



Health Care Services on the District's East End: A Vision for Access and Sustainability

Introduction

The District of Columbia Hospital Association (DCHA) supports the current effort by the Mayor and the Council of the District of Columbia to address the delivery of health services to all District residents, and the immediate need to deliver health services to residents of Wards 7 and 8 – an East End Health Care Strategy. Individuals living in these Wards are over-represented among the District's most vulnerable populations. In fact, multiple reports commissioned by the District government and conducted over the past decade chronicle the turbulent history of health care delivery to residents east of the Anacostia River - from the bankruptcy of Greater Southeast Community Hospital and numerous acquisitions and restructurings, to present efforts to stabilize United Medical Center. While this may have offered residents a consistent source of medical care, it did not establish a community-wide infrastructure that integrated multiple levels of health care delivery – including preventive, appropriate specialty and post-acute care - with community and social services.

The District of Columbia now has an opportunity to transform the delivery of health care on its East End and improve the standard of care for its most vulnerable and underserved residents. As such, it is DCHA's position that any East End Health Care Strategy must include elements that will stabilize and improve the delivery of and access to health services in a long-term and sustainable way. A persistence to push forward change efforts, regardless of challenges and opposition, will be critical to this strategy's success.

This Vision Statement details the member hospitals' collective agreement and commitment to the key components that any East End Health Care Strategy should include:

- An integrated and sustainable health care system that includes a right-sized acute care facility, other appropriate services and leverages existing health care partners and resources.
- Appropriate primary, specialty, diagnostic, emergency, acute and post-acute care services based on the current and future needs of the community and market dynamics.
- Education and training for future health care professionals.
- Recognition of the need and inclusion of appropriate resources to address the social determinants of health that create barriers to achieving better health outcomes.

I. Any East End Health Care Strategy must include plans for an integrated and sustainable health care system that includes a right-sized acute care facility, other appropriate services and leverages existing health care partners and resources.

In today's era of health care reform, integrated delivery systems (IDSs) represent much more than size and volume. Effective IDSs require coordination of patient care across health conditions, services and care settings over time (Weisfeld 2011).

As a result, this concept has re-emerged as an effective means of improving quality of care, efficiencies and lowering the utilization of services (Hwang et al 2013).

According to the American Hospital Association in its report *Task Force on Ensuring Access in Vulnerable Communities* (2016), safety net hospitals, in particular, must focus on providing more integrated, efficient and better-coordinated care if they are to adequately meet the needs of the populations they serve. This necessitates looking beyond inpatient care to primary and specialty care that works closely together to ensure the health care needs of the patients are being met. Failure to link

a new acute care facility to the needs of the community and with community providers could lead a new facility into the same pattern that currently exists.

While providing access to specialty services and follow-up appointments in the communities where people live is important, the duplication of delivery sites may not be sustainable given the current capacity and the resources required. The District is blessed with a robust health care system with advanced capabilities, and current programs provided throughout the District should be considered in the planning of an East End system of care. This will not only ensure that the new integrated system connects with existing services, but also that residents in Wards 7 and 8 and all District of Columbia residents have access to all the services the city has to offer. At the same time, delivery of services must be balanced with the financial sustainability required to support the activities at a new facility. It is important to ensure that reimbursement methodologies are not changed in a way that harms other District providers.

According to *The District of Columbia Health Systems Plan for 2017* (DCHSP), in general, local hospitals have already made significant progress in this area. The report found that in recent years, hospitals have been more likely to coordinate their efforts with other providers and stakeholders. However, the report also noted that there are still numerous opportunities to reduce fragmentation and better coordinate and integrate services across the city. Strategic focus on integrated services in Wards 7 and 8 as part of a larger District-based delivery system must begin with plans for a right sized acute care facility and other appropriate services that fully leverage existing partnerships and community resources, and consider the specific needs of residents. Citywide assessments such as the one conducted for DCHSP and the active Huron engagement, will be instrumental in developing an East End strategy that can accurately predict the need for inpatient beds, as well as ambulatory/outpatient care and community-based primary care services. For instance, an important indicator examined in DCHSP was ambulatory care sensitive (ACS) hospital admission rates, which are notably higher in communities on the East

End. According to the report's authors, such high rates have less to do with a need for inpatient services, but are "...more a representation of admissions that are partially preventable with access to quality primary and outpatient care" (p. 25).

DCHA also recognizes and supports an East End Health Care Strategy that seeks to tighten the alignment between clinically integrated network services and system partners. Networks must collaborate closely with system partners to craft a common strategy for care transformation, and coordinate with other system-affiliated physician organizations, as they emerge, to streamline leadership of care transformation. Collaboration, communication and coordination among providers will not be possible without effective tools and techniques.

