



NAFC VIM Program

Clinic Development Toolkit

*No liability will arise or be assumed between the organizations because of this Toolkit.
The NAFC VIM Program provides guidance and resources, however, all decisions regarding clinic
operations, patient care, fundraising and governance are the responsibility of the clinic.*

Table of Contents

New Clinic Development Timeline and Document Checklist	3
Phase One: Feasibility - Five Rules for Success	7
Tip Sheets:	
• Provider Champion	9
• First Steps: The Steering Committee	11
• Needs Assessment/Feasibility Study Guidelines	16
Phase Two: Initial Formation – Five Rules for Success	21
Tip Sheets:	
• Mission Statement and Vision Statement	23
• Steps to Initial Clinic Formation	25
• Nonprofit Boards	28
• Creating a Business Plan for the New Clinic	32
• Financial Management	34
• NAFC and State Association Membership	36
Phase Three: Preliminary Planning – Five Rules for Success	37
Tip Sheets:	
• Clinic Space Considerations	39
• Equipping the Clinic	43
• Technology and EMRs	45
• Clinic Management	48
• Clinical Practice Guidelines	50
• Volunteer Management	52
• Marketing and Public Relations	56
• Establishing Patient Eligibility Standards in a Free Clinic.....	59
• Fundraising in the Free Clinic	61
• Free Clinic Fundraising Examples	68
• Grant Writing	71
• Working with Local Colleges and Universities	75
Phase Four: Operational Readiness – Five Rules for Success	77
Tip Sheets:	
• Clinic Licensure	79
• Building a Culture of Caring	80
• Policies and Procedures	83
• Human Resources	85
• Strategies to Reduce No-shows	88
• Developing Laboratory Services	90
• Providing Radiology and Imaging Services	93
• Developing Dental Services	95
• Pharmaceutical Options for Free Clinics	98
• Credentialing and Privileging of Volunteer Providers	102
• FTCA (Federal Tort Claims Act) for Free Clinics	107
• Insurance	108
• HIPAA and Patient Privacy	110
Phase Five: Sustained Operations – Five Rules for Success	112
Tip Sheet:	
• Sustaining the New Clinic	114

VIM New Clinic Development and Document Checklist



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PHASE 1 - FEASIBILITY

Typical Time Needed to Complete - 3 Months

- Establish Steering Committee and Subcommittees
- Identify Provider Champion(s)
- Hold Information and Visioning Session with Steering Committee and local stakeholders
- VIM/NAFC Agreement Signed
- VIM/NAFC Staff Site Visit
- Complete Needs Assessment/Feasibility Study

PHASE 2 - INITIAL FORMATION

Typical Time Needed to Complete - 3-6 Months

- Appoint Subcommittees
- Create Master Plan & Timeline to opening day
- Establish Mission Statement and Vision Statement
- Decide on Scope of Services
- Decide on clinic name - ask multiple people to review for their feedback, should be clear, non-ambiguous, and easily understood
- Register domain name for website
- Draft Articles of Incorporation
- Apply for Federal Employer Identification Number (EIN)
- Decide on the fiscal year the organization will use (e.g. Jan. to Dec.)
- Draft Bylaws
- Appoint Board of Directors
- Appoint Officers
- Draft Conflict of Interest Policy
- Hold Corporate Organizational Meeting
- Complete Business Plan
- Create estimated 3 year budget (required for IRS 501c3 application)
- Complete and submit IRS Form 1023 in order to receive 501c3 determination from IRS
- Register the new organization with your Secretary of State
- Register with your state to fundraise (if required by your state)
- File for state/local tax exemptions (e.g. sales tax, property tax)
- Open nonprofit checking account
- Join NAFC
- Join your state free clinic association (if there is one)
- Visit as many other free/charitable clinics as possible for ideas, advice, and networking

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PHASE 3 - PRELIMINARY PLANNING

Typical Time Needed to Complete - 3-6 Months

- Facility Lease/Purchase
- Renovate as needed to medical standards
- Street Address
- Mailing Address
- Identify and Acquire Equipment, Furnishings, and Supplies
- Technology Infrastructure Plan
- Clinic Management Plan
- Medical Director Identified with Responsibilities Assigned
- Volunteer Recruitment/Retention Plan
- Budget
- Accountant/Bookkeeper
- Accountant/Bookkeeper
- Case Statement
- Marketing and PR Plan
- Fundraising/Development Plan
- Patient Eligibility Criteria
- Logo
- Color Palette
- Brochure
- Letterhead, envelopes
- Website
- Facebook Page
- Begin outreach to community groups and media
- Target Launch Date

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PHASE 4 - OPERATIONAL READINESS

Typical Time Needed to Complete - 6 Months

- Apply for state clinic licensure (if required)
- Establish Patient Care Days/Times
- Introduction to Culture of Caring and impact on policies
- Administrative Policies and Procedures
- Financial Policies and Procedures
- If you have *employees* - Employee Handbook, P & P
- If you have *employees* - all federal and state HR regs followed (e.g. OSHA)
- Utility Accounts (water, sewer, electric, ...)
- Certificate of Occupancy
- Local Business License
- Clinic Policies and Procedures
- Patient Policies and Procedures (e.g. no-show policy, intake packet)
- Volunteer Scheduler Identified
- Patient Scheduler Identified
- Volunteer Policies and Procedures
- Lab Testing Agreement
- Apply for CLIA laboratory certificate/waiver (req'd for ANY testing on-site)
- Imaging Agreement
- Interpreting Services Identified if Needed
- Pharmacy/Dispensary Licensing and Regulations
- Medication Assistance Plan
- Specialty Referral Providers
- Credentialing and Privileging
- Quality Assurance Plan
- FTCA or Other Provider Liability Protection
- Clinic Professional Liability Insurance
- Clinic General Liability Insurance
- Directors & Officers Liability Insurance
- Clinic Manager/Director Name and Title
- Clinic Manager/Director Email Address
- Clinic Manager/Director Mobile Phone
- Clinic Main Telephone Number
- Business Cards
- EMR
- Volunteer Training
- Signed Confidentiality Agreements for volunteers
- Begin publicizing clinic hours
- Facility Furnished/Equipped/Supplied
- Secure Medical Record Storage
- Medications Properly Secured
- Biohazard Disposal Arranged (sharps, etc.)
- Secure storage and policies for any hazardous materials
- Registration of any on-site X-ray or imaging equipment
- HIPAA and/or state patient privacy regs followed as required
- All required inspections done (Life Safety Code, state license, etc.)
- VIM America Site Visit
- "Practice" Clinic Held
- VIM America Sign-Off
- Notice of Clinic Opening
- Community Ribbon Cutting
- \$50,000 Raised by Clinic Opening Day

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PHASE 5 - SUSTAINED OPERATIONS

Typical Time Needed to Complete - 3 Months

- Debrief after first clinic sessions
- Gather feedback from volunteers and patients
- Implement regular public relations reports to community & partners
- Establish monthly reporting systems (program, finance, fundraising)
- Implement regular review of services (add or prune services as needed)

**Total Time for Clinic Development
18-24 Months**





Five Rules for Success with Phase One: FEASIBILITY

1 - Assemble a strong steering committee.

Assemble a strong Steering Committee that represents varied stakeholders across your community. This should include the local hospital and medical community but also the local school system, higher education, businesses or Chamber of Commerce, other nonprofits serving the same clients, the local faith community, and more. Each will have knowledge and connections that can benefit a new free clinic. A “lone wolf” working independently cannot build a successful or sustainable clinic.

2 - Make sure the needs assessment/feasibility study thoroughly documents the current gaps and needs of your community as well as available resources.

Many of us know anecdotally that there are people in our communities who have difficulty getting the healthcare they need; your task is to pull together this information in a way that can be shared with potential supporters as you persuade them to support the clinic. Be sure to include all the resources currently available – is there a public health clinic, for example, or a federal clinic (FQHC) in your community? If so, you’ll need to establish that the new free clinic will do something more/better/different than what is already being done. With limited resources, no one will be excited about reinventing the wheel.

3 - Pursue as many supporters and partners as possible to ask for their advice and support.

While you may feel strongly about the need for a clinic, chances are your community has gone along rather contentedly without one. For most people, the needs of the medically



underserved are not top of mind. Accept and seek opportunities to speak to civic clubs, social functions, churches, or any venue where people gather. Tell them you are just getting underway and do not have all the answers, but you do know something about the problem. Seek their advice, help, funds, their energy, and their ability to broadcast the story around town. Listen carefully to their questions and observations. They will help you shape the campaign to raise funds, obtain help, spread the message, and guide you around the shoals.

4 - Enlist local experts such as a CPA and attorney who have experience with nonprofits.

You will need their expertise with setting up a new 501c3 nonprofit (the most likely scenario) or partnering with an existing nonprofit. Many professionals are required to furnish a certain number of pro bono (free) hours to their community.

5 - Think carefully about the organizational structure of the clinic.

Depending on the results of the needs assessment/feasibility study, it may be more prudent to partner with an existing clinic or program rather than creating an entirely new 501c3. Creating a new nonprofit and gaining 501c3 tax-exempt status is expensive and takes time. Rather than creating an entirely new infrastructure (board, staff, fundraising, etc.) is there a natural fit with an existing clinic or another entity doing similar work? For example, a food pantry or church may want to add healthcare to the services they offer. A free clinic in your area may want to expand their services to a different neighborhood or add new services. This can be a win-win for both entities as long as there are common values and agreement about lines of authority. In this case, you would need an MOU (Memorandum of Understanding) and an agreement with the existing board of directors about clinic management and oversight.



Tip Sheet: The Provider Champion

The original Volunteers in Medicine Clinic in Hilton Head Island, South Carolina was organized and had a strong start due in large part to the presence and involvement of Dr. Jack McConnell, a retired, community-minded physician who rallied other physicians and the community at large to open a clinic to serve the unmet health care needs of the Island's service workers.

The clinic thrived because it had a "Provider Champion" in Dr. McConnell, and it has continued to flourish over the years because of the leadership of other physicians. Hence one of the enduring hallmarks of the Volunteers in Medicine (VIM) model is the presence and involvement of a Provider Champion from the start.

What is a Provider Champion? A Provider Champion firmly believes in the need for a free healthcare clinic and effectively advocates for the clinic's needs with other healthcare professionals, institutions and community leaders. The Provider Champion is a respected physician – active practicing or retired – who not only has a vision for the clinic but has time and energy to devote to its planning, development, and growth.

The Provider Champion works for free, does this because he/she wants to, and is comfortable with speaking with peers and advocating for the clinic. For a dental clinic, the Provider Champion would be a respected dentist. The Provider Champion is often just one person. However, there can be multiple Provider Champions, and the role(s) can be passed on to others over time.

Common tasks for the Provider Champion during the clinic development phase include the following:

- ✓ Serve as an active member of the Steering Committee
- ✓ Recruit primary care physicians (or dentists) to volunteer their time and talent
- ✓ Meet with healthcare administrators and community leaders to advocate for the clinic
- ✓ Recruit specialty physicians to be willing to see the clinic's patients for free upon referral
- ✓ Negotiate arrangements for free lab testing, imaging, and other diagnostic procedures from lab companies, hospitals, etc.
- ✓ Attend community meetings and give presentations about the clinic
- ✓ Sign letters, proposals, and other documents in which his/her name will give added credibility and persuasion to the business being transacted

The Provider Champion does not need to become the clinic's Medical Director but can be and often is. The Provider Champion's focus is largely external – recruiting healthcare professionals to volunteer, advocating for the clinic with others in the community, securing specialty care and other healthcare resources – while the Medical Director's focus is largely internal – ensuring sound clinical policies and procedures, overseeing and assuring quality care, providing medical consults as needed, and more.

The Provider Champion does not need to become the clinic's chief executive officer. In fact, this is quite rare. Directing the day-to-day operations of a nonprofit 501c3 healthcare organization requires training and skills that are quite different from those of most physicians. In a typical VIM clinic as in other healthcare institutions (e.g., hospitals), the Provider Champion (who may or may not be the Medical Director) works for the chief executive officer.

The Provider Champion is a member of the Steering Committee and may become a member of the initial Board of Directors in order to lend his/her clinical perspective to governance. The Provider Champion does not need to become the Board Chair but can be, though this is not the norm. While the Board should listen carefully to the Provider Champion's views and opinions about various matters, it should not feel obliged to rubber-stamp those ideas. Board authority is corporate; it is not vested in individuals. No officer, committee, or Board member – including the Provider Champion – should prevent the full Board from acting in the best interests of the organization.



First Steps: The Steering Committee

Purpose and Duration

A key element in developing a Volunteers in Medicine clinic is the formation and operation of a strong Steering Committee. The Steering Committee is a broad-based group of talented, committed individuals who agree to work together to build an organization and launch a healthcare clinic that is effective and well-organized.

The purpose of the Steering Committee is to:

- Represent the community at large in the clinic development process
- Bring credibility to the project
- Coordinate and complete all aspects of clinic development
- Communicate the mission and vision of the clinic to the community
- Develop short and long-term community resources for the clinic

The Steering Committee is not a Board of Directors, nor should the members of the Steering Committee be presumed to be future Board members (though some can be). The Steering Committee is largely concerned with operational planning, methods, tactics, and procedures, while a future Board will be focused on governance through clarification of overall purpose, mission, and strategic direction, establishment of policies to govern the organization, and assurance of organizational performance. These roles are very distinct and should be kept separate. Typically, the Steering Committee will perform its work until the clinic has successfully launched, or shortly thereafter. Then it will disband and give way to the Board and management of the organization/clinic.

Functional Areas

It is useful to view the Steering Committee as the “glue” or “connective tissue” that holds the many, disparate parts of organizational and operational planning together. The Steering Committee is responsible for all aspects of the planning process and provides a means for ensuring that all the pieces fit strategically together as part of a unified whole. These pieces can be broken into 10 functional areas, which correspond to the actual working components of a viable community-based healthcare clinic:

- Needs assessment/business planning
- Clinical services
- Pharmacy and medications
- Community partnerships
- Volunteer recruitment and orientation
- Marketing and communications
- Fundraising
- Budget and finance
- Facilities
- Technology

The planning in some functional areas can and should be given its own sub-committee or team (e.g. clinical services), but in other areas the planning can be carried out by a single individual (e.g. technology). A Steering Committee member may well be involved in the planning of two or even three functional areas, though three should be the maximum and one the minimum.

Each functional area will have a Steering Committee member assigned as the lead. If it is prudent for the lead to form a sub-committee or team, the sub-committee or team may well include individuals who do not serve on the Steering Committee but who wish to contribute to the planning effort in this more specialized way. This provides a way for all interested people in the community to be involved in the planning, if they wish, without having to be on the Steering Committee.

Size, Composition, and Recruitment

The ideal size of a Steering Committee is 8-12 people. This will provide enough people to manage and facilitate overall planning without creating a group that is so large and unwieldy that it cannot make decisions and move the process forward efficiently.

The selection of the Steering Committee is itself a strategic task, as it can make or break the planning process. Considerable care should be given to identifying and recruiting the right people. The opportunity to serve on the Steering Committee should not be opened up to just anybody who is interested. Instead, the initial organizer(s) should seek to recruit a select group of committed individuals from among the following backgrounds and occupations:

- A well-respected physician in the community, typically the “provider champion” (see tip sheet)
- A dentist (especially if there will be a dental component)
- An experienced RN with supervisory/management experience and/or prior experience in a primary care setting
- A pharmacist, preferably familiar with the world of free and low-cost medications
- A pastor, associate pastor, chaplain, or other ministry professional
- A social worker
- A seasoned, current or former nonprofit executive or manager
- A senior level representative of a leading hospital or health system in the community
- A public health official
- A PR/marketing professional
- A CPA, accountant, or banker
- An individual with a broad fundraising background who understands annual campaigns, foundation grants, and corporate sponsorships
- A senior official from a very community-minded, charitable corporation or business in the community (whose employer will likely become an early donor)
- An IT professional

Some of the above individuals may fit more than one “slot,” which is fine. The breadth of backgrounds and skill sets reflected in the above list is very intentional. You are establishing a community-based organization that will have many of the characteristics of a small business and that will carry out many organizational functions besides the delivery of health care services. Therefore, it is not necessary nor is it advisable to have “lots” of doctors and nurses on the Steering Committee. A more well-rounded group, such as the above list reflects, will be far more effective in planning and organizing an organization that successfully operates and supports a healthcare clinic.

The individuals recruited for the Steering Committee should be well informed about what is expected of them before they agree to serve. Ideally, a letter of invitation should be drafted and shared with the individual, containing clear statements and expectations about time commitments, frequency of meetings, preparing for and attending meetings, sharing expertise, supporting the group process, etc.

Leadership

The importance of leadership in the formation of a healthcare clinic cannot be underestimated. Many efforts rise or fall on the quality of the leadership that is provided. The Steering Committee should be led by either a Chair and a Co-Chair, or two Co-Chairs. This allows the Committee to continue operating smoothly and efficiently during the scheduled or unexpected absence of either individual. In addition, it provides an opportunity for the Steering Committee to have one leader who is from the health care field (typically a physician) and another who has a managerial background in nonprofits, business, or civic life.

These two leaders must be well respected by the rest of the Steering Committee. They must have a *meaningful* amount of free or dedicated time available in their schedules to carry out their roles. Most leaders who assume these positions are busy people to begin with; however, they must be organized, prepared, and diligent, lest the effort falter on account of inadequate leadership. They must have good chemistry with each other and be able to collaborate effectively in sharing the leadership role.

Ad Hoc Subcommittee Structure and Responsibilities

Experience has shown that establishing ad hoc subcommittees is beneficial to the development process. This allows the board members to actively participate in the clinic design and secures their early “buy-in” and ownership of the clinic.

Steering committee members may be assigned to ad hoc subcommittees based on their individual skills and interest. These ad hoc committees become the experts in their designated area and report to the steering committee.

The ad hoc subcommittees most likely will not become permanent standing committees as the steering committee transitions from a planning group to a working board of directors once the clinic is operational. Instead, ad hoc subcommittees should be short-term groups established to accomplish specific “one-time” tasks of creating a sustainable entity.

The specific names and responsibilities of the ad hoc subcommittees may vary. Some examples include:

Operations Committee:

- Completes the feasibility/needs assessment.
- Researches potential information systems and makes recommendations for computer software management and electronic medical record programs.
- Develops job descriptions for lay staff and volunteers.
- Establishes a recruitment, training, orientation and supervision plan (including training manual and recruitment brochure) for all volunteers.
- Works with the clinical subcommittee in planning orientation of all medical volunteers.

Clinical Services Committee:

- Advises on all clinical aspects of operating a clinic including scope of services, referral system for tertiary care, specialty care and diagnostics.
- Establishes job descriptions for medical/clinical staff and volunteers, procedures for credentialing professionals, quality assurance, clinical policies, algorithms, professional supervision, continuing medical education, and clinical staffing.
- Develops recommendations for functional layout of clinical space, equipment and supplies, pharmaceutical provisions and other related clinical operations to be shared with the facilities subcommittee.

Facilities Committee:

- Determines final aspects of the physical space of the clinic, including functional layout and design, cost, site location, OSHA requirements, and environmental impact.
- Explores potential donation of building or land, negotiates construction or renovation.
- Obtains building permits, donated materials, equipment, supplies, decorator services, and landscaping, if necessary.

Budget and Finance Committee:

- Obtains proper clinic operations license and nonprofit 501(c)(3) status.
- Establishes bookkeeping and accounting systems.
- Obtains appropriate insurance coverage for clinic, board of directors, staff, volunteers and professionals.
- Recommends financial options for employment of staff versus volunteer staffing to support operations.
- Prepares budget and business plan utilizing needs assessment, scope of services and input from the development subcommittee(s).

Fundraising Committee:

- Generates a plan for annual operations and possible capital campaign.
- Oversees grant writing, donations, and fundraising events.

Marketing and Communications Committee:

- Educates community members, businesses, organizations and foundations about the clinic's mission and how it serves the population in need and the community at large.
- Develops a marketing plan which includes establishing a relationship with the media to promote the clinic on a regular basis for purposes of generating awareness about the needs and progress of the clinic. This plan will also focus on generating awareness among potential patient groups.

Frequency of Meetings; Communications

Meetings of the Steering Committee should take place at least once every four weeks, in order to foster group cohesion and maintain the momentum of the planning process. A member of the Steering Committee should be recruited and assigned to take minutes of the meetings, to include who was present; the starting time and ending time of the meeting; any actions or decisions made; and, a brief summary of the major topics discussed.

In the weeks between meetings, considerable work should occur in each of the functional areas. The Co-Chairs should periodically check in with each other and with the leads of each of the functional areas, as needed, to ensure that progress is being made between Steering Committee meetings.

In addition, the Steering Committee can use email and "reply to all" to communicate with each other on important matters between meetings. For purposes of keeping all the planning documents in a centralized, accessible location, the use of a cloud-based file management system (Dropbox, Google Drive, etc.) is highly recommended, with all members of the Steering Committee having password-protected access.

Initial Meeting and Meeting Agendas

The first meeting of the full Steering Committee is an important opportunity to get started on the right foot, get everyone oriented to the job that is before them, assign people to the various functional areas, equip the group to serve as a high-functioning planning team, and to be inspired. It can be helpful to have VIM staff facilitate this first meeting of the steering committee.

Following the first meeting, the agenda format below can be used as a guide for future meetings of the Steering Committees, along with any variations deemed necessary by the leadership:

- Welcome
- Notes of Last Meeting
- Functional Area Reports – Progress, Recommendations, Questions, Needs
- Steering Committee Deliberations, Decisions, and Directives
- Other Business/“Parking Lot”
- Next Meeting Date and Time
- Adjournment

Once the Steering Committee has been selected and convened, the “real work” of establishing a Volunteers in Medicine clinic begins!



Tip Sheet: Needs Assessment/Feasibility Study Guidelines

A feasibility study/needs assessment provides compelling justification for the organization and development of a free medical clinic. The purpose of the feasibility study/needs assessment is to clearly define the need for a Volunteers in Medicine (VIM) clinic and analyze the potential impact of the proposed clinic. While some may refer to a feasibility study and needs assessment as two independent documents, here these terms are being used to refer to one document that demonstrates both the need for the clinic and the likelihood of success based on available resources.

Most funding sources, whether major foundations or a local philanthropist, will want the “hard facts” that demonstrate the need for such a clinic. People who may initially be skeptical about a free clinic can often become your partner and ally if they find you have the data to show there is a substantial population that is medically uninsured. You will need evidence to prove your case and be taken seriously by many organizations.

Needs assessment data can be partially gathered from existing data sources (see examples below). If sufficient funds and expertise can be acquired, it is helpful and powerful to do a community survey of the population, particularly of the adult workforce, to ascertain their health insurance status. A survey of the entire population can be prohibitive in cost, albeit the most accurate in determining the number of uninsured in a community. However, a random sample telephone survey of small businesses within your community will give you a fairly accurate picture of the problem at the local level. It is also important to look at other factors in the community that may contribute to a high number of uninsured, for example: jobless rate; employer closures; and downsizing. You may be fortunate to have the assistance of a local college or university graduate program to assist you in your efforts.

An important aspect of gathering information for a needs assessment will be determining which populations are currently being served by local resources. For example, most children under 18 years old are eligible for state Medicaid. Sometimes pregnant women can receive prenatal care through state Medicaid, public health departments, or other sources. Are certain populations less likely to be insured and where do they live? Finding the gaps in services for each age group will give you a better sense of where you can offer a program that the community will welcome.

Before setting the criteria for whom to serve, the planning group should be able to clearly articulate the unmet needs that exist in your community. For example, most free clinics decide on an eligibility level of serving those who fall at 200% or below the Federal Poverty Level (FPL). This covers those who are above the Medicaid eligibility level but still have no health insurance. It can include both children and adults. You will need to gather statistics on the number of persons in the income and age range that your clinic will serve.

It is important to complete a survey of all the resources and programs in your community that are currently available to those without health insurance. Examples of these resources might include federal government clinics (FQHC's), public health clinics, hospital indigent care, and charity care from doctors' offices. These resources may be useful for referrals from your clinic as well as to determine if you are viewed as a competitor or friend. The lack of these resources may also further emphasize the need for a free medical clinic in your community. In rare instances, the research may show that all needs are being filled.

It is also important to look at the amount of dollars being spent in areas such as charity care provided by local hospital emergency departments and in physicians' offices. This can provide great insight into the depth of the problem of the uninsured.

