MEET THE THURSDAY AFTERNOON CLINIC

It’s difficult to pin down exactly how or when the Thursday Afternoon Clinic became a steady fixture within the bustling, weekly rhythm of Arlington Free Clinic. But “Mary Anne Taylor’s Clinic,” as it’s also commonly called (referring to the staff nurse who’s managed it for over 10 years), has been an institution around here as far back as anyone can remember.

Thursday afternoon clinics tend to attract a certain “type” of volunteer whose schedule can accommodate a standard, weekly commitment on a certain day and time. By contrast, our evening clinics are operated primarily by people with daytime family responsibilities, students, or busy professionals coming straight from the office, whose lives don’t lend themselves to a regular “after-hours” schedule. Though some of these volunteers settle into a pattern—like always working on the first Wednesday of the month—most take advantage of the flexibility of the nighttime clinics and come when their schedules allow.

But, should you visit AFC next Thursday afternoon around two o’clock, most of the people you’ll find here are the same ones you would have encountered a decade ago on any given Thursday at 2 p.m. There’s something about this cohort that’s unlike any other. Its members have formed a special bond that keeps them coming back week after week. Although they’ve said goodbye to some of their tribe who have moved on to new pastures, they wholeheartedly welcome newcomers into the pack.

Everyone who works in the Thursday Afternoon Clinic refers to Kay Nassetta fondly as The Boss. As Exam Room Coordinator, she makes sure that patients, providers, scribes and interpreters are all where they’re supposed to be—and that the prescriptions, referrals, and lab orders are shipshape. The days Kay isn’t volunteering at AFC, she works as an Auxiliary Volunteer and Escort at Virginia Hospital Center. Congratulate her on receiving her 24,500 hour pin for all of the volunteer time she’s given to VHC over 41 years!

Dr. Michael Ball is one of the longest-serving providers in the Thursday Clinic. When we moved to an Electronic Medical Record system nine years ago, he considered retiring from volunteering, but we were unwilling to let such a fantastic volunteer go!

Kit Gordon became his scribe and interpreter, and the two have been inseparable ever since.

Our provider team includes a number of new faces, such as Dr. Kenneth Quinto, a Medical Officer/Epidemiologist at the FDA. Dr. Quinto’s employer gives him time every Thursday to see AFC patients—he gets to leave his desk job and practice medicine, and AFC gets a fantastic provider who our patients love.

Bud Hensgen has been an interpreter with the Thursday Afternoon Clinic for over 10 years. A retired Foreign Service Officer who learned Spanish during postings in Central and South America, Bud is fun to talk to and a keen translator who helps patients feel at ease during their appointments. Next time you’re here on a Thursday, ask him about gardening or brewing beer.

Dr. Nicole Swistak is an optometrist who has been volunteering since 2012. She used to live across the street from the Clinic and learned about us when our new building was going up, essentially right in her backyard.

There’s a fantastic team of nurses and lab techs who serve regularly on Thursdays. Ellen Croog, RN is a seasonal member of this team because she spends her winters living in Mexico. Be sure to look for some of her beautiful paintings brightening up the walls of the Clinic next time you’re here.

Mary Anne Taylor, RN, the staff nurse who leads the Thursday Afternoon Clinic, is retiring next month. Everyone will miss her—but especially those who volunteer in her clinic; she has made Thursday afternoons feel like home for them for the past decade.

Dr. Raymond Hoare is a cardiologist who’s been part of the Thursday team since 2000. He’s also an avid cook who can be found volunteering at Gonzaga’s Father McKenna Center when he’s not picking up extra primary care appointments for us at AFC.
Robert struggles to support himself and his two teenage daughters by working several part-time jobs. He washes dishes at a local restaurant at night, is a convenience store cashier by day, and parks cars for a valet service on the weekends. With these three minimum wage jobs, he will earn close to $15,000 this year. Robert has multiple serious medical conditions including asthma, high blood pressure, and a history of seizures—and he doesn’t have health insurance.

Robert is in the Medicaid gap. He makes too much money to be covered by Medicaid but not enough to qualify for subsidies under the Affordable Care Act (ACA or “Obamacare”) that would make it possible for him to buy his own insurance. Unlike 32 other states, Virginia did not expand its Medicaid coverage to include individuals like Robert who are in low-wage jobs that do not offer benefits.

Arlington Free Clinic provides care to uninsured Arlington adults, many of whom are in this Medicaid gap. When one of our patients does qualify for ACA insurance, we work with her new provider to ensure a warm handoff and quickly fill her space with one of the many individuals waiting to become an AFC patient. However, even with the ACA, the need for our services has continued to exceed our capacity—so there are always people waiting.

