Mission
DCPCA works to create a high quality, equitable, integrated health care system that gives every DC resident a fair shot at a full and healthy life.

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.
About DCPCA

Founded in 1996

Over 50 Health Care Delivery Sites

200,000 Residents Served

15 community health centers and community-based organizations located in the District of Columbia and the Maryland suburbs

What DCPCA Does

Enhance Quality

Promote Sustainability

Policy & Advocacy

Advance Health IT

200,000 Residents Served

Over 50 Health Care Delivery Sites

15 community health centers and community-based organizations located in the District of Columbia and the Maryland suburbs

Founded in 1996
Dear Friends,

As we reflect on the major events of 2016, we send our deepest gratitude and appreciation to all who support the District of Columbia Primary Care Association (DCPCA). Our ability to successfully navigate change during this period of uncertainty is overwhelming related to this wellspring of support from you and the community.

DCPCA continues to lead the way in driving change within the District of Columbia’s health care system. This year’s efforts illustrate how important our collective work is to DCPCA’s extended family of nearly 200,000 patients, 2,000 health care employees, 15 health centers with over 50 delivery sites, and our community members.

In 2016, we undertook two mission-critical planning efforts with health centers in response to the District of Columbia’s Medicaid value-based payment initiatives. The first effort involved a major ratesetting update to how health centers will be paid for care provided to Medicaid patients in the future. The second effort focused on the formation of a health center-led care management offering to support Medicaid beneficiaries who are frequent consumers of hospital-based services. Both of these efforts offer real promise of better health outcomes for our community. Both are community-based responses to the policy movement towards value-based models of care in Medicaid.

It comes as no surprise that change was a major theme of DCPCA’s work in 2016. We said goodbye to Jacqueline Bowens, DCPCA’s Executive Director, in October. Ms. Bowens made numerous contributions to DCPCA’s mission and the community at large, and we recognize her for such outstanding leadership over the past three years. We then welcomed John Mathewson as DCPCA’s Interim Executive Director in the fall. We also began to prepare for the transition of power at the federal level and the inevitable uncertainty when such transition occurs in Washington, DC.

As we look to 2017 and beyond, DCPCA will navigate this next phase of uncertainty with our mission as our moral compass. That mission lies at the critical intersection of health equity and social justice. We will continue to fight for access to health care coverage for all in the District of Columbia as a matter of equality and justice. We will seek to build on the health care policy gains on access to care while remaining vigilant to any threats to reducing or eliminating such coverage. We will continue our collective pursuit of a more human, more equal, and more just system of care. Such a system will only be successful if it is firmly grounded in the principles of community-based primary care and addresses the social determinants of health that are negatively impacting individuals and families who live and work in Washington, DC.

Much is at stake in 2017 and beyond. And we need you more than ever before.

Yours in service,

Donald Blanchon                   Alicia Wilson               George Jones
Chair                            Vice-Chair                               Immediate Past Chair
Executive Director    Executive Director         Executive Director
Whitman-Walker Health                  La Clínica del Pueblo          Bread for the City

Claire Mooney                    Dr. Rhonique Shields, MD
Treasurer                   Secretary
Chief Financial Officer
La Clínica del Pueblo

Julie Chapman                     Maria Gomez                                                     Dr. Flora Terrell Hamilton
President & CEO                       President & CEO    Chief Executive Officer
501c Tech                           Mary’s Center                                                          Family & Medical
Counseling  Services

Vincent A. Keane               Ed Lazere                       Kelly Sweeney McShane
Chief Executive Officer     Executive Director         Executive Director
Unity Health Care, Inc.               DC Fiscal Policy Institute       Community of Hope

Of Note:
As of May 15, 2017, DCPCA had the pleasure of announcing Tamara A. Smith as our new President & CEO.
DCPCA Board of Directors

Donald Blanchon  
Chair  
Executive Director  
Whitman-Walker Health

Alicia Wilson  
Vice-Chair  
Executive Director  
La Clinica del Pueblo

George Jones  
Immediate Past Chair  
Executive Director  
Bread for the City

Claire Mooney  
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La Clinica del Pueblo

Dr. Rhonique Shields, MD  
Secretary

Julie Chapman  
President & CEO  
501c Tech

Maria Gomez  
President & CEO  
Mary’s Center

Dr. Flora Terrell Hamilton  
Chief Executive Officer  
Family & Medical Counseling Services

Vincent A. Keane  
Chief Executive Officer  
Unity Health Care, Inc.

