



Bi-State Primary Care Association
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January 2023

2023 New Hampshire

Primary Care Sourcebook



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What is a Primary Care Association?

Each of the 50 states (or in Bi-State's case, a pair of states) has one nonprofit Primary Care Association (PCA) to serve as the voice for Community Health Centers. These health centers were born out of the civil rights and social justice movements of the 1960s with a clear mission that prevails today: to provide health care to communities with a scarcity of providers and services. That includes bringing comprehensive services to rural regions of the country.

Who We Are

Bi-State Primary Care Association is a 501(c)3 nonprofit organization, formed by two health and social service leaders in 1986 to expand access to health care in Vermont and New Hampshire. Today, Bi-State represents 26 member organizations across both states that provide comprehensive primary care services to over 312,000 patients at 162 locations. Our members include federally qualified health centers (FQHCs), Free and Referral Clinics, New Hampshire Area Health Education Center programs, Planned Parenthood of Northern New England, networks, and consortia. We provide training and technical assistance for improving programmatic, clinical, and financial performance. We provide workforce assistance and candidate referrals for providers including physicians, dentists, nurse practitioners, and physician assistants. We work with federal, state, and regional policy organizations, foundations, and payers to develop strategies, policies, and programs that support community-based primary health care.

Bi-State's Mission

Advance access to comprehensive primary care services for all, with special emphasis on those most in need in Vermont and New Hampshire.

Bi-State's Vision

Healthy individuals, families, and communities with equitable and quality health care for all.

Community Health Centers ensure everyone has access to primary health care

Community Health Centers provide comprehensive primary care to everyone, regardless of ability to pay. Nationally, health centers serve 1 in 3 people living in poverty, 1 in 5 uninsured persons, and 1 in 5 rural residents. They provide affordable care. The community health system saves, on average, 24% per Medicaid patient. The National Association of Community Health Centers finds that, overall, community health centers save the health care system \$24 billion annually by increasing access to comprehensive, high-quality, preventive and primary care. In response to COVID-19, our health centers have provided vaccinations, testing services, and telehealth services, to keep everyone safe, while also retaining in-person access where needed, including for dental emergencies, throughout the public health emergency.

Workforce & Recruitment

Bi-State's Recruitment Center has sourced 557 candidates interested in practicing in VT and NH over the last year. We helped recruit 30 providers to New Hampshire and Vermont between July 2021 – June 2022 (FY22).

Bi-State Primary Care Association's New Hampshire Members

Ammonoosuc Community Health Services, Inc. (FQHC)

Edward D. Shanshala II, CEO
(603) 444-8223 • ed.shanshala@achs-inc.org
25 Mt. Eustis Road, Littleton, NH 03561
www.ammonoosuc.org

Amoskeag Health (FQHC)

Kris McCracken, President/CEO
(603) 935-5210, (603) 935-5229
kmccracken@amoskeaghealth.org
145 Hollis Street, Manchester, NH 03101
www.amoskeaghealth.org

Community Health Access Network

Gary Noseworthy, Executive Director
(603) 292-7205, (603) 292-7284
gnoseworthy@chan-nh.org
207A South Main Street, Newmarket, NH 03857
www.chan-nh.org

Coos County Family Health Services (FQHC)

Ken Gordon, CEO
(603) 752-3669 Ext. 4018 • kgordon@ccfhs.org
54 Willow Street, Berlin, NH 03570
www.coosfamilyhealth.org

Greater Seacoast Community Health (FQHC)

Janet Laatsch, CEO
(603) 516-2550 • jlaatsch@goodwinch.org
www.GetCommunityHealth.org

- **Families First Health and Support Center (FQHC)**
8 Greenleaf Woods Drive, Portsmouth, NH 03801
- **Goodwin Community Health (FQHC)**
311 Route 108, Somersworth, NH 03878
- **Lilac City Pediatrics**
80 Farmington Rd, Rochester, NH 03867

Harbor Care (FQHC)

Henry J. Och, President & CEO
(603) 821-7788 • h.och@harborcarenh.org
45 High Street, Nashua, NH 03060
www.harborcarenh.org

Health Care for the Homeless Program (FQHC)

Anna Thomas, Executive Director, HCH
603-657-2700
athomas@manchesternh.gov
Rossana Goding, Director, HCH
603-663-8716
rossana.goding@cmc-nh.org
199 Manchester Street Manchester, NH 03103
www.catholicmedicalcenter.org/Community-Health

HealthFirst Family Care Center (FQHC)

Russell G. Keene, President/CEO
(603) 934-0177 Ext. 107
rkeene@healthfirstfamily.org
841 Central St, Ste 101, Franklin, NH 03235
www.healthfirstfamily.org

Lamprey Health Care (FQHC)

Greg White, CEO
(603) 292-7214
gwhite@lampreyhealth.org
207 South Main Street, Newmarket, NH 03857
www.lampreyhealth.org

Mid-State Health Center (FQHC)

Robert MacLeod, CEO
(603) 238-3525 • rmacleod@midstatehealth.org
101 Boulder Point Drive, Plymouth, NH 03264
www.midstatehealth.org

NH Area Health Education Center

Kristina Fjeld-Sparks, Director
(603) 653-3278
Kristina.E.Fjeld-Sparks@Dartmouth.edu
One Medical Center Drive, WTRB Level 5
Lebanon, NH 03756
www.tdi.dartmouth.edu/education/professional-education/new-hampshire-area-health-education-center-ahec

North Country Health Consortium

Lauren Pearson, Executive Director
(603) 259-4785 • lpearson@nchcnh.org
262 Cottage St, Suite 230, Littleton, NH 03561
www.nchcnh.org

North Star Health (FQHC)

Josh R. Dufresne, CEO
(802) 885-7620 • jdufresne@northstarfghc.org
250 CEDA Road, Charlestown, NH 03603
www.northstarfghc.org/charlestown-health-center/

Planned Parenthood of Northern New England (Health Center)

Judith Selzer, CEO/President
603-513-5341 • Judith.selzer@ppnne.org
18 Low Avenue, Concord, NH 03301
www.plannedparenthood.org/planned-parenthood-northern-new-england

White Mountain Community Health Center (FQHC LOOK-ALIKE)

Ken "JR" Porter, Executive Director
(603) 447-8900 Ext. 321 • jrporter@whitemountainhealth.org
298 White Mountain Highway, Conway, NH 03818
www.whitemountainhealth.org

2023 New Hampshire Public Policy Principles

Bi-State Primary Care Association is committed to the health of individuals, families, and communities with equitable and quality health care for all. We work to advance access to comprehensive primary care services, with a special emphasis on those in need, regardless of insurance status or ability to pay. Comprehensive primary care includes preventive care, behavioral health, substance use disorder treatment, and oral health services. Bi-State strives to educate policymakers, non-profit leaders, and the business community on the value community health centers provide to the Granite State. We accomplish our goals by partnering with the State, health care providers, non-profit advocacy organizations, and business leaders.

The ability of our health care system to respond to public health events is dependent on a strong public health foundation, a powerful health care workforce, adequate Medicaid reimbursement rates, a robust safety-net provider system, and Granite Staters working together to protect our friends and neighbors from preventable diseases. Bi-State's 2023 New Hampshire Public Policy Principles and Priorities reflect that stabilizing our public health and safety-net system while increasing access to integrated health care services is critical for a healthy and successful New Hampshire.

2023 New Hampshire Public Policy Priorities

- Support school-based, local, and statewide policies designed to keep Granite Staters free of preventable disease, with a focus on the disproportionate impact to racial-ethnic minority populations and other high-risk populations;
- Create a sustainable, statewide reimbursement methodology that truly supports the integration of primary care and behavioral health such that residents can live their best, most healthy lives ([see the joint statement by the New Hampshire Community Behavioral Health Association and Bi-State Primary Care Association](#));
- Increase investments in health care workforce development and recruitment throughout our health care system;
- Develop adequate funding of the adult Medicaid dental health benefit to include educational, preventive, and restorative services;
- Ensure the success of the Granite Advantage Health Care Program as a reliable source of health insurance for low-income Granite Staters;
- Increase state support for integrated primary and preventive care and reproductive health care services for our underserved populations;
- Support access to telehealth and reimbursement parity for services provided via telehealth; and
- Support policy changes that eliminate racial injustice, poverty, and discrimination to ensure inclusiveness, diversity, and health equity for all.

Community-Based Primary and Preventive Health Care

Comprehensive Services: Primary and preventive medical, dental, oral health, reproductive health, mental health, and enabling services.

Enabling services: Non-clinical services designed to increase access to health care and improve health outcomes. Examples include translation and interpretation, help accessing transportation, and assistance navigating financial issues.

Community Health Centers (CHCs)

Community Health Centers (CHCs) provide comprehensive and enabling services in medically underserved regions. CHCs offer services to all residents in their service areas, determining charges based upon the resident's ability to pay. Every CHC is unique, tailoring programs and services to the needs of their communities. Collaborations with community partners allow CHCs to go above and beyond in delivering high quality of primary care. In many communities, CHCs are the *only* comprehensive, patient-centered medical home open to all patients without restrictions, especially underinsured and Medicaid patients. ***Bi-State's CHC members in NH comprise *10 FQHCs and Planned Parenthood of Northern New England.***

In 2021, 11 CHCs:

- Served 102,486 patients in NH.
- Conducted 419,004 patient visits.
- Offered services in every NH county, across 80 sites.

Federally Qualified Health Centers (FQHCs)

Federally Qualified Health Centers (FQHCs) are non-profit, community-based health care organizations that provide comprehensive and enabling services in medically underserved areas throughout the country. FQHCs are supported by the federal government through a competitive grant process to provide health care services to the un- and underinsured in rural and urban areas. FQHCs are governed by a board of directors, of whom a majority of the members receive care at the FQHCs. FQHCs accept patients regardless of ability to pay, offer a sliding fee scale to persons with incomes below 200% of the federal poverty level, and they work with their communities to address a range of barriers to health.

In 2021, 10 FQHCs

- Served 91,359 patients in NH.
- Conducted 403,181 patient visits.
- Offered services in 9 counties, across 76 sites.

Federally Qualified Health Center Look-Alikes (FQHC LALs) are Community Health Centers that meet the requirements to be FQHCs (including having a patient-majority board), but do not receive grant funding from HRSA. They provide services in medically underserved areas, provide care on a sliding fee scale, and operate under a governing board that includes patients.

*North Star Health has a NH FQHC site, Charlestown Health Center, that is attributed to Bi-State's VT membership and is not included in our NH data.

Snapshot of Our New Hampshire Members

Community Health Centers include:

➤ Federally Qualified Health Centers (FQHCs)

*Ten FQHCs encompass 76 sites in 9 counties, including health center operations at dental clinics, pediatric centers, schools, recovery community organizations, community mental health centers, childcare centers, soup kitchens, churches, mobile unit sites, and more.

