



1867

HOWARD
UNIVERSITY



Building 6 at Walter Reed

Bringing Medical Care to TPWR

PRESENTED TO: ANC 4B
OCTOBER 27, 2025

In Truth and Service

Meet the Howard University Team



Teresa Edmondson
Office of
External Affairs



Anthony Freeman
Vice President and
Chief Real Estate
Officer



Derrek Niec-Williams
Assistant Vice President
for Planning and
Architecture



Rex Holloway
Senior Vice President
Hammes Healthcare



Kathy Brown
Operational Readiness
Hammes Healthcare



Dr. Danika Franks
Founder & Chief
Strategist
Community Flourish

Why Are We Here?



Provide an update on the progress made on the medical center at **Building 6** at Walter Reed.

Purpose



Address community questions about the innovative **Urgent Care Plus Center**.

Goal



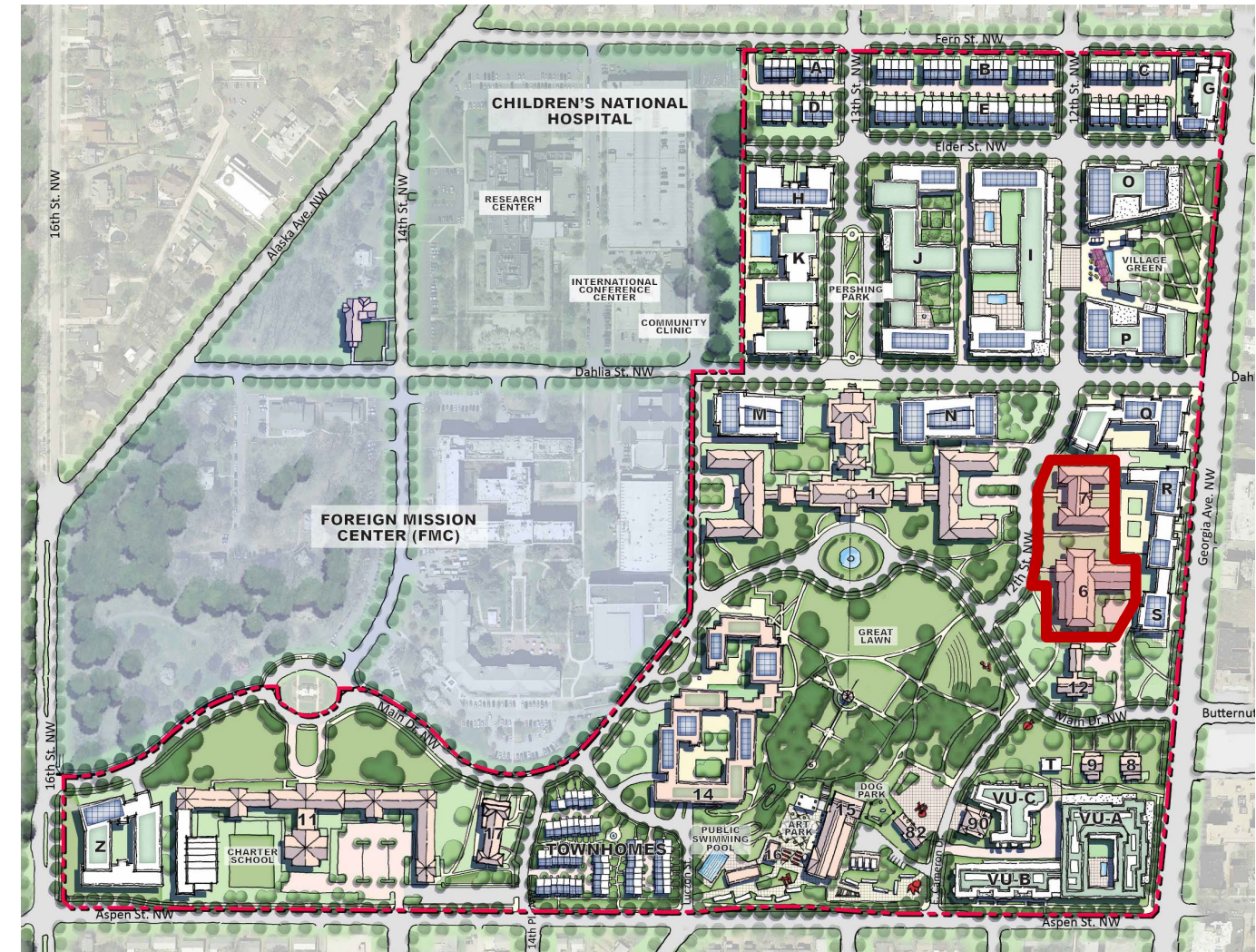
We want to hear your feedback and answer your **concerns**.

