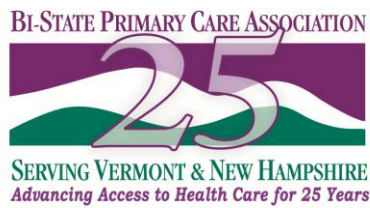


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BI-STATE PRIMARY CARE ASSOCIATION

A Smart Investment in the Health Care Safety Net

Background

Bi-State Primary Care Association (Bi-State) is a nonprofit 501(c)3 charitable service organization working on behalf of Community Health Centers (CHCs)¹, safety net providers, and on behalf of the general public in Vermont and New Hampshire. Bi-State provides a range of services designed to strengthen and expand CHCs and safety net providers, and works to develop delivery systems in underserved areas that do not have health care services. In addition, Bi-State provides cutting-edge information to community providers and other organizations across the states about issues of access to health care for the underserved.

For 25 years, Bi-State has been a key player in efforts to growing community medical providers to assure access for all. Bi-State is viewed as a solid and very effective organization that provides critical assistance and support to CHCs, safety net providers, and the general public. Federal funding for Bi-State was originally authorized in Section 330 of the Public Health Service Act in 1975 and was reconfirmed on October 8, 2008, when the Health Care Safety Net Act of 2008 was signed into law. Since Bi-State is recognized as 501(c)3 tax exempt organization, it is eligible to receive public and private funding beyond its federal funding. Nationally, Primary Care Associations (PCAs), of which Bi-State is the PCA representing Vermont and New Hampshire, have been routinely recognized favorably in federal report language passed by Congress. Bi-State will continue to play a vital and significant role in expanding access to the public and preserving, strengthening, and expanding CHCs and safety net providers in Vermont and New Hampshire.

Bi-State receives federal funding to provide critical training and technical assistance activities that advance the Health Resources and Services Administration (HRSA) and the Bureau of Primary Health Care (BPHC) mission to “improve the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services” (FY2009 PCA Program Guidance, HRSA/BPHC, 2008). According to the BPHC, Bi-State is a strategic and key partner in support of the mission and priority activities of the Agency and Bureau.

Vital Partners

In addition to HRSA/BPHC, the National Association of Community Health Centers (NACHC) coordinates closely with Bi-State to provide critical and necessary support and assistance needed to carry out our customized roles for Vermont and New Hampshire CHCs and safety net providers. Bi-State has evolved into the most appropriate avenue to coordinate state-based training and technical assistance activities because of its close proximity to the CHCs and communities in need of assistance. Without the coordinated assistance provided by NACHC and Bi-State, Vermont and New Hampshire CHCs and safety net providers would have to invent them or engage consultants to carry out key assistance functions. By working together, NACHC and Bi-State are able to offer CHCs, agencies, government, and the public a sound and stable foundation of expertise. Other key partners (including Vermont’s and New Hampshire’s Primary Care Offices, Medicaid Offices, Area Health Education Centers, state and local health departments, medical and dental societies, and hospital associations), collaborate with Bi-State on state and local issues that directly impact CHCs, safety net providers, and the people and communities they serve.

¹ Across the country, CHCs are community-owned, nonprofit businesses that provide essential health care services in underserved areas to high risk and vulnerable populations. CHCs provide quality comprehensive medical, behavioral health and dental services to everyone regardless of ability to pay.

A Smart Investment

Bi-State has been able to use the federal dollars invested in the organization to leverage other resources. Using this combination of resources, Bi-State has built an infrastructure of approximately 20 staff with the expertise and experience to support 33 members; 28 of whom deliver primary care at their 106 sites serving nearly 275,000 patients across Vermont and New Hampshire. Nationally, PCAs have built an infrastructure comprised of over 500 health professionals that provide essential support and assistance to over 1,100 CHCs. PCAs have been successful in leveraging dollars at a ratio of almost 3:1 on their federal resources.

Bi-State provides a set of core functions and competencies that form the framework for support and assistance to CHCs and safety net providers and the communities they serve. Three of our core functions of Bi-State identified in our legislative authority are: 1) training and assistance in fiscal and program management (program requirements); 2) operational and administrative support (performance improvement); and 3) provision of information regarding resources available under Section 330 and how they can be best used to meet the health needs of the communities served by potential and existing CHCs (program development/analysis). Bi-State exhibits competencies in several other critical areas (governance/structure, leadership, management/administration, internal/external relations, clinical services, clinical workforce, and programs/ services) to ensure a strong and effective infrastructure.

