

# **2014 Membership Survey Community Clinic Association of San Bernardino County**



**COMMUNITY CLINIC ASSOCIATION  
OF SAN BERNARDINO COUNTY**

by



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## Executive Summary

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### ***Introduction***

In 2014, the Community Clinic Association of San Bernardino County (CCASBC) conducted a survey of their members. The purpose of this survey was to adequately describe the membership of CCASBC as a whole. In total, 16 of the 19 clinics participated in this survey, and thus, this report somewhat underestimates CCASBC's membership.

Health Assessment Resource Center (HARC) conducted the analyses of this data for CCASBC. Highlighted in this report are the key findings from the survey participants.

### ***Results***

CCASBC's membership is comprised of Federally Qualified Health Centers (FQHCs), FQHC look-alikes, hospital- and school-based clinics, rural clinics, an Indian clinic and other low cost and free clinics. These clinics are available to San Bernardino Residents in areas that are accessible to them. About half of the participating CCASBC member clinics are single-site clinics; the other half are organizations that had multiple sites across the county.

The median annual operating budget for CCASBC's member clinics is approximately \$2 million. Most participating member clinics have an operating budget below \$5 million.

Most clinics have both a medical doctor on staff along with a nurse practitioner and/or physician assistant. CCASBC's participating member clinics employ approximately 586 full time staff and 43 part-time staff. Seven of the 16 clinics utilized volunteers. In the past fiscal year, participating CCASBC clinics utilized approximately 677 volunteers.

Participating CCASBC clinics have served 170,525 unduplicated patients in the past fiscal year. In total, participating CCASBC member clinics conducted 579,467 patient visits in the past fiscal year. Over 60% of the patients served by participating CCASBC member clinics are racial/ethnic minorities.

Most of CCASBC's member clinics offer adult vaccinations, women's health services, phlebotomy, pediatric vaccinations, diabetes services, tuberculosis vaccinations, and family planning. Services like social work, case management, and family counseling are more rare; only a handful of clinics offer these type of services.

In addition to accepting both low-income health plans as well as commercial health plans, CCASBC clinics also provide free healthcare to those without insurance.

### ***Conclusion***

Overall, it appears that CCASBC's member clinics are achieving their mission to serve those that are underserved, underinsured or uninsured. With a range of different types of clinics in areas of need in the San Bernardino County, member clinics are providing patients with quality healthcare as well as valuable resources to aid their health.

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## Introduction

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The Community Clinic Association of San Bernardino County (CCASBC) is a nonprofit association of clinics in the San Bernardino County. It was founded in 2009, incorporated in 2010 and designated as a 501 (c)(3) nonprofit organization in 2011.

CCASBC's mission is to build an effective, county-wide association of community clinics that efficiently deliver culturally appropriate quality healthcare to the medically indigent, underserved, uninsured and/or underinsured.

The CCASBC is comprised of 19 member clinics representing 45 clinic sites. These clinics include Federally Qualified Health Centers (FQHC's) and Federally Qualified Health Center look-alikes, public health clinics, hospital based clinics, and community health centers as well as an Indian Health clinic, a free clinic and a school-based clinic. The CCASBC's member clinics make health care accessible for every person, regardless of their ability to pay.

This report covers only those clinics that primarily serve residents of San Bernardino County. Thus, this report encompasses a total of 38 sites (rather than 45). The seven clinic sites not included in this report primarily serve residents of other counties (such as neighboring Orange County).

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## Methods

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To gather the necessary information, a survey was distributed to the membership (see Appendix A for the full text of the survey). The survey was emailed as an attachment to the primary administrative contact at each of the member clinics (CEOs, COOs, and clinic directors). Invitations were sent out in April 2014. During the month of April, up to three email reminders were sent to those who had not yet participated to encourage their participation. The survey closed in early May 2014.

