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BY MICHAEL WILLIAMSON — THE WASHINGTON POST

Karen Carlson with a patient, Manouchahr Alizadeh, at the MobileMed/NIH Heart Clinic at Suburban Hospital in Bethesda. In two months, more than 60 people have benefited from visits to the clinic.

A Clinic's Gift: Free Specialty Care *Groups Team Up and Enlist Volunteers to Mend Hearts*

By SUSAN LEVINE
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The first woman arrived with seesawing high blood pressure. Another walked in with a handful of pill bottles and a history of chest pains. Yet in the clinic's small waiting room in Bethesda, they and half a dozen other people shared more than worries over heart problems.

None had insurance.

Their lack of health coverage was of strikingly little concern to the doctors and nurses taking medical information and adminis-

tering EKGs and other tests. The reason: These patients and providers are part of an unusual collaboration that is delivering sophisticated specialty care to individuals with no means to get it on their own.

"This is an important mission," said Richard Cannon, a cardiologist who volunteers for several hours nearly every week.

In tackling one of the tougher issues in health care, three very different partners have invested effort and money. And if the MobileMed/NIH Heart Clinic at Suburban

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A Bethesda Clinic's Gift From the Heart

CLINIC, From B1

Hospital succeeds, backers believe it could be a model for other equally needed specialty care.

The clinic links a private facility, Suburban, and a federal entity, the National Heart, Lung and Blood Institute, with MobileMedical Care, a grass-roots group that relies almost exclusively on volunteers to staff 21 primary care clinics across Montgomery County.

That approach is behind the new venture, which began in mid-October in a cozy suite of rooms down a hallway off Suburban's main lobby. The medical recruits are a dozen cardiologists, plus nurses and technicians, from the hospital, the heart and lung institute and the community. A former Suburban doctor even comes from his job at the State Department.

All enthusiastically signed up for the Thursday afternoon and evening duty, which deals with a stream of grateful humanity.

"I can't even describe the level of satisfaction in helping people who literally would not have any other recourse," said Philip Corcoran, a cardiovascular surgeon.

Like many health-care providers serving a disadvantaged population, MobileMed has gone begging at times on behalf of patients requiring more than general care. Yet finding willing doctors was becoming increasingly difficult. In some instances, long waits for appointments and tests could put lives at risk. So the organization took a different approach.

"Either we say specialty care is part of primary care and we're in the business and let's do so in a planned way," said the group's executive director, Robert Spector, "or we say let's get out of the business and refer [patients] to the county, and if they wait six months, they wait six months."

The heart clinic's clientele, many of whom are among the working poor, pay nothing for their appointments and state-of-the-art diagnostic exams and treatment. Several have had heart bypass surgery, a heart valve replacement or an artery-clearing angioplasty. A few have gone across the street to the National Institutes of Health for cardiac catheterization.

"This is why it's so important to provide care to the uninsured," Cannon said. Beyond "the morali-

ty of treatment," there is the economics. "If they have major problems, it's going to become expensive. . . . If they're not treated, it's going to come back to haunt us in a big way."

Karen Carlson, nursing director in Suburban's radiology department, puts in 14 hours on the days she works at the clinic — time well spent, she said. "It's very rewarding."

In two months, more than 60 people have benefited from consultations, MRI and other high-tech scans and follow-up.

Although no one doubted the demand for such a program, the funding, legal and logistical issues were daunting. The partners agreed that MobileMed would keep primary responsibility for the volunteers and the patients, who would have to be referred from the low-cost primary clinics that the organization runs in churches and mosques, public housing, vans and county buildings. It also would be in charge of scheduling, records, prescriptions and follow-up.

