

# COMMUNITY REPORT 2018



## HealthReach Community Health Centers

*Fulfilling our mission to provide high quality, affordable, patient-centered healthcare in the medically underserved communities of Central and Western Maine*





“Our approach to integrated services is built upon the strong foundation of primary care.”

On the cover: Danna Lee, LCSW, with patient Peg at Madison Area Health Center

## A Message from our President

Dear Community Members,

As you read our 2018 Annual Report, I hope that you’ll come away with an understanding of our approach to integrated services built upon the strong foundation of primary care. Danna Lee, Behavioral Health Consultant, describes how modifying thoughts and behaviors can positively impact wellness. Our first Behavioral Health Consultant was hired in 2010. Since that time, we’ve hired 13 Behavioral Health Consultants who had 9,384 visits with patients in 2018. Dianne Raymond, Psychiatric Mental Health Nurse Practitioner (PMHNP), explains that “integrated healthcare takes the whole person into consideration.” We are continuing to grow our psychiatric medication management program since hiring Dianne in 2015. Currently, Dianne and two colleagues provide services across eight HRCHC sites. Lastly, a patient story describes how Jodi Beck, RN, Care Manager, and Ann Schwab, Connector, worked in partnership to help a patient navigate the healthcare and insurance system. Our Care Manager and Connector groups now consist of 13 team members who are ready to assist patients.

At HealthReach, you can count on having a team of healthcare professionals who stand ready to collaborate with you towards achieving your health goals.

Sincerely,

Constance Coggins  
HRCHC President and CEO



# A Message from our Board Chair

I have spent a good part of my life in small, rural towns and know how critical an accessible local healthcare provider is to the health and life of a community - a role that HealthReach Community Health Centers serves at all 11 health centers from Rangeley to Richmond - as an affordable safety net in these medically underserved parts of our state.



It is our role as the Board of Directors of HealthReach to oversee and make it possible for our 11 health centers and more than 200 skilled and dedicated clinical, support and administrative staff to work effectively together to carry out our mission to provide high-quality, affordable, patient-centered healthcare in the medically underserved communities of Central and Western Maine.

All 11 of our health centers are recognized as Patient-Centered Medical Homes (PCMH) that provide comprehensive care by a team of providers, including primary care providers, nurses, social workers, care managers and others in partnership with patients to provide high-quality care, assist patients in managing their own care and coordinating care across the healthcare system consistent with each patient's needs and preferences. All 11 sites have also achieved Heart/Stroke Recognition, and 10 have achieved Diabetes Recognition by the National Committee on Quality Assurance. HealthReach and its Board of Directors are very proud of our employees for the diligence and hard work put into achieving and maintaining these recognized quality standards.

Throughout 2018, HealthReach leveraged its assets and the varied talents and skills of its team members to continue to improve the quality of care and service to our patients through efforts such as the Geriatric Care Collaborative and working more consciously to integrate behavioral healthcare into overall healthcare. Our Connectors and Care Managers have continued to help our patients negotiate the many complex facets of healthcare and its finance system, as well as coordinate access to a range of public and private services available in their communities.

It is my privilege as Chair of the Board of Directors to invite you to get to know us and what we at HealthReach can offer you. Perhaps you can find a Patient-Centered Medical Home for yourself and your family at one of our 11 health centers.

John Opperman  
HRCHC Governing Board Chair

## New Governing Board Members



**Terry Brann** currently serves as the Chief Financial Officer at MaineGeneral Health and was formerly the acting deputy commissioner and state controller at the Maine Department of Administrative and Financial Services.



**Elmer Doucette** is the Chief Financial Officer at Redington-Fairview General Hospital in Skowhegan and formerly served on Maine Hospital Association's Board of Directors.



**Norman Keith Durland** is a lifelong Mainer and is currently working towards a bachelor's degree in Human Services at the University of Maine at Augusta.



**Bruce Harrington** is a Maine native and engineering consultant at Energy & Resource Solutions, where he is also the Vice President of Operations and Implementation Services.



**Brenda Stevens** retired from the education field after serving as a teacher, principal and superintendent for 40 years.

