

primary care coalition

# ANNUAL REPORT 2021

# Show some backbone.

It's a common enough exhortation in times of challenge,  
but for PCC, it's an invitation to be who we are.

Emergency responses require all hands on deck, and those hands are most effective with expert coordination. That's where the backbone comes in. As both an organizing structure and a communication pathway, it is the ultimate connector. PCC has always been a backbone organization, and doubly so of late.

In FY21, we continued supporting partner **Montgomery Cares clinics** – which serve a predominantly racial/ethnic minority population at higher risk of health and economic impacts from the pandemic. We also supported the county's **Por Nuestra Salud y Bienestar** initiative to provide testing and vaccination outreach and support to our Hispanic/Latinx neighbors who were suffering disproportionately. And we launched an **innovative effort to reach newly-arrived families from Central America** during their school enrollment process, even as that process went virtual.

We translated our experience improving service quality and preventing infection among skilled nursing facilities to make **group homes safer** for county residents with intellectual and developmental disabilities. Living in close quarters put this group

at very high risk, and their social services care teams benefited from our infection control trainings and personal protective equipment procurement.

Even as we responded to emerging needs, we maintained communication about what was and wasn't working. We didn't just **help clinics implement telehealth services**; we also surveyed patients and providers about their experiences with telehealth and their thoughts on its role in post-pandemic care.

**The pandemic has proven that our backbone is strong, and we continue to look for ways to make it stronger with you.**

**Thank you for your partnership.**

Sincerely,



Leslie Graham  
President & CEO

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## mission

Our mission is to build partnerships, strengthen systems, and lead collaborative programs that improve the health of vulnerable people and families.



## vision

PCC envisions a strong, vibrant community that supports all people in leading healthy lives.

# Telehealth Lessons

## Considering Pros, Cons, and Future Policy

Many of us experienced telehealth for the first time during the pandemic. We may have even come to rely on the convenience it offers. But there have been challenges, too. It turns out that telehealth, like any other clinical tool, has its best use cases and its contraindications.

Once our patients and partner providers had some pandemic telehealth time under their belts, PCC set out to find out more about safety net telehealth's benefits and limitations – and what those findings suggest for post-pandemic policy.

Providers saw a clear decrease in the number of patients missing their appointments, which we suspect has to do with saving patients the hassles of juggling transportation challenges or other obligations like work or child care.

Patients and providers both reported overall satisfaction with telehealth visits as a care option, particularly during the pandemic. Some pediatric providers even suggested that their teenage patients talked more freely in the virtual space than they typically do in the exam room.

Nevertheless, providers pointed to some types of care that don't translate to remote connections – when physical exams, immunizations, or lab work are necessary. Patients and providers both reported some connectivity problems, and providers reported that some patients left the virtual visit early when the technology didn't work well. Providers also struggled to manage visit length when they had to include interpreters on the call or troubleshoot connection

challenges. And while saving transportation can be a real convenience for patients, providers also noted that many patients were borrowing equipment or connections from others to make their virtual visits possible.

Not all patients and providers are keen to continue telehealth in a post-pandemic world, but feedback suggests that an important subset are. Making telehealth an ongoing option will require strategic investments and policy decisions, including support for patient equipment and hotspots and reimbursement rates for both audio and video telehealth that are comparable to in-person compensation. The resulting care likely won't be an either/or scenario but a hybrid model according to clinical needs and patient preferences.



**82%**

of Care for Kids participants surveyed said it was easier to get health care through telehealth than in person.

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Montgomery Cares patient no-show rates declined by

**3.9%**

from December 2019 to April 2020.

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**13%**

of Care for Kids participants surveyed experienced technical difficulties signing into telehealth visits.

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Multiple Montgomery Cares clinics reported that telehealth visits required more time from support staff than in-person visits.

# Montgomery Cares

Providing comprehensive, affordable care

IN FISCAL YEAR 2021:

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**19,777** patients served.

