



2020

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Bi-State Primary Care Association
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Vermont

Primary Care Sourcebook



TABLE OF CONTENTS

Introduction to Bi-State	Page 3	Overcoming Transpiration Barriers	Page 18
Bi-State PCA Vermont Members	Page 4	Helping Patients Experiencing Homelessness	Page 19
Key Elements of Bi-State's Work	Page 5	Accessing Nutritious Food	Page 19
FQHC's, AHEC, PPNNE, and VCCU	Page 7	Reducing Isolation for Farmworkers	Page 20
Member Map	Page 8	Other Elements of Comprehensive Care	Page 21
Payer Mix	Page 9	Vermont Rural Health Alliance (VRHA)	Page 24
1 in 3 Vermonters in over 88 Sites	Page 10	Bi-States 2019-2020 Vermont Public Policy Principles	Page 27
Investing in Primary Care	Page 11	FQHC Funding	Page 28
Workforce Development Supports Primary Care	Page 13	FQHC and ACO Participation	Page 28
Bi-State Workforce Recruitment Center	Page 14	FQHC Federal Requirements	Page 29
Workforce & Area Health Education Centers (AHEC)	Page 15	Member Sites by Organization	Page 30
Addressing All the Factors of Wellness	Page 17	Member Sites by County	Page 31
Tracking Social Determinants of Health	Page 18	Legislative Representation List Biennium 2019 – 2020	Page 33

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 1960's 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.

Bi-State's Mission

Promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire.

Bi-State's Vision

Healthy individuals and communities with quality health care for all.

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 31 member organizations across both states that provide comprehensive primary care services to over 300,000 patients at 142 locations. Our members include federally qualified health centers (FQHCs), clinics for the uninsured, rural health clinics, Area Health Education Center programs, and Planned Parenthood of Northern New England. We provide training and technical assistance for improving programmatic, clinical, and financial performance and operations. 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.

Workforce & Recruitment

Bi-State's Recruitment Center has worked with over 1,500 health care providers interested in practicing in VT and NH over the last year. We helped recruit 47 new providers to New Hampshire and Vermont between July 2018 – June 2019.

Data Management & Analysis

The Vermont Rural Health Alliance (VRHA) provides data analysis and technical assistance to FQHCs, with Medicaid claims for all VT FQHCs, clinical data for 8 of 11 FQHCs, UDS data for all VT FQHCs, and annual individualized trainings.

Continuous Quality Improvement

Bi-State manages 7 active peer learning networks for members. In FY2019 our VRHA training webinar series engaged 215 participants from 18 organizations, and our newly-launched clinical quality symposium welcomed 130 attendees.

Annual Conference

In 2019, our annual Primary Care Conference drew 222 participants from VT and NH. The conference provides an important learning and networking opportunity for colleagues from both states.

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2019 – 2020 Vermont Public Policy Principles

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

We believe that community-based, accessible, and affordable primary care for all Vermonters is the foundation for successful health reform in Vermont. We support the state's efforts to move to a universal and unified health care delivery system and ensure universally available health access and insurance coverage. We support increased investments in comprehensive integrated primary preventive care that will cost-effectively improve the health of all Vermonters. Our work aims to preserve, strengthen, and expand Vermont's community-based primary care safety-net providers, recognizing that these organizations are integral to the lives of one in three Vermonters and are the foundation of healthy communities statewide.

Key Elements of Bi-State's Work

Our members provide a critical network of health care services that allow Vermonters to access primary care regardless of where they live or their ability to pay. Access to care at the prevention and primary care stage is essential to good health and to building a sustainable health care system.

Bi-State and our members have made cultivating a strong primary care workforce a top priority. The Bi-State Recruitment Center and our member organization the Vermont Area Health Education Centers (AHEC) in particular focus on this goal.

We are dedicated to supporting comprehensive services that recognize the many different factors that can facilitate, or challenge, true wellness within our communities, factors such as access to high quality food, transportation, community connections, and adequate housing.

We recognize that data analysis and information sharing is critical to health care decision making, both in individual practice improvement and statewide health care reform. We support our members in a rapidly evolving health care information environment, including through the Vermont Rural Health Alliance (VRHA).

Our members provide a critical network of health care services that allow Vermonters to access primary care regardless of where they live or their ability to pay. Access to care at the prevention and primary care stage is essential to good health and to building a sustainable health care system.

Federally Qualified Health Centers (FQHCs)

The federal government supports FQHCs as the nation's primary safety net system for health care. FQHCs provide comprehensive services in medically underserved regions. Comprehensive means primary medical, dental, oral, mental health and also enabling services (for example translation, help accessing transportation, assistance navigating financial issues). FQHC's accept patients regardless of ability to pay, offer a sliding fee scale, and work with their communities to address a range of barriers to health. FQHCs are governed by a patient-majority board. In Vermont, there are FQHC sites in every county and close to one-third of Vermonters rely on FQHCs for primary care.

In 2018, FQHCs:

- Served 181,892 patients in Vermont.
- Conducted 742,843 patient visits.
- Offered services in every Vermont county, across 66 sites.



FY 2019 Highlights:

- Provided 1,104 VT youth with health careers experiences.
- Supported 656 health professions students' rotations.
- Delivered continuing education to 2,348 health professionals.
- Placed 16 physicians in Vermont communities.

Vermont AHEC is a network of academic and community partners working together to improve the distribution, diversity, supply, and education of the health workforce in Vermont.

Established in 1996, Vermont AHEC has a statewide infrastructure with a program office at the University of Vermont, Larner College of Medicine, and two regional centers. Vermont AHEC focuses on achieving a well-trained workforce so that all Vermonters have access to quality care. AHEC fosters an interest in health care careers beginning in elementary all the way through professional continuing education.



In 2017, PPNNE:

- Operated 12 health centers in Vermont.
- Provided care to 18,836 Vermonters.
- Conducted 28,438 patient visits, including
 - 2,471 Pap Tests
 - 3,436 Breast Exams
 - 34,291 STI Tests

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



VERMONT COALITION OF CLINICS FOR THE UNINSURED

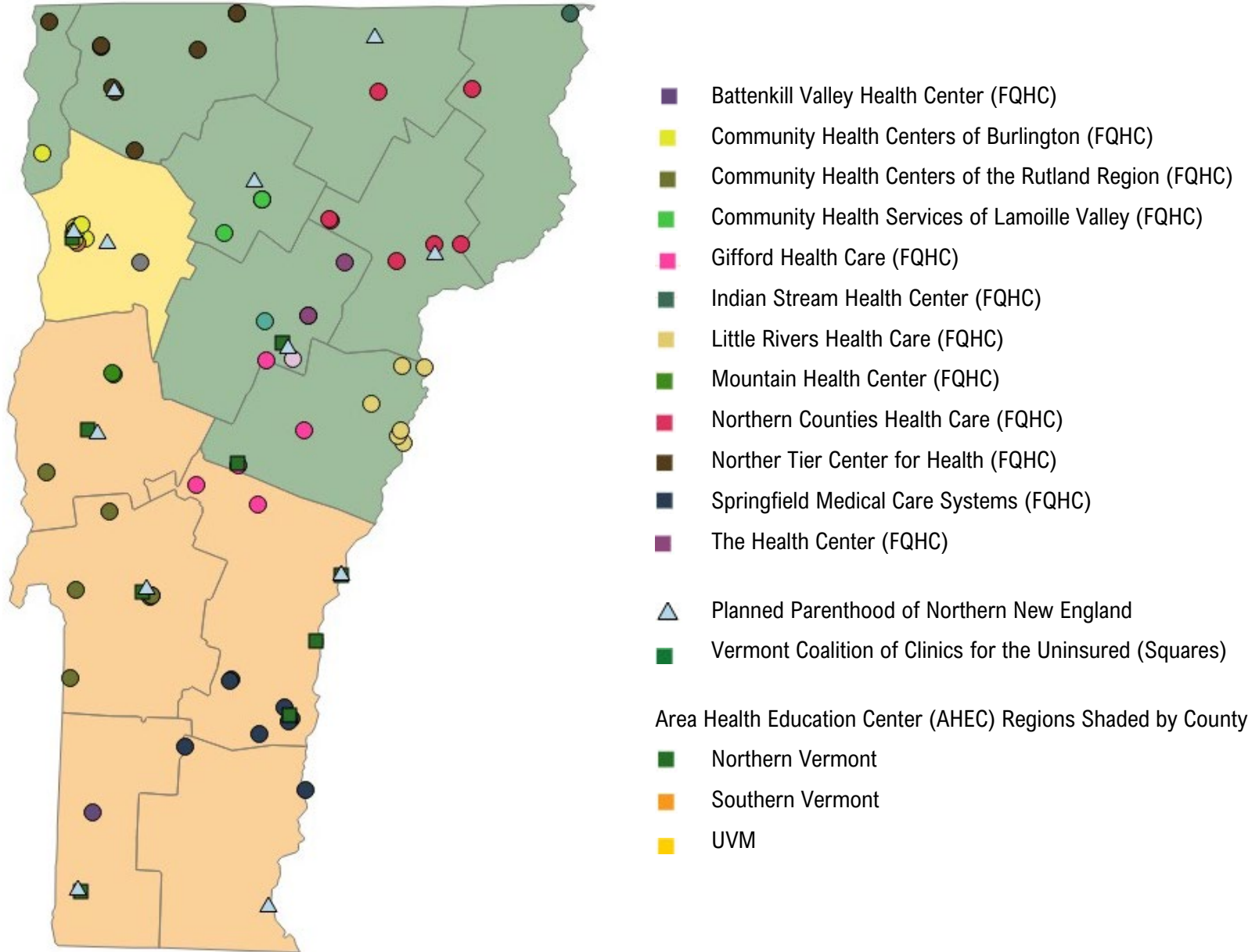
The Vermont Coalition of Clinics for the Uninsured (VCCU) is an association of clinics that provide care (on-site or by referral) and assistance free of charge to patients without adequate medical / dental insurance. The clinics are supported by the work of volunteers, community hospitals, local fundraising,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

In 2018, VCCU:

- 9 free clinic programs, 5 dental programs.
- Assisted 9,049 Vermonters.
- Provided 33,817 medical and dental visits.
- Provided 26,000 services overall.

Our members serve Vermonters in every corner of the state.