## 2019 HealthReach Community Health Centers Governing Board of Directors



Lois Bouchard, **Vice Chair**; Terry Brann, **Secretary/Treasurer**; Elmer Doucette; N. Keith Durland; Bruce Harrington; Pierrette Kelly; Lynn Matson; John Opperman, **Chair**; Tom Reeves; Brenda Stevens; Allen Wicken



# 2018 YEAR IN REVIEW

## Good Shepherd Food Bank Food Mobile Distributions

- Belgrade
- Bingham
- Rangeley
- Sheepscot (Coopers Mills)

**1,104**  
**Households**  
**Served**

**38**  
**Community**  
**Volunteers**



## Classes, Workshops and School Presentations

- *Living Well for Better Health* - Rangeley, Bethel, Mt. Abram, Belgrade, Western Maine, Richmond, Lovejoy, Sheepscot, Strong
- *Albion Elementary* - Grade 4, 5-2-1-0 Let's Go!
- *Woodstock Elementary* - Grades 2 & 5, Dental Hygiene
- *Crescent Park Elementary* - Grades K & 1, Dental Hygiene



**82**  
**Participants**

**130**  
**Students**

## Community Fairs and Festivals

- MollyOckett Day - Bethel
- Richmond Days - Richmond
- Farmington Fair - Farmington
- Belgrade Holiday Stroll - Belgrade
- Skowhegan Fair - Skowhegan

**1,248**  
**Booth**  
**Visitors**



## Bethel Rotary May Day 5K

Sponsored by: HRCHC

**82**  
**Participants**

## MollyOckett Day Classic 5-Mile Run

Supporting Sponsor:  
Bethel Family Health Center

**128**  
**Participants**

## Richmond 5K and 1-Mile Fun Run

Sponsored by:  
Richmond Health Center Board

**42**  
**Participants**

## Share the Road with Carol

Sponsored by: HRCHC  
*Honoring the memory of Dr. Carol Eckert and furthering bicyclist safety and awareness*

**39**  
**Cyclists**

“The varied issues we see in our community health centers keep the job interesting and force me to challenge my skills, knowledge and beliefs on a regular basis.”

I think I first became interested in doing clinical work when my mother gave me a book about a therapy dog when I was in second or third grade. I remember being stunned that people had jobs working directly with other people to help them feel better about themselves and the world around them. I also remember reading and re-reading the Childcraft volumes that included stories from other countries and was mystified by travel, languages and culture. The challenge for me as I moved through my education became: how do I thread these interests together to create a personal and professional life that makes sense?

Mostly, I have followed my gut. The luckiest break came during my junior year of high school when I was awarded an art scholarship to study in Europe for a year. I wanted to learn Spanish, but Spain was not one of the destinations, so I opted for Italy with the rationale that once I learned Italian, Spanish would be easy. I've always credited that year abroad for solidifying my resolve to travel, study and trust my instincts when it comes to life decisions.

What followed was a very indirect route into clinical social work. I completed my BA in Anthropology at the Johnston Center for Integrated Learning, University of Redlands, California and spent time studying in New Mexico and Kenya. I worked summers and, after graduation, at a residential treatment center for children - which ultimately provided the practical experience I needed to join the Peace Corps in Paraguay. Following Peace Corps, I decided to pursue a career in International Education. I figured that would give me ample opportunity to travel, stability to have my pets, and when I was ready to really “settle down,” I could revisit the clinical work. I completed an MA in Intercultural Relations and worked a few years in Chile before moving to Maine in 2000. After ten years in higher education, I finally decided it was time to go back to school in 2007 and chose the MSW program at the University of Maine.

I love the work I'm doing at HealthReach. The varied issues we see in our community health centers keep the job interesting and force me to challenge my skills, knowledge and beliefs on a regular basis. I have become very interested in how trauma impacts health and how I can support patients in their own healing. I enjoy using Cognitive Behavioral Therapy because, to me, it resonates with my background in anthropology. Every session is a discussion about how individual upbringing, culture and beliefs influence current states - physical, emotional and mental - and how deliberately modifying thoughts and behaviors can positively impact wellness.

“I remember being stunned that people had jobs working directly with other people to help them feel better about themselves and the world around them.”

