



Bi-State Primary Care Association  
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January 2023

# 2023 New Hampshire

Primary Care Sourcebook



<b>TABLE OF CONTENTS</b>			
Introduction to Bi-State	<a href="#">Page 3</a>	Ammonoosuc Community Health Services	<a href="#">Page 24</a>
Bi-State PCA NH Member Directory	<a href="#">Page 4</a>	Amoskeag Health	<a href="#">Page 25</a>
2023 NH Public Policy Principles & Priorities	<a href="#">Page 5</a>	Community Health Access Network (CHAN)	<a href="#">Page 26</a>
What is a CHC, FQHC, and FQHC Look-Alike?	<a href="#">Page 6</a>	Coos County Family Health Services	<a href="#">Page 27</a>
Snapshot of Bi-State's NH Members	<a href="#">Page 7</a>	Greater Seacoast Community Health	<a href="#">Page 28</a>
CHCs are Economic Engines	<a href="#">Page 8</a>	Harbor Care	<a href="#">Page 29</a>
CHCs Support Medicaid Expansion	<a href="#">Page 9</a>	Health Care for the Homeless Program	<a href="#">Page 30</a>
FQHC Statewide Data	<a href="#">Page 10</a>	HealthFirst Family Care Center	<a href="#">Page 31</a>
What Services FQHCs Offer	<a href="#">Page 11</a>	Lamprey Health Care	<a href="#">Page 32</a>
FQHCs Provide Integrated Care	<a href="#">Page 12</a>	Mid-State Health Center	<a href="#">Page 33</a>
FQHC Clinical Quality Measures	<a href="#">Page 13</a>	NH Area Health Education Center (AHEC)	<a href="#">Page 34</a>
A Growing Demand for FQHC Services	<a href="#">Page 14</a>	North Country Health Consortium	<a href="#">Page 35</a>
FQHCs Prevent and Reduce Substance Use	<a href="#">Page 15</a>	North Star Health	<a href="#">Page 36</a>
Spotlight on Integration: Delta Center Project	<a href="#">Page 16</a>	Planned Parenthood of Northern New England	<a href="#">Page 37</a>
FQHCs Improve Heart Health	<a href="#">Page 17</a>	White Mountain Community Health Center	<a href="#">Page 38</a>
Adult Dental Medicaid Benefit	<a href="#">Page 18</a>	Resources	<a href="#">Page 39</a>
FQHC Sources of Revenue	<a href="#">Page 19</a>	FQHC Federal Requirements	<a href="#">Page 40</a>
Bi-State NH Member Map	<a href="#">Page 20</a>	FQHC Sliding Fee Scale	<a href="#">Page 41</a>
Workforce and Public Policy	<a href="#">Page 21</a>	NH Legislative Resources	<a href="#">Page 42</a>
Bi-State's Recruitment Center	<a href="#">Page 22</a>	Acknowledgements	<a href="#">Page 43</a>
Bi-State's NH Member Profiles	<a href="#">Page 23</a>		

## 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.

## Who We Are

Bi-State Primary Care Association was established in 1986 to serve Vermont and New Hampshire. Bi-State is a nonprofit, 501(c)(3) charitable organization. Today, Bi-State represents 26 member organizations across both states that provide comprehensive primary care services to over 312,000 patients at 162 locations. Bi-State members include federally qualified health centers (FQHCs), community health centers (CHCs), area health education centers (AHECs), Vermont Free and Referral Clinics, and Planned Parenthood.

## What We Do

Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas. Bi-State's nonprofit recruitment center provides workforce assistance and candidate referrals to FQHCs, RHCs, and private and hospital-sponsored physician practices throughout Vermont and New Hampshire. The recruitment center focuses on recruiting and retaining primary care providers including physicians, dentists, nurse practitioners, and physician assistants.