The feasibility study is also an opportunity to outline the resources needed to open the clinic and identify existing resources that could be leveraged to meet those needs. Questions that may be considered here include:

- Can you obtain donated or a very low-cost rental facility? (often hospitals or churches have extra space which they may or may not renovate to suit your needs)
- Can you obtain free diagnostics such as imaging services and laboratory services? Can you do basic lab screenings at your clinic with portable laboratory equipment?
- Is there a pool of medical volunteers that would be willing to staff the clinic?

A critical part of the assessment is outlining the impact on the community. Answering the question "How will a free clinic benefit the entire community?" will be necessary in building support for the free clinic project. At a minimum, a free clinic will stabilize the community's workforce and improve the general overall health of the public. It is also important to emphasize that a free clinic will not compete with local physicians, the hospital, or other community health care organizations. In fact, just the opposite will happen. A free clinic will decrease the number of primary care cases seen in the hospital emergency room and may take charity cases out of the physicians' offices.

With this information, your planning group will be able to tell the community and their potential funding sources:

- Who you plan to serve
- The eligibility criteria for patients using the clinic (age, income level, those living and/or working in a specific geographic location)
- Scope of services you plan to offer (primary care, dental, counseling, etc.)
- Type of health care providers who will be available
- Best physical location to establish the clinic
- Benefits to the community

Findings should be summarized into a one or two-page executive summary. In addition to a summary of the findings, the executive summary should include a couple of anecdotal personal stories from persons who have been negatively affected by a lack of health insurance. This document will give the organizing committee an effective tool to demonstrate credibility for the project and its members. The executive summary will also be used for a variety of other purposes, including:

- Presentations to physicians, hospital staff, and other community members
- Fundraising campaigns
- Marketing communications
- Providing increased confidence to Steering Committee members when faced with objections and challenges

Existing data can often be acquired from the following sources:

National:

- U.S. Census data (Demographics and Poverty Index) - local income levels and population demographics <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles>
- National Center for Health Statistics – national stats on access to healthcare, life expectancy, health insurance coverage, etc. <https://www.cdc.gov/nchs/fastats/default.htm>

State:

- CDC Chronic Disease Indicators – state incidence of diabetes, asthma, and other chronic disease; also “underlying conditions” such as lack of insurance, poverty, etc. <https://www.cdc.gov/cdi>
- State public health department – most states have an interactive website where you can search for data by county, city, and/or region.
- State health planning agency
- State Medicaid office
- State free clinic association, if one exists in your state

County:

- County Health Rankings - <http://www.countyhealthrankings.org>
- CDC Chronic Disease Indicators - <https://www.cdc.gov/cdi>
- State public health department - see above

Local:

- Hospitals: Reach out to your local hospitals to see if they will share demographic data on ER visits, inpatient stays, etc. in the population you wish to serve. Also, nonprofit hospitals are required by law to perform a community health needs assessment (CHNA) every three years and make data publicly available (usually on website).
- Local public health department: Check for surveys or other data compiled at the local level.
- Local EMS/ambulance: Seek out the EMS provider that has responsibility 911 calls in your target area. Often they are inundated with non-emergency calls that could be addressed preventively. Ask if they have a “community paramedicine” program for prevention, or if they are interested in starting one.
- Community Needs Index: Assigns every zip code in the U.S. a score based on five socioeconomic indicators known to contribute to health disparity – income, culture/language, education, housing status, and insurance coverage. Scores range from 1.0 (low need) to 5.0 (high need). <http://cni.dignityhealth.org>
- CDC Life Expectancy Visualizer: Shows life expectancy at census tract (neighborhood) level <https://www.cdc.gov/nchs/data-visualization/life-expectancy/>
- Chamber of Commerce or Small Business Bureau: Ask about the number of employers who offer health insurance to their employees.
- United Way: May have done survey on issue of the uninsured or other needs.
- Opinion leaders: Inquire among the medical community and government leaders regarding political climate for a clinic.
- Target patient population: Gather anecdotes regarding experiences from lack of health care.
- Retired physicians: Seek out those who might be interested in volunteering.
- Local medical society or medical school alumni association: Ask for a list of retired physicians and if you could present information about the free clinic at an upcoming meeting to ask for their input.

The Feasibility Study/Needs Assessment should include these sections:

I. Executive Summary

II. Statement of the Problem

Numbers of uninsured by age, gender, race
Jobless rate
Lack of health insurance

III. Target Population to be Served

Clearly define the clinic's geographic service area
Demographics of community and specifically the population to be served
Number of uninsured in the service area
Barriers to accessing health care, including financial, transportation, language, cultural

IV. Scope of Clinic Services

Medical services to be offered
Clearly stated patient eligibility standards
Hours of proposed clinic operation

V. Existing Health Care Resources

Outline current options available, include eligibility standards.
State why a new free clinic will not duplicate existing services.

VI. Benefits to the Community

Summarize benefits to the community, e.g. healthier workforce/population, reduced ER and 911 costs and availability for true emergencies, training opportunities for students, school benefits (children with healthy parents miss school less often and have better mental health), etc.

VII. Feasibility

List current resources that could be leveraged to open and sustain the clinic:

- Is there community support for project?
- A pool of qualified health providers who have expressed interest in volunteering?
- Are local practices/hospitals willing to support the clinic?
- What are estimated start-up costs, and how will funds be raised?

VIII. SWOT Analysis

(Strengths, Weaknesses, Opportunities, Threats) of Proposed Clinic Plan

IX. Start-up Budget

- Include all expenses needed to establish and operate the clinic for one year.
- Expenses to establish the clinic may include insurance, 501c3 application fee, attorney fee, business license, etc. Ongoing expenses may include personnel, office supplies, medical supplies, utilities, rent/lease payments, postage, equipment, printing, etc.
- Likely revenue sources will be individual donations, corporate giving, foundation grants and fundraisers. Also include "In kind" donations of items or services (e.g., free labs).
- See sample start-up budget attached.

SAMPLE "Start-up" Operating Budget

EXPENSES

PERSONNEL:

SALARIES

Wages (Non-professional)	\$25,500
Workers Compensation	\$500
Payroll Taxes (10%) <i>note – depends on location</i>	\$3000

BUILDING COST:

Telephone	\$1500
Rent	\$6000
Utilities	\$2500
Janitorial/Cleaning Service	\$1000

INSURANCE: \$5000

SUPPLIES & EXPENSES:

Medical Supplies/Pharmaceuticals	\$10,000
Office Supplies	\$2000
Postage	\$500
Printing/copying	\$500
Equipment	\$1000
Miscellaneous Maintenance	\$500
Fundraising Expenses	\$1000

Total: \$65,000

INCOME (Potential Sources)

GRANTS:

Community Foundation	\$20,000
AAFP Foundation	\$25,000
United Way	\$5000

DONATIONS:

Individual donors	\$10,000
Local businesses	\$5000

Total: \$65,000

SAMPLE IN KIND DONATIONS AND VOLUNTEERS

SUPPLIES & EQUIPMENT:

Exam Tables – Associates in Medicine, Dr. Finley
Hemoglobin Finger Stick Machine – Hope Hospital
Software for EMR – University Hospital

DIAGNOSTICS:

Labs – Hope Hospital
X-Rays – Hope Hospital

SERVICE & PERSONNEL:

Building Renovations - Orange Construction Company (20 hours total)
3 Nurse Practitioners – 50 hrs./month
10 Nurses – 80 hrs./month

*When creating an estimated draft budget these are the general categories; however, your planning group must make decisions regarding scope of services and whether your clinic will start out by being staffed totally by volunteers or have some part time or full-time employees.



Five Rules for Success with Phase Two: INITIAL FORMATION

1 - Use the completed needs assessment/feasibility study to guide your decisions.

The information gathered will help you answer the questions of whether to incorporate as a 501c3, who to serve, what neighborhood or location would be best, which services would be most needed, who your potential partners are, and more. Let the information gleaned in your needs assessment/feasibility study drive the decisions you make. What services should the clinic offer? There is a balance between creating a “one stop shop” and duplicating services already available in your area. If other services are close by and transportation is readily available, it might be best to refer patients there, rather than trying to provide the same service in-house at the clinic. For example, partnering with local public health to offer vaccines sometimes is a better option than offering them at the clinic. Some services like behavioral health may be better located within the clinic to increase the chance that patients will take advantage of them.

2 – It takes a village, so appoint subcommittees.

Starting a new free clinic requires a team approach. The Steering Committee should divide the many tasks that need to be done into manageable parts that are assigned to smaller groups of two to three people. These subcommittees typically include a Budget and Finance Committee, an Operations Committee, Marketing and Communications Committee, Fundraising Committee, Clinical Services Committee, and a Facilities Committee. Each subcommittee should be chaired by a Steering Committee member, but feel free to reach out to other experts in the community to flesh out the subcommittees. If you know an individual with expertise in pharmacy, for example, ask them to join the Clinical Services subcommittee to help with those tasks. Busy people are often more likely to serve on a subcommittee with specific time-limited tasks than on a larger Steering Committee. Recruiting help for the subcommittees is also a good way to get more people involved and excited about the clinic. They can help spread the word among their organizations and contacts.



3 - The Steering Committee should meet weekly.

Starting a new clinic involves many different tasks, some that are dependent on others before you can move forward. Meeting only once per month will slow the progress greatly. The best way to keep enthusiasm, morale, and progress going is to meet weekly, or at the very least every other week. The weekly meeting should be a short one-hour meeting where subcommittees report their progress (40 minutes) and determine the next tasks (20 minutes). This will quickly reveal any areas that are not progressing, and the peer pressure of reporting weekly will help move things along.

4 - Create a sense of community on your Steering Committee.

Meet in person rather than virtually to help create a stronger, more productive group. If you are unable to meet in person every week, consider alternating in-person with virtual meetings. Celebrate successes, even small ones, with cheers, hand slaps, and inexpensive awards. Share breakfast or lunch when you meet; breaking bread with others can build bonds and fellowship. Start meeting in the clinic “space” as soon as possible and use large wall charts and timelines to show your progress. This is also very helpful with potential funders, partners, and volunteers as they tour the space that will become the clinic. A carefully planned task list and timetable on the wall keeps everyone on target and builds credibility with visitors.

5 - Visit as many free clinics as possible.

A “field trip” to see another free clinic in operation is invaluable, even better if the Steering Committee can go as a group. Every free clinic is unique, and you will often find new approaches, ideas, and services. This is one of the easiest ways to maintain enthusiasm among the Steering Committee as you see patients being helped and volunteers serving joyfully. Often you will learn of a new vendor, potential partner, or a creative way to approach a common problem. Most free clinics are happy to share tips and success stories, unless you are in direct competition for patients and funders. You can find free clinics by zip code and city at the NAFC online directory: <https://nafcclinics.org/find-clinic>



Tip Sheet: Mission Statement and Vision Statement

“Mission” and “vision” may seem like buzzwords that have little practical effect, but establishing a mission and vision for your clinic are essential to charting a course for a successful, sustainable clinic. As you develop a new clinic, you will face many decisions, choices, options, and opportunities – how will you navigate these? By creating a clear mission and vision as your “North Star”, you can confidently move ahead knowing that each decision lines up with the purpose and identify of the organization.

Mission Statement

Why are you thinking about starting a free or charitable clinic? Whom do you hope to serve? What will be the geographic limits of your service area? What do you hope to achieve? How will you know when you have achieved your goal?

The Mission Statement may be as inclusive and expansive in scope as you like, but you must express it as succinctly as possible. Will others be able to grasp easily what your mission is? If you can comfortably answer all of these questions, you are well on your way to having a Mission Statement. Without it, you won't have the foggiest notion where you are going, what you are going to do and how you will know when you have arrived. Nor, sadly, will anyone else.

There are no hard and fast rules regarding the development of a Mission Statement, but it should say something about **what you plan to do, to whom you plan to do it** and the boundaries which will define **your target area**. You cannot be all things to all people. Construct it so you are comfortable with the scope of the task and convinced you can achieve it. If there is any question, it is better to err on the conservative side. Attempt to do only that which you are convinced you can do.

Construct the Mission Statement carefully, as you will be confronted by it continually along the way to realizing your clinic. One of the last things you want to feel compelled to redo is your Mission Statement. It will be your guide, your reference point and your stated goal – it should be the “North Star” that your clinic consistently follows, especially at decision points such as whether to add new services, or appeal to a certain funder.

The Mission Statement need not be long or windy. Indeed, it is better if it isn't. Ideally it will be short, succinct, to the point, memorable, instructive and unambiguous. It must state exactly what you plan to do, with whom, to whom you plan to do it and the area or group you plan to serve...and nothing else. It will serve not only you and those working with you, but also those whom you are trying to entice to invest their resources of time, energy, experience and/or money.

Sample mission statements:

- **Our mission is to understand and serve the health and wellness needs of medically underserved and their households who live or work on Hilton Head or Daufuskie Islands.** (Volunteers in Medicine Clinic, Hilton Head Island, the very first VIM clinic)
- **To understand and serve the health and wellness needs of the medically underserved in our community by providing quality, compassionate, personal care in a faith-based environment.** (Volunteers in Medicine Chattanooga)
- **The mission of Volunteers in Medicine Jacksonville, Inc. is to advance the physical, mental, and emotional well-being of the working uninsured to improve quality of life for all.** (Volunteers in Medicine Jacksonville)

Vision Statement

The Vision Statement is different from, but complementary to, the Mission Statement. Whereas the Mission Statement states what you are going to do, the Vision Statement states **who you are, what you believe and what you hope to become**. Where the Mission Statement is outward to the world around you in its orientation, the Vision Statement looks inward to the very heart and soul of the individual.

Where the Mission Statement speaks to the discharge of a responsibility that you have assumed, the Vision Statement speaks to the spirit of what you do and how you will approach it. Another difference is the Mission Statement surrounds and sets limits on the scope of the activities while the Vision Statement is inclusive and embracing. It broadens the scope of the task.

Dr. Jack McConnell, founder of the first Volunteers in Medicine clinic, developed the following Vision Statement, based on a meditation written by The Reverend Thomas Hawkins, Professor at McCormick Theological Seminary, Chicago, Illinois. Feel free to use it or adapt for your needs. It states:

May we have eyes to see those rendered invisible and excluded, open arms and hearts to reach out and include them, healing hands to touch their lives with love, and in the process, heal ourselves.

We encourage you to recite the Vision Statement before every meeting and every clinic so that you are reminded of who you are, what you believe and what you hope to become. Doing so will inspire an entirely different tone and quality throughout the day's activities. Over time it will make a significant difference in everyone who works at the clinic, those who receive care there and, by extension, it will begin to transform your town into a community.

Remember, the first steps of creating a Mission Statement and Vision Statement are to know who you, what you believe, and what you hope to become.



Tip Sheet: Steps to Initial Clinic Formation

Incorporating a brand-new free or charitable clinic is a time-consuming process, and the steps will vary somewhat depending on your locale and state. Be sure to consult an attorney experienced with nonprofits **prior to** beginning the process.

Most free clinics choose to incorporate as a 501c3 tax-exempt nonprofit. However, that is not always the best option. Starting a nonprofit from scratch will be a costly and time-consuming endeavor. Before deciding to create a brand-new nonprofit, consider collaborating or partnering with an existing organization. This ensures that you are not “reinventing the wheel” when there may be local organizations that already have the infrastructure, operational capacity, etc. capable of doing the work.

Questions to ask:

- Is there a free clinic near you that might be interested in expanding their service area or establishing a new program? This can be a win/win – the existing clinic adds new programs/services which are attractive to funders, and you have the advantage of infrastructure, community awareness, etc. already in place.
- Is there a nonprofit already serving your community that is interested in branching into medical services? For example, a homeless shelter may want to offer clinical care, or a housing ministry or food pantry may want to offer medical care to their clients. Talk to local nonprofit organizations in your community to see if they have noticed the need for medical care (most likely they have) and are interested in collaborating.
- Is there a medical school or other health professional school near you that is interested in starting a student-clinic? Offer to partner in creating a clinic that gives students valuable hands-on learning opportunities while meeting a need in the community.

Clinics that choose to operate as a program under another entity should consider carefully whether the overall organization is a good fit for their vision and purpose. Is the board of directors supportive? Will the clinic have input into decisions made by the board? Who is responsible for expenses incurred by the clinic? In the event of a medical malpractice complaint, or even a “slip and fall” complaint, who is liable? Again, consult an experienced nonprofit attorney and be sure an MOU (Memorandum of Understanding) is signed so that both parties understand fully the expectations and responsibilities of operating under another nonprofit’s governance.

If you choose to establish a new 501c3 nonprofit clinic, below is a general overview of the process. Specific steps will vary by state and your organizational needs – consult your attorney.

1. Determine name of clinic. Choose something easy to remember, that clearly describes your purpose. Avoid “Wellness Center”, “Foundation” or other words that have multiple meanings. Run it by several people outside the planning group to make sure its meaning is clear (one example: “Volunteer Clinic” is surprisingly sometimes interpreted as being a

clinic that sees **only** volunteers as patients). Check with the Secretary of State to make sure the name you choose is not already in use.

2. Identify who will be the “registered agent” on file to receive correspondence from the state and IRS.
3. Draft and file Articles of Incorporation with your Secretary of State or similar agency, based on state guidelines. When you file Articles of Incorporation, you are requesting to be recognized as a business by your state. Once approved, your initiative is legally a business. However, your business is not yet tax-exempt.
4. Apply for federal EIN (Employer Identification Number). This number is necessary to legally conduct business, whether or not you have employees.
5. Decide on the fiscal year the organization will use for financial purposes (e.g. January to December, July to June, etc.). Discuss with an accountant for guidance.
6. Recruit initial board members, per state guidelines.
7. Draft bylaws and other required documents, per state guidelines. This includes Conflict of Interest policy and statement on dissolution (what happens to assets in case the organization dissolves at some point).
8. Develop 3-year budget for new organization (must be submitted with IRS application Form 1023 for tax exemption.)
9. Hold first Organizational Meeting of the board to elect officers, approve bylaws, etc.
10. Prepare IRS application (Form 1023*) and supporting documentation to request 501c3 nonprofit status. Approval will take several months.
11. IRS approval exempts the clinic from **federal** income tax. Check with your state for exemption from **state** income tax. It may happen automatically with your IRS approval, or you may have to submit an additional application.
12. Register with your state to fundraise (per state requirements).
13. File for state/local tax exemptions (e.g. sales tax, property tax). Check state and local requirements.
14. Open nonprofit checking account.

*Note that there is a Form 1023-EZ, which is a streamlined version of Form 1023. It requires less information and is normally approved faster by the IRS. The use of the 1023-EZ is **not** recommended for new clinics. It is intended for very small nonprofits that estimate yearly revenue of less than \$50,000 for the first three years of operation. A successful, sustainable new clinic should plan to exceed this amount of revenue, certainly in years two and three. If you do use the 1023-EZ and then bring in more than the \$50,000 limit, the organization will need to submit further documentation which may invite scrutiny from the IRS. Better to use the Form 1023 and know that no further documentation will be needed.

Legal Resources

AMA Legal and Operational Guide for Free Medical Clinics. This guide was authored by the American Health Lawyers Association and funded by the American Medical Association to provide important information at your fingertips! Covers a variety of legal and operational issues for clinics to consider, such as the scope of services to be provided, funding, 501c3 tax-exemption, recruitment and licensure of medical volunteers, insurance coverage and liability, prescription drug management, patient privacy, and quality of care and other patient care issues. <https://nafcclinics.org/wp-content/uploads/2021/11/Legal-and-Operational-Guide-for-Free-Medical-Clinics.pdf>

Locating a Pro Bono Attorney

- Exponentum: A network of state/local legal organizations who specialize in providing services to nonprofits. Often they have services or classes for new nonprofits.
<https://lawyersalliance.org/exponentum>
- TrustLaw: A global pro bono legal service that matches nonprofits with free attorney assistance.
<https://www.trust.org/trustlaw>
- Contact your local “Legal Aid” office to ask if they know of legal help for nonprofits in your community.
- Seek recommendations from the local United Way and other nonprofits.

For more NAFC resources on this topic:

The **Member Resource Library** has samples from member clinics, templates, etc.

<https://nafclinics.org/members/resource-library>

The **Quality Standards Toolkit** has free clinic best practices, along with sample documents.

<https://nafclinics.org/members/nafc-membership>

The **Member Benefits** document has detailed information on partner vendors that may be able to assist with supplies, equipment, medications, insurance, and much more.

<https://nafclinics.org/members/nafc-membership>

You can also email us at nafc@nafclinics.org.



Tip Sheet: Nonprofit Boards

An effective board of directors is essential to the success and sustainability of a free clinic. All nonprofit corporations are legally required to have a board. Strong boards go beyond what is legally required to ensure that the organization is fulfilling its mission, adapting continuously to the needs of the community and achieving its full potential.

The VIM development process is designed to provide a solid starting point for a founding board. The Steering Committee represents different sectors of the community with a vested interest in the clinic's success. Thus, the founding board is often composed of many members of the original Steering Committee. The business plan sets forth operational, financial and long-term growth goals for the clinic. Board responsibilities, composition, structure and development should be aligned with the strategic goals and objectives of the clinic.

Board Responsibilities

All nonprofit boards have serious fiduciary, legal and ethical responsibilities. Board members can be held legally responsible for failing to meet these requirements. Core obligations include:

- Duty of Care means that board members are expected to use their best judgment to make decisions on behalf of the organization. A good board member fulfills the duty of care by participating in meetings, reading materials, learning about the clinic's services, evaluating the quality of work being done by the staff, and asking good questions.
- Duty of Loyalty means that board members are expected to serve the best interests of the clinic above any personal interest of their own. A good board member avoids conflicts of interest (such as when he or she has a personal or professional interest in a proposed transaction), abstains from voting or attempting to influence the outcome if a conflict is present and recognizes when it is advisable to consult outside legal counsel.
- Duty of Obedience means being true to the mission of the organization, following policies of the board and complying with laws that govern nonprofit organizations. Strong boards operate with transparency, inspiring donor confidence and enhancing the reputation of the clinic in the community.

Documents that create infrastructure for the board include:

- Organizational bylaws, which describe the legally binding rules for how the board will operate.
- Conflict of interest document, which includes disclosures and is signed annually by each board member.
- Board job description, which outlines expectations for all board members. Some boards also have job descriptions for each officer.
- Board member contract, which is signed by each board member to underscore their commitment to meeting their responsibilities.

Boards should meet basic standards of conduct and provide proper oversight of the clinic, but this is not sufficient to create a thriving organization. Dedicated boards must recognize that the success of the clinic is their responsibility. They must be committed to proactively advance the organization. They must be leaders that provide strategic guidance, actively engage in fundraising, and build community support. A commitment to self-evaluation, annual review of progress toward goals, and continuous quality improvement are markers of a high-functioning board.

Board Composition

Thoughtful selection of board members adds to your clinic's legitimacy and credibility. An ideal board will provide a bridge between the community and the clinic; thus, it is important that board members have strong relationships in the community and/or are members of the community themselves.

Effective boards include members with diverse skills, demographics and networks. A well-rounded board will reflect your community with respect to age, gender and ethnicity. Consider individuals with financial, medical, business, fundraising and legal knowledge. It is also important to include members who have the personal influence and financial resources to attract support for your clinic. The right mix of representatives for your clinic will depend upon your strategic goals and priorities.

Since most board terms are limited, it is important to create a strong pipeline of prospective board members. When conducting a board member search, assess the strengths and gaps in your current board. In addition to relevant experience, connections and demographic factors, do not overlook valuable assets like passion for the mission and ability to dedicate time to projects.

Board Structure

A board's structure is as important as its function. A high-functioning board will be designed to meet the goals and priorities of your clinic. Items to consider are below. Many of these will be spelled out in your organizational bylaws – be sure you are following what is proscribed in the bylaws that started your organization. If the original bylaws no longer meet the needs of the organization, the board can always choose to amend them as needed.

- Decision-making: It should be clear to each board member how decisions are made and their role in the process.
- Board size: The board should meet the minimum requirements set forth in state law, if applicable. Typically, boards with eight to fourteen members ensure that each member has enough to do, but no one is overwhelmed. It will allow a good mix of perspectives and provide each board member with opportunities to remain engaged.
- Committees: Depending upon the size and complexity of the board, committees may help the board with efficiency and effectiveness. The purpose of each committee should be aligned with organizational priorities. It is best practice to regularly reevaluate the committee structure to ensure that it still meets the needs of the clinic. Committees should meet regularly. Each committee chair should give a written or oral report at each board meeting to summarize the work done by the committee since the last board meeting.

