Spring 4-16-2018

Free Medical Clinics in America

Amanda Golden
University of Nebraska-Lincoln

Free Medical Clinics in America

An Undergraduate Honors Thesis
Submitted in Partial Fulfillment of
University Honors Program Requirements
University of Nebraska-Lincoln

by
Amanda Golden [BS]
Psychology
Arts and Sciences

4/16/2018

Faculty Mentor:
Gwendolyn Bachman, PhD, Biological Sciences

Abstract

The issue of healthcare in the United States of America continues to be a hot-button issue for millions of Americans and the politicians representing them in Washington D.C. The cost of healthcare continues to rise, population size within the country is continuously increasing, and the number of individuals lacking access to quality healthcare grows more and more everyday. In this environment, understanding the role of free clinics in a community and how these clinics are maintained is becoming increasingly important. In this paper, I will outline the history of free clinics, who runs them and why. I will then provide an outline for starting and sustaining a free clinic which will highlight challenges and funding sources for these types of clinics. Finally, I will conclude with an evaluation of the role of free clinics in rural health care, focusing on the risks to the community of having a clinic that closes, and how to balance this against the risks and benefits of starting a clinic.

Key Words: Psychology, Free Medical Clinics

Free Medical Clinics in America

The first hospital in the United States was established in Pennsylvania in the year 1751. Before, and still even after, the establishment of the first medical care facility, medical care was conducted in the home. Physicians, nurses, and midwives were called to people's houses if someone was in need of treatment. Most of the time, though, care was provided by the women of the household. Recipes for poultices, ointments, and salves, among other home remedies, were passed down from generation to generation. It was only when situations were extremely dire, or a woman was giving birth, that someone else was brought in to provide treatment.

As hospitals became more established throughout the United States, the treatment of family members continued to remain in the home. Hospitals were for the extremely sick and poor. People went to hospitals to die, not to receive treatment and get better. This stigma around hospitals continued until the time of the Civil War. During this time, it became apparent that the United States, on both the confederate and unions ides, lacked the proper facilities to care for the rapidly growing number of sick and wounded. To combat this, the General Surgeon called for the establishment of a pavilion hospital, a large facility specifically designed to treat patients and send them off better than when they came in. From this time on, general hospitals became more established and the treatment of patients began to shift from in the home to in the hospital (Pers. Comm. Dr. Aelwen Wetherby).

Patient care took another shift in the 1960s with the Free Love movement that was sweeping the United States. This movement applied to healthcare with the increasing influx of flower children to the city of San Francisco. David Smith was a doctor living in the city at that

time. He had never considered himself an activist, but recognized the need for healthcare the new citizens of San Francisco would need, specifically healthcare that was free from judgement of their lifestyle as well as free from cost. To serve this need, Smith founded the Haight-Ashbury Free Clinic. Students, nurses, and medical faculty volunteered to help run the clinic and treat the 250 patients who visited the clinic on the first day of it opening. To fund the clinic, concert producer Bill Graham held benefit concerts and producer Lou Adler donated money from the Monterey International Pop Festival. In 1967, Smith coined the phrase "healthcare is a right, not a privilege". This has been the motto for countless free clinics that have been established since (Rubin, 2017).

Another pioneer in the world of providing aid and healthcare to those who need it the most was Robert Macauley, the founder of Americares. Americares is an international health-focused relief and development nonprofit organization developed in 1982. In the early days of the organization, much of the work was focused on international aid relief. This included bringing orphans from Vietnam to the United States, delivering medicine to El Salvador after an earthquake struck, and sending toys to the children of Beirut for Christmas (Hubbard, 1989). Inspired by the clinic developed by Smith and a television program detailing the need for healthcare in his home state of Connecticut, Macauley decided to extend the work of Americares and established free medical clinics. The first of four clinics was established in Norwalk in 1994 and the most recent one was established in Stamford in 2014. None of these clinics receive public funds and, much like the clinic established by Smith in San Francisco, they are able to operate each day through the work of volunteers (Rubin, 2017).

In today's day and age, these free medical clinics are more important than ever. The cost of healthcare is rising considerably and many American are without insurance, leaving families with the financial burden of paying for healthcare services out of pocket. This can be the deterrent for many that prevents them from regularly visiting a primary care physician and getting the preventative care that they need. This reduction in health care services utilized results in higher morbidity and mortality rates for those who are uninsured (Institute of Medicine, 2003). The following table from the Institute of Medicine Committee on the Consequences of Uninsurance illustrates the usage of various medical personnel by those with insurance versus those without insurance who are under the age of 65. The only exception to this was the use of the emergency room, which was about equal between those who were insured and those who were uninsured. For the remainder of the services evaluated, those who were uninsured utilized them one-half to two-thirds less often than those with insurance.

