2022 ANNUAL REPORT



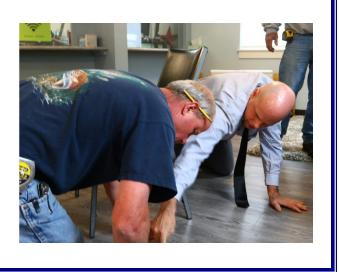


Year Ending December 31, 2022

INTRODUCTION

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Little Rivers is in its 18th year of operation as a federally qualified health center (FQHC). Our dedicated and thoughtful team has fostered strong relationships to meet community needs and serve our mission. Operating an FQHC is rewarding but is not an easy feat with complex and evolving funding, increasing expenses, and a substantial regimen of compliance standards.

The cover photo of this report was taken during employee appreciation week in East Corinth in June , the anniversary month of Little Rivers.



Mission Statement

Our mission is to provide respectful, comprehensive primary care for all residents in our region regardless of their ability to pay for it. We offer quality healthcare services to everyone. In the spirit of community, we reach out to and welcome those who need health services but have insufficient means to access them. We commit ourselves to continually reduce the burden of illness, injury and disability, and to improve the health and functioning of the people in our service area. Dear Community,

Little Rivers continues to provide local healthcare that meets the needs of patients beyond the traditional approach. We have been fortunate to add to our roster of clinicians and increase access to medical, behavioral health, and psychiatric services in recent years. To meet the needs of the diverse communities we serve, we expanded community health team services and care coordination, and we created a program to support those adversely affected by food and nutrition insecurity.

In the past year, we have expanded our Bradford clinic, increased productivity and access with a new care delivery model and identified new revenue sources. In the last five years, Little Rivers added six behavioral health providers, two medical providers, two psychiatric nurse practitioners, and two care coordinators. Our most significant successes last year were significant increases in patients and in the number of annual patient visits. Strong relationships within Little Rivers and strong relationships with community and regional organizations led to these successes.



Growth and expansion were accompanied by financial challenges this year. Increased costs, a levelfunded base grant, restricted pharmacy drug program savings, and accounting errors unfavorably affected our performance. Under the leadership of Celeste Pitts, interim-CFO, corrections were made to our accounting practices, and new reporting was launched to analyze performance by site, program, and budget.

To increase revenues, Little Rivers is engaging in an accountable care organization (ACO) and began participating in a program that allows us to reinstate restricted discount pharmacy drug revenues. We will participate in the Centers for Medicare & Medicaid Services accountable care model, Realizing Equity, Access, and Community Health (REACH). This model has an innovative payment approach to better support care delivery and coordination for patients in underserved communities. These activities will increase our annual revenues by over \$1.2 million without incurring new expenses.

We are working closely with the Vermont Congressional Delegation and Bi-State Primary Care Association to advocate for increases to our FQHC payment rate and to our base grant to offset added expenses of our increased scope of services.

Our audited financial statements in this report illustrate a year of challenges and uncertainty. Our dedicated staff and board of directors deliberately sought alternative and diverse perspectives to allow us to increase services, strengthen internal procedures and controls, and roll out solutions.

Thank you all.

Meg Burmeister Chair, Board of Directors

MegSumit

Simone Lessac-Chenen, MD Chief Medical Officer

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Andrew Barter Chief Executive Officer

Indrew Barter

BOARD OF DIRECTORS 2022-2023

Little Rivers Health Care is designated as a Federally Qualified Health Center (FQHC). FQHCs are required to have a community board of directors that represents the community and governs the affairs of the organization. At least 51% of the board members must be patients of the health center. Little Rivers has been extremely fortunate to have always had active, engaged board members who generously volunteer their time and expertise. Without them, Little Rivers would not be here.

MARGARET BURMEISTER, Topsham (2009) is the executive director of Northeast Kingdom Council on Aging. She previously was the director of case management for the Central Vermont Council on Aging. Meg serves as the Board Chairperson and serves on the Nominating Committee.

WILLIAM CAMPBELL, Littleton, NH (2014) is a mental health clinician at Center for New Beginnings and iHope Network, as well as a psychology professor at River Valley Community College in New Hampshire. His past experience includes four years as project manager of a Federally Qualified Health Center in New York State. Bill serves as the Vice-Chairperson of the Board and serves on the Nominating Committee.