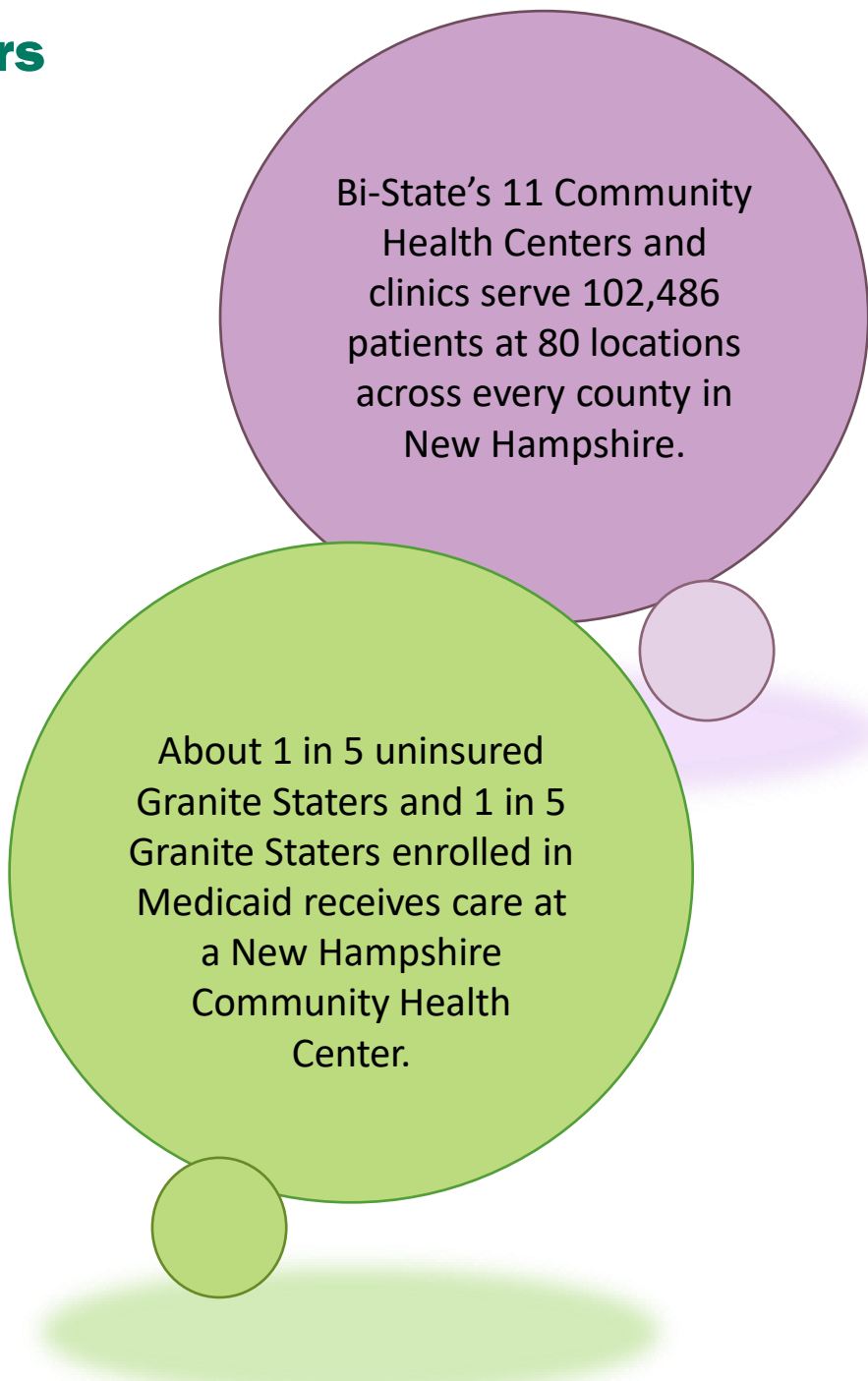
- These 10 FQHCs include White Mountain Community Health Center, which is an FQHC Look-Alike.

➤ Planned Parenthood of Northern New England:

4 health center locations

NH Programs and Services include:

- Community Health Access Network (CHAN)
- NH Area Health Education Center Program (NH AHEC)
- North Country Health Consortium (NCHC)



Bi-State's 11 Community Health Centers and clinics serve 102,486 patients at 80 locations across every county in New Hampshire.

About 1 in 5 uninsured Granite Staters and 1 in 5 Granite Staters enrolled in Medicaid receives care at a New Hampshire Community Health Center.

CHCs are Economic Engines within their Communities



An October 2022 analysis of 2021 data shows that New Hampshire's CHCs are:

- directly responsible for 1,072 jobs,
- indirectly responsible for an additional 380 jobs (e.g., jobs of suppliers, contractors, etc.), and
- support another 420 jobs in the region (i.e., these jobs are induced when employees spend wages on goods and services)

...for a total of ***1,872 New Hampshire jobs!***

Economic impact was measured using 2021 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), www.IMPLAN.com. Learn more at www.caplink.org/how-economicimpact-is-measured.



CHCs Support Permanent Reauthorization of Medicaid Expansion

About 1 in 5 uninsured Granite Staters receives care at a NH CHC.

About 1 in 5 Granite Staters enrolled in Medicaid receives care at a NH CHC.



As of January 2023, Medicaid Expansion provides insurance coverage for more than 93,000 Granite Staters in need. Since its inception in 2014, at NH FQHCs alone, the percentage of uninsured patients has dropped from 19% to 12%, Medicaid coverage has expanded from 30% to 34%, and commercial insurance coverage has increased from 32% to 35%. ***As a result of Medicaid Expansion, FQHCs provide mental health services for 100% more patients and substance use disorder treatment for 443% more patients.***

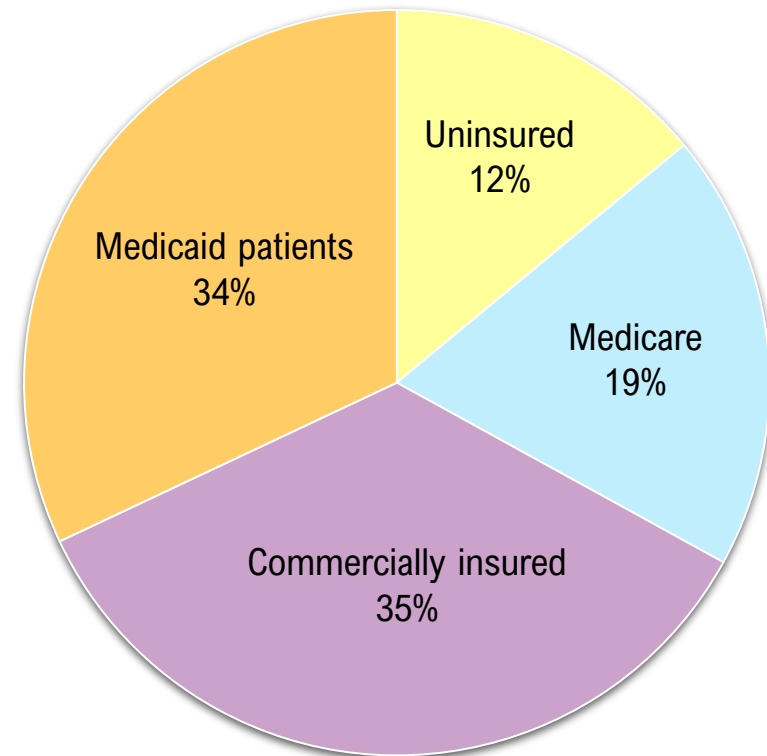
Adequate reimbursement is a critical issue for continuation of services, and that is why the Granite Advantage Health Care Program has allowed FQHCs to expand their services and hire staff. “The financial security for our health center and gains in access to care for our patients demonstrate that Medicaid Expansion is a matter of life and death for many Granite Staters,” stated Kris McCracken, President & CEO of Amoskeag Health (*pictured above*).

[Business Leaders, Advocates Call for Reauthorization of Medicaid Expansion](#)

New Hampshire's Federally Qualified Health Centers serve **91,359 Granite Staters**. *FQHCs are a subset of Community Health Centers.*

- *Ten New Hampshire FQHCs serve as the medical home for over 91,000 Granite Staters who made approximately 403,000 visits in 2021, ***including over 85,000 telehealth visits.***
- Three FQHCs in New Hampshire are designated as Health Care for the Homeless Health Centers:
 - Families First Health and Support Center
 - Harbor Care
 - Health Care for the Homeless Program of Manchester
- Federal statute establishes the array of services FQHCs must provide, including basic primary care services, voluntary family planning services, immunizations against vaccine-preventable diseases, appropriate cancer screenings, pharmaceutical services, mental health services, substance use disorder treatment, translation services, and transportation services.

Federally Qualified Health Center
Payer Mix



[2021 NH UDS Data](#) and Self-Reported data in BSPCA member surveys
[2021 NH Statewide Data from Kaiser Family Foundation](#)

*North Star Health has a NH FQHC site, Charlestown Health Center, that is attributed to Bi-State's VT membership and is not included in our NH data.

Each FQHC Serves its Community's Unique Needs

FQHCs have a 50+-year history of providing equitable access to a variety of primary care services tailored to their patients' needs. FQHC staff and board members build relationships within their communities to share knowledge and better understand barriers that cause local families to struggle.

The “whole person”-focused model is the foundation of health centers, to improve underlying conditions that make patients sick, outside of medical care alone – these economic and social conditions are known as “social drivers of health.”

Representation Matters



- ★ At least 51% of FQHC board members must be patients of the health center.
- ★ Over 20% of New Hampshire FQHC patients are from a racial or ethnic minority.
- ★ ~15% of New Hampshire FQHC patients are best served in a language other than English.
- ★ “Diversity is who we are: our clients, our staff, and our community.” – *Amoskeag Health, serving Manchester, New Hampshire whose patients speak 62 different languages*

Health Center Offerings May Include:



Patient-Centered Primary Care
Telehealth
Social Services
Childcare



Mental Health Treatment
Insurance Enrollment
Substance Use Disorder Services
Dental Care



Early Literacy Programs
Adverse Childhood Experiences Response
Prenatal & Postpartum Care
COVID-19 Vaccines, Testing, & Treatment
Language Interpretation Services



Transportation
Food Pantries & Solutions for Food Insecurity
Support for Grandparents Raising Grandchildren
Chronic Illness Diagnosis and Management



Cancer Screenings
Clothing & Home Furnishings

Medication Assisted Treatment
In-House Pharmacy
Optometry



Pre- & Post-Exposure Prophylaxis HIV Treatment
Trans-Inclusive Health Care



Midwifery Care
Playgroups
Family Support & Parenting Classes
Response to Sexual & Domestic Violence



Housing Support
Pediatrics
Reproductive Health Care
Health Care for Veterans
Care Coordination
Mobile Health Care
Medical/Legal Partnership
...& much more!



FQHCs improve access to integrated primary care services

Over 91,000 Granite Staters rely upon New Hampshire's FQHCs for their primary care, oral health care, mental health services, optometry, substance use disorder treatment, Medication Assisted Treatment, reproductive health care services, pediatric care, and much more. **FQHCs are often the only primary care provider in their area**, filling a void for primary care across every county in the Granite State.

FQHCs are committed to improving patient experience and health outcomes. *Data from 2021 shows that New Hampshire's FQHCs greatly surpassed the national FQHC averages in quality patient outcomes* including: high blood pressure and diabetes control, body mass index (BMI) screening, kids' immunizations, tobacco use cessation, and lifesaving screenings for breast, cervical, and colorectal cancers (See page #13).

NH's FQHCs Serve:



~21,000 Children
~23% of Patients
are Children



2,625 Veterans



18% of Patients are
Older Adults



FQHCs serve
17% of all NH
Medicaid Enrollees

~

34% of an FQHC's
payer mix is
Medicaid



Patients
Experiencing
Homelessness:
5,535



10,945 Uninsured
Patients

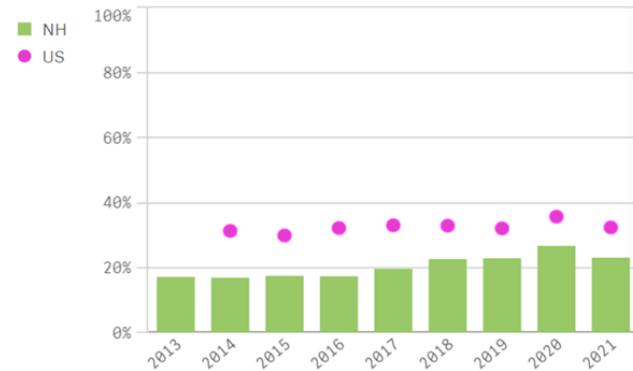
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541 Migrant/Seasonal
Agricultural Workers &
Dependents

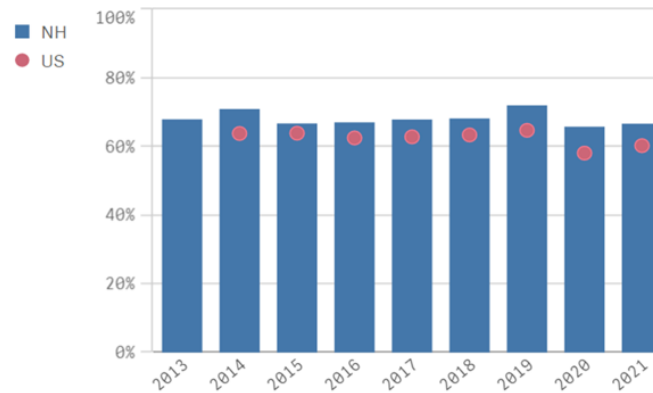
Numbers reflect 2021 UDS data

New Hampshire's FQHCs greatly exceeded national FQHC averages for many clinical quality measures in 2021.

