QueensCare Family Clinics

Family Health Partners

2010 Annual Report

QueensCare
Family Clinics

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.

Vision

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

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.

Dear Friends,

2010 was a year of transition for QueensCare Family Clinics on many levels. Nonetheless, in a time of economic uncertainty of historic proportions, with change at the national level and increased patient demand locally, QueensCare Family Clinics remains as committed as ever to our patients and community.

The passage of the Patient Protection and Affordable Care Act of 2010 was a seminal event. The act promises fundamental change to the delivery of and payment for healthcare and has raised at least as many questions as it has answered. Its focus is on providing comprehensive care in a cost effective and efficient manner. This is not new to QFC. Now, however, healthcare providers will be collaborating across the spectrum of health—from education to primary care to acute care—as well as across the disciplines of healthcare, including mental and physical health.

As a Federally Qualified Health Center (FQHC), QueensCare Family Clinics is at the forefront of the change promised by reform. National funding targeting FQHC's will support the necessary transformation in the care of low income and underserved communities. We are energized by the opportunities that lay ahead of us and confident that our mission to care for those in need, regardless of ability to pay, will advance under reform.

Management also underwent a transition of its own during the past year. With the start of fiscal year 2010, Barbara Brandlin Hines took the reigns as President & CEO. The transfer of responsibility from retiring CEO, Terry Bonecutter, went smoothly and the Board is looking forward to realizing the vision that Ms. Hines has defined for QFC.

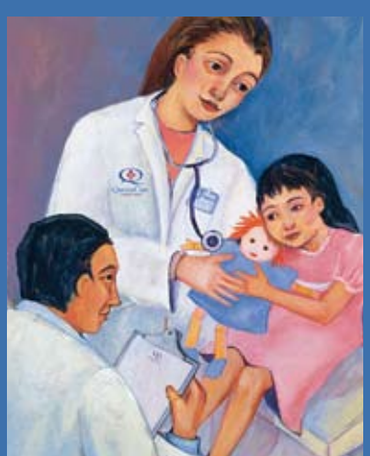
Finally, QueensCare Family Clinics shared QueensCare's loss as it marked the passing of one of QueensCare's founders, John Joseph Brandlin. Mr. Brandlin began his work with our organization in 1963 and, in partnership with Arthur W. Barron, shepherded QueensCare through its transition from a hospital run by the Franciscan Sisters of the Sacred Heart to the charitable, community-based healthcare organization it is today. May Mr. Brandlin's tireless work, his service to his community, and his faith in God continue to serve as a model for QueensCare and QueensCare Family Clinics as we face the challenges ahead.

Thank you for your continuing support and contributions. Enjoy the report.

Sincerely,

Allan Michelena
Chair, QueensCare Family Clinics Board of Directors

Barbara Brandlin Hines
President and Chief Executive Officer



FAMILY HEALTH PARTNERS

QueensCare Family Clinics treats thousands of patients in its clinics each year, but what sets it apart from other clinical operations are its preventive programs. This report highlights some of those programs through patients QFC has treated over the last year. The Pediatric Asthma Disease Management program, the e.n.e.r.g.y℠ program and the Medication Therapy Management program are examples of how an organization like QueensCare Family Clinics can change its shape to meet the needs of its patient population. By utilizing its historical patient data and enlisting the help of community leaders, QFC continues to customize its healthcare solutions for its communities' changing needs.

Soccer, soccer, soccer. Before school. After school. On the way to school. Soccer is Jerry's passion, but it wasn't always that way. It wasn't too long ago when Jerry spent his afternoons on his back, gasping for air and wondering why he couldn't be out with the rest of the kids. That's all behind him now—Jerry's back in the game.

Jerry B., *Echo Park*

"Now my son is going on two years in which his asthma is more controlled, he is more active and has even helped him lose weight. I see him more animated and happy because he can run and do all the sports he wants like any other kid."

– Flora S., Echo Park

". . . Just Like Any Other Kid."

QueensCare Family Clinics' Pediatric Asthma Disease Management Program

It was hot and Jerry was unresponsive. Arriving at the emergency room, the boy's skin was pallid and his lips were blue. As the nurses began to administer oxygen to her son, Jerry's mom felt guilt and dread.

