

Here for *you.*



For over 125 years, **DotHouse Health** has established itself as an exceptional resource with a reputation as a leader in the delivery of community healthcare. In 2015 we embarked on new initiatives and challenges which resulted in successful outcomes for our patients and neighbors. These accomplishments are a result of our staff's commitment to our mission: to be an essential resource for health, well-being and quality of life in Dorchester. As we plan for the future, we do so knowing that DotHouse's greatest asset—its staff—will continue to help us meet the needs of our community.

It has been almost nine months since I started my role as the President and CEO of DotHouse Health.

It is an honor to have been chosen to serve as the leader of this remarkable organization where I have worked for the last eleven years. It is a special privilege to work in Dorchester, and I am deeply impressed by DHH's integration into the community and sincere dedication to its staff and patients. My dream is to build on these two qualities, which set DHH apart, as we move the health center forward.

In 2015, we began planning for a major update of our entire electronic health record and practice management system. This was a truly daunting task that required heroic attention to detail and commitment to a goal by individuals, departments and the organization as a whole. I could not possibly be more proud of how our staff came through this process, particularly in balancing the demands of this project with our important day-to-day responsibilities to deliver high quality patient care and services. As we move through the coming years, we will see the benefits of this investment of time and resources. We will improve our ability to track clinical measures especially important in treating chronic diseases such as diabetes; further coordinate with other medical facilities; and cost effectively manage our goals.



As we build on the successes of 2015 in 2016, we do so with the important task of selecting our next Chief Medical Officer, as Dr. Julita Mir will be stepping down from that role. Julita's clinical leadership was so valuable over the last year, when the health center conducted a leadership transition, moved to new coding and practice management systems and had four successful site reviews. Over the last 17 years, Julita has led us with her dedication to our mission, her clinical expertise and her good humor. It's impossible to overstate our gratitude. We have begun a search process for a new Chief Medical Officer and are implementing an interim transition plan.

I want to thank all members of the DotHouse Health community for pulling together during 2015's transitions and challenges. You have taken on extra work and done so with an encouraging attitude and commitment to our mission. It is you who make DotHouse Health matter to the people we serve.

**Sincerely,
Michelle Nadow, CEO**

We find ourselves in an exciting time for health care industry, though one with many challenges.

I believe that DotHouse Health has proven itself to provide excellent health care and other services. We have the strength and the vision to move into the future. Much of that is due to the commitment and skill of the people who work here. As board chair, I cannot be more grateful for your dedication and service to DotHouse Health.

The most important responsibility of a Governing Board is to choose a Chief Executive Officer who has the vision and skill to lead an organization into the future and manage the day to day operations. We began 2015 with a transition and search for a new Chief Executive Officer and contracted the services of Phillips DiPisa & Associates as well as those of organizational consultant Fran Lipson to help us. When the Search Committee recommended that we offer the CEO position to Michelle Nadow, the Board endorsed that recommendation. We are extremely pleased that Michelle accepted and commend her on all she has done over the last several months to bring stability and lead us through new initiatives. Michelle and the



members of the Executive Leadership Team - which includes John Chambers, Mary Irwin, Danny MacNeil, Dr. Julita Mir and Usha Thakrar - bring excellent skills to guide us through the challenges of the coming years.

As I complete my tenure on the Governing Board of DHH, I feel quite confident that our leadership is in great hands and that the progress outlined in this 2015 Annual Report is only the beginning of a new era of mission-driven success. It has been my pleasure to serve DotHouse Health and I wish the organization all the best.

**Sincerely,
Art Lavoie, Board Chair**

In 2014, as part of the ongoing commitment of DotHouse Health (DHH) to meet the needs in our community, the Governing Board engaged the services of management consultants to guide us in reviewing our efforts to fulfill the mission of the organization.

After a five-month process that included the Board and staff, the Board approved a new Strategic Plan for 2015-2019. To ensure that the Strategic Plan is a living document that leads to the achievement of objectives, a workgroup of staff and board members is developing annual action plans, beginning with 2016. One goal is to strengthen our delivery of health care based on clinical and operational performance data, which reflects evidence-based practices and policy changes in the transformation and delivery of community health care in the state of Massachusetts and across the nation.

Between January and September, we conducted a Community Needs Assessment of our target population. Over 300 people, roughly split between patients and staff, were contacted through surveys, focus groups or interviews. The goal was to create a portrait of the health status of our patients and our service area, to note areas of DHH strength in meeting community health needs, and to identify unmet needs that could be addressed by DHH in the future. In early 2016, the assessment was presented in an open forum where feedback from the community was welcomed to guide plans for future programming and services.



