primary care coalition

2016 Annual Report

Making Health Happen!

www.PrimaryCareCoalition.org

HEALTH

THE PRIMARY CARE COALITION (PCC) is committed to ensuring access to care and health equity for under-resourced members of our community. Over the years, PCC has adapted to changes in health care policies as well as local, state, and national leadership; yet, our mission focus has remained constant.

We are, once again, on the precipice of change. This annual report highlights our accomplishments during FY2016 and describes the ways PCC programs have adapted to the Affordable Care Act since its implementation began in 2013. Now, the future of the ACA seems uncertain, and we do not yet know what the future of health care will look like. Whatever the future holds, PCC's vision of a community in which all residents have the opportunity to live a healthy life remains unchanged.

- **Care for Kids** grew by 23 percent in the last year, serving 4,824 children. More than 1,500 children enrolled in CFK for the first time, and many of them were recent immigrants who were new in our County, bringing significant health care needs. Program staff streamlined the enrollment process and strengthened relationships with the many generous providers and professionals who provide the services these children need.
- **Montgomery Cares** provided health care for 24,000 low-income residents during the year. Participating clinics continued to show improvement in quality measures for services provided. Pharmacy services, specialty care, and behavioral health care continue to augment the Montgomery Cares program and contribute to our community's health.
- The PCC facilitated a planning process with all six Montgomery County hospitals and many community partners that developed **Nexus Montgomery**, a new collaborative partnership aiming to improve population health and manage health care costs. The PCC will provide overall management for the Nexus Montgomery partnership. The planning work in the last year significantly expands PCC's partnerships with hospitals, providers, and community organizations, and it positions our community for creative work to improve population health.

Proud of the PCC's accomplishments, we look forward to the opportunities ahead. The future promises significant changes and challenges for PCC's mission. Locally, PCC has enjoyed strong support from our elected officials. Yet we anticipate significant turnover in leadership, requiring that we, and our partners, redouble our efforts to demonstrate the importance and return-on-investment associated with making Montgomery County the healthiest county in the nation. Nationally, we anticipate significant changes to health financing, which heightens the importance of PCC, safety-net clinics, hospitals, and our other community partners.

The PCC's clear commitment to mission and our capacity to adapt to changing circumstances prepare us to meet these challenges – creatively, responsibly, and effectively – so that high quality health care remains available to all.

Steven M. Lieberman, Chair, PCC Board of Directors

EQUITY
IN A RAPIDLY CHANGING CONTEXT

THE PRIMARY CARE COALITION (PCC) works with public and private sector partners to coordinate a safety-net health care system that can meet the demands of our new environment.

Montgomery County is a rapidly changing community in a rapidly changing world. Yet, the vision of the PCC remains constant: to make ours the healthiest community in the nation by fostering a health safety-net system that strives for universal access and health equity for all, especially those who face cultural, linguistic, or socioeconomic barriers to receiving care.

This annual report explores how recent changes have affected the health of low-income residents and the programs that serve them.

The Affordable Care Act (ACA) was signed into law in March 2010. When ACA implementation began in 2013, the Maryland Health Benefits Exchange expanded Medicaid and introduced private health plans that qualify for federal subsidies. Since then, more than 90,000 Montgomery County residents enrolled into health coverage through the state run exchange. About 52,600 of them were not previously insured.

An estimated 60,000 Montgomery County residents remain uninsured. Some have very low incomes and are not eligible for Medicaid or a subsidized health plan. The Montgomery Cares and Care for Kids programs, administered by the PCC, provide needed health services to these members of our community.

SERVING THE REMAINING UNINSURED

Montgomery County's remaining uninsured residents are among the under-resourced members of our society. They often have complex health conditions made worse by socioeconomic status and linguistic isolation. Designed to provide culturally appropriate health services to Montgomery County's low-income, culturally and ethnically diverse residents, Montgomery Cares and Care for Kids continue to serve our most vulnerable neighbors.

The expansion of Medicaid and introduction of subsidized health plans led to a 17 percent reduction in Montgomery Cares participation from a high of nearly 30,000 in FY2013 to just over 24,000 in FY2016. Meanwhile, the number of children enrolled in Care for Kids has nearly doubled as Montgomery County welcomes children fleeing violence in their homelands. In FY2016, Care for Kids served more than 4,800 children compared to only 2,800 in FY2013.

Between FY2013 and FY2016, the proportion of Montgomery Cares patients with incomes below the federal poverty level (FPL) jumped from 66 to 74 percent. The number of Montgomery Cares patients born in the U.S. dropped from 10 to 5 percent since the ACA went into effect. Today, 95 percent of Montgomery Cares patients are foreign-born, and of them, 46 percent are from Central America (El Salvador, Honduras, and Guatemala). 68 percent of Montgomery Cares patients speak Spanish as their primary language compared to 54 percent in FY2013. In Care for Kids, all enrolled children are foreign-born; 70 percent are from families with incomes below FPL compared to 60 percent in FY2013.

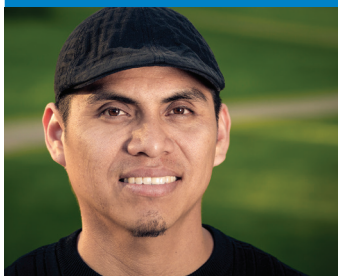
Montgomery County, Maryland

Health Disparities in Montgomery County

Between April 1, 2010 and July 1, 2015 the population grew by 7 percent (compared to a 4 percent population growth rate for Maryland). Our community is increasingly diverse, more than half of all residents are racial or ethnic minorities and a third were born outside the United States. Sadly, our community is also facing health disparities as linguistic, cultural, structural, and economic barriers impede people's access to health care and limit opportunities for a healthy lifestyle. More than 12 percent of minorities in Montgomery County cannot afford to see a doctor, compared to 3.5 percent of non-Hispanic white residents.

