



# HealthReach Community Health Centers

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## 2009 COMMUNITY REPORT

**11 locations to serve you:**

- Bethel Family Health Center – Bethel
- Bingham Area Health & Dental Center – Bingham
- Belgrade Regional Health Center – Belgrade
  - Lovejoy Health Center – Albion
- Madison Area Health Center – Madison
- Mt. Abram Regional Health Center – Kingfield
- Richmond Area Health Center – Richmond
- Rangeley Family Medicine – Rangeley
- Strong Area Health & Dental Center – Strong
- Sheepsfoot Valley Health Center – Coopers Mills
- Western ME Family Health Center – Livermore Falls



Richmond *continued from page 3*

### Richmond Area Health Center Statistics

- Established:** 1977
- 2009:** 3097 patients and 10,201 visits
- Staff:** 4 medical providers, 5 clinical support; 6 administrative support
- Walk-in hours:** (early morning) established in 2009 and expanded to Monday through Friday
- Services:** Affordable Care and Prescription Assistance Programs, Care of Acute and Chronic Illnesses, Checkups for the Entire Family, Diabetic Care and Education, Family Planning Services, Immunizations for Children & Adults, Minor Surgery, School and Sports Physicals, Smoking Cessation Program

### Involvement in and with the Local Community

- The Richmond Area Health Center Community Board manages the Richmond facility and provides support to Richmond staff. Together (Board members, RAHC staff and providers) participate in community events such as Richmond Days, Bowdoinham Days and Dresden Days always taking the “be healthy” message to participants. In addition, employees make holiday donations to various local schools and assisted living facilities.
- Board members worked with a HealthReach AmeriCorps member to discuss and promote the health center and the services we offer with local town leaders.

### Going Green in Richmond

Richmond employees are committed not only to the health and well being of their patients, but also to the environment. Here are some changes they have adopted:

- Recycling paper, cardboard and plastic products
- Utilizing real plates and cups to avoid wasting paper and plastic
- Establishing a “smoke free” campus on the health center property

## Teamwork in Richmond

**T**eamwork is essential in any work environment, but for Tom and Dale, it is gratifying as well. Tom Bartol, nurse practitioner and Dale Gardner, registered nurse, form an effective provider-nurse team at Richmond Area Health Center. The pair has worked together for four-and-a-half years, and during that time, they have noticed many similarities with each other, both professionally and personally.

“I think we complement each other very well,” said Dale, “and it could be because we both have the ‘nurse’ mindset.” The mindset Dale refers to is that of caring for patients in the best manner possible. “We are always working with our patients’ best interests in mind,” added Tom. “We share a philosophy of care that stresses the importance of behavioral processes and offers them a self-care program.”

By using their own lifestyles as examples for their patients – Tom is a vegetarian and practices Yoga, while Dale takes daily walks around town and practices Tai Chi – they feel their patients take their own health more seriously. “How can I ask my patients to exercise on a daily basis or improve their diets and how can I help them with an acute or chronic illness, if I do not pay attention to my own health and wellbeing?” shared Tom.

Having originally worked in long-term care facilities, Dale was unaccustomed to the continuity of care Tom provides his patients, but immediately liked what he saw – great patient care and no automatic prescription refills. “Nobody falls through the cracks here and we do not just diagnose a condition, hand patients pills for their ailments and send them home,” added Dale. “Tom brings the patient in, talks to him/her about their medical condition, and assesses how he/she is doing. We expect to communicate with our patients.”

By utilizing this “hands-on” approach with their patients, Tom and Dale in effect become more than just medical providers; they become teachers with the ultimate goal of patients taking charge



Dale Gardner, RN Tom Bartol, NP

Richmond *continued on page 3*

Rx *continued from page 2*



“We have many patients who would skip a month or go without because they have to make a decision between groceries and medicine.”

~Mellissa Murray  
Lovejoy Health Center

representatives accessed over \$1,000,000 worth of free medications for 680 patients at our 11 locations! To learn more, ask your medical provider or call Crystal at (207) 649-4631.

MaineGeneral. Through this relationship, we changed our manual Patient Assistance Program to a computerized one. The Maine Health Access Foundation generously funded the program. During the three year period, our site

Home *continued from page 1*

that at the retreat, “We examined what happens to patients when they come for an appointment and how they proceed through the entire visit.” Breaking down the flow of the visit from start to finish will determine areas of improvement and is the first step for Belgrade as it adopts the PCMH model.

