



THE VERMONT COALITION OF CLINICS FOR THE UNINSURED 2012 ANNUAL REPORT



*Increasing Access to Care for
Uninsured and Underinsured Vermonters*

PO Box 655, Bellows Falls, Vermont 05101
Telephone: 802-732-8253
Website: www.vccu.net
Email: vccu@comcast.net



THE VERMONT COALITION OF CLINICS FOR THE UNINSURED

2012 ANNUAL REPORT

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“Helping Uninsured and Underinsured Vermonters navigate their way to health since 1995.”

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 director.opendoorclinic@gmail.com |
| 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 volunteers@goodnhc.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

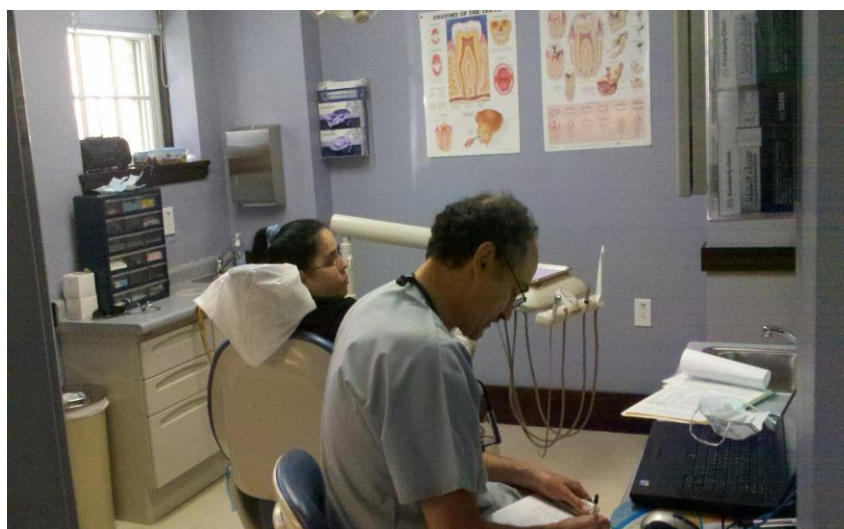
Formed in 1995, the Vermont Coalition of Clinics for the Uninsured (VCCU) is a group of ten free primary health care clinics and two dental clinics dedicated to providing access to health care for uninsured and underinsured Vermont residents. We offer:

- 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.
- EVALUATION is an important part of our work. How many people we help, who we help, how we help them, are all important. **At the end of the day, do we make a difference?** Refer to the green patient story boxes throughout this report and a description of our New patient surveys on page 29 for more information on this topic.

In 2012, VCCU member clinics served 8,334 patients with 8,913 patient visits; 21,583 services and received in-kind support of over \$3 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, 802-732-8253 or vccu@comcast.net.

The VCCU



Dr. Alvarenga and patient at Red Logan Dental 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 2012, 68% 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 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

"I received treatment for periodontal disease at the Red Logan Dental clinic...I did not know that I was suffering from it but my gums had started abscessing, some of my teeth became loose and I underwent an emergency extraction. Thanks to the care and the education given to me by the volunteers working at the clinic, I'll keep more of my teeth longer. I am grateful. It would have been a tremendous financial hardship for me to obtain this level of care on my budget. I consider myself very lucky."

A patient from the Red Logan Dental Clinic

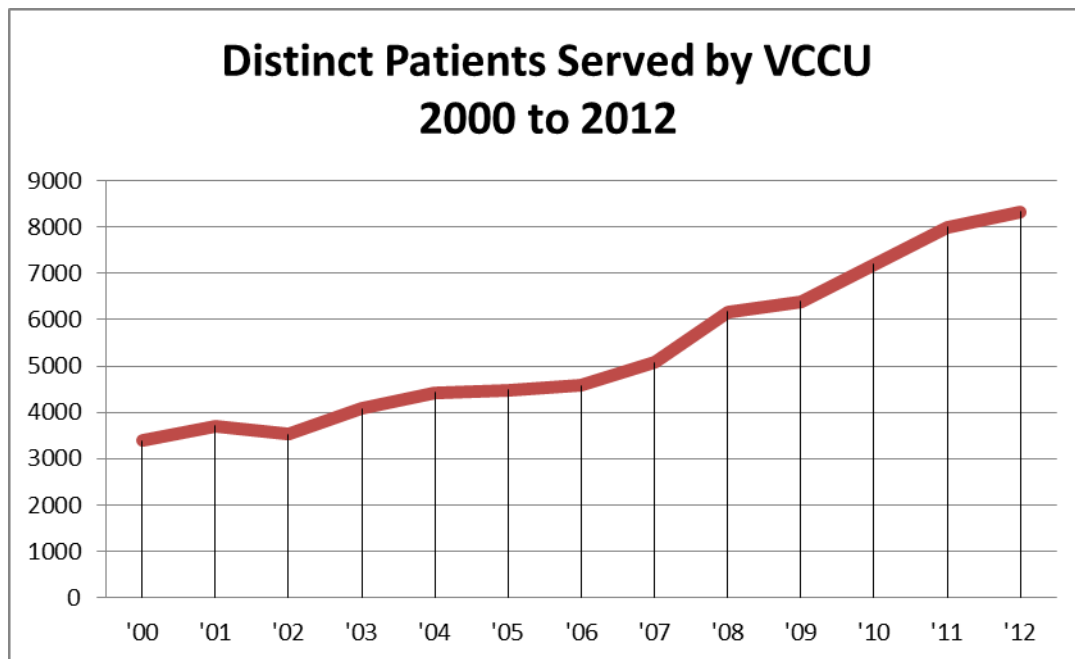
Organization

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 have joined the coalition, and a VCCU coordinating office was established. **The number of people served annually by the VCCU has more than doubled since 2000, growing from 3,392 in 2000, to 8,334 patients in 2012.**

