2017 Statewide Survey of Free & Charitable Clinics

Improving access to quality healthcare

IAFCC

for low-income individuals who are uninsured or underinsured

Illinois Association of Free & Charitable Clinics

Introduction

The Illinois Association of Free and Charitable Clinics (IAFCC) is a member organization that improves access to quality health care by strengthening clinics, fostering partnerships, educating the public and advocating for health policy. There are an estimated 700,000 residents in Illinois without health insurance. Many factors contribute to their being uninsured and underinsured:

Immigration: The Affordable Care Act (ACA) does not provide coverage for those who are undocumented, and legal permanent residents cannot receive regular Medicaid during their first five years of living in the United States.
Affordability: Some cannot afford to purchase insurance through the Marketplace or cover their portion of employer-sponsored coverage. Others cannot afford their out-of-pocket expenses, including annual deductibles, co-insurance or copayments for office visits, prescription medications or medical supplies.
Transition: People may lose coverage when they are in between jobs and/or moving from one health plan to another.
Service Gaps: The ACA does not cover dental care for adults, and narrow networks in Marketplace plans may limit access to services such as mental and behavioral health.
Provider Availability: In some parts of the state, there are few providers accepting Medicaid patients.

Free and Charitable Clinics respond to these needs and provide critical, substantial and compassionate care to those in need.

The findings of this report illustrate the importance, value and resiliency of Free and Charitable Clinics in Illinois.

What is a Free or Charitable Clinic?

1. Missioned to serve low-income uninsured and underinsured persons;
2. Private, nonprofit entity or part of an entity that is tax-exempt;
3. Provides a range of healthcare services, including medical, dental, mental and behavioral health;
4. Supported by volunteers;
5. Charges no fees or small fees directly to patients for services;
6. Supported mostly by private sources of funding;
7. May bill third-party payers, such as Medicaid;
8. Not otherwise designated as a federally-qualified health center (FQHC), FQHC look-alike, Rural Health Clinic, school-based health center, or Planned Parenthood affiliate.

National Survey of Free and Charitable Clinics

This report is based upon a national dataset of free and charitable clinics that was developed by Dr. Julie Darnell of Loyola University Chicago with support from Americares (through funding from the GE Foundation), the National Association of Free & Charitable Clinics, and the Washington Square Health Foundation. In brief, the national dataset is a census of the roughly 1,400 known free and charitable clinics in the United States plus a cross-sectional portrait of 913 free and charitable clinics that completed a national census survey administered by Dr. Darnell during 2015-2017. For this study of free and charitable clinics in Illinois, we extracted the survey data reported by the subset of free and charitable clinics from Illinois. Initially we identified 47 free and charitable clinics operating in Illinois during the survey administration period. Of these, 31 have completed the survey (response rate=66%), though one organization ceased operating its free medical clinic subsequent to taking part in the survey. Because we have elected in this Report to omit responding clinics that have closed, the analysis of survey results includes just 30 clinics.

In Illinois, responding clinics are overwhelmingly free clinics (80%). Four clinics (13%) described themselves as “hybrid” clinics, which bill a third-party payer, and just two (7%) as “charitable” clinics, which charge a fee.

Free and Charitable Clinics in Illinois

There were 46 known free and charitable clinics currently operating in Illinois (Figure 1) in 2017. Clinics are located in 16 counties across the state, with services located in and out of the county. Cook County is home to more than half of all clinics (n=24) with the vast majority (n=20) concentrated in the City of Chicago. Though only 23% of Illinois’s population resides in Chicago, a much higher percentage of Chicago’s population is uninsured compared with the state as a whole (18.5% in Chicago vs. 8.1% in Illinois).

Chicago has a much higher percentage of persons in poverty (22% vs. 13.6%). In addition, Chicago has an abundance of medical schools and health profession training programs, which provide favorable supply conditions for starting a clinic and for attracting volunteer providers.

Clinic Characteristics

Clinics are open to see patients, on average, 3.3 days per week (median = 3.5 days). The hours open ranges from about a .5 day per week to 6 days per week. Nearly half of clinics report being open to see patients five or more days per week. And on the other side of the spectrum, 30% of clinics are reportedly open one day per week or less frequently.

