental services
FQHC – Federally Qualified Health Center
RHC – Rural Health Clinic
Bi-State’s Member Health Centers and Clinics Provide Care to 1 in 3 Vermonters

Our members include –

• 12 federally qualified health centers (FQHCs), including 63 sites in all 14 counties
• 4 rural health clinics
• 12 Planned Parenthood of Northern New England clinics
• 11 clinics for the uninsured
• the Area Health Education Center (AHEC) network of partners

Vermont’s health centers and clinics have served as a medical home for more than 192,000 patients who made more than 760,000 visits in 2015.*

This includes:

47% of Vermont Medicaid enrollees**
34% of Vermont Medicare enrollees
82% of uninsured Vermonters

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*2015 UDS Roll-Up Report; self-reported data for non-FQHCs
**Data is based on the 2014 DFR Vermont Household Health Insurance Survey
Our members bring value to their communities by…

- Making high quality services available to patients, regardless of ability to pay or payment source
- Reducing total cost of care compared to other primary care settings
- Offering extended hours, including evenings and weekends
- Providing interpretation, transportation, and other services that enable patients to access care
- Serving federally-designated medically underserved areas and/or populations (FQHCs & RHCs)
- Responding to unique service needs of the community
- Making their communities safe places to raise healthy families
- Creating sustainable job opportunities and offering top-tier training to their employees
- Offering sliding fee discounts to patients based on their income level

NoTCH provides community lunch at its summer camp

Castleton Family Health Center
275 Rte 30 North
Bomoseen, VT 05732

<table>
<thead>
<tr>
<th>DAY</th>
<th>HOURS</th>
</tr>
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<tbody>
<tr>
<td>Monday - Friday</td>
<td>7:30am - 5pm</td>
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<tr>
<td>Wednesday</td>
<td>7:30am - 6pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>8am - 4pm</td>
</tr>
<tr>
<td>Sunday</td>
<td>9am - 3pm</td>
</tr>
</tbody>
</table>

Many health centers offer evening and weekend hours
Rural Health Clinics: Ensuring Access in Rural Areas

The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase the use of non-physician practitioners such as nurse practitioners and physician assistants in rural areas.*

Rural health clinics (RHC) can be public, nonprofit, or for-profit healthcare facilities. They must be located in rural, underserved areas. They are required to use a team approach of physicians working with non-physician practitioners such as nurse practitioners, physician assistants, and certified nurse midwives to provide services. RHGs are required to provide outpatient primary care services and basic laboratory services. The main advantage of RHC status is enhanced reimbursement rates for providing Medicaid and Medicare services. **

Vermont’s 9 Rural Health Clinics
1. Grace Cottage Family Health
2. North Country Pediatrics and Adolescent Medicine*
3. North Country Primary Care Barton/Orleans*
4. North Country Primary Care Newport*
5. North Country Obstetrics & Gynecology*
6. NVRH Corner Medical
7. NVRH Kingdom Internal Medicine
8. NVRH St. Johnsbury Pediatrics
9. NVRH Womens Wellness Center

*Denotes Bi-State Member

**www.ruralhealthinfo.org/topics/rural-health-clinics, as of 1/4/17
Vermont Federally Qualified Health Centers Growth since 2000

“The goal shall be to ensure there are FQHCs… in each county in Vermont.” ~Act 71 of 2005, Section 277(f).

Achieved in 2017!

7 FQHC Sites 2000

Community Health Centers of Burlington
- 3 Sites

Northern Counties Health Care
- 4 Sites

63 FQHC Sites 2017

Please note some sites overlap due to similar street addresses. One site is a mobile dental clinic. Additionally, one SMCS practice is located in Charlestown, NH, and ISHC’s main site is located in Concord, NH.
Federally Qualified Health Centers Ensure Access in their Communities

Federally qualified health centers (FQHCs) offer services to all residents of their service areas and determine charges using a sliding fee scale, which is based upon the resident’s ability to pay.

In many communities, FQHCs are the only provider open to new patients without restrictions, especially uninsured and Medicaid patients (statewide, 76% of primary care physicians accept new Medicaid patients.¹)

Vermont FQHCs provide care to 1 in 4 Vermonters,² including more than:

- 1 in 3 Vermont Medicaid enrollees
- 1 in 3 Vermont Medicare enrollees
- 1 in 5 commercially insured Vermonters
- 1 in 2 uninsured Vermonters

² FQHC data from UDS 2015 Vermont Roll-up; Statewide data from 2014 DFR Vermont Household Health Insurance Survey.
Federally Qualified Health Centers
Provided Primary Care to over 155,000 Vermonters in 2015

Vermont’s FQHCs saw 155,624 individual patients in 2015. Collectively, those patients made 644,220 visits to the FQHCs.¹

¹Data is self-reported by FQHC.