Your Voice



Howard University at Walter Reed

- In 2022 DC, TPWR, and Howard University executed **Ground Subleases for Buildings 6 & 7** at The Parks at Walter Reed.
- Planning for both buildings has continued to advance over the past two years:
- **Building 7** will house Institutional Uses (RITA-UARC Program)
 - Building 7 permit drawings have been submitted to Department of Buildings (DOB), and interior demolition is in progress.
- **Building 6** is being planned for healthcare uses.
- Since our last meeting in 2022, we identified a **local healthcare desert** and reframed planning for the building to **address this need**.
- HU is **spearheading healthcare innovation**, planning a **novel Hybrid Center** combining an Urgent Care and Free-Standing Emergency Department (FSED).
 - HU has assembled a team of experts to advance market and feasibility studies for the center.



Milestones to Date

2010

- HU submitted a Notice of Interest for a Public Benefit Conveyance

2012

- DC & HU executed Memorandum of Agreement

2016-21

- Team Formation, Site Analysis, Market Study, Programming, General Due Diligence

2022

- DC, TPWR, and HU executed Ground Subleases for Buildings 6 & 7

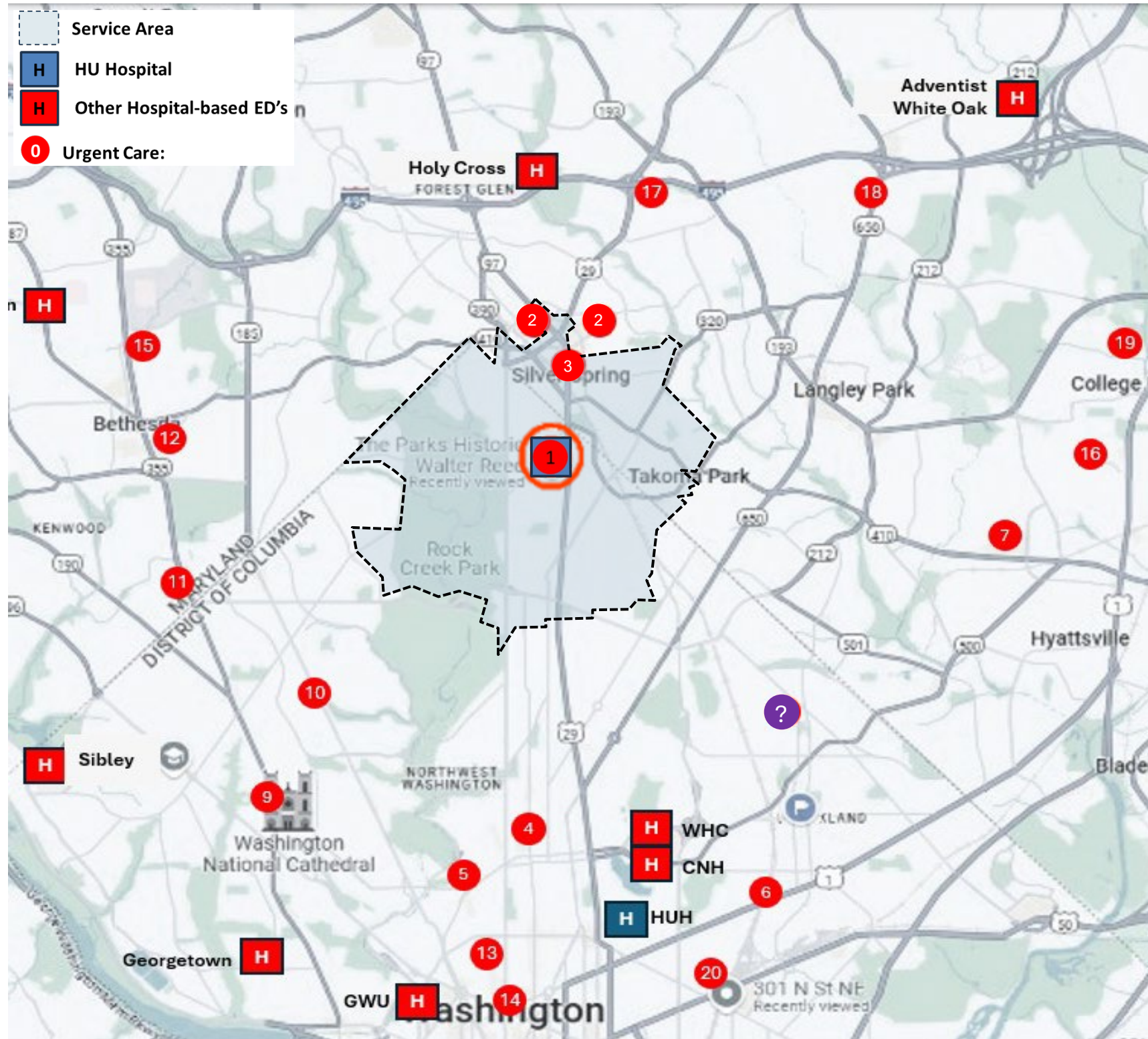
2023-24

- HPO Approval
- **Building 7:** GC selected (Davis Construction/H2 Design Build)
- **Building 6:** Market and feasibility studies advanced to support healthcare uses



Why This Medical Center Matters?

The Urgent Care Plus Center at Walter Reed aims to address the local healthcare desert.



- The closing of Providence Hospital and relocation of Washington Adventist has **significantly reduced the availability of medical services in the area.**
- Patients in an urban setting typically travel 10-15 mins for hospital-based emergency car,¹ yet **all emergency department (ED) services near the site are located more than a 15-min drive away.**
- With an **estimated service area of ~7-10 min drivetime** from the building, the Hybrid center at Walter Reed aims to fill in the local healthcare services gap.
- HU is coordinating with **DC Health** and **SHPDA** and issued an LOI on July 25th to apply for a Certificate of Need to support the planned healthcare services at Walter Reed.

