There are an estimated 110,000 uninsured people living in Montgomery County. Approximately 50,000 of them will receive health care coverage under the Affordable Care Act. 60,000 low-income residents will remain uninsured.
Bridging the Gap: Building Access to Health Care in Montgomery County, Maryland

Imagine a community in which everyone has access to affordable health care: a community in which no woman finds a lump in her breast and is unable to receive a mammogram because she can’t afford it; a community in which all diabetics have a reliable supply of insulin; a community in which everyone has a regular source of primary health care. The Primary Care Coalition (PCC) is working to make that vision a reality.

For more than 20 years the PCC has worked to bridge the gap between low-income, uninsured Montgomery County residents and the health services they need. This is a pivotal time for health care nationwide. The health care landscape is changing, and the PCC has spent the past year preparing to take advantage of opportunities to improve access to care and health equity for all community members, regardless of their economic status, race, ethnicity, or country of origin.

The State of Maryland is actively implementing health reform, expanding Medicaid to cover additional low-income residents, and offering subsidized health insurance to eligible individuals through the Maryland Health Benefits Exchange, also known as the “Connector.” As a result, approximately 50,000 of the estimated 110,000 uninsured people living in Montgomery County will receive health insurance coverage. But roughly 60,000 low-income residents will remain uninsured.

Throughout the year the PCC has continued to work with the Montgomery County Department of Health and Human Services, a network of independent safety-net clinics, the five hospitals operating in Montgomery County, and a variety of other community based partners to expand access to primary care. With the continued support of the County Council, local hospitals, foundations, and private donors like you, we can provide access to needed health care for even more people.

In 2013, the PCC expanded its focus to include a growing number of regional initiatives, a focus on social determinants of health, and an emphasis on building capacity within the safety-net system to provide services that are comparable to those that will be offered by Medicaid and Qualified Health Plans under Maryland’s implementation of the Affordable Care Act. The accomplishments of 2013 demonstrate the PCC’s commitment to quality and a vision of achieving the goals of the “Triple Aim”—improving the health of the population, improving the patient experience, and reducing the overall cost of care.

We need your support to continue this work. Please use the enclosed envelope to make a contribution or visit www.PrimaryCareCoalition.org to donate online. This annual report highlights some of the significant accomplishments of the PCC and its partners in 2013. I hope you will read the report and continue to support our efforts to bridge the gap in access to quality health services for our most vulnerable neighbors.

Sincerely,

— Richard C. Bohrer, Chairman of the Board of Directors
Making Health Care Happen
The Primary Care Coalition of Montgomery County (PCC) is making health care happen. The PCC is a 501(c)(3) nonprofit organization that works with clinics, hospitals, health care providers, and other community partners to coordinate health services for our most vulnerable neighbors. Our vision is a community in which all residents will have the opportunity to live healthy lives.

Recognizing that the most vulnerable members of our community frequently have significant health concerns and lead socially complex lives, the PCC is committed to providing a continuum of care for individuals who have no other means of accessing health care. The PCC administers a variety of programs designed to increase access to care, improve the quality of care, and address the social factors that have an impact on the health and wellbeing of low-income, uninsured and underinsured community members.

Commitment to Quality

“Access to care is important, but our commitment is to more than just access. We are working to end health disparities, and part of that is making sure that the safety-net system offers high quality care, care that is comparable to or exceeds what patients could get through Medicaid or the exchanges.”

— Barbara H. Eldridge, PCC Quality Improvement Manager

The PCC and its partners are committed to health equity. We are constantly working to improve the quality of the health care services available to low-income and uninsured community members. Every year we monitor the quality of care provided by safety-net clinics operating in Montgomery County and implement programs and initiatives that raise the standard of care.

PCC and the Triple Aim

The PCC continually strives to improve patient health and patient experience while reducing cost. Since 2007, the PCC has actively participated in the “Triple Aim” Initiative, a framework for optimizing health system performance by simultaneously pursuing three goals:

- Improving the patient experience of care, including quality and satisfaction.
- Improving the health of a defined population.
- Reducing the per capita cost of health care.
Electronic Medical Record Conversion

Updated electronic medical record system improves data collection and documentation and means providers can access all the information in a patient’s medical record with the click of a button.

In 2013, the PCC led eight of the twelve Montgomery Cares safety-net clinics through an electronic medical record (EMR) conversion process. The other four clinics were already using an EMR.

Safety-net clinics in Montgomery County were early adopters of technology in a clinical setting and have used CHL-Care—a customized EMR built by the PCC—for several years. With the changing health care landscape, rapidly modernizing technology, and the availability of a growing number of commercial EMRs, the PCC recognized the need to upgrade to a new system.

The PCC initiated the process of converting to a new EMR, worked to secure the necessary funding, and collaborated with clinic leaders to identify the requirements for the new system and develop a schedule for implementing the transition.