- Meetings: Board meetings ideally create a culture of mutual trust, inquiry and engagement. It is important that board members receive meeting materials with sufficient time to review them before the meeting. Build sufficient time into the agenda for debate, discussion and questioning. New clinics will find it more helpful to meet monthly, rather than quarterly. To streamline board meetings, consider adopting a “consent agenda”. This bundles routine items like meeting minutes, committee reports, etc. into one vote, rather than requiring separate approval for each item. This saves meeting time for more substantive discussion.
- Terms: Term limits are highly recommended for a dynamic board. It is helpful to stagger terms in a founding board for a balance of experienced members and newcomers. A two or three year term for board members is common among nonprofits.

Staff-Board Relationship

The relationship between the board and paid staff members in a free clinic is an important one. A good board provides oversight but does not micromanage. The board selects the executive director and manages his or her performance. The executive director supervises other staff and oversees clinic operations.

Board members set policy; staff implement the policy. It is often helpful to have clear documentation of where the authority of the executive director ends and the authority of the board begins. Clear lines of communication between the executive director and the board chair, including regular reporting mechanisms, are essential. Remember that the executive director reports to the entire board as an entity, not to the board chair as an individual.

In cases where the clinic does not have any paid staff, drawing a clear separation between the board and clinic volunteers can be challenging. Many times, board members are also staffing the clinic and managing day-to-day tasks. In this situation, keep operations and governance responsibilities as separate as possible and ensure that adequate time is dedicated to each. For example, separate the board meeting agenda into operations and governance sections, create distinct committees, or even independent meetings. Operations are more tangible, and it is easier to see the results.

If you do not carve out time for governance activities, they can often become overshadowed by operations. Good governance takes time and hard work, but it is well-worth the investment!

Resources for Board Development

BoardSource: www.boardsource.org

Board Source’s mission is to inspire and support excellence in nonprofit governance and board and staff leadership. Some information and tools are available on their website for free. Additional resources can be accessed with paid membership.

Blue Avocado: www.blueavocado.org

Blue Avocado is the bimonthly newsletter of American Nonprofits, a membership organization that provides practical financial information and support to U.S. 501(c)(3) nonprofit organizations, staff, stakeholders and volunteers. It is created by and for community-based nonprofits.

State Nonprofit Associations:

Every state has its own nonprofit association. It is usually advisable for the clinic to become a member in order to access discounts, education, vendors, and regulations specific to nonprofit organizations in your area.

For more NAFC resources on this topic:

The **Member Resource Library** has samples from member clinics, templates, etc.

<https://nafclinics.org/members/resource-library>

The **Quality Standards Toolkit** has free clinic best practices, along with sample documents.

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The **Member Benefits** document has detailed information on partner vendors that may be able to assist with supplies, equipment, medications, insurance, and much more.

<https://nafclinics.org/members/nafc-membership>

You can also email us at nafc@nafclinics.org.



Tip Sheet: Creating a Business Plan for the New Clinic

Why is it necessary to develop a business plan for your clinic? A business plan serves several functions, primarily as a communication and planning tool. A Steering Committee could use a business plan to:

- Communicate to the community the need for a free medical clinic
- Provide an outline for how the clinic will be developed
- Offer background material for staff and volunteers
- Provide a focus for the steering committee, board, and volunteers
- Develop operational and budget goals and objectives
- Outline strategies for long-term growth and sustainability
- Define the services to be provided by the clinic
- Serve as a fundraising tool for the clinic

A business plan demonstrates that the Steering Committee has fully thought through the entire process of opening and sustaining a successful free clinic.

Contents should include:

I. Executive Summary

This section should be written last and include only the important details of the plan. It should include descriptions of the following:

- Steering committee
- The type of clinic being developed, services to be offered and the population to be cared for
- Summary of timeline for opening the clinic, including activities and persons responsible
- Anticipated outcomes
- Description of support from VIM/NAFC and details about the number of clinics in VIM/NAFC, patients served, etc. (This information can be obtained from VIM/NAFC staff.)

II. Business Description

- Business name & address
- History of organization and its development
- Mission and vision statements
- Status of the organization and future objectives. Includes a SWOT analysis of the clinic (Strengths, Weaknesses, Opportunities, Threats)
- Scope of planned services
- Description of the VIM model which promotes a “Culture of Caring” while emphasizing the use of retired health care professionals and community volunteers. Our “Culture of Caring” recognizes the strengths of those in need and respects their dignity. The manner in which people are treated during a visit to a VIM clinic is as important as the medical care they receive.

III. Organization and Management

- Key clinic leader(s) (include resumes in appendices)
- Board of directors, including occupations and other relevant affiliations
- Organizational chart and staff plan, including duties and responsibilities
- Community partners: list of community affiliations, partners and collaborators
- List of committed health professional volunteers by name to demonstrate support

IV. Market Analysis

- Should include highlights and conclusions of the community health needs assessment
- Identify target population and define the “uninsured” in the community.
- Describe steps taken to determine the need.
- Summary of the data (detailed data should be included in the appendices)
- How the clinic will complement, rather than duplicate, existing local services
- Key assumptions

V. Marketing Strategy

- How do you intend to educate stakeholders about the need for this proposed clinic?
- Once in operation, how do you intend to inform the community about this new clinic?
- The type of media and promotional materials to be used
- Narrative description of the process that was completed to develop outreach plan (e.g. met with local church leaders, contacted local United Way, etc.)

VI. Timeline and Goals

- Include a **three-year** timeline of goals for the clinic, starting from now.

VII. Financial Data

- Three-year budget
- Describe efforts to engage appropriate sources of support, both start-up and ongoing.

VIII. Appendices

- Support letters from collaborators (e.g., mayor, hospital CEO, public health, etc.)
- Resumes of key clinic leader(s)
- Relevant data from community health needs assessment.



Tip Sheet: Financial Management

Below are general tips about financial management in free and charitable clinics. Every situation is different, so of course you will want to work with an experienced CPA and other financial professionals to determine what is best for your clinic.

First, find an experienced CPA who is familiar with nonprofits. Ask other nonprofits in your area or your local United Way if they have suggestions.

Determine what the organization will use as its fiscal year, i.e., January to December, June to July, etc. This should be done in consultation with your accountant. In most cases a calendar year (January to December) is easiest.

Open a bank account for the clinic. Some banks offer special rates and perks for nonprofits. Also, some banks will offer community grants or sponsorships to local nonprofits and being a customer can help. Copies of your bylaws and IRS determination letter will most likely be required to open a nonprofit account. Because new clinics are often small operations, be sure you have appropriate back-up listed on the account if for some reason the first contact is not able to access.

Following financial policies and procedures established in advance will help prevent fraud and theft at the clinic. Nonprofits are more vulnerable to fraud because of the small number of people “at the top” and extensive use of volunteers, making internal controls more difficult. They often lack more sophisticated controls because “who would steal from a nonprofit?”. Unfortunately, fraud and theft can and do happen with surprising frequency.

The Steering Committee and/or the Board of Directors should approve basic financial guidelines, which will include things like when approvals are needed for a purchase, who is responsible for making deposits, etc. These can become more detailed as you grow. (Find example guidelines by going to the Resources listed at the end of this tip sheet). Of course, the policies and procedures are only helpful if they are followed.

The clinic should have strong “internal controls” as good stewards of any financial resources. The accountant can help with this. One of the most important is segregation of duties: for example, the person who logs in checks received in the mail is not the same person who is responsible for depositing checks. In an office with fewer than three individuals, consider outsourcing some selected accounting duties (leverage an outside service or even a local paraprofessional) as an alternative.

At least one person on the Steering Committee and/or board of directors needs to have financial expertise, ideally in the treasurer role.

You should have some means to run a monthly report of expenses, balance sheet, profit and loss etc. Creating a budget for the year to include all anticipated expenses and all anticipated revenue is also very important (and required for the IRS application for 501c3 tax exemption). Start with QuickBooks or similar software if possible, which is usually available at a large discount for nonprofits through Techsoup.

As a new clinic, you will be asking for donations, grants, in-kind gifts, and other financial support. Be sure you are handling these according to your internal guidelines and with the input of your CPA. Become familiar with the difference between unrestricted and restricted funds and other concepts that govern how you will handle the clinic's money. For example, there are requirements on the language you use when acknowledging donations.

There should be someone with knowledge or experience of the 990 form required annually by the IRS. This is the equivalent of the tax return for a nonprofit. Also there may be state required filings, depending on your state.

An audit of your organization's finances will be required. This can be done after the first full year of operation. In the meantime, some funders may accept an income/expense statement if you do not yet have a full audit. Although it can cost several thousand dollars to have an audit done, it is well worth it for the reassurance and validity that it will give your organization, to let supporters and donors know that funds are being used as promised. Be sure to seek out an accounting firm that has experience doing nonprofit audits.

Be very careful to accurately report and monitor all expenses, financial decisions, grant reporting, etc. When nonprofits have a financial misstep, unfortunately the news travels fast and tends to negatively impact community support, donations, grant funding, and harm your general goodwill in the community. It can take years to recover and there are instances where nonprofits are forced to close because they have suffered a financial black eye and lose donors.

It is much easier to prevent a financial misstep than it is to recover your clinic's reputation after something has gone amiss.



Tip Sheet: NAFC Membership

As a NAFC member, you have access to many tools and resources to help establish and operate a free or charitable clinic. Be sure to take advantage of everything available to you as a member!

- Grant opportunities from CVS Health, Direct Relief and other partners
- Discounts and savings, such as:
 - EMR systems
 - Medical equipment and supplies
 - Medications
 - Office supplies
 - Insurance
 - Translation services
- Member listservs – post questions, ask for advice, product recommendations, etc. We have listservs for:
 - All members
 - Providers
 - Athenahealth EMR Users
 - PracticeFusion EMR Users
 - Epic EMR Users
- Member Resource Library – find templates, sample documents, guides, and much more.
- Annual Symposium (training conference) held every October
- Quality Standards Program (Bronze, Silver, Gold) seals awarded annually
- Webinars, training, and advocacy education on free and charitable clinic topics
- Mentoring for clinics in development, as well as those already in operation

For more information, visit <https://nafcclinics.org/members/nafc-membership>. For membership questions, contact nafc@nafcclinics.org.

State Association Membership

Over 20 states have their own state association for free and charitable clinics. Each has its own membership criteria and programs. The NAFC works closely with all state associations, and we strongly encourage you to join your state association as soon as possible, in addition to your NAFC membership.

They will have information, resources, and networking opportunities specific to your state's requirements for free clinics. Your state association will most likely have conferences, events, and educational sessions that can greatly assist your journey to opening and sustaining a successful free or charitable clinic. Several also offer programs for starting new clinics.

For a list of state associations, visit <https://nafcclinics.org/about-us/our-members>



Five Rules for Success with Phase Three: PRELIMINARY PLANNING

1 – Make sure everyone has the same “elevator speech” about the clinic.

Introducing the idea of a new free clinic will require a consistent message about the need and purpose of the clinic. This message should be familiar with and shared by everyone involved in the clinic. Most people have the general idea that “someone” is taking care of the medically uninsured. You will get many questions about why a free clinic is needed – “Isn’t the hospital/public health/federal clinic (FQHC) taking care of those needs?” The Steering Committee should agree on two to three short points that explain why the clinic is needed and how it will differ from existing options. You should also explain how lack of care affects all of us: longer ER waits, higher costs, more disability, and poor community health. Agree on the top points that you will share and use them consistently.

2 – Get excited about fundraising.

As you begin raising money for the clinic, remember that fundraising is not a dirty word. When you ask people to support the clinic, you give them the opportunity to put their beliefs, values and hope for a better community into a tangible gift. One of the first steps for the clinic is to create a FaceBook page and website with a “Donate” option. In addition to asking for money, give people other ways to help, like purchasing items on a “wish list”, or providing free services or goods that the clinic needs. The entire Steering Committee needs to be on board with giving a monetary gift and connecting their contacts with the clinic. Remember that people give to people, but someone must make the ask. Be very specific about the needs – do you need \$1,000 for an exam table or \$400 for a laptop used for charting? Spell that out. People respond well when you ask for something tangible and explain how it will help patients.

3 – Take advantage of available expertise.

The skills and knowledge needed to start a new free clinic cover many different areas: clinical, financial, marketing, fundraising, and much more. The NAFC and your state free clinic



association (if there is one) can connect you to helpful resources. Also take advantage of subject experts in your community and state. Every state has a membership association for nonprofits that offers expertise and sometimes discounts. Large cities may have their own nonprofit association or group. There are often local chapters of professional organizations for fundraising (Association of Fundraising Professionals), marketing (American Marketing Association), and human resources (Society of Human Resource Professionals), among others. Ask if they can assist, or if you can speak with their members to identify volunteers.

4 – Now is the time to start gathering volunteers and supporters.

You will meet many people as you do the work of starting a clinic. Many will ask, “How can I help?” Be prepared to gather their contact information and then follow up with them to keep them in the loop on progress. Keep them apprised of the accomplishments and the tasks that still need to be done – they are often willing to help if they know the needs. Take every opportunity to speak at churches, schools, civic clubs, etc. Create a FaceBook page (use the Nonprofit option) and a basic website (to supplement later) so that you can share information. Make sure both have a “Donate” button. If feasible, go ahead and offer a screening day in partnership with a local church or public health to spread awareness. As soon as you have a designated space, start inviting people to tour so they can see the vision and enjoy being part of the journey.

5 – Decide who will manage the clinic.

Every clinic, no matter how small, will need certain tasks done. Who will purchase and order supplies, maintain office equipment and facilities, schedule patients and volunteers, pay bills, etc.? To start with, assign duties in an area such as patient or volunteer scheduling to one specific volunteer who can then train more help if needed. Each task should have a “home,” someone who is responsible for completing it (or ensuring that it is completed). Start-up clinics may begin with volunteer help and then quickly realize a paid staff person working full or part-time is needed for consistency and accountability. As a clinic grows, you may add more staff like a Volunteer Coordinator, Development Director, Nurse Manager, or other roles that need the time and attention that come from paid staff. It is very challenging to be effective using only volunteers. As you see more patients, you will need more administrative support. Think about the return on investment and hire help when needed.



Tip Sheet: Clinic Space Considerations

After the needs assessment/feasibility study has been completed, the Steering Committee now has a good picture of how many people the clinic will serve, the types of services that are needed, and the number of staff required. Planning for the clinic space becomes the focus.

How many times have we heard *location, location, location*? This is especially important for a free clinic. The Steering Committee needs to consider the following:

- Location - accessible to patients receiving care and comfortable for volunteers
- Transportation - access to public transportation, parking and walking route
- Design
- Own or Lease

Before answering the location question, it is important to consider the following design elements. Consult with experienced architects, contractors, and Realtors who have experience with medical practices.

- Type of services to be offered. This will determine the type of exam rooms and additional space needed (e.g., dental, chiropractic, OB/GYN, X-ray and eye care).
- Number of patients to be seen during clinic hours to determine the size and number of exam rooms.
- The average size of an exam room is around 100 SF (10 x 10). Consider whether you will have nurses, students, scribes, interpreters, etc. in the exam room with the patient and provider. This means you will need more space.
- In addition to exam rooms, consider having a smaller, separate room where a nurse can measure vital signs and weight before the actual exam. This is especially helpful during busy times and can decrease the amount of time patients have to spend in the exam room. Be sure this room provides sufficient privacy for the patient. It will need to have an area where the patient can lie down or sit down so the nurse can take blood pressure.
- How big of a reception area (waiting room) do you need? A rough estimate is taking the number of patients you expect to see in an hour and multiply that by 1.5 to 2. Be sure to allow for adequate space and seating not only for patients but also for those accompanying them.
- Consider space requirements for administrative offices, physician/nurses station, computers/medical record, reception, counseling, screening, exam rooms with sinks, lab

facilities, X-ray equipment (if onsite), separate public and staff restrooms, breakroom/kitchen, meeting/educational program/conference room, dispensary/pharmacy with appropriate locked storage, supply storage room and janitorial area.

- Exterior considerations including parking, green spaces, landscaping and physical security.
- Evaluate code requirements (i.e., ADA handicap accessibility; OSHA requirements; city, county, or state codes; fire codes including diagram for exits).
- Permits and licenses required by county or state, including planning and zoning permits
- Medical waste management plan

Several of our VIM clinics have been fortunate enough to have space or property donated or purchased on their behalf. In these situations, the clinic pays a nominal fee for rent each month (e.g., \$1 per year for 20 years or indefinitely). Several clinics are not required to make any payment for leasing their space. In these situations where a pre-existing building is donated the clinics are responsible for renovating the buildings into medical facilities. Most clinics receive special grants that were secured for all or a portion of the cost of the renovations.

In some cases, local contractors and other tradespeople volunteer their services and provide material at cost, or no cost, to the clinics. Some clinics have opened with a temporary site and moved to more substantial accommodations after a capital campaign or increase in resources.

Whether the clinic decides to renovate an existing space or build a new building it is important to find a competent builder/contractor who is willing to work with your group. It may also be useful to have an architect and interior designer to assist with the final details of the project. Inviting community members to contribute their talents to the project creates a sense of ownership within the community.

Selection Criteria for Contractor:

- Understands OSHA regulations
- Demonstrates knowledge of primary care clinic office design
- Understands of clinic's mission and services
- Familiar with local building codes, regulations and permit requirements
- Knowledgeable about the potential benefits and flaws of the site
- Sensitive to providing high quality environment
- Commitment to budget constraints and environmental health requirements
- Donation of services or reasonable contribution toward contractor services

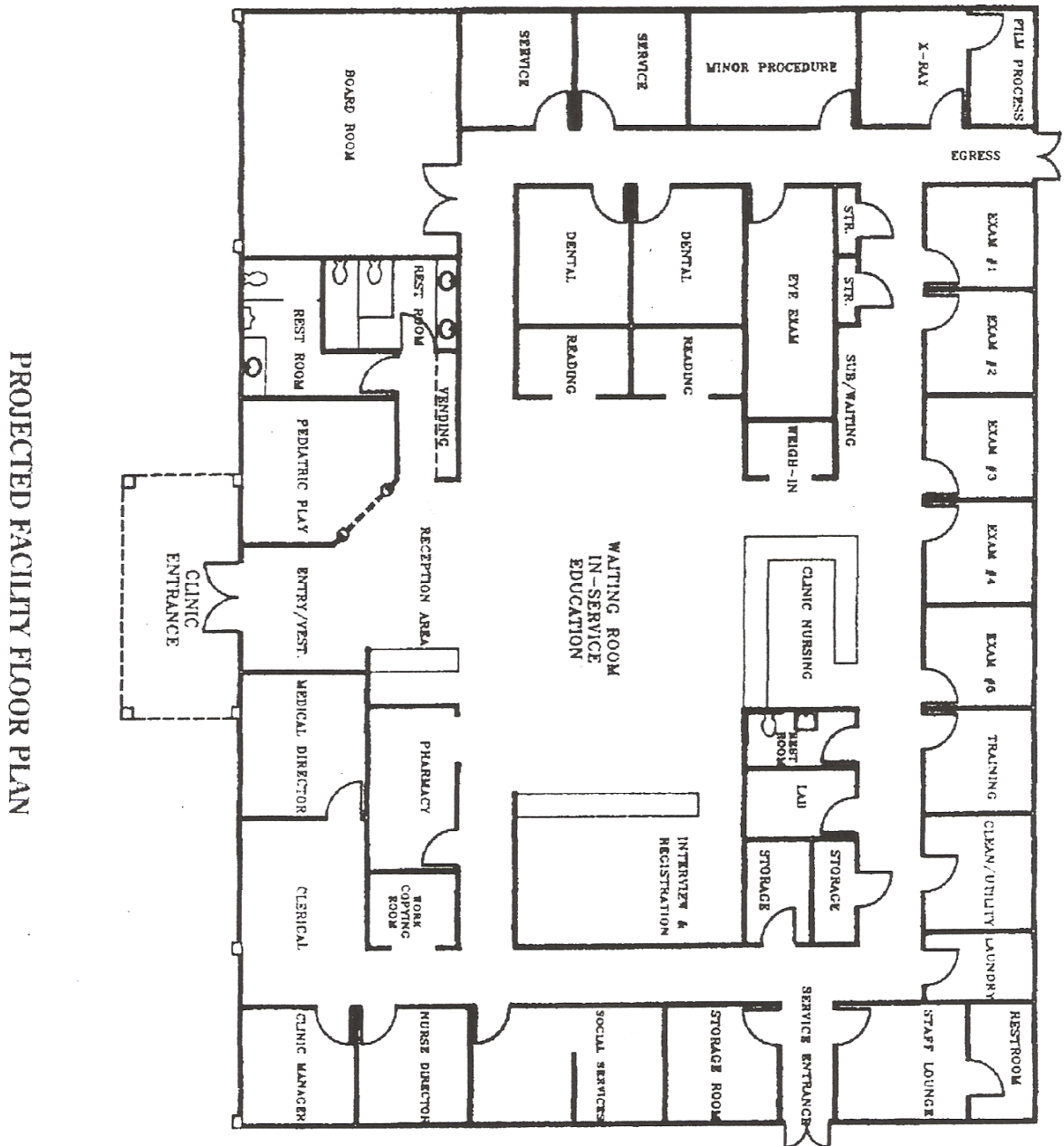
Decision-Making Considerations:

- Mission and goal of clinic, and services needed to achieve these
- Estimated budget - costs of services, staffing, facility, monetary and in-kind donations
- Potential and availability of resources for growth
- Potential for networking and referral services with outside providers/services

Prior to finalizing the plans for the new clinic space, it is important to consult with the Clinical Services Committee regarding how the space will be configured. It is also important to designate a Steering Committee member who is responsible for on-site construction management and liaison with the contractor. Designating one point-person avoids confusion and possible cost increases. Consistent meetings between the on-site manager and the contractor will help keep the project on target.

See sample floor plan that follows from the VIM clinic in Hilton Head, South Carolina.

The following diagram is an example of the project facility floor plan for the VIM Clinic in Hilton Head, South Carolina.



PROJECTED FACILITY FLOOR PLAN



Tip Sheet: Equipping the Clinic

Once your clinic site has been secured, it will need to be outfitted with office furniture, medical equipment and medical supplies. The following resources may help keep costs low while creating a welcoming environment for patients, visitors, volunteers and staff. Be sure to tap local businesses, schools, churches, etc. who may be able to donate gently used furnishings, supplies and technology.

Local medical and dental offices will often donate gently used exam tables and equipment so that they can upgrade to a newer version. Spread the word through your local medical society and dental society, and of course on your social media.

As you prepare the clinic, take photos of all the work you're doing and post to social media, using it as way to educate about patient needs and the work your clinic will do. Post pictures or video of supplies being unboxed or organized by volunteers. This will build excitement and interest in the community as they see tangible progress being made for the clinic to see patients. For example, as you unbox blood pressure cuffs, post a quick anecdote about the importance of controlling hypertension, and how your volunteers will help make this possible. Work in a personal story if possible of a potential patient (no identifying details) who will benefit.

If supplies or equipment are donated by an individual or business, send them pictures of the items in the clinic space, thank them again, and invite them to tour once the clinic is open so that they can see their generosity in action.

Pointers for donations of equipment/supplies:

- Anything provided at no cost to the clinic, including equipment, supplies, and services, is considered an "in kind" donation. Even though these are not cash donations, you will still issue a receipt to the donor, and track these donations (date, donor, estimated value) to share with your accountant. It's also important to capture the value of the item or service donated (ask the donor to estimate the value) so that you can show the support you're receiving, and it also shows the clinic is being a good steward financially. For more info on in kind donations, see <https://donorbox.org/nonprofit-blog/in-kind-donations>
- Do not accept everything offered. Sometimes people or businesses will want to clean out a warehouse, basement, etc. and a free clinic in their mind is the perfect repository for everything, even if 99% of it is unusable. Require that potential donors check with the clinic prior to donating equipment/supplies. The clinic's fundraising committee should develop some simple donation guidelines so that you can gently and thankfully refuse anything that your clinic cannot use. See more info at <https://www.councilofnonprofits.org/tools-resources/gift-acceptance-policies>

Free Office Furniture and Supplies

Green Standards donates and delivers gently-used office furniture and equipment to registered non-profits across the US. <http://www.greenstandardsltd.com/for-nonprofits>

Good 360 delivers donated goods like office equipment, electronics, computers, and more to registered nonprofit organizations. Admin fees may apply. <http://www.good360.org>

Free and Discounted Technology

TechSoup offers free or greatly discounted software, computers, laptops, printers, scanners, and other technology to nonprofits. Brands available include Microsoft, Dell, Adobe and many more. Registration is required. Administrative fees may apply. <http://www.techsoup.org>

Free Medical Equipment and Supplies

Med-Eq is a medical equipment donation agency that works with U.S. nonprofits to find a home for surplus supplies. Nonprofits must register and pay shipping costs. <http://www.med-eq.org>

MedShare provides free medical supply donations to free clinics via their distribution centers or online ordering. Free shipping. <https://www.medshare.org/free-and-safety-net-clinics>

NAFC Partners for Discounted Medical Equipment and Supplies

There are many NAFC partners who offer discounts to our members on medical equipment and supplies, instruments, diabetic supplies, and much more. Check out the Membership Benefits document for a full list of partners (available under the Members section of the NAFC website).

