



**Caring for Our Community
in the Midst of a Pandemic**

2020 ANNUAL REPORT



**Penobscot Community
Health Care**



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Our Guiding Mission, Vision &

We provide comprehensive, integrated primary health care services for all to improve the health and wellbeing of our patients and the Maine communities we serve.

PCHC believes deeply in the value of every human being and that fundamental belief informs our actions. We strive to ensure the best possible patient experience for all patients and seek to improve access to high-quality health care. Our policies and decisions shall not create barriers to accessing care, and our goal always is to improve access for the most vulnerable among us.

Our Vision for Success

A community in which everyone has access to quality, cost-effective health care, where people are empowered to advocate for their personal goals and needs and are supported by community-based resources, and where health encompasses physical and emotional wellness, personal dignity and a sense of belonging.

Values

Patient-Centered Care | Respect | Passion | Quality | Innovation | Collaboration



**Penobscot Community
Health Care**

Our Locations



PCHC LOCATIONS

- 1 Jackman**
Jackman Community Health Center
- 2 Old Town**
Helen Hunt Health Center
- 3 Bangor**
Administration Offices
Adult Wellness Center
Bridge Clinic
Capehart Community Health Center
Care Management Offices
Central Lab
Community Care & Geriatrics
Dental Center
Downeast School Dental Clinic
Hope House Health & Living Center
Infusion Center
IT & Data Offices
Medical Specialists
Penobscot Community Health Center
Penobscot Pediatrics
Services Center
Training and Support Center
Unlimited Solutions Clubhouse
Warren Center for Speech & Audiology
WOW 4 Wellness
- 4 Brewer**
Brewer Medical Center
Brewer High School-Based Health Center
Brewer Community School-Based Health Center
- 5 Winterport**
Winterport Community Health Center
- 6 Belfast**
Seaport Community Health Center

Our Services

Audiology
Care Management
Chiropractic Care
Community Care & Geriatrics
Community Care Teams
Dental Care
Family Medicine
Health Care for the Homeless
Infusion Therapy

Laboratory Services
Mental Health
Nutrition
Osteopathic Manipulation Therapy
Pediatrics
Pediatric Obesity
Pharmacy
Physical Therapy
Podiatry

Recovery Services
Speech Therapy
Unlimited Solutions
(vocational services for individuals living with
mental health challenges)
Walk-In Care
Women's Health Care
X-Ray



Letter from the President & CEO

Lori Londis Dwyer | President & CEO, PCHC

None of us dreamed at the start of 2020 that we would soon be fluent in colloquial public health-speak: R factors, positivity rates, herd immunity. None of us imagined lockdown, social isolation, Zoom, and the stress and grief that would overtake our communities. Yet here we are, still in the thick of it, but with a visible and tantalizing endpoint. By the end of 2020, we shared in the hope borne of vaccine science, and felt collective relief as nursing home residents received their vaccines and healthcare workers got their shots. We could see an end to the loneliness, and a start to our next normal.

2020 revealed ourselves to us – individually and collectively. As we faced sickness, death, stress, urgent operational changes, isolation and fear, we adapted. As a community, state and nation we found hope in each other, and fought back. In healthcare, the line between patient and provider blurred; we faced the same challenges and fears. Here at PCHC, we learned lessons in resilience from each other and from our patients, Hope House guests, and Clubhouse members. Our facilities team worked round the clock – installing plexiglass, separate entries, and other improvements to ensure safety. We deployed telehealth, shifted to widespread telecommuting, hired screeners, increased infection control. Our staff innovated and adjusted constantly– we grew to lean on and appreciate each other, and embrace and lean on community partners for critical support.

In healthcare, innovation was forced upon us, and I'm proud of how PCHC responded—with creativity and grace. There is much to celebrate in the long strange trip of 2020.

At the same time, systemic injustices, structural racism and the deeply rooted inequities in our healthcare system were exposed. We saw in real time how the conditions of peoples'

lives largely determine their health and access to healthcare. Our crash course in epidemiology showed us the link between everyone's health and our own, the power of the collective over the one.

The power of the collective showed up in the courage, leadership and collaboration of State and local leaders, and in Maine's twenty-strong community health center network sharing resources, policies, strategies and support among the network and within their communities small and large.

Here at PCHC, we drew strength from all the members of the Community Health Leadership Board, Waldo County General Hospital in Belfast, the Bangor YMCA, our partnership with nursing homes in the greater Bangor area, the University of Maine's generous innovation and research support, those providing services for people experiencing homelessness, and local hotel owners who provided space for the most vulnerable. This is love in action, and we are grateful.