Figure 1-VCCU Growth 2000-2012

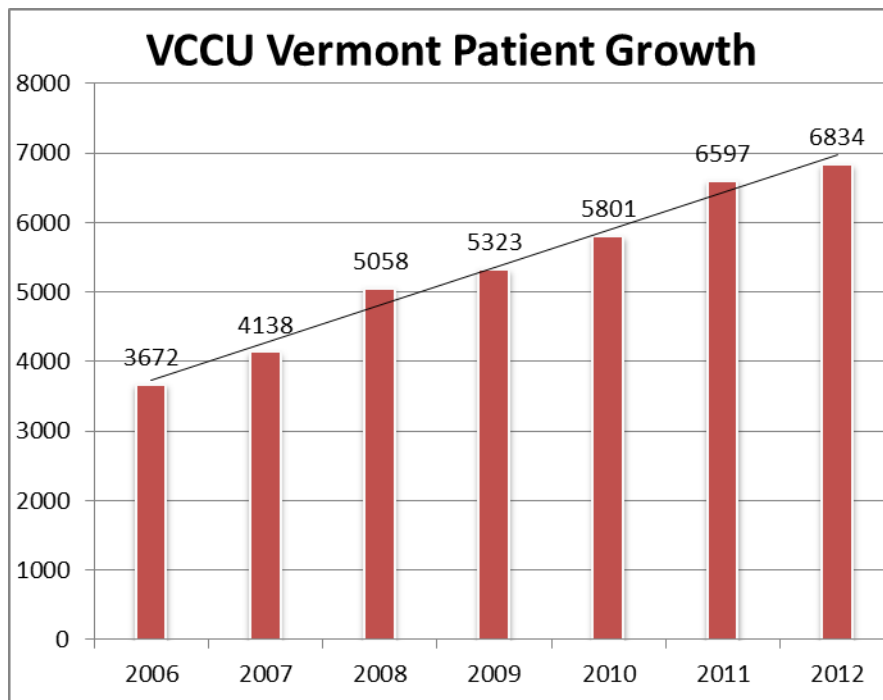


Nearly all of our patients come from the state of Vermont, and are therefore screened for eligibility in the Green Mountain Care programs. With the addition of Catamount and the Medicaid extension programs in the state of Vermont, it would be natural to think that the number of patients we serve would decrease as more people should be insured. However, that has not been the case. Experience with our 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 navigate 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 getting them insured and integrated 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 (just prior to the start of Catamount) and 2012. The economic difficulties being experienced by so many families in the state of Vermont and throughout our country are reflected by the 86% increase in our unduplicated Vermont patient count between 2006 and 2012. There has been a 4% increase in patient growth just between 2011 and 2012.

Figure 2 - VCCU Vermont Patient Growth 2006 to 2012



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:

While completing our six month follow up survey HAP Case Management contacted a cancer patient that we assisted in the past with dental work. The patient was a refugee with low English proficiency. He needed more dental extractions before he could continue his cancer treatments. As a result of language barriers the patient did not know where to seek assistance, and without the follow up case management he would have continued to delay treatment. HAP was happy to assist the patient with a voucher to get the dental work completed.

From the Health Assistance Program at FAHC.

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.