In light of the large variation in operational capacity, it is not surprising to find that the sizes of clinics' operating budgets also vary considerably, ranging from $700 to nearly $3 million. The mean reported cash budget (excluding in-kind donations) is $405,790. Half of all clinics have budgets below $253,652, suggesting that the underlying distribution of budgets across clinics is positively skewed with larger clinics pushing up the mean.

I. Patients

KEY *Finding* | Illinois's 46 free and charitable clinics annually serve approximately 100,000 patients each year, including almost 20,000 new patients.

In general, free and charitable clinics serve patients who possess one or more attributes that are known to impede their access to care, such as member of a racial/ethnic minority group, lack of health insurance, inability to pay, transgender and gender nonconforming status, non-citizen, lack of housing, and cultural barriers. In addition, clinics increasingly have developed patient eligibility screening criteria (e.g., insurance status, income, and geographic location) as mechanisms to target their limited resources to their most needy patients and manage patient demand with respect to their capacity constraints.

Health Insurance

Historically, screening based on health insurance status has been the most common type of eligibility test adopted by clinics. Insurance coverage expansions and mandate under the ACA have prompted some clinics to revisit their health insurance eligibility criteria to take account of the insured population.

- 38% of clinics report seeing only patients who have no insurance coverage;
- 35% of clinics report having no screening based on health insurance status;
- 55% of clinics report seeing underinsured patients because of unaffordable coverage or uncovered services;
- 66% of patients are reportedly uninsured, 17% are underinsured, 12% are adequately insured;

Almost two-thirds (66%) of patients having no insurance represents a significant departure from earlier national estimates of 92% uninsured.

Income

Income, like health insurance, is sometimes used as a condition of eligibility. Most patients have low incomes.

- Nearly one-third of responding medical clinics report requiring patients to meet certain income requirements in order to receive medical services;
- One-quarter of patients have incomes below 100% FPL, 41% have incomes between 100-199% FPL, 25% have incomes that are 200-299% FPL, and just 4% have incomes at 300-399% FPL;
- Nearly two-thirds of free and charitable clinic patients would be considered to be "poor" or "near-poor."

Gender

Overall, males and females constitute an equal share of patients seen by free and charitable clinics in Illinois. This overall clinic average masks, however, the within-clinic variation by gender.

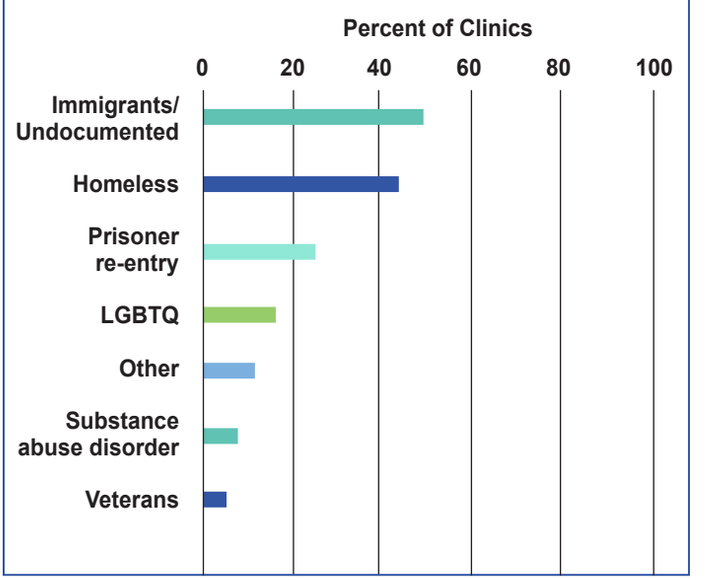
- Exactly half of patients seeking care at free and charitable clinics are female and half are male;
- Across clinics, the percentage of female patients ranges from 8% to 70%, and the percentage of male patients ranges from 30% to 92%, suggesting that some clinics are either predominantly male or predominantly female.

