



*I know about the costs. We never
could afford this treatment without PCC.
I have no words to express the thanks
for what PCC has done for my family.
-Patricia*



Stock image used to protect patient's privacy.



Despite its affluence, Montgomery County has always had a low-income population for whom access to health care is a struggle. The Primary Care Coalition (PCC) supports these patients and the health professionals who care for them. Historically, the PCC has worked to connect low-income, culturally and linguistically diverse residents of Montgomery County to high-quality health services. More recently, we have recognized that the challenges people face in achieving healthy lives are often related to non-clinical issues, such as safe housing, food security, and health literacy.

The PCC continues to work with the Montgomery County Government, all six hospitals in Montgomery County, and a network of safety-net clinics and independent health care providers to expand access to health services for our neighbors with limited means. Over the past year, we have broadened our focus to include the social factors that impact the health of the people we serve; and, recognizing that people move throughout the region, we are working more in neighboring communities.

Collaboration is at the core of everything we do. For more than 20 years, the PCC has integrated the resources and expertise of public and private partner organizations to deliver programs and services with greater impact than any one organization can deliver alone.

This annual report highlights some of the significant accomplishments of the PCC and our partners in fiscal year 2015: including, welcoming a new President and CEO and renewing our commitment to the “Triple Aim” (improving the health of the population, improving the experience of care, and reducing the overall cost of care). The accomplishments of the past year demonstrate PCC’s commitment to quality, collaboration, and creativity in order to achieve results.

It has been my honor to serve as the Board Chair of the PCC for the last three and a half years. Reflecting back on this time, I am struck by the quality and dedication of our staff, the strength of the organization’s partnerships—some that have been cultivated over many years and some that are just germinating—and the remarkable impact we can have when we work together.

I invite you to participate in this work by supporting our mission. Please consider making a donation using the enclosed envelope or visit www.PrimaryCareCoalition.org/Donate to make a secure online contribution.

Sincerely –



Richard C. Bohrer
Chairman of the Board of Directors
Primary Care Coalition

A Helping Hand for Patients and Providers

THE PRIMARY CARE COALITION (PCC) works on many levels to increase access to health care and improve the health and lives of low-income, culturally diverse members of our community. We are a helping hand and an ally for individuals trying to traverse the complexities of accessing care. We are an administrator and advocate for programs and providers that are part of a remarkable safety-net system of care. **Here's how we help:**



Stock image used to protect patient's privacy.



We **SUPPORT PROVIDERS** with the infrastructure that helps them provide care.

Stock image used to protect patient's privacy.



WE CONNECT PEOPLE TO SERVICES

Our team of client services specialists and care managers:

- Help people apply for and enroll in health care programs
- Provide care management for patients with depression, anxiety, and substance abuse at safety-net clinics throughout the county
- Coordinate specialized medical care for referred patients, from scheduling appointments to arranging needed tests and securing surgical facilities
- Secure free medications for low-income patients from pharmaceutical companies and coordinate refills

WE HELP PATIENTS get medicines, specialty care, and other essential health services.

WE SUPPORT PROVIDERS

Our experts provide technical assistance to clinics and primary care practices in areas including:

- Quality assurance
- Informatics and Health IT
- Process improvement to streamline clinical processes and help practices serve patients more efficiently
- Consulting services to help clinics meet the technical requirements to accept and treat Medicaid patients.

WE BUILD SYSTEMS

Our executive team works to integrate diverse stakeholders to develop systems of care that meet the needs of low-income, diverse community members. We:

- Mobilize policy makers, hospital systems, primary care providers, and social service organizations
- Leverage the capabilities and expertise of various organizations as partners in a health care safety-net system
- Coordinate planned and thought-out integration of health care systems with an eye to improvement

We're a **WILLING PARTNER** working with diverse stakeholders to move the system forward.

We think creatively. We act effectively. **We're making health care happen!**

Fiscal Year 2015 Highlights

A New Leader, A New Outlook

The vision of the PCC has been to make Montgomery County the healthiest community in the nation. In November, 2014, PCC welcomed a new President and CEO, Leslie Graham, who expanded the vision to include neighboring communities and to emphasize overall health in addition to health care.

When Steve Galen became PCC's first President and CEO in 1997, he developed the collaborative relationships with independent clinics, hospitals, and local government needed to establish an unprecedented health safety-net system that now serves nearly 30,000 low-income Montgomery County residents. Visionary leadership and an ability to collaborate with myriad partners and stakeholders were Steve's hallmarks and have become the hallmarks of the PCC. Now, Leslie is building on the success of the past 18 years, maintaining the collaborative spirit of the PCC and forging new partnerships that lead the PCC further in meeting its mission.

While the PCC continues to focus on improving access to care by maintaining and strengthening the remarkable health care safety net in Montgomery County, we recognize that a person's health is greatly influenced by non-clinical factors. Under Leslie's leadership, PCC is exploring new opportunities to address the many social and environmental factors that affect the health of low-income individuals, and the health of our community as a whole.



We
**REMOVE
BARRIERS**
that stand between
people and the
health services
they need.



We're an
ADVOCATE
for patients and
the clinics that
serve them.

