The Muslim Community Center Clinic: A Maryland Safety Net Clinic, Achievements and Challenges

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Abstract

The Muslim Community Center (MCC) is located in Silver Spring, Maryland, which is about 13 miles from the United States Capitol in Washington, D.C. The clinic is a part of the Primary Care Coalition, a network of 13 clinics that provide medical care to low-income uninsured residents of Montgomery County, Maryland. The clinic is open six days a week from 9 a.m. to 5 p.m. to provide free medical care to people age 18 or older without medical coverage, regardless of race, religion, country of origin, creed, ethnicity, or sex. Since its inception on June 15, 2003, it has provided more than 18,000 patient visits. The Muslim Community Center Medical Clinic is the second largest Muslim-run charity clinic in the United States.

Key words: Public health, charitable clinics.

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Introduction

The concept of a charity clinic was first conceived by Dr. Asif Qadri, a board member of the Muslim Community Center (MCC), Silver Spring, Maryland. The initial concept was that the proposed clinic would cater to the parents and the grandparents of the immigrants who were members of MCC. The issue of starting this clinic was discussed with other physicians of the community center. A majority of the physicians attending the meeting felt that professional liability would be a major challenge to the inception of the clinic. The proposed project was presented to the MCC Board of Directors, who reviewed the proposal of setting up a small primary care clinic. The MCC graciously agreed to provide, at no charge, space in the basement of the mosque. This clinic would run for one year, and the board then would reevaluate the operations.

Because the location of the MCC is zoned residential it posed a challenge in setting up the clinic on the premises of the MCC. The zoning board; however, allowed the clinic to function as an incidental clinic on the premises. Dr. Qadri spearheaded a fundraising effort, and a total of $22,000 was collected from several donors. Equipment also was donated, and Montgomery County, Maryland, awarded a $25,000-grant to the clinic. The renovations were completed by February 2003. Today, the clinic occupies 3,000 finished square feet and has five dedicated examination rooms, one procedure room that doubles as an examination room, a nurses' station, a checkout area, a pharmacy, kitchen, and a waiting room.

Initially, the clinic was open only on Sundays for six hours and was staffed by one physician. Patients were seen on a walk-in basis. As the clinic became busier, another physician joined the clinic, providing

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office hours on Fridays and allowing the clinic to see 15 to 20 patients weekly. A small pharmacy was set up and manned by a volunteer pharmacist for four hours a week. Initially, the pharmacy was stocked with physician samples that the volunteer physicians brought from their offices. At the end of one year, the clinic had a medical staff of six volunteer physicians. There was need for additional space, and the MCC administration generously agreed to allocate additional two examination rooms to relieve the congestion.

During the second year of clinic operation (2004), the chief executive of Montgomery County visited MCC and found out about the MCC clinic. Montgomery County had 80,000 uninsured residents at that time and had seven "safety net" clinics funded by the county's department of health and human services. The chief executive asked if the MCC Clinic would like to join the network of safety net clinics, as this would entitle the MCC clinic to receive ongoing medications and funding. The MCC Board prepared, filed, and facilitated the application of MCC Clinic to become part of the Primary Care Coalition of Montgomery County. The MCC Clinic joined the Montgomery Care Program and received $80,000 per year for the fiscal years 2005 and 2006.

In March 2006, the clinic was not able to comply with the rules and regulations of the Montgomery Care Program and became in imminent danger of losing the county funds, which were the main source of funding. The Montgomery Care Program arranged an audit of the MCC Clinic and highlighted the deficiencies. The clinic was given three months to be in full compliance or lose its funding. The clinic's medical director realized that it was impractical for him to provide clinical services and simultaneously provide administrative support to the clinic. A volunteer executive director was recruited to assume the administrative responsibilities of the clinic. With the help of a large contingent of committed volunteer staff and guidance from the consultant assigned by the Montgomery Care Program, the clinic was able to meet all the requirements of Montgomery Care by the end of June 2006. After having an input from the entire staff, a mission statement was formulated to "provide quality medical care to low-income uninsured residents."