Table 1

Service	Uninsured	Privately Insured
Any service	62.0	89.0
Inpatient hospital	2.9	4.6
Outpatient hospital	6.2	13.4
Emergency room	11.5	11.0
Office-based physician	41.3	71.3
Office-based nonphysician	13.6	25.8
Prescription medications	40.6	66.1
Dental	20.4	53.1

SOURCE: Taylor et al., 2001. MEPS 1996.

The primary reason an individual will not get insurance and not utilize medical resources is the cost of healthcare. Researchers found that those without health insurance, the mean out-of-pocket expenses were only slightly higher than for those with private health insurance. Those without insurance, though, typically have incomes that are substantially lower than those with insurance. This means that medical expenses could mean financial bankruptcy for a family without insurance (Institute, 2003).

With the financial strain put on families, the institution of quality, free medical clinics is more important than ever. Free Medical Clinics provide services to many different adults and children who are from low-income households or are underinsured or uninsured. Additionally, the patient must be a resident of the county in which the clinic is located. Across the country, most of the patients who visit clinics are at 100%-300% of the federal poverty level (FPL) (American, 2015). The following table from the American Medical Association Foundation details the federal poverty guidelines for 2014 based on the family's size.

Table 2

2014 FPL Guidelines*	
Family Size	200%
1	$23,340
2	$31,460
3	$39,580
4	$47,700
5	$55,820
6	$63,940
7	$72,060
8	$80,180

The Affordable Care Act (ACA) has had a unique effect on free medical clinics. A main goal of the act was to increase healthcare access to the uninsured and require individuals to have insurance, with a few exceptions for financial burden. Additionally, the ACA added reforms to insurance requirements, such as prohibiting insurance plans from refusing coverage for children with preexisting conditions and prohibiting the plans from canceling, or rescinding, coverage from individuals. The ACA also increases the coverage for preventative health care and primary care appointments. The overall goal of the new insurance was to "expand access to insurance, increase consumer protections, emphasize prevention and wellness, improve quality and system performance, expand the health workforce, and curb rising health care costs" (National Conference, 2011).

While the ACA requires that fewer individuals remain uninsured, there is still a large population of Americans that lack access to insurance and require the care of free medical clinics. Those who are homeless or undocumented are ineligible for coverage under the ACA and instead must rely on free medical clinics to meet their healthcare needs. Additionally, states have some autonomy in deciding how to expand their Medicaid program. Because of this, many individuals would still be uninsured in their state despite the roll-out of the ACA. This also leads to additional considerations for free medical clinics within states that have expanded Medicaid. In these states, many individuals who may have previously qualified for care at the free clinics may no longer be able to utilize the services. According to the Congressional Budget Office, after the implementation of the ACA, there is still an estimated 29-31 million people without access to healthcare (American, 2015).

Free medical clinics often have the opportunity to provide a variety of different services for their patients. The main service offered is that of primary care. Clinics can provide care for "minor, non-threatening illnesses and injuries" (American, 2015). If there is an emergency, though, a patient cannot be seen at the clinic and must instead go to the emergency room. Patients can be treated for long-term, chronic conditions at clinics, such as diabetes or high blood pressure. The physicians are able to monitor these conditions and ensure they are being properly managed. Additionally, physicians treat many different minor medical problems, such as headaches, sore throats, and many other complaints (American, 2013).

If there is adequate funding and volunteers available, free medical clinics will also offer a variety of mental and behavioral health services. This includes screening to identify a potential mental health concern, assessment and diagnosis, medication management, mental health counseling, and case management. Over 25% of the homeless population in the United States suffers from a mental illness. Because the homeless population is a substantial portion of a free clinic's patient base, offering these services is extremely important (American, 2013).

Additionally, many free medical clinics offer dental services. This can include routine exams and assessments, cavity fillings, teeth cleanings, tooth extractions, and X-rays. Some clinics may even have the resources available to provide select root canal, sealant, and fluoride treatments. Dental procedures that are more cosmetic rather than physically necessary are not typically offered at clinics (American, 2013).

The People City Mission (PCM) Free Medical Clinic in Lincoln, Nebraska is an example of a free medical clinic that is able to provide a variety of services. Residents of Lancaster county are able to see a primary care physician as well as make appointments for dental care, mental

health consultations, chiropractic adjustments, eye exams, and many other specialties. Patients cannot be insured if they are to receive treatment. Karen Schrader, PA-C is the medical director of the clinic. She works with a variety of different practicing and retired volunteers physicians as well as a combination of other medical professionals to provide quality care for thousands of patients. Other volunteers throughout the Lincoln community serve in a variety of roles, such as administrative assistants, scribes, and patient intake. Students from the University of Nebraska-Lincoln who aspire to be professionals in the healthcare field make up a large portion of the volunteers within the PCM clinic (People City Mission, 2018).

