

Under One Roof

Services for Substance Abusers

Last year, the Montgomery County Department of Health and Human Services was awarded a three-year grant from the Maryland Community Health Resources Commission to develop primary care services for uninsured, low-income individuals receiving mental health and addiction services through County programs. In response, the County has established a primary care clinic co-located with the County outpatient addiction treatment programs at 751 Twinbrook Parkway in Rockville. The Under One Roof Clinic is supported by Montgomery Cares funds and receives program support and technical assistance from the Primary Care Coalition.

Individuals with behavioral health problems, whether mental health conditions, drug addiction, or alcoholism, are often alienated from the medical care delivery system. They frequently have medical risk factors and/or medical conditions that require

regular monitoring and treatment. For example, some mental health medications are associated with increased metabolic syndrome, which is a predecessor to diabetes, heart disease, and other chronic diseases. Long-term substance abuse can have devastating effects on the heart, liver, and kidneys resulting in complex medical conditions. By placing the Under One Roof Clinic in the same facility as addiction treatment and mental health programs, individuals enrolled in behavioral health care services will have immediate access to primary care provided by clinical teams experienced in mental health and addictions who can address their medical needs.

Under One Roof served 129 patients from its inception in August through December 31, 2007, during its clinic sessions Mondays, Wednesdays, and Fridays. For additional information, please contact Pilar Mollish at 240.777.3274. [PCC](#)

WHAT'S NEW AT PCC

CONTINUED FROM PAGE 4

HealthCare Improvement initiatives including the office practice redesign at two clinics and “The Triple Aim.” [See Mr. Galen’s editorial on page two.] The Primary Care Coalition would like to thank Chairman Middleton and Health Subcommittee Chair Rob Garagiola for the invitation and for their commitment to expanding services to low-income uninsured individuals.

- **Specialty care needs being addressed regionally.** The Regional Primary Care Coalition (RPCC) is tackling an issue that has been a continuing challenge for Montgomery Cares and the Community HealthLink Clinics: unmet specialty care needs. The RPCC is attempting to address this issue across the metropolitan Washington, D.C. area, in hopes that the shared knowledge will benefit all those working on health care for the uninsured in the region. Last year, the Montgomery Cares Advisory Board established a Specialty Care Committee, which is working with a consultant to develop cost-effective options for expanding specialty care capacity. The PCC staff member who coordinates specialty care for Montgomery Cares is Linda Ashburn. If you are a physician who could help alleviate this shortage for Montgomery Cares patients, please contact her at 301.628.3406, Linda_ashburn@primarycarecoalition.org.

- **The Tree House Child Assessment Center pursuing accreditation with the National Children’s Alliance.** A public/private partnership between the Primary Care Coalition and Montgomery County, The Tree House has been providing services to children and adolescent victims of sexual abuse, physical abuse, and neglect since 2002, and is close to fulfilling its longtime goal of accreditation. This consists of an intensive application process followed by an on-site visit in order to demonstrate the center meets

best practices as a fully functioning CAC. The following program components are necessary for accredited membership in National Children’s Alliance: child-appropriate/child-friendly facility; multidisciplinary team; organizational capacity; cultural competency and diversity; forensic interviews; therapeutic intervention; victim support/advocacy; and case review and tracking. For more information about The Tree House Child Assessment Center, contact Director Brenda Petersen at 240.777.4429.

