

# Annual Report

*Our Vision  
Takes Shape: 2011*  
*A Patient-Centered Medical Home for Dorchester*



WIC



**Dorchester House**  
Multi-Service Center

## OUR MISSION

*To be an essential resource for our community in its efforts to achieve the highest levels of health, well-being and quality of life for its residents;*

*To provide affordable, accessible and exceptional health care and other essential services, in an environment that respects our consumers, our staff and our diverse community; and*

*To be a leading force for change in the health, economic and social well-being of our community.*



### About the cover

Dorchester House offers a wide range of health services to patients of many cultures and backgrounds. To facilitate navigation of our expanding facility, we have adopted icons from an internationally developed dictionary of symbols for our signage. Those symbols are found sprinkled throughout this annual report. This is just one more way that our patients – whether they speak English, Vietnamese, Spanish, Haitian Creole, Cape Verdean Creole or any world language – will find a welcome home at Dorchester House.

## EMBRACING OPPORTUNITIES IN THE FACE OF CHALLENGES



**Joel Abrams,**  
*President and  
Chief Executive  
Officer*

*Dear Friends:*

It's been another great year for Dorchester House! As health care reform in Massachusetts completed its fifth year, we were delighted to be asked by the **Massachusetts League of Community Health Centers and Health Care for All** to host a birthday celebration for the landmark legislation.

The event, attended by Governor Deval Patrick and an array of health care and other leaders, was an honor to host. Community health centers (CHCs) continue to be viewed as centerpieces for health care reform statewide and nationally. In particular, Federally Qualified Health Centers like Dorchester House are positioned to provide care to the newly insured along with all the patients we typically serve – individuals and families who receive the highest-quality care irrespective of income or insurance.

When health care reform was enacted in the Commonwealth, we were ready. And we were ready when it was enacted nationwide. Due to our capacity to help fulfill the promise of that

reform, the federal government provided us with capital funding to expand our services and our facility. These federal stimulus dollars support our efforts to increase access for patients through a project aptly entitled “The Doctor Can See You NOW!” Together with our Patient-Centered Medical Home initiative and our newest wellness and DotWell programs, we continue to stay ahead of the curve in providing care to the whole patient – a concept that has marked Dorchester House since its founding as a settlement house almost 125 years ago.

Despite these wonderful opportunities, Dorchester House, like many safety net providers, faces financial challenges. Yet we believe that we can increase access to our much-needed care while improving our sustainability. This confidence does not come from a “build it and they will come” attitude. Rather, it reflects our knowledge that the services we provide and the network of health care partners with whom we work offer the ideal model of quality care in an increasingly austere financial environment. A beautiful

new and expanded facility – supported by a combination of federal funding and matched dollars from Dorchester House and our supporters – will create the capacity we need to respond to demand for our services. Patients and payers alike increasingly look for value when they make choices about where to purchase and receive their care. We know that Dorchester House will be high on their lists.

Along those same lines, during the coming year we will be working on better integrating our care with our hospital, CHC and DotWell partners. Accordingly, we will be examining how payment reform structures such as Accountable Care Organizations may best foster and reward that integration. At the core of these structures will be the values that have always driven Dorchester House's commitment to quality care and respect for every individual and family. These values have worked for us and for our community for 125 years, and we expect them to continue indefinitely.

Yours in health,

Joel Abrams, *President & CEO*

## EXPANDING ACCESS TO CARE



THIS PAST YEAR, Dorchester House took major strides toward completing key objectives in our five-year strategic plan. In particular, we leveraged our settlement house tradition to offer appropriate

community services and to reduce disparities in health care and health outcomes. The theme connecting these ongoing efforts is simple: increasing access to care.

To improve our services to the community, DHMSC welcomed Mary Truong into the newly created position of Director of External Relations. She scaled up our outreach by working with members of the community to understand their wants and needs, and developing events and public forum discussions that are most helpful to them (see sidebar).