ELIZABETH DAVIS, E. Corinth (2023) is a recent retiree of the World Bank. She has expertise in data and information governance, financial analytics, and information quality, as well as leadership development. She is Board Treasurer for The Ashland Institute in Oregon and has been appointed to the Budget Committee of the Town of Corinth for the last two years. Liz serves on the Finance Committee.

VICTORIA DICKENSON, Woodsville (2022) is the Fraud Investigations Officer at Woodsville Guaranty Savings Bank. She has 16 years of banking experience, during which she's held various positions. Tori holds the Board Treasurer position and serves on Finance Committee.

SUSAN GAELIC, Newbury (2023) Susan is a longtime resident of Newbury. She is a retired RN who spent 40 years in pediatrics, home health, ICU and 2 years part time at LRHC. Susan serves on the Quality Committee.

MATT KNISLEY, Groton (2018) is a 16-year veteran police officer with a Master's Degree in Mediation and Applied Conflict Studies. He is a School Resource Officer and Crimes Against Children investigator and has extensive experience working with social services and dealing with the opioid epidemic in Vermont.

SCOTT LABUN, Newbury (2012) is an independent financial advisor. He serves as a guardian ad litem and mediator for family court and serves on the finance committee of the Little Rivers Board of Directors.

KELSEY ROOT-WINCHESTER, Wells River (2020) - is a health coach and yoga teacher. She owns Rising Spirit Yoga and co-owns the Wells River Wellness Hall. She also sits on the Blue Mountain Union school board and is Chairperson of the Wells River Action Program (WRAP). Kelsey holds the Board Secretary position and serves on the Nominating Committee.

DARREN SHERBURNE, Newbury (2021) Born and raised in Newbury, VT, Darren Sherburne has traveled throughout New England working in the Hospitality sector before returning back to his native area to pursue a career in Real Estate. Working for Four Seasons Sotheby's International Realty, Darren is interested in bettering his community and spreading the good word about the Upper Valley and the quality of life it allows. Darren serves on the Finance and Capital Campaign Committees.

JILL SKOCHDOPOLE, Ryegate (2021) is a small animal veterinarian who founded Ryegate Small Animal Hospital in 1993. She is married to a farmer in the dairy industry and is the mother of 2 grown kids. She and her husband enjoy producing most of their own food - from their gardens and the animals they raise. Free time is mainly spent outdoors, though reading and cooking are her favorite indoor activities.

PAM SMITH, Groton (2017) is a longtime patient of Little Rivers who recently retired from the Northeast Kingdom Council on Aging. She brings expertise in business, education, human resources, social services and elder care to her work on the board. Prior to coming to Little Rivers, she served on the Blue Mountain Union Board of Directors for 3 years. Pam serves on the Finance Committee.

PRIMARY CARE PROVIDERS



MAUREEN BOARDMAN, FNP, MSN, **APRN**, Family Medicine, Pre/Postnatal Care



KEVIN CONNOLLY, MD, Internal Medicine, Infectious Disease



FAY HOMAN, MD, Family Medicine, Pre/ **Postnatal Care**



SIMONE LESSAC-CHENEN, MD, MPH, Family Medicine w/ Obstetrics, CMO



RACHEL MORSE, FNP, Family Medicine, Pre/Postnatal Care



PATRICIA PRATT, MD, Internal Medicine



JESSIE REYNOLDS, MD, DIMPH, Family Medicine, Pre/Postnatal Care



CAREY BRODZINSKI, FNP-C, MSN, **APRN**, Psychiatry and Family Medicine



MARLENE BRISTOL, FNP, MSN, **APRN**, Family Medicine



STEPHEN GENEREAUX, MD, Family Medicine w/ Obstetrics



KATE GOYETTE, **FNP**, **MSN**, Family Medicine



ALLY NOBLE, FNP, RN-MSN, Family and Pediatric Medicine



ALEX PERREAULT, FNP, MSN, APRN, Family Medicine



AYLA PRIESTLEY, DNP, MSN, APRN, Family Medicine



GRACE KOZIK, PMHNP, MSN, APRN, Psychiatry

SERVICES

Family Medicine with Pediatrics—Care for people of all ages. **Obstetrics** — Family planning/maternity care before, during, and after birth. Internal Medicine and Infectious Disease—Care for adults. Wellness Support and Disease Prevention—Dietetics and Food Access **Continuum of Care**— Hospitalizations and nursing home visits. **Patient Enabling Services** — Healthcare navigation Home visits—Care for homebound individuals. Substance Use Disorder Treatment **Behavioral Health and Psychiatry**

