



THE VERMONT COALITION
OF CLINICS
FOR THE UNINSURED
2010 ANNUAL REPORT



*Increasing Access to Care for
Uninsured and Underinsured Vermonters*

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"I am so grateful for the Health Assistance program here at FAHC. It has allowed my husband to stay on medication he has previously gone without. This program demonstrates a true commitment to the community and their wellbeing."

A patient's spouse from the Health Assistance Program at FAHC.

VERMONT COALITION OF CLINICS FOR THE UNINSURED

Member Programs

Program Name	Location	Contact Information
People's Health & Wellness Clinic	Barre	802-479-1229 phwc@sover.net
Health Assistance Program at Fletcher Allen Health Care	Burlington	802-847-6985/802-847-6984 Ann.slattery@vtmednet.org Amanda.biggs@vtmednet.org Maya.thompson@vtmednet.org
Community Health Services of Addison County - Open Door Clinic	Middlebury and Vergennes	802-388-0137 opendoorclinic1@myfairpoint.net
Putney Walk-In Clinic	Putney	802-387-2120 putfams@sover.net
Health Connections at Gifford Medical Center (GMC)	Randolph	802-728-2323 mpackard@giffordmed.org
Rutland Free Clinic and Dental Clinic	Rutland	802-775-1360 pksthealthshare@yahoo.com
Valley Health Connections	Springfield	802-885-1616 pvfcclinic@vermontel.net
Good Neighbor Health Clinic and Red Logan Dental Clinic	White River Junction	802-295-1868 hilde@gnhc.org
Windsor Community Health Clinic at Mt. Ascutney Hospital	Windsor	802-674-7213 kathleen.castellini@mahhc.org
Bennington Free Clinic	Bennington	802-447-3700 bennfreeclinic@gmail.com

Executive Summary

Formed in 1995, the Vermont Coalition of Clinics for the Uninsured (VCCU) is a group of ten free primary health care clinics and two dental clinics dedicated to providing access to health care for uninsured and underinsured Vermont residents. We offer:

- Assistance with enrollment in Green Mountain Care programs, including Vermont Health Access Program(VHAP), Medicaid, Dr. Dynasaur, Catamount and Ladies First.
- Access to health care, either through referral or direct services for acute, preventative and chronic care services based on qualification guidelines.
- Referrals for ancillary and diagnostic testing, specialized care, complementary health services, and social services.
- Case management to deliver personalized services to patients to improve their care.
- Access to free or low-cost medications through samples, prescription vouchers, and pharmaceutical company programs.

In 2010, VCCU member clinics served 7,142 patients with 6,704 patient visits; 21,816 services and received in-kind support of over \$2 million dollars in medications, services, labs and hospital support.

VCCU clinics and programs are sustained through an annual grant from the state of Vermont, local fund raising, private and patient donations, volunteer work by local health care providers and the support of community hospitals. For more information, or to make a donation, please contact: Lynn Raymond-Empey, Executive Director, VCCU, PO Box 655, Bellows Falls, Vermont, 05101, 802-289-2454 or vccu@comcast.net.

The VCCU



Dr. Bob Pitts volunteers at the Open Door Clinic.

The Vermont Coalition of Clinics for the Uninsured (VCCU) is an association of ten free clinic programs serving the needs of Vermonters who are unable to pay for health care services. Our patients include those who have no insurance, are inadequately insured, or have been hit with a traumatic incident like job loss and can no longer afford their insurance.

The VCCU programs are crucial to the health, well-being, and the medical decision-making of our patients. **In 2010, 73% of our patients said that if not for VCCU services, they would have delayed care because they could not afford standard medical services.** Forgoing care of acute and chronic conditions often results in an increased cost of treatment, severe disability, and even loss of life. While the VCCU is helping to meet this need, there continues to be a growing need for accessible, affordable health care in our state.

The VCCU has identified access to primary health care, dental and mental health services, and affordable prescription drugs for those with chronic illness, as the most pressing needs for our patients. The VCCU member programs work strategically to address these needs with their partners around the state.

OUR PATIENTS

" A 52 year old male called our office after being diagnosed in the Fletcher Allen Emergency Department with mouth and throat cancer. He was concerned about seeking treatment, as he did not have any insurance and feared the pending bill from the Emergency Department. Fletcher Allen and HAP were able to fill in the gaps by paying for \$200 towards his medications, enrolling him in VHAP, and getting him on the Fletcher Allen Patient Assistance Program. The patient is now receiving treatment for his cancer and says he wouldn't have gone back to the doctor without our help."

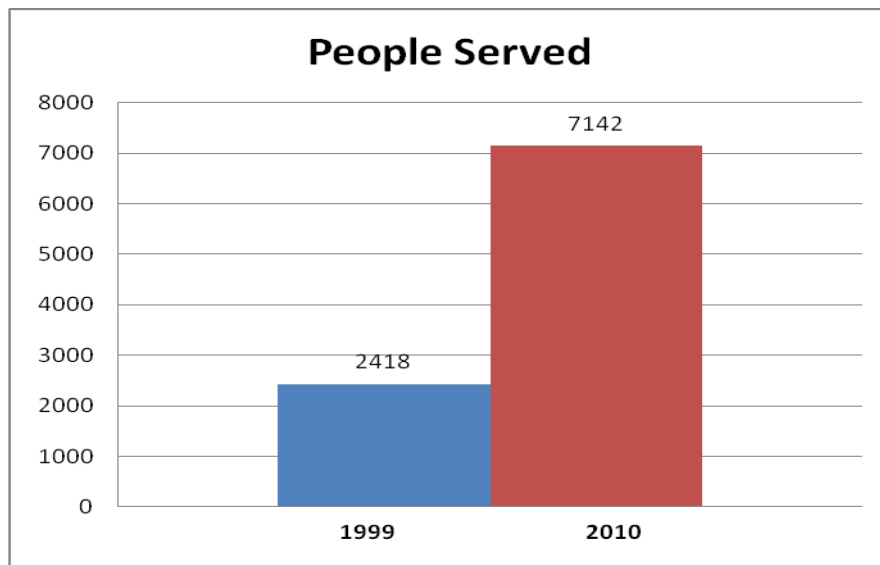
Organization

The VCCU is an incorporated 501(c)(3) organization. Its ten clinic programs are located throughout the state. The board employs an Executive Director who provides technical assistance to the clinics and support to individual programs. A community-based board of directors, comprised of representatives of member organizations, oversees the coalition.