After completing an extensive assessment of market products and clinic needs, eClinicalWorks was selected as the EMR platform to be used in this effort to modernize the systems being used by Montgomery Cares safety-net clinics. eClinicalWorks is certified by the Office of the National Coordinator in the US Department of Health and Human Services and will allow clinics to better assess and coordinate patient care by providing features such as:

- An interface for downloading lab results
- E-prescribing capability
- Identification of drug and allergy interactions
- Clinical decision support
- And more…
- Identification of drug and allergy interactions

The new system will also support administrative functions such as billing.

Perhaps what is most exciting about the new system is its ability to maintain each patient’s complete medical record in a central location that can be accessed by all participating providers. Because Montgomery Cares patients are often seen at different clinic sites, this will improve continuity of care and enable clinics to better serve their patients.

“I am very happy with the new system. The features and capability are beautiful and as we continue to learn, we make progress daily. We could not have done this without you. Thank you PCC!”

— Agnes Saenz, Executive Director, Mansfield Kaseman Health Clinic, Community Ministries of Rockville, Inc.

THIS PROJECT MADE POSSIBLE BY SUPPORT FROM:

- Montgomery County DHHS
- Kaiser Permanente Foundation Fund for Community Benefit
- Healthcare Initiative Foundation
- Adventist Healthcare’s ACES Program
Patient Centered Medical Homes

A patient centered approach empowers individuals to play an active role in their health care, keeps care well coordinated, and improves clinical outcomes.

Between January 2012 and July 2015, the PCC is working with Holy Cross Health Center in Aspen Hill and Proyecto Salud to implement a pilot project based on the principles of Patient Centered Medical Homes. The project is designed to improve the health outcomes of patients with multiple chronic conditions by enhancing and expanding care management capabilities, engaging patients and families in the care process, and facilitating communication among patients, families, and providers across the system of care.

RN Care Managers work as part of the care team in each of the two participating clinics; they are responsible for coordinating the care of each patient enrolled in the project to ensure that the care is comprehensive, coordinated, and accessible. Most importantly, Care Managers ensure that the care is tailored to the patient; focused on the whole person, integrating cultural values, family considerations, and individual preferences and motivations for wellness.

Here’s how it works: Patients with multiple co-morbidities which are not well controlled are identified by the provider or clinic staff and invited to participate in the program. Patients who agree to participate complete a structured assessment with the RN Care Manager. The patient, RN, and primary care provider then work together to establish clinical and self-management goals. Patients meet regularly with the RN Care Manager and have regularly scheduled provider visits to monitor progress toward achieving these goals.

In 2013, the first of two planned evaluations was performed, and the results were remarkable.

59% of participating patients with hypertension experienced improved systolic blood pressures;

62% had improvements in diastolic blood pressures compared to baseline.

Among diabetic patients, 43% experienced improvements in HgA1c compared to baseline.

LDL levels decreased (improved) in 30% of patients with hyperlipidemia.

Patients participating in the project are empowered to play an active role in their health care, and this has led not only to improved clinical outcomes, but also to a greater sense of wellbeing.
Patient Story

A 66 year-old man initially met with his Care Manager during an acute hospitalization for cellulitis. He had multiple chronic conditions including diabetes, cardiovascular disease, and depression, but was in denial about the severity of his health situation. Exacerbating the problem was the fact that the patient had a difficult work schedule that required him to work long hours and through the nights, making it challenging for him to comply with his medication regimen as prescribed. While his care team was clear on their medical goals for him, the patient’s personal goal was to see his new grandson who had been born in Sri Lanka with kidney problems.

The patient and care manager established a strong, trusting relationship.

The patient modified his lifestyle to adhere to his medication. Once his diabetes was under control, he was accepted for surgery to place an implantable defibrillator/pacemaker. After the surgery his cardiologist and family physician cleared him for travel, and the clinic provided enough insulin for his travel and return.

The patient was so appreciative that he telephoned his Care Manager and Social Worker from Sri Lanka, proudly declaring, “I have achieved my final goal!”

“I have achieved my final goal!”
Medication Therapy Management

Integrating pharmacists into the primary care team to provide Medication Therapy Management helps to prevent medication errors and enables patients to take an active role in medication and health care self-management.

The PCC is leading a Medication Therapy Management (MTM) initiative as one of more than 250 teams participating in the Health Resources and Services Administration Patient Safety and Clinical Pharmacy Collaborative. The aim of the Collaborative is to improve health outcomes by eliminating adverse drug events and integrating clinical pharmacy service providers into care teams.

MTM is a collaborative approach to improving patient care, where clinic providers refer patients for confidential consultations with pharmacists. During these consultations, patients review their medications and discuss their overall health with the pharmacist. This process helps to engage patients in their self-management and helps them to better understand how complying with prescribed medications can improve clinical outcomes. It also helps the care teams identify challenges that a patient may be facing in obtaining and taking medications as prescribed.

