Our 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.

The Upham’s Corner Health Center is organized to provide comprehensive personalized and continuous health services. The goal of the health center is to provide each patient with primary care in comfort and convenience. Each registered patient is assigned a personal primary care physician. The personal physician provides the ongoing care, coordinates specialty services and inpatient care as required by the patient.
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415 COLUMBIA ROAD
**DEAR FRIENDS,**

The Upham’s Corner Health Committee was established in 1971 as the outgrowth of community action to develop a primary health care facility in the Upham’s Corner community. This action was undertaken in response to the exodus of physicians from Upham’s Corner who were moving their practices to the suburbs or closing them due to retirement.

As originally formed, the Committee consisted of approximately thirty community residents with diverse backgrounds who came together to meet on a regular basis around the issue of providing quality health care to the Upham’s Corner community. In August 1971, the group obtained a small grant from the Permanent Charities Foundation in Boston and used this money to employ a consultant to help them develop their plans for the opening of a community health center.

In December 1971, the community group formally incorporated themselves into the Upham’s Corner Health Committee, Inc. and elected a community Board representing the ethnic groups in the community. The corporation is a nonprofit under Chapter 180 of the General Laws of the Commonwealth of Massachusetts.

The past 44 years of success and challenges were all under the leadership of “Mr. Upham’s Corner”, our relentless leader, Edward F. Grimes. In March 2015, Mr. Grimes announced his plans to retire on December 31, 2015 to the Board of Directors, and the UCHC family.

A major focus for the Board, in addition to its regular responsibilities for UCHC, was to find Mr. Grimes’ replacement. The search included over 50 applicants, many of which were current or former CEOs of other Massachusetts Community Health Centers. In July, the board voted and approved to offer the position to me. I started my position as CEO Designate on August 3, 2015, and officially as CEO on January 1, 2016.

Today, after only a few weeks at the helm of UCHC I have the opportunity to report on the successes and challenges of 2015. I am also enthusiastic about stating the goals for 2016.

The biggest success of 2015 was that UCHC was awarded a New Access Point Grant (NAP) by HRSA, which designates UCHC as a Federally Qualified Health Center, finally dropping the status as a Look-a-like program. This grant opens the door for UCHC to be able to apply for more federal grants in the future. The NAP grant focused on Addiction Services, which we were able to expand, within the Behavioral Health Department. This will allow UCHC to better address the nationwide epidemic of opiate abuse that is also seriously affecting our community. Additionally, the health center received Level III certification as a Patient Centered Medical Home.

Some of the other successes of 2015:

- Conversion from ICD-9 to ICD-10.
- ESP and Homecare successfully reached and treated patients through the “Snowpocolypse” of early 2015.
- New affiliation with the Mass College of Pharmacy and Health Science (MCPHS) to send eye care students to learn from and assist Dr. Cohen in treating patients.
- Racial and Ethnic Approaches to Community Health (REACH) Grant in Social Services (extension of VIP Grant).
- Teen Health Education grant from BPHC to Teen Clinic.
UCHC had its fair share of challenges and losses in 2015; a few of which will carry into 2016.

Some of the challenges that UCHC faced were:
- Financial Loss.
- The implementation of paperless encounters for Primary Care (October 2015), which has delayed some of our billing processes and caused us to change workflows.
- Slow progress with the implementation of a new accounting and purchasing software.
- Decreased patient volume.
- Increased patient cancellation and no-shows to appointments.

In the continued spirit of UCHC, we have always faced our challenges head-on. We will continue that approach for 2016 and beyond.

Goals for 2016:
- Improve patient show rates for appointments.
- Fully implement and convert the PACE Division from paper medical records to an electronic health record system.
- Convert Primary Care and Eye to its third electronic health record in 6 years.
- Improve the financial stability of UCHC.
- Integrate best practices across all departments within UCHC to improve productivity and efficiencies.
- Improve communication, accountability, productivity, and staff satisfaction across the UCHC family.

