looking back... moving forward
### mission

The Upham’s Corner Health Center is committed to provide high quality, low cost, culturally sensitive, community-based health and social services to the residents of Dorchester and beyond.
Dear Friends,

2016 marked the completion of our 45th year of service to our community. I reflect back at 2016 as a year of learning, listening, adapting and adjusting – a year of observation. I would like to highlight some of what we accomplished during the year.

The Behavioral Health Department underwent a successful site visit for Addiction Services by the Department of Public Health (DPH) and obtained its Bureau of Substance Abuse Services (BSAS) license.

The Women, Infants and Children (WIC) programs across the state were consolidated and in 2016 UCHC won the bid for an expanded service area. The program is now called the Dorchester North/Mattapan WIC Program and serves a high volume of patients in North Dorchester, Mattapan and Hyde Park.

The summer of 2016 presented many challenges and successes for UCHC. In June, the health center implemented its third electronic health record in six years. In July, the first ever Operational Site Visit as a Federally Qualified Health Center (FQHC) occurred and went well. In August, we began the rollout of PACECare Online (PCO) an electronic health record for the Elder Service Plan, the Program of All-Inclusive Care for the Elderly (PACE) division.

The financial challenges for UCHC continue to exist, but with close monitoring and implementing some changes, we have begun to see stability.

2016 was closed out by an unannounced site visit of the 415, 500, and 636 locations by DPH, the week before Christmas. The team members on-site provided DPH with all the necessary information requested, allowing for a successful visit.

In 2017, we will continue to focus on strengthening internal workflows, communication, accountability, productivity, and staff satisfaction. Some of our goals for 2017 include:

- Sharing best practices across all departments and divisions.
- Implementing new systems and processes to improve financial stability.
- Working with an Accountable Care Organization to ensure our patients have a choice in their care.
- Creating and integrating infectious disease case management into our practice.
- Developing a wellness and staff appreciation program to promote good health and boost morale.

2017 will be a year of change for UCHC, the state, the country and the world. Though we may be faced with turbulent times and the unknown, we should remind ourselves, that with hard work, dedication, trust and honesty, we can forge through the biggest challenges.

We will continue to pave the way for our success and the quality of care for our patients with strong support from our Board of Directors, a dedicated staff, and a loyal community. We will continue to focus our culture on teamwork, communication, and dedication to excellence.

Humbly,

Jagdeep Trivedi
Chief Executive Officer
management & corporate staff listing

Adminstration
Jagdeep Trivedi, MBA, Chief Executive Officer

Janette Bataringaya, MPH, Director of Clinical Services
Wascar Castillo, Human Resources Manager
Daniel Joo, Director of Strategic Planning, Quality and Risk Management
Susan Kelliher, Marketing, Outreach, Promotions Director
Kerry Mitza, Compliance Manager
Jenna Tonet, MPH, Grants and Contracts Manager

Operations Department – Division I
Shonna Alexander, Primary Care Practice Coordinator
Rosemarie Dias, Satellite Clinic Support Services Supervisor
Sonja Luna, Supervisor, Medical Records
Yvette McTaggart, Supervisor, Call Center

Primary Care Department
Elise Henricks, MD, Medical Director
Edward Levy, MD, Associate Medical Director, Pediatrics
Ella Stemmer, NP, Adolescent Clinic Director
Sarah Taylor, NP, Clinical Coordinator

Senior Care Options
Kristina Kurakina, NP, Clinical Coordinator
Afi Semenya, MD, Medical Director

Nursing Department
Karin Mereciano, RN, Nurse Manager
Haracy Cardosa, LPN, Medical Assistant Supervisor

Nutrition Services
Sarah Conca, MPA, RDN, LDN, Senior Nutritionist

Dental Department
Zuzana Mendez, DMD, Interim Dental Director

Eye Department
Eliot Cohen, OD, Director
management & corporate staff listing

Behavioral Health and Social Services Department
Lisa Perrone, MSW, LICSW, Director
Emily Stewart Macomber, LMHC, Integrated Behavioral Health & Addictions Manager
Elizabeth Fernandes, Senior Community Health Advocate

Pharmacy Department
Marina Rabinovich, RPH, Manager

Finance Department
Daniel Dennis, MBA, CPA, Controller
Vanda Gomes, MPA, Revenue Cycle Manager
Zhenghong Huo, MBA, Financial Manager

