



PCC connects people to the local services  
they need to be healthy and helps build  
systems that address community needs.

# 2017 Annual Report

# “It was the best of times, it was the worst of times,”

These opening words of Charles Dickens’s classic novel “Tale of Two Cities” were first written over 150 years ago, yet the same sentiments characterize the past year.

We’ve seen deeply ingrained values about civility, diversity, and the right of human dignity come under assault. We’ve seen the importance of civic institutions called into question. We’ve also seen thousands of people in our very own community act in ways that help our most vulnerable neighbors and reinforce our core values. This annual report details important programmatic accomplishments that have advanced the health of our community members, especially those whose limited resources, age, language, or country of origin make it difficult for them to lead their healthiest lives.

The achievements made this year to improve access to high-quality health care and related services for our less fortunate neighbors reflect the combined efforts of many organizations working together with a common purpose and good will. Collaborating with local government leaders, safety-net service providers, community-based organizations, and hospitals, we collectively serve nearly 32,000 people. Achieving this greater good requires active listening, fact-based analysis, a willingness to compromise, ongoing commitment, and a belief in the fundamental decency of one another.

**The Primary Care Coalition is honored to play a role in this work.** We organize collaborative programs, facilitate new initiatives, provide vital program infrastructure and analysis, and administer programs.

# it was the age of wisdom, it was the age of foolishness...”

## Three developments in the past year call for special recognition:

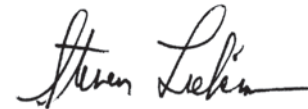
- ▶ To move Montgomery County’s health safety net programs toward a more sustainable and patient-focused system of care, the Primary Care Coalition has worked closely with the Montgomery Cares Advisory Board and Health Centers Leadership Council (composed of 11 safety-net clinic executives) to develop a consensus advocacy agenda for funding and policy priorities. Montgomery County’s health care for the uninsured programs effectively leverage public funds, private funds, and pro bono resources to address not just primary care but also access to medicines, specialty care, behavioral health, and oral health care to improve the health of the population.

- ▶ The six hospitals in Montgomery County have come together to form Nexus Montgomery, an exciting—and unique – initiative established to conduct joint programming that improves care, lowers costs, and provides appropriate community-based services that reduce avoidable or unnecessary hospital use. Serving as the management entity for Nexus Montgomery, the Primary Care Coalition works with community partners to identify needs, provide needed services, and develop innovative solutions. Working together, the hospitals fund these services and identify strategies to accomplish what is best for our community.
- ▶ Understanding that divisive rhetoric, discrimination, and fear of deportation negatively affect the health of individuals and communities, the board of directors,

after consulting with staff, adopted a position statement reinforcing our organizational values of diversity and inclusion. The Primary Care Coalition implemented a number of specific initiatives to formally integrate these values—which have always been informally present—into our operations.

While we continue to face turbulent and uncertain times, Montgomery County can be justifiably proud of what we have accomplished and of our potential to build on this sound foundation to do even more in the coming year.

Steven M. Lieberman,



Chair, PCC Board of Directors

## The Impact of the Political Climate on Montgomery Cares Behavioral Health Program Patients

The tone of public discourse about immigration and deportation has become increasingly heated over the past two years. Reports of intolerant speech, harassment, and even hate crimes have risen across the country and here in Montgomery County. From November 2016 through August 2017, PCC's Montgomery Cares Behavioral Health Team recorded information about what patients were telling them about how these changes were affecting their physical and mental health, as well as their access to care. Out of 126 patients, 60 percent reported increased fear for their safety. 38 percent experienced worsening mental health symptoms such as depression and anxiety. Some were so deeply affected that they reported being afraid to leave the house (16 percent) or seek health care (9 percent).

The number of people talking about the effect of these issues on their lives provides a snapshot of a population experiencing increased fear and distrust. This has both short- and long-term impacts on the health of individuals, families, and the community.

**Living in a climate that promotes division and targets people based on country of origin, religion, or ethnicity increases many common symptoms of mental health disorders. Panic attacks, insomnia, irritability, and setbacks in treatment for depression and anxiety were reported multiple times.**

With one-third of our population being foreign born, many families in Montgomery County include immigrants. Family members often have a range of documentation and insurance statuses. Whether real or perceived, the increased risk of deportation and family separation, as well as confusion about how national policy changes will affect health benefits for families, is placing a severe emotional strain on our communities and impacting the health and lives of our neighbors.

I entered the USA on a work visa, but have earned my citizenship. Now, my parents, wife, and kids all live in one house. My wife and I both work, but we can't afford health care for everyone.

**Manny, 34**  
High blood pressure, high cholesterol

**Maria, 65**  
LEGAL PERMANENT RESIDENT, NOT MEDICARE ELIGIBLE  
Diabetic

**Inez, 31**  
UNDOCUMENTED  
Receiving behavioral health counseling and annual checkup

I brought my Sofia to this country so she could have a better life, and we've found that life with Manny. I was scared at first that this kind of treatment would put us at risk of deportation. But PCC isn't concerned with our status—just our health.

Even though I'm in a safe home now, I still have a hard time sleeping and can't concentrate in school. I'm glad I can get the help I need in the same place that my little sister and brother go to the doctor.

**Sofia, 12**  
UNDOCUMENTED  
Needs routine immunization and behavioral evaluation

**Isabella, 8**  
HAS MEDICAID  
Allergies  
Needs immunizations

I was a little scared to get the flu shot, because I thought it would hurt. My mom went with me, and we BOTH got flu shots. It didn't hurt at all!





I have diabetes. The MedBank program at PCC helps me to get the medicine I need. Even though it is very expensive, with their help I am able to take my medicine and test my blood sugar every day. Thanks PCC!

**Alejandro, 67**  
LEGAL PERMANENT  
RESIDENT, NOT  
MEDICARE ELIGIBLE  
High blood  
pressure,  
arthritis

PCC has shown the family all the services that are available to us. As for me, I now get the medicine I need to keep my blood pressure under control. I'm also getting help for arthritis.