The PCM Free Medical Clinic operates Monday, Wednesday, Thursday, and Friday. Monday and Thursday are dental only while Wednesday and Friday are both medical and dental. Appointments for other specialty services are made by appointment only and are up to the discretion of the volunteering specialist for when the appointments will be offered. The PCM Free Medical Clinic is the third largest in the United States. It serves a wide variety of uninsured patents in Lancaster County, including those below the poverty line, the homeless, and the refugees that call Lincoln home. There were over 17,000 patient visits in the last year of the over 40,000 uninsured residing in Lancaster County. The PCM Free Medical Clinic provides quality care to thousands of Nebraska residents every year (People City Mission, 2018).

In contrast to the large scale clinic in Lincoln, Nebraska, the Heart Mountain Volunteer Medical Clinic provides free medical care for patients living in rural, north western Cody, Wyoming. The clinic was partly founded by Nicholas W. Morris, MD, a retired general surgeon in rural Wyoming. The clinic is run by exclusively by volunteers and is able to treat patients Thursday nights. The clinic offers outpatient primary medical care, chronic disease management,

preventative care, basic diagnostic studies, prescription medications at a reduced cost, and patents referral for specialized services. To be seen by physicians at the clinic, a patient must reside or work in the Big Horn Basin area of Wyoming, be uninsured, has a gross income at or below 200% of the Federal Poverty Level, and not qualify for any other healthcare programs. There are no currently available statistics for the number of patients seen by the clinic, but the one night a week services and reduced specialty services are in contrast to those offered by the large PCM free clinic (Heart Mountain, 2017).

The PCM free medical clinic and the Heart Mountain Volunteer Medical Clinic are both operated by volunteers and medical professionals. There are many other free medical clinics within the United States that are operated by medical schools and run by medical students. A research study conducted by Simpson and Long (2007) evaluated the contributions medical student-run free clinics to patient health. The researchers sent a web-based survey to all 124 Association of American Medical Colleges allopathic schools within all 50 states. Of the 124 schools sent surveys, 94 responded. Of those schools, 49 had at least one student-run clinic and provided detailed data on their operation (Simpson & Long, 2007).

Medical student-run free clinics are able to provide needed services to populations that are underserved within the medical community. The clinics also provide students with guided, supervised practice and experience treating patients from a variety of backgrounds and circumstances. Within these clinics, medical students are able to take primary responsibility for the logistics and management of the clinic, duties which would fall to a physician or clinic director in a normal free clinic. Like other free medical clinics, medical student-run clinics provide primary care services to patients who are uninsured and would otherwise not have access

to care. They treat patients for a variety of chronic medical diseases, such as hypertension and diabetes (Simpson & Long, 2007). The following table depicts the services offered by student-run health clinics.

Table 3

Services offered by 58 medical student-run health clinics

Service	Clinics Providing Service, *n* (%)	Clinics Where Preclinical Medical Students Typically Perform Service, *n* (%)
Blood pressure	57 (98%)	50 (86%)
Acute care	56 (97%)	41 (71%)
Blood glucose	50 (86%)	35 (60%)
Referral to further health programs	50 (86%)	31 (53%)
Standard patient education	38 (66%)	27 (47%)
Condom distribution	37 (64%)	27 (47%)
Health form completion	37 (64%)	15 (26%)
Multivitamin distribution	32 (55%)	19 (33%)
Social services consult/referral	29 (50%)	13 (22%)
Cholesterol screening	28 (48%)	11 (19%)
Influenza vaccination	28 (48%)	11 (19%)
PPD reading	28 (48%)	10 (17%)
Non-flu vaccination	27 (47%)	12 (21%)
PPD testing	27 (41%)	18 (31%)
HIV testing	20 (34%)	10 (17%)
Dental supply distribution	18 (31%)	12 (21%)
Glaucoma screening	14 (24%)	7 (12%)
Surgical care	13 (24%)	3 (5%)
Sock distribution	13 (22%)	11 (19%)
Eye exam/glasses	12 (21%)	8 (14%)
Handicap parking assistance	7 (12%)	4 (7%)

When beginning the process of establishing a free medical clinic, there are a variety of factors to take into consideration. The first requirement is for a physician to be involved with the planning of the clinic as well as the day to day operations. Additionally, the clinic must operate within the same specialty as the physician's license. For example, an internal medicine physician could not establish a free medical clinic specializing in dermatology. The physician must also be licensed in the state where the medical clinic will be established. There are also resources available to help provide resources and aid to those developing a new clinic. These include the

Legal and Operational Guide for Free Medical Clinics which was authored by the American Health Lawyers Association and funded by the American Medical Association as well as the national organization, Volunteers in Medicine. The operational guide provides important legal and operational information and the national organization provides an account of successful, sustainable free clinics ("How to Start", 2018).