Outside of work, I'm still working. Anyone who has interacted with me in the last seven years is aware of my obsession with renovating my house. Thankfully, I have a partner who is equally obsessed with the project and we hope to call it finished soon. I look forward to resuming other fun activities like canoeing, camping, gardening, painting, weaving, reading, visiting with friends, cooking and even some international travel. With any luck, I might be able to get a few goats, learn Portuguese and French and maybe train a therapy dog!



Danna Lee, LCSW

# New HealthReach Providers



## Kelly Bell Bragg, PMHNP

Madison Area Health Center  
Mt. Abram Regional Health Center  
Strong Area Health Center

*"I have a deep love and appreciation for the fine people of rural Maine and am excited to be serving this population.... I believe in working closely with patients and making them part of their own treatment journey."*



## George "Bob" Ditomassi, DDS

Strong Area Dental Center

*"I am pleased to be able to make a difference in a dentally underserved community. Of course, the desire to practice in a state as beautiful as Maine needs no explanation. I welcome everyone to visit the practice."*



## Robert "Bobby" Keith, PA-C

Lovejoy Health Center

*"I enjoy family medicine because of the great variety of people I meet from day to day. I love teaching and learning from my patients."*



## Kaitlynn Read, FNP

Lovejoy Health Center

*"I am excited to offer care to my patients that helps them to meet their health goals. I believe healthcare should focus on improving how patients feel every day by making small, manageable changes, and should be a partnership between provider and patient."*



## Joline Sage, FNP

Western Maine Family Health Center

*"I became a Nurse Practitioner to expand my nursing career to allow me to care for the patient as a whole. I enjoy learning from my patients as much I do helping them to understand their medical conditions."*





Ann Schwab, Connector (left) and Jodi Beck, Care Manager (right)



## Working Together to Meet Patients' Needs

Jayne has been a patient at Belgrade Regional Health Center since the 1980's. She was very active with a full-time career, taking care of her family and staying involved in her community. She was diagnosed with diabetes in 2012 but was managing. In January 2018, she became very ill and was hospitalized due to liver function issues. Jayne was diagnosed with non-alcoholic cirrhosis of the liver: a life-threatening condition that affected her energy levels and ability to concentrate. "It was like my life took a 360-degree spin, and I didn't know which way I was heading," Jayne said.

Jodi Beck, RN, Care Manager at Belgrade, has been working with Jayne since June 2018. Jodi was able to assist Jayne and her provider with coordination between the health center and Beth Israel Deaconess Medical Center in Brookline, Massachusetts - where Jayne was able to receive care from a liver specialist. Jodi also helped Jayne understand and manage changes in her medications, as well as set up necessary labs and infusions ordered by her specialist that were provided locally. "Having Jodi's services available to me was a real help in getting through a rough time. I felt like I was flailing out there until I knew [what resources at Belgrade] were available," Jayne shared.

Prior to working with Jodi, Jayne was on medical leave from her full-time career. Once her leave expired, Jayne attempted to go back to working full-time but was unable to work 40 hours due to the effects of her illness. Unfortunately, her employer was unable to accommodate

her needs to support her continued employment. Jayne left her job, and she lost her medical insurance. Jodi referred her to Ann Schwab, Connector, for help with finding coverage.

In late June 2018, Jayne met with Ann to enroll in Affordable Care Act Marketplace coverage. Due to losing work-based coverage, Jayne qualified for a special enrollment period. Jayne was able to enroll in coverage through the Marketplace, but was given an effective date of August 1, 2018, and left her uncovered for the month of July. Ann assisted Jayne to appeal the decision of effective date and request her coverage to begin July 1, 2018. This appeal was finally approved in October 2018, and Jayne is still working with her insurance company and the hospital to get her bills incurred in July 2018 paid.

Being unable to return to her career was a difficult time for Jayne both personally and financially. Ann was able to guide Jayne through the process of applying for Social Security Disability Insurance. Jayne was approved and will be eligible for Medicare in July 2020. When asked how she feels today, Jayne says, "When I passed the one-year mark, I felt a shift; a kind of new beginning. I felt like things were finally falling into place."

She adds, "[Jodi and Ann] are awesome, and I am so pleased with how everyone at Belgrade works together to help meet my needs. Things would have been much more difficult for me without [their] help."