**Mateo, 6**  
HAS MEDICAID  
Needs  
immunizations  
and well child  
visit

Last time we went to the doctor I had three shots. I didn't cry at all and the nurse told me I was really brave!

## Board Statement on Diversity and Inclusion

Recognizing that a climate of fear and division is not healthy for individuals or communities, the PCC's Board of Directors adopted an official position reaffirming PCC's commitment to diversity and inclusion.

**Consistent with and in furtherance of the mission and objectives of the Primary Care Coalition (PCC), we make this statement upholding PCC's core values of diversity and inclusion.**

The PCC envisions a community in which all residents have the opportunity to live healthy lives. The PCC upholds the principles of diversity, inclusion, and respect for people from all cultures and backgrounds and recognizes that these values are directly related to the health of every individual and the health of the community as a whole.

The PCC denounces hate speech, hate crimes, and harassment, and rejects bigotry, misogyny, homophobia, xenophobia, and religious intolerance. Experiences of discrimination, neighborhood disorder, fear of deportation, and other social determinants of health are chronic stressors that detrimentally affect the mental and physical health of community

members. Conversely, social support and inclusion mitigate these risks.

As an advocate for health equity, the PCC firmly believes that individuals should never be afraid to seek medical or mental health care; however, we recognize that when hateful rhetoric and harassment are prevalent in society it creates a barrier for people of diverse backgrounds to seek services from public institutions.

The PCC recognizes that for health safety-net programs to effectively serve the community, community members of all races, ethnicities, and religions must feel safe when interacting with the programs and trust the institutions that operate them.

Therefore, in accordance with our mission to be a catalyst for the development and coordination of a community-based health care system that strives for universal access and health equity, consistent with and to the maximum extent permissible under applicable law, the PCC will:

- Uphold the principles of diversity, inclusion, respect, and health equity and collaborate with other community organizations striving to uphold these principles

- Have no role in enforcing federal immigration law
- Protect the personal information of patients and clients
- Educate diverse community members of their right to health care
- Educate elected officials and community leaders about the impact of policies that promote fear and division on the health of our community
- Foster and maintain trust among people of all backgrounds
- Equip board members, staff, volunteers, and other stakeholders with appropriate information, resources, and tools to safely denounce acts of discrimination or harassment if they witness it
- Actively advocate for health equity for all community members
- Oppose policy or regulatory changes that could stigmatize or discriminate against people of diverse backgrounds
- Communicate proactively and transparently with patients and clients about any programmatic or policy changes that may impact them

Each member of the PCC community shares in the responsibility of upholding the values of diversity and inclusion and protecting the individual freedoms and dignity of our diverse neighbors.

## Diversity and Inclusion SNAPSHOT

- Bystander Intervention Training for PCC Staff
- Celebrated our diverse staff during cultural heritage months

Information collected about the impact of the political climate on Montgomery Cares Behavioral Health Program clients was not a scientific survey of all Montgomery Cares patients, nor was there a standard questionnaire used to collect information.

- ▶ 125 individuals received behavioral health/trauma counseling.
- ▶ 30 respiratory inhalers delivered to people in need.

Our community was shaken by tragedy when a building in the Flower Branch apartment complex in Silver Spring exploded on the night of August 10, 2016. Seven people lost their lives, and dozens more were injured and displaced.

In the immediate aftermath of the explosion, emergency responders heroically worked to extinguish the flames and get people to safety. Other service providers addressed emergency needs such as housing, food assistance, and clothing.

The Primary Care Coalition’s focus was on making sure that once the flames subsided and the immediate needs were addressed, there would be a **structure in place to serve the medium- and long-term health care needs** of the people affected.

In close collaboration with the leadership of the Montgomery County Department of Health and Human Services (DHHS), Mary’s Center, and the Healthcare Initiative Foundation, a response strategy was developed to ensure that, once stabilized, people would have access to respiratory treatment and trauma/crisis counseling.

Respiratory inhalers for people suffering the effects of smoke inhalation were distributed through collaboration with three partner clinics that serve the Long Branch neighborhood—Mary’s Center, CCI Health and Wellness, and Care for Your Health.

People affected by the fire were also in need of behavioral health services. Trauma and its effects can be felt immediately or months later, depending on the individual, and can require ongoing treatment. The Montgomery County DHHS placed a temporary therapist at a walk-in clinic at the Takoma East Silver Spring Center. Given the high demand for services, the therapist could not accommodate the needs of the community on a temporary and part-time schedule. The PCC contracted with a licensed trauma counselor to provide an additional 15 hours of counseling per week for four months while DHHS provided the scheduling, client outreach, counseling space, and case management for clients. Mary’s Center also extended its on-site mental health services to provide access to continuous and integrated behavioral health services for people already receiving care at Mary’s Center.

Funds to respond to this community crisis were provided by an Emerging Needs grant from the Healthcare Initiative Foundation and from the Montgomery County Dept. of Health and Human Services.



Montgomery Cares patients often experience high rates of poverty and exposure to trauma, which place them at greater risk for behavioral health disorders. In addition, they face economic, cultural, and linguistic barriers to accessing appropriate care.

The **Montgomery Cares Behavioral Health Program (MCBHP)** is specifically designed to address the high rates of depression and anxiety disorders among low-income, culturally and ethnically diverse individuals.

An integrated collaborative-care program, the MCBHP embeds behavioral health care managers into the primary care setting.



#### IN FISCAL YEAR 2017:

**1,800** patients received behavioral health services.

Over **60%** of patients new to the program showed clinically significant response to treatment.

**93%** of active Montgomery Cares patients received an annual depression screening.



“I used to feel frozen by anxiety and I couldn’t break the cycle. **I feel better now** because I’ve learned a way to relax.”

Daniela has received medical care through **Care for Kids** for several years, but had never been screened for depression or anxiety. Due to Care for Kids’ new behavioral health pilot, Daniela was screened this year, and her symptoms of generalized anxiety disorder and major depressive disorder were brought to light. She was immediately referred for behavioral health services newly available in Care for Kids. In a short time, she has made great strides in managing her symptoms.

