



# QUEENSCARE FAMILY CLINICS

## A Family Medical Home

2011 ANNUAL REPORT





## VISION

We seek to provide universal access to primary healthcare, reducing disparities in care and improving health in the communities we serve.

## MISSION

Our mission is to provide quality primary healthcare that is accessible to any patient in need in the communities we serve, regardless of ability to pay.

## VALUES

Building on the vision and selflessness of our founders, we strive to uphold the following values:

**EXCELLENCE:** We continuously evaluate and improve the way we deliver our services.

**CUSTOMER SERVICE:** We cultivate and maintain professional relationships with our patients, employees, and partners, treating all with dignity and respect.

**COMPASSION:** We serve the needs of others, led by care and kindness.

**STEWARDSHIP:** We prudently and responsibly manage the resources entrusted to us.



**Allan Michelena**  
**CHAIR, QUEENSCARE FAMILY  
CLINICS BOARD OF DIRECTORS**

A Vietnam veteran and Los Angeles native, Mr. Michelena retired as Captain of the Los Angeles Police Department in 2005. In addition to his duties on QueensCare Family Clinics' board, Al also serves on the QueensCare board and several QueensCare and QFC committees.



**Barbara B. Hines**  
**PRESIDENT AND CEO**

Ms. Hines joined QueensCare Family Clinics in 1997 as Senior Vice President to form the Charitable Division of QueensCare. Named President & CEO in 2009, she has a background in banking and holds an MBA from USC in Accounting and Finance.

## DEAR FRIENDS,

**UNCERTAINTY, CHALLENGES AND CHANGES** have become the norm for community health centers across the nation, who serve over 20 million people every year. QueensCare Family Clinics (QFC), a Federally Qualified Health Center, responds and adapts to those changes and challenges, all the while serving as a medical home for the whole family. At QFC, our patients receive the full-spectrum of primary care and support services in a patient / family centered, trusted and welcoming environment.

The stories covered in the pages of this report demonstrate how QFC is truly making a difference for so many in need. Demand for our services significantly increased over the last year and QFC met these demands head-on. Specialty visits doubled, consultations with our Clinical Pharmacists quadrupled and total patient visits exceeded last year's numbers by 11,000.

In response to this growing need, we are working on plans to open a new state-of-the-art clinic in East Los Angeles in late 2013. Presently, QFC operates six health centers in Los Angeles; two of which will merge into the new site. This new clinic will offer the full spectrum of primary care services and will increase the number of patients served per day at our existing sites. This new clinic will enable us to increase our service to a community where nearly a quarter of the population is living in poverty.

As a public charity, QueensCare Family Clinics relies on funding from a number of sources, including local, state and federal governments, charitable, corporate and community organizations, patients and individual donors. Each of these donors is crucial to the pursuit of our mission of serving those in need, regardless of ability to pay. We are immensely grateful for their help. If you have not made a tax-deductible contribution to QueensCare Family Clinics in the past, we hope that you will find the information in this report reason enough to consider doing so now.

Sincerely,

**Allan Michelena**  
*Chair, QueensCare Family Clinics Board of Directors*

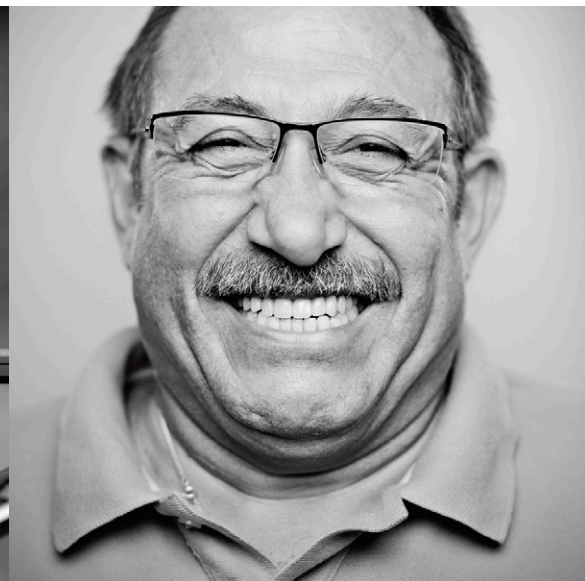
**Barbara Brandlin Hines**  
*President and Chief Executive Officer*





# A FAMILY MEDICAL HOME

**AT QUEENSCARE FAMILY CLINICS**, a family medical home is a place where families receive a continuum of care, where obstetricians and gynecologists team up to help new mothers adjust their lifestyles and learn to care for themselves and their new babies. As their babies grow, our team of optometrists, dentists, pediatricians and case managers follow and look after the family's individual medical needs, including specialized programs for pediatric asthma and weight management. Utilizing electronic health records to track care and treatment plans, we partner with other medical facilities and organizations to enhance the family's care. QueensCare Family Clinics offers this level of healthcare to all of its patients, regardless of background or financial resources.