To reduce disparities, we tied quality improvements – patient-centered changes, discussed on page 5 of this report – with the belief that enabling a patient to make positive life choices means making those choices simple by removing barriers and encouraging participation. To that end, we are building the infrastructure needed to make urgent care, timely well-visits, prescriptions, exercise and nutrition classes, social service case management, financial and legal counseling, and other services easily accessible – and all under one roof.

Accelerating this goal, “The Doctor Can See You NOW!” (or “**NOW! Project**” for short) is an \$11 million building expansion that creates over 41,100 square feet of new or renovated space. The NOW! Project includes 18 new exam rooms for primary care and a Walk-In/Urgent Care clinic, doubles the size of both our pharmacy and our lab, and adds



a new Wellness Center. Scheduled to finish on time in December 2011, the construction translates into a 20% increase in capacity which will enable our providers to see over 6,600 new patients through 26,000 more annual patient visits. The Walk-In expansion in particular will go a long way toward our primary goal of increasing access to care, as even our limited Walk-In capacity hosted over 7,000 patient visits last year.

Historically, Dorchester House has been known for a series of smart, timely capital expansions that have served generations of patients well. The **NOW! Project** follows in that tradition. We have always been a medical home for new and existing patients, and expect to continue to improve and expand access for years to come.



**The Doctor Can See You NOW! Project**

*Project Management:* Bristol Consulting Group

*Architects:* Spagnolo, Gisness & Associates

*Construction:* Shawmut Design and Construction

**The NOW! Project needs your help ... NOW!**

With the \$7 million in stimulus funds under our belt the expansion is moving ahead – at lightning speed. But the total project cost is \$11 million so we need YOUR HELP! Visit [www.dorchesterhouse.org](http://www.dorchesterhouse.org) and click on “Donations” to make your contribution. Or, to learn about opportunities to get involved with the **NOW!**

**Project**, contact Jessica Loew, Director of Development, at **617-740-2527**.

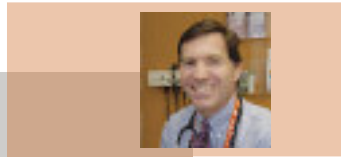
To Dorchester House, being a patient-centered community organization means that we do not just bring patients to us, we go to them. To accomplish this, over the past six months Mary Truong, along with our roster of community health workers, organized **17 free screenings and educational health talks for over 500 Dorchester residents**. Our diverse array of community-based partners for these events includes churches, senior centers, tenant associations, and a community development corporation.



## ENSURING EXCELLENCE

**“Dorchester House combines the breadth of care and quality of a larger hospital, with the personal touch of a local primary care office ... this is medicine at its best.”**

*— Patrick Egan, Chief Medical Officer*



DORCHESTER HOUSE takes pride in providing access to high-quality health care for neighborhood residents. Achieving such excellence has become increasingly important as Americans grapple with the problem of improving quality, while reducing costs, in our national health care system.

The Massachusetts Patient-Centered Medical Home (PCMH) Initiative seeks a transformational solution by bringing the focus back to the patient, enhancing the patient experience, and improving health outcomes. DHMSC, as one of only 46 organizations in the state selected in 2010 via a highly competitive process, is paving the way for the medical home movement locally and nationally.

Like many of our peers, Dorchester House already has most pieces of the PCMH in place – community health centers were functioning like medical homes well before PCMH accreditation became cutting-edge. But we also recognize that we can do better, and are therefore transforming our practice with a variety of key initiatives.





### Medical Home Transformations

**Team Approach:** A cornerstone of the PCMH movement, DHMSC has been organizing its medical staff into carefully balanced teams. This allows patient care to be more continuous and more welcoming, as patients see the same faces and deepen their personal relationships.

**Ensuring Efficiency & Efficacy:** The new Access Facilitator role, filled by a high-performing Medical Assistant, acts as a communication and support conduit during sessions. By making timely on-the-ground decisions, our Access Facilitators ensure patients receive quicker and higher-quality care.

**Clear, Comfortable Communication:** The Patient-Provider Communication Form can turn a daunting visit into a comfortable conversation. Patients write down their thoughts and concerns on this two-question form while they wait in the exam room. The provider can then ensure she covers everything the patient hoped to discuss. Simple, practical, and clear – the Dorchester House way.