Other important aspects of the PCMH project include connecting the health center to the community, establishing a patient advisory committee, and saving costs by improving access to quality primary care while reducing unnecessary trips to the emergency room and unneeded medical testing. As participants in the pilot program, Belgrade team members will attend learning sessions with other practices implementing the PCMH model and gain access to quality improvement coaches to assist them in making these changes.

Heading the project at Belgrade is Dr. Amy Madden. The purpose of the project is, for her, “To provide the kind of quality health care that many of us would like to offer as medical providers as well as to receive ourselves as patients. We want to give our patients security and confidence that we will be working with them when they need us – when they are sick, and more importantly to keep them well.”

Thus far, the team at Belgrade has just begun to consider what steps they might take. Even though there is a long way to go, they want to achieve the ultimate goal of the PCMH initiative: to revitalize primary care in order to improve the health outcomes of Maine residents, to reduce overall health care costs, and, of course, to make patients feel at home.

### How do patients benefit from PCMH?

“I think patients will notice subtle differences as we move through this process of taking a look at how we function – improved access both for appointments and for information, increased engagement and interaction with the health center especially for our patients with multiple health concerns, improved communication, asking patients for their input into our performance more frequently. The ultimate outcome is really to provide timely, effective and quality care that patients need when they need it. For providers, I think the outcomes are simple – this is the kind of medicine we wanted to do in the first place.”

~Amy Madden, MD  
Belgrade Regional Health Center

## Finding “A Home Aways From Home”

**D**oes your doctor’s office feel like home? At Belgrade Regional Health Center, the providers and support staff want patients to feel like they are at home - at their medical home, that is.

In July of 2009, Belgrade was selected as one of twenty-six sites for the Patient-Centered Medical Home Pilot project. This was a highly competitive application process. The three-year pilot includes twenty-two adult and four pediatric practices from around the state that are working together to redesign practice into a more patient-centered model of care. Quality Counts, the Dirigo Health Agency’s Maine Quality Forum and the Maine Health Management Coalition sponsor the project.

The Patient-Centered Medical Home emphasizes an integrated model of health care delivery in which the patient joins the doctor, nurse, office staff and behavioral health specialist as a part of the health care team. Participating practices commit to achieving national recognition standards and work to meet established core expectations. These standards emphasize the use of systematic, patient-centered, coordinated care management processes. The major private insurance companies as well as MaineCare have committed to providing participating practices with alternative payment that recognizes the value of the PCMH model.

The patient-centered team approach of the PCMH project led the Belgrade staff to hold a retreat in order to re-examine their workflows. Deborah Rocque, the practice manager at Belgrade shared



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### Why is PCMH important?

“It is important to me on a personal level that we provide high quality, evidence-based, timely and appropriate care to each patient. I think that part of helping people take care of themselves is giving them the security of knowing that we are not only going to be there if they need us, but that we are invested in making sure they stay well. Evaluating ourselves through the lens of what it means to be a “patient-centered medical home” allows us to strive for continuous improvement in how we offer and deliver care to our community.”



Amy Madden, MD  
Belgrade Regional Health Center

## Financial Statements Year ending December 31, 2009

### Statement of Financial Position

Assets	2009	2008
Total Current Assets	\$1,732,133	\$1,633,680
Total Assets Limited as to Use	857,049	867,107
Other Assets	649,730	770,579
<b>Total Assets</b>	<b>\$3,235,912</b>	<b>\$3,271,366</b>

Liabilities and Net Assets	2009	2008
Total Current Liabilities	\$1,270,521	\$1,653,301
Long-Term Debt	74,858	127,962
Total Liabilities	1,345,379	1,781,263
Total Net Assets/Equity	1,890,533	1,490,103
<b>Total Liabilities &amp; Net Assets/Equity</b>	<b>\$3,235,912</b>	<b>\$3,271,366</b>

