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A TALE OF TWO CLINICS[1]

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ABSTRACT

Purpose

By definition, free clinics exist to provide medical care without consideration of the patient's ability to pay. Given this broad definition, this study aims to contrast two models of free clinics: federally qualified health center (FQHC) and student-run clinic (SRC). To my knowledge, there has not been a study that juxtaposes operations of different free clinics solely for the purpose of describing their similarities and differences.

Method

I examined Esperanza Health Center, an example of a FQHC, and United Community Clinics, an example of a SRC. This paper elaborates on and analyzes case studies of these two clinics. Data was compiled via unstructured interviews, site visits, and perusal of websites and publications.

Finding

In this study, I have examined eight organizational and clinical dimensions via case studies of Esperanza and UCC. These dimensions are: clinic's mission, motivation for establishment, operation, patients, staff, treatment/diagnosis, cost of care/expense, and revenue/income. FQHC and SRC are similar on two of those dimensions — motivation for establishment and types of patients the clinic sees — as both clinics were established by efforts of individuals who saw the

need to expand access to care for the poor and uninsured, taking the initiative to launch a free clinic. However, the clinics differed on other important dimensions, such as funding sources, operation capacity, and tendency to seek growth and expansion.

KEYWORDS

free clinics, healthcare safety net providers, student-run clinics, federally-qualified health centers, case study

INTRODUCTION

By definition, free clinics exist to provide medical care without consideration of the patient's ability to pay.[1] In addition to offering free or low-cost care, other common features of free clinics include: operating on a relatively small budget, relying on volunteer physicians and nurses [2, 3], and catering to patients who tend to be uninsured and socioeconomically disadvantaged.[4-6]

Many different types of clinics exist. Different types of clinics appear to be classified based on clinics' characteristics such as sources of funding and external affiliations. Examples include student-run clinics (SRC) affiliated with a medical school, federally-qualified health centers (FQHC), nurse-managed health centers, physician-volunteer clinics, and more. Still, clinics under the aforementioned classification can substantially vary from one another, driven by differences in stated mission, amount of available funds, or limited facility capacity.

Therefore, a healthcare provider is classified as a "free clinic" as long as it provides affordable care to patients without adequate insurance or means to pay. Given this broad definition of free clinics, this study aims to contrast two models: FQHC and SRC. I examined Esperanza Health Center, an example of a FQHC, and United Community Clinics, an example of a SRC. Both are located in Philadelphia, Pennsylvania. Given massive geographical variation in health care delivery,[7] it is important to make such comparison within a particular area.

FEDERALLY-QUALIFIED HEALTH CENTERS VS. STUDENT-RUN CLINICS

FQHCs are community-based, patient-directed practices for Medicare, Medicaid, and uninsured patients, primarily funded through grants and cost-based reimbursement from the federal government.[8] They are regulated and supported by the Health Resources and Services Administration, an agency in the U.S. Department of Health and Human Services.[9]

In order to receive funding, these federally-supported clinics must meet a number of requirements, such as: being located in a high-need community, being governed by a board composed of patients from the community, providing wide-ranging primary healthcare services in addition to supportive services like education and transportation, offering services available to all with minimal out-of-pocket payment, and meeting certain administrative, clinical, and financial standards for accountability measures.[10] Any private or public healthcare providers that satisfy these requirements can apply for the FQHC status. This status allows a clinic to be reimbursed at a higher rate, resulting in increased revenue and financial stability.[11] With the passage of the Patient Protection and Affordable Care Act of 2010, FQHCs are anticipated to be given even a greater funding boost.[12]

In comparison, in SRCs, health-professional students are primarily responsible for managing relevant logistics and operations under the supervision of licensed health professionals.[13] In some school-sponsored clinics, students work with faculty members and administrators hand-in-hand to incorporate their clinical volunteer experiences into the medical school curriculum.[14] Accordingly, in addition to providing affordable care to poor patients, these student-run clinics

have a dual-sided mission to help students gain valuable medical, and in some instances, cross-cultural, experience early in their medical education.[15] According to a survey study done by Bennard, et al, 70% of participating students said that working in an outreach medical clinic was one of the more educationally beneficial experiences in medical school, and 96.4% of the patients seen at the clinic said that they were satisfied with the care provided by student volunteers.[3]

Additionally, medical schools that support these programs may have an alternative aim. By providing a substitute care for low acuity cases for individuals who are uninsured, the affiliated teaching hospitals could reduce the flow, and thereby pressure, on their emergency department. However, as no previous work has showed this, a future study could investigate into schools that sponsor these types of clinics and compare the ED backlogs before and after the introduction of SRCs.

