Our Mission:
The PCC will be the catalyst for the development and coordination of a community-based health care system that strives for universal access and health equity for underserved residents.

The story of the Primary Care Coalition began 20 years ago, when a handful of visionary physicians and healthcare officials imagined a Montgomery County where every resident had access to high-quality healthcare services. They dreamed of a community in which low-income, uninsured individuals would have a dependable source of primary care. They pictured an organization in which the public and private sectors shared responsibility for seeing the dream come true. The PCC is that organization, and in 2013 we are well on our way to making health care happen for everyone in our community.

How we got here, of course, is a journey—one that began when Carol Garvey M.D., Chair of the Montgomery County Medical Society Public Health Committee, asked the Montgomery County Health Department, local hospitals, and non-profit provider organizations to collaborate with the Medical Society to explore ways to increase access for low-income, uninsured residents. This group of collaborators became known as the Primary Care Coalition (PCC), and this year’s Annual Report reflects back on the first 20 years.
In early 1997, PCC Board Chair Bud Bernton recognized the need for a professional staff person to lead the organization and develop the provider network. He identified Steve Galen, an experienced hospital administrator, who joined the Board in 1995 and has served as Executive Director since 1997. Widely recognized for his wisdom and effectiveness, Steve had also been active in workforce development and other community projects with indirect but important effects on the health of the community.

With two years of operational funding from the Robert Wood Johnson Foundation, Project Access got under way in 1996 with one referral clerk in office space provided by the Medical Society, shared with the Society’s patient referral specialist. The Medical Society promoted the program and encouraged its members to participate. Primary and specialty care physicians were recruited for the program by allowing them to limit the number and frequency of patients referred. Physicians who needed to make referrals of low-income patients to other physicians could do so through Project Access. With the merging of a similar volunteer physician program anchored at Shady Grove Adventist Hospital, the program grew to approximately 300 participating physicians by the late 1990s.

Steve Galen and I met while serving on the Board of Community Clinic, Inc. when PCC was just an embryo. He became interested in the early efforts to organize and fund PCC and became its volunteer Executive Director. Two years later he was able to devote full time to the organization, and PCC was able to fund his position. Steve, who is recognized around the region as a leader and futurist, has brought to our organization his keen insight into the needs of our community and ability to “take the pulse” of the decision-making authorities and funders. He has recruited outstanding individuals who share his values, but Steve is and has been the heart of the PCC.

Steve Galen hired to lead the PCC

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Bud Bernton, PCC Co-Founder

I am very happy to be part of Project Access. My specialty care doctors are very friendly and really care about my health and well-being. It is hard to find programs like this, where you are treated like family and the patient’s health is a priority to everyone.

Alma Mejia
MEYER FOUNDATION GRANT
The Meyer Foundation awarded PCC the first of numerous grants for general support and organizational capacity building. This funding has been essential to PCC’s ability to build infrastructure and external relations.

PHARMACY BENEFIT EXPANSION
In 1998, the PCC received its United Way designation, served as the conduit for federal Healthcare for the Homeless funds to extend health services to homeless people in Montgomery County, and established a pharmacy benefits program for Project Access, using MAMSI as the program’s administrator. PCC formed a Pharmacy and Therapeutics Committee, which developed a list of the most commonly needed medications available at minimal cost to Project Access patients through most retail pharmacies.

FUNDING FOR INFRATESTRUCUTRE AND OPERATIONS
The Healthcare Initiative Foundation provided a crucial grant to PCC in 2001 that allowed the organization to develop its infrastructure and expand its administrative staff. Funding has continued over the years, making the PCC more effective in all its operations.

ESTABLISHMENT OF MARY C. JACKSON AWARD
Mary Jackson served as Assistant Executive Director from 1998 until her death in October 2002. Her passion, drive, and untiring commitment made Mary enormously successful at securing grant monies to establish and administer essential programs. Her tenacious efforts led to the establishment of the first Early Head Start and Healthy Families programs in Maryland. Primary Care Coalition’s Board of Directors recognized Mary’s exceptional contributions at its 2002 Annual Meeting, presenting her with an award for her “Good Works, Done Well.” To honor her life and her lifelong commitment to helping others in need of basic mental and physical health care, her family established the Mary C. Jackson “Good Works, Done Well” Endowment Fund. Since its establishment, it has been supported and supplemented by her family, friends, and colleagues.