I want to take a moment to acknowledge both Dr. Grier Merwin who retired from the Primary Care department after 40 years of dedicated service and Sarah Brown who retired after 39 years of service as manager of the billing department. The service of these two individuals will be greatly missed. Once again, on behalf of the Board of Directors, the staff, and the patients, I would like to not only like to acknowledge Mr. Grimes, but also his wife Deb, his children Kelly and Sean, and his grandchildren for the sacrifices they have made to make UCHC a success.

As we enter our 45th year of service, my goal is to put UCHC on the path to continued success; to better serve our community, and to have satisfied patients and employees.

The collective efforts of the Upham’s Corner Health Center staff and the support of the Board of Directors directly correlate to the success of UCHC, and overcoming of challenges, year after year.

Respectfully,

Jagdeep Trivedi
Executive Director/C.E.O.
ADMINISTRATION

Jay Trivedi, Chief Executive Officer I Kerry Mitza, Regulatory Compliance Coordinator
Jenna Tonet, MPH, Grants & Contracts Manager I Wascar Castillo, Human Resource Manager
Ngozi Michael, MPH, Quality and Process Improvement Manager-ESP
Marcellinus Onyia, Quality and Process Improvement Manager-Primary Care
Kelly Ross, MPH, MBA, Project Manager I Therese Fleisher, MPH, Project Manager
Natasha White, MPH, Project Manager

OPERATIONS DEPARTMENT—DIVISION I

Samantha Taylor, MHA, Operations Manager

CALL CENTER
Yvette McTaggart, Supervisor

MEDICAL RECORDS
Sonja Luna, Supervisor

PRIMARY CARE DEPARTMENT
Elise Henricks, MD, Medical Director
Edward Levy, MD, Associate Medical Director Pediatrics I Sarah Taylor, NP, Clinical Coordinator

BEHAVIORAL HEALTH SERVICES
Lisa Perrone, MSW, LICSW, Director I Orlando Lightfoot, MD, Medical Director

CLINICAL SERVICES DEPARTMENT
Janette Bataringaya, MPH, Director of Clinical Services

NUTRITION SERVICES
Sarah Conca, MPA, RDN, LDN, Senior Nutritionist

SOCIAL SERVICES DEPARTMENT
Kathia Monteiro, MSW, LICSW, Manager I Adelina Alves, Supervisor, Community Health Advocates

UPHAM’S CORNER HEALTH CENTER PHARMACY
Marina Rabinovich, RPH, Manager

FINANCE ACCOUNTING
Daniel Dennis, MBA, CPA, Controller Zhenghong Huo, MBA, Financial Manager

EDP/BILLING
Vanda Gomes, MPA, Revenue Cycle Manager
OPERATIONS DEPARTMENT—DIVISION II
Samir Hraybi, MS, Operations Manager

OPERATIONS DEPARTMENT—DIVISION IV
Judy Welsh, MHA, Operations Manager
Tuan Le, Grounds and Facilities Manager  I  Elizabeth Ruiz, Purchasing Agent

ADOLESCENT HEALTH SERVICES
Ella Stemmer, NP, Adolescent Clinic Coordinator

WOMEN, INFANTS, AND CHILDREN FEEDING PROGRAM (WIC)
Ana Chez, Director  I  Michael Pederson, Senior Nutritionist

HOME HEALTH CARE
Eileen Segale, RNC, MS, MPH, Director
Alison Galvin, MS, Intake & Quality Improvement Manager  I  Anne Maillet, RNC, MSN, Nurse Manager

HOME HEALTH AIDE/HOMEMAKER SERVICE & PERSONAL CARE WORKERS
Tito Fontela, Manager

DENTAL DEPARTMENT  SUPPORT SERVICES-SATELLITE CLINIC  EYE DEPARTMENT
Zuzana Mendez, DMD, Director  Rosemarie Dias, Supervisor  Eliot Cohen, OD, Director