Grants for Equipping a Free Clinic

American Academy of Family Physicians Foundation - Family Medicine Cares USA: Grants of up to \$25,000 for equipment are available exclusively to NAFC members in good standing. Grants up to \$10,000 are available for existing free clinics. Accepts applications each July. <http://www.aafpfoundation.org/our-programs/humanitarian-initiatives/family-medicine-cares-usa.html>

For more NAFC resources on this topic:

The **Member Resource Library** has samples from member clinics, templates, etc.

<https://nafcclinics.org/members/resource-library>

The **Quality Standards Toolkit** has free clinic best practices, along with sample documents.

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NOTE: See the "Pharmaceutical Options" Tip Sheet for information specific to obtaining pharmaceuticals.



Tip Sheet: Technology and EMRs

Technology will most likely be involved in every area of clinic operations, including:

- Patient care
- Medication dispensing and inventory
- Financial management
- Receiving donations
- Scheduling volunteers
- Communicating with supporters and donors
- Administration

It will be very helpful to find an experienced IT professional who can advise and assist. During planning, you will need to allocate funds for equipment such as laptops, scanners, copiers, etc. Nonprofits are often able to get discounted equipment and software. When obtaining pricing information from a vendor, explain your mission to them and ask for a discount. Some will already have discounted nonprofit rates.

Develop a technology plan where you identify the best software or other tools needed for each task. Below are some of the vendors used by free clinics. Every clinic will need to determine what works best for their unique situation. Always ask for a demo or trial before purchase.

EMR (Electronic Medical Records)

- Practice Fusion – available at no cost to NAFC members. Sign up for a free two-week trial at <https://www.practicefusion.com>
- athenahealth – available at no cost to NAFC members but there may be a wait list. <https://www.athenahealth.com>
- MDRhythm – ask about discounted rate for NAFC members. <http://www.mdrhythm.com>
- Fusion DataNet (now SW Healthcare) – ask about discounted rate for NAFC members. <https://swhcllc.com>
- eClinicalWorks <https://www.eclinicalworks.com>

Of course, it is possible to forego an EMR and do paper charts only, but if you plan to see more than a handful of patients an EMR will be invaluable in easily tracking test results, making appointments, running reports, and much more.

Whatever vendor you choose, be sure to have a backup plan to chart on paper if needed in case of power outage, etc. Whether using paper charts or an EMR, remember that the clinic is responsible for ensuring secure storage of any Protected Health Information (PHI). State laws may specify how long the clinic must keep patient records. Consider how you will provide the required level of secure storage. For example, paper records with identifying health information

must be stored out of sight of unauthorized individuals, and should be locked in a cabinet or room when not in use. There should be strong controls around EMR access, which should be limited on a “need to know” only basis.

Before selecting an EMR, talk with your local hospital to see if it might be possible for them to extend their license to clinic personnel in order to share their EMR. This can be a great benefit in referring and tracking clinic patients who have ER or inpatient stays at the hospital.

Pharmacy and PAP (Patient Assistance Programs)

- QS/1 - Pharmacy management software
<https://www.qs1.com>
- MEDeRx - Pharmacy management software
<https://mederxonline.com>
- PAPTracker - Organize and submit patient assistance applications to pharmaceutical companies. Free 30-day trial. <https://www.needymeds.org/paptracker>
- The Pharmacy Connection (TPC) - Web-based software that streamlines the PAP application process. <https://www.vhcf.org>
- WebPAP - Organize and submit patient assistance applications to pharmaceutical companies. <https://www.medserviceswebpap.com>.

Fundraising and Donors

Some fundraising software products primarily serve as databases for donor records, while others allow you to create and run multi-channel fundraising campaigns from the software. If a vendor offers a “basic” version, you may want to start with that first and then add more features (for an additional cost) as you need them.

- Bloomerang - <https://bloomerang.co>. Ask about their no-cost “lite” version for small nonprofits.
- DonorPerfect - <https://www.donorperfect.com>
- DonorDock - <https://www.donordock.com>
- Little Green Light - <https://www.littlegreenlight.com>. Discount available from TechSoup.
- Network for Good - <https://www.networkforgood.com>

Marketing and Communications

- Constant Contact - <https://www.constantcontact.com>. Marketing tool for creating email newsletters and creating social media campaigns.
- Mail Chimp - <https://mailchimp.com>. Email marketing tool.

Volunteer Management

- Volgistics - www.volgistics.com
- Volunteer Scheduler Pro - <https://www.volunteerschedulerpro.com>. Ask about their discounted rate for NAFC members.
- WhenToHelp - <https://whentohelp.com>. Ask about their free “Lite” version for eligible nonprofits.

Email

Once the clinic is marketing itself to the community, you will need email addresses so that prospective patients, volunteers, donors, etc. can easily contact you. If using volunteers, create generic email addresses when possible, e.g., info@newclinic.org, rather than creating emails tied to a specific person's name. Remember to make email addresses short and easily typed, e.g. use credentials@newclinic.org rather than credentialingcoordinator@newclinic.org.

Email is not a secure form of transmission of patient information. You must ensure that your email has an encryption option in case you need to email patient info. This normally costs a little extra per email account but is well worth it. All volunteers/staff should understand the importance of using the encrypted option, and how to send encrypted messages.

Technology and EMR Resources:

- TechSoup - <https://www.techsoup.org>. Discounted tech equipment and software available to eligible nonprofits. Includes Microsoft Excel, QuickBooks, antivirus software, and more.
- Google for Nonprofits - <https://www.google.com/nonprofits>. Provides email services, Google Workspace, and more at free/discounted rates for eligible nonprofits.
- Microsoft for Nonprofits. <https://www.microsoft.com/en-us/nonprofits>. Provides grants and discounted products to eligible nonprofits.

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Tip Sheet: Clinic Management

Managing the clinic and overseeing medical care are two different roles, each with unique skills:

Clinic Manager

Who will manage the clinic on a daily basis? The Steering Committee/Board of Directors has the ultimate authority over the clinic but soon there will be more tasks to be done than this group can take on. If the clinic is not yet to the point of hiring paid staff, clinic management will either need to be delegated to a particular volunteer, or two volunteers working as a team. This person serves as the "Clinic Manager." This is a very important position, responsible for maintaining a smooth operating environment and fostering good relationships with volunteers and patients.

The Clinic Manager does not do every task, nor can they. The Clinic Manager does not do every task but instead they are responsible for ensuring everything is done that should be done. The Clinic Manager should be organized, personable, flexible, and have a heart for serving your patients. Again, the Clinic Manager will most likely not *do* all these tasks themselves, but instead will work with volunteers to ensure all is done.

As the clinic grows, the Clinic Manager role may transition into that of Executive Director, someone who is delegated by the board to oversee the clinic's operations. They will have broader responsibilities for financial management, marketing, fundraising, etc. Do not assume the best person for Executive Director is a physician. We have found that few physicians are good at both clinical practice and general management. They require two different sets of skills.

To start, most new clinics will benefit from having a designated Clinic Manager oversee the clinic days when patients are seen. A partial list is below; there will be other items to consider based on your clinic's unique needs and circumstances.

For better efficiency and happier volunteers, create laminated checklists for each of these areas so that volunteers can easily be productive, without having to seek guidance on every question.

- Office equipment is ready (laptops working, printers connected and full of paper, etc.)
- Volunteers are available, trained, and scheduled
- There is a system in place for patient flow (where do patients check in, who takes their vitals, etc.)
- Patients have been screened for eligibility and are scheduled
- The facility is available and open
- EMR/technology is working as it should and volunteers are trained to use it
- Medications are available either on-site or through low-cost prescriptions
- Cleaning and disposal of biological waste
- Follow-up is done as needed (Was lab work ordered? Were referrals made to specialists? If so it is the clinic's responsibility to "close the loop" by making sure these things are done and that the clinic knows the results and takes next steps as appropriate (for example, changing a medication dosage, letting patients know of abnormal lab results, etc.).

In addition to these clinic day tasks, think about the other responsibilities that go beyond the actual clinic day of seeing patients. Who will do the following?

- Purchase and order supplies/equipment
- Manage of charts and any filing
- Arrange storage of materials
- Maintain facility and grounds
- Pay bills
- Answer inquiries by email, phone, or social media
- Recruit patients and volunteers
- Train volunteers
- Market the clinic and raise public awareness
- Raise funds

When the clinic is new, it is likely that the Steering Committee members will be doing many of these tasks. As the clinic prepares to open, think through who will do these tasks and whether it makes sense to transition any of these functions to paid staff.

A paid employee who is Clinic Manager can help many new clinics grow. It frees up time for the Steering Committee or board of directors to do the bigger work of building community partnerships and growing strategically, rather than the everyday tasks of managing clinic days.

Medical Director

In addition to a Clinic Manager, there should be a Medical Director responsible for overseeing all clinical care at the clinic. This person should be a licensed M.D. with training and experience in primary care, and a desire to serve the community. The Medical Director has the crucial role of leading and managing the medical volunteers, especially the physicians. This requires leadership qualities and an ability to work with others.

The M.D. must get all medical volunteers “on the same page” in following the clinical care quality standards set by the clinic. This requires a tactful approach when dealing with volunteer physicians. Physicians and providers who cannot or will not follow the Medical Director’s direction must be thanked for their interest and sent on their way. It is impossible to improve clinical outcomes without the Medical Director’s leadership.

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Tip Sheet: Clinical Practice Guidelines

Free clinics are about improving the patient health as well as improving the quality of healthcare within their communities. To provide the best possible care within a “Culture of Caring,” free clinics are encouraged to use clinical guidelines which assist the health professional in the practice of medicine. Guidelines are meant to enhance the knowledge and skills of professionals and not intended to replace them.

Many excellent clinical guidelines are available online, developed through collaborative efforts with national and international professional organizations. These guidelines address the treatment of people with specific diseases and conditions utilizing evidence-based medicine, clinical pathways and decision support systems widely accepted among health professionals.

The following websites are among the most commonly referenced sources for developing clinical policy guidelines. Many are also available as an app.

- American Academy of Family Physicians (AAFP) Summary of Recommendations for Clinical Preventive Services
<https://www.aafp.org/family-physician/patient-care/clinical-recommendations/clinical-practice-guidelines/clinical-preventive-services-recommendations.html>
- American Association of Clinic Endocrinologists (AAACE), Diabetes Clinical Practice Guidelines and Algorithm
<https://pro.aaace.com/disease-state-resources/diabetes>
- American College of Physicians (ACP)
<https://www.acponline.org/clinicalinformation/guidelines>
- Epocrates (pharmaceutical and clinical practice reference)
www.epocrates.com
- National Institute for Health and Clinical Excellence
www.nice.org.uk
- UptoDate - this website/app is the premier resource for the most current clinical guidance, synthesized by content experts and updated regularly. Your clinic may qualify for their charitable program for free licensing.
<https://www.wolterskluwer.com/en/solutions/uptodate/about/donations-program>

If your clinic has a close relationship with a medical school, check with their library to see if they may be able to allow providers working on-site at the clinic to access paid products like UptoDate or books such as *The 5-Minute Clinical Consult*, Domino et al.

Guidelines should be incorporated into documented clinical policies and procedures that are reviewed and revised regularly under the supervision of the clinic’s Medical Director.

Because volunteer healthcare providers may see patients with conditions out of their “comfort zone,” be sure guidelines and checklists for common conditions such as diabetes and hypertension are easily accessible and visible in each exam room.

Keep your providers informed about medications available at the clinic or those easily available to reduce the number of patients who call back to say they can’t afford their prescription. Patients who cannot obtain or afford their medications will have poor outcomes.

Establish regular CME (Continuing Medical Education) as a “Lunch and Learn” with your providers to keep them up to date on the latest treatments and literature. This will be especially important for those who are retired and those who are practicing outside their specialty.

The Medical Director should develop “order sets” within the EMR for common diagnoses to help standardize care among your volunteer providers. Having a group of orders already established for common conditions and procedures will save time and improve quality of care.

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Tip Sheet: Volunteer Management

Principles of Volunteerism

- Nonprofits are under pressure to perform effectively.
- Volunteerism should be looked at as an industry.
- Management of volunteers is as important as any other function within an organization.
- Health of business is intertwined with that of the community. Business is placing a higher value on community service.
- No one owns volunteers.
- There must be something of value in exchange for volunteer efforts.
- Volunteers vote with their feet.
- A great benefit is achieved when a volunteer position is thoughtfully and meaningfully designed.
- People are looking for the “Helper’s High.” Those who volunteer experience a greater physical, emotional, and spiritual sense of well-being.
- The question Volunteer Coordinators should be asking themselves, “How can I help people make a contribution?” It is important to identify and match the motivation of the volunteer.
- There is a correlation between volunteering and giving. People who volunteer are more willing to give financially.
- A Volunteer Coordinator is a manager, personnel expert, statistician, communicator, trainer, diplomat, problem solver, supervisor, self-starter, creative thinker, social director, salesperson, and an advocate.

Components of a Volunteer Management System

Part I

- Work with staff to identify need
- Develop a job description for each volunteer position
- Develop standard policies

Part II

- Recruit
- Interview
- Screen
- Match

Part III

- Orient
- Train

- Supervise
- Evaluate
- Reflection
- Recognition

Volunteer Job Descriptions

Each job description should include a general overall description of what the volunteer is expected to accomplish, as well as specific tasks, activities and required outcomes. Required skills, current or to be acquired, personal attributes, and time commitments should also be included in the description. Be sure to specify the person to whom the volunteer reports.

Standard Policies

Standard policies provide ground rules and set expectations for management, volunteers and paid staff. It is important to provide volunteers with a clear description of their duties and what is expected of them.

Standard orientation procedures should be developed to welcome each volunteer into the clinic. Volunteers should also be made aware of the reporting structure, the person they can go to should any issues/concerns (personal or work related) arise.

Recruitment

Word of mouth is the most effective method of recruitment. People respond to people more than a cause. When looking for new volunteers think about “Who is the influencer, who can open the door?” One effective way to recruit volunteers is to promote the idea of building a legacy: ask those who are leaving to recruit volunteers to replace themselves.

To be effective, a recruitment message in an advertisement for volunteers should include a specific position description. For example, “We are looking for a photographer or a welcome desk assistant,” not just “We are looking for volunteers.”

It is important that the Volunteer Coordinator meet with the potential volunteer to determine the volunteer’s needs, interests and skills. Clearly evaluating the volunteer’s expectations and correctly aligning that person with the specific needs of the clinic is critical.

Orientation

It is important that all volunteers are made to feel they are a valued part of the clinic. This begins by providing the volunteers with a good introduction to the clinic. Develop an orientation process which introduces the Culture of Caring, the clinic’s mission, staff, and a tour of the facility.

Train

Training will depend on the work to be performed and the current level of knowledge and skills that the volunteer brings to the position. Volunteers need to be prepared so they can adequately perform their work. They may need additional training as they accept different responsibilities within the clinic.

Supervise

Volunteer Coordinators should watch for burnout among volunteers. After a period of time in a specific position, volunteers may need to switch focus and use other skills to avoid becoming

bored or burned out. Likewise, it is important to be aware of “rust out”, the underutilization of volunteers and their skills.

Evaluation

Like any salaried employee, volunteers want to know that they are doing a good job. An evaluation allows the Volunteer Coordinator the opportunity to check-in with the volunteer to ensure that both parties are in-line with the other contributions and expectations. This is one more opportunity for the Volunteer Coordinator to let the volunteer know that he or she is a valued part of the clinic.

Recognition

Volunteers want to contribute and know that their contribution is important. Volunteer Coordinators should ask themselves “Who is the person I should thank this week?” Take notice of those volunteers that have been away and let them know that they have been missed.

Examples of ways to let volunteers know that they are important to the operation of the clinic:

- Send out birthday and get-well cards to volunteers, signed by staff, board, and other volunteers.
- Visit volunteers who may be in the hospital
- Celebrate National Volunteer Week each April with doorprizes and meals for volunteers - ask local businesses/restaurants to provide breakfast or lunch for each volunteer shift.
- Honor volunteers with the President’s Volunteer Service Awards - <https://www.presidentialserviceawards.gov>

For volunteers to feel a valued part of the organization, it is important that they are informed and up to date with news affecting the clinic. This is especially true when volunteers may not work on a daily basis. They may volunteer on a weekly or monthly basis. The need for on-going communication is essential to be successful in working with volunteers.

Consider establishing a bulletin board or “volunteer information center” where relevant information is posted for all to see. For example, if the clinic is written about in a newspaper or magazine the Volunteer Coordinator might want to post the article. With permission from the volunteer, news about volunteer accomplishments or personal issues could be posted. A message board should not take away from personal interaction - on the contrary, it should be used to enhance or encourage communication. A FaceBook group for volunteers is also an option.

Ten Commandments of Working with Volunteers

1. Continued participation depends upon rewards.
2. Volunteers must see the relationship of the job they do, however small, to the total effort.
3. Volunteers must be made to feel the importance of their contribution.
4. The first efforts of a volunteer must be simple enough to ensure success.
5. Volunteers must have opportunities to grow and learn.

6. Volunteers must be encouraged to make as many decisions as possible.
7. Volunteers work best in a friendly, warm atmosphere, where their efforts are obviously needed and appreciated.
8. Volunteers must not be taken for granted.
9. Keep volunteers informed about developments in the organization.
10. Care enough about volunteers to learn about their strengths.

Julia Abrahamson, Working with Volunteers

Are You an Effective Volunteer Motivator?

- When was the last time you greeted a volunteer by name?
- When was the last time you welcomed a volunteer by saying “Thanks for coming to help us today”?
- When was the last time you treated a volunteer to lunch?
- When did you last update your volunteers on developments in the agency?
- When did you last have a special event to honor your volunteers?
- When was the last time your executive director and/or board chair spoke to the volunteers?
- When was the last time you said, “We missed you” to a volunteer who has been on vacation?
- When was the last time you called a volunteer who has been out sick to check on him/her?
- When did you last mention your volunteers in a newsletter or in the press?
- When was the last time you sent a personal thank you letter to a volunteer?
- When was the last time you called a volunteer just to say, “Thank you”?
- When was the last time you sat down with a volunteer to evaluate his work, praise his talents and suggest ways to improve his efforts?
- When was the last time you offered new opportunities to a volunteer?
- When did you last ask volunteers to suggest ways to improve your volunteer program?
- When did you last ask volunteers to suggest ways to improve your organization?
- Is it time for you to develop an ongoing plan to recognize and motivate your volunteers?

The OASIS Institute

For more NAFC resources on this topic:

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Tip Sheet: Marketing and Public Relations

Why should clinics “market” themselves? Marketing informs donors, potential volunteers and patients about the services and needs of a clinic. When thinking about marketing your clinic, it is essential to create a “brand image” for your clinic. Branding includes the clinic’s logo, marketing messages and product offerings which are used consistently throughout all marketing materials.

First, make sure that the Steering Committee and all volunteers can articulate a clear vision of what the clinic will offer and how it differs from other services already available. This “elevator speech” should form the core of all marketing efforts.

Logo

Develop a colorful, clear logo to use on all the clinic’s written and digital materials. Consider having a logo contest to involve your community, or engage a student in graphic design or advertising.

Website Development

Every clinic needs its own website. It is the first place that many people will turn to find more information about your clinic. It’s essential that they find a clean, professional looking website (no misspellings, etc.) that gives an overview of the clinic. Websites can be used as a brochure for the clinic, a place to list services and location, a way to list upcoming events, and as a place for donors to make a gift.

These days it is easy for a savvy volunteer to build a basic website. Alternatively, you may consider working with a local college, university or technical school to arrange for students to take this task on as a class project. As the clinic grows, it may be worth it to engage a professional web designer who can update and manage your website. Well-intentioned volunteers have been known to “disappear” as they graduate or start other projects, leaving the clinic with no idea how to log in to their own website.

As a nonprofit organization you will want your website to end in “.org” and nothing else. You will need to secure a domain name, which comes after the “www.” and before the “.org”. Your web designer or student assistant should be able to assist you with this. The designer will also help you make your website searchable and register the site with a hosting service such as Wix or GoDaddy.

When designing the content of your website be sure to consider the look and design of all your marketing materials and messages. Again, the idea is to create a consistent message. Your mission statement should be a central focal point of your website. Your clinic’s logo should also be a visible piece on your website. It is important to keep your website up to date. Set up a schedule to update content on a regular basis. Also, it should go without saying that your website should be error free.

Clinics and developing sites may wish to include the following content on their website:

- Address and contact information (telephone and fax numbers, email, mailing address)
- History and background information
- List of staff and Board of Directors
- Current activities (special events, fundraisers, volunteer training events)
- Recent news (awards received, grants received, new staff members)
- Donor and volunteer recognition
- Hours of operation
- Services offered
- Patient eligibility requirements
- Photos of the clinic, staff, and patients
- Donate button and information about fundraising needs

Social Media

Use of social media is almost universal, and the clinic should have at least a FaceBook page (use the Nonprofit option to create a new page for the clinic). Post new content regularly. During each new clinic day, take photos or quick video of happy, smiling volunteers to share that day on social media. Show pictures of new equipment, medications, etc. and give a short, non-medical explanation about how it will benefit your patients.

Consider paying extra to “boost” your FaceBook post to demographics that you select (e.g., people of a certain age, living in a certain county, who like a certain page).

Email Newsletters

Email newsletters are much less expensive than print newsletters sent via snail mail. The same information can be included in both types of newsletters. It is important to keep the following points in mind when developing an email newsletter:

- You must give the recipient the opportunity to get off your mailing list (opt out)
- Include the clinic website address and contact info in all communications
- Consider using an email service like Constant Contact or MailChimp to design and send your newsletter easily

As with paper newsletters, make sure that the email newsletter contains information that is useful to the readers.

Personal Contacts

Word of mouth is one of the most important and cost effective forms of marketing. It is a cost-effective method which allows your message to reach volunteers, clients, as well as donors. Early in the clinic development process it is important to appoint a speaker’s bureau. A standardized clinic presentation should be developed and shared with all speakers. Ways to utilize the speaker’s bureau include:

- Sending out notices of the speakers’ availability to service organizations and the faith community
- Presenting at conferences and community seminars

Clinic Video

A short video can provide an overview of your clinic as a stand-alone informational piece or as part of a presentation to create awareness of the clinic and for fundraising purposes. It's very easy to shoot a video with a phone but do follow some basic rules for making it as professional as possible. For a more professional product, consider contacting a local television station or media/film school to work with your clinic on developing this marketing piece.

Media and Press Releases

Clinics use press releases to announce good news to local media. If you're starting a new program, secured a big grant, or received an award or NAFC quality standard – each of these should be announced as a press release to local TV and radio. The goal is to arouse the interest of media professionals, lead them to take a look at the story and report on it in the media. There are certain guidelines to follow in style and format (Google “nonprofit press releases”).

When to send your press release? If announcing an upcoming event or program launch, send release one week beforehand to give your contacts time to work your story into their coverage schedule. One day before, follow up with media contacts by forwarding the original press release and including a note indicating that you're reminding them that your big day is tomorrow. After sending your reminder email, follow it up with a round of phone calls to your media contacts to see if you can get someone on the phone. Speaking to an actual human and having an opportunity to share more details about your story will often yield better results than the press release alone. If there is no specific date associated with your story, simply issue your release and then follow up with phone calls.

Whenever possible, develop long term relationships with local media. The clinic can build awareness by becoming a spokesperson and advocate for the uninsured and community health in your community. If you see a healthcare story in the national news, such as a story about the high cost of insulin, forward a note to your media contacts and offer to share the story of how you are working locally in this area to help patients with their insulin needs.

Resources

- Canva – free online design tool for presentations, brochures, social media posts, posters, logos and more. <https://www.canva.com>
- Nonprofit Marketing Guide – training and resources for nonprofit marketing. Some free resources available, such as “The First 100 Days of Your New Nonprofit Marketing Job.” <http://www.nonprofitmarketingguide.com>

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The **Member Benefits** document has detailed information on partner vendors that may be able to assist with supplies, equipment, medications, insurance, and much more.