Recognizing that **behavioral health for children and youth** was a missing component of the Care for Kids system, PCC worked with partner organizations to design a pilot program and sought grants and public funding to implement the program. Because youth are now screened for common mental health issues, Daniela’s depression and anxiety were noticed, and she was connected to the services she needs.

This is a true story, but the patient’s name has been changed to protect patient confidentiality. The photograph is a stock image.



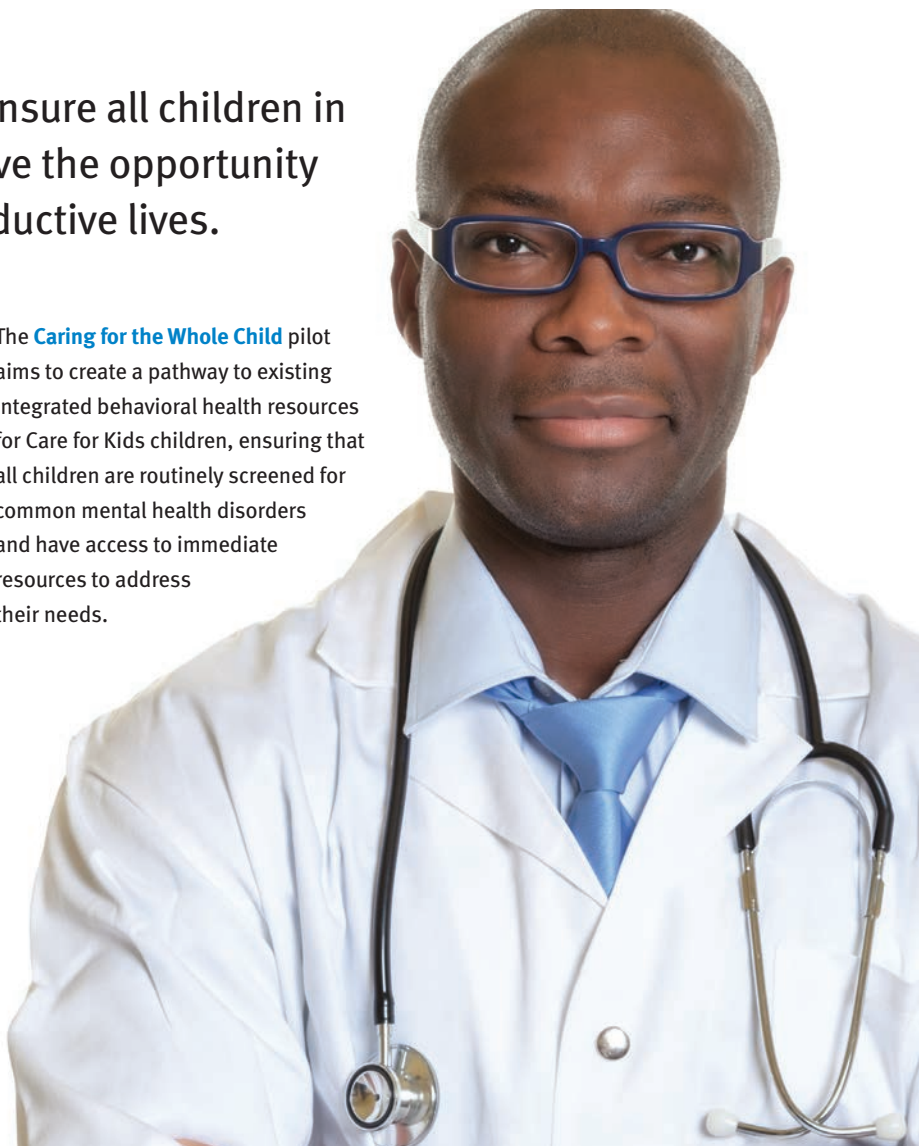


## Care for Kids works to ensure all children in Montgomery County have the opportunity to lead healthy and productive lives.

For more than 20 years, the PCC has administered **Care for Kids**, a public-private partnership that provides affordable health services to the children of low-income families who are not eligible for Medicaid or other state and federal health care programs. Private pediatricians, safety-net clinics, school-based health centers, and Kaiser Permanente participate in a coordinated effort to provide medical care to these vulnerable children.

The number of children participating in Care for Kids has grown by 105 percent since 2013, largely as a result of the influx of children fleeing violence in Central America and other war-torn parts of the world. These children present with a number of challenges that often include complex dental problems, behavioral health concerns, and multiple chronic conditions.

The **Caring for the Whole Child** pilot aims to create a pathway to existing integrated behavioral health resources for Care for Kids children, ensuring that all children are routinely screened for common mental health disorders and have access to immediate resources to address their needs.



### IN FISCAL YEAR 2017:

**5,670** children served.

**1,470** children received case management for complex medical needs.

**390** children had eye exams, and **360** received glasses.

In the first six months (January to June 2017), the **Caring for the Whole Child** pilot provided integrated behavioral health services to **46** unduplicated children in **118** encounters.

Core funding for Care for Kids comes from the Montgomery County Government, supplemented by pro bono services provided by Kaiser Permanente and school-based health centers, as well as grants and donations secured by the PCC. The Caring for the Whole Child pilot is funded by grants from the Healthcare Initiative Foundation and the U.S. Health Resources and Services Administration.

[www.PrimaryCareCoalition.org](http://www.PrimaryCareCoalition.org)

## The Primary Care Coalition works in many ways to **connect uninsured people to coverage and care.**

Through our partnership with the **Capital South** and **Capital North Connector programs**, PCC supports efforts to identify uninsured residents of Prince George's and Montgomery counties and help them enroll in Medicaid and private health plans through the Maryland Health Connection—the state-based insurance marketplace. We also administer Montgomery Cares, a partnership program that addresses the basic health care needs of Montgomery County's remaining uninsured—those who are ineligible for Medicaid or subsidized private insurance.



