

# The Future of Self Sustainability at Clínica de Familia: In-Depth Feasibility Study and Lessons from La Romana

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## Background



Photo, above: Clínica de Familia facade. The clinic provides a bright and welcoming atmosphere for all patients at their current location in La Romana, Dominican Republic.

Clínica de Familia (Clínica) is a nonprofit healthcare clinic in La Romana, DR that aims to fill the gap in the need for affordable yet effective healthcare for predominantly low-income populations. Clínica established the region’s first comprehensive HIV clinic in 2004 and has expanded its services to general and specialty care in recent years. In addition to providing healthcare, laboratory, mental health, and imaging services, Clínica has outreach workers in La Romana educating the community on sexual wellness and HIV prevention. Perhaps their most needed role in the community is the healthcare and education they provide to three vulnerable and stigmatized populations who might otherwise avoid healthcare services: men who have sex with men (MSM), transwomen, and female sex workers (FSW).

## Results

Drawing from our original research and site visits in the DR, we identified several key recommendations. We grouped each recommendation into short-term or long-term based on the timeline and projected financial burden (see Table 3). Short-term recommendations consist of initiatives and programs that Clínica can begin right away, without large capital expenditure. The long-term recommendations are more variable and depend on many different factors, such as budgeting, plans for Clínica’s expansion, and community reception of several of the short-term strategies but are worthwhile to consider and potentially pursue.

Table 1. Clínica de Familia Finances (2020)

Item	2020
<b>Revenue</b>	<b>2,091,878</b>
<b>Expenses</b>	<b>1,613,806</b>
<b>Sources of Revenue</b>	
National Donations	21,163
International Donations and Grants	1,470,418
Revenue from Services	589,720
Dominican Government Grants	10,577

A breakdown of Clínica de Familia’s 2020 finances, derived from a presentation by director Mina Halpern. We noted that much of their funding came from international donations and grants, our goal was to explore different avenues the clinic could use to generate revenue.

Table 2. Profamilia and 20-30 Clinical Take-aways

Profamilia	20-30
<b>Transparency</b> <ul style="list-style-type: none"> <li>- With the Donors and the Public</li> <li>- Defined Roles and Regulation</li> </ul>	<b>Financial Planning</b> <ul style="list-style-type: none"> <li>- Skilled and Large Team</li> <li>- Fast turn-around on Key Metrics</li> <li>- Internal Motivation</li> </ul>
<b>Consulting</b> <ul style="list-style-type: none"> <li>- Address Key Weaknesses</li> <li>- New Business Recommendations and Strategies</li> </ul>	<b>Other Revenue Streams</b> <ul style="list-style-type: none"> <li>- Pharmacy</li> <li>- Eye-glass center</li> <li>- Cafeteria</li> <li>- Not Just Profitable, but Part of the Mission</li> </ul>
<b>Waste Reduction</b> <ul style="list-style-type: none"> <li>- Purposeful Spending</li> <li>- Personnel Redistribution</li> <li>- Intentional Branding</li> </ul>	<b>Emphasis on Patient Services</b> <ul style="list-style-type: none"> <li>- Labs, Mental Health, and Cardiology</li> <li>- Subsidized Controlled Services for the Underserved</li> <li>- Create a Social Fund</li> </ul>

After our visits with Profamilia and Centro de Salud Fundación Activo 20-30, we narrowed down our most significant findings that could be relevant to Clínica de Familia.



Photo, right: The Lobby of Profamilia in Santo Domingo. Both organizations had large open clinic spaces, which is essential to providing enough services to generate revenue. Clínica is planning an expansion project which will increase the number of services offered and clinic visibility.

## Results (cont.)

Table 3. Clínica de Familia Short- and Long-Term Recommendations

Short-Term	Long-Term
<b>Thematic Grants</b> <ul style="list-style-type: none"> <li>- Technology</li> <li>- Women-run</li> <li>- Environmental Impact</li> </ul>	<b>Clinic Expansion Project</b> <ul style="list-style-type: none"> <li>- More Patients and More Income</li> <li>- Potential Compromise</li> <li>- New Pharmacy and Cafeteria</li> </ul>
<b>Social Enterprise Loans</b> <ul style="list-style-type: none"> <li>- Advancing a Social Mission</li> <li>- New Business Recommendations and Strategies</li> </ul>	<b>Technological Opportunities + Procedural Improvement</b> <ul style="list-style-type: none"> <li>- Manage More Patients</li> <li>- App Extension</li> <li>- Whatsapp Integration</li> <li>- Increase Financial Planning</li> </ul>
<b>Elevate Doctors to Target the Middle Class</b> <ul style="list-style-type: none"> <li>- New Revenue Stream</li> <li>- Send Doctors to Panels</li> <li>- Overcome Stigma</li> <li>- Create Trust and Confidence</li> </ul>	<b>Intentional Use of Branding + Culture Change</b> <ul style="list-style-type: none"> <li>- Change Association</li> <li>- Expand Target Audience</li> <li>- Motivate Clinic Staff</li> <li>- Generate Revenue for Key Populations</li> </ul>

We narrowed down our recommendations based on what we learned from our interviews and site visits. In the short-term, clinical should pursue additional funding from grants and loans. They should also work to promote their physicians. For the long-term, they should work to expand their clinic, improve efficiency and technology, and encourage a culture change that requires charging patients for services if they can reasonably afford to pay.