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Tip Sheet: Establishing Patient Eligibility Standards in a Free Clinic

The clinic should be guided by the results of the feasibility study/needs assessment to establish and follow specific eligibility criteria for accepting new patients. This will ensure that clinic dollars are being used effectively and that the community understands who will be served.

Eligibility screening helps to protect the clinic from patient overload while ensuring that clinic dollars are going to those patients who are without any other health care alternatives. Therefore, setting clearly defined patient eligibility standards helps all those involved in the process.

The clinic board of directors should determine patient eligibility criteria when establishing the clinic and reevaluate on a regular basis (such as annually) thereafter. When screening potential patients, it is helpful to track the number of individuals who apply for services but who are *not* eligible, along with the reason, so that criteria can be adjusted if needed (e.g., changing the number or type of documents needed to verify income level or residency.)

Every free and charitable clinic will establish its own eligibility standards. The most common criteria are below. Your feasibility study/needs assessment should help you determine who is most in need of your services, and how many potential patients are in your community (e.g., number of employed adults who are uninsured can be found in local Census data).

- **Uninsured:** Free and charitable clinics typically serve those who do not have health insurance. Responding to changes in the economy and the healthcare landscape, an increasing number of clinics choose to serve a broad group of those without adequate access to care, including the underinsured. There is not a universal definition of “underinsured” but in general, clinics usually consider patients underinsured if the patient has low income and the deductible and/or copay is a significant portion of their income.
- **Age:** Most free and charitable clinics see patients between the ages of 18 and 64. This is because Medicaid is available to virtually all children under 18 in the United States, and Medicare is available to most seniors 65 and older. Adults older than 18 and younger than 65 are much more likely to be uninsured.
- **Geography:** Most clinics define living or working in a geographic area (i.e., specific town or county) as another factor in determining eligibility for clinic service. For example, one clinic requires a patient to be a community resident for at least three months before they can receive treatment. Proof of residency could include a utility bill or lease with name and address on it.
- **Employment:** Some clinics provide services only to individuals who are employed. The clinic can define “employment” as they wish, to be part-time, full-time, etc. A letter from their employer can serve as documentation.
- **Income:** Most clinics specify a specific Federal Poverty Level (FPL) that potential patients must meet. Typical financial eligibility at clinics includes people who earn at or below 200% (or twice the amount) of the Federal Poverty Level. FPL levels are updated each January by the federal government and are based on the number of members in a household. For that reason, it is important for the clinic to determine its definition of a “household.” This decision will consider situations in which two related families may be living together

under one roof or where other relatives such as a grandmother, cousin, or an aunt, may be living with the family. Although financial criteria is up to the discretion of each clinic, clinics that rely on their state liability program for volunteer protection must be certain that any income requirements set by their state program are met.

Some clinics choose to provide services to individuals without health insurance coverage, regardless of the individual's income level. However, there are obvious issues with having such a generous standard, including providing care to people of moderate or higher-income levels who potentially might be able to pay for care themselves. Accepting patients who may qualify for Medicaid or Medicare is problematic, especially if clinic resources are limited.

Proof of Income

Each clinic determines what proof of income, if any, that will be required for determining eligibility. Proof of income could include:

- Most recent tax return
- Three months of pay stubs (less if deemed adequate)
- Proof of unemployment payments
- Pension statements
- Bank statement
- Alimony documentation (court printout)
- Notarized monetary assistance form

Special Circumstances

Individuals residing in a treatment program or similar facility will most likely have no income and no records. Ask the facility to create a form letter on their letterhead that can be filled in for each patient that verifies they are in the program and have no income. This ensures the clinic has the income info needed to apply for pharmaceuticals through Patient Assistance Programs.

For undocumented patients, providing a Social Security number is not possible and obtaining documentation may be challenging. Others may be working in itinerant jobs where income documentation is difficult since many are paid in cash. In these cases, the clinic may require some other proof of employment, such as a letter from an employer stating weekly/monthly income and dates of service. Be aware it is difficult for undocumented patients to obtain pharmaceuticals through Patient Assistance Programs because income documentation is required; therefore, the clinic will need to investigate other medication options for these patients.

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Tip Sheet: Fundraising in the Free Clinic

Given that free clinics depend upon community support and donations to provide high-quality services to those in need, it is important to dedicate careful thought and planning to fundraising and long-term development.

Kinds of Support Needed

- Annual operating budget (heat, lights, telephone, supplies, staff, programs)
- Capital needs (building, equipment)
- Endowment (permanent savings that yield interest) – not typically established until the nonprofit has been in operation for several years.

Where Do Funds Come From? (ranked in order)

- Individuals are by far the greatest source of support for U.S. nonprofits.
- Foundations (large grants are possible for the clinic but total foundation giving is still only a fraction of that given by individuals)
- Business/corporate giving
- Bequest/wills

Overcoming FOF (Fear of Fundraising)

Some Steering Committee members may be fearful of fundraising or think, “I could never ask for money.” You must train your volunteers and supporters to shift their thinking. The community wants to support you. If you believe in the mission and clinic (and have done the feasibility study), you have a solid foundation from which to approach individuals, churches, businesses, and foundations in your town. All of them will benefit from a healthier community. Will everyone give? No, but if you expect generosity and believe in your mission, people will react with generosity.

Interest in supporting the clinic will be at its highest level as the clinic begins. People like to be involved in building a facility and seeing it get off the ground. Requests for help with tangible items (like equipment, laptops, supplies, medications, your power bill, etc.) are usually received better than a broad request for “operating funds”.

As you go forward, calculate the cost of a patient visit and ask for that amount to see one patient (or ten, or fifty). Figure out how much it costs to run the clinic for one day and ask businesses to support you for one day, or a week. Thank them publicly for making this day/week of patient care possible. If you have a funder or individual with an affinity for women’s health, or perhaps education, ask them to support X number of patient visits by women, or to fund X number of patient visits where a student plays a role.

Case Statement

The core of your development (fundraising) efforts will be based on your case statement. This is a longer version of your “elevator speech”. Here is where you make the case for the clinic – why

it's needed and how it differs from available healthcare alternatives in your area. The case statement is shared with donors, potential partners, and others to show the need for the clinic, your approach, and accomplishments to date. Specify exactly how you are (or will) address the needs of your target population, and why the clinic is worthy of community trust and continued support (e.g. credentials and expertise of your board or Steering Committee, number of volunteers committed, patient testimonials).

Development (Fundraising) Plan

While many Steering Committees recognize the importance of developing a business plan in preparation for opening their clinic, a multi-year development or fundraising plan is often neglected. Some groups intend to write a development plan once the clinic has opened; others believe the necessary funds to sustain the clinic will simply appear, once the doors are open and patients are being served.

Whatever good intentions may abound, a clinic that opens without committing time and energy to writing a development plan inevitably puts the sustainability of the organization at risk – both in the short- and long-term. VIM recommends all new clinics produce a sound development plan and raise a minimum of one year's operating funds before opening their doors.

The development plan is built upon a variety of business plan projections: patient volume estimates, volunteer requirements, and overall operational costs are examples clinics have used. Some clinics open with an all-volunteer staff, and do not require funds for salaries, fringe benefits, or federal taxes. Other clinics "own" the clinic building, so do not pay rent – only utilities and upkeep. Most clinics use the pharmaceutical companies' patient assistance programs to obtain medications at no cost to patients.

Once a realistic operating budget is developed, the clinic board and other volunteers are ready to focus on putting together their fundraising/development plan. Boards often choose to form a development committee composed of key board members, interested community volunteers, and staff leadership.

The initial fundraising/development plan focuses on raising operating funds from a number of categories. Examples of strategies and resources that may provide a foundation for the fundraising/development plan are listed below. A short description of each is included in this tip sheet.

- I. Individual Donors
 - A. Board of Directors
 - B. Direct Mail
 - C. Major Donors
- II. Special Events
- III. Foundations/Grants
- IV. Special Funding Campaigns
- V. Fundraising Resources
 - A. Staff
 - B. Online fundraising tools
 - C. Fundraising software

Depending on the talents of your volunteers and their previous fundraising experience, you may only concentrate on one or two of these categories. Consider how much effort is involved in

raising the amount of money you hope for in each category. Be realistic about the time and effort involved, and the speed at which you can raise funds. Using fundraising software greatly assists with the management of the annual campaign and maintenance of a donor database.

Whatever methods you choose to incorporate into your development plan, remember that informing donors about the clinic and thanking them regularly keeps them engaged in the life of the clinic and builds long-term support. Sending regular reports, recognizing donors with signage in the clinic, and communicating donor support on your website, social media, and in newsletters are just a few of the ways to thank donors and say how important their support is to the clinic's mission. It is all about maintaining giving over a period of time and keeping the donors that you already have interested in the clinic. Research shows it's much more effective and cheaper to keep a donor than to find a new one!

I. Individual Donors

A) Board of Directors

Before launching a community fundraising initiative for the clinic, it is standard procedure in the nonprofit world that 100% of board members have made a financial contribution to the campaign. The amount of the contribution is not important – but being able to say 100% of the board financially supports the clinic is important when asking community members and organizations to give.

Agreeing to be a board member requires a strong commitment to fundraising. While time is valuable and appreciated, if an individual's contribution to the board is time and expertise only, without a personal financial commitment and a commitment to fundraising, then he or she is a super volunteer – not a board member.

B) Direct Mail

Running a successful direct mail campaign is the result of significant planning among volunteers and staff. For example: most nonprofits conduct an annual appeal around the winter holidays to capitalize on year-end donor giving. Compiling donor lists in a database, writing the appeal letter and determining who will sign it, setting the drop date, and thanking donors for their contribution are a few of the many activities required to plan and execute a successful direct mail campaign. Be sure to give people a reason to give.

Offering a chance to have their donations matched by others can generate additional contributions. Some larger clinics raise hundreds of thousands of dollars from this type of campaign strategy. Whenever you speak to groups during the development of the clinic, ask each person to complete a form with their contact information, so you can keep them up to date about the clinic's progress. This list can serve as the initial direct mail list for potential donors and volunteers.

C) Major Donors

Individuals and corporations have the capability and the commitment to the clinic's mission to give large amounts of money, often on a yearly basis. One VIM clinic established a major donor program called the "Circle of Caring" whereby a predetermined number of community members give the same amount each year (\$10,000-\$50,000/year) for x number of years. These large pledges create the funding base from which the majority of annual operational

expenses are covered. For example, a clinic that has 10 donors giving \$25K/year has a funding base of \$250,000.

Another successful method is establishing a founder's society – an early ground level campaign that targets x number of donors who each give a specific amount. These funds will not cover all operational expenses but having that base level of financial commitment makes the other fundraising efforts much easier to plan, with more realistic goals.

Putting together a major donor volunteer committee is very important, since cultivating big donors is usually done by either a development professional and/or someone who is already a major donor to the clinic. How to secure a large donation, and make the “ask” requires those involved to be trained about how to successfully approach a donor. Of course, the best way is if the person asking for money knows the individual. However, other “asks” are often the result of years of targeting, nurturing and cultivating an individual or business that is in sync with the clinic's mission.

II. Special Events

Dances, golf tournaments, dinners, soup challenges, wine tasting parties, auctions, and luncheons are examples of special events that have become “institutionalized” within a community to benefit the clinic. It is important to remember that a special event may generate lots of public relations for the clinic, but in the end, if it doesn't raise funds for the clinic, then it's better to choose another activity that will result in dollars raised.

Special events are very labor intensive, requiring lots of volunteer support to succeed. Be careful to differentiate between “friend raising” and “fund raising” so that your goals are clear.

III. Foundations/Grants

Look to listings of foundations headquartered within your state and especially within your county and city. Family foundations will be especially interested and committed to your community, especially if you can show a demonstrated need and how the free clinic will fill gaps in current services.

Local businesses and corporations often have employee funds or foundations and may also be a source of grant funds. This is particularly true of businesses that have a national footprint – check their website for “community giving” to see if they make grants in your area.

One or several of the founding/board members need to contact local foundations ahead of asking for money – often well before the clinic opens. Schedule a meeting and show a short video clip that tells the story of the clinic and the need in the community. This informs the foundation CEO about what is being envisioned for the clinic and serves as the basis of a long-term relationship between the clinic and the foundation.

Most giving for free clinics will come from local sources within your state. Few national foundations will be a source of funding unless they have a particular background in funding programs in your state.

Grants can be complicated and time-consuming to assemble, but, if successful, they can generate larger sums of money more quickly. It is important to develop a personal relationship with the grant administrator if at all possible, since they can assist with reviewing drafts and improving the content of your application.

A “grants calendar” for the year can be very helpful. As you gather information on various foundations and corporate giving programs, make a note of their deadlines so that you are prepared each month to submit requests. Be sure to allow for several months to receive funds, assuming your application is successful. Check with the funder for estimated timing for payout.

Finding Grant Opportunities

- **Candid** (Formerly the Foundation Center/Guidestar): Many resources for nonprofits, and it maintains a database of the 990 reports for foundations. These provide detailed annual information on grants awarded. Look at a 990 to see what kind of organizations they are funding, and the average size of the grants made. <https://www.guidestar.org/profile/13-1837418>
- **Foundation Directory Online** (from Candid): A comprehensive research tool to find possible grant opportunities for your clinic. Subscription product but available for free community use at hundreds of local sites. Search for a location at <https://candid.org/find-us>
- **GrantStation**: A searchable online directory of thousands of grant opportunities from foundations, corporations, and more. Also provides resources to assist nonprofits through the grantseeking process. NAFC provides a deep discount for annual subscription to GrantStation at \$95 per year. <https://grantstation.com/product/nafc>

IV. Special Funding Campaigns

Your clinic may plan to undertake a capital building campaign before (or after) opening its doors. This type of campaign is for building expenses only – either for purchasing, renovating, or fitting up a rental space. The fundraising strategies for this type of once-only campaign differ from an annual operating campaign. If the capital campaign goal is a large amount of money, clinics often hire a development firm to assist with raising those dollars.

V. Fundraising Resources

A) Staffing

The issue of clinic staffing for fundraising comes up all the time. Some clinics choose to hire a development professional who is responsible for planning and staffing most of the fundraising a clinic undertakes. Sometimes the executive director has responsibility for raising money. Other clinics have added more support staff to carry out a well-developed plan.

Several clinics have chosen to contract with a grant writer on a per hour basis to research and write grant applications to foundations and other philanthropic organizations. The skills necessary to be a successful grant writer are not necessarily the same as those required for running a special event, or even writing a development plan. Targeting the skills required is important to maximize the amount of money your clinic can raise over the course of a year.

AFP (Association of Fundraising Professionals): The organization for professional fundraisers. It has helpful links and resources. There are chapters across the U.S. that can help connect you to local fundraisers, and often offer education sessions on fundraising. <https://afpglobal.org/>

Grant Professional Association (GPA): Professional association for grantwriters with training available. Search their directory for grant professionals. GPA also has local chapters that your clinic may be able to connect with. <https://grantprofessionals.org>

B) Online Fundraising Tools

Your website and social media can be used to complement your fundraising activities, for example, by providing information about special events, inviting people to purchase tickets online, or providing a preview of silent auction items.

When creating a FaceBook profile, be sure to use the “nonprofit” profile so that you can add a “Donate” button and other nonprofit features. You can customize your clinic FaceBook posts to certain audiences and “boost” specific posts from the clinic to push them to FaceBook users of a certain demographic.

Your website can also be used to build your email list of supporters. Include a sign-up form on your website and social media for your electronic newsletter. These supporters then become part of your direct mail campaign. Direct fundraising can also be done on your website, social media, and in your email newsletter by adding a “Donate Now!” button. This takes little time and can yield contributions for your clinic.

C) Fundraising Software

There are many products on the market designed to help nonprofits manage fundraising efforts. Features may include managing the following:

- Individual donors (contact information, thank you notes, giving history and capacity)
- Mailings
- Events
- Grants
- Reports

Some of these products also have features for volunteer management. Costs vary, often depending upon the number of donors in your database and the number of features your clinic chooses to enable. New clinics often use Excel to track donations but donor management software can help move your giving program to the next level. There are many options available – ask other nonprofits in their area what they recommend. Below are several options.

Bloomerang: Pricing depends on number of records and yearly revenue. Bloomerang Lite is a free version is available for small nonprofits with fundraising revenue under \$100,000 and fewer than 250 donor records. <https://bloomerang.co>

DonorPerfect: <https://www.donorperfect.com>. Note that TechSoup offers discounted DP pricing for nonprofits at <https://www.techsoup.org/donorperfect>

DonorDock: Subscription levels vary based on which features you want. All plans include unlimited contacts and 0% platform fees. <https://www.donordock.com>

Other Resources

Dispensary of Hope Fundraising Toolkit: A short but comprehensive look at how to begin fundraising for your clinic, with lots of helpful resources listed.

<http://resources.dispensaryofhope.org/InformationLibrary/posts/fundraising-toolkit>

Network for Good: Provides an online giving platform for nonprofits, including a free “lite” version and resources such as free webinars on fundraising. <https://www.networkforgood.com>. Also includes a very helpful checklist on assessing your current fundraising activities.

<http://www.fundraising123.org/files/NFG-Online-Fundraiser-Checklists-Guide.pdf>

National Council of Nonprofits: A useful site for financial and start-up information.

<https://www.councilofnonprofits.org/tools-resources-categories/fundraising>

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Tip Sheet - Free Clinic Fundraising Examples

VIM clinics rely on various fundraising practices to raise money to support clinic activities. In addition to grant funding sources, clinics utilize a variety of unique direct mail programs and special events. Clinics also receive a number of in-kind donations from area businesses. This tip sheet provides a brief summary of successful practices used by VIM clinics.

Direct Mail Programs

Clinic newsletters – which include a donation form, are mailed to all volunteers and donors.

Friends and Family Campaign - is a direct mail campaign to the friends and family of board members and staff, and to a few friends of the clinic. This mailing is sent out once a year before the holidays.

Lend a Hand Mail Campaign - targets both individuals and businesses. Letters and clinic brochure are sent to selected individuals and businesses.

Clinic's Direct Mail Program - consists of a quarterly newsletter, a summer appeal letter and a winter appeal letter. The newsletter is mailed to all those in the donor database. Mailed in June, the summer letter is sent to those in the database who have not given that year. The winter appeal letter is mailed out by the Monday of Thanksgiving week to those who have not given that year.

Special Events

Annual events are labor intensive but considered by some to be “friend raisers,” a way to generate awareness of the clinic rather than just to raise money.

Marathon Fundraiser – A group of around 20 local runners raise funds for the clinic by running in their local marathon. Most participants raise funds through individual and corporate sponsorships of their run.

Chefs on Stage – A charity dinner and silent auction. The food is prepared by local chefs and area businesses donate the items for the auction, the clinic provides around 50 volunteers.

Dance Marathon – Modeled after the Penn State “Thon”, elementary school students raised funds for the clinic by collecting pledges and dancing for a day.

Valentine's “Wine and Chocolates” Evening - included dancing to the big band sound.

Summer Supper and Silent Auction – local businesses donate to the silent auction.

Benefit Performances - given by a neighborhood church and a local amateur theatre.

Notecards – that feature artwork designed by a patient and information about the clinic.

Gala – held at the home of a local celebrity, this event generated both funding and attention.

Rotary Food & Wine Tasting – local Rotary Club hosted event to support clinic.

Hockey Game and Dinner – well-known hockey players held a demonstration game.

Old Bags Luncheon – an upscale silent auction of handbags – bags were new, antique and previously owned by famous people.

Clinic Tours – one clinic found that one-on-one tours with community leaders held during business hours were the most successful method of fundraising.

Companies of Caring Program - chaired by a Board member, enlists CEOs to recruit peer support from various sectors of the corporate world.

Golf Classic Events – Clinic volunteers help staff the event.

Make a Splash – Local swimmers raise money by collecting pledges based on swimming a certain number of laps.

Board of Directors Involvement in Fundraising

Each board member is expected to make a monetary gift to the clinic. 100% board participation is vital for securing grants and other giving.

Fundraising is a major function of the Board with members chairing fundraising efforts.

Board members and other volunteers are asked to contact key prospects to schedule face-to-face meetings. The clinic representative brings a partner along to the meeting with the prospect. During the meeting, the representative establishes rapport with the prospect, presents the accomplishments and needs of the clinic, and asks for a specific gift or pledge payable by the end of the year.

Board of Directors speaks to civic organizations and follows up on funding requests to corporate donors.

In-kind Donations

In addition to the services of medical and nonmedical volunteers, clinics receive a wide array of in-kind donations from the community.

- Local hospitals donate diagnostic testing, free or reduced-rent clinic space, x-ray services, mammograms, prescriptions and other medical procedures at cost
- Medical equipment and supplies, including linens

- PR and brochure development
- Printing services at cost
- Pharmacies provide discounts to clinic patients
- Medical waste disposal provided at a discount
- Local restaurants provide dinner for volunteers on clinic nights
- Local newspapers provide print space used to publicly thank big donors
- Donated trash removal services

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Tip Sheet: Grant Writing

Securing grants is a component of the fundraising strategy for many free clinics. Finding grants that are a good fit for the organization and writing successful proposals are skills that can be honed over time.

Choosing the right grants

Writing and managing grants requires an investment of time and resources. Some clinics choose to hire personnel who can help compose a successful proposal. Once secured, there are usually reporting requirements that must be met, data that must be collected and inquiries from the grantor that must be addressed in a timely fashion. Given these investments, it is important to be selective in applying for grants. Ask these questions before you apply:

- **Is your clinic a good fit for the grant?**
Carefully review the grant's funding priorities. Most grantors will list the types of organizations and initiatives that they do and do not fund. Read descriptions of previously funded programs to determine how well your proposal aligns.
- **Is the purpose of the grant aligned with your goals?**
Some organizations fall into the trap of adding programs simply because there are grant dollars available to fund them. It is preferable to establish strategic priorities first, then find grant opportunities that support those priorities.
- **Is the return on investment significant?**
Weigh the time and resources needed to write and maintain the grant against the funding and benefits that the grant will bring to the clinic. A small grant with a rigorous application and reporting process may not be worthwhile. Some grants offer technical assistance or relationship-building opportunities that should be factored into the decision-making process.
- **Do you have connections?**
As with all fundraising, relationships matter in grant writing. If anyone in your clinic has connections with the grantor that can be leveraged effectively, there is a higher probability that your grant will be selected. Grants from local entities will be easier to secure than those from state or national sources.

Writing a successful proposal

Grant writing is both a science and an art. The following are best practices based on feedback from funders.

- **Keep on topic**
Familiarize yourself with the interests and mission of the funder as well as the focus of the specific grant. Ensure that the content of your writing supports the focus of the request for

proposals (RFP). Emphasize (and reemphasize) how your request is related to the stated purpose of the grant and the stated mission of the funder.

- **Answer each question completely**

The questions tend to have multiple parts. Be sure to provide more information, and in greater detail, than is necessary for each part required. Make it easy for the reader to see that you have been thorough in answering each part of the question. Use key words and an outline format if necessary. At times, it may seem that information included in one section must be repeated in another section. It is preferable to restate details rather than omit them, as each section is often scored separately.

- **Know the terminology**

Read the RFP carefully and ensure that you have a clear understanding of all the terms used. Align the language in your proposal to the language in the RFP.

- **Provide strong support to ensure the program's success**

A funder wants to ensure that what they fund will have positive results. This is where you provide your best proof as to why your program will be successful. Reference any published research, articles, or defined models. If your success is based on an existing program, be sure to include metrics to support this program's success and then connect that success to why the new or expanding program can expect the same result. Stating your opinion of why you think the program will be successful is not truly demonstrating its potential success.

- **Address sustainability**

It has become increasingly important to granting agencies that the funds they invest will have long-term impact. Too many grants fund excellent programs that end when the grant funding runs out. Proposals that describe how funds will impact change beyond the initial grant term will be reviewed favorably. Identify future possible funding sources and clearly outline plans for sustainability.

- **Highlight collaborations and partnerships**

A strength of the VIM model is that it is rooted community partnerships. Funders recognize that strong collaborations are a hallmark of successful organizations. Describe your clinic's strong community connections in your proposal. Include letters of support and other documentation when possible.

- **Use specific, measurable, and attainable metrics to show outcomes**

Identify not only what will be measured, but what your metric goals will be. For example, 100% of patients will be screened for A, B, and C. Patients will have their weight measured at each visit. X% of overweight program participants will reduce their weight by X% within 6 months. Also, supply enough metrics to prove your program's success. If you have 5 unique aspects of your program, be sure there is a way to measure success for each aspect.