SCO PROGRAM
Kristina Kurakina, NP, Clinical Coordinator  I  Anna De Andrade, RN, Nurse Case Manager

UPHAM’S ELDER SERVICE PLAN
Adam Burrows, MD, Medical Director  I  Susan Cavanaugh, MPH, MSW, LCSW, Clinical Director
Dale Labonte-Urbina, LICSW, PACE Center Manager, Amory Street Site
Diane Staib, MSW, LCSW, PACE Center Manager, Dorchester Avenue Site
Sarah Fresco, PACE Center Manager, Dearborn Street Site
2015 was a year of growth for the Primary and Urgent Care departments at Upham’s Corner Health Center, which provide comprehensive medical care to our patients. Our new providers have blossomed in their roles, taking on increased responsibility and independence. A major milestone was the transition of our much-beloved Dr. Grier Merwin, who retired from primary care after more than 40 years of dedicated service. His model of compassion, patience, and devotion to the community will serve as a beacon for us all in the years ahead.

We were thrilled to see the hard work of our providers and administrative staff culminate in our approval as a Patient-Centered Medical Home Level 3, as well as our receipt of a 330 grant, thereby changing our designation to a Federally Qualified Health Center. We look forward to using these new resources and tools to create a high-quality patient care experience.

Our work this year was guided by the “3 Ps”:

- Patients: Making high quality patient care a priority;
- Payment: Being fairly reimbursed for the work we do; and
- Promoting the positive: Highlighting all the good that happens at the health center and spreading success.

In the upcoming year, we expect to continue to collaborate with other UCHC departments to meet patients’ needs, increase support for substance use disorders utilizing the newest 330-funded Addiction Services Program, and strengthen our team-based care model. We will also undergo a major transition as we move to a new electronic health record.

Lastly, we bid farewell to our leader of over 40 years, Mr. Edward Grimes, and wish him well-deserved rest in his retirement. His unwavering commitment to the people of our community has been an inspiration to us all, and we are thankful. We look forward to a bright future which awaits us under new leadership.

We provide nursing, medical assistance, nutrition, family planning, mammogram, and HIV clinical, health education and medical case management support services in Primary Care, Urgent Care, OB/GYN and at the Teen Clinic.

**Changes in 2015:**

1. RNs and MAs received certification training in the Patient Centered Medical Home (PCMH) model and were fully integrated into PCMH teams.
2. We began implementing the 330 Grant funded activities for Health Education and Nurse Case Management for Chronic Disease, Addiction, and OB services.
Goals for 2016:

1. Collaborate with community partners to reinvigorate our patient visit volume/show rate and reduce patient wait time.
2. Implement Saturday opening for Primary Care.
3. Transition from our Centricity EMR/Practice Management system to EPIC/OCHIN.
4. Partner with Behavioral Health’s Addiction Services Program to fully implement and expand our Addiction and Pain Management Program.

OPERATIONS, Operations Manager—Division I, Samantha A. Taylor, MHA

The Operations Department – Division I consists of Call Center/Registration, Reception/Support Services, Medical Records, Medical Laboratory, Benefits, Senior Care Options (SCO) and Provider Relations.

In 2015, Operations – Division I achieved many successes. We have improved continuity of care with the integration of BMC Discharge Summaries and Emergency Department Reports into the patient charts within 24 hours after the hospital visit. Our Certified Application Counselors drastically reduced the number of paper applications submitted to MAhealthconnector.org and are now able to receive immediate eligibility determinations for our patients. To continue our benefit enrollment and renewal work, we were awarded a HRSA Outreach and Enrollment grant. Our staff was also fortunate to partake in LGBT awareness training from the Fenway Institute.