Age

Most of the patients receiving care at free and charitable clinics are low-income adults ages 18-64.

- At an average clinic, 75% of the patients are reportedly nonelderly adults;
- 42% reported serving children; 17% of patients are children, suggesting gaps in access for a population that has near universal coverage in Illinois;
- More than half of the clinics reported seeing some elderly patients. It may be that some elderly fall through the cracks due to factors such as ineligibility due to immigration status, not enrolling in Medicare Part B (medical insurance) which covers services and supplies, or trouble affording medications under Medicare Part D;
- Far fewer patients are elderly; on average 7% of patients are 65+;
- 64% of free and charitable clinics "regularly seek to serve" one or more special populations, that possess one or more attributes known to impede access to care (See Figure 1).

Figure 1 | Target Populations



Race/Ethnicity

Free and charitable clinics focus on ethnic/minority groups, who are disproportionately uninsured and underinsured. At an average clinic, 30% of patients are Hispanic or Latino and 20% are African American, whereas Hispanics make up just 17% of the state's population and African American/Blacks constitute 15% of the overall population. Whites make up slightly more than one-quarter of the patient population.

Relationship with Patients

Overwhelmingly, responding clinics characterize the relationship they have with patients as "ongoing" rather than "episodic."

- Three-quarters say that their clinic provides repeated care to the same patients;
- About one in five clinics say either that their patients rarely use the clinic more than once (7%) or that the clinic provides intermittent services to patients (15%).

II. Services

KEY *Finding* | An average clinic is estimated to serve 1,650 unduplicated patients, 775 of whom are new patients.

Healthcare services available at free and charitable clinics in Illinois vary from basic to comprehensive, and include medical, dental, and mental health/behavioral health.

Number of Patient Visits

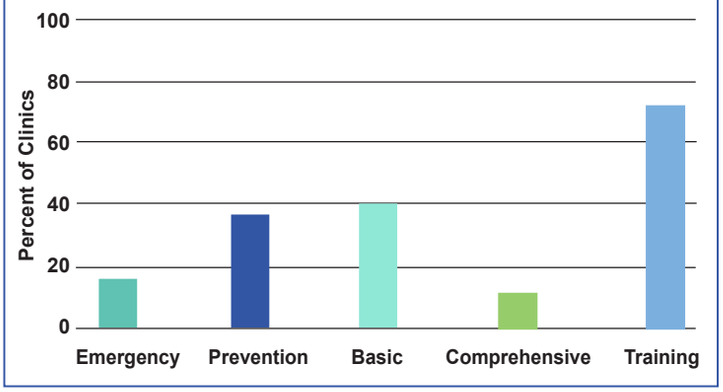
On average, a clinic annually provides:

- 3,134 medical visits;
- 985 dental visits;
- 728 mental and behavioral health services.

Illinois's free and charitable clinics are collectively estimated to provide about 162,000 healthcare visits annually.

Figure 2 | On-Site Dental Services

Emergency
Includes extractions, treatment of infections and temporary fillings.
Preventive
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.



Dental Care

A sizeable minority of clinics offer some kind of dental services and the level of care goes well beyond tooth extractions (Figure 2).

- 17% of clinics provide emergency on-site dental care, including extractions, treatments of infections and temporary fillings;
- 37% of clinics provide prevention on-site dental care, including oral exams, cleanings, fluoride treatments and sealants;
- 40% of clinics provide basic on-site dental care, including oral exams, cleanings, basic fillings, front tooth/single canal root canals and extractions;
- 12% of clinics provide comprehensive on-site dental care, including a full range of root canals, crowns and dentures;

Medical Care

Clinic services reflect the diversity of the patients served and the needs of the community (Figure 3). Healthcare services reported among clinics offering medical care include primary medical care, reproductive health, services to test and/or treat certain diseases, and dental care. The range of services reflects the heavy chronic disease burden borne by their patients. Clinics also provide some preventive services, such as cancer and vision screening and immunizations. Beyond clinical services, health education is a big focus. Among clinics offering medical care:

