



2011 Membership Renewal and Annual Survey

Reflecting Calendar Year 2010 Statistics

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Virginia Association of Free Clinics
Membership Renewal and Annual Survey – CY 2010 Statistics

INTRODUCTION

The 2011 VAFC Membership Renewal and Annual Survey was conducted in the spring of 2011. Member clinics were asked to provide responses based on calendar year 2010 clinic activities. The survey consisted of 7 parts. Parts A through D contained the annual survey questions and will be discussed in the next paragraph. Parts E, F, and G constituted the membership renewal portion of the process. These latter segments included providing an electronic listing of names and contact information for the member clinic’s board of directors (BOD) (Part E), a 2 page form to be initialed by both the clinic executive director (ED) and BOD chairman/president attesting compliance with VAFC membership requirements (Part F), and a single page membership renewal form (Part G) which was to accompany the member’s dues payment. In addition, Part F required that member clinics attest that their organization had conducted a financial audit or review within 6 months of its most-recently completed fiscal year, and that all reportable conditions have been corrected.

The 2011 annual survey was the fourth time a comprehensive review of member clinic activities was solicited. A document explaining the full survey and membership renewal process was sent to EDs as an email attachment in March (a copy is available upon request from the VAFC office), with a request that the survey results be completed on the LogicDepot.com website by May 1st. Data collection was completed by mid-May. Part A of the survey was “pre-populated” with the member clinic’s contact information on file at VAFC. The only data entry required was to make corrections of the information. Part B asked for a variety of clinic characteristics and demographics for the patients served by member clinics. This section was based on questions from previous years, with a few minor modifications. While this was the longest part of the survey, many of the questions did not require extensive research to answer. Part C included a count of visits and patients and dollar value of services provided section of the survey. Part D contained questions that vary from year to year. The primary topic this year was member clinic referral sources.

This report contains a summary of Parts B, C, and D of the survey. It also has an appendix with a ten year summary of a variety of statistics that have been collected for most, if not all, of the past decade.

PART B

Clinic Information

Size of Board of Directors. Member clinics were asked to report both the actual and allowed number of members of their Boards of Directors (BOD). All 60 member clinics reported data for this section. Actual BOD membership ranged from 7 to 34, with a median value of 14; half of the member clinics reported a BOD with a membership between 12 and 18 members. Allowed or potential BOD membership ranged from 7 to 60, with a median value of 20; half of the member clinics reported a BOD with a potential membership between 15 and 25 members. Ten member clinics had no vacancies on their BODs at the time of the survey; ten had vacancy rates of 40.0% or more. Half of the clinics reported having between 66.7% and 90.2% of board slots filled. The percentage of filled board slots ranged from 18.3% to 100.0%, with a median value of 79.1%.

Locations Served by Member Clinics. Member clinics provided care for patients residing in 116 (85.3%) of the 136 Virginia counties/cities. One clinic reported serving patients residing in West Virginia as well as 7 Virginia counties. Of the 116 Virginia localities served, patients living in 53 (44.9%) had a single Free Clinic available to them, patients residing in 28 (23.7%) could choose between 2 Free Clinics, residents of 20 (16.9%) had 3 Free Clinics from which to seek care, and patients living in 8 (6.8%) localities could potentially receive care at 4 different Free Clinics. Residents in the Greater Richmond Area had the most choice in free clinics. Inhabitants of Caroline, Goochland, and Henrico Counties and the City of Colonial Heights could choose among 5 member clinics. Residents of Chesterfield and Hanover Counties and the Cities of Petersburg and Richmond were served by 6 different Free Clinics. See Figure 1 below for a map providing a display of the intensity of coverage by member Free Clinics.

Half of the clinics provided care for eligible residents of between 1 and 5 localities, with a median value of 3 counties/cities. The minimum value of 1 locality was also the most commonly reported value ($17/60 = 28.3\%$). Four of the 60 respondents (6.7%) reported providing care for patients from more than 9 localities ($N = 10, 11, 11, 33$).

Clinic Facility Information. Twenty-three (38.3%) member clinics used donated space or paid little to no rent (e.g., \$1/year), while 14 (23.3%) owned their clinic building. Seventeen (28.3%) leased space and paid rent in order to have a location in which to provide health care services. A multi-site clinic reported using “all of the above” approaches among its various locations. One clinic stated that they own a mobile clinic and used donated space for administrative functions. The two remaining member clinics reported owning a condo in a building or paying rent without a lease.

One clinic used a “clinic without walls” approach and essentially functioned as a referral coordinator to local healthcare practitioners who provided care in their offices. The majority of member clinics operated out of a single site ($45/60 = 75.0\%$). Three (5.0%) clinics had 2 sites, 5 (8.3%) had 3 sites, 2 (3.3%) had 5 sites, 1 had 6 sites, and 1 had 9 sites. One clinic used a mobile clinic to travel to 5 locations to provide healthcare services for its patients. Thus, the 60 member clinics provided healthcare services at 91 locations. The vast majority of these clinic settings were dedicated to healthcare purposes ($82/91 = 90.1\%$).

Clinic Staff. Two (3.3%) clinics operated using only volunteer staff. Eleven (18.3%) clinics employed only part-time staff and 4 (6.7%) employed only full-time staff. The remaining 43 (71.7%) utilized a combination of full- and part-time staff. The clinics with only part-time staff had between 1 and 12 employees (median value = 3); those with only full-time staff had between 1 and 13 employees (median value = 4). For those clinics with both full- and part-time employees, the number of full-time staff ranged between 1 and 25 with a median value of 4; the number of part-time staff ranged between 1 and 17 with a median value of 6. Fifty percent of the clinics reported the number of full-time employees as being from 2 to 7 and part-time employees to be between 2 and 10.

Clinic Volunteers. Fifty-six (93.3%) of the clinics reported having volunteer medical staff, 36 (60.0%) clinics had volunteer dental staff, 35 (58.3%) had volunteer pharmacy staff, and 35 (58.3%) had volunteer mental health staff. Fifty-one (85.0%) clinics reported having other types of healthcare professionals as volunteers, and all but 1 clinic (98.3%) noted having lay volunteers assist with clinic operations. See Table 1 for a summary by type of the numbers of volunteers reported by member clinics. A total of 14,038 volunteers assisted with the provision of clinic services during calendar year 2010; 8,344 (59.4%) of the volunteers were healthcare professionals.

Table 1. Numbers of Free Clinic Volunteers by Type

	Mini- mum	25th %tile	Median	75th %tile	Maxi- mum	Total
Clinics with Medical Volunteers (N = 56)						
Physicians	2	9	25	68	743	3,227
Nurses	0	8	19	41	134	1,635
Nurse Practitioners	0	1	3	7	29	282
Physician Assistants	0	0	0	2	25	89
Clinics with Dental Volunteers (N = 36)						
Dentists	1	6	12	21	193	731
Dental Hygienists	0	0	4	6	70	220
Dental Assistants	0	0	6	12	54	329
Clinics with Pharmacy Volunteers (N = 35)						
Pharmacists	1	3	4	9	39	269
Pharmacy Technicians	0	0	5	10	98	422
Clinics with Mental Health Volunteers (N = 35)						
Psychiatrists	0	0	1	1	23	68
Other Mental Health Practitioners	1	1	2	5	27	160
Clinics with Other Healthcare Professional Volunteers (N=51)						
Other Healthcare Practitioners	1	4	8	20	214	912
Clinics with Lay (non-Healthcare) Volunteer (N=59)						
Lay (non-Healthcare)	3	16	65	144	500	5,694

Clinic Software and Hardware

Clinic Patient Tracking Software. All but two clinics used some sort of electronic system to track patients. These tracking systems ran the gamut from “home grown” databases (8, or 13.3%) or spreadsheets (12, or 20.0%) to commercially available electronic medical record (EMR) systems (4, or 6.7%; HealthState, MedVirginia, MISYS, and SOAPware by DOCS, Inc.). Twenty-seven (45.0%) clinics used a system created specifically for Free Clinics such as Medkind (9, or 15.0 %) or MedServices (19, or 31.7%). Seven (11.7%) clinics used other patient tracking programs (CaresAccess, GBA MEDfx (3), RxAssistPlus, The Loop, and VHC).

When asked to rate their satisfaction with the patient tracking software used at their clinic (1 = very dissatisfied, 10 = very satisfied), the overall values ranged from 1 to 10, with a median rating of 7. Fifty percent of the clinics reported their level of satisfaction as being between 5 and 8. As can be seen in Table 2, the member clinics using MedServices were the most satisfied with the software they used.

