

An Overview of a Pop-Up Community Clinic in Redmond, WA

5 Slide Series, Volume 71

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The Menges Group

Strategic Health Policy & Care Coordination Consulting

Establishing the MAPS-MCRC Clinic

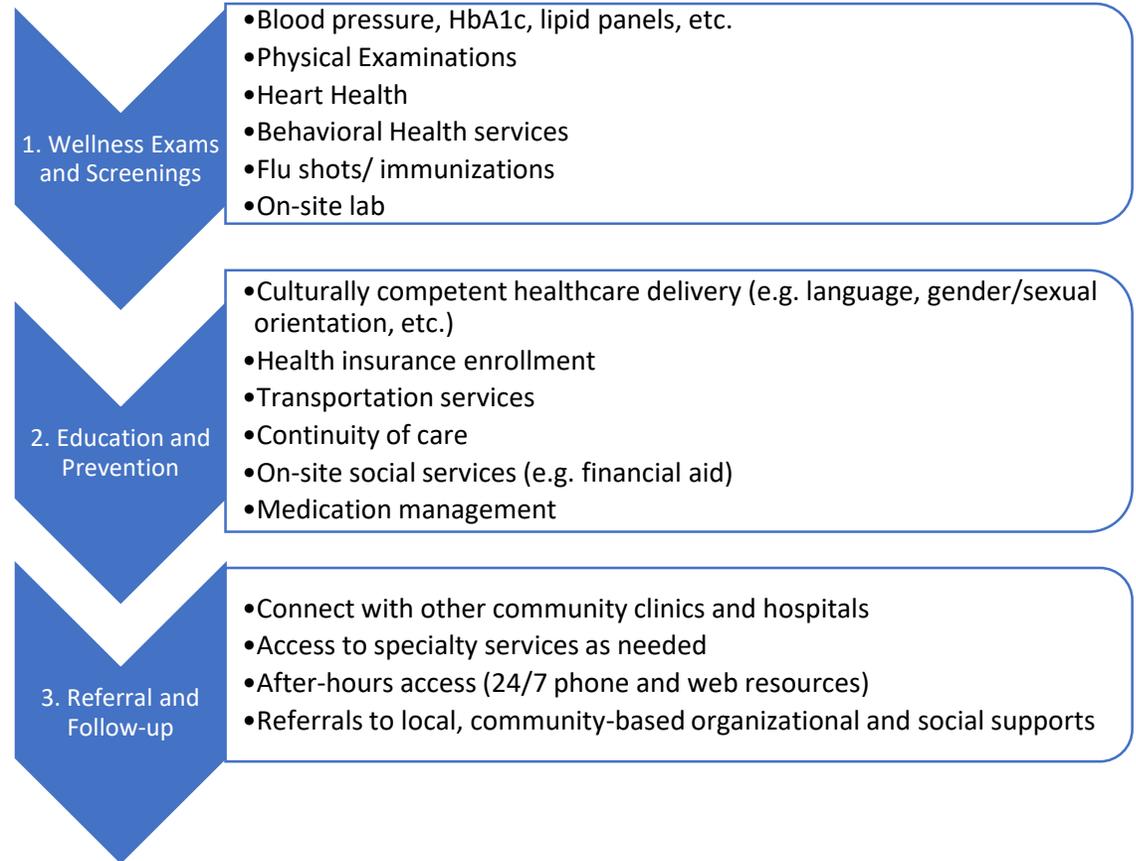
- This edition of the 5 Slide Series describes a pop-up clinic conceptualized, formed, and led by Nehath Sheriff, a consultant at The Menges Group. While Nehath’s work for this clinic is not affiliated with our company, the clinic’s model may be of interest to our 5 Slide Series readership.
- While Washington State has expanded Medicaid to cover many uninsured individuals, health care access still poses a challenge for those who are homeless, individuals who are undocumented, new immigrants, and/or travelers without insurance.
- In 2016, Nehath developed a “pop up clinic” in Redmond, WA to meet an identified need for low-cost, quality care in the community.
 - The clinic is a joint operation between the Muslim Association of Puget Sound (MAPS) and the Muslim Community Resource Center (MCRC)– two of the largest religious and service entities in the Pacific Northwest.
- The clinic runs under the Washington Healthcare Access Alliance (WHAA) and is a part of the National Association of Free and Charitable Clinics.