RESEARCH METHODOLOGY

This paper elaborates on case studies of two clinics. While a study that employs a large sample size allows for significant statistical analyses, a case study is also useful, delving into "the particularity and complexity of a single case, coming to understand its activity within important circumstances."[16] Consequently, by probing into details of the structure and operation of the two clinics, we are able to discover important implications of their existence as free clinics.

Of the numerous free clinics in Philadelphia that were approached as possible candidates for this study, Esperanza and UCC were selected for their availability and accessibility. Data was compiled via unstructured interviews, site visits, and perusal of websites and publications.

Prior to data collection, specific and relevant variables were identified, such as mission statement, budget, sources of funding, types of care provided, and patient flow, in order to focus my data collection efforts and also to effectively juxtapose the two clinics.

ESPERANZA HEALTH CENTER: AN EXAMPLE OF A FQHC

Mission and Beginning

In 1989, Dr. Carolyn Klaus identified the need for a comprehensive, high-quality, and culturally-sensitive health clinic while working with health professionals from urban Philadelphia churches. Thus, Esperanza was founded, and the clinic operates with the mission statement, "Compelled by the love of God in Christ Jesus, in cooperation with the Church and others, Esperanza Health Center is a multi-cultural ministry providing holistic healthcare to the Latino and underserved communities of Philadelphia."

Adhering to its mission, Esperanza is a Christian faith-based health center that receives federal dollars paying for its operation. All medical and clerical staff are Christian and undergo a rigorous screening process during recruitment, so that the organization could maintain its identity and mission. While the clinic is not permitted to spend federal funds to explicitly proselytize, Esperanza's Christian values are clearly visible with Bibles and religious tracts in patients' waiting rooms. Still, such religious affiliation does not affect the types of patient population that the clinic encounters or the types of care that the clinic provides. Rather, Christian values drive the clinic and its staff.[3] For example, there may be monetary and other tradeoffs between working full-time at a free clinic versus at a for-profit clinic or hospital, but Esperanza is

[3] Every morning before the day begins, all Esperanza staff participate in group devotions, consisting of Bible reading, praying, and singing worship songs. Each day, one person volunteers to lead, promoting grass-roots leadership without a sense of hierarchy. While this paid hour assigned to devotions could be considered costly, it is a "powerful element that sustains the group," explained Susan Post, the executive director of Esperanza, during an unstructured interview.

motivated by its Christian identity to maintain its free clinic status. As a whole, Esperanza places importance on building relationships with patients and providing high-quality care, though as a clinic that relies primarily on Medicaid charges, it would be more beneficial for them to instead focus on seeing as many patients as possible.

Operation

The clinic is open six days a week, from Monday to Friday from 9 AM to 5 PM and on Saturdays from 9 AM to 12 PM. Esperanza has clinics operating in three different sites in North Philadelphia, all of which are located at the heart of a residential neighborhood. The most recently established center has a basketball court as well as a fitness center, providing a safe setting for community members to exercise and meet others in the neighborhood. There are also classes on cooking and nutritional training to cater to patients with obesity or diabetes. All of these activities are intended to strengthen the overall sense of the community, and these efforts are in line with findings from a previous study, that families, communities, and community health centers must work collaboratively to overcome challenges facing economically disadvantaged populations.[17]

Patients

Esperanza has been experiencing continued growth in patient encounters since 2006 as the clinic has been able to consistently meet the unmet demand with its expansion (Figure I). Esperanza saw growth by more than 150%, with patient encounters increasing, from 12,926 to 32,762. In

part, such upward trend can be attributed to Esperanza's certification as a FQHC and receipt of federal grant in 2006.