- **PCC Homeless Health Services Coordinator Stephanie Lewis developing communication plan.** Ms. Lewis is working with homeless shelter providers to ensure they are fully informed about PCC’s services with an emphasis on medicine access and specialty care. She is working closely with Mobile Med, which is providing the primary care services at shelter sites. The next step will be meeting with hospital emergency room directors and discharge planners to coordinate discharge planning and respite services. As noted in the front-page article, 443 homeless patients have received primary care services in the first six months of FY 2008. Ms. Lewis can be contacted at 301.628.3451, stephanie_lewis@primarycarecoalition.org [PCC](#)

COMMUNITY HEALTHLINK CLINICS

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HOLY CROSS HOSPITAL HEALTH CENTER
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MERCY HEALTH CLINIC
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MOBILE MEDICAL CARE, INC.
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UNDER ONE ROOF
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PCC REACHES OUT TO COLLABORATORS

The Primary Care Coalition disseminates monthly a *Customer Survey* as a mechanism for PCC collaborators to provide feedback on PCC performance. The survey, which is emailed to approximately 65 collaborators on the 15th of each month, allows staff to dialogue with our “customers” and monitor how well PCC is doing from the point of view of our partners.

The survey consists of five questions, which are consistent from month to month, as a mechanism to measure our performance over time. After reviewing each month’s results, the PCC senior team institutes action items

as appropriate to the survey results.

Beginning with its first issuance October 2007, the survey results generally reflect a positive attitude toward PCC work, and PCC staff strives to provide the kind of service that will keep the scores above four. The scores, based on the Likert Scale with five being the most positive, are displayed below.

PCC thanks those of you who have participated in a survey, currently about half of those that receive it each month. If you have not yet had a moment to take the survey, please do so in March. We really want to hear from you. [PCC](#)

	SCORE 10/07	SCORE 11/07	SCORE 12/07	SCORE 01/08
PCC’s services and programs further your organization’s mission.	4.29	4.08	4.46	4.36
PCC staff helps you find workable solutions to problems.	4.17	4.00	4.46	4.27
PCC responds promptly to your requests.	4.33	3.85	4.46	4.50
Meetings convened by PCC are productive.	4.29	3.92	4.23	4.32
PCC’s training and technical assistance satisfy your needs.	4.00	3.90	4.23	4.28

Your tax-deductible contributions benefit our neighbors whose access to health care is limited. To contribute, please contact Steve Seater, 301.628.3431, Steve_Seater@primarycarecoalition.org.

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PCC HEALTH MATTERS

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MONTGOMERY CARES CLINICS SURPASS MIDYEAR GOALS

The first step toward improving the health of low-income uninsured individuals is having the capacity to see and treat them. In Montgomery County, this is facilitated by excellent coordination of efforts and a high level of commitment among the public and private partners. In response to concerns expressed by the County Council, the Community HealthLink Clinics have exceeded expectations for reaching the goal of caring for nearly 19,000 patients in FY 2008.

Half-year totals reflect that six clinics met or exceeded 50 percent of their annual target, with two clinics having exceeded 70 percent of the target. Overall, Montgomery Cares has reached 55 percent of the 18,978 unduplicated patient target. In addition, the clinics reported 18,995 patient encounters, representing a 9 percent increase over the previous year.

The data is based on patients seen at the eight clinics [see page 4] that constitute the Community HealthLink network, plus the two special-needs clinics, Health Care

for the Homeless (HCH) and Under One Roof. Mobile Medical Care was awarded the contract to provide primary medical care and case management services to homeless clients at shelter-based locations; 443 homeless individuals received care during this six-month time frame. Under One Roof provides primary health services to individuals receiving mental health and addiction services at the County facility on Twinbrook Parkway. The clinic has provided primary health services to 129 patients since its inception in August, 2007.

Outreach was an important part of the clinics' ability to see more patients. Eight organizations were awarded grants for capacity-building projects, and four participated in health fairs or other community outreach events.

Congratulations to all the partners who met or surpassed their individual goals. Together Montgomery Cares is making culturally appropriate, high-quality care available to increasing numbers of individuals. [PCC](#)

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PCC ANNUAL MEETING

Unnatural Causes Sheds Light on Health Inequities

Bringing together community leaders, health care providers, and advocates for the underserved, the Primary Care Coalition focused its 2007 Annual Meeting on the country's disturbing socio-economic disparities in health status. A preview of the upcoming PBS series *Unnatural Causes: Is Inequality Making Us Sick*, was the meeting's main event, although it was the organization itself whose name was prominent on the AFI Silver Theatre's marquee that day in mid-December.