## CLINICAL PROGRAMS

- Pediatrics
- OB/GYN
- Perinatology
- Dentistry
- Optometry
- Podiatry
- Cardiology
- Pediatric Asthma Disease Management Program
- e.n.e.r.g.y™ Program

## HEALTHCARE SERVICES

- Personal Medical Doctor
- Electronic Health Records
- On-Site Lab
- Clinical Pharmacy Services
- 24-Hour Phone Access
- Case Management





42%

of hypertensive adults  
with a family medical  
home reported that their  
blood pressure is checked  
regularly and that it is  
well controlled.<sup>1</sup>

<sup>1</sup> [www.commonwealthfund.org/Publications/Fund-Reports/2007/Jun/Closing-the-Divide-How-Medical-Homes-Promote-Equity-in-Health-Care-Results-From-The-Commonwealth-F.aspx](http://www.commonwealthfund.org/Publications/Fund-Reports/2007/Jun/Closing-the-Divide-How-Medical-Homes-Promote-Equity-in-Health-Care-Results-From-The-Commonwealth-F.aspx)

# FIGHTING FOR HEALTHIER FAMILIES

## COMMUNITY HEALTH WORKER EDITH YOQUE TALKS ABOUT CHILDHOOD ASTHMA AND THE PEDIATRIC ASTHMA DISEASE MANAGEMENT PROGRAM (PADM)

*Asthma affects 25 million people in the United States, including over 7 million children. In 2005, nationwide, there were 12.8 million physician office visits, 1.3 million hospital out-patient department visits and almost 1.8 million emergency room visits due to asthma.<sup>1</sup> Nationally, annual expenditures for health and lost productivity due to asthma are estimated at over \$20 billion and emergency department care is 40% higher for children with asthma than for children who do not have asthma.<sup>2</sup> In Los Angeles County approximately 1,179,000 children and adults have been diagnosed with asthma including an estimated 385,000 children.<sup>3</sup>*

### **Ms. Yoque, given your experiences working with PADM, can you explain the increasing problem of asthma among children?**

In Los Angeles air pollution is a major factor for both, causing asthma and making it worse for children who have it. While we can't control outdoor air pollution without policy change, we can control indoor air pollution and reduce its impact. Many of our patients live in substandard housing and are subject to hazards such as mold, dust mites and cockroach and rodent infestations. All of these exacerbate asthma, making it much more difficult to control with medications alone. There is also a lot of fear and misinformation about asthma, so many of the families we work with have little understanding of the disease and how to control and manage it. Nobody has spent the time to provide them with the kind of health education that PADM provides.

### **Just what is PADM, and what are the main components of the program?**

QFC's Pediatric Asthma Disease Management Program was designed to empower children and their families to control and manage their own asthma through patient health education, home environmental assessment visits and case management support. In addition to clinical diagnosis and treatment by our pediatricians, Community Health

Workers (CHWs) like me educate patients about asthma, how to recognize its early warnings signs and symptoms, and how to control it. We also go into patients' homes and help them identify and eliminate triggers that may exacerbate the child's asthma. We advocate for patients with building managers, asking them to clean up living conditions that trigger asthma and we empower families to advocate for themselves to create healthier homes.

### **Who pays for the services that PADM provides? Do the health insurance companies pay for this type of service?**

Currently PADM is mostly grant funded. Part of the problem is that the services our CHWs provide do not receive reimbursement from health insurance plans. Insurance companies pay for episodic care in emergency rooms but will not reimburse the preventive services we provide, even if these self-managing patients avoid expensive ER visits. But we are hopeful and expect that in the future, preventive services like those the PADM program provides will be reimbursable.