## BENDING THE COST CURVE

AMIDST THE NATIONAL DEBATE OVER HEALTH CARE, all parties seem to agree on at least one point: system-wide medical costs must be reined in. The challenge is HOW?

At DHMSC, we recognize along with most experts that “bending the cost curve” likely requires a multi-faceted strategy. And since community health centers address the needs of a large portion of the system’s costliest patients, we believe that we are a key piece of that strategy. Historically a low-cost care center by necessity, Dorchester House is now pushing further and designing strategies meant to improve our patients’ outcomes and save them and the system money.

New research shows that focused, coordinated care for a system’s most expensive patients results in decreased medical bills and improved quality of life for those patients. Putting this research into action, we created a new Clinical Care Manager position to focus intensively on the most complicated and costly patients to improve their health. In addition, our asthma and diabetes teams – part of our core chronic care competency at DHMSC – collaborated with our IT and data analysis departments to provide more consistent, coordinated, accurate, and timely care in order to improve outcomes and prevent unnecessary and costly Emergency Department visits.

Finally, the growth of our Walk-In/Urgent Care, which has already seen a 21% increase this past year prior to the current expansion, is having a major impact on systemic health care costs. As our Chief Financial Officer Patti Ross has noted, “The lack of focus on primary care in the US has resulted in expensive alternatives; community health centers counteract this problem, which is why investing in health centers results in immediate savings for our health care system.”



### Timely and Cost-Effective Care

<b>7,048</b>	Total number of DHMSC Walk-In/Urgent Care visits for calendar year 2010
<b>\$150</b>	Average cost to DHMSC per Walk-In/Urgent Care visit
<b>\$923</b>	Average cost per preventable Emergency Department (ED) visit*
<b>\$773</b>	Savings per ED visit avoided
<b>46.5%</b>	Estimated percent of outpatient ED visits in Massachusetts classified as not needed, or needed but preventable*
<b>\$24 Billion</b>	Estimated current annual savings due to community health center activity nationally. With minimum funding from the Health Care Reform Act, that number is projected to increase to \$181 billion between 2010-2019**

\* Massachusetts Division of Health Care Finance and Policy. “Analysis in Brief: Analysis of 2005 Preventable ED Visits.” Boston; 2007.

\*\*Ku L, Richard P, Dor A, et al. “Strengthening Primary Care to Bend the Cost Curve: The Expansion of Community Health Centers Through Health Reform.” Geiger Gibson/RCHN Community Health Foundation Research Collaborative. June 2010.

## DOTWELL: BEYOND THE CLINIC

Over the past year, DotWell continued to leverage the many assets in Dorchester through community-wide collaboration. Together, we connected residents and empowered them to develop citizenship and leadership skills through service-learning projects and volunteer opportunities.

The health of a community is defined not only by clinical indicators, but also by economic and educational conditions and the degree to which its residents connect with

and help one another. In a community with strong social capital, the quality of life improves, children thrive, and families flourish. Our community portal, [www.mydorchester.org](http://www.mydorchester.org), is a key tool for building social capital here in Dorchester. Launched in 2007, the portal expanded its presence measurably over the past year as, for example, the number of unique visitors increased from 2,840 in April 2010 to 7,509



DotWell is a community-based organization, specifically a formalized collaborative effort of its two founding organizations: Codman Square Health Center and Dorchester House Multi-Service Center. DotWell's mission is to work with our founding health center partners to provide integrated clinical and community services that address health disparities, build social capital, and meet the complex needs of our communities.

**“One cannot build a healthy community with health care alone ... just as one cannot build a wall with brick alone, there must also be mortar to hold it together. That is the role of DotWell.”**

— Karen van Unen, Chief Operating Officer, DotWell



in April 2011 – a 164% spike! There is no doubt of this site's tangible impact on the neighborhood. It is a sophisticated yet simple and fast way for people to get information about local resources and connect with each other.

