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US Program

Results from a National Survey of Free & Charitable Clinics

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743

METHODS

Survey Instrument

Content

- Clinic Characteristics
- Quality & Health Information Technology *NEW!*
- Cost of Care
- Patients
- Services
- Staff & Volunteers
- Future Plans
- Era of the Affordable Care Act *NEW*

Web-based survey

Welcome to the 2015 National Survey of Free & Charitable Clinics!

Thank you for choosing to participate in our survey. This is the first survey of all known free and charitable clinics in almost 10 years! Your responses will help us explain the vital role that free and charitable clinics play in the U.S. health system.

This survey is sponsored by:

AmeriCares U.S. Medical Assistance

NAFC The National Association of Free & Charitable Clinics

Study Population

2005-2006 Survey: Free Clinics

Free Clinic:

- "…being a private, nonprofit organization or program component of a nonprofit; providing medical, dental, or mental health services and/or medications directly to patients; serving mostly (50%) uninsured patients; charging no fees or nominal fees of not more than $20; not billing patients, denying services, or rescheduling appointments if the patient could not pay the requested fee/donation; and not being recognized as a FQHC or Title X family planning clinic.
- Clinics that received reimbursement from any third party and clinics that used salaried staff were included if the other criteria were met.
- Clinics that provided only pregnancy testing and/or counseling services, sexually transmitted disease testing, or human immunodeficiency virus testing were excluded."

2015 Survey: Free & Charitable Clinics

Free Clinic:

- The nonprofit clinic provides all goods and services at **no charge** directly to uninsured and/or underserved patients. "Services" include medical, dental, mental health / behavioral health, and/or medications. Clinic may request or suggest donations. Clinic does not bill any third-party payers, including Medicaid, Medicare, or commercial insurers. Clinic may be bricks-and-mortar clinic or mobile unit.

Charitable Clinic:

- The nonprofit clinic provides goods and/or services for a **fee** directly to uninsured and/or underserved patients. "Services" include medical, dental, mental health / behavioral health, and/or medications. Clinic may use a flat fee or sliding fee scale. Payment from the patient is expected at the time of service, and may or may not be waived if the patient has no ability to pay. Clinic may bill patients but does not bill any third-party payers, including Medicaid, Medicare, or commercial insurers. Clinic may be bricks-and-mortar clinic or mobile unit.

Hybrid Clinic:

- The clinic is a free clinic or charitable clinic as defined above, except that it also **bills one or more third-party payers**, such as Medicaid, Medicare, or commercial insurers. Clinic has not been designated as a Federally-Qualified Health Center (FQHC), FQHC Look-Alike, or Rural Health Clinic.

Free/Charitable Pharmacy:

- The licensed pharmacy dispenses free or low-cost medications directly to uninsured and underserved patients.

Key Findings

- Free & charitable clinic sector is dynamic & robust
- Total # of patients has declined, but the # of visits is about the same
- Total # of volunteer hours has increased
- Overall, ~40% of clinics offer dental services, with a substantial minority of clinics offering preventive, basic, or comprehensive services
- A majority of clinics have an EHR, but formal quality plans are in place less widely
- ACA has not affected clinics uniformly

RESULTS: THE SECTOR

Closures

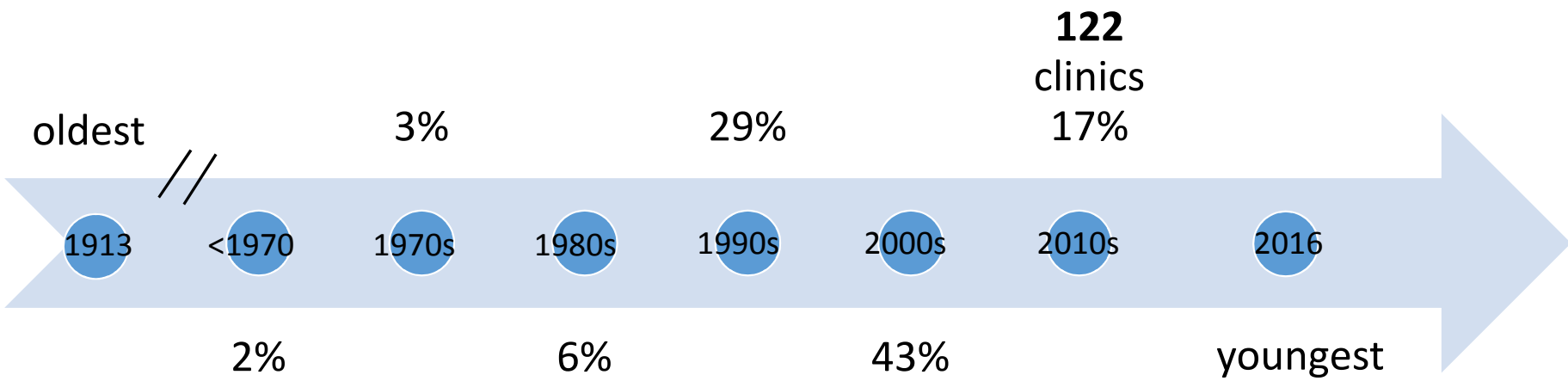
- Absolute number of recorded closures: **170**
- Closure Rate (among known clinics in existence in 2006):
  - 108 closed out of 1,007 clinics known to exist in 2005-2006: **10.7%**
  - 62 clinics closed among those founded after 2006 or not in original database
- 101 (**59.4%**) in Medicaid expansion states

Conversions, Mergers, & Acquisitions to FQHC Status

- Entities converted to/merged with/acquired by FQHC: **26**

Foundings

Average Age = 2000

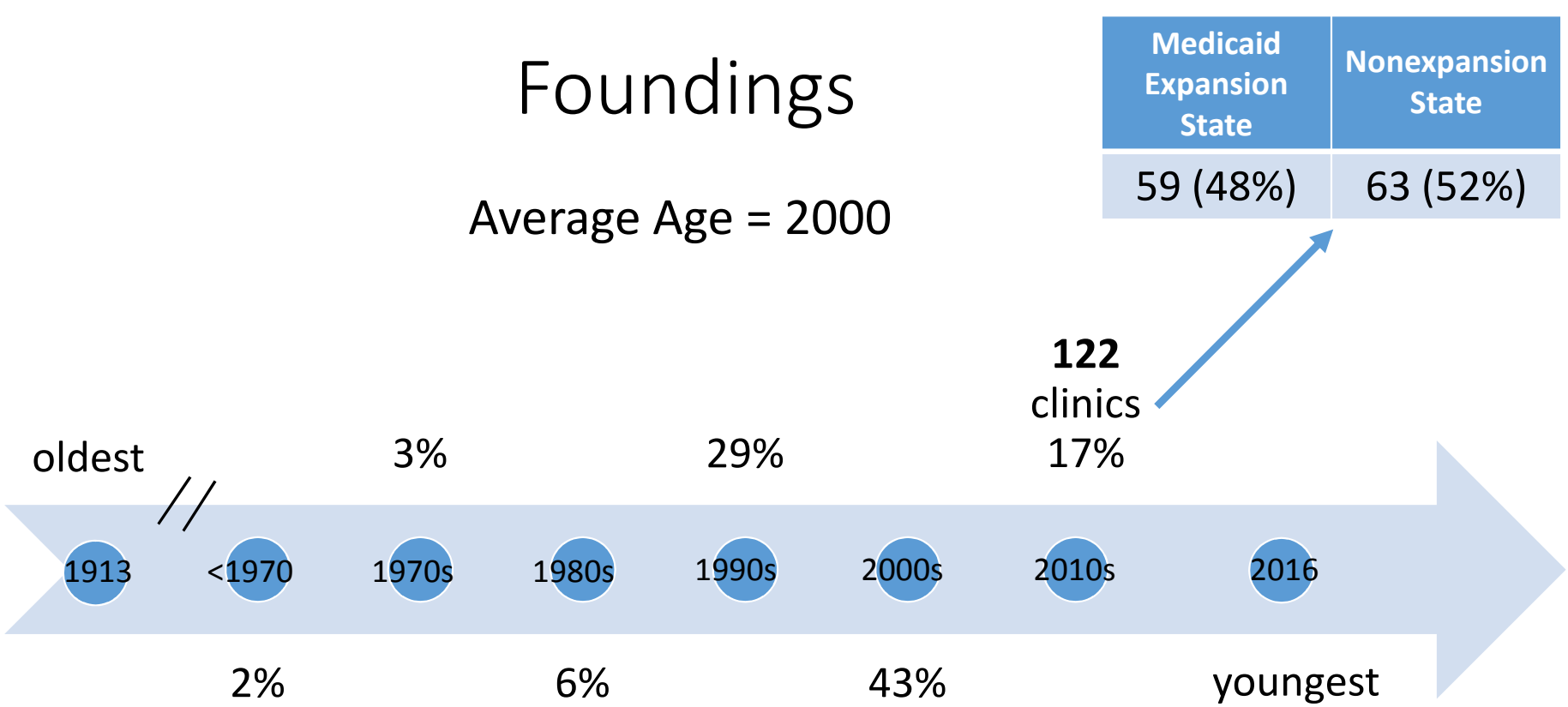


Note: the percentages correspond to the percentage of clinics founded during that decade. For example, 31% of clinics still in existence today were founded between 1990-1999. Calculations are based on 715 clinics reporting year of founding.