The funding was once more assured. The clinic set up policies and procedures and joined the Community Heath Link, which is the electronic medical record network (EMR) for the Montgomery Care Program, linking all the safety net clinics and the regional hospitals. The patients were placed into the Community Health Link (CHL) system for proper tracking and data analysis, allowing patients to be seen for regular appointments. In the meantime several other volunteer physicians joined the clinic, and by the end of 2006, the clinic had 12 physicians and a nonclinical volunteer staff of 30.

Target Population

Initially, the clinic was open to all the residents of the Baltimore and Washington metropolitan areas and Fairfax County, Virginia, but soon the demand for the services overwhelmed the clinic, and patients experienced long waits of 12 or more weeks. This was much longer than the guidelines set by the Primary Care Coalition of Montgomery County, the clinic's main source of funding. After discussing various options and with the help of input from Institute of Health Improvement in Boston, we decided to make some changes. We extended the return follow-up appointments of controlled diabetics from three months to four months. This did not create a significant impact on our waiting times. We could not limit the access based on any other medical criteria, so we elected to rely on geographical location as the criterion. In January 2009, the clinic decided to serve only patients living in the Montgomery County area. This move was not well-received by some of MCC board members, but it was the only solution to provide quality care to the patients served by the MCC Clinic.

Embracing Diversity

The clinic serves largely South Asian and African immigrants who may not be familiar or comfortable receiving preventative health care, including breast health care. A small number of patients attending the clinic are undocumented workers living in the community.

The MCC Clinic values diversity. The clinic has physicians from Muslim, Hindu, Christian, Jewish, and Sikh faiths. Similarly, the clinic volunteers and patients are of different ethnicities and faiths. All the providers pursue the goal of providing low-cost care to the low-income and uninsured community members.

Liability Coverage

Liability coverage was a major issue, as physicians did not want to provide clinical care to the patients at the clinic without liability coverage. The Primary Care Coalition provided a consultant so that the clinic could obtain the coverage through the Federal Tort Claims Act (FTCA). After some hard work, the clinic was able to obtain FTCA coverage for 14 volunteer physicians working at the MCC Clinic. However, providing FTCA became cumbersome as most volunteer physicians provided only four hours of clinic coverage a month. Last year the clinic decided to opt out of FTCA program as the clinic could not charge any type of visit copay under the FTCA. The Montgomery County Volunteer Services Program provides malpractice insurance to the volunteer physicians. The clinic provides the three part-time physicians with medical liability insurance with an associated cost of $1,200-14,000 per physician.

Clinic Staff

As the clinic operation grew rapidly, members of the mosque and clinic boards felt that the clinic needed additional staff, including paid employees. The clinic, seeing 100-170 patients a week, could not be run efficiently with just the volunteer staff. The MCC administration took some time to adjust to the idea of transitioning from all volunteer staff positions to paid staff positions, and eventually, in 2009, the clinic was transformed from all volunteer to a combination of paid and volunteer staff.

On the recommendation and with the help of the Montgomery Care, the clinic was able to apply for funding for a part-time volunteer coordinator, who would be trained by the county volunteer services. The part-time position formally came into effect in April 2009 and was funded for three years. Currently, the clinic has 75 nonclinical volunteers, but only 35 are on the active list. The clinic has six full-time nonclinical paid employees, three part-time nonclinical paid employees, a part-time nurse, and two part-time social workers. There are three part-time paid physicians: an internist, an ophthalmologist, and a gynecologist. There are 31 physicians, two optometrists, one physician assistant, and one nurse midwife on the volunteer staff. The clinic has also paid one part-time echocardiography technician and one part-time sonography technician. All the volunteers have to possess the credentials the county requires. Montgomery County Volunteer Services provides the liability coverage for the volunteers. The new volunteers, prior to starting their assignment at the clinic, undergo a training and orientation at the clinic, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Occupational Health and Safety Act of 1970 (OSHA) training. Due to the language barrier experienced by many of the clinic patients, the clinic staffed the phones with a full-time telephone operator who could speak three languages.