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QUALITY HEALTH IMPROVEMENT COMMITTEE

This CareFirst BlueCross BlueShield grant was awarded to the PCC to integrate a multi-clinic, comprehensive diabetes disease management program within a Planned Care Framework. This resulted in the formulation of the Quality Health Improvement Committee comprised of clinic medical directors and quality improvement experts. The committee developed performance measures, clinical standards, and accountability processes that have been embedded into CHICare, the electronic medical record. The Committee reviews quality metrics quarterly and publishes an annual performance report card on select measures.

QUALITY HEALTH IMPROVEMENT COMMITTEE MEMBERS
Margaret Cheng
Alan Corbin
Barbara Eldridge
Carol Garvey
Jean Gale
Martin I. Golding
Mary Jane Joseph
Lana Pauls
Amit Rahman
Barbara Raskin
Elise Riley
Hoai An Truong

COMMUNITY PHARMACY

In anticipation of the launch of Montgomery Cares, PCC developed the Community Pharmacy Program, a pre-packaged, pre-labeled, off-the-shelf, point-of-service dispensing system, which allows clinic providers to dispense medication to patients at their clinic encounters. The current program offers a formulary of 44 generic medications covering seven classes of medication. The Pharmacy and Therapeutic Committee continues to provide professional oversight of Community Pharmacy policy and formulary development.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) AWARD

The PCC was awarded one of 14 prestigious national AHRQ grants to explore issues and challenges of establishing Health Information Exchanges (HIE) for low-income, uninsured safety-net patients and clinics in a complex regional setting. Named MeDHIX (for Metro DC Health Information Exchange), PCC’s goal under the grant was to connect safety-net clinics and patients to community health care providers, beginning with hospital emergency departments. Specific components of the project include an "eChart" synopsis of pertinent clinical data on safety-net patients to address patient identification concerns and HIPAA compliance, a warehouse of important patient data to support rapid secure data access for health care providers. The technical architecture for the HIE is built from freely available open-source components using proven technology known as an “enterprise service bus.” Our experiences and lessons learned are contained in a report available on the AHRQ website, www.AHRQ.gov.

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CHILDHOOD OBESITY EDUCATION PROGRAM

Supported by multiple foundations, the PCC developed and tested a Childhood Obesity Education Program – 7331 Healthy Families Having Fun! 7331 helped Care for Kids families embrace healthy lifestyle choices. The program was effective and was eventually expanded to include children insured under the Maryland Children’s Health Insurance Program (MCHIP), but has been unable to continue due to lack of resources.

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MONTGOMERY CARES

Rooted in the success of Montgomery County’s Rewarding Work program and PCC’s Community Access Project (CAP), Montgomery County leadership envisioned a County with universal access to health care and health equity among its diverse communities. PCC was integral in the planning and 2005 launch of Montgomery Care, a unique public/private partnership to provide primary health care to the County’s low-income, uninsured residents. Montgomery Cares began with six established community-based safety-net clinics and two clinics specifically established to serve racial and ethnic communities to address health disparities by providing culturally and linguistically appropriate services for minority communities. With 100,000 uninsured residents and a significant number of diverse low-income communities, Montgomery Cares grew to an average of 22 percent per year over the five-year period from 2005 to 2010, increasing access to care from 8,251 to over 26,000 people. In FY 2012, Montgomery Cares was comprised of 12 clinics serving almost 28,000 patients.

MONTGOMERY CARES BEHAVIORAL HEALTH PROGRAM

PCC partnered with Georgetown University Department of Community Psychiatry and Holy Cross Hospital to establish the first integrated Behavioral Health/Primary Care service in Montgomery County, through Montgomery Cares. Early evaluations demonstrated significant clinical improvement among patients diagnosed with behavioral health conditions who received behavioral health care in primary care settings. Currently, 45 percent of Montgomery Cares patients have access to behavioral health services in their primary care clinics.

ORAL HEALTH SERVICES

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ORAL HEALTH SERVICES

Oval health services were introduced into the Montgomery Cares program in 2006. Spanish Catholic Center (SCC) provided the expertise to establish an oral health service one day per week in shared clinic space provided by MC DHHS. With Montgomery Cares seed money, SCC was able to raise the additional funds necessary to build out a state-of-the-art dental facility in the McCarrick Center in Wheaton that currently serves 1,100 low-income Montgomery County patients as well as patients from Prince Georges County.

OUTREACH AND EDUCATION FOR PREVENTIVE SCREENING

The PCC received Community-based Participatory Research (CBPR) project funding through NIH to conduct education and outreach for preventive screening. The project was implemented with the assistance and support of the Montgomery County Department of Health and Human Services (MC DHHS) Minority Health Initiative.