Foundings

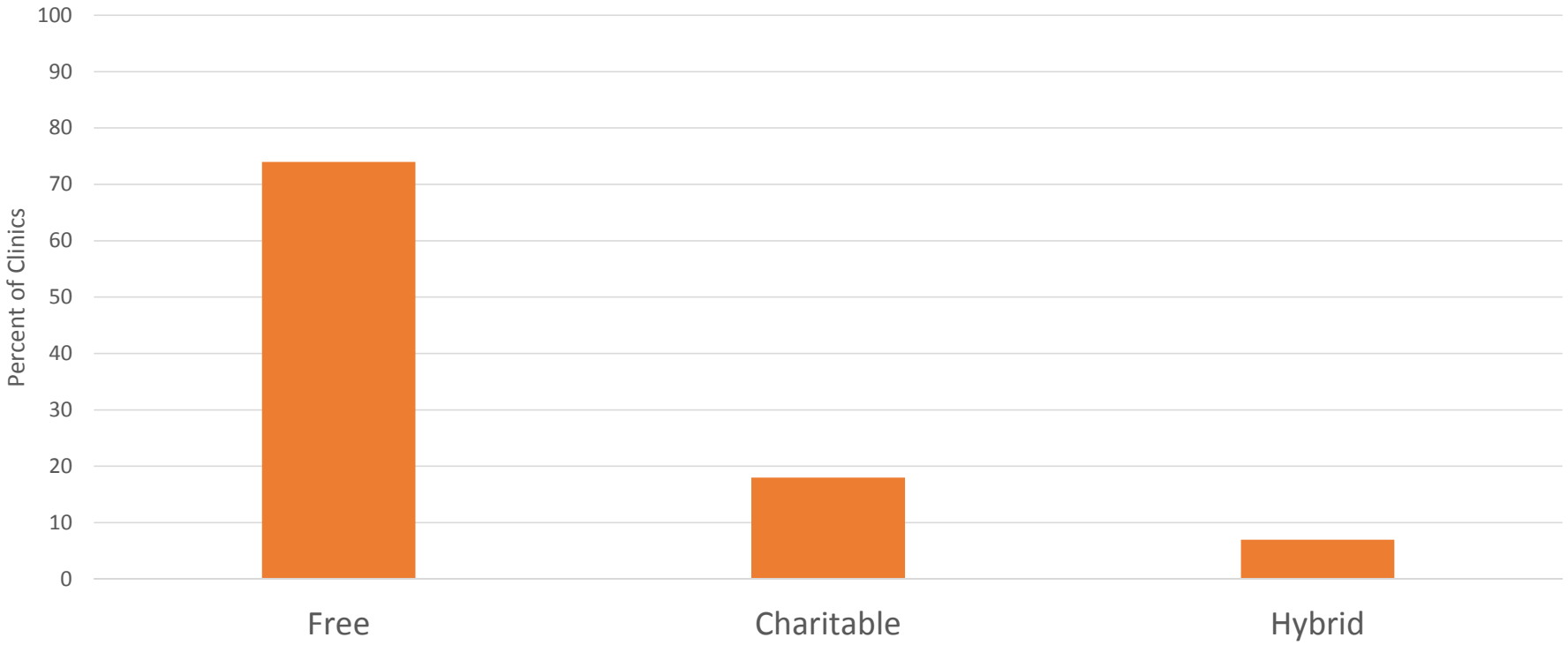
Medicaid Expansion State	Nonexpansion State
59 (48%)	63 (52%)

Average Age = 2000



Note: the percentages correspond to the percentage of clinics founded during that decade. For example, 29% of clinics still in existence today were founded between 1990-1999. Calculations are based on 715 clinics reporting year of founding.

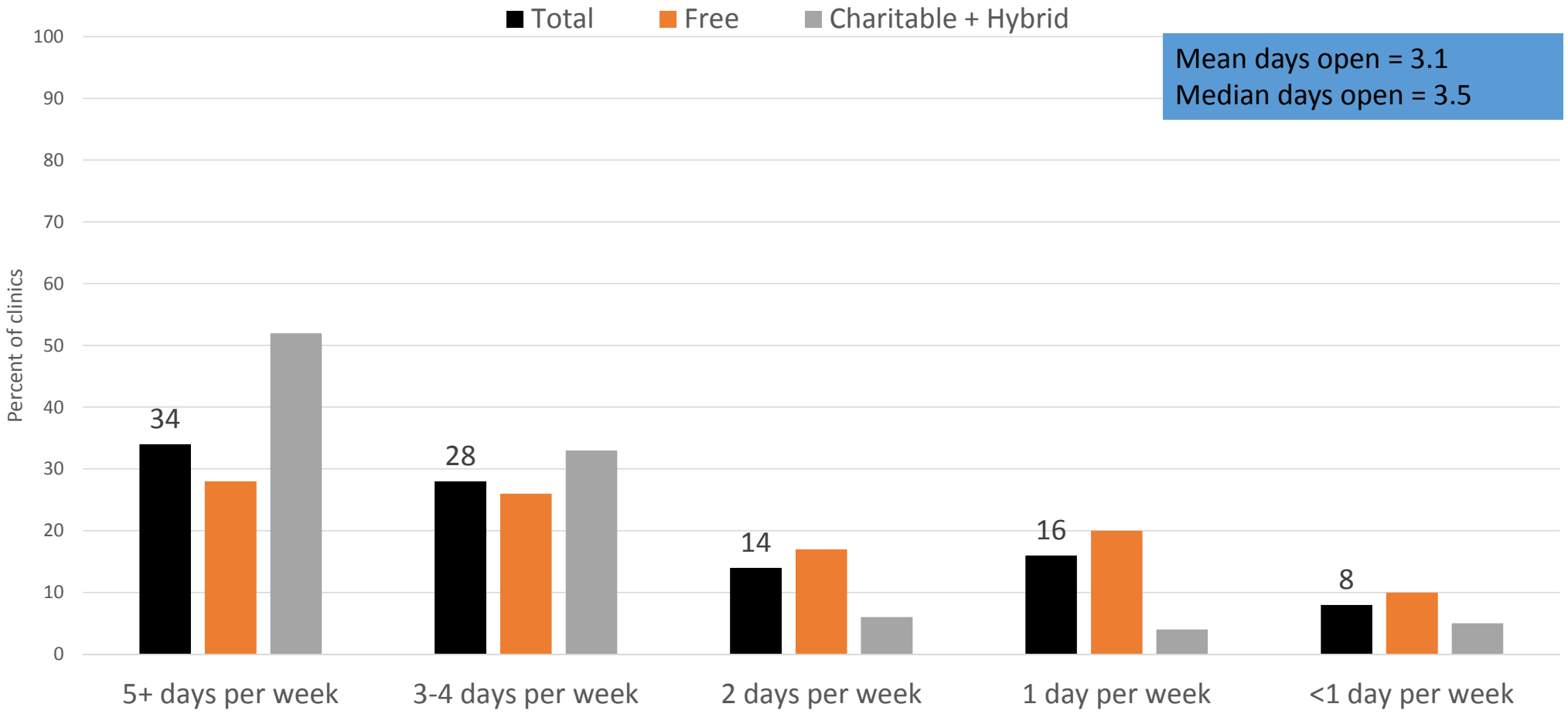
Types of Clinics



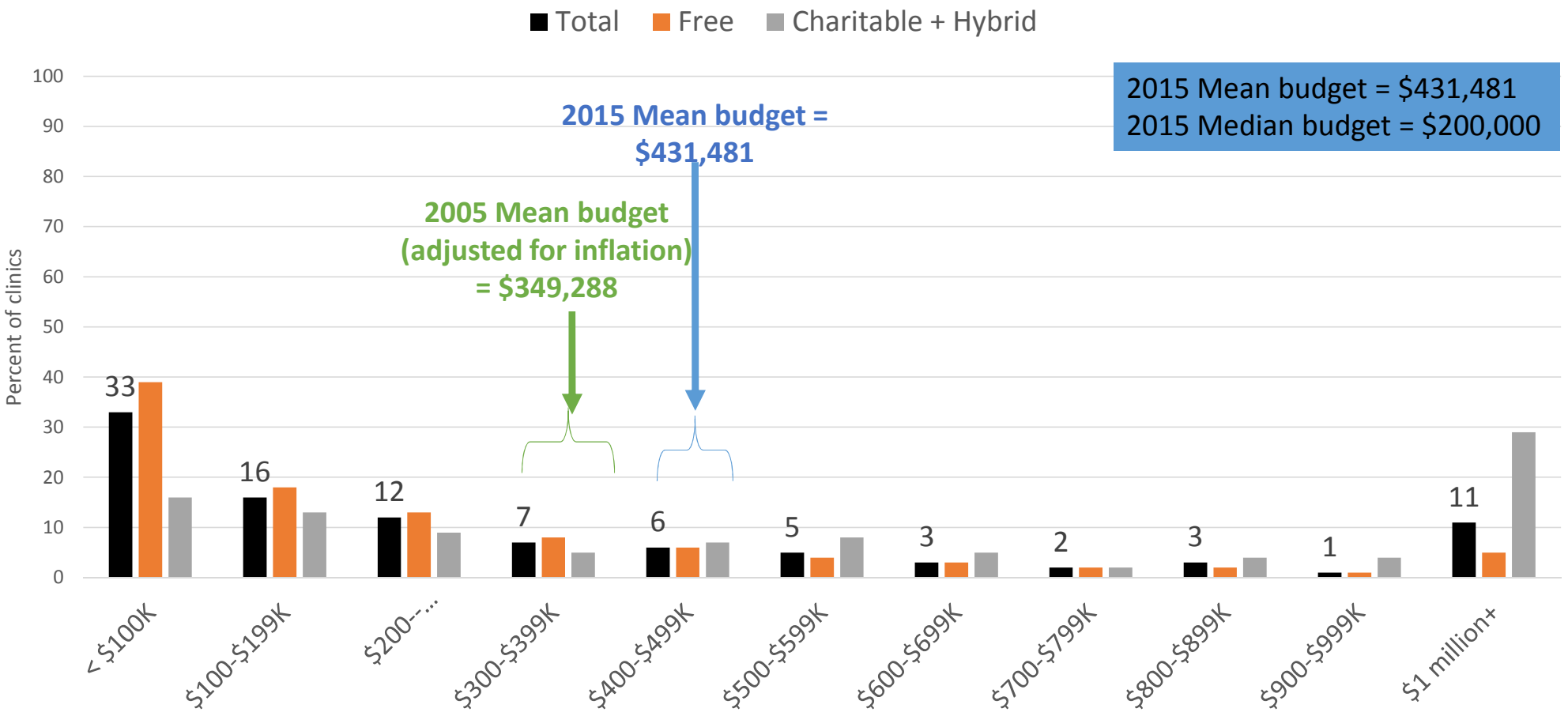
Note: if a clinic reports that it charges a fee for any service it offers on site, the clinic is labeled as “charitable.”

