

HEALTH CENTER HIGHLIGHTS



Volume 2, No. 2

HealthReach Community Health Centers Newsletter

February 2004



A MESSAGE FROM THE PRESIDENT

EDUCATIONAL CAMPAIGN A SUCCESS

Dear HealthReach Staff, Board of Directors and Members of the Community:

It is with great enthusiasm that I provide the following update on MaineCare funding.

In January, I reported that Governor Baldacci's Administration was withdrawing its original proposal to limit MaineCare visits at FQHCs. At the same time, however, the Administration was moving forward with its plans to eliminate the \$2.50 per member per month case management fee paid to FQHC providers for managing the care of certain MaineCare patients. Based on our analysis of the data this would have reduced our reimbursement for MaineCare patients by approximately \$215,000 annually.

I am pleased to report that on January 30, 2004 the Legislature approved a supplemental budget for the remainder of the year ending June 30, 2004. As approved, the budget leaves MaineCare funding for FQHCs almost entirely intact. This is incredible news and is the direct result of your efforts and the efforts of many others across the state. Thank you.

Many of the legislators we contacted over the last several weeks provided the critical support necessary to reinstate our case management fees. They deserve our thanks as well. Please consider sending your personal contact a short note or e-mail



Maine Primary Care Association Executive Director Kevin Lewis (left) and HRCHC President/CEO Stephen Walsh recently honored Sen. John L. Martin (center) as "2003 Legislator of the Year" for his support of comprehensive primary care for Maine's medically underserved communities.

expressing gratitude. We will need their continued support as the legislature begins its deliberation about the new budget year beginning July 1, 2004. From everything I have heard, next year's budget process will be at least as challenging as the process we just completed.

Thank you again for your continued support.

- Stephen E. Walsh

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Community Health Centers

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HEALTH CENTER PROFILE

RICHMOND AREA HEALTH CENTER

“Living in the community we work in holds its own special rewards,” says Front Office Coordinator **Cathy Ottum**. “It makes us feel good to receive extra waves, smiles and hellos from patients who appreciate the dedicated people that we work with everyday.”

Ottum, who has worked at the Health Center for over a decade, exemplifies the spirit of service excellence and local pride behind the “team approach” that Practice Manager **Leslie Coombs** says the Providers, Clinical and Support staff of Richmond Area Health Center (RAHC) display every day.

A DREAM REALIZED, A PROMISE FULFILLED

RAHC was founded in 1977, thanks to the efforts of a local Board led by **George Gould, MD**, who was a general practitioner in Richmond for over three decades,

RAHC AT-A-GLANCE



Year Established: 1977

Patient Volume: 3,400 patients in 2002

Towns Served: Richmond, Bowdoinham, Dresden, Gardiner, Litchfield and more.

Services Provided: A full range of primary care services, as well as community resource referrals.

Medical Providers: Linda Hermans, MD; Adair Bowlby, MD; Rich Entel, MD (per diem); Tom Bartol, NP

Clinical Support Staff: Debbie Craig, LPN; Melissa Croxford, MA; Ethel Noiles, Clinical Technician; Danielle Seigars, Clinical Technician

Office Staff: Leslie Coombs, Practice Manager; Estelle Cook-Referrals, Receptionist; Beverly Edgecomb, Receptionist; Charlotte Guarino, Medical Records Clerk; Erin Harriman, Receptionist; Cathy Ottum, Front Office Coordinator; Jodi Worth, Receptionist

Irma Williams, a local retired military nurse, and others.

“When Dr. Gould was approaching retirement, he wanted to ensure that there would always be quality health care available in the community,” explains **Jay Robbins**, Chair of the RAHC local Board and a Member of the HARCHC Board of Directors. Jay has a long history with the Health Center, as does Board of Directors Member **Nellie Blagdon**.

“When the Health Center opened, I even served as its first janitor for a couple of years. And I’ve remained a patient there ever since,” says Robbins.

Overall demand has grown since the facility opened over 25 years ago, and there have since been two major building expansions. The most recent effort, which took place five years ago with the support of the local Board, was a \$500,000 project that created a more comfortable setting for patients and staff.