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**53,336** total encounters; **20,767** telehealth encounters.

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**MedBank** served **1,197** patients, processing **3,171** prescriptions for a total medication value received of **\$5.8 million**.

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**Project Access** served **903** unique patients in more than **1,900** specialty care appointments.

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**Montgomery Cares Behavioral Health Program** served **1,209** patients.

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**80%** of patients were Spanish-speaking, out of **41** languages represented; **66%** were at or below the Federal Poverty Level.

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# Care for Kids

## Investing in the future

### IN FISCAL YEAR 2021:

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**6,439** children served representing **69** countries of origin (**83%** of children were from El Salvador, Honduras, or Guatemala) and **26** primary languages (Spanish was the primary language for **92%** of children).

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**523** children enrolled in CFK after arriving in Montgomery County as unaccompanied minors.

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**1,430** children received case management for specialty health care or pharmacy service.

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**138** children received specialty dental care, and **372** received glasses.

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**100%** of participating families surveyed would recommend the program to friends and family.



# The Point of Entry Project

## Connecting to service needs at school entry

The extortion began in April 2020. It was relatively manageable at the beginning, when a gang began demanding monthly payments of Q700 (Guatemalan Quetzales, ~\$90) from Marta\*, who lived in the Chiquimula region of Guatemala with her husband and two children. But by early 2021, the demands skyrocketed to Q5,000 (~\$650) each month. Everyone paid one way or another – with money or with their lives.

Marta and her family survived for a while, borrowing from friends, neighbors, and family members to keep up with payments. But by spring of 2021 they had fallen hopelessly behind. Gang members gave them three choices: pay up, be killed, or abandon everything they owned. The last option was

the only viable one. So, they began a 4,000-mile journey to reunite with Marta's family in Maryland, where they would be safe.

The journey, of course, was anything but safe – marked by abandonments, kidnappings, and eventual trafficking before they were able to enter the United States.

Family in Maryland directed Marta to the **Montgomery County Public Schools International Admissions and Enrollment office**, which enrolled her nine-year-old daughter in school and connected her with **PCC's Point of Entry Project (PEP)**. Celia Juarez, PEP's community health coordinator, remembers contacting Marta about the health care programs administered by PCC and other

available services. "She said, 'Please enroll me. I don't have food, I don't have clothing, I don't have anything.' Celia says. "That's when she told me about leaving everything behind."

Celia helped Marta and her family enroll in Care for Kids and Montgomery Cares, as well as connecting the family to **PCC's Food is Medicine program** for food assistance and to **Interfaith Works** for clothing.

Now on solid footing to rebuild her life, Marta has become a PEP evangelist in her own right: "If I see someone [newly-arrived], I connect them to PEP."

*\*not her real name*

UNITED STATES

Montgomery  
County,  
Maryland

REUNITED  
WITH FAMILY

Nuevo Leon

Trafficked across the  
U.S. border, processed  
by U.S. immigration

MEXICO

Kidnapped by  
traffickers and  
beaten by police

Mexico City

GUATEMALA

Given ride to  
Mexico City

Tapachula, Mexico

Abandoned somewhere  
in Mexican mountains

Guatemala  
City

Chiquimula,  
Guatemala  
HOME



# PCC's 2024 Strategic Plan

Mapping our vision and pathways



**Our work isn't just about health care.** That's because health care isn't the only driver of health, and even the most robust access to high quality care isn't enough to make people healthy.<sup>1</sup> The social determinants of health have become a key target for policy makers, payers, and community organizations alike and for good reason. Yet the many ways to move the needle on social determinants make having a focused strategy essential for effective work. For FY21 through FY24, PCC has outlined ours.

To develop it, we asked ourselves a lot of questions about where, how, and with whom we work, including:

- **Where are the gaps in health care and related services for vulnerable people?**
- **Which ones are we equipped to fill?**
- **What do we need to do the work?**

1. The Robert Wood Johnson Foundation's County Health Rankings Model attributes only 20% of health outcomes to health care, versus 40% to socioeconomic circumstances.