The website's weekly eBlast provides convenient notification to residents of events and resources in an easy-to-read format, while at the same time engaging Dorchester residents to undertake important community civic issues and participate in community events.

*Want to get connected? Sign up for the [MyDorchester.org](http://MyDorchester.org) weekly eBlast today!*



### Website Facts

Monthly Unique Visitors	7,000 hits
Number of Organizations	over 300
Weekly eBlast Subscribers	over 1,600
Engaged Volunteers	121 individuals
Total Hours Volunteered	1,889 hours

## PATIENT SPOTLIGHT: DORCHESTER HOUSE IS THEIR HOME FOR HEALTH CARE

JENNIFER GONZALEZ is one of those classic Dorchester House patients – a savvy health care user who takes advantage of all that we have to offer, including our Dental, Eye Care, Pharmacy, and WIC. A patient since childhood, she no longer lives in Fields Corner but has never considered getting her care anywhere else, saying, “I feel at home when I’m here.”



**“I recommend this clinic a lot – it’s comfortable. My son will be coming here, and his kids will be coming here.”**  
*— Jennifer Gonzalez*

Jennifer was particularly happy to note that her former nurse practitioner, Emily Feinberg, now takes care of her 3-year-old son Javien. And with the help of case manager Marika Hewes and Ms. Feinberg, Jennifer has been an excellent advocate for herself and her son in securing a healthy life for the two of them.



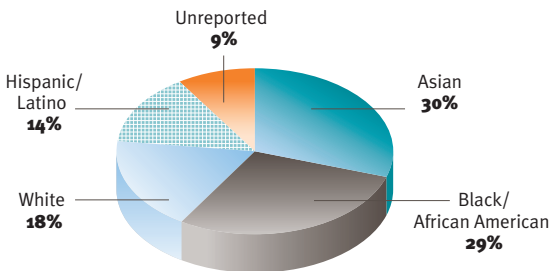
TAMMY LY came to the United States in 1991 as a Vietnamese refugee. She settled in Dorchester with her children, ages 2 and 8. With no relatives to help her and very little command of English, life was difficult for Tammy. One of the first things Tammy did was to find a place for her children to receive medical care. On the recommendation of her friends, she entrusted their

**“The staff took the time to listen to my children’s medical needs. And my provider, Dr. Henshaw, is caring, courteous, and a good listener.”**  
*— Tammy Ly*

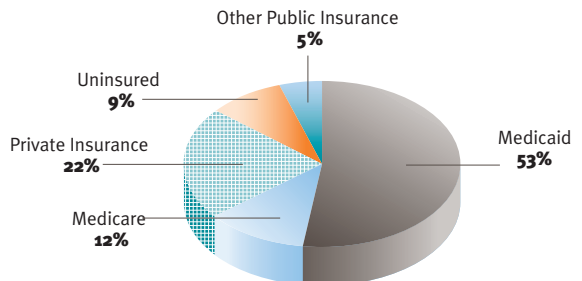
health to Dorchester House and never regretted it. Now, 20 years later, Tammy owns her own small business where she

employs ten people, and her two children have grown up. They graduated from Harvard and UMass/Boston, and continue to use Dot House for their care.

**Dorchester House cares for a diverse population**



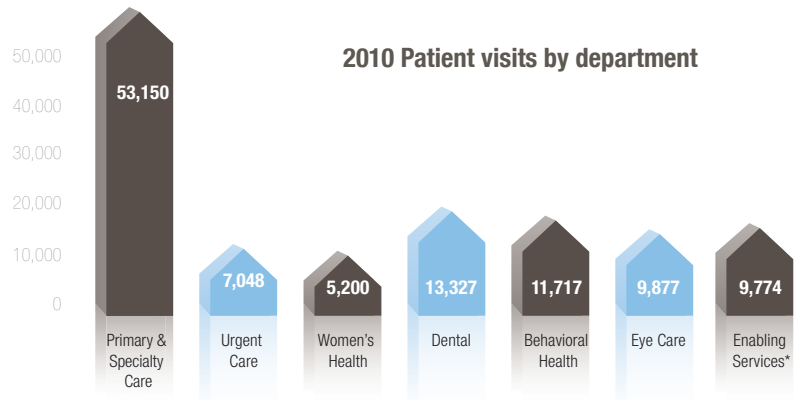
**Payment sources for health care services at Dorchester House**