In the next year we hope to attract, engage, and retain patients in our service area by improving customer service, and increasing access to care. We will work to maximize revenue by improving our Do Not Keep (DNK) rate, provider coding, interdepartmental communication and collaboration, and collection of payments. It is also our hope to hire and retain a Medical Laboratory Supervisor.

SOCIAL SERVICES DEPARTMENT, Manager, Kathia Monteiro, MSW, LICSW

The Social Services Department consists of experienced, multi-lingual Community Health Advocates and licensed Social Workers. We offer comprehensive services to our patients by assisting them with their personal needs and working in collaboration with their health care providers to offer holistic, quality care.

The Social Workers provide behavioral health intake screening and triage for both internal and external behavioral health referral, clinical case management, and crisis intervention. The social workers are integrated and work cohesively with all the PCMH team model of care.

The Community Health Advocates provide concrete services that include resources and referrals for housing, food and clothing assistance, utilities, day care, parenting programs, GED and employment, financial, legal, and immigration assistance, domestic violence resources and many other additional community resources.
Successes during 2015:
The Social Services Department hired a Spanish Speaking Pediatric Social worker, through the newly awarded 330 grant. It also had great success with the Racial and Ethnic Approaches to Community Health (REACH) Grant via the Boston Public Health Commission (BPHC), which served as an extension of our existing Violence Intervention Prevention (VIP) grant. In collaboration with the UCHC Nutrition and Diabetes programs, the Social Services Department has been able to provide healthy eating cooking classes, hydration stations, and the facilitation of groups for our patients and community members. During 2015 UCHC continued to be a site for the Fair Foods program, which provides a $2.00 bag of fresh produce on a weekly basis to low income residents of our community.

The Vital Village grant allowed for the department to successfully develop and conduct various social-psycho educational groups that are all focused on fortifying the connection within a family unit, which include but is not limited to caregivers, fathers, mothers, teenagers, and adolescence. These groups were facilitated by the social services staff, by collaborating with other external agencies and inviting speakers.

Challenges during 2015:
The Social Services Department faced the challenges of staff turnover due to loss of grant funding. The Department lost funding from the Community Development Block Grant (CDBG), The Racial and Ethnic Approaches to Community Health (REACH) Grant ended, and was not up for renewal, along with the Boston Healthy Start initiative (BHSI). The Centering program via the BHSI grant continued to struggle with low enrollment, due to an overall low number of obstetrics patients.

Goals for 2016:
We look forward to 2016 and will work to integrate the Pediatric Social worker into the Primary Care workflow, along with working cohesively with the Social Services Department and the Pediatric Team. We hope to have continued success for the Vital Village grant, which will allow for us to maintain the social-psycho educational groups.

BEHAVIORAL HEALTH DEPARTMENT, Director, Lisa Perrone, LICSW
It is our program’s mission to reduce the impact of mental illness and substance abuse affecting the health center patients by providing comprehensive, integrated, behavioral health treatment. The Behavioral Health (BH) department provides trauma-informed assessment and treatment which includes individual, family, couples and group therapies. Our psychiatrist provides psychopharm management to patients who are seen by the BH clinical staff, as well as providing consultations for UCHC Providers.

During 2015, we successfully integrated a city-wide program for Trauma Recovery Services in which our
community can receive trauma treatment and support services from an in-house community family partner and clinician. This program also allowed us to offer a free weekly yoga class for mind/body wellness. We prepared and implemented the required new DSM-V / ICD-10 codes. We achieved a large accomplishment by receiving regulatory approval from DPH, Bureau of Substance Abuse Services in order for us to expand our services to include outpatient addictions counseling in the upcoming year. A challenge that remains is how to implement an effective model of fully integrated care where BH and Primary Care offer enhanced integrated services at the patients’ initial point of access.

**Goals for 2016:**

- Develop the new Addiction Services Program within the center, working closely with Primary Care.
- Transition successfully into a new electronic health record system while maintaining compliance with behavioral health regulations.
- Advance efforts towards Primary Behavioral Health Integration.
- Provide Behavioral Health awareness and education to help end stigma that plagues our community and society.