## The result was a vision for achieving the following by June 2024:

1

A primary care network serving low income, uninsured adults that seek care in Montgomery County, whether or not they qualify for the Montgomery Cares program. Across the network, standards of access and quality will meet benchmarks. Specialty care, behavioral health, medicine access, and care coordination for social services will be available at a level of service sufficient to meet demand.

2

Expanded access to care for low income, uninsured children.

3

Strong multi-hospital partnerships that access multiple funding streams to create and sustain a range of programs that improve community health outcomes.

4

Our expertise and passion is serving additional sub-populations and/or adjoining jurisdictions.

5

Deeper financial and management strength.

6

Broader influence on programs and policies that affect the populations PCC serves.

## We plan to get there with these strategic steps:

1

Strengthening our existing programs to improve their quality and ability to promote access, equity and care coordination.

2

Seeking opportunities in related areas which expand PCC's focus and strengthen our ability to impact the social determinants of health, including those related to systemic racism.

3

Maintaining and expanding our human and financial resources in ways that promote PCC's ability to improve community health now and in the future.

# Building an even stronger backbone for a healthier community.

# Nexus Montgomery Diabetes Program

## Adapting national models for local diversity

Two effective, nationally-tested programs exist to prevent the worst outcomes of diabetes, yet neither is widely available in our community. The **Nexus Montgomery Diabetes Program**, managed by PCC, is an ambitious five-year project to increase participation in the **Diabetes Prevention Program (DPP)** and **Diabetes Self-Management Training (DSMT)** in our community. DPP helps individuals at high risk of developing diabetes implement lifestyle changes to avoid the disease, while DSMT helps individuals already diagnosed with diabetes achieve more control over it and avoid the worst long-term health impacts.

Both supply- and demand-side barriers have limited program expansion in the past: complex reimbursements constrain growth in program providers, while potential participants face challenges to entering and staying in the program.

As of January 2021, Nexus Montgomery – a collaboration of the six hospitals in Montgomery County – has taken on the challenge of increasing the programs offered in our community while increasing the demand for them by potential participants. Funding from the Health Services Cost Review Commission supports these efforts to prevent the debilitating and expensive complications of diabetes.

The diversity of our community, in particular, means that many programs would be best offered by smaller, community-based groups that tailor programming to specific cultural backgrounds. However, these same groups are most likely to face challenges providing enough programming for reimbursement fees to be sustainable. And many of these potential program participants face the greatest limits on time and transportation to complete a long-term education program.

Our solution to both the supply- and demand-side challenges is creating a common support system available to all programs and all participants. We're building outreach into the program to increase DPP and DSMT participation throughout the community, while case managers direct interested participants into the program that is the best fit for their needs and support them to stick with it. Training supports new program development while provider stipends help new programs cover costs until they are established enough for full reimbursement rates. Meanwhile, the Nexus Montgomery Diabetes Program team collects data from all partners and facilitates shared learning as we determine – together – the best model for sustaining these programs in the future.



PROGRAM MODEL

Referral

Drive Demand

Coordinate

Increase Supply

Retention

# Group Homes

## Introducing clinical safety to congregate care

Congregate living facilities are high risk places to be during a pandemic. And while news coverage of the dangers in nursing homes was high, there's another essential setting that received far less attention: **group homes.**

Montgomery County has 363 group homes, each serving between 2 and 4 individuals with intellectual and developmental disabilities (I/DD). These group homes employ roughly 2,500 Direct Support Professionals (DSPs) to provide 24/7 support. Those numbers reflect many people at risk of COVID transmission. Yet, these homes are not designed to operate as medical facilities; their focus is typically on a social model of assistance with day-to-day activities.