- **Double check that you follow all directions exactly as stated and include the correct attachments.**

You don't want to lose points for submitting the wrong number of pages, or for failing to include the correct document.

- **Be comprehensive with your program budget**

Funders will be reviewing this closely. Follow the RFP directions closely with respect to what should be included in the budget. Some funders like to see a comprehensive budget, including items that will not be funded through the grant. Others prefer that the budget is restricted to items included in your funding request.

Example of a comprehensive budget: Your clinic is applying for a chronic disease management grant with a maximum award of \$50,000. The RFP asks for a comprehensive program budget, including all items needed to run a successful program. The budget you submit should include all costs including personnel, supplies, program materials and overhead, even if costs exceed the maximum award amount. In this case, the total program cost is \$76,000. Since actual costs are more than the \$50,000 being requested, be sure to show that you have a plan for funding the remaining \$26,000 needed for the program.

Hiring a professional grantwriter

Grantwriting is a skill and preparing a top-notch grant application likely to win funding can be very time intensive. Unless you have staff/volunteers with time and grantwriting expertise, it may ultimately be more cost-effective to hire a professional grantwriter. Note that reputable grantwriters will normally charge a flat hourly fee to prepare the grant application, regardless of whether the grant is funded or not.

Never pay a grantwriter a "commission" or percentage of the grant money brought in. This is considered unethical by fundraising professionals because it can encourage a grantwriter to apply for grants that are larger, rather than those that are truly a good fit for the clinic.

<https://grantprofessionals.org/page/ethics>

To locate a successful grantwriter, ask local nonprofits and the United Way for recommendations. Also reach out to other NAFC clinics for suggestions. Check to see if organizations for professional fundraisers and grantwriters existing in your community. These include:

- Grant Professional Association (GPA): Professional association for grantwriters with training available. Search their directory for grant professionals. GPA also has local chapters that your clinic may be able to connect with. <https://grantprofessionals.org>
- Association of Fundraising Professionals (AFP): The organization for professional fundraisers. It has helpful links and resources. There are chapters across the U.S. that can help connect you to local fundraisers, and often offer education sessions on fundraising. <https://afpglobal.org/>

Grants for NAFC Clinics

- American Academy of Family Physicians Foundation Family Medicine Cares USA: Grants of up to \$25,000 for equipment and tangible items are available exclusively to NAFC members in good standing. An AAFP member must be in a leadership role at the

clinic to be eligible. Smaller grants up to \$10,000 are available for existing free clinics. Applications are due every year in July. Find out more at:
<https://www.aafpfoundation.org/our-programs/humanitarian-initiatives/family-medicine-cares-usa.html>

- NAFC grants: NAFC is the conduit for grant opportunities throughout the year from many different partners such as CVS and Direct Relief. Members should watch NAFC emails and website for grant info.

Finding Other Grant Opportunities

- Candid (Formerly the Foundation Center/Guidestar): Many resources for nonprofits, and it maintains a database of the 990 reports for foundations. These provide detailed annual information on grants awarded. Look at a 990 to see what kind of organizations they are funding, and the average size of the grants made. <https://www.guidestar.org/profile/13-1837418>
- Foundation Directory Online (from Candid): A comprehensive research tool to find possible grant opportunities for your clinic. Subscription product but available for free community use at hundreds of local sites. Search for a location at <https://candid.org/find-us>
- GrantStation: A searchable online directory of thousands of grant opportunities from foundations, corporations, and more. Also provides resources to assist nonprofits through the grantseeking process. NAFC provides a deep discount for annual subscription to GrantStation at \$95 per year. <https://grantstation.com/product/nafc>

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Tip Sheet: Working with Local Colleges and Universities

Are you looking for well educated, skilled individuals with knowledge of the latest information and technology to assist in your clinic? If so, you may want to consider visiting your nearest college or university. NAFC clinics have established various relationships with students and faculty from their local colleges and universities.

These relationships benefit all who are involved. The students are eager to learn and gain real world experience. The faculty members can incorporate the real-world experience into their teaching curriculum, as well as receive a direct benefit from their personal hands-on participation. The clinics benefit from the addition of bright, energetic individuals at little or no cost.

These relationships can be established as unpaid internships, school paid stipend positions, or as courses for credit. Both graduate and undergraduate students, as well as faculty, from a variety of disciplines can be recruited to assist the clinics.

Currently, NAFC clinics are working with phlebotomy students, medical students, nurse practitioner students, pharmacy students, and radiology tech students, as well as dental and nursing students. Several clinics work with Internal Medicine and Family Practice residents. Medical students typically work under the supervision of the clinic's medical director or one of the volunteer physicians. In some clinics, students and faculty work side by side in the clinic environment.

Undergraduate and graduate students in the areas of business, marketing, public relations, fundraising, human resources, communications, and technology can also provide assistance to clinics. For example, business students can be used during the feasibility study and needs assessment phases of clinic development. Technology students can be used in the development of a clinic's website and creating email newsletters. Marketing and communications students can be used to assist in the development of clinic logos and marketing plans.

Students may be able to work with a faculty advisor to develop an independent study class that will allow them to do project work for the clinic while earning class credit. It is best to contact the dean of the specific discipline to determine which options may be available for student affiliations.

While some local colleges and universities may already have established programs in place to allow students to work in clinic settings, other schools may require more planning and involvement with the clinic to establish such relationships.

The time spent working and supervising students will pay dividends in the future! It's common for students who volunteered in high school or college to return to the clinic many years later as medical professionals, lay volunteers, board members, and donors.

Areas of consideration when establishing such a program:

- Training
- Supervision
- Liability
- Accountability
- Scheduling
- Terms of the relationship
- Expectations of the students

Examples of clinic relationships with universities:

- One clinic has two graduate students that work 10 hours per week as part of their university's graduate-level stipend.
- At the same university, three undergraduate students assist in the clinic for four hours per week. This is equivalent to a one-hour credit course for these students.
- Medical students from a local college of osteopathic medicine participate in a one-month rotation at one of the clinics.
- At another clinic, phlebotomy graduate students participate in a 3-month unpaid internship.
- One clinic works with dental hygiene students and faculty to clean teeth and take dental x-rays in their new on-site dental facility.

In addition to forming relationships with colleges and universities, clinics may also consider working with their local high schools. For example, high school students in a Spanish Honor Society organized a fundraising concert to benefit their local clinic.

Students at all levels are enthusiastic and energetic about helping the clinic. Consider having them design and implement a fundraiser, a health screening day, an outreach event, etc.

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Five Rules for Success with Phase Four: OPERATIONAL READINESS

1 – Prepare to partner with your patients.

The heart of Volunteers in Medicine is the Culture of Caring, the idea that by caring for our friends and neighbors, we are enriching our own lives. As the clinic prepares to see patients, consider how you can best invite them to partner **with** you to improve their health. Although rules and structure are always needed (e.g., a no-show policy), a heavy-handed, “top down” approach will alienate patients, some of whom have already had negative experiences in our healthcare system. Set the tone with a patient orientation at the very beginning, where you explain the nature of the clinic and your desire to work with them. Consider having a Patient Advisory Board that meets at least annually to give feedback and offer suggestions. Funders are increasingly asking that clients be given a seat at the table (“Nothing about them without them.”). This approach may be new for some of your volunteers and staff – they will need training to help them operate in this new paradigm.

2 – Build social determinants of health (SDOH) into the clinic from the start.

Healthcare professionals are increasingly aware of the negative effects of poor housing, food insecurity, domestic violence, and other issues traditionally outside healthcare. Free clinics often see people whose poverty and lack of resources make them sicker than they otherwise would be, such as a patient with asthma who cannot afford to move from a moldy apartment that aggravates their condition. As you plan patient flow, incorporate an easy five-question screening into every patient visit that asks about their housing, lack of food, lack of safety at home, etc. Seek out partners who can help with these issues so that you can refer patients, or ideally do a “warm handoff” where you introduce them or make an appointment for them. More and more funders are looking for clinics who are incorporating this into their services.

3 – Make compliance a watchword.

Every nonprofit is subject to many rules and regulations. Healthcare adds additional complexity. Some requirements vary by state. How can you ensure that compliance is



followed in all areas of the clinic: clinical, financial, and administrative? No one person will know all there is to know about free clinic compliance, so the Steering Committee must ask at every point, “What are the legal and regulatory requirements we must follow?”. There are requirements across malpractice protection, patient privacy, licensure, prescription medications, biohazards, human resources, disease notification to public health, and many more. The subcommittees that address each task must determine the requirements and ensure that there are procedures in place to ensure that all are followed. It is much easier to build these into operational planning before opening than to try to correct problems later. A lax approach to compliance can result in fines, liability, or damage to the clinic’s reputation.

4 – Start with a practice or pilot clinic.

While gearing up for a grand opening, have several small practice or mini clinics where you run through exactly what will happen when patients arrive to be seen. Call in friends to serve as “patients” so they can give feedback as someone completely new to the clinic. Who will greet and check in patients? What if you have a walk-in? At what point are vitals taken, and when are they entered into the electronic medical record (EMR)? How do patients get prescriptions? Do they know when a follow-up appointment is needed, and how to make it? Go through the process exactly as you normally would (create dummy records in the EMR) to make sure that every step works (for example, one new clinic found that there was no paper in any of their exam room printers). Take copious notes and address gaps that you find.

5 – Celebrate and publicize every accomplishment towards opening.

When preparing to open, resist the urge to have everything in the clinic perfectly organized and beautified before sharing news or photos. As you network and talk about the clinic, people in your community will want to know your progress. If they hear nothing, they assume the progress is...nothing. Build excitement and anticipation by posting pictures and accomplishments on social media and in an email newsletter. For example, show volunteers opening a box of supplies and explain in layman terms how this will help patients (“This box of insulin would normally cost \$1,000. We will provide this free to patients so they can keep their diabetes under control.”). Whenever the Steering Committee meets, take a picture, and post it along with a sentence or two. Ask anyone you meet with or who tours the clinic if you may take a picture with them to share online. Show all the work that goes into readying the clinic to open. Taking photos and posting content can be a good job for a high school or college student as your official “historian”.



Tip Sheet: Clinic Licensure

State Licensing

Will the clinic need a license? The answer to that depends on state law. The licensing requirements for opening and operating a free medical clinic are state specific. In most states, a separate license for the clinic is not required. A few states, such as California, have a free clinic licensure process that is very in-depth, requiring on-site inspections by state personnel.

Although your state may not require a license for the clinic itself, remember that you must verify and credential that your volunteers and staff medical professionals are properly licensed to practice in the state.

To determine if your state requires a clinic license, check with your state free clinic association (if your state has one). If there is a licensure requirement, it will normally be found under the state Department of Health regulations for facilities. Be sure to investigate this early on so that you have time to complete the application process if required in your state.

City/County Business License

Regardless of whether the clinic is required to obtain a license from the state, your local city/county almost certainly will require a business license for any business or nonprofit in its jurisdiction.

Usually an annual registration and a small fee are all that is required. Contact your local city or county government and ask for an application for a new business license. Again, do this early in the process.

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Tip Sheet: Building a Culture of Caring in a VIM Clinic

"The Secret of the 'care' of the patient is in CARING for the patient."

Dr. Francis Peabody (1922)

The Culture of Caring is the heart and soul of a Volunteers in Medicine (VIM) clinic. Dr. Jack McConnell, founder of the very first VIM clinic in Hilton Head Island, South Carolina in 1994, considered this to be the wellspring from which all patient care should flow. It is based on an ethical standard in medicine that acknowledges that how people are treated during a clinic visit is as important as the actual medical care they receive. This approach allows for consistently delivering high quality healthcare in a coordinated manner within a nurturing environment. Establishing a Culture of Caring as a standard of excellence will foster trust and credibility within the community.

The Culture of Caring goes beyond the nuts and bolts of healthcare to picture each interaction of provider and patient as an encounter where concern, compassion, love, and healing are freely given and move in a circle between those who provide care and those receiving it. In a Volunteers in Medicine clinic, the lives of both providers and patients are transformed and enriched by the opportunity to know one another better. In fact, those who give often receive more joy than those who receive.

How is this accomplished? A true Culture of Caring requires changes to the traditional patient care experience in guiding principles as well as practice. The Guiding Principles established by Dr. McConnell in 1994 still pervade our work today:

*Do unto others as you would have them do unto you.
Love your neighbor as yourself.*

The Culture of Caring is also apparent in the vision statement adopted by Dr. McConnell. Many VIM clinics have also adopted it as the vision for their clinics:

*May we have eyes to see those who are rendered invisible and excluded
Open arms and hearts to reach out and include them,
Healing hands to touch their lives with love,
And in the process, heal ourselves.*

Those who come to a Volunteers in Medicine clinic are not to be perceived as patients, diseases or illnesses, but rather as "friends and neighbors who don't feel well and are coming to us to see if we can help them." They are our friends, or potential friends, whom we have not yet met but who will be our friends if we greet and treat them with dignity, competence, concern, care and compassion. Patients are welcomed and cared for every step of the way. They are folded into a mantle of care and compassion by everyone they meet, which is therapeutic both for the patient and volunteers providing care.

The Culture of Caring is only as effective as those who observe its principles in practice. It is incumbent upon clinic leadership to acquaint every new volunteer or employee with the particulars of the Culture of Caring. They need to be reminded of the essential contribution they make as they carry out their specific tasks. These principles should be embedded in all policies and procedures.

The Culture of Caring approach is, by necessity, patient centered and holistic. The components of this model include providing medical and psychological care as well as offering referrals to resources like food, shelter, transportation and other needs. Immediate attention to the patient and their family members requires a focus on the larger picture of their lives. The challenge is to respond to the problem(s) that may have brought the patient to the clinic, but, in addition, to establish a comprehensive follow-up care/referral and education plan that also address social determinants of health (SDOH). These systems need to be developed before opening a free clinic to ensure coordination with other caregivers and providers within the community.

Clinic Practices that Promote the Culture of Caring

Consider a “Reception Room” as opposed to a “waiting room.” The feel of the room, and overall clinic, should be warm and inviting, not cold and sterile. Have a volunteer greeter at the front door ready to greet our “friends and neighbors.” Greet and treat patients with dignity. Where appropriate, use their last name with appropriate title. Under no circumstances should they be approached or addressed in a condescending manner. There should always be a greeter in the front reception area except in case of emergencies. They should move quickly to the door when someone approaches, as you would if a friend came to your door.

By bringing down the glass partition between the receptionists and the visitor/patient we demonstrate a willingness to be accessible. It is important, however, to offer privacy in a separate area when recording information pertaining to medical and financial issues. After greeting the patient and directing any children to the Children’s Room (if appropriate), the greeter then introduces the patient to the escort in charge who will direct them to the next stop in their care (see below).

One of the indicators of a responsive and respectful clinic is how long patients have to wait in your waiting room to be seen. Do you have a scheduling and appointment system in place? What information can be collected before the patient sees the physician or other provider? How do patients move from room to room efficiently? What is the process for checkout and giving instructions for next steps? No one should sit in the Reception Room more than fifteen minutes without someone sitting down and visiting with them. It need not be about their illness, just some friendly, kind words.

Use volunteers to escort each patient through the care experience. Appoint volunteer escorts to receive the friends and neighbors from the greeter and see that they move along in the chain of events leading to their care in the appropriate place. When it’s time to receive care, patients are escorted to an exam room and introduced to the nurse/medical assistant. When finished with a provider appointment, escorts will guide them to the next person with whom they need to interact (lab, dispensary, checkout, etc.). This is an excellent way to use lay volunteers who want to contribute.

Establish a children's playroom/reading room. Another connection point for patients (and role for non-clinical volunteers) is a children's play and reading area or room, adjacent to reception. Volunteers should be stationed in this area with the following responsibilities:

- Reading to the children and encouraging them to read to themselves. When the children leave, offer them a book to take home, and one for their siblings as well.
- Hold and hug those who are unhappy and in need of care and attention.
- Direct caregivers where they may change the diapers of those who require the service.
- When no children are present, circulate and visit with the friends and neighbors.

Give the volunteer providers flexibility. Volunteer providers should be empowered to take the amount of time needed with each patient. Likewise, they should be encouraged to consult whenever needed with the Medical Director, who should be readily available for consultations.

Conduct exit interviews with patients whenever possible. If the patient has the time, arrange a short exit interview with them and try to learn how we did and how we can improve the care. If they received a prescription, ask if they understand it and if they can afford it. Finally, ask if there is anyone else at home who needs care and how we can get them into the clinic as well.

Begin each clinic day with a team "huddle" to reaffirm the Culture of Caring. Many clinics find that it is helpful to begin each day with a gathering of staff and volunteers to revisit their mission statement and commitment to the Culture of Caring. This may be done by briefly outlining the schedule for the day and making any announcements. This gathering offers an opportunity for contact among all staff and volunteers in the clinic as well as a way to focus attention on their purpose for doing this work and advocating for optimal care of the patients.

Incorporate the Culture of Caring principles into every training and into all policies and procedures. One of the obvious times to instill an understanding of the principles of the Culture of Caring is during the initial orientation and training for the clinic. All volunteers will become important representatives of the clinic in establishing an atmosphere of trust and acceptance. Finally, challenge your volunteers to offer feedback about ways to incorporate the Culture of Caring within your clinic.

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Tip Sheet: Policies and Procedures

Policies are the guiding principles for an organization. They spell out how the clinic addresses certain issues (e.g., who is eligible for services, how are volunteers trained and supervised, who is responsible for handling funds).

Procedures are the step-by-step instructions on how to enact a policy.

Why are policies necessary?

Policies are the operational guidelines for an organization. They protect and steer volunteers, staff and the board as they fulfill the clinic's mission. They serve as a reference for making decisions and dealing with potential or actual conflicts. Having and following well thought-out policies for your clinic will diminish embarrassing or potentially harmful situations, improper behavior, and ineffective decision making. A clinic will have policies in many different areas: board-related, employees (human resources), volunteers, finances, and more.

The original bylaws of the clinic will lay out some general policies, such as the role of the board members, how they are elected, how they function during board meetings, and how their work is structured. However, bylaws normally only create the very basic structure for the clinic's operations and should not be cluttered by every conceivable rule and recommendation.

How are policies created?

New policies are regularly needed to deal with situations and questions that arise about services, patient eligibility, financial operations, and other aspects of clinic operation. Well-written policies provide a firm guideline for volunteers, staff and the board. Many difficult situations can be avoided if an appropriate policy is already in place to serve as a reference.

Both staff and board can be involved in policy formulation. However, the final 'blessing' is the task of the board. The board signs each major organizational policy to show its responsibility — it does not get involved in detailed staff processes and procedures. Staff or volunteers may recommend new policies or identify a need for them.

You must ensure that all policies meet necessary legal requirements. Before voting on a specific policy, the board should consult knowledgeable sources.

Writing a Good Policy

- Address the principle, not the "how" to put into effect (that's the procedure).
- Use clear language.
- Share with volunteers, staff and board members as needed, and make sure it's posted/ accessible in a way that's easy for anyone to access when needed.
- Review annually to ensure it's still appropriate.

Types of policies:

- Board/Governance:
 - Includes conflict of interest, confidentiality, term limits, etc. Some of these will be addressed by bylaws.
- Administrative:
 - Includes questions such as, “What are clinic hours, how to notify patients in case of emergency closure, how are patient complaints handled, etc.?”
- Financial:
 - Includes questions such as, “Who will handle money, who is authorized to sign checks, are there purchases of a certain amount that require board approval, etc.?”
- Clinical:
 - Includes questions such as, “What are the clinic’s policies on prescriptions for controlled substances, clinical emergencies, referral to specialists, accidental needlesticks, etc.?” Will require input from Medical Director.
- Patients:
 - Includes questions such as, “Who is eligible for our care, what happens if a patient continually no-shows or uses abusive language, how do we respond to a walk-in patient, etc.?”
- Volunteers:
 - Includes questions such as, “How are volunteers approved to serve, who trains them, who is responsible for identifying problems and addressing them, etc.?”
- Human Resources:
 - If you have paid staff, includes questions such as, “What hours are employees required to work, are they allowed vacation or sick time off, who is responsible for reviewing work performance, how is an employee terminated?, etc.”

Procedures

Procedures should naturally flow out of policies. To make the policy a reality, you need procedures. These are the step-by-step instructions that define exactly what to do in a given situation (for example, a checklist on screening patients for eligibility to ensure that all new patients meet the guidelines as established in the clinic’s policy.)

Writing a Good Procedure

Procedures will vary of course depending on each clinic’s unique situation but here are some general guidelines:

- Be clear and concise
- Use general terms that won’t become out of date (e.g., use titles rather than names, such as “Volunteer Coordinator” instead of “Jane Green”).
- Includes checklists and step by step instructions
- Easy to understand at a glance for new volunteers/staff
- Don’t be too prescriptive – allow discretion and best judgment in decision making when possible

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Tip Sheet: Human Resources

Although volunteers are at the heart of Volunteers in Medicine, it is highly likely that the clinic will need paid staff at some point. Paid staff provide the infrastructure and accountability necessary for robust clinic operations.

Hiring even one employee will be a major change for the clinic because paid staff are subject to a whole host of federal and state rules and regulations that do not apply to volunteers. In addition to federal laws, each state has its own requirements for employers. Before hiring any staff, consult with your accountant and attorney to be sure that the clinic is prepared to comply with these.

You should also have a human resources professional involved to review the clinic's policies and procedures. Check with your local SHRM (Society for Human Resource Management) chapter to see if they can help you connect with an HR professional who might assist. Failure to follow all requirements can lead to fines, lawsuits, and other unpleasantness.

Here are some of the items that clinics must be aware of before hiring part-time or full-time staff. Consult with your accountant and attorney for a complete list that applies to your clinic.

- Nonprofits are held to the same state and federal labor laws as any other kind of employer.
- When budgeting for any new hire, include the salary plus the contributions the clinic is required to make to Medicare and Social Security for each employee. This will be a percentage of the employee's salary that you are required to kick in as an employer to help fund their Medicare and Social Security. This is in addition to their salary. Check with your accountant for the exact percentage. It is usually around 7% of an employee's salary.
- Payroll, withholdings, and worker's compensation insurance can be complicated so work with an experienced accountant/payroll company. In general, you must withhold and deposit income taxes, social security taxes and Medicare taxes from the wages paid to an employee. These must be reported by certain deadlines. Even if you hire part-time workers or hire workers for short periods of time, both you and the workers are required to report and deposit taxes the same as you would with full-time employees.
- Most likely you as the employer will need to report and pay Federal Unemployment Tax (FUTA) also. This is the tax that employers pay to fund unemployment benefits.
- The clinic and the new employee should complete all new employee forms required by law. The most common types of employment forms to complete are below. These may vary by state.
 - W-4 – Federal tax withholding form (or W-9 for contractors)
 - State tax withholding form
 - I-9 Employment Eligibility Verification

- Notify your state of new employees – in addition to the required forms above, most states have a reporting process that you are required to complete whenever you hire an employee. Check with your state’s Department of Labor.
- All employees should have written job descriptions. Upon hiring, they should sign off to indicate they understand and agree with the description and list of responsibilities.
- The clinic should provide each new employee with a human resources handbook or employee manual. Ask all newly hired employees to acknowledge by signature that they have received a copy of the clinic’s policies and keep a copy in their personnel file.
- OSHA - all employees are subject to Occupational Health and Safety Administration requirements (note that volunteers are not covered by OSHA). The clinic must ensure that it complies with OSHA for a safe working environment. In addition, employers must keep records of work-related injuries and illnesses. If you have employees, OSHA can make unannounced visits at any time. Violations can result in fines.
<https://www.osha.gov/workers/employer-responsibilities>.
- Workplace postings - all employers are required to post/distribute labor law posters even for “virtual” employees. There are several federal postings that are mandatory for all employers, plus each state has specific posters required to be posted by all employers. Check with your state’s Department of Labor.
- Required training – depending on state law, you may be required to provide training on sexual harassment prevention and other topics. For any training done, be sure to document the date and who attended.
- Exempt versus non-exempt employees – the employer is responsible for determining whether the employee is exempt from certain fair labor law protections such as overtime pay. Whether they are exempt depends on both the employee’s salary and their duties. This is a separate determination unrelated to whether they are paid hourly or salaried. Improper classification can result in claims of unpaid overtime, penalties for missed meal and rest breaks, etc. Consult your attorney or HR professional to ensure all employees are classified correctly.