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## Results

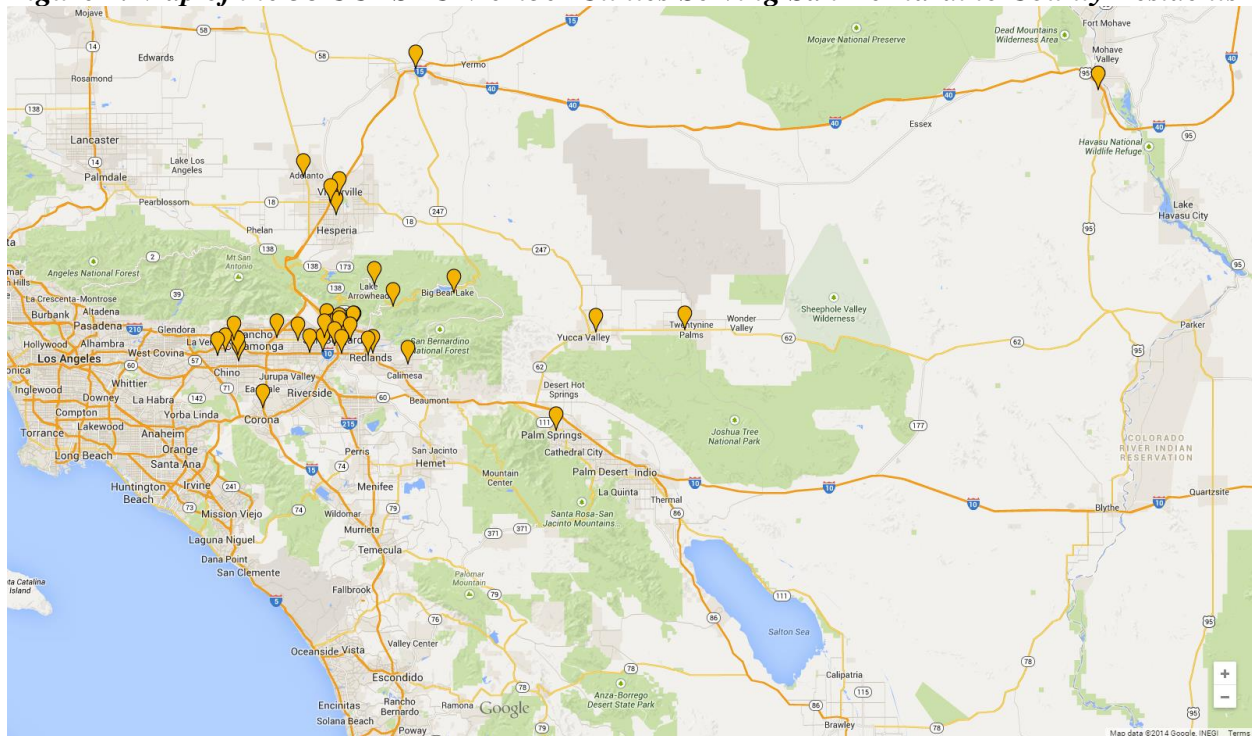
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A total of 16 of the 19 member clinics participated in this survey. Thus, the results reported here slightly underestimate the size of CCASBC's membership.

## Locations

CCASBC's membership includes 19 clinic organizations which encompass 38 healthcare facilities to serve San Bernardino County residents. As illustrated in Figure 1, the majority of these sites are in central San Bernardino County. Exceptions include the clinics in Barstow, Victorville, Adelanto, Needles, Twentynine Palms, Yucca Valley, Big Bear Lake, and Palm Springs.

**Figure 1. Map of the 38 CCASBC Member Clinics Serving San Bernardino County Residents**



## Type of Clinic

CCASBC's membership is comprised of Federally Qualified Health Centers (FQHCs), FQHC look-alikes, hospital- and school-based clinics, rural clinics, an Indian clinic and other low cost and free clinics. These clinics are available to San Bernardino Residents in areas that are accessible to them.

About half of the participating CCASBC member clinics were single-site clinics; the other half were organizations that had multiple sites to serve San Bernardino County residents across a wide geographic region.

