

Bi-State Primary Care Association 2020 Annual Impact Report

Honoring Our Health Care Heroes



BI STATE PRIMARY CARE ASSOCIATION

SERVING VERMONT & NEW HAMPSHIRE

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.



Cover photos from Bi-State Members:

Lamprey Health Care (NH) HealthFirst Family Care Center (NH) Community Health (VT)

Goodwin Community Health (NH)

NEW HAMPSHIRE MEMBERS

Ammonoosuc Community Health Services (FQHC)

Amoskeag Health (FQHC)

Community Health Access Network

Coos County Family Health Services (FQHC)

Greater Seacoast Community Health (FQHC)

- Families First Health and Support Center (FQHC)
- Goodwin Community Health (FQHC)
- Lilac City Pediatrics (FQHC)

Harbor Care (FQHC)

Health Care for the Homeless Program of Manchester (FQHC)

HealthFirst Family Care Center (FQHC)

Indian Stream Health Center (NH and VT sites) (FQHC)

Lamprey Health Care (FQHC)

Mid-State Health Center (FQHC)

NH Area Health Education Center

North Country Health Consortium

Planned Parenthood of Northern New England

Weeks Medical Center (RHC)

White Mountain Community Health Center (FQHC Look-Alike)

VERMONT MEMBERS

Battenkill Valley Health Center (FQHC)

Community Health (FQHC)

Community Health Centers of Burlington (FQHC)

Community Health Services of Lamoille Valley (FQHC)

Gifford Health Care (FQHC)

Little Rivers Health Care (FOHC)

Mountain Health Center (FQHC)

Northern Counties Health Care (FOHC)

Northern Tier Center for Health (FQHC)

Planned Parenthood of Northern New England

Springfield Medical Care Systems, Inc. (VT & NH sites) (FQHC)

The Health Center (FQHC)

UVM Larner College of Medicine, Office of Primary Care and

Area Health Education Center

Vermont's Free and Referral Clinics

Bi-State Primary Care Association FY20 Board of Directors

OFFICERS

Chair: Martha Halnon, CPC, CAPPM, CMPE

CEO, Mountain Health Center

Vice-Chair: Gregory White, CPA, CHFP

CEO, Lamprey Health Care

Immediate Past Chair: Janet Laatsch, BSN, MBA

CEO, Greater Seacoast Community Health

Secretary: Dan Bennett CEO, Gifford Health Care

Treasurer: Edward Shanshala, II, MSHSA, MSEd CEO, Ammonoosuc Community Health Services

DIRECTORS

Gail Auclair, MSM, BSN, RN

CEO. Little Rivers Health Care

Kris McCracken, MBA

President/CEO, Amoskeag Health

Scot McCray

CEO, Community Health Services of Lamoille Valley

Kenneth Gordon, MSW

CEO, Coos County Family Health Services

Pamela Parsons, Executive Director

Northern Tier Center for Health

Rick Silverberg, MSSW, LICSW

CEO, HealthFirst Family Health Center

From the Board Chair and the President/Chief Executive Officer



Martha
Martha Halnon, CPC, CAPPM, CMPE
Chair, Board of Directors
CEO, Mountain Health Center



Tess
Tess Stack Kuenning, CNS, MS, RN
- President and Chief Executive Officer,
Bi-State Primary Care Association

Dear Friends and Colleagues,

We are delighted to highlight the enormous value our Health Centers have contributed to making a difference and changing lives. Unlike in years past, the COVID-19 pandemic has altered the course of history, upended our world, and disrupted health care, the economy, and our traditional connections with family, friends, and co-workers. Access to essential health, social, and human services is now more critical than ever. Our health care heroes are working tirelessly for you in these unprecedented times.

This pandemic has highlighted the pervasive inequalities in health care access, education, housing, jobs, and life opportunities. There is new urgency for our public policy work to remedy these inequalities and seize the opportunity to reset and ensure a brighter future.

History and experience have taught us that everyone has an essential role when advocating for change. The first Health Center would never be built without the determination of community volunteers, families, small business owners, teachers, professionals, visionary nonprofits, courageous thought leaders, and elected officials. The same can be said today: Each of us can effect positive change to ensure better access to primary and preventive care for all Granite Staters and Vermonters. Join Bi-State as we recommit to influencing public policy to assure access to health care for all.