Nehath Sheriff

Services Rendered

- The MAPS-MCRC Clinic leverages existing community resources to deliver three components of service (see figure at right)
 1. Wellness Exams and Screenings
 2. Education and prevention
 3. Referral and follow-up
- The clinic's goal is to establish continuity of care while simultaneously connecting patients to local resources that can improve care.
- Before patients leave the clinic, they are given referrals to known community resources based on identified social determinants.



Staffing Structure

- The clinic currently operates once a month for four hours and is fully staffed through a rotating team of volunteers. Current volunteer positions are highlighted in the table at the right.
- The Washington Healthcare Access Alliance's (WHAA) Volunteer and Retired Provider (VRP) program covers every provider with \$1 million in malpractice insurance.
 - The VRP program ensures that all providers are licensed by WA, have completed the necessary training (e.g. residency), and are qualified to be treating patients at the clinic.
 - Being part of the WHAA guarantees that patients (and providers) who rely on referrals to safety net clinics have an expansive network.
- All volunteers are required to undergo mandatory HIPAA training.

Staff Position	Description
Physician (MD/DO/ND)	Must be licensed in Washington State (i.e. completion of medical residency); fully insured under the WHAA
Nurse (RN, LNP)	Licensed professional in WA State; fully insured under the WHAA
Clinic Director	Directs clinic logistics; communications with both providers and patients; primary point of contact for all clinic needs; handles patient follow-up and pharmacy calls.
Clinic Manager	Manages day-to-day operations and volunteers; responsible for on-site lab and related deliveries.
Medical Assistant (MA)	Assist physicians with patient intake; licensed in WA or were physicians overseas and are in the process of taking USMLEs.
Runner	Facilitate communications between clinic staff and patients.
Hygienist	Maintain a clean and safe environment for patient care.
Scribe	Input patient data and support MAs and/or physicians with patient information.
Patient Navigator	Registration; first and last point of contact for patients; help facilitate development of health records; provide patients with community resources as needed.
Data Analytics	Ongoing data evaluation; analyze and compile patient data to improve care.

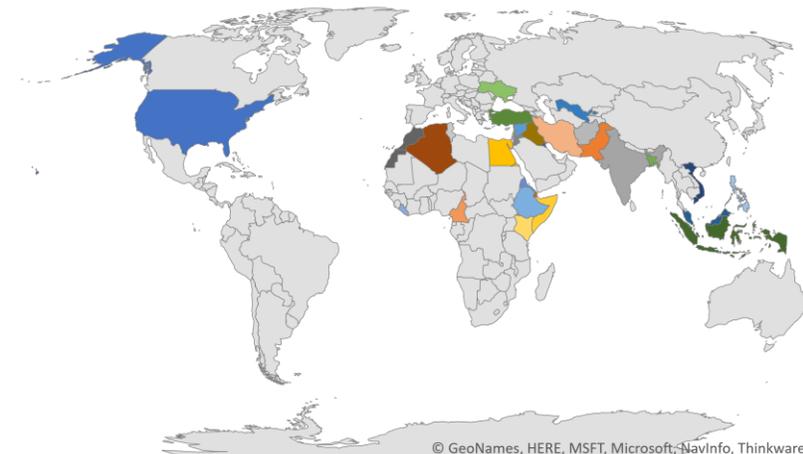
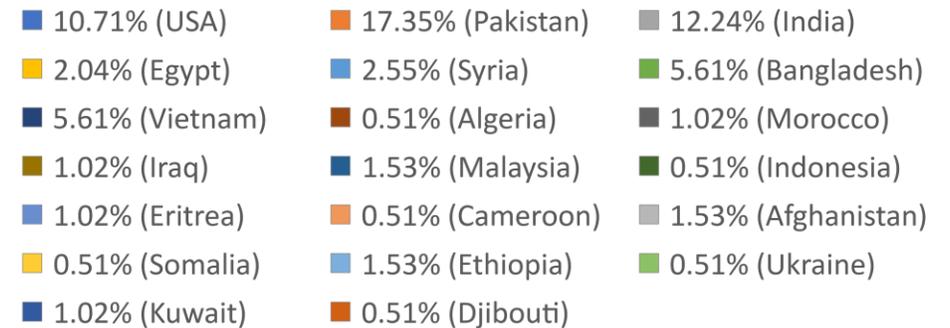
Clinic's Evolution is Data Driven through Ongoing Monitoring and Evaluation