It was the summer of 2007, mom recalls. The weather had been scorching hot for a week and Jerry's asthma had flared up three days before. With minimum knowledge of asthma and its treatment, Flora had begun giving her 12-year old son albuterol every four hours. The inhaler helped, but only for a while. Three days passed with no improvement, so she increased the dose to once every two hours. Jerry's asthma continued to choke him of breath, and when her husband Carlos returned home from work he put his son and wife in the car and made an immediate trip to the hospital.

What was happening? What is this asthma, and why doesn't the medicine help? Questions like these, and others, filled Flora with humiliation and anger. Asthma was a foreign word in her vocabulary, and she began to realize that her doctor had let her down completely. Flora had no idea how to help Jerry, and now he was nearly unconscious.

As big a crisis as this was for Flora and Carlos, Childrens Hospital LA determined that Jerry's asthma was controllable and referred him to QueensCare Family Clinics' Pediatric Asthma Disease Management Program, or "PADM." There, Jerry and his parents worked with his pediatrician to develop a plan of treatment and Community Health Worker Edith Yoque worked with the parents to educate and empower them on the use of his asthma medications and devices. Edith conducted a Home Environment Assessment visit to identify asthma "triggers" in the family home that could be contributing to Jerry's disease. Flora and Carlos received asthma education books and pamphlets, videos, and one-on-one instruction.

With persistent advocacy from PADM's Community Health Workers, the family's building manager eventually agreed to repair the easily identified asthma triggers, which included mold infested wall panels, peeling paint in the bathroom and perforations in the walls that allowed insects and rodents access into the home. While the home was being fumigated with a non-toxic substance, the family received in-depth instruction on the medical treatment of asthma. Flora was shocked to learn that her incomplete knowledge of the use of long-term control asthma medications and quick relief medications had contributed to her son's worsening condition.

It's been almost two years since Jerry last visited an emergency room, and his mom and dad don't expect to be going back. With support from QFC's PADM program, the family understands Jerry's asthma and its treatment. Flora feels empowered, informed and most importantly, able to control her son's asthma. "With my friends at PADM, I have someone who is there for me. I'm not an asthma expert, but I feel well educated and in control," said Flora.

And what about Jerry? He's a 12-year old boy, feeling stronger, playing harder and even losing weight. Flora adds, ". . . He's a healthier, happier child who is able to run and live a normal life, just like any other child."

ASTHMA STATS: Millions of children in the United States are affected by asthma, a chronic respiratory disease characterized by attacks of difficulty breathing. An asthma attack is a distressing and potentially life-threatening experience. Scientific advances have greatly improved the understanding of the mechanisms that cause asthma attacks and have led to effective medical interventions to prevent morbidity and improve quality of life[1]. Nonetheless, asthma remains a significant public health problem in the United States.

In theory, asthma symptoms and poor outcomes are avoidable with implementation of environmental control measures to minimize exposure to allergens and irritants, appropriate medication use, and patient and healthcare provider education[2]. However, recognizing the early signs and symptoms of the disease, avoiding triggers, arranging appropriate healthcare, and managing the schedule of medication administration can be complex for children and their families.

[1]National Heart Lung and Blood Institute. National Asthma Education and Prevention Program Expert Panel report [2]*Ibid*. Guidelines for the diagnosis and management of asthma. NIH Report No.: 97–4051. 1997.

Daikon? Bitter melon? Bok choy? At their local Farmer's Market, the Limas family finds a world of undiscovered foods available right around the corner. This month mom's looking for yams, but she's always up for something new, as long as it's fresh.

Limas Family, *Los Angeles*

"The classes taught all of us a lot about foods and portions and exercise. We're learning to cook new foods and have even lost weight. We did it together, too."

– Emily, Angel and Migdalia, Los Angeles

"We Did It Together. . ."

QueensCare Family Clinics' e.n.e.r.g.y.℠ Program

Everyone argued about it and mom tried scrubbing it off, but the discoloration on her daughter Emily's skin appeared to be permanent. How did it get there? What did it mean?

It was more than a little bit humbling. The marks were not dirt, nor were they birthmarks as some claimed. Migdalia was sure of it: these marks were new. How did they get on her daughter's neck? Seeing the doctor only increased the guilt when she learned that the marks were Acanthosis Nigricans and a sign that Emily was resistant to insulin. Migdalia was informed that her daughter may have type 2 diabetes.