SELECT CHANGES IN THE SAFETY NET SINCE 2013

Measure	Care for Kids Participation	Care for Kids Case Management	Montgomery Cares Participation	Montgomery Cares Patients Living in Poverty	Montgomery Cares Patients with Limited English
2013-2016 % Change	+75%	+60%	-20%	+12%	+13%
2016	4,824	1,460	24,000	74%	88%
2013 ACA Implementation begins	2,800	910	30,000	66%	78%
2010	3,366	309	26,268	57%	80%



Measure	Montgomery Cares Clinics taking Medicaid	Breast Cancer Screening Rate	Colorectal Cancer Screening Rate	Patients Receiving Behavioral Health Services	Behavioral Health Clinical Services Provided
2013-2016 % Change	+75%	+28%	+288%	0%	+60%
2016	7	51%	31%	1,600	8,600
2013 ACA Implementation begins	4	40%	8%	1,600	5,360
2010	2	39%	Unknown	1,100	3,840

IN FISCAL YEAR 2016:

4,824 children served

1,460 children received case management for complex medical needs

455 children had eye exams and **421** received glasses

435 children received prescription assistance

More than 2/3 of children come from families with incomes below 100% of the federal poverty level

CARE FOR KIDS

To thrive and grow strong, children need and deserve love, healthy food, education, a sense of security, and health care. Care for Kids works to ensure all children in Montgomery County have the opportunity to lead healthy and productive lives. The number of children participating in Care for Kids has grown by 74% since 2013.

In response to this growth in program participation, Care for Kids streamlined enrollment processes in FY2016, enabling staff to enroll children much more quickly and efficiently. Since the fall of 2013, thousands of children have come to our community fleeing violence in Central America. These children, who often travel alone, come to the United States in fear for their lives and with hope for a brighter future, yet when they arrive, they remain without access to even the most basic health services.

The new immigrant children in Care for Kids come from developing countries with often inadequate health care systems. Having lacked consistent access to health care for their whole lives, these children present with myriad health issues that often include complex dental problems, behavioral health concerns, and multiple chronic conditions. Care for Kids children face overwhelming stressors that include discrimination, exposure to violence, economic deprivation, lack of family stability or social cohesion, trauma, and more. All of these factors put Care for Kids children at high risk for poor physical and mental health outcomes.

The PCC actively participates in the Montgomery County Children Fleeing Violence Workgroup and the National Capital Area Workgroup on Children Fleeing Violence. In these forums, we share information and discuss trends and insights with multi-sector, community-based organizations that are part of a collective effort to respond to the needs of vulnerable children.

Care for Kids provides affordable health services to the children of low-income families who are not eligible for Medicaid or other state and federal health care programs. Children who rely on Care for Kids for access to health care come from immigrant families with incomes below 250% of the federal poverty level; more than two thirds of Care for Kids children come from families with incomes below 100% of the FPL.

Private pediatricians, safety-net clinics, school-based health centers, and Kaiser Permanente participate in a coordinated effort to provide medical care to these vulnerable children. Care for Kids children receive basic oral health care from the Montgomery County Dental Program. The PCC also partners with the Maryland Department of Mental Hygiene Children's Medical Services to arrange on-going specialty care and case management for children with chronic health conditions.

Core funding for Care for Kids comes from the Montgomery County Government, supplemented by pro-bono services provided by Kaiser Permanente and school-based health centers, and grants and donations secured by the PCC.

GROWTH IN CARE FOR KIDS PARTICIPATION

National Children's Health Leadership Network

Recognizing her work as a children's health advocate, in FY2016 **Care for Kids Program Manager Marisol Ortiz**, was invited to join the inaugural cohort of the National Children's Health Leadership Network sponsored by the Annie E. Casey Foundation, the David and Lucile Packard Foundation, and Atlantic Philanthropies. The Leadership Network engages outstanding mid-career professionals in a 16-month series of seminars, individual coaching, and project development activities in order to develop a cadre health advocates who can drive change for better health care for children. This prestigious program will equip Ms. Ortiz and other participants with the knowledge, expertise, and personal networks and connections to improve the quality and impact of their personal and organizational advocacy efforts related to child health policy.

IN FISCAL YEAR 2016:

Served **24,000** patients in **68,000** encounters

Continues to meet or exceed **HEDIS Medicaid 90th percentile** on some clinical measures

In FY2016, **twelve independent safety-net clinics** provided direct primary and preventive health services. The PCC administers Montgomery Cares providing the network infrastructure and coordination.

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. FY2016 support for Montgomery Cares transformation initiatives comes from a funding collaborative composed of the Healthcare Initiative Foundation, Consumer Health Foundation, Kaiser Permanente of the Mid-Atlantic, and CareFirst BlueCross BlueShield.

MONTGOMERY CARES: ADULT PRIMARY CARE

More than a decade ago, Montgomery County recognized the need to extend access to health care to as many county residents as possible. In response, an expert committee convened by the PCC proposed Montgomery Cares, a safety-net health care program serving low-income adults who live in Montgomery County.

Within the changing health care environment, the PCC, the Department of Health and Human Services, Montgomery Cares participating clinics, and local foundations have worked together to transform Montgomery Cares into an enrollment program that offers a standard set of services and experiences to all patients.