COMMITMENT TO CARE

“Our staff is truly committed to providing patients with the best possible care. Many are local, and they all make extra efforts to do their jobs well,” Leslie Coombs says.

Linda Hermans, MD, has been with the Health Center for 18 years. Such longevity offers patients true continuity of care. A few of Dr. Hermans’ current patients are the children of her former pediatric patients. And she continues to make occasional house calls to patients who are home-bound.

“It’s such a privilege to care for the multiple generations of families in this community, to be a positive force in my patients’ lives. It is a wonderful community,” Hermans says.

Receptionist **Beverly Edgecomb** and Cathy Ottum have served the Health

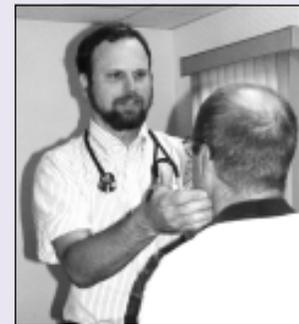
RICHMOND AREA HEALTH CENTER

Past...



Dr. George I. Gould led the local campaign to create the Health Center over 25 years ago.

... and Present



Tom Bartol, NP, cares for a patient.

Center for 14 and 13 years, respectively.

“I love my job. We’re like a big family here,” says **Jodi Worth**, Receptionist. Jodi, on her own initiative, participated in the recent grass-roots educational campaign related to the proposed Maine-Care cuts (see also, *President’s Message*, cover). Her concern for the Health Center patients was evident as she relayed information and updates to RAHC co-workers and other community members and encouraged them to let their voices be heard on the issue.

TRUE TO THE ‘COMMUNITY HEALTH CENTER’ MODEL

“The Health Center has always been of

(See RAHC, page 3)

EMPLOYEE SPOTLIGHT

WELCOME KATHERINE HEER, DMD



HealthReach Community Health Centers is proud to welcome **Katherine Heer, DMD**. Dr. Heer is the new dentist at Strong Area Dental Center (SADC).

Dr. Heer, who has 10 years of dental experience, is proud to bring “old-fashioned, family-friendly service” to the Franklin County community. She is also pleased to return to Maine with her family. “This is where I choose to raise my two children. I want them to grow up in a small, close-knit community with easy access to the great outdoors.”

Dr. Heer says that what she enjoys best about practicing dentistry is the personal interaction with patients. “I love what I do, and the community has been very welcoming.” “It is also a pleasure to work with such a caring and experienced team,” she adds.

Dr. Heer first dreamed of becoming a dentist when she was 16 years old working as a dental assistant. “I enjoyed the environment and helping to care for patients,” she says. Another childhood experience enables Dr. Heer to both relate well with patients and to have a special understanding of the importance of dental care. “I had the ‘fortunate’ experience of needing my jaw broken and reset due to a previous accident as a child. I was treated with oral surgery and orthodontics and walked away with a deep appreciation for how a dental procedure can change a person’s life,” she explains.

Dr. Heer began her dental education in Maine 15 years ago, completing Westbrook College’s dental hygiene program in Portland. She continued her training in Boston, completing her DMD at Tufts Dental School. Dr. Heer began private practice a decade ago in Gorham, where she remained involved with Westbrook College, sitting on a Community Relations

STRONG DENTAL VISITS SCHOOLS

In recognition of “Children’s Dental Health Month,” Strong Area Dental Center hygienists visited local elementary schools in February to provide education on the care and feeding of healthy teeth (see related HealthTip, p. 6).

Students in SAD 58 in grades K-3 participated in the program. **Bob Myshrall** presented to students at Kingfield Elementary, **Lynn Thomas** taught in Strong, and **Sharon Smith-Bouchard** presented at Phillips and Stratton. Over 250 total students enjoyed the educational activities, which were designed to be fun and interactive. The children learned how to brush well, and nutritional tips were provided on how to win the battle against plaque. They watched a short movie on preventive dental care, and received other resources from the Maine Department of Oral Health. A handout developed by HRCCHC for parents was distributed as an additional educational tool.

