

*In the name of God, the Compassionate, the Merciful*

# **Guidelines to** **establish your local** **APPNA Health** **Center**

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## **Background and Purpose**

The purpose of this document is to provide general guidelines and a road map to establish a local charity medical clinic, to be named as *APPNA (NAME OF LOCAL COMMUNITY) Health Center*, as an allied organization of the Association of Physicians of Pakistani-Descent of North America (APPNA) and to define its relationship with the APPNA local chapter and APPNA headquarter.

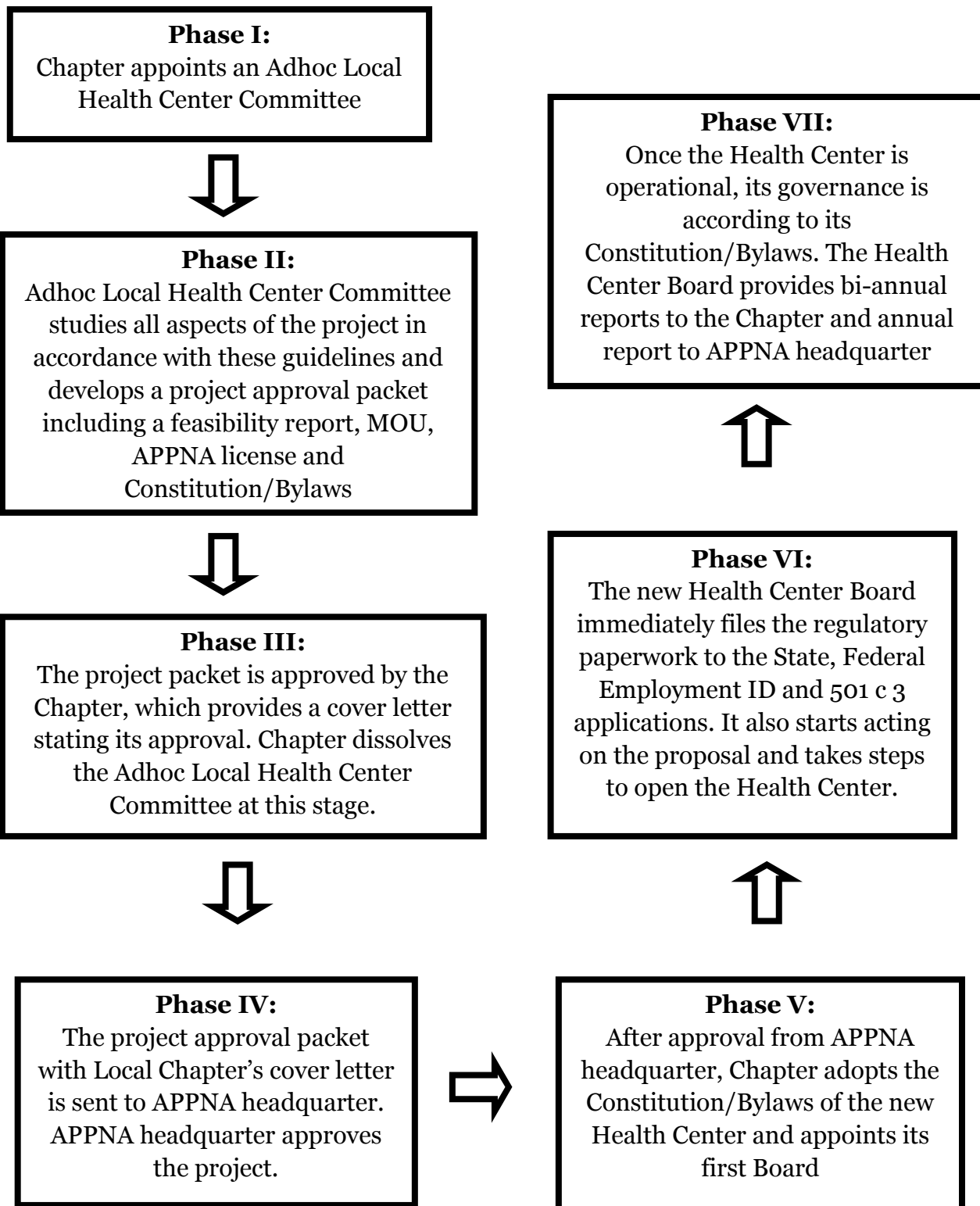
It should be noted that the corporate and regulatory requirements in each state are different from each other and while these general guidelines can help to start the process, the final paper work should be reviewed by a local corporate Attorney before filing.