Thought to Action

The PCC has launched **Thought to Action**, an innovation fund and speaker series in honor of Steve Galen, PCC's first President and CEO, who retired in November 2014. The speaker series convenes key health care delivery and policy stakeholders to discuss critical issues and innovative solutions to improve the health of our community.

The first program in the series featured a presentation and panel discussion about how hospitals and community-based providers can collaborate effectively to deliver timely and appropriate health care within the context of unprecedented changes in the way Maryland's hospitals are reimbursed. The New All-Payer Model (NAPM) for hospital payments shifts the focus of hospital care from volume to value and presents a unique opportunity to strengthen the working relationships among hospitals and community-based providers. The program featured C-Suite representatives of all four hospital systems operating in Montgomery County and was very well received.

In the second program in the series, Dr. Tom Nolan, an IHI Senior Fellow and co-creator of the Triple Aim framework, discussed opportunities to achieve the Triple Aim in Montgomery County and improve the population health, patient experience of care, and per-capita health care costs. Dr. Nolan's presentation led to a lively discussion and laid the foundation for an ongoing conversation about managing population health in Montgomery County.

The Triple Aim in Montgomery County

The PCC continually strives to improve the health of our community and improve patients' experience of care while also reducing per-capita health care costs. Since 2007, the PCC has actively participated in the Triple Aim Initiative, a framework for optimizing health system performance by simultaneously pursuing these three goals.

Known as one of the wealthiest communities in the country, Montgomery County aspires to be the healthiest: but, the county faces challenges in achieving health equity for all residents. Immigrants from around the world bring diverse expectations and varied experiences of health care delivery systems. Demographic changes, including rapid increases in poverty and high rates of health care spending, divert resources from other pressing community concerns. For these reasons, in 2015, the PCC renewed our commitment to the Triple Aim as a framework for improving the health and lives of low-income community members who face structural, cultural, and linguistic barriers to accessing services to support them in leading healthy lives.

We invited stakeholders from local government and community organizations to join us in "Kick Start the Triple Aim," a Web and Action series hosted by the Institute for Healthcare Improvement (IHI). We applied what we learned to develop a robust portfolio of programs and population health measures, with the Triple Aim serving as a framework to guide our efforts. Through these programs, we will shift the focus from managing disease to nurturing the root causes of health and effectively leveraging the substantial resources already invested in social services and health care for low-income, vulnerable populations in the county.

Read the article in
Fierce Healthcare
featuring our
Triple Aim experience
<http://bit.ly/1Y9osgj>

Expanding Access to Behavioral Health Care for Montgomery Cares Patients



IN FISCAL YEAR 2015:

Served **1,393** individuals

Increased depression screening at primary care visits from **13% to 52%**

Established quality benchmark goals for depression screening, referral to integrated behavioral health services, and response to treatment for depression

THE MONTGOMERY CARES BEHAVIORAL HEALTH PROGRAM expanded access to integrated behavioral health services for Montgomery Cares patients and established quality measures for behavioral health care.

Large numbers of residents coming from different countries are part of the fabric of our vibrant and culturally diverse community. These vulnerable community members are often burdened by high rates of poverty and exposure to trauma, which place them at greater risk for behavioral health disorders, all while facing economic and cultural barriers to accessing appropriate care.

The Montgomery Cares Behavioral Health Program (MCBHP) began in 2005 in response to the high rates of depression and anxiety disorders among the low-income, culturally and ethnically diverse individuals who receive medical care through Montgomery Cares.

The PCC's behavioral health care managers are embedded at Montgomery Cares participating clinics throughout the county. They work closely with primary care providers to identify and treat patients with common behavioral health diagnoses and to refer patients to services provided outside the clinics when appropriate.

In fiscal year 2015, in response to the advocacy efforts of the PCC and other stakeholders, the Montgomery County government invested additional funds to expand access to behavioral health care for low-income residents. With these funds, the PCC began efforts to expand the MCBHP. Behavioral health staff are now embedded at six clinics and ten locations throughout the county (all other Montgomery Cares clinics have access to behavioral health services through other means).

The PCC expanded its longstanding partnership with Georgetown University Department of Psychiatry to provide psychiatric consultation services to the behavioral health care managers and to run psychiatry clinics at some locations. Behavioral health care managers working at the clinics link primary care providers to consulting psychiatrists, who work with the primary care providers to determine diagnosis and treatment options. Now, the psychiatrists also see patients at two clinics, with plans to expand to two more clinics in the coming year.

The PCC also worked on quality improvement initiatives and established four quality measures for behavioral health care: two measures related to depression screening; a measure looking at the rate of referral to behavioral health care for patients who screen positive for depression; and, an outcome measure looking at the response to behavioral health treatment over time. The measures were approved by the medical directors at the Montgomery

Cares participating clinics and have been added to the portfolio of regularly tracked quality measures. Early results for all indicators show improvements in the rates of depression screening since tracking began.

The PCC also worked to develop customized electronic medical records for behavioral health care in eClinicalWorks—the electronic health record used by most Montgomery Cares participating clinics—to support standardized documentation and facilitate patient care.