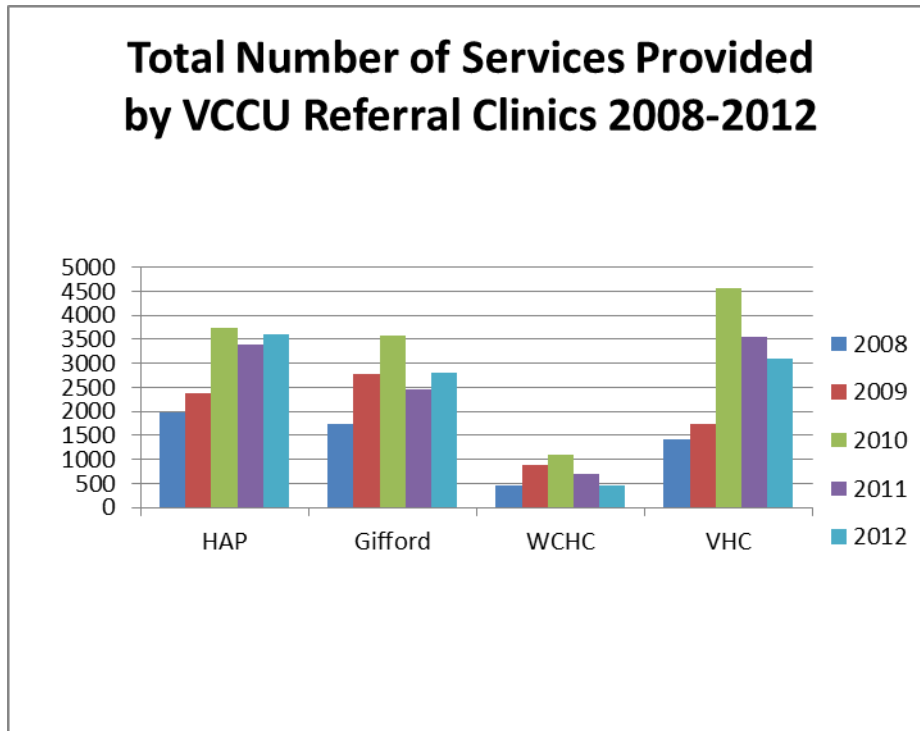
Table 1 - The VCCU Referral Programs

| 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 2012, there were 3,879 people who received 10,000 services, a 61% increase over 2007 (the start of Catamount), 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 2008 to 2012



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. Part of the patient return visits 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 | Rutland Free Clinic and Dental Clinic | 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, and 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

A patient of the Community Health Center called HAP because he was recently diagnosed with diabetes and could not afford his insulin. The patient was not currently eligible for Green Mountain Care programs. The Community Health Pharmacy was able to offer the patient a great discount on his medications, but the cost was still over \$200. HAP was able to pay for a 30 day supply of the patient's medications, preventing him from having to visit the ED to get insulin. We also mailed him Pharmaceutical program applications to complete with his Community Health Center provider to access the medications for free until he is eligible for a State insurance program.

medications and facilitate enrollment in social services.

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 the state and local partners to expand and address these important oral health issues.

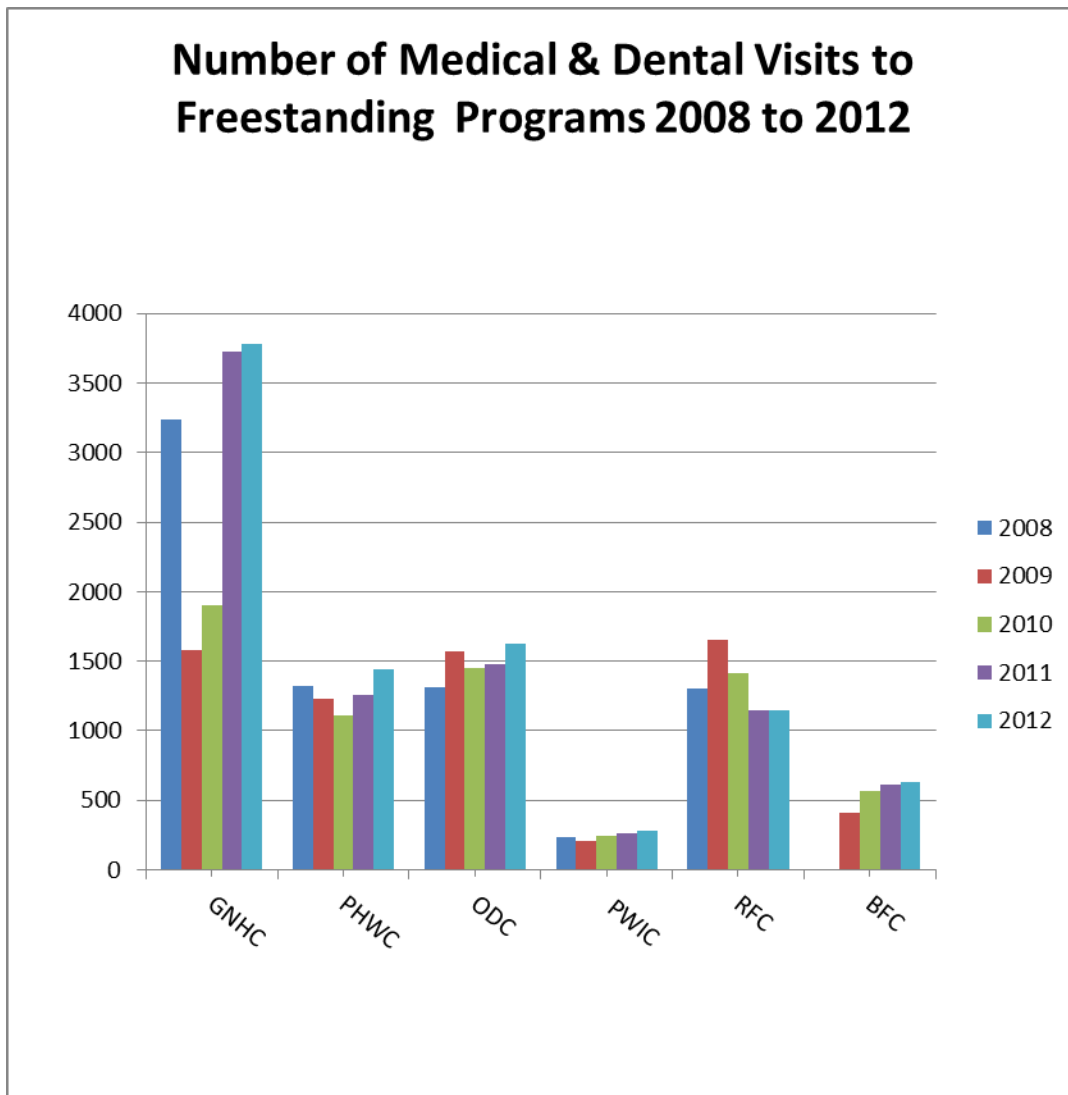
Immunization Clinics and Outreach Programs

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.