In 2010 and 2011, Esperanza saw 6,500 and 7,377 patients, respectively. Table I displays the socioeconomic characteristics of patients seen at Esperanza. In 2011, 60% (4405/7377) were female, 71% (5222/7377) reported that they would be best served in a language other than English, 63% (4618/7377) had income less than 200% of poverty level, and 74% (5450/7377) identified Medicaid as their insurance plan. Many of these Medicaid patients are from Puerto Rico; as of 2000, Philadelphia had third largest Puerto Rican population outside of Puerto Rico, with the greatest concentration living in North Philadelphia.[18] In addition, the number of uninsured patients increased from 768 in 2010 to 941 in 2011, and is projected to go up. In the same vein, in the midst of the overall growth of Esperanza and that of the number of uninsured patients, it is important to note that the share of uninsured patients, out of total visits, has also increased.

Staff

In 2011, more than 96 full-time equivalent staff worked for Esperanza (Table II). Of those, 39.01 (41%) were affiliated with providing medical care services, 40.26 (42%) with administrative and facility, and 7.78 (8%) with enabling services such as outreach and education specialists. Many of the entry-level positions are occupied by community residents; in this way, Esperanza, and other alike FQHCs, foster economic development within low-income communities.[19]

Available Treatments and Diagnoses

Esperanza provides comprehensive primary medical services for adults and children, including family practice medicine, internal medicine, pediatrics, women's health services, preventive care, HIV testing, counseling, and treatment, prenatal care, and dental services. In addition, ancillary services, such as spiritual and pastoral care, behavioral health consultation, family planning, nutritional counseling, and social services are offered. The comprehensive list can be found on Esperanza's website (www.esperanzahealthcenter.com).

Table III displays the number of patients by primary diagnosis, organized by selected infectious and parasitic diseases, childhood conditions, mental health and substance abuse conditions, diagnostic tests/screening/preventive services, and dental services. In 2011, immunizations, oral dental exam, health supervision of infant or child, prophylaxis, HIV test had the highest number of diagnoses; in 2011, the most prevalent services were immunizations, seasonal flu vaccine, HIV test, and health supervision of infant or child. In addition, when H1N1 flu was prevalent in 2010, the clinic administered the flu vaccine to 985 patients.

Cost of Care

Financial cost of care at Esperanza is shown in Table IV. Total cost amounted to $9.8 million in 2011. Payments for labor costs concerning medical staff (excluding administration) were most costly, taking up 49% and 33% of the total cost in 2011 and 2010, respectively.

Revenue

Total patient-related revenues in 2011 amounted to $11.5 million (full-charges from this period). 72% was from Medicaid patients. Like most FQHCs, Esperanza charges a sliding fee scale, and 7% came from patients' out-of-pocket expenses.

Esperanza received its certification as a federally qualified health center in 2006, which allows the clinic to receive grant from the Bureau of Primary Health Care and other federal sources; this money amounted to 91% of revenues that are unrelated to patients in 2011. These grants allow expansion and growth of Esperanza, evident in its new clinic sites and community-development initiatives.

UNITED COMMUNITY CLINICS: AN EXAMPLE OF A STUDENT-RUN CLINIC

United Community Clinics (UCC) is a student-coordinated free health clinic, affiliated with the Perelman School of Medicine at the University of Pennsylvania.

Mission and Beginning

UCC was established in 1995 with efforts of University of Pennsylvania medical students, Rachel Werner, Liza Presser, and Eric Fleeger. The three saw the need to bring together various resources, such as the existing University City Health Coalition Clinic and the Habitat for Humanity volunteers program, in order to launch a student-run clinic in West Philadelphia.

UCC operates with the mission statement, "United Community Clinics is a free health clinic coordinated by University of Pennsylvania students from the Schools of Medicine, Nursing, Dental, and Social Work. Located in a church in the East Parkside community of West Philadelphia, UCC draws upon the resources and expertise of this multi-disciplinary group of students in order to offer a wide range of services to the surrounding community. Our goal is to develop an understanding of the needs of the community, and respond to those needs by providing clinical assistance, education, referral, and representation services."

Operation

UCC operates once a week on Monday nights from 6 PM to 9 PM in the basement of First African Presbyterian Church. Student volunteers meet at 5:15 PM on campus and travel together to the church in a van. Once there, it takes about fifteen minutes to set up the clinic, arranging the waiting area for arriving patients, carrels for individual patient rooms, mini-pharmacy, and clerical stations. After the setup, all volunteers "circle-up," where everyone introduces themselves and the clinical coordinator (responsibility for this role is rotated between medical, nursing, social work, and undergraduate students every month) announces offered services for the night, such as HIV testing or PPD skin tests.

