



Practical Lessons Learned from Forming Free Clinics

**The National Congress on the Uninsured
and the Underinsured**

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**Presentation by
Sheridan Y. Wood, President
Nicole Lamoureux, Executive Director
National Association of Free Clinics**

History of Free Clinics

- Hippies distrusted established health care providers and big government
- 1969 Haight-Ashbury Clinic founded in San Francisco starting the Free Health Clinic Movement
- Free Clinics now focused on the working poor without access to quality health care

What is a Free Clinic?

“Free Clinics are volunteer-based, safety-net health care organizations that provide a range of medical, dental, pharmacy, and/or behavioral health services to economically disadvantaged individuals who are predominately uninsured. Free Clinics are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization. Entities that otherwise meet the above definition, but charge a nominal fee to patients, may still be considered Free Clinics provided essential services are delivered regardless of the patient’s ability to pay.”



What is the National Association of Free Clinics

- The National Association of Free Clinics (NAFC) is the only nonprofit 501c(3) organization whose mission is solely focused on the issues and needs of the more than 1,200 Free Clinics and the people they serve in the United States.
- Founded in 2001 and headquartered in Washington, D.C., the NAFC is an effective advocate for the issues and concerns of Free Clinics, their volunteer workforce of doctors, dentists, nurses, therapists, pharmacists, nurse practitioners, technicians and other health care professionals, and the patients served by Free Clinics in communities throughout the nation.



NAFC's Mission

- The National Association of Free Clinics provides research, education and resources to promote, strengthen and advocate for member organizations and the communities they serve.



How Many Free Clinics Are There ?

- According to a study completed by Julie Darnell PhD University of Chicago there are 1,200 Free Clinics in the United States
- NAFC is currently working with Julie Darnell from University of Chicago to capture more information on the Free Clinics in the United States



What is needed to start a Free Clinic?

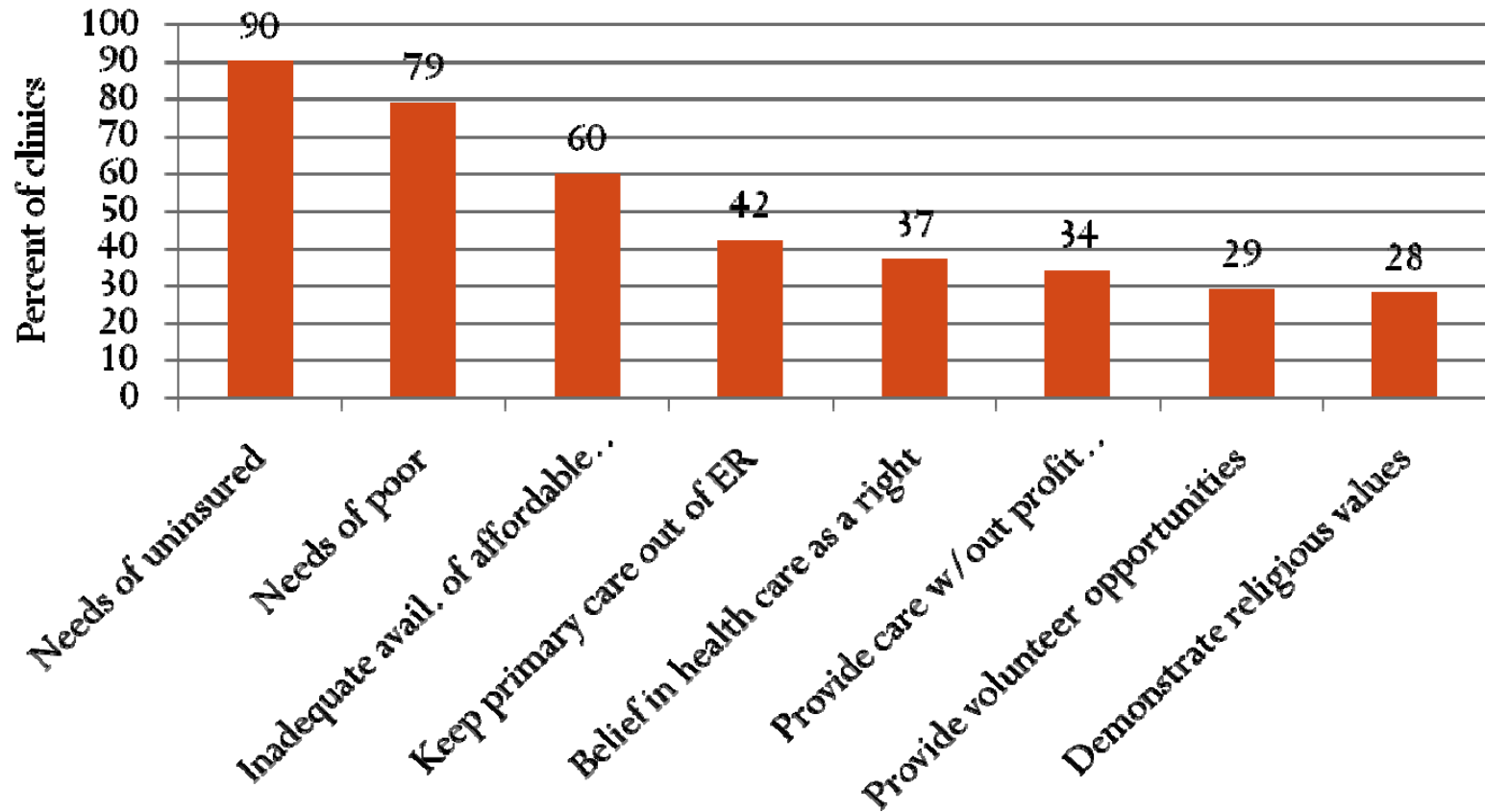
- A strong visionary leader willing to dedicate time and energy to the effort
- A full understanding of WHY a Free Clinic is needed and the scope of the problem of the uninsured in the area.
- A cadre of core supporters from the community, both providers and other volunteers
- Business, marketing, and core funding plans