History and Growth

The VCCU was formed in 1995 as an informal coordination mechanism among five free clinics. Since then, five health care programs and two dental programs joined the coalition, and a VCCU coordinating office was established. Over the past ten years, **the number of people served annually by the VCCU has more than tripled from 2,418 to 7,142.**

Figure 1 VCCU Growth 1999-2010

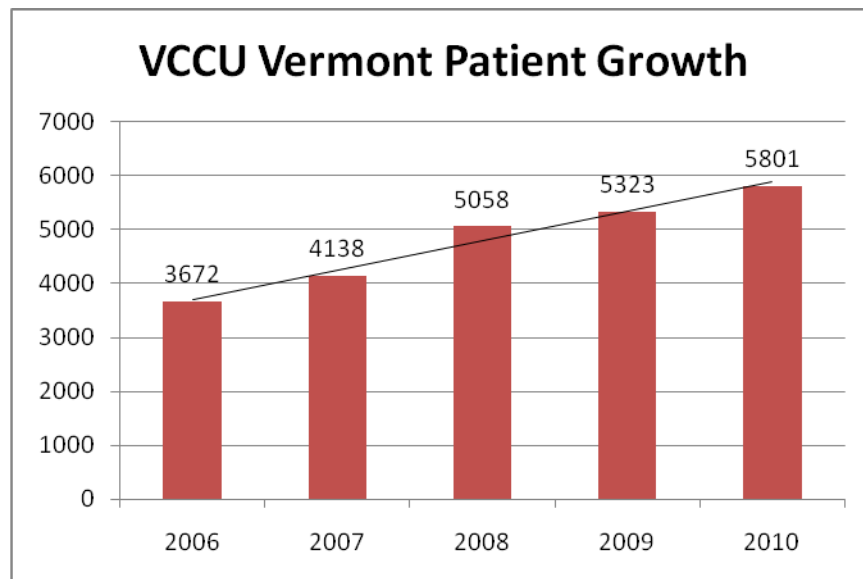


Nearly all of our patients come from the state of Vermont, and are therefore screened for eligibility in the Green Mountain Care programs. With the addition of Catamount and the Medicaid extension programs in the state of Vermont, it would be natural to think that the number of patients we serve would decrease as more people should be insured. However, that has not been the case. Experience with the patients tells us that even with the availability of these programs, there are life situations that happen and cause people to fall off their insurance, or force them into difficult financial decisions. Whenever that happens the free clinics are there to help bridge Vermonters back into the primary care system. The good news is that with the

expansion of the Green Mountain Care programs we are seeing patients, on average, for two health care visits or less annually because we are able to integrate them back into the primary care system much more quickly.

The next chart in Figure 2 shows the growth trend line for Vermont Patients between 2006 and 2010. The economic difficulties being experienced by so many families in the state of Vermont and throughout our country are reflected by the 58% increase in our unduplicated Vermont patient count between 2006 and 2010. There has been a 40% increase in patient growth since the introduction of Catamount in 2007.

Figure 2 VCCU Vermont Patient Growth 2006 to 2010



Activities

The VCCU holds quarterly meetings to plan and coordinate the following activities:

Coordinating our work with our partners

The VCCU quarterly meetings are an opportunity to meet with representatives of state programs and agencies whose services are provided to VCCU patients. At the meetings, clinic staff and board members meet with representatives from the Vermont Agency of Human Services, including the Department of Health and Economic Services, the Vermont Health Access Plan, Dr. Dynasaur, Area Health Education Centers, Bi-State Primary Care, Ladies First, the Department of Corrections, Rural Health and Community Health Centers and various advocacy groups. Additionally, each individual clinic is involved with their partners at the local level, including hospitals, blueprint for health committees, and various community health initiatives.

Data Collection, Analysis and Evaluation

The clinics collect a core set of demographic and medical visit data for use by the VCCU and state policy makers. New software was developed and installed in 2005 to facilitate uniform data collection, efficient maintenance of patient charts, and effective case management. The clinics also track applications to pharmaceutical patient assistance programs and the dollar value of donated medications. Recent efforts to enhance the database system were completed at the beginning of FY10. It has improved the consistency of our reports and provided an additional level of detail that helps us measure our work and the effect that we are having on the lives of Vermonters. Standardized evaluation criteria are established for the clinics through the VCCU Board meetings.

Program Development

New programmatic initiatives are collaboratively designed with input and information from all our coalition members and statewide partners to address the needs of Vermonters and gaps in health care services. Most recently we have been working closely with the Economic Services Department as they go through their modernization efforts. We have been their community partner in the outreach and enrollment process for many years and will continue to be a major source of assistance to Vermonters who are applying for the Green Mountain Care programs, particularly those who may need face to face assistance.

Membership

VCCU members must:

- Be a private nonprofit corporation that has 501(c)(3) tax-exempt status or have applied for such status, or be a program component of a larger 501(c)(3) tax-exempt organization.
- Be an organization that provides free health care to the uninsured or underinsured who are income-eligible.

Members must also:

- Demonstrate a commitment to the VCCU by regularly attending quarterly meetings and actively participating in the activities of the VCCU.
- Collect aggregate data as required by the VCCU and respond to all requests for information required by the VCCU in a timely manner.
- Abide by the by-laws of the VCCU.

Our Patients:

A year ago we had a 45 year old woman come in with a nasty cancerous-looking growth near her eye, no insurance - though seemingly eligible for VHAP. The dermatologist wouldn't see her until or unless she could pay. They wouldn't even schedule an appointment until she had coverage. We immediately got her applying for VHAP, and had another provider try to cajole this dermatologist into seeing the patient asap. The end result was the patient was seen in a timely fashion, mole removed and biopsied - not cancer. The patient got on VHAP, got her care and was very, very, very happy.

From the Putney Walk In Clinic

Program Models

The VCCU clinics operate as either Referral programs or Freestanding health and dental care facilities. As is described in detail in the sections that follow, the Referral programs screen patients for eligibility for healthcare programs, and make referrals to partner agencies for care. The Freestanding programs also screen patients for eligibility for healthcare programs and offer direct health care services for patients.

The VCCU Referral Programs

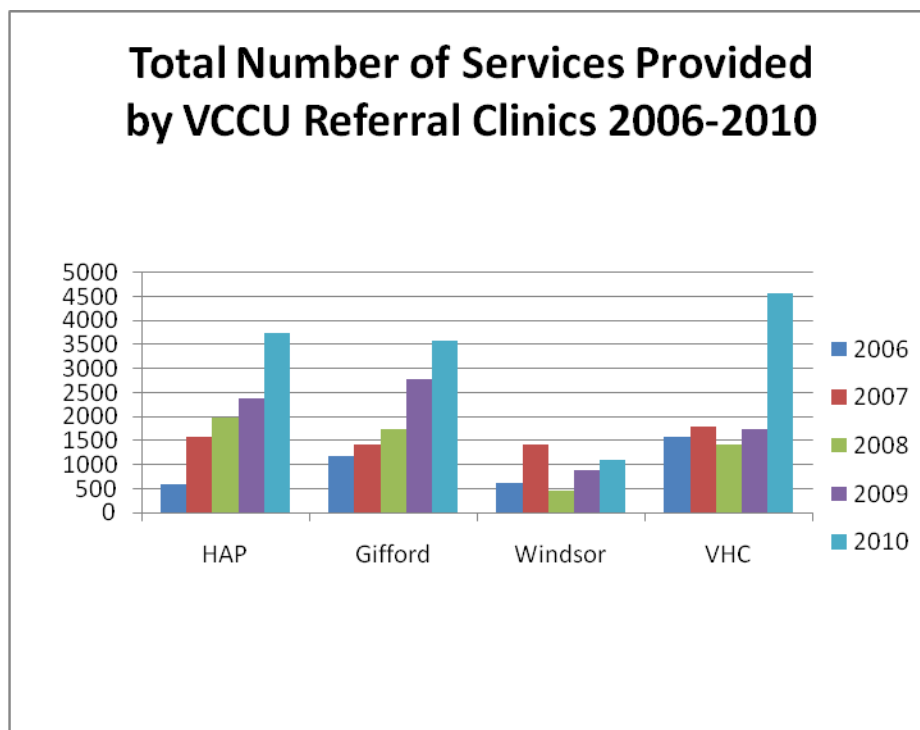
There are four VCCU Referral programs (Table 1). These programs screen patients for eligibility for assistance programs, such as the subsidized care programs at specific hospitals, sliding fee scales at Community Health Centers, and Green Mountain Care programs (such as the Vermont Health Access Plan (VHAP), Dr. Dynasaur, Catamount and Ladies First). Patients are then referred to partnering care organizations like local hospitals and medical care practices or community health centers, where medical services are provided at either no charge or on a sliding scale. Doctors volunteer their services, but provide care within their office practices. In this way, patients are incorporated into mainstream health care services. The types of referrals that are made include all levels of care, including primary care, episodic care, specialty care, social services, dental, and mental health services.