### *FQHCs*

Federally Qualified Health Centers (FQHCs) receive reimbursements under Section 330 of the Public Health Service Act (PHS), which refers to an entity that serves a population that is medically underserved, or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing.<sup>1</sup> These clinics are community health centers, migrant centers, public housing primary care centers or centers that provide healthcare to the homeless population. FQHCs provide primary and preventative care, including health, oral, mental health and substance abuse help to everyone regardless of their ability to pay. Five of the participating CCASBC member clinics are FQHCs.

### *FQHC Look-a-likes*

FQHC look-a-likes are community based health care providers that meet the requirements of the Health Resources and Services Administration Health Center Program, but do not receive Health Center Program Funding.<sup>2</sup> FQHC look-alikes do not receive grants under Section 330 but do receive some reimbursement for Medicaid. Two of the participating CCASBC member clinics are FQHC look-a-likes.

### *Hospital-Based Clinics*

A hospital-based outpatient clinic is a clinic that provides outpatient services in a setting that is integrated into a hospital care system. Hospital-based clinics can be located on or off the main grounds of the hospital, but must be owned and operated by a hospital system.<sup>3</sup> Hospital-based outpatient clinics are primarily engaged in providing outpatient health services such as medical history, physical exams, assessments of health status, and treatment monitoring for a wide variety of health conditions. Two of the participating CCASBC member clinics are hospital-based.

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<sup>1</sup> Authorizing Legislation. Health Resources and Services Administration.

<http://bphc.hrsa.gov/policiesregulations/legislation/index.html>

<sup>2</sup> Federally Qualified Health Center Look-Alike. Health Resources and Services Administration.

<http://www.hrsa.gov/opa/eligibilityandregistration/healthcenters/fqhclookalikes/index.html>

<sup>3</sup> California Hospital Association: Hospital-based outpatient clinics. <http://www.calhospital.org/overview/hospital-based-outpatient-clinics>

### ***Rural Clinics***

The Rural Health Clinics program is designed to increase access to primary care services for patients in rural communities, and to increase the use of non-physician practitioners in these settings (such as nurse practitioners and physician assistants). Rural health clinics have enhanced reimbursement rates for providing Medicaid and Medicare services in rural areas.<sup>4</sup> One of the participating CCASBC member clinics identified as a rural clinic.

### ***School-Based Clinics***

School-based health centers, or school-based clinics, provide pediatric healthcare in a school setting. Students and their families can use school-based health centers for a wide variety of healthcare services, including primary care, mental or behavioral healthcare, dental care, health education and promotion, substance abuse counseling, case management, and/or nutrition education. The specific services offered at any given school-based location will vary based on community needs and resources.<sup>5</sup> School-based health centers are typically operated as a partnership between the school and a community health organization. One of the participating CCASBC member clinic identified as a school-based clinic.

### ***Indian Health Clinics***

Indian health clinics provide health services to members of federally-recognized tribes, generally at no charge. The majority of funding for Indian health clinics comes from the U.S. Indian Health Service, an agency within the Department of Health and Human Services. The Indian Health Service is the principal federal healthcare provider for Indian people in the U.S.<sup>6</sup> One of the participating CCASBC member clinic is an Indian health clinic.

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<sup>4</sup> The National Association of Rural Health Clinics. Available online at: <http://narhc.org/>

<sup>5</sup> U.S. Department of Health and Human Services: Health Resources and Services Administration, School-Based Health Centers. Available online at <http://www.hrsa.gov/ourstories/schoolhealthcenters/>

<sup>6</sup> Indian Health Service. Available online at: <http://www.ihs.gov/aboutihs/>