## Dorchester House patients – a profile by numbers

<b>20,948</b>	<b>Active Patients</b>
<b>110,093</b>	<b>Annual Patient Visits</b>
<b>70%</b>	<b>Patients known living at or below 200% of the Federal Poverty Level*</b>
<b>35%</b>	<b>Patients best served in a language other than English</b>
<b>81%</b>	<b>Patients who are part of an ethnic or racial minority</b>

\*24% of patients did not report their income.



\*Enabling Services include case management, patient education and outreach, and care coordination.



JESSYKA MARQUEZ was first brought to Dorchester House Multi-Service Center when she was just one year old. Her mother took her to see nurse practitioner Barbara Rogers who already knew the family well since she had treated Jessyka's mother years before. Now Jessyka has a reason to see Barbara once again – this time, for her 11-month-old son, Aydan.

**“I remember coming here when I was little and this place was only one floor. But as I grew, it grew, and I'm really excited they are expanding again.”**

— *Jessyka Marquez*

Jessyka, with the help of her case manager, Jametta Cooley, is doing well

and currently has a 3.8 GPA as she finishes her Bachelor's degree at Newbury College. She hopes to go on to become a child psychologist.

## A BOARD OF, BY, AND FOR THE COMMUNITY

### 2010 – 2011 Board of Directors

*Pictured below,  
front row (left-right):*

Jane A. Mars  
Cindy Williams,  
*Co-Vice Chair*

Niurka LeBron  
Rosemary Gallagher,  
*Secretary*  
Judith Meredith

*Back Row, left to right:*

Georgieanna Eacmen,  
*Co-Vice Chair*

Kevin McDermott  
Arthur Lavoie  
Laurie Martinelli, *Chair*

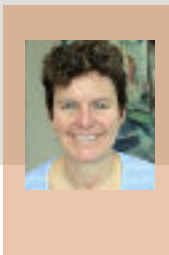
Olivia Mora  
Judi D. Smith, *Treasurer*  
James Dolan  
Son H. Dinh

*Not pictured:*

Julie Cox  
Annis George  
Consuedo John  
Ben Johnson  
Dorice Nelson-Griffith  
Ellen Nyepon

In the ultimate expression of a “patient-centered” mentality, Dorchester House patients and community members guide our actions through active participation on the Board of Directors. This has been our tradition since the mid-seventies, when the health center grew organically out of community need – created by and for the families that Dorchester House had been serving as a settlement house since 1887. As a result, long before we were required as a Federally Qualified Health Center to do so, Dorchester House sought feedback, expertise,

**“With 68% consumers, 100% Dorchester community members and a track record of 100% donor participation, our Board is extremely committed to ensuring that at the Dorchester House, the patient is number one.”**



— Laurie Martinelli, Chair, Board of Directors

and wisdom from patients and community members through an ethnically diverse, consumer-majority Board whose members all live or work in Dorchester.

Today, the Board consists of Asian, Black, Hispanic, and White members, reflecting the diversity of our neighborhood and patient population. Recently the staff and Board formed a Diversity Committee to create and implement a corporate diversity policy and awareness



## THANK YOU TO OUR DONORS AND SUPPORTERS

training for all employees. We ensure that our Board continues to reflect the ethnic make-up of the health center through an annual internal recruitment campaign to engage new patient members from diverse backgrounds.

While recruiting new members infuses fresh ideas into the mix, our ability to retain Board members is crucial for providing mentorship and a historical perspective to decision-making. We are particularly proud of the dedication of our Board as measured by longevity – for example, Kevin McDermott was an early Board member who rejoined in 2004 after a hiatus of several years, and continues to share his expertise. With this combination of retention and fresh input, the Dorchester House Board can think both deeply and creatively about community and health center issues.