RESULTS: CLINIC OPERATIONS

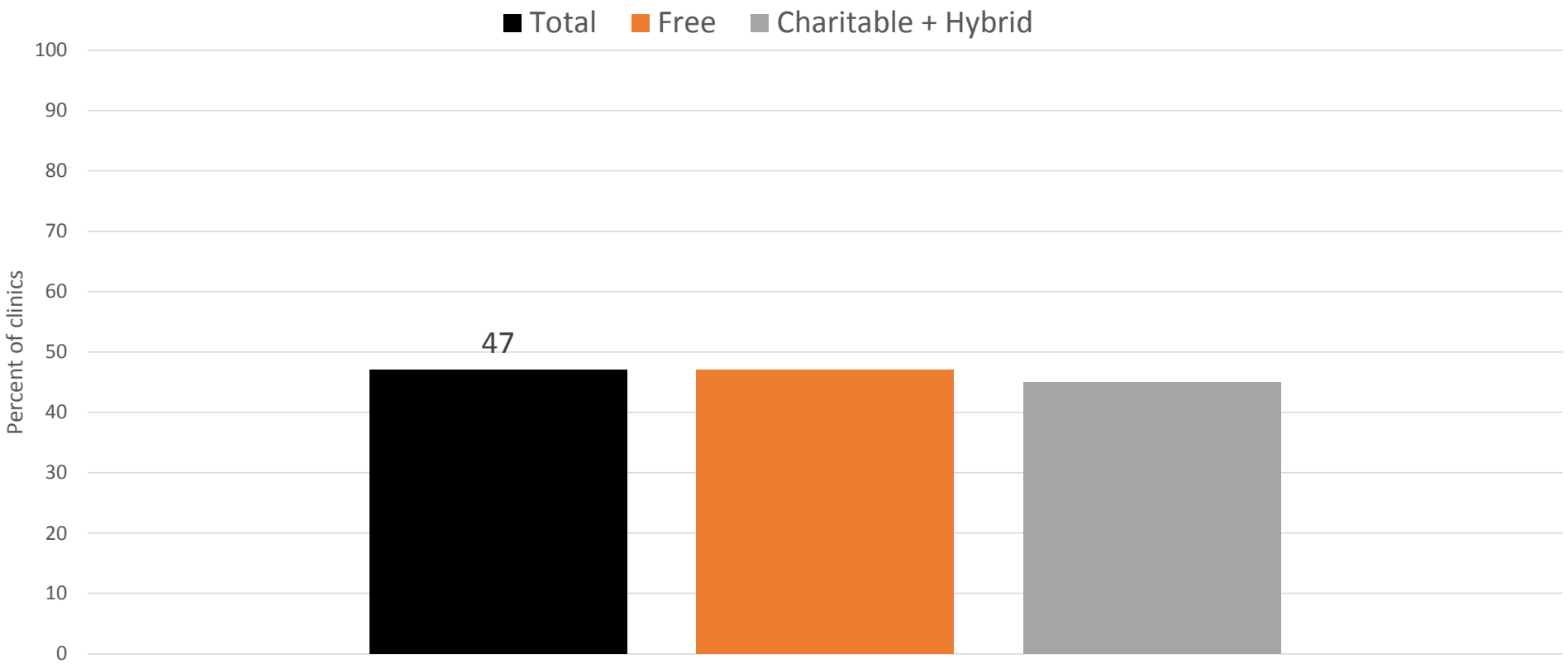
Days Open by Type of Clinic



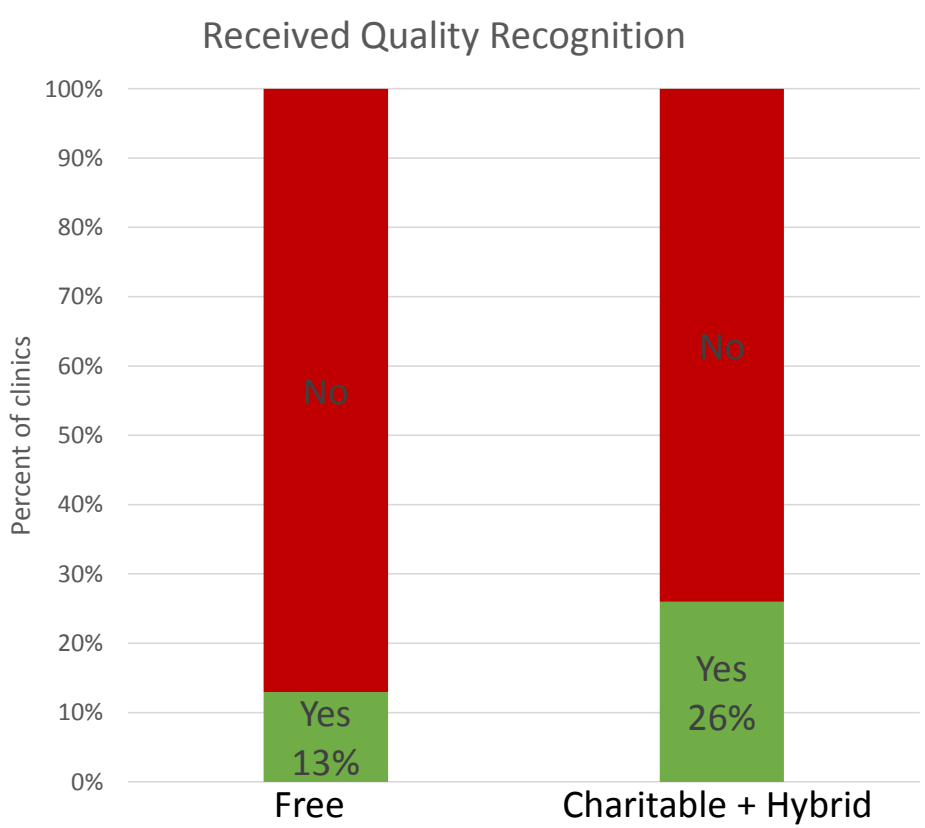
Operating Budget by Type of Clinic

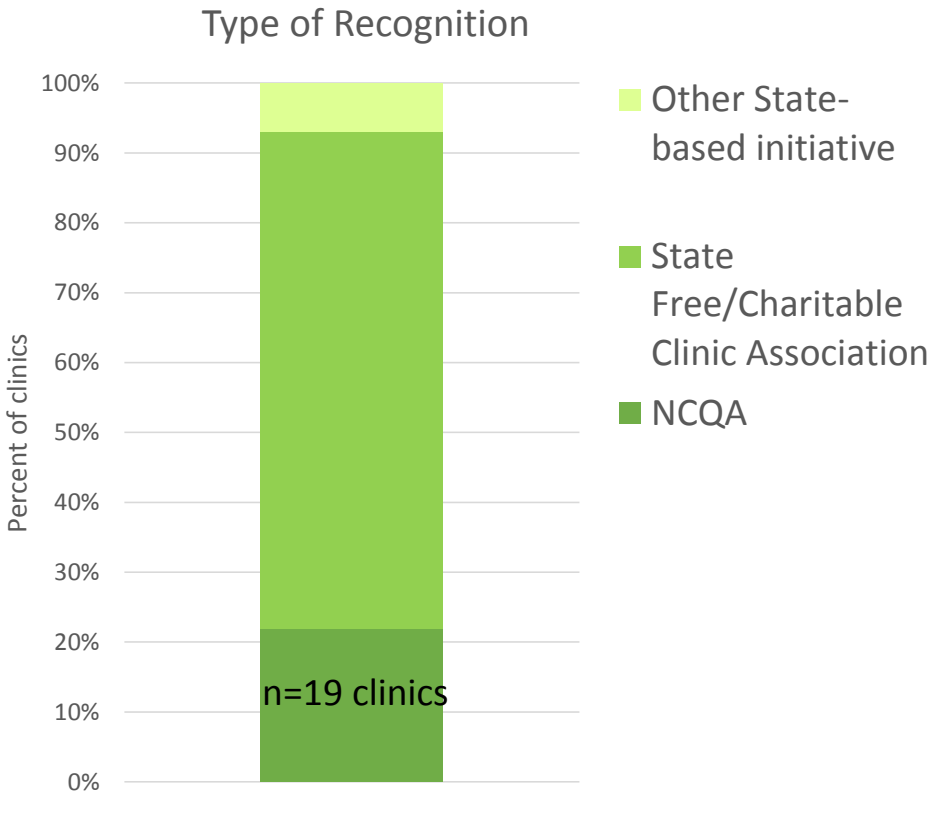


Board-Approved Quality Assurance Plan by Type of Clinic



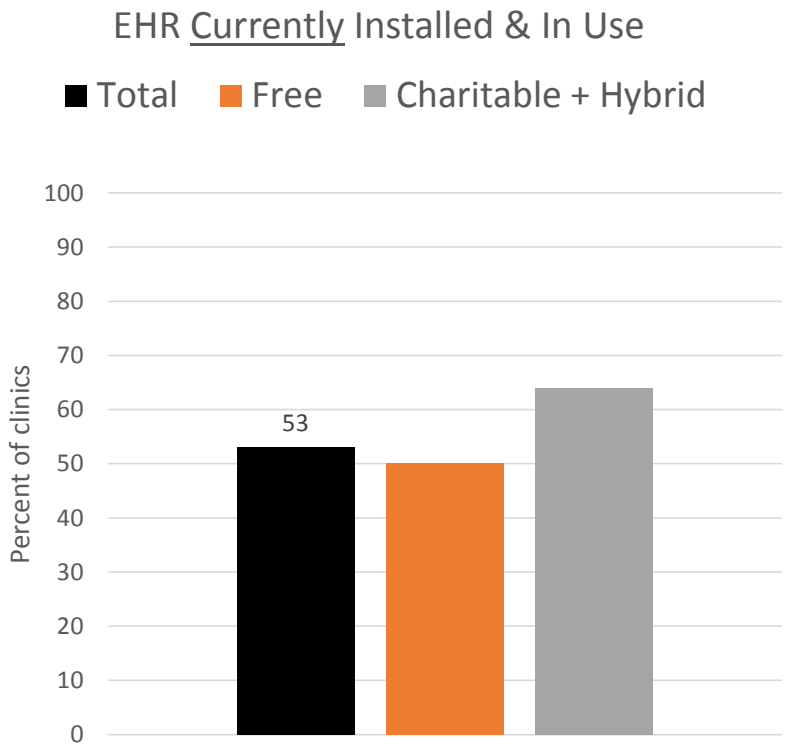
Quality or Medical Home National/State Recognition