"There's limited medical guidance," explains Dr. Michael Greenberg, a prominent physician, father of someone with I/DD, and the I/DD Group Home Collaborative's Volunteer Medical Director.

They needed help adapting some medical protocols to keep both residents and DSPs safe. To provide it, the Montgomery County Council brought in PCC.

PCC's team created policy and procedure manuals for the big three safety "buckets:" Testing, Infection Control, and PPE. These manuals helped translate the broad guidance being issued by the state and higher levels of government to operational realities on the ground. PCC complemented those resources with implementation support, including hosting bi-weekly learning collaborative meetings, working with County resources

to set up testing at group home facilities and sourcing appropriate personal protective equipment.

"These [group homes] aren't large corporations. They didn't have a line-item in the budget for this expense; PPE that could arrive in 48 hours," says Jessica Hairston, PCC's Logistics Manager for the collaborative. She quickly found two options for the I/DD Group Home Collaborative members; one for urgent PPE needs – in case of an outbreak that same day – and an alternative for long-term planning purchases.

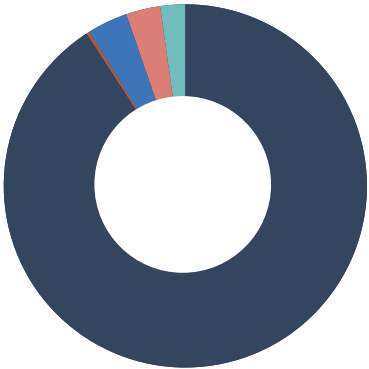
In short, the project was designed to support both group home residents and staff with everything they needed to stay safe. This, Dr. Greenberg says, is where PCC excels. "The teamwork and just the communication, the efficiency. Everything just got done."



# Financial Statements

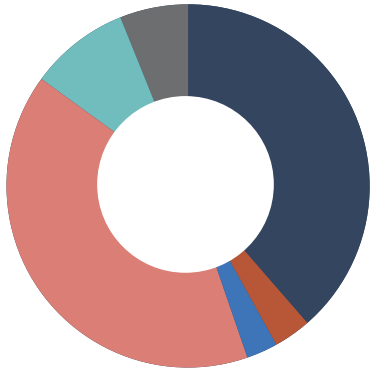
Sources and uses of funds for the fiscal year ended June 30, 2021

## Revenue and Support



	Unrestricted
County Funders	\$ 26,310,285
Federal Funders	98,890
Hospital Funders	993,621
In-Kind Medical Services	903,776
Grants, Donations, and Other Income	616,393
<b>Total Revenues</b>	<b>\$28,922,965</b>

## Expenses



	Unrestricted
Montgomery Cares	\$ 10,866,628
Care for Kids	961,785
Nexus Montgomery	787,100
LHI-PNSB	11,286,489
Other Projects	2,504,735
General Administration	1,707,129
<b>Total Expenses</b>	<b>\$28,113,866</b>

# FY21 Partners

## PARTNERS AND COLLABORATORS

### MONTGOMERY CARES PARTICIPATING CLINICS

- Catholic Charities Medical Center
- Chinese Culture and Community Service Center—Pan Asian Volunteer Health Clinic
- CCI Health and Wellness
- Community Reach of Montgomery County—Kaseman Health Clinic
- Holy Cross Health Centers
- Mary's Center for Maternal and Child Care, Inc.
- Mercy Health Clinic
- Mobile Medical Care, Inc.
- Muslim Community Center Clinic
- Proyecto Salud

### CARE FOR KIDS PROVIDERS

- All Day Medical Care
- Broad Acres Elementary School-Based Health Center
- Catholic Charities Center
- CCI Health and Wellness
- Gaithersburg Wellness Center
- Harmony Hills Elementary School-Based Health Center
- Highland Elementary School-Based Health Center
- Holy Cross Health Center Germantown
- Kaiser Permanente of the Mid-Atlantic States
- Mary's Center for Maternal and Child Care, Inc.
- Milestone Pediatrics