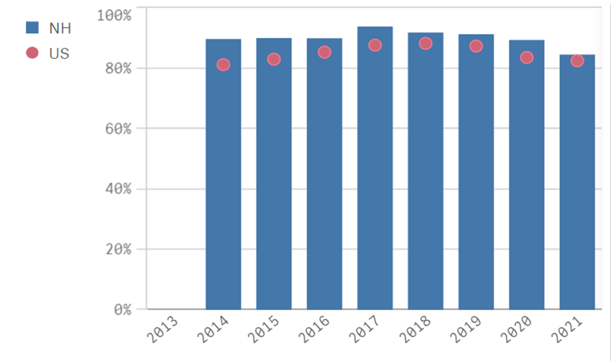
Diabetes Poor Control Rate IN 2021: US: 32%; NH: 23% LOWER=BETTER



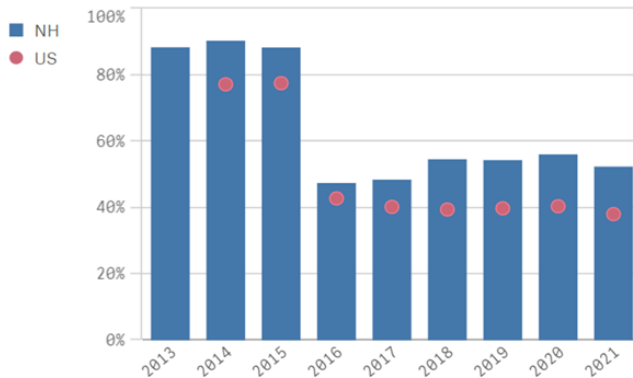
Hypertension Control Rate IN 2021: US: 60%; NH: 67%



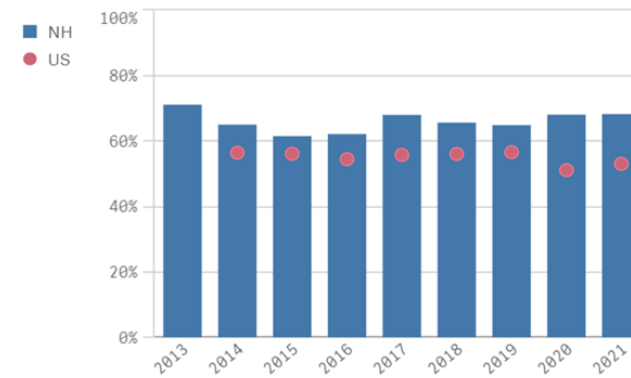
Tobacco Use Assessment & Cessation Counseling IN 2021: US: 82%; NH: 84%



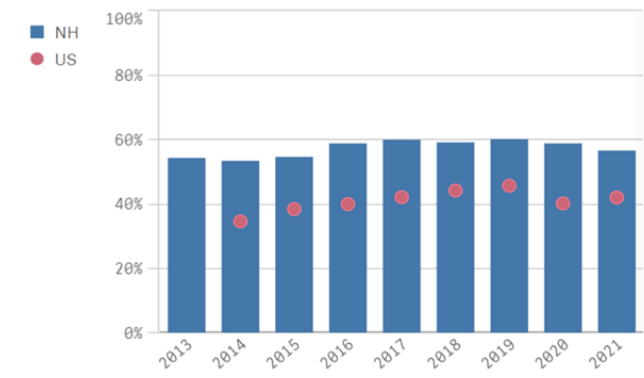
Children's Immunization Rate IN 2021: US: 38%; NH: 52%



Cervical Cancer Screening Rate IN 2021: US: 53%; NH: 68%



Colorectal Cancer Screening Rate IN 2021: US: 42%; NH: 56%

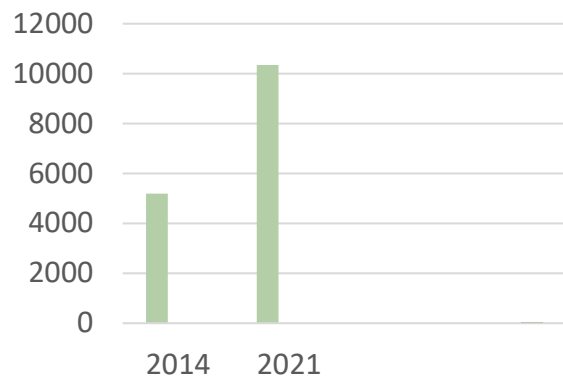


Demand for FQHC services continues to grow in New Hampshire. Integrated primary and preventive care includes mental health, substance use disorder treatment, and vision services.

Mental Health Treatment



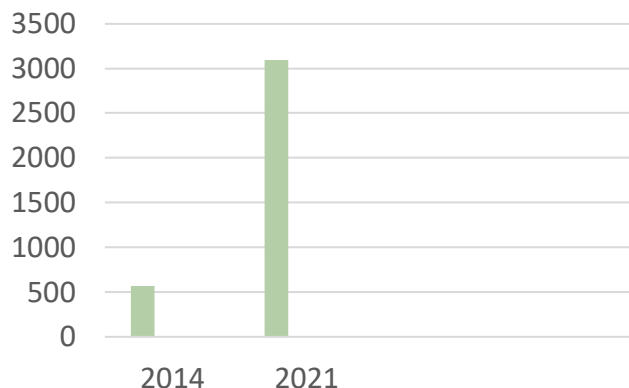
100% increase in number of FQHC patients treated for mental health from 2014-2021.



Substance Use Disorder Treatment



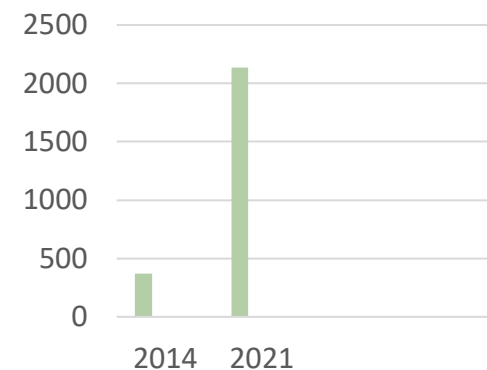
443% increase in number of FQHC patients treated for substance use disorder from 2014-2021.



Vision Services



475% increase in number of FQHC patients receiving vision care from 2014-2021.

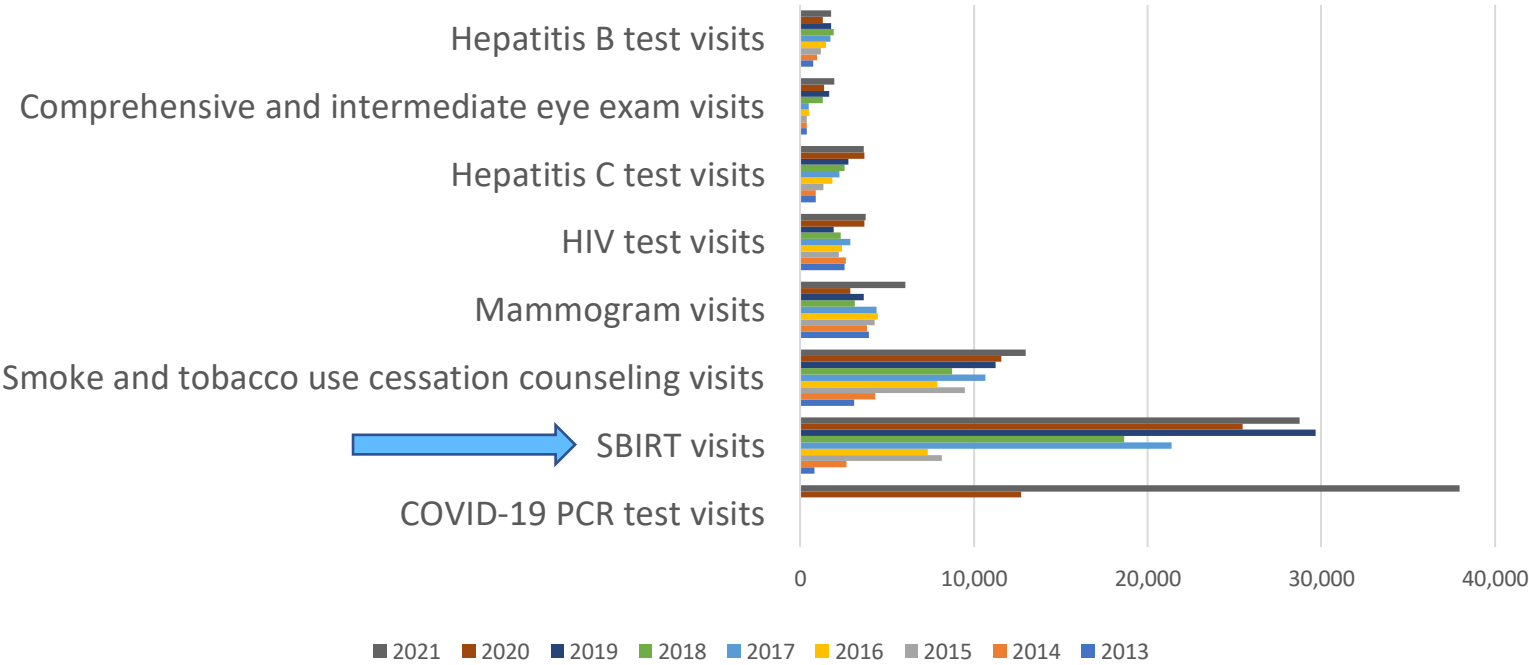


FQHCs adopt evidence-based practices to prevent and reduce substance use in their communities.

FQHCs meet the growing demand for crucial preventive and primary care health services such as Hepatitis and HIV testing, tobacco counseling, and Screening, Brief Intervention, and Referral to Treatment (SBIRT) screening.

In 2021, NH FQHCs patients made approximately 29,000 SBIRT visits. [SBIRT](#) is an evidence-based universal screening and early intervention protocol to identify alcohol and other drug misuse in patients before this misuse causes harm or dependence. The NH Governor’s Commission on Alcohol and Drug Abuse included SBIRT in its 2013 strategic plan for preventing alcohol and other drug misuse and promoting recovery, encouraging medical professionals to adopt the practice. **Since 2013, the number of SBIRT visits has grown by over 3,000% at NH FQHCs.**

NH FQHC data: Diagnostic tests, screening, & preventive services



Spotlight on Integration: Delta Center for a Thriving Safety Net

Bi-State is partnering with the NH Community Behavioral Health Association and our respective Community Health Center and Community Mental Health Center members on a 27-month project funded by the Delta Center for a Thriving Safety Net. The purpose of this project is to improve integration of primary care and behavioral health across and between our networks of CHCs and CMHCs and cultivate a more equitable system of care.

*As much as 80% of a person's ability to be healthy is due to what is happening outside of their medical provider's exam room walls; this we know as Social Drivers of Health (SDOH). One of the goals of the Delta Center project is to expand the usage of "health care huddles," designed to keep both the primary care and behavioral health care teams on the same page to ensure the patients' goals and needs are met, allowing them to thrive and succeed. See feedback from CHC and CMHC providers on health care huddles (*right*).