Ed Lazere  
Executive Director  
DC Fiscal Policy Institute

Kelly Sweeney McShane  
Executive Director  
Community of Hope
United Health Foundation:
Acquire and implement a data analytics platform for CHC access
Integrate clinical and Medicaid claims data sources to produce complete medical histories for CHC patients
Implement risk stratification and performance metrics reporting capabilities
Provide health center transformation TA
Develop clinical interventions to manage high-risk, high-need patients
Facilitate a learning community around care managing high risk patients and tracking outcomes over time
Influence payment policy to support infrastructure needs and care models

GW Prevention at Home:
Expand CPC HIE capabilities and CHC connections
Provide funding support for CPC HIE licensing, operations and user engagement
Integrate the CPC HIE with external systems (i.e., MD CRISP, PGHIN) to enable access to patient data

Value Payment Reform:
Identify and address gaps in Value-Based Payment (VBP) readiness
Engage FQHC Boards in VBP education/training
FQHC members prioritize options for new FQHC sustainability structure
Provide health center transformation TA
Create clinical data repository to facilitate CHC participation in VBP; provide data analytics services to support development of patient registries and risk profiles
Develop guiding principles of payment reform
Build financial, operational, and clinical capacity to participate in value payment models
Determine alignment as a collective network of FQHCs
STRATEGIC INITIATIVES:

Assess potential new structures that best support FQHC value payment reform objectives
Identify and define critical partnerships to address social determinants of health

**QualIT Care Alliance:**
Deliver TA around PCMH, Meaningful Use, and maximizing EHR utilization including workflow redesign and standardization
Develop performance feedback reports around UDS and key clinical performance measures

**HRSA PCA Bureau:**
Deliver comprehensive TA and training program around FQHC compliance, governance, workforce development, emergency preparedness, and finance
Identify and address gaps in VBP readiness
Ensure that Medicaid systems change promotes flexible, team-based care with primary care at the core; is bold and transformational, but gives CHCs time to prepare; acknowledges data, training, and partnership infrastructure needs
Provide UDS reporting assistance to FQHCs
Support PCA operations

**DC DOH Millions Hearts:**
Deliver TA around clinical intervention development including team-based care and care management interventions
Develop hypertension and cancer health quality metrics reporting to enable data driven QI practices for improved outcomes

**NACHC IDIAA:**
Improve Data Integrity, Access, and Analysis
Provide TA and support to participating health centers around colorectal cancer screening
Provide data reporting services on behalf of member clinics
About Health Centers

Community Health Centers across the nation serve the primary health care needs of more than 24 million people. In the District of Columbia, DCPCA’s 15 member health centers serve approximately one out of every four district residents.

Due to the range of issues facing the District’s medically underserved communities—including chronic illness, cultural and linguistic differences, geographical barriers, and homelessness—each DCPCA member health center adopts a unique and customized approach to deal with the specific needs of its community. Centers provide compassionate, culturally competent, comprehensive care and wrap-around services, and residents have come to rely on them for many health needs.

For over 20 years, health clinics have joined DCPCA for a greater collective impact on health equity issues, and for effective training, technical assistance, electronic data management, and new resources and tools. As the region’s leading voice for an integrated health system with primary care at the core, DCPCA is dedicated to fostering collaboration among its members to provide high-quality health care to all District of Columbia residents.

