

Remarks of Alice M. Rivlin
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at the
DC Primary Care Association's Annual Meeting
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Panel Discussion: "A Change is Gonna Come"

The vision for the future should not be about health care, but about health. In my vision for a decade or so from now, Washington, DC is a healthy place. The national press begins writing articles about how Washington is a model city when looking at common health measures of morbidity and mortality—measures that we now score quite low on. Compared to other large central cities with diverse populations, in ten years or so we will score well, especially for low-income and minority residents.

The press, political leaders and health professionals in other cities begin asking, "How did they do it?" (Those of us who worked hard over a decade to improve the District's fiscal situation now get asked, "How did DC get from a fiscal embarrassment to a balanced budget?" It would be good to be answering those kinds of questions about health.)

So what will we say about how we did it?

- First, we dramatically improved access to and use of high-quality primary care in all parts of the city—especially wards 5, 7 and 8. Almost everyone now has a medical home where they go for regular check-ups, routine care, and disease management. Primary care health centers have expanded and are located where they are most needed, coupled with strong community outreach efforts including an experienced corps of community health workers.
- Second, we greatly improved access to specialty care for low-income residents. At the center of a revitalized Anacostia Waterfront is a new Healthplex, which offers emergency care, primary and specialty care, ambulatory surgery, diagnostic and laboratory services, and health education. Primary care doctors and specialists, including those at affiliated

hospitals, are in regular communication about their patients. The Healthplex is used by all members of the surrounding mixed-income community.

- This improved communication among doctors and other health care staff reflects a great leap forward in communication technology. Electronic medical records—portable medical records—are used throughout the health care system, including community health centers, hospitals, and the Healthplex. Health care organizations are linked into the same IT system, and have access to patient information (with appropriate privacy safeguards) that helps them provide higher-quality care.
- What about emergency care? It is high quality and well-located, but we do not use it as much as we used to. Residents no longer use emergency room services for non-emergency health problems. Instead, confidence in and use of primary care has risen so that few patients now seek emergency room care except for trauma and real emergencies.

Was all this done by the health system alone? Of course not! It went along with improving education, especially health education for young people. Health education and community outreach has promoted changes in life-style—healthier diet, more exercise, less smoking and other substance abuse. It went along with better training and higher paying jobs for DC residents, many of these jobs in the health sector itself. It went with less crime, safer streets, and neighborhood development. Health centers, in turn, along with schools and recreation centers, play a big role in revitalizing neighborhoods. The negative cycle of declining neighborhoods and deteriorating services is reversed all across the city.

Can we do this? Yes!