



10 YEARS OF SERVICE

In 2012, GCCN clinics served 183,625 unique patients and provided 463,922 patient encounters. The total value of services provided=\$200,911,917.00. Since the passage of the ACA in 2010, the total value of services exceeds \$415m.

On average, for every \$1 invested in a charitable clinic, \$7 worth of services can be provided.

Georgia has more free and charity clinics than any other state in the country, and GCCN is one of the largest state associations advocating for and educating charitable providers.

There are 96 free/charity clinics in Georgia, two in development, and hundreds of physicians, dentists and other health care professionals who provide care in their own offices.

Our network of clinics and providers provide a model of how the private sector can offer health care to the uninsured efficiently and effectively. The members of GCCN provide a safety valve to help take the pressure off the taxpayer-supported system of health care.

The GCCN mission is to “foster collaborative partnerships to deliver compassionate health care to low income Georgians.”

GCCN is the leading “voice” for charitable providers in Georgia. Members can address state public policy needs for charitable care, guide consensus and work through GCCN to can find solutions and advance the work of providing care to vulnerable populations.

The GCCN focus is fourfold:

- 1) Unifying members serving Georgia’s vulnerable populations through advocacy, education, and collaborative partnerships;
- 2) Strengthen Georgia’s safety net by empowering organizations serving vulnerable populations;
- 3) Strengthen the infrastructure to serve GCCN membership and their patients; and
- 4) Assist in the development of services in areas of the highest unmet need.

ABOUT GCCN CLINICS

- 94% provide primary care medical services
- 46% provide dental services
- 56% provide vision services
- 98% provide prescription assistance
- 83% provide health education
- 34% provide mental health services
- 63% accept no payment of any kind for services. If a fee is charged, it can vary from \$5-\$50.
- A clinic’s primary source of support comes from individuals.
- The average clinic’s operating budget is \$294,700.
- The average number of hours per week a clinic is open: 25.
- The average number of volunteer hours given a year per clinic is 6,942.
- In 2012, there was 21% increase in demand for services over 2011.
- 65% of the clinics in Georgia have a religious affiliation.

ABOUT THE PATIENTS WE SERVE

- The uninsured in 90 of Georgia’s 159 counties have access to a charity clinic.
- 80% of patients have one or more chronic illnesses requiring extensive and ongoing medical care, care coordination, and patient education. The most common diagnosis is hypertension, followed by diabetes.
- 95% of the patients treated are aged 18-64 years.
- Most patients are employed, sometimes holding more than one job.
- At an average clinic, the percentage of patients who are: White-40%; African-American-41%; Latino-16%
- 6% of the patients served in charitable clinics are undocumented immigrants.
- 62% of patients served are <100% FPL.

georgia charitable care network

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ACCOMPLISHMENTS

Since 2008, GCCN has raised \$1.7 million to support operations, programming and member clinics.

GCCN serves as an advocate in the legislative and regulatory arenas.

GCCN has held nine Annual Conferences, six Directors' Retreats, and 41 training workshops on topics ranging from grant writing and building effective boards, to the latest in chronic disease management.

GCCN assisted in the development and opening of ten new clinics since 2008, and responds to an average of 6,500 inquiries per year from the public seeking care.

GCCN has published three nationally recognized publications for use in charitable clinics: *The Volunteer Management Handbook*, *A Case Study on Evaluation*, and *A Guide to National Health Reform for Free and Charitable Clinics*.

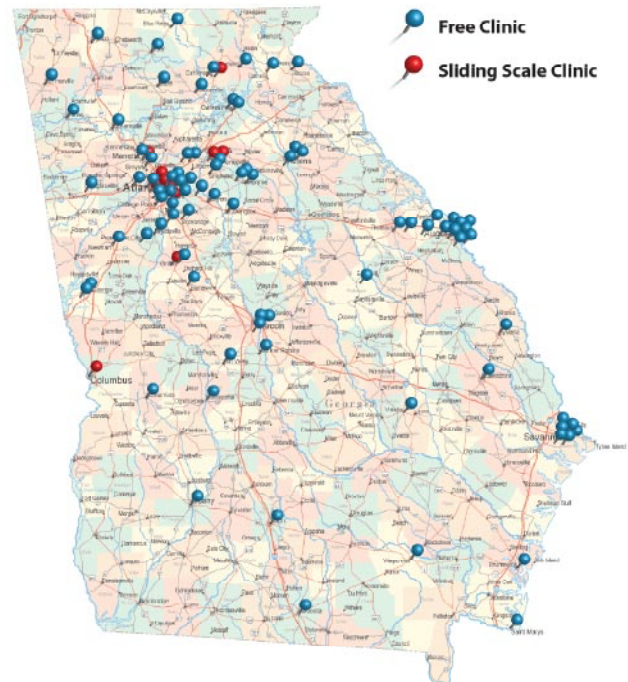
GCCN launched their *Technical Assistance Program* in 2008 for the purpose of strengthening and increasing clinics' capacities, improve their organizational effectiveness, and better achieve their missions.

GCCN established and coordinates an electronic medical records system that serves the needs of clinics, as well as providing unprecedented data at the state level. This information is used by the clinics to increase efficiency and effectiveness in their health delivery services.

GCCN created the *Specialty Care Initiative*, a referral system where specialty physicians and facilities are linked with patients whose eligibility for service has been pre-determined by the clinic. Over 750 patients have received needed surgeries and procedures, at no cost to them.

GCCN partners and collaborates with organizations that provide assistance and resources to free and charitable providers including Piedmont Health System, American Diabetes Association, American Heart Association, Georgia Partnership for TeleHealth, Georgia Lions Lighthouse Foundation, AmeriCares, Medical Association of Georgia, Northside Hospital, Georgia Rural Health Association, Georgia Dental Association, Culture Connect, MAG Mutual Insurance Company and United Way.

GCCN, with the National Association of Free Clinics, held a one day medical clinic in 2010 in Atlanta. With the help of 1,100 volunteers, 1,254 people received care.



The Impact of the ACA on Free & Charitable Care

For more than four decades charitable care providers have done yeoman work providing care to the poor. Except for a brief period in the 1970's when the U.S. Department of Health, Education, and Welfare took an interest in the then fledgling movement, charitable clinics' role and contributions have been largely ignored by policymakers. The Affordable Care Act did little to change that. Nevertheless, the new law portends unprecedented changes in the contexts and conditions that have made our members an increasingly important part of the safety net in recent years. Contrary to the perception of some, the need for charitable clinics is not going away as a result of the legislation. Using researcher Dr. Julie Darnell's paradigm of the charity clinic as first and foremost a "gap filler," the reform bill, and the rules and regulations that follow presage a seismic shift in the major gap – a lack of access to care – that clinics have been filling for decades. New gaps will emerge, and if charity providers hold to their missions, they will find and focus on those areas of unmet need.