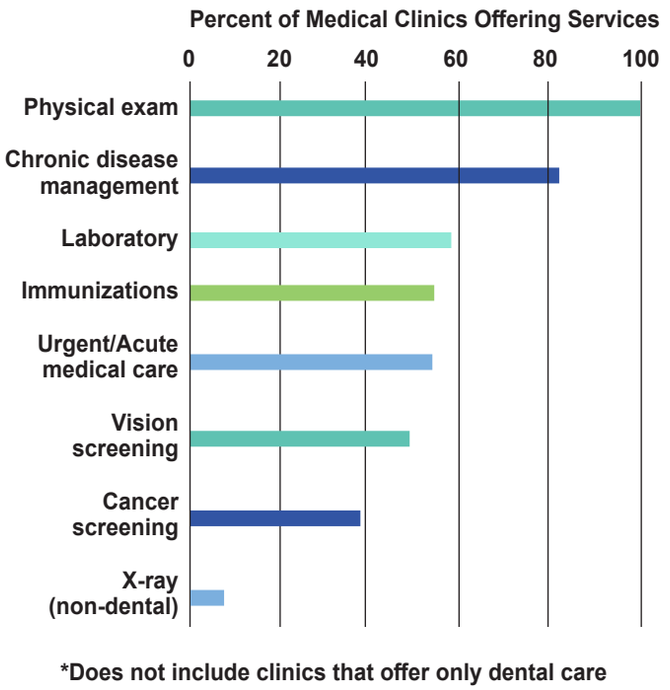
- 100% offer physical exams;
- 85% provide chronic disease management;
- More than half provide laboratory services;
- About one-third of clinics offer family planning services;
- Among the services examined, health education is extremely common, with 81% of clinics offering health education.

Medications

Helping patients obtain access to needed medications is one of the most highly valued services offered by free and charitable clinics, especially since so many of their patients have chronic illnesses. Clinics use many strategies to obtain medications.

- Nearly all (88%) of clinics report writing prescriptions;
- On-site pharmaceutical facilities exist at a majority of Illinois free and charitable clinics (54%), either through a dispensary (46%), or less commonly, through a pharmacy (8%) (Figure 4).

Figure 3 | On-Site Primary Care Services *



*Does not include clinics that offer only dental care

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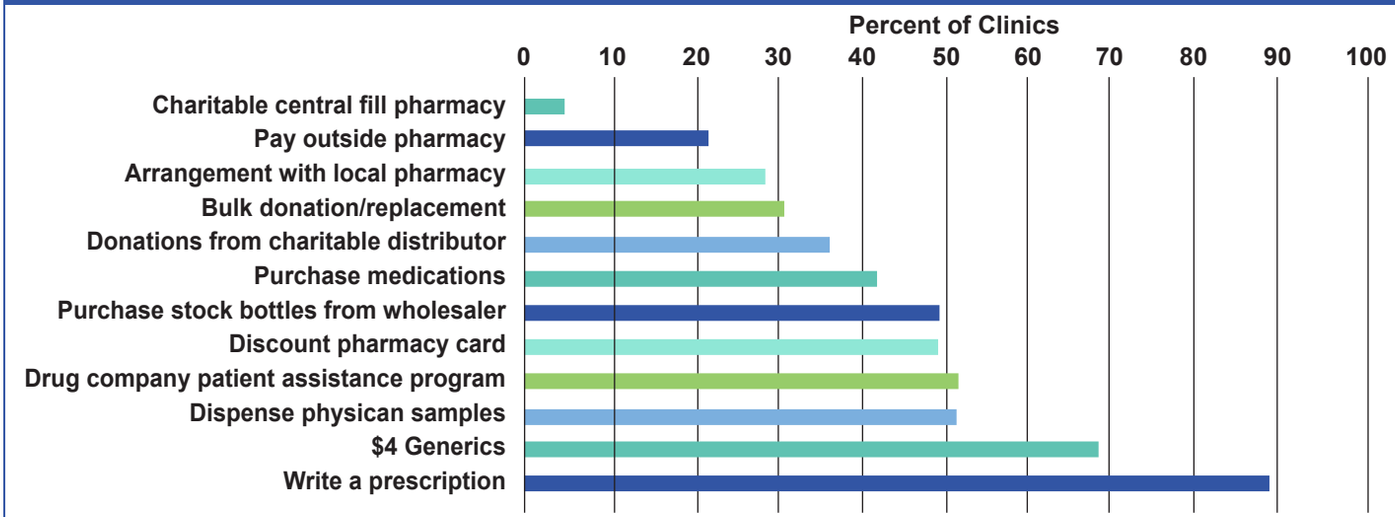
Figure 4 | Strategies to Arrange Medications