*Source: 2014 Vermont Household Health Insurance Survey
Studies Demonstrate Federally Qualified Health Centers Are a Good Investment

**FQHCs Produce Medicaid Savings**

A study\(^1\) of Medicaid claims 13 states, including Vermont, confirms total cost of care for health center patients was 24% lower. The study also showed:

- 22% fewer specialty care visits
- 33% lower spending on specialty care
- 25% fewer inpatient admissions
- 27% lower spending on inpatient care
- 24% lower total spending

**FQHCs Save Money**

A comparison of costs for FQHC and non-FQHC patients demonstrates FQHC savings of $1,263 per person per year in hospital emergency department, hospital inpatient, ambulatory, and other services ($4,043 vs. $5,306).\(^3\)

**FQHCs Reduce Hospital Admissions**

A Colorado study\(^2\) compared claims data of Medicaid patients with two or more primary care visits in one year at FQHC and non-FQHC settings:

- The odds of a Medicaid FQHC patient being admitted to the hospital were 32% less likely than for a Medicaid non-FQHC patient;
- The odds of an FQHC patient being readmitted 90 days after discharge were 35% less likely;
- The odds of an FQHC patient being admitted for a primary care preventable condition were 36% less likely.

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FQHC Funding and Reimbursement Structure Minimizes Cost Shifting

2015 Sources of Revenue for Vermont FQHCs

- FQHCs are eligible to receive federal appropriations for allowable costs that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these costs may include care provided to uninsured and underinsured low-income patients and enabling services such as care management, outreach, transportation, interpretation.

- Federal FQHC grants are awarded based upon a very competitive national application process.

- When FQHCs are awarded federal funds, they must meet strict program, performance, and accountability standards.

- Federal FQHC appropriations are not transferable to any other entity.

- Medicare and Medicaid FQHC reimbursement is a prospective, capped encounter rate.

- FQHCs bill commercial insurers just like any other primary care practice.

- No payer reimburses FQHCs for their full costs.
What is the FQHC Sliding Fee Scale?

Federally qualified health centers (FQHCs) that receive Health Resources and Services Administration (HRSA) funding must provide patients access to services without regard for their patient's ability to pay. FQHCs must develop a schedule of fees or payments (often called a sliding fee scale) for the services they provide to ensure that the cost of services not covered by insurance are discounted on the basis of the patient's ability to pay, for incomes below 200% of the Federal Poverty Level (FPL). Ability to pay is determined by a patient's annual income and family size according to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines.

SAMPLE Vermont FQHC Sliding Fee Scale

<table>
<thead>
<tr>
<th>Annual Family Income Range</th>
<th>Below 100% FPL</th>
<th>101 – 125% FPL</th>
<th>126 – 150% FPL</th>
<th>151 – 175% FPL</th>
<th>176 – 200% FPL</th>
<th>Over 200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discount Applied</td>
<td>$5 flat fee</td>
<td>80% discount</td>
<td>60% discount</td>
<td>40% discount</td>
<td>20% discount</td>
<td>0% discount</td>
</tr>
<tr>
<td>7 Under $36,730</td>
<td>$36,731 – 45,913</td>
<td>$45,914 – 55,095</td>
<td>$55,096 – 64,278</td>
<td>$64,279 – 73,460</td>
<td>Over $73,460</td>
<td></td>
</tr>
<tr>
<td>8 Under $40,890</td>
<td>$40,891 – 51,113</td>
<td>$51,114 – 61,335</td>
<td>$61,336 – 71,558</td>
<td>$71,559 – 81,780</td>
<td>Over $81,780</td>
<td></td>
</tr>
<tr>
<td>Addition people</td>
<td>Add $4,160 per person</td>
<td>Add $5,200 per person</td>
<td>Add $6,240 per person</td>
<td>Add $7,280 per person</td>
<td>Add $8,320 per person</td>
<td></td>
</tr>
</tbody>
</table>

Vermont FQHCs wrote off $2,112,117 in bad debt in 2015.

To ensure that federal funding targets those who most need services, FQHCs have systems in place to maximize collection and reimbursement for the costs of providing health services.
Federally qualified health centers (FQHCs) are health care practices that have a mission to provide high quality, comprehensive primary care and preventive services regardless of their patients' ability to pay or insurance coverage. FQHCs must successfully compete in a national competition for FQHC designation and funding. Additionally, they must be located in federally-designated medically underserved areas and/or serve federally-designated medically underserved populations.