- New Hampshire Estates Elementary School-Based Health Center
- Northwood Wellness Center
- Rolling Terrace Elementary School-Based Health Center
- Summit Hall Elementary School-Based Health Center
- Veirs Mill Elementary School-Based Health Center
- Weller Road Elementary School-Based Health Center

### PROJECT ACCESS PARTICIPATING PRACTICES

- Advanced Neuro & Orthopedic Physical Therapy, LLC
- Adventist HealthCare Imaging
- Adventist Medical Group – Cardiovascular Specialists
- Adventist Medical Group – Infectious Disease
- Affiliated PET Systems, LLC
- ARSO Neuro Rehab and Orthopedic Center
- Arthritis and Rheumatology Associates, P.C.
- Bayada
- Capital Cardiovascular and Thoracic Surgery Associates, PLLC
- Capital Choice Pathology Laboratory
- Community Audiology Services
- Community Hematology-Oncology
- Community Radiology Associates
- Dr. Alan Kravitz
- Dr. Asif Qadri
- Dr. Daniel Lahr
- Dr. George Gibeily
- Dr. G.M. Din, MD, PA, Inc.

- Dr. James Robey
- Dr. John Merendino, Jr.
- Dr. Jonathan Rhee & Dr. Kasey Morrison
- Dr. Laurie Wenger
- Dr. Maria Belledonne
- Dr. Mushtaq Shah
- Dr. Nirupma Rohatgi
- Dr. Patricia O'Neal
- ENT & Allergy Specialists of Shady Grove
- Eternal Dermatology
- Foot & Ankle Specialists of the Mid-Atlantic
- Georgetown Orthopaedics
- Greenbelt Endoscopy Center
- James Clarke Physical Therapy
- Maryland Oncology & Hematology
- Metro Renal Associates
- Mid-Atlantic Epilepsy & Sleep Center
- MM/NIH Endocrine Clinic at Suburban
- Montgomery Eye Physicians & Surgeons
- Montgomery Otolaryngology Consultants, PA
- Montgomery Renal Associates PA
- National Capital Neurosurgery
- Nephrology Associates
- Potomac Oncology & Hematology
- Precision Orthopedics & Sports Medicine
- Pulmonologists, PC
- Rehabneeds
- Silver Spring Eye
- Suburban Hospital Interventional Radiology
- Takoma Surgical Associates, P.A.
- The Feldman ENT Group
- The Radiology Clinic
- The Retina Group of Washington
- Visionary Eye Doctors
- White Oak Medical Center Interventional Radiology

## HOSPITALS AND HEALTH SYSTEMS

- Adventist Health Care
- Dimensions Healthcare System
- Doctors Community Hospital
- Holy Cross Health
- MedStar Montgomery Medical Center
- Sheppard Pratt Health System
- Suburban Hospital, a member of Johns Hopkins Medicine
- Nexus Montgomery LLC

## PUBLIC SECTOR PARTNERS

- Housing Opportunities Commission of Montgomery County
- Montgomery County Cancer Crusade
- Montgomery County Department of Health and Human Services – Public Health
- Montgomery County Special Needs Housing – Health Care for the Homeless
- Montgomery County Public Schools
- Prince George's County Department of Social Services
- Prince George's County Health Department

## ACADEMIC INSTITUTIONS

- Georgetown University Department of Psychiatry
- Montgomery College School of Nursing
- University of Maryland Schools of Pharmacy Baltimore and Eastern Shore
- University of Maryland School of Nursing
- University of Maryland Schools of Social Work at Baltimore County and Shady Grove