Table 2. Patient Tracking Software Used by Member Clinics

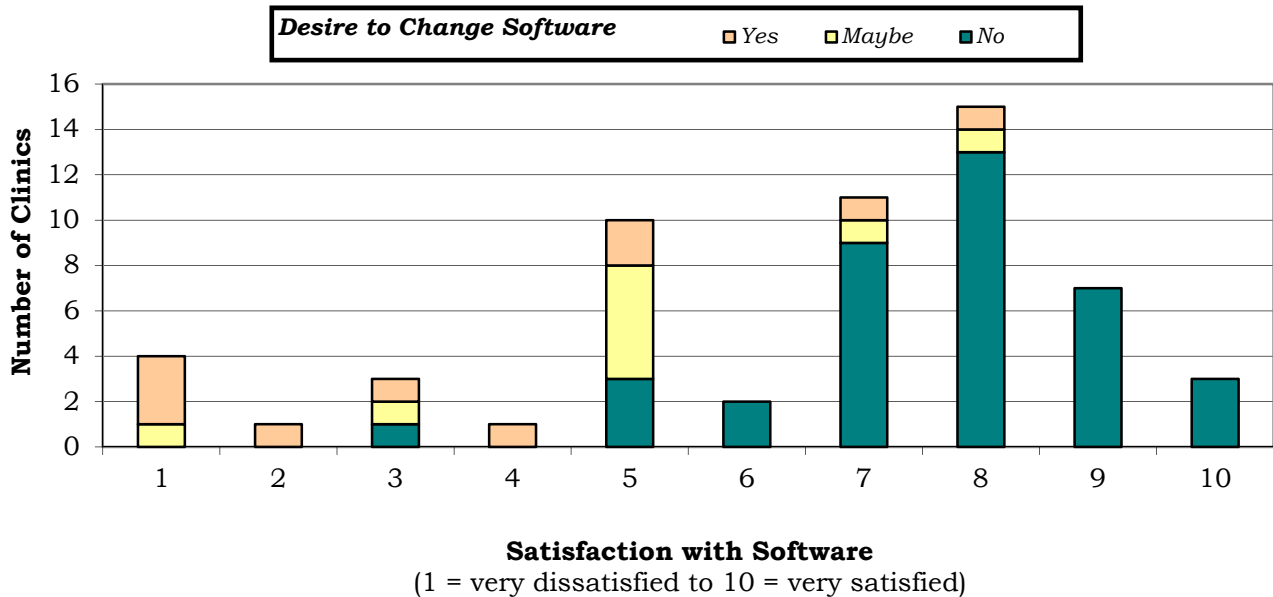
Software Type/Name	Satisfaction (1 to 10)			Plan to Change Software?					
				No		Maybe		Yes	
	Mini- mum	Med- ian	Maxi- mum	N	%	N	%	N	%
"Home grown" database	1	8	10	5	62.5	0	0.0	3	37.5
"Home grown" spreadsheet	1	7	10	6	50.0	2	16.7	4	33.3
Medkind	5	8	10	7	77.7	1	11.1	1	11.1
MedServices	1	7	10	15	78.9	4	21.1	0	0.0
Other *	2	7	9	6	54.5	2	18.2	3	27.3
None	Not applicable			2	100.0	0	0.0	0	0.0

* Includes: CaresAccess, GBA MEDfx (3), HealthState, MedVirginia, MISYS, RxAssistPlus, SOAPware by DOCS, Inc., The Loop, VHC

Clinics were also asked if they planned to change to a different patient tracking system in the next year. One clinic indicated that they planned to change from a “home grown” spreadsheet program to MedServices in the near future. Two clinics plan to transition from its “home grown” database program and Medkind to eClinicalWorks, an EMR program in the next year. The remaining 7 clinics did not provide details on their plans for changing software systems.

Users of Medkind and MedServices software were equally likely to be content to stay with the product they were using (77.7%). Unlike previous years, satisfaction and a desire to change software vendors *were* apparently related (see Figure 2). Twenty-four of the 26 (92.3%) clinics providing a satisfaction rating of 8 or higher did not plan to change software programs in the coming year, while 60.9% (14/23) of those supplying approval values ranging from 5 to 7 did not feel the need to change vendors. The least satisfied customers were the most likely to be thinking about making changes in the coming year.

Figure 2. Comparison of Satisfaction and Desire to Change Software Programs



Clinic Hardware and Network Connections. All member clinics reported having at least 2 computers. The number of computers per clinics ranged from 2 to 43, with a median of 10. Half of the clinics noted having between 5 and 18 computers. See Table 3 for a detailed description of these data. As might be expected, the more computers a clinic had, the more likely it was that the computers were networked. Most of the networks were based in the clinic – only 6 of the 45 clinics with networks (13.3%) used networks that belonged to someone else (e.g., local health department or county).

Table 3. Computer Hardware and Network Data

Number of Computers	Does the Clinic have Networked Computers?				Total	
	No		Yes			
	N	Row %	N	Row %	N	Column %
2	3	50.0	3	50.0	6	10.0
3-5	5	45.5	6	54.5	11	18.3
6-9	3	27.3	8	72.7	13	21.7
10-14	2	18.2	9	81.8	11	18.3
15-19	0	0.0	8	100.0	8	13.3
20+	0	0.0	11	100.0	11	18.3
Total	15	25.0	45	75.0	60	100.0

Clinic Internet Access. As can be seen in Table 4, the majority of member clinics had high speed internet access.

Table 4. Internet Access at Member Clinics

Type of Internet Access	N	%
Dial up connection over phone line	2	3.3
DSL (digital subscriber line)	3	5.2
Cable modem	19	31.7
T-1 or similar broad band connection	36	60.0

Funding and Related Topics

Collection of Patient Donations (Fees). Fourteen (24.1%) member clinics did not collect any patient donations. Thirty-seven (63.8%) reported asking for voluntary donations from patients; and 4 (6.9%) reported they have required patient fee policies. Three (5.0%) clinics reported details about the voluntary fees they collect. More information about the dollar value and the types of visits for which donations were collected is presented in the next section of this report.

Total Cash Operating Expenses. Cash operating expenses for member clinics ranged from \$22,478 to \$2,317,222, with a median value of \$288,509. Half of the clinics reported cash operating expenses between \$143,806 and \$610,798. The total cash operating expenses for all member clinics was \$29,312,055.

Funding Sources. Clinics were asked to classify their funding sources into 6 categories. See Table 5 for a detailed summary of these data. The total value for all funding sources was \$30,480,821, down 7.0% from last year (\$32,773,760). The largest source of funding (69.1% of dollars) was private contributors such as businesses, foundations, United Way, churches, civic organizations, special events, and individuals. Patient donations plus miscellaneous other sources, such as interest, represented only 6.0% of the funding for member clinics, while federal, state, and local government combined contributed 24.9% of the money used for clinic operations.

Table 5. Funding Reported by Member Clinics

Statistic	Private	Federal	State	Local	Fees	Other
Number of Clinics	60	7	58	40	44	46
Percent (%) of Clinics	100.0	11.7	96.7	66.7	73.3	76.7
Minimum	\$6,330	\$200	\$3,000	\$1,208	\$17	\$6
25th tile	\$69,577	\$2,229	\$30,723	\$11,280	\$3,300	\$919
Median	\$195,522	\$3,553	\$59,237	\$27,875	\$10,408	\$4,714
75th tile	\$515,472	\$72,413	\$93,804	\$79,305	\$32,460	\$16,718
Maximum	\$2,120,776	\$259,489	\$647,196	\$517,462	\$108,020	\$112,828
Total Funding	\$21,071,389	\$412,525	\$4,445,134	\$2,718,643	\$1,025,183	\$807,946
% of Overall Funding	69.1	1.4	14.6	8.9	3.4	2.7

All clinics reported funding from private and other sources. Only 7 (11.7%) clinics noted receiving funding from federal sources, while 58 (96.7%) noted the state as a source of funding. Close to 2 out of 3 clinics reported local government as a funding source. As noted in the first segment of this section, 44 (73.3%) member clinics collected patient donations or fees, but these contributions accounted for only 3.4% of all funding for member clinics.

Types of Visits

Medical Visits. Fifty-five (91.7%) member clinics reported providing medical care for their patients. Twenty-one (38.2%) clinics saw patients by appointment only and the remaining 34 (61.8%) saw patients by appointment or as walk-ins. Thirteen (23.6%) of the clinics reported collecting donations from their patients. The donations ranged from \$2 to \$10 per visit, with a median value of \$5. The weekly hours during which clinics were open for medical visits ranged from 3 to 118, with a median value of 31. Half of the clinics reported providing medical care between 12 and 37 hours per week. A total of 38 (69.1%) clinics providing medical care reported some paid medical staff (physician, nurse, nurse/NP or physician assistant). These clinics paid for a range of 1 to 123 hours per week, with a median of 35 hours. Half of the clinics employed medical staff between 16 and 40 hours per week.

Medication Access. Thirty-three (55.0%) of the clinics reported using The Pharmacy Connection (TPC) software from the Virginia Health Care Foundation to access medications from the pharmaceutical manufacturers' Patient Assistance Programs (PAPs). Nine (15.0%) used the MedServices (DataNet Solutions) PAP module to access PAP medications. Seven (11.7%) clinics identified other means of accessing PAPs: "home grown" system, Benevolent Medication Program, MAPS, Medkind, RxAssistPlus, MedsHelp of Lynchburg, and filling out individual applications. The remaining 11 clinics (18.3%) replied "none" to the question. This could have meant that they either did not use an electronic PAP access program or they did not take advantage of PAPs at all. Two of these 11 clinics reported having a pharmacy.

Twenty-five (41.7%) member clinics reported having an on-site clinic pharmacy. Eleven (44.0%) of these clinics used QS-1 as their pharmacy software, 5 (20.0%) used MedServices (DataNet Solutions) pharmacy software, and 3 (12.0%) clinics used CRx. The remaining 6 (24.0%) clinics reported using Medkind, Renlar, TDS Rx30 (2), or a "home grown" software program to fill prescriptions. Nineteen (76.0%) of the clinics reported collecting donations from their patients. The donations ranged from \$1 to \$9 per prescription, with a median value of \$3. The weekly hours during which the clinic pharmacies were open ranged from 3 to 50, with a median value of 15. Half of the clinics reported that their pharmacy was open between 9 and 30 hours per week. A total of 17 (68.0%) clinics with a pharmacy reported some paid pharmacy staff (pharmacist or pharmacy tech). These clinics paid for a range of 9 to 280 hours per week, with a median of 45 hours. Half of the clinics employed pharmacy staff between 20 and 73 hours per week.