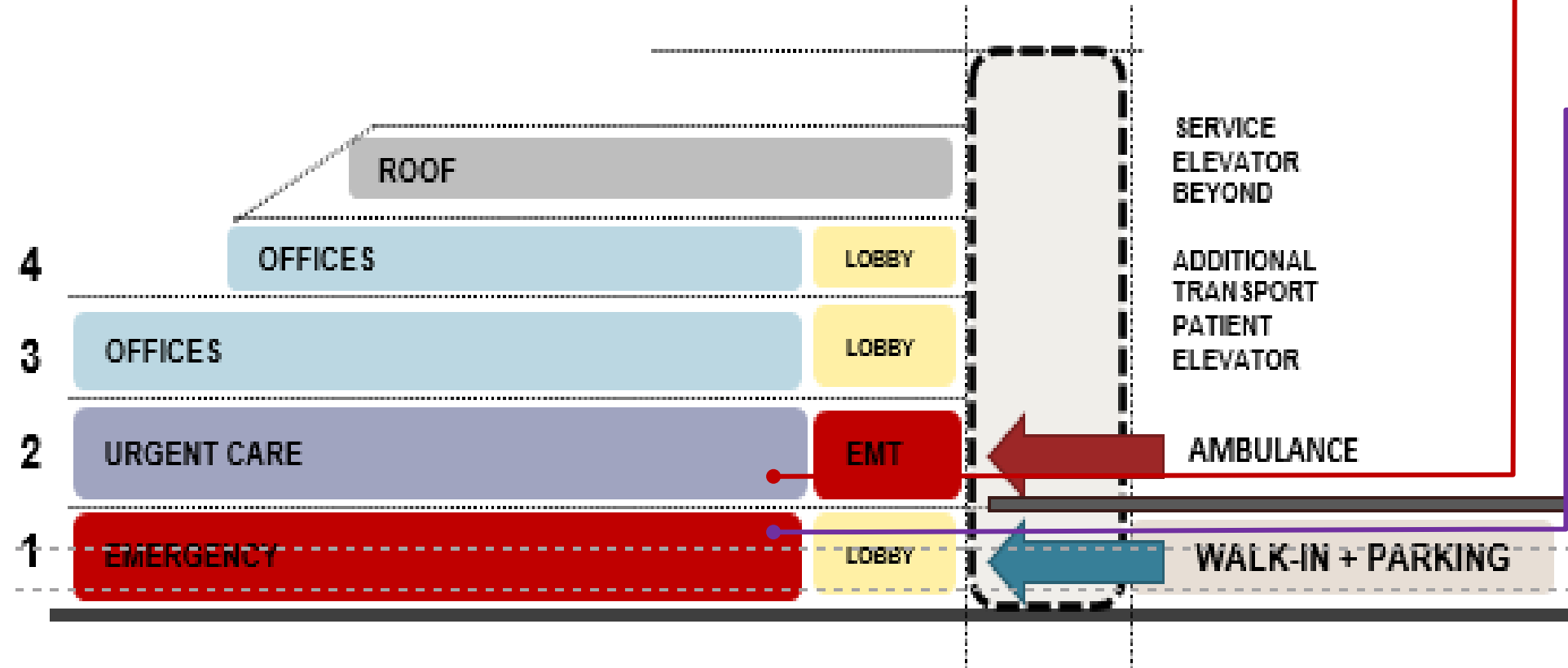
1) 2022 NIH study



Building 6: Project Overview

What is being built?

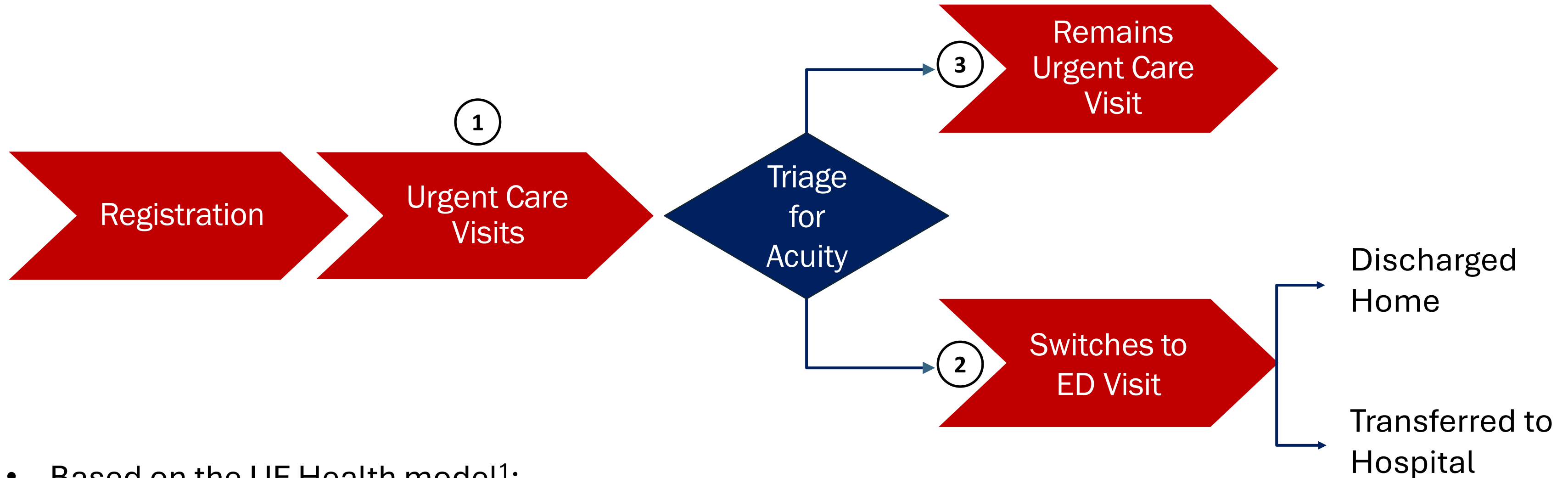
- **Use:** An 11,000 SF state-of-the-art, **Urgent Care Plus Center**
- **Location:** 6955 12th St NW, Washington, DC 20012
- **Expected Opening Date: Q1 2028**



- **Treatment Rooms**
 - **Level 1 FSED: 8 rooms**
 - **Level 2 UC: 10 rooms**

- **Services Offered**
 - **Level 1 FSED:** Immediate urgent treatment for **severe or life-threatening conditions**
 - Heart attacks, strokes, severe injuries, and acute illnesses, or similar
 - Hours of operation: Accessible 24/7
 - Stabilization: No patient stays >23hrs
 - **Level 2 UC:** Immediate medical care for **minor non-life-threatening illnesses and injuries**
 - Sprains, minor fractures, cuts, burns, and common infections, or similar
 - Hours of operation: 8:00am-8:00pm
- **Greater diagnostic capabilities**
 - Radiology, CT
- The center will occupy only part of the building, leaving space for **expanding outpatient healthcare services in the future.**

How will this Center Work?