Acanthosis Nigricans is a visible marker that strongly suggests the presence of insulin resistance, usually the first step in the development of diabetes. While that is never good news, the progression of the disease can be stopped and even reversed with proper nutrition and exercise. For Migdalia and her daughters, it was a sign that their poor eating habits and lack of exercise were seriously impacting their family's health. They needed help, and were referred to QueensCare Family Clinics' e.n.e.r.g.y.℠ program.

QFC's e.n.e.r.g.y.℠ program (eating nutritiously, exercising regularly and growing "y"-isely ™) was designed precisely for this problem: to help parents and their kids combat childhood obesity in children up to 17 years of age. For Migdalia, the recommendation couldn't have been more valuable. She saw it as an opportunity to fight for her daughters' health and an opportunity to make up for some bad choices that she had made, choices that were now putting her daughters at risk.

The program consists of eight two-hour interactive classroom sessions, conducted by e.n.e.r.g.y.'s℠ Community Health Workers. Migdalia, Angel and Emily learned how to assess their physical health, how to eat nutritiously and how to integrate exercise into their lifestyle. Community Health Worker Michelle Madrid provided Migdalia and her girls with one-on-one instruction, including individualized case management throughout their eight-week program. Michelle commented, "We teach the kids, but we also teach the parents." Migdalia adds, "They taught us that we shouldn't feel guilty if we don't feed our kids what THEY want. We have that authority and we need to stay in control."

Some of the changes Migdalia learned to make at home seemed simple to her, but they had a big impact. Migdalia said, "Now, I keep healthy foods like fruits and vegetables available at home all the time. Ice water too, that cuts the soda right out!" Thirty minutes of each session are dedicated to dance and isometric exercise for parent and child. QueensCare Family Clinics' e.n.e.r.g.y.℠ program may be targeted at children, but it is a family-centered activity that benefits all participants.

Of all the changes and adjustments Migdalia and her daughters have made, the time they spend together has become most important. Angel and Emily appreciate their mom's efforts and the commitment she has made for them. Since taking the class, the girls have drawn their dad into their exercise routine, too. Dad enjoys spending his extra time with the kids in the park and the entire family is enjoying a new variety of healthy, home-cooked meals together. Angel spoke for Emily and her mom, saying, "The classes taught all of us a lot about foods, portions and exercise. We're learning to cook new foods and have even lost weight. We did it together, too."

ACANTHOSIS NIGRICANS FACTS:

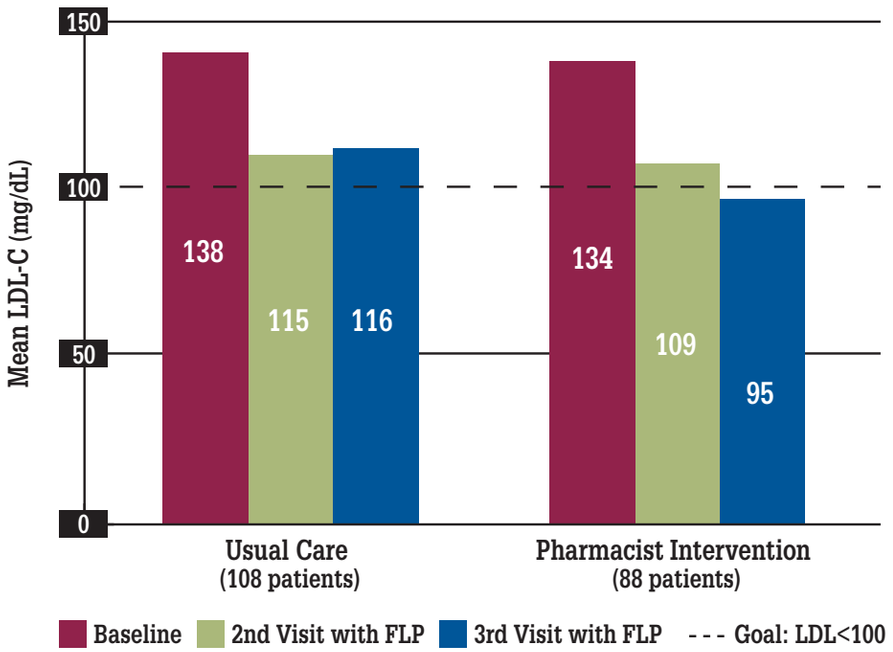
Acanthosis nigricans (AN) is a skin problem often found on the neck, axilla, groin, and other flexural areas. Scientists once thought AN was associated with conditions such as polycystic ovarian syndrome, but recently, they have found that AN is a marker for high levels of insulin. A high level of insulin indicates insulin resistance, which is a primary risk factor for type 2 diabetes and other conditions, such as high cholesterol and high blood pressure.