The PCC team provides MTM services to patients with complex chronic conditions, with a focus on low-income, uninsured patients with difficult-to-control diabetes. Through this project, pharmacists work one-on-one with patients to go over prescribed medications and ensure that patients know when and how to take their medications. Any barriers patients face in complying with the prescribed medication are discussed and solutions are devised. Following each consultation, the patient’s physician is provided with a summary of the pharmacist’s findings and recommendations, which are also added to the patient chart, and the patients receive a log-book to keep track of their medications and aid in self-management.

“The pharmacist clinic has impacted the outcome for our patients due to the interaction with the pharmacist. One patient, since visiting the pharmacist through the MTM program, has become more compliant with his medication plan; by understanding why each medication is important in his care, he does not skip taking it daily.”

— Tawanna Wheeler, Deputy Director, The People’s Community Wellness Center
Bridging the Gap

“The PCC is all about building bridges. We build bridges across organizations to improve care management and patient navigation. We build bridges across borders and work with organizations in other jurisdictions in order to meet the needs of our very mobile community. We build bridges across sectors because we know that there are a variety of social factors that impact community health.”

— Mary Joseph, PCC Program Manager

For more than 20 years the PCC has worked with a variety of partners and collaborators to develop a safety-net health care system in Montgomery County, a system of care that would serve those members of our community with no other means of accessing needed health services. Times are changing, and so too is the PCC. We are expanding our influence with regional projects that reach across county lines, and we are broadening our focus to include initiatives that address social determinants of health—non-medical factors that impact the health of individuals and communities.
Medicaid Capacity Building

Administrative and clinical capacity building prepares Montgomery County safety-net clinics to participate in Medicaid so they can continue to serve thousands of patients who will receive health coverage under Maryland’s Medicaid Expansion.

2014 will be a transformational year for health care in Montgomery County and nationwide. Starting in January, thousands of low-income residents who currently receive health care through Montgomery Cares will have health coverage either through Maryland’s expansion of the state Medicaid program, or through one of the subsidized health insurance plans (Qualified Health Plans) available through Maryland’s health insurance marketplace.

Many Montgomery Cares safety-net clinics have not historically participated in Medicaid or billed for services; instead, these clinics focused solely on caring for the uninsured. Under health care reform, some current patients may gain health insurance coverage through Medicaid or a Qualified Health Plan. Recognizing the need to provide continuity of care for long-time patients, six of the twelve Montgomery Cares clinics are currently participating in Medicaid. The PCC is offering consulting services and technical assistance to four more clinics to help them move toward becoming Medicaid providers. We are helping clinics to:

- Obtain group and provider national provider identifier numbers
- Obtain group and provider Maryland Medicaid numbers
- Use the Medicaid Eligibility Verification System to check patient Medicaid eligibility
- Use the Online Medicaid Provider Search as a referral tool
- Improve charge capture with better current procedural terminology coding
- Improve medical record documentation facilitated by the new EMR

Through this project, participating clinics are gaining a clearer understanding of Maryland Medicaid requirements and the benefits of clinic participation for both the clinic and its patients.

THIS PROJECT MADE POSSIBLE BY SUPPORT FROM:
- Montgomery County Department of Health and Human Services
- Amerigroup Maryland
Improving Breast Health Care in the Region

Process improvement across the spectrum of breast health care improves patient experiences and helps to ensure that more low-income, uninsured women have access to cancer screenings and treatment.

Culturally diverse low-income women face many barriers when it comes to receiving regular cancer screenings and receiving care if a cancer is detected. Without health insurance and financial resources, many people put off preventive care and don’t go to see a doctor until their health has deteriorated. Once diagnosed with a cancer, they may struggle to navigate the complex system of care that involves multiple providers at different locations.

For six years, the PCC has worked to improve access to screening mammography. We started with a process improvement initiative in Montgomery County, and in just a few years we were able to increase mammogram-screening rates in pilot sites from 5.2 percent to 39.3 percent. In 2010, we expanded the project to include three additional safety-net clinics in Prince George’s County, the District of Columbia, and Northern Virginia.

2013 marked the end of funding for the Regional Breast Health Initiative, an effort that began in Montgomery County in 2007 with funding from Susan G. Komen for the Cure, the American Breast Cancer Foundation, community partners providing in-kind services, and individual donors. But the PCC’s efforts to improve breast health care services throughout the National Capital Area continue with the Breast Health Quality Consortium (BHQC).

The BHQC is a four-year project, funded primarily by Susan G. Komen for the Cure, designed to improve the quality of breast health care throughout the region and across the spectrum of breast health care by identifying and reducing disparities in service delivery.

The BHQC has expanded rapidly. This regional learning collaborative now includes more than 25 provider organizations—from primary care providers to radiology centers and hospitals—all committed to making improvements to their own processes and to the overall breast health care system.