There is no crystal ball to predict what health care reform will look like in the coming years. If the ACA is repealed or current marketplace subsidies are discontinued, there will be many more low income Arlingtonians without health insurance. While we hope that will not be the case, we will continue to do our best to care for as many people as possible.

Regardless of what happens with healthcare reform, there are still thousands of Arlington adults just like Robert. They are waiters, dish washers, home health aides, nannies, office cleaners, cab drivers, and sales clerks. For the past 22 years, these valuable members of our community have been able to get the care they need at Arlington Free Clinic through the generosity of volunteers and donors like you. With your help, we will continue our work—until everyone has healthcare.

In order to qualify for Medicaid in Virginia, Robert would have to make less than $10,000 per year. To qualify for subsidies through the ACA, he would need an annual income of more than $20,000.

**Who’s Eligible for Medicaid in Virginia?**
- Pregnant women and children under 18 who have incomes up to $38,180* (covered via Medicaid, FAMIS, and CHIP)
- Elderly and disabled individuals who have incomes up to $15,272*.
- Parents with dependent children who have incomes up to $9,700*.
- Childless adults are not eligible for Medicaid in Virginia.

*Income eligibility based on a household size of three.

**WHY I DONATED MY CAR: ANDREW**

When I started graduate school at Georgetown University last year and relocated to an apartment which was walking-distance from campus, I no longer really needed my car. My 2004 Volvo S60 had served me faithfully since high school, but was now a bit past its prime. The body shop told me that repairs would cost more than it was worth.

As a former intake and discharge volunteer, I remembered hearing that you can donate your car to AFC, so I reached out and the next day I officially became a car-free urbanite. I was surprised to learn that my car sold for over $1,000 at auction, and was very happy to have been able to give a gift like that to the Clinic. As a past volunteer, it was meaningful to know that the donation of my car benefited the patients by providing operational funds for the Clinic.

We currently offer pharmacy pickup times on Mondays and Fridays. The patients have their appointments and then return to the Clinic on the next pickup day to receive their medications. As part of our patient-centered approach to health care, we are in the process of testing “real time” medication access, which would allow the patient to make the choice to wait for his/her prescription, or to return to the Clinic on a scheduled pharmacy pickup day. Our patients often live complicated lives, with erratic or inflexible work schedules, transportation problems, childcare issues, etc., so whenever possible we try to identify and remove barriers to living healthier lives.

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*Income eligibility based on a household size of three.*
Arlington Free Clinic plays a vital role in Arlington’s health safety-net and in the lives of the low-income, uninsured adult patients we serve. There’s an extensive network of public and private partners operating in Arlington to make sure that newborns, seniors, and everyone in between have access to care. But AFC is the singular place where low-income adults may gain access to many of the services.

AFC is a comprehensive medical home for patients needing everything from immunizations and diabetes management to chemotherapy and surgery. We also address other health needs through counseling, physical therapy, dental care and more.

AFC is careful to avoid duplicating services that are available elsewhere in the community. For example, Arlington County has great programs for treating tuberculosis and HIV. We also refer our patients to the county for family planning services, medical care during pregnancy, and other programs promoting healthy new moms and babies. Various local nonprofits fill in other pieces of the puzzle—providing primary and specialty medical care for kids, substance abuse treatment, dental care for children and elderly adults, and primary care for special populations, such as homeless adults.

AFC was at the forefront of integrating mental/behavioral healthcare into a primary care setting when we established our Mental Behavioral Health program in 2002. Most patients have had limited (if any) prior access to healthcare, let alone mental health services. The majority screen positive for anxiety or depression during intake, and it is common for patients to report exposure to trauma. Others come to their medical appointment, bringing their hands to their chest and saying “my heart hurts.” Conditions such as depression commonly cause physical symptoms such as chest or back pain and can be helped by timely access to a mental health professional.

Our mental health program has grown in response to the increased need. A partnership with Northern Virginia Family Service—an agency providing a range of services to vulnerable families—has embedded a fulltime, bilingual counselor in our clinic to provide just-in-time care to patients. Having a consistent staff person onsite during clinic sessions has proven especially valuable during these uncertain times when funding cuts for safety-net services are being weighed and new immigration policies are emerging.