The Strategic Plan called for an organizational commitment to implement a patient-centered Electronic Health Record (EHR) system that can enhance patient care and coordination as well as improve the ability to leverage DHH's resources for maximum impact on the health of our community. We have since chosen to implement Epic's computerized patient data system, tailored specifically for community health centers under agreement and guidance of the Oregon Community Health Information Network (OCHIN).

DHH's transition to Epic was supported by Boston Medical Center (BMC) and Boston HealthNet, a network affiliation of BMC, Boston University School of Medicine, and thirteen community health centers, including DHH. As the Epic system is implemented across the members of Boston HealthNet and other medical facilities in Boston and around the country, it also allows the systems at different health care sites to "talk to each other," improving patient safety and outcomes. For example, if a patient goes to another facility that uses Epic, we are able to view the patient's record through our own Epic system to support our care at DHH. We anticipate implementation of Epic's user-friendly patient portal in 2016, which will allow patients and caregivers to take a

23,094
patients

an 11% increase in active patient population from 2011 to 2015

more active role in their healthcare and improve communication between patients and DHH.

Since the passage of the Affordable Care Act, there have been increased efforts to change the payment of health care practice and delivery. In 2015, DHH continued adopting payment reform to achieve health outcomes and control overall health care costs. For example, DHH participates in an Alternative Quality Contract (AQC) with Blue Cross/Blue Shield of Massachusetts. The AQC sets benchmarks for providers to achieve process measures for their patients, such as the percentage of patients who obtain recommended tests or exams. Also included in the AQC are outcome measures that assess indicators such as blood pressure control and diabetes self-management. In 2015, DHH met seven out of eleven AQC goals. The participation in and early success with new payment models indicate DHH's longstanding commitment to providing the highest quality care to our patients while adapting to the ever-changing health care policy landscape.

The vision of our Governing Board and the dedication of our staff to excellence resulted in recognition and achievement in 2015 and the early months of 2016.

96% of patients

who reported their income, state they live at or below 200% of poverty

Level Three Patient Centered Medical Home — DHH was again recognized as a Level Three Patient Centered Medical Home (PCMH) by the National Committee for Quality Assurance (NCQA). This highest level award is a widely recognized indicator that an organization delivers quality patient care and service.

Joint Commission Accreditation — The Joint Commission, the premier organization that monitors medical facilities, surveyed and accredited our health center and our Laboratory. We worked in partnership with our colleagues at Boston Medical Center to support the survey process.

Public Health Approval — Our Radiology Department was approved by the Massachusetts Department of Public Health.

Health Resources and Services Administration Award — After a site visit in April 2015 by the federal Health Resources and Services Administration (HRSA), DHH was noted for compliance with 19 program requirements for recognition as a federally qualified health center. In August 2015, HRSA recognized

health centers for achievements in providing high quality, comprehensive care. DHH received awards for Electronic Health Records utilization, demonstrating improvement in one or more clinical measures, and having the highest clinical performance in certain measures compared to other health centers. These distinctions were recognized with \$80,000 in funding to improve primary care service delivery and support quality improvement efforts.

Community Health Institute Award — Laura Santel (DHH Clinical Project Manager) and Quyen Pham (DHH Quality and Reporting Coordinator) submitted a poster presentation at the 2015 National Association of Community Health Centers conference in Orlando. The poster described the creation of a DHH patient outreach program which ensures timely follow-up, allows providers and nurses to work at the top of their training, and maximizes quality incentives tied to the move towards global payment. The DHH poster was one of 95 entries in the category of Best Practices and was awarded 3rd prize.



As gratifying as it is to receive accreditation and recognition from outside organizations, it's even more important to reach the goals we set for ourselves. In 2015, DHH added significant programs and made measurable progress in key areas of our service to the community.

Care Coordination — The creation of a Population Health department staffed by four Care Coordinators helped increase the number of diabetic patients with up-to-date blood sugar control labs from 64% in 2014 to 75% at the end of 2015. The percentage of patients aged 50-75 who have up-to-date colorectal screening increased from 49% to 68% over that period.

Behavioral Health Integration — Community health centers have long been at the forefront of providing integrated physical and behavioral health care, understanding that our patients' needs are not neatly compartmentalized. In 2013 we assigned one behavioral (BH) clinician to the primary care clinic for one session per week. Based on the positive response from primary care providers, who loved having a BH clinician readily accessible for warm handoffs and expedited referrals to BH, we expanded the project until all morning and afternoon sessions had BH coverage in the primary care clinic.

Over time, the role of the integrated BH clinician has expanded to include helping patients with behavior change

such as smoking cessation, weight loss, substance abuse and medication non-adherence. The clinician can also support access for patients who may need longer-term treatment through our behavioral health department. We are in the process of implementing universal depression and alcohol/substance use screening for our patients. In 2014, 30% of DHH patients 12 and older were screened for depression; by the end of 2015, 52% were screened.