**OPERATIONS, Operations Manager—Division IV, Judy Welsh, MHA**

Division IV includes both the clinical and administrative departments of Dental and Eye clinic, WIC, administrative support for Home Care, Maintenance /Property Management, and Purchasing.

**The WIC Program:** Continues to be a successful and customer focused program meeting or exceeding many of its top ten measures. These measures include:

- Immunization Verification Rate
- Group Education
- Percentage of women enrolled in the first trimester

**Dental:** Performed research and quality work in treating caries for children. We hired a hygienist to help our team promote oral health wellness.

**Eye:** Evaluated services and wait times for patients needing eyeglasses and repair.

**Home Care:** Cross trained and standardized workflows for continuity and increased efficiencies in our support for both our internal and external customers.

**Maintenance & Property Management:** Successfully completed our state and regulatory site inspections across all of our locations and programs including: OSHA, elevator, building accommodations, fire alarms, and safety, equipment, and certificate updates were completed. Improvement projects included internal painting, new roof, and upgrades to HVAC and water filtration system.

**Purchasing:** Formed new vendor relationships which led to reduced cost and increased savings on many standard supplies and services. State regulated and required capital equipment such as new pharmaceutical grade refrigerators and freezers were upgraded to meet state standards. We are working towards an electronic ordering system, which will allow increased controls to manage purchase orders, invoices, and payments.
HOME CARE, Director, Eileen Segale, MPH, RNC

Upham’s plays a unique role in the Boston health care scene as it is the only health center-based certified home health agency in the city. UCHC Home Care has almost 40 years’ experience providing home care to a very frail, vulnerable, diverse, often non-English speaking and exclusively urban population; one of the few agencies in the nation with this expertise.

The Home Care Program provides a wide range of health services to homebound adults. Specialty programs focus on services for Frail Elders and HIV-infected individuals. Registered Nurses, Nurse Practitioners, Social Workers, Physicians, Therapists and Home Health Aides work to 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 functioning is maximized.

Slow and steady program growth continued in 2015 with increases in referrals, Physical Therapy, and Nursing productivity. Additionally, we survived the WORST WINTER EVER in Boston with 800 home visits done in February despite travel bans, MBTA shutdowns, monster snow banks and parking “place holders” everywhere.

2016 is the first year in the latest CMS-mandated scheme to “promote the delivery of higher quality care”. This will force UCHC to compete for funding with agencies throughout Massachusetts, despite lack of consideration of socio-economic factors in data analysis. This will require greater attention to data collection and streamlined operations. We will continue to network and communicate with our many clinical collaborators (via the MassHIway) and participation in an ACO and transition to another electronic medical record will be considered to aid in the competition for funding.

DENTAL DEPARTMENT, Director, Zuzana Mendez, DMD

The Upham’s Corner Health Center’s Dental Department provides evidenced-based, high-quality dental care to a diverse patient population of all ages. The Dental Department provides emergency dental services, preventative and restorative dental care, removable prosthetics, and minor oral surgical procedures. Our array of services also include endodontic, fixed prosthetics, and fabrication of both night and athletic mouth guards.

MassHealth’s adult dental benefits were reduced significantly for adults in July, 2010. In May, 2015 dental benefits were re-established. These benefits are limited to preventive and emergency services only (except for those members aged 21 and older who have been determined by the Department of Developmental Services to be eligible for services). MassHealth pays for adult restorative, endodontic, and periodontic services, as well as crowns, dentures, and surgical procedures related to full or partial dentures.

There is no change in dental benefits for MassHealth members under age 21. In addition, MassHealth patients who are affected by these changes may access dental services through the Health Safety Net at our center.
Individuals who qualified for Health Safety Net dental benefits as well as Mass Health / HSN members who were referred from private practices continue to receive uninterrupted care. The clinic has extended hours and is now open two Saturdays a month to accommodate patients’ work schedules. Additionally, the clinic takes walk-in emergency patients.