The four-part series *Unnatural Causes*, set to air on WETA-TV beginning March 28th, asks what is happening in this country that makes us 29th in life expectancy while outspending other nations two-to-one on health care? It demonstrates that class, race, education and income level, as well as the very neighborhood in which you reside, determine to a large degree how well you are and how long you live.

PCC Board Chair Roberta Milman welcomed the 140 attendees and the panel who followed up after the film clip with a discussion on local implications: Councilmember George Leventhal, Marcos Pesquera, M.D. of Adventist Health's Center on Health Disparities; and PCC Board member Arva Jackson. The documentary posits that "small changes can yield big benefits." And while Montgomery County has been at the forefront in funding and actively promoting programs to eliminate disparities, the panel agreed that more needs to be done.

You can make a difference. Watch *Unnatural Causes* when it airs at 10:30 p.m. on Fridays, beginning March 28, 2008. Talk about it with your friends and neighbors. And visit www.unnaturalcauses.org for information about becoming engaged in the campaign to bring equity and justice to a health care system that is failing many of our neighbors. [PCC](#)

Visit www.primarycarecoalition.org
to learn more about the PCC.



A NEW HEALTH CARE PARADIGM

Montgomery Cares and Beyond—by Steve Galen

Overall health spending in the United States continues to climb, rising 6.7 percent in 2006 to \$2.1 trillion, or \$7,026 per person. Although health care spending now accounts for 16 percent of the gross domestic product, the U.S. often falls short on outcomes, ranking worst among 19 countries in the number of deaths that could have been prevented through better access to timely and effective health care. Dartmouth's Paul Batalian notes that "no one ever sat down and designed the U.S. health care system. It simply evolved, in bits and pieces, and now threatens to crack under its own weight."

A way out of this paradox appears to be emerging. Thought leaders and practitioners, including those associated with the American Academy of Family Practitioners, Dartmouth University, and the Institute for Healthcare Improvement (IHI), propose new paradigms asserting that quality, efficiency, access, equity, and positive outcomes are complementary and reinforcing rather than competitive. Patients can schedule same-day appointments and talk to their providers 24/7; health care can be delivered by teams according to person-specific care plans; information technology can permit all patients to receive evidence-based care all the time; patients can be satisfied and in charge of their own health;

practices become more profitable and patients' health will improve—all at the same or reduced societal costs.

I am pleased to report that, while the Primary Care Coalition and our partner clinics focus intently on serving more patients, we are also learning how to shift from the old to the new paradigm. This shift includes fostering a culture of continuous quality improvement in the provision of care. All clinics have been trained with success in the IHI's Model of Improvement, a simple and powerful tool to test and implement changes at the clinic level. Two clinics, Spanish Catholic Center and The People's Community Wellness Center, were chosen to participate in a one-year national collaborative with the IHI Office Practice Redesign Collaborative aimed at linking the clinics with new ways of operating office practices, especially in the areas of improved access, efficiency, and delivery of planned care. The two clinic teams meet weekly to share measures of access, efficiency, patient/staff experience, and to plan their PDSA cycles. The teams have seen a reduction in the amount of time a patient spends at the clinic, thereby making the process more efficient, increasing access, and increasing staff and patient satisfaction.

Additionally, the PCC is one of 12 international organizations participating in the IHI Triple Aim

Initiative that seeks to understand the interplay among population health, cost per patient, and patient experience. Twice monthly the PCC team, that includes representation from the Montgomery County Department of Health and Human Services and the Maryland Health Services Cost Review Commission, participate in a Web-based conference with the likes of the Puget Sound's Group Health Cooperative, Health Partners (Minneapolis), the Vermont Blue Ribbon Chronic Disease Initiative, the Bolton Primary Care Trust (UK), and Jonkoping County, Sweden. The Montgomery County group is exploring ways to reduce avoidable emergency room visits to Montgomery County hospitals for low-income, uninsured County residents.