Bi-State is working with the NHCBA, the Delta Center, and other state and national partners to better track SDOH and other non-clinical services with the goal of:

- 1) Incentivizing integration;
- 2) Enhancing and expanding services;
- 3) Measuring and improving patient outcomes; and
- 4) Providing greater value to patients and payors

In addition, Bi-State is dedicating a session on integration at our Primary Care Conference on May 16, 2023 focused on collaboration and building community partnerships between CHCs and CMHCs.

<https://www.cdc.gov/publichealthgateway/sdoh/index.html>

Voices from the Field

"The collaboration at [the health care] huddle allows us to provide up-to-the-minute updates on issues that are occurring in each patient's life. This real time communication benefits all providers, ultimately improving patient care."

- Physician Assistant



"It is a gift to the PCP to have immediate access to the behavioral health team – from transportation support to medication assistance, the huddle allows us to problem solve as a team in real time."

- Physician Assistant

FQHCs strive to improve heart health

FQHCs in New Hampshire and Vermont have exceeded national averages and the Healthy People 2030 hypertension control targets through a variety of techniques to help their patients manage their hypertension.

Blood Pressure Cuff Lending Library

Blood Pressure Cuff Lending Libraries have been developed at 13 health centers across NH and VT. These libraries allow identified patients to borrow blood pressure cuffs to monitor their pressures at home, which gives the patients and providers important information for self-management of the condition.

Development of Hypertension and Lipids Protocols

Health centers in NH and VT have developed protocols for screening and managing of hypertension, hyperlipidemia, and other chronic conditions.

Medication Therapy Management (MTM)

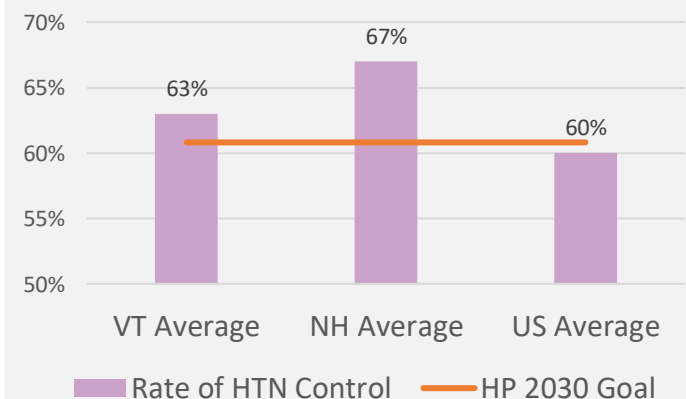
Eight health centers across NH and VT are developing medication therapy management programs, often in partnership with pharmacists, to assist patients with hypertension, cardiovascular disease, and/or diabetes.

Food Farmacy Development

Several health centers are identifying patients who are food insecure and who have, or are at risk for, cardiovascular disease. They provide these patients resources such as CSA shares and supports to mitigate challenges to food security.



Rate of Hypertension Control



FQHCs are a dental safety net

FQHCs deliver integrated comprehensive care inclusive of a wide range of dental services: emergency services, oral cancer screenings, X-rays, preventive care, sealants, restorative services, endodontics, oral surgery, school-based dental care and education, and more.

Many FQHCs are the only providers in their geographic areas that deliver much-needed primary and oral health care. In 2021, NH FQHCs treated ~9,200 Granite Staters on-site, through school-based programs, and at mobile clinics; those patients accessed ~21,000 oral health visits.

New Adult Dental Benefit Added to NH Medicaid Program

Bi-State is a proud member of the NH Oral Health Coalition, which worked for years to see the historic passage of the Adult Dental Medicaid Benefit in 2022. More than 75 organizations statewide collaborated to add this benefit to the NH Medicaid program, which will enable adults to access comprehensive primary dental and oral health care in concert with medical and mental health care beginning in June 2023. We look forward to our continued work with our partners to expand NH's oral health workforce to serve Medicaid patients.



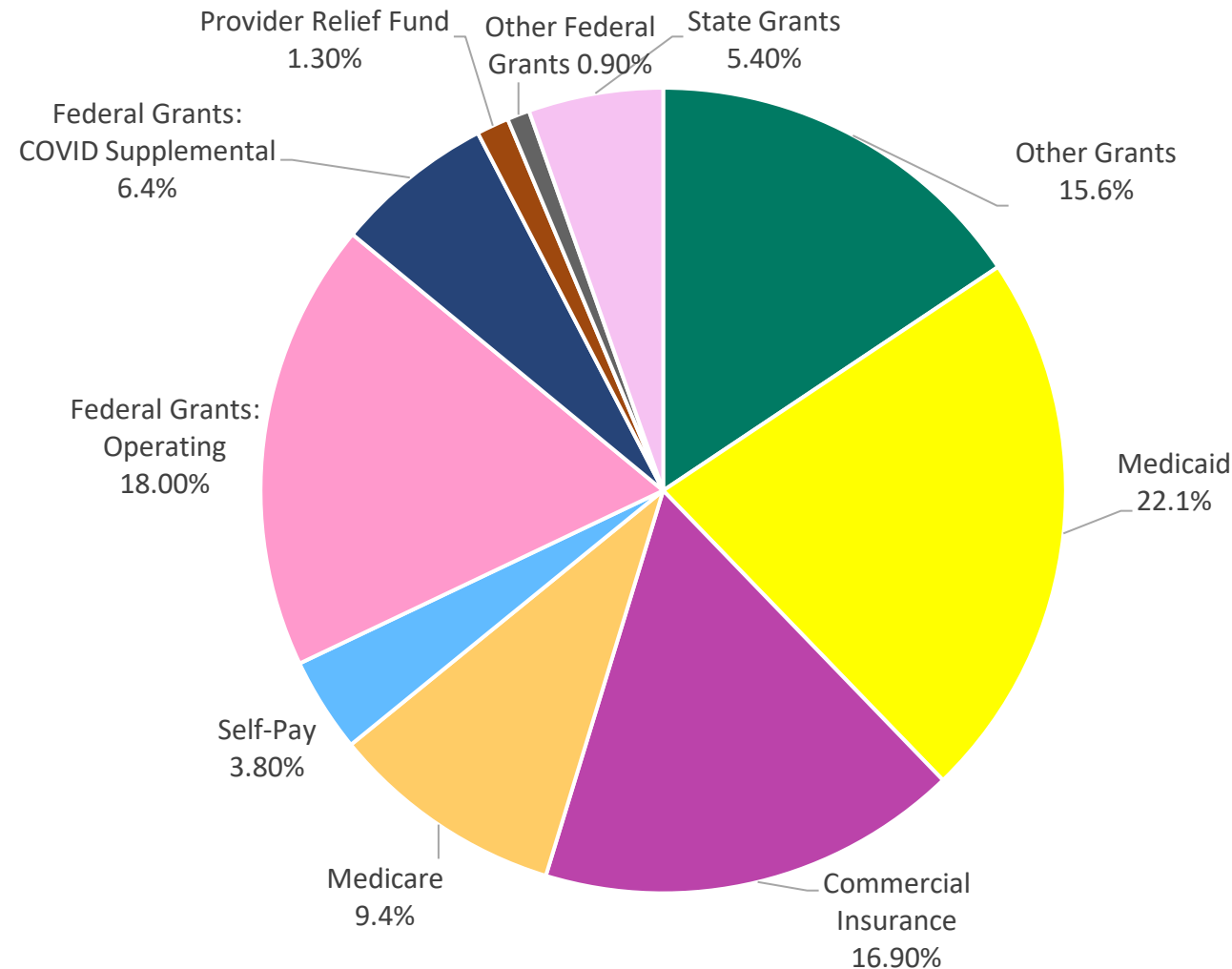
NH Oral Health Coalition members with Governor Chris Sununu when the Medicaid Adult Dental Benefit was signed into law July 1, 2022.

FQHC Funding

FQHCs are eligible to receive federal appropriations to support services that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these services may include care provided to uninsured and underinsured low-income patients, and enabling services, outreach, transportation, and 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. Almost 100 additional regulations are connected to FQHC status.
- Federal FQHC appropriations are not transferable to any other entity.
- Medicare and Medicaid FQHC reimbursement is a prospective encounter rate.
- FQHCs bill commercial insurers just like any other primary care practice.
- No payer reimburses FQHCs for the full cost of providing services.

FQHC Sources of Revenue (2021)



Our members serve Granite Staters in every corner of the state.

Our goal is for geography to never be a barrier to accessing comprehensive, quality services in New Hampshire. Our members operate in 80 sites across the state, in every county. Our members also look for creative ways to extend their coverage, such as mobile clinics, school visits, and expanding use of telehealth connections.

Our members had more than 419,000 visits in 2021.

- Ammonoosuc Community Health Services, Inc. (FQHC)
- Amoskeag Health (FQHC)
- Coos County Family Health Services (FQHC)
- Greater Seacoast Community Health (FQHC)
- Harbor Care (FQHC)
- Health Care for the Homeless Program of Manchester (FQHC)
- HealthFirst Family Care Center (FQHC)
- Lamprey Health Care (FQHC)
- Mid-State Health Center (FQHC)
- North Star Health (FQHC)
- White Mountain Community Health Center (FQHC LAL)

△ Planned Parenthood of Northern New England (CHC)

◆ Community Health Access Network

◆ North Country Health Consortium

Area Health Education Center (AHEC) Regions Shaded by County

■ Northern New Hampshire

■ Southern New Hampshire



Workforce and Public Policy

The pressures from workforce shortages in health care industry have been growing for years due to more primary care providers nearing retirement, nurse shortages, and a lack of dental providers. The COVID-19 pandemic has amplified the workforce crisis. Some have left the workforce entirely. Others remain but struggle with burnout from increased workload or the ability to balance family needs such as childcare. Additionally, the workforce shortages now extend across both clinical and non-clinical positions, which limits a health center's ability to meet patient needs. Even where health centers can fill vacant positions, they often experience high turnover, which requires extensive time and resources for training and onboarding the new staff, further contributing to burnout for existing staff and strain on the practice. In FY2021, the turnover rate was approximately 40%.

This situation is unsustainable and puts the health and lives of Granite Staters at risk. Bi-State is working both through its Recruitment Center and its collaboration with New Hampshire state officials to develop strategic and effective approaches to supporting the current workforce and strengthening our workforce pipeline.

For example, Bi-State has served in an advisory capacity for the Endowment for Health's "[Giving Care](#): A Strategic Plan to Expand and Support NH's Health Care Workforce." This strategic plan lays out many recommendations to address both the short- and long-term needs. In addition, Bi-State serves as a member of the NH Health Care Workforce Coalition, established in 2019, and wrote a proposal supported by more than 50 organizations to address the needs of health care partners statewide.

Bi-State's Workforce Goals:

- Medicaid rate increases
- Certification and reimbursement of Community Health Workers
- Investing in the NH AHECs to increase the number of entry-level clinical staff and career ladder trainings
- Appropriation for the Advanced Training Program (Lamprey's APRN program)
- Appropriation for a Family Residency Program at a Teaching Health Center (Coos County Family Health Services' Teaching Health Center Program)

Bi-State's Recruitment Center & Workforce Development



Bi-State's Recruitment Center combines local outreach with national strategic marketing campaigns to recruit clinicians in primary care, oral health, mental health, and substance use disorder treatment. Since its inception in 1994, the Recruitment Center has helped more than 100 employers across Vermont and New Hampshire.

25+ Years of Recruitment Experience

Our recruitment team identifies physicians, APRNs, physician assistants, dentists, and mental health and substance use disorder treatment providers who will thrive in our rural communities. Between July 1, 2021 and June 30, 2022, the Recruitment Center identified almost 450 clinicians considering practice in Vermont or New Hampshire within the next two years. We work to connect them with qualifying health care facilities. We play an important role in monitoring national and regional recruitment trends and advising practices on ways to be innovative and competitive in hiring and retaining clinicians. We are a resource for information on State and Federal Loan Repayment programs and the J1 Visa Waiver program.