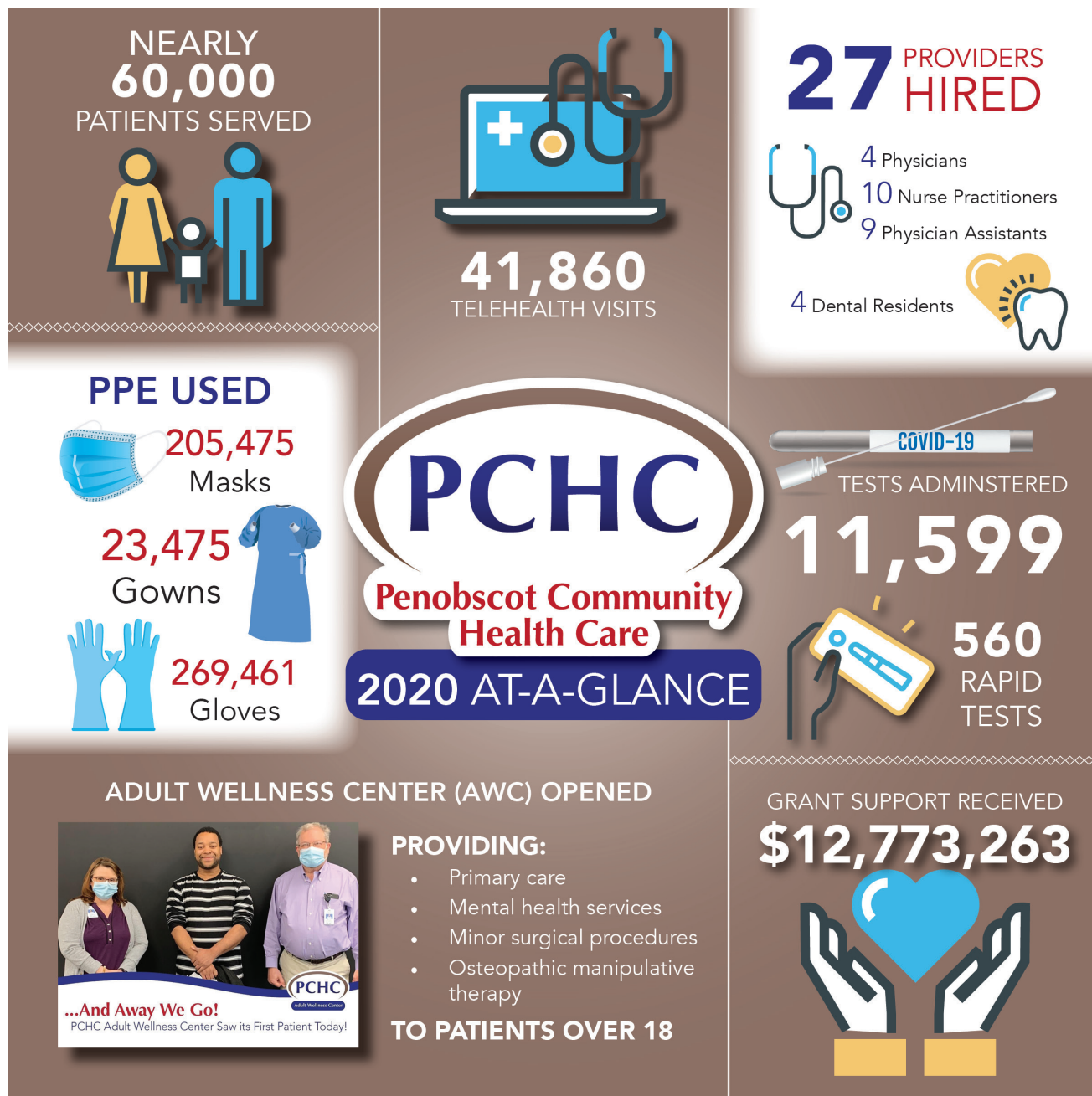
Community health centers have understood this source of power for decades. Inspired by the civil rights movement of the 1960s, health centers started in places plagued by systemic injustice and lacking the basic conditions of healthy living—clean water, safe housing, reliable food sources, economic security, and healthy families. From the beginning, we looked beyond the four walls of a clinic to the community and the life circumstances influencing health, seeking first to improve those conditions while at the same time providing universal access to integrated primary care. It's a model in which better health is co-designed with patients.

PCHC derives its strength and wisdom from this movement.

We knew as soon as we activated our emergency response plan the disproportionate impact this pandemic was likely to have on marginalized communities. We focused our energy on giving voice and access to people experiencing homelessness, members of racial minority groups, the elderly, individuals with mobility issues, those with anxiety, and those without the means to advocate for themselves. We ensured those without shelter had a safe place to rest and quarantine, provided testing services to migrant farmworkers, and brought the vaccine to individuals who could not access mass vaccination sites. The Schmidt Institute, PCHC's innovation arm, partnered with the University of Maine to help facilitate local production of PPE and hand sanitizer, research into COVID treatment and protocols, and continued PCHC's groundbreaking work to

reduce the prescribing of controlled substances across the State.

We are tired, but we are proud, and we proudly share in this Annual Report a glimpse into the work and mission of 2020.





Reflections on a Pandemic Year

Noah Nesin, MD | Chief Medical Officer, PCHC

Just about one year ago, on March 21, 2020, I co-authored an opinion piece in the Bangor Daily News, calling on the city to issue an immediate “shelter-in-place” order. At that time there had been 107 confirmed Covid-19 cases in Maine, and though there had been guidance for businesses to reduce the risk of transmission, few were following those recommendations. Fortunately our leaders here in Bangor moved promptly to protect the public health; within days, Governor Mills issued orders which were the start of a coordinated, statewide response to the emerging pandemic. A year later Maine is approaching 50,000 cases, and more than 700 of our fellow Mainers have died from this terrible disease. But it could have been so much worse. Had the pandemic gone unchecked we would likely be facing numbers an order of magnitude greater than that which we face today. Despite having one of the oldest populations in the country, we have one of the lowest case rates in the country, as well as one of the lowest death rates from Covid-19. We test more than most other states and at no point have we overwhelmed our hospital capacity, either statewide or in any single community.

How did this happen when people in other places suffered tremendously? New York and California were hit hard and early due to international travel patterns and our limited early understanding of this disease, how it spread and how best to treat it. Other states like Georgia, Iowa, the Dakotas, Florida and California (again) suffered from poor public health decision-making. But here in Maine we benefitted early on from a delay in spread of the disease across the state; the timing of our warm weather and our ability to be outdoors; a much more consistent and well-informed public health approach in state leadership; and a population that took the pandemic seriously and responded appropriately. Of course it has not been without challenges. Our public health

infrastructure had been decimated in the prior 10 years. Our limited early understanding of how this disease spreads and a limited availability of PPE led to the mistaken initial advice that members of the public need not mask. We spent too much time worrying about whether we needed to wipe down our grocery bags and panic shopping for toilet paper. We have seen the politicization of science leading to polarized responses to simple and proven measures like distancing and masking. Poorly prepared and insufficiently responsive national leadership resulted in tragic delays in testing capacity, utterly inadequate supplies of PPE and inconsistent (and often misleading) public health messaging. Our devoted geriatric teams have seen the nursing facilities they served, and the people for whom they cared and about whom they cared deeply overwhelmed by Covid-19. Maine has seen the worst racial disparities from the pandemic in the nation. And across our state and country, relaxed infection control measures during the holiday season along with the impact of colder weather led to a resurgence of disease and death.