Regional Breast Health Initiative Results

| Referral rate: | Improved from 49.5% to 60.6% |
| Screen rate: | Improved from 27.1% to 41.7% |
| Cycle time from referral to screening: | Improved from 48 days to 17.8 days, a 63% decline in wait-time |
| Volume/spread: | From three sites to nine sites, targeting more than 1,900 women |
Community partnerships improve care transitions for older adults moving from hospital to out-patient settings.

Care transitions are the processes that people go through as they move from one care setting to another, for example moving from a hospital to the person’s home. Over the course of an illness, a person may experience multiple care transitions. Coordinating care across these transitions is a vital step in reducing preventable hospital readmissions.

The PCC is participating in H.E.A.L.T.H Partners—hospitals effectively assisting lasting transitions to home. The mission of this community partnership is to reduce preventable readmissions to acute care hospitals by improving the transition of care from hospital to community. To begin, the coalition is focusing on a small population of individuals who live in the Holly Hall Apartments, a facility operated by the Housing Opportunities Commission of Montgomery County Maryland.

The H.E.A.L.T.H Partnership’s goal is to reduce preventable readmissions and inappropriate use of hospital emergency departments by 20 percent over the next three years by:

- Providing care coordination to address barriers patients face in accessing appropriate care
- Evaluating patients’ ability to care for themselves once they return home
- Assessing the ability of family members and other informal caregivers to help patients
- Empowering patients to take an active role in their care transition and self-management
- Helping patients to use effective coping strategies to manage problems

Over the course of an illness, a person may experience multiple care transitions. Coordinating care across these transitions is a vital step in reducing preventable hospital readmissions.
Program Reports

Montgomery Cares

Improving access to quality primary and preventive care for Montgomery County residents with no other means of accessing health care.

Montgomery Cares provides primary and preventive care to adult Montgomery County residents with no other means of accessing health care. Established in 2005, Montgomery Cares is a public-private partnership composed of 12 independent safety-net clinics with more than 20 sites across the county, five hospitals, the Montgomery County Department of Health and Human Services, and the PCC, as well as volunteer health care providers and other community based organizations. Over the past 8 years Montgomery Cares has grown considerably. In the first year of operations Montgomery Cares served 8,251 patients. In fiscal year 2013, nearly 29,500 patients received needed health services through Montgomery Cares—a six percent increase over the number of patients served in 2012.

Montgomery Cares must continue to grow in order to ensure that all members of the community have access to quality health care services, regardless of their ability to pay. Starting in 2014 approximately 50,000 of the estimated 110,000 uninsured Montgomery County residents are expected to receive health insurance through Medicaid or the Qualified Health Plans. An estimated 60,000 County residents will not be eligible to participate in these programs and will continue to rely on safety-net programs like Montgomery Cares.

Montgomery Cares Snapshot

In Fiscal Year 2013:

- Number of patients served increased by 6% from 27,814 to 29,454.
- Number of clinic encounters increased 10% from 77,162 to 84,547.
In keeping with the PCC’s commitment to the Triple Aim goals, our involvement in Montgomery Cares goes beyond efforts to support the system in providing access to care. We are also improving the quality of health care available to Montgomery Cares patients and helping to make the system perform at the highest level possible.

Since 2008, the PCC has conducted on-site quality assurance reviews at clinics participating in Montgomery Cares. These assessments include reviews of the administrative, financial, and clinical standards at the safety-net clinics.

In Fiscal Year 2013, Montgomery Cares clinical indicators either improved or held steady and exceeded national benchmarks in almost every case.

Montgomery Cares Improvements in Clinical Quality Over Time

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY08</th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes: Annual HgA1c Testing</td>
<td>54%</td>
<td>74%</td>
<td>77%</td>
<td>83%</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>Diabetes: Annual LDL Testing</td>
<td>47%</td>
<td>65%</td>
<td>70%</td>
<td>77%</td>
<td>75%</td>
<td>78%</td>
</tr>
<tr>
<td>Diabetes: Good HgA1c Control (≤ 7)</td>
<td>26%</td>
<td>35%</td>
<td>37%</td>
<td>41%</td>
<td>42%</td>
<td>38%</td>
</tr>
<tr>
<td>Diabetes: Poor HgA1c Control (≥ 9%)*</td>
<td>57%</td>
<td>44%</td>
<td>37%</td>
<td>36%</td>
<td>42%</td>
<td>37%</td>
</tr>
<tr>
<td>Diabetes: LDL Control (≤ 100 mg/dL)</td>
<td>22%</td>
<td>32%</td>
<td>35%</td>
<td>38%</td>
<td>38%</td>
<td>39%</td>
</tr>
<tr>
<td>Diabetes: Blood Pressure Control</td>
<td>70%</td>
<td>73%</td>
<td>73%</td>
<td>73%</td>
<td>72%</td>
<td>73%</td>
</tr>
<tr>
<td>Hypertension: Blood Pressure Control (≤ 140/90)</td>
<td>52%</td>
<td>60%</td>
<td>65%</td>
<td>64%</td>
<td>62%</td>
<td>65%</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>12%</td>
<td>26%</td>
<td>29%</td>
<td>32%</td>
<td>34%</td>
<td>40%</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>7%</td>
<td>15%</td>
<td>29%</td>
<td>39%</td>
<td>50%</td>
<td>53%</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Lower numbers are better