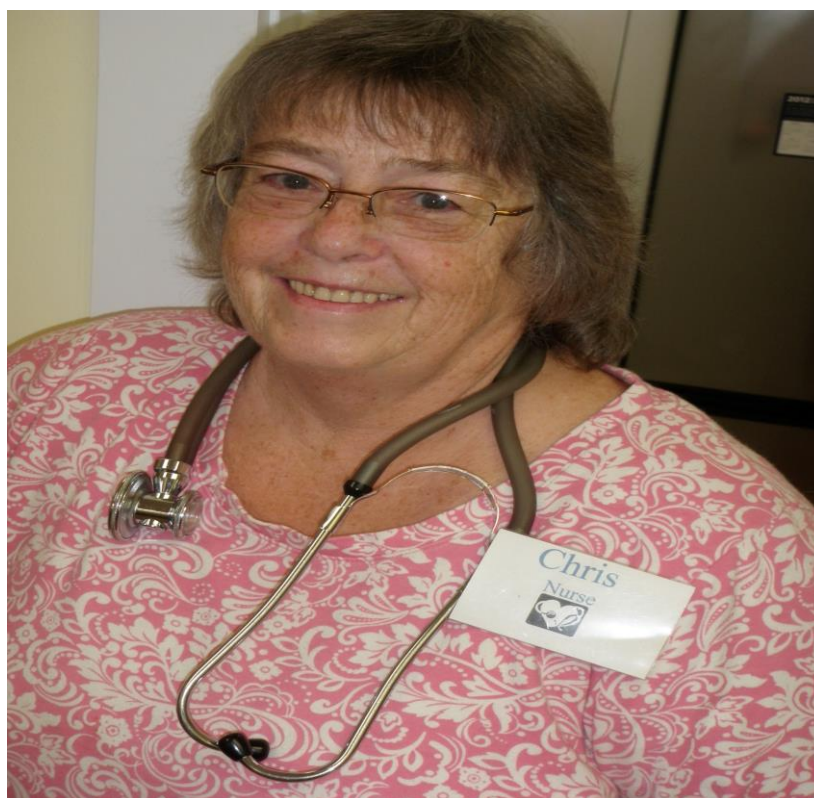
Freestanding Clinics: Program Utilization

In 2012, there were 8,913 visits to the VCCU Freestanding clinics, a slight increase in the number of visits, which is due to a 5% increase in the number of unduplicated patients over 2011. 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 2008 to 2012



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 2012 the freestanding clinics had a 35% increase in patients from 2007, but were able to lower their average number of visits to 2 visits per patient. This is great news because the free clinic programs are not meant to be primary care homes; they are a bridge to help navigate 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. The biggest challenge for many of our clinics right now is finding primary care doctors that are accepting new patients. The shortage of doctors in different regions of our state continues to be an area of concern. If there is no available doctor to take on our patients, we continue to meet their health care needs at the free clinics.



Volunteer Nurse, Chris Lackey at the People's Health & Wellness Clinic in Barre, Vermont.

Outreach and Enrollment

VCCU Patient Population in 2012 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 2012 the clinics served 6,873 Vermonters. This represents an increase of 86% 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. Many of these patients are people who have never applied for a state assistance program. In fact, **for many years one of the statistics that has remained constant is that each year more than half of our patients are NEW patients and have not been to the free clinics before.** They are completely unaware of the Green Mountain Care programs and the health care insurance options that may be available to them.



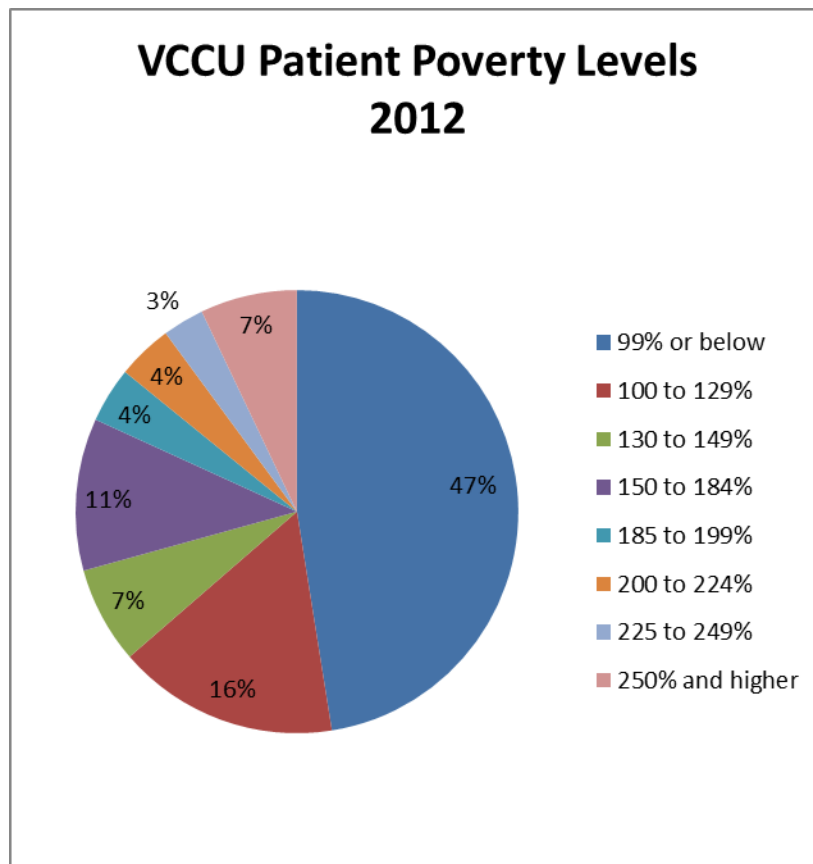
Michele Packard from Health Connections consulting with a nurse at Gifford Medical Center.

