



**DISTRICT OF COLUMBIA
PRIMARY CARE ASSOCIATION
2021 ANNUAL REPORT**

A LETTER FROM OUR PRESIDENT/CEO & BOARD CHAIR



Tamara A. Smith



Kelly Sweeney McShane

Greetings,

As we reflect on the major events of 2021, the COVID-19 Pandemic and continued injustices against people of color, we send our deepest gratitude and appreciation to all who support the District of Columbia Primary Care Association (DCPCA) and our member health centers.

DCPCA strives to support the health center heroes who are on the front line of the health care delivery system -- serving patients, administering COVID -19 vaccines, transforming health care delivery, working with community and government partners to address social injustice, and doing so much more.

During the COVID - 19 Pandemic, our health centers exhibited an astonishing resilience and an ability to transform their models of care overnight. DCPCA will continue to support the transformation of care models and work with our many partners to bring innovative solutions to the District of Columbia healthcare ecosystem.

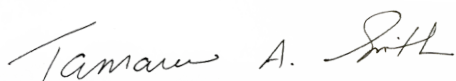
In addition, we are deeply aware that lifelong and generational trauma, violence, racism, and injustice have significant negative impact on the physical and emotional well-being of the communities and people of color that we serve. DCPCA and its Board of Directors commit to realizing the right of every person to have a full and healthy life -- free from violence, fear and despair.

DCPCA's mission is to sustain community health centers, transform health care delivery and advance racial and health equity. We will continue to advocate for social justice, an end to racism and to elevating the voice of our patients and communities. These are essential elements for the achievement of health equity.

As we celebrate our 25th Anniversary and look beyond 2021, our vision is that through collective action and innovation we promote the development of a health care system that respects and empowers people. We must enable patients to fully engage in their own well-being; promote patient-centered care and prioritize value-based contracting. We will expand our partnerships and collaboration efforts to enable a system-wide approach to remove the drivers of health disparities.

We have a rich history of partnership and a passion to serve. Together we will continue to thrive. Thank you for your dedication and commitment to improving the lives of residents of the District of Columbia.

With Gratitude,



Tamara A. Smith
President and Chief Executive Officer,
DC Primary Care Association



Kelly Sweeney McShane
Chair
President and CEO
Community of Hope



ABOUT DCPCA

DC Primary Care Association (DCPCA), celebrates its 25th anniversary in 2021 and continues to lead the way in driving change within the District's health care system. We support our member health centers who employ over 2,000 health care workers and provide care for nearly 200,000 patients, 1 in 4 District residents, at over 60 community sites.

DCPCA has led the effort to establish a technology platform and health information exchange (CPC-HIE), enabling access to data from multiple external sources, developing tools and providing training to support population health analytics and improve service delivery. Via DC PACT, DCPCA continued work on the collective impact model initiative to address social determinants of health. We convened multiple stakeholders from all sectors of health, social services, and government to define a framework, mutual priorities, specific areas of focus and an action plan to better address the health and social needs of DC residents. We are addressing racial and health equity by supporting the development of the W8 Community Economic Development planning initiative.

DCPCA provides technical assistance and trainings to support health centers in reaching their goals for improved access, operational excellence, and health outcomes. We supported quality improvement projects focused on cancer

screening, chronic disease management, care coordination, and team-based practice transformation.

We advocate for adequate funding for community health centers and their sustainability as safety net providers, we promote access to health insurance coverage for all and work in partnership with many health care organizations, government and community-based organizations to improve the health care ecosystem and address all of the SDOH factors that contribute to community health and well-being.

We will continue our work on the establishment of the District's first Federally Qualified Health Center Clinically Integrated Network, enabling health centers to respond to the changing health care landscape of value-based purchasing and P4P.

We support the development and use of health information technology needed by our



members and stakeholders to understand population health needs. We will accelerate innovation through our technical assistance and training, sharing existing best practices, and supporting data-driven, evidence-based quality improvement. We will continue our collective pursuit of a more human, more equal, and more just system of care. A system based on patient centered, integrated care model.

Our mission and priorities for 2021 will focus on addressing racial and health equity, supporting community health centers and transforming health care service delivery in the District. We will continue our role as leader, convener, innovator, and collaborator with a goal of improving health care quality, improving health outcomes and improving the overall well-being of District of Columbia residents.

MISSION

DCPCA's works to sustain community health centers, transform health care delivery systems and advance racial and health equity.

VISION

Our collective action and innovation fosters the creation of an integrated health system that: Respects and embraces people throughout the continuum of care; Empowers patients to fully engage in their health and well-being; Is value-based and patient-centered; and Commits to achieving equity and optimal levels of health for all.