Primary Care is Delivered by a Team

In FY22, Bi-State's Recruitment Center assisted with the recruitment of 12 primary care physicians, 4 physician specialists, 3 dentists, 6 APRNs, 2 social workers, and 2 mental health counselors. According to Rural Health Works,* these placements alone require more than 448 individuals working in clinical and administrative roles to support their practices. We increasingly see practices struggling to maintain and recruit qualified members across the full spectrum of the primary care team including nurses as well as medical and dental assistants. The Recruitment Center will focus on the positions we work with and support practices in their efforts to recruit and retain the full primary care team.

Strategic Workforce Planning

The COVID-19 pandemic strained an already fragile workforce. Workforce development and planning for Community Health Centers is more important than ever before to ensure that community needs are met.

Bi-State's Recruitment Center is overseeing two projects with Community Health Centers: 1) to develop comprehensive recruitment and retention plans; and 2) to expand health profession education and training programs within their practices. Our team is helping health centers to develop sound strategies for long range workforce planning. These strategic workforce plans are informed by data and recognize best practices around recruitment, retention, and internal career pathways. Efforts also include external development strategies such as health professions training programs hosted in the community health settings.

Bi-State's Recruitment Center serves all interested NH and VT health care organizations, placing special emphasis on rural and underserved areas. In 2022, we were actively recruiting for a total of 95+ vacancies across our two states. For more information, contact Stephanie Pagliuca, Senior Director of Workforce Development and Recruitment, spagliuca@bistatepca.org.

*<http://ruralhealthworks.org/tools-templates/economic-impact> 22

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

Improving Access to Primary Health Care Since 1986

Bi-State's NH Member Profiles



Kris McCracken, President/CEO
145 Hollis Street, Manchester, NH 03101
184 Tarrytown Road, Manchester, NH
1245 Elm Street, Manchester, NH
88 McGregor Street, Manchester, NH
ProHealth, 1555 Elm Street, Manchester, NH
www.amoskeaghealth.org 603-626-9500

About Our Patients:

Where They Live: 84% in Manchester and neighboring towns; 16% are from various other counties.

Socioeconomic Status: Seventy-six percent of Amoskeag Health patients are known to be at 200% of the Federal poverty level or below ([\\$27,180 for a household of one](#)).

Outpatient Insurance Status

22% uninsured; 5% covered by Medicare; 52% covered by Medicaid; and 21% were covered by private insurance.

Languages Spoken

43% (6,716 Amoskeag Health patients) do not use English as their primary language. The predominant non-English languages are Spanish, Nepali, Arabic, Portuguese, French, and Kiswahili.



Number of Adult and Children Served in 2021:

Total Patients: 15,490
Total Visits: 75,411

Increase in Demand for Services (2017-2021)

12% Increase in Total Patients
116% Increase in Substance Use Disorder Patients Served

Highlights in Amoskeag Health History:

- 1981:** Dr. Selma Deitch establishes Child Health Services (CHS) for family-oriented primary health care accessible to everyone.
- 1993:** Manchester Community Health Center (MCHC) opens as a joint endeavor of Elliot Hospital and Catholic Medical Center.
- 1999:** CHS achieves Joint Commission on the Accreditation of Healthcare Organizations and Primary Care Effectiveness Review accreditation.
- 2004:** Citizens Bank and WMUR name MCHC the 'Community Champion in Healthcare'
- 2008:** MCHC moves from its original Elm St. location to the current Hollis St. location. CMC and Dartmouth Hitchcock create West Side Neighborhood Health located in the CMC Medical Building on McGregor St.
- 2013:** MCHC adds a second location at Tarrytown Rd.
- 2014:** MCHC and CHS combine operations.
- 2015:** MCHC assumes management of the West Side Neighborhood Health Center.
- 2018:** MCHC opens first FQHC-based Optometry Clinic in NH for eye health and vision services.
- 2019:** MCHC, CHS, West Side Neighborhood Health Center, and Tarrytown are brought together under one name: Amoskeag Health.
- 2019:** ProHealth opens as a co-located physical and mental health services center with the Mental Health Center of Greater Manchester.
- 2020:** Amoskeag Health remains open during the COVID-19 pandemic, adjusting locations of care and implementing telehealth technology.
- 2021:** Amoskeag Health administers COVID-19 vaccine to vulnerable and BIPOC communities.

Financial Information

Annual Budget: \$27,388,832; Employees: 218 FTEs

AMOSKEAG HEALTH SERVICES

Primary Medical Care

Health care for adults and children of all ages, regardless of insurance status

Prenatal Care

Care through pregnancy and childbirth in collaboration with Bedford Commons OB/GYN for high-risk patients

Specialty Care

Podiatry services and other special medical programs such as care coordination, developmental screenings, nutritional counseling, and comprehensive eye exams

Chronic Disease Care

Diabetic eye care, chronic disease self-management courses, and high blood pressure program

Behavioral Health Services

Mental health therapy, substance use disorder (SUD) counseling, perinatal SUD care, and medication assisted therapy (MAT)

Optometry Care

Vision care for patients of all ages, including routine eye care for diabetic patients and free glasses for qualifying children

Preventive Care

Lifestyle change programs, nutritional counseling, breastfeeding education, family planning, and screening for breast, cervical, and colorectal cancers

Social Services and Support

Case management, transportation, language interpretation, WIC enrollment, adolescent services, medical/legal partnership, ACERT project, early childhood LAUNCH program, school-based behavioral consultants, community health workers, referrals to support services, and school-based health center.





Community Health Access Network
(CHAN)
Gary Noseworthy, Executive Director
207A South Main Street
Newmarket, NH 03857-1843
603-292-7721 · www.chan-nh.org

ABOUT US

CHAN is the only Health Center Controlled Network (HCCN) in NH. CHAN has developed and supports an integrated clinical and administrative system infrastructure that affords innovative opportunities for its Federally Qualified Health Center (FQHC) members, which include 3 Healthcare for the Homeless programs. CHAN's endeavors, particularly in the Health Information Technology arena, enable the provision of enriched patient experiences and quality care.

OUR NEW HAMPSHIRE MEMBERS

- Amoskeag Health
- Ammonoosuc Community Health Services
- Coos County Family Health Services
- Greater Seacoast Community Health
- Harbor Care
- Health Care for the Homeless Program, Catholic Medical Center
- Health First Family Care Center
- Lamprey Health Care, Inc.
- Mid-State Health Center

HIGHLIGHTS IN CHAN HISTORY

1995: Five community health care centers with a collective history of over 75 years of experience in providing primary care services to the uninsured, underinsured, and Medicaid populations formed an Integrated Services Network (ISN), called CHAN.

1996: A NH Health Care Transition Fund Grant helped to expand the HCCN and develop shared services.

1997: Two additional community health centers joined the network, and CHAN was awarded our first Bureau of Primary Health Care grant.

2008: CHAN was awarded the HIMSS Nicholas E. Davies award for improving health care through the use of HIT.

2010: CHAN expanded across state lines and welcomed a health center from Texas into the network.

2016: CHAN began hosting the IT infrastructure for a VT health center.

2020: CHAN expanded data visualization capabilities & welcomed our tenth member.

2021: CHAN integrated the EHR with patient engagement and remote patient monitoring tools and welcomed 3 new affiliate members.

2022: CHAN led an RPF process representing 10 health centers to select a new EHR, identified a vendor of choice, and negotiated a contract and expanded the scope of support for chronic disease funding for our members.

CHAN SERVICES

❖ Electronic Health Record

Electronic health record system that enables clinicians and staff to document patient visits, streamline clinical workflow and securely exchange data; a patient portal and integration with patient engagement and telehealth systems

❖ Practice Management

Patient scheduling, registration and revenue cycle management provides all the tools to manage the specific needs of community health centers and boost efficiency

❖ Data Warehouse

Updated daily with clinical, operational and financial data. Supporting quality management & measurement, operational and financial reports, analysis; member-generated ad hoc reports and data visualization tools.

❖ Clinical Standards

Supporting clinical operations and providing support for chronic disease management and prevention.

❖ IT Services

Systems maintenance, security, upgrades, disaster recovery, electronic reports and custom data entry screens/forms development. Data submissions to regulatory agencies & payers

❖ Quality Improvement

Technical assistance, training and audits



WHO WE PROVIDE CARE FOR

Where They Live: Patients come from nearly all communities within Coos County and neighboring towns in Maine, and Vermont which are federally-designated Medically Underserved Population (MUP) areas, and both Medical and Dental Health Professional Shortage Areas (HPSAs).

Socioeconomic Status: Thirty-three percent of our patients have household incomes below 200% of the federal poverty level ([\\$27,180 for a household of one](#)).

Insurance Status (2022):

8% were uninsured. 1,007
25% were covered by Medicaid. 3,090
31% were covered by Medicare. 3,859
36% were covered by private insurance. 4,535

NUMBERS OF CHILDREN AND ADULTS SERVED (2022)

Total Patients: 12,491; Total Visits: 46,113
Serving 904 Veterans
Patients with Hypertension: 26% 3,259
Patients with Diabetes: 11% 1,373

FINANCIAL INFORMATION

Agency Revenue (2021): \$16,571,576
Employees: 145 FTEs

Coos County Family Health Services • www.coosfamilyhealth.org
Ken Gordon, Chief Executive Officer

Six NH Locations:

133 Pleasant Street Berlin, NH 03570 • 603-752-2040
2 Broadway Street, Gorham, NH 03581 • 603-466-2741
73 Main Street Berlin, NH 03570 • 603-752-2424
59 Page Hill Road Berlin, NH 03570 • 603-752-2900
54 Willow Street Berlin, NH 03570 • 603-752-3669
69 Willard Street, Berlin, NH 03570 • 603-752-1005



HIGHLIGHTS IN CCFHS HISTORY

1974: Started as a Title X Family Planning Agency.
1980: Merged with Family Health Programs to provide prenatal and infant care and added WIC and RESPONSE.
1993: Designated as a Federally Qualified Health Center (FQHC), providing comprehensive primary care services.
2004: Expanded to an additional site in Berlin and one in Gorham, adding an additional 10,000 patients.
2016: Coos County Family Dental Clinic established.
2018: Medication Assisted Treatment program began operations.
2020: CCFHS becomes an accredited Diabetes Self-Management Education and Support Provider Organization.
2021: Offered Covid-19 testing, vaccine clinics, and patient care; established an accredited Diabetes Self-Management & Education Program; and expanded our services to survivors of domestic violence & sexual assault in Northern Grafton county.
2022: Established a fourth primary care clinic in Colebrook. In partnership with the Upper Connecticut Valley Hospital, established a medical transportation services for Colebrook area residents. Began work to establish a Teaching Health Center Family Residency Program.

A GROWING DEMAND FOR SERVICES (2017-2021)

7% increase in mental health patients
34% increase in dental patients

COOS COUNTY FAMILY HEALTH SERVICES:

- Primary Medical Care/Family Medicine
- Prenatal Care & Obstetrics: In Partnership with Androscoggin Valley Hospital
- Family Planning: Reproductive Health Services
- Breast & Cervical Cancer Screenings
- HIV Testing & Counseling
- Diabetes Education & Support
- Chronic Disease Management
- Behavioral Health Services
- Substance Misuse Treatment
- Reduced-Cost Prescription Drugs
- Women, Infant and Children (WIC) Nutrition/Health Services
- Dental/Oral Health Services
- Health Promotion and Education
- On-site Laboratory Services
- Medical Social Work
- Podiatry
- Telehealth Services
- Medical Appointment Offered 7 Days per Week
- **RESPONSE: Advocacy and counseling program for survivors of domestic violence and sexual assault, shelter for battered women and their children, and transitional housing**

Goodwin
Community Health

**Families
First**

**Lilac City
Pediatrics**



Greater Seacoast Community Health

Janet Laatsch, CEO • getcommunityhealth.org

Mission: To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay.