REPORT CARD ON SELECT MEASURES

The Quality Health Improvement Committee reviews quality metrics quarterly and publishes an annual performance report card on select measures.
The Institute for Healthcare Improvement (IHI) invited PCC to join the inaugural group of 15 international organizations brought together to refine the Triple Aim initiative that seeks to improve the health of the populations they serve, ensure the patient experience when members of the population access the health care system, and reduce the per capita cost of providing services. Under the Triple Aim, the PCC implemented its first project to avoid redundant emergency department visits at the five county hospitals. The PCC subsequently adopted the Triple Aim goals as its own.

The Primary Care Coalition acts as an example to communities nationwide of a system that accepts all residency income high-quality health care, through their excellent diversity, encouraging them, and commitment to the Triple Aim principles of improved health and patient experience while achieving cost savings.

The Meyer Foundation selected PCC President and CEO Steve Galen to receive the prestigious Exponent Award for his visionary community leadership, boundless energy, and dedication to organizational improvement.

The PCC initiated a partnership with the Maryland Department of Health and Mental Hygiene to implement a comprehensive, integrated, coordinated approach to reduce “avoidable” ED visits by uninsured and Medicaid-insured Montgomery County residents. The partnerships included Holy Cross Hospital, Montgomery General Hospital (Medstar Montgomery), Shady Grove Adventist Hospital, Suburban Hospital, and Washington Adventist Hospital; and six Montgomery Counties participating safety-net hospitals – Holy Cross, Suburban, and Washington Adventist Hospital; and Mobile Medical Care; Proyecto Salud; and Spanish Catholic Center, and the Montgomery County Department of Health and Human Services.
The PCC, in collaboration with the Regional Primary Care Coalition and with funding from Susan G. Komen for the Cure, launched the NCA Regional Breast Healthcare Improvement Initiative. The Project Team tested the successful Montgomery County primary care-based model in three adaptation sites in Prince George's County, Washington DC, and Northern Virginia. In addition, the Project Team created a regional learning community including a Cross-Jurisdiction Learning Collaborative, which brings representatives from each jurisdiction together to share breast health measures, success stories, and plan/discard process improvement activities from a regional perspective.

Initial analysis showed increased screening rates to nearly 65 percent at all three adaptation sites, representing the 90th percentile of HEDIS measures for Medicaid breast cancer screening. At one site, cycle time between referral and mammography screening decreased from 48 to 24 days. Another site worked closely with one mammography provider to decrease the no-show rate for mammography appointments from 27 percent to 6 percent.

In an effort to continuously improve pharmacy services for county residents, the PCC looked to move beyond medicine access and began to focus on optimizing therapeutic outcomes, patient care quality, and safe medication use. In pursuit of this objective, the PCC in partnership with Mercy Clinic, the University of Maryland School of Pharmacy, Maryland Pharmacist Association, ALFA Specialty Pharmacy, and the Delmanva Foundation for Health, was invited to participate in the Health Resources Services Administration's PSPC. This national initiative is designed to improve healthcare quality and outcomes through the integration of evidence-based clinical pharmacy services within inter-professional healthcare teams. Preliminary findings from the project, which will be expanded to include additional clinics, indicate medication therapy management services provided by clinical pharmacists resulted in positive clinical outcomes for potentially high-risk, high-cost, complex patients. The program, led by PCC Director of Medicine Access Rosemary Botchway, has won numerous, prestigious awards.
STATE EVALUATION OF PCC-LED PROJECT ON REDUCING AVOIDABLE EMERGENCY DEPARTMENT VISITS

As part of the Center for Medicare & Medicaid Services grant, the State of Maryland conducted an independent evaluation of the PCC-led ED/PC Connect Project, which greatly improved awareness of the Montgomery Cares program by hospital ED physicians. Between July 2009 and December 2011, the EDs in Montgomery County identified and referred more than 10,000 low-income uninsured patients. More than 2,200 patients visited a clinic following referral, making more than 10,000 total clinic visits subsequent to their referrals. Two-thirds of patients who made an initial clinic visit returned to the clinic for additional visits. The most effective strategy in every partnership was a combination of a referral by the ED provider plus contact in person or via phone by a patient navigator.