We are grateful to the health care heroes serving New Hampshire and Vermont, and privileged to work alongside them.

Federal Government Relations Your Voice in Congress



Officials from the U.S. Health Resources and Services Administration met with Bi-State staff and members in VT and NH in July 2019. Federally Qualified Health Centers receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. (photo: VT)

Bi-State continues to work directly with our Vermont and New Hampshire Members of Congress to ensure every community has access to affordable, comprehensive, high-quality primary health care. During this pandemic, it is more important than ever to ensure all people have equal access to services. We appreciate our delegations' unwavering support of policies and programs that serve our patients in these challenging times.

Through pandemic stimulus bills, the U.S. Congress has provided resources to Granite Staters and Vermonters by expanding unemployment insurance, offering loans and grants to businesses, and providing resources for the health care sector. The stimulus packages build on key federal priority programs serving the under served in our two states: Health Centers; National Health Service Corps; Women, Infants, and Children; Supplemental Nutritional

Assistance Program; Area Health Education Centers; Family Planning; and Temporary Assistance for Needy Families. Bi-State continues to work nationally to influence, inform, and educate in support of these critical safety-net programs and the importance of comprehensive primary and preventive care.

In addition, numerous federal regulations have been released that impact the residents of New Hampshire and Vermont. These regulations include COVID-19 rules, Main Street loans, Public charge definition changes, SNAP updates, FCC broadband changes, and eroding pharmaceutical benefits. Bi-State continues to influence and provide input to mitigate adverse impacts on our patients.

We continue to work closely with the U.S. Health Resources and Services Administration (HRSA), through the Bureaus of Primary Health Care and Health Workforce, to support the mutual goals of increased access and higher quality health care. We appreciate HRSA's robust partnership and strong support of health care workers in rural and underserved areas.

Facilitating Integrated Medication-Assisted Treatment for Pregnant, Postpartum, and Parenting Women in New Hampshire

MAT Program Increases Likelihood of Full Recovery

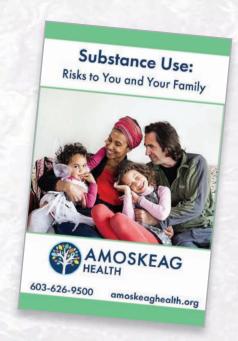


James Zibailo, Director, NH Community Health Systems

Funded by the New Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services, Bi-State worked with New Hampshire Community Health Centers to increase their capacity to provide and deliver comprehensive integrated Medication Assisted Treatment (MAT) and support services to some of the state's most vulnerable populations.

The project focused on pregnant, postpartum, and parenting women with opioid use disorders, along with their newborn and infant children. Expanding access to medication and support services increases the likelihood of full recovery and improves birth outcomes among pregnant women with substance use disorders. This integrated approach is critical to the success of the program.

As a result, Health Centers provide a wide variety of support services such as childcare, parenting education, transportation, and access to food and housing, in coordination with the MAT services.



MAT Booklet produced by Amoskeag Health, Manchester, NH

New Hampshire Public Policy: Prioritizing Public Health Emergency



Kristine E. Stoddard Director, NH Public Policy

New Hampshire's legislative session started off as most do; however, the Legislature came to a grinding halt due to COVID-19.

Bi-State's NH-based staff transitioned from its typical policy agenda to strategizing alongside members of the New Hampshire Health Care Consumers and Providers COVID-19 Coalition on stabilizing NH's health care system. The Coalition helped establish additional payments for Medicaid providers in light of the Public Health Emergency and supplemental income payments for essential health care workers.

Bi-State prioritized funding for the State Loan Repayment Program, which Health Centers utilize to attract providers to the state's underserved areas, and draw support from 63 organizations to ensure that telehealth continues to be available to patients.

Once the legislative session resumed, several of Bi-State's initiatives became a reality: the expansion of telehealth, including audio-only visits and parity for those visits, and an amendment to the Medicaid Program designed to decrease the number of beneficiaries subjected to the Medicaid "spend down."



2020 New Hampshire Legislative and Business Breakfast

Vermont Public Policy

Helen Labun, Director Vermont Public Policy

The 2020 Legislative Session was disrupted by COVID-19, but our work did not slow down. Bi-State participated as part of a coalition of health provider organizations to shape key legislation in telehealth, workforce, provider recovery and stabilization funding, and COVID-19 response regulatory flexibilities.

