A MESSAGE FROM OUR EXECUTIVE DIRECTOR

Newly at the helm of PCP at its five-year mark, I am excitedly watching this organization become a central force in fostering generations of clinicians who understand the values and imperative of our leadership model. The approach – Relational Leadership – is grounded in relationships, teamwork and a sophisticated understanding of stakeholders. It’s how we’re transforming primary care to be optimal for patients and their caregivers.

What does it take "to lead" in primary care today? This is a critical question we think about every day at Primary Care Progress, and it’s on the minds of everyone who cares about health care transformation. It will take the collective efforts of all the brilliant, committed and passionate people who make up our health care system - the nurses and doctors, receptionists, lab techs, pharmacists, hospital administrators and others - leaders who are equipped with the relational and technical skills to manage this radical change. This change demands a willing spirit and a desire to innovate - from the C-suite executive leading a LEAN improvement process, to the physician and medical assistant on the front lines of primary care redesign.

Unfortunately, there’s long been a focus on the technical aspects of change, and little emphasis on the relational ones. That’s part of the reason why 55% of physicians are reporting burnout, up from 44% just three years ago. While change may look great on paper, it isn’t always implemented in a way that acknowledges how our workforce relates, engages or practices. These elements are often a major factor in the 75% of improvement projects that end in failure.

We’re just not getting the “people” part right!

At Primary Care Progress, we’re committed to filling that “people” skills gap and developing an interprofessional cadre of leaders with a comprehensive set of tools for managing change. I’m delighted to report that we’ve begun building out the scaffolding to accomplish that bold vision. Over the past few years, we’ve assembled a team of national trainers and coaches who are working with the 200+ chapter leaders of the PCP network. They’re not only trained in our Relational Leadership framework, but are also interprofessional and intergenerational practitioners and trainees. They teach a variety of cutting-edge, Relational Leadership practices which are then applied to help chapter leaders advance their local projects to improve primary care.

What’s unique about our training is that we provide what we call a “triple-helix approach.” This includes the Relational Leadership framework, intertwined with applied or experiential learning, and buffered by an ever-expanding community of like-minded people – a movement – who have all been through our program.

Now is our time. With your support, we’re poised to have an impact like never before. We know revitalizing primary care and transforming the health care system will likely take decades, and PCP is honored to be at the vanguard of this mission – developing the cadre of change makers who are leading that charge.

Sincerely,

Jennifer Nadelson
Executive Director
ABOUT US

Primary Care Progress (PCP) is a national 501(c)(3) that brings together an interprofessional community of change makers to transform primary care. We believe that leading this effort demands strong relational skills in addition to traditional education and experience. PCP offers an exclusive relational development series - a leadership development program that trains and coaches primary care leaders in a variety of unique relational leadership practices necessary to drive change in primary care, including team building, change management and advocacy.

Our work with up-and-coming leaders, particularly students, trainees and faculty, occurs within PCP’s growing chapter network. We also work directly with health systems leaders, providing consulting and Relational Leadership development services. PCP believes that by providing these current and future leaders with inspiration, skills, coaching and community, they can develop the leadership practices to best manage change system-wide, as well as in their clinics and educational institutions.

Since its inception, PCP has harnessed the power of building a community of change makers in the primary care space. Through webinars, trainings and partnerships, we connect fellow primary care advocates and share inspiring stories of progress in the health care revitalization movement.

MISSION DRIVEN

Primary Care Progress creates an interprofessional network of leaders to transform primary care. We provide the inspiration, leadership development and community these change makers need to build an effective, person-centered and sustainable primary care system.

By bringing together students and leaders at the forefront of primary care, we’re poised to transform the entire system into one that is more valued, more effective, person-centered and sustainable.

Andrew Morris-Singer, M.D.
Founder, Primary Care Progress
RELATIONAL LEADERSHIP IN PRACTICE

Throughout the academic year, PCP’s network of more than 40 established chapters are applying our invaluable leadership trainings to projects in their local communities, such as free clinics, mentorship programs, curriculum creation and reform, demonstrating the linkage between social determinants of health and health outcomes, and primary care advocacy.