Dental Visits. Twenty-six (43.3%) member clinics reported providing dental care for their patients. Eighteen (69.2%) of these clinics saw patients by appointment only and 8 (30.8%) saw patients by appointment or as walk-ins. Eleven (42.3%) of the clinics reported collecting donations from their patients. The donations ranged from \$5 to \$25 per visit, with a median value of \$10. Half of the clinics collected fees ranging between \$5 and \$23. The weekly hours during which clinics were open for dental visits ranged from 2 to 60, with a median value of 13. Half of the clinics reported providing dental care between 5 and 22 hours per week. A total of 16 (61.5%) clinics reported some paid dental staff (dentist, oral surgeon, dental assistant). These clinics paid for a range of 2 to 94 hours of professional time per week, with a median of 30 hours. Half of the clinics employed dental staff between 20 and 40 hours per week.

Mental Health Visits. Forty-one (68.3%) member clinics reported providing mental health care for their patients. Thirty-four (82.9%) of these clinics saw patients by appointment only. Seven (17.1%) saw patients by appointment or as walk-ins. Nine (34.6%) of the clinics reported collecting donations from their patients. The donations ranged from \$2 to \$10 per visit, with a median value of \$5. The weekly hours during which clinics were open for mental health visits ranged from 1 to 50, with a median value of 8. Half of the clinics reported providing mental health care between 3 and 20 hours per week. A total of 11 (26.8%) clinics reported some paid mental health staff. These clinics paid for a range of 2 to 50 hours per week, with a median value of 16 hours. Half of the clinics employed mental health staff between 10 and 37 hours per week.

Types of Services Provided

Case Management and/or Care Coordination Services. Fifty-four (90.0%) member clinics reported providing case management and/or care coordination services for their patients. The number of these services offered by the clinics ranged from 1 to 5, with a median value of 4. Half of the clinics provided between 2 and 5 case management and/or care coordination services for their patients. Table 6 contains a summary of the types of services offered.

Table 6. Case Management and/or Care Coordination Services Provided

Type of Service (N =54)	N	% *
Primary care	42	77.8
Chronic disease management	44	81.5
Specialty care	37	68.5
Mental health	30	55.6
Social work	31	57.4
Other **	7	13.0

* Sum of percentages is greater than 100% since many clinics offer more than 1 of these services.

** dental, education, gynecology, mammography, MCV/VCU indigent care eligibility, mental health referrals, orthopedics clinic. *NOTE: some clinics reported more than one “other” case management and/or care coordination services.*

Chronic Disease Management Programs for Individual Patients. Fifty-two (86.7%) member clinics reported providing chronic disease management programs for their patients. The number of these programs provided by the clinics ranged from 1 to 6, with a median value of 4. Half of the clinics provided between 1 and 6 chronic disease management programs for their patients. Table 7 contains a summary of the types of programs provided.

Table 7. Chronic Disease Management Programs Provided for Individual Patients

Type of Program (N = 52)	N	% *
Asthma/COPD	26	50.0
Cardiovascular disease	28	53.8
Diabetes	49	94.2
Depression/anxiety	31	59.6
Dyslipidemia (high cholesterol)	31	59.6
Hypertension	35	67.3
Other **	8	15.4

* Sum of percentages is greater than 100% since many clinics offer more than 1 of these services.

** chronic pain, GERD, HIV, kidney disease, obesity, other psychiatric illnesses, rheumatology, thyroid. *NOTE: some clinics reported more than one “other” chronic disease management program*

Patient Education Programs for Groups of Patients. Forty (66.7%) member clinics reported providing patient education programs for groups of their patients. The number of these programs provided by the clinics ranged from 1 to 6, with a median value of 1. Half of the clinics provided between 1 and 3 patient education programs for their patients. Table 8 contains a summary of the types of programs provided.

Table 8. Patient Education Programs Provided for Groups of Patients

Type of Program (N = 44)	N	% *
Asthma/COPD	2	5.0
Cardiovascular disease	6	15.0
Diabetes	38	95.0
Depression/anxiety	10	25.0
Dyslipidemia (high cholesterol)	12	30.0
Hypertension	13	32.5
Other **	19	47.5

* Sum of percentages is greater than 100% since many clinics offer more than 1 of these services.

** Alcoholics Anonymous, breast health, chronic kidney disease, coping skills, domestic violence, grief counseling, nutrition, oral health, smoking cessation, weight loss, women’s health *NOTE: some clinics reported more than one “other” patient education program*

Interpretation or Translation Services. Thirty-six (60.0%) member clinics reported providing interpretation or translation services for their patients. The number of these services offered by the clinics ranged from 1 to 7, with a median value of 1. Slightly more than two-thirds (25, 69.4%) of the clinics provided interpretation or translation services for a single language. An additional 5 clinics (13.9%) provided this service for two languages. The remaining 4 clinics provide interpretation or translation services for 3 (N = 2), 6 (N = 1), or 7 (N = 3) languages. One clinic noted that they have access to telephonic translation services; another reported having access to a language bank of over 35 languages. Three (12.5%) of the 24 clinics that did not report specific interpretation or translation activities noted that these services are available if needed. Table 9 contains a summary of the languages for which member clinics provided interpretation or translation services.

Table 9. Interpretation or Translation Services Provided

Language (N = 36)	N	% *
Spanish	36	100.0
Chinese	6	16.7
Russian	6	16.7
Amharic	5	13.9
French	5	13.9
Farsi	4	11.1
Portuguese	4	11.1
American sign language	2	5.6
Arabic	2	5.6

* Sum of percentages is greater than 100% since clinics may offer more than 1 of these services.

Wellness and/or Health Promotion Programs. Forty-eight (80.0%) member clinics reported providing wellness and/or health promotion programs their patients. The number of these programs provided by the clinics ranged from 1 to 8, with a median value of 3. Half of the clinics provided between 2 and 5 wellness and/or health promotion programs for their patients. Table 10 contains a summary of the types of programs provided.

Table 10. Wellness and/or Health Promotion Programs Provided

Type of Program/Service (N = 48)	N	% *
Women's health	32	69.6
Exercise/fitness program	12	26.1
Nutrition counseling	32	69.6
Hearing screening	6	13.0
Osteoporosis screening	10	21.7
Sight screening	14	30.4
Skin cancer screening	6	13.0
Smoking cessation	20	43.5
Other **	8	17.4

* Sum of percentages is greater than 100% since clinics may offer more than 1 of these services.

** anxiety and depression screenings, centering pregnancy, dental hygiene, general wellness, wellness recovery action plan

Social Welfare Services. Twenty-nine (48.3%) member clinics reported providing social welfare services for their patients. The number of these services offered by the clinics ranged from 1 to 7, with a median value of 2. Half of the clinics provided between 1 and 4 social welfare services for their patients. Table 11 contains a summary of the types of services offered.

Table 11. Social Welfare Services Provided

Type of Program/Service (N = 29)	N	% *
Community outreach programs	21	72.4
Clothing assistance	9	31.0
Food bank services	9	31.0
Literacy services/programs	3	10.3
Self-help resource directory	12	41.4
Spiritual counseling/church resources	11	37.9
Vocational rehabilitation	5	17.2
Other **	6	20.7

* Sum of percentages is greater than 100% since clinics may offer more than 1 of these services.

** counseling sessions with volunteer social worker, domestic violence abuse partnership with social services, FAMIS & Medicaid counseling, financial assistance, HIV case management, housing, Medicare Part D assistance, referrals to outside agencies, substance abuse groups, transportation, VITA tax assistance, weekly on-site access to Department of Social Services worker *NOTE: some clinics reported more than one "other" patient education program*

Other Programs and/or Services. Approximately one-third of member clinics provided additional details on the programs and/or services they offer. Collaboration with other organizations was evident. One clinic noted that they share a campus with a variety of social welfare agencies as well as the local offices for the Virginia Departments of Social Services and Health. Eyeglasses were reported to be available to patients at three clinics. Other examples of partnership include the availability of physical therapy, speech therapy, and general surgery (off-site referral) to the patients at one clinic and quarterly endocrinology and mammogram clinics and telemedicine at another. One clinic reported using a “Dental Clinic without walls” approach in serving its patients; this same clinic also participates in an annual Dental Mission of Mercy Program.

In addition to the programs listed earlier in this section, clinics offered additional wellness and care coordination services for their patients. Several clinics offer prenatal care programs and have on site social workers to assist patients in identifying and pursuing a variety of resources. One clinic provides childcare services for its patients. Another clinic offers group medical appointments for patients with diabetes and hypertension. Clinics are also branching out into new areas of care such as dermatology and alternative health.

Other services offered at member clinics include assistance with Medicare and Medicaid enrollment forms and in filing disability claims. Several clinics provided transportation to off-site health care appointments. Assistance with housing (emergency and otherwise), home repair, and financial services were also offered by some clinics. One clinic administers the state Internal Plumbing Rehabilitation Program for their county, while another is a member of their county’s Domestic Violence Task Force.

Patient Demographics

Unduplicated Patient Count. A total of 82,986 patients were served by member clinics during calendar year 2010. The number of unduplicated patients ranged from 204 to 5,777, with a median value of 1,017. Half of the clinics provided care for between 493 and 1,701 patients. Clinics were asked to provide information on the number of patients they had to turn away during calendar year 2010 because of a lack of capacity. Twenty-one (35.0%) of the responding clinics reported that they did not track this number, but estimated they had to turn away 5,315 patients combined. Five (8.3%) clinics stated that they kept track of the number, which totaled 3,670 patients. Four (6.7%) member clinics estimated that an additional 800 patients were either on waiting lists or had been referred elsewhere for care. Three (5.0%) clinics did not provide any estimates for this value. The remaining 27 (45.0%) clinics reported that they did not need to turn away any patients during calendar year 2010 because of a lack of capacity. Thus, a minimum of 9,785 patients were turned away by member clinics because of a lack of resources for medical and/or dental care.