These guidelines have been developed at the request of several APPNA chapters to help them start their local charity clinics. These have been based on the experiences of establishing two similar projects including APPNA Community Health Center in Illinois (an allied organization of APPNA) and Memphis Muslim Medical Clinic (MMMC) in Memphis, TN (an independent charity clinic). The names and experiences of APPNA Community Health Center in Illinois and MMMC have been used with permission from the respective Chairmen of APPNA Community Health Center in Illinois and MMMC, at the time of publication of this document. A separate version of these guidelines will also be developed simultaneously as a guide for establishing independent charity medical clinics, like the MMMC.

## **Definitions**

1. This document will frequently refer to the following three (3) entities:
  - a) The *Association of Physicians of Pakistani-Descent of North America*, an Illinois not for profit corporation, herein after referred to as “APPNA” or “APPNA headquarter”.
  - b) The *Local Chapter of APPNA* in the location of planned APPNA Health Center, herein after referred to as the “Chapter”.
  - c) The planned health center, to be called *APPNA (NAME OF LOCAL COMMUNITY) Health Center, Inc.*, herein after referred to as the “Health Center”.
  
2. The initial packet for approval to start the Health Center will include the following four (4) documents:
  - a) A feasibility report
  - b) Memorandum of Understanding (MOU) between APPNA, Chapter and the Health Center.
  - c) Revocable license agreement (APPNA License) between APPNA and the Health Center
  - d) Constitution and Bylaws of the Health Center (Constitution/Bylaws)

**General outline of the process**



### **Phase I: Appointment of Adhoc Local Health Center Committee**

1. The first formal step in the process of opening a Health Center is to appoint an Adhoc local health Center Committee (Adhoc Ctte) by the local chapter, consisting of 3 - 5 members, who may or may not be members of APPNA, though it will be a good idea to have majority of APPNA members on the committee.
2. The procedure of appointment of this Adhoc Ctte should be in accordance with the Bylaws of the Chapter for appointment of committees.
3. Later on, these committee members may or may not be appointed on the first board of the new entity.

### **Phase II: Studying the Project and Development of Feasibility report, MOU, APPNA License and Constitution/Bylaws**

The Adhoc Ctte should study the feasibility of opening a Health Center in detail, develop a feasibility report and fill-in the provided MOU, APPNA license and Constitution/Bylaws. The following offers some guidelines in undergoing this process:

1. ***Assess the level of interest in the community:*** The process can be started by informal and small group discussions among the local medical community, to gauge their interest in supporting such a project.
2. ***Studying similar projects:*** Each state and geographic location has its own unique circumstances and regulations. It will be very helpful to contact and visit other charity clinics in the area, as well as other APPNA Health Centers in other states to gather first hand information about their experiences.
3. ***Choosing a site for the Health Center:*** This is one of the most important decisions to be made during this phase. Exploring local mosques, community centers and even local government offices may help, as they may have some adjacent, but independent space available, which can be acquired at nominal cost. Passing the word around in the local medical and business community may help to secure an existing clinic building or donated space. In general, the space should be adequate to have at least two to three patient exam rooms, a waiting area, a physician's work area, front desk, a nurse's work area, a storage area for donated medicines, a rest room and a lab collection area. In most circumstances, some renovation may be needed. In general, a space which has been arranged on a nominal ongoing cost, even if it requires renovation, turns out to be better, than renting commercial space, as it adds to the monthly operational cost. Please also remember that the site of the Health Center should not be too remote and should be accessible to people of low-income group, who

may have limited transportation as well. Once the site of the Health Center has been chosen, the final contract should not be executed unless all the other paper-work has been approved (Phase VI).

- 4. *Initial planning of hours of operation, office hours, type of services and staffing:*** It will be a good idea to have initial discussions and estimates of the hours of operation, type of services, office hours, contract employees and volunteer physicians at this stage. That will help to plan the man power, finances and equipment needed to start and operate the clinic. The more specific details will be needed at Phase VI, but are given here for the purpose of continuity and planning of this stage.
- a) *Volunteer Physicians:* Getting an idea about how many volunteer physicians will actually end up giving time at the Health Center will determine the frequency and types of services. In general, it is a good idea not to have a volunteer physician work more often than once a month or once every two months. They have their own practices and family life and even if they want to, it is not practical to have them work too frequently. It is also better for the Health Center not to rely too heavily on one or two individuals. The volunteer physicians should be licensed in the State and should be duly credentialed through a standard but simple process. All of their documents should be stored in a confidential file.
  - b) *Hours of operation:* It is a good idea to start small, but be consistent. One of the ways is to have half day (4 hours) clinic on Saturday and/or Sunday mornings. This is typically better received by physicians, as they can still spend the rest of the day with their families/other engagements.
  - c) *Types of services:* You should carefully consider what services you plan to provide. Remember again to start small but be consistent. In general, providing primary care services should be the first goal. If you have enough family practice, female or pediatric volunteer physicians, dedicated women's or pediatric clinics can be started, such as to have women's only clinic first Saturday/Sunday of the month etc. You will need to have a discounted contract with a local lab for lab draws and pick-ups, and thus in most circumstances will need a CLIA certificate for these services and on site testing like urinalysis, strep throat, pregnancy test etc. You will need to have discounted arrangements with a hospital or Imaging Center for your Radiology needs. You will need similar arrangements with a Cardiology group for EKG, Stress testing and Echocardiograms. You will also need a network of either volunteer specialists or know how to refer your patient's for specialist care to a local county/city hospital or charity services of a local hospital. Similarly, for possible hospital admissions/ER referrals, you will need to know the process of using a local county/city hospital or charity services of a local hospital.