### Bi-State's Mission

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

### Bi-State's Vision

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

## Community Health Centers ensure everyone has access to primary health care

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

## Workforce & Recruitment

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

# Bi-State Primary Care Association's New Hampshire Members

## **Ammonoosuc Community Health Services, Inc. (FQHC)**

Edward D. Shanshala II, CEO  
(603) 444-8223 · [ed.shanshala@achs-inc.org](mailto:ed.shanshala@achs-inc.org)  
25 Mt. Eustis Road, Littleton, NH 03561  
[www.ammonoosuc.org](http://www.ammonoosuc.org)

## **Amoskeag Health (FQHC)**

Kris McCracken, President/CEO  
(603) 935-5210, (603) 935-5229  
[kmccracken@amoskeaghealth.org](mailto:kmccracken@amoskeaghealth.org)  
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## **Community Health Access Network**

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

## **Coos County Family Health Services (FQHC)**

Ken Gordon, CEO  
(603) 752-3669 Ext. 4018 · [kgordon@ccfhs.org](mailto:kgordon@ccfhs.org)  
54 Willow Street, Berlin, NH 03570  
[www.coosfamilyhealth.org](http://www.coosfamilyhealth.org)

## **Greater Seacoast Community Health (FQHC)**

Janet Laatsch, CEO  
(603) 516-2550 · [jlaatsch@goodwinch.org](mailto:jlaatsch@goodwinch.org)  
[www.GetCommunityHealth.org](http://www.GetCommunityHealth.org)

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

## **Harbor Care (FQHC)**

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45 High Street, Nashua, NH 03060  
[www.harborcarenh.org](http://www.harborcarenh.org)

## **Health Care for the Homeless Program (FQHC)**

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199 Manchester Street Manchester, NH 03103  
[www.catholicmedicalcenter.org/Community-Health](http://www.catholicmedicalcenter.org/Community-Health)

## **HealthFirst Family Care Center (FQHC)**

Russell G. Keene, President/CEO  
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[rkeene@healthfirstfamily.org](mailto:rkeene@healthfirstfamily.org)  
841 Central St, Ste 101, Franklin, NH 03235  
[www.healthfirstfamily.org](http://www.healthfirstfamily.org)

## **Lamprey Health Care (FQHC)**

Greg White, CEO  
(603) 292-7214  
[gwhite@lampreyhealth.org](mailto:gwhite@lampreyhealth.org)  
207 South Main Street, Newmarket, NH 03857  
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## **Mid-State Health Center (FQHC)**

Robert MacLeod, CEO  
(603) 238-3525 · [rmacleod@midstatehealth.org](mailto:rmacleod@midstatehealth.org)  
101 Boulder Point Drive, Plymouth, NH 03264  
[www.midstatehealth.org](http://www.midstatehealth.org)

## **NH Area Health Education Center**

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[www.tdi.dartmouth.edu/education/professional-education/new-hampshire-area-health-education-center-ahec](http://www.tdi.dartmouth.edu/education/professional-education/new-hampshire-area-health-education-center-ahec)

## **North Country Health Consortium**

Lauren Pearson, Executive Director  
(603) 259-4785 · [lpearson@nchcnh.org](mailto:lpearson@nchcnh.org)  
262 Cottage St, Suite 230, Littleton, NH 03561  
[www.nchcnh.org](http://www.nchcnh.org)

## **North Star Health (FQHC)**

Josh R. Dufresne, CEO  
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250 CEDA Road, Charlestown, NH 03603  
[www.northstarfqhc.org/charlestown-health-center/](http://www.northstarfqhc.org/charlestown-health-center/)

## **Planned Parenthood of Northern New England (Health Center)**

Judith Selzer, CEO/President  
603-513-5341 · [Judith.selzer@ppnne.org](mailto:Judith.selzer@ppnne.org)  
18 Low Avenue, Concord, NH 03301  
[www.plannedparenthood.org/planned-parenthood-northern-new-england](http://www.plannedparenthood.org/planned-parenthood-northern-new-england)

## **White Mountain Community Health Center (FQHC LOOK-ALIKE)**

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[www.whitemountainhealth.org](http://www.whitemountainhealth.org)