**14,000** applicant households received in-person assistance.

**26,000** people enrolled in a health plan with assistance from a Navigator.

**8,000**-person reduction in the number of uninsured residing in Prince George's County.

**98%** of clients were satisfied or very satisfied with their Navigator.



**18,000** applicant households received in-person assistance.

**37,000** people enrolled in a health plan with assistance from a Navigator.

**9,000**-person reduction in the number of uninsured residing in Prince George's County.

**98%** of clients were satisfied or very satisfied with their Navigator.

### Health Connections

**"PCC has been a tremendous partner for the ACA initiative in Prince George's County, providing high-quality data analysis, performance measures, policy guidance, and training support for our team. We are so fortunate to work with such innovators and dedicated health care advocates."**

— **Shari L. Curtis**, Manager, Prince George's County Health Connect

The Primary Care Coalition has served as the performance manager for the Capital Region Connector program since 2013. This year the program was divided into two separately run programs: one serving Prince George's County and the other serving Montgomery County. By establishing two distinct Connector programs—referred to as Capital Region South and Capital Region North respectively—each program is better able to address the unique needs of the community it serves.

The PCC has remained actively involved in both programs as performance manager: conducting quality assurance and performance improvement activities; supporting, monitoring, and evaluating program implementation; and, helping to coordinate the many organizations involved in educating and enrolling people into health plans.

Across the nation, the health insurance landscape is facing uncertainty and turmoil. Here in Maryland, two strong and reputable insurers continue to participate in the Maryland Health Connection and offered a number of different plans to consumers during the fifth open enrollment cycle. Nevertheless, the ever shortening open enrollment period and mounting pressures on the health insurance industry and consumers make it all the more important to provide the valuable in-person assistance needed by people who face linguistic and literacy challenges when applying for coverage.

The Primary Care Coalition works with safety-net medical providers and other partners to ensure **safety-net providers in Montgomery County** are well positioned to respond to the needs of our community in a dynamic and rapidly changing environment.

Montgomery Cares is a public-private partnership, administered by the PCC, that provides health care to adults who live in Montgomery County, have limited resources, and cannot get health insurance. In FY17, the PCC and our partners continued to work on a transformation initiative to establish Montgomery Cares as an enrollment program that offers a standard set of services and experiences to all patients. After considerable research and deliberation, stakeholder groups reached agreement on a set of essential services, provider standards, and patient co-pays (for patients below 100% FPL). The agreed upon standards went into effect in FY18.

With funding from the Healthcare Initiative Foundation, the PCC is working on a **Business Model Transformation (BMT)** initiative with four safety-net clinics in FY17: Catholic Charities Medical Clinic, Mansfield Kaseman Clinic, Mercy Medical Center, and the Muslim Community Center Medical Clinic. The goal of the initiative is to improve clinic sustainability by providing technical support to assist the clinics in understanding their market niche and patient population and guiding clinics in exploring opportunities to redesign their revenue sources and update their business model, as well as supporting clinics in becoming Medicaid providers. In FY18, Mobile Medical Care, Inc., and Proyecto Salud will join the initiative.



#### IN FISCAL YEAR 2017:

**One clinic organization** began the credentialing process for Medicaid.

**Key performance indicators** were developed to help clinics track their progress as they transform their business models.

**All three practices** altered internal practices to increase productivity and efficiency.

The Healthcare Initiative Foundation funds the Business Model Transformation Initiative.



#### IN FISCAL YEAR 2017:

**25,530** patients served in **70,400** encounters.

Meets or exceeds **HEDIS Medicaid 90th Percentile** on select measures of clinical quality.

Montgomery Cares is a public-private partnership that leverages core funding from the Montgomery County Government to attract additional resources in the form of pro bono services, grants, and donations.



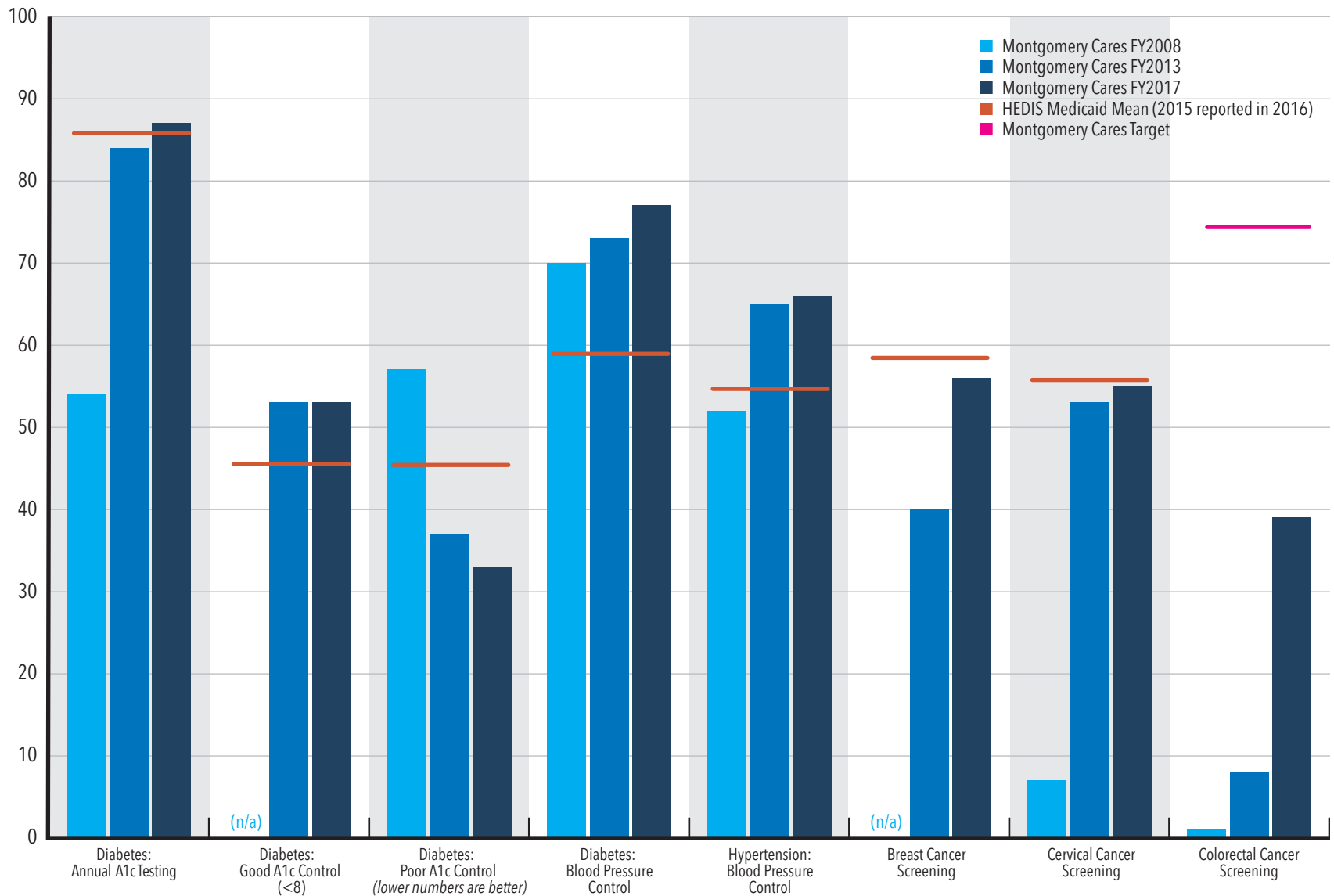
“The way PCC presents the clinical measures pushes everyone to excel and do their best to reach or surpass the clinical measure guidelines, and **it gives us an opportunity to think together and collaborate** in a way that is very useful and very meaningful.”