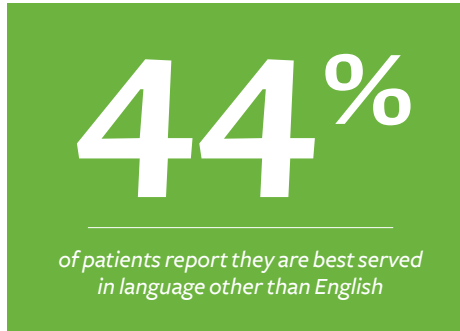
Substance Abuse — In 2015, Boston experienced 126 unintentional opioid-related deaths, twice as many as any other city or town in the state. Substance abuse has long been a problem in our community; we have been disproportionately affected by the increase in opioid abuse and associated overdose deaths over the past decade. The community health needs assessment DHH completed in 2015 identified substance abuse as a top health issue facing our neighborhoods. Behind all the data points are thousands of hospital stays, emergency room visits, and patients and families in need of support.

Realizing that many of our patients were not receiving treatment or were being referred outside of DHH for medication-assisted treatment, in 2012 we developed an interdisciplinary Office-based Opioid Treatment program to treat patients with suboxone in primary care.

To date, we have treated over 100 patients, and by capturing this group through drug treatment, we have also been able to address their other health needs including chronic disease management, co-morbid mental health conditions such as depression and trauma, and hepatitis C treatment. In the last year we have received funding from federal agencies, non-profit organizations and insurers to build our capacity and expertise to support patients and families with the care and resources they need for treatment and recovery.

Hypertension Management — DHH is now offering My Life, My Health, Stanford's chronic disease self-management program for people with high blood pressure, diabetes, and other chronic conditions. Led by DHH staff, these classes help patients and caregivers gain knowledge and skills to take an active role in their health care.

Childhood Obesity Prevention and Care Management — By creating a Healthy Weight for Life Family Clinic, DHH is doing its part to fight the epidemic of childhood obesity that will affect the health of our



community now and in the future. The 10 week program of education and physical activity addresses healthy weight for children and their caregivers in the context of family and community. Data showed reduction in body mass index for 77% of children and 100% of adults who completed the program.

Pediatric Urgent Care — In 2015 DHH began preparation for the opening of a dedicated pediatric walk-in clinic in our urgent care department. The pediatric walk-in clinic addresses children's immediate needs, while creating appointment space for well child visits and follow-up in primary care. After opening in 2016, in its first two months of operation the pediatric urgent care clinic has seen almost 500 children, addressing their unique urgent care needs, and connecting them to DHH for follow-up care in Pediatrics and Family Medicine. The walk-in clinic is an access point for linking families to insurance enrollment and helping families to move away from episodic, emergency department care, into family-centered care focused on prevention and wellness.

DotHouse Health has recently come through a challenging transition with a new leadership team committed to a warm, welcoming and mission-driven style that has characterized the organization since its founding as a settlement house in 1887.

As Chief Executive Officer, Michelle Nadow, a long-time employee of DHH, brings an extensive knowledge of the community health field and the DHH patient population and neighborhood. In 2016, Usha Thakrar joined DHH as its Chief Operating Officer. Usha is a highly respected and experienced health care executive with a strong operational and clinical background. She previously worked at The Jimmy Fund Clinic at the Dana-Farber Cancer Institute.

Also in 2016, Dr. Doug Hoffman stepped down as the Director of Eye Care Services. During Dr. Hoffman's 35 years of service to the health center, he has been a steadfast leader in facilitating access to quality, patient centered care. Dr. Lindsay Braun will become the Eye

Care Services Director. Dr. Braun came to us as an optometry resident 4 years ago and has been on staff since, providing excellent care and mentorship to junior staff, residents and students.

The Governing Board also hired an organizational consultant to conduct focus groups, individual interviews and meetings with staff in a process of evaluating the health of the organization. The recommendations of the staff through this organizational needs assessment were instrumental in making changes in 2015 and will continue to play a role as we refocus.





DHH recognizes that health care is more than what happens in the exam room. From its roots as a settlement house, DHH has been committed to a holistic approach to the health of our community, providing resources and services that improve all aspects of people's lives.

Food Assistance — In partnership with the Greater Boston Food Bank and Project Bread, our DHH Food Pantry now serves over 500 families a month. DHH's onsite Farmer's Market operates from June through October to improve access to healthy, low-cost fresh produce.