The State confirmed that the project successfully reduced avoidable ED utilization for project patients by linking them to clinics. Clinic patients had far less ED utilization than patients who were never seen in the primary care setting. The greatest impact was demonstrated on patients with chronic and/or behavioral health conditions. During the three-year period of the project, ED utilization by project patients with chronic health conditions was reduced by a projected 68 percent, resulting in an estimated cost savings of $670,000. ED utilization by project patients with behavioral health conditions was reduced by a projected 48 percent, resulting in an estimated cost savings of $230,000. Overall, the project resulted in a 30 percent reduction in “avoidable” emergency department visits and a $1.1 million savings to the healthcare system.

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INITIAL COHORT OF CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) INNOVATOR ADVISORS PROGRAM

Pictured here amid her team, PCC Director of Medicine Access Rosemary Botchway was selected to participate in the first cohort of the new CMS Innovation Advisors Program with the project entitled “Pharmacy Collaborations for Better Health.” This prestigious program offered six months of intensive training on population health, health cost and finance, quality improvement, and innovation methods, followed by six months of project development, peer review, and critique of the Advisors Innovation Improvement Project.

PC BOARD STRATEGIC PLANNING PROCESS

With health care reform in process, the PCC Board of Directors Strategic Planning Committee led the organization through an intense strategic planning process. Committee Chair Marion Lewin led the Board in reviewing and reaffirming PCC’s deep commitment to our vision that all Montgomery County residents will have the opportunity to live healthy lives and our mission that the PCC will be the catalyst for the development and coordination of a community-based healthcare system that strives for universal access and health equity for underserved residents.

PCC RECEIVES CAREFIRST GRANT TO ESTABLISH MEDICAL HOMES

CareFirst BlueCross BlueShield awarded a prestigious, multi-year grant to PCC to work with two clinics to develop attributes of patient-centered medical homes for patients with multiple chronic conditions. The project aims to improve health care and care coordination for these patients in order to improve their health and reduce the frequency of health crises leading to expensive emergency care. RN care managers, working with clinic healthcare teams, provide care management to medically and socially complex patients.

THE CAROL WILSON GARVEY AWARD FOR EXCEPTIONAL NON-PROFIT BOARD LEADERSHIP

Dr. Carol Garvey’s distinguished career and her commitment to the Primary Care Coalition, which she co-founded with Dr. Horace “Bud” Bernton in 1992, led the PCC Board of Directors to establish an annual award in her name. The Carol Wilson Garvey Award for Exceptional Non-profit Board Leadership will be given annually to a board member of a Montgomery County non-profit organization whose mission is to improve the health and well-being of vulnerable county residents.
In FY 2012, the Montgomery Cares program growth plateaued, growing 5 percent in the last two years compared to the 21 percent average growth rate from FY 2006 through FY 2010.

Montgomery Cares clinics provided a slightly higher level of service in FY 2012 than in the previous year.

• The number of patients increased 3 percent from 26,877 to 27,814.
• The number of clinic encounters increased 5 percent from 73,962 to 77,162.
• The average patient/encounter ratio was 2.8.

The Montgomery Cares budget was over $8 million and 90 percent of Montgomery Cares funds were spent on direct patient care and services. 180 Montgomery Cares expenditures were 2 percent lower this year as compared with last year. Despite this decrease in spending, the need for services remains high. Sixty-one percent of Montgomery Cares patients report incomes at or below 100 percent of the Federal Poverty Level (FPL). The remaining 39 percent are between 101 and 250 percent of the FPL.

PHARMACY SERVICES: Community Pharmacy constitute a large proportion of the Montgomery Cares service delivery. Patients have access to a generic formulary of 44 medications representing seven classes of medication. Patients continue to receive meds free of charge at the point of a service encounter, as well as diabetic testing supplies. Montgomery Cares patients had access to needed medications through Community Pharmacy. In addition to Community Pharmacy, the PCC administers the Montgomery County Medbank Program, which this year celebrates its 10-year anniversary. Medbank was initiated in 2002 to provide costly branded prescription medications to vulnerable county residents. In its first year the program provided just under $300,000 in medications to 252 individuals. During FY 2012, 65 percent of Montgomery Cares patients had access to needed medications through Community Pharmacy. In addition to Community Pharmacy, the PCC administers the Montgomery County Medbank Program, which this year celebrates its 10-year anniversary. Medbank was initiated in 2002 to provide costly branded prescription medications to vulnerable county residents. In its first year the program provided just under $300,000 in medications to 252 individuals. Over the past decade, 7,125 county residents have received nearly $20 million worth of medication.

