

# HEALTH CENTER HIGHLIGHTS



Volume 2, No. 3

HealthReach Community Health Centers Newsletter

March 2004



## A MESSAGE FROM THE PRESIDENT

### DIRIGO HEALTH PLAN

*President's Note: Dirigo Health is the major health care initiative of the Baldacci Administration. Although details of the plan are still being developed and subject to change, a number of the core elements of the plan are summarized below. This information was excerpted from a summary of the initiative provided to Maine Primary Care Association members by the Maine PCA last fall. (See also, "MPCA Recommendations to Dirigo Board," page 3).*

During the summer of 2003, the Dirigo Health Act became law. The legislation established an independent executive agency (Dirigo Health) to arrange for the provision of comprehensive, affordable health care coverage to eligible small employers, including the self-employed, their employees and dependents and individuals on a voluntary basis. The agency was also charged with monitoring and improving the quality of health care in Maine.

Since that time, the Administration has been working on the details of a plan that would provide increased access, contain cost and ensure quality of care while remaining sustainable over time. Following are some of the major elements of Dirigo Health as originally anticipated in the law.

### POWERS AND DUTIES OF DIRIGO HEALTH

Among other activities, Dirigo Health is authorized to:

- Conduct studies and analyses related to the provision of health care, health care costs and quality.
- Develop a comprehensive services and benefits package and an outreach and enrollment program.
- Establish and operate the Maine Quality Forum.

### MAINECARE EXPANSIONS

Dirigo Health will increase Medicaid eligibility up to:

- 200 percent of the federal poverty level (FPL) for all pregnant women, children and families.
- 125 percent of FPL for non-categoricals.
- 125 percent of FPL for qualified disabled populations.

These increases will be implemented between July 1 and October 1, 2004.

### ELIGIBILITY FOR DIRIGO HEALTH INSURANCE

Participation in Dirigo Health Insurance (DHI) is voluntary. However, you must be eligible to participate. There are three

(See *Dirigo*, page 2)

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**Note our new look!** This issue officially kicks-off *Health Center Highlight's* expanded distribution to external audiences, made possible by our new, more economical black and one-color scheme. In addition to the usual internal distribution to our employees and Board members, the newsletter now also serves as a vehicle to communicate HRCHC's important mission and news with members of our community-at-large. It is now being distributed by U.S. mail, e-mail, and is also posted on our website.

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**HealthReach**  
Community Health Centers

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(*Dirigo*, from page 1)

types of eligibility: businesses, employees and individuals.

- To be an eligible business, a business must employ between 2 and 50 employees.
- To be an eligible employee, an employee must work for an eligible employer for a minimum number of hours per week (*initially this minimum was targeted as 20, but may change.*)
- Individuals not employed by a participating eligible employer can still qualify if they are self-employed, unemployed, or employed in an eligible business that doesn't offer health insurance.

## PROVISIONS OF DIRIGO HEALTH INSURANCE

The Administration hopes that the DHI product will be offered through existing health insurance carriers. However, if Maine insurance carriers are unwilling to offer the product, the state may create a nonprofit health care plan of its own.

Carriers of DHI must ensure that:

- Providers do not bill plan enrollees for the balance of their charges.
- Providers do not withhold services on the basis of health status, medical condition, previous insurance status, race, color, creed, age, national origin, citizenship, status, gender, sexual orientation, disability or marital status.
- Providers are reimbursed at negotiated rates (consistent with commercial plans).

## PARTICIPATION IN DIRIGO HEALTH INSURANCE

Participating employers must certify that three-quarters of their staff who work 30 hours or more per week and do not have other health insurance coverage are enrolled in DHI. *This minimizes the chances of adverse selection (the notion that only the sick will seek out insurance).* As originally anticipated, employers are required to fund up to 60 percent of the aggregate payment to cover DHI's costs. Sliding scale subsidies are anticipated for both employees and individuals whose income is below 300 percent of the FPL and who are not eligible for MaineCare.

## CONSUMER INFORMATION

Hospitals are required to maintain a price list of the most common inpatient and outpatient procedures and provide the list to consumers upon request.

