

HEALTH CENTER HIGHLIGHTS



Volume 3, No. 1

A bi-monthly newsletter of HealthReach Community Health Centers

January/February 2005



A MESSAGE FROM THE PRESIDENT

State and Federal Budget and Legislative Concerns Looming

Please keep an eye out for related communications coming your way soon!

Dear HRCHC Employees, Board Members, and Members of the Community:

As this issue of *Health Center Highlights* heads to the printshop, the Governor's initial State budget proposal is about to be released and the 109th Congress is gearing up in our nation's capitol. We have already received preliminary information from the National Association of Community Health Centers (NACHC) and the Maine Primary Care Association (MPCA) about potential proposals that would impact community health centers and the patients we serve. Early signs have indicated that successfully

preserving the health care safety net may be a more challenging endeavor than ever before.

NACHC's President & CEO, **Tom Van Coverden**, warns that "health centers face a gathering challenge that is as serious as any they have ever faced, one that could put every health center - and indeed the entire community health care system in America - at risk."

Preserving Medicaid, which is the single largest insurer of low-income Americans and the single largest source of health center revenues, is of particular concern (see also, "Health Centers and Medicaid," November/December, 2004 issue of *Health Center Highlights*.) "Rapidly rising health care costs and increased number of uninsured, coupled with chronic, significant deficits and pressures to increase spending on other public responsibilities like national defense and security, and interest on debt, will almost assuredly lead to strong demands for deficit reduction this year, at both federal and state levels," Van Coverden says. While those efforts will likely impact all public human service programs, Van Coverden predicts that Medicaid will likely be the early focus of significant reform efforts during the new 109th Congress. "What happens to

Medicaid in those reform efforts will certainly have a major impact on the future of each and every health center," he says.

In response to this and other potential threats, NACHC is calling on all health centers to rally together in a concentrated grassroots advocacy campaign. HRCHC supports MPCA and NACHC in their efforts on behalf of community health centers in Maine and across the country. We will do our part by actively participating in a campaign to educate the public and decision-makers about how community health centers improve access and reduce health care costs, and thus are part of the solution and not part of the problem - and, in particular, how Maine's poorest citizens residing in rural, underserved communities would be impacted by any harmful proposals.

We will continue to monitor the situation and keep you informed as things unfold. Please keep an eye out for related communications and join me in this critical effort to preserve Maine's health care safety net.

Thank you for your continued support.

- Stephen E. Walsh, MHA
President & CEO

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HealthReach Community Health Centers

Administrative Office:
8 Highwood Street, P.O. Box 1568
Waterville, ME 04903
Phone: (207) 861-3400, 1-800-427-1127
Fax: (207) 861-5519

Managing Editor: Jill Conover
Graphic Designer: Bridget Campbell

Please send article ideas/submissions, comments, or suggestions to:
Jill Conover, Director of Communications, at
Jill.Conover@HealthReach.org

www.HealthReachCHC.org



HEALTH CENTER PROFILE

Bethel Family Health Center

Sharing a Commitment to Community Health

“We have a committed team who are always striving to ensure patients receive the best possible care,” says Practice Manager **Dianna Milot** of the medical providers, nurses and administrative staff of Bethel Family Health Center (BFHC).

BFHC, which opened in 1979, joined HealthReach Community Health Centers in 1999. The Health Center offers a full range of primary and preventive care services to children and adults, regardless of their insurance status or ability to pay. Osteopathic manipulation, x-rays and laboratory services are provided. Additionally, physical therapy and podiatry/foot care services are also available on-site through contractual relationships with community partners.

“Taking care of patients in a rural area is rewarding,” says **Kevin Finley**, DO. The Health Center, which is located in the mountainous region of Western Maine, serves nearly 4,400 patients annually, primarily residents of Andover, Bethel, Gilead, Greenwood, Hanover, Newry, Upton and Woodstock and surrounding towns. The



Bethel Family Health Center

Health Center also cares for seasonal visitors who are in the area enjoying skiing at Sunday River or other outdoor recreational activities. “I enjoy working in the community where I live,” says **Jan Whitworth**, PA, who has served as a medical provider at the Health Center for 22 years. Like Whitworth, many of BFHC’s staff members have deep roots in the community they serve. **Linda Vieweg**, LPN, says that she finds her position at the Health Center most

satisfying “because it offers the opportunity to provide an important service to the community.” “Working with patients is rewarding,” says **Jeannine Thornton**, LPN. “Our qualified and caring staff members are a pleasure to work with,” adds **Jennifer Landry**, PA.