Once Health Center is operational for a while, depending upon interests of volunteer physicians, additional services like once a month Specialist clinics or Dental Clinics can be added.

- d) *Continuity of Care:* Since the physicians volunteering every week are different, it is a challenge to meet the continuity of care and follow-up with labs or other issues. At MMMC, we solved this issue by finding a dedicated senior RN as our Charge Nurse, who worked 8 am – 4:30 pm in a regular hospital. On Mondays she will come to the Health Center in the evening, check all returned labs from the weekend clinic and retrieve all messages. If the labs were OK and she could answer/triage the questions, she will take care of those issues, call the patients and document those conversations. If something needed the physician's input, we would typically call our volunteer physicians usually between 5 -6 pm, typically only on Mondays, with their prior knowledge of those times. The idea was not to disturb the volunteer physicians too much after they have given their time on the weekend. Most physicians, however, were gracious enough to understand occasional violations of these general rules. All the conversations with the physicians were documented by the Charge Nurse. All the charts with any action by the Charge Nurse, communications with previous physician and returned labs were kept for counter-signature for the physician coming next weekend. The same Charge Nurse will call the clinic at 4:30 pm every day to retrieve any other messages and come to the Health Center to deal with those issues, if she had to. On Friday evening, the same Charge Nurse will come to pull-up and prepare charts for the upcoming weekend clinics. Therefore practically our dedicated Charge Nurse became the continuity between clinics. Her vacations were covered by the other nurses. Also, a triage chart was provided to the front desk secretary to use during the week to determine if any patient needs to go to the ER or needs urgent care, which could not wait till message retrieval at the end of the day by the Charge Nurse.
- e) *Office hours:* At MMMC, we did not have the need to have a full time front desk secretary. We, however, needed somebody every day to make appointments, retrieve messages, interface with the Charge Nurse, arrange referrals, receive lab/other tests results and run the office. We therefore hired a dedicated individual for half day, in the afternoon. That person was still able to retrieve all messages of the day and interface with the Charge Nurse. During the closed hours, a standard voice mail would tell the general callers about office hours and the patients to leave a message which would be returned in 24 hours or to go to ER for urgent issues.
- f) *Staffing:* At MMMC, we did not want to be dependent on any one individual for a particular service. We therefore had a Charge Nurse and a second nurse, who alternated on the weekend and covered each other in their absence. Similarly we

had two front desk persons, one primarily present during the week and both alternating on the weekends, who covered each other in their absence.

**5. *Evaluation of the State's Good Samaritan Laws and Contact with malpractice providers:*** Each state has different laws dealing with charity medical service. Please remember that one of the most important questions asked by volunteer physicians is about their malpractice coverage. Most malpractice insurances have discounted slate policies for charity clinics. Contacting your local malpractice providers is crucial to get an estimate of those costs and inclusion criteria for physicians. Most malpractice companies can also issue waivers/appendices for individual physicians, stating that their private malpractice insurance will not be responsible for their work at the charity clinic; rather they will be covered under the charity clinic policy. The situations will vary in individual cases, but having a clear and accurate understanding of the coverage is crucial before engaging a physician for volunteer service and should be one of the highest priorities. Please also note that the Health Center will need two policies, one for the physicians, and the other for the institution.

**6. *Assessment of start-up and monthly operational costs:*** Once you have secured a space, have idea about your operations and figured out the malpractice, it will be a good idea to have estimates of the cost of the renovation of the space, equipment/furniture, initial supplies, regulatory and compliance fees including Attorney fees for filing the non-profit status, insurances (malpractice, property and D & O), marketing and launching ceremonies. The renovation cost can be obtained from a handy man or contractor. The remaining can be estimated with the help of the office manager of one of the local physicians. Please note that making a list of needed Health Center furniture, equipment and supplies and then circulating this list among local physicians may secure most of these items as donations.

