No healthcare is oppression

Everyhuman being is entitled tofoodshelterandhealthcare healthcare for all make healthcare accessible

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# Avicenna Community Health Center Working Document 2010

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## PROBLEM STATEMENT

The World Health Organization (WHO) in its 2008 Annual Report identified the need for a rapid and robust response to the challenges healthcare systems face in member countries due to greater degree of global connectedness. Recent outbreaks of H1N1 and SARS Virus are just a few examples of pandemics that not only expose the importance of global connectedness with healthcare systems, but also have expedited the development of a universal understanding for a Primary Healthcare Movement, comprising of healthcare providers, professionals, institutions, legislators, governments, civil society members, and grass-root organizations, committed to addressing healthcare inequalities. This universal phenomenon directly impacts all of us in the United States. Some may argue that President Obama's administration-led healthcare efforts directed toward establishment of universal healthcare, will cease to have the need for free-clinics: however, it is important to note: 1) with the current contentious debate in the congress, it may be unlikely that a universal healthcare bill can be approved, or, 2) even if it is approved, it may take much longer to get to the implementation phase, and 3) even if it is approved, it will still leave some without insurance or healthcare coverage. In addition, rapid migration of immigrants to the U.S. and the continued debate on the entitlements of non-US citizen residents, and the inability of the healthcare system to deal with growing linguistic and cultural diversity in an equitable and effective way, underscores the need for viable, alternate health care solutions.

Taking all of these factors into consideration, there will remain a pressing need for free clinics like Avicenna Community Health Center (ACHC, <a href="www.avicennahealth.org">www.avicennahealth.org</a>), Champaign County Christian Health Center (CCCHC), and Hope Clinic to proactively step up and fill a sizeable void in our healthcare system According to the <a href="U.S. Census Bureau 2004-06">U.S. Census Bureau 2004-06</a> data, <a href="1.668,800">1.668,800</a> people or <a href="people">13.6%</a> population in the State of Illinois is without health insurance. Of these <a href="1.412">1,412</a>, <a href="400">400</a> (85.7%) are between the ages of 19 to 64. Champaign County has <a href="74,000">74,000</a> uninsured and underinsured, and there are several local and state run clinics. According to the <a href="2005-2007">2005-2007</a> American Community Survey. Urbana-Champaign, Illinois has a population of <a href="113,000">113,000</a>, with <a href="15.6%">15.6%</a> African American, <a href="4.5%">4.5%</a> Latino, and <a href="27%">27%</a> living below the poverty line.

According to the <u>US Department of Health and Human Services</u> (HHS) more than 23.6 million people have **diabetes** in the United States. Whereas <u>Heart disease</u> is the leading killer across most racial and ethnic minority communities in the United States, accounting for 26% of all deaths in 2006. On the other hand <u>Obesity</u> is a growing epidemic in the United States. From 1988–2006, the percentage of obese adults ages 20 years and older more than doubled, increasing from 13% to 34%. Among adults, overweight and obesity are associated with increased mortality rates, **as well as elevated risks of heart disease, diabetes, and some types of cancer**.<sup>3</sup> Obesity is of

particular concern for our children, since overweight adolescents have a 70% chance of becoming overweight or obese adults. Therefore not only medical treatments are needed, preventive medicine and healthcare information is critical if we were to tackle this and other epidemics. The role of health information systems it therefore, pivotal to addressing these issues, and the the three free clinics are strategically-located to provide such services in a cost-effective manner to the demographics, which generally falls through the safety-net.

Table 1. List of major clinics in Urbana-Champaign.