Information Technologies Department – Division II
Samir Hraybi, MS, Operations Manager

Women, Infants and Children Feeding Program (WIC)
Ana Chez, Director
Michael Pederson, Senior Nutritionist

Home Health Care
Eileen Segale, RNC, MS, MPH, Director
Anne Maillet, RNC, MSN, Nurse Manager
Alison Galvin, MS, Intake and Quality Improvement Manager

Home Health Aide/Homemaker Service and Personal Care Workers
Tito Fontela, Manager

Upham’s Elder Service Plan/PACE
Adam Burrows, MD, Medical Director
Susan Cavanaugh, MPH, MSW, LCSW, Clinical Director
Nancy J. Roach, Director of Operations
Maria Amado-Cardoso, Center Manager, Dorchester PACE Center/Savin Hill
Sarah Fresco, Center Manager, Roxbury PACE Center/Dudley Square
Dale Labonte, LICSW, Center Manager, Jamaica Plain PACE Center/Jackson Square
UCHC has provided comprehensive primary healthcare to the Dorchester community since 1971. We provide health care for all generations. The medical team works with all departments to make the necessary connections to keep all members of the community healthy. Within this department you will find primary and urgent care, comprehensive women’s health services, pediatrics, geriatrics and internal medicine. The goal every day is to deliver professional, culturally-sensitive and all-inclusive care to each and every patient.

Our major accomplishment was the transition to a new electronic health record system specifically designed for community health centers. We are now part of a collaborative of nearly 100 other health centers across the country. We worked closely with colleagues at Boston Medical Center on this project and continue to collaborate with other members of BMC HealthNet to establish a comprehensive plan to use the health record as efficiently and pro-actively as possible. Though we understand the importance of the electronic record to improve patient care, we continue to seek ways to make its use manageable, and to keep our focus on our relationships with our patients.

This year we welcomed three new provider staff: nurse practitioners, Sarah Muir and Julia DeLoach, and physician, Claudia Clarke. They have been superb additions to our staff and continue to learn and grow in their roles here.

Our main goal for the upcoming year is to strengthen our team-based approach to care, especially with regard to case management and the integration of behavioral health into primary care. We specifically hope to build our relationship with our addictions services department and improve our response to the opioid crisis in our community. In addition, we plan to continue efforts in quality improvement, especially around meeting clinical targets. We look forward to another year of growth and development.
The Clinical Services Department provides nursing, medical assistance, nutrition, family planning, mammograms, HIV clinical services, health education and medical case management support services in primary care, urgent care, OB/GYN and at the Teen Clinic.

During 2016 we recruited and trained a nurse manager, medical assistant supervisor, addiction/pain management registered nurse, and medical assistant. We also added a full-time interpreter to our Patient Centered Medical Home (PCMH) model which has helped in meeting the language needs of our patients. Medical assistants were trained in “Point of Care A1C Testing” to support primary care providers in the health management for diabetic patients.

One of our goals for 2017 is to integrate a triage nurse, LPN’s and medical secretaries to all our PCMH teams/departments in order to improve and expand patient services. We would like to develop and improve certain quality measures throughout our departments which would result in making our patient population healthier. And finally, we want to procure and upgrade some of our medical equipment in our buildings.
The PACE (Program for All-Inclusive Care for the Elderly) model provides a full spectrum of coordinated medical and clinical services to eligible older adults referred to as participants.

The most significant change for PACE in 2016 was the conversion from a paper health record system to an Electronic Health Record, PACECare Online (PCO). This implementation will continue into 2017.

In May 2016, PACE held its First Annual Professional Day where attendance was mandatory. Staff participated in both a Diversity and Ethics Workshop. Another Professional Day is planned for 2017.

In July 2016, Upham’s staff participated in a housing surge which targeted Chronically Homeless Seniors. Upham’s Elder Service Plan was the sole PACE organization that collaborated with the Executive Office of Elder Affairs, City of Boston, local shelters and Boston Housing Authority. The surge allowed us to support 8 individuals who are now housed and enrolled in our PACE Program.

As a follow up to the surge, Mayor Martin Walsh wanted to meet and visit with the participants that benefited from this initiative. The Mayor then took the opportunity to visit the Jamaica Plain PACE Center where he met and spoke with participants, attended a cooking class and toured the facility.