Agricultural Worker Outreach

Oral Health

BEHAVIORAL HEALTH

BEHAVIORAL HEALTH PROVIDERS



STACY BAKER, MSW Behavioral Health Counselor



LILA BRADLEY, CMHC Behavioral Health Counselor



MARK RIZZACASA, LICSW, Behavioral Health Counselor



SARAH STORJOHANN, MA, CMHC Behavioral Health Counselor



KIM THERRIEN, LICSW Behavioral Health Counselor



TIFFANY WHITE, LICSW, LADC Clinical Social Work, MAT Coordinator

GROUP THERAPY

Eye Movement Desensitization Reprocessing

This group introduces participants to the theory and concepts of Eye Movement Desensitization and Reprocessing (EMDR) therapy. Group participants are given some information on what the preparation process and a typical reprocessing session looks like. Patients are informed of appropriate expectations during the process. The participants can ask questions and begin to build a rapport with the EMDR clinician. They walk away from the group with the ability to make an informed decision if this type of therapy would fit their needs.

Recovery Group

A facilitator-led support and discussion group for anyone struggling with substance use related disorders.

Acuwellness

Is a specialized form of acupuncture that is applied by placing five thin, sterile, single-use needles in the ears. The needles are generally left in place for 35-45 minutes. Treatment time may need to be altered for clinical or training purposes. State Licensed Acupuncturists, Licensed Auricular Detoxification Technicians (ADTs) and/or other persons training to become Auricular Detoxification Technicians (ADT Trainees) administer the treatments.

Healthy Relationships

This is a psycho-ed style group, providing information and support for understanding what makes a relationship healthy vs. unhealthy; types of unhealthy relationships (codependent, abusive- physically, psychologically, emotionally, etc.) and the cyclical nature they follow; understanding why we stay in unhealthy relationships/why it is difficult to leave; and how to break the cycle of unhealthy relationships—unhealthy relationships with family and also with one's self



MICHAEL BRANDLI, MS, CMHC, AAP Behavioral Health Counselor



AMANDA REGIS, LICSW, LADC Clinical Social Worker



JAZMIN SMITH, MSW Behavioral Health Counselor



AJ SULLIVAN, LICSW Behavioral Health Counselor



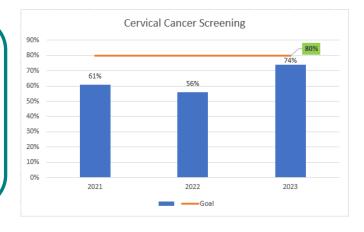
TRACY THOMPSON, LICSW Clinical Social Worker

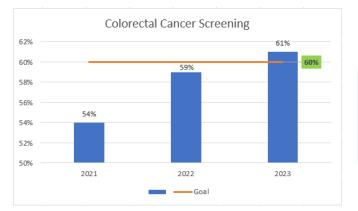
The Importance of Quality Improvement

LRHC uses quality improvement projects to identify places where processes and protocols can be updated or changed to provide better, higher-quality care that is tailored to the needs of each patient. These initiatives also aim to cut down on medical mistakes, stop infections, improve and prevent chronic conditions, to make patients and medical staff more satisfied with LRHC services.

LRHC Cervical cancer screening decreased in 2022 so, it was made a priority for 2023 to reach the goal of 80%.

The quality teamed tracked screenings monthly with providers and prioritized pre-visit planning. By August of 2023 LRHC had increased screening rates by 13%, moving closer to the goal.





LRHC sent letters with FIT cards to patients who were due or overdue for a colon cancer screen. Research shows that this method improved screening. LRHC has been a leading VT practice for this initiative on a larger scale. By August 2023 LRHC exceeded the goal of 60%.

The Lung Cancer screening project developed a brochure titled "Start the Conversation about your Lung Health". The brochure educates patients on Low dose CT scans of the lungs recommended for patients who currently smoke or have smoked and quit in the last 15 years. It helps patients determine whether they are eligible for lung cancer screening and encourages them to speak to their health care clinician regarding screening. Little Rivers has placed these brochures in our lobbies and exam rooms for our patients to access.





