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MAINE'S APPROACH TO HEALTH CARE

2012 ANNUAL REPORT

MAINE'S APPROACH TO HEALTH CARE

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The Maine Health Access Foundation's mission is to promote access to quality health care, especially for those who are uninsured and underserved, and improve the health of everyone in Maine.

As one of the state's largest health care foundations, the Maine Health Access Foundation supports strategic solutions to Maine's health care needs through grants and other programs, particularly targeting those who are uninsured and medically underserved.

PATIENT-CENTERED HEALTH CARE

At some point, each of us will intersect with the health care system as a patient, caregiver or concerned family member. When that time comes, what would you want from that experience?

When Maine people answer that question, their views are consistent and clear. We all want compassionate doctors, nurses, therapists and other providers who have time to listen and help us understand and manage our health. We want a more transparent, responsive and flexible system that is easier to understand and navigate. And finally, we want coverage and higher quality care that is both affordable and available to everyone.

Fueled by the creativity and hard work of MeHAF grantees, Maine's health care delivery system is already being redesigned to fulfill this vision. This Annual Report features some of their cutting-edge work that keeps Maine at the forefront of re-imagining better coverage options, care delivery, and patient engagement.

As the state's largest, dedicated nonprofit health funder, we have the resources to encourage grantees to test, refine and spread successful innovations. MeHAF is equally prepared to encourage and support grantees as they try some high risk/high reward ventures. Our Board knows that if every grant program is a success, we're not being bold enough to help our partners test new solutions to challenging issues.



Jeff Wahlstrom
CHAIR, BOARD OF TRUSTEES



Wendy J. Wolf, MD, MPH
PRESIDENT & CEO

The federal Affordable Care Act (ACA) may strengthen the work of MeHAF's grantees in the coming years. Especially promising are provisions that support and expand affordable health insurance options, build a stronger primary care system with better community supports, and improve quality and health outcomes at lower costs. MeHAF is committed to the successful implementation of the ACA and other health reforms.

Even with full implementation of the ACA, we know that some Maine people will remain uninsured or continue to face barriers in accessing high quality care. Our mission compels us to make sure that health reforms don't overlook the needs of those who are uninsured and underserved.

Our quest for a transformed health system won't be complete until every person in Maine gets the care they need in the way that we'd all like to be cared for.

Jeff Wahlstrom

Wendy J. Wolf

COMMUNITY CARE TEAMS

making house calls and phone calls

Every patient has a story. But not every patient has a health care provider to listen to her story and understand its significance to her unique treatment choices and needs.

Providers and policymakers know that a relatively small group of patients with complex or chronic conditions too often end up in the emergency department (ED) or in-patient hospital care. Many of these patients are admitted for multiple expensive hospitalizations that might have been prevented had health or life issues been addressed more proactively.

MeHAF grantee Maine Quality Counts created eight “Community Care Teams” (CCTs) to better address costly hospital and ED overuse. The CCTs, which are generally comprised of a nurse, a social worker and nurse-program manager, work with primary care practices that are part of the Maine Patient-Centered Medical Home Pilot. Patients at high risk for ED use and hospitalization are identified for CCT support through hospital usage data.

The CCT based at Androscoggin Home Care and Hospice uses a ‘home health’ approach to helping these vulnerable patients. Team members first establish a relationship with patients and work to reconnect them with a primary care provider. But the most important approach is a simple one. They take the time to listen.

Often the reason for a patient’s over use of hospital or ED care is not a need for better medical or drug management, but is more basic. One elderly patient with several chronic conditions had a spike in emergency room visits after she started traveling to visit her ailing husband in a facility located far from their home. The patient’s medical record didn’t contain this critical information, which she incidentally mentioned to the CCT nurse when the nurse asked, “What would you most like to change about your life now?” Rather than talk about her own condition, the patient replied, “I’d like my husband to live closer.” Listening to the patient’s concerns led to changes in her husband’s placement that improved the patient’s quality of life and dramatically decreased her ED use.

Using techniques that shift the focus from “treating the diagnosis” to understanding all the elements of patients’ lives and circumstances that can affect their health, the CCT can devise practical and creative solutions to help people “graduate” from CCT-management back to less intensive management by their primary care provider.

In a modern twist on house calls, inexpensive visits with phone support and taking the time to listen all become powerful prevention tools that exponentially reduce hospital-related costs.



Betty and Bert Murch visit with CCT nurse Michelle Couillard at their home in Greene.