"You guys are awesome, and I am so pleased with how everyone at Belgrade works together to help meet my needs."

- Jayne, Belgrade Regional Health Center



Dianne Raymond, PhD, PMHNP-BC (left) and Jennifer Caudell, FNP (right)

## Primary Care Principles in Practice

As an emerging field within the wider practice of high-quality, coordinated healthcare, integrated healthcare puts the patient at the center of his or her own healthcare decisions and emphasizes that the relationship between behavioral health and primary care providers is at the core of comprehensive healthcare.

So when Dianne Raymond, PhD, PMHNP-BC joined Belgrade Regional and Western Maine Family Health Centers, she did so not only because of her years of experience and clinical expertise of community mental health nursing, but also because her roles at the health center would more closely align with her philosophy of care.

“I’ve worked in community mental health centers and inpatient practices, but I think the integrated practice has been the best fit in terms of getting critical information about a patient in the moment. You’re not practicing in isolation,” Dianne says, “and especially since patients are very different in terms of how they respond to medication, addressing behavioral health in an integrated practice is a big relief for primary care providers.”



# Treating the whole person, together

Primary care settings are believed to provide almost 50 percent of all mental and behavioral healthcare services for common psychiatric disorders, and adults with serious mental illnesses or substance use disorders also have higher rates of chronic physical illnesses. If primary care practices are to truly treat ‘the whole person,’ they must be able to provide behavioral healthcare services.

“I think patients really enjoy having most of their services under one umbrella, and they like having a diagnosis more confirmed and clarified,” Dianne says.

Considering the challenges residents in rural communities face, an integrated practice makes sense. Patients benefit, because they can receive services within their communities without having to travel long distances to specialists’ offices. In addition, the primary care office is a comfortable setting for patients—and it’s easier to access behavioral healthcare treatment in a familiar setting. The patient knows that there’s an entire team supporting their health goals.

While some patients may still seek behavioral health services outside the health center, having a variety of options can be helpful as patients

work towards improving their overall health. The availability of mental health services in a primary care setting with which patients are familiar is not only convenient for them, but also for their providers.

“With an outpatient practice that’s not integrated, all of your information comes from the patients, and you don’t have a record. In terms of the medication you prescribe and the source of a patient’s information, integration is far more efficient. You can communicate with each other more now, too. Providers have all kinds of ways to communicate about a patient’s needs. Jennifer Caudell, FNP, for example, can contact me at any time to discuss an incoming patient,” Dianne says.

While Dianne treats patients as young as 13 years old, she primarily works with adults and their primary care providers to address patients’ psychiatric needs for medications. Patients are referred to her from other providers at Belgrade and Western Maine—where they’re able to receive diagnoses, mental healthcare services and medication management.

*“Integrated healthcare takes the whole person into consideration.”*



October Display at Belgrade Regional Health Center for Falls Prevention Month

## Meeting the Needs of Our Changing Population: A Review

By Emily Kovalesky, AmeriCorps VISTA Member

2018 marked the start of our work on our organizational initiative, the Geriatric Care Collaborative. Led by Dr. Amy Madden, the project focuses on areas such as Annual Wellness Visits, Falls Prevention, Advance Directives and Polypharmacy. Because of their understanding of the demographic profile associated with many of the regions Federally-Qualified Health Centers serve, many of HealthReach health centers and their providers have jumped, full-force, into tackling issues related to our aging population.



While health centers such as Bingham, Western Maine and Mt. Abram have shown a healthy increase in their numbers associated with Annual Wellness Visits, fall risk assessment and management and documentation of Advance Directives, respectively, the patient stories are what have made the collaborative a success. As Diandra Staples, Bingham Practice Manager, said, “patients are appreciative of getting the time they truly need with their primary care provider and having the time to discuss concerns that they would otherwise not have.” Staples has played a major role in Bingham’s increase in Annual Wellness Visits. In fact, the number of Annual Wellness Visits increased by 12.7 percent in Bingham while completion of Advance Directives has increased by 11.9 percent in Mt. Abram.