# 2023 New Hampshire Public Policy Principles

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

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

## 2023 New Hampshire Public Policy Priorities

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

# Community-Based Primary and Preventive Health Care

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

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

## Community Health Centers (CHCs)

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

### In 2021, 11 CHCs:

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

## Federally Qualified Health Centers (FQHCs)

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

### In 2021, 10 FQHCs

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

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

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

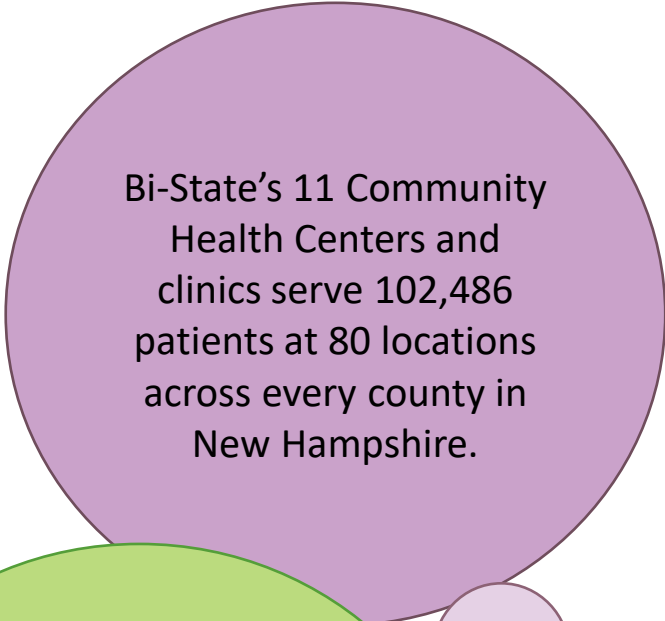
# Snapshot of Our New Hampshire Members

## Community Health Centers include:

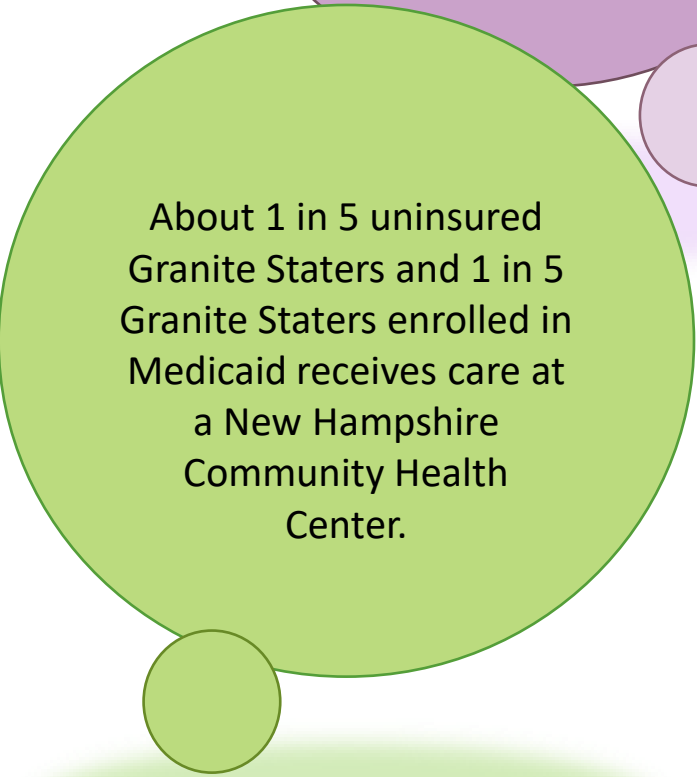
- **Federally Qualified Health Centers (FQHCs)**  
\*Ten FQHCs encompass 76 sites in 9 counties, including health center operations at dental clinics, pediatric centers, schools, recovery community organizations, community mental health centers, childcare centers, soup kitchens, churches, mobile unit sites, and more.
  - These 10 FQHCs include White Mountain Community Health Center, which is an FQHC Look-Alike.
- **Planned Parenthood of Northern New England:**  
4 health center locations