“It was so meaningful to be out in the community with the children in a small group setting and to witness how interested and enthusiastic they were,” says Sharon Smith-Bouchard. A highlight of the presentation involved lining the children up as ‘teeth,’ and having others walk a string in-and-between them to demonstrate flossing.



Sharon Smith-Bouchard, RDH, coaches a young patient on how to brush well.

Advisory Board and providing clinical supervision to students in the dental hygiene program. She completed her Dental Residency in Connecticut, where she most recently operated her own family dental practice, prior to joining SADC.

Dr. Heer spends most of her free time pursuing educational and outdoor activities with her family.

Dr. Heer’s expertise, enthusiasm and caring nature will be appreciated by all. Please join us in welcoming her to the team!

(RAHC, from page 2)

great service to the community,” says Robbins. It is especially of value to older adults in the community who are able to visit a local Provider and avoid traveling to the hospital, he says. And all local residents benefit from the unique services that Community Health Centers offer, including preventive care initiatives such as blood pressure clinics, chronic disease management, and comprehensive patient education.

Tom Bartol, NP, for example, has

gained national recognition for his research on diabetes and expertise in managing the care of diabetic patients.

“Diabetes is reaching epidemic proportions and growing,” says Bartol. “But it is a disease that can be managed effectively in the primary care setting. Finding people at risk and helping them prevent diabetes is key. I provide education to all my patients, and the more information they receive, the better they are able to understand the disease and control their lives.”

Bartol speaks frequently about the disease at medical workshops across the country, and serves as an educator at diabetes clinics. Bartol’s expertise and service excellence were recognized recently when he received the Nurse Practitioner Award of Excellence for 2003 from the Maine Nurse Practitioner’s Association.

Thank you to all at the Richmond Area Health Center for your dedication and commitment to your patients and community!

RSVP FUNDRAISING AUCTION TO BE HELD APRIL 3

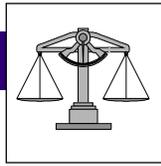
HealthReach RSVP, part of Health Reach Network, is holding its 7th Annual Fundraising Auction on Saturday, April 3 at the Muskie Center in Waterville. This is RSVP's biggest fundraiser, with the proceeds going to help support direct volunteer expenses such as training, insurance coverage, mileage reimbursement and recognition.

You can help make the auction a success by:

1. *Donating an item or gift certificate* (e.g., artwork, antiques, new or gently used furniture or appliances, crafts, or gift certificates or merchandise from local businesses and restaurants. Donations should have a value of \$20 or more. The deadline for donations is March 26.
2. *Join us at the auction.* There will be a silent auction, preview of the live auction items, and a down-home baked bean and American Chop Suey Dinner at 5:00 p.m. (\$5 for adults, \$3 for children). The live auction will begin promptly at 6:00 p.m. Mark your calendar and watch for details.

The Retired & Senior Volunteer Program offers older adults (55 and older) a more meaningful life in retirement through volunteer service. RSVP acts as a clearinghouse, matching volunteers with the needs of local non-profit organizations that are meeting high-impact community needs.

Volunteers serve as Meals-on-Wheels drivers, read to preschool age children, visit elderly in nursing homes, work in food banks and soup kitchens and more. For additional information, please contact **Ruth Saint Amand** at 861-3428 or 1-800-427-1127 or by e-mail at: Ruth.StAmand@HealthReach.org.



CORPORATE COMPLIANCE

PROTECTING CONFIDENTIALITY: PART II

Editor's Note: In the last issue of Health Center Highlights, HRCHC Corporate Compliance Officer Sarah Firth described a health care scenario to readers. She asked for input on how the situation might best be responded to in order to safeguard patient confidentiality. In this issue, Sarah describes the response.

Remember the situation I asked you to think about and if you had time, to propose an answer?