Patient Characteristics. Member clinics were able to provide the majority of the requested information on patient characteristics. Marital status, employment status, and income level were the patient characteristics with the least amount of reported data, with only 28 (56.7%), 29 (48.3%), and 39 (65.0%) clinics providing this information, respectively. Gender (53, or 88.3%) and age (48, or 80.0%) were generally well reported. Fifty-one (85.0%) clinics provided race data and 41 (68.3%) were able to report on the percentage of the patient population that was of Hispanic origin. Only data from clinics reporting values for a particular characteristic were used in the calculation of the overall patient characteristics. Table 12 contains a summary of these data. Hispanic patients accounted for 14.3% of patients receiving care at member clinics.

Table 12. Characteristics of Patients Served by Member Clinics

Gender	%	Age (years)	%	Race	%
Male	38.3	00-18	7.5	Asian	2.4
Female	61.7	19-34	28.1	Black	28.5
Unknown	0.0	35-64	61.6	White	59.6
		65-plus	2.7	Other	16.8
		Unknown	0.1	Unknown	2.7

Marital Status	%	Employment Status	%	Income Level *	%
Cohabiting	6.8	Full-Time	22.4	<= 100% FPL	44.1
Divorced	18.2	Part-Time	19.7	101-125% FPL	15.8
Married	30.2	Seasonal	1.9	126-150% FPL	15.5
Separated	6.3	Unemployed	39.6	151-175% FPL	9.2
Single	32.0	Homemaker	1.3	176-200% FPL	10.2
Widowed	3.9	Retired	1.6	> 200% FPL	4.7
Unknown	2.8	Disabled	4.2	Unknown	0.4
		Unknown	9.3		

* FPL = federal poverty level

Clinic Income Eligibility Criteria. Fifty-eight (96.7%) clinics reported an upper level cut off for their patients. Table 13 contains a summary of the upper level income eligibility criteria for member clinics. While 78.3% of clinics had an income cut off value greater than 150% FPL, 75.4% of the patients receiving care at member clinics had incomes at or below 150% FPL.

Table 13. Upper Level Income Eligibility Cut Off Values

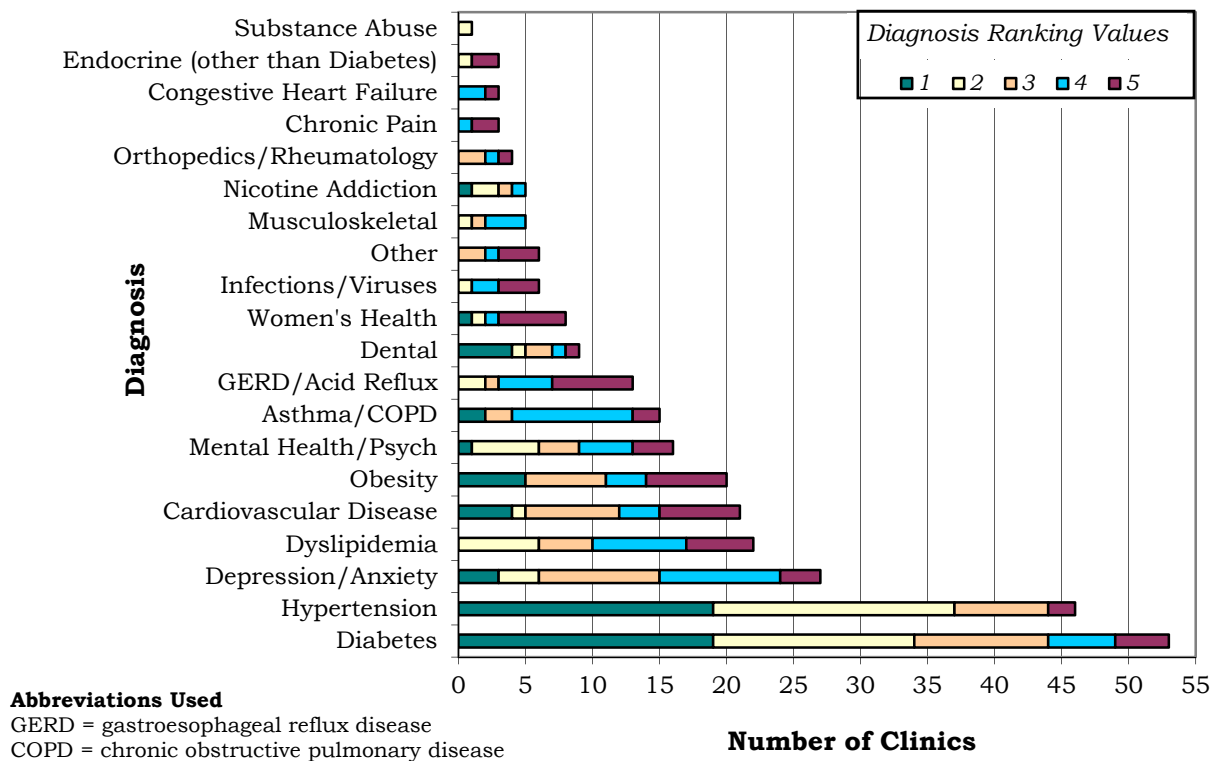
Eligibility Value *	N	%
up to 125% FPL	2	3.3
126-150% FPL	7	11.7
151-175% FPL	1	1.7
176-200% FPL	47	78.3
Not Reported	3	5.0

* FPL = federal poverty level

One clinic noted having a lower level cut off for medical services as a result of sharing the care of the indigent and uninsured patient population with a local health system. The health system provides health care for patients below 100% FPL; the member clinic helps patients above this income level. This clinic also noted that it did not have any cutoff level for dental services.

Top Five Diagnoses. Member clinics were asked to provide rankings for the top 5 diagnoses for their patients. The survey questions contained a list of 22 diagnoses, based on responses to prior surveys. Space was provided to allow respondents to add diagnoses that were not already listed; an option for a “blank” reply was also included. Forty-nine (81.7%) clinics listed top 5 diagnoses while 6 (10.0%), 3 (5.0%), and 1 (1.7%) clinics each reported the top 4, the top 2, and top 1 diagnoses, respectively. One (1.7%) clinic did not provide any diagnosis information. As can be seen in Figure 3 below, the overall top 5 diagnoses during calendar year 2010 were diabetes, hypertension, depression/anxiety, dyslipidemia, and cardiovascular disease. Six (10.0%) member clinics reported “Other” top 5 diagnoses. Half of these clinics did not provide any details about the nature of the “Other” diagnoses and the other half provided general descriptions (acute illnesses, all other specialties, variable) rather than diagnoses.

Figure 3. Summary of Top Five Diagnosis Data



PART C

Clinic Visit Statistics

See Table 14 for a summary of clinic visit statistics by visit type. Please review the explanations below before making any conclusions about the data presented in the table. The overall number of unduplicated patients served by member clinics during calendar year 2010 was 82,986; the total value of these services is estimated to be \$118,967,019.

Unduplicated Patients by Visit Type. This was the fifth year that clinics were asked to provide the number of unduplicated patients by visit type. Improvement was noted in the quality and quantity of the data reported. Previous problems, such as unduplicated patient counts for individual visit types exceeding the number of visits and unduplicated patient counts equal to visit numbers, were virtually eliminated. The biggest problem was the lack of reporting of these values by some clinics, which results in under reporting of the number of unique individual patients receiving services. This undercount of the actual total is most problematic for patients with pharmacy refill visits (only 59.1% of clinics providing this service were able to report an unduplicated patient count) and least problematic for patients with general medical clinic visits (96.3% of clinics providing this service were able to report an unduplicated patient count).

Number of Visits by Visit Type. Although the definitions for visit types were the same as those used for the past 7 years, there was some confusion about their interpretation. This may have caused inaccuracy in the reported visit counts.

Value of Visits by Visit Type. Another common difficulty with the data for this section of the report was the inability of many clinics to provide value data for the visits they reported. As has been done in the past, a multiplier was calculated using the median value for the information that was available. Reported values for visits varied by visit type and ranged from 22.7% (pharmacy refill visits) to 47.4% (dental visits).