Health care practitioners will be required to notify patients in writing of the health practitioner's charges for health care services commonly offered by the practitioner. In addition, the health care practitioner shall "assist the patient in determining the actual payment from a third party payer for health care services commonly offered by the practitioner." *We will look to the Administration for further guidance on this.*



Lovejoy Community Board member August Velten, Trish Riley, Director of the Governor's Office of Health Policy and Finance, and Representative Judd Thompson at a recent community forum on Dirigo.

## USE OF STANDARDIZED CLAIM FORMS

Health care practitioners must use HIPAA sanctioned standardized claim forms and must bill electronically beginning no later than October 16, 2005.

## FINANCIAL SUPPORT OF DIRIGO HEALTH INSURANCE

In order to fund DHI, payments to hospitals for charity care and bad debt are being eliminated. In addition, "savings offset payments" will kick in during year two of the plan. Savings offset payments (SOPs) are assessments made on health insurance carriers, employee benefit excess insurance carriers and third-party administrators. These assessments will be capped at 4 percent of annual health insurance premiums and collected from carriers only after the state has demonstrated savings from the implementation of DHI. Also, participating employers will be required to fund up to 60 percent of the cost of participating individuals and their dependents.

## MAINE QUALITY FORUM

In addition to its focus on the provision of a market-oriented health insurance product, Dirigo Health establishes the Maine Quality Forum (MQF).

The MQF will disseminate research, evaluate provider performance, conduct consumer education and conduct technology assessments. The MQF advisory council is also charged with convening a group of health care providers to provide input and advice to the council.

## STATE HEALTH PLAN

The first biennial state health plan is to be issued by May, 2004 and must set forth a comprehensive, coordinated approach to the development of health care facilities and resources in the State. The plan should incorporate statewide cost, quality and access goals and strategies to ensure access to affordable health care. It should also maintain a rational system of health care

# MPCA RECOMMENDATIONS TO DIRIGO BOARD FOR EXPANSIVE COVERAGE

The Board of Directors of the Dirigo Health Plan met in mid-February to deliberate on the final benefit coverage. A coalition led by the Maine Primary Care Association (MPCA) offered the Board a list of recommendations to ensure cost-effectiveness, access and quality care for Maine's underserved.

The coalition urged the Dirigo Board to provide broad coverage for chronic disease management, mental health and alcohol and drug treatment programs.

Cardiovascular disease, diabetes mellitus and depression affect as many as 99 million Americans; care for such chronic illnesses is a major reason for seeking medical attention. About 157 million people in the U.S. suffer from one or more chronic conditions. The cost of this care accounts for 80 percent of the total U.S. spending on health care.

American business, government and families lose an estimated \$113 billion each year as a result of untreated or mistreated mental illness, and the failure to provide effective substance abuse treatment costs up to \$276 billion per

year, with alcohol dependence among the top 3 most prevalent psychiatric disorders. Untreated alcohol and drug dependence leads to a health care utilization rate twice that of non-dependent individuals in the same age and gender cohort.

Recognizing the close relationship between these conditions, the coalition suggested that patient education and counseling, screening and brief interventions as well as the utilization of telemedicine techniques were essential to fostering improved health care outcomes.

The coalition cited numerous reports that have demonstrated the cost-effectiveness and positive health outcomes of treating chronic diseases.

MPCA is a nonprofit organization whose mission is to advance the strength and sustainability of its membership of safety-net primary care providers, facilitate access to primary care for the medically underserved or uninsured, and reduce health disparities in Maine.

(Excerpted from *Community Health News*, with permission from MPCA.)

## MPCA RECOMMENDATIONS TO THE DIRIGO BOARD

### Chronic Disease Prevention and Case Management

- Disease management education programs
- Screening for diabetes and for depression
- Wellness and nutritional counseling for at-risk patients
- Tobacco cessation
- Cardiac rehabilitation
- Physical therapy
- Case management/care coordination
- Dental benefit

### Appropriate Mental Health Services

- Outpatient treatment, inpatient treatment, and day treatment
- In-home support
- Community-based crisis systems

### Multiple Modalities for Alcohol and Drug Treatment

- Longer stays, outpatient detoxification, and long-term monitoring and support.