We continued to testify, submit written testimony, update members multiple times a week, and connect our members with key policymakers.

Bi-State ended our year with the Vermont legislature still in session.

Priorities that we continue to work on include:

- Effective use of CARES Act funding to stabilize our local health care system.
- Workforce development and flexibilities to respond to a quickly shifting landscape.
- Support for telehealth deployment that reaches all Vermonters and can be an ongoing tool to increase health care access.
- State efforts to move towards value-based payment systems in health care.
- Building resiliency within the system to last through the entire COVID-19 response period.

Bi-State launched a podcast this year to help members, policymakers, and the public understand health care policy terminology.

POLICY... PLAINER ENGLISH

A PODCAST

A podcast explaining health care policy in bite-sized chunks.
Episodes explain commonly misunderstood terms and concepts in health care policy, in about 10 minutes.

plainerenglish.org



Hosted by Helen Labun, Director Vermont Public Policy

Bi-State Primary Care Association

2020 Bi-State Awards

The Board of Directors' Chair Award

Honoring individuals who have made outstanding contributions to ensuring access to health care for vulnerable populations in Vermont and New Hampshire.



New Hampshire Senator Cindy Rosenwald, MA State of New Hampshire



Vermont
Mark Levine, MD
Commissioner of Health

The Outstanding Clinician Award

Honoring primary care clinicians from Vermont and New Hampshire whose exemplary skills and service have made a significant impact on the health of underserved patients and the community in which they serve.



New Hampshire Alejandra Martin, MS, PA-C Goodwin Community Health



VermontBrian Bates, MD
Mountain Health Center

The Public Service Award

Honoring Vermont and New Hampshire individuals whose position allows them to make extraordinary contributions in the area of public health and primary care access.



New Hampshire Kelly Perry, DMD Mid-State Health Center



VermontSusan Barrett, Esq.
Primary Care Advisory Group

The Hunt Blair Leadership Award

In recognition of the potential every individual has to improve the lives of many people as demonstrated by the brilliance, tenacity and vision of Hunt Blair.



New Hampshire
Tiffaney Burdick, LPN, CRSW
Goodwin Community Health



Vermont Ashleen Buchanan Little Rivers Health Care

Customized Data Improves Patient Care



Kate Simmons, MBA, MPH Director, Operations

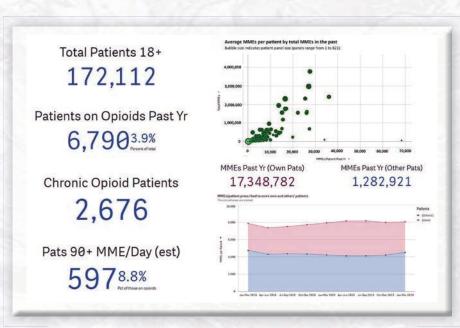
The Vermont Rural Health Alliance (VRHA) data warehouse in Qlik includes clinical data from 10 of 11 Vermont FQHCs, and Medicaid claims data from all. VRHA developed an "opioid management application" that uses clinical prescription data to provide a snapshot of the number of patients considered

chronic opioid users (i.e., those who have received on average 90+ morphine milligram equivalents per day. The tool was developed at the request of an

FQHC and in consultation with several FOHC medical directors and Char-

les MacLean, MD, of the University of Vermont Medical Center, and it is useful for understanding prescribing trends by providers compared to peers. The VRHA data team has developed several other tools and applications, including tools to support FQHC participation in VT Department of Health Diabetes and Chronic Heart Disease initiatives, tools to support Accountable Care Organization measures, and a tool to

identify patients at higher risk for severe illness under COVID-19.



Ensuring a Dedicated Workforce



Stephanie Pagliuca Director, Workforce Recruitment and Retention

At the heart of primary care is a dedicated workforce of physicians, advanced practitioners, dentists, and mental health and substance use treatment professionals. Deemed essential providers, primary care and dental safety net practices remained open during the pandemic and found innovative ways to provide patient care safely.

Bi-State's Recruitment Center works with health care employers to pro-

mote their open positions. Many practices put recruitment on hold during the pandemic as they pro-

Physicians Dentists Advanced Practitioners

cessed the impact of new models of care on their staffing needs. Despite the hiring slow-down, it is essential to maintain a pool of candidates for when they are ready to resume recruitment. We cast a broad net to identify primary care clinicians through virtual career fairs and new online methods well received by candidates. The pandemic led many to a greater appreciation of the value of overall health. The Recruitment Center will continue to help practices recruit new primary care clinicians throughout the region.