Since its inception in 2005, Montgomery Cares has included a wide range of participating clinic organizations, each with its own characteristics, operating models, fee schedules, and available services. With the advent and implementation of the ACA, it became clear that developing a comprehensive enrollment system and set of essential services and standards common to all participating health care providers is a vital next step in the evolution of Montgomery Cares.

In FY2016, Montgomery Cares introduced a centralized enrollment database used by all participating clinics. Now, when patients enroll in Montgomery Cares, they receive a patient ID card and a link to a consumer website with details about Montgomery Cares, giving them information and greater affinity with the program.

At the same time as this enrollment infrastructure was put in place, Montgomery Cares stakeholders formed three workgroups to develop policies to increase parity of services and program uniformity at participating clinics.

- **The Essential Services Workgroup** reached consensus on a broad set of essential services each clinic should offer. Based on the Health Resources and Services Administration definitions used for Federally Qualified Health Centers, these services include categories of services to be delivered on site and by referral.
- **The Provider Standards Workgroup** established standards of practice that all participating clinics will have to meet going forward.
- **The Patient Fees and Co-Pays Workgroup** discussed the challenging question of patient cost-sharing and developed recommendations for standardized fees for very low income patients.

MEDICAID PARTICIPATION

In FY2016, the PCC supported three Montgomery Cares clinics to become Medicaid providers. The expansion of Medicaid under the ACA afforded thousands of previously uninsured residents the opportunity to enroll in a Medicaid health plan. Many of them were already receiving care through Montgomery Cares. By participating in Medicaid, Montgomery Cares clinics are ensuring continuity of care for their patients and planning for their own sustainability by introducing new revenue streams to their businesses.

In 2013, only two Montgomery Cares clinics accepted Medicaid patients. Since then, five other clinics have become Medicaid providers with technical assistance from the PCC. By the end of FY2017, the PCC expects that ten Montgomery Cares clinics will accept Medicaid patients.

ICD-10 TRAININGS

The PCC engaged RS&F Healthcare Advisors to provide technical assistance and support clinics through their transition from ICD-9 to ICD-10.

Health care providers use the International Classification of Disease (ICD) system to code and categorize diagnoses and procedures. Published by the World Health Organization, the tenth revision of the ICD system went into effect in fall 2015.

During the trainings, Montgomery Cares clinic staff received an overview of ICD-10, discussed the differences between ICD-9 and ICD-10, and worked on action plans for managing the transition to ICD-10. These efforts recognized the importance of complete and accurate medical documentation for delivering quality care as well as for billing purposes.

Medicaid Participation SNAPSHOT

IN FISCAL YEAR 2016, THE PCC

Offered **two ICD-10 trainings** for all Montgomery Cares clinics

Coordinated chart audits to ensure accurate billing and coding

Arranged coding and documentation training for two clinics making the initial transition to Medicaid

FISCAL YEAR 2016 MONTGOMERY CARES CLINICAL MEASURES

Met or exceeded national benchmarks in every reported diabetes measure

Met national benchmarks in hypertension control

Met national benchmarks in cervical cancer screening

Showed significant improvement in breast cancer and colorectal cancer screening.

MONTGOMERY CARES: QUALITY MEASURES

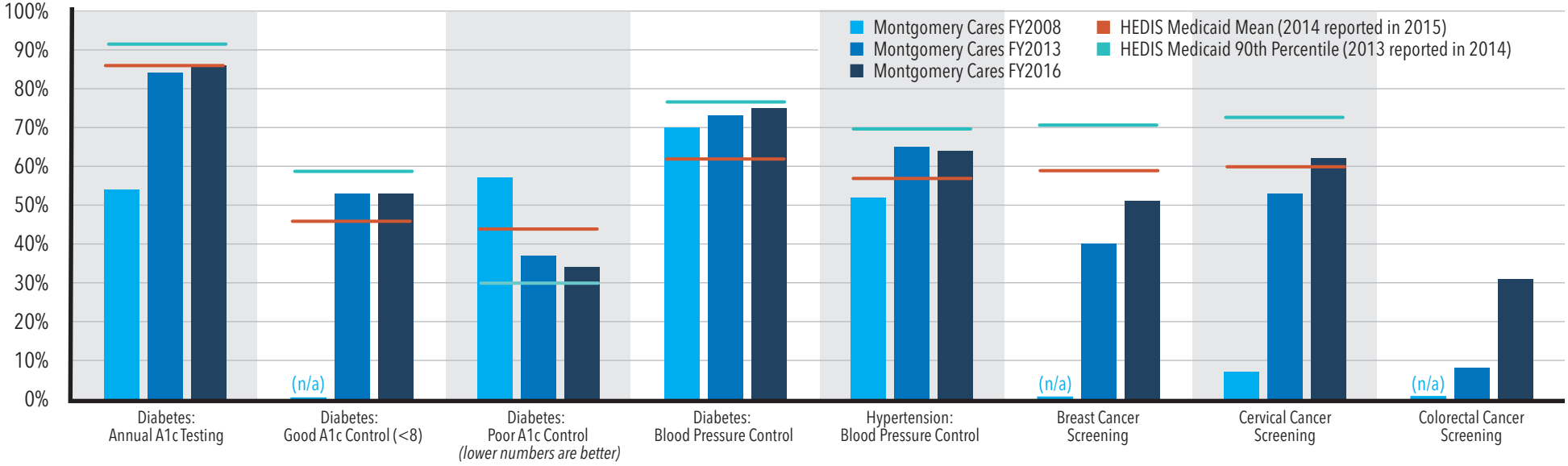
FY2016 marks the ninth year that the PCC has published selected annual measures of clinical performance for Montgomery Cares. Since the PCC began monitoring and publishing annual measures of clinical quality, the rate of annual diabetes testing has jumped from 54 to 86 percent; and the proportion of patients with poorly controlled diabetes has dropped from 57 to 34 percent. In cancer screening, the rate of cervical cancer screening leapt from 7 to 62 percent, and now exceeds the Healthcare Effectiveness Data and Information Set (HEDIS) Medicaid mean as reported in 2015. We've also seen remarkable gains in breast cancer and colorectal cancer screening; however, these measures remain below HEDIS targets.