### **What has the impact of the PADM program been among the population that QueensCare Family Clinics serves?**

Studies show that the type of preventive health education we provide for our patients with asthma reduces ER visits, hospitalizations and missed days from school. We are working on gathering data to show PADM's impact on our patients. Thus far, we have created and are using asthma-specific encounter forms for our electronic health record system to document our contact with patients. We hope this data will show that those patients who have received services from PADM have significantly less emergency room visits than those who have not.

<sup>1</sup> American Lung Association, 2008

<sup>2</sup> National Heart, Lung, and Blood Institute, as reported by the Environmental Protection Agency, 2010

<sup>3</sup> Los Angeles County Asthma Profile, California Breathing, October, 2010





Managing asthma means education as well as medication. Here Ms. Yoque uses hands-on techniques to teach her young student about inhaler use.

“Studies show that the type of preventive health education we provide for our patients with asthma reduces ER visits, hospitalizations and missed days from school.”

*Edith Yoque*

EDITH YOQUE  
COMMUNITY HEALTH WORKER



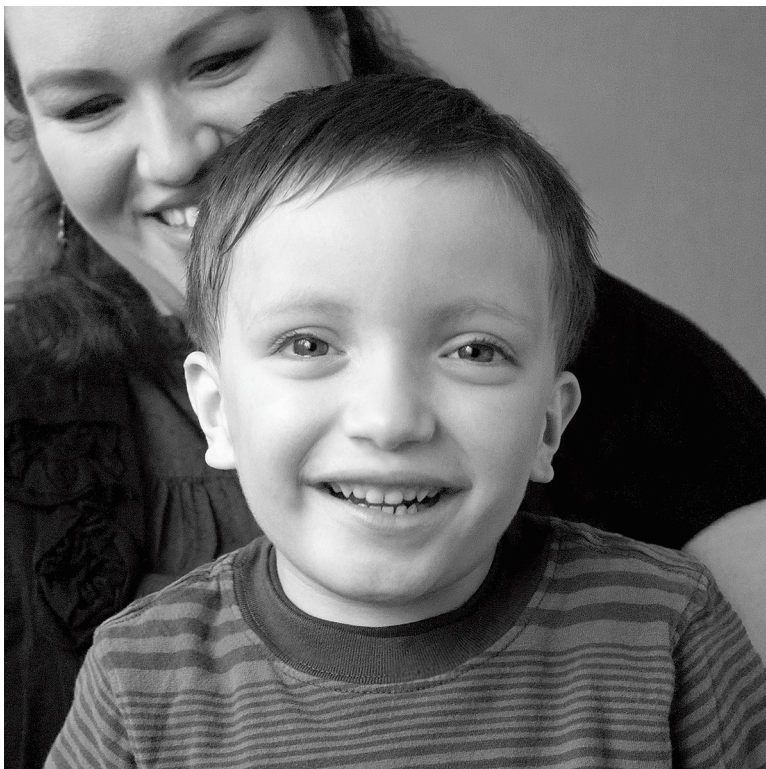
## TROUBLING FACTS ABOUT ASTHMA

In 2007 California’s children missed 1.2 million days of school due to asthma.<sup>1</sup>

Low income children with asthma are five times more likely to be hospitalized than their higher income counterparts.<sup>1</sup>

PADM is working to reverse these alarming trends and improve the health and quality of life for children with asthma.

<sup>1</sup>UCLA Center For Health Policy Research 2010: *Income Disparities in Asthma Burden and Care in California*





# RIGHT FROM THE START

## OBSTETRICS AND GYNECOLOGICAL SERVICES FOR THE YOUNG FAMILY

*A new mother gazes with awe and wonder into the eyes of her newborn baby, thanking God for her tiny bundle of perfection. The baby's father looks on in rapt amazement as he promises himself he will do everything in his power to take care of his young family. It's a scene repeated again and again, yet never fails to inspire hopes and dreams of a better future.*

Ensuring the health of this baby is the principal role of QueensCare Family Clinics' obstetrics and gynecological departments. From pre-conception counseling to pediatric care, QueensCare Family Clinics strives to maintain the health of this new family.

Unfortunately the story is not always as rosy as we wish. Many young mothers in our community suffer from high blood pressure, hypothyroidism and even diabetes. These diseases can severely affect a baby's health and can result in early delivery. Every week that the gestational term is shortened, the development of the baby is critically affected. Minimizing the dangers of these diseases and protecting the health of the baby are the chief concerns among the specialists practicing at QFC.