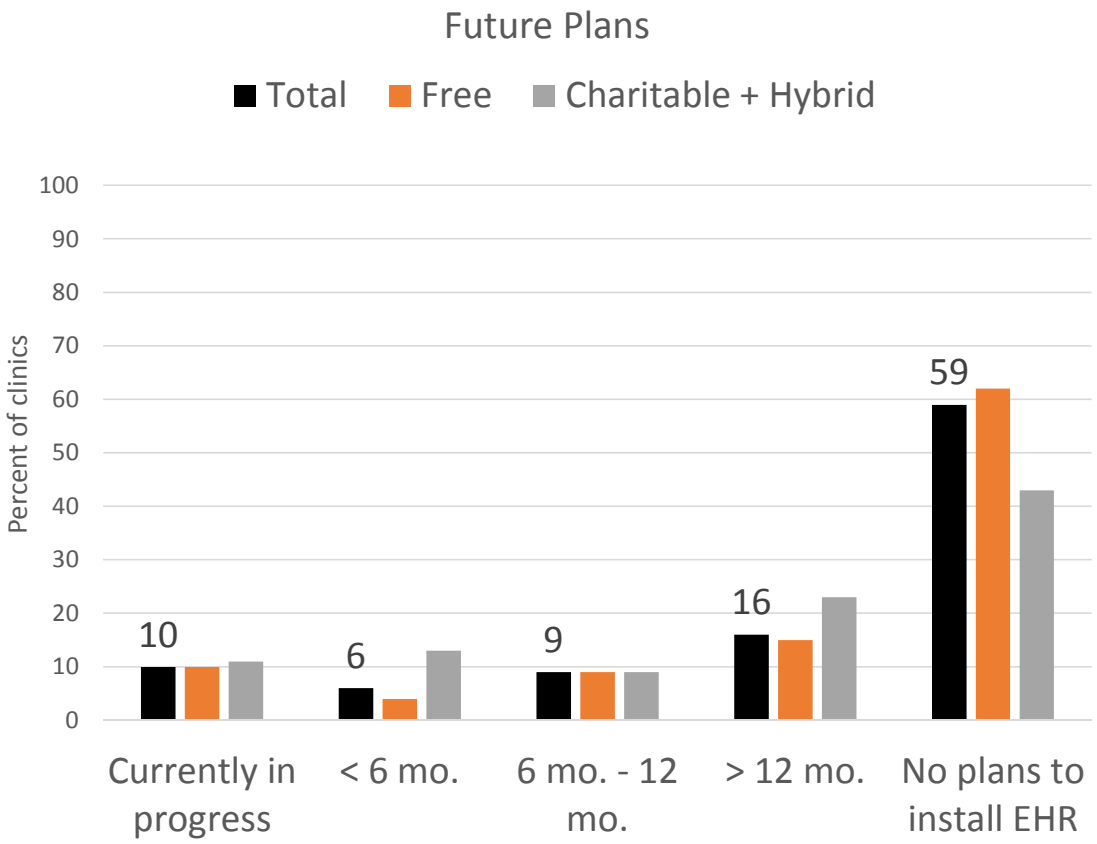




Note: Sample limited to the 623 clinics that reported that they offered medical services.

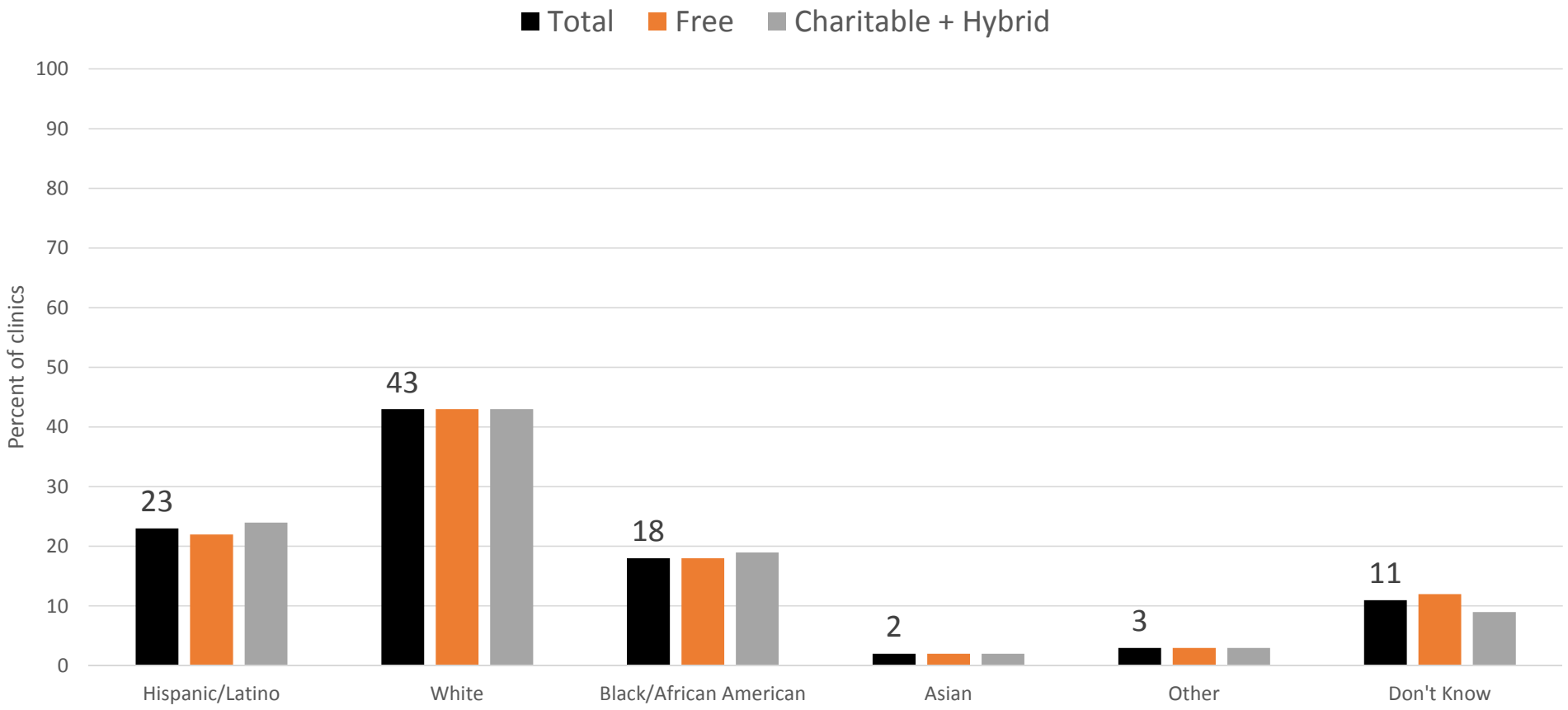
Utilization of Electronic Health Records by Type of Clinic