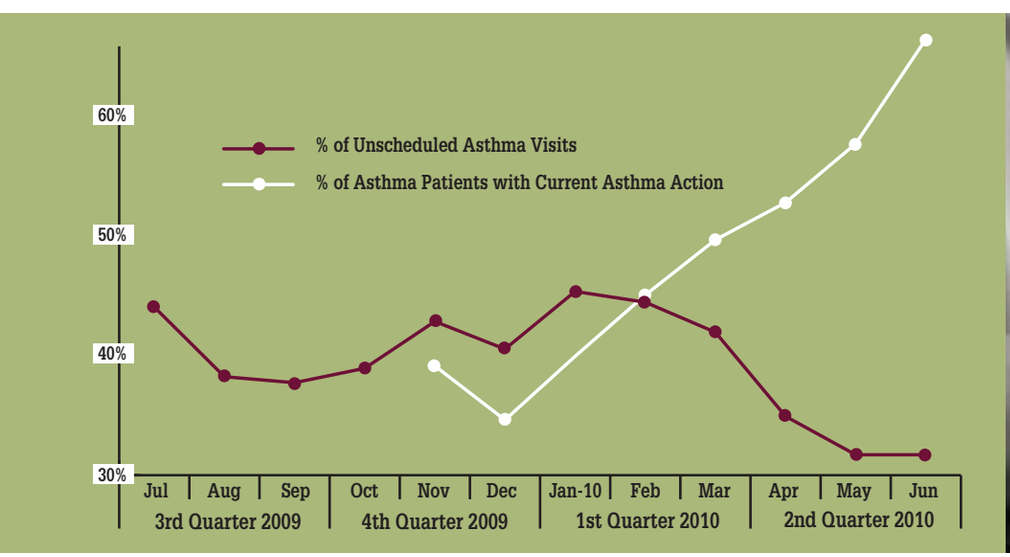
According to a study of New Mexico adolescents, 34% of those with AN are also likely to have high levels of insulin; 47% of those with both AN and a body mass index (BMI) of greater than 25 are likely to have high levels of insulin. While the New Mexico study sought to find a link between AN and type 2 diabetes, the CDC is careful to point out that no link has been established. Nonetheless, AN remains a reliable marker for high levels of insulin.

COLLECTED DATA, CORRECTED TREATMENT

The chart to the right shows two sets of diabetic patients, 108 of whom received "usual care"—treatment and follow-up by the patients' primary care physician, and 88 of whom received "pharmacist intervention"—intensive management by a clinical pharmacist. LDL cholesterol drops more significantly in the second group on both the second and third visits according to the fasting lipid panels (FLP) taken at the time of the visits. By the third visit, patients who had pharmacist intervention had achieved their LDL goal of < 100, while those under usual care had not.

While data collected through QFC's electronic health records was used to make these observations, it should also be noted that the clinical pharmacy program was utilized to monitor progress, medical efficacy and safety and to adjust the patients' treatments as required. This information shows that not only does QFC effectively collect patient data, they are also able to utilize the data in a way that is valuable to the patients themselves.





THIS CHART clearly shows the inverse relationship between asthma exacerbations, resulting in unplanned emergency visits, and well-informed patients. By analyzing patient data, QueensCare Family Clinics can spot trends and effectively adapt its treatment protocols to solve problems and better meet patient needs.

QueensCare Family Clinics Clinical Pharmacists
Strengthening the Healthcare Team

For patients with diabetes, management of the disease can become increasingly difficult as they age and the disease progresses. Diabetes is caused by an interplay of several factors, and often the treatment requires managing a bewildering set of problems, including hyperglycemia, hypertension, blood pressure and even heart or kidney disease. For the patient, managing the medications can be just as bewildering.