— Monica Howard, Medical Director, Proyecto Salud

The medical directors of the clinics participating in Montgomery Cares review and adopt clinical measures for each fiscal year. PCC convenes quarterly medical directors’ meetings to discuss common challenges, share best practices, and monitor relevant clinical measures.

As a result of this deliberate and focused approach, PCC and participating clinics have **significantly improved cancer screening rates and achieved national benchmarks** in measures for diabetes and hypertension control.

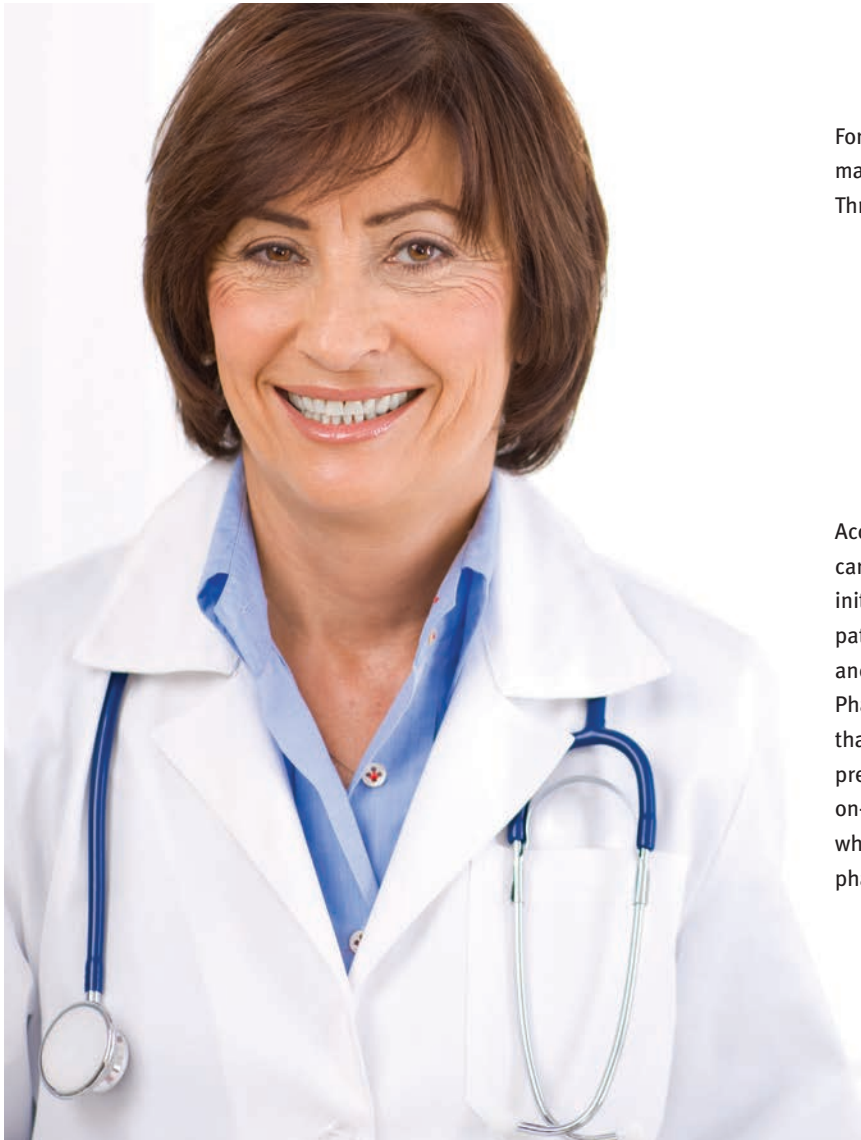




“I was so surprised! I didn’t know that I could go to a place like this to get help. **Since finding the PCC, my life has changed.**”  
– Celso

Without a steady source of income and no health insurance, Celso went without health care for years. Because Celso lacked regular access to health care and had no way of purchasing insulin, his diabetes went unchecked and eventually he ended up in the hospital. When he was discharged, Celso was sent to a safety-net clinic for follow-up care. The clinic referred Celso to the **PCC’s MedBank Program** for help getting the insulin needed to get his diabetes under control.





For low-income patients the cost of purchasing insulin makes it very difficult to comply with a treatment plan. Through **MedBank and the Community Pharmacy**,

## **PCC makes it possible** for low-income patients to get the medicines they need.

Access to medication is essential for effective health care. The PCC administers two medicine access initiatives to ensure that low-income uninsured patients are able to access the medicines they need and comply with their treatment plans. The Community Pharmacy is a point-of-service dispensing system that allows providers at safety-net clinics to dispense pre-packaged, pre-labeled medications to patients on-site. PCC's MedBank program helps patients who need brand-name medications access the pharmaceutical industry's patient assistance programs.