## SKILLED NURSING FACILITIES

- Adelphi Center - Vita
- Althea Woodland Nursing and Rehabilitation Center
- Arcola Health and Rehabilitation
- Asbury Methodist Village (Wilson Health Care Center)
- Bedford Court
- Bel Pre Nursing and Rehabilitation
- Bethesda Health and Rehabilitation
- Brighton Gardens of Tuckerman Lane
- Brooke Grove Rehabilitation & Nursing Home
- Cadia Health Hyattsville
- Cadia Health Springbrook
- Cadia Health Wheaton
- Carriage Hill Bethesda
- Collingswood Nursing
- Fox Chase
- Friends Nursing Home
- Hebrew Home of Greater Washington
- Hillhaven Nursing Center
- Kensington Nursing and Rehabilitation
- Layhill Center
- Montgomery Village Healthcare
- Oak Manor
- Oakview
- Peak Healthcare Fairland
- Peak Healthcare Sligo Creek
- Potomac Valley Nursing and Wellness
- ProMedica Bethesda
- ProMedica Chevy Chase
- ProMedica Potomac
- ProMedica Silver Spring
- ProMedica Wheaton
- Regency Care of Silver Spring
- Shady Grove Center
- The Village at Rockville

## PROVIDERS SERVING INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

- Arc of Montgomery County
- Ardmore Enterprises, Inc.
- CALMRA, Inc.
- Caroline Center, Inc.
- CHI Centers, Inc.
- Chimes, Inc.
- Community Options, Inc.
- Compass, Inc.
- Community Services for Autistic Adults and Children (CSAAC)
- Community Support Services (CSS)
- Family Services Foundation, Inc.
- Head Injury Rehabilitation & Referral Services (HIRRS)
- Inclusion Services, Inc.
- Jewish Foundation for Group Homes (JFGH)
- Jubilee Association of MD
- Latter Rain, Inc.
- MedSource Community Services, Inc.
- National Children's Center
- Pool of Bethesda Community Services, Inc
- Q-Care, Inc.
- Rock Creek Foundation, Inc.
- SEEC

## OTHER PROGRAMS AND ORGANIZATIONS

- Access to Behavioral Health
- Adult Behavioral Health
- Affiliated Sante Senior Services
- Agencies of the Emergency Assistance Coalition
- ALFA Specialty Pharmacy
- America's Tooth Fairy

- Aspire Counseling
- Audubon Naturalist Society
- Ayuda
- Berkeley Research Group, LLC
- C-4 Clothing Closet
- Capital Area Food Bank
- Capital Breast Care Center
- Care For Your Health
- CASA de Maryland
- Catholic Charities D.C.
- Community Health and Empowerment through Education and Research (CHEER)
- Cornerstone Montgomery
- Dobson & DaVanzo
- EveryMind
- Family Justice Center
- Family Services, Inc.
- Gilchrist Center
- HealthPro Consulting, LLC
- Identity, Inc.
- Interfaith Works
- Intercultural Counseling Connection
- Innovative Clinical Associates
- Jewish Social Services Agency
- Manna Food Center
- Mil Mujeres
- Montgomery College
- Montgomery County Coalition for the Homeless
- Montgomery County Food Council
- Montgomery County Holiday Giving Project
- Mid-County United Ministries (MUM)
- Ministries United Silver Spring/ Takoma Park(MUSST)
- National Alliance on Mental Illness
- Nonprofit Montgomery
- RealTime Medical Systems
- The Arc Montgomery County
- The Grant Group, LLC
- Vesta, Inc.

## FUNDERS FOUNDATIONS

- Cigna Foundation
- Clark-Winchole Foundation
- Consumer Health Foundation/if
- Delta Dental Community Care Foundation
- Eagle Bank Foundation
- Greater Washington Community Foundation
- Kaiser Permanente National Community Benefit Fund
- The Morris and Gwendolyn Cafritz Foundation
- Tides Foundation

## PUBLIC GRANTS

- Maryland Cancer Fund
- Maryland Community Health Resources Commission
- Maryland Department of Health
- Maryland Health Services Cost Review Commission
- Montgomery County Department of Health and Human Services
- U.S. Health Resources & Services Administration
- U.S. Substance Abuse and Mental Health Services Administration