Per Federal Requirements, FQHCs must:

1. Demonstrate and document the needs of their target populations, updating their service areas, when appropriate.
2. Provide all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.
3. Maintain a core staff as necessary to carry out all required primary, preventive, enabling, and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately credentialed and licensed.
4. Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
5. Provide professional coverage during hours when the health center is closed.
6. Ensure their physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health centers must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
7. Have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay. No patient will be denied services based on an inability to pay.
8. Have an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and maintains the confidentiality of patient records.
9. Maintain a fully staffed management team as appropriate for the size and needs of the center.
10. Exercise appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center Program Requirements.
11. Make efforts to establish and maintain collaborative relationships with other health care providers, including other health centers in the service area of the health center.
12. Maintain accounting and internal control systems appropriate to the size and complexity of the organization to safeguard assets and maintain financial stability.
13. Have systems in place to maximize collections and reimbursement for costs in providing health services, including written billing, credit, and collection policies and procedures.
14. Develop annual budgets that reflect the cost of operations, expenses, and revenues (including the federal grant) necessary to accomplish the service delivery plans.
15. Have systems which accurately collect and organize data for program reporting and which support management decision-making.
16. Maintain their funded scope of project (sites, services, service area, target population, and providers).
17. Ensure governing boards maintain appropriate authority to oversee operations.
18. Ensure a majority of board members for each health center are patients of the health center. The board, as a whole, must represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.
19. Ensure bylaws and/or policies are in place that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.

Federally Qualified Health Centers Benefit their Communities and the State

FQHCs and Collaboration

FQHCs collaborate with other health care and social services organizations in their communities to strengthen the health system as a whole. For example, FQHCs partner with...

- Hospitals
  - on emergency room diversion, transitions in care, and other quality initiatives.

- Free clinics
  - to provide outreach to uninsured Vermonters.

- Community Mental Health Centers
  - on behavioral health integration (including through telemedicine.)

- The Vermont Department of Health
  - on public health initiatives.

- Universities, colleges, technical schools, and high schools
  - on medical student education, workforce pipeline development, and telemedicine utilization.

- Other FQHCs
  - to offer a 340B Pharmacy Network, a pediatric mobile dental program, and other services to meet community care needs.

- ACOs
  - to participate in an integrated, collaborative system of care.

• Federally qualified health centers (FQHCs) receive federal grants that allow them to offer a sliding fee scale to help patients pay for care and to invest in medical, oral health, behavioral health, and enabling services.

• FQHCs receive from Medicaid and Medicare a prospectively set consistent payment for each patient encounter.

• FQHCs leverage federal dollars to expand services and construct or renovate facilities.

• FQHCs are automatically eligible for National Health Service Corps (NHSC) loan repayments and scholarship recipients, but receiving the benefit of eligibility is a competitive process through HRSA.

• FQHCs participate in the 340B Pharmacy Program and pass savings along to patients and Medicaid.
FQHCs and Collaborative Partnerships

Each FQHC is unique. They tailor programs and services based on demographics, geography, availability of acute and sub-acute providers, and other needs of their communities. Collaborations with community partners allow them to go above and beyond in delivering high quality primary care.

Notable Initiatives and Collaborations

- Northern Tier Center for Health runs an annual free summer day camp for children in Richford.
- Little Rivers Health Care sends a dental van to local schools to provide oral health and dental care at least twice a year for over 350 students.
- Community Health Centers for Burlington has a physician solely dedicated to running a transgender clinic.
- Battenkill Valley Health Center has a partnership with the local food shelf to provide low-cost or free food to patients with financial needs.
- Northern Counties Health Care partners with a CSA farm that provides at-risk children with prescriptions for healthy food available for a weekly pick-up at their doctor’s office.
- Community Health Services of Lamoille Valley provides bus service to patients in the Stowe mountain area for families who may not have access otherwise.
FQHCs Exceed National Benchmarks for Most Clinical Quality Measures

An investment in primary care can yield high quality results and a lower total cost of care at the same time.

Vermont FQHC Total Patients vs. National Benchmark
Clinical Quality Measures

Sources: FQHC 2015 UDS Data, National FQHC Benchmark-HRSA
Telehealth in Rural Areas: Clinical, Educational, and Networking Collaborations

What is telehealth?
The Health Resources Services Administration (HRSA) defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. The American Telemedicine Association provides examples of available telehealth services, including: patient consultations via video conferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education, and consumer-focused wireless applications and nursing call centers, among other applications.

Remote Telemonitoring for Management of Chronic Diseases

Bi-State and Community Health Accountable Care (CHAC) implemented in February 2014 Tel-Assurance, a remote telemonitoring program for Medicare beneficiaries with chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and diabetes. This program engaged patients in their care through telephone or internet technologies that reported their vital signs and symptoms on a daily basis. This allowed the patient’s care team to identify and prevent any negative trends early, thereby reducing visits to the emergency room and hospital admissions. Through June 2016 data show a decrease in hospital admissions by 66 percent.

In January 2017, patients were transitioned to a community-based care coordination model within the health centers.