In addition to its core services, the Health Center participates in the Maine Breast and Cervical Health Program,

(See *BFHC*, page 3)

BETHEL FAMILY HEALTH CENTER AT-A-GLANCE

Medical Providers



Richard DeCarolis, DO



Kevin Finley, DO



Jan Whitworth, PA



Jennifer Landry, PA

Year Established: 1979

Year Joined HRHC: 1999

Services Provided: A full range of primary and preventive care services for the entire family, osteopathic manipulation, x-rays and laboratory services. Physical therapy and podiatry/foot care services are also available on-site through contractual relationships with community partners.

Service Volume: Nearly 4,400 patients and 15,700 visits per year

Practice Manager: Dianna Milot

Medical Providers: Richard DeCarolis, DO; Kevin Finley, DO, Jennifer Landry, PA; Jan Whitworth, PA

Clinical Staff: Sue Martin, RN; Cindy Cushman, MA; Jeannine Thornton, LPN; Linda Vieweg, LPN; Bonnie Largess, Lab Technician; Linda Marchildon, Insurance Referral Specialist/Triage; *Per diem:* Cathy Godwin, RN; Tammy Hadley, RN; LeeAnn Wright, MA

Non-Clinical Staff (Administrative/Other): Ernie Aguilar, on-call support person; Karen Baker, Receptionist; Jeanne Boelsma, Front Office Coordinator; Lori Clark, Receptionist; Waneta Dunn, Courier; Mindy Hale, Medical Records Clerk; Pam Hawkins, Receptionist/Medical Records Clerk; Shelley James, Transcriptionist; Rachel Martineau, Medical Records Clerk; Ann Patten, on-call support person; Michelle Sprague, on-call support person; Alice Stevens, Receptionist; Merideth White, Housekeeper

Central Billing BFHC Patient Account Representative: Sally Cunningham



Dianna Milot,
Practice Manager

(BFHC, from page 2)

which offers women of certain ages free Pap Smears and Mammograms. The Health Center also serves as a general resource to local schools in its service area (SAD 44) and twice a week a Health Center provider goes on-site to Gould Academy's school clinic to provide care to students.

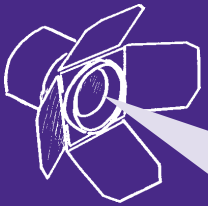
Recently, the Health Center began to participate in a nicotine replacement therapy program that offers free vouchers for nicotine patches and gum to eligible patients who are committed to smoking cessation (see also July, 2004 *Health Center Highlights*, page 7.) In 2005, BFHC will begin participation in a family planning program that will make low-cost contraceptives available to patients.

“From my point of view, this is the ideal practice,” says BFHC physician **Richard DeCarolis**, DO, who also serves as HRCHC's Operational Medical Director. “We care for patients regardless of their income or insurance. We take private insurance, Medicare, Medicaid and give sliding fee price reductions for those who need more help. I really believe we put the patients' welfare first. I feel this is how medicine should be practiced. I can't imagine



Providers and staff of the Bethel Family Health Center

working anywhere else.”
Thank you, Bethel Family Health Center team members, for your contribution to the health and well-being of the community that you serve.



Spotlight - In Their Own Words...

Editor's note: A new feature of our newsletter will be to “spotlight” patients, employees, Board members and other community members from our service areas in the form of testimonials. We hope that you enjoy hearing from individuals featured “in their own words” and at the same time gain a better understanding of our organization.



Name: Margaret Bean

Affiliation with HRCHC: Patient of Sheepscot Valley Health Center; Volunteer: Chair of the HRCHC Board of Directors; completed six-year term on Sheepscot Valley Health Center's community Board (serving two years each as Secretary, Treasurer, and President)

Additional community involvement: 2005 Chair, Kennebec Valley United Way; hospice volunteer

Profession: Deputy Director, Maine State Housing Authority (MSHA)

“As a patient of Sheepscot Valley Health Center for over 10 years, I appreciate the exceptional care and concern shown to me by the Health Center's medical providers and staff. They offer a personal touch that is unique to community health centers.

While serving on the Health Center's community Board for six years, I learned a great deal about the local area's needs and budgeting and fundraising for needed building renovations. As Chair of the organization's governing Board of Directors, I am now in a unique position to gain an even broader appreciation of all that is involved in the management of medical practices and a system of health centers, and of the interrelationships between the various levels of the organization and how they work together.