III. Quality and Health Information Technology

KEY *Finding* | While a majority of Illinois's free and charitable clinics currently have (or plan to adopt) electronic health records, near universal adoption may be out of reach without an investment of resources.

Assurance Plans and Performance Measures

In light of an increased focus on quality at the national level, many free and charitable clinics are developing written quality assurance plans and processes and/or engaging in quality improvement activities. Thirty percent of Illinois's free and charitable clinics report having a written, board-approved quality assurance plan (compared to 47% nationally). When compared with their peer clinics in other states, Illinois's free and charitable clinics appear to be lagging behind, suggesting an area where targeted attention could help clinics make progress.

Despite lacking formal quality plans, nearly all clinics are nonetheless tracking quality-related measures.

- 96% clinics use at least one type of quality indicator: patient outcome, clinical process, or patient experience:
- 62% of clinics say they are collecting and reporting on clinical outcome measures (e.g., hbA1c, blood pressure under control);
- 60% are administering surveys of patient satisfaction and experiences with care;
- 46% are collecting and reporting on clinical process measures.

Adoption and Use of Health Information Technology

Electronic health records (EHRs) are tools to collect patient data and help clinics monitor how well their patients are doing.

- 60% reported having an EHR installed and in use (compared with 52% in 2014).

Compared with 2014 data, the current findings suggest an increase in EHR adoption. While a majority of Illinois's free and charitable clinics currently have (or plan to adopt) an electronic health record, near universal adoption may be out of reach without an investment of resources since clinics have previously mentioned that inadequate funding and lack of staff/volunteer staff are barriers to adoption.

IV. Staff & Volunteers

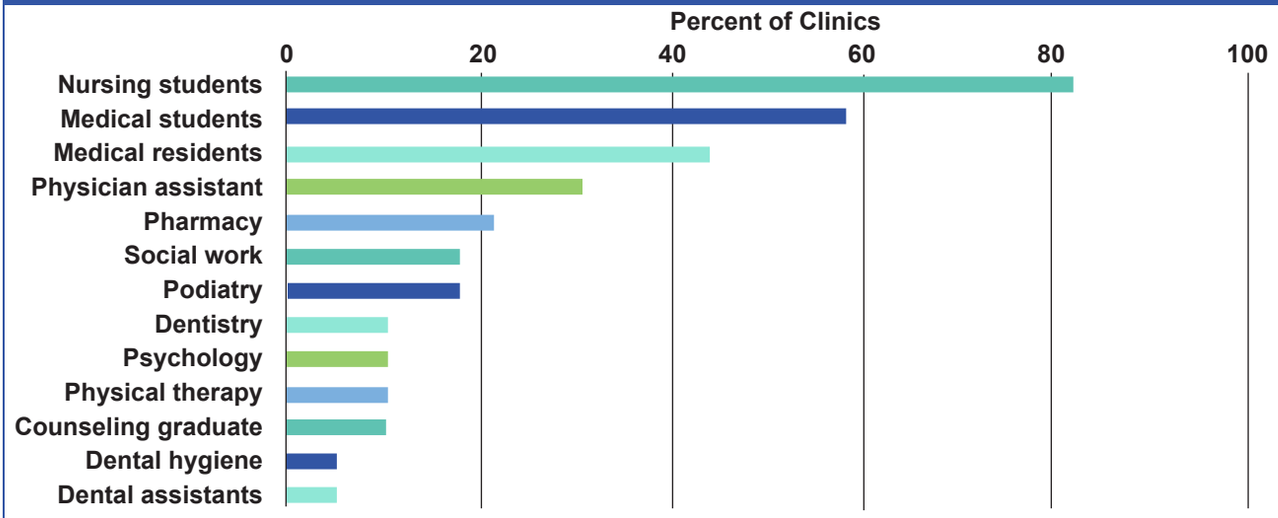
KEY *Finding*

Though difficult to pinpoint, volunteers commit to tens of thousands (if not hundreds of thousands) of hours each year to free and charitable clinics in Illinois.