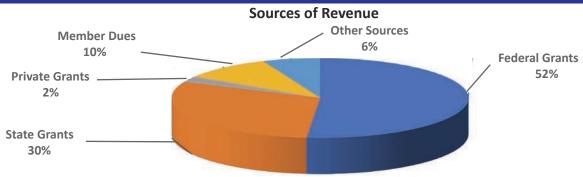
New Hampshire • Vermont

RECRUITMENT CENTER

A Service of Bi-State Primary Care Association

Bi-State aided in the recruitment of 31 new health care providers to New Hampshire and Vermont between June 30, 2019 - July 1, 2020.

FYE June 30, 2020 Financial Report



Consolidated Statement of Activities FYE June 30, 2020

Revenue	
Grant Revenue	3,374,564
Member Dues	389,389
Other Revenue	236,107
Total Revenue	4,000,060
Expenses	
Salaries and Related Expense	2,669,271
Other Operating Expense	1,235,379
Depreciation Expense	27,857
Total Expenses	3,932,507
Operating Income	7,553
Other revenue and gains/(loses)	1,905
Increase/(Decrease) in Net Assets	69,458



Bi-State Primary Care Association Staff

Kristen Bigelow-Talbert, MSHM, CPHQ - Community Health Quality Manager Kaylana Blindow, MBA - Project Coordinator
Colleen Dowling - Project Coordinator, NH Public Policy
Mandi Gingras - Recruitment and Retention Coordinator
Claire Hodgman - Data and Marketing Project Coordinator
Geoffrey Kilar, MSA, MBA - Accountant
Beverly Kowarik, Executive Assistant to the President/CEO
Tess Stack Kuenning, CNS, MS, RN - President and CEO
Helen Labun, MSc. - Director, Vermont Public Policy
Georgia J. Maheras, Esq. - Vice President, Policy and Strategy
Kimberly Martin - Director, Finance
Abigail Mercer, MBA - Chief Financial Officer
Susan J. Noon, MBA, APR - Director, Marketing and Development
Stephanie Pagliuca - Director, Workforce Development and Recruitment

Consolidated Statement of Financial Position FYE June 30, 2020

Assets	
Cash and Equivalents	2,249,721
Prepaid Expenses	5,920
Accounts and Grants Receivable	630,413
Total Current Assets	2,926,054
Investments	455,329
Fixed Assets (net)	271,156
Deferred Compensation	204,841
Total Assets	3,857,380
Liabilities and Net Assets	
Accounts Payable and Accrued Expenses	177,783
Accrued Salaries and Related Expenese	202,836
Deferred Revenue 38,256	,
Payroll Protection Program loan	476,000
Deferred Compensation	204,841
Total Current Liabilities	1,099,716
Long-Term Debt -	
Unrestricted Net Assets	2,757,664

Total Liabilities and Net Assets 3,857,380

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, contract, grant agreements, and other matters.

Suzanne Palmer - Administrative Assistant, Data Coordinator Michele Petersen, MBA, SHRM-CP - Workforce Development and Recruitment Coordinator

Lori H. Real, MHA - Exec. Vice President, Finance and Business Development

Sarah Robinson - Executive Assistant to the President/CEO

Dawn Sabo - Administrative Assistant

Lauri Scharf, MS - Program Manager, Health Care Informatics

Kate Simmons, MBA, MPH - Director, Operations

Heather E. Skeels - Senior Program Manager, Health Data Operations Kristine E. Stoddard, Esq. - Director, New Hampshire Public Policy

Adam Woodall, CISSP, CHP, CSCS - IT/Office Systems Manager James Zibailo - Director, NH Community Health Systems

Thank You to our Funders and Sponsors

Funders

Centers for Medicare and Medicaid Services
Community Health Access Network (CHAN)
DentaQuest Foundation
Department of Vermont Health Access
Endowment for Health
NH Charitable Foundation
NH Department of Health & Human Services
U.S. Health Resources & Services Administration
Vermont Care Network
Vermont Department of Health

Sponsors

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NH Hospital Association
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Northern Counties Health Care
Pivot Creative Management
United Healthcare
Well Sense Health Plan





Bi-State Primary Care Association

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