In my professional career, I am committed to making a difference. At MSHA, we work to make decent, safe housing available to low-income people. I am proud to serve an organization such as HRCHC that improves access to quality health care for the same population.”



HEALTH TIP

Snort. Sniffle. Sneeze. No antibiotics for colds or flu please!

Are you aware that colds, flu, and most sore throats and bronchitis are caused by viruses? Did you know that antibiotics do not help fight viruses? It's true. Plus, taking antibiotics when you have a virus may do more harm than good. Taking antibiotics when they are not needed increases your risk of getting an infection later that resists antibiotic treatment.

if you are feeling better. If treatment stops too soon, some bacteria may survive and re-infect you.

- Wash your hands. The spread of viral infections can be reduced through frequent hand washing and by avoiding close contact with others.



If You Have a Cold or Flu, Antibiotics Won't Work For You!

Antibiotics kill bacteria. They do not kill viruses such as: colds or flu, most coughs and bronchitis, sore throats not caused by strep, or runny noses. Taking antibiotics for viral infections, such as a cold, cough, the flu, or most bronchitis, will not cure the infections, will not keep other individuals from catching the illness and will not help you feel better.



What not to do:

- Do not take an antibiotic for a viral infection like a cold, a cough, or the flu.
- Do not demand antibiotics when a doctor says they are not needed.
- When you are prescribed an antibiotic, do not skip doses.
- Do not save any antibiotics for the next time you get sick.
- Do not take antibiotics prescribed for someone else. The antibiotic may not be appropriate for your illness. Taking the wrong medicine may delay correct treatment and allow bacteria to multiply.

What Can I Do to Protect Myself or My Child?

What to do:

- Talk with your medical provider about antibiotic resistance.
- When you are prescribed an antibiotic, take it exactly as the doctor tells you. Complete the prescribed course even

When you use antibiotics appropriately, you do the best for your health, your family's health, and the health of those around you.

Source: National Center for Infectious Diseases, U.S. Department of Health and Human Services

Mark Your Calendar for the Bi-Annual Ethics Forum:



"Struggles in Ethical Decision Making — Presenting the Dax Cowart Case"

Sponsored by: Ethics Forum of HealthReach Community Health Centers & HealthReach Network

Audience: Open to all HRCHC & HRN Staff & Governing Board Members

Time: Thursday, April 28, 2005, 12:30 - 4:30 p.m.

(Complimentary Lunch 11:45 a.m.-12:30 p.m.)

Place: Dean Auditorium – MaineGeneral Medical Center – Thayer Unit - Waterville

Cost: No charge

Certificates of Attendance will be presented to all participants!

For more information: Contact Lisa Burgess by e-mail at Elizabeth.Burgess@HealthReach.org or by phone at 861-3479



FROM THE CLINICAL SIDE

Lovejoy Health Center Participates in BPHC's 2005 Health Disparities Diabetes Collaborative (Part V)

As described in recent issues of *Health Center Highlights*, the Bureau of Primary Health Care (BPHC) has developed an initiative, known as the Health Disparities Collaborative (HDC), to decrease the gaps between what we know to be “good health care” and what we do. The Collaborative is a multi-year health initiative that HealthReach Community Health Centers is required to participate in because we are a system of Federally Qualified Health Centers. In mid-September, we learned that Lovejoy Health Center in Albion was accepted into the 2005 HDC for Diabetes Care.



Christa Dillihunt

The process for improvement resulting in changing behaviors is referred to as the Model for Improvement and it uses four easy steps: Plan, Do, Study and Act (PDSA).

Here's an example of a PDSA cycle for change:

■ **Purpose of this PDSA Cycle:** To obtain the necessary data from our physician's diabetic patients' medical records in preparation for entering this data into the chronic disease registry.

■ **Plan:** What do we need to do? We need to audit the medical records of our physician's diabetic patients.

■ **Do:** What data does the team need to collect and who will collect that data? A data collection form was provided by the BPHC. Several team members began to abstract data from the medical records using the forms provided.

■ **Study:** The Lovejoy team met after several team members had completed a few medical record audits using the form provided by the BPHC. There were several sections of the form that reviewers needed clarification on (e.g., whether the laboratory test results coincide with a visit), some data was not easily found in the medical record, and there was some information that the physician needed to provide. Lovejoy's HDC team decided that: 1) laboratory results should correspond with a provider visit; 2) non-physician team members could abstract specific information from the medical record, attach the data abstraction form to the front of the medical record and pass it to the physician; and 3) the physician would then complete the remaining sections of the form.