Even though enrollment remains our biggest challenge, we still ended the year with 274 participants. Our goal for 2017 is to increase participation to 300 participants.
The Upham’s Corner Health Center’s Dental Department provides evidenced based, high quality dental care to a diverse patient population ranging in age from nine months to individuals in their late 80’s and beyond.

2016 brought along changes in the day to day operation of the department which helped us increase efficiencies. Some of those changes included scheduling regular staff meetings, confirming appointments every day decreasing the number of “do not show” appointments, and providing additional hands on training on our computer systems. The Forsyth Institute provided continuing education credits and presented their “Best Practices for Infection Control and Safety” curriculum. We encouraged staff to participate in the Yankee Dental Congress as well.

We received equipment and instrument donations that included dental chairs from Tufts University, dental instruments from Boston University and Tufts University Dental Students, and equipment from Dr. Charles Milstein.

We initiated a partnership with Boston University and Tufts University Schools of Dentistry to create a dental student internship program.

Our community outreach efforts included hosting a one-day dental program for children, participating in the Dorchester Day Parade and conducting oral health screenings in the community.

Looking toward 2017 we will offer training that will lead to better patient service and satisfaction. We will collaborate with Primary Care, Teen Clinic and Pediatrics to make referrals to the clinic thereby increasing the number of patients we currently serve. This collaboration will be used as a model to promote cross-referrals across all health center departments.
The Quality Department provides the oversight of quality improvement projects across all departments at the health center. The team is responsible for engaging all departments and staff in improving performance and ensuring quality care for patients. The department also oversees many of the Risk Management functions of the health center by tracking and following-up on incidents, grievances, and patient feedback. It also acts as the central resource surrounding data collection and utilization activities. Quarterly meetings are held and results from projects are presented to all department managers.

Patient feedback processes were optimized through new suggestion boxes, a streamlining of the grievance and incident reporting process, and the implementation of a bi-monthly Risk Management meeting to track and review UCHC issues at a higher level. An annual Patient Satisfaction Survey was completed and this report is instrumental in addressing issues related to the quality of services and identifying areas of improvement.

The completion of a Community Needs Assessment used multiple sources to track the status of the community served by UCHC, and noted future priority areas for population health and socio-economic needs of our patient population. A successful HRSA (Health Resources and Service Administration) audit, collaboration activities with the Massachusetts League of Community Health Centers, the tracking of multiple clinical quality measures, and a successful implementation of new data reporting systems also occurred during the year.

For 2017, UCHC will aim to make quality projects more collaborative by holding sessions on quality improvement and involving more staff participation in projects. The department will complete the transition of assessment tracking tools at ESP, continue to adapt to coming changes in the health care landscape, and assist in the expansion of new employee orientation and on boarding through collaboration with the Human Resources Department.

eye clinic

The eye clinic provides comprehensive eye care to the community. We examine and treat patients with a large variety of eye problems including amblyopia, conjunctivitis, glaucoma, cataracts, macula degeneration, and diabetic retinopathy. We also provide eye-wear at very reasonable prices.

We opened up on Monday evenings which has accommodated patients who are unable to come in for day appointments. We continue to offer Saturday services as well as monthly ophthalmology services.

Our new affiliation with the Mass College of Pharmacy and Health Science (MCPHS) has been a positive partnership with our clinic matching eye-care students to our patients.
adolescent clinic

Clinic Director, Ella Stemmer, CPNP

The Adolescent Clinic provides comprehensive care for our community’s youth aged 13-22. Specifically, we provide primary care services, confidential family planning, sexual health services, behavioral health counseling, and health promotion/education.

2016 has been a year of many transitions at the Adolescent Clinic, including the appointment of a new Teen Clinic Director. Staff transitions were a challenge often causing a disruption in momentum, however, they also presented an opportunity to assess, regroup, and improve our existing systems and structures. Within the health center, we have successfully continued the team-based model of care delivery, and outside the health center, we have revisited several initiatives and partnerships to better immerse ourselves in the community, and reach our at-risk youth.

In the coming year, we aim to increase the number of adolescent patients and improve the overall patient experience at Teen Clinic. We strive to increase our community presence and connections with other youth agencies, better integrate and utilize our behavioral health services, and improve our physical space, making it more comfortable, appealing, and culturally sensitive for our patients. We look forward to a year of growth and success at Teen Clinic.

operations department

Manager, Division II, Samir Hraybi, MS

The Division II Operations Department oversees the Health Center’s computer system development and support, network infrastructure, purchasing of computers and related electronic equipment.