## NH Programs and Services include:

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



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



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

## CHCs are Economic Engines within their Communities



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



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



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

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





## CHCs Support Permanent Reauthorization of Medicaid Expansion

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

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



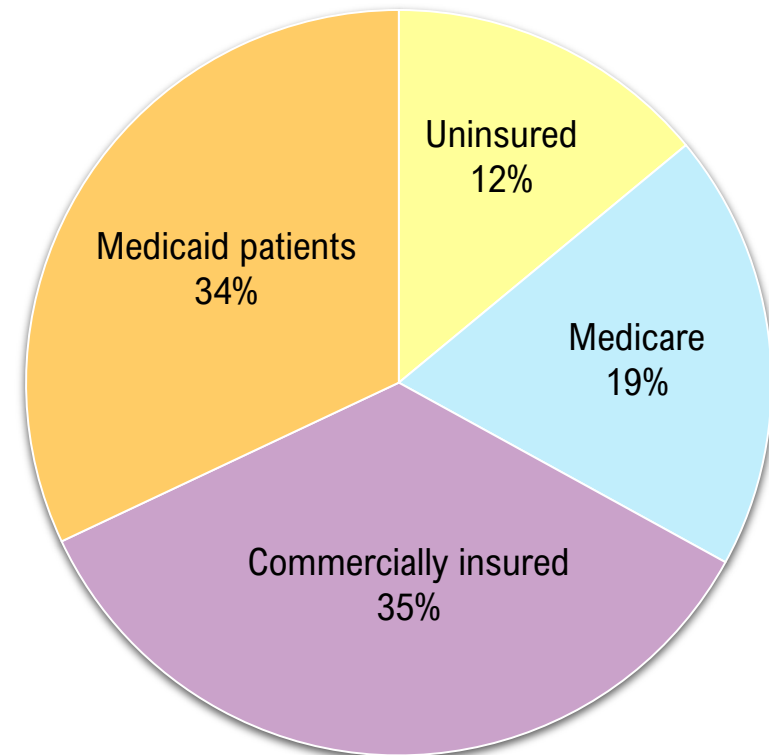
As of January 2023, Medicaid Expansion provides insurance coverage for more than 93,000 Granite Staters in need. Since its inception in 2014, at NH FQHCs alone, the percentage of uninsured patients has dropped from 19% to 12%, Medicaid coverage has expanded from 30% to 34%, and commercial insurance coverage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

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

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

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

## Federally Qualified Health Center Payer Mix



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

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

## Each FQHC Serves its Community's Unique Needs

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

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

### Representation Matters



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

## Health Center Offerings May Include:



Patient-Centered Primary Care  
Telehealth  
Social Services  
Childcare



Mental Health Treatment  
Insurance Enrollment  
Substance Use Disorder Services  
Dental Care



Early Literacy Programs  
Adverse Childhood Experiences Response  
Prenatal & Postpartum Care



COVID-19 Vaccines, Testing, & Treatment  
Language Interpretation Services  
Transportation



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



Cancer Screenings  
Clothing & Home Furnishings



Medication Assisted Treatment  
In-House Pharmacy  
Optometry  
Pre- & Post-Exposure Prophylaxis HIV Treatment



Trans-Inclusive Health Care  
Midwifery Care  
Playgroups



Family Support & Parenting Classes  
Response to Sexual & Domestic Violence  
Housing Support



Pediatrics  
Reproductive Health Care  
Health Care for Veterans



Care Coordination  
Mobile Health Care  
Medical/Legal Partnership



...& much more!