Professional development of providers has been an important element of the MCBHP expansion. In February 2015, the PCC hosted a two-day Motivational Interviewing training for behavioral health care managers and staff at Montgomery Cares clinics to nurture the collaborative care model that is the foundation of the MCBHP. Motivational Interviewing is an evidence-based approach to behavior change that focuses on exploring and resolving ambivalence, leverages patients' motivational processes, and supports patients in changing behavior in a manner that is consistent with his or her values and beliefs. It is an approach to engage patients in self-care and is considered to work well for many different health problems. Other professional development offerings included training in clinical care for diagnosis and treatment of behavioral health disorders to medical providers at Montgomery Cares clinics and sponsoring a Web & Action Workgroup on Behavioral Health Integration facilitated by the Institute for Healthcare Improvement.

The PCC's MCBHP staff will continue to work to expand access to high-quality behavioral health services for our low-income neighbors.



Laura's Story...

Originally from Peru, Laura has lived in Montgomery County for many years. She moved to the area with her young daughter. It was not easy being a single mother in a foreign country, with no social supports. But, with time, Laura began to feel at home here and enjoyed watching her little girl grow into a young woman, and become a mother herself.

After a number of difficult and traumatic experiences in Peru, Laura feels very protective of her children. But her daughter, who grew up here, has a different perspective. Over time, their relationship became strained. "I felt so alone," said Laura, "Usually if I had a problem, my daughter would be the one person I could turn to."

As the tension between the women grew, Laura's emotions built up inside her and she began to experience anxiety and depression. When she went to a Montgomery Cares participating clinic with an infection, her physician could see that high stress levels were partly to blame. Laura was referred to a specialist to treat the infection, but also received a referral to the Montgomery Cares Behavioral Health Program (MCBHP).

Laura began working with a behavioral health care manager. At first she was not sure if the sessions would help, but she soon realized that it was exactly what she needed. "At last, I had someone to talk to!" Laura and her behavioral health care manager meet frequently to discuss coping skills and relaxation exercises to help Laura manage her anxiety. They also explore different ways for Laura to communicate better with her daughter. "Things at home are getting better."

Laura now feels very comfortable with her care manager and, for the first time in years, has been able to talk about the events that caused her to leave Peru. "I don't feel alone anymore. I have a guardian angel. I have someone who protects me."



IN FISCAL YEAR 2015:

Served **3,919** children

Enrolled **1,369** new children

Care for Kids is funded by the Montgomery County Government and supplemented by in-kind services provided by Kaiser Permanente of the Mid-Atlantic States and grants and donations secured by the PCC.

Care for Kids: Meeting the Health Care Needs of Children Fleeing Violence

Care for Kids grew by nearly one-third last year, enrolling hundreds of new children who fled violence and poverty in their homelands.

Over the past two years, thousands of unaccompanied children entered the United States in search of a better life; thousands more came with a parent or older siblings. Most of these people come from countries where violence and poverty are endemic, and they are eligible for asylum, but they must wait months or even years for a court hearing. In the meantime, the children are living and growing in communities across the country, but they are not eligible for Medicaid or the Children's Health Care Program and remain without access to even the most basic health services.

Care for Kids is rising to the challenge and connecting these children with desperately needed health services. In fiscal year 2015, Care for Kids served 3,919 children, a 30 percent increase from fiscal year 2014. Of all newly enrolled Care for Kids children, 63 percent were from the immigration influx of unaccompanied minors to the country and had previously been detained at the U.S./Mexico border. These children arrive in our community with complex medical, mental health, and specialty dental care needs.

Care for Kids is a public-private partnership that provides affordable primary and specialty care to the children of low-income families in Montgomery County who are not eligible for state or federal health insurance programs. PCC's dedicated team of client services specialists helps families enroll children in Care for Kids, assign families to a pediatric medical home, and coordinate with families and providers to make sure these children get the health care they need.



Lourdes and Tomás' Story

Lourdes and her 5-year-old son Tomás came to Montgomery County three months ago. A resilient and loving mother, Lourdes would take advantage of any opportunity to provide a safer life for her son. So, she made the tough decision to leave the violence and poverty of her homeland and make the harrowing journey to the U.S.—the land of opportunity. During their journey, Lourdes and Tomás were threatened by the traffickers known as Coyotes who brought them across the border. The traumatic crossing left its mark on little Tomás, who is underweight and gets very scared when he sees police, hears sirens, or is left in the dark. Sometimes, he points his hand like a gun and says "I'm going to kill you," re-enacting what the Coyotes did to him. Lourdes is concerned about her little boy but is thankful to have enrolled him in Care for Kids because now she knows he will receive a proper health evaluation and referral to other resources to help them adjust to their new home.

The names in this story have been changed to protect patient privacy. The image is a stock photograph.

The PCC actively participates in local and regional workgroups focusing to better understand the challenges faced by children fleeing violence and developing community-based solutions to support them. The PCC's Program Manager for Care for Kids is leading a regional committee to develop a service providers referral network to address the needs of these vulnerable children.