Poverty Level

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

- In 2012, 47% percent of VCCU patients had incomes below 100% of the Federal Poverty Level (FPL).
- In 2012, 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 2012, 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.

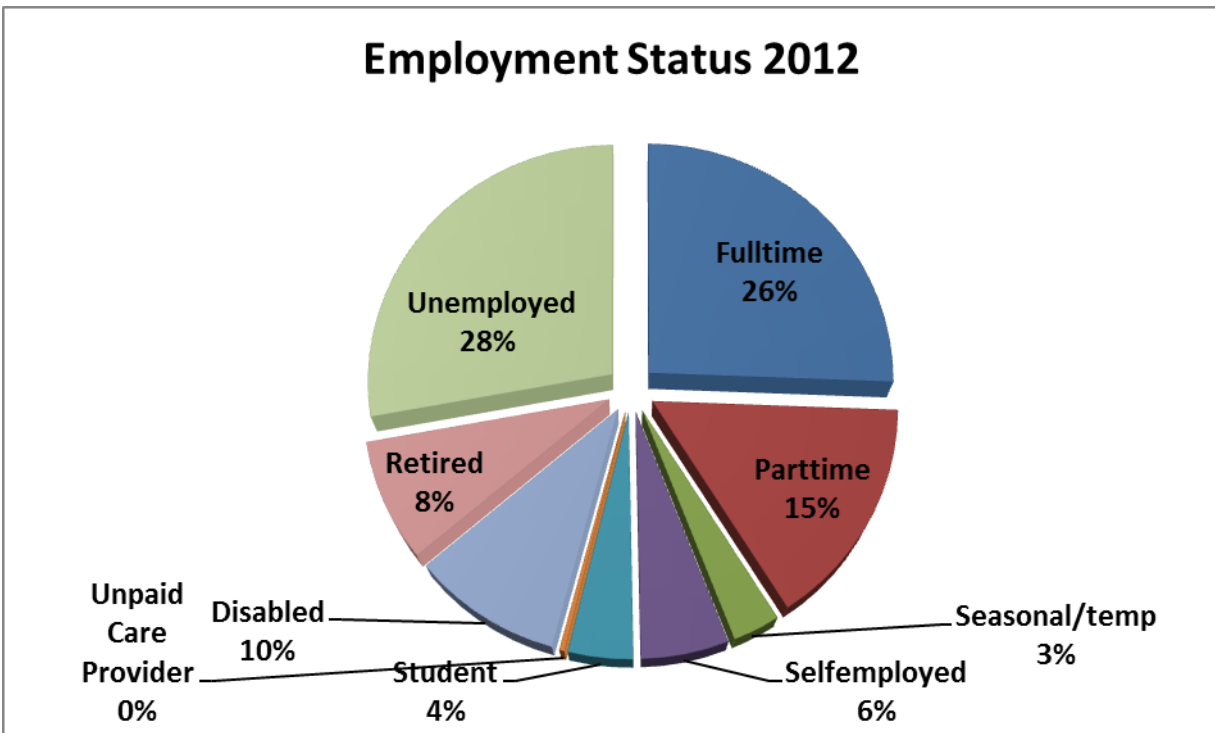
Figure 5 - Patient Poverty Levels



Employment Status

In 2012, 50% of our patients were employed full-time, part-time, seasonally or self-employed; 28% were unemployed, and the remaining 22% 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.

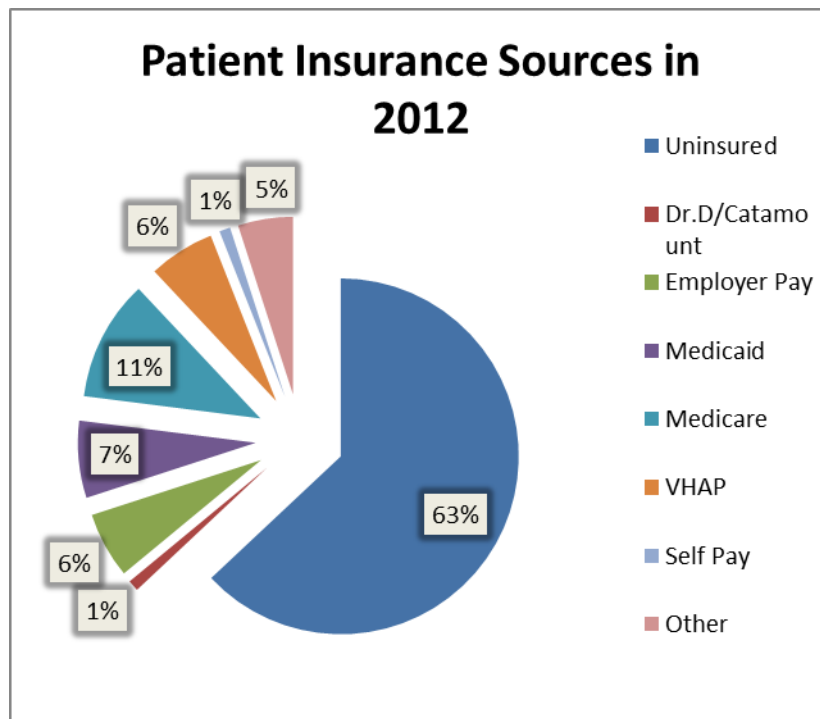
Figure 6 - VCCU Patient Employment Status