Transitioning to a Multispeciality Clinic

Until 2007, the clinic was providing only primary care services. At that time it was decided to add additional specialties so patients could access most of their care at the clinic. An outreach to include volunteers from outside the Muslim community was established. Several physicians from other faiths joined the MCC Clinic to provide services to the low-income, uninsured residents of Montgomery County, Maryland. Increasing numbers of patients from other faiths also started coming in. One of the main issues was providing women's health services. The clinic was able to recruit a gynecologic nurse practitioner and later a gynecologist to provide gynecologic services. In spite of some skepticism from some community members, the service was well received. Gradually, this led to adding other specialties such as gastroenterology and psychiatry. Other ancillary services were also added, such as sonography, holter monitoring, pulmonary function testing, and echocardiography. In 2008 and 2009, the clinic added more specialties including ophthalmology, dermatology, nephrology, and social services. Currently, the specialties provided at the clinic include internal medicine, family practice, cardiology, gynecology, pulmonary medicine, gastroenterology, psychiatry, oncology, nephrology, ophthalmology, physical therapy, optometry, as well as social services.

Grants

The clinic had no experience in obtaining grants. One of the staff members of the Primary Care Coalition guided the clinic in obtaining the grants. In 2009 the clinic was able to secure four grants, totaling $420,000. These include the following:

- Komen Grant: The first grant that the clinic received was Susan G. Komen for the Cure. The

Komen grant was for $150,000 for a total of three years, 2009-2011. The grant provided for a 20-hour-a-week patient navigator, a 2-hour-a-week physician consultant, a 20-hour-a-week nurse coordinator, and a program evaluator. Many women attending the clinic have never experienced a well woman examination and refuse breast examinations by male providers, or simply do not understand why they would need breast cancer screening if they have no visible signs or symptoms. In 2007, the breast cancer screening rate by mammography was 5%. With the help of the patient navigator and breast cancer prevention program, the breast cancer screening rate increased to 64% by the end of 2009. During the screening, 15 cases of breast cancer were diagnosed, and 40% of these patients were younger than 40. All but one of these breast cancer patients were treated at a tertiary institute free of charge due to our breast cancer navigation program. One of the breast cancer patients decided to obtain treatment overseas for family reasons. One patient had a breast biopsy at a local hospital in 2006 that came back positive for cancer but due to language barrier never received a follow-up appointment or therapy. When she came to the MCC Clinic in 2009 she had metastatic disease and was shocked to hear that her biopsy three years ago showed cancer. This confirmed our belief in providing culturally appropriate and competent services. The clinic has a breast cancer education outreach program for the women in the community. The staff was trained in the cultural aspects of our community, and the staff was taught techniques in overcoming these cultural barriers. This fund also allowed the staff to train women attending the clinic in the techniques of self-breast examination. An instructional video was produced on the premises of the clinic and will be dubbed in three different languages.

- Maryland Community Health Resource Commission Grant: The MCC Clinic also applied for a Maryland Community Health Resource Commission grant in 2008. The clinic was successful in getting a grant of $240,000 for 2009-2011 to increase patient access and improve diabetic parameters of the patients attending the clinic. This grant provided financial support for a volunteer coordinator, medical provider, and a diabetic patient navigator, each at 20 hours a week.
- Kaiser Permanente and Health Initiative Foundation (HIF) Grants: In the later part of 2009 the clinic was awarded two additional grants in the amount of $37,500 and $83,000 from Health Initiative Foundation of Montgomery County and Kaiser Permanente, respectively, to improve women's health services. These grants will support a part-time gynecologist and a part-time coordinator for 2010. All new female patients coming to the clinic will first be seen by the gynecologist. In 2007 the gynecological cancer screening rate (Pap smear) for the MCC Clinic population was 4%, but with the help of these grants the screening rate has increased to 43%.

Financial Management

In February 2009, the MCC Clinic had an audit from the Montgomery County Department of Health and Human Services, the primary source of funding, that was critical of governance, finances, pharmacy, and patient safety. From 2003 to September 30, 2009, a volunteer accountant at the Muslim Community Center managed the finances. No one at the clinic or the community center had grant accounting experience. The clinic convinced the mosque board to transfer the management of clinic's accounts to Primary Care Coalition, which has experience of managing and reporting grants. Primary Care Coalition also manages all the safety net clinics of Montgomery County. The clinic will pay 10% of all receipts for the Primary Care Coalition to provide financial services and grant accounting. Starting this year, the clinic has instituted a copay system. The visit copay ranges from $15-30 and is determined by the patient's income and number of dependents. The mammograms are subsidized: $60 by the clinic and $35 by the patient. The patient pays $35 for thin prep pap smear. The patient pays 20% less than the published Medicare rate for radiology services through a special contract with a radiology group. Quest Diagnostics provides lab services at a rate discounted 50-90%. Patients who are unable to pay for some of the services such as laboratory and radiology are referred to the MCC for charity funds from zakat (alm dues) and sadaqa (charity). Since 2005, when MCC clinic became part of the Safety Net Clinics, the

Montgomery County government provides medications at no charge.