The dedicated staff of the Dental Department looks forward to the future and to serving the dental needs of the greater Upham’s Corner Community.

**EYE CLINIC, Director, Eliot Cohen, OD**

The eye clinic continues to provide comprehensive eye care to the community. Patients with a large variety of eye problems including amblyopia, conjunctivitis, glaucoma, cataracts, macular degeneration, and diabetic retinopathy are examined and treated. The Eye Clinic also provide eyeglasses at very reasonable prices.

**2015 Successes:**

- A new part time Optometrist joined the clinic allowing us to provide Monday evening hours. Saturday services as well as monthly Ophthalmology services continue to be offered.
- UCHC became affiliated with the Mass College of Pharmacy and Health Science (MCPHS), which sends eye care students to assist in providing care to patients.
- The Eye Clinic received a grant which allowed us to upgrade our capital equipment.

As always, we look forward to providing high quality eye care to the community in the coming year.

**PROVIDING EYE CARE**

**ADOLESCENT HEALTH CLINIC, Director, Liz Blair, ANP**

The Adolescent Clinic (Teen Clinic) functions to provide a safe environment for our community's youth where they can seek out resources for both their physical and emotional health. We aim to provide a place where teens can find adults to whom they can come with any of their issues or problems. Specifically, we provide comprehensive primary care services, behavioral health counseling and case management, confidential sexual health counseling, family planning services, STD testing including rapid HIV testing, and health promotion and education for patients ages 12-23.

An exciting accomplishment of this year was the awarding of a grant from Boston Public Health Commission for a Health Educator and Peer Leaders at the Teen Clinic. We have just hired the Health Educator and, once fully up and running, this grant will support group and community education regarding healthy relationships, STI awareness, and youth empowerment.

Goals for 2016 include the implementation of the above mentioned grant as well as the continuation of
the team-based model of care delivery to our youth. We hope to not only increase numbers of patients seen and cared for at the Teen Clinic, but to also look forward to having quality improvement projects in place that guide us towards delivering more efficient and comprehensive wrap-around care to our teens, guided by their input and involvement.

December 31, 2015 marks my departure as the director of the Teen Clinic. It has been a great honor to work at this health center and I am endlessly grateful to have been able to serve in such a fun and rewarding role within the clinic. I am excited for the Teen Clinic to have a new director with new ideas and passion for taking care of our youth.

ACCOUNTING, FINANCE, AND EDP, Controller, Daniel Dennis, CPA, MBA, I  Finance Manager, Zhenghong Huo, MBA, I  Revenue Cycle Manager, Vanda Gomes, MBA

The Accounting, Finance, and EDP Departments are responsible for patient billing (EDP), cash reconciliation, grant and contract billing, pharmacy accounting, accounts payable, payroll, and the preparation of cost reports and any other necessary financial reports.

Notably, in 2015, Sarah Brown retired from the Billing Department on November 30th after 39 years of service.

There were two significant billing changes that affected the EDP Department in 2015. First, internally in mid-October 2015 the health center ceased using encounter forms for recording charges and began a paperless work flow. This involved charges being downloaded automatically from the electronic medical record. The second change was the implementation of ICD-10. After many postponements, the new, more descriptive diagnosis codes became a national requirement for all claims being sent to insurance carriers after October 1, 2015. These 2 changes significantly affected claim processing and cash collection. EDP will be working with operations and providers in 2016 to resolve any claim problems. EDP will also be looking forward to the change in electronic medical record/practice management system in 2016.