What is needed to start a Free Clinic? (cont'd)

- A understanding of the eligibility requirements of all relevant entitlement programs, at the federal, state, county and municipal levels. (e.g., Medicaid, CHIPs, indigent or charity care policies)
- A knowledge of existing health care system, what services currently exist in the community and what gaps/barriers exist.
- An understanding that Free Clinics offer quality care, but recognize limitations therefore building strong relationships with hospitals, doctors and laboratories.

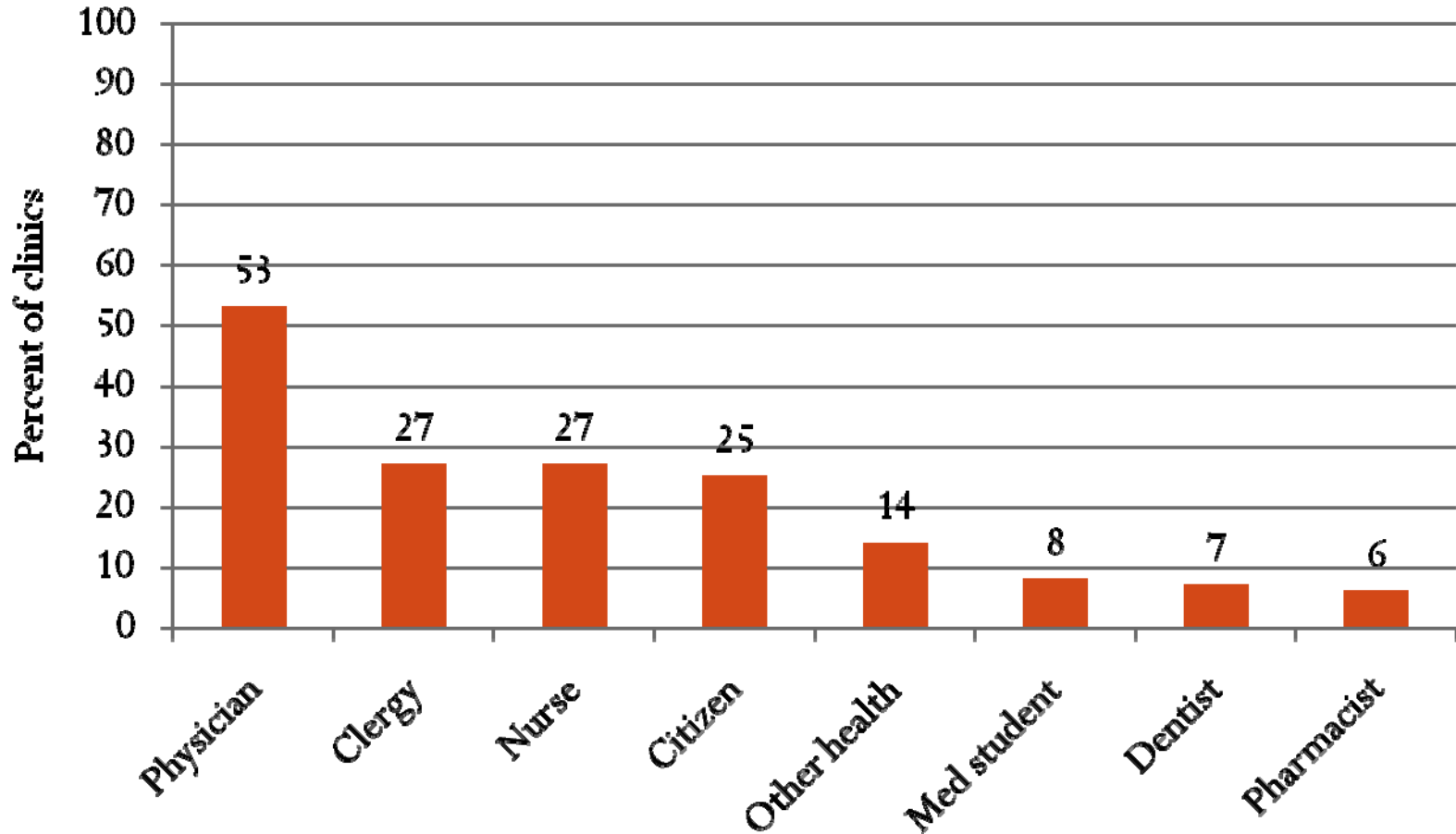
Top Reasons for Clinic Founding



Note: Data is based on 757 clinics.

Source: Julie Darnell PhD of the University of Chicago, Free Clinic National Wide Study

Who Founded Clinics?



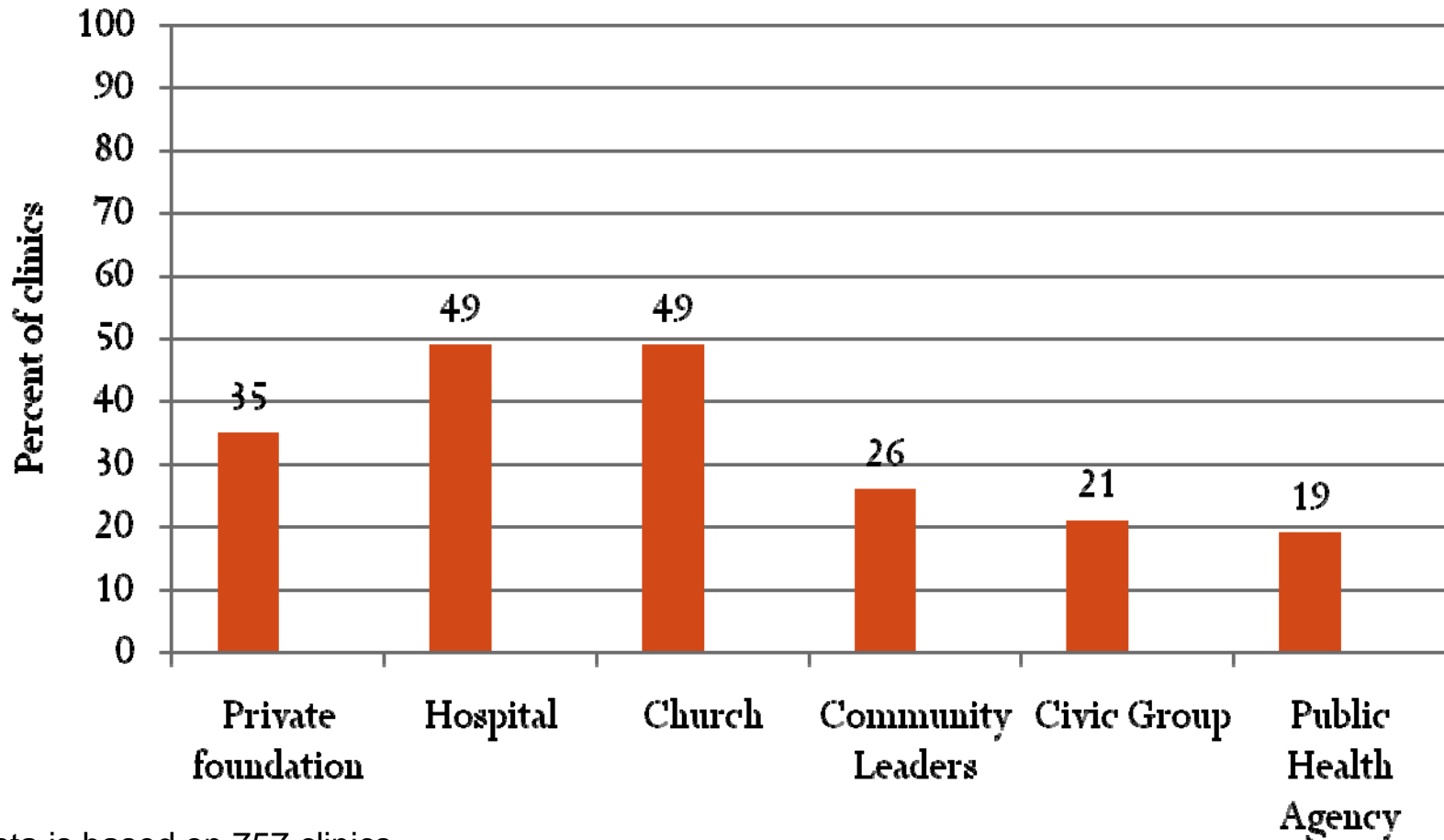
Note: Data is based on 757 clinics.



