



Public FAQ: CTU Report and NCH Response

What is the CTU report?

The Charitable Trusts Unit (CTU) released a report regarding North Country Healthcare. The report reviews several areas related to NCH including patient notification regarding primary care; compliance with governing documents relative to proposed changes to the composition of affiliated hospital boards; NCH's contracting process for revenue cycle management services; turnover on the Weeks Medical Center board; and the NCH board's process in determining executive compensation. NCH takes the report seriously, accepts the agreed-upon conditions, and is following the required next steps.

What did the report find?

CTU found no breach of fiduciary duty regarding primary care, NCH's selection and contracting process for revenue cycle management services, and executive compensation.

Specifically, CTU found that NCH undertook sufficient steps to notify patients of the provider's departure and exercised reasonable care in the transition and transfer of care. The report recognized that the provider had deep roots with patients and that many patients felt anxiety and concern about the transition. At the same time, CTU found that NCH used its electronic medical record system to identify affected patients, sent notice to those patients, and transferred pending appointments so patients did not have to reschedule, while still allowing patients to choose another provider.

Regarding primary care recruitment, CTU recognized the broader challenges facing healthcare providers across New Hampshire, particularly in rural communities. The report noted NCH's recruitment efforts, including participation in career fairs, targeted recruitment, use of social media platforms and external recruiting agencies, and sign-on incentives. CTU found that NCH is undertaking reasonable steps to support recruitment of its primary care workforce.

Regarding the revenue cycle vendor selection, CTU found no breach of fiduciary duty. The report found that the revenue cycle management contract did not create a conflict of interest, did not involve self-dealing, and that no NCH board members or executives had a direct or indirect financial interest in the revenue cycle company.

Regarding executive compensation, CTU found no breach of fiduciary duty. The report noted that NCH maintains an executive compensation committee, has written executive compensation guidelines, and retained outside firms to review executive compensation. CTU found that NCH's process satisfied its duty of care, while also noting a

recommendation for continued attention to how outside comparables align with NCH's executive compensation philosophy.

At the same time, CTU found that NCH violated its fiduciary duties by failing to follow the affiliate bylaws in connection with the removal procedure of an affiliate president and by not actively recruiting and installing a full-time, permanent affiliate President. The report identifies areas where additional governance review, process improvement, and follow-through are required under agreed-upon conditions. These areas relate primarily to governance process, bylaw adherence, Affiliate board engagement, leadership recruitment, board oversight, and communication.

NCH is taking the report seriously. We will build on the areas where CTU found reasonable or appropriate action and complete the required follow-up work outlined in the agreed-upon conditions.

What is NCH doing next?

NCH has accepted the agreed-upon conditions and will complete the required follow-up work.

This includes working with an independent board governance consultant, continuing Community Conversations and public listening sessions, supporting required board education, following governing documents, and providing information through appropriate public channels.

Does this change patient care?

No. This report does not change the care NCH provides each day. Patients, residents, families, and communities continue to rely on NCH, and our commitment to caring for them remains unchanged.

The findings focus on organizational process, governance, communication, and follow-through, not on the excellent and timely care our staff provide every day.

Will Community Conversations continue?

Community Conversations and public listening sessions have become an important part of how NCH hears from patients, families, staff, community partners, and neighbors. These conversations help NCH better understand concerns, answer questions where possible, and stay connected to the communities we serve.

The agreed-upon conditions create a more formal structure for continuing Community Conversations and public listening sessions. NCH will continue holding Community Conversations on at least a quarterly basis, with opportunities connected to each Affiliate location and remote participation options.

We are glad to continue this work. These sessions are part of NCH's ongoing work to listen, communicate, and follow through. We value these conversations and are committed to finding more ways to engage with the communities we serve.

Upcoming Community Conversations will be posted on this page as dates, times, locations, and remote access details are finalized. Updates will also be shared through NCH and Affiliate communication channels.

What is the role of the independent board governance consultant?

As part of the agreed-upon conditions, NCH will work with an independent board governance consultant.

The independent consultant's role includes supporting implementation of the agreed-upon conditions, including work related to board composition, governance training, public listening session format, communication planning, Affiliate board relationships, and leadership recruitment processes.

How can I submit a question?

General questions related to the CTU report and NCH's follow-up process may be submitted through the question form on this page.

Please do not submit private medical information, protected health information, patient-specific concerns, employee matters, legal questions, or confidential information through this form. Those issues should be directed through the appropriate established channels.

Who should media contact?

Members of the media should contact:

Ren Anderson

Director of Philanthropy & Community Relations

North Country Healthcare

lauren.anderson@northcountryhealth.org

603-444-8399

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