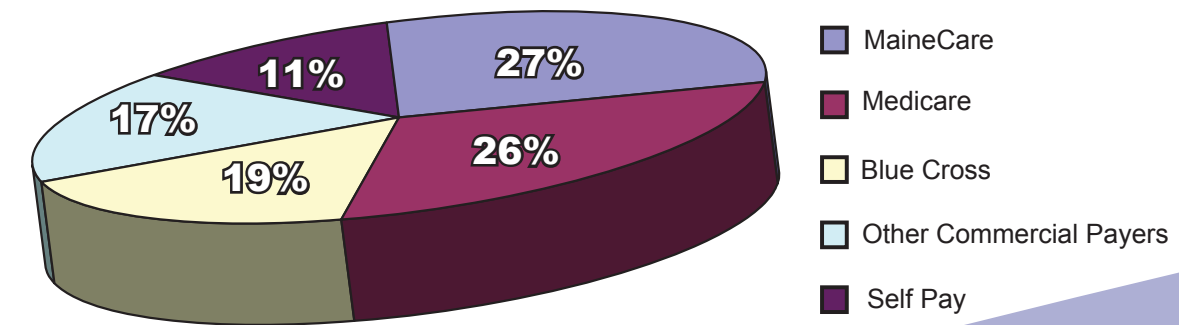
### Statement of Activities

Revenue	2009	2008
Gross Revenue, Gains & Other Support	\$17,441,613	\$15,687,403
Deductions from Revenue	(3,816,718)	(3,107,551)
Net Revenue, Gains & Other Support	\$13,624,895	\$12,579,852

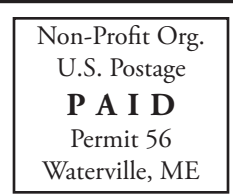
Expenses	2009	2008
Salaries, Wages & Employee Benefits	\$8,937,886	\$8,914,635
Supplies & Other	4,079,839	3,698,674
Provision for Bad Debts	406,689	259,444
Total Expenses	13,424,414	13,142,177
Net Operating Income/(Loss)	200,481	(562,325)
Non-Operating Gains/(Losses)	165,163	(109,225)
Increase/(Decrease) in Unrestricted Net Assets	\$365,644	(\$671,550)

## Gross Revenue



## Our Mission:

To provide quality, affordable, patient-centered healthcare in the medically underserved communities of Central and Western Maine.



HealthReach  
Community Health Centers  
10 WATER ST, SUITE 305  
WATERVILLE, ME 04901

## SIGN UP FOR OUR E-NEWSLETTER!

We are entering our third year of distributing our e-mail newsletter, *healthymail*, and we have over 3,600 current subscribers. If you would like to be one of the first to know about news and events going on at your local health center we encourage you to subscribe today.

To subscribe to *healthymail*, send an e-mail to [Communications@HealthReach.org](mailto:Communications@HealthReach.org) or call the Communications Department at (207) 861-3466.





Ruthie Stone has been a patient at the Belgrade Regional Health Center since it opened in 1977. "There is no way I can get my medications without insurance," she told her medical provider, Vickie Chapman, APRN when she lost her health insurance. Vickie had a solution: Belgrade's Patient Assistance Program. By working with Crystal W. Fitch, LSW right at the health center, she was able to access free medications from pharmaceutical companies. "I would spend more money than I make on prescriptions without the Patient Assistance Program," says Ruthie. She adds, "Crystal has been wonderful." She has assisted her in finding other programs that help pay for her health care. "The Patient Assistance Program is fantastic," she says, "especially in this economy in which many people are losing their jobs and their health insurance."



Ruthie Stone  
Belgrade Regional Health Center Patient

## Over One Million Dollars in Free Medications for HealthReach Patients!

HealthReach patients without drug coverage tell us that they simply cannot afford their prescribed medications. Many drug companies offer free medications to patients who qualify through their Patient Assistance Programs. But the application processes are often too complicated for patients to complete on their own. In order to simplify the process, each health center has a staff member who can guide patients. The staff member uses a computerized program that makes the process manageable, tracks applications, and calculates the value of the medications received. The health center representative also informs patients of ways to save money on prescriptions and brainstorms with providers on alternative medications that may be more affordable.



**\$1,000,000**

The amount that 680 of our patients saved on prescription medications from 2007-2009

It is challenging to wade through the variety of applications and keep track of all the prescriptions. But the health center representatives who manage this program are dedicated because they know how valuable the service is for patients. "We are here to serve the underserved. We have many patients who would skip a month or go without because they have to make a decision between groceries and medicine," says Mellissa Murray, who works with patients to obtain free medications at Lovejoy Health Center. She shares that many of the patients she works with are those that "fall between the cracks," meaning those who have a very limited health plan or do not qualify for MaineCare, but still cannot afford expensive name brand drugs. Patients who have used the program are thankful because without it, they would simply not be able to obtain their medications. "I see a lot of gratitude, a lot of appreciation," says Mellissa.

