

I'll start with the caveat that I'm not directly involved in the financial decisions at Little Rivers, and that I have an incomplete understanding of healthcare finance.

First, some back story. Little Rivers has not been part of OneCare. I've been told that this is because OneCare attributes lives based on hospital service areas. Our local hospital is 2 miles away, but in New Hampshire. Our area was somehow attributed to Mt Ascutney, which is 57 miles away. Since our patients wouldn't be going that far for care, (there are 7 hospitals closer) there was little benefit in terms of shared savings for either Little Rivers or OneCare. I believe that 9 of 11 other FQHCs in the state joined OneCare, and have been receiving shared savings payments.

During and since the pandemic, we've had the good fortune to attract a number of new providers; 4 primary care providers, 3 psychiatric NPs, and 7 in behavioral health/counseling. We've developed a robust MAT program, have counselors in all our nearby schools, and counselors co-located in all four of our clinics. It has been a game-changer for us to have counselors available when we see patients in crisis. On the whole, healthcare in our little community is thriving. That said, all that growth took some time to ramp up and thinned out our resources.

Then last spring, our present administration discovered prior financial reporting errors that seriously affected our financial stability. This brought scrutiny from HRSA and the Division of Financial Services, with our FQHC base grant at risk. Despite an intense effort to see more patients, cash flow became critical in the fall. Our bank declined to extend our line of credit. There was real discussion about lay-offs, whether we could make payroll, and whether we might close completely.

Joining a CMS-created program in order to keep our doors open seems like a no-brainer. It is possible that its design is flawed, that it doesn't achieve the proposed savings, or that intermediaries may benefit. Our CEO, Andy Barter, our CMO Dr. Simone Lessac-Chenen, and our Board looked into several Medicare-only ACOs and recently signed on with Vitalyze for one year. Vitalyze offered shared savings payments up front with no downside risk, which will allow us to remain open through this year. (There are a number of financial changes coming in 2024 that make us more confident in our cash flow and financial stability). I trust their decision. Maybe we'll find out that it was a mistake -- but it is a one year contract that allows us to continue providing health care in our community.

If we had a health care system that was even moderately sane in how it funded primary care, we would not have to make this choice.

Thanks for your query, and please let me know if there is more information I can provide.

Sincerely,

Fay.