The Dorothy Rodham Center Proposal

According to the 2010 US Census Bureau, DC has a population of 601,723 of whom 50.7% are Black, 38.5% White, 9.1% Hispanic or Latino origin, and 3.5% Asian. In comparison to national Census data, DC has approximately four times the percentage of Black residents, twice the percentage of Hispanics and half the percentage of Whites. The Black and Hispanic residents of DC bear a disproportionate burden of poverty with approximately 25% of Blacks and 16% of Hispanics living below the poverty lines, compared to 8% of Whites.

In DC, socioeconomic disparities correlate closely with health care disparities. Black and Hispanic residents of DC are more likely than Whites to live in a Health Professional Shortage Area (HPSA) and Hispanic residents are the least likely to have medical insurance of any kind. DC has taken several steps to provide health care to its neediest individuals: it has a highly developed community health center system with more than 30 community health center sites across DC and it offers the DC HealthCare Alliance program, which provides coverage to those ineligible for Medicaid up to 200% of the federal poverty level. The existence of the Alliance program means that, in 2008, only 9.8% of the DC population was uninsured compared to 15.8% of the national population.

Unfortunately, many health care providers in DC do not participate in Alliance because its reimbursement rates and contractual rules are more restrictive than Medicaid. As a result, many patients covered by Alliance continue to face access barriers and are therefore under-insured. In addition, the growing national shortage of primary care providers is felt acutely here in DC. Approximately 20% of DC residents report no usual source of care. DC has a total of 9 Medically Under-Served Areas (MUAs) involving 86 census tracts, and the DOH estimates that 45% of the DC population resides in a MUA. In 2008, the RAND Corporation estimated a primary care visit shortfall in DC of between 225,000 and 253,000 visits for medically vulnerable populations.

On top of these socioeconomic and access challenges, DC must confront several notable health challenges. Most prominently, DC suffers from the highest prevalence of HIV/AIDS in the nation. Within DC, 3.2% of residents over age 12 have HIV. More than 75% of persons living with HIV/AIDS in DC are Black, with a disproportionate burden of disease among Black male adults (prevalence of HIV in this population is 7.1%). Data from the DOH reveals a ten-year survival rate of 67% among Blacks - strikingly lower than the 90% rate among Whites and Hispanics in DC.

The George Washington University's Internal Medicine Residency Program has 105 residents. There are three tracks: Preliminary, Categorical and Primary Care (PC). There are 10 residents in the preliminary track that spend a year in Internal Medicine before going to residencies such as Radiology, Ophthalmology, Anesthesiology and Dermatology. The majority of the residents are in the 3 year categorical track, many of whom go on to do fellowships in sub-specialties such as Cardiology and Infectious Disease. The Primary Care Track, also 3 years, is one of the oldest programs of its kind in the country having been around for over 30 years. There are 5 graduates a year from the Primary Care track and previous alums have gone on to work in the DC Prison health system, various city wide community based clinics that serve the under and uninsured. Most notably, Dr. Ray Martins who completed this program several years ago is now the Medical Director of Whitman-Walker Health which serves Washingtonians living with HIV/AIDS.

Despite the success of the PC program at attracting residents to needy communities, GW currently offers no opportunities for longitudinal community-based training to its categorical residents – the residents who constitute nearly 90% of GW's internal medicine residency program. Numerous categorical residents have expressed a desire to serve the underserved.

In addition, many medical students enter medicine with the idea of working in under-served areas and with vulnerable populations. However, the reality of medical school loans prohibits many from realizing these early ambitions. Furthermore, the residency training model has tended to emphasize hospital based rotations and has historically offered few opportunities for young doctors to work in community based settings.

To that end, the GW Internal Medicine (IM) Program has already put into place various electives to help give residents in training these opportunities.

Community Health Elective--Briefly, the purpose of this elective is to introduce residents to pertinent topics in community health, to expose residents to the practice of medicine in a community setting, and to develop physician leaders in community health This is a 2-week elective which will combine both morning didactics and afternoon clinical experiences in community health settings throughout the Washington, DC area. Please see below for the lecture schedule and full list of course objectives.

http://www.gwmed.com/joomla/index.php?option=com_content&view=article&id=96&Itemid=108

Health Policy Elective

The Residency / Fellowship Rotation in Health Policy (RFHP) is a special offering of the Department of Health Policy, made possible through the combined resources of the School of Public Health and Health Services and the School of Medicine and Health Sciences, as well as a generous gift from Harold and Jane Hirsh. The RFHP is offered to George Washington residents from all disciplines who are interested in an intensive, short-term health policy fellowship as part of their graduate medical education experience.