Independent Contractors vs. Employees

You may want to engage an independent contractor rather than an employee for certain functions or projects. A contract worker is sometimes called a “1099 worker” because the employer is responsible for sending them a 1099 form each year showing total payment for the year. An independent contractor is not paid wages or a salary, nor eligible for employee benefits from the clinic.

There are strict criteria for classifying someone as a contractor rather than an employee. In recent years the IRS has been stepping up its enforcement of employee classification. A typical misclassification scenario is that a nonprofit classifies a worker as an independent contractor when in fact that worker should be considered an employee. This can result in serious consequences to the clinic, including back wages and taxes owed, as well as federal and state penalties.

If the clinic currently is paying anyone as an independent contractor, consult your attorney or HR professional to ensure that they are classified correctly. If the clinic defines the work hours and furnishes all equipment (laptops, etc.), they may not meet the definition of a contractor, especially

if the clinic is their only client. Independent contractors usually have multiple clients, and there is a time-limited engagement for their services.

Resources that can assist:

- Your payroll company should have tools and resources to help with withholdings and required filings.
- The nonprofits association in your state should have state-specific HR information and training available to member nonprofits.
- Check with your Directors and Officers insurance company to see what resources they have. Because employment claims are some of the most common claims filed against a nonprofit's boards and officers, they will have an interest in helping you put HR policies and procedures in place to help prevent those kinds of claims.
- Look for pro bono attorney assistance – check with your local Legal Aid or Pro Bono Partnership. In addition to helping individuals with their legal issues, these organizations will often provide free legal counsel to nonprofits in their area. TrustLaw is another resource that matches free legal assistance to eligible nonprofits.
<https://www.trust.org/trustlaw/>
- OSHA has a free On-Site Consultation Program. Consultants from state agencies or universities will work with you to identify workplace hazards, provide advice for compliance with OSHA standards, and assist in establishing and improving safety and health programs. No citations or penalties will be issued and your only obligation is to correct serious job safety and health hazards. <https://www.osha.gov/consultation>
- SHRM (Society for Human Resource Management) – An annual membership in SHRM is reasonable (around \$250) and could be a great investment for the clinic to establish or refine your HR compliance. Annual membership provides tons of resources to save time and money for anyone managing HR in their clinic. Benefits include an Ask an Advisor service, offering personalized advice on your specific HR questions or challenges; how-to guides; sample policies; job descriptions and interview questions, and more. Members also get discounts on all sorts of services plus HR labor law posters and much more.
<https://www.shrm.org>

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Tip Sheet: Strategies to Reduce No-Shows

No-shows are a challenging issue in healthcare. A comprehensive study of health systems across the United States found that no-show rates averaged just under 20%. No-show rates are often even higher in clinics caring for underserved populations.

When a scheduled appointment is missed by the patient, it negatively impacts health care quality, clinic work flow, provider satisfaction and overall efficiency. It is critical to acknowledge patient barriers to appointment attendance, including logistical issues like transportation, childcare, and paid time off as well as personal factors like memory deficits, past negative experiences with the healthcare system or lack of understanding of the need for ongoing treatment. It is important to balance all these factors when determining a set of strategies to reduce no-shows.

Below are strategies that can be adapted for the unique needs of your clinic:

Collect Data

Defining the term “no-show” for your clinic is the first step. Your leadership team should determine how much notice is considered adequate for appointment cancellation. Once the term has been clearly defined, establish a system for collecting no-show statistics, monitoring trends and using the data for continuous quality improvement.

Patient feedback should also be gathered regularly and used to understand no-show trends. Ask patients about their satisfaction with their clinic experience as well as their barriers to keeping appointments. Design interventions that are responsive to this feedback and use no-show data to determine the effectiveness of these interventions.

Set Goals

While achieving zero no-shows in a month may be a noble goal, it may not be realistic. Use baseline data, relevant benchmarks and knowledge of your patient population to set a realistic target. Evaluate your current rate against the target and adjust strategies as needed.

Create Flexible Schedules

To the extent possible, provide appointment time options for patients and honor their preferences. Try to minimize logistical barriers by offering evening, weekend or early morning appointment times. Align the clinic hours to public transportation schedules. Other innovative approaches include open access, same day, or patient self-scheduling.

Use Reminder Systems

Research has shown that calling patients or sending reminders in the mail are effective methods for reducing no-shows. For some patients, text or email reminders may be preferable. One study showed that patients who receive two different forms of reminders (for example a postcard and a call) were most likely to attend their appointment. EMR systems often have reminder systems which allow patients to confirm via text message.

All these methods are dependent upon accurate patient contact information. Ensure that there are procedures in place for regularly verifying patient phone numbers, email, and mailing address. For instance, have the patient verify their phone number when checking in or out of an appointment. It is also good practice to ask patients how they prefer to receive reminders.

Reduce Barriers

To facilitate appointment attendance, some clinics arrange for volunteers to provide patient transportation or childcare. Others give patients transportation vouchers. Patient feedback data can help determine the most significant barriers and relevant interventions.

Set Policy

Most clinics have a written policy that clearly outlines patient expectations related to clinic attendance. To deter no-show behavior, a common strategy is to discontinue patient eligibility after a certain number of no-shows (for example: three no-shows in one year). Patient eligibility may be revoked indefinitely or suspended for a set time period. Most clinics employing these tactics provide warning letters to patients who have no-showed. Many also have a provision for extenuating circumstances, as evaluated by the executive director or other administrator. Some create walk-in clinics for patients that have been unable to adhere to scheduled appointments.

Educate Patients

It is essential that patients understand clinic expectations, the impact of no-shows on the clinic and consequences of missed appointments. Include the no-show policy in new patient materials and review expectations when no-shows occur. Ask patients to sign the policy as a formal contract. It is helpful to explain to patients why these expectations are in place and how attendance benefits their health as well as the well-being of the clinic as a whole. If using volunteer providers, explain to patients that their no-show may deprive someone else of a visit.

Resources

- CareMessage: Voice messaging and text messages for appointment reminders, outreach campaigns, etc. NAFC members receive a discount. <https://www.caremessage.org>
- The Best Ways to Reduce Patient No-Shows
<https://blog.pcc.com/the-best-ways-to-reduce-patient-no-shows-in-2019>
- The Key to Reducing No-Shows: Empower Your Patients
<https://www.modernhealthcare.com/clinical/key-reducing-no-shows-empower-your-patients>

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Tip Sheet: Developing Laboratory Services

To expand the range of services for the uninsured and underinsured, many free clinics offer laboratory services either in-house or through cooperative efforts with local labs. There are many variables to consider when deciding the best method.

IN-HOUSE LABORATORY SERVICES

There are several unique requirements for an in-house lab, so it is important to consider the following:

- **Scope of lab services to be offered.** Anyone undertaking a new clinic should become familiar with CLIA (Clinical Laboratory Improvement Amendments). This is a federal program administered by the Centers for Medicare and Medicaid Services (CMS). Depending on your state, the state department of health may also be involved in regulating CLIA sites.

Clinics that do **any** testing or lab collection, including pregnancy tests or blood glucose finger sticks, are considered laboratories and must apply for a CLIA waiver (i.e., apply to be waived from CMS requirements for laboratories). This consists of paying a modest fee and registering as a waived laboratory, renewed every two years. **Every** clinic that takes any kind of sample is subject to CLIA, regardless of whether you are free/charitable, receive insurance reimbursement, etc. A good introduction to receiving a CLIA waiver is at <https://www.cms.gov/regulations-and-guidance/legislation/clia/downloads/howobtaincertificateofwaiver.pdf>

CLIA levels range in complexity. The further you go up the ladder in complexity, the more regulations, testing, training, documentation, etc. will be required of your clinic.

1. Waived tests – includes 200+ simple tests, such as pregnancy tests and blood glucose finger sticks. This is the easiest designation. Most free clinics apply for a CLIA waiver.
 2. Provider-performed microscopy (PPM) - using a microscope to look at specimens. This requires a more in-depth CLIA application and regular supervision, proficiency testing, etc.
 3. Moderate complexity testing - this is a major undertaking for a small clinic and should not be needed since there are other avenues to have more complex testing done.
- **Facility and staff licensure.** These requirements will vary greatly by state. It is important to check your local regulations.
 - **Staff training and continuing education requirements.** These requirements also vary by state. Be sure to determine individual state regulations.

- **Equipment and maintenance costs.** Preventive maintenance and quality control of instruments is often overlooked, but essential.
- **Cost of reagents and maintenance.** Note that reagent costs can be high even if volume of testing is low because products may not have a long shelf life.
- **Space and construction requirements.** Must be aware of safety considerations for employees (OSHA), as well as biohazardous waste requirements.
- **Liability insurance requirements and costs.**
- **Plumbing and air exhaust requirements.**
- **Quality assurance issues.** Requirements to adequately assure the validity and accuracy of the laboratory test results.
- **Sample management.** Procedures for the proper collection, storage and transport of samples.
- **Documentation.** Proper reporting and data collection is required.
- **Policies and procedures.** The clinic needs thorough policies and procedures that cover laboratory services, such as:
 - If testing on-site, who is responsible for drawing specimens? How do you document that they have proper and updated training for drawing blood or administering tests? If they are responsible for interpreting results, what procedures do you have in place to ensure the results are correct?
 - If testing on-site, who is responsible for sterilization and upkeep of the equipment? How will you document that equipment and supplies are regularly checked and addressed as needed?
 - How will you ensure quality control? The Medical Director or medical subcommittee should have oversight and should review regularly.
 - What are the procedures in case of an “emergency” lab result? Who will contact the patient and arrange follow-up? What other steps are needed, and who is responsible for documenting them in the patient chart?

When starting a clinic, it may be advisable to start with outsourced laboratory services, and then work towards doing more in-house.

OUTSOURCING LABORATORY SERVICES

Some clinics may wish to use the services of a pre-existing lab. There may be several possible resources among local proprietary lab services. Some of these private services are excellent and some are less than excellent. *Caveat emptor!* They should pick up samples from the clinic, process the samples and have results the next day.

- **Hospital lab services.** It may be possible to develop a quid pro quo or discounted services relationship with the local hospital. Hospitals are usually open to support of laboratory services since the clinic will be reducing their overall indigent/uninsured utilization, reducing bad debt and uncompensated care costs. Many free clinics receive discounted or free lab services from their local hospital.
- **Clinic with lab services.** There may be a local clinic with a lab that has extra capacity.
- **Commercial lab services.**
 - Discounted lab services are available to NAFC members through two group purchasing programs: CommonWealth Purchasing Group and Provista. They can offer significant savings on a comprehensive portfolio of supplies, equipment and services. Members are eligible to access a variety of vendors through these programs, including clinical laboratory testing services such as LabCorp and Quest.
 - Many lab companies will donate or greatly reduce lab services for free clinics. Contact the labs' sales/marketing representatives in your community to invite them to tour the clinic and discuss this option.

HYBRID MODEL

After serious consideration of all the variables involved in developing lab services, some clinics have chosen to create a hybrid to meet their clinic's needs. They provide basic lab services in-house and outsource the more complex laboratory needs.

RESOURCES FOR DEVELOPING LABORATORY SERVICES

- *Heart to Heart International* – Heart to Heart is an international nonprofit working to improve access to healthcare throughout the U.S. and the world. The NAFC in partnership with Heart to Heart offers grants each year to member clinics to set up essential diagnostic point of care testing needed to evaluate patients on site. *The grant program is announced via NAFC member alerts and newsletters throughout the year.* <https://nafclinics.org/partners/heart-to-heart-international>

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Tip Sheet: Providing Radiology and Imaging Services

It is common for free clinic patients to need imaging services such as:

- Ultrasounds, MRIs, X-rays, echocardiograms, etc. ordered by the volunteer physician after a patient visit to assist with diagnosis and treatment decisions.
- Preventive imaging such as mammograms.
- Dental X-rays for clinics that have a dental program.

Initially, it may be preferable to ask the local hospital to provide free radiology services as part of their package of ancillary support for the clinic. This approach will give the clinic an opportunity to measure the demand for imaging services while developing the clinic's funding support.

In addition to hospitals, there may be diagnostic centers in your community who are willing to donate services or offer them at a discounted rate to the clinic. Invite them to tour the clinic to see firsthand the work you are doing and discuss a partnership.

ON-SITE RADIOLOGY SERVICES

In their desire to provide comprehensive services to the medically underserved, some clinics seek to provide their own radiology services on-site. Prior to either purchasing or seeking the donation of radiology equipment, comprehensive planning is critical. Planning should include the following topics:

- **Type of imaging:** Two options for imaging are digital or traditional film. Digital imaging offers reduced radiation exposure, immediate processing, and ease of storing images electronically. It is expensive to purchase, but cheaper over the long term. Alternatively, traditional film has a lower startup cost with comparable image quality. As local medical and dental offices switch to digital, they may be willing to donate their traditional radiology equipment to your clinic. Physician or dentist volunteers who have not been trained in digital imaging may prefer traditional methods. The American Dental Association offers an overview of considerations related to radiology: <https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/x-rays-radiographs>
- **Physical plant requirements and licensure:** Your state may require licensure and inspection of any x-ray equipment. Each state has its own requirements regarding the amount of lead lining needed to pass inspection. X-ray machines. Check with your state agency that licenses healthcare facilities for the appropriate inspections. This is especially important if an older machine is being donated or purchased. Bringing a machine into compliance can be costly. You must also consider shielding requirements such as where to place X-ray equipment in the clinic and whether doors or other shielding is required.

- **Radiation monitoring:** Check with your state to see if dosimeters are required to monitor radiation exposure of staff and volunteers.
- **Staff recruitment, training and licensure:** There are costs associated with providing continuous training that will allow the radiology technicians to maintain current licensure. The needs assessment should take into consideration whether there are sufficient technicians in the community to provide services to the clinic's patients.
- **Physician relations:** Care must be taken to assure private practitioners that radiology services provided by the clinic will be limited to patients who meet clinic eligibility criteria, and therefore will not compete with the private practitioner.
- **Cost analysis:** A comprehensive analysis to measure the clinic's resources in relation to the cost of developing, staffing and maintaining an X-ray service must be conducted.
- **Disposal of waste products:** Local requirements should be carefully reviewed for purposes of compliance. It may be helpful to contract with a biohazard company.

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Tip Sheet: Developing Dental Services

Most individuals who lack health care also lack dental care. Dental services tend to be acute and costly for the medically underserved because few have had dental care in the past. Consequently, it is inevitable that a free clinic will be faced with the question of whether to offer dental services.

In preparation for answering this question, it is recommended that access to dental care be incorporated into the needs assessment and feasibility study. The results will identify the existing dental services available to the medically underserved and demonstrate the level of need for additional dental care among this population. One overlooked source of data is the local ER, where uninsured patients with dental needs/pain will seek help. Whether the developing clinic will fill the gap depends on many factors: size of the population, manpower to provide care, and funding available.

Once a clinic decides to move forward with the development of a dental program, it is important to immediately begin recruiting volunteer dentists and hygienists. Experience has shown that these professionals are often more difficult to recruit than doctors and nurses. One reason is that, in general, there are fewer numbers of licensed dentists and hygienists. Furthermore, as a physically demanding job, it may be harder for dentists to continue to practice after they retire. Malpractice insurance may also be a barrier. While some states allow special provisions for retired physicians to practice without private malpractice insurance, these benefits are not always equally available to dentists. Qualified dentists in any state can, however, be covered under the Federal Tort Claim Act (FTCA) program.

In general it is more advantageous for a practicing dentist to volunteer in a free clinic than it is to accept uninsured/nonpaying patients at his or her dental office. Dentists gain by being able to refer nonpaying patients to a free clinic, as well as by not having to give up income to see these patients in their offices.

Recommendations for recruiting dental professionals include:

- Develop relationships with local dentists
- Utilize peer recruiting
- Create a relationship with a local newspaper or other media outlets. Ask the paper to donate space for weekly or monthly articles, and to communicate recruiting needs for both retired and working dental professionals.
- Request that the dental society, dental hygiene society or other state agencies publicize the volunteer dental program to dentists, hygienists and dental assistants.
- Establish a relationship with a dental school to attract both faculty and students. Don't have a dental school near you? Check with your local technical school or community college as they often have a dental hygiene program. They may be able to see patients in your clinic (ideally) or see them in their campus dental lab.

Another important factor in the development of dental services is the cost of obtaining and maintaining dental equipment. Contact your local/regional dental society to share equipment and supply needs with local dentists. Community dentists are often willing to make in-kind donations of used equipment as they upgrade to newer models. Grant funding can be procured for purchasing new equipment at cost from a major supplier. The ability to obtain donations and/or funding sources to purchase new equipment and dental supplies may determine the starting date of the dental clinic.

Physical space is also an important issue to consider. It is necessary to allow adequate space for patient privacy, a quiet room for children to wait while parents receive care, storage, x-ray, sterilization and lab areas, and space for the volunteers to write up documentation.

Also consider costs of potential renovation needed to provide X-ray/radiology services. Note that radiology is often regulated by your state so there may be certain physical requirements of placement and radiation protection, and perhaps registration of your equipment with the state. Another expensive item can be plumbing and gas lines needed for dental services.

While some clinics may decide to provide dental services to the medically underserved, others may decide they cannot afford to do so at the expense of other medical services within their clinic. Developing clinics need to find a balance between the opportunities uncovered in the needs assessment and the resources available within the community. It is also important to check with the dental board in your state to learn more about licensing laws and constraints. Having a volunteer dentist on your organizing committee who is familiar with local and state requirements can be invaluable.

Most free clinics offering dental services find that the number of patients needing dental care far exceeds the clinic's capacity to provide assistance. Consider prioritizing which patients will be seen first for dental care, such as those with conditions that make them especially vulnerable to dental infection and problems. Since dental visits are at such a premium, having a strict "no-show" policy specifically for dental visits is helpful so that patients understand the importance of keeping these appointments. When beginning to offer dental services, you may want to first start with cleanings (perhaps partnering with a local dental hygiene program at a community college) and then move to extractions, then fillings, etc. Recruiting a local vendor for affordable dentures will also be very helpful.

Resources:

Dental equipment/supplies

- Henry Schein Dental is an NAFC partner offering many dental products, services and programs at discounted rates for free clinics, including no-cost licensing for Dentrix dental records software. <https://nafclinics.org/partners/henry-schein-inc>
- Commonwealth Purchasing Group – NAFC members can access discounted dental products and supplies. <https://nafclinics.org/partners/commonwealth-purchasing-group>

Dental grant programs

- Wrigley Foundation – Members of the American Dental Hygienists Association (ADHA) can apply for grant awards of \$2,500-5,000 to fund a specific community health that improves the public’s oral health and provide oral health education.. Find out more at: <http://www.adha.org/ioh-wrigley-application>
- Delta Dental Foundation – Grant opportunities vary. Find Delta Dental in your state or region at: www.deltadental.com
- Patterson Foundation - Grants are awarded to nonprofits with programs in the oral health field. Highest priority is given to programs staffed by volunteer professionals or students. Find out more at: <http://pattersonfoundation.net/grants>
- Henry Schein Cares Foundation – Clinics can apply to receive new dental supplies, oral health kits, and Dentrix practice management software. Find out more at: <http://www.hscaresfoundation.org>

Handbooks for starting a dental clinic

- *Safety Net Dental Clinic Manual* from the National Maternal Health and Child Oral Health Resource Center - <https://www.dentalclinicmanual.com>
- *Patient-Centered Dental Health Home* from Henry Schein Dental - <http://www.nxtbook.com/nxtbooks/henryschein/chcplanningguide2017>
- *Portable Mission Dentistry* from World Dental Relief program (specific to portable dental clinics) - <http://www.worlddentalrelief.com/training.htm>

American Dental Association (ADA) Foundation offers resources to find free or reduced cost dental care particularly for children (“Give Kids a Smile”). <https://ebusiness.ada.org/adaf/find-dental-care-for-your-kids.aspx>

The National Maternal and Child Oral Health Resource Center (OHRC) offers technical assistance, training, and resources to improve the oral health of children and pregnant women. <https://www.mchoralhealth.org>

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Tip Sheet: Pharmaceutical Options for Free Clinics

The acquisition and distribution of pharmaceuticals is a major consideration for NAFC clinics. No one method is ideal for every clinic. This document outlines some of the ways free clinics handle this time-consuming, all-important issue.

Regardless of the method your Steering Committee chooses, it is necessary to become familiar with the specific licensing laws and constraints established by the pharmaceutical board in your state. Recruiting the assistance of a volunteer pharmacist who is familiar with local and state requirements will be invaluable to your Steering Committee.

To keep medication costs in-check, clinics may wish to provide physicians with a formulary drug list. Ideally, the initial formulary should be compiled with input from clinicians within your community. In choosing medications, be sure to consider the source and cost, whether available for free from the manufacturer, through a national partner like AmeriCares or Direct Relief, or possibly at no cost/reduced cost from a local pharmacy.

For clinics under development in a community that has a pharmacy school, consider enlisting assistance from students and professors at the school when structuring your pharmaceutical program. The school may also be an excellent source for volunteers.

Pharmacy Options:

Open a licensed pharmacy on-site, staffed by a registered pharmacist, who assumes overall responsibility for the operation of the service. Although volunteers can help staff the pharmacy, opening a pharmacy on-site is the most expensive option for a clinic. A pharmacy must comply with state licensing regulations and have a licensed pharmacist present at all times. A few VIM clinics with a pharmacy on-site are Columbia, SC; Clinton, SC; and Jacksonville, FL.

Develop an on-site dispensary. Check with your state pharmaceutical board for regulations, also with your state's physician board because the dispensary is normally tied to your Medical Director's physician license. Sources of medications include samples donated by physicians and medications donated by national partners like AmeriCares and Direct Relief. Volunteer pharmacists manage the medications, keeping track of lot numbers and expiration dates.

These medications are used for patients who cannot afford to purchase their meds, are awaiting delivery of meds from a patient assistance program, or who may need a one-time prescription for an acute illness. Over-the-counter medications are also distributed to patients in need. Some clinics choose to purchase common medications in bulk and have a pharmacist package and label them for physician distribution.

If keeping drugs on site, there are federal/state regulations about security and personnel access that must be followed.

Be sure you provide a patient education handout with any medication dispensed.

Contract with a local pharmacy to fill clinic prescriptions at cost with a small processing fee. Often, communities have found that local pharmacies are willing to participate in this arrangement, and other competing pharmacies also agree to participate. The pharmacy bills the clinic for the cost of the prescriptions using grant or donated funds to cover the costs.

Drug Procurement Options:

Patient Assistance Programs (PAPs): Many of the large pharmaceutical companies offer programs that provide free medications to eligible patients. Unfortunately, one uniform process does not exist for all PAP programs. Each pharmaceutical company has its own process and requirements. Therefore, it is important for clinics to be aware of the drugs offered by each company, as well as the individual qualifications of each PAP program.

With these programs, there is enormous variability in the application and renewal process. In addition, the patient eligibility requirements vary. Some companies require all sorts of income documentation, while others are less rigorous and demanding. Suffice it to say that while these programs provide a cost savings, they are very time-consuming to manage, and cannot meet all the pharmacy needs of clinic patients.

Other Options for Obtaining Free Pharmaceuticals:

Americares donates prescription medications for patients with asthma, cardiovascular disease, diabetes and other chronic conditions, as well as over-the-counter allergy medicines, cough and cold remedies and medical supplies.

<https://nafclinics.org/partners/americares>

Direct Relief USA provides donated pharmaceuticals and medical supplies to eligible clinics through their Safety Net and Replenishment programs.

<https://nafclinics.org/partners/direct-relief>

Bulk or Discounted Pharmaceutical/Medical Supply Distributors

State programs Most states have a pharmaceutical donation and reuse program that helps connect donated medications with needy patients. A map of state programs can be found at <https://www.ncsl.org/research/health/state-prescription-drug-return-reuse-and-recycling.aspx>

Bionime USA Diabetic Supplies offers special pricing for free clinics on glucose meters, test strips, lancets, etc.

<https://nafclinics.org/partners/bionime>

Common Wealth Purchasing is a group purchasing program offering significant savings on a comprehensive portfolio of supplies, equipment and services, including pharmaceuticals.

<https://nafclinics.org/partners/commonwealth-purchasing-group>

Dispensary of Hope is a charitable medication distributor that collects and distributes millions of dollars of pharmaceuticals annually to charitable clinics and pharmacies. Clinics licensed to dispense medications directly to patients may enroll for an annual fee.

<https://nafcclinics.org/partners/dispensary-of-hope/>

Globus Relief improves the delivery of healthcare worldwide by gathering, processing and distributing surplus medical supplies and pharmaceuticals to charities at home and abroad. To be eligible for their services, your clinic must complete a comprehensive partnership process. Administrative fees and shipping costs apply.