DCPCA BOARD OF DIRECTORS

Our Board of Directors consists of the CEOs of the FQHCs and FQHCLAs in the District of Columbia, with additional “At-Large” slots reserved for community representatives and individual professionals who support the mission and vision of DCPCA. Board members meet with DCPCA leadership bi-monthly.

The primary role of the Board of Directors is to provide governance, oversight and effective stewardship to the District of Columbia Primary Care Association (DCPCA). Governance demands attention to long-term issues such as the Association’s mission, its values, its overall performance, and its place in the community. The governance of the Association impacts on how DCPCA is managed, and ultimately, the quality of the service provided. Effective board governance is central to DCPCA fulfilling its mission. The key governance functions of the DCPCA Board include setting policy, providing oversight to the organization and managing Board operations.



EFFECTIVE BOARD GOVERNANCE IS CENTRAL TO DCPCA FULFILLING ITS MISSION



KELLY SWEENEY MCSHANE

Chair
President & CEO
Community of Hope



MARIA GOMEZ

Vice Chair
President & CEO
Mary's Center



ZEYNEP ORHAN

Treasurer
Audit Director
BDO



DON BLANCHON

Past Chair
President & CEO
Whitman-Walker Health System



TOMI OGUNDIMU

Research & Advisory
The HM Academy



VINCENT A. KEANE

President & CEO
Unity Health Care, Inc.



**MARSHA LILLIE-
BLANTON**

Secretary
Associate Research Professor
GWU



CATALINA SOL

Executive Director
La Clinica Del Pueblo



NASEEMA SHAFI

Chief Executive Officer
Whitman-Walker Health



ROBERT A. BERENSON

Institute Fellow
Urban Institute



MIGUEL MCINNIS

Chief Executive Officer
Metro Health



GEORGE JONES

Chief Executive Officer
Bread for the City



**DR. FLORA TERRELL
HAMILTON**

Chief Executive Officer
Family & Medical
Counseling Services

DCPCA'S ROLE IN THE DISTRICT'S HEALTH CARE ECOSYSTEM.

WE IDENTIFY PATTERNS IN HEALTH CENTER-REPORTED CHALLENGES TO IDENTIFY SYSTEMS-LEVEL SOLUTIONS.

With over 20 years of experience with our members, we understand the unique needs and priorities of each of our community health center members.

WE IDENTIFY STRATEGIC, LONG-TERM, SYSTEMS-LEVEL SOLUTIONS AND AMPLIFY HEALTH CENTER PRIORITIES IN THE DC HEALTH ECOSYSTEM.

DCPCA has strong relationships with key government leaders, health system partners, and fellow associations and advocacy organizations. As a facilitator and mediator, we provide forums for discussion, bring key players together, ask challenging questions, and stay relentlessly centered on solutions and the necessary course of action. We mobilize systems responses that avoid inefficient and ineffective individual center efforts, and ensure a high-functioning collective health system.





WE BUILD PARTNERSHIPS AMONG HEALTH CENTERS AND KEY STAKEHOLDERS TO CREATE A MORE INTEGRATED, COORDINATED SYSTEM OF CARE.

Our “hub-and-spoke” model of training and technical assistance, is demonstrated by the success and impact of our facilitated Peer Groups. We facilitate communication between health centers, other health system partners, and government, reducing redundancy and misinformation while accelerating innovation.

WE ENSURE THAT HEALTH INFORMATION TECHNOLOGY PLATFORMS AND INFORMATION EXCHANGE SYSTEMS SUPPORT HEALTH CENTER EXCELLENCE AND IMPROVE PATIENT OUTCOMES.

With the move towards value-based payment, there is a great need for coordinated information sharing as well as effective data and data-managed tools to support population health management. As a driver of HIE initiatives throughout DC, we have access to population health data and EHR expertise to inform and accelerate quality improvement in care.

**RELENTLESSLY
CENTERED ON
SOLUTIONS AND
THE NECESSARY
COURSE OF
ACTION.**



STRATEGIC FOCUS

STRATEGIC PRIORITIES, LISTED BELOW AND APPROVED BY OUR BOARD OF DIRECTORS, GUIDE OUR EFFORTS.



TRANSFORMATION:

Develop a roadmap for health center sustainability with a focus on demonstrating value and achieving better patient outcomes to improve population health



DATA MANAGEMENT:

Leverage DCPCA's expertise and engagement around health data management, exchange, and analysis to support improved patient and population health



ADVOCACY/PUBLIC POLICY:

Develop and promote an advocacy agenda that identifies a broad set of public health priorities focused on health equity and social determinants of health.