## FQHCs improve access to integrated primary care services

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

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

### NH's FQHCs Serve:



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



2,625 Veterans



18% of Patients are Older Adults



FQHCs serve 17% of all NH Medicaid Enrollees

~  
34% of an FQHC's payer mix is Medicaid



Patients Experiencing Homelessness: 5,535



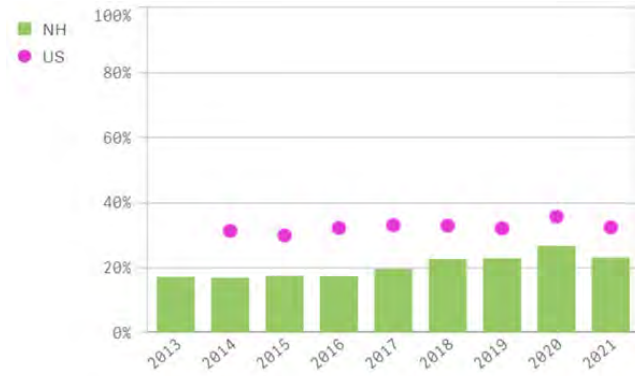
10,945 Uninsured Patients

~  
541 Migrant/Seasonal Agricultural Workers & Dependents

Numbers reflect 2021 UDS data

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

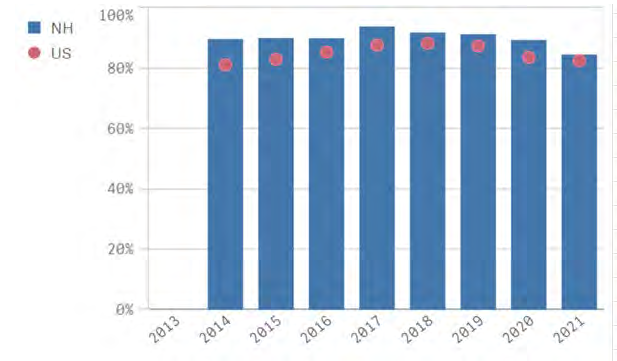
**Diabetes Poor Control Rate**  
**IN 2021: US: 32%; NH: 23%**  
**LOWER=BETTER**



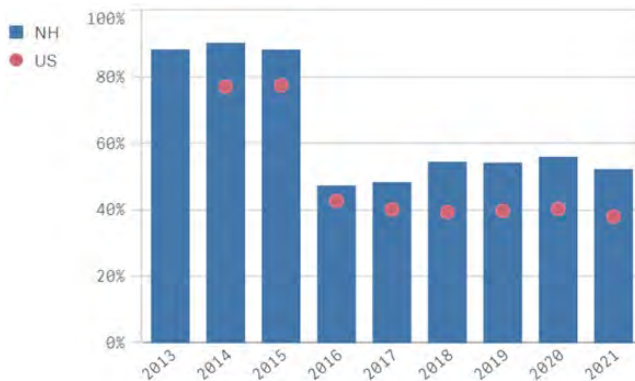
**Hypertension Control Rate**  
**IN 2021: US: 60%; NH: 67%**



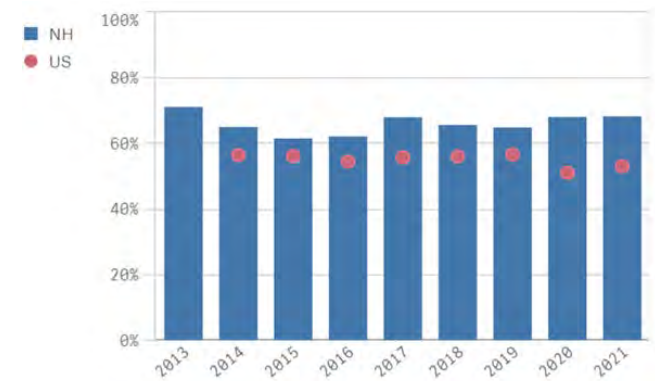
**Tobacco Use Assessment & Cessation Counseling**  
**IN 2021: US: 82%; NH: 84%**



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



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



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

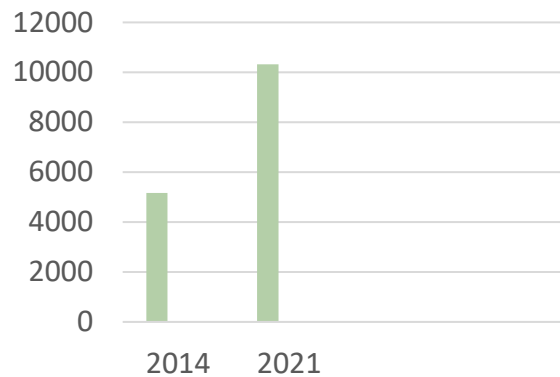


# Demand for FQHC services continues to grow in New Hampshire. Integrated primary and preventive care includes mental health, substance use disorder treatment, and vision services.