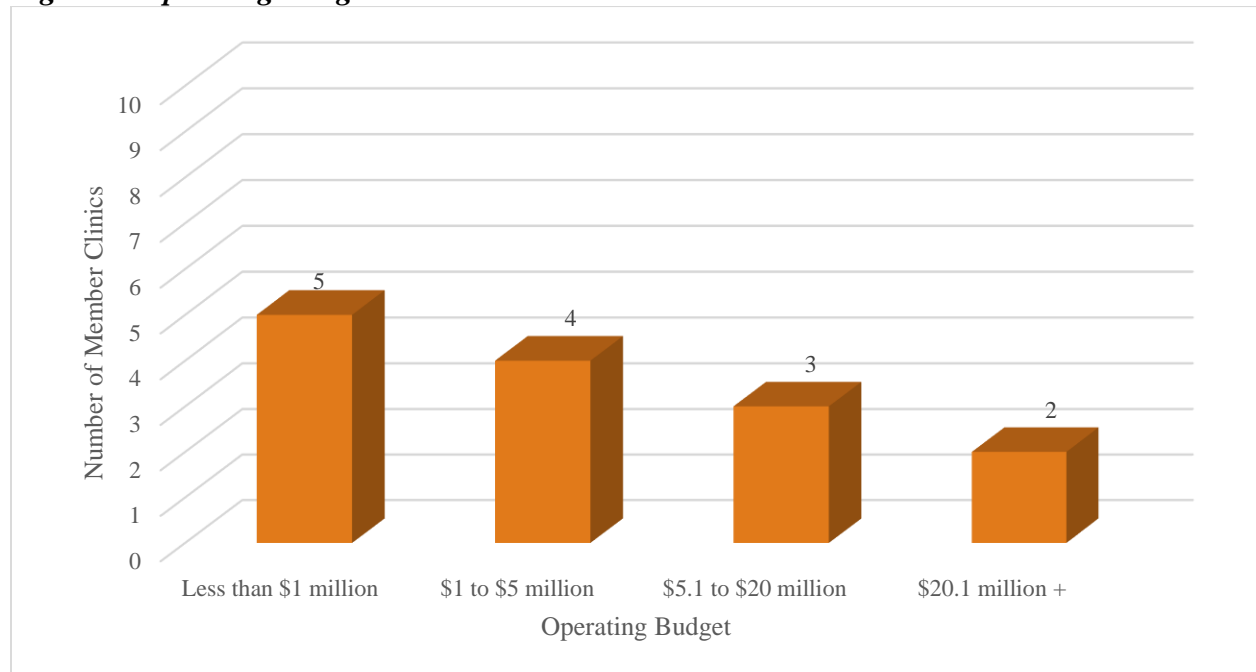
## Clinic Characteristics

CCASBC’s member clinics are extremely diverse, representing small, independent single-site clinics and large hospital-based or multi-site clinics—and everything in between. This section details some of these clinic characteristics.

### *Operating Budget*

CCASBC’s member clinics have operating budgets that range from \$45,000 to \$351,240,700. Given this wide range (a difference of more than \$350 million), the “median” provides a more accurate portrayal of the “typical” operating budget than the more-frequently used “average”. A median is essentially the midpoint of any range—half of the participating clinics have a budget higher than the median, while the other half have a budget that is lower than this particular figure. The median operating budget for CCASBC’s member clinics is \$2,054,000. As illustrated in Figure 2, most participating member clinics have an operating budget below \$5,000,000.

**Figure 2. Operating Budget**



### *Medical Staff*

The majority of the member clinics surveyed have medical doctors (MDs) on their staff, specifically 12 out of the 16 clinics. Most of the participating CCASBC member clinics (11) have nurse practitioners (NPs) on staff. A total of 5 participating CCASBC member clinics have physician assistants (PAs) on staff. Most clinics have a both an MD on site along with a PA or an NP.

### ***General Staff***

CCASBC's clinics have full time, part time and volunteer staff to assist with the operation of their sites. The majority of clinics have full time staff or a combination of full time and part-time staff. Results show that participating CCASBC's member clinics employ approximately 586 full time staff and 43 part-time staff. Seven of the 16 clinics utilized volunteers. In the past fiscal year, participating CCASBC clinics had approximately 677 volunteers.