Our goal is for geography to never be a barrier to accessing comprehensive, quality services in Vermont. Our members operate in 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 800,000 visits in 2018.**



Our members serve Vermonters regardless of insurance status or ability to pay.

Our members serve:

- 41% of Vermont Medicaid enrollees
- 38% of Vermont Medicare enrollees
- The majority of uninsured Vermonters

Our members provide a sliding fee scale to ensure affordability, including offering free services to those who cannot afford to pay.

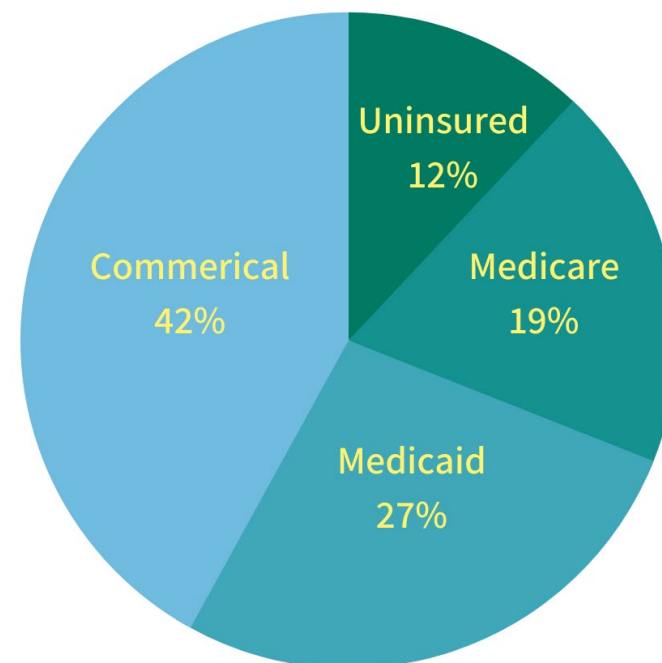
Our members provide assistance in navigating health care affordability and finance. For example, a major part of Free Clinics' work connects patients with appropriate insurance; over 7,000 patient visits involved enrollment assistance in 2018.

Providing high quality, comprehensive, primary care services to all Vermonters regardless of ability to pay requires outside financial support beyond patient-based revenues. For example:

Vermont FQHCs bring over \$20 million of federal funds to Vermont annually through competitive 330 funding. These funds help reimburse sliding fees, pay for enabling services to remove barriers to health care access, and FQHC sites in underserved areas of the state. PPNNE mobilized \$8 million of discounted and free health care in 2017. Free Clinics' 2018 revenue of \$2.5 million in cash was matched by \$3.5 million of in-kind support.

The Free Clinics utilize a robust team of volunteers to provide care, along with 30 paid staff statewide. Planned Parenthood of Northern New England has seen a major increase in volunteer hours, up 107% in 2017.

VT Member Average Payer Mix

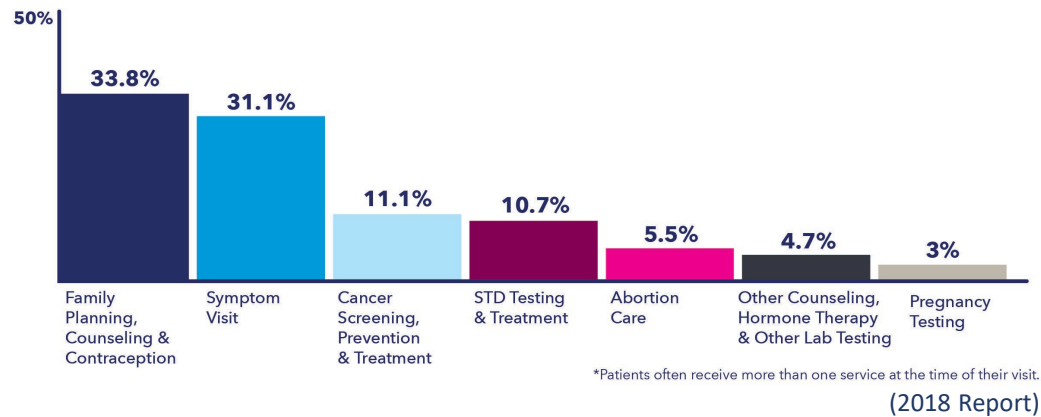


2018 Free Clinic Volunteers		
75 MDs (Medical)	6 Dental Hygienist	47 Med & Dental Students
8 MDs (psych)	11 Mental Health Professionals	60 Medical Interpreters
32 DMDs (dental)	55 RNs	319 Other Volunteers
	39 Mid Level (NP, MA, EMT etc)	

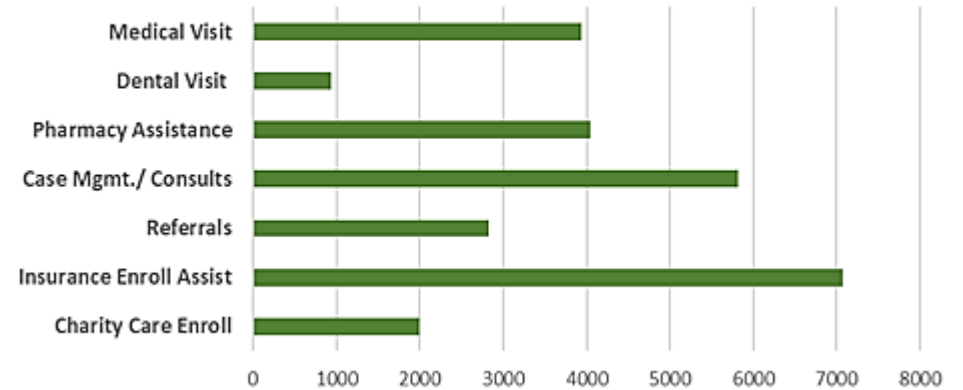
Together, our members serve 1 in 3 Vermonters in over 88 sites across the state.

We continue to expand patients, services, and locations to support access to care.

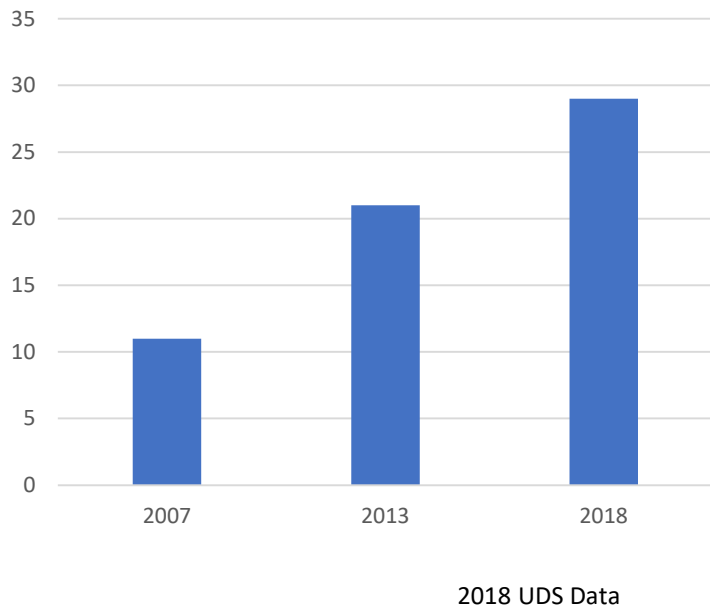
PPNNE patients' primary reasons* for care were:



Patient Services Provided by Free Clinics in 2018



% of VT Population Served by FQHCs



Our programmatic work supports state and federal priorities around rural health care.

In the last decade, patient visits for mental health services at Vermont FQHCs have grown by a factor of 5 and visits for SUD treatment have grown by a factor of 3, both outpacing the growth of other types of visits.

All Vermont FQHCs now offer Medication Assisted Treatment (MAT) services. FQHCs treated 1,651 MAT patients in 2018, and had over 9,000 substance use disorder visits.

The CDC's 1815 grants support states in improving health through prevention and management of diabetes, heart disease, and stroke. In 2020 we will have 9 out of 11 FQHCs participating in one of the concentration areas, with data support from Bi-State's VRHA team.

Bi-State also supports the state's tobacco cessation goals. In 2018 FQHCs screened 82,000 Vermonters for tobacco use and provided follow up counseling as appropriate.

Investing in primary and preventive care is an investment in containing the growth of the total cost of care in Vermont, and managing the negative financial impact health care can have on Vermonters.

FQHCs serve 38% of Vermont's Medicaid enrollees. FQHC payments comprise just 2.8% of Vermont's Medicaid services budget. Between 2014 and 2016 FQHCs' average actual Medicaid total cost of care per member per month decreased 5%.

FQHCs ensure that Medicaid enrollees receive cost-effective, comprehensive primary care.

Nationally, FQHCs generate an average \$24 billion a year in savings to the health system.

Each patient receiving care at an FQHC saves the health system approximately 25% annually compared to other providers.

(NACHC, 50th anniversary report, 2015)

The Vermont Coalition of Clinics for the Uninsured estimates that their clinics saved the health care system \$7.5 million in 2018 through utilizing hundreds of skilled volunteers and \$3.2 million in in-kind support (facilities, x-rays, labs, etc) to provide services for patients in a primary care setting, before they might require hospital services.

According to the 2019 Vermont Rural Life Survey from Vermont Public Radio and Vermont PBS, 32% of Vermonters had a problem paying a medical or dental bill recently. For 15% of them it was a major problem.

Our members offer sliding fee scales, including free care, to ensure that everyone can afford their services.

PPNNE uses education, awareness, preventive care, and access to contraception to help prevent unintended pregnancies. Managing when, and if, you choose to start a family is a key tool in helping women reach a range of goals including financial stability. Unwanted pregnancies disproportionately affect low-income women – 60% of pregnancies for women living in poverty are unintended.

Investing in primary and preventive care is the most effective way to reduce the growing costs of care in our state – keeping people well instead of paying to fix problems after they occur. The Green Mountain Care Board estimates that 8-10% of our health care dollars go to primary care (2018). We work with partners across the state to shift that percentage higher.

Bi-State and our members have made cultivating a strong primary care workforce a top priority.

Workforce Development Supports Access to Care

Workforce development is critical to our mission. Shortages in the primary care workforce may soon be a major factor in who has access to care.