### IN FISCAL YEAR 2017:

#### **Community Pharmacy**

Received a **\$250,000 grant** from Maryland Physician Care to provide vaccines.


#### **MedBank**

Served **1,620** patients, a **9.5% increase** over FY16.

Secured more than **\$4 million** worth of free and discounted medicines for low-income patients.

Core funding for MedBank and Community Pharmacy comes from the Montgomery County Government, supplemented by grants secured by the PCC.

[www.PrimaryCareCoalition.org](http://www.PrimaryCareCoalition.org)



**“PCC connected me to a specialist that I would not have been able to find on my own. I’m recovering. I’m on my way to getting back to my life and the things I enjoy.”**  
– Edwin

Edwin enjoys a fast-paced, active life. But when he broke his arm after a fall, he could no longer do the things he loved. Edwin went to a hospital emergency room, where the arm was put into a splint. Edwin was told that he needed surgery, but with no health insurance and limited resources he could not afford the procedure. **Project Access** arranged for Edwin to get the surgery he needed to properly repair the broken bone and the physical therapy necessary for him to make a full recovery.



PCC operates **Project Access**, a specialty care referral network composed of a dedicated group of health care specialists, local hospitals, and diagnostic facilities that participate in a coordinated effort to provide specialty care to uninsured people of limited means.

The Primary Care Coalition is building access to specialty care through community partnerships.

Project Access helps people gain timely access to specialty care, potentially avoiding acute hospitalizations and expensive medical bills. Specialty care practices that partner with Project Access determine the number of Project Access patients they see, and Project Access administrative staff and RNs work with primary care providers, diagnostic facilities, specialists, and the patients to coordinate care.



#### IN FISCAL YEAR 2017:

**1,650** patients served through  
**3,740** appointments.

**51%** increase in referrals served compared to FY16.

**78%** of referral requests were met compared to 75% in FY16.

Funding for Project access comes from the Montgomery County Government and Nexus Montgomery and is supplemented by pro bono services delivered by physician specialists; in-kind services and use of facilities provided by community hospitals and diagnostic facilities; and grants and donations secured by PCC.

[www.PrimaryCareCoalition.org](http://www.PrimaryCareCoalition.org)



## IN FISCAL YEAR 2017:

A **new eight-bed crisis house** was purchased and renovated by Cornerstone Montgomery thanks to a capital investment from Nexus Montgomery.

**48 people** with severe mental illness were served by a new **Assertive Community Treatment (ACT) team** run by Cornerstone Montgomery.

**570 at-risk seniors** received health coaching from **WISH**, a program operated by The Coordinating Center.

**190 people** at high risk of hospital use received needed specialty care funded by Nexus Montgomery and coordinated through Project Access.

Six hospitals participate in a **Learning Collaborative** and share best practices to improve hospital care transitions.



“From day one the PCC has been a thought partner in the design of Nexus Montgomery. **The PCC brings people and organizations together, giving us the opportunity to innovate and collaborate for the good of our community.**”

— Annice Cody, President, Holy Cross Health Network, and Chair, Nexus Montgomery

Nexus Montgomery is a hospital-led collaborative that aims to reduce avoidable or unnecessary hospital use by connecting people to timely and appropriate community-based care and support services. The Primary Care Coalition serves as the management entity for Nexus Montgomery, providing staffing and infrastructure, and operating one of the programs.

The six hospitals operating in Montgomery County recognized the value of forming a partnership to address common challenges. While Nexus Montgomery participating hospitals are separate and distinct organizations in many ways, they also work together to improve the health of our community.

As the management entity for Nexus Montgomery, the PCC:

- ▶ Identifies and negotiates with other community-based organizations to implement programs
- ▶ Develops and monitors progress toward metrics for clinical quality and return on investment for Nexus Montgomery
- ▶ Convenes learning collaboratives and facilitates the rigorous conversations that can lead to systemwide improvement
- ▶ Identifies new needs in the community that align with Nexus Montgomery’s objectives and that Nexus Montgomery can help to address

Nexus Montgomery was developed to support Maryland’s New All Payer Model for hospital payment, also known as the Maryland Medicare Waiver, which sets stringent targets for achieving the Institute for Healthcare Improvement’s Triple Aim: improving patients’ experience of care, improving the quality of care, and reducing health care costs.

To learn more about Nexus Montgomery and its programs visit [www.NexusMontgomery.org](http://www.NexusMontgomery.org).

**In April 2017, the Primary Care Coalition collaborated with Nonprofit Montgomery and the Montgomery Coalition for Adult English Literacy (MCAEL) to convene a Community Roundtable.** More than 80 nonprofit leaders, local agency heads, and elected officials participated in the event to discuss shared challenges and think about how to harness the collective power of nonprofit and community-based organizations serving the Montgomery County community.

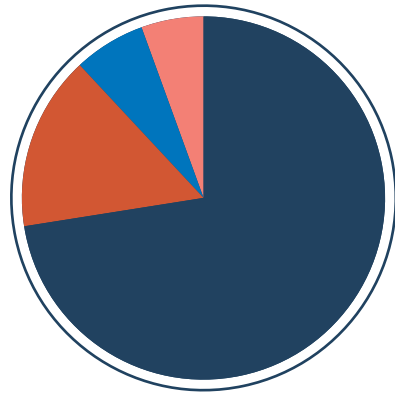
**Four key findings and recommendations were made.**

- ▶ In Montgomery County, diverse residents are deterred from accessing services due to increasing fear and anxiety about deportation raids, harassment, and hate crimes targeting minorities.
- ▶ In a community where more than 50 percent of residents identify as a racial minority and more than 33 percent are foreign born, lack of culturally and linguistically sensitive service providers is a significant barrier to services.
- ▶ Nonprofits and local government agencies can better leverage the power of data to plan ahead and meet service needs.
- ▶ While the spirit of collaboration is strong in Montgomery County, current infrastructure neither incentivizes nor supports collaboration. We need to be deliberate in incentivizing cross-sector collaboration to better meet community needs.

# Financial Statements

Sources and uses of funds for the fiscal year ended June 30, 2017.

