When I founded PCP seven years ago, I never imagined we’d be training thousands of healthcare professionals every year — driving innovation in care, fostering wellbeing on teams, and welcoming more and more learners into our growing national network to advocate for needed changes in our healthcare system. I founded PCP because I wanted to be a catalyst for primary care revitalization. What quickly became clear was that our focus needed to be on the people who made up the system — and less so on the structures, policies, and processes of the system. So we set out to create a community of people who believed, just like us, that healthcare transformation meant more than insurance, government policy debates, and diagnoses; it meant a group of likeminded people who believed we’d need to work in new ways — people who had the willingness to build coalitions to accomplish these bold things.

Seven years later, the essence of who we are — our mission to be a voice, convener, and incubator for the next generation of leaders — has not changed.

In many ways, our grit and idealism has strengthened — matched with hard-won wisdom, experience, and powerful leadership development tools that have enabled us to make an even greater impact — in overall patient care, provider satisfaction, and optimism among the next generation. We expanded from students to practitioners, calling for change to enacting change, and spreading a set of leadership practices that have unlocked individuals and teams to do some of their best work.

It’s been said that as we grow, we become more of who we are. As I reflect on Primary Care Progress’ evolution over these past several years, the sentiment couldn’t be truer. We’ve become bolder, stronger in our convictions, humbled by the tenacity of the leaders in our network, more inclusive of the professions that comprise healthcare, proud advocates for health equity, and more convinced now than ever that we are advancing an effort that will transform primary care.

Thank you for being part of a movement whose time is now.

ANDREW MORRIS-SINGER
OUR STORY

Founded in 2010, Primary Care Progress is a national nonprofit committed to strengthening the community at the heart of primary care. Working with current and future healthcare professionals from across disciplines and career stages—from students and faculty to providers and health systems leaders—we offer leadership development and support that emphasizes relational skills, individual resilience, and advocacy. By providing the resources necessary to excel, we’re building the next generation of primary care, ultimately leading to sustainable models of care and better health for all.

OUR APPROACH

From students to professionals, grassroots programs to grasstops advocacy, our programs are founded on Relational Leadership™, an approach to leadership development that starts with cultivating authentic relationships as the first step to creating change. Whether developing more efficient workflows, improving the patient experience, or driving better health outcomes, Relational Leadership™ complements an understanding of clinical and community health innovation with an appreciation for the full breadth of human interactions needed to achieve that connection.

As a supervisor of resident physicians, I often find myself teaching more about the non-medical aspects of medical care than pathophysiology and pharmacology. In the era of the electronic medical record, physicians and healthcare teams are increasingly moving away from face-to-face communication, while patients are facing complex medical and social issues that require team-based care and a personal touch. Every day, I call on so many of the skills I learn through PCP. Now more than ever, we need to focus on team building, connection with others through narrative, and cultivating resilience—skills to help us help our patients succeed.

STEPHANIE NOTHELLE, M.D.
POST-DOCTORAL FELLOW, JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
As Primary Care Progress continues to respond to the demands of a rapidly changing healthcare environment and the needs of the people at the center of that care, we’ve expanded our programs — investing greater resources and efforts in cultivating leadership and wellbeing among healthcare professionals and care teams. From day-long workshops to year-long change management engagements, we’re rolling out new initiatives that underscore resilience, narrative leadership, and health equity.

**SPOTLIGHT ON RESILIENCE**

**MARIANNE ROY**  
CHIEF OF LEADERSHIP DEVELOPMENT STRATEGY

With every intervention, I’m struck by how hard healthcare providers are working just to keep their heads above water. As a coach to clinical teams for more than two decades, two important observations stand out. First, clinicians have a responsibility to themselves and their patients to attend to their own wellbeing — to treat self-care with the same attention as they treat an infection or illness. And secondly, teams work. As Deming put it, “a bad system will beat a good person every time.” It’s time to “focus not on trying harder within the current system, but on changing the system.” We’re seeing the remarkable results that integrated care teams can have — better patient outcomes, greater patient satisfaction, lower costs, and increased provider and team resiliency. And yet despite the results, teamwork continues to run against the grain of independence and autonomy in which students and healthcare professionals are steeped. In my view, one of PCP’s most critical roles is to teach, nurture, and support interdisciplinary teamwork. As teams flourish, so, too, will resiliency.