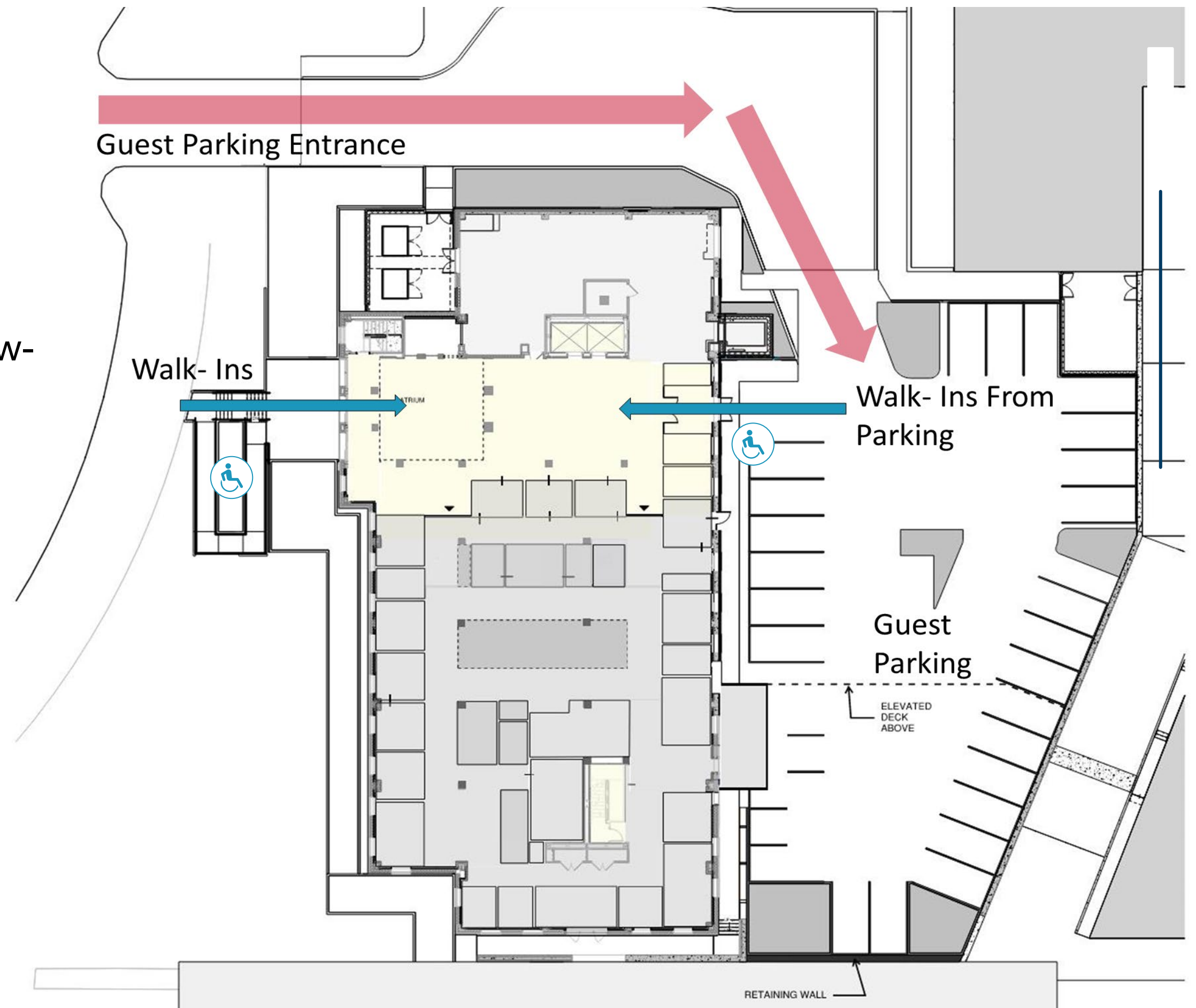


- Based on the UF Health model¹:
 1. All visits begin as an **Urgent Care** visit then a clinical specialist triages to determine acuity.
 2. If **acuity is ED level**, the patient signs a form acknowledging they will be billed for an ED visit.
 3. If the patients opts out of ED care, they are charged a **triage fee**.
- The **urgent care center will complement the FSED** by handling less severe conditions, ensuring that emergency rooms are available for the most critical cases.
- Most patients are anticipated to be discharged home.