The National Association of Community Health Centers (NACHC) reports that 95% of FQHCs have clinical vacancies, with an average 13% vacancy rate. In 2018, Vermont AHEC reported an overall shortage of 70.5 FTE for primary care physicians in Vermont. The Vermont Talent Pipeline calculates an upcoming shortfall of 3,900 nurses. NACHC estimates that 2 million more patients could be served if all primary care clinical vacancies were filled (2016 Workforce Report).

According to the Vermont Department of Health's 2018 Physician survey, only 25% of Vermont's practicing physicians are in primary care. That leaves us with 69.9 FTE per 100,000 in population – a significant drop since 2016 - while the number in specialty care continues to climb. According to the Office of Professional Regulation primary care physician licenses have declined 9% since 2010. We see these decreases occurring even as Vermont health care policy places an emphasis on *more* primary and preventive care.

Our workforce is also aging. According to the VDH 2018 survey, 36% of primary care physicians are over the age of 60, with multiple rural health service areas exceeding 40% and even 50%. Mental health services also show key challenges in a workforce reaching retirement age - 47% of Vermont psychiatrists are over the age of 60.

Bi-State and our members work to address these issues in a variety of ways. We advocate for policies that make it easier for primary care practices to attract and retain workers. We support both a “grow our own” strategy that begins as early as grade school to help Vermonters find meaningful employment in health care, and a strong recruitment strategy that draws new residents to our state. We work with our health care providers to find ways to make more effective use of the existing workforce, such as using telehealth connections, reducing administrative burden, and identifying opportunities for continuing education and professional advancement that don't require employees to take time out of the workforce.

We also participate in broader policy conversations about reducing student debt, increasing opportunities to gain clinical experience in a primary care setting, and marketing Vermont as an ideal place to build a career.

In 2019 the Vermont Department of Labor reported that health services have the highest employment levels and the highest projected growth in demand for employees in Vermont- twice the next highest sector. There are jobs at every skill level and in every region of Vermont connected to health care. Solving workforce gaps ensures good jobs and also good health care for all Vermonters. We support strategic work in the future that brings together employers, educational institutions, policymakers, and workers to pursue creative solutions to support Vermont's primary health care workforce.

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. This workforce program was established in 1994. Since then, we have worked with more than 100 sites and our work has helped recruit **560 providers** to practice in Vermont and New Hampshire communities.



25 Years of Recruitment Experience

Our recruitment advisors identify physicians, nurse practitioners, physician assistants, dentists, and mental health and substance use disorder treatment providers who will thrive in our rural communities. In FY19, we identified 1,566 providers with interest in NH and VT.

We monitor national and regional recruitment and retention trends in order to advise practices on ways to be innovative and competitive in hiring.

We are a resource for information on State and Federal Loan Repayment programs and the J1 Visa Waiver program, and we connect eligible providers with qualifying health care facilities.

Workforce Development

Bi-State led a workforce coalition in New Hampshire from 2018-2019 that brought together 40 organizations to successfully advocate for a range of reforms, including reducing administrative burdens, advanced training opportunities, and increasing reimbursement rates, in an effort to address primary care workforce shortages. In 2019, with our knowledge of local and national trends, Bi-State provided input and data for the Vermont Rural Health Services Task Force on its workforce findings and recommendations.

Retention is the Key to Successful Recruitment

A first step in retention is matching candidates with communities where they will thrive. Bi-State has a strong reputation for successful recruitment to rural New England. Bi-State offers programs that support health care employees as they develop networks and skills that root them in serving our communities.

For example, our Leadership Development Program held biannually has graduated 212 students; our peer-to-peer groups offer support in areas such as clinical quality improvement, billing and coding, and care coordination; we host an annual primary care conference and in 2019 launched a Clinical Quality Symposium which had 130 attendees in its inaugural year.

The Recruitment Center makes trainings available to community health centers in both states to help them develop strategies for integrating retention best practices from the beginning of the recruitment process and beyond.

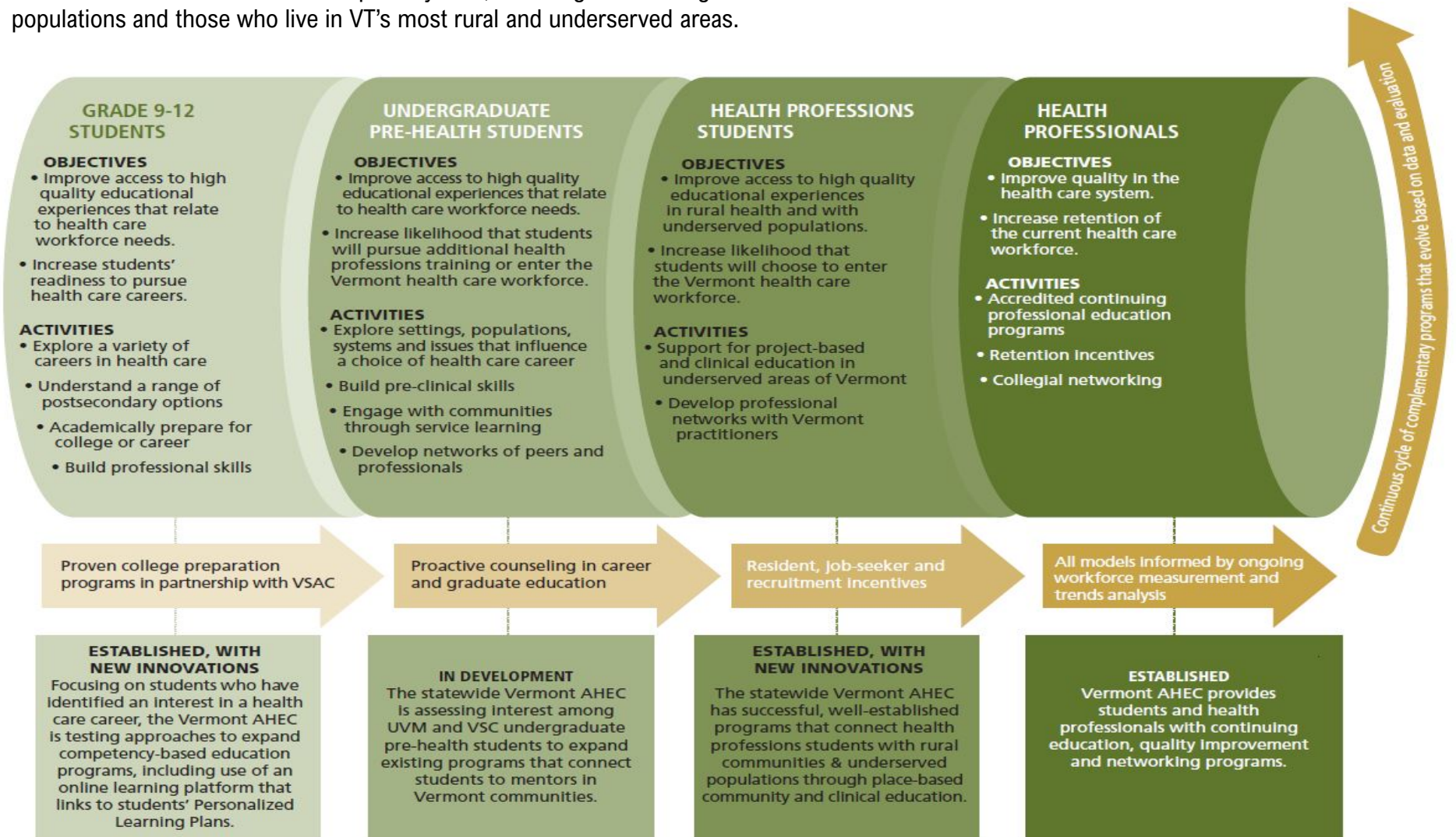
In a pilot survey on retention of candidates Bi-State placed in NH over a 20-year period, 26% had stayed at their original location (40% had been practicing between 14-20 years), and 66% of the recruited providers have remained in the same region.

Bi-State's Recruitment Center serves all interested New Hampshire and Vermont health care organizations, placing special emphasis on rural and underserved areas. In 2019, we were actively recruiting for an average of 53 vacancies in New Hampshire and 62 vacancies in Vermont. For more information, contact Stephanie Pagliuca, Director of Workforce Development and Recruitment, at (603) 228-2830 x111 or spagliuca@bistatepca.org

Workforce & Area Health Education Centers (AHEC)



VT AHEC is a network of academic and community partners working together to increase the supply, geographic distribution, diversity, and education of Vermont's healthcare workforce. The overarching goal of VT AHEC is to provide statewide programs that support an appropriate, current and future, health care workforce so that all Vermonters have access to primary care, including disadvantaged populations and those who live in VT's most rural and underserved areas.



We are dedicated to supporting comprehensive services that recognize the many different factors that can facilitate, or challenge, true wellness within our communities.

Addressing All the Factors of Wellness

A central tenet of modern health care is our goal to treat people in a way that prioritizes maintaining good health over fixing problems after they've occurred. The early impact approach is best for patients, who enjoy better health, and for the state as we reduce the cost of health care and reduce the number of patients who develop complex and/or chronic conditions. This impact means investment in traditional primary care, but also investment in going even further upstream. Practices like good diet, adequate housing, high quality early child care, reduced stress in your living situation, and many other factors support wellness. Similarly, investing in removing the barriers to accessing early preventive and primary care, for example lack of transportation or limited English proficiency, is part of a proactive strategy.

Our members all share a goal for giving every Vermonter an equal chance at good health, and that means addressing these broader determinants of health for our communities. We do this from a policy perspective by advocating for payment reforms that support a systems approach, participating in cross-sector strategic planning processes, and facilitating better communications between health care and non-traditional community partners. We facilitate clinical practice improvement trainings that incorporate best practices in addressing root causes of illness. We support our members in better tracking and quantifying these determinants of health and understanding how they affect clinical outcomes. Each of our members also tackles these issues in ways tailored to the unique needs of their communities.

Understanding Community Needs

Health care providers across Vermont work to understand the broader needs of their communities. They are supported by statewide programs, such as the Blueprint for Health, that specialize in community-led strategies for health and wellbeing.

FQHCs have particular federal requirements around connection to their communities, this includes a requirement that their governance board be majority led by current patients, that they submit comprehensive patient population data through UDS, and that they complete regular community health needs assessments.

Often the broader context of community needs (which includes qualitative data and patient stories) is paired with looking at community-wide clinical data. This allows us to map different trends in public health concerns, such as obesity, tobacco use, and mental health needs.