The IT department’s largest undertaking was the implementation of UCHC’s new health record system OCHIN. The department had to identify and meet the new hardware requirements to support the conversion and technical requirements. The migration from one system to another took most of the year on both the technical and implementation side. All departments and staff were impacted by this conversion.

In 2017, the IT department’s main objective will be updating UCHC’s Microsoft products, Cisco equipment, VMware and policies to meet and exceed the industry standards in keeping our network secure and up to date.

IT by the numbers

serves 530 staff in 7 locations

supports 10+ systems

replaced 140 workstations, 120 monitors, 60 printers, and 6 copiers

all work completed by 3 staff
2016 marked Home Health Care’s 40th anniversary

We are the only remaining health center based certified home health agency in the city. We serve an exclusively urban, vulnerable, high-risk population, who are diverse and often non-English speaking.

Upham’s Home Health provides a wide range of services to homebound adults. Registered nurses, nurse practitioners, social workers, physicians, therapists and home health aides assess, plan and deliver care in collaboration with other community providers. Unnecessary hospitalizations are prevented, hospital stays are shortened, nursing home placements are avoided and family support is maximized.

Some of the challenges seen in 2016 were retaining and recruiting skilled RN’s. These staffing challenges prevented overall growth in the home health department. Additional challenges included the introduction of the health center’s electronic health records system along with new authorization requirements for Commonwealth Care Alliance’s Senior Care Option program and Mass Health.

Toward the end of the year our staffing levels stabilized with the hire of seven RN’s and a physical therapist which resulted in a significant increase in physical therapy referrals. We reorganized our staff positions and consolidated support which allowed us to operate more efficiently.

2017 promises to improve our patients’ care needs through the revised and expanded OASIS and the implementation of new conditions of participation. OASIS is a key component of Medicare’s partnership with the home care industry to foster and monitor improved home health care outcomes. We also expect a likely implementation of pre-claim authorization for Medicare visits and Mass Health rate reductions. There are plans for the Department of Public Health to develop and conduct a 2017 survey.
The VIP Team giving out backpacks to start the school year off right.

The mission of behavioral health services for our patients is to reduce the impact of mental illness and substance abuse affecting our health center patients in a comprehensive and culturally sensitive environment. One of the 2016 initiatives was to integrate behavioral health services and social services into one department. This integration now provides addiction and behavioral health counseling, psychiatry, and social services that will treat the patients’ behavioral health needs as well as help the patient to address social determinants in their lives that are often a hindrance to their well-being.

The new addictions counseling service program growth was significant and has reached an almost full caseload for the counselors. We have worked collaboratively with other departments to identify and increase revenue opportunities, improve efficiencies by adding integrated community health advocates and behavioral clinicians to work with providers so that we could develop a holistic approach to care for our patients.

The continuing challenge of addressing health and economic disparities remains one of the primary focuses of our newly integrated department. Other needs that affect our community’s health are violence in the schools and the neighborhoods, housing, jobs and access to adequate transportation.

Our goals for 2017 are to provide patient education to increase awareness of behavioral health services to end the stigma that affects patients reaching out for the help that they need. We will further our integration efforts across the health center by educating and training staff about our programs and how to identify patients that we may be able to help. We want to better utilize our community advocates, so they are immersed in their community, continually identifying the needs of the neighborhoods, building partnerships outside the health center and helping to integrate the social and emotional behaviors into patients’ medical care providing a holistic and complete care model for all.
The Accounting, Finance and EDP Departments are responsible for patient billing (EDP), grant and contract billing, cash reconciliation, pharmacy accounting, accounts payable, the preparation of cost reports, payroll and any other necessary financial reports.

For the second time in less than four years, the health center has made a change in practice management systems and electronic health records systems. EDP continues to learn and make the necessary corrections in the setup of the system that will last throughout 2017.

The accounts payable and accounting departments received additional training on Microsoft Dynamics, the accounting software, improving reporting capabilities. This allowed for more accurate invoice recording which resulted in enhanced quality of financial reports.