(*Dirigo*, from page 2)

and promote the development of the health care workforce.

## OTHER ELEMENTS

Other elements anticipated under the plan, but not specifically listed here, include:

- Established ceilings for Certificate of Need (CON) decision-making.
- A commission to study Maine's hospitals.
- An expanded scope of work for the Maine Health Data Organization.
- The establishment of the Dirigo Health High-Risk Pool.

*President's Note: The Dirigo Health Initiative is still quite fluid in its details. At a recent community forum, Trish Riley, Director of the Governor's Office of Health Policy and Finance, spoke with a group of small business owners, legislators and other individuals about the merits of the program. Ms. Riley noted that the health insurance landscape has changed dramatically since work on Dirigo Health began and as a result, the Dirigo product may not be on line by July 1st as originally*

*planned.*

*While many of the DHI details are not yet known, there are a couple things to keep in mind. First, if the Dirigo Health Product is successfully developed and marketed, access for Maine citizens will increase. This is a good thing and consistent with HealthReach's stated mission. Second, it is critical that the increased access created through this initiative be sustainable. I am concerned about an expansion of services at a time when we are having difficulty paying for existing services. The Administration's plan to finance Dirigo Health relies on cost savings realized by more appropriate utilization of health care services, in large part, resulting from increased access to preventive and primary care. The Saving Offset Payments necessary to ensure sustainability will only become available after the state demonstrates cost savings. I am worried that the anticipated cost savings will not occur quickly enough or to the degree necessary to generate the required SOPs. Without the SOPs, the program will not be sustainable.*

*While I remain hopeful that the Administration can make their vision for increased access a sustainable reality, only time will tell.*

- Stephen E. Walsh, MHA



## HEALTH CENTER PROFILE

### SHEEPSCOT VALLEY HEALTH CENTER

"I enjoy interacting with patients and working to make a difference in their lives," says **Wilma Ware**, Medical Assistant at Sheepscoot. Wilma is one member of the dedicated team at the Sheepscoot Valley Health Center (SVHC) who pride themselves in providing high-quality health care to members of their community.

SVHC, located in the small, rural community of Coopers Mills, was the sixth HealthReach Community Health Center. When the Health Center first opened 24 years ago, **Roy Miller, MD** delivered services from a small trailer until the renovations to the current building, a former church, were completed. Through fundraising efforts led by an active community Board and the Whitefield Lion's Club, two additional renovations have been completed in order to accommodate growth.

Last year, SVHC served over 5,000 patients, with over 18,000 visits. Situated halfway between our state capital and the coast, patients from parts of three Maine counties, including the towns of Jefferson, Somerville, Washington, Whitefield and Windsor, travel to the Health Center to receive care.

#### SERVICE EXCELLENCE

SVHC provides a full range of primary care services to people of all ages, as well as osteopathic manipulation, obstetrical care, minor office surgery and mental health counseling. New Directions also provides substance abuse counseling on-site one day per week. SVHC providers offer hospital care at MaineGeneral Medical Center at the Augusta campus.

Through contracts with local schools, SU 132, SU 133 and Erskine Academy, the Health Center's providers also serve as school physicians, acting as a resource to the nurse at each school. **Terry**

**Hartford, FNP**, on her own time, serves part-time as a school-based clinician at Erskine Academy.

Continuity of care has been achieved through the longevity of SVHC team members. Providers Roy Miller and

#### SVHC AT-A-GLANCE



**Year Established:** 1980

**Service Volume:** Over 5,000 patients and 18,000 visits in 2003

**Services Provided:** A full range of primary care services, osteopathic manipulation, obstetrical care, minor office surgery and mental health counseling.