## Mental Health Treatment



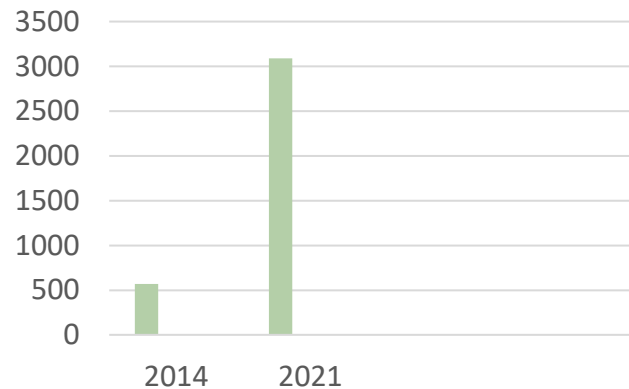
100% increase in number of FQHC patients treated for mental health from 2014-2021.



## Substance Use Disorder Treatment



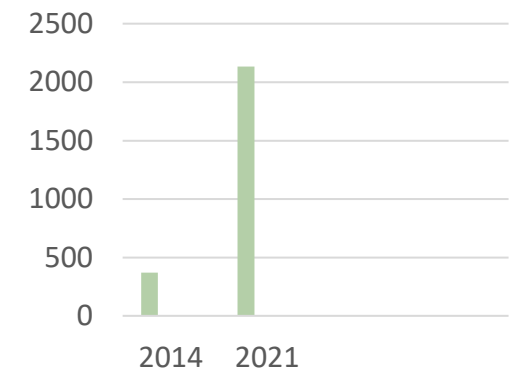
443% increase in number of FQHC patients treated for substance use disorder from 2014-2021.