Networking and Referral System

One of the issues facing the clinic was the need to refer patients for services that were not available in the clinic, such as neurosurgery, cardiac surgery, and orthopedics. The Primary Care Coalition for Montgomery County has a central referral system, but the waiting list can be as long as six months, so the clinic decided to develop its own. It partnered with the Archdiocese of Maryland because it has the largest network of hospitals in the state. A mutually agreed upon referral process was developed, and now the hospitals in the Archdiocese network provide surgery at no charge to our clinic patients. In 2009, the Archdiocese of Maryland provided services worth more than $1 million in form of direct hospital cost subsidy. The clinic is also fortunate to have the U.S. Department of Health and Human Services' National Institutes of Health (NIH) nearby and made a referral arrangement for cardiac services. It now provides cardiac testing, bypass surgery, and cardiac angiography at no charge to cardiac patients who are eligible to be seen at the MCC Clinic.

Teaching Services

Last year was the first year that the clinic had a rotation of medical students from Howard University in Washington, D.C. Currently, two additional medical students are at the MCC Clinic from the Bradenton, Florida, branch of Lake Erie College of Osteopathic Medicine.

The clinic gets a fairly large number of requests from physicians who have received their medical degrees from foreign universities and would like to volunteer. These physicians work under the direct supervision of licensed physicians and perform patient intake and administrative tasks. The foreign medical graduates get clinical experience in U.S. community health services.

The clinic also serves as a teaching center for Sanford-Brown Institute in Maryland. The institute runs sonography, noninvasive cardiovascular, and medical technicians programs. The institute sends two students to the clinic every eight weeks to be trained in the operations of the clinic. The students also volunteer at the clinic.

The clinic just signed another agreement with George Washington University to provide clinical rotation for its physician assistants' program. This will provide a great experience to its students in cultural diversity and further improve the image of Muslims in America.

Social Services Program

The clinic started a social services program in 2007, which was run by a licensed counselor familiar with the South Asian culture. The Muslim community received lot of negative publicity after Bridges TV (English language Islamic network) owner was arrested for the murder of his wife. The clinic immediately consulted its social worker and used the information to develop a domestic violence program. The clinic applied for and received a $20,000-grant to address domestic violence in the community, which is somewhat higher than in the general population. With the grant the clinic was able to hire an administrative assistant, social worker, and licensed counselor. Every patient in the clinic is screened for domestic violence risk factors. The program has been renamed the Healthy Family Program, which removes the stigma some associate with domestic violence.

The clinic is also collaborating with Civilizations Exchange and Cooperation Foundation (CECF), in Baltimore, Maryland, in developing a program for Muslim and non-Muslim American physicians to visit other countries. The MCC Clinic and CECF plan to send physicians from diverse backgrounds to other countries as goodwill ambassadors. The U.S. State Department will fund this program.

Future Challenges:

Clinic Board: The clinic is an extension of the services provided by the mosque. The Board of Trustees of MCC has graciously agreed to appoint a separate medical clinic board to look over the affairs of the clinic. This step will help the clinic with even more future funding, as the financial supporters wanted to see a strong board that also had a representation from the clinic consumers. The auditors from the county recommended that the clinic have a large 13- to 21-member board with patient representation. A 21-member medical clinic board was formed in December 2009, and this board was able to draft bylaws to govern the clinic. The newly formed board has members of different faiths from the com-

munity and two patients who receive care at the clinic.