## TRUSTS AND FAMILY FOUNDATIONS

- Carahsoft Charitable Fund of Fidelity Charitable
- Cliff & Deborah White Family Foundation of the Greater Washington Community Foundation
- Engel Giving Fund of Fidelity Charitable
- Fattor Paynter Family Fund of Fidelity Charitable

- Jonathan E. Hardis Charitable Fund of Fidelity Charitable
- Julia Ann Doherty Giving Fund of Fidelity Charitable
- Katalin Roth and Phillip Singerman Gift Fund of Fidelity Charitable
- Lester Poretsky Family Foundation
- The Allaben Chambers Family Fund of Vanguard Charitable
- The Greene-Milstein Family Foundation
- The J & E Myerberg Charitable Fund
- Wetterhahn Family Foundation of Fidelity Charitable

## PRIVATE ORGANIZATIONS

- ALFA Specialty Pharmacy
- Business Leaders Fighting Hunger
- Catholic Charities DC
- Holy Cross Health
- Kaiser Permanente of the Mid-Atlantic States
- Kathryn Grill Graphic Design, LLC
- NIH Federal Credit Union
- North Bethesda United Methodist Church
- NSI Strategies
- Salesforce
- Texas Instruments Foundation
- Trinity Health
- Unitarian Universalist Church of Silver Spring
- Whole Foods Market Community Giving Program
- Zoom

## INDIVIDUALS

- Esthy & James Adler
- Sara Afayee
- Elizabeth Arend
- Jennifer Arend
- Alma Aviles

- Duane Bailey-Castro
- Beth Barnett
- Rebecca Barson
- Valerie Barton
- Marc Berk
- Toby & Philip Berman
- Ron Bialek
- Shirley Blakely
- Richard & Elizabeth Bohrer
- Michael & Lois Boland
- Lynn & Arthur Booth
- George Borababy
- Rosemary Botchway
- Sharon Bourke
- Joy Burwell
- David Carlson
- Maria Caro
- Elizabeth Carrier
- Marietta Catsambas
- Archana Chidanandan
- Maricel Claro
- Annice Cody
- Ivelisse Cruz
- Sacha de Lange
- Julia Doherty
- John Donvan
- Jennifer Dreyfus
- Katherine Falco
- Harriet Fields
- Thomas & Mary Fleisher
- Barbara Fornoff
- Shelley Fox
- Sarah Frazell
- Barbara & Steve Galen
- Melissa Gallant
- Carol & Thomas Garvey
- Andrew Gavit
- James Gilchrist
- Kathleen Gillespie
- Leslie Graham
- Monica Grey
- Deepti Gudipati
- Louise Harrison
- Thomas Holmes

- Jay & Cheryl Hoofnagle
- Monica Irmeler
- Aziz Kamus
- Mansfield & Dianne Kaseman
- Lilith Klein-Evans
- Jessica Kronstadt
- Paul Lauria
- Isaiah & Catherine Leggett
- Eva Lewis
- Thomas & Joan Lewis
- Steven Lieberman
- Jean Link
- Huixing Lu
- Wilbur W. Malloy
- James Manuel
- Ravi Melwani
- Roberta J. Milman
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- Eric & Paige Nerenberg
- Ruth Patapis
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- Eduardo Reyes
- Lenora Rhodes
- Aisha Robinson
- Gabriela Rosales
- Jacqueline Rossow
- Peter & Sheila Rowny
- Mary Rubino
- Bethany Sanders
- Kimberly Sapre
- Rebecca Smith
- Christine Spangler
- Kellye Steindel
- Barbara & Donald Turnbull
- Yao Tyus
- Paul & Janet Valette
- Jacqueline Williams-Hubbard
- Christopher Wilson
- Jean & Carl Withee
- Julie Yoder