Montgomery Cares 2.0: Transforming the Health Safety Net

The PCC is working closely with Montgomery Cares providers, funders, and the Montgomery County Department of Health and Human Services (MC-DHHS) to modernize and align the program with state and national trends in health care. In the fall of 2014, six foundations and MC-DHHS joined forces to support the transformation effort. With the resources provided by these funders, the PCC engaged a top health care consultant to analyze best practices and make recommendations for system improvements that have come to be known as Montgomery Cares 2.0. Recommendations were discussed in two all-stakeholder meetings that led to formation of a work group. This group met to devise policies to standardize procedures across the system and address crucial issues such as:

- Establishing Montgomery Cares as an enrollment program, based on common eligibility criteria
- Standardizing services and fees across participating clinics
- Setting criteria for provider participation
- Assigning medical homes
- And more...

The Department of Health and Human Services has convened three steering committees—staffed by the PCC—to explore these and other issues. In the summer of 2015, the first steering committee presented initial recommendations to DHHS, which has convened three new committees charged with recommending strategies to align Montgomery Cares with State and Federal health safety-net programs.

Patient Centered Medical Homes

A patient centered approach to delivering health services empowers individuals to play an active role in their health care, ensures that services are well coordinated, and improves clinical outcomes. In fiscal year 2015, the PCC completed a 30-month pilot project that embedded RN Care Managers in each of two Montgomery Cares participating clinics: Holy Cross Health Center in Aspen Hill and Proyecto Salud in Wheaton. These RNs worked with health care teams to provide care management to 500 low-income, uninsured patients with multiple chronic conditions, including diabetes and hypertension. Of project patients with hypertension, 63 percent experienced improved systolic blood pressures and 64 percent had improved diastolic blood pressures. Among diabetic patients with high baseline A1c at enrollment, 70 percent improved their A1c levels.

The project demonstrated significant quality improvements and better management of chronic conditions; however, no cost savings could be attributed to the project during the project period. Any cost savings that can be attributed to better care management would likely require a longer term view, since the serious complications of hypertension and diabetes often take years or decades to manifest.

This project was made possible by a grant from CareFirst BlueCross BlueShield.

On the Horizon

Health Care for Uninsured Marylanders.

Montgomery County can lead the state in improving the health of its population. It is the only county in Maryland that has invested in an expansive health care safety net that ensures low-income people have access to high-quality, culturally appropriate health services. The expansion of Medicaid and the introduction of subsidized health plans combined with the existing county programs means that Montgomery County now has a complement of health care programs that provides an option for every resident who seeks care.

Communities throughout Maryland are recognizing that although the Affordable Care Act (ACA) has extended access to health care to many, thousands of Marylanders remain uninsured. As a result, they delay seeking care until their health conditions deteriorate to such an extent that they seek treatment in a hospital emergency room, where the care provided is much more costly. With the release of Our Health Matters: Primary Healthcare Strategic Plan, the Prince George's County government acknowledged the benefit and logic of providing timely and appropriate primary care for uninsured individuals. During the 2015 legislative session, the Maryland Senate passed a bill authorizing a study to explore options for providing health care for uninsured Marylanders. While the legislation did not pass in the House, it did receive significant support and is likely to be re-visited next legislative session. The PCC is closely monitoring these developments and eager to work with communities throughout the state to develop and implement lasting solutions for connecting low-income, diverse individuals with safe, affordable, and culturally sensitive health services.



*PCC connected me
to a specialist that
I would not have
been able to find
on my own.*

-Edwin

NexusMontgomery.

The PCC is collaborating with Montgomery County's six hospitals on a six-month planning grant to design a transformative model that will require a new degree of collaboration among hospitals, community-based health care providers, and social services providers. The partnership, dubbed NexusMontgomery Regional Partnership, will advance the goals of Maryland's New All-Payer Model and the Triple Aim by collaborating on projects to improve health and reduce costs.

The first project design is a community-based care coordination model devised to:

- Connect chronically ill older adults in independent living communities to community-based resources, thereby helping them to avoid unnecessary hospital use
- Improve the overall health of the older adult population in Montgomery County
- Reduce total cost of care

The planning grant was awarded to Holy Cross Health, as lead applicant, by the Maryland Department of Health and Mental Hygiene and the Health Services Cost Review Commission (HSCRC) as one of eight regional transformation planning grants to engage hospitals and community organizations throughout the state in designing new models that will support the ambitious goals of Maryland's New All-Payer Model for hospital payments.

PCC looks forward to continued collaboration with hospital systems and community providers to implement the transformative models proposed by the NexusMontgomery Regional Partnership.

Destination Health.

Access to health care is about more than having an insurance card in your pocket; it is about knowing your options, understanding your coverage, being familiar with the terminology, and being able to make your way through a bureaucratic maze to do things like select a primary care provider, keep coverage up to date, file for reimbursement, and access customer assistance. The PCC, in collaboration with Montgomery Community Media, the Maryland Women's Coalition for Health Care Reform and the Capital Region Connector, has developed tools and information to help newly insured individuals understand their coverage and make health insurance and health care work for them. The campaign materials, which were launched in November 2015, are available in six languages. The PCC is monitoring the performance and impact of this campaign and hopes to expand health literacy efforts in the coming years.