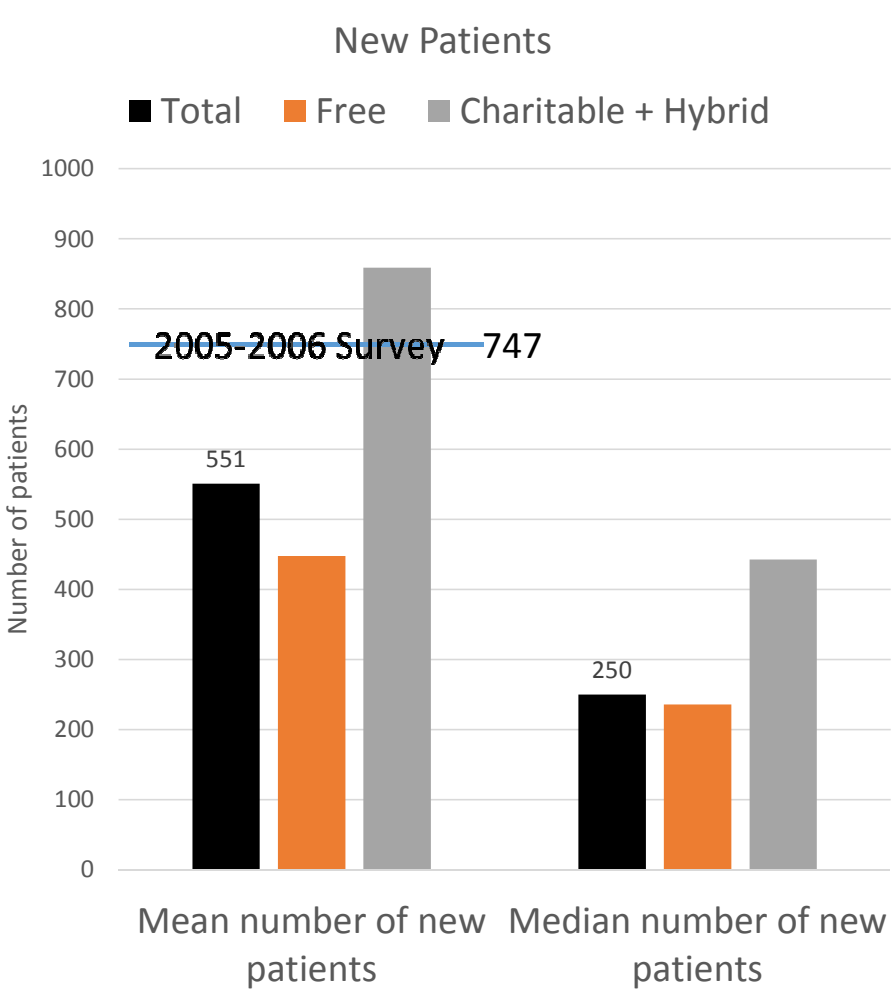


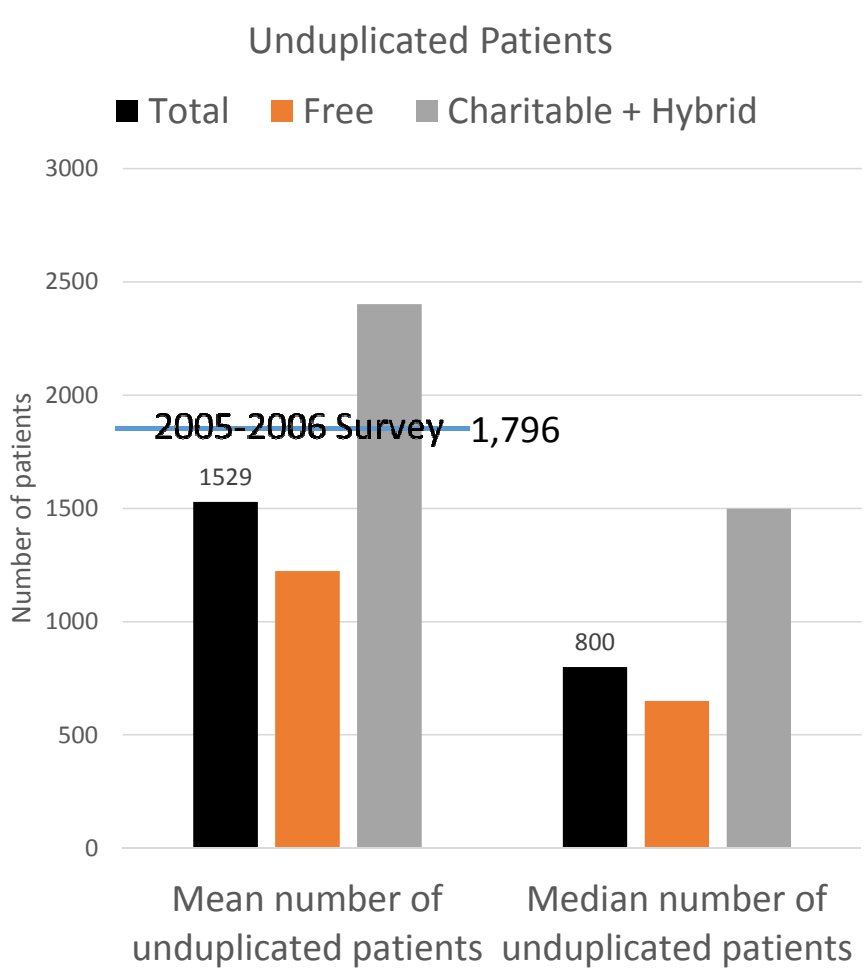
RESULTS: PATIENTS

Race/Ethnicity of Patients by Type of Clinic

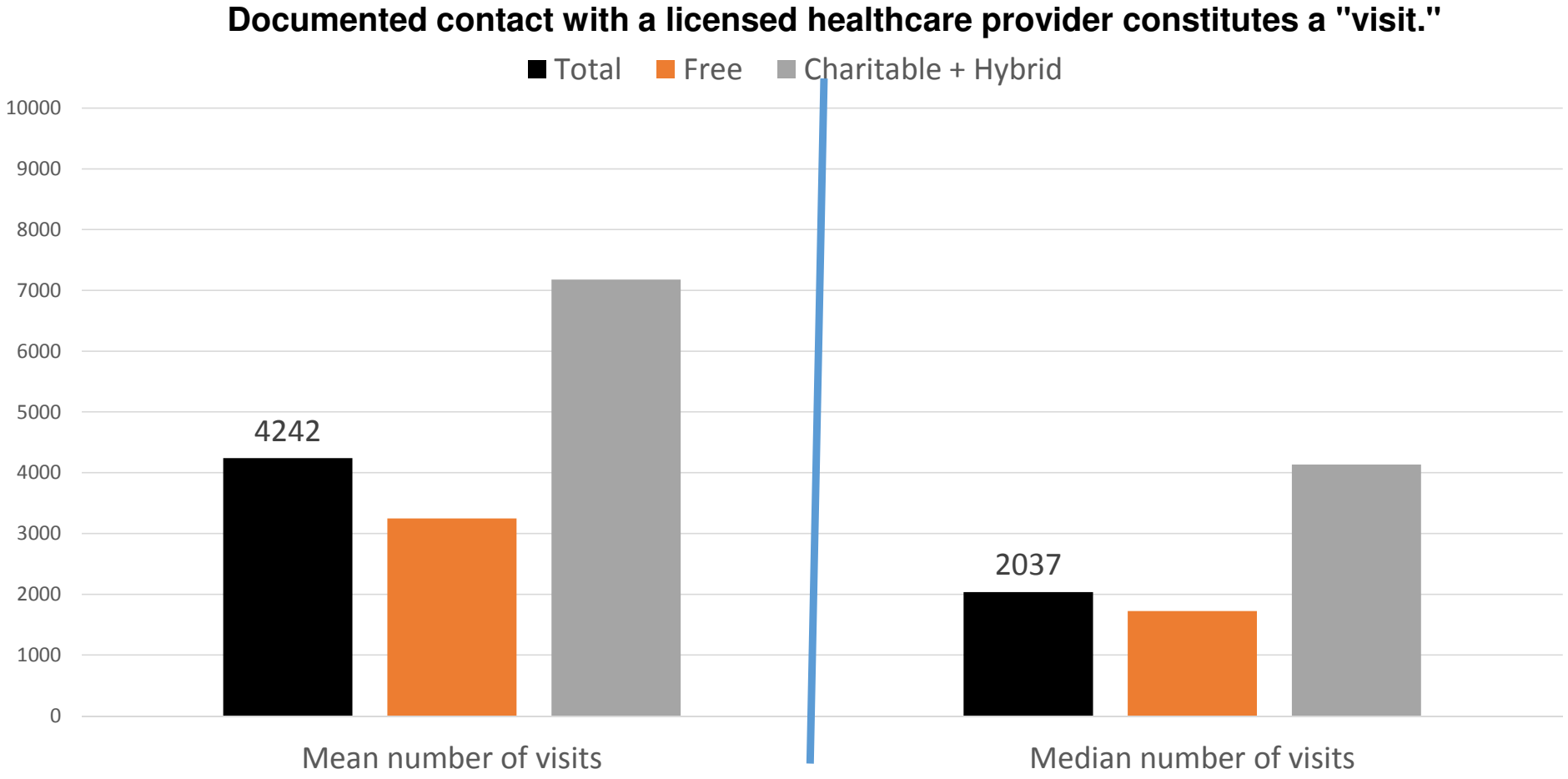


Average Patient Volume Per Clinic by Type of Clinic

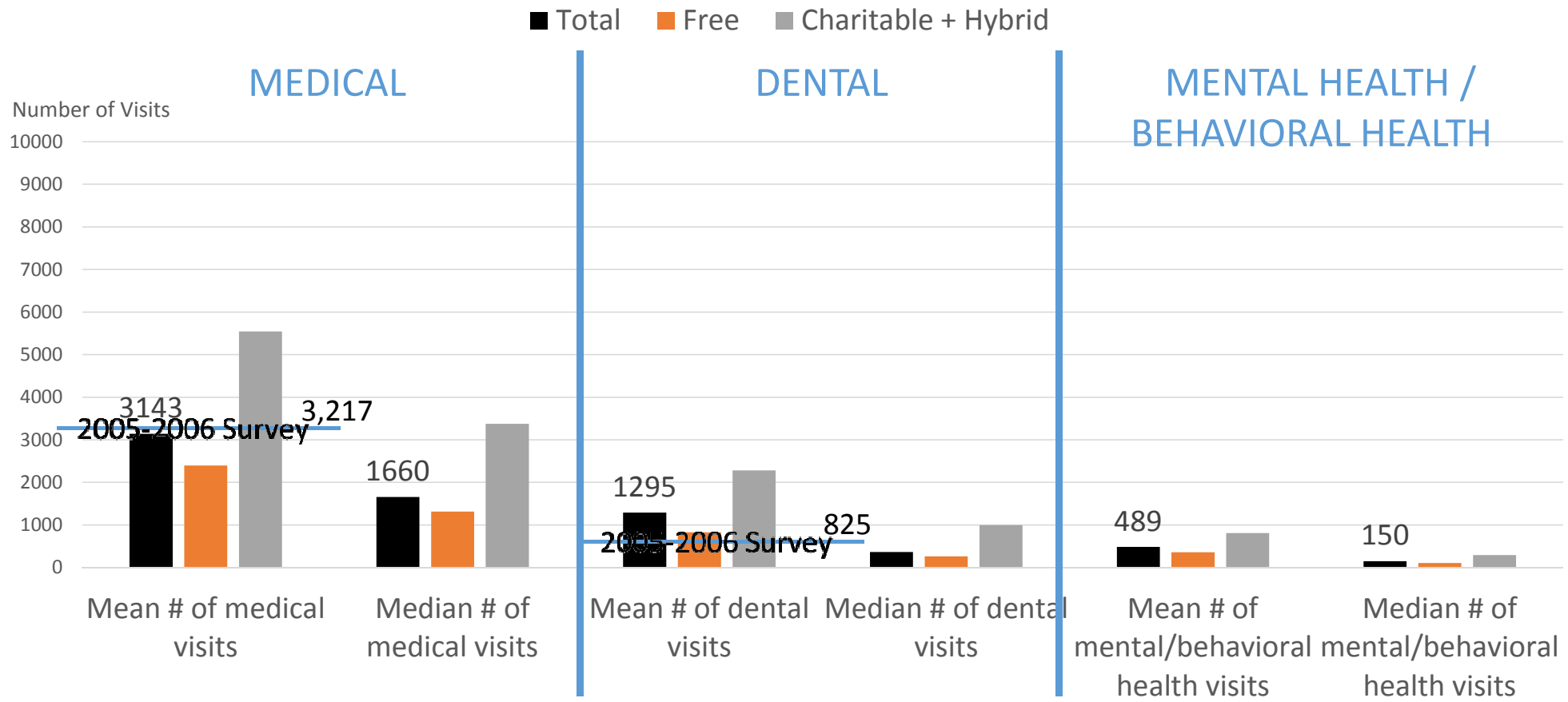




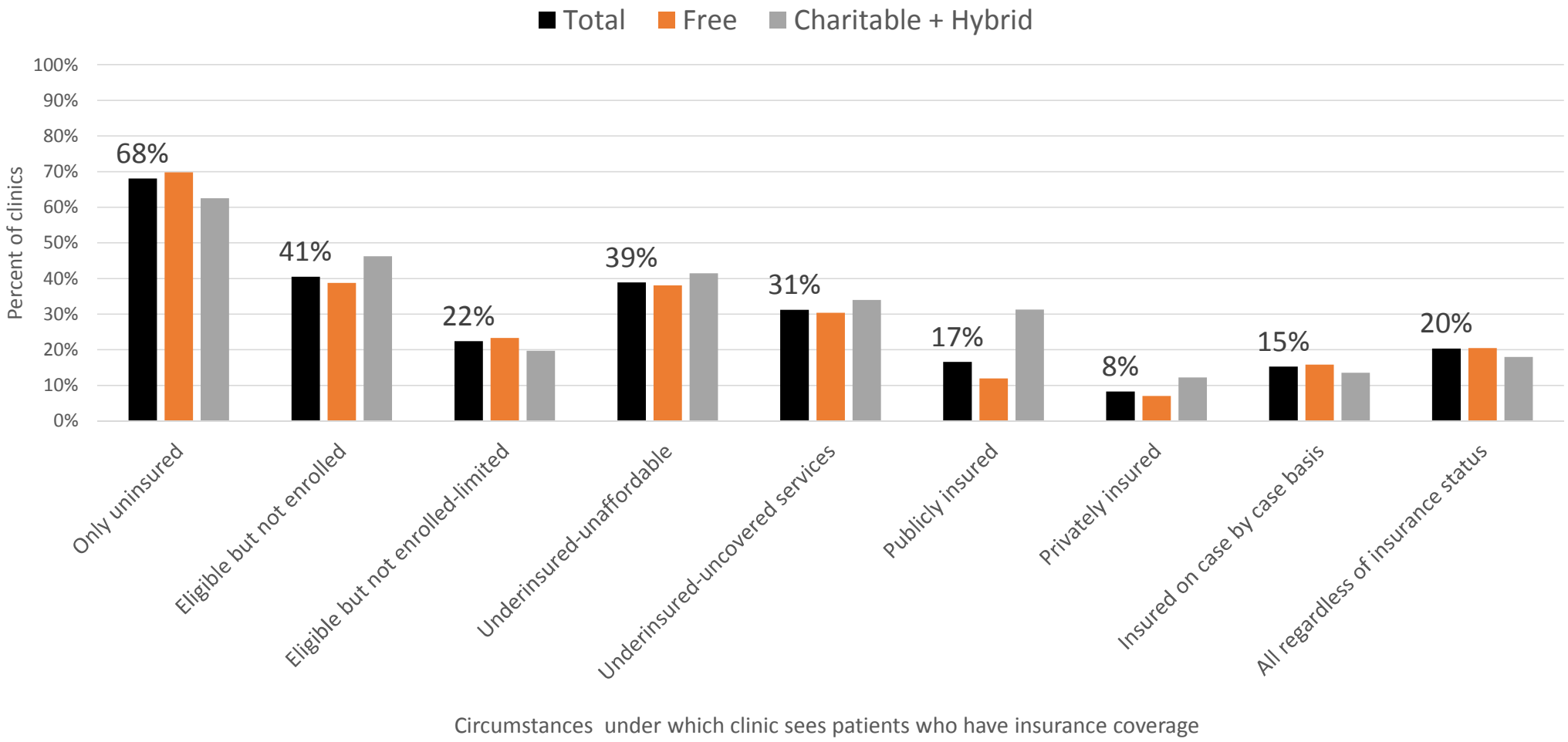
Average Total Number of Visits Per Clinic by Type of Clinic