## Revenue and Support

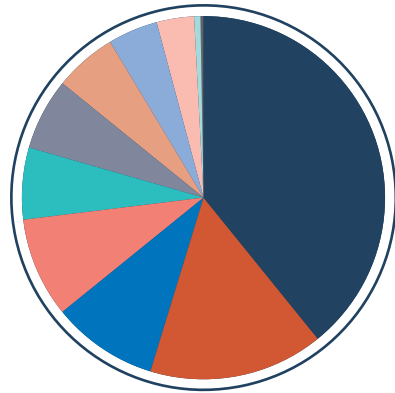


- County Funders
- Hospital Funders
- In-Kind Medical Services
- Grants, Donations, and Other Income

### Total Revenues

Unrestricted
\$ 14,680,043
3,112,175
1,289,261
1,094,640
<b>\$ 20,176,119</b>

## Expenses



- Montgomery Cares
- Project Access
- Community Pharmacy/MedBank
- Center for Health Improvement
- Nexus Montgomery
- Care for Kids
- Minority Health Initiative
- Child Assessment Center
- Community-Based Health Informatics
- Other Projects
- Health Care for the Homeless
- General and Administrative

### Total Expenses

Unrestricted
\$ 7,852,242
3,112,175
1,876,646
1,813,749
1,254,389
1,265,796
1,143,217
889,999
629,202
104,601
775
45,031
<b>\$ 19,987,822</b>



## MEMBERSHIPS

- Communities Joined in Action
- Clinicians for the Underserved
- Healthcare Council for the National Capital Area
- Maryland Hospital Association
- National Community Reinvestment Coalition
- Nonprofit Montgomery
- Regional Primary Care Coalition

## PCC PARTNERS AND COLLABORATORS

### MONTGOMERY CARES PARTICIPATING CLINICS

- Care for Your Health
- Catholic Charities Clinic at McCarrick Center
- Chinese Culture and Community Services Center—Pan Asian Volunteer Health Clinic
- CCI Health and Wellness
- Community Ministries of Rockville—Mansfield Kaseman Clinic
- Holy Cross Health Centers
- Mary's Center for Maternal and Child Care, Inc.
- Mercy Health Clinic
- Mobile Medical Care, Inc.
- Muslim Community Center Clinic
- The People's Community Wellness Center\*
- Proyecto Salud

### CARE FOR KIDS PROVIDERS

- All Day Medical Care
- Broad Acres Elementary School-Based Health Center
- Catholic Charities Clinic at McCarrick Center
- CCI Health and Wellness
- Gaithersburg Wellness Center
- Harmony Hills Elementary School-Based Health Center

\* Ceased operating in FY17

- Highland Elementary School-Based Health Center
- Holy Cross Health Center Germantown
- Kaiser Permanente of the Mid-Atlantic
- 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
- Advanced Podiatry
- Adventist HealthCare Rehabilitation
- Aesthetic Skin Care & Derma Surgery
- Affiliate PET Systems
- Ashraf Sufi
- Associates in Gastroenterology
- Baker Rehab Group
- Capital Cardiovascular and Thoracic Surgery Assoc.
- Capital Digestive Care
- Cardio Vascular Specialists
- Cardiocare, LLC
- Chesapeake Urology
- Chesapeake Urology Surgery Center
- Columbia Lighthouse for the Blind
- Community Audiology
- Community Hematology & Oncology
- Community Radiology
- Dany Westerland
- Divine Chiropractic
- Dr. Ryan Zucker
- Dr. Asif Qadri
- Dr. Daniel Clarke

- Dr. Daniel Lahr
- Dr. David Levine
- Dr. Francisco Lugo, DPM
- Dr. Gibeily
- Dr. James Clarke
- Dr. Jonathan Rhee
- Dr. Joseph Snyder
- Dr. Kashif Firozvi
- Dr. Laurie Wenger
- Dr. Marcia Hutcheon
- Drs. Hecht, Bass, Schwartz, and Hila
- Endocrine & Diabetes Associates
- ENT Specialists of Shady Grove
- Feldman & Galotto MDs
- Friendship Surgery Center
- G.M. Din MD, PA, Inc.
- Georgetown Orthopedic Group
- Greenbelt Endoscopy Center
- Greenbelt Anesthesia Associates
- GWMFA Oncology
- GW Spine and Pain Center
- Hanger Orthopedic
- Heme/Onc SNP at Spanish Catholic
- Hernia Repair, Dr. Ali Alatar
- Holy Cross Anesthesia Associates
- Holy Cross General Surgery
- Holy Cross Hospital
- James M. Salander
- James Robey
- John Merendino Jr.
- Kensington Eye Center
- LeVisage ENT & Facial Plastic Surgery, LLC
- Mario Belledonne
- Maryland Digestive Disease Center of Takoma Park
- Maryland Foot and Ankle Associates, LLC
- MD Radiation Oncology Associates
- Medstar Montgomery Medical Center
- MedStar Multispecialty Physician Office
- Metropolitan Gastroenterology Group
- Michael Dempsey
- Mid Atlantic Epilepsy Center
- MM/NIH Endocrine Clinic at Suburban
- Montgomery Eye Physicians & Surgeons, P.A.
- Montgomery Medical Clinic and Sports Medicine

- Montgomery Orthopedics
- Montgomery Otolaryngology Consultants, PA
- Montgomery Surgery Center
- Mushtaq Shah
- National Capital Neurosurgery
- National Spine and Pain Centers
- Nephrology Associates
- Nirupma Rohatgi
- Ophthalmic Plastics and Orbital
- Palisades Eye Surgery Center
- Physicians Associates
- Precision Orthopedic and Sports Medicine
- Pulmonologists PC
- Rheumatology Associates
- SGAH Wound Care Center
- Shady Grove Adventist Hospital
- Shady Grove Radiology
- Silver Spring Eye
- Skin Cancer Surgery Center
- Spanish Catholic Center General Surgery
- Suburban Hospital
- Summit Ambulatory Surgery Center
- Takoma Surgical Associates, P.A.
- The Feldman ENT Group
- The Neurology Clinic of Washington
- The Retina Group of Washington
- Visionary Eye Doctors
- Washington Adventist Hospital
- Washington Adventist Interventional Radiology
- Washington Podiatrist
- White Flint Surgery Center