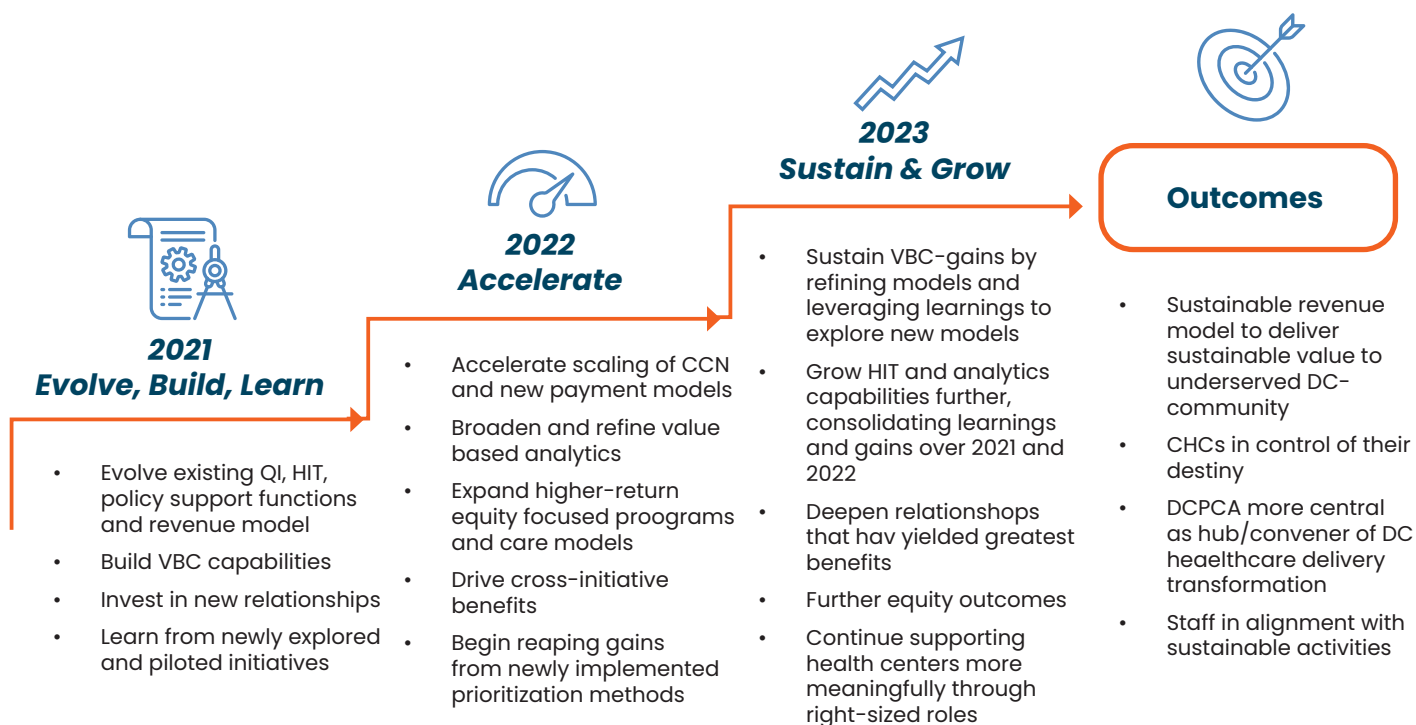
ORGANIZATIONAL CAPACITY:

Continue to strengthen and build DCPCA infrastructure to ensure long-term sustainability and impact



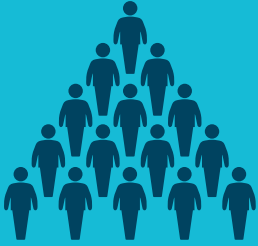
DCPCA STRATEGIC ROADMAP: A PHASED APPROACH

DCPCA’s 3-year strategic plan focuses on building value based contracting capabilities, with the goal to accelerate, sustain and grow in the futurr years.