Table 1 The VCCU Referral Programs

Clinic Name	Year Founded
Health Assistance Program at Fletcher Allen Health Care	1993 (as Freestanding) Converted to Referral 2001
Health Connections at Gifford Medical Center	1993 (as Freestanding) Converted to Referral 1997
Windsor Community Health Center at Mt. Ascutney Hospital	1997
Valley Health Connections	1999 (as Freestanding) Converted to Referral 2005

Program Utilization

In 2010, there were 3,377 people who received 11,798 services, a 51% increase over 2009, at the VCCU Referral programs. A service is defined as an instance where a patient received care, prescription assistance, dental care, mental health referral, smoking cessation assistance, assistance with getting diagnostic testing, screening for benefits, and hospital charity care programs. Figure 3 illustrates the number of services provided at each clinic.

Figure 3 Total Number of Services in Referral Programs 2006 to 2010

Typically, the Referral programs have contact with patients multiple times in the form of follow-up on referrals, application assistance for Green Mountain Care programs, as well as patients returning for services. **In 2010, the referral clinics experienced a 26% increase in their unduplicated patient count over 2009. They also had a 51% increase in the number of services provided to their patients.** Part of the service increase can be attributed to the number of patients seeking assistance with the purchase of medications. The free clinic programs regularly receive referrals from health care providers who want to make sure their patients are getting their medications. In many cases the patients either lack prescription coverage, or have a high deductible, or cannot afford their co-pays. All the free clinic programs work closely with their partners to insure that patients not only can see a physician, but also have the appropriate testing or get the medications they need to treat their condition. The other factor that increased not only the number of patients, but also the number of services, is the Modernization of the Vermont Economic Services department. Uninsured Vermonters, for the most part, no longer receive assistance at the economic service department when applying for the health care programs. However, many Vermonters continue to need face to face assistance when applying for these programs. The free clinics have served many of these Vermonters over the past several months.

The VCCU Freestanding Clinics

There are six VCCU Freestanding programs (Table 2). These clinics screen patients for eligibility for Green Mountain and charity care programs, just like the Referral programs, and provide direct services to patients. Clinic hours are held at designated times in donated or reduced-cost office space and are staffed by volunteer physicians, nurses, physical therapists and other health professionals. The Freestanding clinic hours are especially important to those uninsured individuals who do not qualify for other assistance programs, but are urgently in need of medical attention.

Table 2 VCCU Freestanding Programs

Program Type	Clinic Name	Location	Year Founded
Free Standing Medical	Putney Walk-In Clinic	Putney	1991
Free Standing Medical	Good Neighbor Health Clinic	White River Junction	1992
Free Standing Dental	and the Red Logan Dental Clinic		1996
Free Standing Medical	Community Health Services of Addison County- Open Door Clinic	Middlebury and Vergennes	1993
Free Standing Medical and Dental	Park Street HealthShare	Rutland	1993
Free Standing Medical	People's Health & Wellness Clinic	Barre	1993
Free Standing Medical	Bennington Free Clinic	Bennington	2009

The VCCU Freestanding clinics offer access to the following array of services:

Primary and Preventive Health Care

All levels of medical problems are attended to through the VCCU clinics. Services range from therapeutic care of acute and immediate problems such as ear infections and cough, to preventive and prophylactic interventions such as immunizations, pap smears, and blood pressure regulation.

Referrals for Specialized Care

Through special arrangements with our clinics, specialists around the state accept referrals from the VCCU clinics, in a similar partnership with the VCCU Referral programs. Some provide services at no charge and others offer care on a sliding scale. Referrals are commonly made for imaging, foot care, dental, and mental health services.

Case Management and Coordination

Case management is the backbone of our work. Understanding that patients may move frequently or prioritize other issues above health, case managers are the consistent link for maintaining the health of people who live with chronic disease. Case managers in all clinics are responsible for reviewing patient charts, coordinating services, consulting with volunteer medical directors and ensuring referrals for testing and specialized care. They also provide assistance with medications and facilitate enrollment in social services.

Our Staff and Volunteers:

"The clinic is amazing. The staff are friendly, nonjudgmental and so willing to help and answer questions. In particular, Betsy [nurse case manager] is amazing. She is always friendly and if she doesn't know the answer to a question she will find it out for you. Recently, I was concerned about something because of my family history. Betsy didn't make me feel weird about asking - she was very supportive and understanding." Patient from the Open Door Clinic

Enrollment in Government Insurance Programs

All VCCU programs serve as an entry point for systematic health care by carefully screening patients and helping to enroll them in Medicaid or Medicaid extension plans such as the Vermont Health Access Plan (VHAP), Dr. Dynasaur and Ladies First, and Catamount/Green Mountain Health Care.

Dental Care

On-site dental care is provided in two programs – Good Neighbor Health Clinic and the Rutland Free Dental Clinic for persons who have no health insurance. At the other clinics, patients receive referrals to address dental needs and patients may be subject to a sliding scale fee depending on their income level. These efforts, while appreciated and important, don't come close to meeting the need in our communities. The VCCU and its member programs will continue working with their state and local partners to expand and address these important oral health issues.