**Practice Manager:** Connie Coggins

**Medical Providers and their Clinical Support Staffperson:**

Roy Miller, MD – Patty Dumas, LPN  
Carol Eckert, MD – Kathryn Nichols, LPN  
Terry Hartford, FNP – Patricia Turner, LPN  
Ann Schaer, PA – Rachelle Horn, RN  
Barbara Moss, DO – Wilma Ware, MA  
Richard Fein, DO – Roxann Lizzotte, MA

**Medical Records:** Jeannette Tinker, Lori Suitter, Erin Bolick

**Receptionists:** Julie Bailey, Christine Saban, Wendy Joslyn, Mary Smith, Andrea Landry

**Per diem Clinical Staff:** Shirley Bailey, LPN  
Phyllis Nichols, RN

**Psychologist:** Dana Sattin, Ph.D.

**Carol Eckert** have each served the Health Center for over 20 years. "Our providers – Roy Miller, MD, Carol Eckert, MD, **Richard Fein, DO**, **Terry Hartford, FNP**, **Barbara Moss, DO** and **Ann Schaer, PA** – are truly dedicated," says Practice Manager **Connie Coggins**. And it is clear that SVHC providers

enjoy the roles they play in contributing to the health of their community. "The Health Center is a great place to work in a wonderful community. I enjoy serving people who might not otherwise get care," Dr. Eckert says.

Roy Miller also serves on the Clinical Integration Committee of Maine Health and is a strong advocate for Community Health Centers and the patients they serve. Carol Eckert has served on the Windsor School Board and the Bureau of Pesticide Control for many years. Barbara Moss precepts at the Family Medical Institute in Augusta and is involved in the Migrant Health Clinic. Richard Fein and Barbara Moss will also be precepting several osteopathic students in the coming year.

Three years ago, the clinical staff moved to a one-to-one nurse-provider model in which a nurse is matched with an individual provider. This change resulted in greater continuity of care for patients and increased employee satisfaction, according to Coggins. "The nurses find their jobs more rewarding in this structure, are more involved in patient care, and have built strong working relationships with their providers," she says. "They know their provider's patients well, and are typically requested by name when patients call." Patients appreciate the fact that the nurse whom they see at the time of their visit is also available to speak with them on the phone to answer follow-up clinical questions they may have.

"We have a great administrative team here as well," says Coggins. "Every morning our administrative support staff members pitch in to kick the day off well – initiating phone calls, routing charts, getting things ready for the day before continuing with their own individual tasks."

#### COMMITMENT TO QUALITY CARE

One example of SVHC's commitment to providing the highest quality of care is

## EMPLOYEE SPOTLIGHT

### LINDA MARCHILDON



“Interacting with and serving the needs of patients is what I find most satisfying about my job,” says Bethel Family Health Center’s (BFHC) **Linda Marchildon**.

Linda, who has over three decades of health care experience, recently celebrated her 10-year anniversary with HealthReach Community Health Centers. She works at BFHC four days a week. Two days each week Linda’s time is devoted to facilitating managed care referrals, working closely with insurance companies and MaineCare as well coordinating with specialists to whom HRCHC providers refer our patients. She performs triage and scheduling the other two days a week. Prior to joining HRCHC, Linda worked at Rumford Community Hospital and Eastern Maine Medical Center.

“Linda’s dedication to her work and serving our community is inspiring,” says BFHC Practice Manager Dianna Milot. Linda, who was born in Massachusetts, has lived in Western



Linda Marchildon

Maine for over 30 years, and feels a strong commitment to her community. “It is a very close-knit place to live – the people are very pleasant and caring,” she says.

Linda has demonstrated great flexibility as her role has been adapted to meet the Health Center’s needs. She routinely offers to go the extra mile for patients, the Health Center, and her co-workers. “We all love Linda,” says BFHC provider Richard DeCarolis, DO. “Her responsibilities have grown over the years and yet Linda continues to get the job done.” “Staff appreciate her willingness to jump in and assist where needed to help others catch up,” adds Milot. And it is obvious that Linda genuinely appreciates her Health Center family. “I enjoy having a good working relationship with my co-workers, and many have become close friends,” she says.