**SPOTLIGHT ON NARRATIVE LEADERSHIP**

**MATT LEWIS**  
SENIOR STRATEGIC CONSULTANT

After years teaching students, healthcare professionals, and advocates, there is absolutely no question — no doubt — of the healing power of story. From community health workers feeling overwhelmed and unsupported, to patients desperate to articulate the experience of their illness or injury — stories create a sense of our collective strength by tearing down the walls of isolation. And in a healthcare system fraught with silos and computer screens, we need the human voice — a personal connection.

In the coming year, as we expand our Narrative Leadership programs to reach more leaders at more levels, I’m proud to be part of a movement that’s rewriting the story of healthcare from the inside out.
During my twenty years in public health — the last five in community-based HIV prevention — I brought together diverse voices to advance program, policy, and practice-level change, hearing the powerful stories of those at the heart of community transformation. And what became clear to me was that many challenges faced by our communities weren’t about health disparities or differences between groups, but about structural health inequities — those issues created by society that can be addressed by society.

I came to PCP because health equity drives our work. At the core of Relational Leadership™ is a commitment to social justice and advocacy — not just in words, but in action. Through our partnerships with the Camden Coalition of Healthcare Providers and the Wright Center for Graduate Medical Education, we support healthcare professionals as they use their voices and values to advocate for the health and wellbeing of every individual in every community. As Dr. Martin Luther King Jr. said, “The arc of the moral universe is long, but it bends toward justice.” Through our work at PCP, I believe we’re doing our part to bring Dr. King’s vision to light.
A VERY SPECIAL THANKS

Our work is made possible by the tremendous support of individual donors, partner organizations, and hundreds of advocates at the center of care. We couldn’t do this important work without their generous investment.

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FINANCIAL INFORMATION

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PRIMARY CARE PROGRESS 6
When I was younger, I thought good leaders shot from the hip — confidently taking on new initiatives with decisiveness and by commanding teams — succeeding because they had “good instincts.” I was wrong. Listening and collaboration have been the biggest assets to my personal success and what I think is needed to shape America’s healthcare sector. The stakes are high. Leadership in healthcare requires stepping back to listen before we step in to direct. I learned these lessons as a member, team leader, and coach for Primary Care Progress. From PCP’s leadership to its students, I’ve never worked with such a thoughtful, committed group of individuals. I know venturing into this space with health professionals brings challenges that may result in mistakes along the way, but we also learn from them and move forward together.

KRISDA CHAIYACHATI, M.D., M.P.H.
General Internist, University of Pennsylvania and Philadelphia VA Medical Center
As I reflect on our tremendous successes of 2016, we look ahead to 2017 with even greater promise. The list of exciting new initiatives is long — new PCP teams forming across the country, new programs designed for clinical teams and practicing healthcare professionals, new digital resources, and new partnerships with some of the nation’s leading healthcare innovators.

It’s exciting to be at the helm of this transformation in care. But that’s only part of the story. Now in my second year of leadership at Primary Care Progress, I’m witnessing a change that’s far more powerful than a list of new accomplishments.
Shortly after starting at PCP, I met a medical resident named Kari. Like so many young people in our network, she was excited to learn those critical relational skills she wasn’t getting in her formal training — the kinds of tools that can make or break a physician. She approached us with an idea to launch an elective at her school focused on using narrative leadership to build stronger, interprofessional teams — a program she and her team were able to move through the approval process with the help of PCP coaching. Now, thanks to her leadership, dozens of residents have been trained in narrative leadership. It’s remarkable to think that that single PCP training she attended lit a fire that has made a difference in the lives of so many clinicians and, in turn, their patients and colleagues.

For me, this speaks to something extraordinary happening within the PCP community. Kari is just one of the thousands of individuals we work with each year. And if one person is making that kind of impact, imagine the amplifying effect. There’s a groundswell of activism sweeping our nation. From communities to Congress, we’re seeing individuals come together to use their voices on behalf of underserved populations, underrepresented communities, and unspoken needs. In healthcare, we’re seeing seasoned clinicians actively collaborate with students, medical centers talk openly about issues of failure and bias, and technology used not as a substitute for human interaction, but an important tool to help patients understand and manage their own care.

I’ve spent a lifetime in healthcare. And while we may not know the future of medicine, I could not be more confident about the future of care. I look at our national network of young leaders — physicians, nurses, PAs, behavioral health clinicians, pharmacists, social workers, caregivers, advocates, and primary care teams — and even amidst enormous change and uncertainty in healthcare today, I am deeply hopeful.

From current healthcare professionals to the future leaders in medicine, I’m proud to be part of an organization with one powerful mission: to support the community at the heart of care — the change-making, problem-solving, restless, compassionate people who remind us every day that our best days are ahead.