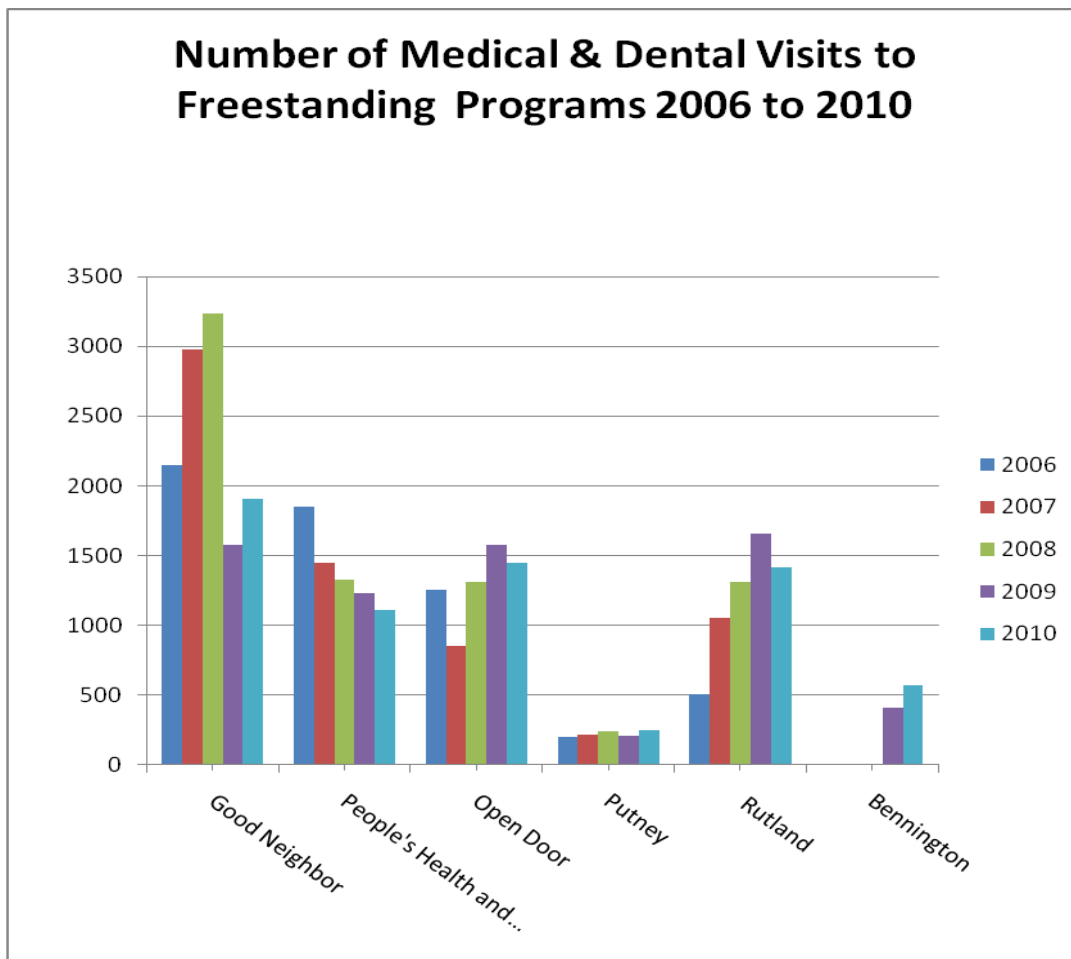
Immunization Clinics and Outreach Programs

The VCCU participates in Vermont's Department of Health Vaccination for Adults Program. Immunizations are provided in the clinics as well as through mobile outreach programs. Innovative methods of delivering immunizations to difficult to reach and vulnerable populations are developed based on community needs assessments. Health promotion and disease prevention classes are conducted on a regular basis at various venues in the communities.

Freestanding Clinics: Program Utilization

In 2010, there were 6,704 visits to the VCCU Freestanding clinics, a slight increase in the number of visits which is due to a slight increase in the number of patients over 2009. Figure 4, shows the number of visits per clinic. A visit to the clinic is defined as any service provided by a health care provider at a clinic office or any off-site locale. Examples of providers would be: MD, PA-C, NP, dentist, physical therapist, specialist, mental health provider, chiropractor, or nurse.

Figure 4 Number of Visits to Freestanding Programs in 2006 to 2010



Earlier in this report we documented the large increase in number of patients since 2006. Yet the number of patient visits is down. This means the clinics are doing their job – and doing it well.

The goal of all the clinics (freestanding and referral) associated with the VCCU is to reduce the number of visits to the free clinic and integrate the patients into a permanent medical home as soon as possible. We do this by connecting them with the Green Mountain Care programs so they can be insured. In 2007, the average number of visits per patient to our Freestanding programs was 2.24. In 2010 the freestanding clinics had a 27% increase in patients from 2007, but were able to lower their average number of visits to 1.8 visits per patient. This number has held steady for a couple of years. This is great news because the free clinic programs are not meant to be primary care homes, they are a bridge to help bring patients back into the primary care system. Like the Referral clinics, the Freestanding clinics are working diligently to connect their patients with health care resources and a permanent medical home. They have focused on efficiently using their resources to reduce the number of visits that patients have to make to the Free Clinic, by addressing multiple issues at each visit.



Dr. Hand and his assistant perform much needed dental work on a patient at the Red Logan Dental Clinic.

SPOTLIGHT ON:

Why Do We Need Free Clinics?

There are lots of things happening with health care reform on the national level and here in the State of Vermont. Many of the reforms could provide much improved access to health insurance to many uninsured and underinsured Vermonters. Our hope is that someday there will not be a need for free clinics and everyone will have access to a primary care provider and will seek preventative care to improve health outcomes throughout our state and country. That goal will enable all to seek preventative care which will improve health outcomes throughout our state and country. However, until we know exactly when and how that will happen, we cannot definitively answer the question of how the free clinics may or may not fit into that future vision. We do know that when Catamount first began in 2007 insurance became affordable to many more Vermonters, but that our free clinic programs continued to see an increase in the number of patients served.

A great example of the work of the free clinic programs can be found at Valley Health Connections in Springfield, Vermont, one of our referral clinics. The experience of Edward Perry clearly demonstrates that even when health insurance is available, it still can be out of reach.

At 48 years old, Edward Perry had worked hard his entire life. He had a job where his employer offered health insurance, but Perry could not afford the \$400 monthly premium payments. He was very conscientious about paying his bills, but because he knew he couldn't afford medical exams Perry denied himself the preventive care he needed.

Over the years, Mr. Perry's health declined. He suffered from chronic leg pain and was having difficulty walking. His condition was affecting his ability to work and because his employer did not offer sick time, he was losing much needed income.

By the time Mr. Perry came to visit the Valley Health Connections (VHC) Eligibility Assistance Coordinator in November 2009, he was suffering from two serious chronic illnesses. After arranging to have Perry's health evaluated and reviewing his financial situation, VHC was able to help him navigate the often-complicated system of state health insurance and other assistance programs.

“Our goal is to help the uninsured and underinsured in the greater Springfield area stay healthy,” said Wilda Pelton, VHC's executive director. “To meet this goal we help those in need navigate the health care system and overcome multiple barriers, including accessing and staying on health insurance and financial assistance.”

According to Pelton, the process of enrollment in health insurance programs can be particularly overwhelming when the patient is ill and alone. Once the VHC's Eligibility Assistance Coordinator guided Perry to the appropriate state programs, Pelton said the coordinator continued to support him for the next six months with the help he needed to complete applications, meet deadlines, make appointments, seek treatment and obtain prescriptions. During a 4 month period Mr. Perry had to transition from Catamount, to VHAP, to a different premium level in VHAP and finally to Medicaid. Each required paperwork, income verifications, employer forms and numerous advocacy calls on his behalf. After many hours of consultations with medical staff and possible caregivers, Perry was admitted to a nursing home for medical care. During his stay they were able to stabilize his health and identify a better living situation for his transition out of the facility.



November 2010 - VCCU Executive Director, Lynn Raymond-Empey, Edward Perry, Valley Health Connections Clinic Director, Wilda Pelton.

Almost a year later, the VHC Eligibility Assistance Coordinator reports that Mr. Perry's health is improving, which puts a smile of relief on his face and hers. He has health insurance and sees his doctor on a regular basis to help control his chronic illnesses. He is living a new place now and while still recovering, his health crisis is in the past.