DC HEALTH CENTER PERFORMANCE



OVER **906,000** PATIENTS SERVED

DCPCA THEN VS. NOW

1996

6 MEMBER HEALTH CENTERS

6 HEALTH CENTER SITES

3 WARDS WITH MEMBER HEALTH CENTERS

LESS THAN 20,000 PATIENTS SERVED PER YEAR



2021

14 MEMBER HEALTH CENTERS

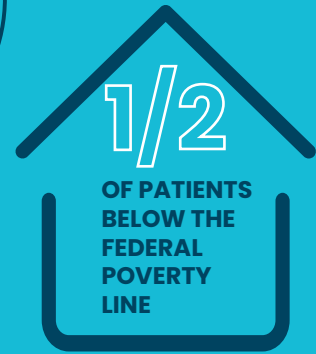
72 HEALTH CENTER SITES

8 WARDS WITH MEMBER HEALTH CENTERS

200,000 PATIENTS SERVED WITH AN ESTIMATED 1 MILLION VISITS ANNUALLY

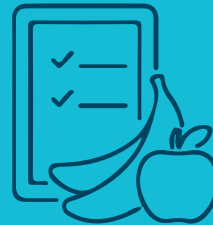


95% OF PATIENTS WERE RACIAL/ETHNIC MINORITIES



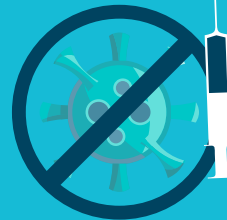
1/2

OF PATIENTS BELOW THE FEDERAL POVERTY LINE



70% OF YOUTH RECEIVED NUTRITION COUNSELING

114,282 TOTAL COVID TESTS ADMINISTERED BY CHCS IN THE DISTRICT



84,822 VACCINATIONS ADMINISTERED BY CHCS IN THE DISTRICT



6,034 PRENATAL PATIENTS IN 2020

63% HAD A FIRST PRENATAL VISIT WITHIN THE FIRST TRIMESTER.

PROGRAMS

POLICY/ADVOCACY

QUALITY IMPROVEMENT

TECHNOLOGY

TO ADDRESS THE CHALLENGES IN THE HEALTH CARE SYSTEM AND LAY THE GROUNDWORK FOR A SYSTEM THAT WILL PROMOTE HEALTH IMPROVEMENTS TO POPULATION HEALTH, DCPCA HAS ORGANIZED ITS WORK AROUND THREE CORE PROGRAMS:

1

POLICY AND ADVOCACY

Our efforts work to strengthen coverage, promote sustainability, and improve the outcomes of the District's safety net system. DCPCA is at the center of efforts with the DC government, MCOs, and CHCs to build a system that aligns incentives with positive patient outcomes, maximizes health center sustainability, and results in a healthier DC.

2

QUALITY IMPROVEMENT

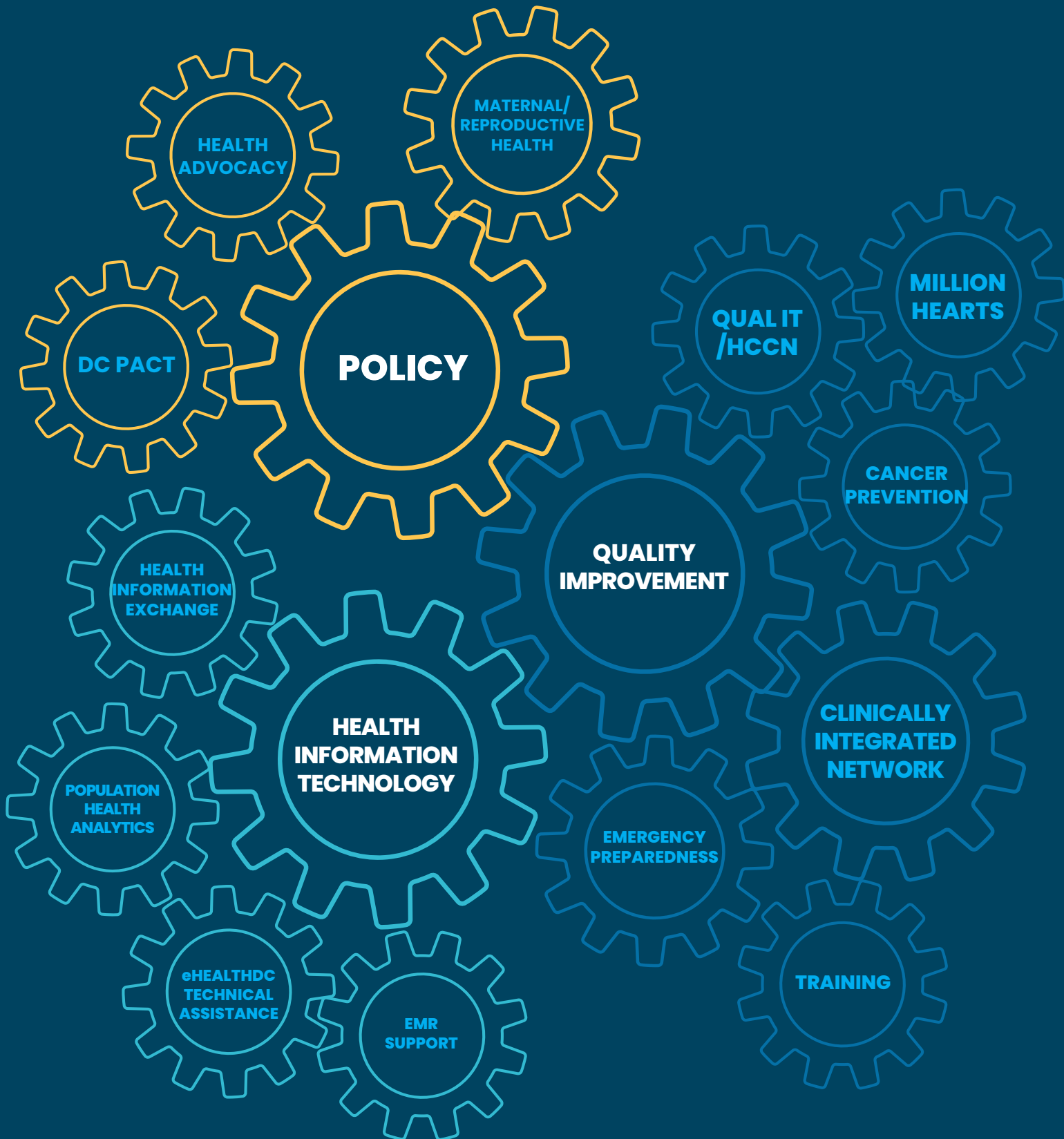
Our Quality Improvement Program provides technical assistance (TA), training and support to our member health centers to help them improve operations and strengthen their capacity to provide high quality care. The team provides technical assistance, including improved principles of team-based care, practice transformation and workflow design.