Here it is: You are a provider at a Health Center and about a year ago you treated a patient for a kind of cancer that has a number of different treatment protocols. Today another patient has come in with the same kind of cancer who happens to be a friend of the first patient. When you review the treatment you would choose for his type of tumor, he rejects that recommendation because he says it did not work for his friend. You cannot talk about why it did not work for his friend because you would reveal confidential information about the

friend's case. But you want to correct misinformation and you know that the treatment you have outlined is the best for this patient at this time. What do you say?

I received a very appropriate proposed response: "The provider should inform the patient that because of the confidential nature of another patient's medical information, the previous patient's treatment or outcome cannot be discussed. However, the provider could then draw the conversation back to the current patient's medical issue and give very specific reasons why he/she thinks that the treatment recommendation is right for him. The provider would offer the patient other options and ultimately the patient would decide what course to take." This response is right on target.

Next month, I will pose a new scenario for your consideration. I invite you to send in a question or situation. You may write me at sfirth@gwi.net. Thanks. - Sarah Firth

HRCHC EMPLOYEES HAVE HEART!



As reported in last month's *Health Center Highlights*, HRCHC met its contribution goal, donating over \$9,500 for the programs and people served by the four United Ways in our service area.

Several employees chose to designate their contribution to HRCHC or an individual Health Center, which represented just over \$1,300 of total donations. I would like to offer my heartfelt thanks to those employees on behalf of our organization and Health Center patients. Every day in the important work that we do, HRCHC employees

demonstrate care and concern for the individuals whom we serve. The additional generosity of these individuals represents the best of the true spirit of giving. Thanks to each of you for your continued commitment to our shared mission to bring high-quality, affordable health care to the rural and underserved people of Central and Western Maine.

Each and every contribution makes a world of difference to the various organizations supported, and I am proud of the commitment and generosity that HRCHC employees have demonstrated in the Campaign.

- Stephen E. Walsh



THE FIVE MOST COMMON HIPAA MISTAKES AND HOW TO CORRECT THEM

Editor's Note: In April of 2003, new federal regulations to protect medical privacy went into effect. The law, known as the Health Insurance Portability and Accountability Act (HIPAA), creates a national standard for medical privacy and gives patients greater control over their personal health information. HRCHC has implemented policies to safeguard the privacy of our patients' health information. Our inclusion of the following article from The Medical Receptionist demonstrates our commitment to continually improve our processes in order to maintain the highest possible level of patient confidentiality.

HIPAA is causing a lot of confusion for medical office receptionists, and our expert wants to clear it up. Mikele Bunce, consultant at Los Angeles-based Sinaiko Healthcare Consulting, shares the five most common ways receptionists violate HIPAA and offers better courses of action.

Mistake #1: Verifying demographic information out loud.

If you ask a patient if she still lives at 10 Oak Drive and someone else can overhear your conversation, that's a potential HIPAA violation, Bunce says.

Solution: Instead, hand the patient a piece of paper with her information and ask her if it is still current. If not, she can correct it using a pen.

Mistake #2: Improperly using sign-in sheets. "The sign-in sheet should not have the reason for the appointment or even the physician name on there," Bunce says.

Solution: Use a sign-in sheet that allows you to tear off each patient's name after they come in. Or you can use a sign-in

sheet with a sticky label that can be removed. If you retain a regular sign-in sheet, do not use it to ask for the physician or the reason for the appointment.

Mistake #3: Discussing personal medical history in front of others. If you ask a patient for his or her colonoscopy results in front of other patients, you are violating HIPAA.

Solution: Take a patient into a back room or be sure to talk softly if you need to ask him a personal question and there are other patients present.

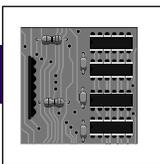
Mistake #4: Repeating personal information while on the phone. "I've heard people repeat information like symptoms or medical record number aloud while on phone calls. And so, if anyone else overhears that, that's a violation," Bunce says.

Solution: Instead of repeating someone's personal information aloud, ask the patient to give you the number again or repeat the symptoms. If you feel you must repeat the information, talk on a phone away from the waiting room or turn your back to others in the area and speak softly.