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, FQHC sliding fee scales, 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.

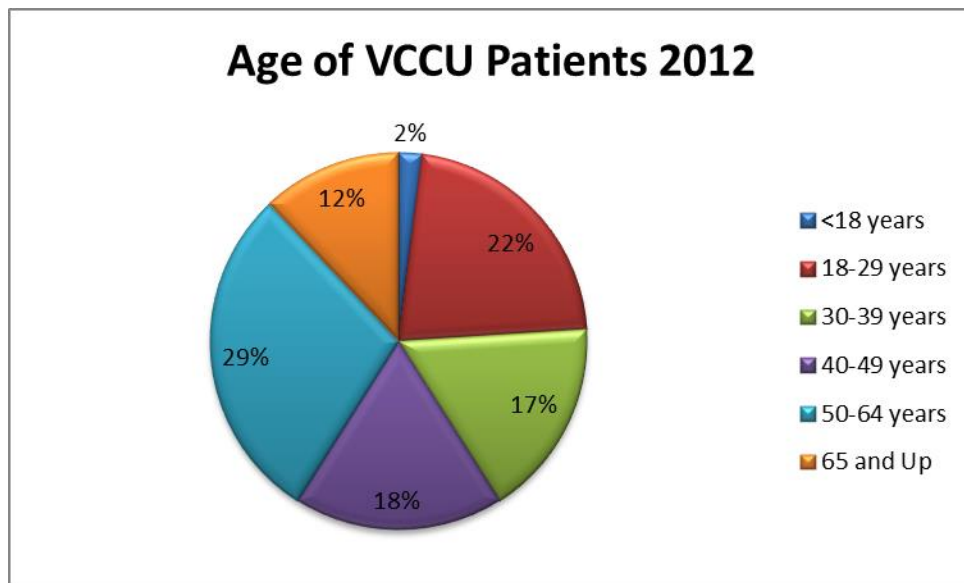
Figure 7 - Patient Insurance Sources 2012



Age

Our programs provide important services to patients of different age groups. Overall the age distribution of our patients for all VCCU clinic programs has remained stable. Since the introduction of Dr. Dynasaur Vermont has been very successful insuring those 18 years old and under. The remaining age categories are pretty evenly split. Many of the patients that we see in the age 65 and up category are seeking help with a very complex Medicare part D enrollment process. They have difficulty selecting plans, and some of them are enrolled in plans where they cannot afford the premiums and copays. We assist these patients with enrollment in VPharm, if applicable. The VCCU also has many clinics that help patients apply for prescription assistance programs for some of their more expensive medications. As with all our patients, it is extremely important that we help our patients not only to become insured, and in a medical home, but also to make sure that they are able to take those medications that are prescribed by their physician, no matter what the age of the patient.

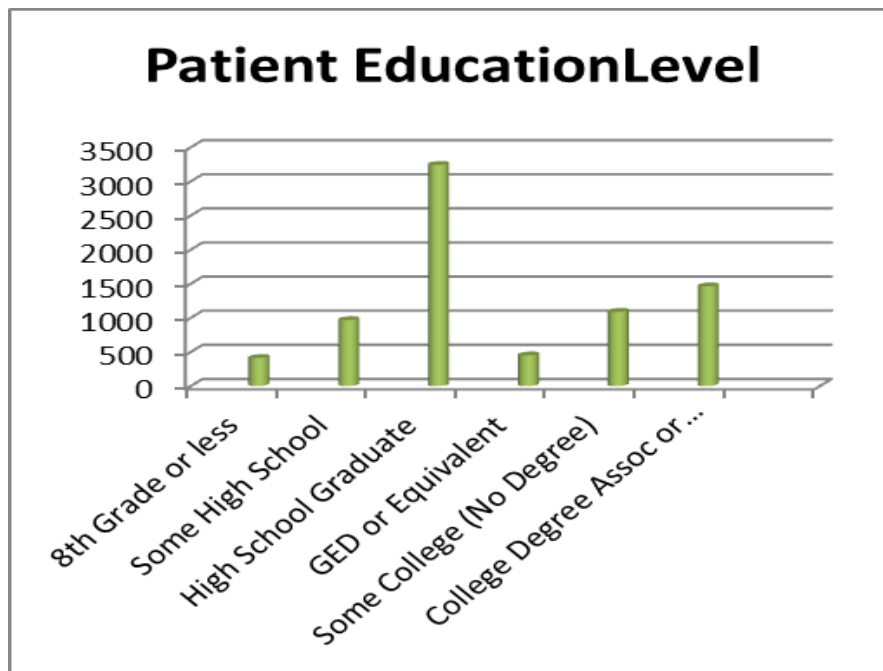
Figure 8 - Age of VCCU Patients



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 2012 this percentage jumped to 33%.** More than three quarters of VCCU patients, 82%, had graduated or gone beyond high school.