Clinical Telemedicine Services Currently Offered to Patients at FQHCs:
- Child & Adolescent Psychiatry
- Adult Psychiatry
- Nutrition Education
- Diabetes Education

In the past year, patients have saved about 2,721 miles of travel by accessing these services virtually.
Vermont Migrant Farmworkers
Partners Working in Collaboration to Ensure Access to Health Care

Unique Barriers to Health Care
- Language
- Cost of care
- Lack of time to devote to personal health
- Lack of insurance
- Transportation
- Fear of leaving the farm

What can the legislature and other partners do to support farmworkers and their families?
- Sustain medical infrastructure
- Sustain care coordination model
- Address barriers to care
Planned Parenthood of Northern New England (PPNNE)

Founded in 1965, PPNNE serves patients at 21 health centers across Maine, New Hampshire, and Vermont. These health centers provide the highest quality care through a wide range of services for women and men, including cancer screening, birth control, and STD testing and treatment. PPNNE offers a sliding fee scale, making care accessible and affordable to anyone who walks through their doors.

In 2015, PPNNE

- Operated 12 health centers in Vermont
- These centers provided care to 18,229 Vermonters
- And conducted a total of 27,421 patient visits, including
  - 2,255 Pap Tests
  - 43,497 Breast Exams
  - 31,444 STI Tests

“Two years ago I started my own business, which meant that I had to pay out-of-pocket for health insurance. The business started out slowly, and the only monthly premiums I could afford were for a catastrophic plan with a $5,000 deductible, which didn't cover my annual exam, birth control, or doctor's visits. Planned Parenthood helped me find a less expensive prescription and they allowed me to pay on a sliding scale based on my income for the care I received. I've since been able to afford a better health insurance plan, but I still choose Planned Parenthood for the level of care they always provide.” - PPNNE patient

“I believe you go beyond the call of duty with your kindness, warmth, and genuine compassion.” - PPNNE patient

For more information, contact Meagan Gallagher, President/CEO, PPNNE, at (802) 448-9778 or meagan.gallagher@ppnne.org.
Vermont Area Health Education Centers (AHEC)

Vermont AHEC is a network of academic and community partners working together to improve the distribution, diversity, supply, and education of the health care workforce in Vermont. Established in 1996, Vermont AHEC has a statewide infrastructure with a program office at the University of Vermont, Larner College of Medicine (UVM-LCOM), and three regional centers. Vermont AHEC focuses on achieving a well-trained workforce so that all Vermonters have access to quality care, especially those who live in Vermont’s most rural and underserved areas.

During FY16, the UVM Office of Primary Care and the Vermont AHEC Network:

- Provided 3,997 Vermont youth with health care careers experiences;
- Worked with 171 providers precepting health professions students;
- Delivered continuing education to 2,966 health care professionals; and
- Placed 18 physicians in Vermont communities.

For more information, contact Elizabeth Cote, Director at (802) 656-0030 or elizabeth.cote@uvm.edu.
For more information, contact Elizabeth Cote, Director at (802) 656-0030 or elizabeth.cote@uvm.edu.
The Vermont Coalition of Clinics for the Uninsured: An Important Safety Net Provider

The Vermont Coalition of Clinics for the Uninsured (VCCU) is an association of 11 free clinic programs and four dental programs that provide care (on site or by referral) and assistance free of charge to patients without adequate medical and dental insurance. The clinics are located throughout the state and are supported by the work of volunteers, community hospitals, local fund-raising, and an annual grant from the State of Vermont. All patients are assessed for eligibility in a number of federal, state, and local health care programs. The VCCU provides outreach and enrollment as well as assistance with medical care, prescriptions, dental care, and other health needs, along with providing case management for each patient.

In 2015, VCCU

- Served 8,440 patients with 5,681 medical visits and 792 medical referrals to medical homes. Approximately half of those patients were new.
- Navigators and certified application assistants helped 2,492 Vermonters with Vermont Health Connect enrollment, provided 3,184 follow up appointments and 2,663 consults.
- Assisted 2,907 people with applications for charity care and sliding scale fees.
- Provided $460,123 in free and low-cost medications.
- Provided more than 1,200 dental referrals and 895 lab referrals, and those services were performed either at a reduced cost or pro-bono.
- Assisted 1,222 Vermonters with applications for social services and other community support programs.
- Provided 22,072 services overall to Vermonters.
- Leveraged $4 in in-kind support for every #1 spent.

Success story about a new patient, “Bridget”

Open Door Clinic, Middlebury, Vermont

Upon her very first visit to the clinic, Bridget did not have health insurance and her health issues were very time sensitive. Within 48 hours, Bridget was enrolled in a health insurance plan, had chosen a primary care provider AND had set up the necessary appointments to help manage her physical and mental health issues going forward. Bridget’s referrals, transfer of records, Medicaid eligibility and treatment plan were all orchestrated by the coalition’s volunteers and staff members.