During the three hours of operation, two groups of patients flow through three stations in the clinic: (1) undergraduate student volunteers for checking vitals, (2) medical or nursing students and an attending physician and/or resident for diagnosis and treatment, and (3) social work students. All patients are seen by a physician.

In addition to the general clinic, there is also the hypertension clinic that is separately set up in the church basement. This detachment is due to the difference in physician-patient dynamic for hypertension patients, where building a relationship for consistent care is required. Hypertension patients are scheduled separately from the main clinic, and an undergraduate volunteer calls the scheduled patients Sunday night to remind them about their appointment. Every hypertension patient is seen by a pharmacist during each session and also by a physician at least once a year.

Patients

UCC provided care to 376 and 309 patients in 2010 and 2011, respectively. In general, sixteen to twenty patients are seen at the clinic each week. During the day prior to the clinic's operation in the evening, there is a sign-up sheet at the church with sixteen slots for patients. During the actual hours of the clinic, up to five patients may request to take a walk-in spot or be on the waiting list.

At the hypertension clinic, 74 patients were seen and 53 were enrolled in 2011. Not all patients seen were enrolled at the clinic, because they were not diagnosed with hypertension or had complicated medical histories and/or comorbidities and therefore could not be effectively treated at UCC. Currently, UCC is not seeking growth. Number of patients seen at UCC is constrained by various factors, such as limited capacity in facility and number of volunteers.

In 2010, 49% of (183/376) patients seen were female, 33% (124/376) were best served in a language other than English, and 66% (250/375) were uninsured. Statistics on age, race, income, and specific type of insurance are neither collected nor documented at UCC. Still, the reported numbers are consistent with previous studies on patient characteristics at student-run clinics: Cadzow, et al found that at a student-run clinic in inner-city Buffalo, New York, 64% of patients were women, 87% identified themselves as African American, and more than two-thirds had an annual income of less than $10,000.[5]

Staff

UCC does not employ any paid staff, and instead is governed by student coordinators. Faculty advisors and attending physicians aid students in decision-making relating to the clinic.

While it is difficult to estimate the number of volunteers in addition to the core set of coordinators who volunteer regularly, in total there were approximately 40 from medical, 35 from social work, 35 from dental, 20 from nursing, and 25 undergraduate students that participated in coordinating and providing care at UCC in 2011. On a typical night, there is a group of twenty student volunteers, and this number tends to fluctuate from week to week.

To volunteer, medical students must go through three or four training sessions, observe the clinic in one or two visits, be observed, and after that, are free to see patients on their own. Undergraduate students undergo an application process, from which ten volunteers per semester are selected to participate.

Available Treatments and Diagnoses

Types of care provided at UCC can generally be categorized into three: physical exams, diagnostic services, and hypertension program. Diagnostic services include rapid HIV testing, PPD placement for tuberculosis screening, glucose testing, cholesterol testing, flu shot administration, EKG analysis, limited laboratory diagnostics, and provision of free home pregnancy test kits as needed.

There is also dental care; patients are asked if they would like to see a dentist. In addition, students provide social work with the goal of improving patients' overall quality of life. They conduct psychosocial assessment and provide assistance accordingly, referring to resources in Philadelphia area.

Physical exam was the most frequently cited reason for patient visits (75%, 233/309) as shown in Table VI. 8% (24/309) were seen due to an illness.

Cost of Care

Cost of care at UCC is minimal. In 2011, total expenses were $14,116, used to pay the rent to the church to use their space for clinic, for transportation, and for medical and other necessary supplies.

Revenue

There is no patient cost-sharing at UCC. In 2011, income from all sources was $11,696. This figure is similar to the median annual operating budget reported in the survey of student-run clinics, $12,000.[14] Most of UCC's funding (Figure II) came in the form of donations from Bryn Mawr Presbyterian Church and one volunteer's parent (86%). None came from the government.

SIMILARITIES AND DIFFERENCES

Thus far, I described the mission, motivation/beginning, operation, patients, staff, available treatments and diagnoses, cost of care, and revenue/income of Esperanza and UCC. Summarized similarities and differences between the two clinics based on these descriptions can be found in Table VII.