The PCC uses the **Triple Aim** as its guiding framework. The Triple Aim perspective looks at ways to optimize health system performance by simultaneously working to

- Improve the patient experience of care, including quality and satisfaction
- Improve the health of a defined population
- Reduce the per-capita cost of care

In keeping with the PCC's commitment to the Triple Aim, we take a deliberate approach to improving the quality of health care available to Montgomery Cares patients, and we support the participating clinics in providing the highest quality of care possible.

Clinic Medical Directors review and adopt clinical measures for each fiscal year, and PCC convenes quarterly Medical Directors' meetings to discuss common challenges, share best practices, and monitor relevant clinical measures. As a result of this deliberate and focused approach, PCC and participating clinics have significantly improved cancer-screening rates and achieved national benchmarks in measures for diabetes and hypertension control.



Reducing Disparities in Breast Cancer Screening in the National Capital Region

FY2016 marks the end of a series of multi-year grants from Susan G. Komen for the Cure to reduce breast health disparities in the region. Beginning in 2007, the PCC and our partners have addressed process challenges and supply shortfalls to improve breast cancer screening rates among low-income and uninsured women. We have also decreased disparities in breast health care.

Breast cancer is the second most common kind of cancer in women and it is a deadly disease, but early diagnosis and treatment can significantly reduce its damaging effects. While women from any background may be diagnosed with cancer, disparities in cancer screening and treatment affect women from ethnic minorities and with low-incomes. Women without health insurance are 2.5 times more likely to be diagnosed at a later stage of breast cancer (Stage III or IV). Diagnosis in the later stages of cancer correlates to more intensive and arduous treatment options and to increased mortality.

Through interviews with primary care providers serving uninsured women, the PCC realized that providers were reluctant to refer women for recommended screenings if they knew the woman could not afford the service. With this in mind, the PCC worked to improve referral processes at clinics and conducted advocacy efforts with radiology providers and local governments to secure low-cost mammograms for vulnerable women.

In 2007, working with safety net clinics and mammography providers to streamline the referral process, we increased screening rates at the participating clinics for women in the recommended age group from 5.2 percent to 39.3 percent. In 2010, we expanded the project to include safety-net clinics in Prince George's County, the District of Columbia, and Northern Virginia. By 2013, we had seen significant improvements in referrals, screening rates, and time from referral to screening at nine clinics across the region.

Program efforts resulted in improved services for patients through increased awareness and timely access to breast health services, efficiencies for clinics through new and enhanced collaborative partnerships, and streamlined processes for breast health including improved clinic charting and coordination of care within the clinic.

At the same time as addressing process challenges, PCC began to advocate with funders, local government, and radiology providers to secure a supply of affordable mammograms for low-income women. Through this collaborative effort, we have built an infrastructure to support cancer screening so that every low-income, uninsured woman can be referred and obtain a mammogram with as few barriers as possible.

The breast health initiatives have received funding from Susan G. Komen for the Cure as well as the Prevent Cancer Foundation, the American Breast Cancer Foundation, the Maryland Department of Health and Mental Hygiene, the Montgomery County Cancer Crusade, the Montgomery County Government, and community partners providing in-kind and reduced cost services.

Montgomery Cares Behavioral Health Program SNAPSHOT

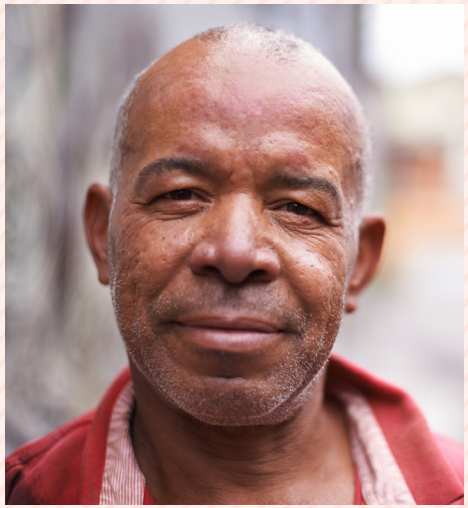
MONTGOMERY CARES BEHAVIORAL HEALTH PROGRAM

A growing body of evidence shows that physical health and behavioral health are closely linked. The PCC promotes the integration of behavioral health care into primary care settings through the Montgomery Cares Behavioral Health Program (MCBHP). The MCBHP embodies the values of patient-centered and value-based care that have received increasing emphasis in the years since passage of the Affordable Care Act.

Soon after Montgomery Cares was established (2005), the MCBHP was launched in response to the high rates of depression and anxiety disorders among low-income, culturally and ethnically diverse individuals who receive health care through Montgomery Cares. These vulnerable community members experience high rates of poverty and exposure to trauma, which place them at great risk for behavioral health disorders. In addition they all face economic, cultural, and linguistic barriers to accessing appropriate care.