On the other hand there is much that we have learned and there has been tremendous progress achieved by working together in our shared interests. As we have gained knowledge about this virus, treatments have improved, infection control measures have been refined, and highly safe and effective vaccines have been developed with novel approaches. We are in the midst of the largest vaccination effort ever undertaken. As of this writing we are averaging more than 2 million doses a day in the United States; that number is steadily increasing. We have also learned that we do best when we all work together in the interests of the people we serve. Here in the greater Bangor area and across the state, the collaboration, communication, sharing of best practices and transparency about failures among healthcare systems have accelerated our

progress and saved lives. Our state and local leaders have been vital partners in this effort and have been willing to accept and integrate feedback on the realities “on the ground” in carrying out our public health responsibilities.

There remains much more to do. We face virus variants which may slow our recovery from the pandemic, and some states are returning to pre-pandemic behaviors too quickly and too soon. Vaccination programs must continue to improve, and these efforts must be successful worldwide in order to end the pandemic. But what we know about the people of PCHC, the people we all work with every day, is that we will be undaunted in our work. We will continue to be statewide leaders in carrying out a highly efficient delivery of vaccine that is deeply informed by equity and risk considerations. We have rapidly adapted to telehealth and other innovations to meet the needs of our patients and we will work to address deferred care while meeting the extant and emerging needs of our patients and their families. And most importantly, we will care for each other. The stress of the pandemic

has not spared those of us who work in healthcare. We bear the burden of suffering and loss by virtue of our chosen work. We also experience our own anxieties about this pandemic and its impact on our colleagues, our loved ones and ourselves. In acknowledging this, in facing it together and supporting and caring for each other we will overcome it. Because that is what we do, that is how we roll; together, guided by our values, focused on our mission and strengthened by each other.

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Letter from the Board Chair

Chris Winstead | Board Chair, PCHC

I proudly serve as Board Chair for PCHC and have been a member of the Board of Directors for about a decade. I have watched the organization grow through mergers with like-minded independent practices in Jackman and Belfast, opening new practices in Winterport, broadening its scope to include an international clubhouse program, opening new practices to meet community need, adding services, weathering significant financial challenges related reimbursement policy, tackling the opioid epidemic, serving our neighbors experiencing homelessness, and so much more –committed always to mission and the unwavering belief in the dignity and worth of everyone. But this year has no equal. I want to first and foremost congratulate the organization and all it's incredible staff and providers for not only making it through but lifting up and holding close the communities we serve. As always, the mission is the glue that held us together. Grit, determination, a passion for service, and compassion for one another kept us going.

On behalf of the Board of Directors, I want to register a heartfelt thank you to the dedicated staff of PCHC for their heart, creativity, and dedication. You have weathered unprecedented challenges in 2020, and you did so with grace and determination. You partnered with people facing not only healthcare challenges, but the most difficult life challenges imaginable in the midst of a pandemic. You have maintained your devotion to the health center movement, helping thousands get the preventive and chronic disease care they need, get COVID tests and vaccines, find a warm, clean place to sleep at night or a safe place to quarantine, taken calls from frightened patients, comforted the anxious, delivered food to the homebound and isolated, and so much more. Your perpetual concern for the well-being of the people we serve is beautiful to watch, and the board is grateful to you for your

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service.

As our communities receive the vaccine, and we start to see this pandemic fade in the rear view mirror, we on the Board understand now more than ever the critical role this health center, as all 19 health centers in Maine and 1,400 health centers across the country, must continue to play in our communities and our healthcare system to protect the vulnerable create an accessible healthcare system. The imperative to bring communities together to solve healthcare challenges, fix broken systems, increase access and reduce inequities is indisputable. We are committed to supporting our leaders and staff as we take the lessons of 2020 into the future, where we will accelerate the work of improving healthcare, addressing the social determinants of health, and achieving PCHC's vision of a community where everyone is empowered to advocate for what they need to be healthy, and where their healthcare system responds quickly and competently.

Executive Leadership



Lori Londis Dwyer
President & CEO



Dawn Cook
Chief Operations Officer



Noah Nesin, MD
Chief Medical Officer



Megan Sanders, Esq.
Chief Human Resources Officer &
Chief Legal Officer



Theresa Knowles, FNP-C
Chief Quality Officer



Christine Finn-McLaughlin, MBA
Chief Finance Officer



Sharyl White, BA
Chief Information Officer

Board of Directors

Chair - Christopher Winstead, Executive Director, Piscataquis County Economic Development Council

Treasurer - Erin Doucette, CPA, Senior Accountant, BBSC

Robert P. Allen, MD, MHCM, FACC, Retired Executive Medical Director, PCHC

Aaron Ballman, Software Security Engineer, CERT

Alan DuPlessis, Retired Restaurant Owner

Jennifer Eastman, Esq., Attorney, Rudman Winchell

Monique Gautreau, Ed. Tech., Bangor School Department

Christopher Linder, CEO, MaineStream Finance

Shelly Okere, Assistant District Attorney, Penobscot County

Ned Robertson, DMD, Penobscot Nation Health Department

Tricia Stewart, PRC Coordinator, Penobscot Nation Health Department

Kelley Strout, PhD, RN, Associate Professor, UMaine School of Nursing

Carin Sychterz, Director, Maine Career Connect

Jacques W. Weinstein, Certified General Appraiser, Appraisal Connection, LLC

Daniel Williams, Executive Director, University of Maine

We're proud that the majority of our board members are also our patients!