Both clinics were established when an individual or a group of individuals saw the need for a free medical clinic in a low-income community. As a result, both are located in medically underserved areas: Esperanza is in North Philadelphia, where more than 50% of residents are living below the federal poverty line; similarly, UCC is in West Philadelphia, where 40-49% of residents live below the poverty line.[20]

Esperanza and UCC alike provide primary care, such as screening/testing, preventive services, and treating uncomplicated illnesses. Furthermore, assistance with finding a job, learning about healthy eating, and other ancillary supports are provided. Such comprehensive provision of services facilitates patients to access multiple types of providers and staff, allowing for effective management of health-related issues.[21]

These common features between Esperanza and UCC — being located in poor neighborhoods, treating patients without adequate insurance, and providing comprehensive primary care — all fall under the umbrella of "free clinic" definition as discussed in the introduction.

Also as discussed earlier, there are a number of observed differences between these two healthcare providers that are considered as free clinics. First, each clinic's mission is individually impelled; Esperanza is driven by Christian values, reflected in its staffing, daily operations, and more, while UCC aims to give a multi-disciplinary group of students from the University of Pennsylvania the opportunity to gain practical clinical experience from serving patients in poverty-stricken communities. Second, Esperanza strives to assist community members in building and developing a sense of community in addition to providing medical care, while UCC seems to act solely as a healthcare provider. Third, Esperanza is in operation for forty-three hours each week, while UCC runs for three hours per week. Fourth, salaried and hired medical and administrative staffs manage Esperanza while volunteer physicians and clinical/pre-clinical students run UCC. Fifth, Esperanza's capacity in its ability to provide care is, in general, greater than that of UCC, evident in former's wider array of services, higher cost of care, and bigger budget. Sixth, and perhaps most important, seeming to precipitate most of these differences between the two, Esperanza receives federal funding while UCC does not and relies mostly on donations and self-organized fundraisers.

Overall, Esperanza appears to be focused on development and expansion. Upon becoming certified as a FQHC, Esperanza has opened new sites, attracted more number of patients, implemented new community development initiatives, and more.[4]

[4] Such growth is "based on unmet needs… for people facing economic barriers from getting care," Director Post explained. "Every time we open doors in these medically underserved areas, they come."

On the other hand, Eric Goren, one of the faculty advisors at UCC, said that UCC is not seeking to grow. Rather, from studying various characteristics of this student-run clinic, it seems that UCC offers services based on its availability of resources from the supply side, such as funding and number of volunteers. As a result, scale of treatments, diagnoses, cost of care, and budget is substantially less and smaller at UCC compared to Esperanza. Such a discrepancy in scale between the two can be generalized to an overall discrepancy between student-run clinics and FQHCs.[14, 22]

In addition, another difference can be observed in existing studies on FQHCs and student-run clinics. There are numerous studies that evince the positive impact of FQHCs: For example, Rothkopf, et al's study demonstrated that the odds of a FQHC patient visiting the emergency department are less than the odds of a private provider's patient visiting the ED.[23] Similarly, Epstein's study showed that when a FQHC was present in a medically underserved area, its population had significantly less preventable hospitalization rates.[8]

Conversely, while there are studies that suggest that student-run clinics help student volunteers to gain valuable learning experiences[3] and that patients treated at these clinics are satisfied with received care[24], there is no study that shows the direct impact of student-run clinics on the health system.

However, this is not to suggest that student-run clinics are inferior to FQHCs. Unlike FQHCs, student-run clinics are able to exercise a greater degree of operating flexibility, as they can take

place anywhere, including nontraditional sites such as churches, homeless shelters, and mobile vans, more effectively reaching marginalized patient populations.[14]

CONCLUSION

To my knowledge, there has not been a study that juxtaposes operations of different free clinics — namely, a federally-qualified health center and a student-run clinic — for the purpose of describing their similarities and differences. In this study, I have examined eight organizational and clinical dimensions via case studies of Esperanza and UCC. FQHC and SRC were similar on two of those dimensions, but differed on other important dimensions, such as funding sources, operation capacity, and tendency to seek growth and expansion.