Four quality measures for behavioral health care were established and implemented in FY2015 and are now reported at quarterly meetings of the Montgomery Cares Clinic Medical Directors. FY2016 results show improvements in depression screening rates and response to behavioral health treatment over time.

The Montgomery Cares Behavioral Health Program is funded by the Montgomery County Government as part of the Montgomery Cares Contract.



About the Behavioral Health Program

The team-based Collaborative Care Model used by the MCBHP is particularly effective in serving this extremely vulnerable population which often has significant medical concerns that are made worse by their behavioral health concerns. The model involves primary care providers, bi-lingual behavioral health care managers, a psychiatric consultant, and the patient, in a team based approach to care. More than 80 randomized controlled trials demonstrate that the Collaborative Care Model is more effective than “care as usual.”

IN FISCAL YEAR 2016:

Served **1,606** individuals; provided **8,602** clinical services

Over **50%** of patients showed clinically significant response to treatment

11% increase in annual depression screening rates

5 social work students completed field placements

PROJECT ACCESS: SPECIALTY CARE REFERRAL NETWORK

Established in 1995 through a grant from the Robert Wood Johnson Foundation, Project Access is one of the PCC's longest running programs. Project Access is composed of a dedicated group of physician specialists, local hospitals, and diagnostic facilities that participate in a coordinated effort to provide specialty care to low-income, uninsured community members.

In 2005, Project Access became a part of the Montgomery Cares portfolio and now operates as a public-private partnership administered by the PCC. Project Access staff receive referral requests for uninsured patients, triage cases, and arrange timely access to specialty care services for patients with the highest priority needs.

In the time that Project Access has been part of the Montgomery Cares portfolio, the number of cases referred for specialty care by Project Access has grown nearly ten-fold from 250 in FY2005 to 2,480 in FY2016. The provider network has expanded from four to twenty-five different specialties.

> **It meant everything for me to work with Project Access. They really helped me with my medical needs. – Ana C**

Project Access SNAPSHOT

IN FISCAL YEAR 2016:

Served **2,480** referrals

Recruited **31** new providers

Instituted **process improvement measures** to improve workflow

Core funding for Project Access comes from the Montgomery County Government, supplemented by pro-bono services delivered by physician specialists, in-kind services and use of facilities provided by community hospitals, and grants and donations secured by PCC.

SPECIALTY CARE REFERRALS OVER TIME

PROJECT ACCESS
FY 2010

49%
% of Referrals
Receiving Appointments

2,530
Total Appointments
Accommodated

2,007
Referrals Served
(unduplicated patients)

2011	2012	2013	2014	2015	2016
49%	50%	55%	69%	66%	77%
2,184	2,059	2,266	2,631	2,399	2,528
1,642	1,837	2,155	2,216	2,294	2,480

MEDICINE ACCESS

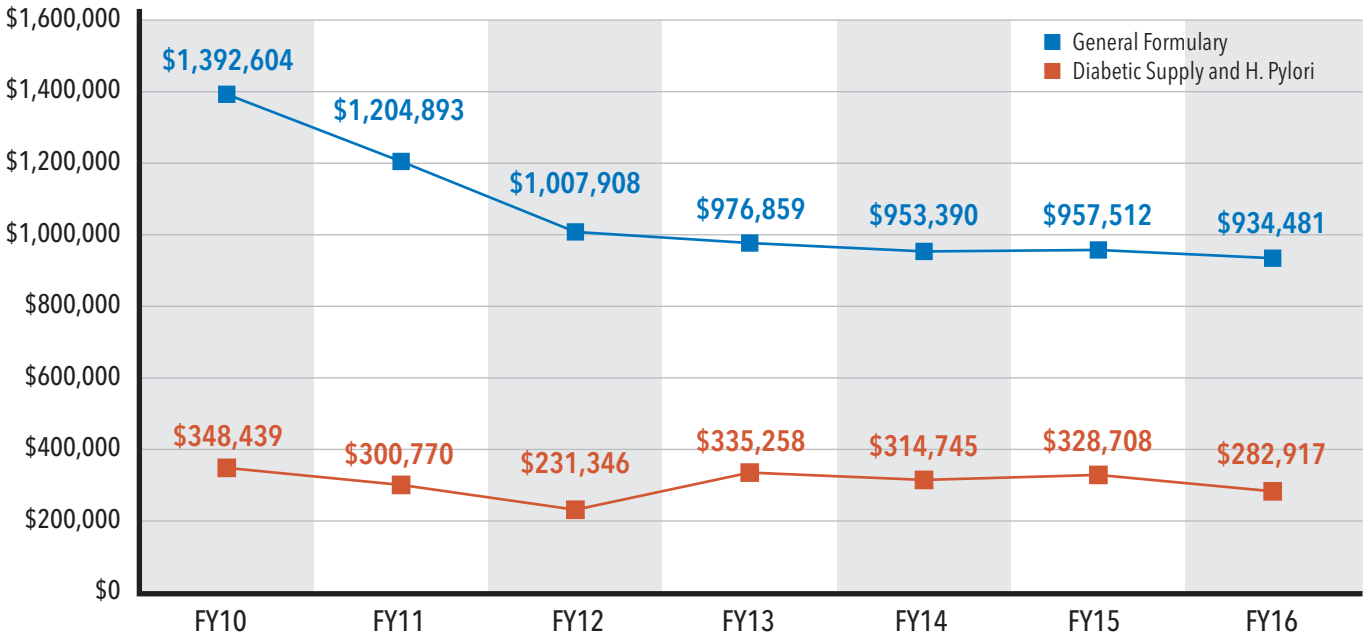
Access to medication is essential for effective health care. The PCC has worked to provide affordable medications to low-income community members since 1998, when the first pharmacy benefits program began. Over time this program has evolved into the **Community Pharmacy**, a point-of-service dispensing system that allows clinic providers to dispense pre-packaged, pre-labeled medications to patients on site.