Working with the patients' physician, QueensCare Family Clinics clinical pharmacists adjust and monitor medication regimens to optimize the control of the disease. In addition to their extensive education in the therapeutic use of medications, the clinical pharmacists also understand the cultural challenges to patient compliance, such as education level and literacy, and communicate in a culturally sensitive manner.

By educating the patient and collaborating with the physician, QFC clinical pharmacists enable more effective treatment of the patients' disease, improving their quality of life and helping them to achieve their healthcare goals.

Electronic Health Records
Charting the Future of Healthcare

In an era when we can go to the same place for our photographs, our music, our communications, our work and our games, we have to wonder why our medical records are still sitting on shelves in a half a dozen doctors' offices. As the concept of electronic health records (EHR) is only now becoming a reality to many organizations, QueensCare Family Clinics already has several years of valuable EHR experience and several years of accumulated patient data.

Fully implemented in all six QueensCare Family Clinics, EHR systems have enabled QFC to more closely monitor and manage individuals' diseases, move records among participating offices and clinics and extract important information from patient data. The chart to the left provides one example. Data extracted from asthma patients showed an unacceptably high and increasing number of unscheduled doctor visits (burgundy line). To counter the trend, QFC instituted customized asthma action plans (white line). Resulting data shows that as asthma education and treatment increases, unplanned visits decrease.

QueensCare Family Clinics utilizes its EHR system in independent delivery networks like the Camino de Salud Network to make healthcare more efficient, accurate and accessible to patients. As the healthcare act of 2010 is implemented in coming years, EHR will be a key component in this more efficient patient care, and QueensCare Family Clinics will continue its leading role among community healthcare organizations.

"Never worry about numbers. Help one person at a time and always start with the person nearest you."
— Mother Teresa

It's not that Soledad couldn't get her medications schedule right, it's just that no one ever made it clear to her. Armed with the right information, Soledad is healthy and stable and can focus on things dear to her, like her family, her home and her garden.

Soledad M., *Sunland*

"I've always had so many pills and inhalers that they never seemed to make sense. But my visits to the clinic helped me learn why I needed to take them, how to use them and how to organize it all. I hardly ever miss my meds now."

– Soledad M., Los Angeles

"Now, I Get It!"

QueensCare Family Clinics' Medication Therapy Management

On a good day, self-injecting insulin can be challenging. Imagine attempting it with poor vision and below average reading skills.

Now, add to the insulin a regimen of oral medications for diabetes, another set of medications for high blood pressure and a third set for high cholesterol. Finally, add to everything else, two types of inhalers for asthma. Soledad had an intimidating schedule of medications to manage that, when not followed correctly, seriously compounded her health issues.

Emergency room visits had become all too common for Soledad. Expired medications were intermingled with others and preventive inhalers were often confused with symptom relief inhalers. Her system for remembering oral medications, based only on the color of the tablets, was clearly not working for her. As Soledad's medication regimen grew more complex, it was becoming increasingly clear that she needed a better solution. Her status as a high maintenance patient earned her a place in QueensCare Family Clinics' Medication Therapy Management (MTM) Program. Clinical pharmacists, who have additional specialized training, provide MTM services to help patients get the best results from their medications by actively managing drug therapy and by identifying, preventing and resolving medication-related problems in collaboration with providers in the patient's medical team. By increasing the frequency of Soledad's visits to QueensCare Family Clinics, the staff was able to monitor her status more closely and make some valuable recommendations. Her clinical pharmacist identified a variety of medication related problems and individualized a patient care plan that addressed her literacy, education, past medication experience, family support, and cultural background. They taught Soledad how to keep track of her blood sugar and how to monitor her lung function with a peak flow meter. As data from this monitoring accumulated, Soledad's pharmacist was able to adjust and simplify her medication regimen into a straightforward, easy to understand program.

It's been several years since Soledad found it necessary to visit an ER or make an unscheduled visit to the clinic for her asthma. She's in control of her high blood pressure, high cholesterol and most importantly, her diabetes is stabilized. "It's nice to have it all under control. Without all that worry, I can focus on my kids and my gardening," said Soledad.

What makes the MTM program so successful is the clinical pharmacist's medication expertise. It acknowledges all aspects of a patient's medication related problems and personalizes a plan to address each barrier to optimal disease control. QueensCare Family Clinics was an early adopter of this progressive and integrated team healthcare approach, and many studies have since confirmed its benefits. By utilizing the strengths of each member of the medical team, the Medication Therapy Management program contributes to improved health and outcomes and increased medication safety for patients.