A defining attribute of free and charitable clinics is their heavy reliance on volunteers, however most free and charitable clinics have some paid staff who augment their (often large) volunteer corps. Though difficult to pinpoint with precision, volunteers commit tens of thousands (if not hundreds of thousands) of hours each year to free and charitable clinics in Illinois. Additionally, training students across 13 different health professions programs, free and charitable clinics in Illinois are playing a vital role in training the future health professions workforce (Figure 5).

- Three-quarters of the free and charitable clinics report having a staff member in a paid position, while half of all clinics have more than three paid staff and half have fewer than three;
- Mean number of paid staff in full-time-equivalent (FTEs) is 6, but ranges from 0.2 to 37;
- The number of volunteer hours per clinic ranges from 1,012 to 5,510, suggesting that volunteers annually contribute somewhere between 46,000 and 250,000 hours in Illinois's free and charitable clinics;
- More than two-thirds (69%) of responding clinics report providing clinical training or supervision to students.

Figure 5 | Training & Clinical Supervision of Students



V. Impact of the Affordable Care Act

KEY *Finding*

Declines in patient demand are occurring, but are not widespread.
Free and charitable clinics have maintained their capacity in spite of resource constraints.

Through the state marketplaces and expansion of Medicaid, the ACA greatly expanded the availability of insurance coverage options for low-income persons. The individual mandate helped to encourage persons who might not otherwise sign up to purchase coverage. The ACA also enhanced the capacity of the safety net to serve the millions of newly-insured, mostly through a significant federal investment in the health center program; these forces would be expected to reduce demand for services at free and charitable clinics. Moreover, one would predict that the decrease in demand at free and charitable clinics would be greater in states, like Illinois, that implemented the Medicaid expansion. To gauge clinics' responses to the ACA, the survey asked clinics to indicate the trends (i.e., increased, stayed about the same, decreased) in patient demand, clinic capacity, and the availability of donated goods and volunteer services. Overall, following implementation of the ACA, declines in patient demand are occurring but do not appear to be widespread. Free and charitable clinics have maintained their capacity in spite of resource constraints.

Trends in Patient Demand

Despite prognostications of far-reaching reductions in patient demand at free and charitable clinics following implementation of the ACA, the reports from Illinois clinics suggest a "mixed bag." While some clinics do report decreases in demand, about the same number of clinics report increases, offsetting the declines (Figure 6). The most common experience reported with regard to patient demand is "stayed the same." It is interesting to compare new patients with unduplicated patients because more clinics report declines in unduplicated patients than in new patients. One explanation is that free and charitable clinics were actively helping their existing patients to sign up for Obamacare. In the end, whether the sector experiences a net loss in patients will depend on whether the clinics experiencing declines are losing proportionately more patients than clinics gaining patients.

Demand for dental service stands in sharp contrast to the other services as no clinics report declines in demand in dental. This is not surprising because the ACA did not expand access to affordable dental coverage for adults.

Of note, the high percentage of clinics reporting that their patients were experiencing disruptions in coverage (80%) adds to the body of evidence about the difficulties some face in obtaining health insurance and keeping continuous coverage.

IAFCC Annual Conference October 2017

Trends in Clinic Capacity

"Stayed the same" is how clinics characterize trends in clinic hours, services, and specialty care referrals (Figure 7). In fact, in each case, the percentage of clinics endorsing "stayed the same" is half or more. The fact that so few clinics reduced their clinic hours (8%) or reduced their scope of services (9%) shows that the sector was able to maintain (and in some cases, increase) its capacity despite considerable uncertainty about continued support from donors.