The PCC's **MedBank** program helps patients who require brand name medications access the pharmaceutical industry's patient-assistance programs. MedBank supports people referred by safety-net, community, and faith-based organizations in applying for medications from the pharmaceutical companies.

Since the ACA was passed in 2010, the proportion of uninsured people with complex diagnoses, such as diabetes, requiring costly medications has increased, despite the fact that the total number of uninsured residents and overall demand for medications has declined.

Since 2010, available funding for Community Pharmacy decreased by 25%. However, the portion of funds used for diabetic supplies has increased.

At the same time, the value of in-kind brand name medications secured by MedBank jumped from $2.8 million in FY2010 to $3.9 million in FY2016 (a 39% increase), but the number of patients assisted dropped by nearly 2%.



Medicine Access SNAPSHOT

IN FISCAL YEAR 2016:

COMMUNITY PHARMACY

Received a **96%** satisfaction rating from clients

MEDBANK

Served **1,481** individuals (**258** new)

Processed **3,091** prescriptions for brand-name medications

Core funding for MedBank and the Community Pharmacy comes from the Montgomery County Government, supplemented by in-kind contributions from pharmaceutical companies.

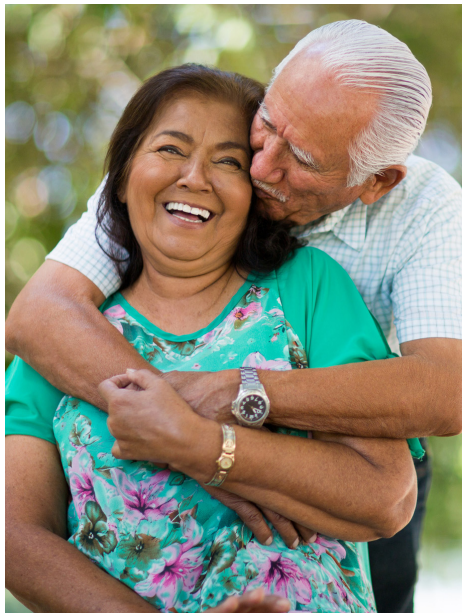
Capital Region Connector Program SNAPSHOT

IN FISCAL YEAR 2016:

Assisted more than **110,000** applicant households

Helped complete more than **85,000** health insurance applications

Saw a **19% increase** in total enrollments over the previous year



SERVING THE NEWLY INSURED

Montgomery County's safety-net providers are well positioned to serve newly insured residents and provide continuity of care for those whose insurance status changes as they move in and out of Medicaid eligibility. To take advantage of the opportunities presented by recent changes in the health care environment, clinics must adapt their operations to meet the requirements to participate in Medicaid. In FY2016, the Health Care Initiative Foundation (HIF) awarded the PCC a three-year Strategic Sustainability Grant to provide technical assistance and guidance to four safety-net clinics (in year one) to update their business models and re-design their revenue sources (including Medicaid participation). With the investment of HIF, the PCC and clinics participating in this initiative will work toward creating a stronger and more versatile health safety-net system that will continue to deliver high-quality, culturally sensitive health care to low-income residents now and in the future.

HEALTH CONNECTIONS

The PCC has served as the performance manager for the Capital Region Connector Program since 2013. The Connector Program helps Montgomery and Prince George's County (PGC) residents enroll in Medicaid and private health insurance coverage through the Maryland Health Connection—the state-based insurance marketplace.

As performance manager, the PCC conducts quality assurance and performance improvement activities; supports, monitors, and evaluates program implementation; and helps to coordinate the many organizations involved in educating and enrolling people into health plans. PCC has also worked to identify low-income people who are not eligible for Medicaid or a subsidized health plan and connect them to services for uninsured residents such as Montgomery Cares and Care for Kids.

In July 2016, the program was divided into two separate initiatives, PGC Health Connect and Montgomery County Health Connection. This new structure provides the flexibility for each County to focus on the unique needs of their communities. The PCC will continue as the performance manager for both programs.

DESTINATION HEALTH: HEALTH INSURANCE LITERACY

Thanks to the Affordable Care Act, hundreds of thousands of Marylanders, including low-income residents, now have health insurance coverage through expanded Medicaid or a private health insurance plan that qualifies for federal subsidies. Recognizing that access to health care is about more than having an insurance card in your pocket, the PCC developed **Destination Health**. This program aims to help newly insured individuals understand their health coverage and feel empowered to access personally appropriate care in order to achieve and maintain good health.

Destination Health is a health insurance literacy program specifically designed to support our diverse community. The multi-faceted campaign provides information in formats that are accessible for people with low literacy and/or limited English proficiency.

Destination Health has tools and information to help newly insured individuals and families understand what and when they will pay for health care; what services health insurance pays for; how to find in-network providers; and the value of getting the right care, in the right place, at the right time.