Endowment: Unlike other sister clinics in Montgomery County, MCC clinic does not have income from a large endowment. The clinic depends on funds provided by Montgomery County government and other grants from government and private foundations. There are no endowments from the community. The Muslim Community Center also provides space without rent, which is estimated to be worth about $5,000-6,000 per month. There may also be major budget cuts from the county in the future, and the clinic has to brace itself to meet the lean years ahead. The success of the clinic depends on meeting future challenges to sustain growth and viability. For this reason, a continuous source of funding has to be developed. The clinic hopes to develop an endowment over the next three years.

Strategic Planning: One of the critical issues facing the clinic is the need for strategic planning to help put the clinic on a sound foundation. The clinic did not have resources or the know-how to develop a strategic plan. Since the inception of the clinic took place without much thought or vision for growth, policy, and planning, there was a lot of backtracking. This type of growth not only becomes costly but also unmanageable. The clinic is in the process of starting a strategic plan, which will help guide the clinic operations and growth over the next 10-15 years. The vision of the clinic administration and the clinic board has to be in line with that of the board of trustees of the Muslim Community Center. The clinic has a strong desire to expand its services, but the Muslim Community Center administration would like to see the growth of the clinic scaled back. The clinic is located in the basement of the mosque, and expansion would not be possible there. Because the MCC is not zoned commercial, the clinic is limited in space at the MCC. However, the MCC will be exploring options of changing the zoning of MCC from residential to commercial. The strategic planning is ongoing and will probably take another year or two to determine the future direction of the clinic.

Figure 1 shows the exponential growth of the number of patient visits over the last five years.

The appendix shows steps to start a successful charity clinic.

In conclusion, I described how the idea of a Muslim charity clinic was conceived, planned, and then implemented.

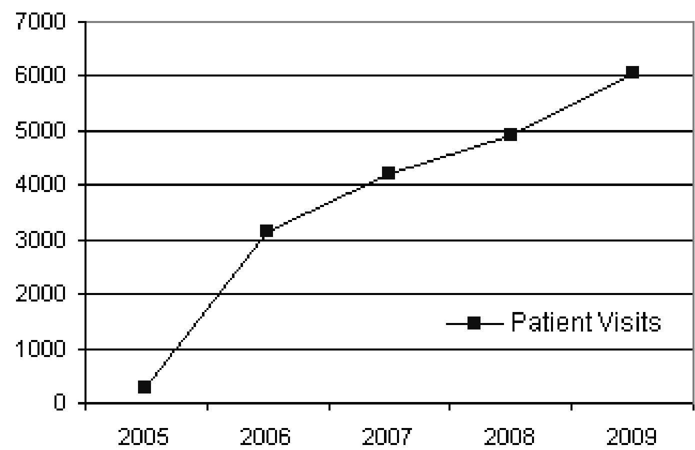

Figure 1. Exponential growth of the number of patient visits over the last five years.

I then described the stages of its growth, the evolution of the way it operates, its funding, and the challenges that such program faces. This article is meant to encourage other Muslim physicians in other communities to start similar projects.

Appendix

The steps to start a successful charity clinic:

1. Research and study the demographics of the uninsured population in the service area that the clinic would like to serve.
2. Develop a steering committee comprising community visionaries. This committee will guide the clinic in its initial incubating period.
3. Define a vision for the clinic in 10-15 years.
4. Develop a mission statement that identifies the goals of the clinic and helps guide the staff and the volunteers. It will also shape the future direction of the clinic.
5. Develop an independent board that is specific to the clinic and its operation. The board should be large and diverse with 13-21 members, including patient representation.
6. Get an independent 501(c) 3 status, which will give the clinic freedom to conduct its own affairs.
7. Get a dedicated chief operating officer and a medical director with stringently defined roles.
8. Determine what type of resources you can tap into, such as physicians from the community who will volunteer at the clinic. It will also help identify potential collaborators, such as local health department, local hospitals, and other charity organiza-

tions.

9. Choose a location close to the community being served, easily accessible by public transportation, with adequate parking, and with available space for future expansion.

10. Engage a grant writer to procure grants from local and national foundations to put the clinic on a sound financial footing.

11. Develop volunteer services by recruiting an energetic volunteer coordinator who can tap into community for a pool of volunteers.

12. Obtain Federal Tort Claims Act (FTCA) coverage as soon as the clinic is set up to prevent future liability issues and assure the volunteer staff working at the clinic of sound liability coverage.