Laurie Martinelli characterizes the Board’s approach: “When discussing abstract policies or construction details, it’s easy to get caught up in red tape and lose sight of patients for whom the policy exists or expanded facilities will benefit. I’m proud to say our Board remains grounded and supportive of the Dorchester House and its mission.”

### Individual Donors

Anonymous  
Victoria & Joel Abrams  
Jean Beckman  
Wendy Chow  
Julie Cox  
Kathleen L. Dana  
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Georgianna Eacmen  
Patrick Egan  
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Arthur Lavoie  
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Barbara Locario  
Tammy Ly  
Jane Mars  
Laurie Martinelli  
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Judith Meredith  
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Mary Truong  
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Cindy Williams

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Boston Medical Center  
Boston Public Health Commission  
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Fields Corner Post Office  
International College of Dentists  
Massachusetts Department of Agriculture  
Massachusetts Department of Public Health  
Massachusetts Executive Office of Health and Human Services  
Massachusetts League of Community Health Centers  
Massachusetts Office of the Attorney General  
Mt. Washington Bank  
National Heart, Lung, and Blood Institute  
National Oral Health Foundation  
Project Bread  
The Food Project  
Thrive in Five Boston (United Way)  
Tufts Health Plan Foundation  
U.S. Department of Health and Human Services – Health Resources and Services Administration  
U.S. Department of Health and Human Services – Centers for Disease Control and Prevention

*The list above includes all donations made during FY 2010 as well as the first 6 months of FY 2011.*

## FINANCIAL STATEMENT FISCAL YEAR 2010

Patti Ross,  
Chief Financial Officer



### ASSETS

Current Assets	\$10,638,353
Investments	\$5,738,175
Property, Plant and Equipment	\$9,311,491
Investment in Affiliate	\$862,544

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**Total Assets** **\$26,550,563**

### LIABILITIES

Current Liabilities	\$2,330,411
Net Assets	\$24,220,152

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**Total Liabilities and Net Assets** **\$26,550,563**

### OPERATING REVENUE

Net Patient Service Revenue	\$20,274,634
Grants, Contracts and Donations	\$2,812,252
Investment Income	\$247,036
Other Revenue	\$160,823

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**Total Operating Revenue** **\$23,494,745**

### OPERATING EXPENSES

Primary Care Services	\$9,785,417
Other Medical Services	\$3,438,297
Pharmacy	\$3,142,078
Behavioral Health	\$2,466,120
Optometry	\$1,822,204
Dental	\$2,849,791
Public Health and Social Services	\$1,034,112

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**Total Operating Expenses** **\$24,538,019**

**CHANGES IN NET ASSETS FROM OPERATIONS** (\$1,043,274)

### NON OPERATING REVENUES

Realized Gain/(Loss) on Investments	\$65,032
Unrealized Gain/(Loss) on Investments	\$224,972
Capital Grants	\$617,302
Share of Affiliate Gain/(Loss)	\$19,137

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**NET INCOME** **(\$116,831)**



To learn about any of the medical, public health or community services offered by Dorchester House Multi-Service Center, visit us on the web at [www.dorchesterhouse.org](http://www.dorchesterhouse.org).



Editor: Patrick Ziemnik  
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**Joel Abrams, *President and CEO***

**Senior Management Team**

Patrick Egan, MD, *Chief Medical Officer*

Mary Irwin, *Director of Human Resources*

Tobey Johnson, *Director of Applications and  
Data Management – DotWell*

Jessica Loew, *Director of Development*

Danny MacNeil, *Chief Information Officer – DotWell*

Victoria Medeiros, *Director of Regulatory Compliance*

Michelle Nadow, *Director of Public Policy and Advocacy*

Diane Picard, *Director of Operations*

Patti Ross, *Chief Financial Officer*

Ira Schlosser, *Director of Planning and Community Affairs*

Mary Truong, *Director of External Relations*

Patricia Wheeler, *Director of Clinical Services*

Karen van Unen, *Chief Operating Officer – DotWell*



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Multi-Service Center

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