Community engagement is an important way for our members to build understanding of both needs and potential partnerships to address those needs. Examples of community needs identified by our members include food security, transportation access, physical activity, health care that integrates mental health components, effective substance use prevention programs, and managing the stress of poverty.

“Food security – peoples’ ability to provide proper nutrition for their households on a regular basis -- was identified as a concern in the areas that we serve [through the Community Health Needs Assessment]. . . in our planning we’ve worked with a number of associated organizations like the Vermont Foodbank and the Randolph food shelf and we are now providing availability of food through a number of different initiatives in our practices and to the community at large. This is something where we’ve identified a need, and we’ve identified it’s something that Gifford can’t address alone, we need to work with our partners and we’ve come up with some good solutions.” - Dan Bennett, CEO Gifford Health Care

Tracking Social Determinants of Health

Community health needs assessments (see previous page) are a community-wide exercise. Data on the broad range of factors affecting individual patients' health is often difficult to collect and track as part of their electronic health record. This is true for a variety of reasons, including competing measurement tools, the broad range of possible variables to track, patients' willingness to share detailed personal information they may not see as "medical" in nature, and simply the time constraints of a patient visit. The Health Resources and Services Administration (HRSA) is moving towards building more of this data into its agreements with FQHCs and Bi-State's VRHA team is helping our members implement best practices.

Overcoming Transportation Barriers

In a review of hospital non-financial metrics for 2018, the Green Mountain Care Board found that 80% of key stakeholders considered transportation a critical barrier to accessing health care. A 2019 survey conducted by VPR / VT PBS found that when Vermonters can't access health care they need, 31% say difficulty reaching the location is a significant factor. That's more than the national average, where 23% say travel is a barrier to care, according to the Robert Wood Johnson 2018 rural life survey.

Part of the solution is opening clinic sites in all corners of the state including rural areas. For example, of our 66 FQHC sites, 83% of those locations are rural. Our members close the last mile between clinic and patient through many strategies. Often the solution involves

bringing health care *to* the community, through clinic sites co-located in places like schools, mobile dental sites, a new mobile SUD treatment unit, and home visits.

We also explore new tools to reduce unnecessary travel. For example, in 2020 NOTCH will be working with ConferMED to pilot eConsults, a telehealth tool that can reduce unnecessary specialist visits. Results from eConsults consistently show the majority of specialists referrals sent to the system – 70 to 74% - are for conditions treatable in the patient's primary care medical home. PPNNE offers mobile health to reduce unnecessary travel, engaging Vermont patients through an app for simple treatment of UTIs and birth control prescription management.

Access to transportation is one of the "enabling services" contained in the contracts between HRSA and FQHCs. This means that every FQHC provides baseline assistance, but in 2012 Springfield Medical Care Systems decided to go further:

SMCS and the Springfield Community Health Team piloted a program called "Health Transit" that partnered with community organizations and used a basic algorithm to help their staff walk patients through transportation options. This program was then presented to the Vermont Department of Transportation, which now has federal funding to pilot the system as "Rides to Wellness" in the Windsor and St. Johnsbury areas, in collaboration with Vermont 2-1-1, FQHCs, and Free Clinics.

"We have found the Health Transit program to be extremely helpful in reducing transportation barriers for many of our patients. While we can't solve all of the transportation challenges, Health Transit definitely goes a long way toward providing transportation for many and improving ongoing access to health care services. Our continued focus on reducing transportation barriers as well as other social determinants of health is vital to our goal of building healthier communities." -Tom Dougherty, MPH, Director of Community Health for Springfield Medical Care Systems.

Helping Patients Experiencing Homelessness

Part of our members' mission is to serve patients who are experiencing homelessness or have marginal or inadequate housing. For example, Community Health Centers of Burlington (CHCB) is a federally-funded Health Care for the Homeless (HCH) site, the only grantee in Vermont. They served 1,661 patients in this demographic in 2018. CHCB clinicians and case workers conduct intensive outreach to ensure connection to the no-cost primary and preventive care services provided at their various locations. They also provide outreach at family shelters every week, ensuring homeless kids and families have a trusted primary care provider, access to mental health and substance abuse services, and up-to-date immunizations for school readiness.

CHCB operates the Safe Harbor Health Center as the main site for individuals experiencing homelessness. Safe Harbor provides medical care, supportive housing programs, mental health and substance abuse counseling, connection to dental care, and case management services. A CHCB medical provider and Licensed Clinical Social Worker also provide these services to homeless or at-risk youth at the Pearl Street Youth Health Center.

From November 2016 through June 2019, CHCB operated Burlington's only low-barrier shelter, providing a safe space and care management. The only low-barrier shelter in the greater Burlington area, this model was designed to engage with guests and develop the trusting relationships and connections to long-term services needed to lift them permanently out of homelessness.

CHCB also works closely with community partners to bring onsite case management services to Beacon Apartments, a permanent housing program for Burlington's most chronically homeless individuals, and the medical respite program for homeless and marginally housed individuals at Bel Aire Apartments. The seven medical respite units at Bel Aire offer brief recuperative care for individuals experiencing homelessness who need a place to stay during preparation for and recovery from a medical procedure, or to avoid hospitalization.

Accessing Nutritious Food

Access to nutritious food and good health are closely linked. The Vermont Department of Health and CDC report that poor diet is one of three behaviors that lead to 50% of deaths in Vermont. Meanwhile, the Feeding America Hunger Study shows that 56% of Vermont households accessing the charitable food system report having to choose between paying for food and paying for medicine or medical care, 23% include a member with diabetes, 46% have a member with high blood pressure.

“Our food program is currently serving on in every four Bennington households. . . . The issue with food security is larger than just providing healthy produce to consumers, like any behavior change it is labor intensive. But this is the health care of the future – taking care of ourselves to maintain optimal health and prevent disease development.” –Sue Andrews, Greater Bennington Interfaith Community Services

Bi-State members offer a range of creative programs to address food and diet quality issues in their communities. These include ‘farmacy’ shares that offer fresh food from local CSAs, cooking classes, prepared meals from local ingredients, hosting programs and events for food access nonprofit organizations such as the VT Foodbank’s VeggieVanGo, summertime meal sites for children, food pantries, credit at local farmstands, and community meals that combine good food with education on health topics that include nutrition, parenting, exercise, and stress management.

Reducing Isolation for Farmworkers

Since 2009, Bi-State has provided funding to the Bridges to Health program at UVM Extension to improve migrant farmworkers' access to health care. These workers face a range of barriers, including language, transportation, and cultural barriers. Bridges to Health provides outreach and care coordination to both migrant farmworkers and health care providers to help workers receive timely medical care. Their regional migrant care coordinators work with FQHCs, free clinics, Planned Parenthood clinics, and hospitals across Vermont.

In the past three years, Bridges to Health Staff:

- Developed and distributed a total of **1,500 Health Access Guides** to farm owners, managers, and an estimated **1,000 farmworkers**, reaching an estimated 99% of farms employing immigrant farmworkers.
- Provided an increase in successful referrals for health care services. Over the course of a project year, **92% of farmworkers** who expressed interest in accessing health care services were successful in accessing care.
- Helped health centers make a **measurable change in their culturally competent services**. Twelve health care and other access point organizations made 25+ policy and/or procedural changes to reduce barriers to care.
- **Increased farmworker encounters by 37%**. Bridges now provides services to approximately 49% of Vermont's migrant farmworkers each year.

"I have been working with a family in Chittenden county for 5-6 months now, since we met the family and signed up the son for the MEP (Migrant Education Program). Health access is especially tough for this family, as they are 40 minutes away from clinics that will work with clients experiencing barriers such as ineligibility for health care and reliance on English language interpreters. The family does not have direct access to transportation, and are in an area of the county that taxi services don't serve and volunteer drivers are hard to come by. I had previously helped transport the mother to a dental appointment, and when I got a call from her requesting a medical appointment I figured I may need to provide transportation again. The client reported a relatively urgent medical need, she was having trouble sleeping because of hot flashes and reported growing levels of nausea and a consistent headache. She said she had experienced similar symptoms last year when the family was living in another state. She said the doctor told her she had a UTI and that more than anything she should just drink more water. She said the doctor also mentioned that she could be experiencing early symptoms of menopause, but she wasn't sure what that was and the doctor failed to explain to her what it meant.

It struck me—low education level, especially when it comes to sexual health, can be a significant barrier to our clients because it is something our society can take for granted. And due to the limited time available for most clinic appointments, service providers may often not have the time to properly explain and educate the client—especially if they're communicating via a translator. We scheduled an appointment for the client at PPNNE a few days later. I provided transportation for the client, and because it was spring break time for local schools, looked after her son while she was seen at the clinic.

After 2 hours, she appeared alongside the doctor, who was smiling and chatting with her in fluent Spanish. The doctor introduced herself to me, and made sure we had each other's contact information. She said she was glad we could help her get to the clinic, and she enjoyed meeting the client and providing service in Spanish. The client . . . said she learned a lot, got some medicine, and had a couple follow up visits already scheduled. It turns out the appointment took especially long in part because the doctor understood it would be hard for the family to drive to a pharmacy so they went out and helped her get the medicine she needed. Ultimately I am very thankful that Planned Parenthood exists, and provides such excellent and compassionate service. That being said, in providing a health care service that tries to anticipate and appreciate their clients' barriers, they seem to be very much the exception to the norm." – Community Health Worker

Other Elements of Comprehensive Care

This section has highlighted just a few of the many possible examples of how we are building a comprehensive care system – there is no longer a clear line between what is traditional health care and addressing the larger social determinants of health. For example, care coordination that brings a team together to help patients with complex conditions navigate the health system and connect it to other support systems has become a significant part of what our community health providers do. All of our members work closely with the Blueprint for Health and their network of Community Health Teams, which bring together key local resources from inside and outside the medical profession to help provide appropriate referrals and collaboratively address community health needs. Many of our FQHC members are now working with OneCare Vermont to continue to build complex care coordination models, including platforms that allow for information sharing and communication across organizations, for example with schools or designated agencies. Care coordination has moved from an additional social service to a critical part of care provision.