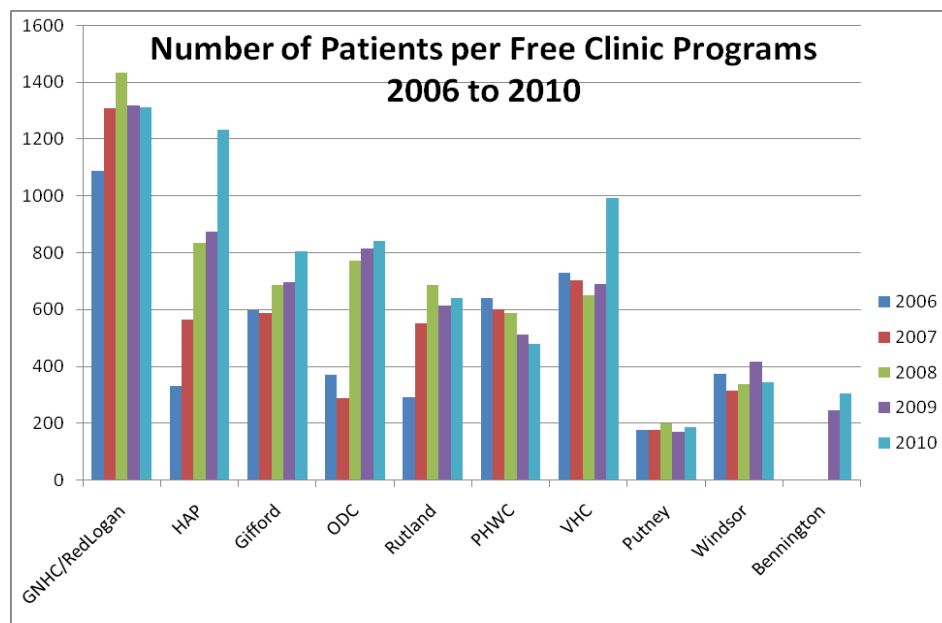
Edward Perry is just one of thousands of Vermont patients that seek help from the free clinic programs each year. Each of their stories and needs are different, but the clinics of the VCCU weave together the federal, state, local and private resources to assist patients with their health care needs. We will continue to fill gaps and help patients overcome barriers to health care as long as we are needed.

Outreach and Enrollment

VCCU Patient Population in 2010 for all Clinics

In general the VCCU patient is an uninsured adult who works either full- or part-time, but earns less than 250% of the Federal Poverty Limit. However, the patient population is quite diverse in terms of education, age, and employment status. In many ways, the patient population represents the diversity of Vermont as a whole. In 2006, the VCCU clinics served 3,672 Vermont patients, and in 2010 the clinics served 5,801 patients. This represents an increase of 58% during a time when the state of Vermont was extremely proactive in trying to provide additional insurance options to the uninsured in our state. That work, while not reflected in our patient numbers, is reflected in the reduction in the average number of medical visits that the free clinic programs are providing to our Vermont patients. Much of our patient increase is linked to the economic conditions that are stressing so many of our families throughout the United States. We are seeing many patients where the main breadwinner has lost their employment and, along with it, the insurance for the family. Many of these patients are people who have never applied for a state assistance program. They are completely unaware of the Green Mountain Care programs and the health care insurance options that may be available to them.

Figure 5 Number of Patients Served by VCCU Clinics

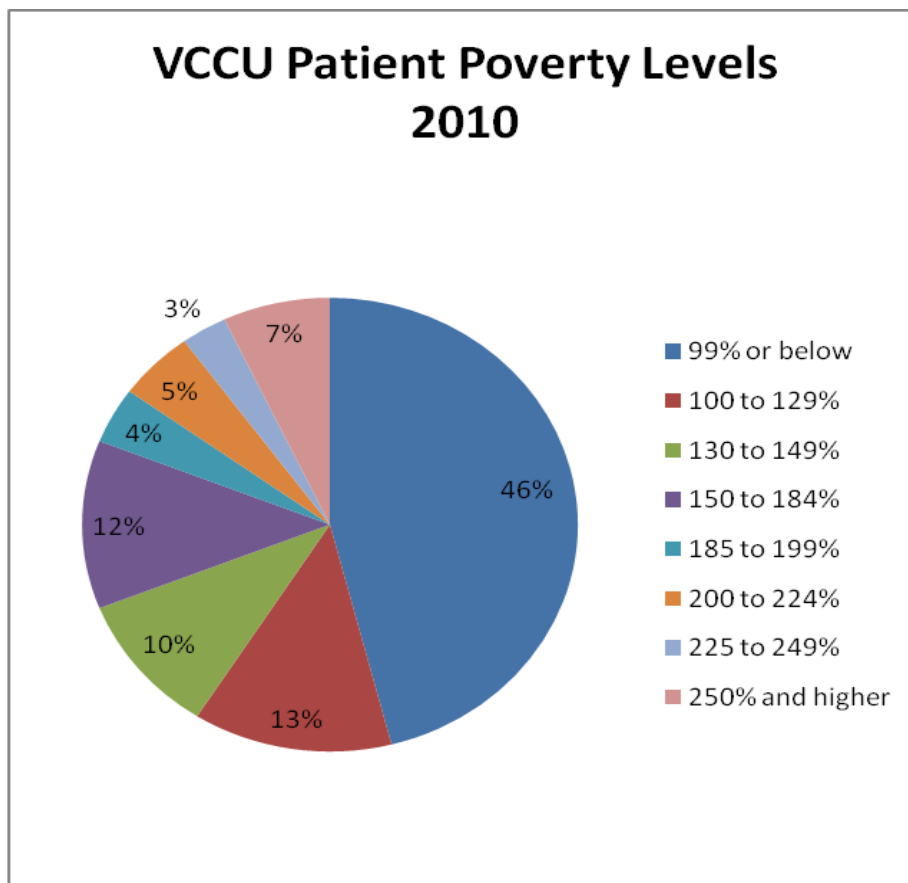


Poverty Level

The following points below provide some information about the changing profile of our patient population in these difficult economic times.

- In 2010, 46% percent of VCCU patients had incomes below 100% of the Federal Poverty Level (FPL).
- In 2010, 85% of VCCU patients had incomes below 200% of the Federal Poverty Level (FPL). In 2007 about 70% of our patients fell into this income bracket.
- And in 2010, 93% of our patients fell below 250% of the FPL. This figure continues to remain fairly consistent, although there has been a slight increase since 2007.