The PCC and its partners are making progress to improve the experience that Montgomery Cares patients have with the health care system and to improve the health status of Montgomery County's most vulnerable residents. The political leaders in Montgomery County have made a wise investment in the health of the community by establishing the Montgomery Cares Program and supporting innovative practices among the safety-net health care providers. [PCC](#)

Community-Based Research Shows Exciting Results

PCC's NIH-funded, community-based participatory research (CBPR) project has demonstrated that integration of community input can make a difference in increasing access to care. In a series of focus group discussions with community health promoters, participants repeatedly emphasized the importance of assisting patients—one-on-one—to navigate the health system. Taking this information to heart, the team incorporated patient navigators into the second year of the Latino Health Festival, "Ama tu Vida," sponsored by the Latino Health Initiative, and utilized them to call all patients prior to their follow-up appointments. Although the numbers were small, the study concluded that navigator support quadruples patient-show rates for follow-up at clinics; that is, 26 at-risk participants who received a navigator call came back for follow-up care, while only two who did not receive a navigator call returned for care (p-value=0.0015, at 95 percent confidence level). This is powerful evidence indeed for the importance of listening to our Montgomery County community as we strive to increase access to care among the uninsured. The team is implementing this strategy at this year's African-American Heart Health Symposium, sponsored by the GOSPEL program on March 8, and in other health fairs in the future. One of the next projects will be to increase access to care in African immigrant communities through a new partnership among community-based groups, county health initiatives, and the PCC.

Would you like to be a part of this exciting effort? We need volunteer physicians and nurse practitioners for one-on-one patient consultations at the upcoming health fairs and symposiums. If you are interested in this or other potential volunteer opportunities, please contact Chinelo Nwankwo at 301.628.3453, or Chinelo_nwankwo@primarycarecoalition.org. [PCC](#)



TWO HEALTH CARE ADVOCATES RETIRE THIS MONTH

Ric Helfrich and Mark Langlais Step Down After Long Tenures

Montgomery County will lose two valued partners in March, when Deputy Health Officer Ric Helfrich and CCI Executive Director Mark Langlais retire.

Ric Helfrich has been a part of Montgomery County Public Health programs for more than 30 years, serving as deputy health officer since 2002. His expertise and responsibilities have included: public policy development, implementation, and evaluation; emergency preparedness; environmental health; food and water protection; and land use. Since 1993, Helfrich has made major leadership contributions in access to care for vulnerable populations,

THE STORY OF MERCY CLINIC

With its proximity to the busy MVA, one might be tempted to overlook the Mercy Health Center in Metropolitan Grove. That would be a mistake, though, for it is not only a modern, well-equipped medical facility, but also an essential lifeline for hundreds of Gaithersburg and Germantown residents without the resources to afford health insurance.

Beginning as the notion of a group of parishioners from Our Lady of Mercy in Potomac, the Mercy Clinic has grown into a vibrant health care facility on target to serve over 1,600 patients in FY 2008. And according to Mercy's Executive Director David Wallace, the numbers keep growing, as the clinic is seeing 100-plus new patients each month—half of whom are new patients requiring extra administrative support.

On a typical clinic day, each room and hallway is spilling over with folks, beginning with a reception room full of patients seeking services. Making these services available has been the vision and labor of Medical Director Jim Ronan, M.D., who has brought together a cadre of more than 40 physicians who volunteer on a regular basis. They are assisted by a dozen volunteer nurses, a physician assistant, a nurse practitioner, and a small but absolutely essential paid nursing staff.

The volunteer corps includes an additional 80 individuals serving as interpreters, registrars, eligibility screeners, data-entry personnel, and those who are willing to do all types of essential administrative tasks. Because of the generosity of over 120 volunteers, Mercy Clinic is able to maximize the services provided to the growing number of uninsured adults they serve. Dr. Ronan attributes the Clinic's success to the high degree of volunteerism, the exceptional abilities of the providers, and the dedication of staff and volunteers.