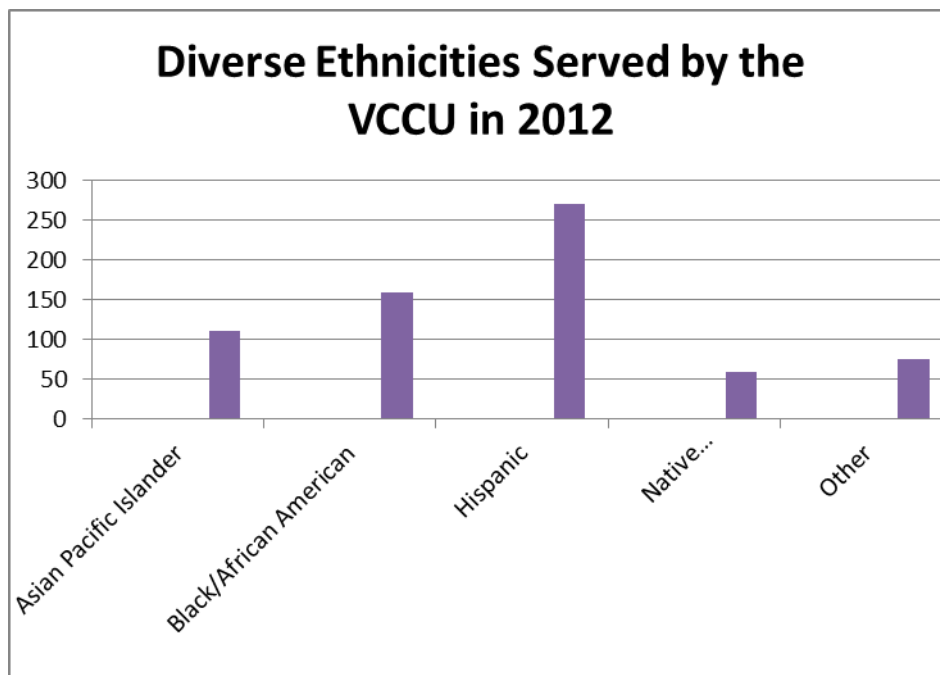
Figure 9 - Patient Education Level 2012



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. 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. Many of these patients are ineligible for the Green Mountain Care programs because of their residency status. There are several patients from this category who work on rural family farms in Vermont. Serving these patients is complicated by the language barrier and the lack of programs to help serve their health care needs. The VCCU believes that it is important to make sure that all people living in our state have access to basic care, particularly immunizations.

Figure 10 - 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 11 - 2012 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.**

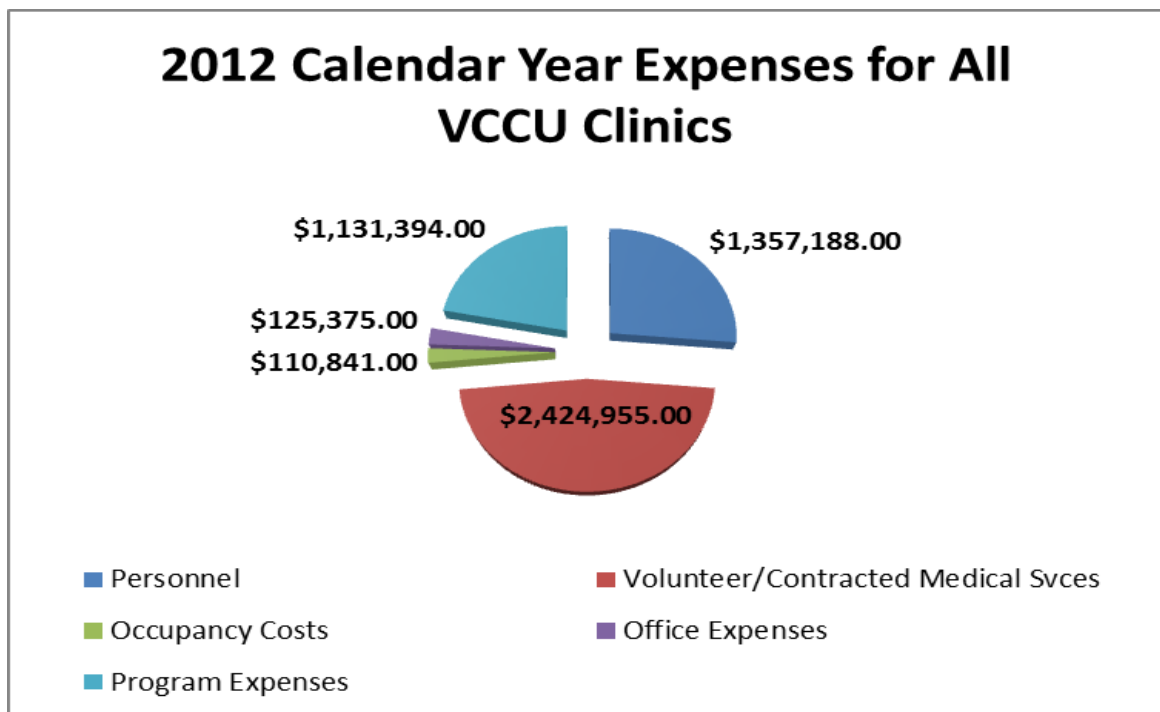
In calendar year 2012, the VCCU and its ten member clinics were supported by \$1.8 million in direct support and **over \$3 million in volunteer support and in-kind contributions**. Cash income includes support from the State of Vermont through Department of Health grants, and donations or grants from 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 86% patient increase that we have experienced since FY2007. Our direct state grant, through the Vermont Department of Health, has been level funded at \$640,000 since July 1, 2006.