*I have Medicaid, but
didn't really know
know where to go for
basic health care.*

Stock image used to protect patient's privacy.



Stock image used to protect patient's privacy.

*PCC helped me
get the insulin
I need to control
my diabetes*

Program Snapshots



IN FISCAL YEAR 2015:

Served **24,455** patients
in **68,800** encounters

96% of patients
would recommend their
Montgomery Cares clinic
to family and friends

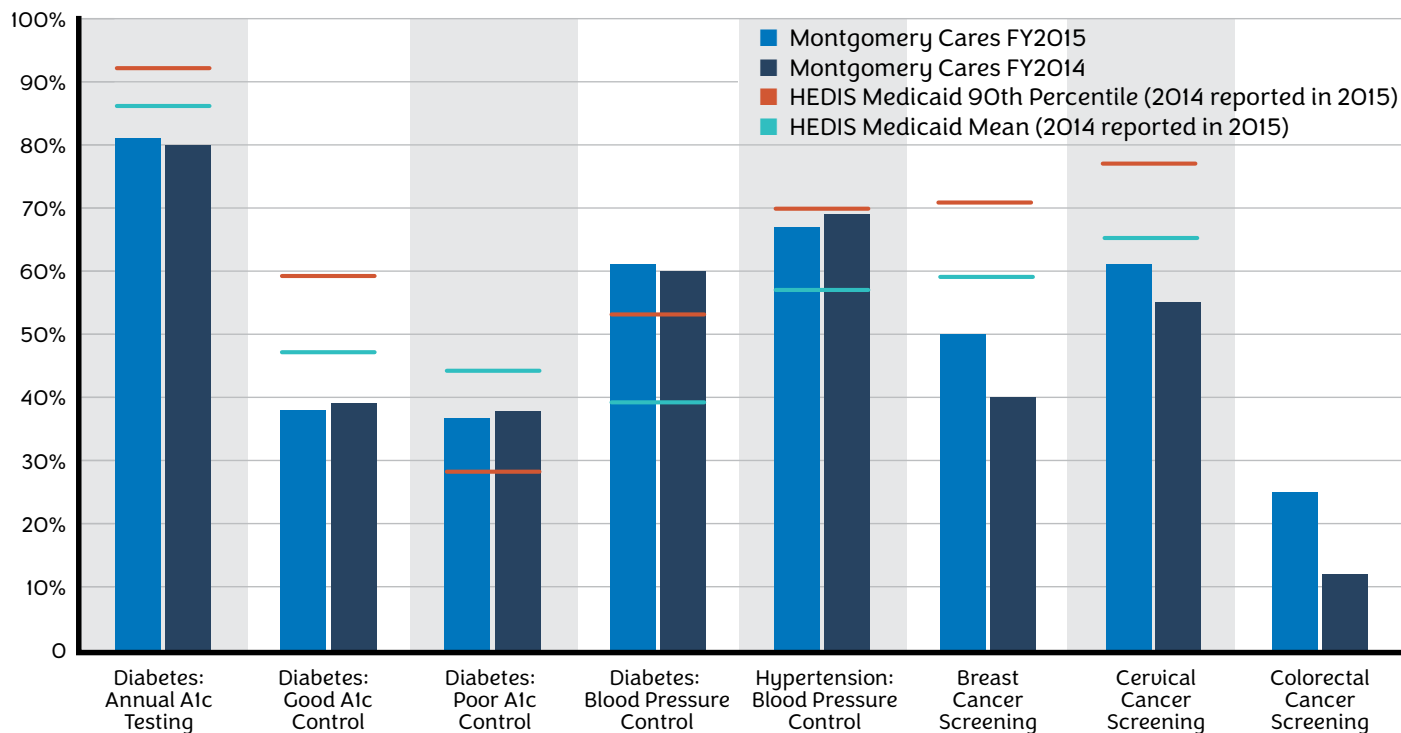
Meets or exceeds HEDIS
Medicaid 90th percentile
on some clinical measures

Montgomery Cares: Adult Primary Care

Montgomery Cares is a public-private partnership composed of 12 independent safety-net clinics, four hospital systems, individual providers, the Montgomery County Department of Health and Human Services, and the PCC. The PCC administers Montgomery Cares and is responsible for coordinating the services of the participating health care providers who share a common goal and work together to provide efficient, accessible, and outcome-focused health services to low-income, uninsured adults in Montgomery County. Over the past two years, tens of thousands of Montgomery County residents have enrolled in Medicaid or a subsidized health insurance plan. Just as many are excluded from the health plans made available through the Maryland Health Connection for a variety of reasons, and although there has been a decrease in the number of people receiving health services through Montgomery Cares, the overall demand for services remains high.

Core funding for Montgomery Cares comes from the Montgomery County Government, supplemented by in-kind services and grants and donations secured by PCC and the participating clinics.

Montgomery Cares 2015 Clinical Measures Compared to National HEDIS Benchmarks (Preliminary)



Medicaid Readiness

The health care landscape is complex and changing. The expansion of Medicaid and creation of health insurance plans that qualify for federal subsidies have resulted in a greater variation in the payer mix that reimburses safety-net clinics for services provided. To maintain continuity of care for low-income patients and promote the sustainability of Montgomery Cares participating clinics, the PCC has offered technical assistance to clinics interested in becoming Medicaid providers.