Finally, the health center made a major change in simplifying the time-off policies by implementing a Paid-Time-Off (PTO) system in place of sick and vacation time. Changes were made in the company policy and in the payroll system in order to accommodate this change. This conversion ran smoothly and all systems are in place to continue its success in 2017.

The goals for the coming year will be to continue improving the use of our financial systems moving us to better oversight on claims, reimbursement and financial stability and growth to the UCHC.
2016 Financials* Balance Sheet
Upham’s Corner Health Committee

**ASSETS**
- Current Assets: $11,502,962
- Fixed Assets: 6,745,508
- Other Assets: 251,295
- Total Assets: $18,499,765

**LIABILITIES & NET ASSETS**
- Current Liabilities: $4,312,683
- Long Term Debt: 833,437
- Total Net Assets: $14,187,082
- Total Liabilities and Net Assets: $18,499,765

**INCOME STATEMENT**
For the Year Ending December 31, 2016 (unaudited)

**INCOME:**
- Patient Service Revenue $32,823,450
- Grants and Contracts 2,663,242
- Rental and Other Income 466,387
- Total Income $35,953,079

**EXPENSES:**
- Salaries $18,824,838
- Payroll Tax and Fringe 3,867,011
- Operating Expenses 13,017,000
- Other Expenses 136,940
- Total Expenses $35,845,789

**Net Income/(Loss) $107,290**

* Statements of Financial Position and Activities and Change in Net Assets ~ Unaudited figures on December 31, 2016
# 2016 patient profile

<table>
<thead>
<tr>
<th>ACTIVE REGISTERED PATIENTS PROFILE</th>
<th>FY2016</th>
<th>FY2015</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 1 Year</td>
<td>242</td>
<td>266</td>
<td>- 10%</td>
</tr>
<tr>
<td>1 - 3 Year</td>
<td>543</td>
<td>561</td>
<td>- 9%</td>
</tr>
<tr>
<td>4 - 6 Year</td>
<td>552</td>
<td>551</td>
<td>- 0%</td>
</tr>
<tr>
<td>7 - 12 Year</td>
<td>1,176</td>
<td>1,104</td>
<td>6%</td>
</tr>
<tr>
<td>13 - 19 Year</td>
<td>1,490</td>
<td>1,513</td>
<td>- 2%</td>
</tr>
<tr>
<td>20 - 24 Year</td>
<td>1,012</td>
<td>1,036</td>
<td>- 2%</td>
</tr>
<tr>
<td>25 - 64 Year</td>
<td>6,402</td>
<td>5,825</td>
<td>9%</td>
</tr>
<tr>
<td>65 - 79 Year</td>
<td>952</td>
<td>839</td>
<td>12%</td>
</tr>
<tr>
<td>80 + Years</td>
<td>261</td>
<td>230</td>
<td>12%</td>
</tr>
<tr>
<td><strong>SEX</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5,067</td>
<td>4,725</td>
<td>7%</td>
</tr>
<tr>
<td>Female</td>
<td>7,563</td>
<td>7,135</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total Patients</strong></td>
<td>12,630</td>
<td>11,860</td>
<td>6%</td>
</tr>
</tbody>
</table>

*women ~ 60%  men ~ 40%*
## 2016 Visit Summary

### Health Services

<table>
<thead>
<tr>
<th>Service</th>
<th>FY 2016</th>
<th>FY 2015</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Medicine</td>
<td>28,309</td>
<td>23,768</td>
<td>19%</td>
</tr>
<tr>
<td>Adolescent Health</td>
<td>1,385</td>
<td>2,096</td>
<td>-34%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>7,989</td>
<td>8,697</td>
<td>-8%</td>
</tr>
<tr>
<td>OB/GYN-Family Plan</td>
<td>2,373</td>
<td>3,933</td>
<td>-40%</td>
</tr>
<tr>
<td>Dentistry</td>
<td>9,874</td>
<td>9,113</td>
<td>8%</td>
</tr>
<tr>
<td>Nutrition-WIC and Clinic</td>
<td>13,326</td>
<td>8,586</td>
<td>55%</td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>70,788</td>
<td>71,615</td>
<td>-1%</td>
</tr>
<tr>
<td>Homecare</td>
<td>13,213</td>
<td>14,316</td>
<td>-9%</td>
</tr>
<tr>
<td>Social Services</td>
<td>51,160</td>
<td>57,407</td>
<td>-11%</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>2,633</td>
<td>1,926</td>
<td>37%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>393</td>
<td>623</td>
<td>-37%</td>
</tr>
<tr>
<td>Optometry</td>
<td>2,971</td>
<td>2,537</td>
<td>17%</td>
</tr>
<tr>
<td>Podiatry</td>
<td>493</td>
<td>479</td>
<td>3%</td>
</tr>
<tr>
<td>Health Education/HIV</td>
<td>1,366</td>
<td>1,027</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Total Patient Visits</strong></td>
<td>207,856</td>
<td>207,705</td>
<td>0%</td>
</tr>
<tr>
<td><strong>D.N.K.</strong></td>
<td>16,154</td>
<td>18,574</td>
<td>-13%</td>
</tr>
</tbody>
</table>