In 2015, both Accounts Payable and Payroll continued with the implementation of new systems that began late in 2014. Accounts Payable learned ‘Microsoft Dynamics’ for the processing of invoices. This, along with employee turnover in the health center, resulted in a slight slowdown in processing invoices. The Payroll Department worked early in 2015 to implement ADP and later correct both employee’s vacation and sick hour balances in the new system. In the coming year, the goal is to fill an open Accounts Payable position and to work with all departments to streamline the processing of invoices. The Payroll Department will continue to work closely with Human Resources to administer benefits and personnel policies for the center.
Based on the PACE (Program of All-Inclusive Care for the Elderly) model, UESP provides a full spectrum of coordinated medical and clinical services to greater than 265 enrolled nursing home eligible seniors (participants). UESP measures its success and growth by the levels of compassion, dedication and skill of its Interdisciplinary Team members.

**Successes in 2015:**

- The 12 units of Supportive Housing at 125 Amory Street reached full capacity, providing 24 hour service to 13 residents, including 1 married couple.
- Became more active on the local and federal political stages to voice the concerns for the growth and expansion of PACE.
- Formed MassPACE, the Massachusetts State Association of PACE programs with other PACE organizations of Massachusetts.
- Continues to have a low census of participants in long term care while adhering to the mission of aging in place for the nursing home certified population. Less than 3.5% of program participants are in nursing homes, which is below the 7% national average and the 12% state average for PACE programs.
- Successfully completed and passed the federal and state biennial review which maintains program certification and continuity to provide services as a PACE Organization.
- Presented at the NPA Annual Conference for the last 2 years, about the innovative Personal Care Worker (PCW) Program that supports participants’ desire to remain at home by directly hiring a PCW of their choice, thus providing cultural and linguistic competence; and about the outcomes of acupuncture and massage therapy services provided by our Body Works Specialist.

**Challenges in 2015:**

- Stagnant marketing and outreach led to flat enrollment of participants.
- Senior Management changes in the Operations Department.

**Goals for 2016:**

- Maintain full residency for PACE Supportive Housing in collaboration with Boston Housing Authority.
- Increase marketing, enrollment, and visibility of the program through aggressive marketing and outreach across catchment area with a focus on senior housing properties.
- Continue to develop and enhance working relationships with community organizations in an effort to improve and expand PACE services.
- Assist in the development of trained clinicians in geriatric care.
- Finalize the transition to a new Electronic Health Records system.
The Operations Department—Division II includes computer system development and support and the purchasing of computers and related electronic equipment.

In 2015 we faced a great deal of challenges with the network’s performance and speed, thereby forcing us to upgrade both. In August of 2015 we signed a new contract with a new vendor “BCScallProcessing” to manage our network and upgrade the bandwidth for the 415 Columbia Rd. building from 40Mbps to 200Mbps and for our servers’ data center location from 20Mbps to 200Mbps. Also, we upgraded all Upham’s other sites from 3Mbps to 50Mbps. This transition will put Upham’s in a very good position to meet the challenges of increased demand for technologically up-to-date bandwidth.

This change also will meet and satisfy the needs for new applications like the new Medical record system OCHIN-Epic and PACECare Online (PCO), which Upham’s is adopting in 2016.

In 2015 we also launched the new Upham’s Connect Wise ticketing and Labtech systems for remote support which made service for technical problems experienced by staff more convenient and much faster. The new Helpdesk system provides directions and reports on the daily challenges allowing us to better understand the best way to coordinate support and training to staff.

Our qualified IT team upgraded more than 110 computers and 24 printers during 2015, provided technical support to over 520 staff members in 7 different sites including hardware, technical, software, and phone system support, and training for many applications used by all departments.

In early 2016, we will finish the transition to the new network as we continue supporting all departments at Upham’s with technical help, upgrading workstations and migrating applications as needed.