■ **Act:** Lovejoy's HDC team implemented these recommendations. Several team members abstract specific data and record it on the abstraction form, laboratory results are tied to a provider visit whenever possible, and the physician fills in the remaining sections to complete the form.

This is only one example of the PDSA Cycle that the HDC team completed during the medical record abstraction process. There were at least three additional PDSA cycles involved before the abstraction process was completed.

Lovejoy's HDC team has also completed refining the population of focus (Dr. Forrest West's diabetic patients) and has audited all of these medical records to obtain specific data that will be entered into the Chronic Disease Registry. This is the data that the team will use as a baseline to gauge whether changes that the patient and HDC team make result in improvements in patient outcomes (e.g., blood pressure reaching the goal of 130/80 or a HbA1c (blood sugar) level of 7.0%.)

More to come in the next issue of *Health Center Highlights*. Congratulations to Lovejoy's HDC team members for the progress they are making on this initiative!

- Christa Dillihunt, Director of Performance Improvement & Clinical Support Services

VISIT US ONLINE!

We invite you to visit our website

<http://www.HealthReachCHC.org>

to learn more about our providers and health centers, our organization, information of interest to patients and more.

We update job opportunities each week and provide new health tips each month.

By the click of your mouse, you can also read our press releases and newsletters and connect to Maine and national resources.

We welcome your feedback at
HRCHC@HealthReach.org.



EMPLOYEE REWARDS & RECOGNITION

The Rewards & Recognition Committee of HealthReach Community Health Centers would like to recognize the staff of Richmond Area Health Center (RAHC) for working through the challenges of the remodeling effort. The front office staff, waiting room and nurses offices are now temporarily located in a modular building adjacent to the Health Center. Staff members are needing to move frequently between the two buildings, and winter weather conditions are only adding to the inconvenience. Thank you, RAHC staff, for your patience,



Richmond Area Health Center

persistence and optimism and for the important work that you do everyday!



Cathy Ottum

Special thanks to **Cathy Ottum** of the Richmond Area Health Center for a job well done! Cathy serves as the Health Center's Front Office Coordinator, assisting with day-to-day operations and managing the appointment desk. Cathy led the RAHC team for several weeks

recently while Practice Manager **Leslie Coombs** was on vacation and during the time when the front office staff, nursing staff and patient waiting areas had just moved into the modular building while the renovations at the Health Center began. "It was reassuring knowing that Cathy was on-hand leading the team in my absence, and she did a fantastic job," says Coombs. Co-worker **Danielle Seigars**, Medical Records Clerk agrees. "We went through a lot of transitioning moving into the modular building and implementing one-on-one nursing. We appreciate all that Cathy does for us." Thanks, Cathy, for going the extra mile!

- Jennifer Bennett, Chair, R&R Committee, Assistant Director of Operations
- Bridget Campbell, Public Relations Specialist
- Jill Conover, Director of Communications
- Becky Lamey, Vice-President of Human Resources
- Jewellyn Porter, Medical Practice Manager, SAHC
- Kylee Rankins, Clinical Administrative Assistant
- Sarah Seder, Human Resources Director
- Carolyn Tranten, Practice Manager, MARHC
- Norma Wing, Dental Practice Manager, SAHC & BAHC



HUMAN RESOURCES

Which Way Will the Market Turn?

Nobody really knows. But by contributing every payday to your employer-sponsored retirement plan, you're following a prudent investment strategy to stay the course through ups and downs.

Even professional money managers can differ on which way the market will turn. Some investors rely on "informal" indicators. Others try to "time the market," buying when they feel the market is going up and selling when they sense a downturn. It's difficult to do successfully. Dalbar, a financial-services research firm, found that stock-fund investors earned 8.6% a year over the 19-year period ended 2002, versus the 12% gain in the S&P 500. Dalbar's conclusion: Most investors are not skilled market timers, buying high and selling low.

The most effective investment strategy may be the one you're already pursuing in your employer sponsored retirement plan. It's called dollar cost averaging, a simple, steady approach that requires investing a fixed amount on a regular basis. As a result, you'll buy more when the price falls and less when the price rises. Additionally, you're likely to pay less than the average market cost during a period of rising and falling prices.

Dollar cost averaging is a prudent investment strategy that helps you steer a disciplined course through fluctuating markets. Here's how \$1,200 could be invested for six months using a dollar cost averaging strategy. Rather than committing the entire amount at one time, you'd invest \$200 every month.

