



People's Community Clinic

The Clinic

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Our mission is to improve the health of medically underserved and uninsured Central Texans by providing high quality, affordable healthcare.

Since 1970, People's Community Clinic has offered care with respect and dignity to people with little or no health insurance. Our 11,000 patients have access to prenatal, pediatric, adolescent and adult care; immunizations; social work and integrated behavioral health services; and chronic disease management. The Clinic maintains a pharmacy and lab on site. Charges for services are on a sliding scale according to patient income and household size. Regular medical care keeps Emergency Room use down for patients with chronic diseases. Making sure children come in for well child check-ups ensures that issues can be addressed early. The babies born into the Clinic practice are healthier because their mothers received quality prenatal care. Simply put, good health-care makes sense for our patients and our community.



Prenatal Care and Family Planning | In 2009, 825 babies were born into the Clinic's practice. "Centering Pregnancy," a March of Dimes group prenatal visit model, was successfully introduced in 2008. Our goal is to make sure that each of these babies comes into the world healthy.

Birth outcomes for PCC's expectant mothers are excellent: 97% of the babies born in 2009 were of normal birth weight, exceeding the "Healthy People" 2010 goal and besting the 2006 Texas average of 91.6%.

Pediatrics | Well-child checks are an important part of keeping babies and children healthy. With check-ups scheduled at regular intervals, minor health problems can be caught and addressed early. One of our youngest patients recently had a newborn screen that indicated hypothyroidism. Untreated, this condition can lead to severe developmental disorders. Early detection and a daily supplement will mean that this baby will live a normal life.

At age 2, 98% of PCC patients are up-to-date on their immunizations according to the Austin/Travis County Health & Human Services Department 2009 audit. The national goal is 90%; the average for pediatric patients in Texas is 78.3%.



Center for Adolescent Health | PCC has long been a Central Texas leader in the care of at-risk teenagers. Teens are much less likely than younger children to have a reliable source of medical care. The Clinic's Center for Adolescent Health offers medical and preventive services on-site and off-site at the LifeWorks Street Outreach Clinic and Phoenix Academy, and most recently, the Austin Children's Shelter. PCC's Tandem Project has been serving high-risk pregnant and parenting teens ages 11 to 16 and their children since 1998.

Last year 11% of Tandem participants had a second pregnancy within two years compared to 25% nationwide.

Adult Medicine | Each day the Clinic accepts patients from the Emergency Room who have complex medical issues and benefit from having a medical home at People's. Since many suffer from multiple chronic diseases, compounded by economic hardships, the patients under the care of our adult providers are complex and challenging. The difference the Clinic can make in their lives is enormous. It also helps limit their use of the Emergency Room to true emergencies.

Data compiled by the Integrated Care Collaboration show that in the first year after patients find a medical home at PCC they visit the Emergency Room 33% less often and their costs are 27% less per year and 63% less per visit.

Capacity-Building & Sustainability | The Clinic has increased provider visits 34% since 2004. The budget has grown from \$4.9 million in 2004 to \$7.6 million in 2010 with diverse funding streams. The Board-initiated Council of 100, whose members donate \$1,000 annually, contributed more than \$125,000 in 2009. Improvement to the Clinic's business practices to ensure capturing reimbursements from Medicaid, Medicare and CHIP resulted in an increase in funding from these sources from \$383,000 in 2004 to more than \$1 million in 2009.

Social Work and Integrated Behavioral Health Services | PCC has provided social work services for many years and currently has one social worker who focuses on children and teens and one who focuses on adults. The Clinic's Integrated Behavioral Health Program treats teen and adult patients with mild to moderate depression and anxiety. The IBH team includes a consulting psychiatrist, behavioral health specialists, and the primary care providers.

61% of PCC patients experience a 50% decline in depression exceeding the national goal of 40%.

Chronic Disease Management | People's Community Clinic utilizes a team approach to chronic diseases like diabetes, asthma, and hypertension. The use of a chronic disease registry streamlines outcome tracking for more than 800 patients and provides reminders to providers about what's needed for each appointment. Building on the successful addition of a specialist to the Integrated Behavioral Health team, PCC added a gastroenterologist to the Chronic Disease Management team in 2009 to further improve our systems of care.

From August 2008-August 2009 patients in nurse case management at PCC had an average HbA1c reduction of 1.3 after one year. According to medical studies, for every one-percentage point reduction in HbA1c, rates of diabetes complications decrease by 30%-70%.

