When Los Angeles County opened a new health clinic in Santa Monica in 1969, low-income and uninsured Venice residents staged a protest, pointing out that they'd be two bus rides away from care. Philip Rossman, M.D., heard their complaints and promised help. A year later he and Mayer B. Davidson, M.D., began volunteering their services at night out of a borrowed dental office in Venice.

Venice Family Clinic has come a long way since then: it is now the largest free clinic in the nation, with seven locations serving 31,000 patients. Some 77 percent of the patients at the outpatient clinic are uninsured.

"Most of our patients are hardworking people," explains clinic CEO Elizabeth Benson Feer. "Many hold more than one job and are struggling to keep their families safe and healthy, but they have no access to health care, so the clinic has become their family doctor."

In recognition of that work, Venice Family Clinic is the winner of the 2005 Foster G. McGaw Prize for excellence in community service. The $100,000 award is sponsored by the American Hospital Association; the Foster International Foundation, Deerfield, Ill.; and Cardinal Health Foundation, Dublin, Ohio.

Feer is the first to say that the clinic wouldn't be successful without a lot of help. For starters, it uses the services of 500 volunteer physicians, among more than 2,000 volunteers. About $6 million a year in donated services and
The clinic also partners with numerous organizations and hospitals. Some of these relationships stretch back to the clinic’s opening, such as the link with Saint John’s Health Care Center in Santa Monica where Rosenbaum had privileges.

“They wanted pharmaceuticals and supplies,” says Sister Marie Madeleine Shonka, then an assistant administrator at Saint Johns. “But it soon became evident their needs were far greater than that.”

Early on, Saint Johns—located about a mile from the clinic’s main facility—provided free radiology and lab work. The link with Venice Family Clinic directly matches the hospital’s mission, says Shonka, who served as Saint Johns’ CEO from 1973 to 1996. “We have a strong commitment to care for the poor and vulnerable,” she says. “There wasn’t a need to duplicate what they were doing, but rather to participate in their good works.”

Today, Saint John’s gives $375,000 a year to the clinic, with the money used for the salaries, support staff and supplies for two nurse practitioners, who provide about 5,000 patient visits annually. One hundred Saint John’s physicians volunteer at the clinic regularly, and Saint John’s often covers inpatient services and emergency care for clinic patients. Saint John’s is not alone. Six other area hospitals donate services or funds. “We could not do what we do without our hospital partners,” Forer says.

Venice has a unique partnership with University of California-Los Angeles. While maintaining its 501(c) status and a separate board of directors, the clinic also is in a department in the university’s School of Medicine. UCLA provides human resources functions, such as benefits management for staff, and medical malpractice insurance for clinic staff and volunteer physicians. In return, the clinic offers primary care training programs for UCLA and other schools, involving more than 350 students, physician residents and other health professionals annually. That also allows the clinic to provide more care than it would if it had its own staff and 250 paid staff.

The clinic isn’t just about direct patient care—it also provides help in accessing a full spectrum of services through its Public Health Insurance Outreach and Enrollment Program. Staff members help uninsured patients determine whether they quali-
by four of four health plans. "If they qualify for an insurance program, it means they have access to specialty care and hospital care, which can be hard for them to access," Fenner says.

It also helps families take ownership of their health care. "If they qualify, they are not dependent on whatever can be given to them—it gets them on the road to being self-sufficient," says Karen Lauterbach, health insurance program supervisor.

If patients go elsewhere after they have insurance, Fenner says, "it's not insured." "I think that's great," she says. "We cannot serve all the people with low incomes and no health insurance; if we help people find another provider, it opens the door for more people without any coverage to see us."

The program turned out to be a wise investment. For $240,000 in annual operating costs, it generated $1.6 million in third-party reimbursements in the first fiscal year. Since it began in 1999, the program has helped enroll more than 4,500 residents in insurance programs.

One of those residents, Carmen Thomas, found out how dedicated the staff was during her last pregnancy. A paperwork snafu was holding up Thomas's 20-week ultrasound, an important, time-sensitive diagnostic procedure in prenatal care. A clinic staff member made phone calls for two hours until the clinic got clearance for the test, says Thomas, who is covered by public insurance. "I wouldn't have gotten the ultrasound without that," she says. "I wouldn't have known who to call."

Venice's Pharmacy Access Program helps patients receive free and low-cost medications. Patients are evaluated to see if they qualify for the medications through public insurance programs, but the clinic doesn't stop there. Pharmacists who are familiar with assistance programs at more than a dozen pharmaceutical firms generate applications for patients. This service keeps staff busy; nearly one-third of Venice's 14,000 adult patients need multiple prescriptions—an average of 10 to 13 prescriptions per person. Pharmacy director Sharon Ng estimates that the program generates $9 million to $8 million in free medicine every year.

The program works actively with 16 companies. "It's a continual process of screening," Ng says. "Who makes this product? Is there a program I can use? If it doesn't work with one company, do we go to another?" What patients can receive depends on their
incomes, number of people in their households and other factors. "If a patient is on numerous medicines, it's a lot of paperwork," she says. "A doctor's office would never want to do all of this— that's why they have us."