Clinics	For Profit	Not-for- Profit	Comments
Avicenna Community Health		X	
Center			
Carle Clinic	X	X	
Champaign Public Health			
Christian Health Center		X	
Christie Clinic			
Frances Nelson Health 819 Bloomington Rd., Champaign, IL 61820-2101		X	
Hope Clinic		х	
McKinley Health Center		X	For University of Illinois students only
Mental Health Clinic			4 months backlog?
Provena			
VERMILION AREA COMM HLTH CTR (~ 30.51 miles away) 614 N. Gilbert St., Danville, IL 61832-3940			
COMMUNITY HEALTH IMPROVEMENT CENTER (~ 42.56 miles away) 2905 N. Main St. Ste B, Decatur, IL 62526- 4275			
217-877-6111			

## Mission

The mission of the **Avicenna Community Health Center (ACHC)** is to provide culturally competent healthcare to the uninsured in Champaign County, by conducting preventive health screenings, and to promote awareness through education and information dissemination. ACHC is committed to providing services to uninsured patients, regardless of race, color, national origin, religion, or lifestyle

Avicenna's target goal is to serve 1000 patients during the first year of operation, and provide healthcare education to 2000 people by offering services during weekends (8 hours/day). . CCCHC currently provides services to 100 patients per month; while Hope Clinic provides services to about 80-100 patients per month.

### **CCCHC Data:**

Number of Patients Seen /month; per year

Per year - 1,000 patient visits (not necessarily individual clients)

Clinic in operation since: 2004

Number of Physicians: currently 11 providers (not solely physicians)

Number of Volunteers: about 100-125

Total operating expense/year (avg): \$177,000

## What are your major health information management and dissemination constraints

A lot of it has to do with staff - maintaining and overseeing. Because we are solely run by volunteers, it is difficult to keep up with new changes as well as have continuity in the upkeep. A lot of our volunteers are not "permanent" and we are always struggling to constantly keep positions filled.

## **Clinic Operations**

## **Culturally Competent Care**

ACHC and the two other free clinics, as best as possible, will adhere to National Standards on Culturally and Linguistically Appropriate Services (<u>CLAS</u>) by offering culturally competent care, and by providing medical care that meshes with our patient's lifestyle and beliefs about their health . We hope to accomplish this by providing multilingual access, reducing clinical disparities, community driven programs/community partnerships, culturally and linguistically appropriate patient education, cross-cultural health initiatives, and culturally tailored disease management.

Lifestyle changes are essential to patient health; therefore, the three clinics are engaged in promoting health education involving information dissemination on healthy eating, and exercising. We plan to utilize kiosk-like stations for disseminating basic health education at patient appropriate levels.

#### **Benefits**

The physicians and other healthcare providers, who generally are employed at the larger for-profit clinics or hospitals, when practicing medicine at the three clinics are uniquely exposed to creative ways of treating patients with limited or no resources. Their volunteer hours also are of benefit to their employer for documenting community services hours to qualify for recently-instituted IRS tax deductions.

#### Software

RxAssist Plus- unique software designed for free clinics.

## **Healthcare Partnerships**

We have established partnership with the Champaign County Frances Nelson Community Health Center (a FQHC) to take two referrals per day/clinic of our operation.

## Budget

## **Budget Justification**

Infrastructure	Quantit y	Per Unit Cost	Total Cost	Comment s
Commercial EMR Software	1 (to be shared with three	3000	3000	
	clinics)	3000	3000	
Accessibility software (Picture interface, Text to speech, etc)	1		1000	
MS Office	5	180	900	
EPIC Imaging Software			4000	
Adobe Photoshop	1	700	700	
Volunteer/Personnel Management Software	3	1495	4485	
Telecom system (Texting, phone system, etc)				
Quickbooks	3	2000	6000	
Server Management Software	1	4,000	4,000	
Website Patient Portal				
Antivirus	25		1500	
SSL Security	1	800	800	
Hardware				
Wireless N Router	3	\$80	\$240	
Touchscreen Desktop	1	\$900	\$900	Kiosk

Desktop Computer w/ Monitor	25	\$500	\$12,500	Nodes
File and Database Server w/ RAID Backup	1	\$2,000	\$2,000	
Tablet Netbook	3	\$475	\$1,425	
Laser Printer	4	\$200	\$800	
Scanner/Fax	2	\$60	\$120	
Projector	1	\$500	\$500	
Personnel				
IT Director (shared with 3 clinics) and HIT Community Trainer	1	\$40,000	\$40,000	