Number of Medical, Dental, & Mental Health / Behavioral Health Visits by Type of Clinic

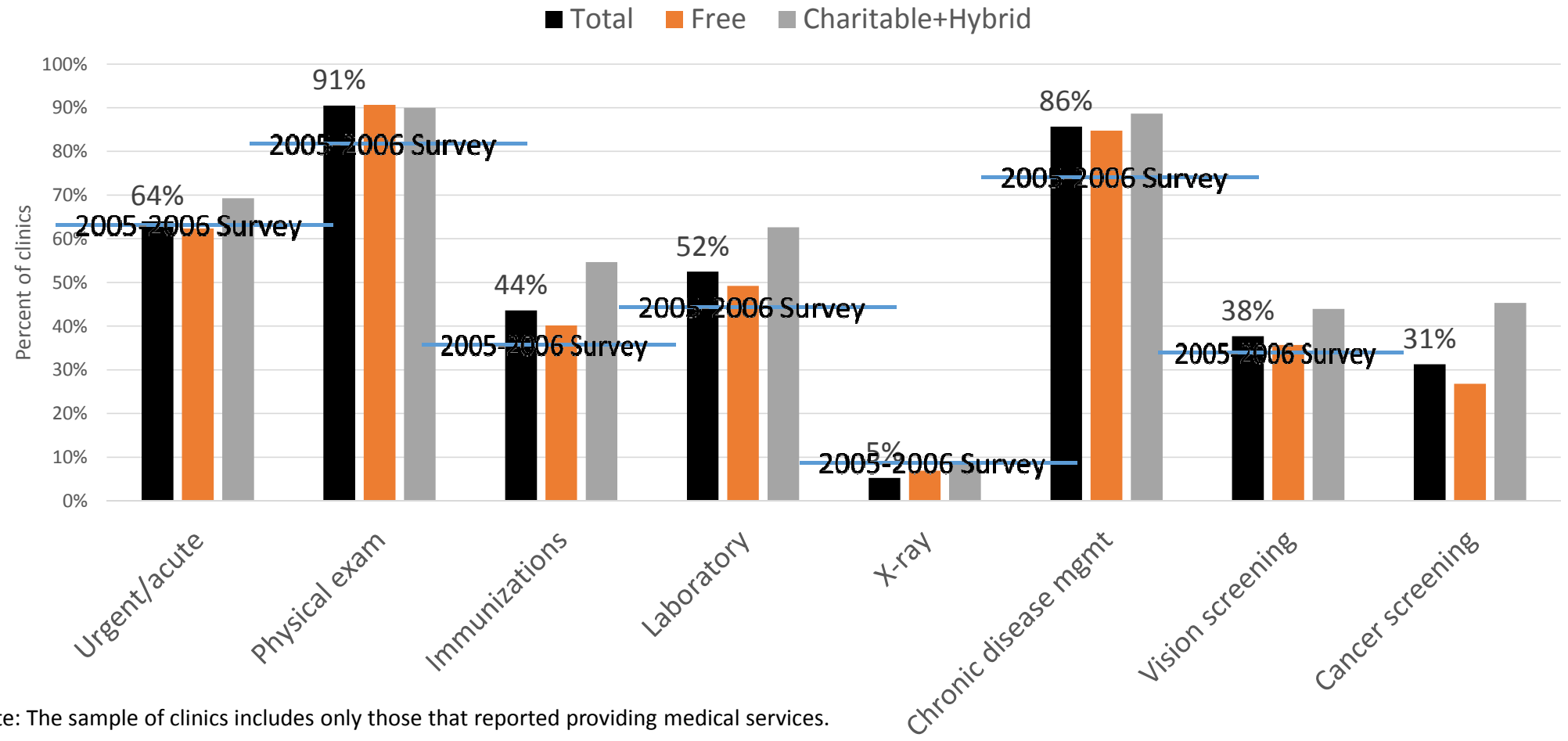


Patient Eligibility by Type of Clinic – Medical Services



RESULTS: SERVICES

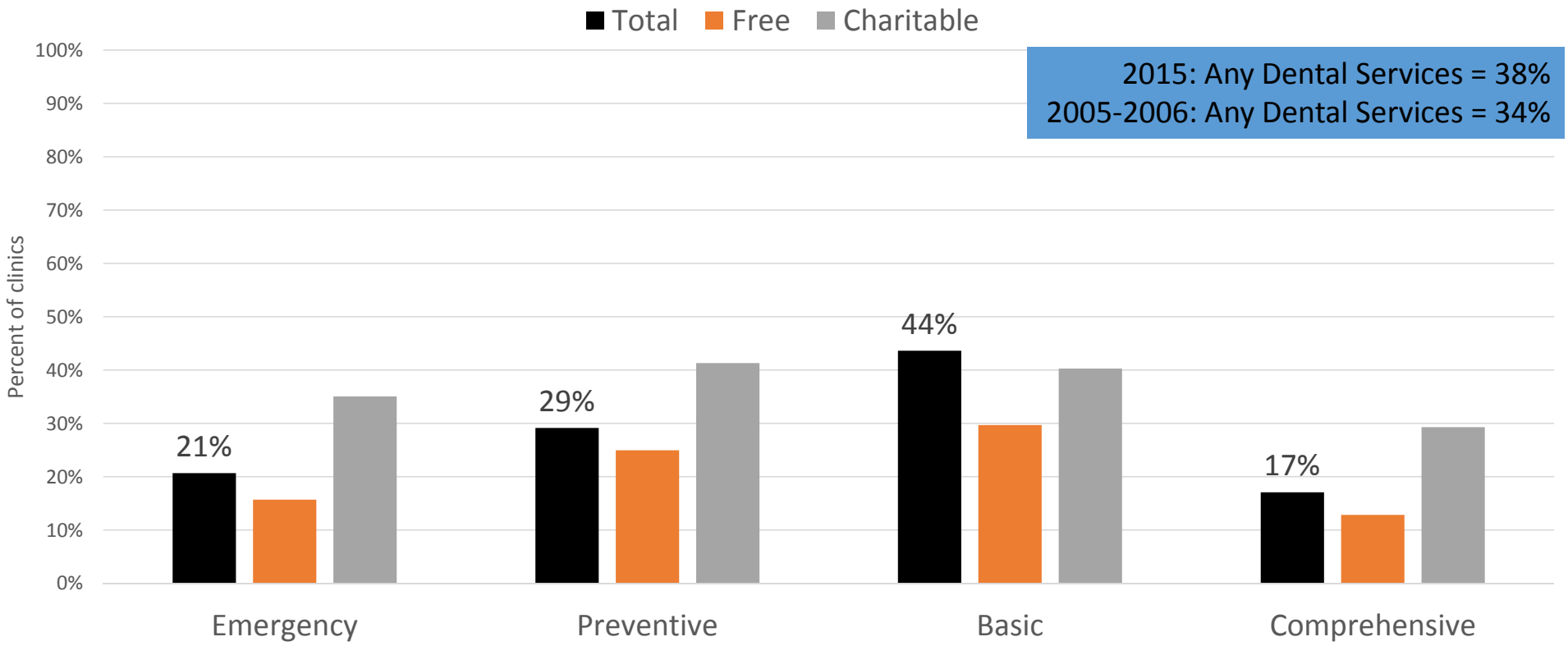
On-Site Primary Medical Care by Type of Clinic



Note: The sample of clinics includes only those that reported providing medical services.