MEDICATION THERAPY MANAGEMENT:
First proposed by former APhA president Ronald Jordan[2], medication therapy management includes the analytical, consultative, educational and monitoring services provided by pharmacists to help consumers to get the best results from their medications. MTM enhances consumer understanding of medication therapy, increases consumer adherence to medications, controls costs and prevents drug complications, conflicts and interactions. This is the side of pharmacy giving value to cognitive services and removing the pharmacist from a solely distributive function. There are many topics/disease states that can be improved by MTM, including, but not limited to diabetes, asthma, and elderly care.[3]

[2]http://www.uri.edu/pharmacy/deansoffice/jordan.shtml
[3]http://www.rxpert.org/displaycommon.cfm?an=1&subarticlenbr=245

QueensCare Family Clinics

Financial Statements
For the Years Ended June 30, 2010 and 2009

Statement of Financial Position

	2010	2009
Assets		
Cash and Cash Equivalents	$3,398,808	$1,044,475
Accts Receivable, Net of Contractual Adjustments	1,214,085	1,400,881
Grants Receivable	388,465	603,394
Inventories	901,584	660,138
Prepaid expenses and other receivables	144,184	115,477
Due from affiliate organization	156,257	145,388
Leasehold improvements and equipment, net	1,449,455	1,172,642
Other assets	284,844	337,732
Total Assets	$7,937,682	$5,480,127
Liabilities $ Net Assets		
Accounts Payable	$358,345	$310,086
Accrued Payroll, Sick & Vacation Pay	727,052	665,731
Accrued Expenses & Other Payables	45,000	51,500
Total Liabilities	$1,130,397	$1,027,317
Net Assets		
Unrestricted	$4,422,279	$3,773,104
Reserve for Facilities Development	1,500,000	0
Temporarily Restricted	885,009	679,706
Total Net Assets	6,807,288	4,452,810
Total Liabilities and Net Assets	$7,937,685	$5,480,127

Statement of Activities

	2010	2009
Revenue		
Net patient revenue	11,433,978	11,236,396
Other revenue	174,279	265,956
QFC/QCP Partnership	4,517,486	5,140,530
Contributions	5,743,337	5,336,249
Total Revenue and Support	21,869,080	21,979,131
Expenses		
Salaries, wages, and employee benefits	11,372,850	12,461,839
Pharmaceuticals, medical and dental supplies	2,794,314	3,281,618
Physician fees and purchased services	1,819,904	1,625,933
Office and non-medical supplies	196,859	442,965
Professional and legal fees	556,345	592,530
Depreciation expense	452,817	637,209
Rent	941,101	1,072,014
Other operating expenses	1,380,412	1,199,710
Total Operating Expenses	19,514,602	21,313,818
Change in Net Assets	2,354,478	665,313
Net Assets, beginning of year	4,452,810	3,787,497
Net Assets, end of year	6,807,288	4,452,810

QueensCare Family Clinics
Board of Directors

Top row (L-R): Fr. Angelos Youssef; Frank Rey de Perea; David Walsh; Willy Ruiz; Margarita Duarte Tucker; Jorge Blanco

Bottom row (L-R): Sr. Martha Vega, SSS; Rev. Wayne R. Negrete, SJ; Allan Michelena, Chair; Sr. Judy Murphy, CSJ, Secretary; Shirley Daniels

Not pictured: Jay Guerena, Treasurer; Archbishop Vatche Hovsepian; Nongyao Varanond; Ray Vernoy

As a Federally Qualified Health Center, at least 51% of QFC's board of directors must be active, registered patients of the health center and be representative of the populations served by the center. This helps ensure that the clinic is community based and responsive to the community's healthcare needs.