Linda spends most of her free time enjoying outdoor activities with family, including cross-country and downhill skiing, kayaking and golf. She and her husband enjoy time with their two grown sons, who live in Maine, and are eagerly anticipating the birth of their first grandchild,

expected in August.

Thank you Linda, for the important work that you do every day!

(SVHC, from page 4)

demonstrated by the Health Center’s participation in the Maine Health Depression Collaborative in which they are implementing a best practices chronic care model for the treatment of patients with depression. Provider Roy Miller and his nurse Patty Dumas have been leading this effort.

The model of care encompasses four areas:

1. The use of an evaluation system to determine the severity of a patient’s depression.
2. The active involvement of nurses as care managers in between provider visits so that any interim issues can be readily identified and addressed.
3. Self-management objectives in which patients actively participate in their own treatment by identifying

and monitoring their achievement of small goals.

4. A chronic care registry which tracks patient progress.

## COMMUNITY COLLABORATION

SVHC benefits from the support of an active community Board and has strong relations with local organizations. In May of 2003, the Whitefield Lion’s Club sponsored and the Health Center’s Carol Eckert, MD and **Kathryn Nichols, LPN** participated in a Child Safety Day event. Children were fitted with bicycle helmets, and car seat safety checks were performed.

The SVHC community Board is currently in the early stages of assessing the needs and feasibility of acquiring or building a new Health Center facility.

Community Board members **Mike**

**McCormick, Arthur Quinn and Andy Morse** are leading the fact-finding Committee to assess options, and are working with HRCHC Central Office staff for additional support.

“Our facility is over 25 years old and we have outgrown the building and the parking lot,” says McCormick. Additional exam rooms, for example, are needed to more functionally accommodate the patient flow of six providers and staff, he says.

As the current facility is land-locked, the Committee is looking at alternative properties and plan to meet with an architect in the near future. Should the community Board decide to proceed, a capital campaign will be launched to raise money for a new facility.

Thank you, SVHC employees and community Board members for your commitment to quality health care in your community!



### UNDERSTANDING COMPLIANCE

A couple of questions were posed to me over the last week which I'll address in this forum.

The first question was: "What exactly is compliance?" Our compliance program ensures that:

- We understand and follow all applicable regulations, laws and ethical standards.
- We act with integrity and use good judgment.
- We offer our patients the very best of care and we document that care accurately and completely.
- Our billing and coding are as accurate as possible.
- We treat our patients and each other with care, compassion and respect.
- We work through complaints and problems with a commitment to learning from our mistakes and doing it better the next time.
- Both patients and employees know us as an ethical and compassionate organization.

The second question I was asked was: "What do you do when investigating a compliance concern?" The answer is, it depends. If it is a billing or coding issue, I work very closely with **Jane Chase**, Patient Accounts Manager, and her staff to figure out when the problem started,

how many Health Centers and patients are involved, who the payors are, how to fix it going forward, what kind of education about the issue might be needed and finally, if repayment is indicated. Jane and the billing staff are incredible both in their regular jobs and when there is a concern; they work with perseverance and commitment to get to the bottom of an issue, and sometimes put in overtime to make it right. Jane and I also collaborate with **Kevin Brooks**, CFO, and **Steve Walsh**, President & CEO, as issues unfold. Often, we consult with the organization's attorney, who specializes in health care law.

If the concern I am investigating involves possible violation of ethical standards, such as a breach of confidentiality, the investigation unfolds slightly differently. This kind of concern will usually come to an employee who then reports it to the Director of Operations, who then reports it to me (although it can also come directly to me.) I begin by calling the person raising the issue, whether it is an employee or a patient. I listen to their concern and try to get a sense of what happened, who was involved, what harm was done, as well as what might resolve the issue for that person.

Once I have a sense of what the concern is, I collaborate with the Director of Operations, the Practice Manager and **Sarah Seder**, Human Resources Director. The first call to these folks is to inform them that there is an issue and a planned investigation. I will then talk to any employees who might be involved. I do my best to figure out what has happened in a given situation. It is my responsibility to protect confidentiality as I go through the process of talking to those involved. Once I have completed the investigation, I consult again with the Director of Operations, the Practice Manager and Sarah Seder and together, we decide on the most appropriate response to the situation.