2015 FINANCIALS

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<th>Statement of Activities &amp; Change in Net Assets</th>
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*Statements of Financial Position & Activities & Change in Net Assets—unaudited figures on December 31, 2015
## PATIENT PROFILE

### ACTIVE REGISTERED PATIENTS

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<th>2014</th>
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<td>4 - 6 YEARS</td>
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</table>

### 2015 PATIENT VISITS: 205,730
## VISIT SUMMARY

<table>
<thead>
<tr>
<th>Service</th>
<th>2015</th>
<th>2014</th>
<th>Percent Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT MEDICINE</td>
<td>23,205</td>
<td>20,508</td>
<td>12%</td>
</tr>
<tr>
<td>ADOLESCENT HEALTH</td>
<td>2,042</td>
<td>2,451</td>
<td>-20%</td>
</tr>
<tr>
<td>PEDIATRICS</td>
<td>8,009</td>
<td>6,942</td>
<td>13%</td>
</tr>
<tr>
<td>OB/GYN-FAMILY PLAN</td>
<td>3,896</td>
<td>4,615</td>
<td>-18%</td>
</tr>
<tr>
<td>DENTISTRY</td>
<td>9,113</td>
<td>8,684</td>
<td>5%</td>
</tr>
<tr>
<td>NUTRITION-WIC&amp;CLINIC</td>
<td>9,346</td>
<td>10,861</td>
<td>-16%</td>
</tr>
<tr>
<td>HOME HEALTH AIDE</td>
<td>71,615</td>
<td>66,370</td>
<td>7%</td>
</tr>
<tr>
<td>HOMECARE</td>
<td>14,316</td>
<td>14,038</td>
<td>2%</td>
</tr>
<tr>
<td>SOCIAL SERVICE</td>
<td>57,407</td>
<td>55,437</td>
<td>3%</td>
</tr>
<tr>
<td>BEHAVIORAL HEALTH</td>
<td>1,975</td>
<td>1,345</td>
<td>32%</td>
</tr>
<tr>
<td>DERMATOLOGY</td>
<td>703</td>
<td>673</td>
<td>4%</td>
</tr>
<tr>
<td>OPTOMETRY</td>
<td>2,555</td>
<td>3,001</td>
<td>-17%</td>
</tr>
<tr>
<td>PODIATRY</td>
<td>521</td>
<td>583</td>
<td>-12%</td>
</tr>
<tr>
<td>HEALTH EDUCATION-HIV</td>
<td>1,027</td>
<td>867</td>
<td>16%</td>
</tr>
</tbody>
</table>

| Total Patient Visits            | 205,730 | 196,375 | 5%               |
| Total Number Walk-Ins           | 9,877   | 10,549  | -7%              |
| D.N.K.**                        | 18,574  | 16,680  | 10%              |

### PATIENT SUMMARY

<table>
<thead>
<tr>
<th>Summary</th>
<th>2015</th>
<th>2014</th>
<th>Percent Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # Active Registered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients in Primary &amp; Specialty Care (Encounter within 24 months)</td>
<td>13,765</td>
<td>13,539</td>
<td>2%</td>
</tr>
<tr>
<td>Total # Dental Care Patients</td>
<td>2,896</td>
<td>2,790</td>
<td>4%</td>
</tr>
<tr>
<td>Total # of PACE Participants</td>
<td>267</td>
<td>257</td>
<td>4%</td>
</tr>
<tr>
<td>Total # of Unduplicated Registered Homecare Patients</td>
<td>487</td>
<td>479</td>
<td>2%</td>
</tr>
<tr>
<td>Total # of SCO Patients</td>
<td>282</td>
<td>304</td>
<td>-8%</td>
</tr>
<tr>
<td>Total # of WIC Program Registrants</td>
<td>1,806</td>
<td>1,988</td>
<td>-10%</td>
</tr>
<tr>
<td>Total # of Prescription Filled</td>
<td>52,017</td>
<td>48,803</td>
<td>6%</td>
</tr>
<tr>
<td>Total # Health Center Deliveries (Obstetrical)</td>
<td>138</td>
<td>157</td>
<td>-14%</td>
</tr>
</tbody>
</table>

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