“The health care system is better than ever at saving and improving lives - if you can coordinate and navigate the health care system. Care coordination is an essential tool in helping patients and health care clinicians focus on what’s important today and over the long haul. Care coordinators are the quarterback of the care team - bridging patients and their natural supports to critical social and community services outside the clinic walls. Moreover, they are working in the trenches of everyday care with some of our most challenging and rewarding patients, and FQHCs couldn’t serve their clients without this skillful care and guidance.” - Michael Costa, CEO, Northern Counties Health Care

Another example of a holistic perspective is the attention paid to patients across their lifetimes, a hallmark of patient-centered and community-focused care. This includes going to schools, working with families, and also working with today’s adult patients to understand how their personal experiences have shaped their current health. The Health Center in Plainfield, for example, has been a leader in implementing ACES (Adverse Childhood Experiences Score) screenings for patients. These previous adverse experiences can lead to a range of poor health outcomes, including negative coping mechanisms such as substance misuse. The Health Center is part of our broader efforts to train clinicians in trauma-informed care.

Bi-State’s members work closely with patients, communities, and organizational partners to help all Vermonters achieve good health. We continue to look strategically at how to best reach these outcomes by focusing on all the factors shaping health in our patients’ lives.

We recognize that data analysis and information sharing is critical to health care decision making, both in individual practice improvement and statewide health care reform.

Vermont Rural Health Alliance (VRHA)

The Vermont Rural Health Alliance (VRHA) is a Health Center Controlled Network (HCCN) and a program of Bi-State Primary Care Association created to serve the operational needs of Vermont's health centers in the context of the evolving health care environment. Key areas of focus include fostering a culture of continuous improvement of data and quality outcomes. In existence since 2007, VRHA has worked hard to develop close, working relationships with each health center, with the informal mission to "help health centers put policy into practice."



Supporting Best Practices in Health Care

VRHA team skills:

- Data Analysis
- Quality Improvement/Change Management
- Project Management
- Subject Matter Expertise
- Data Quality Services

Supports national HCCN goals:

Enhancing the patient and provider experience

- Portals and self-management tools for patients
- Coordination and workflow improvement for provider burden

Advancing interoperability

- Security Risk Assessment and breach mitigation support

Using data to enhance value

- Data integration (claims, clinical, registries, other partners)
- Support decision making, care coordination, and population health
- Patient panels and cohorts
- Special populations data

We Help Members Turn Data Into Information

Clinical trainings on topics including:

- Data roadshow – introducing how to use Qlik data analysis tools
- Pre-diabetes education
- Broaching social determinants with patients
- Population health strategies

Peer groups including:

- Care Coordinator Peer to Peer
- Continuous Quality Improvement Peer to Peer
- FQHC Medical Director Group
- Clinical Committee

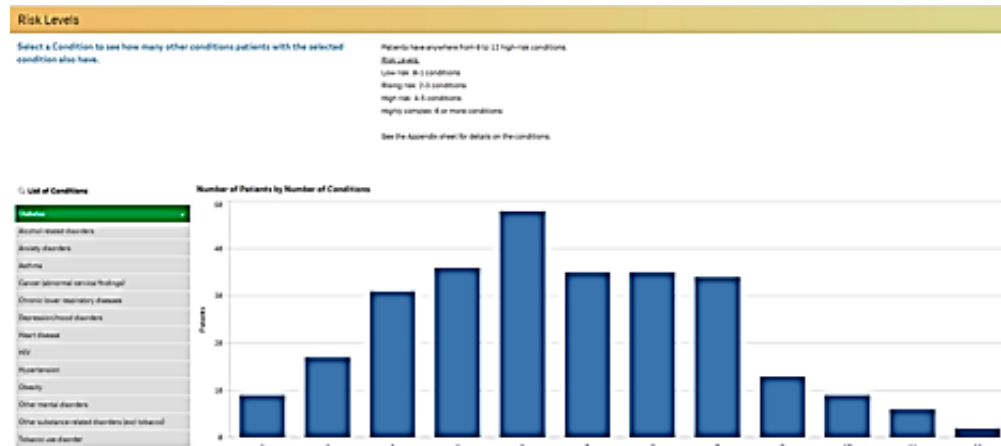
Joint Clinical Meetings (CQI, Clinical Committee, and Medical Director) with 127 attendees (duplicated): 100% rated valuable

Creating dashboards and tailored reports for FQHCs through Qlik apps and NPrinting.

Collaboration with other organizations analyzing health care data, including Department of Vermont Health Access (DVHA), Vermont Department of Health (VDH), OneCare Vermont, Community Health Access Network (CHAN), Breakwater Health Network (FKA NMN), Vermont Information Technology Leaders (VITL)

Combining Analytics and Process Improvement to Help Members Offer Better Care

Organizational Dashboards



Deeper Review of Specific Measures



Root Cause Analysis

Problem: Too many patients with diabetes do not have a current A1c result on record.

Why? The patient's health center provider has not ordered the test.

Why? The patient sees an endocrinologist outside of the health center for his/her diabetes care.

Why is that information unavailable? The endocrinologist's report is scanned into the electronic health record (but the report content is not electronically searchable).

Why? There is no workflow to enter the information from endocrinologist's report into structured fields in the electronic health report so that the information is retrievable.

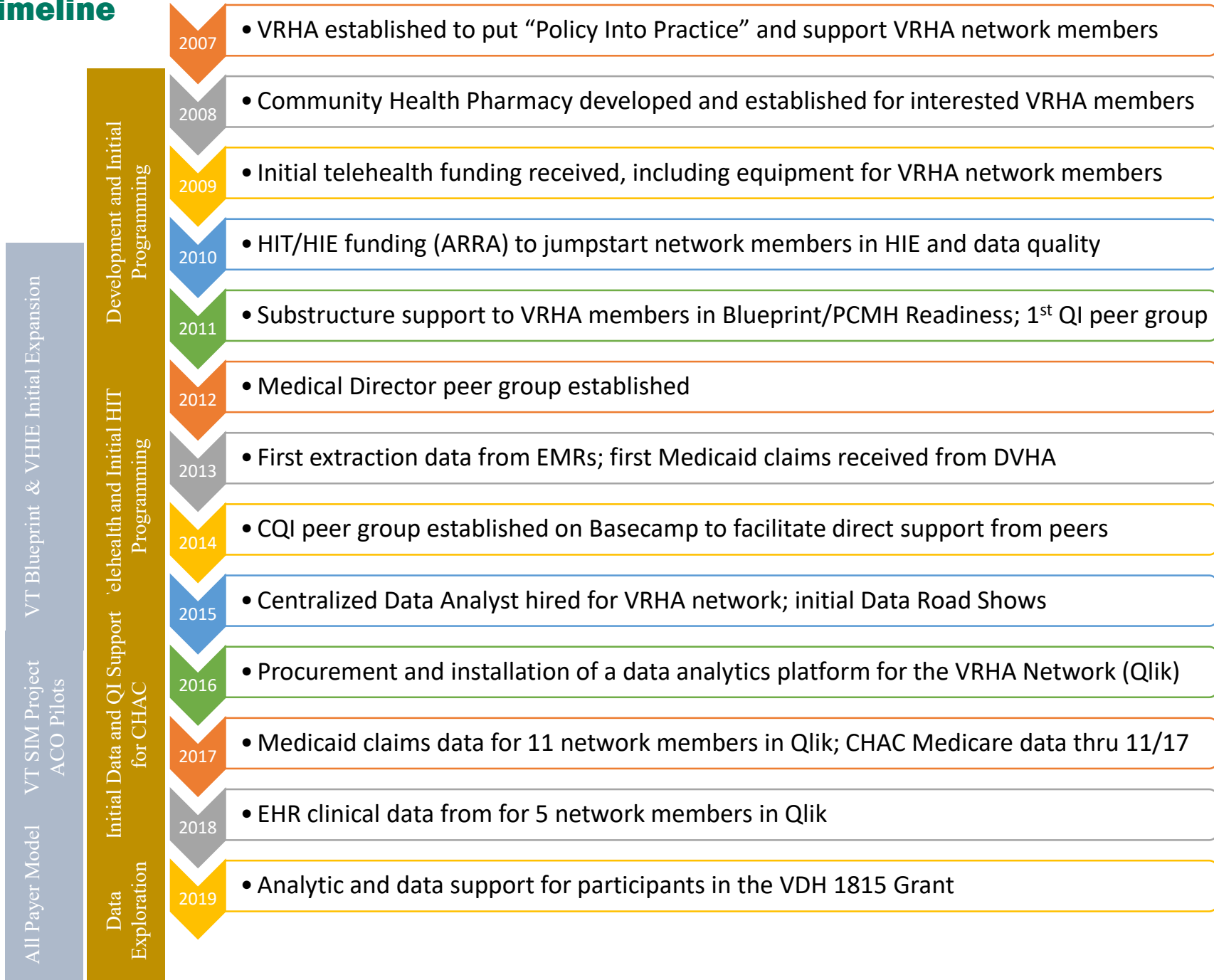
Root Cause: The workflow to enter the data has not been assigned to any health center employee.

Better Clinical Outcomes

Poor Diabetes Control (Lower = Better)



VRHA Timeline



Resources

Bi-State's 2019-2020 Vermont Public Policy Principles

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

We believe that community-based, accessible, and affordable primary care for all Vermonters is the foundation for successful health reform in Vermont. We support the state's efforts to move to a universal and unified health care delivery system and ensure universally available health access and insurance coverage. We support the increased investments in comprehensive integrated primary preventive care that will cost-effectively improve the health of all Vermonters. Our work aims to preserve, strengthen, and expand Vermont's community-based primary care safety-net providers, recognizing that these organizations are integral to the lives of one in three Vermonters and are the foundation of healthy communities statewide. Bi-State works through effective partnerships and robust engagement with the Governor and the Administration, State Legislature, Green Mountain Care Board, and other partners to ensure continued access to primary care using a cost-effective workforce and to:

- Ensure every Vermonter has access to a primary care medical home with particular attention to underserved Vermonters.
- Advocate for delivery system and payment models that invest in, build upon, and prioritize proven and cost-effective community-based primary care -- specifically that sustain and enhance the Federally-Qualified Health Center and Rural Health Center models of care delivery and reimbursement.
- Build on the successes of the Blueprint for Health, ensuring substantial and equitable investment in patient-centered medical homes and empowering local care communities in decision-making through inclusive processes.
- Close coverage gaps for uninsured Vermonters and affordability gaps for under-insured Vermonters.
- Promote population health and well-being through the support of public health goals and population health initiatives.
- Establish strong community-based partnerships that support patients through transitions across care settings.
- Increase investments to integrate mental health, substance use disorder, and primary care services.
- Integrate coverage for and expand access to oral health.
- Invest in preventive services, early intervention, wellness initiatives, and health education.
- Support primary care practitioners in care management and patient engagement for patients with chronic conditions.
- Sustain the 340B pharmacy program to ensure continued access to low-cost pharmaceuticals.
- Increase funding for Vermont Medicaid, and ensure continued investment in primary care.
- Invest in comprehensive workforce development strategies including: increased federal and state loan repayment for health care professionals, and funding for national marketing and outreach.
- Increase access to and funding for telemedicine services to improve access to services for Vermont's rural and underserved populations.
- Sustain federal payment "floors" and framework for FQHC and RHC infrastructure, initiatives, and services to improve access to comprehensive primary care for the uninsured and underinsured.
- Sustain and improve state funding for the Vermont Coalition of Clinics for the Uninsured.
- Sustain and improve state funding for the Area Health Education Centers (AHEC).
- Reduce the amount of administrative burden to Vermont's health care providers.