Under federal law, community health centers are required to have patient representation on oversight boards. For us, it's just another way we connect with the communities we serve.

Quality

Remarkably, in a year when a highly contagious virus was on the move, taxing the time and resources of Theresa Knowles, FNP and her team, PCHC met many quality benchmarks in the regular provision of care while pivoting into new workflows to keep our patients, teams and communities safe. COVID-19 required us to re-imagine, or create, everything from entry systems to testing protocols.

The challenges posed by the pandemic were large to begin with, and continuously evolving. It became apparent early on that social distancing, masks and intensified cleaning protocols were necessary. As new protocols were operationalized, new data provided to the Quality team required further refinement of standards and workflow. Screening, safety compliance, testing (including the availability of testing materials) all came into play. Additionally, close collaboration with the state of Maine became more important than ever.

Among the highlights:

- Administered 11,599 COVID tests, plus 560 rapid-access point-of-service tests
- Opened main testing pavilion in the Rudman-Winchell Community Room at 6 Telcom Drive, relying on the teamwork of staff from Dental and elsewhere to welcome patients into a convenient central test site
- Created effective but flexible screening guidelines for entry into each PCHC location
- Worked with Maine Mobile Health to test migrant farm workers in Maine

An outbreak at Hope House early in the pandemic, and smaller bursts of linked cases in practices later in the year, posed new problems as the Quality team devised and enforced quarantine, isolation and back-to-work rules across the organization.

HRSA's UDS system, which tracks clinical compliance across health centers, shows that despite the pandemic, PCHC came out ahead of the previous year in key and wildly disparate areas, including controlled hypertension; immunization of two-year-olds; and smoking cessation, beating the national benchmark in all three areas. PCHC also did better than the state of Maine average in screening for depression.

INNOVATING TO SOLVE URGENT PROBLEMS AT SCHMIDT INSTITUTE

The Schmidt Institute, named in honor of PCHC's founding CEO, Ken Schmidt, is a joint venture between PCHC and St. Joseph Healthcare that creates a protected space for creativity, collaboration and innovation. The growing staff of the Schmidt Institute seek to apply principles of design thinking to healthcare's vexing problems through a process that includes brainstorming; rigorous evaluation of ideas; and dissemination of adaptations large and small that actually work to improve health and healthcare.

Throughout the pandemic but especially in its early phases, Schmidt worked with the innovation arm of the University of Maine to locally source and manufacture PPE, increase supplies for healthcare providers, and solve the many vexing and urgent problems frontline healthcare workers faced because of the pandemic. Schmidt also accelerated PCHC's groundbreaking Controlled Substances Stewardship Program, designed to tackle the problem of overprescribing of controlled substances through its partnership with the State of Maine. Offered free to any provider and supported by Maine DHHS, this interprofessional team from the Schmidt Institute reviews challenging cases of patients being prescribed controlled substances. The team then makes recommendations to the referring provider around compassionate tapering, pain management and other related issues, with the goal of fully tapering.

COLLABORATION WORKS

PCHC's leadership and close partnership with its ACO—the Community Care Partnership of Maine—yielded solid results in 2020. In addition to annual shared savings of \$843,940, the 14 health centers and community hospitals of CCPM collaborated on pandemic education campaigns including a digital campaign urging Mainers to stay vigilant on COVID safety protocols while the state waited for the vaccine to be widespread.

Community Health Leadership Board: Our partnership with CHLB yielded the great success of the “Mask up for ME” campaign.

PCHC 2020 Quality Metrics

UDS Clinical Compliance Measure	2012	2013	2014	2015	2016	2017	2018	2019	2020	Change from Previous Years	State	National
Controlled HTN	70%	71.6%	68%	70.37%	67.34%	69.72%	75.54%	73.53%	75%	1.47	70.29%	63.75%
2-Year-Olds Fully Immunized	36%					39.82%	48.19%	48.26%	51.94%	3.68	42.73%	39.75%
DM 9% or no test**	11%	10.5%	23.5%	23.27%	22.49%	25.05%	22.55%	23.96%	22.54%	-1.42	17.72%	31.95%
% Children BMI & Counseling	22%	29.13%	44.2%	49.9%	55.53%	55.86%	60.13%	62.81%	64.77%	1.96	56.17%	71.21%
% Adults BMI & Plan	67%	67.1%	54.2%	57.32%	47.89%	57.1%	57.68%	59.82%	64.52%	4.7	63.78%	72.43%
% Smokers/Tobacco Cessation	89%	89.7%	89.7%	90.63%	88.84%	96.47%	96.61%	92.39%	94.02%	1.63	92.12%	87.17%
Statin Therapy for CAD								66.88%	68.65%	1.77	67.37%	70.09%
IVD: Aspirin/Antithrombotic Therapy	74%	86%	68.3%	70.62%	70.65%	90.14%	90.53%	86.35%	84.17%	-2.18	85.69%	80.78%
Colorectal Screening	50%	50.8%	52.8%	58.58%	58.62%	57.40%	57.01%	54.54%	54.29%	-0.25	61.22%	45.56%
Patients Screened for Depression and F/U			47.8%	56.83%	54.17%	63.72%	51.93%	50.17%	64.24%	14.07	63.59%	70.57%

NOTES:

**low rates are better for DM A1C 9% or no test measure
 2015 was the first year for Jackman and Seaport
 2017 - change in childhood immunization measure
 2019 - change in CAD measure (added 4 den categories)
 2019 - change in depression measure (PHQ9 no longer f/u)
 Year noted is the UDS calendar year submitted

2019 & 2020 Color Guide

Better than state, better than nation
Better than state, worse than nation
Worse than state, better than nation
Worse than state, worse than nation

2020 Financial Report

Like most healthcare providers, PCHC took a financial hit during the pandemic. But solid federal stimulus funding, higher than budgeted grant support, and numerous smaller gifts of support allowed the organization to continue to provide our communities with access to high-quality care, regardless of patients' life circumstances or abilities to pay. Innovation in the form of telehealth and smart infection-control measures in our practices allowed us to continue to see patients despite a statewide lockdown.