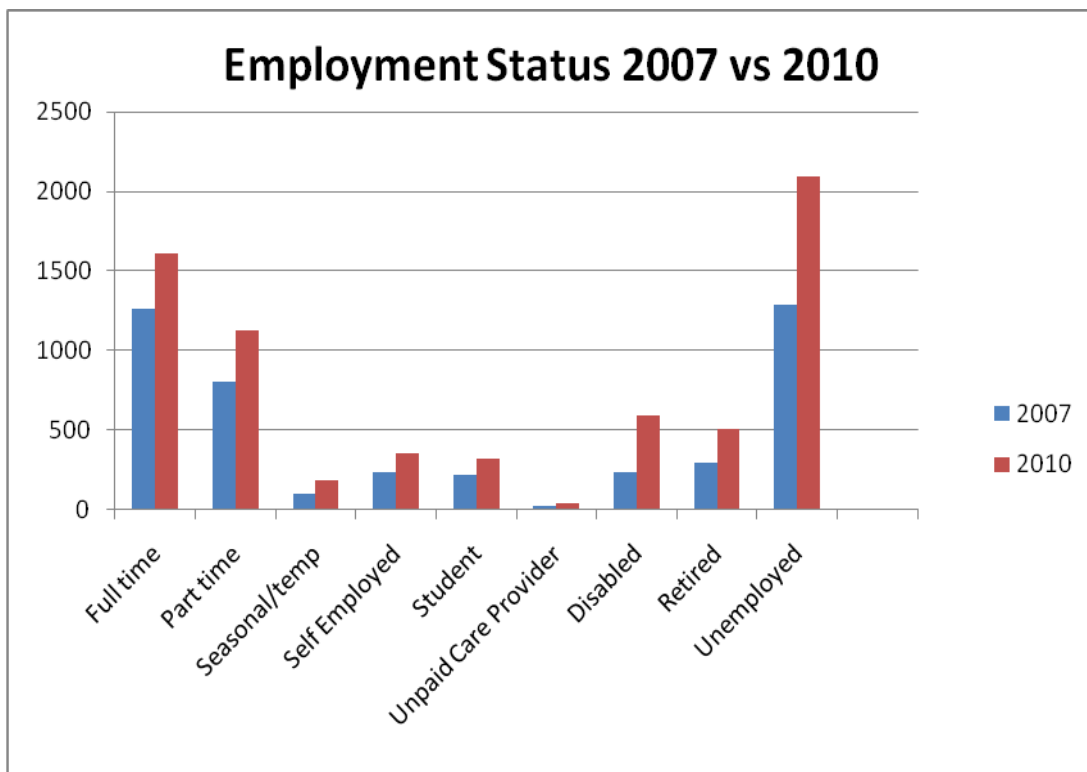
Figure 6 Patient Poverty Levels



Employment Status

In 2010, 48% of our patients were employed full-time, part-time, seasonally or self employed; 31% were unemployed, and the remaining 21% were either students, disabled or unpaid care providers. Even though most of our patients were working, many of them were still unable to obtain health insurance from their employer because of the cost, or simply because their employer could not afford to offer them a plan. In an increasing number of cases we are seeing patients whose employer has switched to a high deductible health plan and they are coming to us seeking help getting medications and affording their deductibles. Many of our self employed patients were unable to continue buying coverage due to a reduction in income and an increase in premiums.

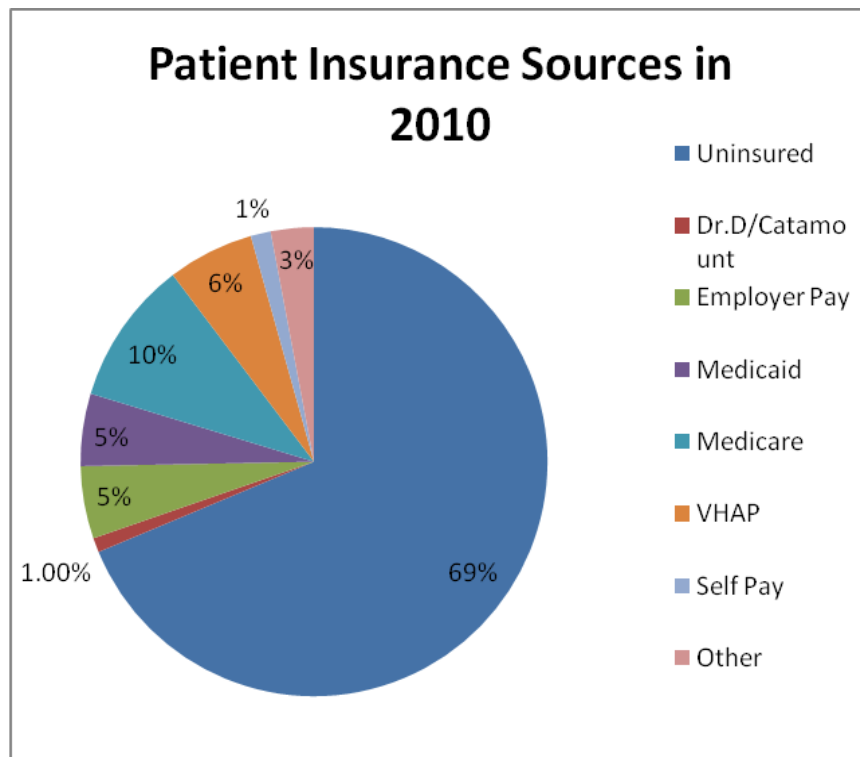
Figure 7 VCCU Patient Employment Status



Insurance

The vast majority of VCCU patients do not have insurance. For the minority who do, their coverage typically has deductibles they cannot afford and does not provide adequate coverage to meet their health care needs. The number of uninsured patients seen by the VCCU programs sets it apart from our partners. We are very knowledgeable about the issues facing the uninsured population and have worked hard to identify all the different programs that may be helpful to patients who vary in income levels up to 400% of the FPL. The free clinic programs that are part of the VCCU assist patients with Green Mountain Care programs, along with Hospital Charity Care programs, Patient Assistance programs, diagnostic testing, Prescription Assistance program, sample medications, dental care consults and resources, and mental health referrals, to name a few. Many of the patients who come to our clinics have no knowledge of the federal, state, local and private resources that may be available to help them.

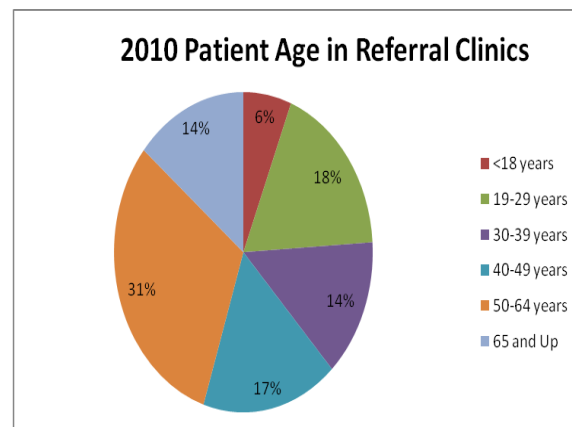
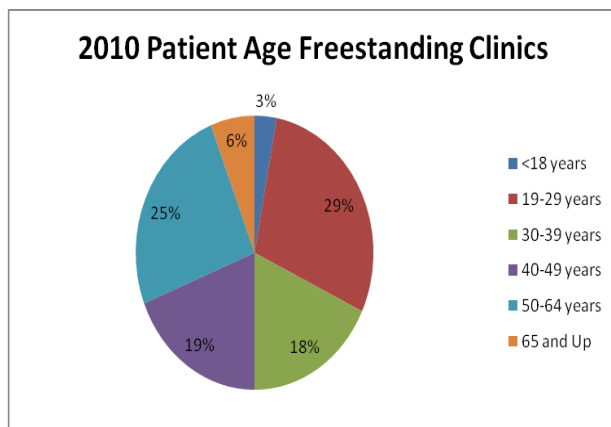
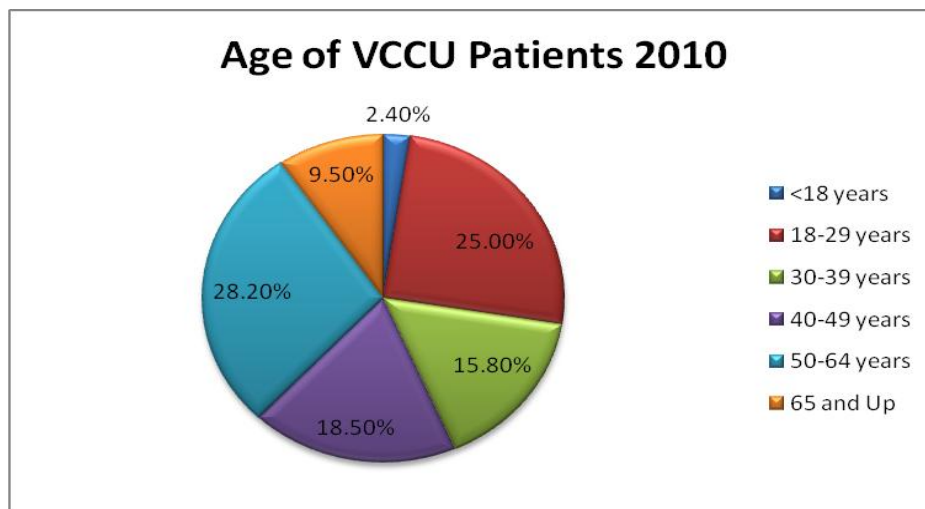
Figure 8 Patient Insurance Sources in 2010