- II. *Any East End Health Care Strategy should include appropriate primary, specialty, diagnostic, emergency, acute and post-acute care services based on the current and future needs of the community and market dynamics.*

In addition to DCHSP, the District government and private groups have produced several comprehensive reports that use citywide health data, community needs assessments, and industry and market analyses to describe community characteristics, health status and disparities by Ward, barriers to care, unmet service needs, and service gaps across health service categories. Some reports also provide strategic options to improve the District's health system, and plans that address the current and future health needs of residents on the city's East End. Consistent across all studies is the pervasiveness of health disparities.

Health disparities are deeply rooted in the social, economic and environmental context in which people live, and factors such as income, housing and employment have a significant impact on health outcomes. Health disparities in the city are well documented, as are the health and social needs of residents in Wards 7 and 8. Findings from the DC Healthy Community Collaborative's 2016 Community Health Needs Assessment (CHNA) reveal that in Wards 7 and 8, both the percentage of families living below the poverty level and the unemployment rate is about twice

the citywide average. Moreover, nearly every chronic condition studied for the report was most common in Ward 8, and residents in Ward 7 currently have the highest rates of clinical depression. In terms of disparities in access to health services, currently the District has nine designated Health Professional Shortage Areas (HPSAs) and eight Medically Underserved Areas/Populations. Moreover, Wards 7 and 8 are defined as dental and mental health professional shortage areas, with certain neighborhoods within the Wards identified as having primary care shortages, as well (CHNA 2016). Given these conditions, appropriate primary and specialty care – and the ancillary services to adequately support it – must be the baseline of any strategy for residents in the East End.

Telehealth has proven to be a promising solution for addressing issues of access. In *Telehealth: Delivering the Right Care, at the Right Time, at the Right Time* (2017), the American Hospital Association explored innovative ways that diverse hospitals and healthcare systems from across the country used the technology to expand access to care. In both rural communities and urban areas, including ones challenged by both health care workforce recruitment and retention, Telehealth offered a lifeline to teams of specialists from diverse locations that could successfully collaborate – often simultaneously, on diagnosis and treatment plans. In general, Telehealth not only offers such benefits as immediate, 24/hour access to physicians and other providers in distant locations, but also a less expensive, more convenient care option for patients.

While addressing health status is critical, we know that strategies must also respond to industry trends in reimbursement, such as the increasing emphasis on value rather than volume-based payment structures, and market forces that suggest the need for fewer acute care beds in these Wards, and more outpatient services delivered in community-based ambulatory care settings (Huron Healthcare 2013, McGladrey 2011). Appropriate primary, specialty, diagnostic, emergency, acute and post-acute care services must also address the changing views of consumers, advances in science and technology, evolving care models and competition within

collaboration. The savviness of consumers will continue to compel the industry to innovate, and the East End Health Care System must be market ready to ensure sustainability.

Given the overall health and social status of Ward 7 and 8 residents, DCHA's position is consistent with the American Hospital Association's (2016), which is that communities should provide, at a minimum, a baseline of high quality, safe and effective health services for vulnerable populations. In these Wards, baseline services should include those mentioned above, with specialty programs tailored to the wide-ranging needs of the community, including psychiatric and substance abuse services, prenatal care, dentistry services, and a robust structure for referrals (p. 11). Additionally, it will be important that these services not be delivered in isolation, but be delivered in collaboration with other providers and as part of a larger District-based delivery system, which includes working with post-acute providers to ensure patients are successfully transitioned through care appropriately. This collaboration should aim to reduce readmissions and place the patient in the most appropriate environment to ensure positive health outcomes.

III. *Any East End Health Care Strategy should include education and training for future ancillary healthcare professionals.*

Every day, patients and families entrust hospital staff with their lives, and the lives of their loved ones. Ensuring there is an adequate workforce able to meet the needs of an aging and increasingly diverse patient population is perhaps more important now than ever before.

Unfortunately, those most likely to face socioeconomic barriers to health care, are also most likely to live in medically underserved areas; and as the Affordable Care Act (ACA) brought thousands of new Medicaid beneficiaries – many residing in Wards 7 and 8 – into the healthcare system for the first time, it also further strained a system already coping with nursing and physician shortages, particularly in those areas as well. A fully integrated healthcare hub providing a full continuum of care,

including appropriate specialty services on the same campus will attract physicians who rely on referrals or who require diagnostic and ancillary services for their practices. This environment will also provide an ideal setting for expansion of physician residency programs, as well as nursing and ancillary training, which will increase the number of healthcare professionals trained to work with patients who have significant clinical and social needs, and help the new system develop a reputation for expertise in targeted specialties.

