

A Health Care Transformation: Funders Help Build “Medical Homes” in D.C.

Rochelle Savage-Bey, a full-time cook in a Washington, DC child care center, does not have private health insurance and is not eligible for Medicaid. But she *does* have regular access to health care.

She relies on Bread for the City—a free clinic in northwest Washington, DC—for physicals, treatment for high blood pressure and other ongoing medical conditions. Savage-Bey’s relationship with the staff and the medical director Dr. Randi Abramson make her more likely to seek preventive care and take their advice about follow-ups.

“I’m just so comfortable. Everybody knows me, I know everybody. I’m just satisfied with the care and the treatment that I receive,” says Savage-Bey. “I wouldn’t go anywhere else.”

Everyone Needs a Medical Home

The Medical Homes DC initiative is giving more residents the care that Savage-Bey enjoys, and transforming health care delivery in the District. Since launching in 2004, it has invested over \$30 million for capital projects, electronic medical records advancements, and a Regional Health Information Organization. It has expanded services in 13 free clinics. Two projects are complete and 11 others—including Bread for the City—are in the final stages of planning.

At the heart of this effort is a dedicated group of Washington Grantmakers (WG) members and the nonprofit District of Columbia Primary Care Association (DCPCA). Together, they are raising funds, educating people, and helping city officials, nonprofits, and health professionals collaborate to permanently improve the city’s health care system.

Weaving a “Patchwork” into a System of Care

Washington, DC, has one of the highest physician-to-population ratios in the country, yet *more than half* of its residents live in medically underserved areas. Compared to their more affluent neighbors, these residents are more likely to get sick, to die preventable deaths, and to use hospital emergency rooms for treatment—a costly and disjointed approach to managing health.



Kathy Freshley (Senior Program Officer, Meyer Foundation) and **Margaret O’Byron** (President and CEO, Consumer Health Foundation) are the founding members of Washington Grantmakers’ Health Working Group.

In 2001, the District created the DC Health Care Alliance to cover low-wage residents with incomes at or below \$42,400 for a family of four that are ineligible for Medicaid.

“Then came the big question: where are people going to get this primary care?” says Kathy Freshley, senior program officer of the Meyer Foundation. “You want people to go to a medical doctor or clinic instead of an emergency room, but if there is nothing in their community, how can they do that?”

WG’s **Health Working Group**—then a relatively new union of Washington Grantmakers members—co-founded by Freshley and Margaret O’Byron, president and CEO of the Consumer Health Foundation, brainstormed ways to bring what was then a patchwork of 13 distinct clinics together to expand access to health care. It was a daunting task.

Then, in 2004, the city issued a challenge: it would invest \$15 million (later upped to \$21 million) to launch Medical Homes DC to expand health care access—provided that DCPCA could offer a 50 percent match in private funds.

Building a Movement

With that, Freshley and O'Bryon hit the ground running. They spent the next year and a half working with DCPCA and their colleagues in the Health Working Group to build support for a major systems overhaul—reaching out to potential donors, public officials, research organizations, and nonprofit groups; gathering letters of support; and arranging sit-down meetings with clinic staff and community members.

“We were relentless,” says Margaret O'Bryon, “because we knew that if we could get the \$7.5 million, \$15 million would be leveraged through the District government.”

Part of the task was convincing funders that what some saw as a “rather small, scrappy advocacy organization” like DCPCA could handle such a massive project, Freshley says. “DCPCA had a great track record, but it just hadn't been around that long.”

To demonstrate the possibilities, DCPCA and the Health Working Group arranged for a site visit to clinics in Harlem and the East Bronx, where a similar nonprofit—New York City's Primary Care Development Corporation (PCDC)—had used a similar model. The visit gave government officials, donors, and members of DCPCA a first-hand glimpse of what could be achieved.

The hard work paid off: the fundraising team met the \$7.5 million target within three years, and work on the initiative kicked into high gear.

The Role of Funders

In bringing about Medical Homes DC, Health Working Group members did far more than cut checks.

“The electronic medical records are a good example,” says Bread for the City's Randi Abramson. “Most [clinics] are so intimately involved in direct service that we couldn't dedicate the time to make this happen, even though it is a priority. The coordination of DCPCA and Washington Grantmakers made it possible.”

“The funding relationship was rich,” says O'Bryon. It started with capacity-building, then we became a learning community... and then it was on to implementation and fundraising. We used the whole ‘toolkit.’”

“And now,” says Freshley, “no one would look at DCPCA and call it a scrappy grassroots advocacy organization. They would say, ‘Here is a highly functioning professional health and quality access advocacy organization’ with a business-like model.”

“The leverage the local funding community has provided ... has had an impact on not just the present but the future of a healthy DC. It has made what was once a dream of equity not just a possibility but a probability.”

—Sharon Baskerville,
Executive Director, DCPCA

Next Steps for Better Health Care

The initiative has survived a change in city administration. The new mayor has embraced Medical Homes DC and Baskerville is currently working with the city to receive \$50 million in additional capital funding to complete all capital projects. But the work has not been without challenges. In particular, it has been difficult in some underserved areas of

the city to secure affordable real estate in order to meet the overall goal of increasing clinic space by 200,000 square feet.



Baskerville

In addition, DCPCA and its partners are pushing to include mental health care coverage in the DC Health Care Alliance, increase reimbursement rates for the Alliance and Medicaid's providers, and to promote a medical loan forgiveness program for providers who agree to work in low-income neighborhoods.

Members of the Health Working Group emphasize that this is an incremental process and a multi-year project. Ultimately, the initiative will be sustained by the city government and most likely a fee-for-service arrangement.

“It takes time to build trust and partnerships among funders, government officials and providers,” says O'Bryon. “And it takes time to build a system. You truly have to take the long view. Ultimately, our shared vision is the creation of coordinated, patient-centered systems of health care *throughout the region* that eliminate health disparities and make high-quality affordable.”

Funders that have supported Medical Homes DC:

- Aetna Foundation
- Cafritz Foundation
- CareFirst Foundation
- Community Foundation for the National Capital Region (Anonymous Donor-Advised Fund)
- Consumer Health Foundation
- D.C. Government
- Harman Family Foundation
- Health Resources and Services Administration
- MARPAT Foundation
- Philip L. Graham FUnd
- Eugene & Agnes E. Meyer Foundation
- Kaiser Permanente
- Prince Charitable Trusts
- Public Welfare Foundation
- RGK Foundation
- RWJF Community Health Leadership
- Starr Foundation
- Alexander & Margaret Stewart Trust
- Summit Fund
- Washington AIDS Partnership