Table I. Patient characteristics at Esperanza Health Center

	2010 n = 6,500 # (%)	2011 n = 7,377 # (%)
Age		
1 to 19	2,489 (38)	2,727 (37)
20 to 64	3,607 (55)	4,200 (57)
65 and over	404 (5)	450 (6)
Gender		
Female	3,889 (60)	4,405 (60)
Race		
Asian	19	27
Other Pacific Islander	21	21
Black/African American	358 (6)	510 (7)
American Indian/Alaska Native	1	12
White	281 (4)	556 (8)
More than one race	18	430 (6)
Unreported / refused to report	5,802 (89)	5,821 (79)
Language		
Patients best served in a language other than English	4,687 (72)	5,222 (71)
Income (As percent of poverty level)		
100% and below	2,743 (42)	3,830 (52)
101-150%	428 (7)	561 (8)
151-200%	210 (3)	227 (3)
Over 200%	207 (3)	265 (4)
Unknown	2,912 (45)	2,494 (34)
Insurance		
None/uninsured	768 (12)	941 (13)
Medicaid (regular & CHIP)	4,853 (75)	5,450 (74)
Medicare	303 (5)	344 (5)
Private insurance	576 (6)	642 (9)
Special population		
Homeless	30	100 (1)
Veterans	9	44

Table II. Staffing at Esperanza Health Center in full-time equivalent

	2010 FTE (%) total = 76.67	2011 FTE (%) total = 96.31
Family physicians	4.32	4.66
General practitioners	0	0
Internists	0	0
Obstetrician/Gynecologists	0	0.61
Pediatrician	1.42	1.42
Total physicians	*5.74 (7)*	*6.69 (7)*
Nurse practitioners	1.9	2.33
Physician assistants	0.62	0.9
Total NP, PA, CNMs	*2.52 (3)*	*3.23 (3)*
Nurses	4.69	7.6
Other medical personnel	16.16	21.49
Total Medical Care Services	*29.11 (38)*	*39.01 (41)*
Dentists	1.59	1
Dental hygienists	1	1
Dental assistance, aides, techs	2	2
Total Dental Services	*4.59 (6)*	*4 (4)*
Psychiatrists	0	0
Licensed clinical psychologists	0.06	0.06
Licensed clinical social workers	0.15	0
Other licensed mental health providers	0	0.5
Other mental health staff	2.25	2.5
Total Mental Health	*2.46 (3)*	*3.06 (3)*
Case managers	3	3.71
Patient/Community education specialists	3.38	2.9
Outreach workers	0.71	1.17
Total Enabling Services	*7.09 (9)*	*7.78 (8)*
Management and support staff	9.45	10.3
Fiscal and billing staff	6.02	6.97
IT staff	1.5	2.11
Facility staff	1	0.82
Patient support staff	15.45	20.06
Total Administrative & Facility Staff	*33.42 (44)*	*40.26 (42)*

Table III. Number of patients by primary diagnosis

	2010	2011
Selected infectious and parasitic diseases		
Symptomatic and asymptomatic HIV	82	117
Syphilis and other venereal diseases	25	20
Hepatitis B & C	50	78
Asthma	636	593
Chronic bronchitis and emphysema	30	51
Diabetes mellitus	455	631
Heart disease	95	107
Hypertension	645	844
Contact dermatitis and other eczema	137	130
Overweight and obesity	309	371
Selected Childhood Conditions		
Otitis media and Eustachian Tube Disorders	210	238
Lack of expected normal physiological development (i.e. failure to gain weight, delayed milestone)	72	98
Selected Mental Health and Substance Abuse Conditions		
Substance related disorders (i.e. alcohol and tobacco use)	134	102
Depression and other mood disorders	704	534
Anxiety disorders including PTSD	490	405
Attention deficit and disruptive behavior disorders	46	51
Other mental disorders	567	464
Selected diagnostic tests/screening/preventive services		
HIV Test	1,595	1,239
Hepatitis B & C Tests	701	813
Mammogram	755	646
Pap Test	619	705
Selected Immunizations	3,844	3,973
Seasonal Flu Vaccine	2,947	3,182
H1N1 Flu Vaccine	985	7
Contraceptive Management	475	420
Health Supervision of Infant or Child	1,336	1,381
Childhood Lead Test Screening	305	175
Smoke and Tobacco Use Cessation Counseling	0	593
Selected Dental Services		
Emergency Services	47	74
Oral Exams	690	1,570
Prophylaxis - Adult or Child	575	1,346
Sealants	40	65
Fluoride Treatment (adult or child)	216	587
Restoration Services	422	598
Oral Surgery (Extractions and others)	96	280
Rehabilitation Services (Endo, Perlo, Prostho, Ortho)	67	150