The pharmacy program makes Venice Family Clinic a one-stop shop where patients can see a doctor, have lab tests done and get medications. "A homeless person with only $5 is not going to spend it on medicine," she says. "Now, we have a better chance that he or she will get the treatment they need."

WORKING TOGETHER

Another way the clinic expanded access was by taking over administration of two county clinics slated to close in 1995—one of which was the Santa Monica clinic where in 1969 Rossman pledged to help Venice residents. The two county clinics treated some 7,000 residents who probably would have gone without care if the facilities closed.

To staff the clinics, Foner convened a group of four local hospitals and three clinics to launch the Westside Health Coalition.

"My idea was to make a health care soup, with everyone at the table putting in whatever services they could," she says. UCLA, for one, committed enough medical school faculty and residents to staff one of the facilities, and more for an existing facility, allowing Venice Family Clinic to move staff to one of the county clinics. "In six weeks, we were able to take over the two facilities and we didn't have to hire a single doctor," Foner says.

"Today, the coalition is 10 members strong and includes social service agencies, school districts and governmental agencies. One of its recent efforts resulted in a diabetes care directory that lists all the low-cost and no-cost services and resources in the area.

"The coalition allows us to collaborate," says Manuela Tetu, Venice director of health education, promotion and community outreach. "We know what everyone is doing and it prevents duplication of efforts."

A PERSONAL TOUCH

Getting patients in the door isn't the only concern at Venice. Providing quality care also takes center stage. One example: the
DIABETES CARE: A doctor examines the feet of a diabetes patient.
By teaching patients how to care for their feet, diabetes care is to
avoid complications. Through the Diabetes Care Management pro-
gram, doctors track vital signs in a computerized registry and
patients can receive counseling about their conditions.

Diabetes Care Management Program. Launched five years ago,
the program is based on continuous quality improvement prin-
ciples and includes an electronic registry that captures detailed
information about patient visits. The registry of 1,205 patients
is one of the largest on the West Coast.

“We are able to give a higher level of care because we have
more information at our fingertips,” says Margarita Loera, M.D.,
who helps manage the program. “Instead of one set of vital signs,
you can view the patient’s history.” The registry helps doctors see
when it’s time to give patients foot and eye exams, and helps them
coax patients to set self-management goals. A nurse practitioner
conducts group meetings with patients to teach them what their
labs result mean, and how to provide foot care so patients might
avoid complications. Venice clinical pharmacists meet one-on-one
with diabetics patients referred by their doctors to discuss diet, exer-
cise and how to take medications.

These efforts get patients to take ownership of their condition
“Now they ask, ‘What were my numbers last time’ and think about
ways to keep their blood sugar down,” Loera says. The percentage
of diabetic patients with self-management goals increased from 5
percent to 96 percent during the first two years of the program. At the
same time, average blood glucose levels for these patients dropped.

Loera often works with Latina women, who are a linchpin in
their families. Grandmothers often prepare meals and care for
grandchildren. “If we can target these women, we can change gen-
erations of families,” Loera says. And she’s out to prove that by under-
standing their culture, clinicians can help the women reach their
medical goals. For instance, Loera says that a poor, Latina mom is
unlikely to enroll in a yoga class, but after dropping off the kids
at school, she will walk additional blocks for the exercise.

THE WHOLE PERSON

Venice Family Clinic’s ambitious goals extend beyond clinical and
wellness programs. It encourages a love for reading and learning
through the Reads Out and Read Program, which distributes thou-
sands of books each year to children and teens coming for clinic
visits. Pediatricians give children an age-appropriate book during
each visit and give parents a “prescription” to read to their kids.
At the clinic’s two largest sites, volunteers read to young patients
and their siblings in the waiting room.

“The number of books they accrue from ‘well child’ visits is
astonishing,” Forer says. “It builds a library they often couldn’t afford.” And the books can benefit the whole family; Forer once
saw a woman practicing her English by reading her son’s book.

In addition to reading, volunteers play with children and lead
art projects for several hours a week in rooms adjacent to waiting
areas. “The minute you come in, the children have their faces
pressed against the glass, ready to start,” says Lisa Corley, pediat-
rice literacy and play area coordinator. It’s an opportunity for

THE 2005 FOSTER G. MCGAW AWARD FINALISTS

Each will receive a $10,000 prize

- Franklin Community Health Network in Farmington, Maine
- Healthy Communities Initiative of Bartholomew County in Columbus, Ind.
- Pitt County Memorial Hospital in Greenville, N.C.
GETTING THE MESSAGE OUT: The clinic holds a health fair for local residents to inform them about the clinic’s comprehensive services.

TOUCHING LIVES

Although the number of patients it serves and other statistics illustrate the value of the Venice Family Clinic, Forer says it is individual success stories that make the work most gratifying.

Forer frequently meets with graduate students who are working on health care leadership projects. One such student, a middle-aged man, came in to interview her. She was about to give him the clinic tour, when he stopped her saying he knew his way around the clinic—he’d been a patient there for 10 years. “You probably don’t recognize me,” he told Forer. “I was a home-