For more information, contact Laura Hale, Director, VCCU, at (802) 448-4280 or vtcoalitionofclinics@gmail.com.
### Vermont Coalition of Clinics for the Uninsured Locations

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Bennington Free Clinic</td>
<td>Sue Andrews, 601 Main Street, Bennington, VT 05201, (802) 447-3700</td>
</tr>
<tr>
<td>Good Neighbor Health Clinic &amp; Red Logan Dental Clinic†</td>
<td>Dana Michalovis, 70 North Main Street, White River Junction, VT 05001, (802) 295-1868</td>
</tr>
<tr>
<td>People’s Health and Wellness Clinic†</td>
<td>Peter Youngbaer, 553 North Main Street, Barre, VT 05641, (802) 479-1229</td>
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<tr>
<td>Putney Community Health Connections*</td>
<td>Kate Kelly, 54 Kimball Hill, 2nd Floor, Putney, VT 05346, (802) 387-2120</td>
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<tr>
<td>Rutland Free Clinic†</td>
<td>Tony Morgan, 145 State Street, Rutland, VT 05701, (802) 775-1360</td>
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<tr>
<td>Valley Health Connections*</td>
<td>Lynn Raymond-Empey, 268 River Street, Springfield, VT 05156, (802) 885-1616</td>
</tr>
<tr>
<td>Windsor Community Clinic at Mt. Ascutney Hospital*</td>
<td>Samantha Abrahamsen, 289 County Road, Windsor, VT 05089, (802) 674-7213</td>
</tr>
<tr>
<td>Open Door Clinic†</td>
<td>Heidi Sulis, 100 Porter Drive, Middlebury, VT 05753, (802) 388-0137</td>
</tr>
</tbody>
</table>

*Provides on-site dental care
†Provides referral services only

For more information, contact Laura Hale, Director, VCCU, at (802) 448-4280 or vtcoalitionofclinics@gmail.com.
Community Health Accountable Care, LLC (CHAC) is a primary care-centric Accountable Care Organization (ACO) serving an anticipated 30,000 Vermonters in 2017. CHAC’s mission is to achieve the triple aim of better care for individuals, better health for populations, and lower growth in expenditures in connection with both public and private payment systems. In 2017 and beyond CHAC will be working in close collaboration with OneCare Vermont and Vermont Care Organization to implement Vermont’s All-Payer Model.

CHAC’s Participant Network, January 2017

- 10 Federally Qualified Health Centers
- 4 Rural Health Clinics
- 7 Hospitals
- 14 Designated Agencies
- 9 Certified Home Health Agencies
- 10 Skilled Nursing Facilities
- 4 Independent Physicians/Specialists
The Strengths of Community Health Accountable Care

CHAC is driven by primary care providers to ensure a primary-care centered approach.

CHAC reinvests savings in primary care integration with community-based services.

CHAC builds on Vermont’s Blueprint for Health patient-centered medical homes and community care teams.

CHAC is committed to a community-based system that addresses social determinants by integrating mental health, substance abuse, social and human services with primary care.

CHAC’s Clinical Committee developed and implemented multiple evidence-based recommendations.

Staff at Mountain Health Center in Bristol, Vermont
Public Policy Principles

Bi-State is committed to improving the health status of Vermonters and ensuring that all individuals have access to affordable and high-quality primary medical, mental health, substance abuse, and oral health care, regardless of insurance status or ability to pay.

We support the state’s efforts to move to a universal and unified health care delivery system and ensure universally available health access and insurance coverage. We support investments in public health and primary and preventive care. Our work aims to preserve, strengthen and expand Vermont’s community-based primary care safety-net providers, recognizing that these organizations are integral to the lives of one in three Vermonters and are the foundation of healthy communities statewide.

Public Policy Priorities

Bi-State works through effective partnerships and robust engagement with the Governor and the Administration, State Legislature, Green Mountain Care Board, and other partners to:

- Ensure every Vermonter has access to a primary care medical home with particular attention to underserved Vermonters.
- Advocate for delivery system and payment models that invest in, build upon, and prioritize community-based primary care, specifically that sustain and enhance the FQHC and RHC models of care delivery and reimbursement.
- Build on the successes of Blueprint for Health, ensuring substantial investment in patient-centered medical homes and empowering local care communities.
- Close coverage gaps for uninsured Vermonters and affordability gaps for under-insured Vermonters.
- Promote population health and well-being through support of public health goals and population health initiatives.
- Establish strong community-based partnerships that support patients through transitions across care settings.
- Increase investments to integrate mental health/substance abuse and primary care.
- Integrate coverage for and expand access to oral health.
- Invest in preventive services, early intervention, wellness initiatives, and health education.
- Support primary care practitioners in care management and patient engagement for patients with chronic conditions.
- Sustain the 340B pharmacy program to ensure continued access to low cost pharmaceuticals.
- Increase funding for Vermont Medicaid, and ensure continued investment in primary care.
- Invest in comprehensive workforce development strategies including increased federal and state loan repayment for health care professionals and funding for national marketing and outreach.
- Increase access to and funding for telemedicine services to improve access to services for Vermont’s rural and underserved populations.
- Sustain federal payment “floors” and framework for FQHC and RHC infrastructure, initiatives, and services to improve access to comprehensive primary care for the uninsured and underinsured.
- Sustain state funding for the Vermont Coalition of Clinics for the Uninsured.
Ten Critical Points to Transform Vermont’s Health System

Vermont’s federally qualified health centers (FQHCs) recognize and value the work of the past year on payment reform. However, Vermonters will be healthier and better off only if the system transforms to address social determinants as a priority, commits to comprehensive primary care, invests in strong community-based care systems, and builds capacity to accomplish these goals.