During FY 2012 the program assisted 1,631 individuals receiving a medication value of $3,684,214.

The work of the Medbank Program would not be possible without the support of the many providers and community organizations committed to prescription medication access for low-income uninsured residents. We thank you for ten years of making a difference.

Montgomery Cares and Care for Kids with the Maryland Health Exchange that will be implemented in January 2014. The goal is to achieve 100 percent access and equitable care to all Montgomery County residents. Through grant funding from Kaiser Permanente and others, the PCC is working with clinics to implement a certified electronic medical record to position clinics to become Medical Homes—all competencies required to participate effectively in the Affordable Care Act.

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In FY 2012, the number of patients receiving dental care decreased by 10.6 percent from 2,002 to 1,870. The number of dental visits decreased by 19 percent from 4,974 to 4,017. Community Clinic, Inc. (CCI) and Mary’s Center offer dental services on a sliding fee schedule based on patient income and serve Montgomery Cares patients. The oral health services provided by CCI and Mary’s Center are not included in the above numbers. Moving forward, increasing access to oral health services will be a major focus. In FY 2013 CCI plans to add 16 clinic hours per month, and MC DHHS Dental Services will increase staffing for its Metro Court Clinic.

One of PCC’s long-standing programs, PROJECT ACCESS, is a specialty care referral network that secures timely access to specialty care services for Montgomery Cares patients with high-priority needs. Project Access relies on a dedicated group of local specialists, as well as partnerships with all five Montgomery County hospitals. In 2012, Project Access scheduled over 3,200 specialty care appointments and served over 1,800 individual patients. Major additions to the Project Access network in FY 2012 include the Georgetown Orthopedic Group and the Medstar Montgomery General Surgery Group.

In addition to primary medical care, the MONTGOMERY CARES BEHAVIORAL HEALTH PROGRAM served 1,352 individuals. During FY 2011 and FY 2012, the Healthcare Initiative Foundation supported the Primary Care Coalition, Montgomery County Adult Behavioral Health and Opioid Services, non-profit behavioral health care providers, and primary care providers to establish a collaborative work group to:

• Strengthen relationships between the primary and behavioral health care systems.
• Complete an inventory of behavioral health services integrated in primary care settings.
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The Primary Care Coalition and clinics participating in the Montgomery Cares Program remain committed to improving the quality of health care provided to low-income, uninsured residents of Montgomery County. The Institute of Medicine defines high-quality care as that which is safe, timely, effective, efficient, accessible, equitable, and patient-centered.

The PCC's approach to quality is multi-faceted, and reflects two basic tenets of quality improvement: outcomes are a direct result of process and measurement is essential to improvement. Montgomery Cares medical directors meet quarterly to discuss quality-related issues including clinical process and outcome measures, best practices, and common challenges. These meetings help to maintain clinic focus on quality improvement and guideline-concordant care. Medical directors review Montgomery Cares clinical performance against national standards (HEDIS Medicaid benchmarks). Montgomery Cares Clinics have demonstrated consistent improvement over time, and measures of chronic care meet or exceed HEDIS benchmarks.

FY 2012 marks the fifth year that the Primary Care Coalition has published selected annual measures of clinical performance among clinics participating in Montgomery Cares. For chronic care, Montgomery Cares clinics continue to demonstrate significant and continuous improvement, meeting or exceeding HEDIS Medicaid benchmarks on annual measures of diabetes and hypertension care in FY 2012.

In the areas of cancer screening, Montgomery Cares clinics continue to demonstrate modest gains but remain well below HEDIS benchmarks. The PCC and Montgomery Cares participating clinics continue to seek sufficient and reliable supplies of mammography and colonoscopy services, while also continuing to adopt evidence-based guidelines and test process improvements to improve cancer screening rates.

In addition to quality improvement activities, Montgomery Cares performs bi-annual on-site Quality Assurance (QA) reviews, resulting in clinic-specific and aggregate reports that serve to focus improvement efforts in Montgomery Cares clinics. QA Reviews include administrative, financial, and clinical standards.
A cornerstone of this particular project is to embed a Registered Nurse/ Care Manager in each of the two participating clinics. The RN Care Manager performs a variety of essential functions in collaboration with clinic medical directors, providers, and staff. These functions include identifying and assessing eligible patients, creating evidence-based comprehensive action plans that support provider and patient goals, monitoring patients proactively, coaching patients in self-management, coordinating providers of care, smoothing patient transitions into and out of hospitals/facilities, educating and supporting caregivers, and facilitating access to community resources. Care Managers and clinic leaders meet regularly with PCC, and have developed assessment tools and care plan guidelines. More than a dozen patients are currently participating. The project expects to include 500 patients by the end of year three.