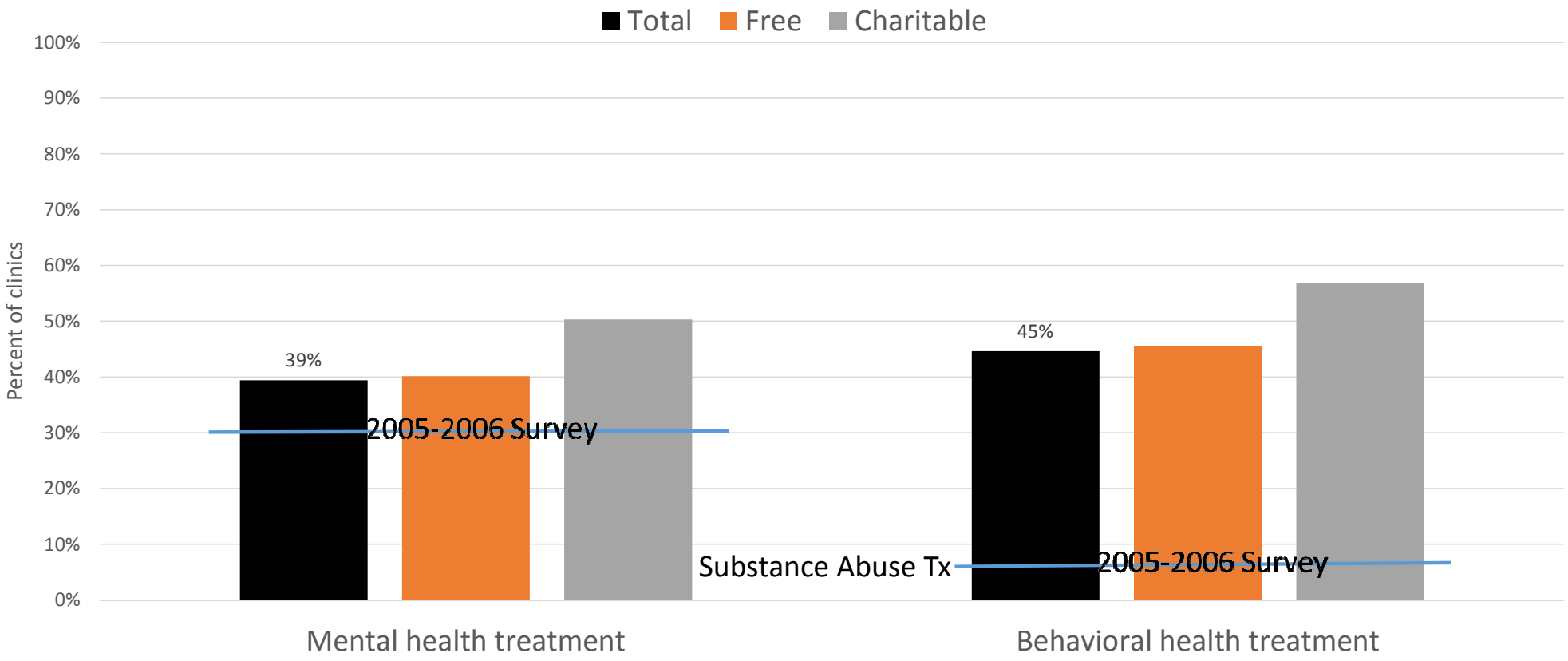
On-Site Dental Care by Type of Clinic

Emergency includes extractions, treatment of infections, and temporary fillings.
Preventive includes oral exams, cleanings, fluoride treatment, and sealants.
Basic includes oral exams, cleanings, basic fillings, front tooth/single canal root canals, and extractions.
Comprehensive includes a full range of root canals, crowns, and dentures.



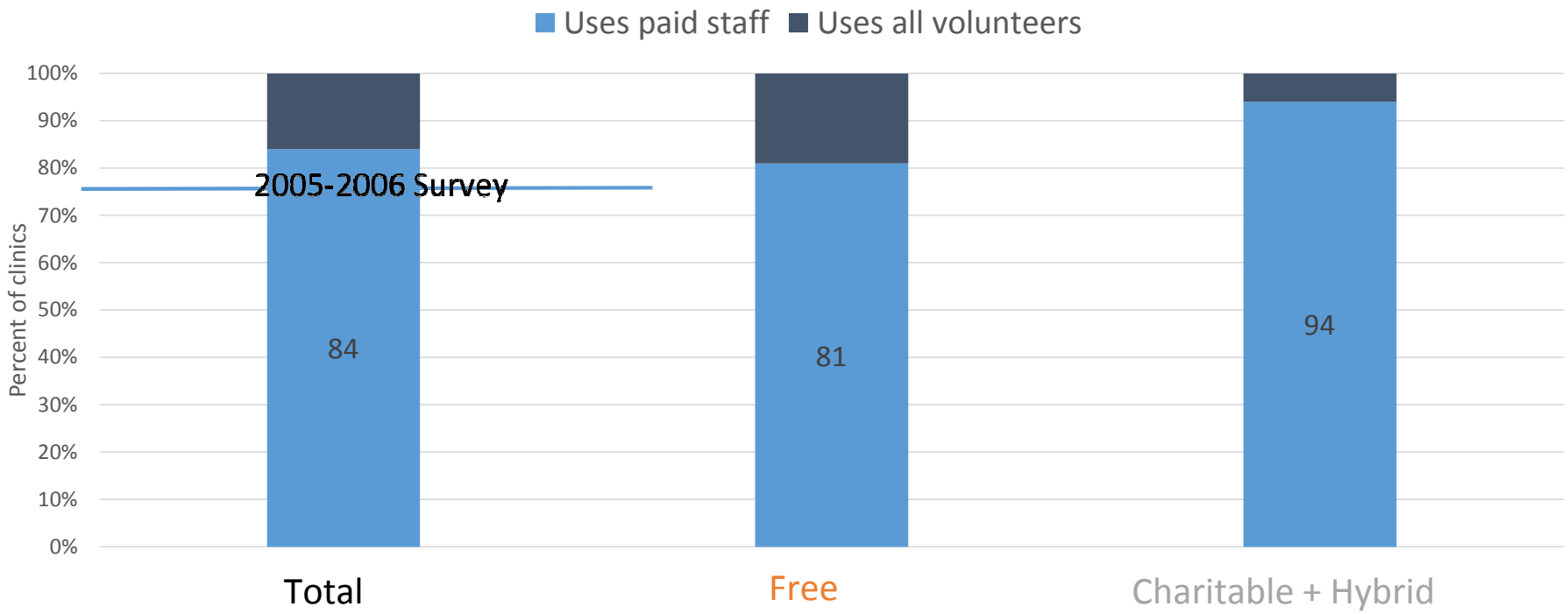
On-Site Mental Health and Behavioral Health

Mental health treatment includes services designed to promote well-being by preventing or intervening in mental illness, and Behavioral health treatment promotes well-being by preventing or intervening in substance abuse or other addictions.