On the legislative front, the DC Health Professional Loan Repayment Program, first enacted in 2005, has served as a mechanism to recruit and retain qualified health professionals to work in underserved areas of the city. Increased funding and expanding access to this important program will be key to addressing health professional shortages, especially in specialty fields. In addition, the Affordable Care Act (ACA) offers several initiatives to increase the number of health care workers, including provisions expanding Title VIII nursing education programs and flexible loan repayment plans. Although current efforts to repeal and reform the ACA may bring cuts in funding for these efforts, the need for committed and engaged health care professionals promises to grow.

There are other existing resources the District can tap into to help increase the number of educated and trained professionals in the pipeline. For example, DCHA challenges local leaders to more closely affiliate with college and university undergraduate health sciences readiness programs. Examples include Howard University's Summer Health Professions Education Program, which is designed to strengthen the academic proficiency of students interested in pursuing health careers, and Georgetown University's new Academy for Research, Clinical and Health Equity Scholarship, which aims to prepare students for medical school while orienting them to important issues, such as health equity. Workforce development programs at area community colleges and the University of the District of Columbia offer training for entry-level careers in allied health services, in addition to

institutional scholarship opportunities for students accepted into health science programs.

Exposing students to professions early on has proven to nurture budding interests much sooner and for a much longer period of time. We recommend partnering with the health care community to expand initiatives, such as the DC Public School (DCPS) Career Ready Internships program, that are designed to introduce high school students to professions in the health sciences. Currently, only a small fraction of local hospitals and medical schools are involved in Career Ready Internships. Soliciting additional participation from local health and health-related agencies, associations and other groups, as part of larger effort may encourage wider representation from within the industry. Offering abbreviated and tailored versions of such programs may prove suitable for younger students as well.

Furthermore, partnerships between the Department of Employment Services and District hospitals on apprenticeship programs, as well as the development of soft skill academies to assist in skill development, needs to be a fundamental part of any workforce strategy. DCHA member hospitals have committed to assisting in the development of curriculum to support the development of a strong skilled entry level workforce, which provide advancement opportunities.

- IV. *Any East End Health Care Strategy should include recognition of the need and inclusion of appropriate resources to address the social determinants of health that create barriers to achieving better health outcomes.*

District residents, especially those living in Wards 7 and 8, know all too well that poverty, lack of employment opportunities and the high cost of living are barriers to health and wellbeing. We know that, “...children born to low-income families are, as they move into adulthood, less likely to be formally educated, less likely to have job security, more likely to have poor health status, and less likely to rise to higher socioeconomic levels” (DC Health Systems Plan 2017, p 16).

In the past decade, there has been increasing recognition of the importance of social determinants of health (SDOH). What has emerged are a number of innovative approaches, that when resourced, can yield promising results. One such approach is known as “place-based care.” Place-based care is a nationally recognized best practice in addressing SDOH, which brings healthcare and other resources into communities in convenient locations, such as schools, churches and community centers or in other venues considered to be community assets. Health systems using this approach typically team neighborhood providers with social workers and/or caseworkers to identify and address medical and social needs at the same time, and with equal importance. The need for more place-based care programming was a major theme from stakeholders interviewed for DC’s CHNA (2016). A similar strategy - implementing screenings for social determinants of health in community-based settings - also was recommended in the DCHSP.

DCHA supports efforts to work directly with commercial and government insurers to address social determinants, and continues to advocate for investing in social and community support positions to help coordinate care and better assist residents in navigating the health care system. Today, most insurers have developed specific programs or initiatives to address their members’ broader needs, such as housing, economic stability, education and food security. In addition, some plans go further and use community health workers or health navigators to visit the homes of high-risk members and link them with both health and social services. District programs, such as Health Home and My Health GPS, that resource health educators, community health workers and similar professionals will be critical to ensuring comprehensive care coordination, disease management and health promotion for Medicaid beneficiaries with multiple chronic conditions.

Conclusion:

The health needs of the residents living on the District’s East End are complex and pressing, and research shows these needs are exacerbated by social determinants that are known to contribute to disparities and poor health outcomes. As in the past,

providing efficient and effective health care services in this environment will be challenging for certain. However, the District of Columbia Hospital Association and its members believe that the best chance for success lies in a forward-thinking strategy, one that is rooted in meeting the unique needs of the community through an integrated health care system focused on improving access to not only primary services, but to the specialty services we know are vital to improving health outcomes and ultimately optimizing health system performance. Our intent is that the recommendations put forth in this document provide a useful framework for developing a strategy for delivering health care to residents in Wards 7 and 8. This is an important first step to deliver on a promise to our most vulnerable communities. A promise that ensures accessible health care that is comprehensive, high quality and sustainable for generations to come and sets the stage for the “East End” to serve as a new health care hub and destination for our entire region.

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