Montgomery Cares 2013 Clinical Measures Compared to National HEDIS Benchmarks

![Chart showing Montgomery Cares 2013 Clinical Measures Compared to National HEDIS Benchmarks]
Montgomery Cares Behavioral Health Program

The Primary Care Coalition promotes the integration of behavioral health care into primary care settings through the Montgomery Cares Behavioral Health Program (MCBHP). The program, based on the collaborative care model, is focused on identifying and treating patients with depression, anxiety, and PTSD diagnoses, which are prevalent among the Montgomery Cares population and can usually be appropriately treated in the primary care setting.

The MCBHP has embedded teams of behavioral health care providers at three Montgomery Cares clinics with six sites throughout the county. These teams—composed of behavioral health care specialists, family support workers, and a consulting psychiatrist—enhance and expand the scope of care offered by primary care providers.

In Fiscal Year 2013 the MCBHP increased capacity by adding Holy Cross Health Center at Aspen Hill to the list of Montgomery Cares sites offering integrated behavioral health care. The program provided more than 5,000 clinical services to 1,594 patients.

FY 2013 Breakdown of Clinical Services Provided By MCBHP

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reassessment</td>
<td>32%</td>
</tr>
<tr>
<td>Medical Education/Management</td>
<td>20%</td>
</tr>
<tr>
<td>Psychiatric Consultation</td>
<td>18%</td>
</tr>
<tr>
<td>Other Consultation</td>
<td>11%</td>
</tr>
<tr>
<td>Evaluation</td>
<td>6%</td>
</tr>
<tr>
<td>Initial Screen</td>
<td>6%</td>
</tr>
<tr>
<td>Therapy</td>
<td>5%</td>
</tr>
<tr>
<td>Psychiatric Services</td>
<td>1%</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>1%</td>
</tr>
</tbody>
</table>

N=5,359 Clinical Services total

This year the PCC collaborated with the Johns Hopkins Family Medicine Residency Program and Substance Abuse and Mental Health Services Administration (SAMHSA) to host two trainings highlighting the effectiveness of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model and the importance of routine screening and intervention for patients with or at risk for substance use problems.
The MCBHP is another way in which the PCC is addressing the social determinants of health. Recognizing that many social factors can affect a person’s physical and behavioral health, the PCC behavioral health staff takes a holistic approach to assessing all patients referred to the program for a broad range of needs. In FY 2013, the program made nearly 700 referrals of patients to other County and community based programs, including emergency food programs, entitlement programs, employment services, legal assistance, aging and disability services, English as a second language classes, and more.

**Oral Health**

Montgomery Cares is working to build access to primary and preventive dental services. Since 2006, the Spanish Catholic Center’s dental clinic and the Montgomery County Department of Health and Human Services’ Adult Dental Program at Metropolitan Court have provided dental care for Montgomery Cares patients. In Fiscal Year 2013, 2,086 Montgomery Cares patients received oral health care representing a 12 percent increase in services since 2012. Nevertheless, the demand for dental care among Montgomery Cares patients greatly exceeds the available supply. Additional resources are needed to address the oral health needs of more low-income Montgomery County residents.

**Medicine Access**

Access to health care and access to medications go hand-in-hand. Patients with limited resources are often unable to afford the medications needed to treat their health problems and so struggle to manage their health conditions. The Primary Care Coalition manages two medicine access programs that fall under the Montgomery Cares umbrella: Community Pharmacy, and Montgomery County MedBank.

**Community Pharmacy**

The Community Pharmacy provides generic medications to Montgomery Cares patients on-site at their primary care clinic. In Fiscal Year 2013, the Community Pharmacy provided nearly $1.5 million worth of generic medications and diabetic testing supplies to low-income patients who would not otherwise be able to obtain these critical medications.

**Montgomery County MedBank**

Many pharmaceutical companies offer Patient Assistance Programs for people who cannot afford their medications, but the eligibility requirements and enrollment processes are complex. In Fiscal Year 2013, the PCC’s MedBank staff helped 1,668 low-income patients with eligibility, enrollment, paperwork, follow up, and the medication refill process and secured more than $4 million worth of brand name medications from pharmaceutical companies.
Carol’s Story

“I want to emphasize that I am very grateful to MedBank, it has helped me so much!”

As a small business owner, Carol never had health insurance; this wasn’t a problem until she developed high blood pressure in the early 2000s.