Mistake #5: Leaving voice mail with personal information. The reason for the visit should not be included.

Solution: You can leave the date and time of the appointment, the organization you are calling from, and the name of the physician when leaving a message. But never say the reason for the visit, and that goes for postcard reminders as well, Bunce adds. Ultimately, leave only the information that is necessary.

Are you sometimes unsure whether you would be violating HIPAA in certain circumstances? Err on the side of caution, Bunce says, and do not release or discuss any demographic or personal information about a patient. Also, be sure to get in touch with your organization's privacy officer to clear up the matter so that you will know for future reference, she says. (Adapted from: "Wake Up and Smell the HIPAA," *Medical Office Receptionist*. March 2004, 17-19.)



BITS 'N BYTES FROM IT

HOW TO ADD AUTO 'SIGNATURE' TO E-MAIL

For this month's article we thought it might be useful to step you through the process of setting up your own auto signature in Outlook. This automatically creates a custom signature in your e-mail. You can include your name, address, e-mail, website, phone, or whatever information you would like in order to make your unique signature.

Here's how to create a signature:

1. At Outlook's main menu, go to **Tools, Options**
2. In the Options window, click on the **Mail Format** tab
3. In the Mail Format window, click on **Signature Picker** or **Signature** button (at the bottom)
4. In the Signature Picker window, click **New**.

5. This will bring you to the **Create New Signature** window
 - a. Enter your name (this is like naming a document)
 - b. Be sure **Start with a blank signature** is selected
 - c. Click **Next**
 - d. Type your signature as you want it to appear at the end of you e-mail, e.g., Name, Title, Phone #, E-mail address, Website
 - e. Click **Finish**
 - f. Preview Signature, if OK, click the **OK** button (if not, click **Edit**)
6. Click **OK** at the Options window, and you've got it!

- The IT Team



HEALTH TIP

TIPS ON THE CARE AND FEEDING OF HEALTHY TEETH

The following preventive care and nutritional tips, recommended by the American Dental Association and the Maine Bureau of Health's Oral Health Program, are provided in recognition of Children's Dental Health Month.

To win the battle against plaque, encourage your children to:

1. Limit eating and drinking between meals and, when snacking, choose nutritious foods.
2. Limit sugary beverages and non-nutritious snack foods. Some nondiet soft drinks contain as many as 11
3. Eat nutritious, well-balanced meals made up of foods from the five major food groups:
 - Breads, cereals or other grains
 - Fruits
 - Vegetables
 - Meat, fish, poultry or protein alternates
 - Milk, yogurt or cheese.
4. Brush twice a day and floss once a day.
5. Schedule regular dental check-ups.

teaspoons of sugar per serving. Most also contain phosphoric acid and citric acid, which over time can eat away tooth enamel.

DENTAL CHECK-UPS HELP KEEP CHILDREN CAVITY FREE

The American Academy of Pediatric Dentistry recommends a dental check-up at least twice a year for most children.

Regular dental visits help your child stay cavity-free:

- Teeth cleanings remove debris that build up on teeth, irritate the gums and cause decay.
- Fluoride treatments strengthen teeth and prevent cavities.
- Hygiene instructions improve your child's brushing and flossing, leading to cleaner teeth and healthier gums.



FROM THE CLINICAL SIDE

NICOTINE REPLACEMENT THERAPY PILOT PROJECT TO BEGIN AT BETHEL FAMILY HEALTH CENTER

This month, the Bethel Family Health Center (BFHC), along with five other Maine Federally Qualified Health Centers (FQHCs), will begin a small-scale pilot program to offer vouchers for Nicotine Replacement Therapy (NRT).

This effort is supported by the Partnership for a Tobacco-Free Maine and is being coordinated by the Maine Primary Care Association. It is anticipated that by May of 2004 this program will be available to all Maine

FQHCs that wish to take advantage of this new resource.

BFHC staff will receive two 1-hour training sessions at the onset of the program. Providers will complete a form that assesses a patient's readiness to stop tobacco use, will issue a voucher at time of visit, and staff will obtain other patient demographic information required by the Maine Tobacco Center. Follow-up visits (telephone or in-person) with Providers will monitor patient's progress toward tobacco cessation. Another month of NRT can be authorized at that time.