COMMUNITY WELLNESS

reimagining a path to health benefits

Traditional public health programs often work because they are delivered through a trusted and frequented location or institution – think of immunizations provided at public schools. The Greater Somerset Public Health Collaborative (GSPHC) – a Health Maine partnership – uses a similar model to foster community wellness and improve the health and quality of life of all Somerset County residents.

GSPHC is comprised of diverse community groups and members, including Redington-Fairview General Hospital and the Somerset County Chamber of Commerce. After coming together with Medical Care Development, MeHAF's support allowed the group to explore ways that small businesses with as few as 2-10 employees could support wellness programs to promote the health and well-being of their employees. In the wellness program, local employers, with centralized support from GSPHC, administered employee health risk appraisals, and offered benefits such as gym memberships and nutrition coaching. The response of both employers and employees to the wellness program was overwhelmingly positive.

But raising awareness of the benefits of a healthy lifestyle, and increasing employee morale and pro-

ductivity were just the beginning of this effort. With MeHAF's support, GSPHC is currently developing a pilot for employers to provide basic primary care services to their employees.

Because the success of the wellness program built trust among employers, employees, and members of GSPHC, there is momentum and a commitment to explore next steps together. "It takes our whole community working together to stay healthy," observes Bill Primmerman of Redington-Fairview General Hospital, Co-Director of the program. And once participants in the wellness program – employees and employers alike – began to see the payback, "They want more."



Employees of The Bankery bake shop in Skowhegan participated in the wellness program.

AFFORDABLE COVERAGE

building options from the ground up

Many people have heard the term “co-op” in the context of real estate ownership or as a way for farmers or fisherman to work together to market their products. But how about a “CO-OP”- a Consumer Operated and Oriented Plan - for health insurance?

Maine Community Health Options (MCHO) is a new twist on an old concept. The federal Affordable Care Act (ACA) health reform law encouraged groups of providers and other key community leaders to create new nonprofit, member-directed health insurers that would expand access to more affordable, high-quality coverage for small businesses, individuals and families. To ensure accountability, members of the CO-OP are responsible for electing MCHO’s Board of Directors, and a majority of Directors must be members.

In addition, unlike a for-profit health insurer where net income is paid to shareholders, MCHO will return its net income to the

CO-OP insurance program to enhance benefits and reduce premium costs.

In 2011, MeHAF provided early support to the start-up through a grant to its partner, Maine Primary Care Association, enabling MCHO to secure \$62 million in federal loans. Currently, MCHO is in the process of creating high-quality, high-value services for policyholders from the ground up using evidence-based approaches in its benefit design and economic incentives to keep costs down.

At the end of 2012, the MeHAF Board approved a grant of \$300,000 to MCHO that will help the nonprofit get the word out about this new health insurance product. MeHAF’s support – the first grant of its kind to an ACA-authorized orga-

nization – was vital as MCHO is prohibited from using any portion of its federal loans to market its product. Now MCHO can communicate directly with potential subscribers to describe the value of the plans that will be available for enrollment on the new Health Insurance Exchange beginning on October 1, 2013.

With MeHAF’s support, Maine’s only nonprofit health insurer is hard at work building out home grown options that will leverage many of the health reform efforts that have been taking root in Maine over the last decade.



Top photo: Kevin Lewis, CEO of MCHO at the nonprofit insurer’s offices at the repurposed Bates Mill complex in Lewiston.

HOLISTIC CARE

teaming up to meet patient needs

When Penobscot Community Health Care (PCHC) set out to re-imagine how they could deliver better care for their patients, they knew that putting patients at the center of care would lead them in the right direction.

Consider these common health care needs:

- a child who needs to see a pediatrician on a Sunday whose family does not have health insurance
- a worker who can only visit his primary care doctor outside normal business hours
- a young woman with an undiagnosed mental health condition who has recently lost her job, her insurance, and become homeless, but who needs urgent care

After nearly a decade of innovation, with MeHAF's support, PCHC has redesigned care delivery for the more than 60,000 people they see annually to meet the needs of all of their patients. PCHC provides fully integrated, seamless and cost-effective care at 16 practices including community settings such as public housing residences and shelters. The holistic care PCHC provides includes family medicine, pediatrics, geriatrics, oral health, pharmacy, behavioral and mental health, many medical specialties and care management.

PCHC's dedication to expanding access to patient-centered care has garnered national recognition-- PCHC was recently named by the Robert Wood Johnson Foundation as an 'exemplar practice' for innovative practices in primary care. But recognition isn't driving this change. Every PCHC professional knows that providing care that is convenient and that treats the whole person is simply the right thing to do. It's the smart thing to do, too because it prevents or reduces the need for emergency care, hospitalizations, and more expensive interventions or reparative treatment.