## Vision Services



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

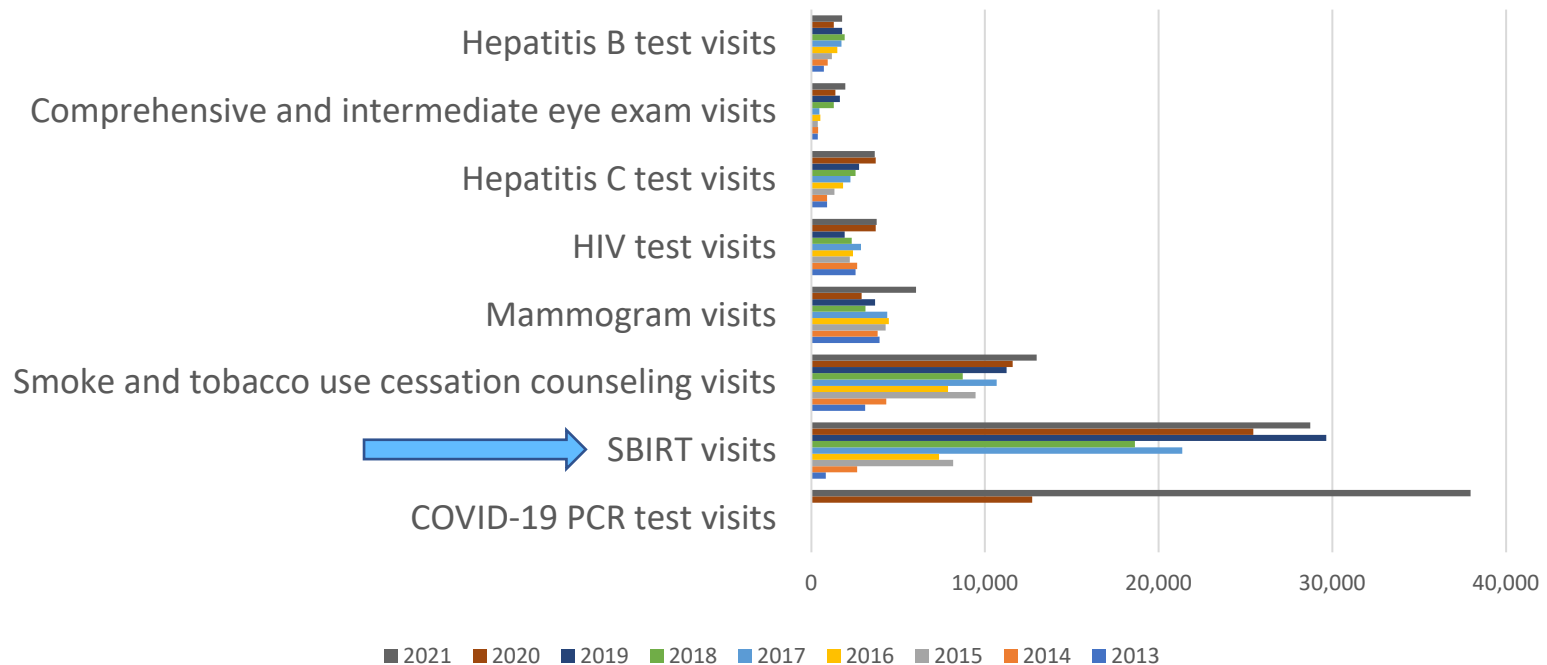


# FQHCs adopt evidence-based practices to prevent and reduce substance use in their communities.

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

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

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



# Spotlight on Integration: Delta Center for a Thriving Safety Net

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

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

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

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

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

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

## Voices from the Field

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

- Physician Assistant



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

- Physician Assistant



## FQHCs strive to improve heart health

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

### Blood Pressure Cuff Lending Library

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

### Development of Hypertension and Lipids Protocols

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

### Medication Therapy Management (MTM)

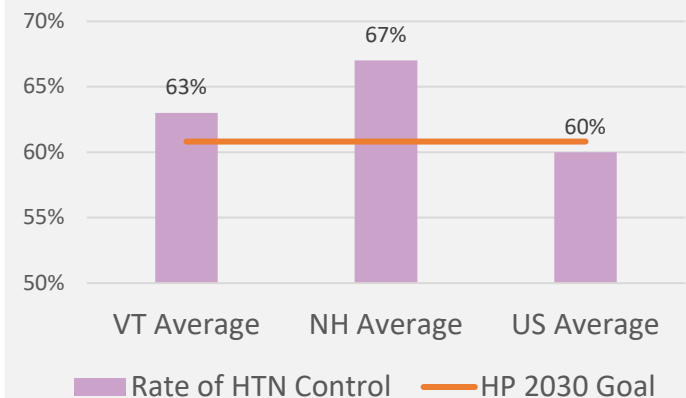
Eight health centers across NH and VT are developing medication therapy management programs, often in partnership with pharmacists, to assist patients with hypertension, cardiovascular disease, and/or diabetes.