3

HEALTH INFORMATION TECHNOLOGY

DCPCA plans, implements and manages technology initiatives that support the health care operations of our community health center members. These initiatives include implementing health data exchange and integration strategies to enable the sharing of patients' health data among providers of record; facilitating population health data acquisition, analysis and reporting; and providing clinical data reporting services to support the health centers' Quality Improvement objectives. We advocate for, and assist, in the implementation and adoption of health information exchange technologies, and are actively engaged in efforts to build a robust Health Information Exchange (HIE) network in the District of Columbia [that facilitates transitions of care among health center providers as well as across other care settings].

PROGRAM INITIATIVES



PARTNERSHIPS

Linkages and partnerships are vital to the work of DCPCA. Strengthening existing partnerships and identifying new opportunities to collaborate, especially with our public sector partners, sustains our work by leveraging our resources and embeds us further into the fabric of the community, ensuring ongoing sustainability of the community health center network. DCPCA's partners include our health center member organizations, government agencies, regional hospitals and health systems, human service organizations and other health sector advocacy and community-based organizations, with the goal of improving population health. Monthly stakeholder meetings ensure that we maximize opportunities to speak with one voice on cross cutting policy issues that impact all of our constituencies.

- **DCPCA and our community health center partners are uniquely positioned to create the linkage between community social support and clinical care essential to achieving health equity**
- **We identify and disseminate successful healthcare innovations. We have access to strategic clinical and community partnerships and provide formal and informal forums for collaboration.**
- **We identify health center solutions and share those best practices with other health centers. We assess research, conduct evaluation, and reach to our project partners to identify evidence-based interventions. Our organization uses a culture of continuous quality improvement to continuously learn from feedback and improve our work.**
- **We believe that individuals and communities most impacted by health inequity should be engaged and centered in the work to develop solutions and improve outcomes. We employ the tools of Collective Impact and human-centered design in our quest to achieve health equity in DC.**



PARTNERS





Partnerships and collaborations are essential to the work of DCPCA. Through our collaborations we work to reduce racial and health disparities and build a more integrated health system to enable improved health outcomes and community well-being.

We coordinate with stakeholders to build capacity, improve health, and promote integration and efficient use of resources. By coordinating work with cross-sectoral partners, we are building a robust health system that addresses root causes of health disparity.

ACCOMPLISHMENTS

RECENT ACCOMPLISHMENTS INCLUDE:

- Supported rapid increased health center capacity for telehealth in the wake of COVID-19 through policy advocacy, HIT support, and focused QI engagement
- Secured FQHC alternative payment methodologies to support health center care model
- Developed an FQHC clinically integrated network--the DC Connected Care Network--which will evolve value-based care management strategies for the District's high-priority patient populations
- Launched and sustained DC PACT, recognized as the forum for DC-wide dialogue on clinic-community linkage and addressing SDOH
- Launched DC NEXT, a teen parenting support and health equity collaborative
- Supported the development of the Ward 8 Community Economic Development Planning Process
- Established robust chronic disease management and cancer patient navigation programs
- Provided 111 training programs with 1800 participants with an average training rating 4.4 out of 5