A successfully transformed health system has the following characteristics:

1. Primary care practices are strong and well-supported patient-centered medical homes, with the resources they need to prevent chronic disease, promote wellness, and manage patient care outside the hospital setting.
2. Primary care practitioners have the time they need to address the issues underlying chronic disease and mental health and the resources to maximize primary care practitioner time in direct patient care.
3. Mental health, behavioral health, and primary care work together to provide seamless care to patients.
4. Home health services and primary care practices work together to provide seamless care to patients, and home health is available without regard to Medicare or Medicaid legacy rules around coverage for home health services.
5. Community-based social service agencies are fully-integrated or tightly coordinated with primary care practices, including:
   • Area Agencies on Aging who serve as the eyes and ears of the system, working to keep vulnerable elders housed and out of impoverished living conditions.
   • Mental Health Centers who offer integrated services and supports to Vermonters affected by developmental disabilities, mental health conditions and substance use disorders.
   • The Vermont Food Bank and local food shelves with a pulse on food insecurity in the community, working to feed low-income and underserved Vermonters.
   • Parent Child Centers, shaping solutions to meet the needs of working families.
6. Primary care practices work with community partners to offer a “health coach” option to help patients in making better health decisions and following a healthy lifestyle.
7. Communities integrate wellness-initiatives with schools, employers, community centers, etc.; i.e. meet people where they are.
8. Hospitals are stable and positioned to meet the acute inpatient and outpatient needs of the community, and participate as equals in the delivery system.
9. Systems of care are focused on the local and regional levels, with resources deployed efficiently to meet the needs of the community, and with local strategic and project plans that roll up to a statewide plan.
10. Vermont’s Blueprint team retains independence and neutrality to lead the transformation effort, using community collaboration boards (e.g. Blueprint UCCs) with broad community representation to shape and drive the transformation at the local level.

Adopted by Bi-State FQHC CEOs December 2015
For more information, contact Sharon Winn, Esq., MPH, Director of Vermont Public Policy, Bi-State, (802) 229-0002 or swinn@bistatepca.org.
### Vermont’s 90 Member Sites by County

#### Slide 1 of 2

<table>
<thead>
<tr>
<th>County</th>
<th>Sites</th>
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| **Addison County** | Middlebury Health Center (P)  
• Mountain Health Center (F)*  
• Mountain Health Center Annex (F)  
• Mountain Health Dental Care (F)*  
• The Open Door Clinic (V) |
| **Bennington County** | Battenkill Valley Health Center (F)  
• Bennington Free Health Clinic (V)  
• Bennington Health Center (P) |
| **Caledonia County** | Northern Counties Health Care (F)  
• Danville Health Center  
• Hardwick Area Health Center  
• Northern Counties Dental Center*  
• St. Johnsbury Community Health Center  
• St. Johnsbury Health Center (P) |
| **Chittenden County** | Burlington Health Center (P)  
• Community Health Centers of Burlington (F)  
• Riverside Health Center*  
• Safe Harbor Health Center*  
• Pearl Street Youth Health Center  
• H.O. Wheeler School (school-based)*  
• South End Health Center  
• GoodHEALTH Internal Medicine  
• Health Assistance Program at UVMVC (V)  
• Williston Health Center (P) |
| **Essex County** | Indian Stream Health Center (F)  
• Northern Counties Health Care (F)  
  • Concord Health Center  
  • Island Pond Health and Dental Center* |
| **Franklin County** | Northern Tier Center for Health (F)  
• Enosburg Health Center  
• Fairfield Street Health Center  
• NCSS Health Center  
• NoTCH Dental Clinic*  
• Richford Dental Clinic*  
• Richford Health Center  
• St. Albans Health Center  
• Swanton Health Center  
• St. Albans Health Center (P) |
| **Grand Isle County** | Community Health Centers of Burlington (F)  
• Champlain Islands Health Center  
• Northern Tier Center for Health (F)  
• Alburg Health Center |
| **Lamoille County** | Community Health Services of Lamoille Valley (F)  
• Appleseed Pediatrics  
• Behavioral Health & Wellness Center  
• Community Dental Clinic* Morrisville Family Health Care  
• Stowe Family Practice  
• Hyde Park Health Center (P) |
| **Orange County** | Gifford Health Care (F)  
• Chelsea Health Center  
• Gifford Primary Care  
• Health Connections at Gifford Health Care (V)  
• Little Rivers Health Care (F)  
• Clara Martin Center  
• LRHC at Bradford  
• LRHC at Wells River  
• LRHC at East Corinth  
• Valley Vista |
| **Orleans County** | Newport Health Center (P)  
• North Country Health Systems (R)  
• North Country Pediatric & Adolescent Medicine  
• North Country Primary Care Newport  
• North Country Primary Care Barton/Orleans  
• North Country Obstetrics & Gynecology  
• Orleans Dental Clinic (F) |