Table 14. Summary of Visit and Value Data by Visit Type

	General Medicine Visits	Specialty Medicine Visits	Dental Visits	Mental Health Visits	Prescrip- tions Filled (not visits)	Pharmacy Refill Visits	Nurse Only Visits	Patient Education Visits	Social Services Visits
Clinics Reporting Visits									
N	54	45	38	39	54	22	35	34	18
% of All Clinics	90.0	75.0	63.3	65.0	90.0	36.7	58.3	56.7	30.0
Total Visits	169,288	61,016	45,178	17,575	711,542	71,655	39,410	33,225	21,760
Clinics Reporting Unduplicated Patient Counts									
N	52	34	33	32	36	13	24	28	13
% of Clinics w/ Visits	96.3	75.6	86.8	82.1	66.7	59.1	68.6	82.4	72.2
Unduplicated Patients	64,635	20,125	16,301	5,333	32,134	11,474	13,300	17,793	4,097
Clinics Reporting Value per Visit Data									
N	17	16	18	12	24	5	12	12	6
% of Clinics Reporting Visits with Values	31.5	35.6	47.4	30.8	44.4	22.7	34.3	35.3	33.3
Minimum	\$1.00	\$30.00	\$50.48	\$45.50	\$12.65	\$5.00	\$14.24	\$15.00	\$10.00
25th %tile	\$65.00	\$98.76	\$85.49	\$63.60	\$84.78	\$5.00	\$29.92	\$27.80	\$17.50
Median Value/Visit	\$95.00	\$165.71	\$221.38	\$96.06	\$92.70	\$30.00	\$35.30	\$37.50	\$25.00
75th %tile	\$118.68	\$245.34	\$296.33	\$125.00	\$125.23	\$90.52	\$42.50	\$53.88	\$27.25
Maximum	\$279.73	\$1,439.56	\$943.89	\$150.00	\$183.66	\$464.89	\$110.00	\$170.00	\$65.00
Total Value (based on reported and estimated value data)									
Total Value	\$16,532,667	\$14,841,130	\$10,872,882	\$1,432,860	\$68,607,920	\$3,544,247	\$1,286,751	\$1,286,645	\$561,917
% of Total Value Based on Estimates	61.4	35.8	43.0	47.7	44.6	39.9	64.0	76.4	65.7

Services Provided by Community Partners

In addition to healthcare services provided at member clinics, patients received care from a number of community partners. The majority of this care involved laboratory and radiology services donated by local physician practices, laboratories, and health systems.

Fifty-three (88.3%) clinics reported that their patients benefited from services provided by 92 different community partners. See Table 15 for a listing of community partners. Thirteen (14.4%) of the community partners provided care for patients from more than 1 clinic, ranging from 2 to 7 clinics, with a median value of 2 clinics. A total of 119 reports of partners donating services were noted.

Thirty-two ($33/53 = 62.3\%$) clinics reported more than 1 community partner, ranging from 2 to 5 partners, with a median value of 3 partners. The survey data collection form allowed for only 5 entries, so it is possible that some of the clinics may have had more data to report. Clinics were able to provide dollar values for 91 of the 119 (76.5%) separate reports of donated services, for a total of \$58,546,033.

Table 15. Member Free Clinics' Health System and Laboratory Partners

Access Now	Dominion Anesthesia, PLCC	Reston Hospital Center
Augusta Health Medical Center	Dominion Pathology	Riverside Regional Medical Center
Blue Ridge Behavioral Healthcare	Eye Surgery Center of Winchester	Riverside Tappahannock Hospital
Bon Secours Laboratory	Fauquier Hospital	Riverside Walter Reed Regional Hospital
Bon Secours Mary Immaculate Hospital	HCA Chippenham-Johnston Willis Medical Center	Rockingham Memorial Hospital Healthcare
Bon Secours Richmond Health System	HCA Henrico Doctors Hospital	Sentara BelleHarbour
Bon Secours St. Francis	HCA John Randolph Medical Center	Sentara Health System
Bon Secours St. Mary's	HCA Richmond Health System	Sentara Obici Hospital
Buchanan General Hospital	HCA Spotsylvania Regional Medical Center	Sentara Potomac Hospital
Cardiovascular Associates	Inova Hospital	Sentara Saint Luke's
Carilion Bedford Memorial Hospital	Insight Imaging Center of Arlington	ServDent Ceramics
Carilion Clinic	James L. Gates, DDS, PC	Shenandoah Pathology
Carilion Consolidated Laboratory	Johnston Memorial Hospital	Smyth County Eye Associates, Inc.
Carilion Franklin Memorial Hospital	Joseph Buchino, MD & Associates	Stafford Hospital
Carilion Giles Community Hospital	Laboratory Corporation of America	Sukle, Hollyfield, Abbot and Perkins
Carilion New River Valley	Lakeview Medical Center	Synergy
Carilion Physicians	LewisGale Hospital Alleghany	Tidewater Primary Medical Group
Carilion Roanoke Memorial Hospital	LewisGale Hospital Montgomery	Twin County Regional Healthcare
Carilion Solstas	LewisGale Hospital Pulaski	Tysons Corner Diagnostics
Carilion Stonewall Jackson Hospital	LewisGale Medical Center	University of Virginia Health System
Carilion Tazewell Hospital	Martha Jefferson Hospital	Valley Health Shenandoah Memorial Hospital
Centra Health Hospitals	Mary Washington Hospital	Valley Health Winchester Medical Center
Centra Health Laboratory	Metropolitan Surgical Associates	Virginia Commonwealth University Medical Center
Centra Health Mammogram Mobile	MRI-CT Diagnostics	Virginia Dental Lab
Chesapeake Regional Medical Center	Northern VA Radiology Consultants	Virginia Hospital Center
Clinch Valley Medical Center	Pathways' Free Specialty Clinic	Warren Memorial Hospital
Clinch Valley Physicians	Pioneer Community Hospital	Washington Radiology
CRL Surgical & Radiology Associates	Prince William Hospital	Wellmont Bristol Regional Medical Center
Culpeper Regional Health System	Pulmonary Associates of Virginia	Winchester Open MRI
Culpeper Regional Hospital	Radiology & Imaging Associates	Wythe County Community Hospital
Danville Regional Medical Center	Rappahannock General Hospital	

PART D

Referral Services Survey

Member clinics were asked to provide the name, type of service, and phone numbers for free clinics or other referral resources they use. Twenty-three (38.3%) clinics provided a total of 41 contacts. Table 16 contains a summary of the information reported. The vast majority of these resources were local non-profits, health departments, community service boards, or health centers.

Table 16. Types Referral Resources

Response	N	%
Dental/dental hygiene	18	42.1
General medical/primary care	9	22.0
Mental health services (routine and crisis)	5	12.3
Family planning/HIV testing/STD testing and treatment	3	7.3
Specialty care	3	7.3
Other *	3	7.3

* emergent/urgent care, hospitalization, medications

A copy of the detailed referral resource information is available upon request from the VAFC office.

Use of LearnSomething.com Pharmacy Technician Training Website

LearnSomething.com has made their training program available to VAFC members free of charge for several years. Clinics were asked how frequently they or any member of their staff took advantage of this member benefit. All 60 member clinics answered the question. Table 17 contains a summary of their replies.

Table 17. Use of LearnSomething.com Website by Member Clinics

Response	N	%
Never, because I was not aware of it	22	36.7
Never, but I have heard of it	21	35.0
Very infrequently	13	21.7
Sometimes	3	5.0
Often	1	1.7

Five clinics provided additional feedback. One clinic reported that their pharmacy coordinator was taking a course through the website, while another did not take advantage of the website since it did not use pharmacy technicians. A third clinic noted that they have recently started using LearnSomething.com and plan to use it more frequently now that they understand how the website operates. Two other clinics provided responses indicating that they may not have received (or may have misplaced) the information needed to access and use the website for free.

APPENDIX: TEN YEAR SUMMARIES

Figure A. Overall Trends for VAFC Member Clinics, Part 1 (Counts)

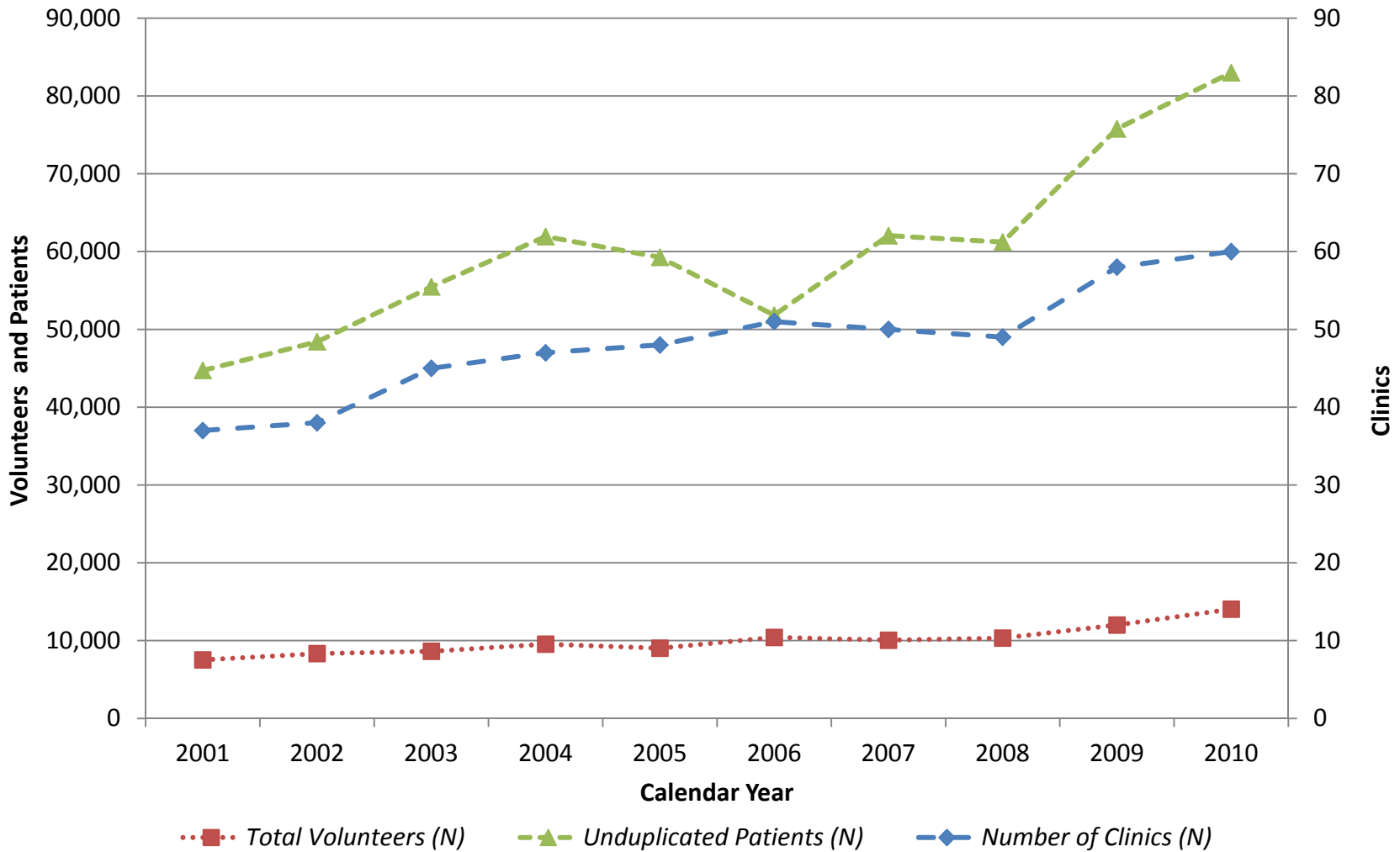


Figure B. Overall Trends for VAFC Member Clinics, Part 2 (Dollars)