Patients will no longer have to call the Maine Tobacco Helpline to be interviewed by a counsellor who they do not know. They will no longer experience a delay associated with playing phone tag and obtaining authorization for NRT during which time their readiness and commitment to quit may wane.

BENEFITS OF THE NRT PILOT PROJECT:

The new Nicotine Replacement Therapy Pilot Project:

- *Reinforces the partnership between the patient and the Provider in dealing with this serious healthcare risk.* The Provider and the patient decide together if the patient is ready to make a real commitment to stop tobacco use.
- *Strikes while the iron is hot.* The Provider makes the assessment and authorizes the NRT voucher by completing the Maine Tobacco Center assessment form on the same day as the visit.
- *There is no time lag between actual Health Center visit and the decision that the patient is ready to make a real commitment to quit.* The completed form is faxed to the patient's pharmacy of choice and the patient receives the NRT the same day.
- *Increased patient and Provider satisfaction.*

- Christa Dillihunt

STAFF NEWS

In Memoriam

This issue of *Health Center Highlights* is dedicated to Shirley Perkins, whom we lost on February 7. Shirley was one of the few employees who had been with the organization so long that she had a one-digit employee number. Shirley was a financial wizard. She had all the answers and would get back to you before you thought of the question again. She was kind-hearted and not shy about telling it as it is. We are saddened by the loss of such a special person. We'll miss you, Shirley, and your family will continue to be in our thoughts and prayers.



Captain Michael R. Milner, Sophie Glidden, Cindy Robertson, MD, and Stephen Walsh

■ **Bingham Provider Recognized for Years of Service - Cindy Robertson, MD**, a Provider at Bingham Area Health Center, was presented an “Exceptional Service Award” by the National Health Service Corps (NHSC) earlier this month in recognition of her 15 plus years of service to the community.

The NHSC is part of the Department of Health and Human Services’ Health Resources and Services Administration (HRSA). NHSC recruits clinicians who are committed to serving underserved populations, matches them with communities in need, and offers those who qualify a competitive medical loan repayment program. In order to fulfill their obligation to the National Health Service Corps, NHSC Providers are required to commit to a minimum of two years in the community in which they are matched.

Robertson’s award was presented by **Michael R. Milner**, Captain, United States Public Health Service and Regional Health Administrator for the Department of Health and Human Services, at a meeting of the Bingham Area Health Council. “Knowing that Cindy has been in Bingham for so many years providing compassionate and caring service is heartwarming and demonstrates the value of the National Health Service Corps to our nation. It is through the dedication of health care providers such as Cindy that the vision of the founders of the NHSC is realized,” said Captain Milner.

Sophie Glidden, Director of the Office of Rural Health and Primary Care and **James Dowling**, Health Resources and Professional Development Manager of the Maine Primary Care Association joined Captain Milner in congratulating Robertson. “Cindy exemplifies the mission of the NHSC. She went to Bingham, developed her practice, and committed herself to staying in the community and providing quality health care to an underserved population, regardless of their ability to pay,” said Glidden. Dowling praised Robertson as a role model to the over 40 medical students she has mentored.

■ **Local Students Paint Children’s Mural at Bingham** - A group of art students from Upper Kennebec Valley High have been commissioned by the Bingham Area Health Council to paint a mural in the children’s area of the waiting room. The project was made possible through a grant written by **Martha Garrett-Young**. The students work on the mural, which has an African Savannah theme, a few days a week during their lunch hour.

■ **It’s a Grandson! Ellen Tewksbury, LPN** at the Bingham Area Health Center recently welcomed her grandson, Evan Jonathan Downing, into the world. Evan was born on December 31 at 6:30 p.m., weighing in at 9 lbs., 11 oz. Proud parents are Shelby and Jonathan Downing. “He is the cutest and best baby anyone could ask for,” says Ellen.