Little Rivers Health Care receives U.S. Department of Health & Human Services funding and has Federal Public Health Service deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

Patient Centered Medical Home—PCMH

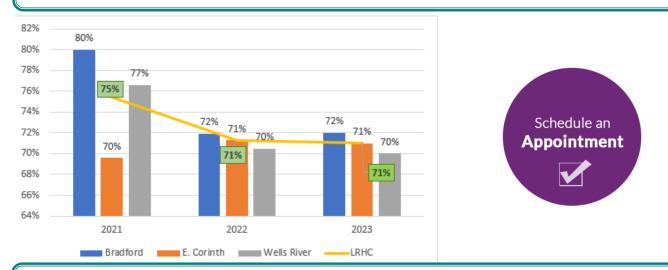
Little Rivers is a Patient Centered Medical Home—The patient-centered medical home (PCMH) model is an approach to delivering high-quality, cost-effective primary care. Using a patient-centered, culturally appropriate, and team-based approach, the PCMH model coordinates patient care across the health system. LRHC works with the Vermont Blueprint for quality improvement and financial support.

Each year LRHC reaches out to patients for feedback on their experience. These surveys guide our quality improvement plan for each year.

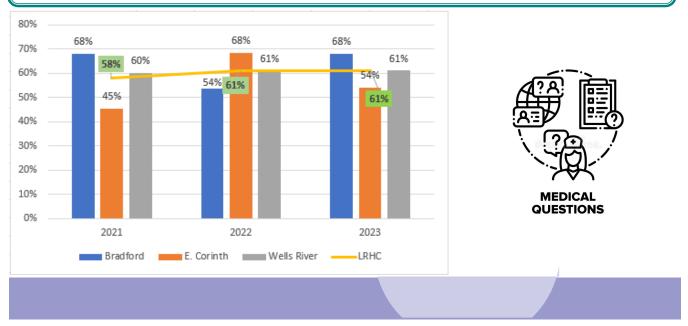
Benefits of PCMH:

- Medicare beneficiaries have better patient experiences.
- PCMH facilities improve care management and prevention screenings for chronic conditions and lower the overall cost of care.
- PCMH clinics experience increased staff morale and greater job satisfaction.

In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?



In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?



RENOVATIONS

Bradford Renovations



2023 has been a very busy time for our development projects. We finished the \$1.4 million dollar Bradford clinic renovation and addition project that was started in 2022. We continue to work on the design schematics and funding for both the Wells River Expansion project (approx. \$2.7 million), and the Wells River Dental Clinic program (approx. \$1.4 million). We hope to begin these projects in 2024.





PERSPECTIVE FROM THE SOUTH



PERSPECTIVE FROM THE NORTH LRHC - WHITNEY ROWE CLINIC

HISTORIC PRESERVATION RENDERINGS 08/04/23

Wells River Renovations Coming Soon!



PERSPECTIVE OF THE CLINIC ENTRY

Billing Manager, 2017 to 2023

It is with deep sadness and heavy hearts that we recognize our colleague and friend, Jerry, who passed away on September 24, 2023



Jerry was positive, thoughtful, and always made us realize that taking time off for our families was important.

He learned from me regarding FQHC's he would say he never had worked for an FQHC and he was learning a lot. We worked together with each one of us having input re: changes to insurance policies, coding, eCW set ups, etc. I don't remember him ever saying a negative word about anyone.

We always would joke, one of his favorite words was "basically" and over time he had me saying it!

- Lisa Harris

As billing manager, Jerry did a great job of the overall running of the department, representing them at management team meetings and keeping the management team informed of important issues regarding revenue management so that we all understood how billing and claims affected our work and services.

But what stands out in my mind the most was Jerry's advocacy for patients who struggled to pay their bills. Even though his primary job was to ensure that Little Rivers got paid for our services, he never forgot that those who owed us for those services were real people with real life challenges. He personally handled situations where a patient's account was in arrears and took the time and effort to bring many of those situations to the attention of the CEO to explore ways to help. He also intervened frequently when a patient who qualified for discounted prescription medications ran into problems obtaining them at one of our contract pharmacies. More often than not, because Jerry took the time to listen to patients' issues, we were able to find a way to help and thus fully be the safety net provider that HRSA intends, providing care for all without regard to one's ability to pay.