Obesity is currently occurring in near-epidemic proportions and diabetes is developing at ever-younger ages. To combat

this, QFC employs perinatologists trained to shepherd mothers with complicated diseases safely through their pregnancies. Through pre-conception counseling, education and associated QueensCare Family Clinics programs like case management and clinical pharmacy services, QFC perinatology services can have a real impact on the health of the mother, her baby and the entire family.

QFC Chief Medical Officer and pediatrician Dr. Guillermo Diaz sees the impact of the perinatologists every day. Dr. Diaz comments, "There are incredible pressures and stresses in our community, and some of them are also felt in the delivery room. While we do educate our young mothers about proper diet and exercise, we have a uniquely qualified team to help at-risk mothers bring their babies safely to term."

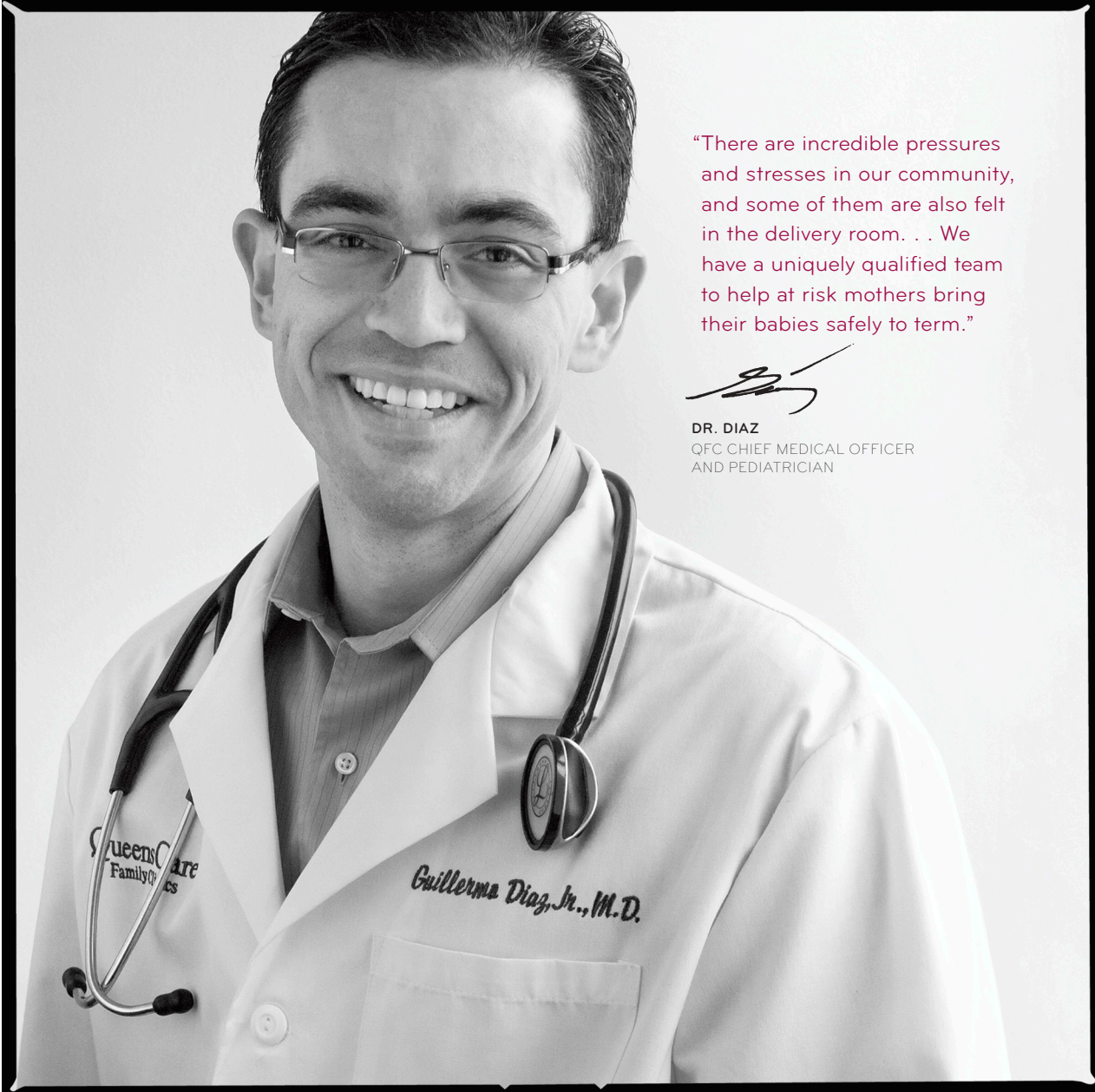
And the care doesn't stop at childbirth. At QueensCare Family Clinics, every new baby is seen by a pediatrician shortly after birth. Mothers who choose to remain under the care of QFC experience a smooth continuum of care from conception to childhood. With case management, electronic health records and an array of highly qualified specialists, QueensCare Family Clinics offers families a complete spectrum of medical care.



