Opportunities for Improved Health Service Delivery
Healthcare Commission Ideas for Governor Freudenthal
June 29, 2005

Increase the Number of Free Clinics Across the State

1) What is the problem?

- **a)** Approximately 17% of Wyoming citizens are uninsured[1]
- **b)** Uninsured patients have less access to health care, resulting in poorer health.[2] [3]
- **c)** Uninsured patients delay care and are sicker longer and costlier to treat.[4]
- **d)** Uninsured patients seek primary care in hospital emergency rooms – one of the most expensive places to deliver it.[5]
- **e)** The Wyoming Hospital Association estimates that 66 percent of emergency room visits are inappropriate.[6]
- **f)** Health care costs are in part driven up by a lack of access to primary and preventive care for the uninsured.[7]

2) Describe your ideas.

- **a)** Provide operational funding for free clinics that have opened in Laramie (1999), Cheyenne (2000), Jackson (2004), and Sheridan (2005).
- **b)** Provide startup and operational funding for communities working toward creation of similar or new model free clinics.[8]
- **c)** Promote enlistment of volunteer physicians who have state immunity from malpractice to volunteer at free clinics.[9]
- **d)** Promote Congress's enactment of medical malpractice protection for physicians who wish to volunteer in free clinics, under certain stipulations, to encourage active physicians to donate their time.[10]

3) Who are your partners?

- **a)** Existing community clinics (Cheyenne, Sheridan, Jackson and Laramie) are willing to provide education and training to new communities seeking to start similar programs.
- **b)** Although the free clinics are currently fiscally and operationally autonomous from the state, if state funding is provided, a state government agency will need to administer state funds allocated for start up and operation of free clinics (Wyoming Department of Health? Office of Rural Health? Public Health Nursing?).
- **c)** The Wyoming Legislature – A commitment of ongoing support for free clinics will be needed because they are unable to generate funds, besides grants, for self sustenance.
- **d)** The Wyoming Primary Care Association, Wyoming Health Resources Network, Wyoming Hospital Association, Wyoming Medical Society, Wyoming physician assistant, nurse practitioner, nursing and nurse educator, pharmacist, dental and other health professional and provider organizations can work with individual providers to encourage volunteerism, promote free clinics and gather grant resources to assure free clinics are an integral part of the state's healthcare safety net.

4) Please provide supporting evidence and data for the proposal.

- **a)** Free clinics in four Wyoming communities are thriving[11]
- **b)** Other Wyoming communities are exploring the possibility of opening free clinics (Worland, Rock Springs, Evanston) [12]
- **c)** The cost of free clinic start up and operation is as low as $100,000 per year to serve 400 (Jackson) to $140,000 to serve 650 (2,000 patient visits) (Cheyenne) patients per year.[13]
- **d)** In Cheyenne the United Way and United Medical Center have funded a pharmacy assistance program administrator who has secured over $100,000 of free medications from pharmaceutical manufacturers in the first three months for clients of the free clinic.[13]

5) Funding/Staffing needs.

a) Variable, depending on size of community, anticipated operational scope, availability of volunteers, availability of free space, and ability to secure free pharmaceuticals. The free clinic in Laramie has a full-time director, and clinical staff donated by the University of Wyoming. The free clinic in Cheyenne has maintained a full-time director with clinical training. The Sheridan clinic has a part-time director and a part-time clinical director. Most are open only one night per week for a few hours – Cheyenne is open two nights each week. Most are housed on hospital, public health nursing or physician office property, accept patients only if they meet financial and other criteria (may have NO health care coverage of any kind, including being under insured or having Medicaid), do no billing, offer prescriptions on site and make referrals, thereby depending on a community network outside of the free clinic.

b) Operating budgets vary from about $100,000 to $150,000. Pharmaceutical expenses account for 25% to 65% of expenses.[12] To date, all funding has been through community efforts.

6) Who is better off and how could you measure the improvement?

a) Some of the uninsured get primary care, resulting in timely referrals and early intervention;

b) Cost shifting by primary care providers (hospitals and physicians) will become less prevalent as fewer unpaid medical bills are incurred and declared "bad debt";

c) Fewer families are driven from the state, from jobs and from economic stability by creditors seeking payment of medical bills.

7) Could this proposal be included in the Children and Families Initiative?

a) The result should include improved health status for children and adults

8) Potential drawbacks and political considerations.

a) Ongoing cost of subsidizing grant-operated facilities with no means of billing consumers and no long-term sustainability without subsidy

b) Patient dumping by physicians who don't want to take the uninsured and feel the care is being provided by a free clinic (which is unlikely to be able to meet community demand)

c) Resistance from already-overburdened primary care physicians unwilling to volunteer their "free" time otherwise spent with family.

9) Alternative possibilities.

a) If communities have alternative proposals for reaching people without insurance who are in poverty to provide healthcare, other models besides free clinics could be considered for state funding. Careful consideration should be given to whether malpractice protection will be available if any compensation is given for the care provided (fees, co-payments, etc.).

b) A network of primary care and specialty physicians could be organized across the state willing to take nonpaying patients (similar to the cleft palate clinic operated in Wyoming). An individual wanting a primary care visit would call a toll-free number where an appointment clerk would arrange an appointment with the closest available provider.

c) Networks in other locations have been developed by volunteers and/or with .5 to 1.5 FTEs. Small geographic areas use as little as .25 FTE in the form of a clerical worker who staffs an appointment call line while performing other duties.

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[1] 2003 US Census – CPS 3-year average and Kaiser Family Foundation
[2] "Healthy People 2010 Leading Health Indicators," www.healthypeople.gov/document/html/uih/uih_4.htm
[3] "Health Coverage for Low-Income Adults: Eligibility and Enrollment in Medicaid and State Programs, 2002," Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, ww.kff.org/kcmu
[4] "Health Care and the 2004 Elections," Kaiser Family Foundation, www.kff.org/uninsured/7155.cfm
[5] "Primary Care in the Urban ER," May 10, 2005, American Medical Student Association, www.amsa.org
[6] Dan Perdue e-mail to Anne Ladd 5/10/2005
[7] "Unreimbursed Catastrophic and Trauma Care Report," October 28, 2004, Navigant Consulting
[8] "A Free Clinic: Starting Out," by the Free Clinic Foundation of America, Inc., 1992, www.medkind.com

[9] American Medical Association Senior Physicians Group State Licensing and Liability Laws for Volunteer Physicians, www.ama-assn.org/ama/pub/category/12455.html
[10] "Free Clinic Physicians Now 'Free' from Malpractice Suits," Nov. 1, 2004, www.doctorhealthynet.com
[11] Information obtained from the Laramie Downtown Clinic, www.downtownclinic.org/, a web report on the Cheyenne free clinic at bphc.hrsa.gov/osnp/Cheyenne.htm, and the Teton County free clinic web site, www.tetonfreeclinic.com/, a 4/12/05 email from Sheridan County Public Health Nurse Manager Judith Stallman
[12] Sheridan County Public Health Nurse Manager Judith Stallman, 4/12/05, Uinta County Public Health Nursing Manager Mary Kraft, Wyoming Primary Care Association Outreach Coordinator Renee Gamino-Diaz
[13] Information obtained from Wyoming free clinics