In the past year, DCPCA’s partnerships in the private and public sectors, as well as its collaboration with member health centers, have demonstrated value, quality, and innovation in terms of improving the health care system as well as growth and improved access to the most medically vulnerable communities.
MEDICAL SERVICES PROVIDED

- Medical Case Management
- Dental
- Chronic Disease Management
- HIV/AIDS Services
- Mental/Behavioral
- Youth & Pediatrics
- Primary Care
- Substance Abuse
- Women & Prenatal

COMMUNITY SERVICES PROVIDED

- Interpersonal Violence
- Food
- Housing
- Legal
- Transportation
- Utilities

DCPCA 2016 Annual Report
EVENT HIGHLIGHTS BY DEPARTMENT

DCPCA

• Expanded the District’s FQHC participation in the QualIT Care Alliance cross-regional collaboration with the Health Center Network of New York (HCNNY) so that all 8 DC FQHCs are now participating to improve population health.

• Supported a health center process leading to the formation of a new legal entity: The DCPCA Clinically Integrated Network/Accountable Care Organization (DCPCA CIN), in which District FQHCs will join together with the potential to improve care and reduce costs for more than 100,000 patients.

• With funding from the United Health Foundation, DCPCA developed the Capital Area Care Coordination Network (CACCN) to provide timely, actionable data analysis to participating health centers to drive a care coordination pilot for high-utilizing patients. The CACCN network strongly aligns with current District of Columbia priorities including the State Innovation Model planning grant.

Policy & Advocacy

• DCPCA’s 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 pay system that aligns incentives with positive patient outcomes, maximizes health center sustainability, and results in a healthier DC.

• Launched DC PACT (Positive Accountable Community Transformation), an Accountable Health Communities model that will amplify and extend the DC health care system to identify and address health-related social needs.

• Established a new FQHC payment methodology that resulted in significant increased revenue and established a performance payment agreement with the Department of Health Care Finance.
Quality Improvement

- As a part of DCPCA’s technical assistance and training program, a total of 20 trainings were offered with 326 attendees representing (clinical staff such as physicians, nurses; social workers; and operation staff) 90% of member health centers across all disciplines. Our training curriculum consisted of face-to-face training along with webinars as methods of education delivery to our attendees. Also, our program consisted of health center specific TA.

- DCPCA successfully launched and implemented a new webinar series with enhanced capabilities. By incorporating this platform into our training program, it allows us to use technology as a medium to reach participants such as clinical staff who may not be able to attend a meeting in person.

- DCPCA offered CEUs for Registered Nurses (RN) and Social Workers (LCSW) as an incentive to participants this year. Due to the success of the CEU program this year, our goal will be to increase our offerings to other clinical disciplines like Dentists, Physicians, etc. in the future.

Health Information Technology

- Led the integration of the Capital Partners in Care Health Information Exchange (CPC-HIE) with the MD 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 that are connected to the MD CRISP HIE.

- Expanded the number of participants in the CPC-HIE by 6 for a total of 12 members who can now access a longitudinal record for their patient’s data electronically when those patients receive care at multiple organizations.