Table IV. Financial costs		
	2010 $ (%)	2011 $ (%)
Medical staff	3,645,031	4,797,874
Lab and x-ray	32,176	46,068
Other direct medical cost	230,636	350,190
Total Medical Care Services	*3,907,843 (35)*	*5,194,132 (53)*
Dental	639,220	524,265
Mental health	262,629	333,462
Pharmacy not including pharmaceutical	1,058,547	1,120,659
Pharmaceuticals	1,301,302	1,389,109
Other professional (nutrition)	91,620	118976
Total Other Clinical Services	*3,353,318 (30)*	*3,486,471 (36)*
Case management	124,867	167,845
Transportation	6,521	8,657
Outreach	30,535	46,586
Patient and community education	199,089	190,987
Eligibility assistance	0	0
Interpretation services	1,836	2,555
Allocation of facility and administration	196,878	228328
Total Enabling Services Cost	*559,726 (5)*	*644,958 (7)*
Facility	535,826	690,517
Administration	2,145,757	2,608,925
Total Overhead	*2,681,583 (24)*	*3,299,442 (34)*
Value of donated facilities/services/supplies (in kind)	623,670	449,983
Total cost/expense	**11,126,140**	**9,775,544**

Table V. Patient-related and other revenues		
	2010 $ (%)	2011 $ (%)
Medicaid	8,058,906 (73)	8,331,147 (72)
Medicare	1,401,522 (13)	1,325,867 (11)
Private insurance	810,168 (7)	1,096,068 (9)
Self-pay	769,790 (7)	807,094 (7)
*Total Patient Related Revenues**	*11,040,386*	*11,560,176*
Bureau of Primary Health Care grant	673,659 (22)	731,462 (9)
Other Federal Grants	1,562,130 (51)	6,426,227 (83)
State government grants and contracts	131,873 (4)	93,138 (1)
Local government (H1N1 Flu Clinic in 2010)	15,500 (.5)	0
Foundation/Private grants and contracts	442,881 (14)	249,070 (3)
Other revenue (private)	240,611 (8)	224,098 (3)
Total Other Revenues	*3,066,654*	*7,723,995*

*full charges from each period

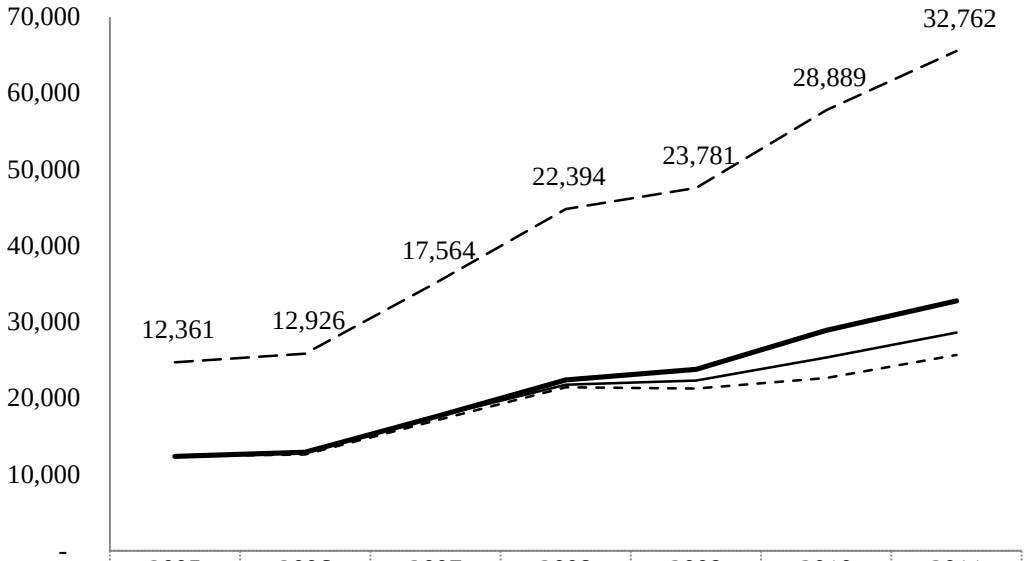
Table VI. Number of patients by primary diagnosis at the UCC general clinic