<https://nafcclinics.org/partners/globus-relief>

Heart to Heart International provides medicines and medical supplies to qualifying free healthcare clinics across the United States. Qualifying organizations can choose from a variety of medicines, supplies and equipment from leading manufacturers like BD, Johnson & Johnson, Welch Allyn and more. Handling fees may apply.

<https://nafcclinics.org/partners/heart-to-heart-international>

NeedyMeds Drug Discount Card is a free prescription drug card which is designed to lower the cost of medications by up to 80%.

<https://nafcclinics.org/partners/needymeds>

Quest Pharmaceuticals, Inc. is an authorized distributor for more than 50 manufacturers and sells over 3000 generic products nationwide. Quest works with free clinics in 40 states to offer greatly reduced prices on certain bulk generics.

<http://www.questpharmaceuticals.com>

Rx Outreach makes medications affordable through donations and relationships with pharmaceutical manufacturers. Rx Outreach works with hospitals, clinics, group practices and individual healthcare providers to enroll patients, order prescriptions, and help manage many aspects of compliance. Available to patients whose household income is below 300% of the Federal Poverty Level.

<https://nafcclinics.org/partners/rx-outreach>

Pharmacies with Low-Cost Options

A number of national pharmacies offer low cost over-the-counter and prescription drug programs. Some of these discount programs charge a small enrollment fee while others do not. It is important to ask about restrictions and review the discount lists frequently. Check with local chain pharmacies such as Kroger, Target, Walmart, Walgreens, etc.

PAP (Pharmaceutical Assistance Programs) Tools

PhRMA Medication Assistance Tool (MAT) is a website developed by the pharmaceutical industry to help patients, caregivers, and physicians identify patient assistance programs that are available to provide pharmaceuticals.

<https://medicineassistancetool.org>

Rx Assist is a comprehensive database of patient assistance programs for providers and patients. <http://www.rxassist.org>

PAPTracker is used by many free clinics. This web-based software from NeedyMeds eliminates the administrative burden of manually completing and tracking prescription assistance program applications.

<https://www.needymeds.org/paptracker>

Controlled Substances

Most free clinics do not prescribe or keep controlled substances onsite, due to the problems of theft, drug seeking, etc. There are also additional state/federal regulations that come into play if controlled substances are dispensed or prescribed. If the clinic does not dispense or prescribe controlled substances, it is prudent to have signage stating this on your building and in your exam rooms. The Medical Director should determine whether any exceptions are warranted.

Disposal of Expired/Unwanted Medications

The clinic may accumulate medications that need disposal, due to expiration or lack of use. The clinic is responsible for disposing of pharmaceuticals in a safe, legal manner.

Remember that it is illegal to dispense expired medications to patients.

Most communities have permanent drug disposal boxes or drop-off locations. Check with the local sheriff's office – many NAFC clinics use these drop-off points. Local pharmacies may have take-back programs. Free Dispose-Rx powder is available from AmeriCare to destroy most drugs yourself. This can be a good volunteer activity with supervision.

Pharmaceutical Donations from the Community

Donations of prescription medications are subject to state/federal regulations. Check with your state board of pharmacy. You should develop a policy for accepting medication donations, for example the family of a recently deceased individual may want to donate their medications. It takes staff/volunteer time to accept these items, check them, and then possibly dispose of them, so you may consider a policy of not accepting any medication donations from individuals.

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Tip Sheet: Credentialing and Privileging of Volunteer Providers

All free clinics must establish policies and procedures for credentialing and privileging healthcare professionals (e.g., physicians, nurse practitioners, nurses, dentist, social workers, lab technicians, medical assistants or any individual required to be licensed under *state* law) to ensure that all providers of care are competent and without unknown problems in the past.

Credentialing is the process of evaluating a physician's qualification and practice history through primary and secondary source verification. Privileging is the process of authorizing the provider's specific scope and content of patient care services to be provided to clinic patients.

Credentialing and privileging are first and foremost about patient protection and safety. It is a data collection, verification and review process about a potential applicant to determine if your patients and clinic will be well-served if the applicant is permitted to volunteer at the clinic and, if so, what their scope of duties will be.

Clinics need volunteers, so it is wise to design a credentialing system that makes it as easy as possible for a practitioner to apply to volunteer. On the other hand, clinics must have a thorough, rigorous process in place to guarantee that practitioners meet all qualifications and are competent.

If the clinic applies for Federal Tort Claims Act (FTCA) malpractice coverage, credentialing policies and procedures are required for this program. Clinics may wish to consider what the FTCA application process requires as they develop their credentialing policies and procedures. See detailed information at their website: <https://bphc.hrsa.gov/initiatives/ftca/policies-program-guidance#ftca-free-clinics>

A valid state license conveys permission to practice but does not establish competence; board certification is an excellent benchmark but does not signify ongoing competence to provide care; and education, training and experience alone do not equal clinical competence. Similarly, the presence of a malpractice case, prior disciplinary action, criminal conviction, or even loss of license does not *alone* signify incompetence. ***It is up to individual clinics to determine, after careful investigation and review, if a practitioner will be permitted the privilege of providing care to patients in a free clinic.***

Permitting a practitioner to provide care should be based upon confirmation that the applicant is qualified to provide care, both legally and according to clinic rules, and is clinically competent, based upon evaluation of recent relevant clinical experience and confirmation by recognized peers that the applicant has recently provided such care at or above the generally recognized standard.

There are many risks the clinic is attempting to mitigate through its credentialing program:

- Risk of poor or inadequate care provided by an unqualified practitioner
- Reputational risk to the clinic

- Risk of losing liability coverage because of malpractice suits brought against the clinic and practitioner
- Risk that a poorly organized credentialing program may dissuade qualified volunteers from applying

Essentials:

Step 1: Application Process

To make the application process as easy and complete as possible, ask the prospective volunteer to provide a curriculum vitae and to complete a simple one-page application authorizing the clinic to make inquiries concerning the applicant's background, and releasing the clinic from liability in conjunction with such inquiries.

In the application, be sure to ask about possible problems the applicant may have had in the past, such as:

- Have you ever been sued for malpractice or been subject to disciplinary action by a hospital or other organization?
- Have you ever had your license revoked, suspended or otherwise restricted?
- Could your health status affect your ability to provide care safely and appropriately?
- Have you used, or do you currently use, illegal drugs?
- Do you have any prior criminal convictions?

If the applicant answers yes to any of these questions, follow up on the issues during the applicant interview.

Step 2: Background Check

Conduct a thorough background check to verify the prospective volunteer's past activities, qualifications, and relevant history including verification of education, training and prior health care related experience:

1. Conduct an internet (Google) search using the name and practice location of the applicant. Do not stop at page one but take the time to search for unusual information that may require additional follow up.
2. For physician volunteers, obtain a profile from the American Medical Association (AMA) Master File. An AMA Physician Profile provides comprehensive physician information, including education, training, board certifications, state license data and more. The AMA provides a reduced rate to free clinics for each profile (currently \$18). Their database contains not just AMA member physicians but ALL physicians in the U.S. and its territories.
3. Verify the presence or absence of prior disciplinary action, governmental sanctions, licensure restrictions and medical society sanctions by having a Fraud Abuse Control Information Service (FACIS) level 3-search conducted by a vendor such as the Verisys Corporation - <https://www.verisys.com>

4. Request and review a National Practitioner Data Bank (NPDB) report for each practitioner applying to volunteer at the clinic and consider signing up for the NPDB continuous monitoring service, which is often the most efficient way to obtain accurate, current information. The NPDB (<https://www.npdb.hrsa.gov>) is a federal database of medical malpractice payments and other adverse actions that was created to serve as a repository of information about healthcare providers in the United States. Clinics can register as an entity to query the database for information about prospective volunteers.
5. Obtain two or three recommendations from knowledgeable peers concerning the potential applicant. Use a structured questionnaire for such references and specifically ask if they know of any past malpractice actions brought against the applicant. All responses received by telephone should be documented in writing.
6. Conduct a criminal background check if required by your clinic's policy. Physicians applying to hospital medical staffs are commonly subject to such searches.
7. Organize the results of your search into a simple report for review by the Medical Director and/or the Medical Advisory Committee. This review should have as its outcome a careful analysis of all data and information collected to ensure it is complete and provides a complete picture of the volunteer's qualifications and clinical competence.

Options for making the job as simple and efficient as possible:

- The local hospital might perform or assist with the credentialing activities for the clinic, especially if your relationship with the hospital is good. Nearly every accredited hospital has a medical staff office with responsibility for credentialing activities at the hospital. Some free clinics have signed an MOU with their hospital's medical staff to provide this function.
- If the applicant has completed the Uniform Application furnished by the Federation of State Medical Boards, your clinic could access most of the required information through the Federation at a cost to either the clinic or the applicant.
- Secure the services of a trained medical staff services professional (often a hospital employee), or a professional who may be interested in providing this service as a clinic volunteer.

Flags and Unusual Circumstances:

What course of action should a clinic take when information is disclosed or identified that is out of the ordinary?

Recent involuntary loss or other restriction of license, hospital medical staff membership or privileges, or a Medicare/Medicaid sanction should result in disqualification as a clinical volunteer. Similarly, if an applicant significantly misrepresents his or her background in any way, this may be a sign that the applicant's ethics are not at the generally recognized level and should certainly merit very careful examination and discussion.

The presence of prior malpractice litigation history presents a clinic with a tough dilemma. Nearly half of all practitioners have been named in a malpractice suit, and some, depending upon specialty and prior practice location, have been named in more than five suits. The presence of prior litigation should not result in automatic rejection of an application but should be carefully reviewed by the medical director or committee. The timing, frequency and severity of prior cases should be taken into consideration as well as the practitioner's specialty.

Rejection of any volunteer providers should be based on specific criteria documented in clinic policy and applied consistently across all applicants.

Summary of Credentialing Tips:

1. Develop a policy on qualification and competence.
 - Decide what data you wish to collect and verify about a potential applicant.
 - Consider ways to simplify the process to be thorough but not discourage volunteers.
 - If the clinic will apply for FTCA malpractice coverage, consult the FTCA free clinic website and the credentialing policies and procedures they require.
2. Develop an application and interview process.

Prior to the interview:

- Have a completed application in hand
- Conduct a Google search
- Do an AMA Master File search
- Request a Fraud Abuse Control Information Service (FACIS) level 3-search
- Obtain a report from the National Practitioner Data Bank (NPDB)
- Secure a copy of the applicant's National License history (available from Verisys; and part of the AMA profile and NPDB report)

After the interview:

Conduct a complete background search and credentials verification process that include sources of verification such as:

- Education, training and experience
- Identification (government issued picture ID)
- Residency training (fellowship verification is entirely optional)
- Relevant current or recent clinical practice
- License (current)
- Hospital admitting privileges (if applicable)
- Drug Enforcement Administration (DEA) number (only needed if practitioner will be prescribing "regulated" medications)
- Board status (only required if clinic policy requires board certification; this is not generally recommended, as many retired physicians will allow their board certification to lapse)

- Malpractice history
- Absence of criminal history
- Absence of disciplinary history
- Absence of governmental agency sanction
- Absence of negative action by any relevant agency or organization.

In designing a credentialing process for your clinic, it is especially important to keep it easy for retired physicians. You do not want to turn potential volunteers away by making it a difficult and arduous process. A good source of help is the hospital's medical staff services professional. Ask for their assistance in working with you to develop a modified approach that could meet your needs without doing the more arduous requirements that some hospital require.

Other health fitness requirements:

- Verification of fitness for job as professional health provider
- Immunization status
- Tuberculin skin test results
- Basic or advanced cardiac life support training (if applicable)

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Tip Sheet: FTCA (Federal Tort Claims Act) for Free Clinics

Malpractice insurance has long been a primary concern for healthcare workers who are interested in sharing their time and skills in a free medical clinic.

The Federal Tort Claims Act (FTCA) is a federal government program that provides malpractice liability coverage to specific individuals who work or volunteer at approved free clinics. This includes licensed clinical volunteers plus clinic board members, officers, employees and contractors. Coverage is for medical malpractice liability protection for these individuals only. Non-clinical volunteers are not covered, nor is the free clinic itself covered.

Many states have a program for protection of volunteer healthcare workers. Clinics who do not have state protection available may choose to use FTCA for malpractice protection for their volunteers and staff.

FTCA provides protection at no cost to the clinic or individual. The free clinic must first be approved or “deemed” for FTCA protection and then must renew annually through a reapplication process. The free clinic must provide the names of the eligible volunteer health care professionals, clinic board members, officers, employees and contractors that it would like to cover under FTCA. Note: Even though FTCA will cover board members, it is specific to medical malpractice claims only and is not a substitute for Directors and Officers (D & O) insurance that all clinics should have.

When approved by FTCA, these individuals become “deemed” federal employees for the purposes of FTCA medical malpractice coverage. This FTCA “deemed status” provides immunity from medical malpractice lawsuits relating to their performance within the scope of their work at the free clinic. The clinic must also submit an application for any additional volunteer healthcare professionals that come on during the year in order for them to be covered.

A “free clinic” in this context refers to a health care facility that does not accept reimbursement from third party payers or impose charges for services to patients.

The FTCA application process for free clinics is lengthy and requires documentation of risk management, credentialing and privileging of volunteers, etc. Approval of the application may take several months after submission. Instructions and specifics about the program can be found on the HRSA website at <http://bphc.hrsa.gov/ftca/freeclinics/index.html>.

The initial application and maintenance of all covered individuals in the FTCA system requires a well-organized approach by a detail-oriented person, and can be time-consuming, particularly at first. Clinics should consider whether the expenditure of time and effort may be better spent elsewhere, and whether purchase of a malpractice policy might ultimately be a better option.

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Tip Sheet: Insurance

Consult with an insurance agent to determine the best coverage for your situation. In general, a free clinic should have all of the following types of insurance:

- **Medical Malpractice Insurance for Volunteers and Staff:** Some kind of medical malpractice coverage will be necessary for any clinical volunteers and staff. It is likely the number one question that potential volunteers will ask. Many states have legislation that provides protection or immunity from malpractice claims to healthcare professionals as long as they are volunteers (not paid) and as long as the clinic is providing those services for free. If your state does not offer this malpractice protection, there is federal protection available for clinical volunteers and staff through FTCA (Federal Tort Claims Act).
- **Medical Malpractice Insurance for the Clinic:** Keep in mind that FTCA and state laws will protect individual clinical volunteers and staff from malpractice claims, but not the clinic as an organization. Because of that, new clinics should get quotes for a health services liability policy for the organization itself. For a lower premium, be sure to spell out that the clinic will provide services for free, and that your projected number of patients is much smaller than a normal 9 to 5 physician practice.
- **General Liability** - All nonprofits should purchase a general liability policy. It covers against claims made by third parties for bodily injury and property damage that occurs in the course of the nonprofit's operations. This is separate from the medical malpractice liability policy.
- **Property Insurance** - If the clinic owns a building or significant equipment, you will need property insurance. It covers damage or loss to buildings, office equipment, inventory, and any other property the nonprofit owns. Fire and theft are common claims.
- **Directors and Officers Liability Insurance** - Director and Officer (D & O) insurance can help assure directors, officers, and managerial staff that they will be covered, including legal costs, if they are found personally liable for the actions they undertake on the Clinic's behalf in their capacity as directors, officers, and managers. D&O insurance policies often include insurance coverage for employment practices liability, which extends to volunteers as well as employees. This coverage protects against claims for harassment, discrimination, and wrongful termination.

Note – If using FTCA (described above), D & O insurance is still necessary. FTCA covers directors and officers from medical malpractice claims **only**. Other types of claims could still be brought against the board (for example, a patient, volunteer, or staff sues for harassment and claims the board did not exercise its duty in preventing the harassment). Most professionals will refuse to serve on a board that does not have D & O protection.

- **Workers Compensation Insurance** – If the clinic has paid staff, Worker’s Comp will be required in almost all states. Among other things, Worker’s Comp generally pays for legal fees, employee medical expenses, and wages for employees who cannot work during their recovery.

Also consider the following:

- **Auto Insurance** – If your staff or volunteers use any vehicles (including their own) for your nonprofit's activities, auto liability insurance is a must. In fact, your state may require you to purchase a minimum amount of coverage. The insurance will pay for injuries a driver causes to other people or property while carrying out your organization's business. Your state's law may also require additional auto insurance, including personal injury protection (PIP) and uninsured/underinsured motorist (UM/UIM) coverage.

Discuss with your insurance agent any additional policies or coverage that may be needed. For example, a funder that awards a large grant to the clinic may require an employee fiduciary policy.

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Tip Sheet: HIPAA and Patient Privacy

The HIPAA (Health Insurance Portability and Accountability Act) of 1996 is familiar to those in healthcare. Free clinics often have questions about how HIPAA affects them.

Is your free clinic subject to HIPAA?

That depends. First, determine if your clinic is a Covered Entity. A healthcare provider is a Covered Entity subject to HIPAA if it transmits any information in electronic form in connection with a HIPAA “standard transaction,” including (1) a request to obtain payment from a health plan, (2) an inquiry to a health plan about eligibility, coverage, or benefits under the health plan (3) a request for authorization for referrals to other health care providers, and (4) an inquiry about the status of a health care claim.

“Health plans” include employer sponsored and private insurance, Medicare, Medicaid, long term care policies, TRICARE/CHAMPUS, state high-risk pools, CHIP, and any other individual or group plan that provides or pays for the cost of medical care.

If a free clinic does not bill any health plans or engage in any standard transactions related to payment, coverage, eligibility, or authorizations for referrals, as described above, it may not be subject to HIPAA. Free clinics that are not Covered Entities under HIPAA may choose to comply with certain HIPAA principles, such as limitation on uses and disclosures of health information, or providing a description of privacy practices, in order to meet patients’ general expectations about the privacy of their health information.

Note that free clinics not subject to HIPAA are still required to comply with any state laws and regulations that protect the privacy of health information, as well as other federal laws that protect privacy.

A free clinic, even if it has determined that it is not a covered entity, should review whether it has signed any business associate agreements as a business associate of another covered entity. A free clinic may subject itself to certain HIPAA requirements through such an agreement. If your state has liability protection program for free clinics, you may be required to follow HIPAA as part of that coverage.

Are there other patient privacy laws that may apply?

HIPAA sets a minimum floor for the protection of PHI. Many states have more stringent privacy protections that apply to “personal information” and/or medical or health information. In these states, a healthcare provider may be required to comply with HIPAA and the applicable provisions of state law. Some state laws may also require enhanced privacy protections for particularly sensitive information, such as information related to sexually transmitted diseases, cancer, and genetic information. Most states also have a law or regulation that specifies the

length of time a healthcare provider must retain patient records. Other Federal laws may also apply to specific conditions, such as alcoholism or substance abuse.

Clinics should determine whether there are any state laws that apply to the practices described above. Particular provider-specific questions or situations should be addressed with counsel.

Are Covered Entities required to provide HIPAA training for volunteers?

Yes. Covered Entities are required to train their workforce members in HIPAA security and privacy policies and procedures. “Workforce members” include employees, trainees, and other persons whose conduct in the performance of work for the covered entity is under the direct control of the covered entity, so clinic volunteers are included. Whether or not the clinic is subject to HIPAA, the clinic should provide regular training on patient privacy practices to all volunteers and staff. This training and names of attendees should be kept on file.

*Adapted from:

“HIPAA FAQs, Free & Charitable Clinic HIPAA Toolbox,” May 2014, by AmeriCares and NAFC.

https://www.americares.org/wp-content/uploads/globalassets/_snc/eduresources/practicefacility/hipaa/2.-hipaa-faqs-may-2014.pdf

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Five Rules for Success with Phase Five: SUSTAINED OPERATIONS

1 – Become a trusted expert and advocate in your community.

How can you elevate the clinic’s reputation and standing in the community? Become an advocate for a healthy community and for your patients, a voice that people listen to, and that the media know to contact when healthcare is in the news. Regularly weigh in on issues affecting healthcare and your patients and show how the clinic is working in those areas. For example, when inflation and higher medication costs are in the news, pitch a story to the media about the clinic’s medications program. Be a regular attendee to any kind of healthcare gathering or coalition in your community. Even better, convene a “lunch and learn” at your clinic that brings together the major players in healthcare to discuss approaches to common issues.

2 – Don’t be afraid of change.

We are all familiar with organizations that resist change because, “That’s the way we’ve always done it.” Over time, the clinic will change, the needs of your patients will change, and the healthcare landscape locally and nationally will certainly change. Stay flexible and regularly ask whether the decisions made when the clinic opened are still the right ones today. If something isn’t working, feel free to make changes and keep tinkering. This might include the kind of patients you see, the services offered, the hours and days the clinic is open, or how you recruit volunteers. You may need to add services, or in some cases prune them if you don’t have the staff/volunteer infrastructure or there is someone else doing the same work. Stay open to possibilities. If there is a good idea that fits your mission and vision but seems impossible, don’t just say “No.” Instead, say, “Yes, we can do this, IF...”. Often taking that first step is enough to get the momentum moving to make it happen.

3 – Get regular feedback from patients, volunteers, and partners.

Are your patients satisfied with their care? Are your regular volunteers happy or are they ready to move on? Have you asked your partners lately if they have suggestions for you?



Does the community value what you do? You need to find out the answers to these questions. Don't assume your patients are satisfied – give them a quick survey card at checkout that they can put anonymously in your suggestion box. Ask your volunteers if they're satisfied with their current shift/duties, and if they have any suggestions for improvements. Give them a brief online survey option so they feel free to express concerns. Make the rounds of your partners to find out how the clinic is perceived and ask how you can better meet their needs.

4 – Gather all the data and patient stories you can.

How will you show your impact and success? How do you know your patients are getting better? Are you measuring their clinical outcomes and looking at how to improve? How many volunteers do you have, and how many hours did they serve? How many volunteers are you retaining after the first visit? Are the number of no-show visits decreasing? Build in a system to gather and track these numbers so that you can see briefly how the clinic is performing. Sharing this information regularly will show supporters and funders that you are good stewards of their funds and that their contributions are making a difference in someone's life. You need the data, but you also need to show real life examples of lives being changed. Capture as many "success stories" as you can (of course with no identifying details).

5 – Make a strong Board of Directors a priority.

It is possible for the clinic to have some success without a strong Board of Directors, but sustained and productive growth will be impossible. If possible, transition the most productive, engaged members of the initial Steering Committee to the new Board of Directors once the clinic is operational. Their knowledge and enthusiasm can provide a wonderful foundation for the new board. Not everyone from the Steering Committee will want or need to be on your new board. Sometimes the people who initially had the vision for the clinic are not the best ones to keep moving it forward - for example, they may be burned out on the clinic, or perhaps they are better with big-picture ideas than everyday board governance. Be wary of "Founder's Syndrome," where the original founder(s) does everything, and the board is passive and unengaged. Think carefully about who should make up your board (profession or expertise, influence in the community, ability to make or get donations) and be deliberate and intentional about seeking them out. Conduct regular board training so that everyone understands their legal and fiscal responsibilities.



Tip Sheet: Sustaining the New Clinic

Once the clinic opens and sees its first patients you will reap great rewards from changing the lives of patients who would otherwise have no source of care. Getting to this point is a huge endeavor, and you are to be commended!

Now, begin thinking about how to ensure that the clinic will continue to operate as long as needed. Momentum from opening a new clinic will eventually wear off and then the clinic must transition to a nonprofit that is needed in the community and that can sustain itself over time.

Answering the following questions will tell you much about how sustainable your clinic currently is.

- Do you have a pool of volunteers providing services, rather than only one or two individuals carrying the weight of the entire organization?
- Is it easy to get members of the community to volunteer?
- Are you receiving positive press in your community?
- Are partners speaking well of your efforts?
- Are donations sufficient to suggest that you are accepted though the community?
- Does clinic revenue consistently exceed expenses?
- Do you depend on grants for support? Have you made provision for continuing grants and diversifying other fundraising efforts so that the loss of one grant will not shutter the clinic doors?
- Are you supported primarily by an institution? Is it fully committed to your success? Would you be advised to find other sources of support, even if the institution continues its support?
- Are you receiving funds across a wide spectrum of the community?
- Is your staffing stable? Most new clinics will have at least one turnover of important members of the staff.
- Are ongoing operations stable and scheduled on a routine basis?
- Do your patients feel you are necessary?
- Would your community be severely diminished if the clinic were to cease operations?
- Are you reacting to the needs of your community to add or prune services?