The philosophy of integrated care permeates every part of the PCHC organization - from the physical

Above: Nicole Duncan, AuD, CCC-A, Lead Audiologist, at PCHC's Warren Center with young patient, Nathan, and his mother, Devyn. Left: Maine native Zachary Greenier, PA-C, with PCHC Brewer Medical Center's (BMC) Medical Director, Nancy O'Neill, MD. Greenier spent part of his clinical training at BMC and now practices there after graduating from Yale University's Physician Assistant Program.

layout of its practice sites to the training of the next generation of health professionals in four graduate residency programs. Members of a care management team are always located under the same roof and interact informally throughout the day. PCHC care teams are able to review electronic medical records from different providers in real time to ensure that patients receive coordinated, informed care. At the end of every visit, patient feedback is solicited so PCHC can learn how to do an even better job caring for people in their community.

Many health professionals describe practicing in this setting as "health care heaven." With holistic care, improved access and reduced costs, PCHC has set the standard for quality patient-centered care of the future.

CUSTOMER SERVICE

the doctor buys in

Businesses from neighborhood restaurants to large retailers know the importance of providing excellent customer service. How do they know what customers want? They make an effort get feedback and then act on their customers' advice.

Borrowing a page from the business world, MaineGeneral Medical Center is committed to improving patient care by listening to their customers: patients. Through new Patient-Family Advisory Councils (PFACs), patients and family members meet with providers to discuss and share ideas to improve care delivery and patient experience.

With MeHAF funding and the full support of its management, MaineGeneral has established PFACs at several locations, including Winthrop Family Medicine and Winthrop Pediatrics and Adolescent Medicine. The Winthrop PFAC is staffed by a full-time coordinator and a physician champion, Winthrop Family Medicine's Medical Director Dr. John Barnes.

Although the team has been meeting for just over two years, it has already made a number of positive

changes. Telephone support has been improved during peak office hours so that callers are not kept waiting for long periods. Photo portraits with the names and job titles of all provider team members greet patients when they enter reception. Other small but meaningful improvements have been made.

The community is feeling the positive changes, too. Following a town council discussion about improving health consciousness and physical activity among Winthrop middle-school students, the PFAC and students jointly produced an engaging health education postcard. "Winthrop Plays Outside" includes a list, developed by the students, of many recreational opportunities offered in the community on one side, and a photo of middle school students "planking" the message on the other.

The card is being distributed as part of child wellness checks at both Winthrop practices and throughout the community.



The PFACs ensure there is a roadmap for turning good ideas into tangible change. The Winthrop PFAC is poised to tackle more complex patient-provider issues in the coming year and is energized by the positive and immediate response to suggestions so far. As one member of the PFAC put it, "I can't imagine this practice operating without the input of a PFAC from now on."



Left and bottom right: Dr. John Barnes participates in a PFAC meeting with member Kathy Record. Top right: Provider team photos on display.



Since its inception, MeHAF has been guided by a highly experienced state-wide Board that represents the professional, philosophical and demographic diversity of Maine. In addition, the foundation’s by-laws specify that at least three Board members represent “the interests of the medically uninsured and underserved.” The Board is comprised of distinguished leaders with recognized expertise in health policy and advocacy, the clinical delivery of health care, public health, business, finance, and philanthropy. Nearly one-third of the Board previously served on the foundation’s Community Advisory Committee. In 2012, MeHAF welcomed Dr. Connie Adler, Roy Hitchings and Tony Marple to the Board.

Board of Trustees - 2012

Constance Adler, MD, FAAFP
FARMINGTON

Nancy Fritz
AUGUSTA

Sara Gagné-Holmes, Esq.
AUGUSTA

Roy Hitchings, Jr., FACHE
CAMDEN

Frank Johnson
AUGUSTA

Anthony Marple, MBA
WHITEFIELD

Karen O’Rourke, MPH
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YORK

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Lisa Sockabasin, BSN
HALLOWELL

Ted Sussman, MD, MACP
HOULTON

Jeff Wahlstrom
BANGOR

Shirley Weaver, PhD
KENNEBUNK

Lee Webb
UNION

MeHAF’s work is also informed by individuals who serve on its state-wide Community Advisory Committee (CAC). Members represent many sectors and geographic areas across Maine, and they provide guidance and professional expertise to the foundation’s operations. MeHAF’s by-laws stipulate that two-thirds of the CAC membership be reserved for individuals who represent the interests of the medically underserved and uninsured populations within the state. At least one-third of the members must have established expertise in health care with respect to access for medically underserved and uninsured persons. In 2012, the CAC welcomed six new members: Cynthia Freeman Cyr, Deborah Deatrck, Alan Monier, Charles (“Scott”) Planting, Toho Soma and Meryl Troop.