Campaign materials are available in seven languages and include:

- Four video vignettes ideal for explaining complex information to people with low literacy rates
- Booklets with information about how to make the most of having health insurance
- A text message campaign with step-by-step instructions to help people enroll in a health plan and access health services

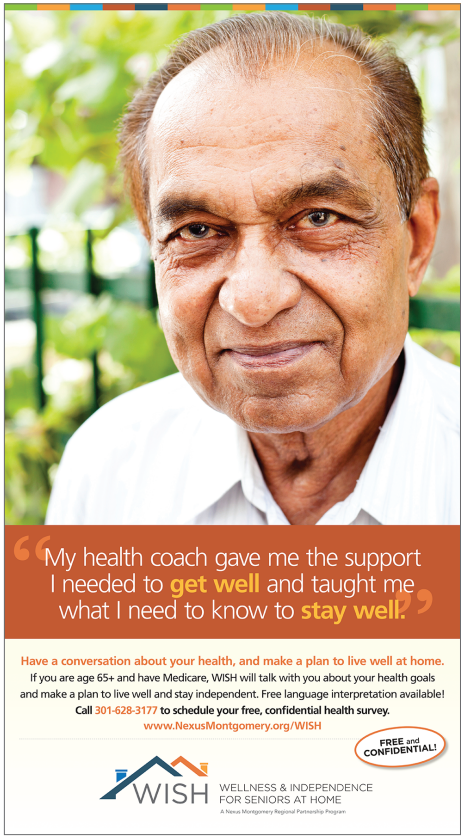
For more information visit **www.DestinationHealth.me**

Destination Health SNAPSHOT

IN FISCAL YEAR 2016:

Distributed more than **3,000** informational booklets to newly insured

Destination Health is an initiative of the Primary Care Coalition in partnership with Montgomery Community Media, Consumer Health First, and the Capital Region Health Connector, with funding from the Kaiser Community Fund and Kaiser Permanente of the Mid-Atlantic.



NEXUS MONTGOMERY

Nexus Montgomery is a new collaborative organization, formed in FY2016 by the six hospitals operating in Montgomery County. Its purpose is to design and implement specific programs that will improve the health of our community overall, improve people's satisfaction with their health care, and encourage efficient health care spending.

In 2015, the PCC worked with the hospitals that comprise Nexus Montgomery on a six-month planning grant from the Health Services Cost Review Commission (HSCRC) to design a transformative program that will advance the goals of Maryland's New All-Payer Model and the Triple Aim. Subsequently, the HSCRC invited hospitals to form regional partnerships and apply for grants to implement the programs designed under the planning grants, as well as other programs that would help to advance the goals of the New All-Payer Model.

Nexus Montgomery proposed four interconnected programs:

- Stabilize the health of older adults to keep them out of the hospital through a care coordination program called Wellness and Independence for Seniors at Home (WISH)
- Improve transitions from hospital-to-home so people don't end up back in the hospital
- Connect uninsured people after a hospital stay to specialty care (Project Access) to reduce the likelihood of re-hospitalization
- Expand and strengthen community-based resources for people with severe mental illness

In FY2016, Nexus Montgomery became one of nine regional partnerships to receive a multi-year implementation award from the HSCRC. The participating hospitals named PCC as the management organization for Nexus Montgomery. The PCC will administer funds; collect, analyze, and interpret data; and convene a learning collaborative so that participating hospitals and other organizations can come together and share best practices. In addition, the PCC will implement one of the four initial programs (Project Access).

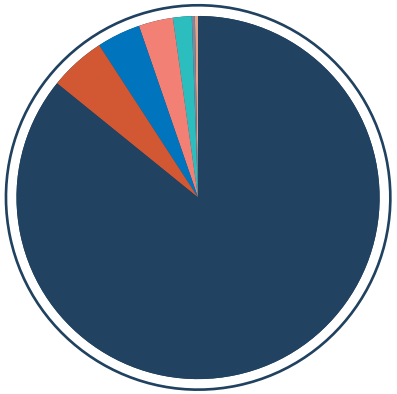
About the New All-Payer Model

Maryland is the only state in the nation that has a state regulatory agency, the Health Services Cost Review Commission (HSCRC) that establishes and monitors the rates hospitals are payed. The HSCRC revamped the all-payer model. The New All-Payer Model established ambitious quality of care, population health, and spending goals in order to shift financial incentive to reward results instead of volume. To achieve these results, hospitals must work with community organizations to coordinate better, more holistic care that creates healthier communities.

FINANCIAL STATEMENTS

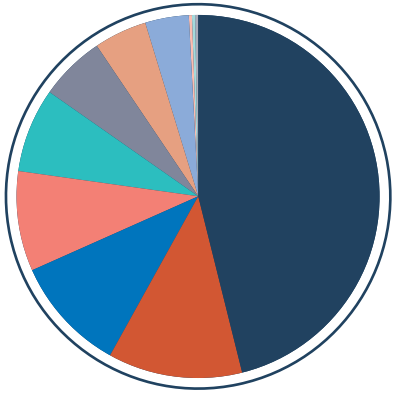
Sources and uses of funds for the fiscal year ended June 30, 2016.