Carol’s primary care doctor prescribed blood pressure medications, and at first Carol purchased the medicine herself, but the financial pressure of buying the medicine month after month took its toll. Eventually Carol was referred to MedBank where she was assigned a patient advocate, a personal point of contact who could help her with every step of her application, renewal, and medication refill process. “I could see that he was paying attention to detail and that he cared…That put my mind at ease.”

Once she was enrolled in MedBank, Carol’s medicines began to arrive like clockwork. The piles of paperwork were processed by the experienced PCC staff, refills and renewals were coordinated by MedBank and her doctor, and most importantly Carol had someone to call if ever she had a question or concern. “Definitely, MedBank took the anxiety away from trying to figure out where I would get the medication…Once I saw that the medicine was arriving when it needed to, it provided a lot of relief.”

“I want to emphasize that I am very grateful to MedBank, it has helped me so much!”
Specialty Care: Project Access

Because underserved patients may also need specialty care, the PCC developed and maintains a specialty care referral network for patients receiving primary care through Montgomery Cares. Dubbed Project Access, this is a coordinated network of dedicated specialty care providers, local hospitals, and diagnostic facilities that provide free or very low cost specialty care to patients who have no other means of accessing such care.

In Fiscal Year 2013, Project Access coordinated 2,399 specialty care appointments for 2,103 patients. To expand access, the PCC also contracts and coordinates with the Archdiocesan Health Care Network, a regional specialty care network that arranged for 2,400 specialty appointments for Montgomery Cares patients in Fiscal Year 2013.

In 2013 nine new provider practices joined the Project Access referral network and Montgomery County hospitals significantly increased access to the hospital-based services that are essential for diagnosis and treatment of complex conditions. Facility contributions from participating hospitals totaled $1.8 million in Fiscal Year 2013, more than double the amount reported in past years.

Over the past year, Project Access staff concentrated on improving care coordination, expanding the provider network, and strengthening relationships with the five hospitals operating in Montgomery County.

Project Access Hospital Donated Services FY 2009 to FY 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Contribution</th>
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<tbody>
<tr>
<td>FY2009</td>
<td>$499,976</td>
</tr>
<tr>
<td>FY2010</td>
<td>$711,187</td>
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<tr>
<td>FY2011</td>
<td>$827,090</td>
</tr>
<tr>
<td>FY2012</td>
<td>$844,167</td>
</tr>
<tr>
<td>FY2013</td>
<td>$1,799,063</td>
</tr>
</tbody>
</table>
### Fiscal Year 2013: Project Access Hospital Procedures by Specialty Area

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Procedures Commonly Performed</th>
<th># of Procedures in FY2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>Gall bladder removal&lt;br&gt;Hernia repair&lt;br&gt;Tumor Biopsy/removal</td>
<td>74</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>Arthroscopic joint repair&lt;br&gt;Fracture repair</td>
<td>48</td>
</tr>
<tr>
<td>Urology</td>
<td>Kidney stone removal&lt;br&gt;Prostate biopsy/resection</td>
<td>36</td>
</tr>
<tr>
<td>Pulmonary/Thoracic</td>
<td>Bronchoscopy&lt;br&gt;Tumor biopsy/removal</td>
<td>18</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>Vein repair&lt;br&gt;Arterial procedures</td>
<td>15</td>
</tr>
<tr>
<td>Oncology</td>
<td>Chemotherapy&lt;br&gt;Radiation therapy</td>
<td>14 courses</td>
</tr>
</tbody>
</table>

### Humberto’s Story

“I am very satisfied with Project Access because they coordinated finding a specialist for me, which I would never have been able to find or afford by myself. Project Access returned my hopes.”

Originally from Ecuador, Humberto has lived in Montgomery County for 11 years. He works as a painter and enjoys lively conversation with his co-workers, family, and friends. When a lesion developed on his vocal chords, making it difficult to speak, he didn’t know where to turn. “When I first found out about my diagnosis I was confused and upset,” Humberto recalls, “I thought that I will not have any chance of getting better, and I thought my life will end because I would not be able to speak again.”

Eventually a friend referred him to Holy Cross Clinic in Gaithersburg, where he learned about Montgomery Cares and was quickly referred to Project Access to receive specialized attention for his vocal cord lesion. Humberto was seen by an Ear Nose and Throat specialist and underwent surgery to remove the lesion in his larynx. In the lead up to the surgery Project Access staff worked with a local hospital to secure an operating room, and coordinated with the surgeon’s office and testing centers to make sure that all of the necessary pre-operative tests were done.

**Now that he has is voice back, he is singing the praises of Project Access.**
Care for Kids

Ensuring that all Montgomery County children have the opportunity to lead healthy and productive lives.

Every child deserves to have access to basic health care, but thousands of children from low-income families living in Montgomery County are not eligible for other state or federal health insurance programs. Care for Kids coordinates primary and specialty care for these children from birth to age 19.