PCP’s national, interprofessional training team of over two dozen skilled trainers and coaches - many of whom started out as chapter members and progressed through our pipeline - regularly provide leadership development to chapter members.

Additionally, our team delivers leadership development trainings to providers and other groups that over the past year included the Camden Coalition of Healthcare Providers, the John Hartford Foundation, Austin Primary Care, Saint Louis University School of Medicine and The Wright Center.

PCP Founder Andrew Morris-Singer regularly speaks at universities and health care conferences to promote our Relational Leadership model, to encourage budding primary care change makers, and to recruit like-minded health professionals into the movement.

INTERPROFESSIONAL STUDENT HOTSPOTTING

For the third straight year, Primary Care Progress partnered with the Camden Coalition for Healthcare Providers (The Coalition) and the Association of American Medical Colleges (AAMC) to run the Interprofessional Student Hotspotting Collaborative. This six-month program teaches interprofessional student teams from across the country how to identify and care for patients with complex social and health needs in order to improve health and reduce utilization among some of the costliest patients in our system.

PCP provides leadership development to teams, including a focus on effective teamwork, advocacy and strategic storytelling to build connections. Students also learn about the root causes of high health care utilization, and how to help patients navigate our increasing complex system. In the process, students build powerful relationships with patients, their families and provider teams and begin developing a set of personal resiliency practices.

We are excited to report the continued expansion of the program and the upcoming launch of a new National Center for Complex Health and Social Needs in Camden, New Jersey. We’re confident - based on the ever-increasing interest of students in joining the program - that hotspotting will continue leading our vision of primary care revitalization.
PCP and The Wright Center for Graduate Medical Education have partnered to launch the Catalyst Project pilot program, which will enable four interprofessional, intergenerational PCP chapters to play an influential role in improving primary care delivery in their community while developing Relational Leadership skills. The Catalyst Project is supported by a group of national experts in leadership development, community health, patient engagement and primary care innovation.

PCP knows that chapters seek meaning in their work with us, and this pilot puts them at the forefront of local community engagement while actively working with their school administration and primary care thought leaders. Catalyst Project chapters will harness their unique relationships with a diverse group of health care stakeholders (e.g., providers, patients, deans, fellow students, etc.) and generate a new conversation about how to align the innovations in care at their institutions with the health needs of their community. This powerful dialogue will culminate in a chapter-led, community-wide event. This is the next step in our expanding menu of opportunities for primary care change making and we could not be more eager to see the results.

Our successful pilot cohort model in 2015-16 for 16 chapters was a powerful leadership learning collaborative. For 2016-17, all chapters will be assigned to a cohort, which typically include four chapters working together with a coach and their faculty advisors. The framework provides a unique space for chapter leaders to receive advanced leadership training, case consultations from peers as well as national experts, and a variety of resources and support to make their local projects as impactful and rewarding as possible.

There’s an assumption in health care that we’re all natural leaders. The truth is that it’s a struggle. I believe leadership training should be standard in our professional curricula, but it’s usually not. That’s why being part of PCP has been so essential for me. I’m learning important skills that will help me succeed.

Candace Markley
Emory University PCP Chapter Leader
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Now is our opportunity to change the face of primary care - to show leadership and empathy that drives better outcomes for patients and providers. PCP is leading that charge.

Andy Ellner, M.D.

FINANCIAL INFORMATION

REVENUE

Contributions and Grants 1,003,621
Other Income 14
Contributed Services 22,500
Total Revenue 1,026,135

OPERATING EXPENSES

Program Services 877,883
Administration 97,182
Development 131,295
Total Operating Expenses 1,106,358

Net Assets (end of year) 181,630

A VERY SPECIAL THANKS

Your investment in Primary Care Progress enables us to continue expanding our network of change makers and leaders who are transforming primary care. From foundation support to individual gifts, we couldn’t do this important work without your generous support.

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