FQHC Funding

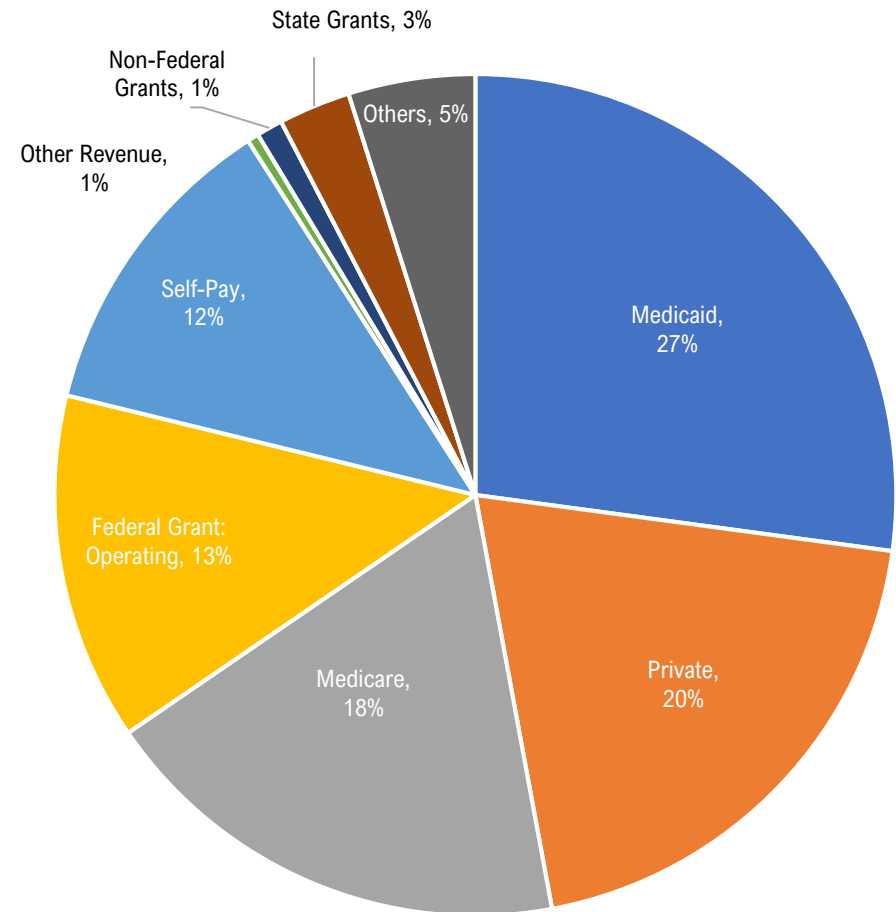
FQHCs are eligible to receive federal appropriations for allowable costs that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these costs may include care provided to uninsured and underinsured low-income patients and enabling services, outreach, transportation, 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 their full costs. Additional funding streams such as 330 grants and 340b funds allow FQHCs to offer comprehensive services in all corners of the state.

FQHC and ACO Participation

In 2020, 9 of 11 eligible FQHCs will be participating in OneCare Vermont. Four are participating for all payer groups, 4 for Medicaid only and 1 for Medicaid and Commercial payers. Three of our members participate on the OneCare Board of Directors. One of our members (NCHC) participated in the 2019 geographical attribution pilot program to reach more Medicaid eligible community members who currently lack a primary care physician relationship. One of our members (CHCB) received a 2019 Innovation Fund grant through OneCare to expand psychiatric services for youth. One of Bi-State's policy priorities is to shift towards value-based payment systems and a reimbursement system that prioritizes primary care, and we believe that working with the all-payer model and ACO structure is an important strategy to reach that ultimate goal.

2018 Sources of Revenue for Vermont FQHCs



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

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

- Document the needs of their target populations.
- **Provide all required primary, preventive, enabling health services** (either directly or through established referrals).
- 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.
- **Provide services at times and locations that assure accessibility and meet the needs of the population to be served.**
- 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 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.**
- 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 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.
- 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.

Bi-State Primary Care Association's Vermont Member Sites By Organization

Battenkill Valley Health Center (FQHC)

1. Battenkill Valley Health Center*

Community Health Centers of Burlington (FQHC)

1. Champlain Islands Health Center
2. GoodHEALTH Internal Medicine
3. Pearl Street Youth Health Center
4. Riverside Health Center*
5. Safe Harbor Health Center*
6. H.O. Wheeler School
7. South End Health Center
8. Winooski Family Health

Community Health Centers of the Rutland Region (FQHC)

1. Allen Pond Community Health Center
2. Brandon Medical Center
3. Castleton Family Health Center
4. CHCRR Pediatrics
5. Community Dental Clinic*
6. Mettowee Valley Health Center
7. Rutland Community Health Center
8. Shorewell Community Health Center

Community Health Services of Lamoille Valley (FQHC)

1. Appleseed Pediatrics
2. Behavioral Health & Wellness Center
3. Community Dental Clinic*
4. Morrisville Family Health Care
5. Stowe Family Practice

Gifford Health Care (FQHC)

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

The Health Center (FQHC)

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

Indian Stream Health Center (FQHC)

1. Indian Stream Health Center

Little Rivers Health Care (FQHC)

1. Blue Mountain Union School
2. Clara Martin Center
3. LRHC at Bradford
4. LRHC at East Corinth
5. LRHC at Wells River
6. Valley Vista

Mountain Health Center (FQHC)

1. Mountain Health Center*
2. Mountain Health Center Annex
3. Mountain Health Dental Care*

Northern Counties Health Care (FQHC)

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

Northern Tier Center for Health (FQHC)

1. Alburg Health Center
2. Enosburg Health Center
3. Fairfax Health Center
4. Fairfield Street Health Center
5. NCSS Health Center
6. Richford Health Center
7. Richford Dental Clinic*
8. St. Albans Health Center
9. Swanton Health Center*

Planned Parenthood of Northern New England

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

Springfield Medical Care Systems (FQHC)

1. Charlestown Family Medicine (NH)
2. Chester Family Medicine and Dental*
3. Lane Eye Associates
4. The Ludlow Dental Center*
5. The Ludlow Health Center
6. Mountain Valley Medical Center
7. Rockingham Medical Group
8. Springfield Health Center
9. The Women's Health Center of Springfield

Vermont Coalition of Clinics for the Uninsured

1. Bennington Free Health Clinic
2. Good Neighbor Health Clinic & Red Logan Dental Clinic*
3. Health Assistance Program at UVM Medical Center
4. Health Connections at Gifford Medical Center
5. Open Door Clinic*
6. People's Health & Wellness Clinic*
7. Rutland Free Clinic*
8. Valley Health Connections
9. Windsor Community Clinic at Mt. Ascutney

**site provides dental services*

FQHC – Federally Qualified Health Center

RHC – Rural Health Clinic

Bi-State's Vermont Member Sites by County

Addison County

- Middlebury Health Center (PPNNE)
- Mountain Health Center (FQHC)*
- Mountain Health Center Annex (FQHC)
- Mountain Health Dental Care (FQHC)*
- The Open Door Clinic (VCCU)

Bennington County

- Battenkill Valley Health Center (FQHC)*
- Bennington Free Health Clinic (VCCU)
- Bennington Health Center (PPNNE)

Caledonia County

- Northern Counties Health Care (FQHC)
 - Danville Health Center
 - Hardwick Area Health Center
 - Northern Counties Dental Center*
 - St. Johnsbury Community Health Center
- St. Johnsbury Health Center (PPNNE)

Chittenden County

- Burlington Health Center (PPNNE)
- Community Health Centers of Burlington (FQHC)
 - Riverside Health Center*
 - Safe Harbor Health Center*
 - Pearl Street Youth Health Center
 - H.O. Wheeler School (school-based)*
 - South End Health Center
 - GoodHEALTH Internal Medicine
- Health Assistance Program at UVMMC (VCCU)
- Williston Health Center (PPNNE)

*site provides dental services
(FQHC) Federally Qualified Health Center
(PPNNE) Planned Parenthood of Northern New England
(RHC) Rural Health Clinic
(VCCU) Vermont Coalition of Clinics for the Uninsured

Essex County

- Indian Stream Health Center (FQHC)
- Northern Counties Health Care (FQHC)
 - Concord Health Center
 - Island Pond Health and Dental Center*

Franklin County

- Northern Tier Center for Health (FQHC)
 - Alburg Health Center
 - Enosburg Health Center
 - Fairfax Health Center
 - Fairfield Street Health Center
 - NCSS Health Center
 - Richford Dental Clinic*
 - Richford Health Center
 - St. Albans Health Center
 - Swanton Health Center*
- St. Albans Health Center (PPNNE)

Grand Isle County

- Community Health Centers of Burlington (FQHC)
 - Champlain Islands Health Center
- Northern Tier Center for Health (FQHC)
 - Alburg Health Center

Lamoille County

- Community Health Services of Lamoille Valley (FQHC)
 - Appleseed Pediatrics
 - Behavioral Health & Wellness Center
 - Community Dental Clinic* Morrisville Family Health Care
 - Stowe Family Practice
- Hyde Park Health Center (PPNNE)

Orange County

- Gifford Health Care (FQHC)
 - Chelsea Health Center
 - Gifford Primary Care
- Health Connections at Gifford Health Care (VCCU)
- Little Rivers Health Care (FQHC)
 - Blue Mountain Union School
 - Clara Martin Center
 - LRHC at Bradford
 - LRHC at Wells River
 - LRHC at East Corinth
 - Valley Vista