Partnerships, collaboration, and coordination enable the Care for Kids program to provide comprehensive health services to low-income, uninsured children. A network of providers composed of private practitioners, the school-based health and wellness centers, community-based clinics, the Department of Health and Human Services, the Archdiocesan Health Care Network, and Kaiser Permanente provide primary, specialty, oral health, and behavioral health care for children enrolled in Care for Kids.

The PCC also partners with the Maryland Department of Health and Mental Hygiene Children’s Medical Services to provide on-going specialty care and case management for children with chronic health conditions.

Satisfaction among Care for Kids participants remains high and quality improvement continues to be a focus of the program. Over the past two years, Care for Kids program staff worked closely with the PCC Quality Improvement Manager to evaluate data collection and analysis in order to identify areas for improvement. Through this exercise, Care for Kids revised its quality assurance tools and improved data collection systems and methods, enabling more accurate reporting of common quality indicators. The Care for Kids staff will continue to work with partners and providers to design and implement an effective quality improvement plan.

Care for Kids Snapshot  In Fiscal Year 2013:

- Served 2,770 children and maintained an average monthly enrollment of 1,981 children.
- Enrolled 289 new children and maintained a 95% recertification rate among children continuing with the CFK program.
- Enrolled 197 children in the CMS program and provided on-going case management to 268 children from Montgomery and Prince George’s Counties.
Care for Kids Client Satisfaction Survey, FY 2013 (July 1, 2012 – June 30, 2013)  
Overall Providers

<table>
<thead>
<tr>
<th>Q1 Facilities clean &amp; pleasant</th>
<th>Q2 Location convenient</th>
<th>Q3 Got appt. when needed</th>
<th>Q4 Treated with respect</th>
<th>Q5 Answered my questions</th>
<th>Q6 Dr/RN told me how to be healthy</th>
<th>Q7 Overall care</th>
</tr>
</thead>
<tbody>
<tr>
<td>70%</td>
<td>72%</td>
<td>68%</td>
<td>74%</td>
<td>75%</td>
<td>72%</td>
<td>71%</td>
</tr>
</tbody>
</table>

![Bar graph showing satisfaction levels for Overall Providers]
Major Awards and Recognitions since 2009

2013 Robert Wood Johnson Foundation Health Policy Fellowship
• Maria Rosa Watson, PCC Research Director

2013 Health Resources and Services Administration 2012 Measurable Improvement Award
• Rosemary Botchway, PCC Medicine Access Director, and
• PCC Pharmacy Safety and Clinical Pharmacy Collaborative Team (PSPC)

2010 Bank of America Builder Award
• Primary Care Coalition

2010 Maryland Society for Healthcare Strategy and Market Development Alfred Knight Award
• Primary Care Coalition Annual Report

2009 NPower Technology Innovation Award
• Primary Care Coalition

2009 Eugene and Agnes Meyer Foundation Exponent Award
• Steve Galen, PCC President and CEO

Memberships
• Communities Joined in Action
• Clinicians for the Underserved
• Healthcare Council of the National Capital Area
• Maryland Nonprofits
• Nonprofit Montgomery

PCC Partners and Collaborators

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 Kaseman Clinic
• Holy Cross Hospital Health Centers
• Mary’s Center for Maternal and Child Health
• Mercy Health Clinic
• Mobile Medical Care, Inc.
• Muslim Community Center Medical Clinic
• Proyecto Salud (2 sites)
• Spanish Catholic Center
• The People’s Community Wellness Center

Care for Kids Providers
• All Day Medical Care
• Community Clinic, Inc.
• Mary’s Center for Maternal and Child Health
• Spanish Catholic Medical Center
• Kaiser Permanente
• Milestone Pediatrics
• Broad Acres Elementary School Based Health Center
• New Hampshire Estates Elementary School Based Health Center
• Rolling Terrace Elementary School Based Health Center
• Weller Road Elementary School Based Health Center
• Viers Mill Elementary School Based Health Center
• Northwood High School Wellness Center
• Gaithersburg High School Wellness Center
• Watkins Mill High School Wellness Center
Public Sector Partners
• Montgomery County Department of Health and Human Services
• Housing Opportunities Commission of Montgomery County
• Montgomery County Cancer Crusade

Hospitals
• Adventist Rehabilitation Hospital
• Children’s National Medical Center
• Dimensions Healthcare System
• Doctor’s Hospital
• Holy Cross Hospital
• MedStar Montgomery Medical Center
• MedStar Southern Maryland Hospital Center
• Shady Grove Adventist Hospital
• Suburban Hospital
• Washington Adventist Hospital