### ***Hospital Affiliations***

The majority of Community Clinics Association of San Bernardino members have affiliations with many local hospitals. Some of these hospitals include Community Hospital of San Bernardino, Arrowhead Regional Medical Center, Loma Linda, Desert Regional Medical Center, UCI, Pomona Valley Hospital Medical Center and Kaiser of Fontana.

## Patients

Community clinics exist to serve patients, and thus, no snapshot of community clinics would be complete without details about the patients that are being served at said clinics. This section describes how many patients visit CCASBC clinics, how often, and who they are.

### *Unduplicated Patients*

“Unduplicated patients”, or the number of unique people served at the clinic over the course of a year, is a measure of how many individuals that particular clinic serves. Results show that CCASBC member clinics each served between 820 to 88,327 unduplicated patients in their most recent fiscal year. On average, participating clinics served 13,118 unduplicated patients in the past fiscal year. In total, participating CCASBC clinics served 170,525 unduplicated patients in the past fiscal year.

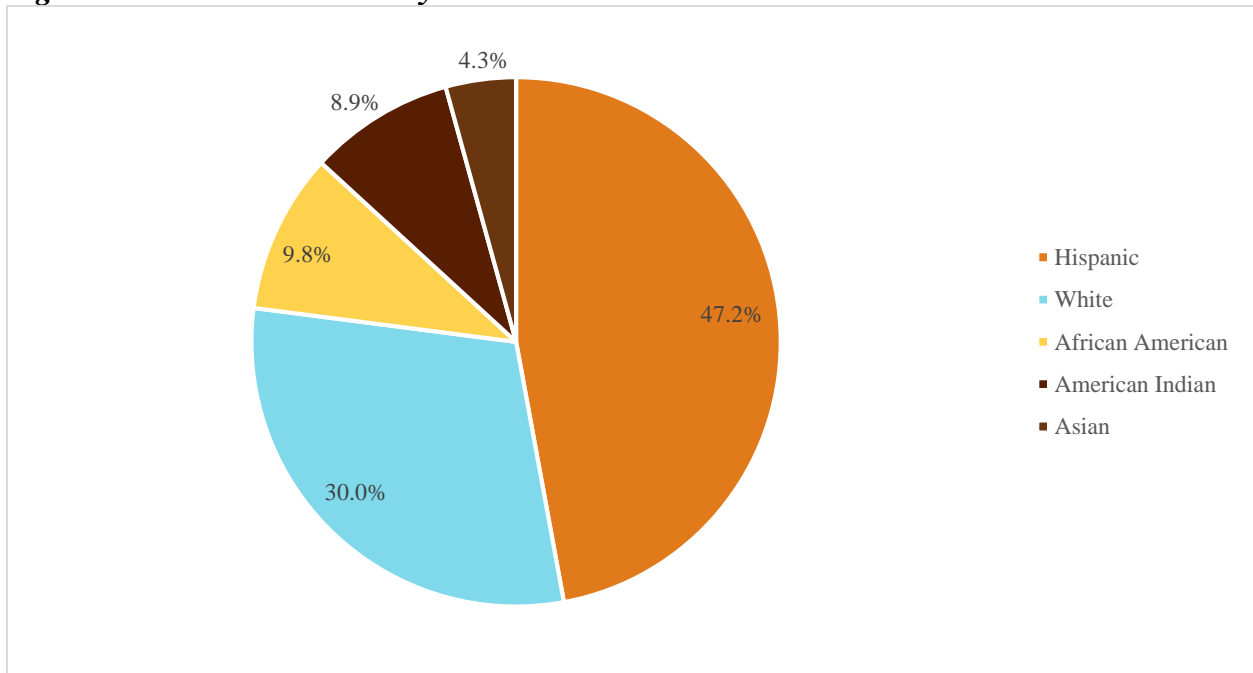
### *Patient Visits*

Many patients may utilize a clinic’s services for more than one visit over the course of a year. Thus, number of patient visits is a measure of how many actual visits a particular clinic conducts. Individual clinics provided between 1,440 and 227,696 patient visits in the past year. The median number of patient visits per year was 8,512 visits. In total, participating CCASBC member clinics conducted 579,467 patient visits in the past year.