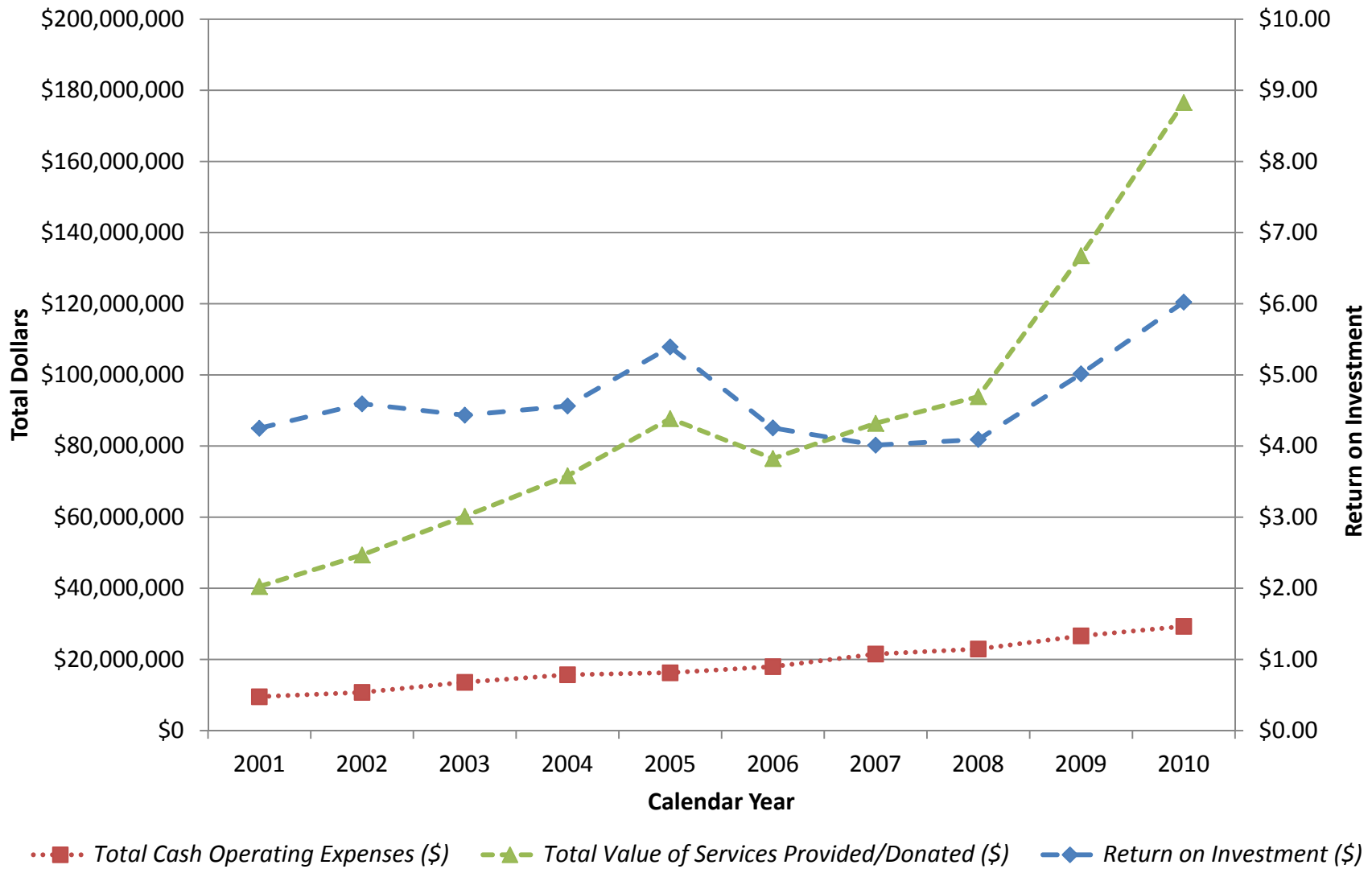


Figure C. Trends for DONATED CARE for VAFC Member Clinics' Patients

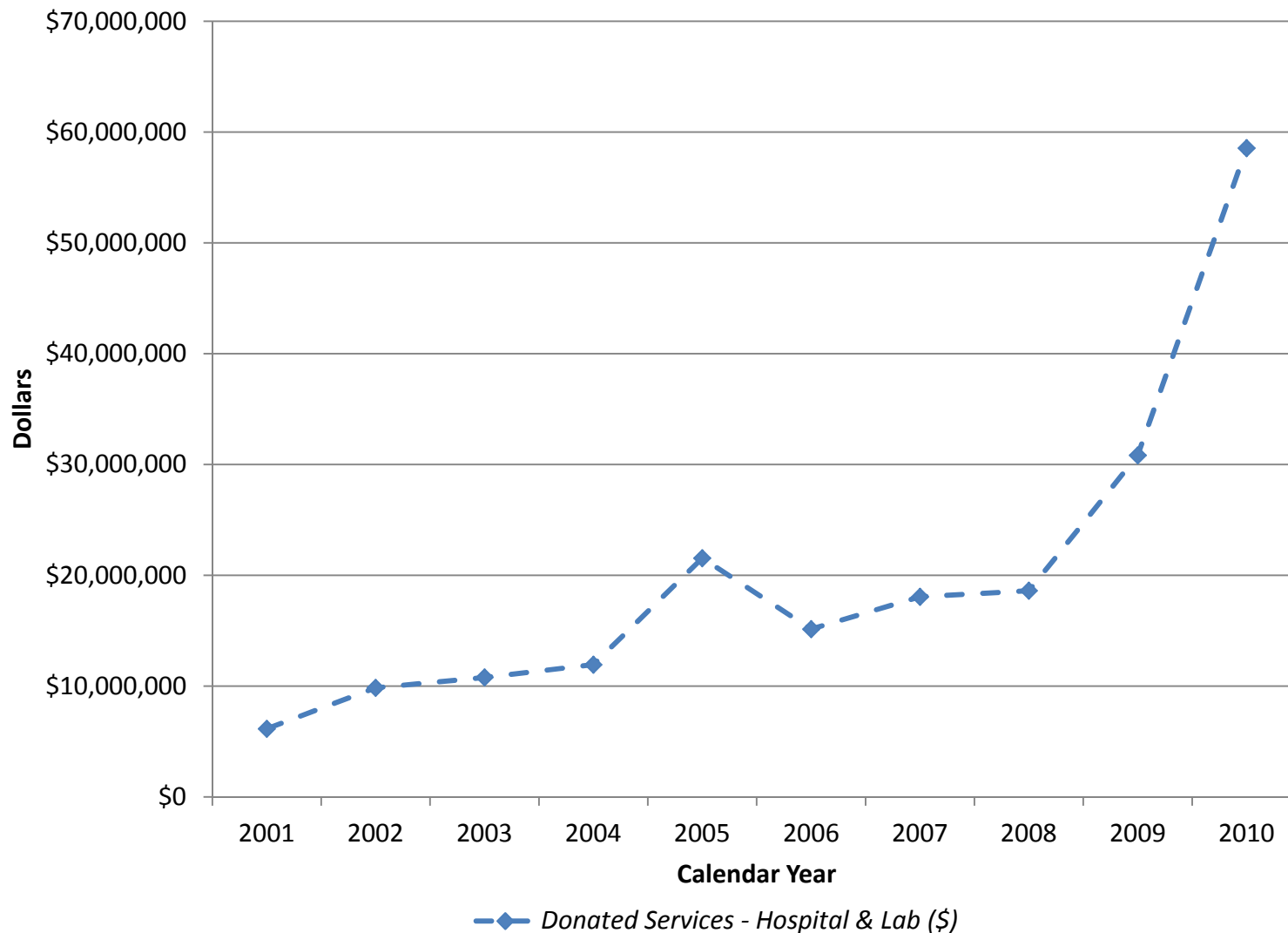


Figure D. Trends for PRIMARY CARE Visits at VAFC Member Clinics

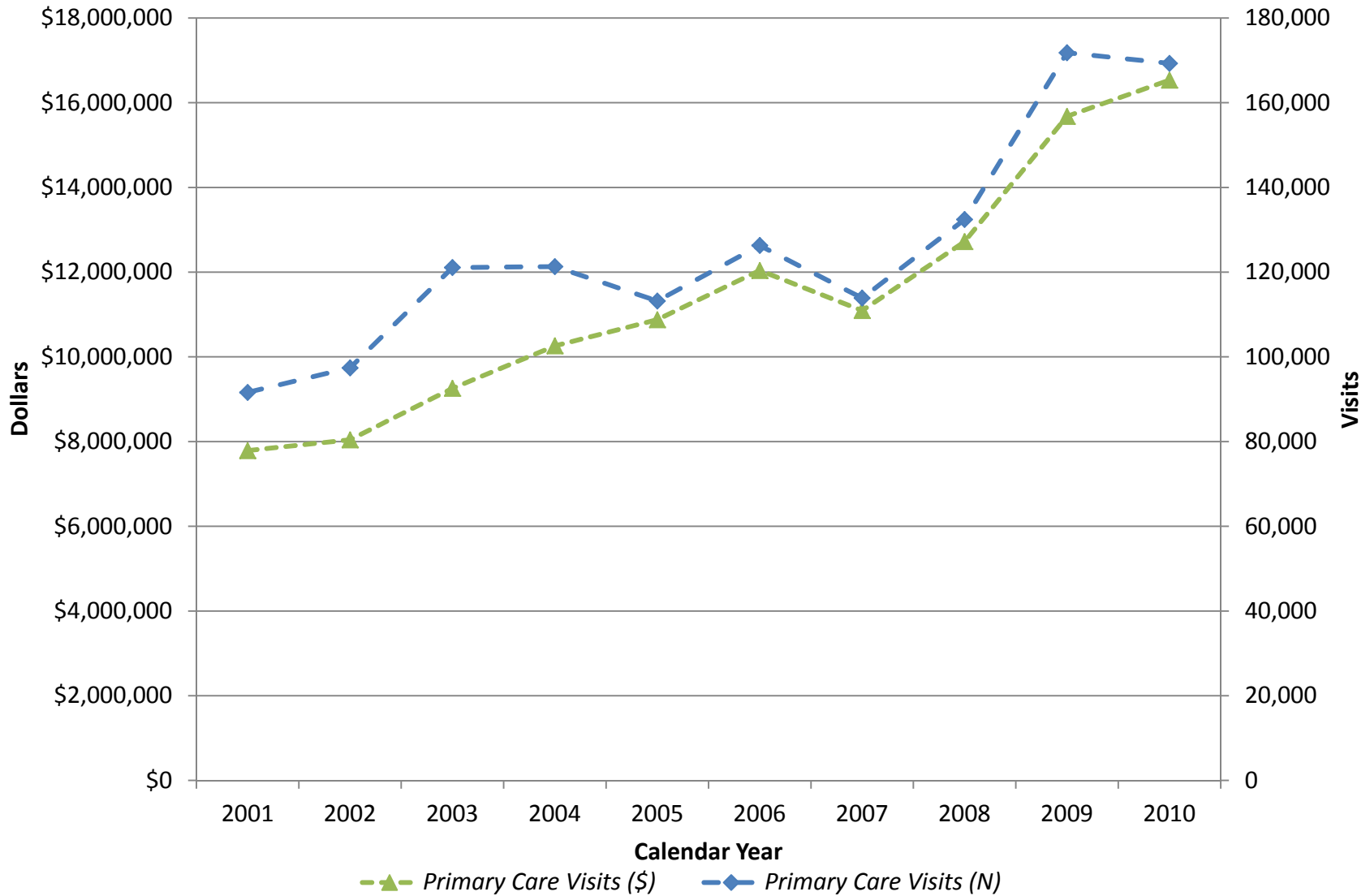