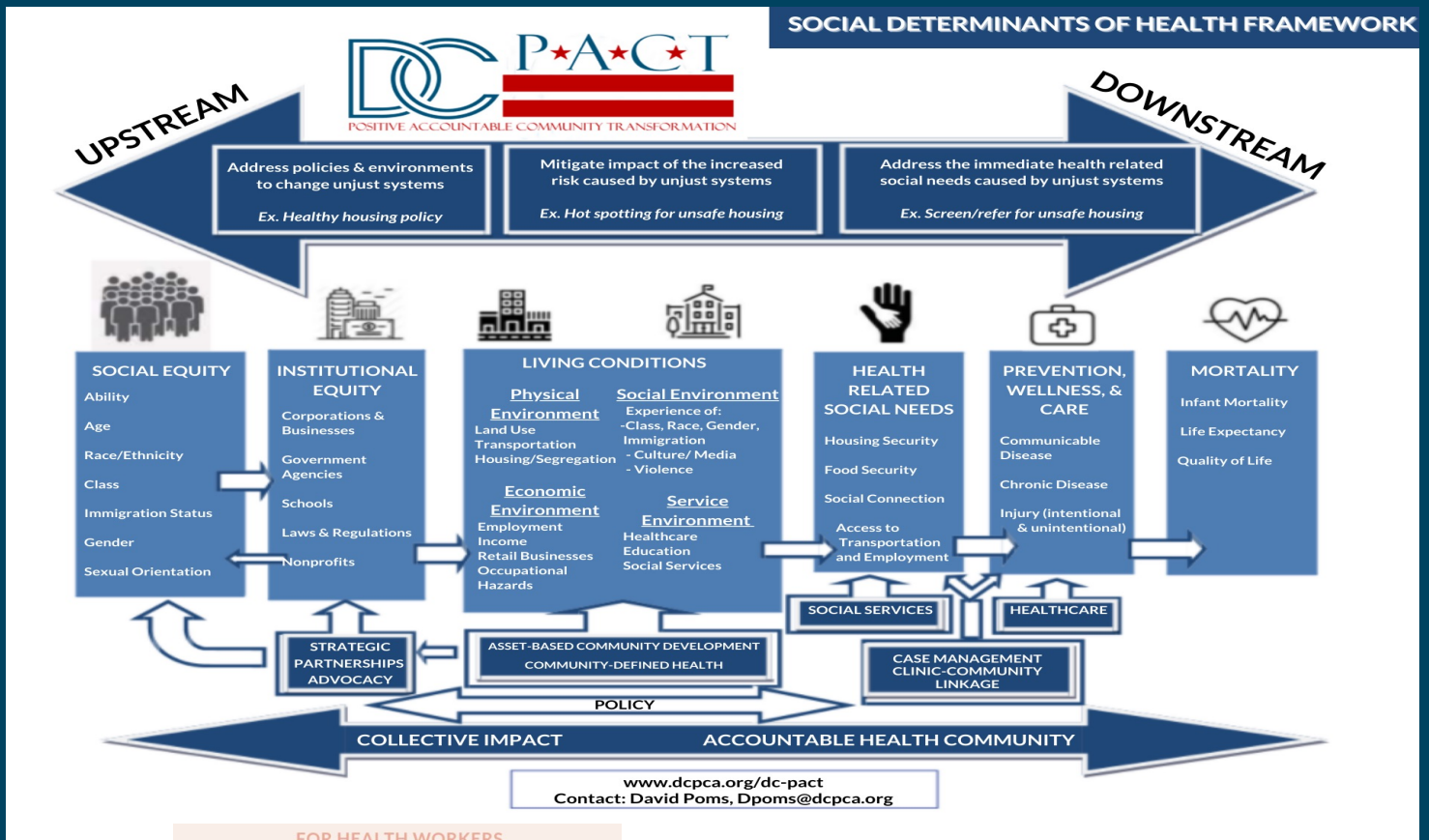




**OUR
ACCOMPLISHMENTS
CONTINUE TO MAKE
A REAL DIFFERENCE
TO REAL PEOPLE IN
REAL TIME**

- Supported the adoption of Meaningful Use standards at health centers and community provider sites
- Led the integration of the Capital Partners in Care Health Information Exchange (CPC-HIE) with the CRISP HIE (Chesapeake Regional Information System for our Patients) to support the real-time exchange of patient clinical and encounter data among our community health centers and the more than 40 hospitals located in the District and Maryland. Through this integration, our health center providers can access more complete medical histories for their patients and receive real time notification of patient hospital admissions to facilitate and improve care transitions
- Expanded the number of participants in the CPC-HIE by 6 for a total of 12 member organizations that can now access their patients' clinical data electronically when those patients receive care at multiple organizations