The last 20 years have demonstrated how the Primary Care Coalition, working through public and private collaborations, has made a difference to the health and well-being of 35,000 of our most vulnerable neighbors. We ask you to join with us on the next stage of our challenging journey.

Richard Bohrer, Board Chair
Primary Care Coalition

Steve Galen, President and CEO
Primary Care Coalition
The audited financial statements for 2012 are posted on www.primarycarecoalition.org.
Montgomery CARES Participating Clinics

Care for Your Health

Chinese Culture and Community Services Center
Pan Asian Volunteer Health Clinic
Community Clinic, Inc.
Community Ministries of Rockville, Mansfield, Kasean Clinic
Holy Cross Hospital Health Centers
Mary’s Center for Maternal and Child Care
Mercy Health Clinic
Malika Medical Care, Inc.
Muslim Community Center Medical Clinic
Projecto Salud
Spanish Catholic Center

The People’s Community Wellness Center

Care for Kids Providers

Community Clinic, Inc.
Kaiser Permanente of the Mid-Atlantic
Mary’s Center for Maternal and Child Care
Milestone Pediatrics
Northwood Wellness Center
Spanish Catholic Center

Baltimore Area School-Based Health Center
Gatineau Elementary School-Based Health Center
Harmony Hills Elementary School-Based Health Center
New Hampshire Estates Elementary School-Based Health Center
Summit Hill Elementary School-Based Health Center
Highland Elementary School-Based Health Center
Rolling Terrace School-Based Health Center

Montgomery County Department of Health and Human Services

Adult Mental Health Program
African American Health Initiative
Cancer Coalition
Colonial Cancer Screening
Communicable Disease and Epidemiology
Latino Health Initiative
Public Health Services
School-Based Health Centers
Skin Cancer Education and Prevention
Women’s Cancer Control Program

Hospitals

Children’s National Medical Center
Holy Cross Hospital
Madinat Montgomery Medical Center
Shady Grove Adventist Hospital
Suburban Hospital
Washington Adventist Hospital

Academic Institutions

Boston University
George Washington University Center for Trauma and the Community,
Department of Psychiatry,
and Innovation Center for Biomedical Informatics
Georgetown University Department of Psychiatry
Johns Hopkins University School of Medicine,
Division of Health Science Informatics
National Institute of Dental and Craniofacial Research,
Public Health Residency
Uniformed Services University of the Health Sciences
University of Maryland School of Public Health
University of Maryland, Baltimore and Eastern Shore,
Center for Health Information & Decision Systems
Walden University

Other Programs and Organizations

AIDS Coalition To Unleash Power
AFROcentric Institute
African American Health Project
African American Health Program
African Immigrant and Refugee Foundation
African Women’s Cancer Awareness Association
African Wellness Center
Archdiocesan Health Care Network
Arlington Free Clinic
Cambodian Buddhist Society, Inc.
Capital Breast Care Center
CASEA de Maryland
Center on Health Disparities, Adventist Health Care
Community Health and Empowerment through Education
and Research (CHEER)
Community Health Care Network
Community of Hope
Consejo Salud
D.C. Primary Care Association
Delmarva Foundation
Education Network to Advance Cancer Clinical Trials (ENACCT)
Emergency Improvement Coalition Agencies
Elmert Institute
Glorying Our Spiritual and Physical Existence for Life (GOSPEL)
Granito de Arena
Greater Baden Medical Services, Inc.
Health Tank, Inc.
Impact Silver Spring
Inova Health Systems

Institute for Healthcare Improvement (IHI)
Interfaith Works
International Rescue Committee
Korean Community Services Center
Maryland Health Care Commission
Maryland Pharmacy Association
Maryland Vietnamese Mutual Association
Montgomery County Collaboration Council for Children, Youth, and Families
Montgomery County Medical Society
Prince George’s County Breast and Cervical Cancer Program
Regional Primary Care Coalition
Summit Health Institute for Research and Education, Inc.
U.S. Office of Minority Health Resource Center
Workforce Solutions Group

Memberships

Communities Joined in Action
Clinicians for the Underserved
Institute for Healthcare Improvement
Montgomery Non-Profit Village
Our Vision:
All Montgomery County residents will have the opportunity to live healthy lives.