Figure 12 - 2012 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; Department of Vermont Health Access; VDH Ladies First Program; 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; Walter Cerf 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, Lions Club.

Private

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 Equivalents (FTEs)

| | Director/ Coordinator | Case Manager | Admin. Asst. | Other | Total FTE |
|---|--------------------------|-----------------|-----------------|-------|--------------|
| Health Assistance Program at Fletcher Allen Health Care | 0.20 | 2.80 | .20 | 0 | 3.20 |
| Health Connections at Gifford Medical Center | 1.00 | 0 | 0 | 0 | 1.00 |
| Valley Health Connections | 1.00 | 1.00 | 0 | 0 | 2.00 |
| Windsor Community Health Center | .60 | 0 | .33 | 0 | .93 |
| Good Neighbor Health Center | 1.00 | 1.50 | 2.00 | 3.50 | 8.00 |
| Open Door Clinic | .65 | .88 | .88 | .50 | 2.90 |
| Rutland Free Clinic | 1.00 | 0 | .50 | 0 | 1.50 |
| Peoples Health & Wellness Clinics | 1.00 | .80 | .88 | .35 | 3.03 |
| Putney Walk-In Clinic | .40 | .20 | .20 | 0 | .80 |
| Bennington Free Clinic | .50 | 0 | 0 | 0 | .50 |
| VCCU Office | .50 | 0 | 0 | 0 | .50 |
| TOTAL FTEs | | | | | 24.36 |

Did the VCCU make a difference?

Throughout the Annual Report we have discussed who we serve; how much we did; and how well we did it; but the most important question to answer is did we make a difference? In our report you will note that there are patient stories highlighted in green boxes that help provide personal stories about how we have made a difference in the life of our patients. In addition to those narratives; the VCCU surveys a minimum of 10% of all **new** patients on an ongoing basis. It is important for us to know that our patients have an opportunity to become healthier because of our work. The clinics of the VCCU concentrate their efforts on getting patients insured to help provide ongoing access to care, and to get patients into a medical home.

As part of the survey, each clinic asks the same questions of patients at least 3 months after their initial visit to the free clinic program. The goal is to determine if the patients that come to the free clinic programs become insured, and if they are able to be referred into a primary care home. We also seek information on the barriers that prevent patients from getting insured with the help of the free clinic. The final piece of data was related to the barriers that prevent patients from obtaining a primary care doctor.

Summary information on those surveyed in 2012:

- 488 New VT patients were surveyed.
- 66% of those surveyed were uninsured at the time of their first visit to the free clinic program.
- 43% reported not having a Primary Care provider at their initial visit.

- 60% of those who were uninsured at the time of their first visit became insured within 3-6 months with the help of the free clinic.
- Of the 40% that did not become insured the following were cited as the most common barriers:
 - Did not enroll because the premiums were too high. (25%)
 - They were found not eligible for the GMC programs. (14%)
 - Their application was still in process. (10%)
 - Never completed the application process (12%)
 - They were denied. (15%)
 - Enrolled and said they dropped because they could not afford the premium (14%)
 - Lost their job (13%)
 - Never completed the application process. (12%)
 - Said they forgot/failed to return information requested by the State. (4%)
 - Their employer never responded with the information necessary to complete the application. (2%)

Of patients without a medical home at the time of the first visit, the VCCU programs were able to assist 83 (40%) in finding a primary care provider. The remaining 127 (60% of those without a PCP) still did not have a primary care doctor when they were contacted for the survey. The patient respondents identified the following barriers to finding a medical home:

- 55% of those still without a primary care doctor cited. “No Insurance” as the main barrier.

- 9% “Don’t need one.”
- 10% Never called and got an appointment.
- 6% “Can’t find a doctor I like.”
- 6% Could find “No practice open to new patients”

The goal of the VCCU is to have 100% of patients insured within 6 months of contacting one of our clinics. However, many of the barriers cited above are beyond our control. The affordability of the premiums and the stability of their income streams are complicated factors that will continue to exist despite increased access to insurance. As we all know, access is not a synonym for affordability. The State of Vermont has been extremely proactive in addressing this barrier. However, clearly there is still an affordability gap that we have been unable to address. Until this issue can be fully addressed we will continue to work closely with our partners at the state, regional and local level to continue to provide care, enrollment assistance and referrals into medical homes for all uninsured and underinsured Vermonters.