Revenue and Support



	Unrestricted
County Contracts	$ 13,753,892
Donations-in-kind	837,860
Net Assets Released from Restriction	610,888
Other Income	468,022
Foundation Grants	284,500
Contributions	22,188
State Grants	19,684
Total Revenues	**$ 15,997,034**

Expenses



	Unrestricted
Montgomery Cares	$ 7,332,619
Community Pharmacy	1,889,604
Project Access	1,617,693
Center for Health Improvement	1,427,493
Care for Kids	1,199,571
Minority Health Initiative	899,586
Child Assessment Center	760,694
Community-Based Health Informatics	634,250
MedBank	46,738
Other Projects	46,042
Health Care for the Homeless	443
General and Administrative	-(49,567)
Total Expenses	**$ 15,904,300**

MEMBERSHIPS

- Communities Joined in Action
- Clinicians for the Underserved
- Healthcare Council for the National Capital Area
- National Community Reinvestment Coalition
- 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
- Proyecto Salud

CARE FOR KIDS PROVIDERS

- All Day Medical Care
- Broad Acres Elementary School-Based Health Center
- Catholic Charities Clinic at McCarrick Center
- CCI Health and Wellness
- 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 Material and Child Care, Inc.
- Milestone Pediatric
- New Hampshire Estates Elementary School-Based Health Center
- Northwood Wellness Center
- Rolling Terrace Elementary School-Based Health 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 Rehabilitation
- Aesthetic Skin Care & Derma Surgery
- Affiliate PET Systems
- Dr. Ashraf Sufi
- Associates in Gastroenterology
- Capital Cardiovascular and Thoracic Surgery Assoc.
- Capital Digestive Care
- Cardio Vascular Specialists
- Cardiocare, LLC
- Chesapeake Urology
- Columbia Lighthouse For The Blind
- Community Audiology
- Community Hematology & Oncology
- Community Radiology Associates
- Dr. Dany Westerband
- Dr Ryan Zucker
- Dr. Asif Qadri
- Dr. Daniel Clarke
- Dr. Daniel Lahr
- Dr. David Levine
- Dr. Francisco Lugo, DPM
- Dr. James Clarke
- Dr. Jonathan Rhee
- Dr. Joseph Snyder
- Dr. Kashif Firozvi
- Dr. Laurie Wenger
- Dr. Marcia Hutcheon
- Drs. Hecht, Bass, Schwartz, and Hila
- Endocrine & Diabetes Associates
- ENT Specialists of Shady Grove
- Feldman & Galotto MDs
- G.M. Din MD, PA, Inc.
- Georgetown Orthopedic Group
- Hanger Orthopedic
- Heme/Onc SNP at Spanish Catholic
- Holy Cross Anesthesia Associates
- Holy Cross General Surgery
- Holy Cross Hospital
- Dr. James M. Salander
- Dr. James Robey
- Dr. John Merendino, Jr.
- Kensington Eye Center
- LeVisage ENT & Facial Plastic Surgery, LLC
- Dr. Mario Belledonne
- Maryland Digestive Disease Center of Takoma Park
- Maryland Foot and Ankle Associates, LLC
- MD Radiation Oncology Associates
- MedStar Montgomery Medical Center
- MedStar Multispecialty Physician Office
- Metro Immediate Care, Inc.
- Metropolitan Gastroenterology Group
- Dr. Michael Dempsey
- Mid Atlantic Epilepsy Center
- MM/NIH Endocrine Clinic at Suburban
- Montgomery Eye Physicians & Surgeons, P.A
- Montgomery Medical Clinic and Sports Medicine
- Montgomery Orthopaedics
- Montgomery Otolaryngology Consultants, PA
- Montgomery Surgery Center
- Dr. Mushtaq Shah
- National Capital Neurosurgery
- Nephrology Associates

- Dr. Nirupma Rohatgi
- Opthalmic Plastics and Orbital
- Palisades Eye Surgery Center
- Physicians Associates
- Precision Orthopedic and Sports Medicine
- Pulmonologists PC
- Rheumatology Associates
- Shady Grove Adventist Hospital
- Shady Grove Radiology
- Silver Spring Eye
- Skin Cancer Surgery Center
- Spanish Catholic Center General Surgery
- Suburban Hospital
- Takoma Surgical Associates, P.A.
- The Feldman ENT Group
- The Neurology Clinic of Washington
- The Retina Group of Washington
- Visionary Eye Doctors
- Washington Adventist Hospital
- Washington Adventist Interventional Radiology
- 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 Schools
- Prince George's County Department of Social Services
- Prince George's County Health Department

HOSPITALS AND HOSPITAL SYSTEMS

- 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

- Agencies of the Emergency Assistance Coalition
- Alfa Specialty Pharmacy
- America's Tooth Fairy – 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)
- Consumer Health First
- Cornerstone Montgomery
- D.C. Primary Care Association
- Institute for Healthcare Improvement
- John Snow, Inc.
- Maryland Pharmacist Association
- Regional Primary Care Coalition
- RS&F Healthcare Advisors
- The Coordinating Center

PCC FUNDERS: FISCAL YEAR 2016

(JULY 1, 2015 TO JUNE 30, 2016)

FOUNDATIONS

- CareFirst Foundation
- Clark Winchcole Foundation
- Consumer Health Foundation
- Delta Dental of Pennsylvania
- Eugene & Agnes E. Meyer Foundation
- Healthcare Initiative Foundation
- Kaiser Foundation
- The Morris and Gwendolyn Cafritz Foundation

TRUSTS AND FAMILY FOUNDATIONS

- Adler Family Fund of the Community Foundation for the National Capital Region
- Bernton Family Fund of the Community Foundation of Collier County
- David Kleinberg Trust
- Cliff and Deborah White Family Foundation
- Greene-Milstein Family Foundation
- Meng Kuan Lee Family Trust

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- Maryland Department of Health and Mental Hygiene
- Maryland GOCCP
- Montgomery County Department of Health and Human Services
- Montgomery County Executive Community Grant
- City of Rockville

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