With funding from the Healthcare Initiative Foundation, PCC will help more safety-net clinics become Medicaid providers in the coming year.



IN FISCAL YEAR 2015:

Hosted two **ICD-10 trainings**

Supported **coding and documentation audits** at clinics

Established billing processes in eClinicalWorks and with a clearinghouse

Cancer Screenings

Low-income and minority individuals often face barriers to accessing routine cancer screenings. These screenings are essential for early detection and treatment, if cancer occurs, increasing the chances of successful treatment. The Montgomery Cares Quality and Health Improvement Committee identified cancer screening as a priority in 2014 and 2015. The PCC worked with providers to secure favorable rates for mammograms and colonoscopies and was able to increase the availability of appropriate cancer screenings for Montgomery Cares patients.

Cancer screenings are funded by the Montgomery County Government and supplemented by grants, donations, and favorable purchasing arrangements secured by the PCC.



IN FISCAL YEAR 2015:

2,302 mammograms were performed, a **27% increase** compared to fiscal year 2014

85 colonoscopies were performed

Stock image used to protect patient's privacy.



Without these programs,
I wouldn't know
what to do.
My family relies
on PCC.



IN FISCAL YEAR 2015:

Four all-member meetings featuring **relevant training**

Collected and analyzed data from **25** primary care providers and **6** radiology providers

Breast Health Quality Consortium

The PCC is committed to improving access to high-quality breast health care for low-income women throughout the national capital region. In addition to our efforts to expand access to mammography screening, the PCC convenes the Breast Health Quality Consortium, a coalition of more than 45 providers from across the spectrum of breast health care and throughout the national capital area, to identify and reduce disparities in service delivery. The PCC collects quantitative and qualitative data from providers participating in the BHQC and uses the data to identify systemic barriers, and advocate for solutions to those barriers. The PCC also facilitates learning collaboratives to share information and best practices among participating providers. BHQC providers include hospitals, primary care, radiology and oncology practices, cancer navigators and academic partners.

In fiscal year 2015, the PCC collaborated with Doctors Community Hospital and the Maryland Center for Health Equity at the University of Maryland School of Public Health to explore barriers to breast cancer screening among African American women in Prince George's County, Maryland. The study revealed misperceptions about screening guidelines and risks for African American women to be significant obstacles to screenings and pointed to the media as playing a role in creating confusion. These misconceptions are exacerbated by a cultural hesitancy to discuss breast cancer diagnoses in the African American community. The results of this inquiry were shared with the BHQC members and a full report is available for download from the PCC website. <http://bit.ly/1huMnp6>

The BHQC is made possible by a grant from Susan G. Komen for the Cure.

Project Access: Opening Doors to Specialty Care

When low-income and uninsured individuals need specialized health care, they often encounter closed doors because they cannot pay for services. The PCC is opening doors to specialty care through Project Access, a specialty care referral network administered by the PCC and composed of a dedicated group of health care specialists, local hospitals, and diagnostic facilities that participate in a coordinated effort to provide specialty care to our most vulnerable neighbors. Project Access helps low-income members of our community gain timely access to specialty care and potentially avoid acute hospitalizations and expensive medical bills.

Core funding for Project Access comes from the Montgomery County Government and is supplemented by in-kind services provided by all four hospital systems operating in Montgomery County, pro-bono and reduced cost services provided by participating specialty care practices, and grants and donations secured by the PCC.



IN FISCAL YEAR 2015:

Scheduled **2,528** appointments

Coordinated **334** hospital procedures

Recruited **12** new specialty care practices

Medicine Access

Many low-income individuals in our community are burdened by chronic conditions such as diabetes, hypertension, and congestive heart failure. Appropriate management of these conditions often requires costly medications. The PCC operates two medicine access programs to help low-income patients manage the costs of their medications. The PCC operates two medicine access programs to help low-income patients manage the costs of their medications. The Community Pharmacy provides point-of-service access to generic medications at Montgomery Cares participating clinics. MedBank helps patients with low literacy rates and limited English proficiency to apply for free brand-name medications available through the Patient Assistance Programs of pharmaceutical companies.



IN FISCAL YEAR 2015:

Secured **\$3.2 million** worth of free brand-name medications for low-income patients

Conducted **analysis** of Community Pharmacy utilization to identify gaps in service

H.E.A.L.T.H. Partners

A workgroup composed of representatives from PCC, Montgomery County Department of Health and Human Services, Housing Opportunities Commission, local hospitals, community residents, and 20 other organizations and individuals from the community are working to implement post-discharge protocols to prevent hospital re-admission. The group adopted the name "H.E.A.L.T.H. Partners" (Hospitals Effectively Assisting Lasting Transition to Home), meets monthly, and test different strategies for improving outcomes with this population. Current tests in progress include: Medication Therapy Management, Nursing Wellness Programs, e-Health Literacy Platform, EMS activity notification, and Discharge coordination between hospitals and resident counselors.