In 2009, HealthReach completed a three year contract with CarePartners of

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## Messages from the President and Board Chair



Connie Coggins  
President/CEO

On behalf of HealthReach Community Health Centers, we are pleased to present our Annual Community Report covering fiscal year January 1, 2009 through December 31, 2009. This was another successful year for patients of the eleven practices of HealthReach Community Health Centers. Our team of dedicated providers and support personnel delivered first-class, affordable primary and preventive health care services to nearly 30,000 medically underserved residents of Central and Western Maine.

The original intent of the health center movement was and continues to be to provide access to quality medical care. Our centers serve as a gateway to health services by providing geographic access to patients. Many of the HealthReach practices are located in areas of the state where primary care services are not available locally. In addition, we provide financial access to patients through our Affordable Care Program, which offers discounted services to patients who qualify based on family size and income, and our acceptance of all major insurances including commercial, Medicare and MaineCare. In terms of quality, our organization is at the forefront of innovative projects such as the implementation of electronic medical records, the initiation of co-located dental services at several sites, the launch of chronic disease management programs, and new in 2010 the integration of behavioral health services.

I am proud and excited to serve as the Chair of the Board of the HealthReach family of health centers. My first introduction to health centers occurred while I was employed as a planner for the federally funded health planning agency in 1977 and, upon its closing, continued on in a similar position in State service until 2006. During the 1970s, the health center movement was in its infancy and HealthReach, known then as Kennebec Valley Regional Health Agency, was held in very high regard as it is today.



Sophie Glidden  
Board Chair

I am honored to work closely with the committed employees of HealthReach who continue to ensure that quality health services are offered at the centers as well as the Board members who share their time and experience in assisting to meet the needs of medically underserved populations. As the Federal Government and Congress struggle with the concept of changes with health care delivery and insurance coverage, the HealthReach centers continue to maintain high quality health service while meeting the needs of local Maine residents.

Richmond continued from front page

of their own health. "The opportunity to teach patients and educate them on their illness was one of the primary reasons I came to work in Richmond," Dale continued. "The fact that Tom and I love to teach is just another reason we work so well together."

Tom Abbott, a dean at the University of Maine at Augusta, a Richmond Area Health Center patient, and Chair of the health center's Community Board for the last five years, has enjoyed his time on the board because there has been an opportunity to make a difference in health care for the ten communities that surround Richmond.



Tom Abbott

"We all believe good health care makes lives better and know that RAHC is still a well kept secret, so our job has been to get to know the staff and providers and tell others about their good work. We still have more to do, but the word is spreading."

~ Tom Abbott

Tom is a Certified Diabetes Educator and, in addition to lecturing around the country, his articles have been published in national medical publications. "I used to teach at Kansas City University College of Osteopathic Medicine and while I was in school taught in West Africa and Guatemala as part of Concern America," Tom said. "I wrote my Master's Thesis while working with the Guatemalans along the Mexico border." While working at Richmond, Tom has precepted nurse practitioners, most recently working with University of Southern Maine students.

Dale, meanwhile, taught evening adult nursing classes for years in Brunswick and Topsham before coming to work in Richmond. He continues to teach courses on medications and administrative processes through the Bath Adult Education Program. "I receive great satisfaction out of teaching the classes," shared Dale. "It's a good feeling when students come up to me after the class and say, 'Thank You'."

In addition, Dale precepts 4-5 medical assistant students a year from Andover College where "they receive a broad spectrum of experience working here as we handle everything from newborn through geriatric care." One of those Andover College students that Gardner recently worked with, Calamity Brassard, MA, was recently hired at the health center, which is also very gratifying according to Gardner.

Both Tom and Dale embraced the Electronic Medical Record (EMR) Project, which was launched at a time that the two of them were already working hard to find new ways to streamline processes, to work together, and to fix or improve existing processes.

Additionally Both Tom and Dale were the first team to actively use EMR software and procedures to provide patient care. Because of their familiarity with the program and their curiosity, they now educate others in the HealthReach system. Tom writes a monthly column in the company's employee newsletter, StaffReach, that offers tips and tricks to make the EMR software more user-friendly and to save time during patient visits.