1) Urgent care or ER? With 'one-stop shop,' hospitals offer both under same roof. - <https://www.washingtonpost.com/health/2024/08/01/emergency-room-urgent-care-cost/>

How will this Center Work?

- **Patient-Centered Model** designed to:
 - Eliminate the need for patients to self-diagnose
 - Lower out-of-pocket costs
- **Primary Care Coordination:** Explore partnerships with local clinics for follow-up care.
- **Patient Transfers:** Consider potential agreements with nearby hospitals for fast, seamless transfers.
 - Holy Cross Hospital: 15-20 min
 - MedStar Washington: 15-20 min
 - Howard University Hospital: 20-25 min
- **Care for Local Community:** Consider agreements with other community organizations
 - Abrams Hall
 - Help USA Veterans



Urgent Care *Plus* Characteristics

✓ This is:

- ✓ **Hybrid Urgent Care-Emergency Services** with extended hours of operation
- ✓ A healthcare center that provides greater **diagnostic capabilities**
- ✓ A medical center that delivers more **comprehensive care options**
- ✓ A healthcare access point that **integrates with local hospitals and clinics.**

✗ This is:

- × **NOT** a replacement for primary care services.
- × **NOT** a Methadone Clinic
- × **NOT** a Medical Marijuana Clinic
- × **NOT** a standalone hospital (patients requiring hospitalization will be transferred to partner facilities).
- × **NOT** available for patient stays > 23 hours

Why This Medical Center Matters?



Brings
Emergency/Medical
Care Closer to Home



Reduces ER Travel
Times & Wait Times



Ensures Faster Access
to Life-Saving Care



Establishes a Safe
Location for Disaster
Readiness



Addresses Local
Healthcare Gaps;
improved availability of
physicians



Reduces Strain on
Nearby Hospitals



Increases collaboration
with primary care
providers and specialists



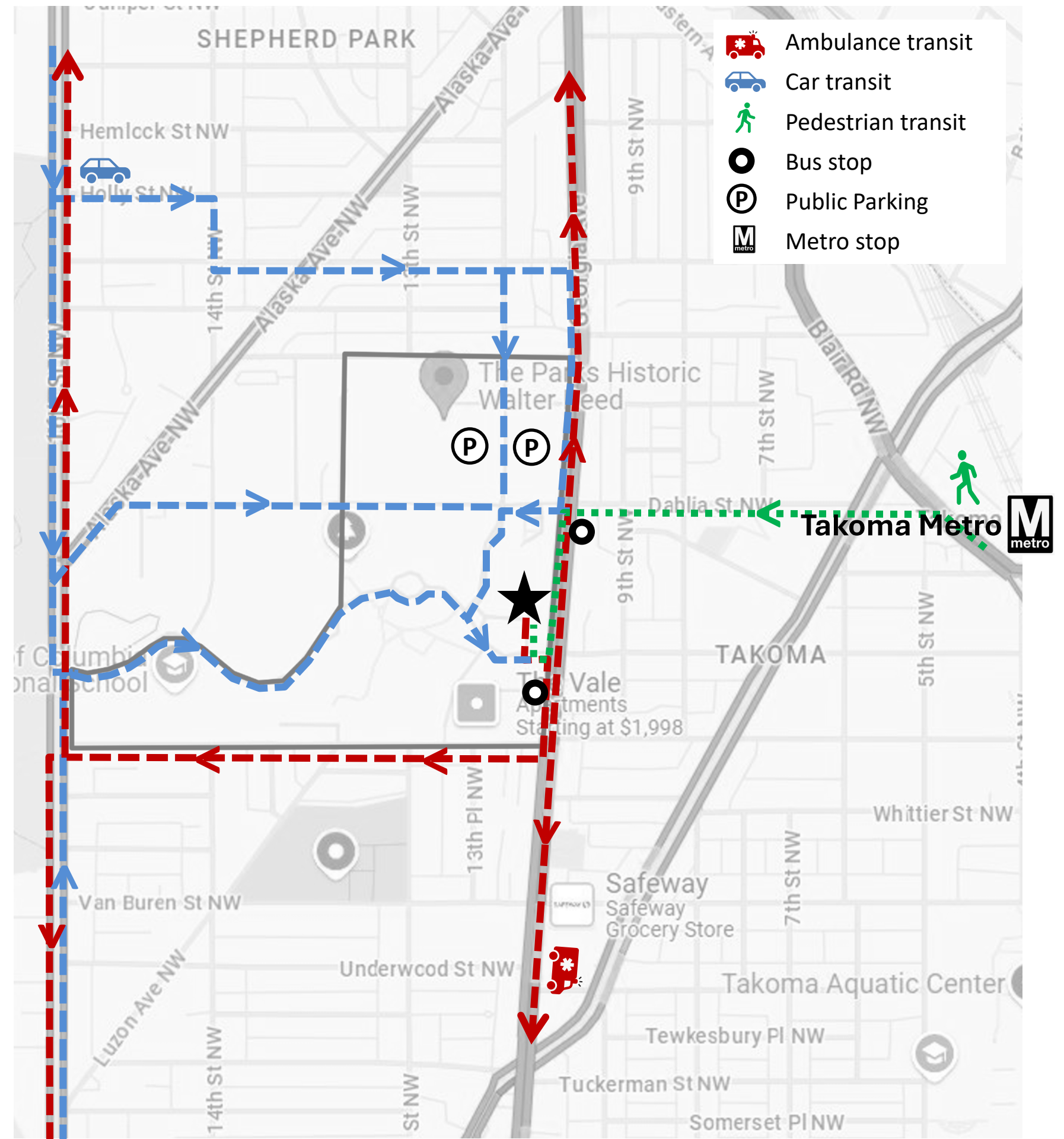
Catalyzes Future Growth
of Local Health Care
services