*site provides dental services  
(F) FQHC  
(P) Planned Parenthood of Northern New England (PPNNE)  
(R) Rural Health Clinic (RHC)  
(V) Vermont Coalition of Clinics for the Uninsured (VCCU)
Vermont’s 90 Member Sites by County

Rutland County
- Community Health Centers of the Rutland Region (F)
  - Allen Pond Family Health Center
  - Brandon Medical Center
  - Castleton Family Health Center
  - CHCRR Pediatrics
  - Community Dental Clinic*
  - Mettowee Valley Health Center
  - Rutland Community Health Center
  - Shorewell Community Health Center
- Rutland Free Clinic* (V)
- Rutland Health Center (P)

Washington
- Barre Health Center (P)
- Gifford Health Care (F)
  - Gifford Health Center at Berlin
- People’s Health & Wellness Clinic (V)
- The Health Center (F)
  - Cabot Health Services (school-based)
  - Ronald McDonald Dental Care Mobile*
  - The Health Center Main Site*

Windham
- Brattleboro Health Center (P)
- Putney Walk-In Clinic (V)
- Springfield Medical Care Systems (F)
  - Rockingham Medical Group

Windsor
- Gifford Health Care (F)
  - Bethel Health Center
  - Rochester Health Center
  - Twin River Health Center
- Good Neighbor Health Clinic
- Red Logan Dental Clinic* (V)
- Springfield Medical Care Systems (F)
  - Chester Family Medicine
  - Mountain Valley Medical Center
  - The Ludlow Health Center
  - The Ludlow Dental Center*
  - The Women’s Health Center of Springfield
  - Springfield Health Center
- Valley Health Connections (V)
- Windsor Community Clinic (V)

Sullivan County in New Hampshire
- Springfield Medical Care Systems (F)
  - Charlestown Family Medicine

*site provides dental services
(F) FQHC
(P) Planned Parenthood of Northern New England (PPNNE)
(R) Rural Health Clinic (RHC)
(V) Vermont Coalition of Clinics for the Uninsured (VCCU)
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Vermont Member Legislative Representation List by Legislator

2017-2018 Biennium, page 3 of 7
Vermont Primary Care Sourcebook
January 2017

Vermont Member Legislative Representation List by Legislator
2017-2018 Biennium, page 4 of 7

Rep. Bernard Juskiewicz (R) Lamoille-3
Community Health Services of the Lamoille Valley

Rep. Brian Keefe (R) Bennington-4
Battenkill Valley Health Center

Rep. Kathleen C. Keenan (D) Franklin-3-1
Northern Tier Center for Health
Planned Parenthood of Northern New England

Closest FQHC is Springfield Medical Care Systems

Sen. Jane Kitchel (D) Caledonia District
Little Rivers Health Care
Northern Counties Health Care

The Health Center

Rep. Jill Krowinski (D) Chittenden-6-3
Community Health Centers of Burlington

Community Health Centers of Burlington
The Health Center

Rep. Martin LaLonde (D) Chittenden-7-1
Community Health Centers of Burlington

Rep. Diane LaNpheer (D) Addison-3
Community Health Centers of Burlington
Community Health Centers of the Rutland Region
Mountain Health Center

Rep. Richard Lawrence (R) Caledonia-4
Northern Counties Health Care
North Country Health Systems (Rural Health Clinic)

Rep. Paul LeFebvre (R) Essex-Caledonia-Orleans
Northern Counties Health Care
North Country Health Systems (Rural Health Clinic)

Rep. Patti J. Lewis (R) Washington-1
The Health Center

Rep. William J. Lippert (D) Chittenden-4-2
Community Health Centers of Burlington

Rep. Emily Long (D) Windham-5
Closest FQHC is Springfield Medical Care Systems

Rep. Gabrielle Lucke (D) Windsor-4-2
Closest FQHC is Little Rivers Health Care
Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured

Sen. Virginia "Ginny" Lyons (D) Chittenden District
Community Health Centers of Burlington

Rep. Terence Macaig (D) Chittenden-2
Community Health Centers of Burlington
Planned Parenthood of Northern New England

Sen. Mark A. MacDonald (D) Orange District
Gifford Health Care Inc.
Little Rivers Health Care

Rep. Michael Marcotte (R) Orleans-2
North Country Health Systems (Rural Health Clinic)
Planned Parenthood of Northern New England

Rep. Marcia Martel (R) Caledonia-1
Little Rivers Health Care
Northern Counties Health Care

Gifford Health Care Inc.

