

**Testimony of Maria Gomez President and CEO
Mary's Center for Maternal and Child Care, Inc. On the Public Oversight Hearing On
The Rand Corporation's Recommendations on Health Care in the District**

Committee on Health

David A. Catania, Chair

On

**Monday, June 30, 2008 10:00 a.m. The John Wilson Building 1350 Pennsylvania
Avenue, NW
Council Chamber Washington, DC 20004**

MARIA GOMEZ RAND OVERSIGHT PUBLIC HEARING JUNE 30, 2008

Good Morning Chairman Catania and other Esteemed DC Council Members. My name is Maria Gomez and I am the President and CEO of Mary's Center for Maternal and Child Care¹ with locations in Wards 1 and 4, serving over 10,000 individuals this past year. For the record I was a member of the Rand Advisory Committee.

I come before you this morning to thank you for commissioning the study that I believe has provided some in-depth analysis of our health care needs, the status of the quality and quantity of health services and some concrete options to continue to improve our health care system. In my opinion this was a highly expensive study for information that some of us who have grown up in this city have known for decades. I am confident that the recommendations in this study will be given serious consideration if you are truly serious about using my tax dollars effectively and changing the health outcomes of our neighbors.

The beauty of this study is that it heard from all sectors that affect or are affected by our delivery of health care. What you may not know is that Mary's Center in Ward 1, was selected as one of the community health care site where a series of RAND focus groups were conducted.

On April 3rd, 2008- disseminated in two sessions - more than 25 people participated in the Rand Study focus groups. There was a mix of participants in the focus group pool ranging from mothers whose children had serious chronic diseases such as Down syndrome, hemophilia and autism to adult participants who had a whole host of chronic diseases such as epilepsy, arthritis and diabetes. They were asked about their access to health care among several other questions surrounding quality of care. Exit interviews conducted with our participants presented concerns that resonate with the study's findings. Many of those who participated in the study complained about language access and the availability of translators when trying to access services. They also discussed the challenges when trying to get an

1 As we celebrate twenty years of service, Mary's Center for Maternal and Child Care is a federally qualified health care center serving Washington, DC metropolitan area residents. The mission of the center is to build better futures through delivery of health care, education and social services to saves lives and create stronger communities, one family at a time. For more information, please visit www.maryscenter.org.

appointment to receive care. Many appointments are within several weeks time and openings are limited. One particular participant shared her story and it has stayed with me ever since. This particular woman is 46, suffers from depression, epilepsy and a severe case of psoriasis. The rash is so bad that it has evolved into warts all over her body, her face, her chest, her back, her arms and her feet. The warts on her feet

have made it painful for her to walk. In fact, she often loses her balance because she cannot bear the pain of walking; even at a slow pace. She had problems accessing health care until she came in contact with one of our outreach workers on the street that immediately enrolled her in DC Health Care Alliance. She is presently being treated at Mary's Center successfully. She is an example of thousands of DC residents with multiple health problems that would be non-compliant, using the ER frequently and hospitalized from lack of primary care if it were not for the intensive case management provided to her by our family support workers. This case management is not just dealing with navigating the health care system but it is also assisting with housing, employment and childcare issues that must be addressed if she is going to show up for her medical appointments.

Recommendations have been suggested for investing in improving the physical space of community health centers so that we can collectively expand primary care capacity by 200,000 visits. This problem is all too commonplace for Mary's Center. We are **ripping at the seams** because we do not have enough space to see all the people who come to us seeking care. As a federally qualified health center, we **MUST** see everyone who walks through our doors, regardless of their ability to pay, but also regardless of the fact that we have overcrowded waiting rooms, overextended examining rooms and closets that are being used as offices for privacy. We are willing to expand our capacity and yet the availability and cost of space in this city is a tremendous barrier to a successful and timely expansion. I will be happy to expand on that issue anytime you wish.

The study also mentioned that the tobacco funds could be used to "invest in CHCs that expand capacity in high need locations." I fully support this recommendation there are more people who come to our communities that truly need our help. These communities in need are no longer relegated only to the Southeast parts of the city. As more and more people flock to our communities- whether it is in the Southeast, Northeast or Northwest parts of town-we need to be prepared to meet the demand. Expanding the investment to include CHCs in areas of high need should be a priority.

In order for us to keep up with our outstanding health care outcomes and measure every aspect of care provided we must commit our staff and time to transitioning into an electronic medical records system. In fact, Mary's Center is scheduled to "go live" with EClinicalWorks by the end of summer. When you find yourself spending up to 1-2 hour finding a patient's chart, seeing them without test results or prescribing without a good drug history – this is not good medicine. Also, in order to reach our goal of 200,000 visits, we must continue to invest in this essential tool. Furthermore, this investment will not be enough if we don't invest in connecting our partners in MAA's MMIS system, DMH's Ecura, CFSA's FACES and others that form an integral part of our overall health and well-being.

Although the Rand study recommends that we should delay the allocation of dollars towards mental health and dental care until an assessment of needs has been done, I would urge that we allocate these funds immediately. At Mary's Center, the need for treating postpartum depression and domestic violence alone is on a continual rise, leading to the rise in child abuse and neglect. This is also true of those participants seeking dental care. For example, lack of fairly inexpensive dental treatment for adults leads to extremely high cost preterm births and consistent preventive dental care is invaluable to the child and the health care system².

I am very hopeful that you will give careful consideration to all the suggestions made in the RAND Study and that you understand the value of primary care in the lives of individuals like our 46 year old who has been given a new opportunity to live a full productive life because of the access and quality of care she is receiving at a CHC like Mary's Center.

I thank you for your time.

2 Jeff Coat- 2007 "Periodontal Infection and Preterm Birth."