### *Patient Demographics*

On average, about half of the patients that utilize CCASBC member clinics are Hispanic. As illustrated in Figure 3, White/Caucasian patients make up about 30% of CCASBC patients.

**Figure 3. Patient Race/Ethnicity**



## Services Offered

CCASBC’s member clinics offer a variety of services to ensure that their patients get the care they need. All participating CCASBC member clinics offer primary care, and most offer adult care, women’s health, pediatric care and geriatric care. As illustrated in Table 1, member clinics sometimes offer additional services including social work, family counseling, psychiatry, case management, dentistry, diabetes education, family planning and asthma education, although these are less common.

**Table 1. Type of Services**

Services	Number of CCASBC Clinics Providing this Service
Adult vaccinations	16
Women’s health	13
Phlebotomy	11
Pediatrics Vaccinations	11
Diabetes	10
TB vaccinations	10
Family planning	9
Asthma	8
X-ray	7
Ultrasound	7
Tobacco Cessation	7
Psychiatry	6
Dentistry	6
Other educational services	6
Promotoras/Patient Navigators	6
Congestive Heart Failure (CHF)	5
Other vaccinations (flu shots, Gardasil)	5
Social work	4
Case management	4
Chronic Obstructive Pulmonary Disease (COPD)	4
Optometry	4
Pharmacy	4
Family counseling	3
Transportation Services	3
WIC	3
Podiatry	2

## Insurance Accepted

CCASBC's mission is to offer quality health care to those that are uninsured or under insured. Results showed that 11 of the participating CCASBC member clinics reported serving 590 patients with no insurance. The majority of participating CCASBC member clinics take Medical and Medicare insurance or offer free or low cost services. CCASBC member clinics accept the following types of insurance:

### Low-Income Health Plans:

- Molina
- Inland Empire Health Plan (IEHP)
- Family Pact
- Every Woman Counts (EWC)
- Healthy Way LA
- Health Families

### Commercial Health Plans:

- Blue Shield
- Aetna

In addition to the different insurances and health plans that clinics accept, many also provide sliding scale fees to accommodate to every patient.

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## Conclusion

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The 16 CCASBC member clinics that responded to the survey represent a wide range of health clinics serving San Bernardino County residents. CCASBC member clinics range from small to large, and operate in a variety of settings, including FQHCs, FQHC look-a-likes, hospital- and school-based clinics, rural clinics, Indian health clinics, and other free or low cost clinics. These clinics care for over 170,000 individuals, and employ over 600 staff members. The CCASBC member clinics provide primary care for this population, as well as many types of specialized services.

Clearly CCASBC's member clinics are achieving their mission to serve those that are underserved, underinsured or uninsured. With a range of different types of clinics in areas of need in the San Bernardino County, member clinics are providing patients with quality healthcare as well as valuable resources to aid their health.

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## Appendix: Survey Tool

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### Member Clinic Questionnaire

“The Community Clinic Association of San Bernardino County (CCASBC) needs your help. In order to be a truly useful advocate and resource for yourself and other clinics like you, we first need to know more about the clinics we serve. This information will help us to better understand your needs and your community’s needs, and to provide tailored resources to meet those needs. By documenting basic facts about our members, we will also be in a strong position to obtain additional funding that can help all of us and the communities we serve.

This survey will ask you questions about your overall organization, and the individual clinics within your organization. This survey will take between 20 and 30 minutes, depending on how many clinics you have that serve patients in San Bernardino County.

The survey will cover topics such as clinic services offered, the number and type of patients that utilize the clinic, and types of insurance programs that are accepted, among others. You will be asked to answer some questions about your most recent completed fiscal year, so if you have any annual reports available, these may be useful in completing this survey.