IN FISCAL YEAR 2015:

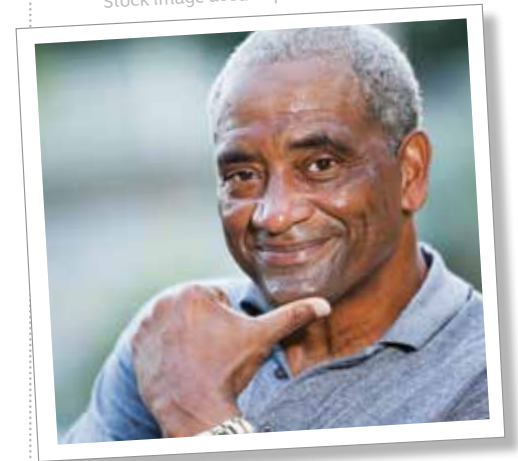
Expanded to Elizabeth House after initial success at the Holy Hall HOC facility

Stock image used to protect patient's privacy.



*I got the mammogram
I was overdue for ♡*

Stock image used to protect patient's privacy.



*I GOT HELP
PAYING FOR MY
MEDICATIONS*

Financial Statements

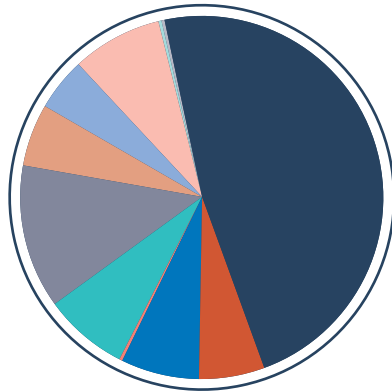
Sources and Uses of Funds for the fiscal year ended June 30, 2015.

Revenues



Montgomery County Health Initiatives	\$ 13,596,955
Grants & Donations	1,094,476
In-kind Medical Services	505,574
Other Government Funders	59,917
Total Revenues	\$ 15,256,922

Expenses



Montgomery Cares	\$ 7,281,099
Minority Health Initiative	884,690
Care for Kids	1,061,357
Health Care for the Homeless	59,917
Project Access	1,130,171
Community Pharmacy/MedBank	1,948,019
Community-Based Health Informatics	846,270
Child Assessment Center	713,082
Center for Health Improvement	1,218,586
Recovered Overhead	-39,163
Fundraising	20,049
Total Expenses	\$ 15,124,077

Publications

- [Linking Uninsured Patients Treated In The Emergency Department To Primary Care Shows Some Promise In Maryland](#)
Authors Kim, T., Mortenson, K. and Eldridge, B. © Health Affairs 34(5), 796 – 804. 2015. <http://goo.gl/torLiA>
- [Emergency Department Referral Process and Subsequent Use of Safety-Net Clinics: Journal of Immigrant Minority](#)
Authors Ruben, K., Mortenson, K. and Eldridge, B. © Journal of Immigrant and Minority Health; Published Online: DOI 10.1007/s10903-014-0111-y, September 19, 2014
- [Communitywide Approaches to Aging](#)
Author: VanDyke, M.
© Leadership+ Magazine, HFMA Learning Solutions, Inc. August, 2014. <http://goo.gl/GIFuNf>

Memberships

- Communities Joined in Action
- Clinicians for the Underserved
- Healthcare Council for the National Capital Area
- National Association of Community Health Centers, Affiliate
- Nonprofit Montgomery
- Regional Primary Care Coalition

PCC Partners and Collaborators

Montgomery Cares Participating Clinics

- Care for Your Health
- Catholic Charities Clinic at McCarrick Center
- Chinese Culture and Community Services Center – Pan Asian Volunteer Health Clinic
- CCI Health and Wellness
- Community Ministries of Rockville – Mansfield Kaseman Clinic
- Holy Cross Health Centers
- Mary’s Center for Maternal and Child Care, Inc.
- Mercy Health Clinic
- Mobile Medical Care, Inc.
- Muslim Community Center Clinic
- The People’s Community Wellness Center
- Projecto Salud

Care for Kids Providers

- All Day Medical Care
- Broad Acres Elementary School-Based Health Center
- Community Clinic, Inc.
- Gaithersburg Elementary School-Based Health Center
- Gaithersburg Wellness Center
- Harmony Hills Elementary School-Based Health Center
- Highland Elementary School-Based Health Center
- Kaiser Permanente of the Mid-Atlantic

- Mary’s Center for Maternal and Child Care, Inc.
- Milestone Pediatric
- New Hampshire Estates Elementary School-Based Health Center
- Northwood Wellness Center
- Rolling Terrace Elementary School-Based Health Center
- Spanish Catholic Center
- Summit Hall Elementary School-Based Health Center
- Veirs Mill Elementary School-Based Health Center
- Weller Road Elementary School-Based Health Center

Project Access

Participating Practices

- Advanced Neuro & Orthopedic Physical Therapy, LLC
- Advanced Podiatry
- Adventist HealthCare Physical Health & Rehabilitation Hospital
- Aesthetic Skin Care & Derma Surgery
- Affiliate PET Systems
- Associates in Gastroenterology
- Capital Cardiovascular and Thoracic Surgery Assoc.
- Capital Gastroenterology / Rockville / Silver Spring
- Cardio Vascular Specialists
- Cardiocare, LLC
- Chesapeake Urology
- Community Audiology
- Community Hematology & Oncology
- Community Radiology
- Dr. Ashraf Sufi, MD
- Dr. Asif Qadri, MD
- Dr. Daniel Clarke, MD
- Dr. Daniel Lahr, MD
- Dr. Dany Westerband, MD
- Dr. David J. Levine, MD
- Dr. Francisco Lugo, DPM
- Dr. James M. Salander, MD, FACS
- Dr. Janette Alexander, MD
- Dr. John Merendino, Jr., MD
- Dr. Jonathan Rhee, MD
- Dr. Joseph Snyder, MD
- Dr. Kashif Firozvi, MD
- Dr. Laurie Wenger, MD
- Dr. Marcia Hutcheon, MD
- Dr. Mario Belledonne, MD
- Dr. Michael Dempsey, MD
- Dr. Montague Blundon III, MD
- Dr. Mushtaq Shah, MD
- Dr. Nirupma Rohatgi, MD
- Dr. Philip Corcoran, MD
- Dr. Ryan Zucker, MD
- Drs Hauck, Bianchi, & Driscoll
- Drs. Feldman & Galotto, LLC
- Drs. Hammerman, Wanicur, Kane, & Zeller
- Drs. Hecht, Bass, Schwartz, and Hila
- Endocrine & Diabetes Associates
- ENT Specialists of Shady Grove
- G.M. Din MD, PA, Inc.
- Georgetown Orthopedic Group
- Heme/Onc SNP at Spanish Catholic
- Holy Cross Anesthesia Associates
- Holy Cross General Surgery
- James R. Clarke, PT
- James W. Robey, MD
- Kensington Eye Center
- LeVisage ENT & Facial Plastic Surgery, LLC

- Maryland Digestive Disease Center of Takoma Park
- Maryland Foot and Ankle Associates, LLC
- MD Radiation Oncology Associates
- Metro Immediate Care, Inc.
- Metropolitan Gastroenterology Group
- Mid Atlantic Epilepsy Center
- Mobile Med/NIH Endocrine Clinic at Suburban Outpatient Testing Center
- Montgomery Orthopedics
- Montgomery Otolaryngology Consultants, PA
- Montgomery Surgery Center
- National Capital Neurosurgery
- Nephrology Associates
- Ophthalmic Plastics and Orbital
- Palisades Eye Surgery Center
- Physicians Associates
- Pulmonologists PC
- Retina Group
- Rheumatology Associates
- Shady Grove Radiology
- Skin Cancer Surgery Center
- Spanish Catholic Center General Surgery
- Takoma Surgical Associates, PA
- The Feldman ENT Group
- The Neurology Clinic of Washington
- Visionary Ophthalmology
- Washington Podiatrist

Public Sector Partners

- Housing Opportunities Commission of Montgomery County
- Montgomery County Cancer Crusade
- Montgomery County Department of Health and Human Services
- Montgomery County Public School
- Prince George's County Department of Social Services
- Prince George's County Health Department

Hospitals

- Adventist Health Care
- Children's National Medical Center
- Dimensions Healthcare System
- Doctors Community Hospital
- Holy Cross Health
- MedStar Montgomery Medical Center
- Suburban Hospital

Academic Institutions

- Georgetown-Howard Universities Center for Clinical and Translational Science
- Georgetown University Department of Psychiatry
- University of Maryland Schools of Pharmacy Baltimore and Eastern Shore
- University of Maryland School of Nursing
- University of Maryland School of Public Health

Other Programs and Organizations

- Alfa Specialty Pharmacy
- America's Toothfairy – National Children's Oral Health Foundation
- Associates in Process Improvement
- Capital Breast Care Center
- Catholic Charities, D.C.
- CASA
- Community Health and Empowerment through Education and Research (CHEER)
- Community Radiology Associates
- D.C. Primary Care Association
- Institute for Healthcare Improvement (IHI)
- John Snow, Inc.
- Maryland Pharmacist Association
- Maryland Women's Coalition for Health Care Reform
- Regional Primary Care Coalition

PCC Funders: Fiscal Year 2015 (July 1, 2014 to June 30, 2015)

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- Clark-Winchcole Foundation
- Consumer Health Foundation
- Delta Dental Community Care Foundation
- Dr. Daniel F. Lynch Memorial Fund
- Healthcare Initiative Foundation
- Komen for the Cure
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Foundations

- Adler Family Fund of the Community Foundation for the National Capital Region
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- Maryland Department of Health and Mental Hygiene
- Montgomery County Department of Health and Human Services

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- Holy Cross Church
- North Bethesda United Methodist Church
- Olney Theatre Center
- Round House Theatre
- Social and Scientific Systems

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PCC helped me
get dental care,
so I CAN
SMILE
when I grow up!





This experience with poor health put me on the path to finding good people and a good organization that can help me stay healthy.

Since finding the PCC,
my life has changed.

celso H.