As many as

11%

of pregnant  
patients served  
by QFC  
have diabetes.



"There are incredible pressures and stresses in our community, and some of them are also felt in the delivery room. . . We have a uniquely qualified team to help at risk mothers bring their babies safely to term."



DR. DIAZ  
QFC CHIEF MEDICAL OFFICER  
AND PEDIATRICIAN

The physician-patient relationship is one of the cornerstones of the family medical home. Here pediatrician Dr. Juliet Hwang plays with one of her young patients.



“We teach families how to plan healthy meals, select and cook healthy foods and develop healthy exercise habits within their communities.”



MICHELLE MADRID  
COMMUNITY HEALTH WORKER

# HELPING SOLVE OBESITY, FAMILY BY FAMILY

**e.n.e.r.g.y.™: EATING NUTRITIOUSLY, EXERCISING REGULARLY, & GROWING “Y”-ISELY**

*In a recent statewide poll, The California Endowment found that a growing number of Californians—as many as 65% in lower income areas—now agree that obesity is a “very serious” problem facing children. While it’s true that 38% of California children in 5th, 7th and 9th grades are overweight, the good news is that that number is down 1.1% since 2005. Things are changing and QueensCare Family Clinics’ e.n.e.r.g.y.™ program is a part of that change.*

Increasingly concerned with the rising prevalence of childhood obesity in Los Angeles, QueensCare Family Clinics developed the e.n.e.r.g.y.™ program in 2006 to educate parents and their children about proper diet, exercise and lifestyle changes. The eight-week family program has three main components including interactive classroom sessions, behavior modification tools and exercise training. e.n.e.r.g.y.™ program Community Health Worker Michelle Madrid explains, “The chief factor behind the childhood obesity problem is the lack of knowledge and accessible resources to be healthy. . . so we teach families how to plan healthy meals, select and cook healthy foods and develop healthy exercise habits within their communities.”

The e.n.e.r.g.y.™ program is overseen by a program director and operated by community health workers who plan and conduct classes, organize exercise sessions and follow up with families after the children and their parents have graduated. Originally a program for 6-17 year old children and their families, support from First 5 L.A. helped make the program available for 2-5 year olds, too. “We also help adolescents find teen sport programs they can join,” said

Community Health Worker Julio Morales. “We conduct the classes, but we also do outreach and marketing—whatever it takes to help the kids and their families. Many times this involves linking them to resources that help people live healthier lifestyles,” he added.

“It’s the parental involvement that makes the program so effective,” said Community Health Worker Vanessa Ramirez. Ms. Ramirez shares a story describing how much of an impact the e.n.e.r.g.y.™ program has had on families. Vanessa recalls a class participant’s mother complaining of pain in her kidneys. Vanessa discovered that the child’s mother was drinking far too much soda and very little water. By implementing changes to her family’s diet, mom’s mysterious pain eventually went away. “The mother’s previous doctor had tried to solve her problem with prescription medication, but it was as simple as cutting down the soda and replacing it with water,” Vanessa explained. “The mom told me later, “Thanks to you my kidneys don’t hurt anymore!”

By identifying weight management issues early, QFC is able to affect the lives of entire families and even head off complications of obesity that can include hypertension and diabetes. QFC takes referrals from within its own clinics, as well as local area physicians, school nurses, and hospitals. The program is partially funded through QueensCare and dedicated grants, but is mainly funded through reimbursements from independent physician’s associations and insurance plans. Childhood obesity may be a national problem, but QueensCare Family Clinics is doing its part to help, one family at a time.