Patient revenue was 18 percent below budget for the year, and 11 percent behind the prior year. Encounters were 26 percent below budget, and 22 percent below the prior year.

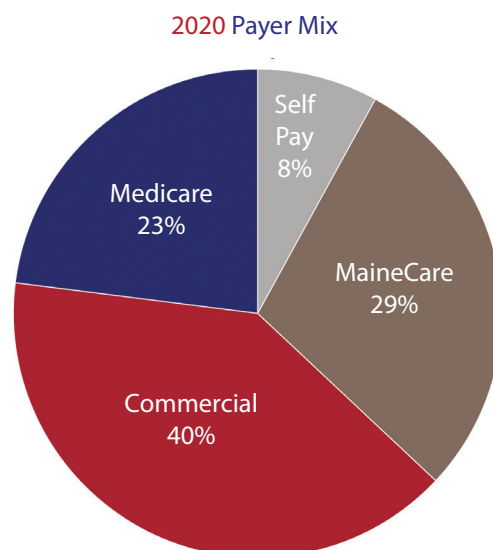
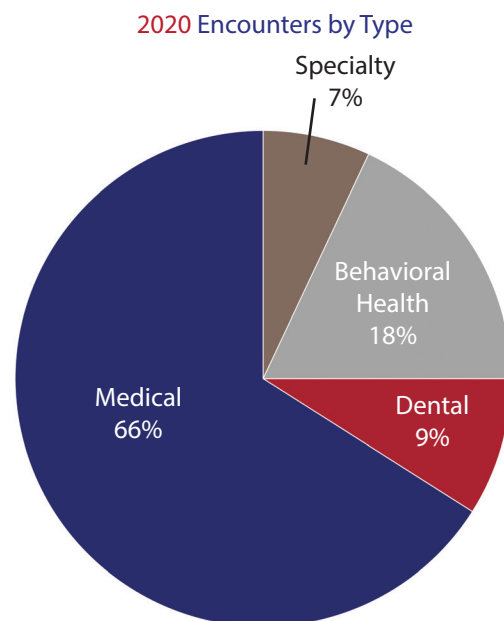
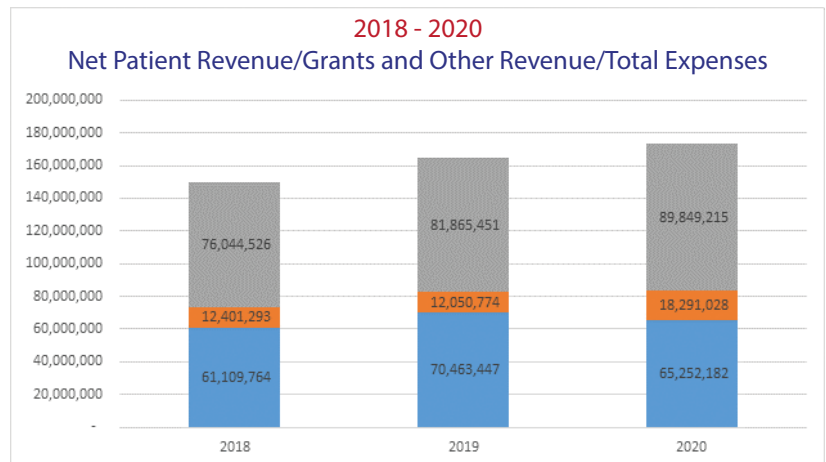
However, our **grant revenue was 23 percent above budget, and 32 percent above the prior year.**

PCHC received \$12.8 million in stimulus funds; including the Payroll Protection Act; Provider Relief Funds; and HRSA Cares funds. The PPP offset salaries, the provider relief funds offset losses in patient revenue plus COVID expenses, and the CARES monies offset COVID testing and PPE.

An additional \$1 million in federal funding helped with Swab & Send testing, a quarantine site, the Ramada site for individuals experiencing homelessness, and the Rapid Rehousing program.

Smaller amounts from numerous funders, amounting to \$240k, offset further COVID-related expenses, such as PPE, covered losses for uninsured patients and equipment needed to renovate practice locations during COVID.

During 2020, PCHC provided **\$3 million in charity care.**



Life in the Time of COVID:

NON-Standard Operating Procedure

The global pandemic touched everything about the way PCHC operated, from how we greeted patients in our practices to how we hired providers; how we got prescriptions into patients' hands and how we kept our teams safe. This was the year that normalized telehealth, and telecommuting, with some departments working fully from home. And with all its challenges, COVID-19 brought a new perspective to our operational strategy, allowing us to consider the employee experience more fully with a continuing emphasis on retention, morale and engagement.

Here are some of the highlights:

- Early on, an Incident Command was stood up to manage the multiple challenges of the coronavirus
- Significant facility and safety modifications exceeding \$100,000 were implemented at the Dental Center, which reopened after a short closure
- Telehealth capacity was stood up in fewer than 10 days and provided 41,860 visits during the year
- Safety changes in practices included door buzzers, Plexiglas, adjusted schedules; increased cleaning
- An RN Nurse Triage line was set up for the first several months
- Pharmacy system changes included curbside delivery and construction of separate entrances to reduce disease transmission.
- PPE systems changes included purchasing, storage, delivery and weekly burn-rate calculation

PPE Used
in 2020



205,475
Masks



23,475
Gowns



269,461
Gloves

- 27 new Providers hired.