Photo, left:: Part of our recommendations involve increasing provider visibility. The physicians at Centro de Salud Fundación Activo 20-30 are listed near the entrance.

## Research Objectives

Clínica has recently lost funding towards these vulnerable populations from USAID. Northwestern University has acted to replace USAID’s funding in the short-term through a Catalyzer Grant to Clínica, ensuring that MSM, transwomen, and FSW can continue to receive care, but this grant is due to expire at the end of 2022. As part of the Northwestern Access to Health project, our group’s objective was to work with Clínica to answer the question of how to become a self-sustaining organization. If Clínica can take the necessary steps toward becoming a self-sustaining organization, they will no longer need to rely on grants in order to serve these vulnerable populations.

## Methods

We spent January through March working with Clínica director Mina Halpern auditing Clínica’s current funding streams and researching additional sources of funding (See Results, Table 1). Some of the most valuable insights came from our recent trip to the DR, where we visited Clínica and toured two additional self-sustaining healthcare organizations with similar missions in Santo Domingo: Profamilia and Centro de Salud Fundación Activo 20-30 (See Results, Table 2). The tours, panel sessions, and interviews with key stakeholders at each clinic gave us additional data points to consider in our analysis. It bolstered our recommendations and enabled us to make more specific recommendations for Clínica’s future self-sustainability.



Photo, above: Clínica de Familia; March 22, 2022; Front, left to right: Mina Halpern Lozada, Kimberly Jimenez, Michaella Baker; Back, left to right: Olivia Asimakis, Ariz Keshwani, Maria Consuela Perez, Bernardo Martinez, Kellys King.

## Limitations

Some of our recommended changes, such as charging middle-class patients for service, could be met with resistance from inside the organization as it seems counter to the mission of Clínica. The clinic will also likely need to expand services given different requirements from different communities within La Romana and surrounding areas. Due to the continued stigma of working with MSM, transwomen, and sex workers, Clínica may continue to face difficulties in obtaining funding from certain, more conservative sources. Additionally, although all three organizations we worked with have similar goals, both Profamilia and Centro de Salud Fundación Activo 20-30 are far larger in scope of care and have been around for much longer than Clínica. Because of the immense cost and uncertainty associated with either adding more space or a new location, Clínica requires greater financial clarity and staffing to make our recommendations feasible, therefore the initial investment could be even greater than anticipated.

## Conclusions

The ultimate desire for many in this work is to provide low cost, quality healthcare to those who need it, but this can only be done sustainably if those who are covered and can afford the services pay for such services. In the short-term, it is important for Clínica to seek out additional grants, loans, and other potentially creative and non-traditional modes of funding while also increasing visibility to expand its patient network to include more members of the middle class. Clínica should also look toward expanding both their facilities, services, and staff. Additionally, hiring a larger finance department will increase transparency within and outside of the organization. Our vision is that these changes will lead to a self-sustaining clinic that serves a wide range of clientele in La Romana and beyond.

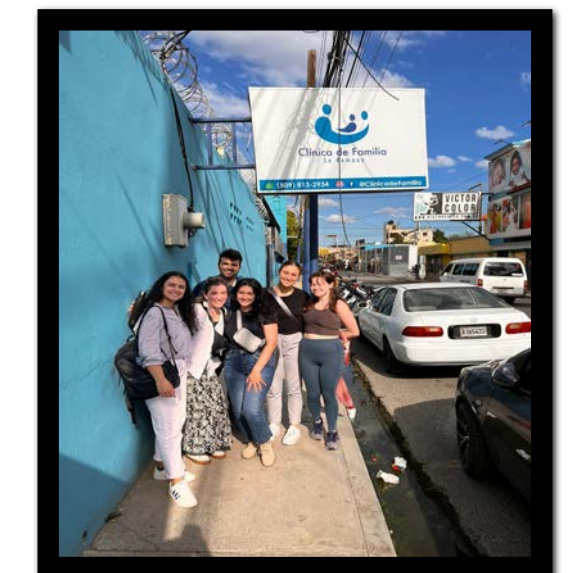


Photo above, from left to right: Alex Tarzikhan, Michaella Baker, Ariz Keshwani, Kimberly Jimenez, Olivia Asimakis, Katy Kerby