*Total number of visits within a 12 month period

**D.N.K.** --- Number of appointment not kept for all reasons except rescheduled, cancelled by providers, or clinic closure.

## Active Registered Patients

(Persons having an encounter within 12 months)

### Department Summaries

<table>
<thead>
<tr>
<th>Department</th>
<th>FY 2016</th>
<th>FY 2015</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary and Specialty Care</td>
<td>11,264</td>
<td>11,055</td>
<td>2%</td>
</tr>
<tr>
<td>Dental Clinic</td>
<td>3,083</td>
<td>2,817</td>
<td>9%</td>
</tr>
<tr>
<td>Elder Service Enrolled Participants</td>
<td>276</td>
<td>265</td>
<td>3%</td>
</tr>
<tr>
<td>Home Care Patients</td>
<td>495</td>
<td>495</td>
<td>0%</td>
</tr>
<tr>
<td>Senior Care Patients</td>
<td>299</td>
<td>285</td>
<td>1%</td>
</tr>
<tr>
<td>WIC Program Registrants</td>
<td>2,803</td>
<td>1,806</td>
<td>52%</td>
</tr>
<tr>
<td>Prescriptions Filled</td>
<td>53,213</td>
<td>52,017</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total Health Care Deliveries (CB)</strong></td>
<td>135</td>
<td>138</td>
<td>-2%</td>
</tr>
</tbody>
</table>

## 2016 Patient Visits: 207,856
board of directors

Margaret Leahy Wirth, President
Althea Garrison, Vice President
Winifred Pickett, Treasurer
Zita C. Jackson, Secretary/Clerk

Andrea Burton, Board Member
Tanya Cabral, Board Member
Clara Lennox, MD, Board Member
Dai Morehouse, Board Member
Carol Shamshak, Board Member

Committee Advisory Committee
Margaret Leahy Wirth, Chairperson

Executive Committee
Corporate Officers
At-Large Members
Clara Lennox and Dai Morehouse

Finance Committee
Andrea Burton, Chairperson

Personnel Committee
Margaret Leahy Wirth, Chairperson
Althea Garrison and Dai Morehouse, Members

Quality and Risk Management Committee
Margaret Leahy Wirth, Chairperson

UESP/PACE Committee
Dai Morehouse, Chairperson

affiliations

[Logos of various institutions]
Photo Credit: Diane Staib, former UESP Manager who dedicated many years taking care of PACE participants. Photography and animals were her passion outside of work.
keeping our neighbors healthy since 1971

Upham’s Corner Health Center, Urgent Care, Pharmacy
415 Columbia Road, Dorchester, MA 02125
PH: 617-287-8000 (Connecting all departments) • Pharmacy PH: 617-265-1310

Upham’s Home Health Care/Visiting Nurses
415 Columbia Road, Dorchester, MA 02125
PH: 617-825-9206

Upham’s Corner Adolescent Clinic and WIC (main location)
500 Columbia Road, Dorchester, MA 02125
Adolescent PH: 617-287-0786 • WIC PH: 617-825-8994

Upham’s Elder Service Plan
Dorchester PACE Center, 1140 Dorchester Avenue, Boston, MA 02125
Roxbury PACE Center, 36 Dearborn, Boston, MA 02119
Jamaica Plain PACE Center, 125A Amory Street, Boston, MA 02119
PH: 617-288-0970 (Connecting all locations)

Upham’s Dental and Eye Clinic
636 Columbia Road, Dorchester, MA 02125
PH: 617-825-9839