Community Support

- Community support and buy-in is critical for the success of the Free Clinic, for funds, volunteers, space and services.
- Identify specific organizations to approach for support
 - Local hospital for radiology services
 - Laboratories for necessary lab tests
 - Physicians for specialty services

Organizations & Groups that Helped to Establish Free Clinics

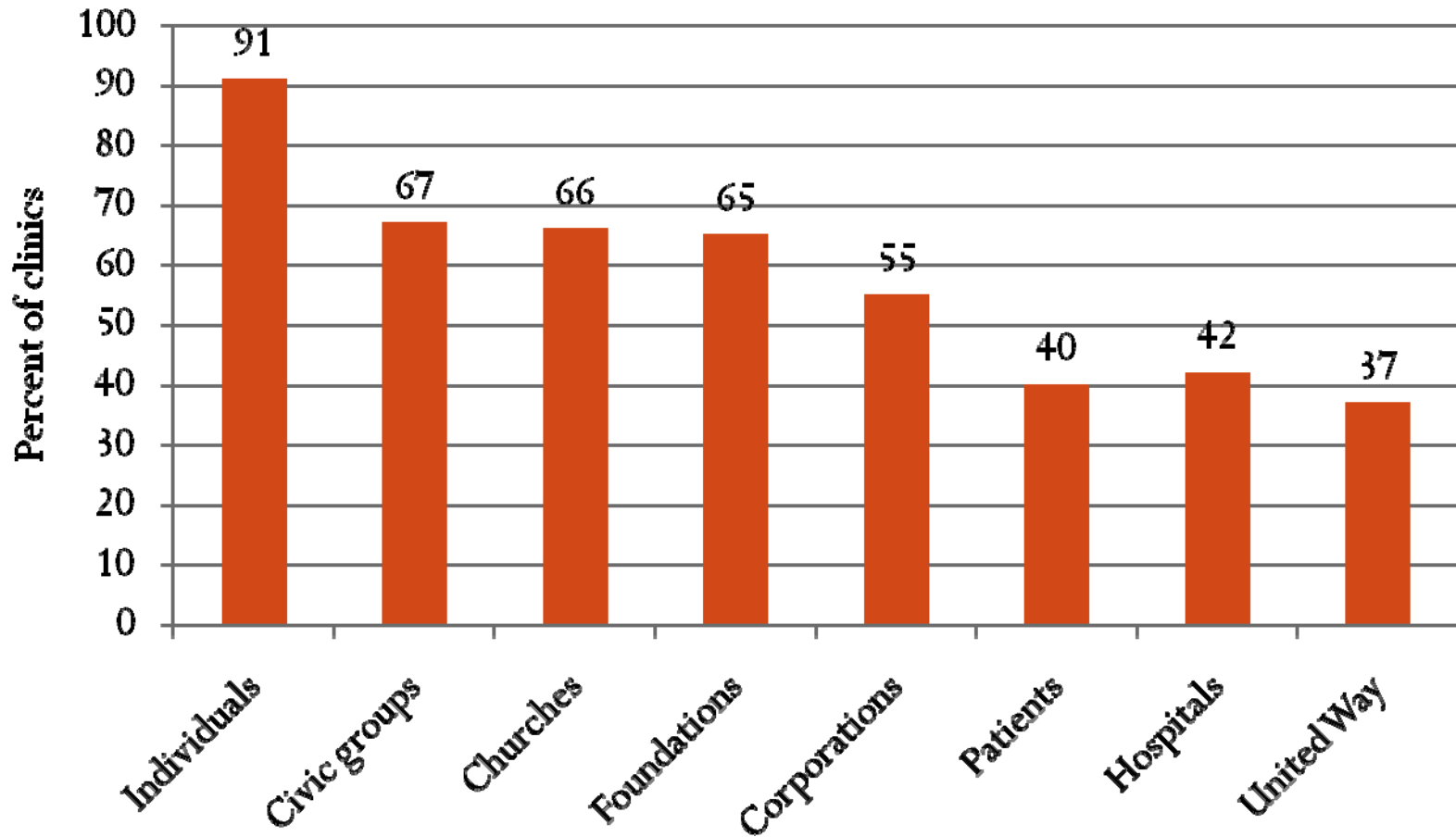


Note: Data is based on 757 clinics.

Funding

- It is important to remember that funding does not come easily in these economic times.
- Funding sources are not guaranteed from year to year.
- Community support, grants, donor relations, accountability and financial stewardship are all critical to a Free Clinic's success.

Top Sources of Funding



Note: Data is based on 748 clinics .