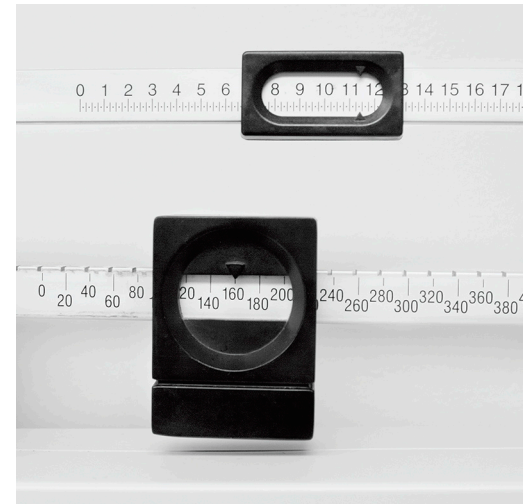




It's obvious to children that exercise is fun, but by integrating exercise into their daily schedules, the e.n.e.r.g.y.™ program reinforces healthy habits at home, too.



**TEAMWORK**  
Community Health Workers Michelle Madrid and Julio Morales relax for a moment between the education and exercise segments of QFC's e.n.e.r.g.y.™ program.



42%

of children  
and teens in  
Los Angeles County  
were overweight or  
obese in 2010.<sup>1</sup>

<sup>1</sup> [www.healthpolicy.ucla.edu/pubs/files/PatchworkStudy.pdf](http://www.healthpolicy.ucla.edu/pubs/files/PatchworkStudy.pdf)

## FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

### STATEMENT OF FINANCIAL POSITION

	2011	2010
<b>ASSETS</b>		
Cash and cash equivalents	\$ 6,080,424	\$ 3,398,808
Accounts receivable, net of contractual allowances	392,649	1,214,085
Grants receivable	925,967	791,498
Inventories	1,022,557	901,584
Prepaid expenses	115,458	144,184
Due from affiliated organizations	49,665	156,257
Leasehold improvements and equipment, net	1,568,990	1,449,455
Other assets	320,212	284,844
<b>TOTAL ASSETS</b>	<b>\$ 10,475,922</b>	<b>\$ 8,340,715</b>
<b>LIABILITIES</b>		
Accounts payable	\$ 284,000	\$ 358,345
Accrued expenses	55,000	45,000
Accrued payroll, sick and vacation pay	888,129	727,052
<b>TOTAL LIABILITIES</b>	<b>\$ 1,227,129</b>	<b>\$ 1,130,397</b>
<b>NET ASSETS</b>		
Unrestricted	4,654,307	4,825,312
Reserve for facilities development	3,500,000	1,500,000
Temporarily restricted	1,094,486	885,006
<b>TOTAL NET ASSETS</b>	<b>9,248,793</b>	<b>7,210,318</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 10,475,922</b>	<b>\$ 8,340,715</b>

### STATEMENT OF ACTIVITIES

	2011	2010
<b>REVENUES</b>		
Net patient service revenues	11,797,482	11,433,979
Other revenue	929,406	174,279
QC/QFC Partnership	4,506,678	4,517,486
Contributions	5,921,304	6,146,366
<b>TOTAL REVENUES</b>	<b>23,154,870</b>	<b>22,272,110</b>
<b>OPERATING EXPENSES</b>		
Salaries, wages, and employee benefits	12,100,953	11,372,850
Pharmaceuticals, medical and dental supplies	2,989,800	2,794,314
Physicians' fees and purchased services	2,286,007	1,819,904
Office and non-medical supplies	459,038	459,465
Professional and legal fees	711,532	556,345
Depreciation expense	393,669	452,817
Rent expenses	969,145	941,101
Other operating expenses	1,206,251	1,117,806
<b>TOTAL OPERATING EXPENSES</b>	<b>21,116,395</b>	<b>19,514,602</b>
Change in Net Assets	2,038,475	2,757,508
Net Assets, beginning of year	7,210,318	4,452,810
Net Assets, end of year	\$ 9,248,793	\$ 7,210,318

The financial information contained in these pages was taken from the audited financial statements of QueensCare Family Clinics for the years ended June 30, 2011 and June 30, 2010.





## QUEENSCARE FAMILY CLINICS BOARD

**TOP (L-R):** Shirley Daniels; Archbishop Vatche Hovsepian; David Walsh;  
Ray Vernoy; Jay Guarena, Treasurer; Fr. Angelos Youssef

**BOTTOM (L-R):** Sr. Martha Vega, SSS; Sr. Judy Murphy, CSJ, Secretary;  
Allan Michelena, Chair; Mary Ramos; Frank Rey de Perea

**NOT PICTURED:** Jorge Blanco; Willy Ruiz; Margarita Duarte Tucker;  
Nongyao Varanond



GRANTS & DONATIONS RECEIVED

THANK YOU FOR YOUR CONTINUED SUPPORT AND GENEROSITY.