Western Maine Family Health Center has yielded major patient success stories with their falls-prevention efforts. “Falls education helps elderly patients, who may [feel] embarrassed and depressed about changes in balance and gait, realize they are not alone,” Elizabeth Clark, MA, said. Screenings for falling incidents have increased by 26.6 percent in Western Maine.

Joline Sage, FNP, followed this story with her experience with an 85-year old patient who had fallen six times in the past year but was “hesitant to discuss her falls because of fear of being placed in a facility.” When the patient realized that she and Joline could work towards preventing falls and the risks associated with falling, the patient was “happy to implement these measures and changes to keep [her] home safe.”



# THANK YOU

...for generously supporting the work of our health centers. Below are our 2018 individual, corporate, government and foundation supporters.

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Anonymous (5)  
Julie Alexander  
Emma Ansara  
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**I** In Memory of Herman Matthijssen  
**II** In Memory of Carol Eckert  
**III** In Memory of Mark Johnston  
**IV** In Recognition of Harry and Mary Ellen Simon

**HealthReach employees are italicized**

In 2018, we were grateful for the support of individuals, businesses, foundations and community partners who generously contributed to HealthReach in support of our mission: *to provide high quality, affordable, patient-centered health care in the medically underserved communities of Central and Western Maine*. Our patients, staff and board members recognize the vital role that donors play in the success and growth of our health centers. Donations help fund patient service improvements, technology, patient education and community health programs.

There are many ways to show support for your local health center. If you would like to help out, consider making a financial contribution, donating goods or services, serving on one of your health center's boards or volunteering. Your generosity promotes the health and well-being of our Maine communities.

Financial donations to HealthReach are tax deductible under IRS rules. **For more information on current priorities and opportunities at your health center, contact the Development Office at (207) 660-9913. Visit [www.HealthReachCHC.org](http://www.HealthReachCHC.org) to download a donation form.**

HealthReach Community Health Centers makes every effort to list donor names as requested. Please direct corrections to the Development Office at 207-660-9913. The list above reflects financial and in-kind donations and pledges received between January 1, 2018 and December 31, 2018.





**Belgrade Regional Health Center**  
2,284 patients totaling  
8,927 visits in 2018



**Bethel Family Health Center**  
3,352 patients totaling  
11,567 visits in 2018



**Bingham Area Health & Dental Center**  
3,066 patients totaling  
7,175 visits in 2018



**Lovejoy Health Center**  
3,868 patients totaling  
13,698 visits in 2018



**Madison Area Health Center**  
2,268 patients totaling  
9,526 visits in 2018



**Mt. Abram Regional Health Center**  
1,550 patients totaling  
5,344 visits in 2018



**Rangeley Family Medicine**  
1,350 patients totaling  
3,378 visits in 2018



**Richmond Area Health Center**  
2,427 patients totaling  
8,715 visits in 2018



**Sheepscot Valley Health Center**  
3,642 patients totaling  
12,401 visits in 2018



**Strong Area Health & Dental Center**  
3,845 patients totaling  
12,915 visits in 2018



**Western Maine Family Health Center**  
2,264 patients totaling  
8,299 visits in 2018

## HealthReach Community Health Centers

10 Water Street  
Suite 305  
Waterville, ME 04901

Non-Profit Org  
U.S. Postage  
**PAID**  
Permit No. 69  
Waterville, ME

## 2018 by the numbers

**100,945**

health center visits



**\$1,487,584**  
patient savings

with our reduced fee program



**9**  
counties served

**80+**  
communities served



**27,780**

patients served



**340+**

patients treated for opioid misuse



**1,104**

households served by food mobiles



**7,340**

dental visits



**1,068**

patients assisted with Health Insurance Marketplace



## Financial statement of activities

Revenue	2018	2017
Revenue & Earnings	\$27,887,460	\$26,704,561
Deductions from Revenue	<u>\$ (5,208,256)</u>	<u>\$ (4,254,560)</u>
Net Revenue	\$22,679,204	\$22,450,001
Expenses	2018	2017
Salaries, Wages, Employee Benefits	\$15,592,501	\$14,471,128
Supplies & Other	<u>\$ 5,509,606</u>	<u>\$ 6,244,461</u>
Total Expenses	\$21,102,106	\$20,715,896
Net Operating Income	\$ 1,134,397	\$ 1,734,105