Funding

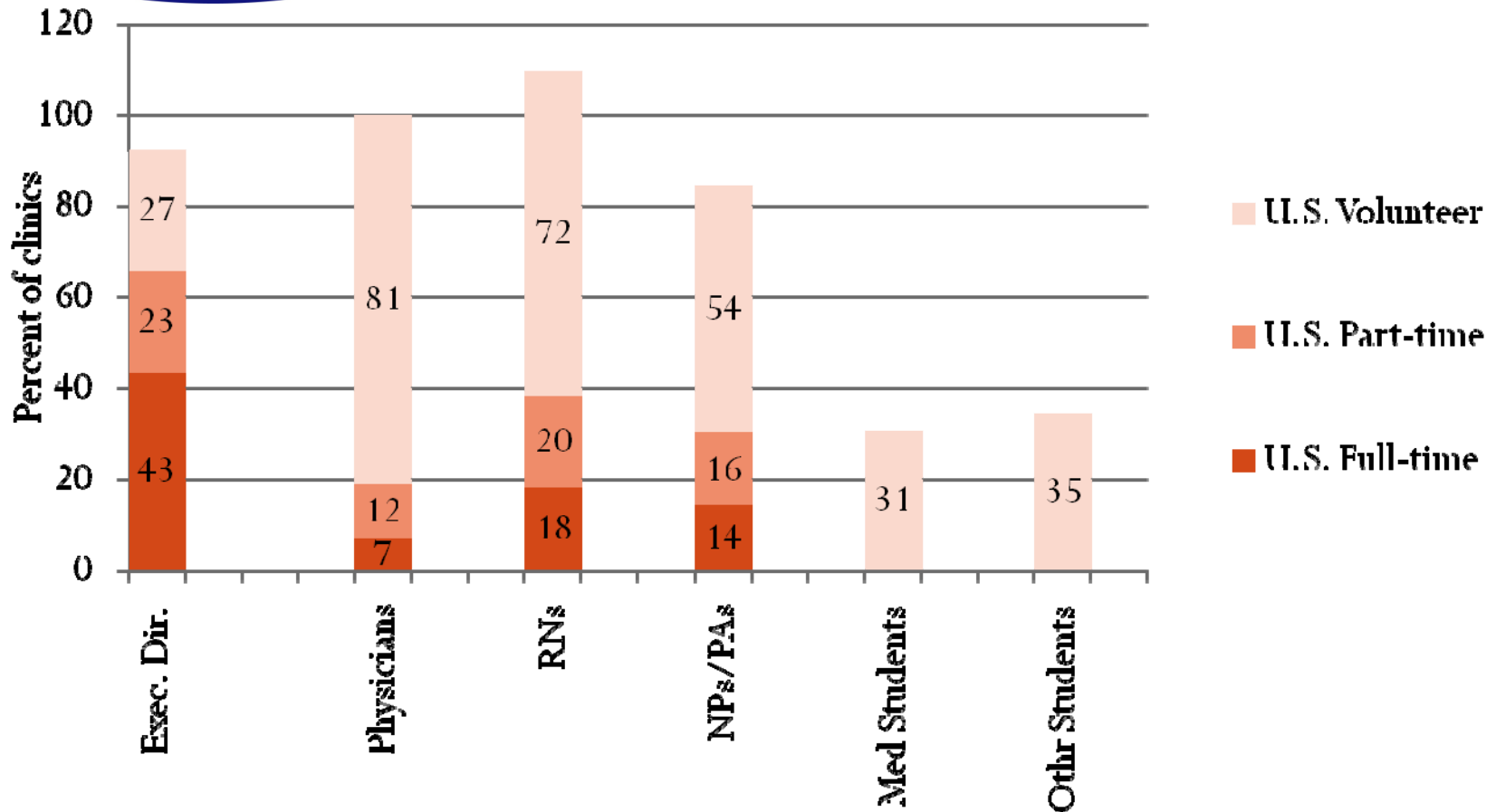
- The majority of Free Clinics receive funding from individuals or grants - *not the government*.
- Some clinics may apply for grant or specific programs from the State/County/Federal Government such as:
 - Ryan White, HIV Funding
 - Breast and Cervical Cancer Screening Money
 - Homeless Health Care Funding
- However, overall the majority of funding comes from the community that has bought into the organization and its beliefs