Health Center Locations

- [Families First Health & Support Center](#)
8 Greenleaf Woods Drive, Portsmouth
- [Goodwin Community Health](#)
311 Route 108, Somersworth
- [Lilac City Pediatrics](#)
311 Route 108, Somersworth
- [Mobile Health Clinics](#)
Rochester, Dover, Portsmouth and Exeter

Program Partner Locations

- [SOS Recovery Community Organization](#)
Office: 311 Route 108, Somersworth
Service sites: Dover, Rochester, Hampton
- [Strafford County Public Health Network](#)
311 Route 108, Somersworth
- [Women, Infants, and Children Nutrition Program](#) 311 Route 108, Somersworth

Increase in demand for services (2017-2021)

44% increase in Patients Served

18% increase in Mental Health Patients Served

2021 Budget and Staffing

- Agency Operating Budget: \$20 million
- Employees: 200.37 FTEs

2021 Data

- Patients Served: 14,558
- Medical: 12,612 patients, 69,008 visits
- Dental: 3,774 patients, 9,398 visits
- Mental Health: 1,161 patients, 9,487 visits
- Substance Use: 334 patients, 1,873 visits
- Home Visits, Parent Education: 800 children and parents, 4,700 visits
- Health Center patients with incomes below 200% of the federal poverty level: 28% ([\\$27,180 for a household of one](#)).
- Insurance status: 11% uninsured, 45% Medicaid
- Patients experiencing homelessness: 754
- Veterans: 319

2021-2022 Accomplishments/Highlights

- Relocated Families First to a larger, more visible building in Portsmouth, following a successful capital campaign
- Expanded our medical residency program to 12 residents and renovated our Somersworth location to accommodate the growth
- Added two new Community Health Worker positions, using federal funding obtained through Bi-State Primary Care Association
- Embarked on a new public health dental residency program with Tufts University
- Renewed our top-level Primary Care Medical Home designation for both Somersworth and Portsmouth locations

GREATER SEACOAST COMMUNITY HEALTH SERVICES

PRIMARY & PRENATAL CARE

- Primary care for adults
- Pediatric care
- Prenatal care
- Mobile health care for people experiencing homelessness and others with low incomes
- Child-development screenings
- Breast and cervical cancer screenings
- Chronic-illness education and support

DENTAL CARE

- On-site hygiene, treatment and urgent care
- School-based education, screening, cleaning, sealants

BEHAVIORAL HEALTH AND RECOVERY SERVICES

- Behavioral health counseling
- Psychiatric services
- Substance Use Disorder counseling
- Medication-assisted SUD treatment

PARENT & FAMILY PROGRAMS

- Parenting classes and groups,
- Playgroups and family programs
- Individual support for families under stress
- Support for grandparents and other relatives raising children

... AND MORE

- Social work services and care coordination
- Insurance and benefits enrollment
- Prescription assistance
- In-house pharmacy and 340B drug discount program
- On-site lab services



Henry J. Och, President and CEO
45 High Street Nashua, NH 03060
615 Amherst Street Nashua, NH 03063
77 Northeastern Boulevard, Nashua, NH 03062
Mobile Health Van, Hillsborough County
603-882-3616

www.harborcarenh.org

About Us: Harbor Care Health and Wellness Center (HCHWC) is the Federally Qualified Health Center of Harbor Care. **Harbor Care is also the state's only HUD-designated EnVision Center.** We have built success through innovation, collaboration, and an unwavering commitment to our most vulnerable community members.

As one of only three health providers in NH designated as a Health Care for the Homeless Health Center, HCHWC serves over 2,600 unique patients through 25,000+ visits annually with primary care, dental, pharmacy, MAT, mental health, and substance use services.

Socioeconomic Status: Of the patients we serve, 68% are homeless, and 80% are below 200% of the federal poverty level ([\\$27,180 for a household of one](#)). Of our total visits, over 55% were substance misuse or mental health related.

Insurance Status (2021):

Of the patients we serve, 12% are uninsured, 14% are covered by Medicare, 18% are covered by private insurance, and 56% are covered by Medicaid.

Financial Information (2021):

Full-Time Equivalents: 90 FTEs
Total Uncompensated Care: \$6,872,251

Numbers of Patients Served (2021):

Unique Patients: 2,681
Total Visits: 25,136
Dental Visits: 1,119
Mental Health & Substance Use Visits: 16,211

*The State of Homelessness in NH, An Examination of Homelessness, Related Economic and Demographic Factors, and Changes at the State and County Levels, 2017 – NH Coalition to End Homelessness

Highlights in 2021/2022:

Harbor Care integrates and provides community and patient-centered social and health care services to Greater Nashua's most vulnerable community members.

Our nationally accredited Patient-Centered Medical Home, Harbor Care Health and Wellness Center (HCHWC), leverages in-person and virtual health care services at our clinics, in schools, and in homes.

In 2022 HCHWC provided mental health services in the Nashua and Milford School Districts, outreached through bilingual community health workers to raise awareness about COVID vaccines, assisted uninsured persons to enroll with Medicaid or Medicare, as well as provided supportive employment services.

In response to the ongoing COVID-19 Pandemic, HCHWC offers telehealth primary and behavioral health services as well as in-person care. We have provided over 2,200 COVID-19 tests and nearly 3,700 COVID-19 vaccinations.

HCHWC integrates with all other Harbor Care programs to deliver seamless patient-centered care. Working as one, the programs of Harbor Care provide the tools people need to improve their lives. Our mix of high-quality integrated services includes the most essential: supportive housing, primary and preventative medicine, mental health care, substance use treatment, veteran services, home care, and HIV/AIDS services.



HARBOR CARE SERVICES

- Housing (permanent supportive, transitional, veteran, HIV+, and licensed community residences)
- Primary and acute medical care, including same day visits
- Behavioral health care, including mental health medication management, mental health counseling
- Dental care
- Veteran services
- In-home health care
- Medication Assisted Treatment (MAT) including withdrawal management services
- Substance use disorder outpatient services including Intensive Outpatient Program (IOP)
- Residential substance use disorder treatment for adults and families
- Pharmacy: 340B Low-Cost Prescription Program
- HIV/AIDS services
- Homeless outreach
- Case management
- Employment support services
- Patient navigation and insurance enrollment
- Sliding fee scale, payment plans and discounted services
- 24x7x365 after-hours coverage

Health Care for the Homeless (HCH)

A Program of the Manchester Health Department
based at Catholic Medical Center



Anna Thomas, Executive Director, HCH
athomas@manchesternh.gov · 603-657-2700
Rossana Goding, Director, HCH
rossana.goding@cmc-nh.org · 603-663-8716
Visit HCH Website

About Our Patients

Who They Are: Men, women, teens, and children in the City of Manchester, NH, who do not have a regular or adequate place to call home

Where They Live: Individuals and families live in transitional housing, temporary shelters, or “couch surf,” doubled up with other families, friends, or acquaintances. Some sleep in places not intended for human habitation, such as in cars, abandoned buildings, and in tents along the river or in the woods.

Adults and Children Served (2022)

Total Patients: 1,288
Total Visits: 7,252 (includes medical, mental health, oral health, substance use disorder treatment, & enabling service visits)
% Racial and/or Ethnic Minority Patients: 41%
% Best Served in Language Other than English: 23%
% Substance Use Disorder Patients: 18%
Patients Served Who Are Homeless: 82%

Socioeconomic Status (2022)

Eighty-eight percent of patients have incomes below 200% of the Federal Poverty Level ([\\$27,180 for a household of one](#)).



**Adult Emergency Shelter
Practice/Families in
Transition**
199 Manchester Street
Manchester, NH 03103
603-663-8718



**Manchester Mobile
Health Care**
Manchester, NH 03103
603-663-8718



**Wilson Street Integrated Health
Practice**
293 Wilson Street, Suite 102
Manchester, NH 03103
603-665-7450

Insurance Status (2022)

17% are uninsured; 59% are covered by Medicaid; 18% are covered by Medicare; and 6% have private insurance.

HCH History

1980s: Manchester Health Department is awarded a federal grant to provide homeless healthcare services. MHD contracts with Catholic Medical Center to implement program operations. Clinic opens at New Horizons Shelter.

1990s: Program expands to include clinic hours at Families in Transition with medical team and substance use disorder support in place.

2000s: Team expands to include support staff, a psychiatric prescriber, behavioral health counselors, and a health educator.

2010s: HCH is designated an FQHC. An increase in the number of patients served and enhanced grant and third-party revenues support and the doubling of HCH staff. A third integrated primary care clinic is opened.

2020s: Medication Assisted Treatment, Telehealth, Phlebotomy, and Street Medicine services are added and expanded. Community partnerships are enhanced in response to the opioid epidemic and the COVID pandemic. All people experiencing homelessness in the City of Manchester are welcome to our practices. No one is turned away due to an inability to pay.

HEALTH CARE FOR THE HOMELESS SERVICES:

- Primary Medical Care, Medical Case Management, Chronic Disease Management
- Integrated Behavioral Health Services, Counseling and Medication-Assisted Treatment for Substance Use Disorders
- Easily Accessible Clinics, Outreach, and Street Medicine
- Testing and Treatment for STD/HIV
- Health Screenings and Phlebotomy
- Prescription Medication Assistance
- Telehealth
- Transportation Coordination
- Referrals to Specialty Care
- Social Work/Case Management



HealthFirst Family Care Center

Russell G. Keene, Chief Executive Officer

Two NH locations:

841 Central Street, Franklin, NH • 603-934-1464

22 Strafford Street #1, Laconia, NH • 603-366-1070

www.healthfirstfamily.org



HEALTHFIRST FAMILY CARE CENTER SERVICES

- Primary Health Care for Men, Women, and Children of All Ages, Regardless of Ability to Pay or Insurance Status
- Women's Health Care Including, but not Limited to, Free Breast and Cervical Cancer Screenings for Eligible Women
- Disease Management and Education on Managing Chronic Diseases such as Diabetes, Asthma, and Hypertension
- Same Day Appointments
- HealthFirst Participates in the Federal Health Disparities Collaborative for Diabetes
- Patient Advocates Available to Assist Clients with Accessing Health Insurance and Medicaid
- Health and Wellness Promotion and Education
- Screenings and Treatments for Chronic Illnesses
- Minor Procedures
- Nutrition Counseling
- Behavioral Health Services Integrated in Primary Care, Substance Misuse Counseling and Addiction Treatment
- Medication Assisted Treatment (MAT)
- Hepatitis C Treatment
- COVID-19 Testing & Vaccinations

ABOUT OUR CLIENTS

Where They Live: Our clients come from 23 rural townships within the Twin Rivers and Lakes Region of New Hampshire (Belknap, Carroll, Merrimack and Grafton counties), a population of approximately 81,000 people.

Socio-Economic Status:

Forty-eight percent of HealthFirst clients are at 200% of the federal poverty level or below ([\\$27,180 for a household of one](#)).

Insurance Status (2021)

7% were uninsured; 25% were covered by Medicare; 28% were covered by private insurance; and 40% were covered by Medicaid.

Children & Adults Served

Total Patients: 5,509; Total Visits: 26,162
Patients with Hypertension: 39%;
Patients with Diabetes: 16%
Patients Best Served in Language Other Than English: 8%

Financial Information

Agency Revenue: \$7,750,045; Employees: 61.84 FTEs
Total Uncompensated Care: \$509,950
Sliding Fee Discounts: \$69,592
Uninsured Clients Served: 365

A Growing Demand for Services (2017-2021):

26% increase in Total Patients Served
126% increase in number of Mental Health Patients

HIGHLIGHTS IN HEALTHFIRST HISTORY

1995: Established with funding from the NH DHHS

1997: Received designation as a Federally Qualified Health Center Look-Alike

2002: Designated as a Federally Qualified Health Center

2006: Opened second primary care site in Laconia

2012: Integrated behavioral health within primary care

2019: MAT program offered

2020: MAT program expanded into Tilton

2021: Same-Day Appointments provided an increase in access to patients for urgent issues by 100%.