Community Advisory Committee - 2012

Cynthia Freeman Cyr
DOVER-FOXCROFT

Deborah Deatrck, MPH
FREEPORT

Jeffrey Dow, DMD
NEWPORT

Nancy Fishwick, PhD, RN, FNP
ORONO

Carter Friend, JD
PORTLAND

Ruth Frydman, MD
CUMBERLAND

Megan Hannan
PORTLAND

Lisa Kavanaugh, FACHE, MBA
PORTLAND

Evelyn Kieltyka, MSN, FNP
AUGUSTA

Simonne Maline
SOUTH PORTLAND

Edward Miller
HALLOWELL

Alan Monier
BRYANT POND

Peggy Pinkham, RN
EAST BOOTHBAY

Charles (“Scott”) Planting
BAR HARBOR

Randy Schwartz
MANCHESTER

Toho Soma, MPH
PORTLAND

Meryl Troop
PORTLAND

David White
BAR HARBOR

C. Shawn Yardley, MS
BANGOR

ADVANCING HEALTH SYSTEM REFORM

ORGANIZATION	PROJECT TITLE	2012 AMOUNT	TOTAL AWARD
PAYMENT REFORM - NEW FUNDING			
The Aroostook Medical Center	Northern Maine Advanced Medical Home Collaborative	\$97,851	\$193,642
Eastern Maine Medical Center Clinical Research Center	Patient Centered Medical Home Approach to Patient Activation	\$90,557	\$187,641
Franklin Memorial Hospital	Franklin C.A.R.E.S. - An Initiative to Provide Care, Access, Resources, Education and Support to Financially Disadvantaged Individuals in Need of Health Care Services	\$98,909	\$197,818
HealthInfoNet	Establishing an Integrated Statewide Information Platform for Health Reform in Maine	\$99,017	\$198,659
Maine Health Management Coalition Foundation	The ACO Development Project	\$99,128	\$198,256
Maine Medical Education Trust	Engaging Physicians in Payment Reform	\$94,944	\$189,888
Maine Primary Care Association	Developing an Integrated, Statewide Consumer Oriented and Operated Plan in Maine	\$100,000	\$200,000
Maine Quality Counts	Building a Sustainable System of Community Health Teams to Improve the Health of Maine People	\$99,984	\$199,959
MaineGeneral Health	Effective Patient Engagement in Primary Care Transformation	\$99,957	\$199,885
MaineHealth	Primary Care Payment Reform: A Provider-Led Multi-Stakeholder Effort to Align Payment Strategies with the Triple Aim	\$98,300	\$196,200
Medical Care Development Division of Public Health	Buying Micro-Wellness in Rural Maine: Aligning financing for coverage and wellness services for very small businesses and individuals	\$100,000	\$100,000
Mercy Hospital	Mercy Medical Neighborhood	\$99,996	\$197,052
Prescription Policy Choices	Show ME the Evidence: Reform to Improve Quality and Contain Costs	\$89,487	\$177,865
State of Maine, DHHS, MaineCare Office of MaineCare Services	MaineCare - Building a Medicaid Value-Based Purchasing Program	\$100,000	\$200,000
PAYMENT REFORM - RENEWALS FOR 2013			
Maine Health Management Coalition Foundation	Advancing Payment Reform in Maine	\$50,000	\$75,000
Maine Quality Counts	Maine PCMH Pilot - Community Care Teams	\$49,996	\$74,986
MaineGeneral Medical Center	Effective Patient Engagement in Primary Care Transformation (2013-2014)	\$50,000	\$75,000
Medical Care Development Public Health Division	Buying Micro-Wellness in Rural Maine: Aligning financing for coverage and wellness services for very small businesses and individuals	\$50,000	\$75,000
Prescription Policy Choices	Show ME the Evidence: Payment Reform to Improve Quality and Contain Costs - Renewal Request	\$49,995	\$74,987
PAYMENT REFORM - CONTRACTS/CONSULTANTS			
Grantwise Consulting	Payment Reform Learning and Synergy Consulting	\$8,221	\$8,221
USM/Edmund S. Muskie School of Public Service, Cutler Institute for Health & Social Policy	Evaluation for Advancing Payment Reform in Maine (2011-2015)	\$71,235	\$293,087
Total Payment Reform Grants and Contracts (21)		\$1,697,577	
HEALTH REFORM OUTREACH & EDUCATION - 2012 FUNDING			
Consumers for Affordable Health Care Foundation	Educating About Resources for the Uninsured	\$40,000	\$40,000
Eastern Area Agency on Aging	EAAA Preventive Health Education Plan 2012	\$39,969	\$39,969
Legal Services for the Elderly	Health Reform Outreach & Education Renewal	\$38,000	\$38,000
Maine Equal Justice Partners	Health Reform Outreach and Education	\$30,137	\$30,137
Maine Medical Education Trust	Engaging Physicians and Informing Patients of the Patient Protection and Affordable Care Act (ACA) Coverage Opportunities	\$39,905	\$39,905
Maine Migrant Health Program	ReINFORMA!	\$15,181	\$15,181