An increasing number of communities and organizations depend on the support and assistance of Bi-State. As a result, federal funding provided through cooperative agreements by itself is insufficient to meet the demands for assistance that Bi-State experiences. Bi-State will continue to need the federal investment, and it will need to continue to use it to leverage other resources so that it can satisfy the needs for assistance identified by the organizations and communities.

Providing Essential Services

What is clear is that the efforts of Bi-State have led to the success of the CHC program and safety net provider programs and organizations across Vermont and New Hampshire. The demand for CHC and other safety net provider services will continue to increase. A federal investment in Bi-State is crucial to the sustainability and growth of CHCs and other safety net providers. With limited resources, Bi-State will be needed to continue to provide support services that would otherwise cost CHCs, safety net providers, and the government significant amounts of money.

The following table delineates some of the “essential services” that Bi-State provides and will need to be provided in the future. Although Bi-State delivers different services based on the needs of the CHCs, safety net providers, and the communities they serve in each state, the table shows a range of services Bi-State delivers in the following categories:

- **Strengthening CHCs and Other Safety Net Providers:** As extremely well run organizations, the increasing number of underinsured and uninsured, as well as the increasingly complex patients that are served, have, however, strained the CHCs’ and other safety net provider programs’ viability.
- **Clinical and Quality Improvement:** CHCs and safety net providers have a reputation for delivering high quality care. Data shows that they help decrease health disparities. Bi-State has been instrumental in supporting quality improvement initiatives and developing learning communities to share best practices and connect CHCs and safety net providers working on similar issues. As CHCs and safety net providers lead the implementation of the patient-centered medical home, they will need the support of Bi-State to spread and sustain the model.
- **Primary Care Workforce:** Given the primary care workforce shortages, it is increasingly difficult to retain and recruit primary care providers at CHCs and safety net provider organizations. Bi-State’s Recruitment Center Program provides critical retention and recruitment services that are important to sustain the growth and viability of CHCs and other safety net provider programs.
- **CHC and Other Safety Net Provider Growth:** Bi-State assists communities to increase access to the public by establishing new CHCs and safety net providers, as well as grow the services of existing CHCs and safety net providers, to address the increasing need for safety net clinics across Vermont and New Hampshire. With help from state and federal resources and with the passage of the ACA, CHCs are expected to expand over the next five years (2011-2015) to serve an additional 20 million people; Bi-State will be playing a significant role in supporting and managing the growth of Vermont and New Hampshire CHCs.

Table: Essential Services Provided by Bi-State to Vermont and New Hampshire CHCs and Other Safety Net Providers

| Strengthening CHCs and Other Safety Net Providers | Clinical and Quality Improvement | Primary Care Workforce Retention and Recruitment | CHC and Other Safety Net Provider Growth |
|---|---|---|--|
| <ul style="list-style-type: none"> • Train and educate on clinical business management, operations, and administration • Provide technical support and guidance on state and federal regulations • Provide support to CHC board members on state and federal policies • Help support initiatives and leveraging of private, state, and federal resources for patient services • Facilitate broad state and federal planning for adoption of health information technology • Build public/private partnerships | <ul style="list-style-type: none"> • Provide training and education on how to improve risk management strategies at CHCs and other safety net providers • Provide forums for clinicians to share outcome data, best practices, and anecdotal experience • Provide technical assistance and training on planned care model for reporting and quality benchmarking • Provide training and education on 340B pharmacy program • Provide training and education on the integration of mental and dental health in a primary care setting | <ul style="list-style-type: none"> • Collaborate with local, state, and national partners to develop retention strategies for current clinical and administrative staff • Develop and share best practices in recruitment of needed clinical and administrative staff • Provide direct assistance to CHCs and other safety net providers with the development of recruitment and retention strategies • Provide leadership in policy development that reinforces the need for investments in the primary care workforce • Encourage alternative approaches to expand the primary care pipeline for CHCs and other safety net providers | <ul style="list-style-type: none"> • Convene stakeholders to identify areas of unmet need, underserved population characteristics, and a specific plan to create new access points • Work with local communities to increase primary care access to health care • Train and educate for successful grant writing and business planning • Create and build partnerships that result in resources to support new capacity • Coordinate statewide outreach and enrollment activities |