## PRIMARY CARE COALITION STAFF (JULY 1, 2020 – JUNE 30, 2021)

- Daniela Acero
- Fareed Anjum
- Elsie Ansong
- Elizabeth Arend
- Alma Aviles
- Chantal Ayivon\*
- Eve Bailey-Cerna
- Daniel Baker\*\*
- Iris Beltran
- Nilsa Benavides
- Jenny Bernal de Baker
- Eshetu Bogale
- Rosemary Botchway
- Jorge Caballero\*\*
- Maria Caro
- Danielle Carter
- Maricel Claro
- Alyse Cooper†
- Brenda Cruz\*\*
- Blanca Cuervo
- Felicia Davenport
- Sara Del Castillo\*
- Susan Donovan\*
- Diana Escobar
- Meyvelin Escobar†
- Rodrigo Espinosa Woolcott\*
- Sougol Ezzati
- Sarah Frazell
- Kristine Gallagher Sargsyan†
- Eveling Gamarra
- Ana Gamero
- Tabitha Gingerich†
- Leslie Graham
- Monica Grey
- Jessica Hairston
- Jenna Hall
- Yvette Hammond
- Mary Jane Joseph

- Celia Juarez
- Rachel Lee†
- Thomas Lewis
- Faith Makka\*\*
- Elizabeth Mann\*
- Elsy Marin
- Jennifer Marquez
- Omarlina Marsh
- Ana Mejia\*
- Xenia Monterosa
- Stephanie Narayanan
- Sabina Orellana
- Marisol Ortiz
- Temitope Oshiyoye
- Mindy Pierce†
- Sandra Pocasangre
- Brenda Portillo\*\*
- Dalila Quinteros†
- Rafael Ramirez
- Cecia Ramos
- Julie Resendiz†
- Belqui Rios
- Joanna Rivera
- Aisha Robinson
- Isabel Rodriguez
- Laura Rodriguez Guzman†
- Karla Rodriguez
- Gabriela Rosales
- Karin Rosenthal\*
- Bethany Sanders\*\*
- Surbhi Sardana\*
- Mariana Serrani
- Joshua Singer
- Sheliese Smith
- Shawnda Sullivan
- Maria Torres
- Grace Townsend
- Hillery Tumba
- Benjamin Turner
- Leydi Vanegas
- Pamela Vega
- Lori Velasquez\*\*
- Nikia Wilson
- Sophy Yang
- Miriam Zamudio Coria

- Victor Zubiate\*\*
- Carolina Zuniga

\* Left the organization in FY2021  
 \*\* Left the organization since FY2021  
 † Joined the organization in FY2022

## BOARD OF DIRECTORS

### OFFICERS

- Shawn D. Bartley, Esq., Chair
- Kevin Sexton, Vice-Chair
- Steve Raetzman, Secretary
- Ron Bialek, Treasurer

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- Jonathan Blum\*
- Richard C. Bohrer, RAdm, USPHS (Ret)
- Ling Chin, MD, MPH, FACPM
- Julia Doherty, MHSA
- Rev. Mansfield Kaseman
- Tristram Kruger, DDS
- Pierre-Marie Longkeng, MHSA
- Rose Marie Martinez\*
- Ravi Melwani†
- Donna Perry, MD
- Helaine Resnick†
- Jennifer Pippins, MD, MPH
- Kevin Sexton
- Jessica Wilson†

### EX OFFICIO

- Leslie Graham

\* Resigned from the Board in FY2021  
 † Joined the Board since FY2021

**THANKS**  
 to our partners, funders  
 and supporters everywhere.





primary care coalition



**Helping patients**



**Supporting providers**



**Building systems**

This Annual Report has not been reviewed by the Montgomery County Department of Health and Human Services, Nexus Montgomery Board of Directors, or any of our partners or funders.

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[PrimaryCareCoalition.org](https://PrimaryCareCoalition.org)