Mercy Clinic provides patient care in two three-hour shifts, three days per week, with primary care clinics on Tuesday and Thursday, and specialty clinics on Wednesday. Specialty clinics

including development of eligibility and enrollment systems and programs serving children, pregnant women, and adults, and been an important partner in Montgomery Cares.

Mark Langlais has served as executive director of Community Clinic, Inc. (CCI) for 20 years. During that time, he has been an outspoken advocate for health care for low-income uninsured residents. In addition to managing the strategy and operations of CCI, Mark has been active in the Priority Partners Managed Care Organization, the Community Health Integrated Partnership, and served as president of the Mid-Atlantic Association of Community Health Centers. Mark was a founding member of the Primary Care Coalition and has contributed his expertise to this organization for nearly 15 years.

Thank you, Ric and Mark, and best wishes in all your future endeavors. [PCC](#)

include gynecology, dermatology, ENT, orthopedics, urology, psychiatry, ophthalmology, endocrinology, and diabetes.

The range of specialty care is exceptional, and Dr. Ronan is always on the lookout for ways to provide even more.

Mercy's founders envisioned a "free clinic" in this community, and so the Clinic began and continues without patient fees. Patients who desire to pay for their visit may do so, and the average patient donation is \$8.

Moving last summer was difficult, but the staff and volunteers managed to do it in less than a week. The new space provides 7,200 square feet worth of exam rooms, a laboratory, pharmacy, and a dental clinic. A year ago, clinic staff projected—not without some hesitation—a 25 percent increase in unduplicated patients in FY 2008. As of January 31, 79 percent of that goal had been realized, much of which is attributable to the expansion of exam room capacity, thereby allowing for additional providers.

"The big challenge for us," says Wallace, "is to see how we can use some of the space for administrative purposes." With the emphasis on maximizing clinical space, finding a place to complete paperwork has become a bit of a challenge.

Led by a 26-member Board of Directors committed to and very much involved in the life of the clinic, Mercy continues to move forward, providing *Health Care from the Heart of the Community*, as their brochures and indeed their logo, a heart, portray.

Everyone involved with the Clinic has a different story about why they do it. The Chairman of the Board, Wayne Marsden, has never doubted the importance of providing medical care to the uninsured; Dr. Ronan is committed to the ministry of healing; and the staff is motivated by the needs of the patients.

But with Mercy, it may be more apt to end with the words of one of the volunteers. Cezzarina Palting has been there since 2004: "I can't think of another form of volunteer work that would compare with being here at Mercy Health Clinic. I just love what the Clinic does for those in need." [PCC](#)

The Community Pharmacy is stocked with a comprehensive formulary.



Cezzarina Palting is just one of 120 volunteers at Mercy.



OUTREACH THROUGH THE MONTGOMERY CARES INFORMATION LINE

The Montgomery Cares Program is six months into a public information program to better inform the public about the County-funded health services program for uninsured adults. The program includes Montgomery Cares brochures, released in English and Spanish, French, Amharic, Chinese, Korean, and Vietnamese, which detail the location, hours, services, and appointment information for Montgomery Cares clinics. Over 30,000 brochures were distributed between July and December through County agencies, social service providers, hospitals, schools, churches, and community-based organizations.

The other facet of the program is the Montgomery Cares Information and Referral line for individuals who need assistance with selecting and contacting a primary care clinic. When it first became operational in July, the Information Line received minimal calls, but by the end of the year, the Information and Referral Specialist had processed over 500 calls and currently answers over 150 calls per month.

The purpose of the Information and Referral service is to increase public awareness of the Montgomery Cares Program and to improve access to Montgomery Cares health services. The line is staffed by Nailah Gobern, a Master's level, licensed social worker and experienced information and referral specialist.