Continued on next page.

ADVANCING HEALTH SYSTEM REFORM

ORGANIZATION	PROJECT TITLE	2012 AMOUNT	TOTAL AWARD
HEALTH REFORM OUTREACH & EDUCATION - 2012 FUNDING <small>(Continued from previous page.)</small>			
Maine People's Resource Center	Health Reform Outreach and Education Project	\$40,000	\$40,000
Maine Primary Care Association	Spreading the Word About Health Reform: Health Reform Outreach & Education Renewal 2012	\$32,477	\$32,477
MaineHealth, CarePartners	Health Reform Outreach and Education Renewal	\$36,790	\$36,790
Somali Culture And Development Association (MESOM)	Leadership Learning Circle for Health Reform Outreach and Education	\$25,414	\$25,414
Western Maine Community Action	2012 Health Reform Outreach and Education Renewal	\$35,878	\$35,878
HEALTH REFORM OUTREACH & EDUCATION - RENEWALS FOR 2013			
Consumers for Affordable Health Care Foundation	Health Reform Outreach, Education, and Assistance	\$55,000	\$55,000
Eastern Area Agency on Aging	Eastern Area Agency on Aging 2013 ACA Outreach	\$39,819	\$39,819
Legal Services for the Elderly	Health Care Reform Outreach and Education	\$40,000	\$40,000
Maine Equal Justice Partners	Health Reform Outreach and Education	\$40,934	\$40,934
Maine Medical Education Trust	Engaging Physicians and Informing Patients about Coverage Opportunities	\$39,100	\$39,100
Maine Migrant Health Program	REinFORMA!	\$23,266	\$23,266
Maine People's Resource Center	Health Reform Outreach & Public Education Project	\$50,000	\$50,000
Maine Primary Care Association	Health Reform Outreach and Education Across Maine	\$32,477	\$32,477
MaineHealth, CarePartners	Health Reform Outreach and Education Renewal	\$36,600	\$36,600
Western Maine Community Action	Health Reform Outreach and Education	\$35,892	\$35,892
Somali Culture And Development Association (MESOM)	Building Healthy Refugee and Immigrant Communities (BHRIC)	\$30,441	\$30,441
HEALTH REFORM OUTREACH & EDUCATION - CONTRACTS/CONSULTANTS			
Davey Strategies	Messaging Technical Assistance for Health Reform Grantees	\$2,500	\$2,500
Pivot Point, Inc.	MeHAF's Health Reform/Outreach & Education	\$11,206	\$11,206
University of New England, Center for Community and Public Health	Informing, Engaging, and Educating Maine People about Health Reform Evaluation	\$29,986	\$29,986
Total Health Reform Outreach & Education Grants and Contracts (25)		\$840,971	
ADVOCACY			
Consumers for Affordable Health Care Foundation	Giving Voice to the Voiceless in Administrative Proceedings	\$87,500	\$137,500
Consumers for Affordable Health Care Foundation	Health Care for Maine Alliance (HC4ME) Support	\$55,200	\$55,200
Indian Township Tribal Government, Passamaquoddy Health Center	Waponahki Health Policy Collaboration	\$87,500	\$137,500
Maine Equal Justice Partners	Implementation of the Affordable Care Act: Maximizing its Benefit to People with Low Income	\$87,197	\$137,197
Maine Medical Education Trust	Ensuring Access to Primary Care & Behavioral Health in Health Reform Administrative Procedures	\$78,850	\$124,750
Total Advocacy Grants and Contracts (5)		\$396,247	
OTHER			
Grantmakers In Health	The GIH Health Reform Resource Center Fund	\$25,000	\$75,000
Total Other Health Reform Grants and Contracts (1)		\$25,000	
Total Grants and Contracts: Advancing Health System Reform (52)		\$2,959,795	