Figure E. Trends for SPECIALTY CARE Visits at VAFC Member Clinics

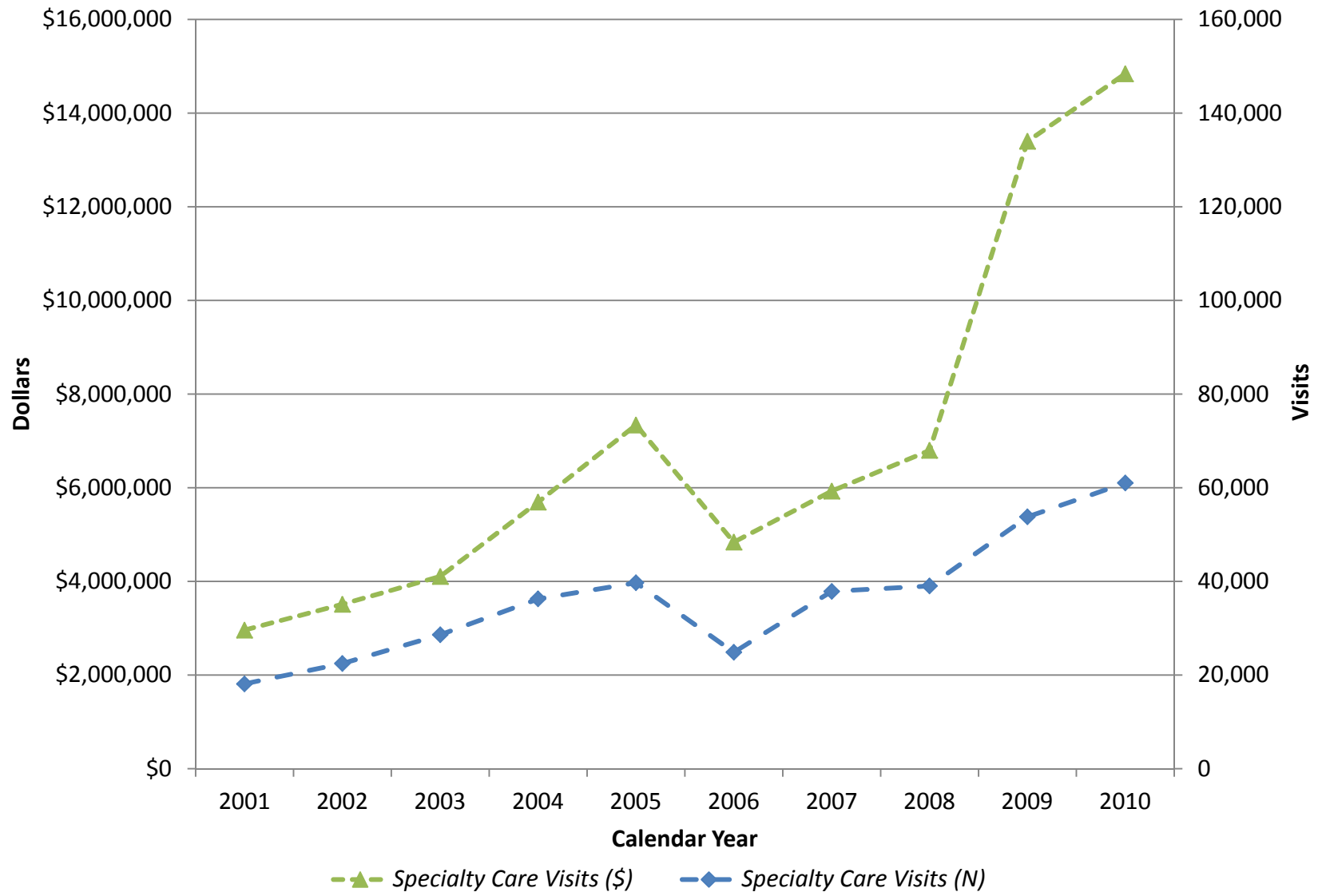


Figure F. Trends for DENTAL for VAFC Member Clinics' Patients

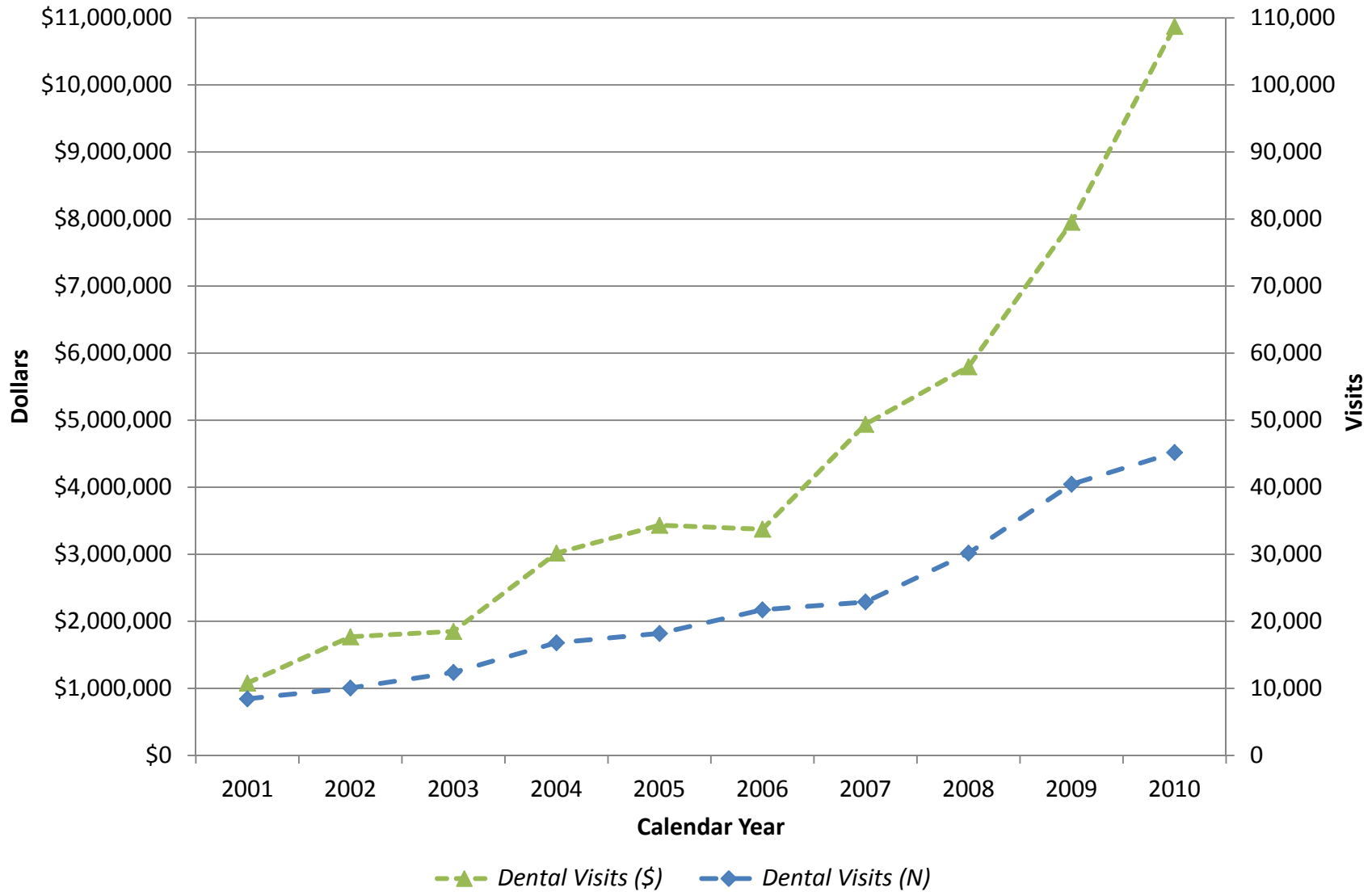


Figure G. Trends for MENTAL HEALTH Visits at VAFC Member Clinics