The goal of the RFHP is to provide residents with an understanding of U.S. health policy and its implications for medical practice and health care in the U.S. The program, sponsored by the nationally ranked Department of Health Policy, is not available in any other U.S. graduate medical education setting and capitalizes on GWU's Washington D.C. location and the extraordinary health policy resources available in this city,

The RFHP faculty is drawn from many disciplines and includes a number of individuals who are national experts in their respective fields. By the end of the rotation, participants will have received a basic grounding in key aspects of U.S. health policy and law through intensive seminars designed to build knowledge across the many fields of health policy, including health care access, financing, regulation, quality, disparities, education and workforce policy, public health protection, and critical fields of health law. Participants will also witness health policy making first-hand, through field trips to a variety of health policy-making settings including the Congress, federal agencies, professional associations, and local health delivery sites. In these settings, participants will have the opportunity to meet with policy professionals involved in many of today's critical debates and decisions. Finally, participants will learn and apply fundamental principles of health policy analysis in simulations designed to mirror real-world challenges in health policy.

http://www.gwmed.com/joomla/index.php?option=com_content&view=article&id=84&Itemid=97

Residents as Young Educators (RAYES)

Residents are expected to teach their patients, students and each other, but more often than not, have not had formal training in educational theory. The purpose of this course is to help residents recognize principles of adult learning theory and apply them to opportunities across the course of their residency training.
The Residents as Young Educators curriculum is designed to provide a theoretical and empirical framework on which to build foundational concepts of adult learning. Through readings, didactics and personal teaching experiences, residents will integrate the principles of adult learning theory longitudinally and in various settings throughout their residency.
The curriculum provides the opportunity to design and lead educational events based on the principles of adult learning. The curriculum provides opportunities to instruct fellow residents on a topic and to obtain feedback from fellow residents and faculty members on the design of a future learning event.

What would the role of The Dorothy Rodham Center be?

1) The RAYES program would be expanded to allow residents, and eventually medical students, to co-teach in partnership with the Association of Black Cardiologists (ABC) a 12- module curriculum that ABC has already developed to educate DC residents on Cardiovascular Health. Mr. Andre Williams, executive director of ABC has stated that by working with physicians in training, ABC will be able to reach many more community leaders through this innovative, culturally relevant curriculum. This train-the-trainers initiative will give the young doctors experience and exposure to help prepare them to become engaged members of their communities. This will provide the community with needed tools to educate its members on heart disease, hypertension, kidney failure, diabetes and how to effectively treat and manage these chronic illnesses.

2) The Department of Health through Ms. Fay Van Hook, Program Manager of the Community Health Administration's Cardiovascular Health Program, has expressed tremendous interest in partnering with GW's Dorothy Rodham Center. The DOH is already in the process of conducting a needs assessment by performing a questionnaire of 10,000 homes in the District of Columbia on a wide array of health concerns. This will allow for the creation of a database that can measure current health parameters and then track them as various initiatives are implemented. This work will allow for a sharing of information across various institutions in the city in a collaborative model to impact positively on health outcomes.

3) DOH is also very interested in involving trainees, including medical students, in helping staff their clinics. There is a model that has already been implemented with great success in Miami and Dr. Joan St. Onge has shared her ideas and experience below:

Medical student involvement with the Department of Health in Washington DC could happen in a number of different venues. First, there is the opportunity of involving the students from the first year in the clinical arena. In this model, the students would attend clinic with a faculty preceptor on a biweekly basis, rotating with didactic sessions focused on clinical skills, communication skills and medical ethics. This model has been developed and implemented on the University of Miami Regional Campus in Palm

Beach County. ** It requires dedicated faculty time in the clinics and to develop and facilitate the didactics. The second possibility is to have the interested students identify mentors within the public health arena, either in the clinical sites or in the administration, and work with that individual toward improvement in patient care. The student, working alone or in groups, would study the administration of patient care, propose quality improvement projects, implement these, and study the effect of these. Another aspect of involvement of the students would be through volunteer opportunities such as health fairs, and outreach programs into the community for education and health improvement. These volunteer opportunities would be open to all students in the area, and could incorporate faculty, community groups, high school students as well as the general public.

4) The Department of Medicine is in the process of hiring a research coordinator who will help with grant writing to apply for HRSA, CMS as well as private funding to help support the work that the center will be undertaking to educate future doctors on community health.

5) Working to expand the Health Service Corps program which allows medical school loan debt forgiveness in exchange for physician service, after training is complete, in a designated under-served area. Currently this program is only open to primary care specialties. The Rodham Center would work to pilot a program in DC which would extend loan forgiveness to other specialties such as cardiology to help address the disparities in care which require extra attention such as cardiovascular mortality.

6) The new Health Care Law will fine hospitals with high re-admission rates in certain circumstances. A small example of this might be a patient with kidney disease who is admitted for pneumonia, gets discharged, and gets re-admitted to the hospital because their dialysis center was closed. To that end, Ms. Kim Russo, COO of GWU Hospital, has agreed to donate several dialysis machines to sections of the city that are across the Anacostia River. In doing so, she would help to encourage other area hospitals to follow suit and make donations that would help support the infrastructure of needed specialty clinics throughout DC.

In summary, there has been a lot of excitement about the Rodham Center as a place to bring together the educational and policy interests of the GW Internal Medicine Residency in partnership with the School of Public Health, DC's Department of Health, Association of Black Cardiologists, as well as the Medical School.

It is my personal hope that we can share ideas across the city and across the country, especially with other academic institutions serving urban populations. Dr. Mark Henderson, of the University of California—Davis, has already implemented an educational program through HRSA funding that has trained under-represented minority physicians to serve in their communities.

The Rodham Center would create a website to house the described curriculum and would provide templates of successful projects so that they could be used by others in the country. Eventually, we would plan on having invited conferences with workshops on an annual basis.

The Dorothy Rodham Center has already brought people under the same roof with a similar vision of providing excellent care for all of the citizens of the District of Columbia.