**Total** \$82,870

## References

Madigan, E. 2007. New Census data show rise in uninsured, poor; In Stateline.org.

http://www.stateline.org/live/ViewPage.action?siteNodeId=136&languageId=1&contentId=15750

U.S. Census Bureau. 2003. Income, Poverty, and Health Insurance Coverage in the United States. Accessed Online Sept. 14, 2007. http://www.census.gov/prod/2004pubs/p60-226.pdf

Champaign for Better Healthcare: The Voice of Illinois Consumers <a href="http://www.cbhconline.org/PressRoom/premium.htm">http://www.cbhconline.org/PressRoom/premium.htm</a>
Weiss, G.L. 2006. Grassroots Medicine: The Story of America's Free Health Clinics. Lanham, MD: Rowman & Littlefield Publishers, Inc.
WHO. 2008. The World Health Report 2008, World Health Organization. Accessed Online on February 2, 2010. <a href="http://www.who.int/whr/2008/whr08\_en.pdf">http://www.who.int/whr/2008/whr08\_en.pdf</a>

## C.1. List of Participating Healthcare Providers and Managers

## **Avicenna Community Health Center (ACHC)**

The ones who have currently pledged their time and contributions are listed below:

#### Internal Medicine

- 1. Dr. Hani Ahmed (Christie, Rantoul)
- 2. Dr. Robert Boone (formerly FNHC)
- 3. Dr. Zoobia Chaudhry (McKinley Health
- 4. Bentanan Fahmy (Nephrologist)
- 5. Dr. Nazneen S. Hashmi (Carle)
- 6. Dr. Muneer K. Syed (Provena)
- 7. Dr. Shamim Sadiq\* (Decatur Memorial
- 8. bespoufik Abdou (Carle,
- 9. **End Main Parish** (Rural Health Cntr, **Xid Devicon Firmed**) \*Avicenna Medical

## **Specialty Medicine**

- Dr. Mohammad Ahmed, Pediatrician
- Dr. Zeeshan Ahmad, Spine, Carle
- Dr. Muhammad Mushtaq, Cardiology
- Dr. Atiya Munim, Nephrologist, Carle
- Dr. Vathiar Tazuddin, Neurologist
- Dr. Sohail Chaudhry, Oncology, Christie
- Dr. Rezwan Khan, Psychiatry, VA Hospital
- Dr. Mohammad Raed, Dentist
- Dr. Samir Sayegh, M.D., Ph.D., Eye Center

Director

Nutritionists	Nurses	Pharmacists
Fatemah Ahmed	Paula Abdullah, RN	Hanady Sharabash
Hani Youssef	Ricka Shorish, RN (retd)	Suzzane Fadly

#### Medical Students, Interns, Residents

Syed Hashmi, Noman Siddiqui, Kamran Qureshi, Hasan Kamal Mustafa Hyder, Benazir Chhotani

#### Medical Technician

Ronda Gurman

## **Legal Advice and Assistants**

LaDale George, (Neal Gerber Eisenberg's Health Law Practice Grp), Healthcare Attorney, Chicago, Illinois
Omar Galaria, Law Student, University of Illinois
Khizer Hussain, Healthcare Services Consultant, VA

## **Champaign County Christian Health Center (CCCHC)**

- 12 physicians
- 80 volunteers

## **Hope Clinic**

- Cris Medrano, MD, and CEO
- Pharmacy Assistant

## **SELECTED BOOKS:**

Hammon, Norman H. Fundraising for the Rest of Us, Lughnasa Press, 1997. Hopkins, Bruce R. A Legal Guide to Starting and Managing a Nonprofit Organization, 2nd Edition John Wiley & Sons, 1993.

Mancuso, Anthony, *How to Form a Nonprofit Corporation* 4th Edition, Nolo Press, 1998.

Seltzer, Michael. *Securing Your Organization's Future*. Foundation Center, 1987.