It is also important to estimate the monthly operational cost of the Health Center, including employees, utilities, any rent, insurances, diagnostic testing etc. Again, an office manager of one of the local physicians can help with this process.

**7. *Financial planning:*** Once you have an idea for your start-up and monthly costs, then draw-up a plan of how you will raise donations for the initial and monthly costs. Also, it is recommended to have six months of operational costs added to the start-up cost and kept as a lock box for emergencies or in case the Health Center needs to close. The initial cost is typically raised by one time donations. The monthly operational cost is more challenging. One of the ways which has proven to be successful is to sign up a large number of physicians and others who will donate \$50 -100 per month via automatic donations. That distributes the load over a large number of people and

financially secures the clinic. For example, a charity clinic with monthly operational cost of \$5000 needs 50 people donating \$100 a month. All the initial and monthly donations should be tax-deductible, because of your 501 c 3 status. It is important to have good accounting by using programs like QuickBooks, and to timely furnish tax-deductible receipts to the donors, to maintain their confidence. Please also note that once the Health Center is operational, efforts can be made to secure various funds and grants from governmental and non-governmental sources.

8. ***Putting together MOU, APPNA License and Constitution/Bylaws:*** For your convenience, we have posted the drafts of MOU, APPNA license and Constitution/Bylaws of the Health Center. You just have to fill in the blanks.
9. ***Retaining a local Corporate Attorney: Getting acquainted with filing of Employer ID and initial draft of IRS Form 1023 (for 501 c 3 status):*** It is a good idea to retain a local corporate Attorney at this time. That Attorney will help to review the Constitution and Bylaws, to ensure that they are compliant with State law. The Attorney can also help you in 501 c 3 process. It is also a good idea to start thinking about the process of getting your own Employer ID (EIN).

Getting EIN is easy. Preparing and filing Form 1023 is more tedious. You will need to mention nature of your relationship with APPNA; the Constitution/Bylaws, MOU and APPNA license will help you to answer these questions. Please note that at this stage you are only preparing the drafts and you will not file any of these documents until you get to Phase VI, which is after final approval from APPNA.

### **Phase III: Approval by the Chapter**

1. Once ready, the local Adhoc Ctte will present the detailed project packet to the Chapter for approval. The list of the documents needed is as following:
  - a) A feasibility report detailing the items discussed under Phase II above.
  - b) Memorandum of Understanding (MOU) between APPNA, Chapter and the Health Center.
  - c) Revocable license agreement (APPNA License) between APPNA and the Health Center
  - d) Constitution and Bylaws of the Health Center (Constitution/Bylaws)
2. A simple majority of the Council of the Chapter shall be needed to approve the proposal. The Chapter shall issue a cover letter for the project packet attesting to the fact that the Chapter has approved the proposal by a majority vote on a stated date.
3. Under most circumstances, the process of approval or denial shall be completed in two months or less.



4. Once the project packet is approved, local Adhoc Ctte shall be dissolved. Later on, these committee members may or may not be appointed on the first board of the new Health Center.

#### **Phase IV: Approval by APPNA Headquarter**

1. The project packet containing the four documents and letter of approval by the Chapter shall be sent to APPNA headquarter.
2. The APPNA Central Health Committee will initially review the documents and recommend to the APPNA Executive Committee for approval in a written letter.
3. The documents can be reviewed by APPNA's Attorney for compliance, if needed.
4. Once approved by the APPNA Executive, the MOU and APPNA license shall then be signed by APPNA President and returned along with the other documents to the Chapter.
5. Under most circumstances, the process of approval or denial shall be completed in two months or less.

#### **Phase V: Adoption of Constitution/Bylaws and Appointment of the Board**

Upon receiving the final approval from APPNA head quarter, the Council of the Chapter will ceremoniously adopt the Constitution/Bylaws of the new Health Center by a simple majority vote and appoint its first board, according to the Bylaws of the Health Center.

#### **Phase VI: New Board starts the work, files paper work and takes steps to open the Health Center**

1. The new Board of the Health center shall file paper work to obtain non-profit status from the State, Employer ID (EIN) and 501 c 3 status.
2. The Board shall put the feasibility report into action and take steps to open the Health Center. Some of the helpful details have been listed under Phase II.

#### **Phase VII: Health Center Governance and Reporting**

1. Once the Health center is operational, it shall be governed according to the MOU, APPNA license agreement and its Constitution/Bylaws.
2. The Corporation shall provide standardized bi-annual reports to the Chapter and a standardized annual report to APPNA headquarter.