IN KIND

Patient Assistance Program - Medications	\$2,276,403
Scholastics - Childrens Books	\$1,100
Los Angeles County - Childrens Books	\$1,720

INDIVIDUAL

Faith Lee & Alan De Jong	\$500
Nelia Pangan	\$25

*In honor of Edna Bush for purchase of eyeglasses:*

Samuel & Georgia Moses	\$100
Diana Hurtado	\$50
Richard & Lorna Lash Trust	\$50
Maligalig Family Trust	\$50
Bobby A. Diamond	\$50
Kristin Bush	\$35
Selandra F. Wright	\$35

*For Reach Out and Read program:*

Target	\$4,000
Robert Vinetz, MD	\$125

IN MEMORY OF JOHN J. BRANDLIN

Gene & Marilyn Nuziard	\$2,000
Barbara Brandlin Hines	\$1,000
Paul & Lone Brandlin	\$500
Joan Fritz Family Trust	\$500
Joseph J. Herron & Dana E. Klein	\$500
Franciscan Sisters of the Sacred Heart	\$25

Specialty Service  
visits increased by  
**134%**  
compared to last year.

Clinical Pharmacy  
visits increased by  
**349%**  
compared to last year.

FOUNDATIONS

UniHealth Foundation	\$132,500
St. Joseph's Health Support Alliance	\$33,577
Blue Shield of California Foundation	\$30,000
Coca-Cola Foundation	\$20,000
Tides Foundation	\$4,924

GOVERNMENT

Department of Health and Human Services: Health Resources and Services Administration (HRSA)	\$3,105,800
WISEWOMAN Program	\$73,855
Los Angeles County - H1N1 Vaccine Program	\$21,133
First 5 LA, Community Opportunities Fund	\$19,150

CORPORATE/COMMUNITY ORGANIZATIONS

L.A. Care Health Plan	\$74,675
Kaiser Permanente	\$11,890
Health Net Community Solutions - Child Health and Disability Prevention Program	\$10,830
Community Partners - Building Clinic Capacity for Quality	\$6,000
Community Clinic Association of Los Angeles County - Disaster Education	\$3,650
National Association of Community Health Centers, Inc.	\$1,000
United Way Employees	\$16



## BECOME A FAMILY HEALTH PARTNER

**OUR MISSION** is to provide quality primary healthcare that is accessible to any patient in need in the communities we serve, regardless of ability to pay.

To fulfill our mission, we need your help.

QueensCare Family Clinics is an independently run, nonprofit 501(c)(3) organization. We are proud of the work we do and the leadership our organization has taken in the Los Angeles health community. You can become part of the solution by contributing to QueensCare Family Clinics and becoming a QueensCare Family Clinic Health Partner.

Your donation is tax-deductible and we will provide you with an acknowledgment of your gift for tax purposes. You may donate by phone by calling (323) 669-4339, or you may make a secure, on-line donation by going to [www.queenscarefamilyclinics.org/about/donate](http://www.queenscarefamilyclinics.org/about/donate).

Thank you for your support of QueensCare Family Clinics and for helping to meet our communities' healthcare needs in 2012.

**BRESEE CLINIC**

184 South Bimini Place  
Los Angeles, CA 90004  
213.858.5126

**EAGLE ROCK CLINIC**

4448 York Boulevard  
Los Angeles, CA 90041  
323.344.5233

**EASTSIDE CLINIC**

4560 East Cesar E. Chavez Ave.  
Los Angeles, CA 90022  
323.780.4510

**EAST LOS ANGELES CLINIC**

133 North Sunol Drive  
Los Angeles, CA 90063  
323.981.1660

**ECHO PARK CLINIC**

150 North Reno Street  
Los Angeles, CA 90026  
213.380.7298

**HOLLYWOOD CLINIC**

4618 Fountain Avenue  
Los Angeles, CA 90029  
323.953.7170

**GENERAL INFORMATION**

**800.454.1800**

**EXECUTIVE OFFICES:**

1300 North Vermont Avenue,  
Suite 1002  
Los Angeles, CA 90027  
323.669.4301  
[www.queenscarefamilyclinics.org](http://www.queenscarefamilyclinics.org)