Trends in the Availability of Donated Goods and Volunteer Services

Volunteers, private donations, and in-kind goods, especially medicines, are the most important resources for free and charitable clinics. After the ACA was fully implemented, it was unclear how the donor community and volunteers would react. Responding clinics report overwhelmingly that the number of volunteer providers either stayed the same or improved after ACA implementation. The same pattern does not hold, however, for cash donations. While nearly half of all clinics say their cash donations "stayed the same," one-third of clinics report a decline. Similarly, 45% of clinics report a decline in the volume of free/donated medicines. By contrast, clinics report little change in their volume of donated labs and other diagnostics. The findings concerning cash donations and donated medications suggest that a sizeable minority of clinics are facing challenges securing needed resources. Fortunately, these resource constraints do not seem to have affected clinic capacity in a meaningful way, with a caveat that this survey tells the story of only surviving clinics.

Figure 6 | Trends in Patient Demand

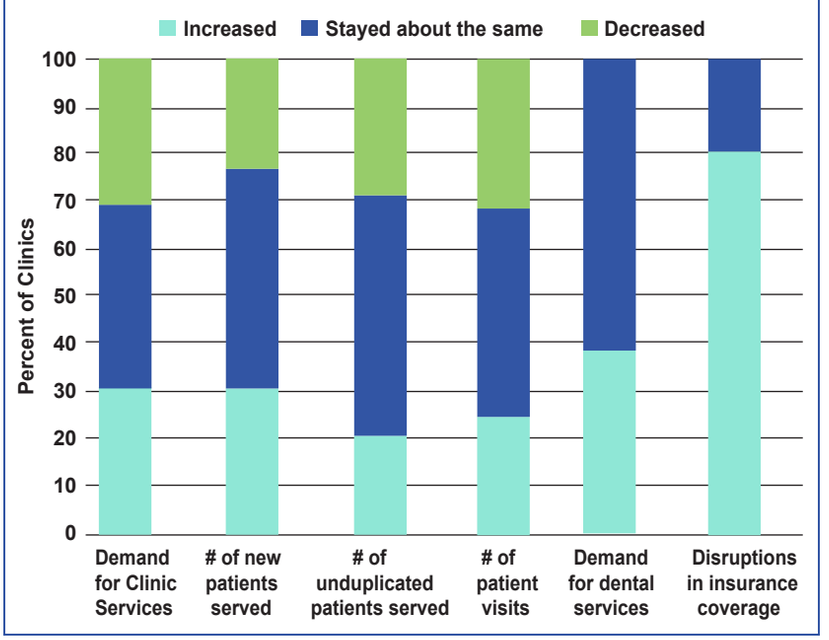
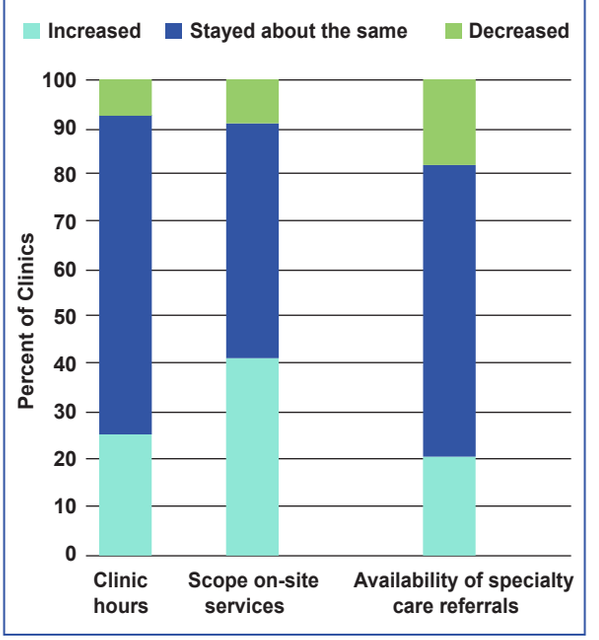


Figure 7 | Trends in Clinic Capacity



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