A data team monitors patient intake forms and surveys both physicians and patients to understand needs. Some ways the Clinic's operations have adapted based on results are:

- Incorporating in-house behavioral health (BH) services.
- Developing a provider volunteer team that covers the needs identified by high-utilizers of our clinic.
- Enhancing culturally-relevant approaches to care
 - This is especially important given the diversity of the clinic's patient population. As shown in the map, the vast majority of the utilizers were born outside of the United States.*

*24.5% of patients chose not to respond to the survey question regarding country of origin.

Utilizers of the MAPS-MCRC Clinic by Country or Origin
(July 2016- June 2019)



Payer Mix

- During the pilot phase (Year 1) it was proposed that the clinic provide services on a sliding scale. During subsequent years, the financial model has shifted due to the unique payer mix.
 - Over 90% of utilizers of the MAPS-MCRC Clinic do not have insurance (e.g. commercial, Medicaid, Medicare, or traveler's).
- Today, patients are treated at no cost but are asked to donate any desired amount.
 - Money accrued from all billable insurance is used only for clinic operations.

Additional Demographic Information

- **Average age:** 51.5 years old
 - **Citizenship:** 34.8% are U.S citizens
 - **Race:** 49% are Asian; 9% African American; 24% Caucasian; 3% African; 15% declined to answer.
 - **Gender:** 70.4% Female, 29.6% Male
 - **Language:** 57.3% of patients speak a language other than English; 30.3% speak English fluently; and 12.4% chose not to answer.
- Upon registration, all patients are asked to fill out an optional questionnaire. Many choose not to answer, either due to comfort, time limits, or language barriers.
 - Many patients prefer to see a provider who shares their gender identity. In recruiting volunteer healthcare providers, the Clinic strives to accommodate this preference.
 - Currently, the majority of the volunteer physicians are female.
 - The race/ethnicity distribution of the Clinic's physician team is also well-matched with the patient mix. Out of 18 rotating physicians, 15 physicians speak a language other than English.

Next Steps

- As the needs of the community grow, the Clinic faces increased demand. From inception in July 2016 and mid-2019, the MAPS-MCRC Clinic has cumulatively served over 300 unique patients and the number grows with each monthly session.
- The Clinic is seeking to expand to full-time operation, but faces barriers such as:
 - Physician availability
 - Financial burden of scaling up and paying for a full-time clinician
- Despite barriers, there are strong grounds for optimism regarding the scale-up:
 - Availability of a full-time space in the current operating location
 - Received a \$75,000 grant supporting build-out of the Clinic
 - Community members willing to further invest in the infrastructure
 - In conversation with regulators regarding becoming a Federally Qualified Health Center (FQHC) or FQHC look-alike
 - Retired healthcare providers willing to work full-time at the clinic

5 Slide Series Overview

Our 5 Slide Series is a monthly publication whereby we briefly discuss/address a selected topic outside the confines of our client engagements.

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