Age

Our programs provide important services to patients of different age groups. Overall the age distribution of our patients for all VCCU clinic programs remained stable. However, there were some interesting fluctuations in the age of the patients when you reviewed the information based on clinic type. The Freestanding clinics continued to see relatively the same age patients as they did in 2009. However, the Referral clinics doubled the number of children they were seeing age 18 and under. While this is only a 3% increase overall, it was a patient population that had remained stable around 2% for many years. This year's jump to 6% is something we are going to watch closely. We assume that the increase is due to the Modernization of economic services and families seeking help from our program to get their children back onto Dr. Dynasaur.

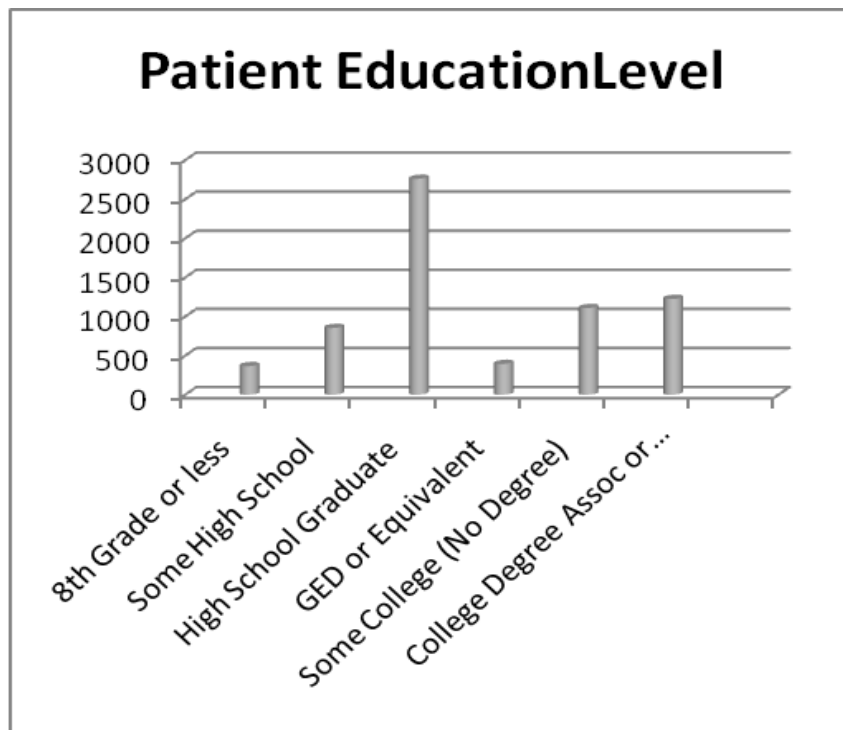
Figure 9 Age of VCCU Patients



Education

The distribution in education level of patients at VCCU clinics is similar to that of Vermont residents at the time of the 2000 census, showing that affordable health care access is an issue regardless of education level. It is surprising to many that so much of the uninsured population is employed, and most have graduated from high school; and many have attended college. **In 2008, 23% of our patients had attended college with several holding college degrees at the Associates level or higher. In 2010 this percentage jumped to 35%.** Just over three quarters of our patients, or 76%, had graduated high school or had their GED.

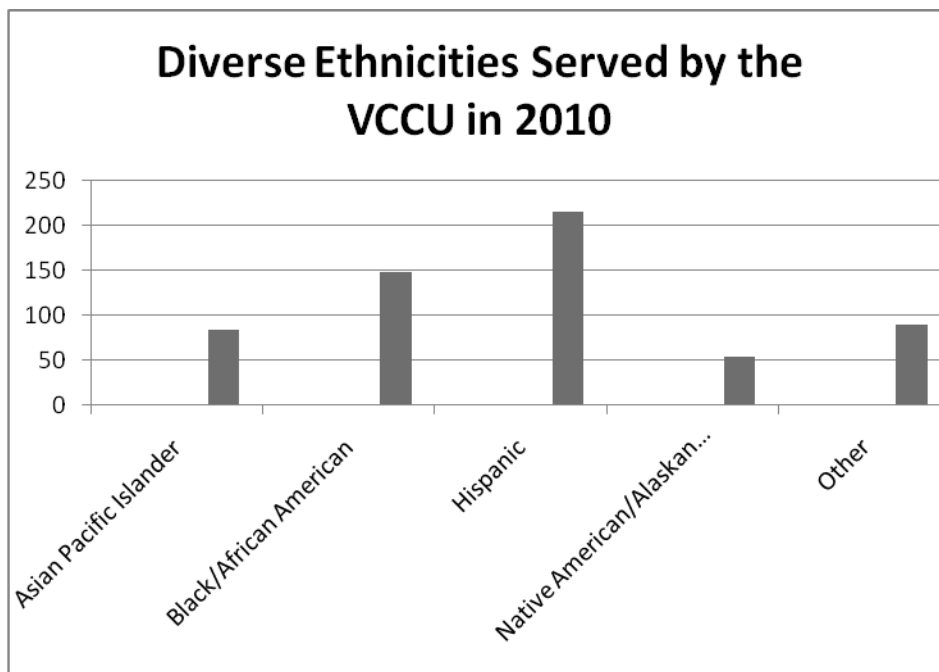
Figure 10 Patient Education Level 2010



Diversity

The vast majority of VCCU patients are Caucasian. However, some of our clinics are reporting an increase in the number of minority patients seen at their clinic. For example, Open Door Clinic has seen a dramatic increase in the number of Hispanic patients. This year Hispanic patients represented just over 14% of the Open Door Clinic’s patient population. Overall the ethnicity profile for the free clinics is similar to that of Vermont as a whole, but it is important to recognize that we do have some diversity in our patient population. Figure 11 provides some detail on this issue.