Medical Providers

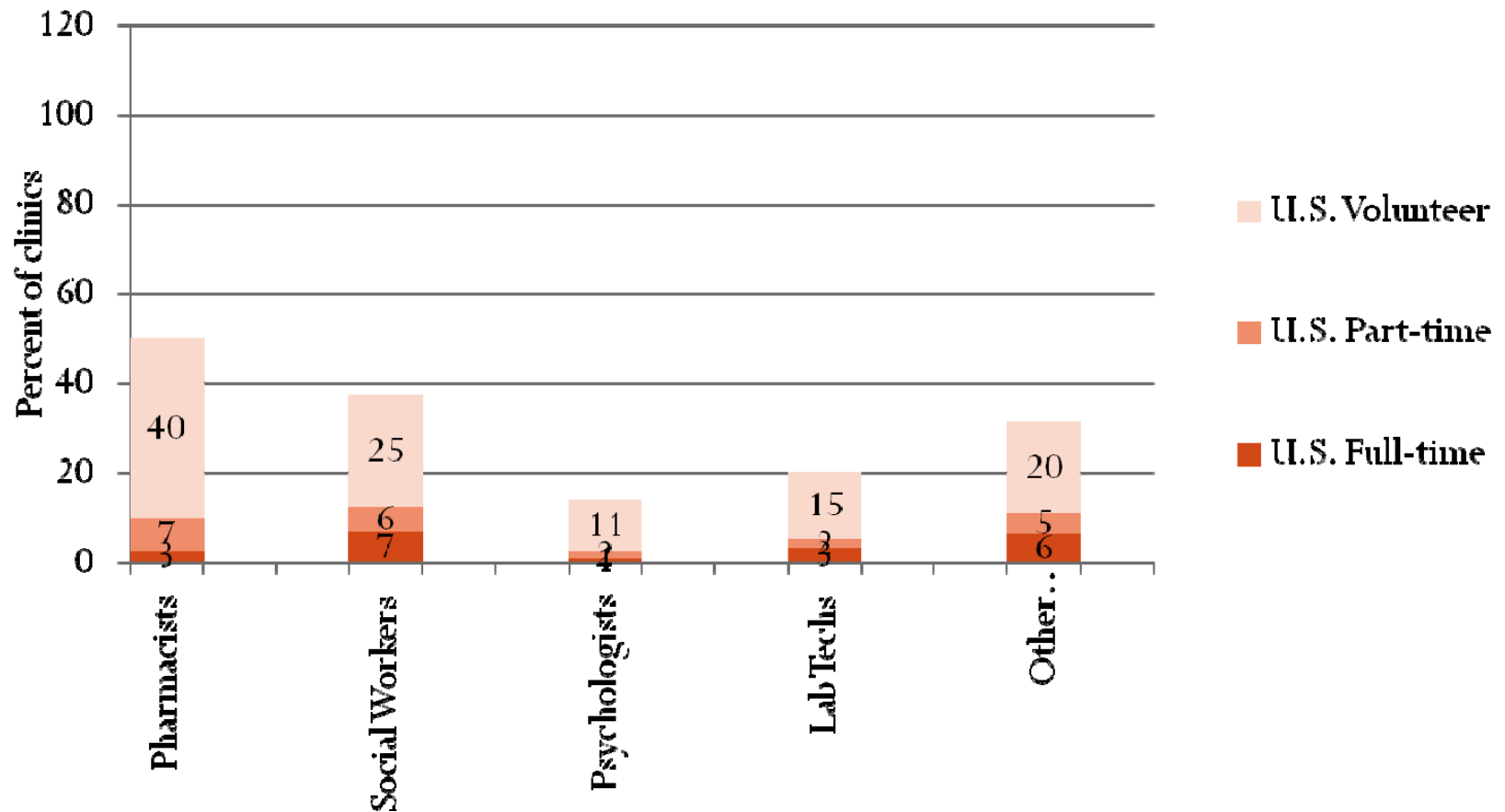
- Free Clinics rely heavily on volunteer administrative and clinical staff to provide quality care to those in need.
- When building a Free Clinic it is necessary to identify and build solid relationships with doctors, nurses, specialists, pharmacists, labs and hospitals to provide care.
- 95% of physicians at Free Clinics are Board Certified

Medical Staff and Volunteers



Notes: The number of clinics on which data is based varies by category. Percentages exceed 100% because clinics reported staff and volunteers in more than one category.