Frequently Asked Questions

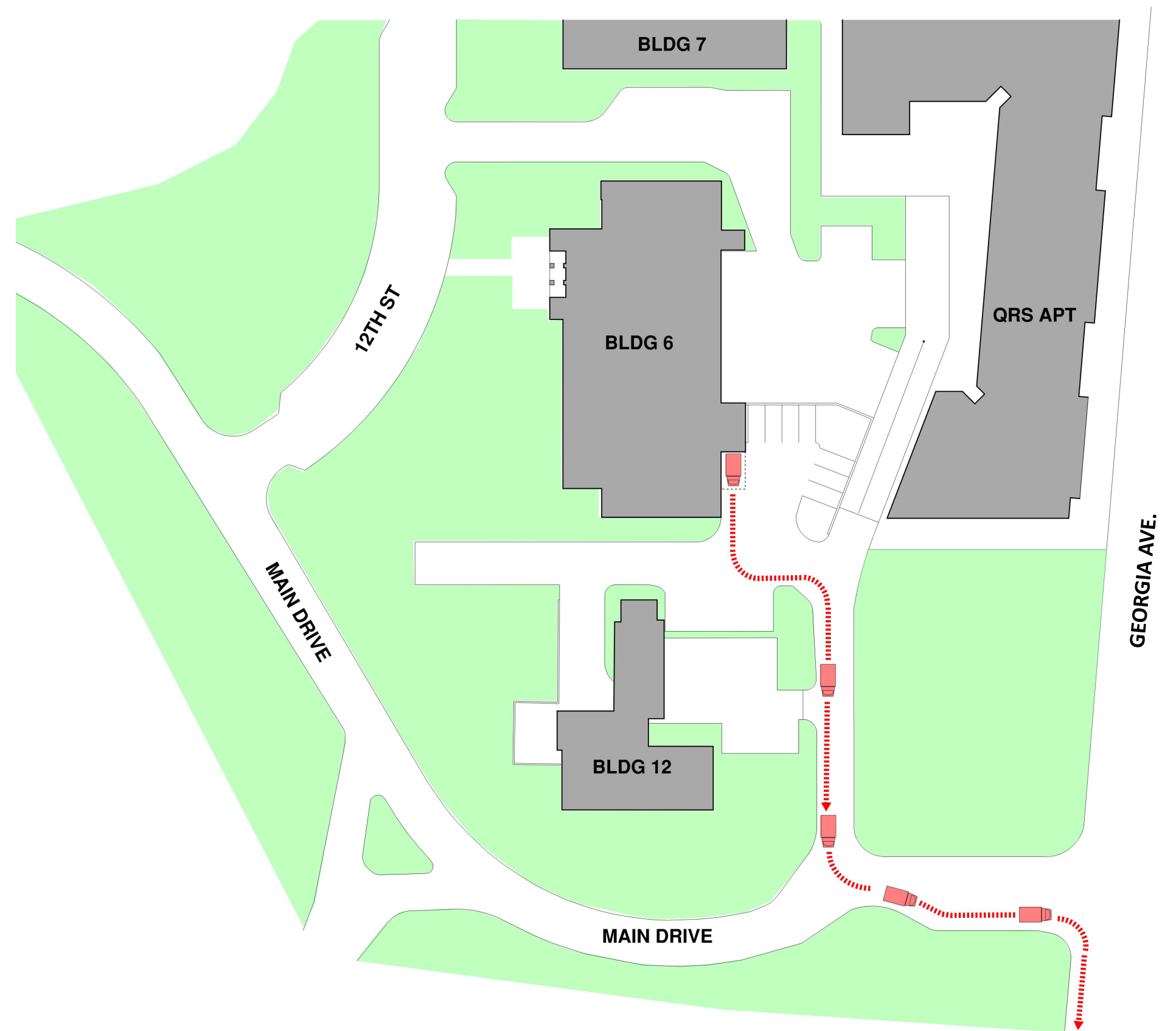
1. How will I access the center?