A case that illustrates this value is that of a man in his early 20s who was admitted to Virginia Hospital Center after tests revealed a dangerously high blood sugar level. Following a diagnosis of insulin-requiring diabetes and stabilization, a hospital case worker referred the patient to AFC where his diabetes could be managed and monitored. At his initial appointment, the patient was visibly upset and anxious about this new diagnosis, the need for lifelong insulin, and the implications for his future. His doctor reached out to our mental health program manager to intervene before the patient left the Clinic. She listened to his concerns and validated his feelings, and offered an immediate appointment with our counselor. The patient now has a medical home—where his primary care provider and mental health counselor work in tandem to optimize his overall health.

Your support enables us to deliver this care, live up to our mission, and contribute to a healthier Arlington. Thank you! 🍀
One day, Emily was busy wrapping up a summer fellowship at a think tank downtown and emailing out her resume to prospective employers. She just graduated with a master’s degree from Johns Hopkins and was ready to start tackling those student loans!

The next morning, instead of commuting into the District for work, she was heading to urgent care in an anxious blur after almost passing out in the kitchen as she was making breakfast. Emily had been on her school’s health insurance for most of the summer, but it had run out before she was able to secure a job with benefits. The urgent care center sent her straight to the emergency room where they ran tests and found blood clots in her lungs.

Suddenly, school loan repayment was the least of her worries. There were huge costs related to her ER visit and hospital admission—not to mention a serious new condition requiring expensive medication and a lot of careful monitoring.

Virginia Hospital Center referred Emily to Arlington Free Clinic, and two days later she became our patient. Our nurse practitioner saw her every couple of weeks to review her lab results and to make sure that she was responding well to the treatment. Emily had to be placed on blood thinners and was carefully monitored to ensure her blood was neither too thin—putting her at risk for excessive bleeding—not too thick—putting her at risk for another pulmonary embolism, additional hospital time, or even a stroke.

Emily credits AFC for saving her physically, mentally and financially. Arlington Free Clinic was able to provide Emily the support she needed to get back on her feet—she accepted a great position, with insurance benefits, about a month and a half after coming to AFC.

“I know that I’m privileged. I speak English, have a master’s degree and was able to get a pretty good job. But I still ended up in an awful medical situation and experienced the terrifying reality of not knowing what to do.”

Emily, former AFC patient
AFC’s Board and Staff Leadership recently completed a year-long strategic planning effort that will chart the organization’s direction for the next four years. We approached this activity knowing how critically important it is for an organization to engage in strategic planning. The unpredictability of our nation’s healthcare policy, the rapid changes in technology and use of data, and the changing demographics in our community have made the need for planning especially acute.

Patients, staff, volunteers, donors, businesses, community safety-net partners and governmental entities joined us for focus groups, feedback sessions, discussions and meetings to inform important decisions about who we serve and how. Each of us must now work to make these dreams real and to hold ourselves accountable for the future of AFC. We are committed to pushing toward achievement—developing metrics to measure our progress and making course-corrections along the way.

AFC has a long history of rock-solid core values, a commitment to volunteerism, and a culture that transforms challenges into opportunities. Although the future is always full of uncertainties, we are confident that this plan will guide us as we continue to provide essential care to those in need.

Visit www.arlingtonfreeclinic.org/strategicplan to view the complete plan.

The following four themes emerged and will be the focus of our efforts from 2017–2020:

**Focus Area 1:** Provide Quality Patient-Centered Health Care

**Focus Area 2:** Sustain and Strengthen AFC’s Volunteer Model of Care Delivery

**Focus Area 3:** Drive Organizational Excellence

**Focus Area 4:** Develop Sufficient Resources to Meet Strategic Plan Goals & Objectives
[Mark your Calendars]

**Hoops for your Health: 3-on-3 Basketball Tournament**
June 13–14, 2017
Marymount University Gymnasium
Grab your friends and join us for our 10th Annual 3-on-3 basketball tournament: www.arlingtonfreeclinic.org/hoops-2017

**7th Annual Clare & Don’s Beach Shack Fundraiser**
September 28, 2017
Clare & Don’s Beach Shack, 130 N. Washington Street, Falls Church
Enjoy great food, live music, and a fantastic raffle—fun for the whole family!

**The Power of Pink: Working Out to Stop Breast Cancer**
October 19 (in Bethesda) & October 26 (in Tysons Corner), 2017
This high-energy event, featuring an hour-long workout at Equinox followed by a luncheon at Redwood Restaurant in Bethesda or Nostos in Vienna supports AFC’s Breast Health Program. To register, visit: www.power-of-pink.org