PROMOTING PATIENT-CENTERED CARE

ORGANIZATION	PROJECT TITLE	2012 AMOUNT	TOTAL AWARD
INTEGRATED CARE			
Eastern Maine Medical Center Center for Family Medicine	Integrating Behavioral Healthcare and Primary Care Services for Substance Abuse Affected Families	\$69,960	\$220,770
Grantmakers In Health	GIH-Behavioral Health Funders Network (BHFN) Fall Forum	\$7,000	\$7,000
HealthReach Community Health Centers	HealthReach Integrated Behavioral Health Initiative	\$75,000	\$230,000
Maine Primary Care Association	Support for BHI at FQHC's	\$100,000	\$200,000
Maine Quality Counts	Behavioral Health Integration Metrics System	\$76,129	\$229,955
Maine Quality Counts	Building for Excellence: Expanding the PCMH Model in Maine	\$160,000	\$320,000
Mercy Hospital	P-CCM Integrated Clinical Services	\$65,000	\$230,000
State of Maine, DHHS, Maine Center for Disease Control and Prevention	Systems Transformation Grant/Integration of Mental Health into Public Health Systems	\$65,000	\$229,999
Tri-County Mental Health Services	TCMHS Integrated Health in the Bridgton Region	\$72,000	\$230,000
John Snow, Inc. (JSI)	Evaluation of Integration Initiative (2011-2012)	\$48,816	\$198,816
John Snow, Inc. (JSI)	Evaluation of Integration Initiative (2012-2013)	\$150,000	\$150,000
Total Integrated Care Grants and Contracts (11)		\$888,905	
INTEGRATED CARE TECHNICAL ASSISTANCE			
MaineHealth	Mental Health Integration Clinical Support Consultation	\$5,000	\$5,000.00
NAMI+Maine	Advancing Family Supports II	\$5,000	\$5,000.00
Tri-County Mental Health Services	Integrated Care Training Academy	\$5,000	\$5,000.00
University of Colorado, Department of Family Medicine	Integrated Care Workforce Competencies Project	\$26,762	\$26,762
Brenda Joly, Consultant	Patient Centered Care Integration Initiative Grantee Sustainability Survey	\$6,800	\$6,800
Mary Rainwater, Consultant	Behavioral Health Homes Advisory Committee Primary Consultant	\$10,296	\$10,296
Public Health Consulting, LLC	Support of MeHAF's Patient and Family-Centered Care Integration Initiative Grantee Learning Collaborative	\$38,000	\$38,000
Spring Harbor Community Services	Integration Initiative Technical Assistance (Reimbursement Consultation)	\$14,150	\$14,150
Total Integrated Care Technical Assistance Grants and Contracts (8)		\$111,008	
Total Grants and Contracts: Promoting Patient Centered Care (19)		\$999,913	

IMPROVING ACCESS TO QUALITY CARE

ORGANIZATION	PROJECT TITLE	2012 AMOUNT	TOTAL AWARD
ORAL HEALTH			
DentaQuest Institute, Inc., Safety Net Solutions	Oral Health Safety Net Capacity Building & Practice Enhancement	\$60,000	\$60,000
Dala Consulting	Oral Health Consultant	\$32,624	\$32,624
Health Research, Inc., The Center for Health Workforce Studies	A Study of Oral Health in Maine	\$25,000	\$40,000
Total Oral Health Grants and Contracts (3)		\$117,624	
Total Grants and Contracts: Improving Access to Quality Care (3)		\$117,624	

ACHIEVING BETTER HEALTH IN COMMUNITIES

ORGANIZATION	PROJECT TITLE	2012 AMOUNT	TOTAL AWARD
COMMUNITY PROGRAMS			
AOS 93	AOS#93 FARMS Equals Healthy Kids	\$20,000	\$20,000
Child and Family Opportunities, Inc.	Good Food: Community Based Support for Healthy Eating	\$20,000	\$20,000
Penobscot Indian Nation/ Penobscot Nation Health Department	Responding to Tribal Health Disparities Documented in the Waponahki Assessment 2010	\$50,000	\$50,000
Rangeley Lakes Heritage Trust, Inc.	EcoVenture Partnership to Address Childhood Obesity in the Rangeley Region	\$7,500	\$7,500
Altarum Institute	Environmental Scan and Analysis of Community Health Improvement Efforts in Support of MeHAF's New Priority Area: Achieving Better Health in Communities	\$22,401	\$22,401
Carole Martin, Consultant	Getting Down to Basics	\$1,744	\$1,744
Medical Care Development, Public Health Division	Identification of Measurable Health Improvement Indicators in Support of Achieving Better Health in Communities	\$4,987	\$4,987
Total Community Programs Grants and Contracts (7)		\$126,632	
Total Grants and Contracts: Achieving Better Health in Communities (7)		\$126,632	