- Based on current data, we expect between **65-75 daily visits**, with arrivals by private vehicles, public transit, and other transportation options.
- Expect mostly patient “walk-ins”
 - **27 new parking spaces** available on site.
 - 12 required for this program
 - Public parking within a 3 to 5 min walk
- Traffic will not deviate from historic routes from 16th Street to the old Providence Hospital
- 12-min walk from Takoma Station
- Up to 4-min walk from two nearby bus stops.



2. Will ambulances be housed on site?

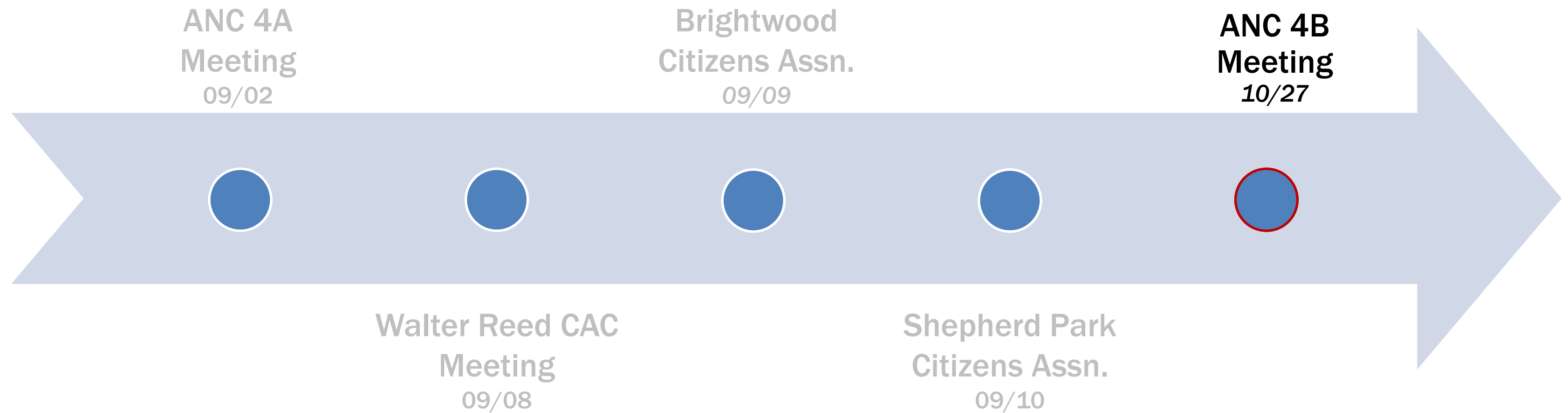
- The center **will not be a home base** for ambulances
- EMS transfer protocols (or policies) focus on direct transfer to definitive treatment location, **minimizing the number of patients** that need surgical or procedural care arriving at a FSED.
- An **ambulance pick-up area** will be available for patients who need to be transferred out to a larger inpatient facility.
- Ambulance will have **direct access off Main Dr.**, just 120 FT from Georgia Avenue.
- Protocols to **minimize neighborhood disruption** to be discussed with DC FEMS may include siren silencing and preservation of existing ambulance routes.



What's Next?

- **Feedback & Questions:**

- Contact: teresa.edmondson@howard.edu





1867

HOWARD
UNIVERSITY

THANK YOU

We Appreciate Your Input & Support

In Truth and Service