COLLABORATIONS



FOR HEALTH WORKERS

TOP 5 DO NO HARM CHECKLIST

- CHECK YOUR SYSTEMS**
 Change punitive systems into supportive spaces. From the parking lot to the exam room, is your space clean, inviting, and comfortable? Would you seek care at your facility? Do you have a generous late policy and walk-in option, for example?
- CHECK YOUR CARE TEAM**
 From the front desk, to the providers, to the billing staff, each worker a patient interacts with is responsible for ensuring the patient is respected and treated like a guest. All staff should put themselves in their patients' shoes and remember many people have experienced racism and trauma.
- CHECK YOUR BIASES**
 Everyone is biased, even you. Take the Harvard Implicit Bias test to understand and address bias. Microaggressions happen frequently and can drive patients away from needed health care resulting in bad outcomes.
- CHECK EACH OTHER**
 Sometimes the person causing harm does not realize they are doing so. If you see harm being done, intervene. Only when we call out harm will we stop it.
- CHECK YOUR LISTENING SKILLS**
 Believe what patients are telling you. Take time to get to know your patient and understand she may be facing a lot of challenges outside the health system. Be aware of the impact of your words and apologize if you cause harm or discomfort.

TO READ THE FULL DO NO HARM GUIDE
Visit: www.dcpca.com

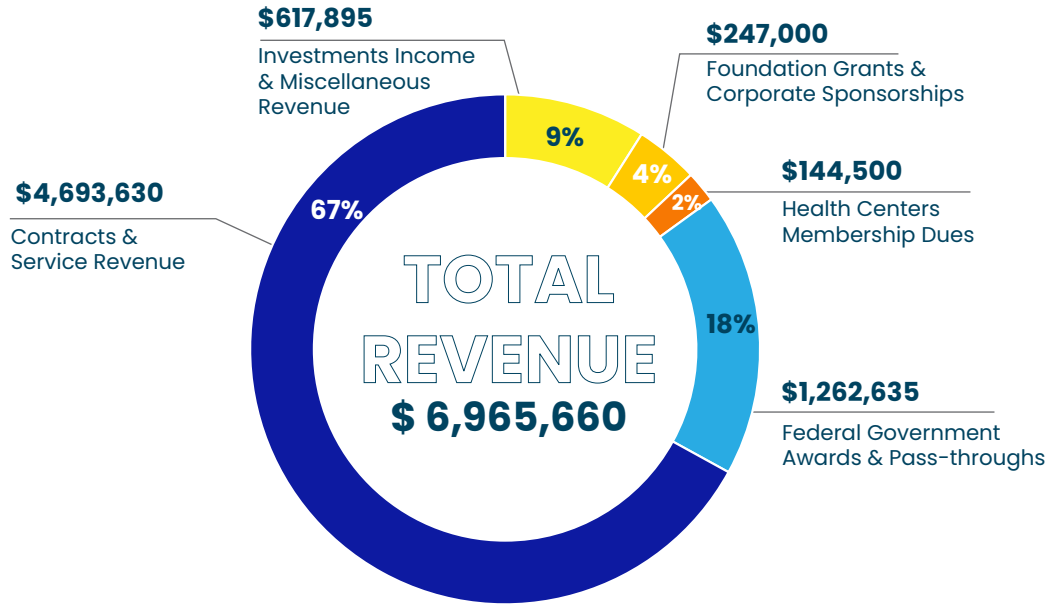
ARE YOU A TEEN MOTHER OR FATHER LIVING IN THE DISTRICT?

GET INVOLVED IN DC-NEXT!

