

Clinics try to extend health-care's reach

Coordinating care providers furthers mission to improve access for uninsured people. Clinics are reaching out to local hospitals, physicians to improve access for uninsured

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Wednesday, July 13, 2005

DENISE DALY Executive Director, Richmond Enhancing Access to Community Healthcare

At least once a month, Denise Daly gets a call from the medical director of a free clinic who is having trouble finding a hospital to donate operating-room time to the clinic.

Or it's the opposite problem -- the clinic staff has the operating room lined up, but needs a surgeon willing to donate his or her time to treat an uninsured patient.

"That happens with some frequency," said Daly, executive director of Richmond Enhancing Access to Community Healthcare, or REACH, a collaborative of mainly clinics that provide free or low-cost care to uninsured and low-income residents.

The calls illustrate the logistical problems free clinics sometimes run into when trying to get uninsured patients into more specialized care.

REACH, around for about five years, is reaching out -- to the hospital systems and to physicians, via the Richmond Academy of Medicine -- in a broader effort to make access to health care easier and more efficient for those who do not have health insurance.

"We have a lot of resources that are not connected very well," Daly said. "What we are looking at doing is taking those resources and linking them so they work better."

Statewide, an estimated 11.4 percent of adults ages 19 to 64 are uninsured, according to the 2004 Virginia Health Care Insurance and Access Survey.

The Central Region, which includes Richmond, has the highest overall uninsured rate, at 12.1 percent. Within the Central Region, the highest rates of uninsured adults are those between the ages of 19 to 34, and 55 to 64.

Already, the three major hospital systems in the Richmond area -- HCA Richmond Hospitals, Bon Secours Richmond and **Virginia Commonwealth University** -- provide free care to uninsured patients as part of indigent-care missions and as required by state certificate of public-need obligations.

In the latter, when facilities get state permission to add new services or major pieces of equipment, the Virginia Department of Health typically requires them to donate a certain percentage of free care to those who are uninsured and on low incomes. However, in the past, many hospitals have failed to meet those charity-care obligations.

Some clinics, such as those run by Cross Over Ministry, have over the years cultivated good working relationships with hospitals that agree to do lab work, imaging and other diagnostic tests and to donate operating-room time for that clinic's patients.

"When someone who comes to Cross Over Clinic is sick enough to be admitted to the hospital, I will admit them to either Retreat or St. Mary's [hospitals]," said Dr. Daniel Jannuzzi, medical director at Cross Over. "Both hospitals screen them for being indigent. . . . If they meet that, then the hospital generously writes off their bill. They get credit for charity care."

What's missing, Daly said, is that ease of use regionwide. All the hospital systems have dedicated a person to serve on the steering committee.

"We will map out together what the system for the uninsured should look like and how to start building it, keeping in mind what is already happening," Daly said. "It's like saying Toyota and Honda are going to make a car together."

In the care model being considered, patients who go to hospital emergency rooms or free clinics will be "assigned" a "primary-care home" at a particular clinic. The clinics would provide access to free or low-cost medications and would coordinate patient referrals to specialized care and to hospitals for surgery or other services.

The Richmond Academy of Medicine is helping develop the physician referral network, Daly said. As it stands now, clinics individually develop relationships with medical specialists to whom they refer patients.

"Right now, it's a lot of telephone calls on the part of the physician," Daly said.

Dr. Robert Bennett, a cardiologist and medical director for the Free Clinic of Goochland, thinks more physicians are willing to donate services -- they just need to be asked.

"There are certain physicians I know if I need an orthopedic consultation, they will always do it," Bennett said. "But if I always call that person, I worry I am going to wear out my welcome. . . . We have been remiss in asking more physicians to participate."

The idea is to recruit specialists who agree, for instance, to see 10 indigent patients in 12 months, Daly said.

Bennett, who teaches a systems engineering class at the University of Virginia, said he had students put together a program for matching free clinics to medical specialties as their senior project.

Under the student proposal, "all the free clinics would make their requests through a centralized request network," Bennett said.

Another component of the integration effort, Daly said, would track the dollar value of the care provided through the free clinics and charity-care system by assigning dummy billing codes to services provided.

"No one has ever done that in our community," she said. "We can't put a true value on the services provided." Contact Tammie Smith at (804) 649-6572 or tsmith@timesdispatch.com