Orleans County

- Newport Health Center (PPNNE)
- Orleans Dental Clinic (FQHC)

Bi-State's Vermont Member Sites by County

Rutland County

- Community Health Centers of the Rutland Region (FQHC)
 - Allen Pond Family Health Center
 - Brandon Medical Center
 - Castleton Family Health Center
 - CHCRR Pediatrics
 - Community Dental Clinic*
 - Mettowee Valley Health Center
 - Rutland Community Health Center
 - Shorewell Community Health Center
- Rutland Free Clinic* (VCCU)
- Rutland Health Center (PPNNE)

Washington County

- Barre Health Center (PPNNE)
- Gifford Health Care (FQHC)
 - Gifford Health Center at Berlin
- People's Health & Wellness Clinic (VCCU)
- The Health Center (FQHC)
 - Cabot Health Services (school-based)
 - Ronald McDonald Dental Care Mobile*
 - The Health Center Main Site*

Windham County

- Brattleboro Health Center (PPNNE)
- Springfield Medical Care Systems (FQHC)
 - Rockingham Medical Group

Windsor County

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

Sullivan County in New Hampshire

- Springfield Medical Care Systems (FQHC)
 - Charlestown Family Medicine

*site provides dental services

(FQHC) Federally Qualified Health Center

(PPNNE) Planned Parenthood of Northern New England

(RHC) Rural Health Clinic

(VCCU) Vermont Coalition of Clinics for the Uninsured

Bi-State's Vermont Member Legislative Representation List

Biennium 2019 – 2020

Representative Janet Ancel (D) Washington-6
The Health Center

Representative Peter Anthony (D) Washington-3
Planned Parenthood of Northern New England
The Health Center
Vermont Coalition of Clinics for the Uninsured

Senator Tim Ashe (D/P) Chittenden District
Community Health Centers of Burlington

Representative Sarah Austin (D) Chittenden-9-2
Community Health Centers of Burlington

Senator Becca Balint (D) Windham District
Springfield Medical Care Systems

Representative Robert Bancroft (R) Chittenden-8-3
Community Health Centers of Burlington

Representative John L. Bartholomew (D) Windsor-1
Vermont Coalition of Clinics for the Uninsured
Springfield Medical Care Systems

Senator Philip Baruth (D/P) Chittenden District
Community Health Centers of Burlington

Representative Lynn Batchelor (R) Orleans-1
Northern Counties Health Care

Representative Christopher Bates (D) Bennington-2-1
Battenkill Valley Health Center

Representative Scott Beck (R) Caledonia-3
Northern Counties Health Care
Planned Parenthood of Northern New England

Senator Joe Benning (R) Caledonia District
Little Rivers Health Care
Northern Counties Health Care

Representative Matthew Birong Jr. (D) Addison-3
Community Health Centers of Burlington
Community Health Centers of the Rutland Region
Mountain Health Center

Representative Clement Bissonnette (D) Chittenden-6-7
Community Health Centers of Burlington

Representative Thomas Bock (D) Windsor-3-1
Springfield Medical Care Systems

Senator Christopher Bray (D) Addison District
Community Health Centers of the Rutland Region
Mountain Health Center

Representative Patrick Brennan (R) Chittenden-9-2
Community Health Centers of Burlington

Representative Timothy Briglin (D) Windsor-Orange-2
Gifford Health Care

Senator Randy Brock (R) Franklin District
Northern Tier Center for Health

Representative Nelson Brownell (D) Bennington-1
Battenkill Valley Health Center

Representative Cynthia Browning (D) Bennington-4
Battenkill Valley Health Center

Representative Jessica Brumsted (D) Chittenden-5-2
Community Health Centers of Burlington

Representative Thomas Burditt (R) Rutland-2
Community Health Centers of the Rutland Region

Representative Mollie S. Burke (P) Windham-2-2
Springfield Medical Care Systems
Planned Parenthood of Northern New England

Representative R. Scott Campbell (D) Caledonia-3
Northern Counties Health Care
Planned Parenthood of Northern New England

Senator Brian Campion (D) Bennington District
Battenkill Valley Health Center

Representative William Canfield (R) Rutland-3
Community Health Centers of the Rutland Region

Representative James Carroll (D) Bennington-2-2
Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured
Battenkill Valley Health Center

Representative Seth Chase (D) Chittenden-9-1
Community Health Centers of Burlington

Representative Robin Chesnut-Tangerman (P) Rutland-Bennington
Community Health Centers of the Rutland Region

Representative Annmarie Christensen (D) Windsor-2
Springfield Medical Care Systems

Representative Kevin "Coach" Christie (D) Windsor-4-2
Little Rivers Health Care
Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured

Bi-State's Vermont Member Legislative Representation List

Biennium 2019 – 2020

Representative Brian Cina (P) Chittenden-6-4
Community Health Centers of Burlington

Senator Alison Clarkson (D) Windsor District
Springfield Medical Care Systems

Representative Sara Coffey (D) Windham-1
Springfield Medical Care Systems

Representative Selene Colburn (P) Chittenden-6-4
Community Health Centers of Burlington

Senator Brian Collamore (R) Rutland District
Community Health Centers of the Rutland Region

Representative Peter Conlon (D) Addison-2
Community Health Centers of Burlington
Community Health Centers of the Rutland Region
Gifford Health Care

Representative Charles Conquest (D) Orange-Caledonia
Little Rivers Health Care
Northern Counties Health Care

Representative Sarah Copeland-Hanzas (D) Orange-2
Little Rivers Health Care

Representative Timothy R. Corcoran II (D) Bennington-2-1
Battenkill Valley Health Center

Representative Mari Cordes (D/P) Addison-4
Mountain Health Center

Senator Ann Cummings (D) Washington District
Community Health Centers of Burlington
Gifford Health Care
Northern Counties Health Care
The Health Center

Representative Lawrence Cupoli (R) Rutland-5-2
Community Health Centers of the Rutland Region
Planned Parenthood of Northern New England

Representative Carl Demrow (D) Orange-1
Gifford Health Care
Little Rivers Health Care

Representative Eileen Dickinson (R) Franklin-3-2
Northern Tier Center for Health

Representative Katherine Dolan (D) Washington-7
The Health Center

Representative Anne B. Donahue (R) Washington-1
The Health Center

Representative Johannah Donovan (D) Chittenden-6-5
Community Health Centers of Burlington

Representative David Durfee (D) Bennington-3
Battenkill Valley Health Center

Representative Caleb Elder (D) Addison-4
Mountain Health Center

Representative Alice M. Emmons (D) Windsor-3-2
Vermont Coalition of Clinics for the Uninsured
Springfield Medical Care Systems

Representative Peter J. Fagan (R) Rutland-5-1
Community Health Centers of the Rutland Region

Representative Charen Fegard (D) Franklin-5
Northern Tier Center for Health

Representative Martha Feltus (R) Caledonia-4
Northern Counties Health Care

Representative Marianna Gamache (R) Franklin-4
Northern Tier Center for Health

Representative John Gannon (D) Windham-6
Battenkill Valley Health Center

Representative Marcia Gardner (D) Chittenden-1
Community Health Centers of Burlington

Representative Dylan Giambatista (D) Chittenden-8-2
Community Health Centers of Burlington

Representative Diana Gonzalez (P) Chittenden-6-7
Community Health Centers of Burlington

Representative Kenneth Goslant (R) Washington-1
The Health Center

Representative Maxine Grad (D) Washington-7
The Health Center

Representative Rodney Graham (R) Orange-1
Little Rivers Health Care
Gifford Health Care

Representative James Gregoire (R) Franklin-6
Northern Tier Center for Health

Representative Sandy Haas (P) Windsor-Rutland
Gifford Health Care

Senator Ruth Hardy (D) Addison District
Community Health Centers of the Rutland Region
Mountain Health Center

Bi-State's Vermont Member Legislative Representation List

Biennium 2019 – 2020

Representative James Harrison (R) Rutland-Windsor-1
Community Health Centers of the Rutland Region

Representative Nader Hashim (D) Windham-4
Springfield Medical Care Systems
Vermont Coalition of Clinics for the Uninsured

Representative Robert Helm (R) Rutland-3
Community Health Centers of the Rutland Region

Representative Mark Higley (R) Orleans-Lamoille
Community Health Services of Lamoille Valley

Representative Matthew Hill (D) Lamoille-2
Community Health Services of Lamoille Valley
Planned Parenthood of Northern New England

Senator Cheryl Hooker (D/P) Rutland District
Community Health Centers of the Rutland Region

Representative Robert Hooper (D) Chittenden-6-1
Community Health Centers of Burlington

Representative Mary S. Hooper (D) Washington-4
The Health Center

Representative Philip Jay Hooper (D) Orange-Washington-Addison
Gifford Health Care
Vermont Coalition of Clinics for the Uninsured

Representative Lori Houghton (D) Chittenden-8-2
Community Health Centers of Burlington

Representative Mary E. Howard (D) Rutland-5-3
Vermont Coalition of Clinics for the Uninsured

Senator Debbie Ingram (D) Chittenden District
Community Health Centers of Burlington

Representative Kathleen James (D) Bennington-4
Battenkill Valley Health Center

Representative Stephanie Jerome (D) Rutland-6
Community Health Centers of the Rutland Region

Representative Kimberly Jessup (D) Washington-5
Community Health Centers of Burlington
The Health Center

Representative Mitzi Johnson (D) Grand Isle-Chittenden
Northern Tier Center for Health
Community Health Centers of Burlington

Representative John Killackey (D) Chittenden-7-3
Community Health Centers of Burlington

Representative Charles Kimbell (D) Windsor-5
Springfield Medical Care Systems

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

Representative Warren F. Kitzmiller (D) Washington-4
The Health Center

Representative Emilie Kornheiser (D) Windham-2-1
Springfield Medical Care Systems

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

Representative Robert LaClair (R) Washington-2
Community Health Centers of Burlington
The Health Center

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

Representative Diane Lanpher (D) Addison-3
Community Health Centers of Burlington
Community Health Centers of the Rutland Region
Mountain Health Center

Representative Paul Lefebvre (R) Essex-Caledonia-Orleans
Northern Counties Health Care
Indian Stream Health Center