	2010 n = 376 # (%)	2011 n= 309 # (%)
Driver's physical	76 (20)	55 (18)
Work physical	148 (39)	103 (33)
School physical	57 (15)	32 (10)
Sports physical	25 (7)	43 (14)
Illness	44 (12)	24 (8)
PPD	-	40 (13)
Flu shot	-	4 (1)
Eye exam	-	2 (.6)
Dental	-	4 (1)
Hypertension	-	3 (1)
Other	31 (8)	35 (11)

Table VII. Summary of similarities and differences between Esperanza Health Center and United Community Clinics

	Esperanza	UCC
Mission	Esperanza is Christian and especially caters to patients of Hispanic origin.	UCC gives a multi-disciplinary group of student volunteers the opportunity to provide comprehensive care.
Beginning/Motivation	Individual(s) saw the need to expand access to care and took the initiative to establish a free clinic.	
Operation	Esperanza is open six days a week.	UCC is only open for three hours on Monday nights.
	Esperanza actively helps residents in the area to develop a sense of community.	UCC's community-building efforts are relatively limited due to capacity issues.
	Esperanza seeks to grow and expand.	UCC does not seek to grow and expand.
Patients	Most patients at both clinics have inadequate insurance.	
	Both clinics are located in low-income communities.	
Staff	All staff/volunteers undergo a form of application and training process.	
	Esperanza had more than 96 full-time equivalent, hired staff.	UCC had no paid staff, only volunteers.
Treatment/Diagnosis	Esperanza has the capacity to provide a wider array of services.	
Cost of Care/Expense	Esperanza's cost of care is substantially higher.	
Revenue/Income	Esperanza receives federal funding.	UCC does not receive any governmental support.
	Patients at Esperanza are responsible for out-of-pocket expenses, calculated based on income.	There is no cost sharing at UCC.

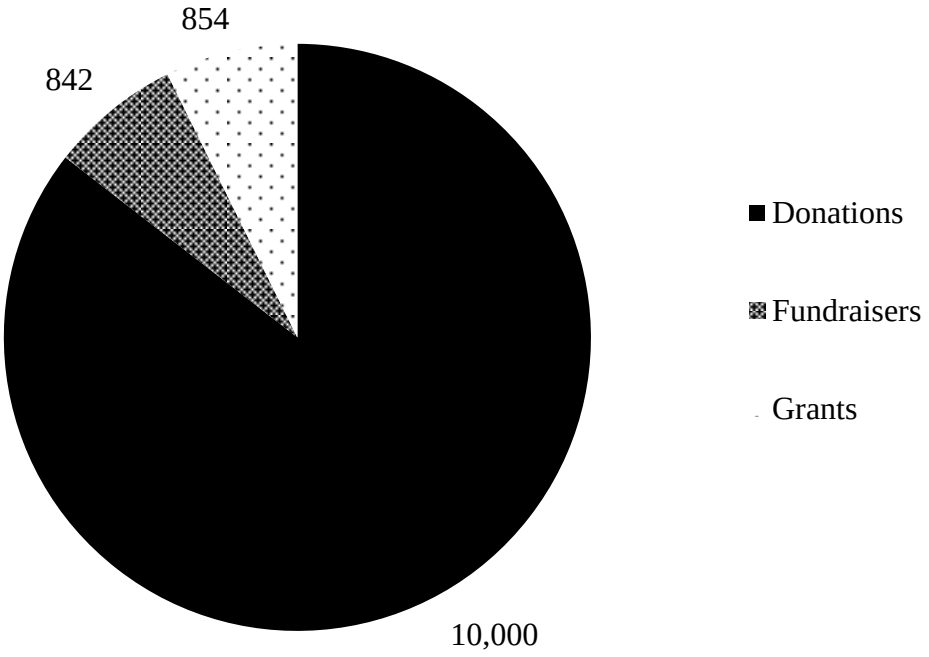
Figure I. Esperanza Health Center's patient flow, 2005-2011



	2005	2006	2007	2008	2009	2010	2011
Total	12,361	12,926	17,564	22,394	23,781	28,889	32,762
Dental	-	-	-	616	1,490	3,576	4,142
Counseling	-	290	494	366	1,038	2,682	2,958
Medical	12,361	12,636	17,070	21,412	21,253	22,631	25,662

From Esperanza's Historical Encounter Statistics Report

Figure II. Sources of all funding at UCC in 2011 (in $); total = $11,696



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