Sen. Dick Mazza (D) Grand Isle District
Community Health Centers of Burlington
Northern Tier Center for Health

Rep. Curt McCormack (D) Chittenden-6-3
Community Health Centers of Burlington

Sen. Dick McCormack (D) Windsor District
Closest FQHC is Springfield Medical Care Systems

Rep. Patricia McCoy (R) Rutland-1
Community Health Centers of the Rutland Region

Rep. James McCullough (D) Chittenden-2
Community Health Centers of Burlington
Planned Parenthood of Northern New England

Community Health Centers of Burlington
The Health Center
Vermont Member Legislative Representation List by Legislator

2017-2018 Biennium, page 5 of 7

Rep. Alice Miller (D) Bennington-3
Battenkill Valley Health Center

Rep. Ruqaiyah Morris (D) Bennington-2-2
Battenkill Valley Health Center
Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured

Rep. Mary A. Morrissey (R) Bennington-2-2
Battenkill Valley Health Center
Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured

Rep. Michael Mrowicki (D) Windham-4
Springfield Medical Care Systems
Vermont Coalition of Clinics for the Uninsured

Sen. Kevin Mullin (R) Rutland District
Community Health Centers of the Rutland Region

Rep. Linda K. Myers (R) Chittenden-8-1
Community Health Centers of Burlington

Sen. Alice W. Nitka (D) Windsor District
Closest FQHC is Springfield Medical Care Systems

Community Health Centers of Burlington
Community Health Services of the Lamoille Valley
Northern Counties Health Care

Rep. Daniel Noyes (D) Lamoille-2
Community Health Services of the Lamoille Valley
Planned Parenthood of Northern New England

Rep. Carol Ode (D) Chittenden-6-1
Community Health Centers of Burlington

Battenkill Valley Health Center
Springfield Medical Care Systems

Rep. Jean O'Sullivan (D) Chittenden-6-2
Community Health Centers of Burlington
Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured

Rep. Corey Parent (R) Franklin-3-1
Northern Tier Center for Health
Planned Parenthood of Northern New England

Rep. Carolyn W. Partridge (D) Windham-3
Springfield Medical Care Systems

Rep. Albert Pearce (R) Franklin-5
Northern Tier Center for Health

Sen. Christopher A. Pearson (P) Chittenden District
Community Health Centers of Burlington

Closest FQHC is The Health Center
Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured

Sen. Anthony Pollina (D/P) Washington District
Community Health Centers of Burlington
Gifford Health Care Inc.
The Health Center
Northern Counties Health Care

Rep. David Potter (D) Rutland-2
Community Health Centers of the Rutland Region

Rep. Ann Pugh (D) Chittenden-7-2
Community Health Centers of Burlington

Rep. Constance Quimby (R) Essex-Caledonia
Northern Counties Health Care
North Country Health Systems (Rural Health Clinic)

Rep. Barbara Rachelson (D) Chittenden-6-6
Community Health Centers of Burlington

Sen. John Rodgers (D) Essex-Orleans District
Northern Counties Health Care
North Country Health Systems (Rural Health Clinic)

Rep. Carl Rosenquist (R) Franklin-1
Community Health Centers of Burlington
Northern Tier Center for Health
### Vermont Member Legislative Representation List by Legislator

#### 2017-2018 Biennium, page 6 of 7

<table>
<thead>
<tr>
<th>Rep. Brian K. Savage (R) Franklin-4</th>
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</table>
Vermont Member Legislative Representation List by Legislator
2017-2018 Biennium, page 7 of 7

Rep. Gary Viens (R) Orleans-2
North Country Health Systems (Rural Health Clinic)
Planned Parenthood of Northern New England

Rep. Tommy Walz (D) Washington-3
Closest FQHC is The Health Center
Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured

Rep. Kathryn Webb (D) Chittenden-5-1
Community Health Centers of Burlington

Rep. Cindy Weed (P/D) Franklin-7
Northern Tier Center for Health

Sen. Richard Westman (R) Lamoille District
Community Health Services of the Lamoille Valley

Sen. Jeanette K. White (D) Windham District
Springfield Medical Care Systems

Northern Counties Health Care
Planned Parenthood of Northern New England

Rep. Theresa Wood (D) Washington-Chittenden
Community Health Centers of Burlington
The Health Center

Rep. Samuel Young (D) Orleans-Caledonia
Northern Counties Health Care
North Country Health Systems (Rural Health Clinic)

Rep. Michael Yantachka (D) Chittenden-4-1
Community Health Centers of Burlington

Rep. Kurt Wright (R) Chittenden-6-1
Community Health Centers of Burlington
Acknowledgements

Special thanks to our Vermont Bi-State Members for providing high quality health care in their communities.

We welcome your questions.
For more information, please contact –

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Montpelier, Vermont 05602
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www.bistatepca.org