Jerry was not one to call attention to himself; it was always about the work and not about him. I am so very sad that Little Rivers has lost not only a smart and dedicated employee, but a truly good person. - Gail Auclair

I want to say that I feel awful for Jerry and his family. I am so sorry for their loss. Jerry was a great person and was always there when I needed him. I am thankful he hired me. When I first started working for LRHC I really struggled. Jerry always went above and beyond to help and make things more comfortable. When I had a busy day and tons of payments he would ask me if I needed help with anything. He always showed care and compassion for his employees. Jerry was an excellent billing manager. He will be missed greatly.

Thank you for everything you have done. May you rest in peace. - Ashley Johnson

When Jerry joined LRHC as Senior Manager of the Billing Department, he brought many helpful ideas, updates, and knowledge and was ready to work as a team.

The COVID pandemic arrived and employees of the billing department began working from home. At first it was a challenge, but Jerry was available to email or call if I needed assistance. At times when I didn't think I could learn the new eCW upgrades, Jerry gave me encouragement. When I assigned patient account questions or insurance issues to him, Jerry was prompt with answers. Jerry has been suddenly taken away and will be sadly missed. With sympathy to his wife and family and to the LRHC staff. - Linda Keith

Little Rivers Health Care, Inc.

Financial Statements for the year ending December 31, 2022

Balance Sheet	
Cash & cash equivalents	\$196,547
Patient Receivables	\$527,466
Grant & Other Receivables	\$160,153
Prepaid Expenses	\$56,003
Total Current Assets	\$940,169
Assets Limited to use	\$140,963
Property, Plant & Equipment	\$4,560,130
Total Assets	\$5,641,262
Line of Credit	\$500,000
Accrued Expenses	\$1,796,731
Current portion Long term debt	\$41,574
Total Current Liabilities	\$2,338,305
Long Term Debt	\$642,716
Total Liabilities	\$2,981,021
Total Net Assets	\$2,660,241
Total Liabilities & Net Assets	\$5,641,262
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Statements of Operaions & Changes in Net	Assets
Revenue from Patient Services	\$6,280,011
Grants and Other Revenue	\$2,534,291
Total Revenue	\$8,814,302
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Salary & Benefit Expenses	\$7,967,527
Other Operating Expenses	\$2,964,229
Total Expenses	\$10,931,757
Loss from Operations	(\$2,117,454)
Capital Grants and Contributions received	\$1,164,782
Decrease in Net Assets	(\$952,672)

For a full set of audited financials statements, please reach out to the Administrative Office of Little Rivers Health Care

2022 DONORS

LRHC is a not-for-profit organization, and we exist partially through federal and state grant funding. That funding covers only a small portion of the cost of caring for individuals and families in need. We are deeply grateful for the added support of our generous donors.

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Alan and Brigid Guttmacher	John Rowe	Philip Grover	
Altoon Sultan	Joyce and Thomas Moore	Richard Roderick	
Anna Parker	Joyce Day Homan	Sarah O Green	
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Gail Auclair	Odile Mattiauda and Peter Phipps	Services	
Hope Hutchinson	Oscar Ruiz	Victoria Dickenson	
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Jane Rowe	Paul Perry	W.G. and Cheryl Deuel	
Jill Skochdopole	Peter Sinclair	Wells River Chevy (Formerly)	
Jim Morel	Peter Smith	Wells Rivers Savings Bank	
		Woodsville Guaranty Savings Bank	
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For donation or more information, please contact us:

Little Rivers Health Care P.O. Box 8, Newbury, Vermont 05051 Andrew Barter, Chief Executive Officer 802-222-3023 | abarter@littlerivers.org | www.littlerivers.org

Outright Gifts • Financial Benefit Gifts • Estate Gifts

BRADFORD 437 South Main Street 720 Village Road 802-222-9317

EAST CORINTH 802-439-5321

NEWBURY 4628 Main Street 802-866-3000

WELLS RIVER 65 Main Street North 802-757-2325

ADMINISTRATIONS & BILLING Billing-802-222-5659 General-802-222-4637