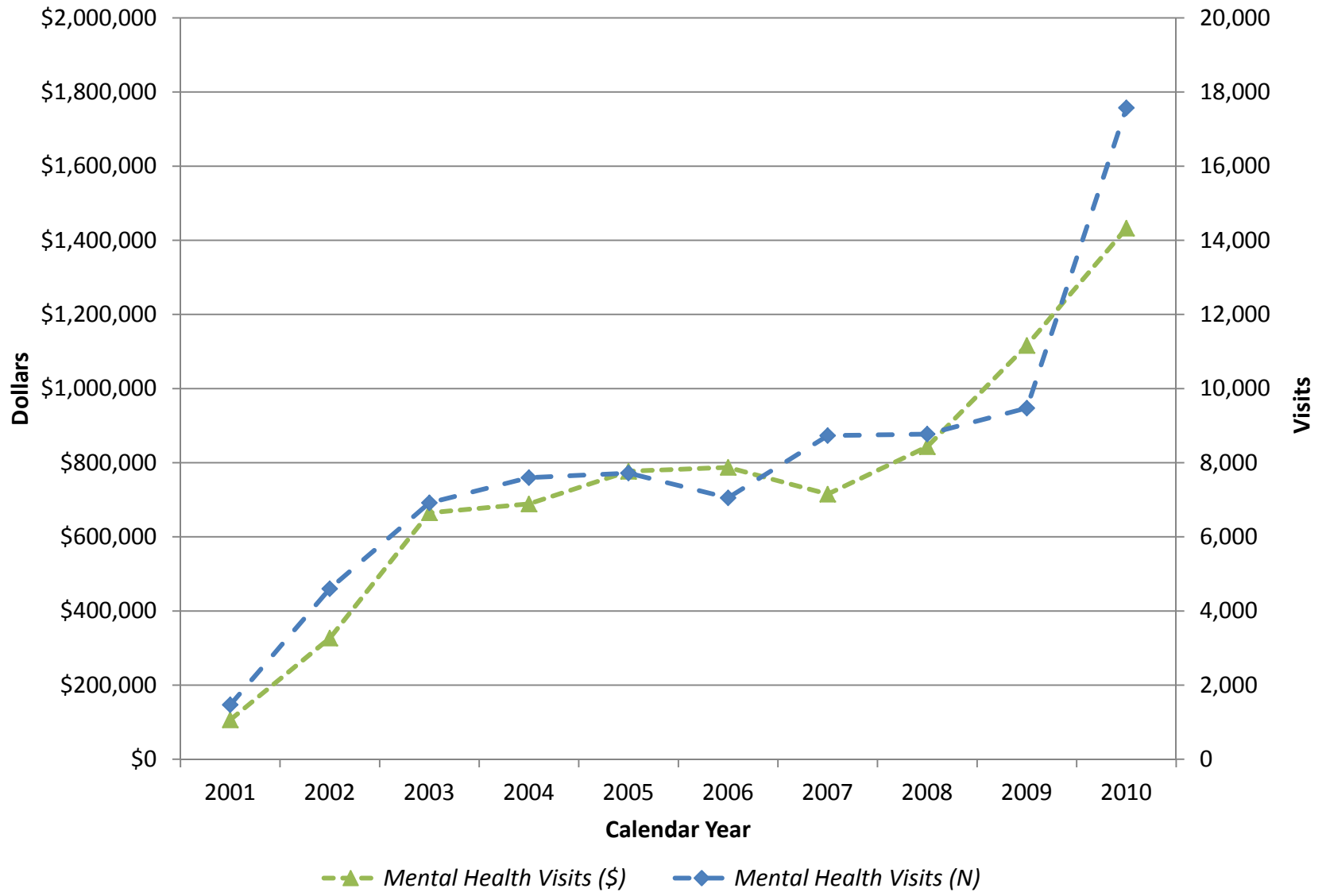


Figure H. Trends for PRESCRIPTIONS Dispensed at VAFC Member Clinic

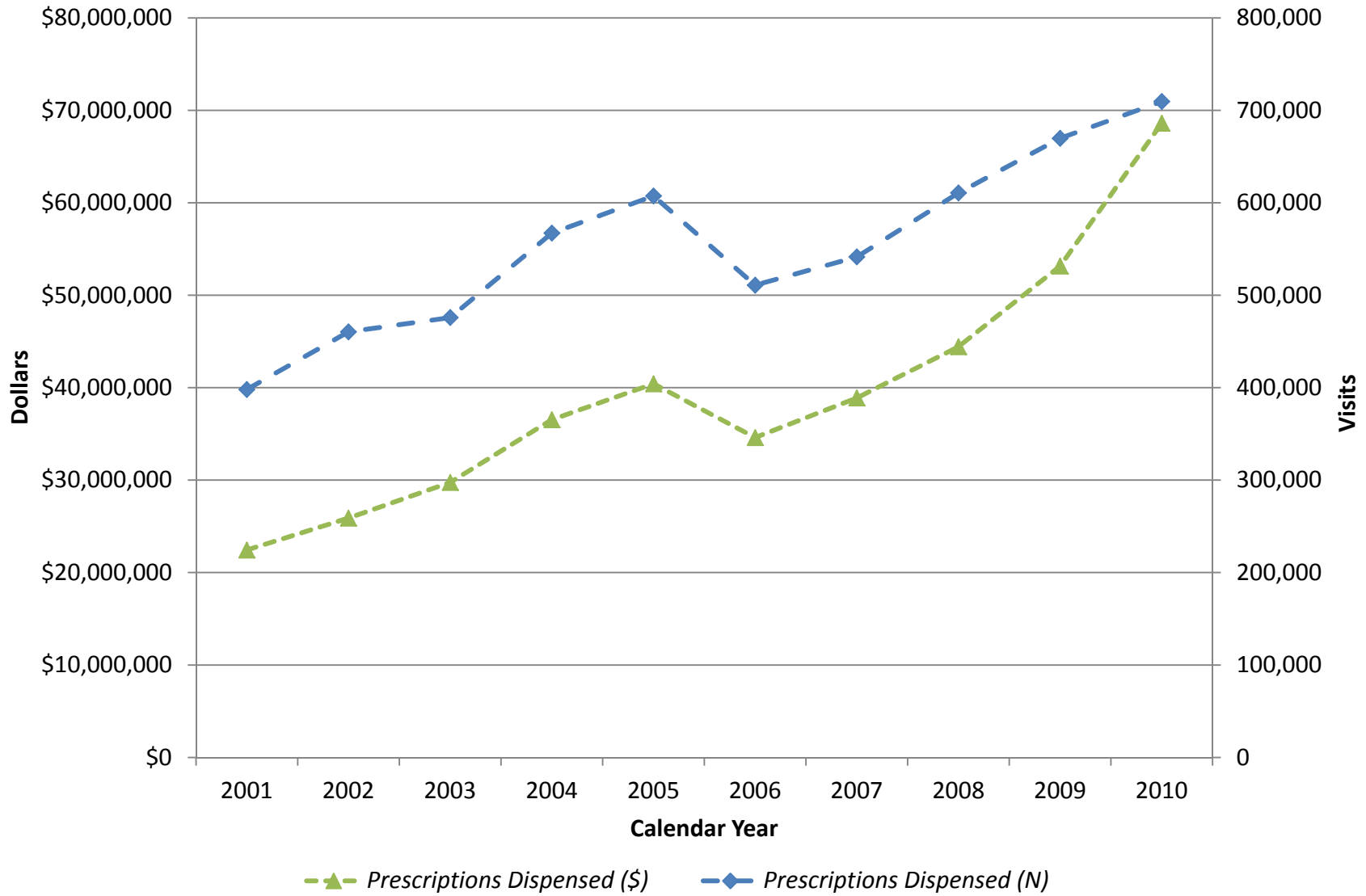


Figure I. Trends for AVERAGE VALUE PER VISIT for VAFC Member Clinics' Patients