Academic Institutions
• Georgetown University Center for Trauma and the Community
• Georgetown University Department of Psychiatry
• Georgetown University Innovation Center for Biomedical Informatics
• University of Maryland Baltimore County Department of Sociology and Anthropology/Center for Aging Studies
• 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
• 501-c Tech
• African Immigrant and Refugee Foundation
• African Women’s Cancer Awareness Association
• African Wellness Center
• Archdiocesan Health Care Network
• Arlington Free Clinic
• Associates in Process Improvement
• Cambodian Buddhist Society, Inc.
• Capital Breast Care Center
• CASA de Maryland
• Catholic Charities, D.C.
• Center on Health Disparities, Adventist Health Care
• Community Health and Empowerment through Education and Research (CHEER)
• Community Health Care Network
• Community of Hope
• Community Radiology Associates
• Consejo Salud
• D.C. Primary Care Association
• Delmarva Foundation
• Education Network to Advance Cancer Clinical Trials (ENACCT)
• Emergency Assistance Coalition Agencies
• Everest Institute
• Glorifying our Spiritual and Physical Existence for Life (GOSPEL)
• Granito de Arena
• Greater Baden Medical Services, Inc.
• Health Tank, Inc.
• Hilltop Institute, 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
• Metropolitan Chicago Breast Cancer Task Force
• 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
PCC Funders: Fiscal Year 2013

Foundations

- Adler Family Fund
- American Breast Cancer Foundation
- Amerigroup Foundation
- CareFirst BlueCross Blue Shield
- Clark Winchcole Foundation
- Community Foundation for the National Capital Region
- Community Health Charities of the National Capital Area
- Consumer Health Foundation
- Delta Dental Community Care Foundation
- Eaglebank Foundation, Inc.
- Encore Foundation
- Freddie Mac Foundation
- George Wasserman Family Foundation
- Greene-Milstein Family Foundation
- Healthcare Initiative Foundation
- Kaiser Permanente Fund for Community Benefit
- Lester Poretsky Family Foundation
- Meyer Foundation
- Morris and Gwendolyn Cafritz Foundation
- National Children’s Advocacy Center
- Robert Wood Johnson Foundation
- Rose and Harold Kramer Fund
- Sharing Montgomery Fund
- Susan G. Komen for the Cure
- S. Kann Sons Company Foundation, Inc.
- The Greene-Milstein Family Foundation
- University of Maryland Foundation
- White Family Fund

Private Organizations

- Active Network
- Boston University
- EagleBank
- Healthcare for the Homeless
- Just Give
- Maryland Children’s Alliance
- Mosaica
- Mr. Piano
- Saint Mark Presbyterian Church
- SHR Associates
- Social and Scientific Systems

Fiscal Year 2013 Individual Donors

- Herlinda Alvarez
- Muriel R. Asher
- Linna M. Barnes
- Marc Berk
- John C. Bernot
- Horace Bernton, MD
- Richard C. Bohrer
- Arthur L. Booth
- Diane Briggs
- Marika Brown
- Robert and Marcelle Copaken
- Clifford F. Cunningham
- Mark Dahlman
- Denise Dixon
- Julia Doherty
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- Thomas Garvey
- Bonnie S. Gillman
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- Marjorie L. Jackson
- Arva J. Jackson
- Arylnn S. Joffe
- Peter R. Karasik
- Jeffrey S. Karns
- Mansfield M. Kaseman
- Geraldine Kasoff

Public Funders

- Maryland Department of Health and Mental Hygiene/Center for Medicare and Medicaid Services
- Montgomery County Department of Health and Human Services
- State of Maryland Governor’s Office of Crime Control and Prevention
- State of Maryland Department of Health and Mental Hygiene
Primary Care Coalition
Board of Directors

- Richard Bohrer, Chair
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- Wilbur Malloy
- James T. Marrinan
- Roberta Milman
- Benjamin Peck
- Joan Planell

THANK YOU FOR YOUR SUPPORT!
Financial Statements

Sources and Uses of Funds
for the fiscal year ended June 30, 2013

Revenues:

- Montgomery County Health Initiatives 79% $12,372,659
- In-kind Medical Services 12% 1,835,029
- Grants & Donations 8% 1,326,812
- Other Government Funders 1% 162,969

Total Revenue $15,697,469

Expenses:

- Montgomery Cares 47% $7,347,397
- Project Access 15% 2,397,959
- Community Pharmacy / MedBank 12% 1,912,869
- Care for Kids 6% 858,072
- Center for Health Improvement 5% 833,857
- Child Assessment Center 5% 715,647
- Minority Health Initiatives 4% 645,788
- Community-Based Health Informatics 4% 580,773
- Unrecovered Overhead 1% 199,604
- Fundraising & Community Affairs 0% 56,828
- Health Care for the Homeless 1% 119,465

Total Expenses $15,668,258
PCC is a 501(c)(3) nonprofit organization. All donations to PCC or its programs are tax deductible to the fullest extent allowed by law. A copy of our current financial statement is available upon request. Documents and information submitted to the State under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State for the cost of copying and postage.
Our vision is a community in which all residents will have the opportunity to live healthy lives. We work with clinics, hospitals, health care providers, and other community partners to coordinate health services for our most vulnerable neighbors.