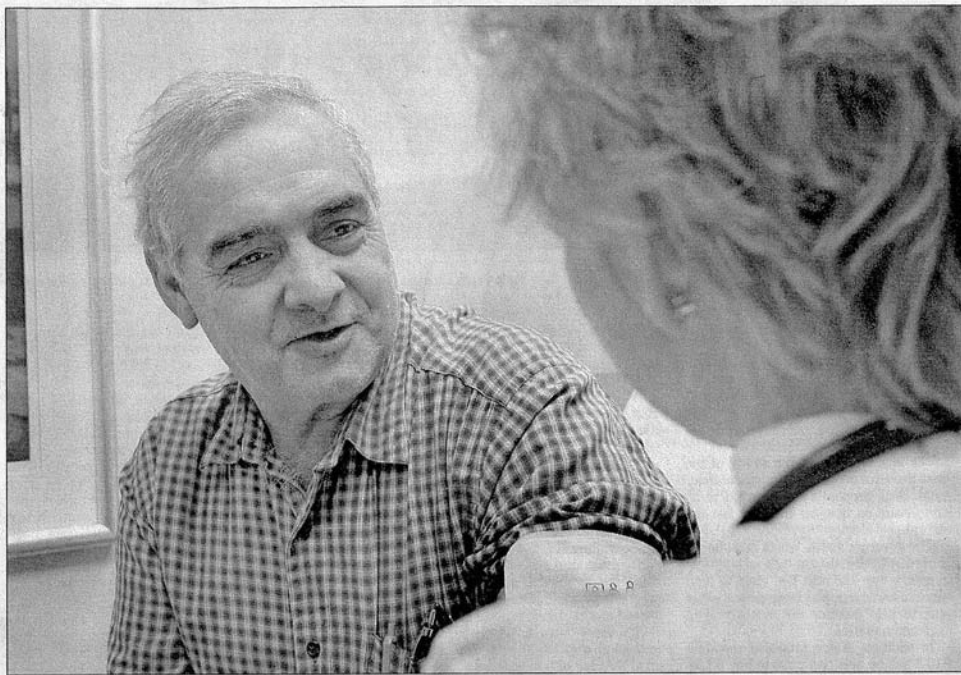
The hospital would supply the office space and a full range of heart care, including hospitalization. The heart and lung institute would offer patients access to its array of clinical trials and advanced cardiac procedures.

"It's an admirable collaboration," said Steven Galen, executive director of the Primary Care Coalition of Montgomery County, which has been at the center of local discussions about expanding access to specialty care. "This actually satisfies everybody, including the patient."

Suburban and the institute have made the bigger financial commitments. The cost of the institute's patient care is incorporated into the general NIH budget, but Suburban estimates that it will underwrite \$500,000 in medical expenses in the first year.

"We haven't put a cap on that," said Monique Sanfuentes, the hospital's director of community outreach. The discussions, she said, instead have been about "How far can we take this? What else can we do?"

The federal doctors emphasize the mutual benefits. The clinic helps them maintain critical medical skills that tend to diminish in research-oriented careers. And, said Cannon, who heads his institute's clinical cardiology section, "It does bring in patients



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Manouchahr Alizadeh, shown with Karen Carlson, a volunteer at the clinic, was charged nothing for the costly heart procedure he underwent.

with interesting problems."

Those patients show effusive appreciation for the attention. In barely two weeks, Manouchahr Alizadeh went from a little anxiety over occasional shortness of breath to the prospect of a triple bypass and a new aortic valve.

A nurse practitioner at the site that MobileMed runs at the Islamic Education Center in Potomac had heard a heart murmur during his exam. Concerned, she sent him to the new clinic, where doctors and diagnostic tests immediately determined that all of his major arteries were blocked.

"He wasn't ready for surgery," his wife, Nancy Halali, said several days beforehand.

Alizadeh, a gentle-spoken man who works in the construction business, nodded. "Sometimes it's better not to know."

His operation Tuesday was finished without complication. Alizadeh might go home as early as this weekend. He will be handed no bill at discharge, a gift that nearly brings Halali to tears. She had no idea how they would have afforded the care.

"We are so happy," she said from her husband's bedside. "So lucky."