4 Physicians
10 Nurse Practitioners
9 Physician Assistants



4 Dental Residents

- Unlimited Solutions Clubhouse—Our Clubhouse flipped to a completely remote model to support its members. Clubhouse, which provides vocational services to people experiencing mental health challenges, is managed by its members. Clubhouse saw 298 members in 2020 and 74 of those were employed with supports from the Clubhouse. Our members and staff showed spirit and resilience, embracing “virtual Clubhouse” enthusiastically

PHARMACY

At the heart of our patient care, Pharmacy weathered some big changes in 2020. The community pharmacies adapted quickly to abrupt changes in operations, going from in-person encounters to curbside pickup and mailing only. The Primary Care Pharmacists also pivoted seamlessly, working offsite and scheduling many appointments for telehealth, while still seeing some patients face-to-face. Telehealth was invaluable in supporting patients with prescription and medication questions. Collaborative care visits, which enhance revenue for PCHC, continued to develop under COVID conditions and then, more normally as the virus threat eased.

The resiliency of Pharmacy staff was notable; an entire pharmacist residency class operated on a brand-new hybrid model of telecommuting and on-site work. Infrequent but highly disruptive virus exposures required extra work for all, but the pharmacy team handled those work surges seamlessly.

Even in a pandemic, we saw new attacks from pharmaceutical companies on the 340B discount prescription program, but PCHC's 340B work (which benefits our patients while providing considerable revenue for programs across the organization) grew with the diligence of the entire pharmacy staff and project manager Molly Slauenwhite, with expansion to Hannaford pharmacies, improvements with current contract pharmacies and new opportunities identified in capturing referral prescriptions.

SAFELY HOUSING AND CARING FOR OUR GUESTS AT HOPE HOUSE

The pandemic posed immediate challenges for the team at Hope House Health and Living Center, where social distancing protocols proved difficult for the number of guests and patients we serve. Temporary housing arrangements at local hotels were initially successful, but an outbreak in the spring and the sheer difficulty of providing centralized space for COVID-positive guests and those with pending tests demanded innovative thinking and a different solution. Additionally, as cold and damp weather loomed, the need to accommodate more people became urgent.

The Ramada Inn on Odlin Road was that solution. Thanks to owner Free Martin and MaineHousing, which funded a whole-facility lease effective in September, the Ramada has given Hope House the room to safely house both COVID-positive and COVID-pending guests, house, feed, and test migrant farm workers who come to Maine for the summer harvest (the last the result of true collaboration with Maine Mobile Health Services, Ramada ownership, PCHC and other agencies in Bangor). Half the rooms are set aside for COVID-positive guests and those being tested for the virus. More staff, including housing navigators, have been detailed to the Ramada location. The location also puts guests within reach of other services, including healthcare and transportation.

Initial complaints from business owners in the Odlin Road area diminished after several months and there are signs that the collaboration has benefited all parties.

"I got to understand those experiencing homelessness, substance abuse or mental health issues better," Martin said in January. "I plan to use that knowledge for the greater good of my community in the future."

We are grateful for our productive collaboration with the city of Bangor and the Bangor Police Department as we navigated this new and challenging path.



IT & Data Information Systems

Technology was the game-changing element of the COVID-19 crisis. From biochemists working at warp speed to develop a vaccine, to the advanced telecommunications which allowed millions of Americans to work safely away from home, advanced processes and products made an incalculable difference. When lockdown loomed, PCHC's Information Systems team mobilized, leveraging available technology and exploring new options to keep our patients—and our workforce—safe while ensuring continuity of care.

This included:

- Expanding telehealth capacity, with thousands of telehealth visits from April-December
- Telehealth via Zoom was added, giving more patients safe and convenient access to care
- Zoom, Teams and Zoom rooms were expanded as a result of the pandemic
Most meetings went virtual by April
- Improvements in online services for patients

Sophisticated criminals made their best use of the pandemic, taking advantage of the world's sudden and overwhelming reliance on virtual tools to attack numerous networks, in some cases focusing exclusively on healthcare systems and hospitals. PCHC's IS team undertook numerous security projects over the year, including:

- Engaging a security consultant
- Installing multifactor authentication
- Intensified, required security training
- New compliance protocols
- Tabletop cybersecurity drills

Patient experience continued to be a priority despite the demands of the pandemic, with IS improvements including:

- Improvements in the patient portal and Dentrix e-services
- New guest Wi-Fi in Winterport Health Center and Hope House
- EMR transition in Seaport Health Center



Chief Information Officer Sharyl White was honored for her COVID response work by the Maine Primary Care Association for her leadership during the pandemic implementing assertive and innovative telecommuting and telehealth models, and deploying equipment, protocols and work flows quickly and efficiently to the benefit of PCHC its patients.

"Sharyl has been a great example of a leader that has implemented sustained innovation," said CEO Lori Dwyer. "She has worked tirelessly to ensure that not only the organization's hardware and software were up-to-date but more importantly that there were processes in place to address the day-to-day issues and the disaster anomalies that we all hope to never see. Sharyl's innovative spirit and heart is the greatest added value to our data and information systems work."

People: Caring for One Another

The “P” in Penobscot Community Health Care may as well stand for People, too—because our people, all 893 of us, are the true drivers of our organization. We live our mission, vision and values every day, whether in the care we give our patients, our collaboration with community partners, or, importantly, the care and thought we give each other. It’s fair to say we could not have survived and thrived in 2020 without the flexibility, patience, good humor, resilience and optimism of our workforce—and it wasn’t easy. Lockdowns, practice closures, furloughs, outbreaks, new protocols, and a seemingly endless stream of communications from Auburn Hall made it a year like no other for PCHC teams.