Figure 11 Diversity of VCCU Patients



Program Funding and Support

The VCCU programs are supported through a network of donors, hospitals, institutions, and individuals. Typically, clinic directors work with advocacy groups, business partnerships, schools, health departments, mental health agencies, dental providers, home health agencies, community action groups, municipalities, and numerous other organizations. These relationships strengthen our clinics' community ties and ensure the sustainability of our services.

Figure 12 2010 VCCU Revenue Sources



***Please note that because much of this funding is done on a July to June fiscal year the revenue for some of these sources may be over or understated. For Example: The VDH State Grant is \$640,000 for the fiscal year.**

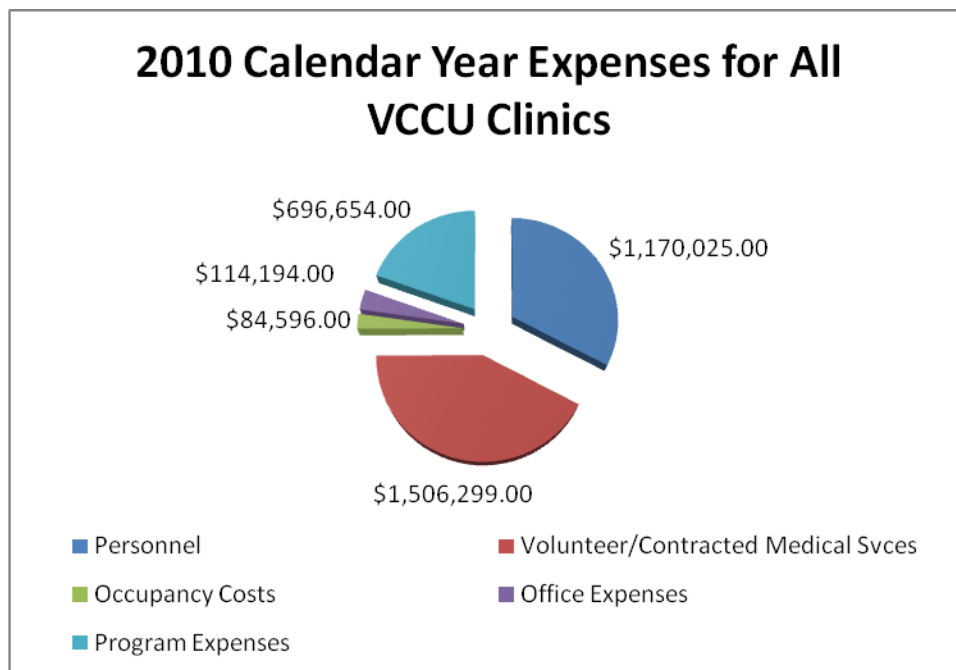
In calendar year 2010, the VCCU and its ten member clinics were supported by \$1.4 million in direct support and **over \$2.4 million in volunteer support and in-kind contributions**. Cash income includes support from the State of Vermont through Department of Health grants, and donations or grants from hospitals, private foundations, municipalities, local service groups, faith based organizations, and individuals. It also includes space rental income.

In-kind support includes donations of:

- Time and expertise from medical professionals, including doctors, nurses, and ancillary health professionals;
- Pharmaceuticals and medical supplies;
- Laboratory and ancillary testing; and
- The use of physician office space for clinic sessions

The in-kind support received by the clinics is essential to keeping down their operating costs and allowing them to serve all the patients that come through their doors. Different clinics receive generous in-kind support that can take many different forms including: a portion of the personnel costs; the occupancy costs (office space, exam rooms, utilities, etc.); contracted/volunteer medical services (doctors, nurses, dentists and other health professionals); and program expenses (pharmaceuticals, testing, medical supplies). Without the ongoing support of our dedicated partners the VCCU would not have been able to survive the 58% patient increase that we have experienced since 2007. Our direct state grant, through the Vermont Department of Health, has been level funded at \$640,000 since July 1, 2006.

Figure 13 2010 Expenses for all Clinics



VCCU Partners

The following is a representative list of the institutions and organizations that partner with and support the VCCU.

State Government

Vermont Department of Health; Vermont Health Access Program; VDH Tobacco Cessation; State Ombudsman.

Hospitals

Alice Peck Day Hospital; Brattleboro Hospital; Central Vermont Medical Center; Dartmouth-Hitchcock Medical Center; Fletcher Allen Health Care; Gifford Medical Center; Mt. Ascutney Hospital; Porter Medical Center; Rutland Regional Medical Center; Springfield Hospital; Windsor Community Health Center; Southwestern Vermont Medical Center.

Foundations

James T. Bowse Community Health Trust; United Way; Vermont Community Foundation; Komen Foundation; Richard and Deborah Tarrant Foundation; Walter Cerf Foundation; Ben and Jerry's Foundation; Dorothy Byrne Foundation; HOPE Foundation; The Help for People Foundation Trust; Volunteers in Healthcare (a Robert Wood Johnson program in Rhode Island) Patient assistance programs from the major pharmaceutical companies.

National Organizations

Volunteers in Medicine; National Association of Free Clinics; Agrisafe; American Cancer Society.

Colleges and Universities

Bennington College; Castleton State College; Dartmouth College; Middlebury College; Norwich University; Southern Vermont College; University of Vermont; UVM Extension Service.

State and Regional Organizations

Area Health Education Centers; Bi-State Primary Care Association; Councils on Aging; Community Action Agencies; Farm Health Task Force; Lion's Clubs; Local Transportation Agencies; New England Rural Health Roundtable; Planned Parenthood; Salvation Army; Vermont Ecumenical Council; Vermont Lung Association; Vermont Safe Kids.

Private

Vermont State Employees Credit Union (VSECU); Mascoma Bank; Gay and Lesbian Fund; Individual Donors; Individual health care providers; Local pharmacies and laboratories; Local Churches and community organizations; Northeast Delta Dental Foundation.

Program Staff and Volunteers

The VCCU and its 10 member programs are run with a minimum of paid staff. As was described above, patient health and medical services are primarily obtained through donations from area hospitals and private health care providers. In addition to the medical service that some of the staff members provide, they are all essential in screening patients for eligibility for the Green Mountain Care programs. They not only assist in the application process, but follow the application through the system to make sure that the patient gets enrolled and finds an appropriate medical home. The staff also provides case management for the patients and helps them to address other needs that may be affecting their health like smoking, getting needed screening tests like a mammogram (Ladies First), and immunizations like flu shots and Hepatitis B vaccinations. The clinics are the final safety net for most of these patients.

Table 3 VCCU Paid Staff/Full Time Equivalent (FTEs)

	Director/ Coordinator	Case Manager	Admin. Asst.	Other	Total FTE
Health Access Program at Fletcher Allen Health Care	0.2	2.8	.20	0	3.20
Health Connections at Gifford Medical Center	1	0	0	0	1.00
Valley Health Connections	1	.65	0	.20	1.85
Windsor Community Health Center	.50	0	.33	0	.83
Good Neighbor Health Center	.90	1.65	1.50	1.60	5.65
Open Door Clinic	.75	1.00	.75	.50	3.00
Rutland Free Clinic	.50	.50	.50	0	1.50
Peoples Health & Wellness Clinics	1	.60	.80	.20	2.60
Putney Walk-In Clinic	.40	.35	.25	0	1.00
Bennington Free Clinic	.50	0	0	0	.50
VCCU Office	.50	0	0	0	.50
TOTAL FTEs					21.63