Sometimes, it is a "system" issue such as is posed by the difficulty of verifying patient information when the reception window is in the middle of a crowded waiting room (please refer back to the February article about HIPAA challenges for some good suggestions on how to handle this challenge). Other times, an alleged breach of confidentiality indicates the need for very specific education with an individual employee. Sometimes, however unintentionally, an employee has made a mistake and disciplinary action is warranted. Whatever our response, the last call is always to the person making the complaint to tell them that our investigation is finished and that we have taken an appropriate course of action. I, again to protect confidentiality, obviously do not share either the results of the investigation or our response.

A compliance investigation is a necessary part of our commitment to being the best organization we can be. It can be a challenging process, but it is impossible to improve what we are doing without looking at possible mistakes. I try to approach a concern as an opportunity to learn. I hope that you will too.

- Sarah Firth, Corporate Compliance Officer

#### The Role of Community Health Centers in the Health of Our Nation

##### *Did You Know?*

- 43 million Americans do not have health insurance.
- Uninsured Americans get about half the medical care of those with health insurance, and, as a result get sicker and die sooner.
- *There are more Americans who do not have access to a doctor than Americans who are without health insurance.*
- An estimated 50 million people in the U.S. are "unserved," and have no access to regular health care because of a shortage of providers in their communities.
- The number of unserved would be even higher if it were not for **community health centers**, which serve as the usual source of quality, primary and preventive care and medical home for over 14 million people, more than 5 million of whom are uninsured.

(Source: National Association of Community Health Centers)

## EMPLOYEE SPOTLIGHT



### WELCOME MARY BUNKER, DO

HealthReach Community Health Centers is pleased to welcome **Mary Bunker, DO**. Dr. Bunker is a new provider at Richmond Area Health Center, joining **Linda Hermans, MD**, **Adair Bowlby, MD** and **Tom Bartol, NP** to provide family health care to people of all ages, regardless of their ability to pay.

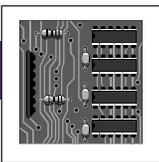
Dr. Bunker has over 10 years of family practice and osteopathic manipulation experience. She has served as a community educator and health writer. Her articles, including an “Ask the Doctor” column, have appeared in both local and national newspapers.

“I’m so pleased to return to Maine, I’ve always called Maine home,” says Dr. Bunker. “The slogan ‘the way life should be,’ is so true. The beauty of the state and the friendliness of its

people are unique.” Dr. Bunker lived in Down East Maine prior to leaving the state to perform her residency in Michigan where she remained to practice family medicine prior to joining RAHC. She attended the University of Maine as a pre-med student, and completed her Doctor of Osteopathy degree at the University of New England in Biddeford.

Dr. Bunker’s desire to practice medicine in Richmond is also tied to a strong interest and commitment to rural health. When she was on rotation as a medical student, Dr. Bunker was exposed to the rural health center experience when assigned to the Regional Medical Center at Lubec. What she appreciates most about practicing in a community health center is the “patient-centered approach, caring environment, and community focus,” she says. Dr. Bunker is grateful for the warm reception she has received from the Richmond community. “The people here are friendly, warm and welcoming, and I will find it very fulfilling to play a role in helping them learn how to be as healthy as they can be.”

Welcome aboard Dr. Bunker. We are grateful to have you join our team.



### BITS ‘N BYTES FROM IT E-MAIL HOUSEKEEPING TIPS

Did you know that the various folders in your Outlook e-mail need periodic housekeeping? Housekeeping might not be fun, but worse than housekeeping is having so much clutter to dig through to find what you need. Following are some tips on how you can reduce your e-mail clutter.

The Sent Items folder is one particular clutter-catcher. To delete items in a mail folder, simply select each individual item by clicking on it and hitting your delete key. Or select a number of items by clicking on the first one and, while holding your shift key, click on the last one. Then press your delete key. You can do this in any of your mail folders.