- Implemented the interface between the CPC-HIE and Maryland’s CRISP system for Encounter Notification Services (ENS) allowing providers to receive real-time notifications directly into their electronic health record (EHR) for their patients that had a hospital admission, discharge or an ER visit.
<table>
<thead>
<tr>
<th></th>
<th>Organization Name</th>
<th>Address</th>
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<tr>
<td>1</td>
<td>Bread for the City</td>
<td>1525 7th Street NW, Washington, DC 20001</td>
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<td>2</td>
<td>Children’s Health Project- Anacostia</td>
<td>2101 Martin Luther King Jr. Avenue SE, Washington, DC 20020</td>
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<tr>
<td>3</td>
<td>Children’s Health Project- Adams Morgan</td>
<td>1630 Euclid Street NW, Washington, DC 20009</td>
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<td>4</td>
<td>Children’s Health Project- Adolescent Health Center</td>
<td>111 Michigan Avenue NW, Washington, DC 20010</td>
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<td>5</td>
<td>Children’s Health Project- Shaw</td>
<td>2220 11th Street NW, Washington, DC 20001</td>
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<tr>
<td>6</td>
<td>Children’s Health Project- Children’s Health Center at THEARC</td>
<td>1901 Mississippi Avenue SE, Washington, DC 20020</td>
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<tr>
<td>7</td>
<td>Community Of Hope- Conway Health and Resource Center</td>
<td>4 Atlantic Street SW, Washington, DC 20032</td>
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<td>Community Of Hope- Family Health and Birth Center</td>
<td>801 17th Street NE, Washington, DC 20002</td>
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<td>9</td>
<td>Community Of Hope- Marie Reed Health Center</td>
<td>2250 Champlain Street NW, Washington, DC 20009</td>
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<td>Elaine Ellis Center of Health</td>
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<td>Elaine Ellis- College Park</td>
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<td>Family &amp; Medical Counseling Service</td>
<td>2041 Martin Luther King Jr. Avenue SE, Washington, DC 20020</td>
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<td>13</td>
<td>Family &amp; Medical Counseling Service- Seat Pleasant</td>
<td>5936 Martin Luther King Jr. Highway, Seat Pleasant, MD 20743</td>
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<td>La Clínica del Pueblo</td>
<td>2831 15th Street NW, Washington, DC 20009</td>
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<td>Mary’s Center- Adams Morgan</td>
<td>2333 Ontario Road NW, Washington, DC 20009</td>
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<td>8709 Flower Avenue, Silver Spring, MD 20901</td>
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<td>3912 Georgia Avenue NW, Washington, DC 20011</td>
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<td>Mary’s Center- Prince George’s County</td>
<td>8908 Riggs Road, Adelphi, MD 20783</td>
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<td>20</td>
<td>MetroHealth (formerly Carl Vogel Center)</td>
<td>1012 14th Street NW Suite 700, Washington, DC 20005</td>
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<td>No.</td>
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<td>21</td>
<td>Planned Parenthood- Carol Whitehill Moses Center</td>
<td>1225 4th Street NE, Washington, DC 20002</td>
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<td>Planned Parenthood- Gaithersburg</td>
<td>19650 Clubhouse Rd #104, Gaithersburg, MD 20879</td>
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<td>23</td>
<td>Planned Parenthood- Suitland</td>
<td>5001 Silver Hill Rd, Suitland, MD 20746</td>
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<td>24</td>
<td>Providence Hospital- Perry Family Health</td>
<td>128 M Street NW Suite 050, Washington, DC 20001</td>
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<td>Providence Hospital- Fort Lincoln</td>
<td>4151 Bladensburg Road, Colmar Manor, MD 20722</td>
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<td>So Others Might Eat (SOME)</td>
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<td>27</td>
<td>Unity Health Care- Anacostia (Ward 8)</td>
<td>1500 Galen Street SE, Washington, DC 20020</td>
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<td>Unity Health Care- Brentwood Health Center (Ward 3)</td>
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<td>Unity Health Care- Central Union Mission</td>
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<td>Unity Health Care- Columbia Road (Ward 1)</td>
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<td>Unity Health Care-East of the River (Ward 7)</td>
<td>123 45th Street NE Washington, DC 20019</td>
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<td>Unity Health Care-Minnesota Ave. (Ward 7)</td>
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<td>Unity Health Care-Parkside (Ward 7)</td>
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<td>Unity Health Care-Southwest (Ward 6)</td>
<td>850 Delaware Avenue SW, Washington, DC 20024</td>
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<td>Unity Health Care-Walker-Jones (Ward 6)</td>
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<td>Unity Health Care- Homeless Services Center- 801 East (Ward 8)</td>
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<td>Unity Health Care- Homeless Services Center- Blair (Ward 6)</td>
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<td></td>
<td>Health Centers</td>
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<td>Unity Health Care- Homeless Services Center- Christ House (Ward 1)</td>
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<td>Unity Health Care- Homeless Services Center- Federal City - CCNV (Ward 6)</td>
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<td>Unity Health Care- Homeless Services Center- Harbor Light (Ward 5)</td>
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<td>Unity Health Care- Homeless Services Center- N Street Village (Ward 6)</td>
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<td>Unity Health Care- Homeless Services Center- New York Ave. (Ward 5)</td>
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<td>47</td>
<td>Unity Health Care- Homeless Services Center- Pathway to Housing</td>
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<td>Unity Health Care - Cardozo Campus Student Health Center (Ward 1)</td>
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<td>Unity Health Care- Woodson Student Health Center</td>
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<td>Whitman-Walker Health- Elizabeth Taylor Medical Center</td>
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<td>54</td>
<td>Whitman-Walker Health Max Robinson Center</td>
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</tr>
</tbody>
</table>
STATEMENT OF FINANCIAL POSITION