For a free medical clinic to operate successfully, they must have a variety of volunteers able to provide different services. Many are also able to employ staff and personnel to keep the clinic running and operating smoothly. According to a 2010 study, free medical clinics had volunteers that devoted an average of 4,237 hours, which is approximately 2.4 volunteer hours per patient annually. This large volunteer force makes free clinics possible. Additionally, more then 75% of free medical clinics employ paid staff in addition to their volunteers. Approximately half pay their administrative staff and nearly two-thirds employ a paid executive director (American, 2015).

Besides the work done by volunteers, physicians, nurses, and paid staff, free medical clinics must also seek out different ways to fund their operational budget. There are a variety of ways this can be done. First, the majority of free medical clinics operate as either a standalone charitable tax-exempt organization, a program component or affiliate of another charitable organization, or as a standalone organization using community funds and donations. Because they are able to operate as a 501(c)(3) tax-exempt organization, they are eligible for grants and other funding through government agencies or organizations that raise money for non-profits (American, 2015).

Free medical clinics can also be sponsored by individuals or organizations. This includes hospitals, medical associations, secular community organizations, faith-based entities, and foundations established as a result of a hospital sale. The PCM, for example, is a faith-based free medical clinic and follows a religious mission. Fundraising is another option for free medical clinics to raise the necessary funds. This can be done through securing grants and donations from the community through annual fundraising drives and outreach to various individuals, businesses, foundations, and other organizations. Grants are awarded after a grand proposal, budget, and narrative are submitted. Free medical clinics also require many supplies to properly treat patients. Many of these are donated from physician offices, hospitals, pharmaceutical companies and other clinics (American, 2015).

Obtaining these funding sources can be difficult for many free medical clinics and are only the beginning of opening and operating a clinic. The clinic must be incorporated as a nonprofit under state law, which can present different challenges depending on the state the clinic is opened in. States also require that an organizing document with bylaws be filed with the state's Secretary of State. The bylaws will include generational information about the clinic, members other than the board of directors, information about the board of directors and the process for becoming one or replacing one, board meetings for the directors, and any amendments to the bylaws. The process of recruiting a committed board of directors and medical director can be a long and grueling task, but is one that is imperative for the success of a free medical clinic. Next, clinics must become licensed under their state. Each state is different, with some requiring special licensing and some not. Then, a physician’s qualifications and practice history are evaluated through a process called credentialing, to ensure they are able to provide care at the

free medical clinic. The process for establishing a free medical clinic can at times be extremely lengthy, but it is important to follow all the steps to ensure it is in complicate with state laws. Then, once the clinic is established, it must remain up-to-date, have adequate electronic record keeping, and ensure enough volunteers continue to help the clinic operate successfully (American, 2015).

Free medical clinics have been established in the United States for approximately 50 years. In that time, they have spread across the county, in urban areas and rural ones and have been opened in many different medical schools. These clinics provide needed medical care to uninsured populations who would otherwise be unable to access healthcare. Starting a new clinic is a lengthy process that requires many legal hoops to be jumped through with the state. These are in place, though, to protect both the clinic and volunteers as well as the patients. As time continues, and more and more people have trouble accessing health insurance, the need for free medical clinics will continue to grow.

References:

American Medical Association Foundation. (2015). *Legal and Operational Guide for Free Medical Clinics.* Washington, DC: American Health Lawyers Association.

Heart Mountain Volunteer Medical Clinic. (2017). Retrieved from http://www.hmvmc.net/home.html

How To Start a Free Clinic. (2018). Retrieved from http://www.freeclinicspa.org/free-charitable-clinics/how-to-start-a-free-clinic/

Hubbard, K., & Kahn, T. (1989). With an entrepreneur's energy, AmeriCares' Bob Macauley brings help to the world's needy. *People, 31*(21), 71.

Institute of Medicine (US) Committee on the Consequences of Uninsurance. (2003). Spending on Health Care for Uninsured Americans: How Much, and Who Pays? Hidden costs, values lost: Uninsurance in America. Washington D.C.: National Academies Press

National Conference of State Legislators. (2011). *The Affordable Care Act: A Brief Summary*. Retrieved from http://www.ncsl.org/portals/1/documents/health/hraca.pdf.

People City Mission Free Clinic. (2018). Retrieved from https://pcmlincoln.org/free-clinic/

Rubin, R. (2017). Half-century after "summer of love," free clinics still play vital role. JAMA: *Journal Of The American Medical Association, 318*(7), 598-600.

Simpson, S. & Long, J. (2007). Medical student-run health clinics: Important contributors to patient care and medical education. *J Gen Intern Med, 22*(3), 352-356.