2022: HealthFirst expanded its school-based counseling services by 100%, now serving four school districts. Behavioral health counselors meet the K-12 school age population on-site to allow for seamless, accessible, destigmatized care.

2022 Specific Highlights

- HealthFirst has an Enabling Services Supervisor and two Community Resource Specialists (CRS) on site to assist patients struggling with social determinants of health. The CRS specialize in connecting patients with regional resources which may include housing supports, insurance, transportation, food insecurity, and more.
- In an increasingly difficult labor market, HealthFirst was successful in both retaining and recruiting new talent, of which there was 1 APRN, 1 Licensed BH provider, 1 new Pediatrician, and contracted with a new Medical Director to begin January 2023.

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand



Greg White, Chief Executive Officer

NH Locations:

Newmarket Center: 603-659-3106

207 South Main Street Newmarket, NH

Raymond Center: 603-895-3351

128 State Route 27 Raymond, NH

Nashua Center: 603-883-1626

22 Prospect Street Nashua, NH

InteGreat Health: 603-402-1501

7 Prospect Street, Nashua, NH

Nashua Soup Kitchen: 603-889-7770

2 Quincy Street, Nashua, NH 03060

Center for Life Management: 603-434-1577

10 Tsienneto Road, Derry, NH 03038

www.lampreyhealth.org



HIGHLIGHTS IN LAMPREY HEALTH CARE HISTORY

2022: Expansion of Mobile Health Program to five weekly locations

2021: Launched Mobile Health Unit

2020: Launched Healthy Together at Center for Life Management in Derry; implemented a Hepatitis C clinic; distributed food during the pandemic shutdown; Diabetes Self-Management Education and Support accreditation; established a new location of care at the Nashua Soup Kitchen & Shelter.

2018: Launched InteGreat Health Program

2017: Launched Nurse Practitioner Fellowship Program

2015: Integrated Behavioral Health Services

2015: Added Seacoast Public Health Network

2013: Recognized as NCQA Level III Patient Centered Medical Home

2011: Expansion of the Nashua Center

2005: Expansion of the Newmarket Center

2000: Implemented an Electronic Medical Records (EMR) system; Third Center established in Nashua

1996: Expansion of the Raymond Center

1995: Developed School-Based Dental Program

1981: Second Center established in Raymond

1973: First Center established in Newmarket

1972: Created Transportation Program to improve access to health & community services for Seniors & Individuals with disabilities.

1971: Founded by a group of citizens to bring medical, health and supportive services to communities in Rockingham & Strafford Counties.

ABOUT OUR PATIENTS

Where They Live: Our patients come from over 40 communities within Rockingham, Hillsborough and parts of Strafford Counties.

Socioeconomic Status: Seventy-five percent of Lamprey Health Care patients are at or below 200% of the Federal poverty level ([\\$27,180 for a household of one](#)).

Insurance Status: In 2021, aggregating figures from all three centers showed 13% were uninsured; 31% were covered by Medicaid; 16% were covered by Medicare; and 40% had private insurance. However, in the Nashua Center, 25% of patients are uninsured.

NUMBERS SERVED (2021)

Total Patients: 15,085; Patient Visits: 62,124

FINANCIAL INFORMATION (2021)

Agency Revenue: \$18.3 million; Employees: 201 FTEs: 144

LAMPREY HEALTH CARE SERVICES

- **Primary Medical Care:** For adults and children of all ages, regardless of ability to pay
- **Mental Health & Substance Use Disorder Treatment:** Provided services to 1,760 patients (26% increase in SUD patients served since 2020)
- **Prenatal Care:** Includes care management for 373 patients
- **Certified Diabetes Educator:** Diabetes education and treatment for 1,598 patients
- **Asthma Care Management:** Asthma education and treatment for approximately 545 patients
- **Breast & Cervical Cancer Program:** Enrolled and screened 233 women age 50+
- **Medication Assisted Treatment Program:** Provided care and resources to patients struggling with opioid use and alcohol use disorder.
- **Care Management:** 987 patient visits
- **Interpretation:** Interpretation services provided for patients non-English speaking
- **Telehealth:** Implemented Telehealth during the COVID-19 pandemic.
- **Early Childhood Literacy:** Provided books to pediatric patients ages 6 months – 5 years to promote early literacy & a lifetime love of books
- **Health Care for Homeless:** Provided health & care management services to 1,237 patients without stable housing
- **Health Care for Veterans:** Provided health & care management services to 412 Veterans



MID-STATE HEALTH CENTER



MID-STATE HEALTH CENTER SERVICES

- ✓ Primary Medical Care: Chronic Disease Education, Care Management and Supports for Illnesses Such as Asthma, Diabetes, and Hypertension
- ✓ Same-Day Program: Open to Walk-Ins
- ✓ 24-Hour Clinical On-Call Service for Registered Patients
- ✓ Behavioral/Mental Health Counseling/Tele-Psychiatry
- ✓ Telepsychiatry Services
- ✓ Physical and Occupational Therapy Services; Aquatic Therapy
- ✓ Substance Use Disorder (RISE Recovery) Supports including Outpatient Medication Assisted Treatment and Intensive Outpatient Treatment
- ✓ Dental Services including Exams, Cleanings, Fillings, Crowns, Bridges, Extractions, Periodontal Evaluations, Dental Appliances, and Standby Hours for Emergencies: 1,490 dental patients
- ✓ On-site Laboratories
- ✓ Prescription Services
- ✓ Infusion Services
- ✓ Marketplace Education and Outreach
- ✓ Language Interpretation Services
- ✓ Nutrition Consults and Education
- ✓ School-Based Oral Health Outreach Program
- ✓ Transportation Services
- ✓ Food Security Program – Feed the Need Initiative
- ✓ On-site Diagnostic Imaging (digital x-ray, ultrasound)
- ✓ Visiting Specialty Services Available including Orthopedics; Podiatry; ENT; Sports Medicine

Dr. Robert MacLeod, Chief Executive Officer

Plymouth Office: 101 Boulder Point Dr., STE 1

Plymouth, NH 03264 • 603-536-4000

Bristol Office: 100 Robie Road

Bristol, NH 03222 • 603-744-6200

Rise Recovery Services: Mid-State at

Whole Village, 258 Highland Street

Plymouth, NH 03264 • 603-217-6300

Lincoln Office: 6 South Mountain Drive,

Lincoln, NH 03251 • 603-536-4000

www.midstatehealth.org

ABOUT OUR CLIENTS

Where They Live: Patients come from 19 geographically isolated, rural communities within Grafton, Belknap and Merrimack Counties. All of the towns are designated as Medically-Underserved Populations.

Socioeconomic Status: Thirty-seven percent of our service area residents are 200% of the Federal Poverty Level or below ([\\$27,180 for a household of one](#)).

Insurance Status:

7% were uninsured; 18% were covered by Medicaid; 28% were covered by Medicare; and 47% had private insurance.

Number of Adults and Children Served (2021)

Total Patients: 12,781

Total Visits: 80,066 (includes medical, mental health, oral health, telehealth, substance use disorder treatment, PTOT & enabling service visits)

FINANCIAL INFORMATION (2021)

Agency Revenue: \$12.6 million

Employees: 112.41 FTEs; 174 individuals;

Full-Time Employees: 150

HIGHLIGHTS IN MID-STATE HISTORY

1998: Established as a separate, nonprofit corporation

2005: Changed name to Mid-State Health Center; Designated a Federally Qualified Health Center Look-Alike

2013: Designated as a funded Federally-Qualified Health Center

2014: Built a new health center facility in Bristol, NH

2015: Added oral health preventive and restorative services

2016: Expanded services to include Medication Assisted Treatment

2018: On-site Pharmacy partnership with Genoa Health

2019: Behavioral Health Workforce Education & Training Program collaboration with Plymouth State University; Feed the Need Initiative launched to address food insecurity

2020: Onsite visiting specialist program; Intensive Outpatient Treatment Program for Substance Use Disorder added to Recovery Program; Opened RISE Recovery Program located at Whole Village Family Center

2020: Onsite diagnostic Imaging; Telehealth - Remote Visits

2020: Psychiatry added to its services via telehealth

2021: Childcare center expanded to provide high-quality childcare to the community; COVID-19 vaccine and testing available; Purchased new facility in Plymouth

2022: Added PTOT services; expanded primary health care to Lincoln, NH; and expanded access to specialist through Visiting Specialist Program

A GROWING DEMAND FOR SERVICES (2017-2021)

15% increase Total Patients Served

47% increase in Dental Patients Served

589% increase in Substance Use Disorder Patients Served



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Website:
www.tdi.dartmouth.edu/education/professional-education/new-hampshire-area-health-education-center-ahec

ABOUT US

The New Hampshire Area Health Education Center (NH AHEC) focuses on the health workforce in New Hampshire. As an active member of a national network of programs, the AHECs provide educational support to current and future members of the health workforce while collaborating with community organizations to improve population health. The NH AHEC operates as a partnership between Geisel School of Medicine at Dartmouth and Regional centers in Littleton and Raymond to serve the entire state.

The structure of AHEC in NH is one program office and two center offices:

Program office: Dartmouth Institute for Health Policy & Clinical Practice (Lebanon, NH)

Center office: Northern NH AHEC at North Country Health Consortium (Littleton, NH)

Center office: Southern NH AHEC at Lamprey Health Care (Raymond, NH)

In addition to the statewide AHEC network, AHECs are part of an active National AHEC Organization, representing over 85% of the counties in the United States.

MISSION

NH AHEC strives to improve care and access to care, particularly in rural and underserved areas by enhancing the health and public health workforce in New Hampshire.

HIGHLIGHTS IN NH AHEC HISTORY

The national AHEC program began in 1972 to help prepare primary care physicians for community practice at a time when most training occurred in the hospital setting. Its establishment coincided with the establishment of community health centers and the National Health Service Corps - supporting education, clinical care and workforce. NH AHEC began in 1997.

NH AHEC SERVICES

- Developing and leading health workforce initiatives and opportunities
- Building and supporting the health 'pipeline/pathway'
- Connecting students to health careers
- Promoting health career awareness and recruitment for young people, including activities such as health career day and residential programs
- Improving care and access to care
- Offering COVID-19-related workforce trainings and services
- Facilitating community placements for health professions students
- Providing interprofessional training opportunities for health professions students from multiple disciplines
- Administering New Hampshire AHEC Health Equity Scholars Program
- Sponsoring wellness activities
- Providing continuing education to health and public health providers
- Supporting workforce diversity initiatives



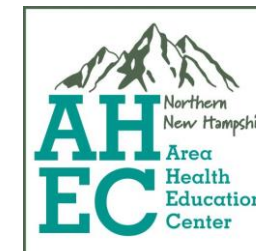
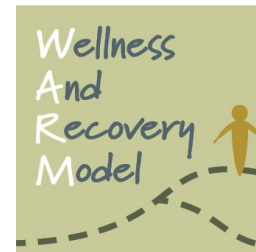
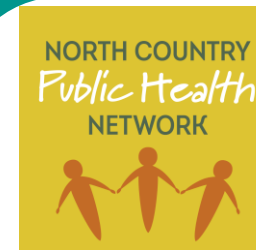
NCHCNH.org

Leading innovative collaboration to improve the health status of northern New Hampshire.

We are a private, public health non-profit and rural health network, created in 1997 as a vehicle for addressing common issues through collaboration.