Dale has made visits to health centers, most recently Rangeley, to work with the site's clinical team in the use of the EMR software.

"Nobody falls through the cracks here... We expect to communicate with our patients."

~ Dale Gardner, RN  
Richmond Area Health Center



Tom Bartol, NP (left) and Dale Gardner, RN (right) exemplify teamwork at Richmond Area Health Center

## 2009 Friends & Financial Supporters

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<sup>1</sup> In memory of Raymond Allard III  
<sup>2</sup> In memory of Simonne and Leon Baril  
<sup>3</sup> In memory of Bowdin Barnes  
<sup>4</sup> In memory of Isabella Helen Calder  
<sup>5</sup> In memory of A. Leslie Cammett  
<sup>6</sup> In memory of Al Chase  
<sup>7</sup> In memory of Eva Crosby Clowater  
<sup>8</sup> In memory of Everett Gagnon  
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<sup>21</sup> In memory of Harry E. and Janet W. Tuttle  
<sup>22</sup> In memory of Stephen Walsh  
<sup>23</sup> In memory of Laurice Ward  
<sup>24</sup> In memory of Walter Westphal

<sup>25</sup> In honor of David Austin, MD  
<sup>26</sup> In honor of Margaret Bixler, RN  
<sup>27</sup> In honor of Lois Bouchard  
<sup>28</sup> In honor of Paul Forman, MD

<sup>29</sup> Stephen E. Walsh Memorial Scholarship Fund

*Italicized names are HealthReach employees.*

*We have made every attempt to ensure the accuracy of this report. If you note omissions or errors, please notify the Development Office at (207) 861-3466.*

## Thank You for Supporting Your Health Center!



Patients, staff and board members are sincerely grateful for the generous donations received in 2009. Individuals, businesses, foundations and community partners play an essential role in our ability to accomplish the HealthReach mission: To provide quality, affordable, patient-centered health care in the medically underserved communities of Central and Western Maine.

Gifts from donors enable us to purchase state-of-the-art equipment and offer cutting-edge treatments that improve the health status and quality of life of our patients. Donations also enable us to sponsor patient education programs. Individual giving opportunities include donations of time, money, goods or services to the organization or to an individual health center. Our goal is to match donors' interests and values with the needs of individual health centers.

Financial donations to HealthReach are tax deductible under IRS rules. For more information about how you can contribute, to find out about our current priorities and opportunities, or to learn more about the needs of the community board of your health center, contact the Development Office at (207) 861-3466. To donate securely online, go to: [www.HealthReach.org/giving](http://www.HealthReach.org/giving)

<p><b>Bingham Area Health &amp; Dental Center</b> Joined HRCHC: 1975</p>  <p>1,750 patients totaling 5,300 visits in 2009</p>	<p><b>Madison Area Health Center</b> Joined HRCHC: 1977</p>  <p>1,724 patients totaling 5,243 visits in 2009</p>	<p><b>Belgrade Regional Health Center</b> Joined HRCHC: 1977</p>  <p>2,575 patients totaling 8,225 visits in 2009</p>	<p><b>Richmond Area Health Center</b> Joined HRCHC: 1977</p>  <p>3,097 patients totaling 10,201 visits in 2009</p>	<p><b>Lovejoy Health Center</b> Joined HRCHC: 1978</p>  <p>4,047 patients totaling 12,661 visits in 2009</p>	<p><b>Sheepscot Valley Health Center</b> Joined HRCHC: 1980</p>  <p>4,209 patients totaling 14,249 visits in 2009</p>	<p><b>Strong Area Health &amp; Dental Center</b> Joined HRCHC: 1986</p>  <p>2,083 patients totaling 6,653 visits in 2009</p>	<p><b>Mt. Abram Regional Health Center</b> Joined HRCHC: 1986</p>  <p>1,563 patients totaling 4,362 visits in 2009</p>	<p><b>Western Maine Family Health Center</b> Joined HRCHC: 1987</p>  <p>2,918 patients totaling 8,676 visits in 2009</p>	<p><b>Rangeley Family Medicine</b> Joined HRCHC: 1994</p>  <p>1,695 patients totaling 4,022 visits in 2009</p>	<p><b>Bethel Family Health Center</b> Joined HRCHC: 1999</p>  <p>3,692 patients totaling 11,261 visits in 2009</p>
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