QueensCare Family Clinics
Grants Received

Individual
Gene & Marilyn Nuziard	$2,000.00

Individual Donations up to $500
Barbara Brandlin Hines
Christina Um
Faith Lee
Fannie Randle
Francisco Aguilar
Gene & Marilyn Nuziard
Houry Koushakdjian, D.D.S.
Jesuit Community, Blessed Sacrament
Joseph J. Herron & Dana E. Klein
Nelia Pangan
Ray Molina
Violeta Javier

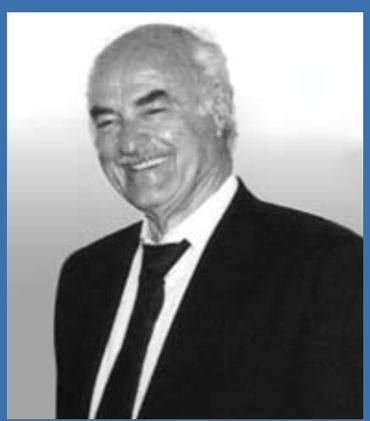
In Memory of John J. Brandlin
Andrea A.S. Owen
David & Sally Kimura
Doris L. Herrington
Guy & Lenore Rounsaville
Joan Fritz
John & Peggy Stuart
Mr. & Mrs. Dickran Tevrizian
Mr. & Mrs. Robert Brandlin
Pamela R. Lucas
Sr. Diane Martin
Sr. Ruth Agee

In Kind
Patient Assistance Program - Medications	$2,209,762.00
Direct Relief USA - Insulin Syringes	$48,774.00
Reach Out and Read, Inc. - Children's Books	$4,632.00
Abbott Laboratories - Peak Flow Meters	$4,000.00
Children's Book World - Children's Books	$3,000.00
Carol Lazaro - Design Services	$245.00

Foundation
Weingart Foundation	$150,000.00
BP/South Coast Air Quality Management District	$138,700.00
St. Joseph's Health Support Alliance	$41,437.00
Blue Shield of CA Foundation	$30,000.00
Tides Foundation	$6,500.00
Charles R. Warde Foundation	$1,000.00
Public Health Foundation	$250.00

Government
WISEWOMAN Program	$86,297.00
First 5 LA, Community Opportunities Fund	$56,649.00
Disaster Preparedness	$8,000.00

Corporate/Community Organizations
Community Clinic Association of Los Angeles County	$5,500.00
Care 1st Health Plan	$2,680.00
Community Partners - Building Clinic Capacity for Quality	$2,000.00
Community Clinic Health Network	$400.00
Laddaran Medical Group Inc.	$250.00
United Way Employees	$17.07



John Joseph Brandlin
On May 26, 2010, the QueensCare family was saddened to mark yet another milestone. After over 50 years of service to the Franciscan Sisters of the Sacred Heart, St. Joseph's Health Support Alliance, Queen of Angels Hospital, QueensCare, and QueensCare Family Clinics, J.J. Brandlin passed away. Born in Sterling, Illinois on Halloween in 1913, Mr. Brandlin earned a BA from the University of Illinois. He graduated from the University of Southern California School of Law in 1938 and practiced corporate law in Los Angeles for 50 years. Among his clients was the Roman Catholic Archdiocese of Los Angeles, serving for 25 years under Cardinals James Francis McIntyre, Timothy Manning and Roger Mahony. He and his law firm represented many congregations of religious men and women and their hospitals, schools and colleges, as well as private business corporations. In addition to his work with QueensCare, at varying times he was a volunteer officer and/or director of numerous non-profit organizations including United Way of Los Angeles.

Joe, as he was known, was a visionary leader. He had a passion for helping those less fortunate and brought this focus to the work of QueensCare. His touch can be traced to each accomplishment dating back to the early 1960's. He leaves a legacy of care to all those who carry on this work. We were blessed to have had him with us for so long.

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 a part of our team and a part of the solution by contributing to QueensCare Family Clinics.

Become a QueensCare Family Clinic Health Partner! Your donation to QueensCare Family Clinics 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) 669-4302, or you may make a secure, on-line donation by going to www.queenscarefamilyclinics.org/about/donate.

Thank you for your support of QueensCare Family Clinics and for helping to meet our communities' healthcare needs in 2011.

QueensCare
Family Clinics

Bresee Clinic
184 South Bimini Place
Los Angeles, CA 90004
213.858.5126

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

Eagle Rock Clinic
4448 York Boulevard
Los Angeles, CA 90041
323.344.5233

Echo Park Clinic
150 North Reno Street
Los Angeles, CA 90026
213.380.7298

East Los Angeles Clinic
133 North Sunol Drive
Los Angeles, CA 90063
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Hollywood Clinic
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