ASSETS
Cash and Cash Equivalents. $115,382
Investments $897,256
Accounts Receivable $296,966
Government Grants Receivable $926,329
Prepaid Expenses $44,214
Promises to Give $0
Property and Equipment, Net $83,615
Deposits $54,655
Grants Receivable $0

LIABILITIES AND NET ASSETS
Line of Credit $0
Accounts Payable $95,167
Accrued Expenses $91,336
Deferred Revenue $0
Deferred Rent $324,136
Net Assets $1,907,778

FUNDERS

STATEMENT OF FINANCIAL POSITION

ASSETS
Cash and Cash Equivalents. $115,382
Investments $897,256
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Deferred Revenue $0
Deferred Rent $324,136
Net Assets $1,907,778

FUNDERS

4

DCPCA 2016 Annual Report  16
# STATEMENT OF ACTIVITIES

## REVENUE

<table>
<thead>
<tr>
<th>Source</th>
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<td>Contract Income</td>
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<td>Contributions and Sponsorship</td>
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<td>Membership Dues</td>
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<td>Rental Revenue</td>
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<td>Other Revenue</td>
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<td>Investment (Loss) Income</td>
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## EXPENSES

<table>
<thead>
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<td>AmeriCorps</td>
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<td>Policy &amp; External Affairs</td>
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<td>Management and General</td>
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<td>Changes in Net Assets</td>
<td>$(991,859)</td>
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<tr>
<td>Net Assets Beginning of Year</td>
<td>$2,899,637</td>
</tr>
</tbody>
</table>

## TOTAL REVENUES & SUPPORT

$3,412,450

## NET ASSETS AT END OF YEAR

$1,907,778

- **$58,000**
  - National Association of Community Health Centers
  - Health Corps

- **$50,000**
  - Meyer Foundation

- **$35,000**
  - Consumer Health Foundation

- **$24,000**
  - George Washington University- HIV

- **$21,200**
  - DentaQuest
ction For Community
Get Involved

Since our inception in 1996, DCPCA has relied on the support of our partners and friends to achieve our vision for all District residents to have equal opportunity for a full and healthy life. Your support is critical to the success of our efforts and will help us to improve the health of our community.

Contribute by Mail
Make your check or money order payable to “DC Primary Care Association” and send it to:
Attn: Development Department
DC Primary Care Association
1620 I Street, NW, Suite 300
Washington, DC 20006

Contribute by Phone
Call 202.638.0252 To charge your gift by phone during business hours (9:00am to 5:00pm). We accept Visa, MasterCard, American Express and Discover.

Make a Gift of Stock
Giving appreciated stock is a fast and easy way to make a gift to DCPCA and receive considerable tax benefits. In fact, many people find that the tax benefits associated with gifts of stock actually allow them to increase the size of their gift. To learn how you can make a gift of stock to the DC Primary Care Association, please contact Saida Durkee at 202.638.0252 or communications@dcpca.org.

Planned Giving and Bequests
You can leave a legacy that will last for generations by designating the DCPCA in your will or by making a planned gift with multiple benefits. Some types of planned gifts can help those we serve and provide you with a charitable income tax deduction, minimize capital gains taxes, reduce estate taxes or provide you or others with an annual income for life. To learn more about these types of gifts, please contact Saida Durkee at 202.638.0252 or communications@dcpca.org.

Become a Member
We have several different membership options that are tailored to match your needs. For further details on membership types, please visit www.dcpca.org/become-a-member.

Become a Corporate Sponsor
The Corporate Partnership Program was designed to provide recognition opportunities and to enable us to engage our partners and provide visibility year round. The program runs annually, following the calendar year. For further details on membership types, please visit www.dcpca.org/corporate-partnership-program.

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Suite 300
Washington, DC 20006
United States
(T) 202.638.0252
(F) 202.638.4557
www.dcpca.org
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