Legal Assistance — Since 2008, DHH and the law firm of Ropes & Gray have collaborated to combine the strengths of law and medicine to ensure that patients' basic needs are met and protected. This partnership has logged more than 42,000 pro bono hours, providing legal advice to more than 300 patient families on housing, immigration, education, benefits and family law matters.

Housing Assistance — DHH partners with The Massachusetts Coalition for the Homeless to provide a housing advocate at DHH three days per week. The Housing Advocate helps patients and community members find housing, fuel assistance and income supports.

Teen Center — DHH's Teen Center operates Generation Next Academy (GNA), a youth development program that provides sports, academic prep, workforce readiness, health and wellness, civic and community leadership, arts and other programs to help young people lead healthy lives and prepare for their future. Because the program engages young people based on their interests, it is growing rapidly, increasing from 272 members in 2012 to over 900 at the end of 2015.

Gym and Pool — DHH's safe and well-maintained swimming pool and gym and our related programming are highly popular resources accessed by more than 1000 people of all ages in 2015. These facilities offer year-round health-related benefits while creating a socially positive environment for our youth, their families and neighbors. Many community groups who don't have recreational facilities on their campus took advantage of the opportunity to rent the gymnasium for a nominal fee.

59% women
41% men

69% of patients

receive coverage through public insurance programs
(MassHealth, Medicare)

Statement of Financial Position

Assets

Current Assets	\$9,818,028
Investments	7,826,912
Notes and Deferred Interest Receivable	7,773,348
Property Plant and Equipment,Net	2,149,326
Deferred Financing Costs,Net	62,094
Total Assets	\$27,629,708

Liabilities

Current Liabilities	\$5,032,730
Notes Payable,net of current option	740,367
Net Assets	21,856,611
Total Liabilities and Net Assets	\$27,629,708

Statement of Activities & Change in Net Assets

Operating Revenue

Net Patient Service Revenue	\$24,515,364
Grant and Contract revenue	3,641,458
Investment Income	405,659
Other Revenue	296,626
Total Operating Revenue	28,859,107

Operating Expenses

Medical Care Expenses	13,863,216
Other Medical Expenses	3,060,893
Pharmacy	3,949,435
Behavioral Health	2,559,176
Optometry	1,796,373
Dental	2,691,796
Public Health and Social Services	1,205,780
Total Operating Expenses	29,126,669
Net Operating Surplus (LOSS)	(267,562)

Non Operating Revenue

Net Realized and Unrealized Gain on Investments	(12,466)
Total Non Operating Revenue	(12,466)

Change In Net Assets \$(280,028)

*Audited Statement of Financial Position and Statement of Activities & change in Net Assets for fiscal year ended on september 30,2015

Leadership

Michelle Nadow, *President & CEO*

2015-2016 Board of Directors

Arthur Lavoie, *Chair*

Cydnee Hines, *Vice Chair*
(through 12/2015)

Tony Dang, *Vice Chair*
(12/2015 – present)

Judi D. Smith, *Treasurer*

Judith Meredith, *Secretary*
(through 11/2015)

Rosemary Gallagher, *Secretary*
(12/2015 – present)

Gloria J. Coulter

Paulo A. DeBarros

Annissa George

Ruthie Gomez

Christopher McCoy

Kevin McDermott

Rachael Nyepon

Megan Sonderegger

Kim T. Thai

Phi Tran

Lucinda Williams
(through 12/2015)

Leadership Team

John Chambers, *Chief Financial Officer*

Holly Goodale, MD, *Pediatric Team Leader*

Nsa Henshaw, MD, *Urgent Care Director*

Doug Hoffman, *Director of Eye
Care Services*

Mary Irwin, *Chief Human Resources Officer*

Rachel King, MD, *Director of Primary
Care Integration*

Yen Loh, MD, *Co-leader, Family Medicine*

Danny MacNeil, *Chief Information Officer*

Sean Marker, MD, *Director of
Behavioral Health Services*

Julita Mir, MD, *Chief Medical Officer*

Paulina Muller, DMD, *Interim Clinical
Dental Director*

Caroline Pakh, MD, *Co-leader Family
Medicine*

Do Quyen Pham, *Quality & Reporting
Coordinator*

Diane Picard, *Director of Operations*

Deborah Robinson, *Laboratory Manager*

Barbara Rogers, NP, *Clinical Director of
Nursing Services*

Michelle Rue, *Director of Outreach &
Health Education*

Olga Sanchez, *Practice Administrator*

Laura Santel, *Clinical Project Manager*

Lorraine Stanfield, MD, *Adult Medicine
Team Leader*

Usha Thakrar, *Chief Operating Officer*

Carmen Torres, *Patient Accounts Manager*

Denice Zevitas, *Patient Access Manager*



 **DotHouse Health**
We keep you well