You may also want to consider managing your mail by creating a “Keepers” folder (or whatever you wish to call it) to file mail you must keep. To create a new mail folder you must select the folder you want it to fall under, i.e., Outlook Today - “Your Name”. Right click on the selected folder and choose “New folder” from the drop-down menu. In the Create New Folder window, type the name of the new folder you wish to create, i.e., Keepers. Under “Folder Contains” be sure it says “Mail and Post Items,” (if not click the drop down menu and select it.) Click OK. There you have it, a new folder! You can now click on a mail item and drag it to the new folder. This will help you eliminate the clutter in your mail folders and save you time when looking for an important e-mail.

- The IT Team

### BELGRADE CAPITAL CAMPAIGN UNDERWAY

Belgrade Regional Health Center’s community Board recently launched a capital campaign to raise funds for a new facility. The Health Center has outgrown its current building, which is an old, two-room schoolhouse.

With over 9,000 patient visits last year, more space is needed in order to comfortably accommodate patients and staff. A larger building will provide for additional exam rooms and a larger waiting room, which will make it possible to staff all three providers at one time, according to Practice Manager **Deborah Rocque**.

“Our physical plant does not reflect the quality of care that we provide,” says **Diane Campbell, MD**. “We need more space, and this will be a great opportunity for the community to work together to serve all of our neighbors. It will be a great gift to our patients, staff and the Belgrade community – something we will all be proud of.”

The Board is assessing whether a new building will be constructed on the same lot as the current Health Center or on an alternative site. “Construction will not begin until we reach our fundraising goal of \$500,000,” says Board President **Bill Getty**. Fundraising letters have been sent to community members, and the Board plans to also pursue grant opportunities.

## STAFF NEWS

### ■ Central Office News - Connie

**Coggins**, Practice Manager of the Sheepscot Valley Health Center, has been selected as Director of Operations. Prior to joining HRCHC, Connie worked for 11 years at Avian Farms. As Operations Manager at Avian, Connie was responsible for a staff of 150 and a budget of \$7.4 million. Connie's HRCHC "field" experience will bring an important perspective to the Senior Management Team. She will be phasing into her new responsibilities over the next two months, to ensure a smooth transition for the Sheepscot practice.

■ **Thank You! Donna Williams** from the Central Office would like to thank **Karen Hilton, Belinda Barrows, Melanie Meader, Kathy Calder,** and **Jane Chase** and the Billing Department for their time, effort and contributions during the recent Uniform Data System

submission. This is our annual survey for the federal government of Health Center activity.

### ■ Madison Says Farewell to a Friend -

**Dr. Phil Lewis**, Podiatrist, is leaving the Madison Area Health Center and the State of Maine. He has taken a position with the VA in Fayetteville, NC. A farewell party took place at the Health Center on February 11th. Our "Dr. Phil" was surprised with a cake (a foot complete with a toe-ring baked by **Cari Hibbard**), a necktie made by **Susan Hunnell** and signed by all staff, as well as a

book of sites to see in North Carolina. We will miss Phil and his every other Wednesday visits, and wish him well.



Madison Area Health Center's Linda Tully, Cari Hibbard and Dr. Phil Lewis.

*In recognition of*

*Professional Social Work Month,  
HRCHC would like to  
acknowledge and thank  
Crystal Fitch, LSW  
Kathy Calder, LCSW  
and Norma Wing, LSW*

## MILESTONES

**Five Years** - Gary Chaloult, Float FNP, and Kellie Atwood, Receptionist, Bingham

**Welcome** - Gail Carrano, Medical Records, Belgrade; Jerry Murray, Housekeeper, Lovejoy; Cheryl Welch, RN, Madison; Cherry Baker, Float FNP; Katherine Heer, DMD, Strong Dental; Matthew Mitchell, Medical Records, Richmond

**Farewell** - Annie Farnham, Receptionist, Belgrade; Linda Mitchell, Director of Operations, Central Office

*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 nearly 30-year history, HRCHC is funded by patient fees, grants and individual donations.*

[www.HealthReachCHC.org](http://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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