■ **Patient Expresses Special Thanks to Western Maine - Stephanie Whalen**, a Medical Records Clerk who also is involved in the Indigent Drug Program, received a personal letter of thanks from a Health Center patient. The patient displayed creativity in this heartfelt expression of gratitude:

“Thanks a lot, Stephanie, for going the extra mile,
Always being there to help, with patience, all the while.
When we filed an application for medication, you were there.
Your efforts are commendable, your actions show you care.
You’re dedicated to your work, you care for each you serve.
Thank God for people like you, all praise you well deserve.”

Thank you, Stephanie, for the important work that you do.

■ **Welcome Kammy Cutten!** We have hired a “Float” Medical Assistant for the Central and Western Health Centers. Kammy Cutten, Certified MA, began on January 19. She has five years of clinical experience; the last four of those years have been in a Family Practice setting. She lives Centrally and has worked in the Skowhegan area.

(See *Staff News*, page 8)

(Staff News, from page 7)



Donna White,
Dental Assistant

■ **Welcome Donna White** - Strong Area Dental Center and HRCHC welcome Donna White, Dental Assistant. Donna provides support to the Center's three

Dental Hygienists to help provide patients with quality care and ensure their visit is a positive one. She lives locally with her husband and four children. Donna reports that she is pleased that HRCHC has brought oral health services to her community and is excited to be part of the dental team.

■ **Central Office Staff Take on New Roles** - HRCHC's Director of Clinical Performance Improvement, **Christa Dillihunt**, has been named a member of the Senior Management Team. Christa's addition to the team provides greater

continuity of clinical input into senior level decision-making and improves the coordination of clinical and administrative activities.

Christa has 32 years of nursing experience and has been with HRCHC for seven years. She has worked in various clinical settings, including but not limited to Critical Care, Emergency Department, O.R., Obstetrics, Newborn Nursery, Central Sterile, Medial-Surgical, Utilization Review/Quality Improvement, Case Management/Discharge Planning. She is a graduate of Forest Hills High School in Jackman and Mercy Hospital School of Nursing in Portland.

Also in Central Office news, **Jill Conover** will now serve as HRCHC's Director of Communications. She is responsible for overseeing all marketing and public relations activities for the organization. Jill joined HRCHC last fall. Her communications background includes experience in publications

management, public relations, writing, editing and more. Her previous positions include serving as Director of Publications of a Washington, DC-based non-profit organization, Senior Production Editor of a health care publisher in Maryland, and a staff position at the White House as a Writer for the Clinton Administration. Jill is a native of Central Maine and lives locally.

MILESTONES

Twenty Years: Lois Bouchard, Practice Manager, Lovejoy

Fifteen Years: Susan Sherman, Receptionist, Bingham

Five Years: L. Bernadette Demmillo, MA, Western Maine, and Wendy MacDonald, Front Office Coordinator, Belgrade

Welcome: Kammy Cutten, MA (float); Richard Entel, MD (per diem), Richmond; Patricia Turner, LPN, Stong; Donna White, Dental Assistant, Strong Dental

Farewell: Rebecca Jackson, MD (temporary), Richmond

HealthReach Community Health Centers is a family of 11 federally qualified, community-based Health Centers located in Central and Western Maine. Dedicated providers deliver high quality, affordable healthcare to 38,000 rural and underserved residents in over 80 communities. A private, non-profit organization with a proud 30-year history, HRCHC is funded by patient fees, grants and individual donations.

www.HealthReachCHC.org

Belgrade Regional Health Center: 495-3323
Bethel Family Health Center: 824-2193
Bingham Area Health Center: 672-4187
Lovejoy Health Center: 437-9388
Madison Area Health Center: 696-3992
Mr. Abram Regional Health Center: 265-4555
Rangeley Region Health Center: 864-3303
Richmond Area Health Center: 737-4359
Sheepscot Valley Health Center: 549-7581
Strong Area Health Center: 684-4010
Strong Area Dental Center: 684-3045
Western Maine Family Health Center: 897-4345



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HealthReach Community Health Centers

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