As in every year, there was some turnover. The perennial concerns about compensation, benefits and recognition occupied our attention as well, despite the extra stress of the pandemic. An additional focus on recruitment and retention yielded these highlights:

- Market surveys and salary increase research ensuring employees are competitively compensated, which resulted in increases for medical and dental assistants
- A successful MA recruitment program
- Launch of the DiSC program, a behavioral/emotional self-assessment for employees to learn their workstyle and strengths, 128 employees participated in the assessment
- A revamped tuition assistance program
- A full calendar of employee engagement and recognition activities, with creative workarounds for COVID
- A low number of workplace injuries, yielding recognition from our workers’ compensation trust
- Great participation in our first annual United Way campaign, meeting our goal of \$10,000
- Continued recruitment and hiring, resulting in 247 new hires

The value of teamwork is not only seen in the high quality of care we give our patients, but in the less measureable, but deeply important ways PCHC employees value and trust their colleagues, and enjoy their company. One of the most difficult aspects of the pandemic for many of our teams has been that social distancing protocols have temporarily halted the normal interactions with colleagues—conversations in break rooms, lunches together, potlucks and celebrations. Our employee morale group has worked creatively to launch virtual Spirit Weeks and other recognitions. But our teams can’t wait to get back to “normal” with their work family.

The workers’ compensation trust administered by Cross Insurance presented PCHC with its Most Effective Safety Program Award for 2020, recognizing consistently improving performance, despite the additional challenges faced in the COVID-19 crisis. In making the award, trust administrators said “this is quite an achievement considering the challenges of the last year. The organization was faced with setting up staff to work from home, protecting staff who must remain on the front lines to treat patients and expanding services to the most vulnerable in the community, people experiencing homelessness.”

The annual award recognizes both improved financial performance and meeting all the requirements of the group trust safety program.



Growth

As steel is tempered in fire and character grows through adversity, PCHC last year pivoted out of the challenges of the pandemic into remarkable growth that stands alone among FQHCs and even larger health systems in Maine.

The Adult Wellness Center, opening in April 2020, became one of only a handful, if not the only, medical practice to launch during the year of COVID. Our first cohort of Nurse Practitioner Residents arrived in June, later proving critical in our COVID response, including working alongside Maine Mobile Health at testing clinics for migrant workers. Maine's first Dental Therapist was hired and began working at PCHC in October. And the WOW Clinic—Maine's primary resource treating pediatric obesity—joined our organization in November.

ADULT WELLNESS CENTER

For adults over 18 who seek high quality, team-based care in one convenient location, the AWC offers the wrap around services many of our patients want, including primary care; mental health services; minor surgical procedures and osteopathic manipulative therapy. Patient reviews have been highly positive.

"I quickly needed a primary care provider and the Adult Wellness Center was the best choice I could have made," said one patient.

"The providers quickly understood my needs and came through within hours."

"They are kind, empathetic, competent and are experts in their field."



Jeffery Bowers, MD
Medical Director, Adult Wellness



WOW FOR WELLNESS

After more than a decade of helping Maine kids from Waterville to Millinocket, the state's premier practice treating pediatric obesity has joined PCHC. They are seeing patients at the Pediatrics Center.

WOW for Wellness is a multi-disciplined, family-centered clinic for children and adolescents aged 15 months to 19 years who are at higher risk for weight-related health problems. In-person and telehealth services are available, making the clinic super accessible. Dr. Valerie O'Hara, DO, a well-known researcher and author on childhood obesity, along with Starr Johnston, RN, and Kathrin Hastey, NP, previously operated WOW under the auspices of Northern Light Health.

"We couldn't be more delighted to work alongside the great providers here," O'Hara said. "In fact, the model of the federally qualified health center may actually improve the sustainability of our clinic, and we expect to learn new ways to improve our care model and access to care."



WOW 4 Wellness



DENTAL THERAPIST

The first dental therapist in Maine—and on the East Coast—joined PCHC last October. (She was fully licensed by the state in March).

Dental therapists are advanced practice professionals, similar to nurse practitioners or physician assistants in medical clinics, who must have advanced degrees and extra training in their field. Claire Roesler, MDT, RDH, will be performing preventive and basic restorative procedures like filling cavities, doing extractions and placing crowns.

While dental therapy was approved in Maine a number of years ago, it was only last year that the state board opened a path to licensing. Public health experts say that the addition of dental therapists is crucial in rural states like Maine, where there is a shortage of dental providers.

According to a report by the Pew Trusts, the shortage of dental providers in Maine is exacerbated by the state's rural and remote geography, a rapidly aging existing dental workforce and a paucity of dental practices that participate in MaineCare. (PCHC Dental is one of the few that do).