RESULTS:
STAFF & VOLUNTEERS

Staffing by Type of Clinic



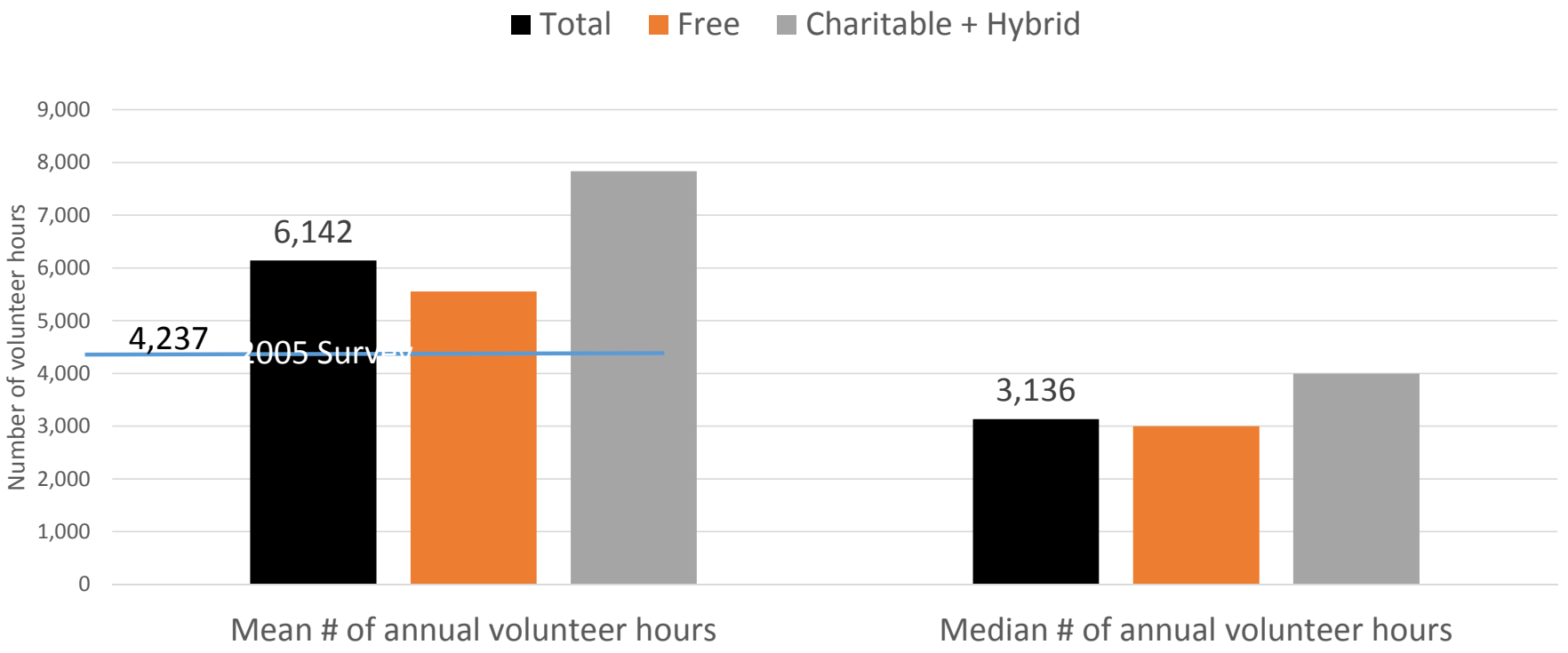
2005-2006: 2.7 FTE

Mean # of FTEs: 6.0
Median # of FTEs: 3

Mean # of FTEs: 4.3
Median # of FTEs: 2.5

Mean # of FTEs: 10.5
Median # of FTEs: 6

Average Volunteer Hours Per Clinic by Type of Clinic



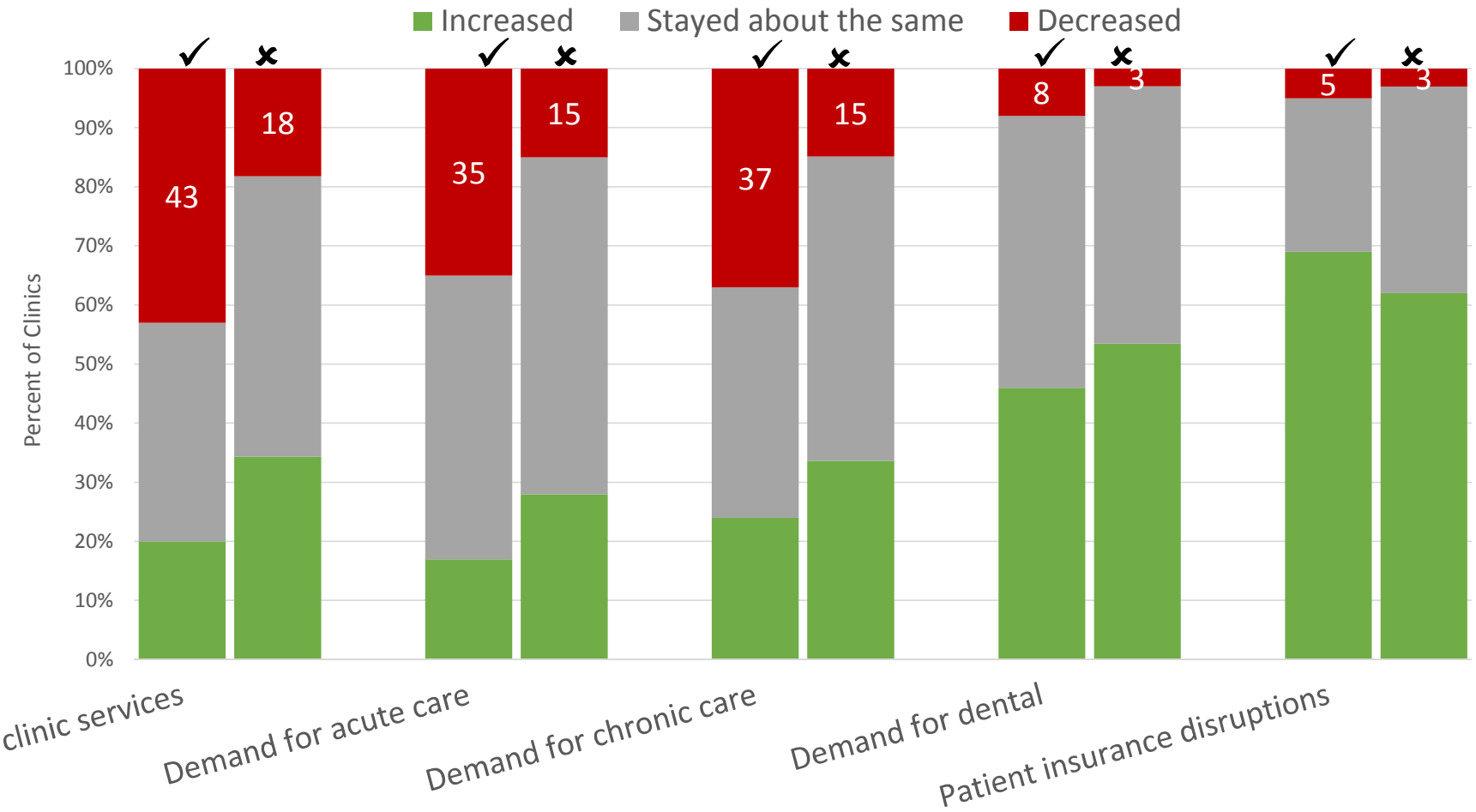
RESULTS: AFFORDABLE CARE ACT

Do trends post ACA differ by whether or not a clinic is located in a Medicaid expansion state?

✓ = Medicaid expansion state

✘ = nonexpansion state

Affordable Care Act Trends: Demand



✓= Medicaid expansion state

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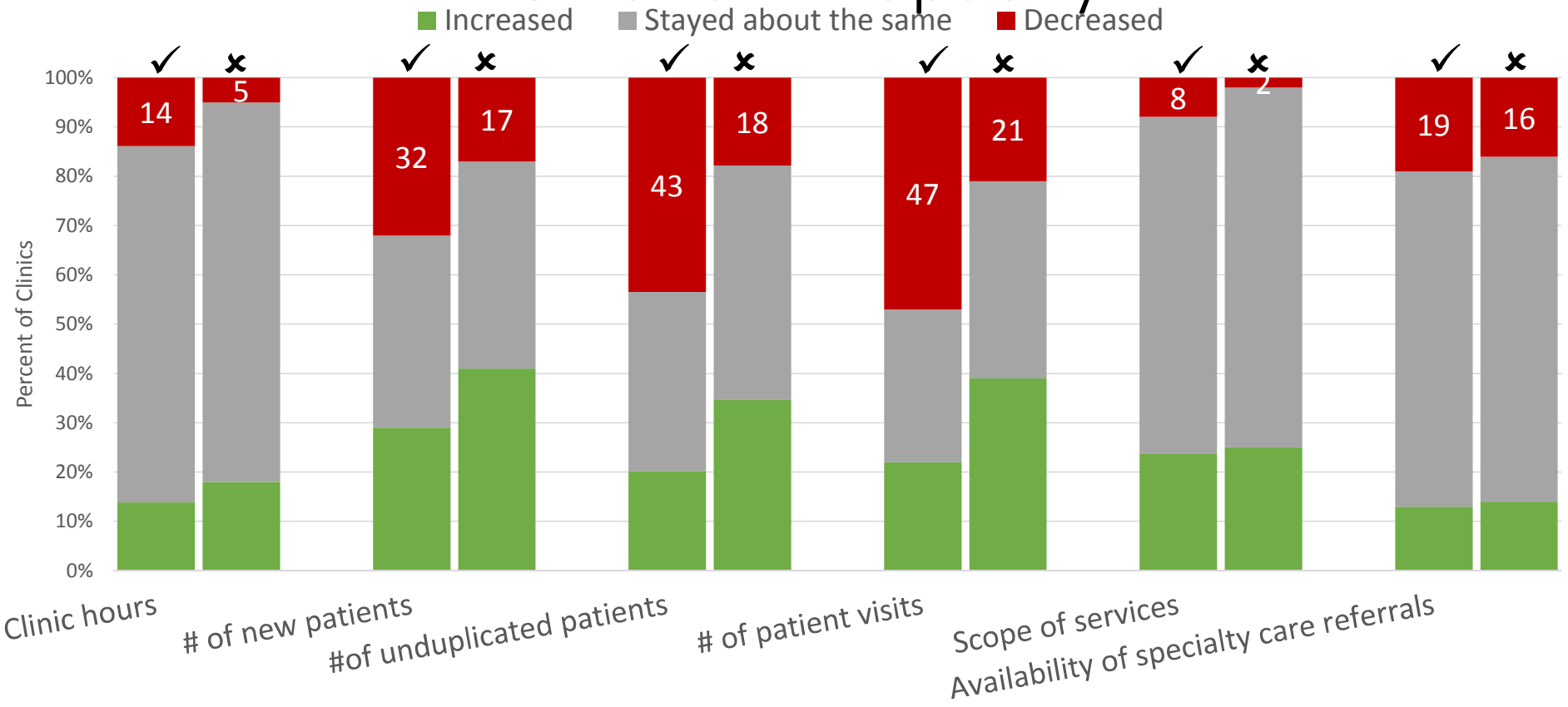
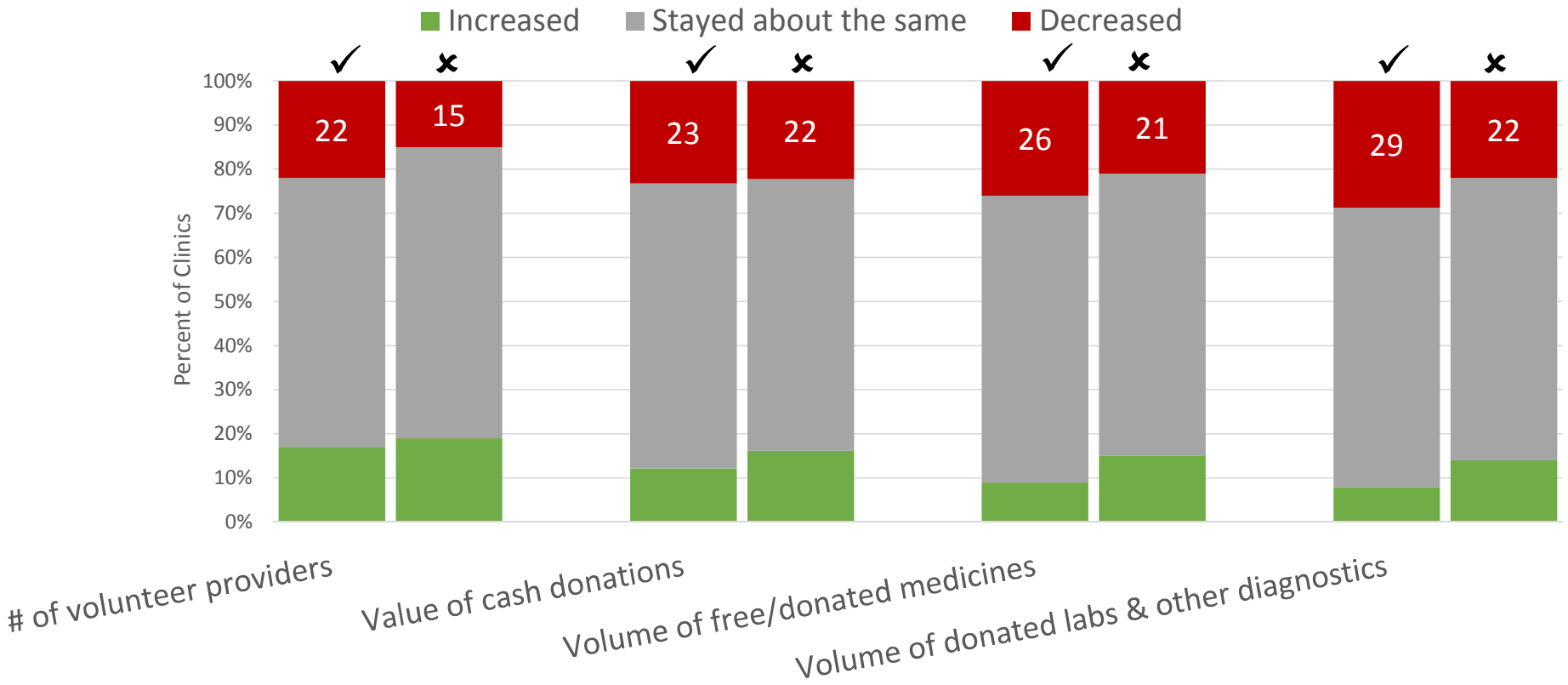
Affordable Care Act Trends: Demand & Capacity



✓= Medicaid expansion state
✗ = nonexpansion state

Affordable Care Act Trends: Donated Goods & Volunteer Services



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Thank you