Representative Felisha Leffler (R) Franklin-7
Northern Tier Center for Health

Representative Emily Long (D) Windham-5
Springfield Medical Care Systems

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

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

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

Representative Michael Marcotte (R) Orleans-2
Planned Parenthood of Northern New England

Bi-State's Vermont Member Legislative Representation List

Biennium 2019 – 2020

Representative Marcia Martel (R) Caledonia-1

Little Rivers Health Care
Northern Counties Health Care

Representative James Masland (D) Windsor-Orange-2

Gifford Health Care

Representative Christopher Mattos (R) Chittenden-10

Community Health Centers of Burlington

Senator Dick Mazza (D) Grand Isle District

Northern Tier Center for Health
Community Health Centers of Burlington

Representative Michael McCarthy (D) Franklin-3-1

Planned Parenthood of Northern New England
Northern Tier Center for Health

Representative Curtis McCormack (D) Chittenden-6-3

Community Health Centers of Burlington

Senator Dick McCormack (D) Windsor District

Springfield Medical Care Systems

Representative Patricia McCoy (R) Rutland-1

Community Health Centers of the Rutland Region

Representative James McCullough (D) Chittenden-2

Community Health Centers of Burlington
Planned Parenthood of Northern New England

Representative Francis McFaun (R) Washington-2

Community Health Centers of Burlington
The Health Center

Senator James McNeil (R) Rutland District

Community Health Centers of the Rutland Region

Representative Leland Morgan (R) Grand Isle-Chittenden

Community Health Centers of Burlington
Northern Tier Center for Health

Representative Kristi Morris (D) Windsor-3-2

Springfield Medical Care Systems
Vermont Coalition of Clinics for the Uninsured

Representative Mary A. Morrissey (R) Bennington-2-2

Battenkill Valley Health Center
Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured

Representative Michael Mrowicki (D) Windham-4

Vermont Coalition of Clinics for the Uninsured
Springfield Medical Care Systems

Representative Linda K. Myers (R) Chittenden-8-1

Community Health Centers of Burlington

Representative Logan Nicoll (D) Rutland-Windsor-2

Community Health Centers of the Rutland Region
Springfield Medical Care Systems

Senator Alice W. Nitka (D) Windsor District

Springfield Medical Care Systems

Representative Terry Norris (I) Addison-Rutland

Community Health Centers of the Rutland Region
Mountain Health Center

Representative William Notte (D) Rutland-5-4

Community Health Centers of the Rutland Region

Representative Daniel Noyes (D) Lamoille-2

Community Health Services of Lamoille Valley
Planned Parenthood of Northern New England

Representative John O'Brien (D) Windsor-Orange-1

Gifford Health Care

Representative Carol Ode (D) Chittenden-6-1

Community Health Centers of Burlington

Representative Jean O'Sullivan (D) Chittenden-6-2

Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured

Representative Woodman Page (R) Orleans-2

Planned Parenthood of Northern New England

Representative Kelly Pajala (I)

Windham-Bennington-Windsor

Battenkill Valley Health Center
Springfield Medical Care Systems

Representative John Palasik (R) Chittenden-10

Community Health Centers of Burlington

Senator Corey Parent (R) Franklin District

Northern Tier Center for Health

Representative Carolyn W. Partridge (D) Windham-3

Springfield Medical Care Systems

Representative Carolyn W. Partridge (D) Windham-3

The Health Center

Representative Avram Patt (D) Lamoille-Washington

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

Senator Christopher A. Pearson (P/D) Chittenden District

Community Health Centers of Burlington

Senator Andrew Perchlik (D/P) Washington District

Community Health Centers of Burlington
Gifford Health Care
Northern Counties Health Care
The Health Center

Bi-State's Vermont Member Legislative Representation List

Biennium 2019 – 2020

Senator Anthony Pollina (P/D) Washington District

Northern Counties Health Care
The Health Center
Gifford Health Care
Community Health Centers of Burlington

Representative David Potter (D) Rutland-2

Community Health Centers of the Rutland Region

Representative Ann Pugh (D) Chittenden-7-2

Community Health Centers of Burlington

Representative Constance Quimby (R) Essex-Caledonia

Northern Counties Health Care

Representative Barbara Rachelson (D) Chittenden-6-6

Community Health Centers of Burlington

Representative Zachariah Ralph (P/D) Windsor-1

Vermont Coalition of Clinics for the Uninsured
Springfield Medical Care Systems

Representative Marybeth Redmond (D) Chittenden-8-1

Community Health Centers of Burlington

Senator John Rodgers (D) Essex-Orleans District

Northern Counties Health Care

Representative Lucy Rogers (D) Lamoille-3

Community Health Services of Lamoille Valley

Representative Carl Rosenquist (R) Franklin-1

Community Health Centers of Burlington
Northern Tier Center for Health

Representative Brian K. Savage (R) Franklin-4

Northern Tier Center for Health

Representative Robin Scheu (D) Addison-1

Vermont Coalition of Clinics for the Uninsured
Planned Parenthood of Northern New England
Mountain Health Center
Community Health Centers of Burlington

Representative Heidi E. Scheuermann (R) Lamoille-1

Community Health Services of Lamoille Valley

Representative David Potter (D) Rutland-2

Community Health Centers of the Rutland Region

Representative Ann Pugh (D) Chittenden-7-2

Community Health Centers of Burlington

Representative Constance Quimby (R) Essex-Caledonia

Northern Counties Health Care

Representative Barbara Rachelson (D) Chittenden-6-6

Community Health Centers of Burlington

Representative Zachariah Ralph (P/D) Windsor-1

Vermont Coalition of Clinics for the Uninsured
Springfield Medical Care Systems

Representative Marybeth Redmond (D) Chittenden-8-1

Community Health Centers of Burlington

Representative Peter Reed (I)

Orange-Washington-Addison

Vermont Coalition of Clinics for the Uninsured
Gifford Health Care

Senator John Rodgers (D) Essex-Orleans District

Northern Counties Health Care

Representative Lucy Rogers (D) Lamoille-3

Community Health Services of Lamoille Valley

Representative Carl Rosenquist (R) Franklin-1

Community Health Centers of Burlington
Northern Tier Center for Health

Representative Brian K. Savage (R) Franklin-4

Northern Tier Center for Health

Representative Robin Scheu (D) Addison-1

Vermont Coalition of Clinics for the Uninsured
Planned Parenthood of Northern New England
Mountain Health Center
Community Health Centers of Burlington

Representative Heidi E. Scheuermann (R) Lamoille-1

Community Health Services of Lamoille Valley

Senator Dick Sears Jr. (D) Bennington District

Battenkill Valley Health Center

Representative Patrick Seymour (R) Caledonia-4

Northern Counties Health Care

Representative Charles "Butch" Shaw (R) Rutland-6

Community Health Centers of the Rutland Region

Representative Amy Sheldon (D) Addison-1

Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured
Mountain Health Center
Community Health Centers of Burlington

Representative Laura Sibilila (I) Windham-Bennington

Battenkill Valley Health Center

Senator Michael Sirotkin (D) Chittenden District

Community Health Centers of Burlington

Representative Brian Smith (R) Orleans-1

Northern Counties Health Care

Representative Harvey Smith (R) Addison-5

Mountain Health Center

Representative Trevor Squirrell (D) Chittenden-3

Community Health Centers of Burlington

Senator Robert Starr (D) Essex-Orleans District

Northern Counties Health Care

Bi-State's Vermont Member Legislative Representation List

Biennium 2019 – 2020

Representative Thomas Stevens (D)

Washington-Chittenden

Community Health Centers of Burlington
The Health Center

Representative Vicki Strong (R) Orleans-Caledonia

Northern Counties Health Care

Representative Linda Joy Sullivan (D) Bennington-Rutland

Community Health Centers of the Rutland Region

Representative Mary Sullivan (D) Chittenden-6-5

Community Health Centers of Burlington

Representative Randall Szott (D) Windsor-4-1

Gifford Health Care

Representative Curt Taylor (D) Chittenden-9-1

Community Health Centers of Burlington

Representative Thomas Terenzini (R) Rutland-4

Community Health Centers of the Rutland Region

Representative George W. Till (D) Chittenden-3

Community Health Centers of Burlington

Representative Tristan Toleno (D) Windham-2-3

Springfield Medical Care Systems

Representative Catherine Toll (D) Caledonia-Washington

Northern Counties Health Care
The Health Center

Representative Casey Toof (R) Franklin-3-1

Northern Tier Center for Health
Planned Parenthood of Northern New England

Representative Maida Townsend (D) Chittenden-7-4

Community Health Centers of Burlington

Representative Matthew Trieber (D) Windham-3

Springfield Medical Care Systems
The Health Center

Representative Vicki Strong (R) Orleans-Caledonia

Northern Counties Health Care

Representative Linda Joy Sullivan (D) Bennington-Rutland

Community Health Centers of the Rutland Region

Representative Mary Sullivan (D) Chittenden-6-5

Community Health Centers of Burlington

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Gifford Health Care

Representative Curt Taylor (D) Chittenden-9-1

Community Health Centers of Burlington

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Community Health Centers of the Rutland Region

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Community Health Centers of Burlington

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Springfield Medical Care Systems

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Northern Counties Health Care
The Health Center

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Northern Tier Center for Health
Planned Parenthood of Northern New England

Representative Maida Townsend (D) Chittenden-7-4

Community Health Centers of Burlington

Representative Matthew Trieber (D) Windham-3

Springfield Medical Care Systems
The Health Center

Representative Joseph "Chip" Troiano (D) Caledonia-2

Northern Counties Health Care

Representative Tommy Walz (D) Washington-3

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

Representative Kathryn Webb (D) Chittenden-5-1

Community Health Centers of Burlington

Senator Richard Westman (R) Lamoille District

Community Health Services of Lamoille Valley

Representative Rebecca White (D) Windsor-4-2

Little Rivers Health Care
Planned Parenthood of Northern New England
Vermont Coalition of Clinics for the Uninsured

Senator Jeanette K. White (D) Windham District

Springfield Medical Care Systems

Representative Theresa Wood (D)

Washington-Chittenden

Community Health Centers of Burlington
The Health Center

Representative David Yacovone (D)

Lamoille-Washington

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

Representative Michael Yantachka (D) Chittenden-4-1

Community Health Centers of Burlington

Representative Samuel Young (D) Orleans-Caledonia

Northern Counties Health Care