Other Professional Staff and Volunteers



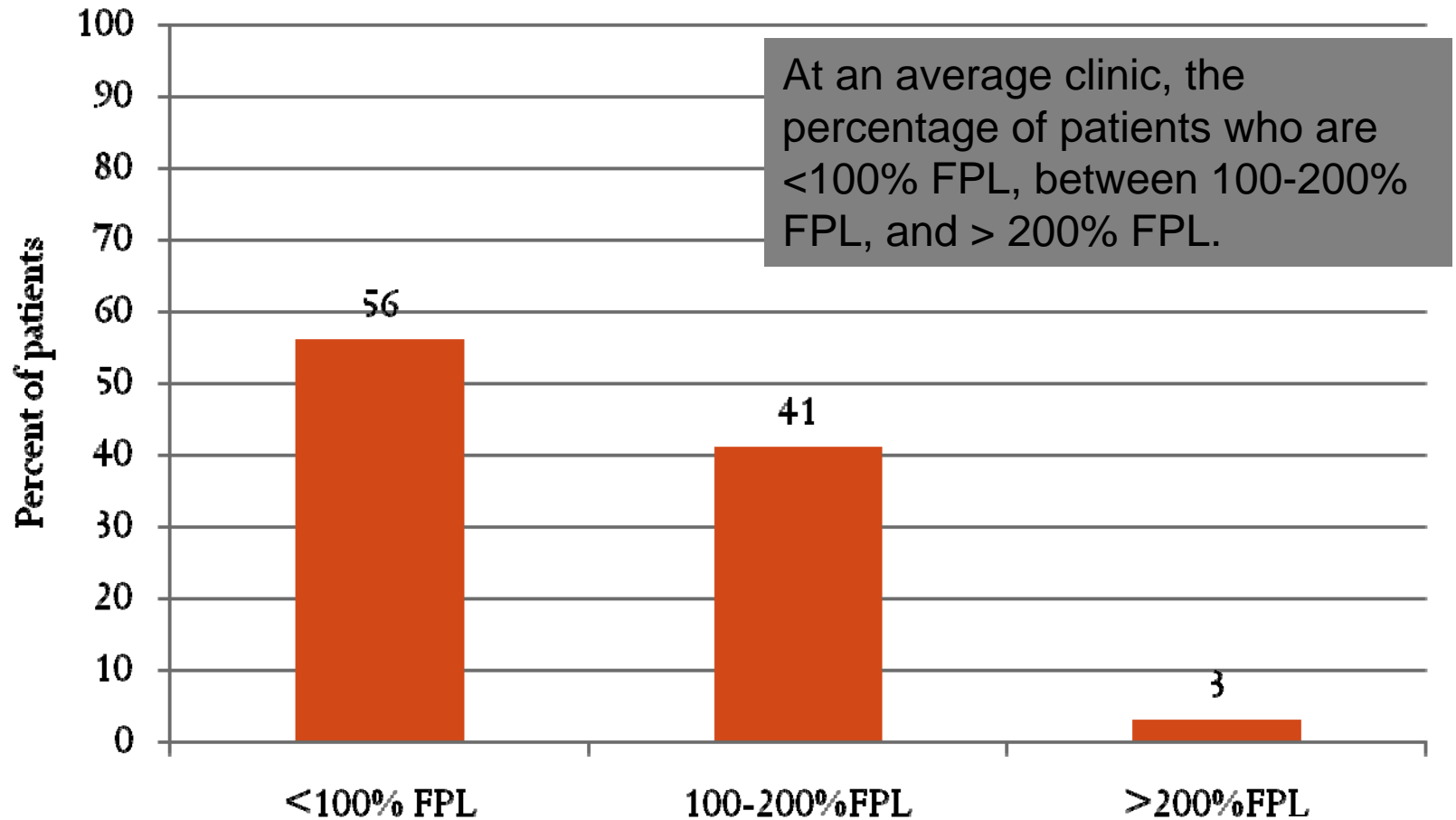
Notes: The number of clinics on which data is based varies by category. Percentages exceed 100% because clinics reported more than one option for the availability of service.



The Patient Population

- Free Clinics have homeless, immigrant, HIV, substance abuse, diabetic and cancer screening programs
- The average Free Clinic serves patients between the ages of 18-65
- The average income level of patients served at a Free Clinic is 100-200% below the poverty level

Patients by Income



Note: Data is based on 575 clinics.



The Patient Visits

- Free Clinics serve a patient population that has no place else to go
- Many physicians are not willing to take Medicaid and Free Clinics fill in the gaps to provide quality care
- Estimated 1.9 million unduplicated patients served annually
- Estimated 3.2 million annual patient visits

Lessons Learned (cont'd)

- According to the Commonwealth Fund **“Uninsured in America: problems and possible solutions”** we know:
 - Nearly all of the growth in the uninsured is among people aged 18 to 64, most of whom are working.
 - Employers have cut back on coverage and benefits in response to rising healthcare costs and adverse economic circumstances.
 - The Institute of Medicine estimates that 18,000 lives are lost annually as a consequence of gaps in coverage.



Lessons Learned (cont'd)

- Free Clinics are the net under the safety net providers in this country and are a viable way of providing health care services
- Free Clinics are mission driven with the use of volunteers and we must stay committed to that mission
- When you've seen one Free Clinic you have seen one Free Clinic.

Lessons Learned (cont'd)

- Bring key stake holders in and make them engaged
- Do it well from the beginning its easier to build than to renovate
- Seek investments, not gifts.

Lessons Learned

- Free Clinics have flexibility, not saddled by a federal government or governance requirements.
- Freedom to form innovative partnerships and free clinics are formed in areas that aren't able to bring in a FQHC



Lessons Learned

- The need for quality health care for the un and underinsured continues to increase instead of decrease and we all must work together.



Contact Information

Sheridan Y. Wood, *President, NAFC*
Executive Director, Kansas City Free Health Clinic
3515 Broadway
Kansas City, MO 64111
816.753.5144

Nicole Lamoureux, *Executive Director, NAFC*
1800 Diagonal Road Suite 600
Alexandria VA 22315
703.647.7427
NLamoureux@freeclinics.us