OTHER FUNDING

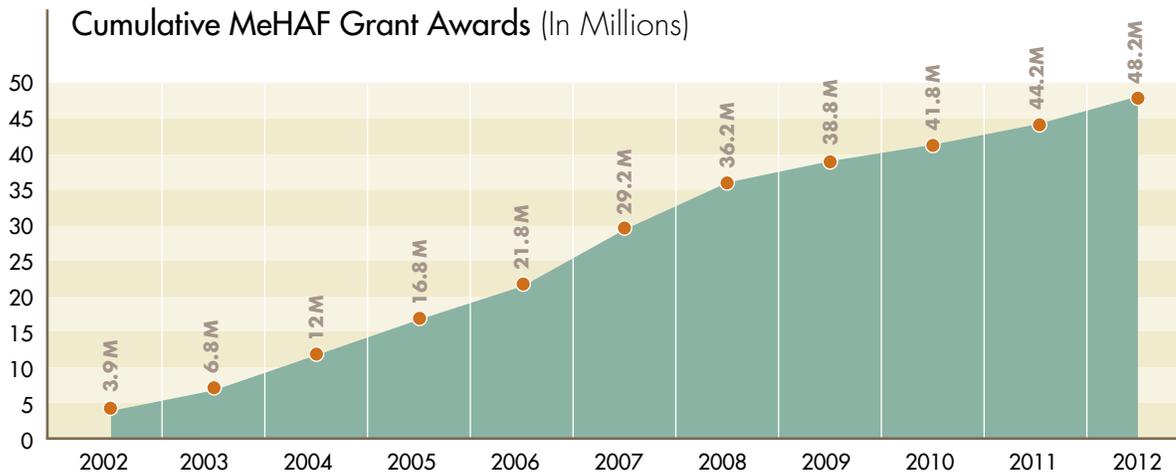
ORGANIZATION	PROJECT TITLE	2012 AMOUNT	TOTAL AWARD
LEADERSHIP DEVELOPMENT & CAPACITY BUILDING			
Blue Cross and Blue Shield of Massachusetts Foundation, Inc.	2012 Health Coverage Fellowship	\$18,000	\$18,000
Center for Health Policy Development	25th Anniversary State Health Policy Conference - Promoting Excellence... Today and Tomorrow	\$4,440	\$4,440
Daniel Hanley Center for Health Leadership	Building Patient Centered Interdisciplinary Teams To Implement Health Reform and Address Health Disparities in Maine	\$15,000	\$55,000
Maine Community Foundation, Inc. on behalf of the Nonprofit Sector Viability Collaboration	Nonprofit Effectiveness Initiative	\$5,000	\$5,000
Maine Development Foundation	Policy Leaders Academy 2012-2013	\$25,000	\$25,000
Rita Molloy, Consultant	Affordable Care Act Grantwriting	\$19,110	\$19,110
USM/Edmund S. Muskie School of Public Service, Cutler Institute for Health & Social Policy	Promoting Rx Assistance Evaluation Results Article	\$4,626	\$4,626
Total Leadership Development & Capacity Building Grants & Contracts (7)		\$91,176	
DISCRETIONARY GRANTS & MEETING SUPPORT			
American Academy of Pediatrics Maine Chapter Inc	Back to School: School Based Health and Pediatric and Adolescent Hot Topics	\$2,000	\$2,000
Community Concepts, Inc.	Putting Collective Impact into Practice in Maine Communities	\$2,000	\$2,000
Daniel Hanley Center for Health Leadership	"Planning for Maine's Public Health Workforce in an Era of Health Systems Transformation" - 9th Annual Hanley Leadership Forum	\$2,000	\$2,000
Division of Public Health, HHS Dept., City of Portland Breathe Easy Coalition of Maine	Breathe Easy Coalition of Maine Annual Meeting	\$1,000	\$1,000
Eastern Maine Development Corporation	Third Annual Maine Community Capital Coalition Summit	\$2,000	\$2,000