### HOSPITALS AND HOSPITAL SYSTEMS

- Adventist Health Care
- Dimensions Healthcare System
- Doctors Community Hospital
- Holy Cross Health
- Kaiser Permanente of the Mid Atlantic
- MedStar Montgomery Medical Center
- Suburban Hospital
- Nexus Montgomery LLC

## PUBLIC SECTOR PARTNERS

- Health Resources and Services Administration
- Housing Opportunities Commission of Montgomery County
- Maryland Department of Health
- Montgomery County Cancer Crusade
- Montgomery County Department of Health and Human Services
- Montgomery County Public Schools
- Prince George's County Department of Social Services
- Prince George's County Health Department

## ACADEMIC INSTITUTIONS

- Georgetown-Howard Universities Center for Clinical and Translational Science
- Georgetown University Department of Psychiatry
- University of Maryland Schools of Pharmacy Baltimore and Eastern Shore
- University of Maryland School of Nursing
- University of Maryland School of Public Health

## OTHER PROGRAMS AND ORGANIZATIONS

- Agencies of the Emergency Assistance Coalition
- ALFA Specialty Pharmacy
- America's Tooth Fairy
- Associates in Process Improvement
- Capital Breast Care Center
- Catholic Charities D.C.
- CASA
- Community Health and Empowerment through Education and Research (CHEER)
- Consumer Health First
- Cornerstone Montgomery
- D.C. Primary Care Association
- Institute for Healthcare Improvement
- John Snow, Inc.
- Maryland Pharmacist Association

- Montgomery Coalition for Adult English Literacy (MCAEL)
- RS&F Healthcare Advisors
- The Coordinating Center
- Manna Food

## PCC FUNDERS: FISCAL YEAR 2017 (JULY 1, 2016— JUNE 30, 2017)

### FOUNDATIONS

- Consumer Health Foundation
- Community Foundation of the National Capital Region
- Delta Dental of Pennsylvania
- Eagle Bank Foundation
- Healthcare Initiative Foundation
- Maryland Physicians Care
- Meyer Foundation
- The Morris and Gwendolyn Cafritz Foundation
- Institute for Public Health Innovation\*
- Consumer Health Foundation\*
- Rosetter Foundation
- S. Kann Sons Company Foundation, Inc.

\*Indicates grant awarded in FY17 to be used in FY18

### PUBLIC FUNDS

- U.S. Health Resources Services Administration - Healthy Tomorrows Program
- Maryland Department of Health
- Montgomery County Executive Community Grant

### TRUSTS/FAMILY FOUNDATIONS

- Adler Family Fund
- Bernton Family Fund of the Community Foundation of Collier County
- Cliff and Deborah White Family Foundation
- Daniel F. Lynch Memorial Fund of the Greater Washington Community Foundation

- Lester Poretsky Family Foundation, Inc.
- The Christian Mixer and Linna Barnes Charitable Fund of Vanguard Charitable
- The Greene-Milstein Family Foundation

### PRIVATE ORGANIZATIONS

- Holy Cross Church
- Kaiser Permanente of the Mid Atlantic
- North Bethesda United Methodist Church
- Social Scientific Systems, Inc.

### INDIVIDUAL DONORS

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- Timothy Simone
- Barbara and Donald Turnbull
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- Paul and Janet Valette
- GJ and RJ Verfuert
- Edward and Ping Wan
- Patrick Williams
- Jean and Carl Withee

## PRIMARY CARE COALITION STAFF (JULY 1, 2016— JUNE 30, 2017)

### LEADERSHIP TEAM

- Leslie Graham, President and CEO
- Fareed Anjum, Dir. Data and Informatics
- Rosemary Botchway, VP Health Equity Initiatives
- Barbara Eldridge, VP Quality and Clinical Services
- Jeff Goldman, VP Population Health
- Hillery Tumba, Dir. Strategy and External Affairs

### STAFF

- Deepa Achutuni
- Sobia Ahmad
- Johana A. Jones
- Magdalena I. Arevalo
- Tania P. Arostegui†
- Alma Aviles-Ortiz
- J. Alexander Azuero
- Paul Barker
- Hawa Barry\*
- Guisela Bejarano
- Nilsa P. Benavides
- Jani Benitez
- Josephine Beziat
- Harihar Bhattarai\*
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- Huyen Bui\*
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- Danielle Carter
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- Maricel Claro
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- Jenna Hall
- Gianina Hasbun\*
- Daniel Henry\*
- Ana I. Hernandez
- Etelvina Herrera
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- Celia I. Juarez
- Mary Anne Kent\*
- Crystal W. Konohia\*
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- Alison Kramer-Kuhn†
- Hyewon Lee\*
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- Nneka J. Madu\*
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- Marisol Ortiz
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- Karen Y. Villatoro
- Annie Wei
- Tsige Woldemariam
- Stephanie Wolf†
- Jennifer E. Young
- Alice T. Zic
- Victor Zubiarte
- Carolina E. Zuniga

\* Left the organization in FY17

† Left the organization since FY17

## PRIMARY CARE COALITION BOARD OF DIRECTORS

### OFFICERS

- Steven M. Lieberman, Chair
- Julia Doherty, Vice Chair
- Meng K. Lee, Treasurer
- Shawn Bartley, Esq., Secretary

### MEMBERS

- Valerie Barton
- Shirley Blakely
- Jon Blum
- Richard C. Bohrer
- Carol W. Garvey
- Richard F. Gillum
- Maria Gomez
- Arva Jackson\*
- Mansfield Kaseman
- David Kleinberg
- Tristram Kruger
- Pierre-Marie Longkeng
- James T. Marrinan
- Rose Marie Martinez
- Wilbur W. Malloy
- Charles V. Stewart
- Edward Wan

### EX OFFICIO

- Leslie Graham

\* Resigned from the board in FY17



primary care coalition



We're an  
**ADVOCATE**  
for patients and  
the clinics that  
serve them.

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.