Callers can expect to receive cordial assistance with matching their health care needs to an appropriate service provider or program, up-to-date information regarding appointment availability, and information related to eligibility for Montgomery

Cares programs and other health services. More than half of all callers are requesting assistance with finding a primary health

What's New at PCC

• PCC Rolls Out Continuing Medical Education Course, *A Review of Breast Cancer Screening: The Role of Culture.*

The culmination of many months of effort by PCC, USUHS, and DHHS staff, this one-hour, interactive course will be available to clinicians for credit and to others on an audit basis in mid-March. Accessing the video course will be simple: Click on "Professional Development" on the PCC Web site, www.primarycarecoalition.org, which will take you to a secure site managed by New Media Mill. The course goals include increasing awareness about breast cancer morbidity/mortality, but more specifically the course seeks to increase providers' understanding of factors that influence the decision to undergo breast cancer screening and to develop skills that clinicians can use to assist them in communicating with and recommending breast cancer screening to women of diverse backgrounds. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of MedChi, the Maryland State Medical Society, and the Primary Care Coalition of Montgomery County, Inc. MedChi is accredited by the ACCME to provide continuing education for physicians. MedChi designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit. Physicians should only claim credit commensurate with the extent of their participation in the activity. For additional information, please contact Komen Grant Project Manager Raquel Samson, 301.628.3408, Raquel_samson@primarycarecoalition.org.

care provider. Callers having difficulty accessing Montgomery Cares services are provided with further assistance to meet their needs.

While the Montgomery Cares Information Line is designed to provide information about Montgomery Cares and the services it provides, it is not limited to that information alone. Ms. Gobern meets periodically with regional information specialists and has a broad base of knowledge about access options, enabling her to assist callers with appropriate information.

In order to establish face-to-face connections with the community, Ms. Gobern performs public presentations at different agencies and schools throughout the county. Through these presentations she is able to give more insight into the program and answer any questions that the public may have.

The Montgomery Cares Information and Referral Line is staffed from 10:00 a.m. to 5:00 p.m., Monday through Friday and has the capacity to respond in English, Spanish, and almost all other languages accessed through Language Line interpreters.

If you would like further information or a presentation at your agency, please call 301.628.3455 or email nailah_gobern@primarycarecoalition.org.

• **Senate Finance Committee Chair Thomas "Mac" Middleton invites the PCC and Montgomery County DHHS to brief Committee on "Innovations in the Delivery of Health Care Services to the Uninsured."** In addition to the Montgomery Cares segment, the Senators heard presentations about programs in Howard and Anne Arundel Counties, as well as an update on Maryland Medical Assistance from the Department of Health and Mental Hygiene. Montgomery County DHHS Director Uma Ahluwalia, Health Officer Ulder Tillman, M.D., and PCC President Steve Galen shared with committee members some of the unique aspects of the public/private partnership involved in Montgomery Cares, including CHLCare, the shared electronic health record utilized in the clinic settings; the Community Pharmacy; the community-based research project into barriers that prevent minorities from accessing health care; the behavioral and oral health pilots; and the PCC partnership with the Institute for

While it is principally the Information and Referral specialist who helps needy County residents seeking a medical home, other staff members are sometimes called upon to assist patients who are not a part of any program the PCC administers.

In a recent instance, Omarlina Marsh, assistant director of administration for PCC's Center for Health Care Access, was contacted by the County DHHS for assistance in obtaining medicine for a seriously ill child. The two-year-old with juvenile diabetes was without her regime of insulin (both humulin-R and humulin-N) because the child's Medicaid coverage had expired. The County hoped that Ms. Marsh might be able to utilize her contacts within the Care for Kids network to fill these prescriptions on an emergent basis. Working throughout the day and into the evening from home, she was successful in coordinating the process in time for the child to have her medications delivered the following morning.

Good communication between DHHS and PCC, conscientious staff, and well-established relationships brought about a quick and positive result.