### Food Farmacy Development

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



### Rate of Hypertension Control



## FQHCs are a dental safety net

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

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

## New Adult Dental Benefit Added to NH Medicaid Program

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



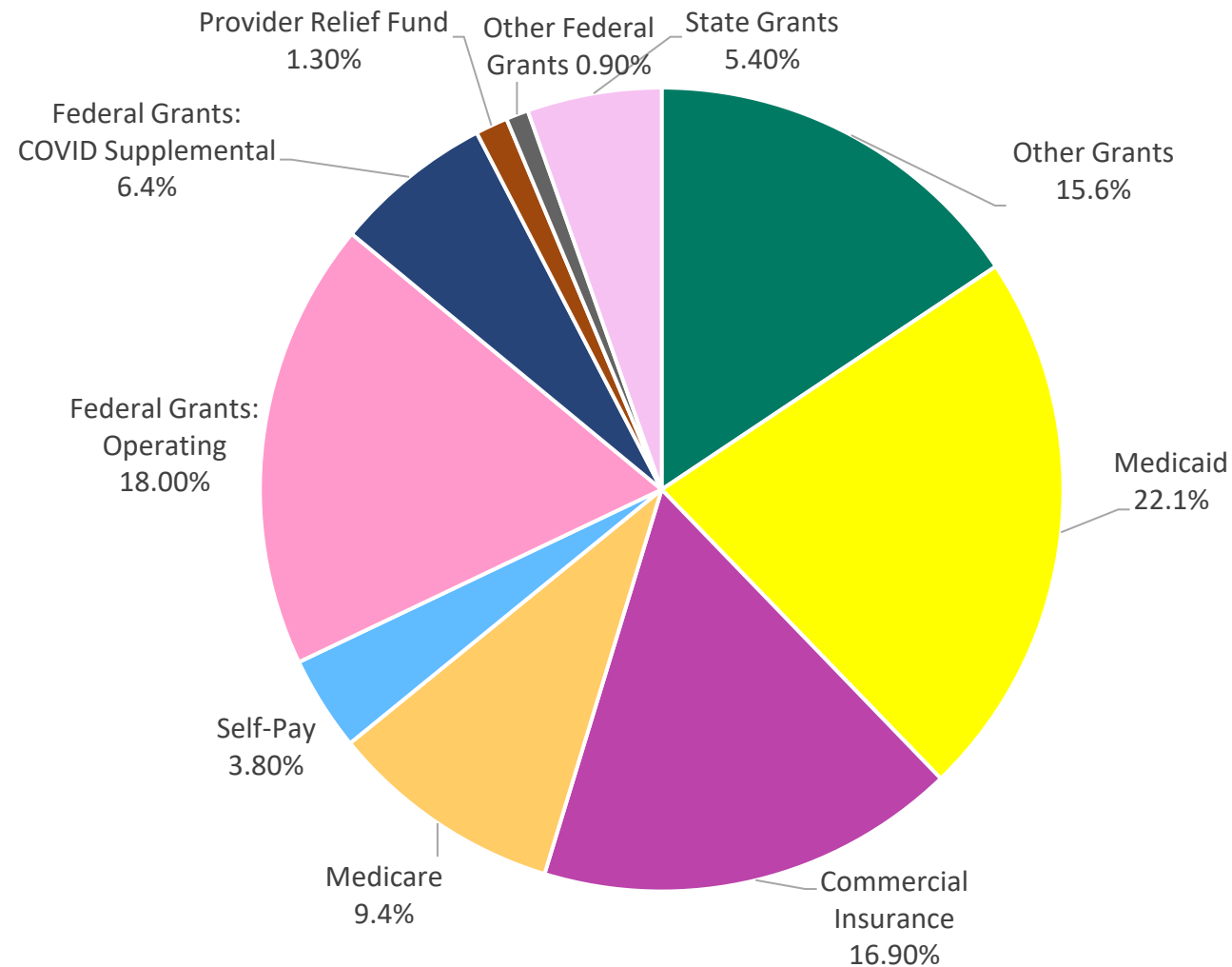
*NH Oral Health Coalition members with Governor Chris Sununu when the Medicaid Adult Dental Benefit was signed into law July 1, 2022.*

## FQHC Funding

FQHCs are eligible to receive federal appropriations to support services that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these services may include care provided to uninsured and underinsured low-income patients, and enabling services, outreach, transportation, and interpretation.

- Federal FQHC grants are awarded based upon a very competitive national application process.
- When FQHCs are awarded federal funds, they must meet strict program, performance, and accountability standards. Almost 100 additional regulations are connected to FQHC status.
- Federal FQHC appropriations are not transferable to any other entity.
- Medicare and Medicaid FQHC reimbursement is a prospective encounter rate.
- FQHCs bill commercial insurers just like any other primary care practice.
- No payer reimburses FQHCs for the full cost of providing services.

## FQHC Sources of Revenue (2021)



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

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

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

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

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△ Planned Parenthood of Northern New England (CHC)

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◆ Community Health Access Network

◆ North Country Health Consortium

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Area Health Education Center (AHEC) Regions Shaded by County

■ Northern New Hampshire

■ Southern New Hampshire



## Workforce and Public Policy

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

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

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

### Bi-State's Workforce Goals:

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

# Bi-State's Recruitment Center & Workforce Development



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

[BiStateRecruitmentCenter.org](http://BiStateRecruitmentCenter.org)

## 25+ Years of Recruitment Experience

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

## Primary Care is Delivered by a Team

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

## Strategic Workforce Planning

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

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

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

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