Together with other organizations throughout the region, we provide, coordinate, or facilitate:

- **Solving common problems** and facilitating regional solutions
- **Creating and facilitating services** and programs to improve population health status
- **Providing health professional training**, continuing education, and management services to encourage sustainability of the health care and workforce infrastructure
- **Increasing capacity** for local public health essential services
- **Increasing access to health care and other resources** for underserved and uninsured residents of Northern NH



Lauren Pearson, *Executive Director*

262 Cottage St., Suite 230

Littleton, NH, 03561

(603)259-3700



Charlestown Health Center



North Star Health
Charlestown Health Center
250 CEDA Road
Charlestown, NH 03603
603-826-5711
www.northstarfqc.org/charlestown-health-center



ABOUT OUR PATIENTS

Where they live: Patients served reside in Charlestown, surrounding communities in Sullivan County, and portions of Cheshire County, as well as adjacent Vermont communities.

Socio-economic Status: Sullivan County, with a population of 43,533, is rural and the second least populated county in the state.

- 2016-2020 median household income: \$63,760
- Per capita income in past 12 months: \$33,207
- Percent of persons in poverty: 8.9%
- Percent of persons without health insurance, under age 65: 8.6%
- Percent of persons with a disability, under age 65: 9.8%

Source: www.census.gov/quickfacts/sullivancountynewhampshire

NUMBER OF PATIENTS SERVED

Total Patients Served in 2021: 4,652

Total Patient Visits in 2021: 15,433

GENERAL INFORMATION

Employees: 250

New facility opened in July 2017.

HIGHLIGHTS IN CHARLESTOWN HEALTH CENTER HISTORY

Charlestown Health Center is part of North Star Health, a newly independent, not-for-profit Federally Qualified Health Center (formerly Springfield Medical Care Systems).

CHARLESTOWN HEALTH CENTER SERVICES

- Integrated Primary Medical Care
- Walk-in Access 7 days a week
- Preventive Health Screenings
- Chronic Disease Management and Diabetes Education
- Support programs for Breast and Cervical Cancer screenings
- Nutrition Counseling
- Smoking Cessation Counseling
- Discount Pharmaceuticals
- Behavioral Health and Substance Use Disorder Counseling
- On-site Lab and X-ray services
- North Star Dental and Vision Care Access



Judith Selzer, CEO/President

Health Centers in New Hampshire:

Derry: 4 Birch Street Derry, NH 03038 • 603-434-1354

Exeter: 108 High Street Exeter, NH 03833 • 603-772-9315

Keene: 8 Middle Street Keene, NH 03431 • 603-352-6898

Manchester: 24 Pennacook St., Manchester, NH 03104 • 603-669-7321

www.ppnne.org

ABOUT OUR NH PATIENTS in 2021

Total NH patients served: 11,127

Total NH visits: 15,823

Where They Live: Patients accessing our care in-person at one of our health centers live close to Derry, Exeter, Keene, or Manchester. Patients accessing our care remotely through Telehealth can live anywhere within ME, NH, or VT.

Socioeconomic Status: 61% of our patients are living at or below 200% of the Federal Poverty Level (\$27,180 for a household of one).

Insurance Status:

- 42% Self Pay
- 39% Private Insurance
- 16% Government (includes Medicaid, Medicare, NH Healthy Families and others)
- 3% NH Family Medical Assistance Program
- Less than 1% Access Plan

FINANCIAL INFORMATION

Agency Budget: \$31 Million

Employees agency-wide: 269

Free or discounted care in NH: \$2.2 million

HIGHLIGHTS IN PPNNE HISTORY

1965: Planned Parenthood of Vermont (PPV) formed

1966: Planned Parenthood Association of the Upper Valley (PPAUV) formed

1984: PPV/PPAUV merged to form PPNNE

1986: PPNNE merged with Family Planning Services of Southwestern New Hampshire (Keene), Health Options (Manchester), Southern Coastal Family Planning, and Rockingham County Family Planning

2015: PPNNE Celebrates 50 years

2020: PPNNE adapts to a new COVID landscape with innovative care, like telehealth and at-home STI testing kits.

2021: Laid the groundwork for direct-to-patient medication abortion in order to expand access.

NUMBER OF TOTAL PATIENTS SERVED

ACROSS ME, NH AND VT IN 2021:

Medical care users: 36,288 patients

Medical care visits: 52,371

56,673 STI screenings

8,082 pregnancy tests

1,006 pap tests

3,113 breast exams

\$5.1 million in discounted and free health care provided

**PLANNED
PARENTHOOD SERVICES**

**Reproductive and Sexual
Health Care**

Birth control (by mail or in-person); emergency contraception; gender affirming hormone therapy; pregnancy testing and a discussion of options, STI/HIV testing and treatment; and vasectomies (currently in Burlington, VT only)

Limited Primary Care

Although PPNNE cannot serve as a patient's primary care physician, we can provide: immunizations for the Flu, Tdap, HPV, and Hepatitis A & B; cervical, breast, colorectal and testicular cancer screenings; Pap tests; high blood pressure, thyroid, cholesterol, and diabetes screenings; and well person visits;

Health Care Education

Peer sexuality education for high school students and community-based sexuality education

***Most services are available
remotely via Telehealth.***



Whole Person. Whole Family. Whole Valley.

White Mountain Community Health Center
Kenneth "JR" Porter, Executive Director
298 White Mountain Highway, Conway, NH 03818
603-447-8900 • www.whitemountainhealth.org

ABOUT OUR CLIENTS

Where They Live: Patients come from nine rural New Hampshire communities in northern Carroll County, as well as from neighboring Maine towns.

Socioeconomic Status: Seventy-one percent of White Mountain Community Health Center patients are at or below 200% of the federal poverty level ([\\$27,180 for a household of one](#)).

Insurance Status (2021)

6% were covered by Medicare.
15% were uninsured.
38% were covered by Medicaid.
41% had private insurance.

FINANCIAL INFORMATION (2021)

Revenue: \$2.4 million; Employees: 19.35 FTEs
Charity care provided (2022): \$43,397



Mission: White Mountain Community Health Center provides the community with affordable access to high-quality, compassionate, individualized healthcare and support services needed to achieve wellness.

Adults and Children Served (2021)

Health Care Users: 1,976
Patient Care Visits: 8, 249
Dental patients: 564 (29% of patients)
Patients Served with Hypertension: 27%

HIGHLIGHTS IN WMCHC HISTORY

2001: White Mountain Community Health Center is established (Children's Health Center, established in 1968, and Family Health Center, established in 1981, merge)

2005: Began offering dental hygiene services, both on site and through a school-based program

2017: Medication-assisted treatment for substance use disorder and adult dental services added

2018: Designated a Federally Qualified Health Center Look-Alike

2021: Comprehensive care coordination team established

2022: Expanded behavioral health services with additional mental health counselor with alcohol and substance use treatment expertise, and psych NP

CHANGING WITH THE COMMUNITY NEEDS

White Mountain Community Health Center screens all patients for social determinants of health, including substance abuse and depression. Patients who are identified as having higher risk factors or specific needs are referred for treatment and/or supported by the care coordination team, which includes an RN, a social worker, and a community health worker.

WHITE MOUNTAIN COMMUNITY HEALTH CENTER SERVICES:

- Primary Medical Care
- Dental Services: Children's full-service program and adult hygiene and fillings
- Family Planning Services: Confidential services for teens and adults
- HIV/STD Testing
- Dietician Counseling
- Social Services and Care Coordination: Assistance with obtaining fuel, food, or housing assistance, care coordination and case management, with social workers and a community health worker on staff.
- Behavioral Health Services: Mental health counseling and psychiatric nurse practitioner
- Substance Misuse Treatment: Medication-assisted treatment with integrated social work
- Private Assistance Funds: To help reduce other barriers to care, such as diabetes supplies and transportation

Resources

FQHC Federal Requirements

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. FQHCs submit extensive financial and clinical quality data to their federal regulators annually, the Health Resources and Services Administration (HRSA), in a submission called UDS. HRSA regulators audit each FQHC with a multi-day site visit every three years.

Per Federal Regulations, FQHCs must comply with 90+ requirements. In summary, they must:

- Provide all required primary, preventive, enabling health services (either directly or through established referrals).
- 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.
- Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
- 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 inability to pay.
- Maintain a core staff as necessary to carry out all required primary, preventive, enabling, and additional health services. Staff must be appropriately credentialed and licensed.
- Document the needs of their target populations.
- Provide professional coverage during hours when the health center is closed.
- Ensure their physicians have admitting privileges at one or more referral hospitals to ensure continuity of care. Health centers must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
- Have an ongoing Quality Improvement/Quality Assurance program.
- Exercise appropriate oversight and authority over all contracted services.
- Make efforts to establish and maintain collaborative relationships with other health care providers.
- Maintain accounting and internal control systems to safeguard assets and maintain financial stability.
- Have systems in place to maximize collections and reimbursement for costs in providing health services.
- Develop annual budgets that reflect the cost of operations, expenses, and revenues necessary to accomplish the service delivery plans.
- Have systems which accurately collect and organize data for reporting and which support management decision-making.
- Ensure governing boards maintain appropriate authority to oversee operations.
- 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.

Source: Summary of Health Center Program Compliance Manual Requirements. (August 2018) from Bureau of Primary Health Care, Health Resources and Services Administration, <https://bphc.hrsa.gov/programrequirements/index.html>

FQHC Sliding Fee Scale

FQHCs must provide the patients in their service area access to services regardless of their ability to pay and must develop a schedule of fees or payments, called a sliding fee scale, for the services they provide. This is to ensure that the cost for services not covered by insurance are discounted based on the patient's ability to pay, ***for those with incomes below 200% of the Federal Poverty Level (FPL), which in 2022, is \$27,180 for a household of one.***

Ability to pay is determined by a patient's annual income and household size according to the most recent U.S. Department of Health & Human Services (HHS) Federal Poverty Guidelines. See [NHSC Sliding Fee Discount Schedule Information Package](#).

NH FQHCs discounted almost \$15 million in 2021.

HHS Federal Poverty Level Guidelines for 2022

HHS Poverty Guidelines

*****Select Parameters in Orange and Italics Below*****

Federal Poverty Level Guidelines for 2022 in 48 Contiguous States (*includes New Hampshire)

Household/ Family Size	Per Year						
	25%	50%	75%	100%	150%	200%	250%
1	\$3,398	\$6,795	\$10,193	\$13,590	\$20,385	\$27,180	\$33,975
2	\$4,578	\$9,155	\$13,733	\$18,310	\$27,465	\$36,620	\$45,775
3	\$5,758	\$11,515	\$17,273	\$23,030	\$34,545	\$46,060	\$57,575
4	\$6,938	\$13,875	\$20,813	\$27,750	\$41,625	\$55,500	\$69,375
5	\$8,118	\$16,235	\$24,353	\$32,470	\$48,705	\$64,940	\$81,175
6	\$9,298	\$18,595	\$27,893	\$37,190	\$55,785	\$74,380	\$92,975
7	\$10,478	\$20,955	\$31,433	\$41,910	\$62,865	\$83,820	\$104,775
8	\$11,658	\$23,315	\$34,973	\$46,630	\$69,945	\$93,260	\$116,575
Add for each additional person	\$1,180	\$2,360	\$3,540	\$4,720	\$7,080	\$9,440	\$11,800

FQHC Patients by Income

Poverty level is based on U.S. Department of Health and Human Services (HHS) 2022 Federal Poverty [Guidelines](#). See [chart](#) showing different multitudes of the FPL.

Statewide, over half of NH FQHC patients are at or below 200% of the FPL (or \$27,180 for a household of one). Almost half of NH FQHC patients are at or below 100% of the FPL (or \$13,590 for a household of one).

FQHCs provide a sliding fee scale, payment plans, and discounted services to ensure no one is turned away.



NH Legislative Resources



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Acknowledgements

Special thanks to our New Hampshire Bi-State Members for providing high quality health care in their communities and valuable data for the Primary Care Sourcebook.

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www.bistatepca.org

www.facebook.com/BiStatePrimaryCareAssociation

www.twitter.com/bistatepca



Information and data in the print version of the NH Sourcebook is updated as of January 2023.

For an online version of the New Hampshire Sourcebook and other resources, please visit

www.bistatepca.org, and click on the “New Hampshire Public Policy” tab.