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OTHER FUNDING

ORGANIZATION	PROJECT TITLE	2012 AMOUNT	TOTAL AWARD
DISCRETIONARY GRANTS & MEETING SUPPORT <small>(Continued from previous page.)</small>			
Kennebec Valley Dental Coalition, Inc. d/b/a Community Dental Center	Rapid Steam Autoclave	\$4,936	\$4,936
Lewiston School Department, Safe Schools/ Healthy Students	Bath Salts Forum: Creating a Community Prevention Plan	\$950	\$950
Maine Coast Memorial Hospital, Disease Management	Improving Services on the Front Line	\$2,000	\$2,000
Maine Development Foundation, Maine Downtown Center	Innovation Meets Main Street: 2012 Maine Downtown Conference	\$2,000	\$2,000
Maine Long-Term Care Ombudsman Program	Maine Partnership to Improve Dementia Care in Nursing Homes	\$2,000	\$2,000
Maine Quality Counts	QC 2012: Partnering with Patients: Finding the Bright Spots to Transform Care	\$2,000	\$2,000
Maine Sea Coast Mission	Maine Sea Coast Mission 2012 Eldercare Conference	\$2,000	\$2,000
Pleasant Point Passamaquoddy, Wolipomawsu Program	Pleasant Point Health Center Neurofeedback Pilot Project	\$9,962	\$9,962
Redington-Fairview General Hospital	Federal Qualification for Jackman Area Primary Care	\$10,000	\$10,000
River Valley Healthy Communities Coalition	Healthy Homes Training	\$500	\$500
Total Discretionary Grants & Meeting Support (15)		\$45,348	
CHARITABLE GIFTS			
Habitat for Humanity of Greater Portland	Sponsorship for MeHAF Work Site Day	\$1,500	\$1,500
Maine Initiatives	Watering Can Awards Celebration 2012	\$5,000	\$5,000
Maine Philanthropy Center	Philanthropy Partners Conference & Foundation Staff Engagement	\$3,500	\$3,500
Total Charitable Gifts (3)		\$10,000	
Total Grants and Contracts: Other Funding (25)		\$146,524	
Total Grants, Contracts and Gifts (106)		\$4,350,488	

GRANTS BY YEAR



STATEMENT OF FINANCIAL POSITION - 2012

	2012 Unaudited	2011
ASSETS		
General fund cash and cash equivalents	\$61,526	\$ -
General fund investments, fair value	112,128,099	104,614,578
Program-related investments	750,000	750,000
Prepaid income taxes	51,000	51,000
Prepaid expenses and deposits	35,142	40,217
Property and equipment - net	37,570	19,814
Total Assets	\$113,063,337	\$105,475,609
LIABILITIES AND NET ASSETS		
Liabilities		
Grants payable	\$1,046,666	\$1,535,294
Deferred tax liability	35,000	35,000
Accounts payable and accrued liabilities	53,616	26,618
Total Liabilities	1,135,282	1,596,912
Net Assets		
Unreserved Fund Balance	111,928,055	103,878,697
Total Net Assets	111,928,055	103,878,697
Total Liabilities & Net Assets	\$113,063,337	\$105,475,609

Statement of Activities and Changes in Net Assets

SUPPORT AND REVENUES		
Investment returns (losses), net of fees	\$13,271,020	(\$1,484,730)
Contributions	41,700	23,060
Other income: miscellaneous	8,223	16,730
Total Support & Revenue	13,320,943	(1,444,940)
EXPENSES		
Grants and program expenses, net of refunds of unspent amounts	3,971,455	2,022,442
Administrative expenses	1,186,486	1,065,893
Depreciation	11,524	17,064
Excise tax expense	102,120	31,000
Total Expenses	5,271,585	3,136,399
Change in net assets	8,049,358	(4,581,339)
MeHAF Net Assets, January 1	103,878,697	108,460,036
MeHAF Net Assets, December 31	111,928,055	103,878,697

Consultants

ACCOUNTANT

Margo Beland
Maine Development Foundation

AUDITORS

Jeff Skaggs, CPA, Principal
Julie Sulzberger, CPA, Audit Manager
Baker Newman Noyes

TAX ACCOUNTANT

Drew Cheney, CPA
Baker Newman Noyes

GENERAL COUNSEL

Elizabeth M. Sellers, Esq.
Bernstein Shur

INVESTMENT ADVISORS

Greg Johnson
Michael Soares
Prime, Buchholz & Associates, Inc.

Note: The Board of Trustees engaged the firm of Baker Newman Noyes of Portland, Maine to perform the annual audit. To obtain a copy of the 2012 audit report, contact the MeHAF office.

MeHAF Staff

Len Bartel
Becky Hayes Boober, PhD
Kim Crichton, JD
Alyson Cummings, JD
Charles Dwyer
Morgan Floyd
Dani Kalian
Barbara A. Leonard, MPH
Catherine Luce, MBA
Holly Merrithew
Wendy J. Wolf, MD, MPH

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