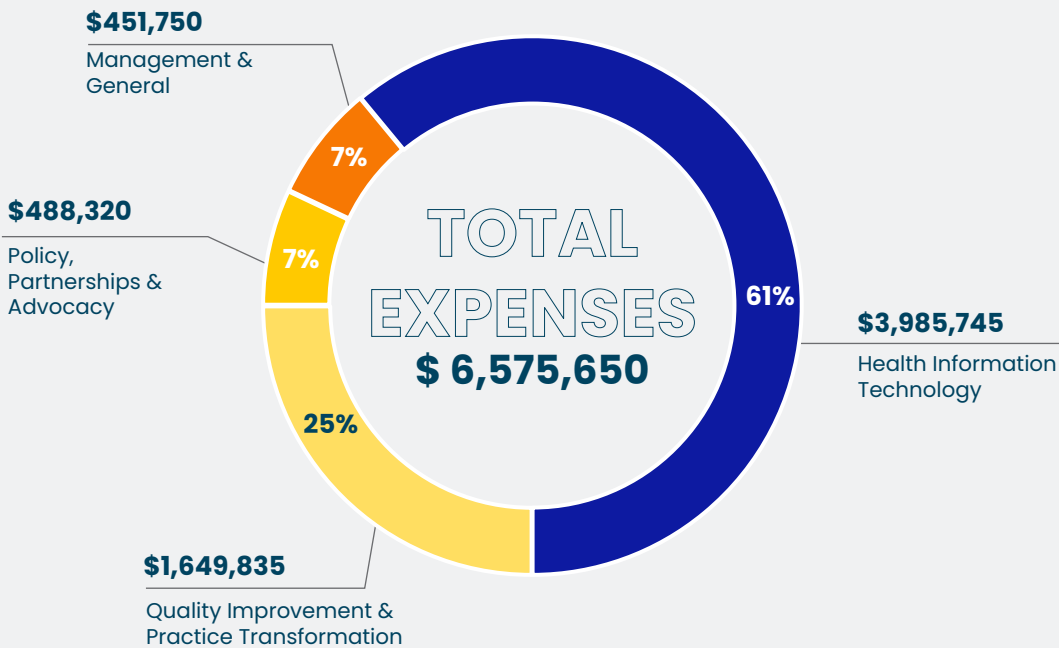
DC'S NETWORK FOR EXPECTANT AND PARENTING TEENS

FINANCIAL SNAPSHOT

REVENUE



EXPENSES



HEALTH CENTERS





1. Bread for the City – Northwest Center
1525 7th St NW

2. Bread for the City – Southeast Center
1640 Good Hope Road SE

3. Community of Hope – Conway Health and Resource Center
4 Atlantic Street SW

4. Community of Hope – Family Health and Birth Center
801 17th Street NE

5. Community of Hope – Marie Reed Health Center
2155 Champlain St NW

6. Community of Hope – The Commons at Stanton Square
2375 Elvans Rd SE

7. Elaine Ellis Center of Health
1627 Kenilworth Ave NE

8. Elaine Ellis Center of Health – MD
10001 Rhode Island Ave

9. Family and Medical Counseling Service
2041 Martin Luther King Jr. Ave SE

10. Family and Medical Counseling Service – Seat Pleasant
5936 Martin Luther King Jr. Highway

11. La Clínica del Pueblo
2831 15th St NW

12. Mary’s Center – Adams Morgan
2333 Ontario Rd NW

13. Mary’s Center – Fort Totten
100 Gallatin Street NE

14. Mary’s Center – Montgomery County
344 University Blvd West

15. Mary’s Center – Petworth
3912 Georgia Avenue NW

16. Mary’s Center – Prince George’s County
8908 Riggs Road

17. So Others Might Eat
60 O St NW

18. Whitman–Walker Health Max Robinson Center
2301 Martin Luther King, Jr. Ave SE

19. Whitman–Walker Health
1525 14th St., NW

20. Whitman–Walker Health Youth Services
651 Pennsylvania Avenue SE

21. Unity Health Care – Anacostia
1500 Galen Street SE

22. Unity Health Care – Brentwood Health Center
1251-B Saratoga Avenue, NE

23. Unity Health Care – Columbia Road
1660 Columbia Road NW

24. Unity Health Care – East of the River
4414 Benning Road NE

25. Unity Health Care – Minnesota Ave
3924 Minnesota Ave NE

26. Unity Health Care – Parkside
765 Kenilworth Terrace, NE

27. Unity Health Care – Southwest
555 L Street SE

28. Unity Health Care – Stanton Road
3240 Stanton Road SE

29. Unity Health Care – Upper Cardozo
3020 14th Street NW

30. Unity Health Care – Homeless Services Center – CCNV
425 2nd St NW

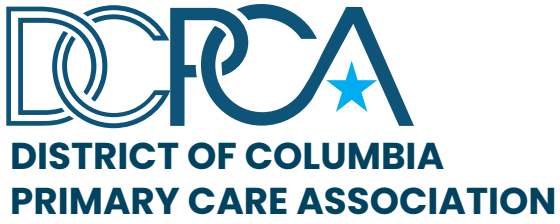
31. Unity Health Care – Woodson Student Health Center
540 55th Street NE Room W

32. Unity Health Care – School-Based Health Centers – Cardozo
1200 Clifton St. NW

33. La Clínica del Pueblo – Hyattsville
2970 Belcrest Center Dr #301

34. MetroHealth (formerly Carl Vogel Center)
1012 14th Street NW Suite 700





FOR MORE INFORMATION

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@DCPCA #DCPCA

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