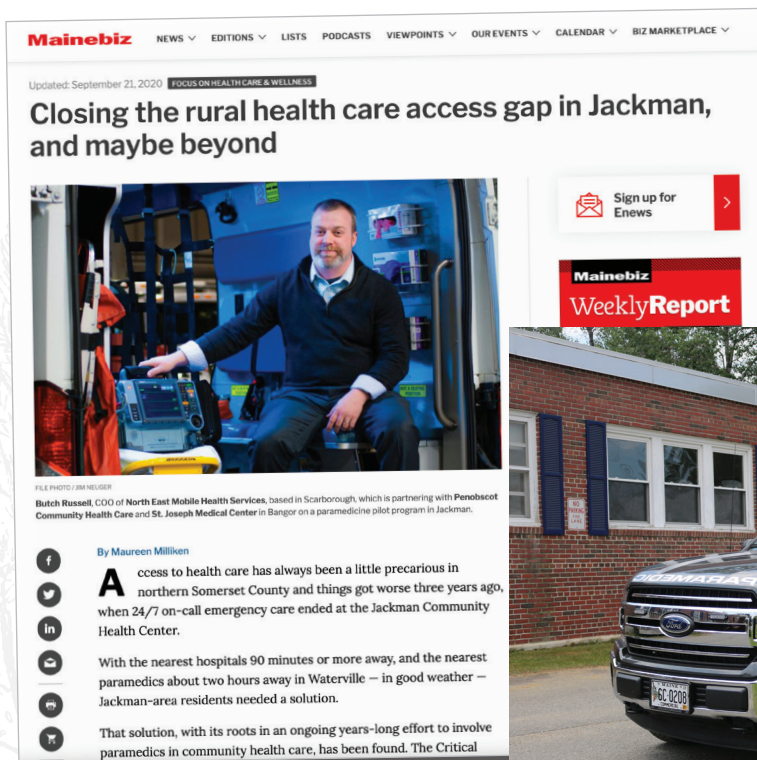


PARAMEDICINE IN JACKMAN

A \$1.2 million grant is funding a pilot program in Jackman that will enormously improve healthcare access for the remote Somerset County community. The program will train paramedics to perform emergency care functions usually reserved for medical providers. The grant is through the Health Resources and Services Administration's Rural Telehealth Network Grant Program.

The program, matched only in Alaska, will help patients get emergency care faster. Currently, paramedics must transport patients requiring emergency care to hospitals in Greenville or Skowhegan, about 50 miles either way over remote rural roads. Paramedics will be trained to perform necessary urgent care skills under the direction of an emergency department via tele-medicine and respond to acute 911 calls with local volunteer ambulance staff to provide in-home paramedicine services. Ultimately, paramedics with expanded clinical skills could fill gaps at our health center so it can maintain 24-hour urgent coverage. A smaller project in Winterport, allowing for consultation with emergency room physicians, is also covered by the grant.

Maine Emergency Medical Service, part of the state Department of Public Safety, gave the go-ahead last month to the Jackman pilot program, which is a partnership between the town, North East Mobile Health Services, PCHC and St. Joseph Hospital in Bangor. If the pilot is successful, it could be expanded to other areas in Maine.

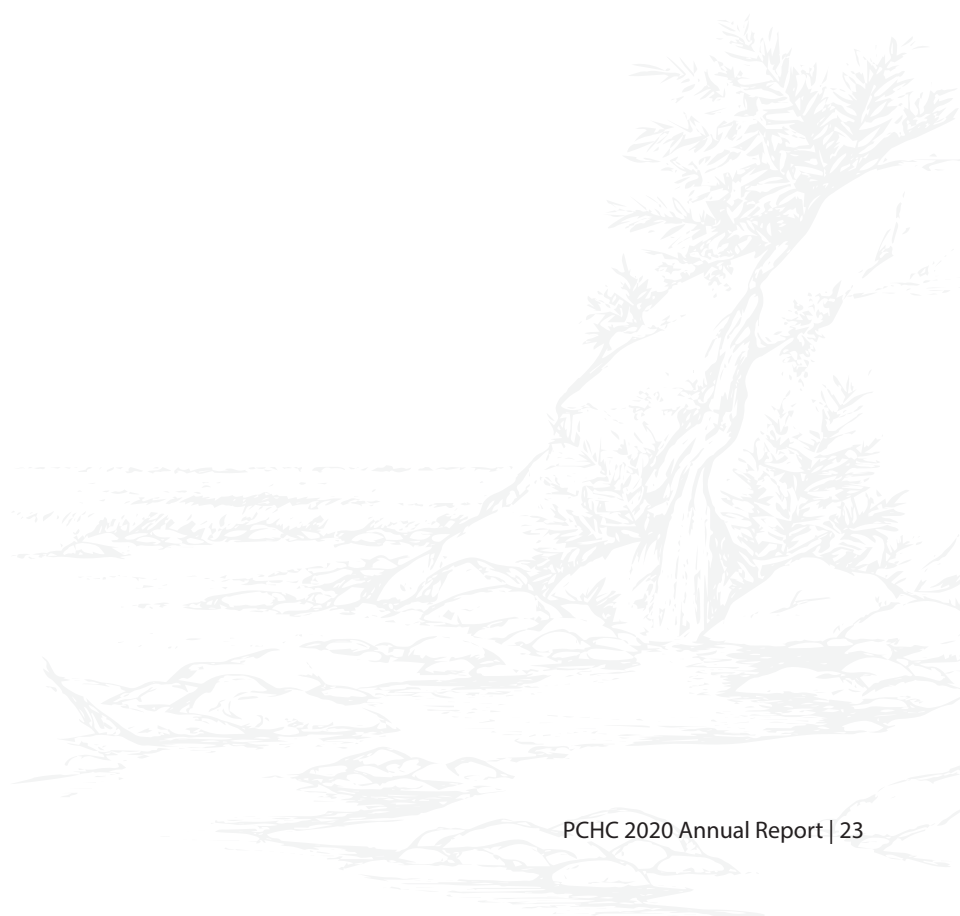


Grants & Support

Our gratitude for the many grants supporting our mission in 2020.

Atlantic Charitable Fund
Bangor Savings Bank
City of Bangor
Centers for Medicare and Medicaid Services (CMS)
Direct Relief Fund
Doree Taylor Charitable Foundation
Federal Center for Disease Control & Prevention
Federal Emergency Management Agency (FEMA)
Harvard Pilgrim Health Care Foundation
Health Resources and Services Administration (HRSA)
John T. Gorman Foundation
KeyBank Foundation

Lunder Foundation
Machias Savings Bank
Maine Community Foundation
Maine Department of Health and Human Services
(Maine DHHS)
Family Planning Association of Maine
Maine State Housing Authority (MSHA)
Maine Health Access Foundation (MeHAF)
National Institute on Drug Abuse (NIDA)
Northeast Delta Dental Foundation
Stephen and Tabitha King Foundation
United Way of Eastern Maine





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