Month	Investment	Price Per Unit	Units Purchased
1	\$200	\$25	8.0
2	\$200	\$20	10.0
3	\$200	\$18	11.1
4	\$200	\$15	13.3
5	\$200	\$20	10.0
6	<u>\$200</u>	\$25	<u>8.0</u>
	\$1,200		60.4

At the end of six months, the value of the account is \$1,501 (60.4 units x \$25) – a \$310 increase over the amount invested. During a six-month period of fluctuating prices, the average price per unit was \$20.50. However, for you, following a strategy of dollar cost averaging, the price was \$19.87.

The bottom line: Consistent investing may keep you on track.

If you have any questions about your retirement plan, please contact **Doris Cohen**, Benefits Manager.

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STAFF NEWS



SADC's Shannon Allen, Shonda Copeland and Doreen Pingree

■ **Strong Dental Staff Raise Money for a Good Cause** – Five employees from our dental team at Strong recently participated in a Bowl-a-Thon for Operation Santa Claus, which raised funds in order to give gifts to children who otherwise would not have received presents over the holidays. Hygienist **Bob Myshrrall**, Dental Assistants **Shannon Allen**, **Shonda Copeland**, and **Donna White**, and Receptionist **Doreen Pingree** raised money for a good cause and had a great time playing.

- *Katherine Heer, DMD*
Strong Area Dental Center

■ **A thank-you from Rangeley** – The staff of Rangeley Region Health Center would like to thank Central Billing staff for all the wonderful gifts they purchased for the family whose father is in Iraq. We're sure those five children had a brighter Christmas because of you. We would also like to thank the Central Administrative Office staff for the gift to an older-aged gentleman here in Rangeley who was very appreciative.

■ **Congratulations and best wishes** to Rangeley Region Health Center physician **Tasha Hofmann, DO** and family on the recent birth of your child.

- *Judy Quimby, Practice Manager,*
Rangeley Region Health Center



BITS 'N BYTES FROM IT

Sharing Favorites in Internet Explorer

Favorites are a convenient way to organize and link to Web pages that you visit frequently. If you use Internet Explorer on several computers, you can easily share favorite items among computers by importing them:

- To import favorites, on the **File** menu, click **Import and Export**.
- To export favorites, on the **File** menu, click **Import and Export**.

You can export a selected folder in your Favorites list, or all of your favorites. The exported favorites file is fairly small, so if you want to share the favorite items with other people, you can copy it to a floppy disk or folder on a network, or attach it to an e-mail message.

Happy Computing!

- *The IT team*

WELCOME

Priscilla Ripley, Patient Account Representative for Strong and Bingham Area Dental Centers, Central Billing; Andrew Smith, Podiatrist, Sheepscot

FAREWELL

Deborah Craig, LPN, Richmond; Laurie McCollor, Dental Assistant, Bingham; Karen Messier, Patient Account Representative, Central Billing; Joyce Stewart, Receptionist, Bethel; Martha Taylor, Medical Assistant, Sheepscot

MILESTONES

Five Years - Judith Archer, Medical Records, Lovejoy; Latricia Damron, LPN, Lovejoy; Bonni Davenport, Housekeeper, Mt. Abram; Wendy Joslyn, Receptionist, Sheepscot; Margaret Lee, LPN, Rangeley; Marvin Lee, MD, Belgrade

Ten Years - Germaine "Joyce" Beane, LPN, Madison

Fifteen Years - Norma Fortin, Front Office, Madison

Twenty-Five Years - Jane McCarthy, Patient Account Representative, Central Billing

HealthReach Community Health Centers



1. Belgrade Regional Health Center: 495-3323
2. Bethel Family Health Center: 824-2193
3. Bingham Area Health Center: Health: 672-4187 Dental: 672-3519
4. Lovejoy Health Center (Albion): 437-9388
5. Madison Area Health Center: 696-3992
6. Mt. Abram Regional Health Center (Kingfield): 265-4555
7. Rangeley Region Health Center: 864-3303
8. Richmond Area Health Center: 737-4359
9. Sheepscot Valley Health Center (Coopers Mills): 549-7581
10. Strong Area Health Center: Health: 684-4010 Dental : 684-3045
11. Western Maine Family Health Center (Livermore Falls): 897-4345
12. HRCHC Administrative Office (Waterville): 861-3400

Toll Free in Maine 1-800-427-1127

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 health care 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
HRCHC is an Equal Opportunity Organization

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8 Highwood Street
P.O. Box 1568
Waterville, ME 04903

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