If you have any questions about this survey, please contact Matt Keane, CEO of CCASBC, at [mkeane@communityclinicassociation.org](mailto:mkeane@communityclinicassociation.org).

**First, please tell us a little about your overall corporation/organization.**

<b>Corporate Name/Organization:</b>
Corporate/Lead Site Address:
Phone Number:
Fax Number:
Website address:
Main contact person:
Direct email address:
Direct phone number:

Type of clinic organization (Please Check)	X
a) FQHC	
b) FQHC look-a-like	
c) Hospital Based	
d) Free Clinic	
e) School Based Clinic	
f) Non School Based Pediatric Clinic	
g) Indian Health Clinic	
h) Public Health Clinic	
i) Reproductive Health Clinic	
j) Other (please specify)	

**Please include a separate form for every freestanding clinic within your organization that serves patients from San Bernardino County.**



<b>Please list clinic name:</b>
Site Address:
Main Contact Person:
Director's Name:
Medical Director's Name:
Phone Number:
Phone Number:
Fax:
Hours/Days of Operation:
By appointment only and or walk in services:
Urgent care:
Please list the languages spoken at your clinic:

<b>Please check which services the clinic offers:</b>	X
Primary care	
Adult care	
Pediatrics	
Geriatric	
Other Specialty Care Services (please list specialties offered):	
Behavioral Health	
Social work	
Family counseling	
Psychiatry	
Case Management	
Dentistry	

<b>Educational Services</b>	
Diabetes	
Family planning	
Asthma	
CHF	
COPD	
Other (please specify):	

<b>Laboratory/Diagnostic Services</b>	
X-ray	
Ultrasound	
Phlebotomy	

Optometry	
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Pharmacy	
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Podiatry	
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Promotores/Patient Navigators	
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Tobacco Cessation	
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Transportation Services	
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<b>Vaccinations</b>	
Pediatrics	
Adult	
TB	
Other (please specify):	

WIC (Women, Infants, Children Program)	
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Women's Health	
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<b>Please check which type of insurance is accepted:</b>	<b>X</b>
None, we are free clinic	
Medical	
Medicare	
Arrowcare	
Healthy Families	
Other low-income health plans (please list)	
Commercial health plans (please list)	

Do you grant CCABSC permission to post the above information on its website?  
Yes\_\_\_\_ No\_\_\_\_\_

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The following information will be used in the AGGREGATE ONLY for CCASBC business and grant submission. Should there be a requirement that the information needs to be attributed specifically to each clinic, we will request your permission to do so in advance.

Please complete the following for this clinic:

1. Most recent annual operating budget: \_\_\_\_\_

2. Total number of unique (unduplicated) patients in your most recent fiscal year: \_\_\_\_\_

3. Total number of annual patient visits in most recent fiscal year: \_\_\_\_\_

4. Percentage of patient population by ethnicity:

White\_\_\_\_\_ Hispanic \_\_\_\_\_ African American\_\_\_\_\_ Asian\_\_\_\_\_

Hawaiian/Pacific Islander\_\_\_\_\_ American Indian/Native Alaskan\_\_\_\_\_ Other\_\_\_\_\_

5. Percentage of patient by insurance type:

No Insurance\_\_\_\_\_ Medical \_\_\_\_\_ Medicare\_\_\_\_\_ Arrowcare\_\_\_\_\_

Healthy Families \_\_\_\_\_ Other Low Income Health Plans\_\_\_\_\_

Commercial Health Plans\_\_\_\_\_

6. Number of staff: Full-time\_\_\_\_\_Part-time\_\_\_\_\_ Consulting\_\_\_\_\_ Volunteer\_\_\_\_\_

7. Number of primary care providers:

MD\_\_\_\_\_ PA\_\_\_\_\_ NP\_\_\_\_\_

8. Hospital affiliations

Please list:

9. Please share with us any additional information that you think makes your clinic unique: