

Commentary

Rome's Free Clinic: Community Taking Charge

By Benita M. Dodd

Dr. Leonard Reeves shares an experience that epitomizes his role as president of the Faith and Deeds Community Health free clinic in Rome, Ga.

A forklift operator visited the emergency room a few years ago.

“By the time I got to him he was already admitted,” recalls Reeves, a family practice physician. “He was diabetic and in renal failure. His kidneys were gone – in his 30s!”

The man knew he had been diabetic since he was a teenager but did nothing about it.

“A man who had been working every day did not have any insurance and did not have enough money to go to the doctor,” says Reeves. “When he left the hospital he was on dialysis and had half his foot removed because of a big, ugly ulcer. He was put on Medicaid.

“It would have cost a lot less to have treated his diabetes and hypertension over the years than making him a ward of the state. He couldn’t drive a forklift anymore because of safety regulations.

“And he’s going to be on dialysis three times a week for the rest of his life ... which won’t be that long.”

Low-income, uninsured Georgians caught in the gap between Medicaid and the ObamaCare exchange subsidies often have no primary care physician and are unable to afford to visit one. But they do have health problems.

When they break a leg or collapse, they can go to the ER, which must accept all comers. But what happens once the hospital discharges them? What happens when low-income individuals lose their jobs, their insurance and prescription coverage for chronic conditions? The diabetic who tries to ration her insulin may end up with an amputation and organ failure, costing the system far more than her insulin. The homeless person with hypertension could have a stroke or heart attack, requiring hospitalization far costlier than a monthly prescription.

The emergency room is not equipped to handle ongoing care for patients with chronic conditions. Nor should it be. [Faith and Deeds Community Health](#) understands that. A member of Georgia’s stellar, strong [Charitable Care Network](#), the faith-based, free clinic opened in July 2007 as the Rome Free Clinic, staffed by volunteers in space donated by the Floyd County Health Department. (It just recently changed names.)

Today, Faith and Deeds has about 600 unique patients and a monthly staff of 10-12 volunteers. It’s a true community clinic. Clerical work is done by volunteers from Berry College. The medical staff includes active and retired area physicians; third- and fourth-year students from the (Rome) Northwest Campus of Augusta-based Medical College of Georgia, where Reeves is Associate Dean; Reeves’ residents from Floyd Medical Center; as well as professionals from Redmond Regional Medical Center and Harbin Clinic. A paid nurse practitioner is in once a week.

Volunteers benefit

Medical staff is immune from liability under the [Georgia Volunteer Health Care Program](#), and for every four hours volunteered, physicians earn an hour toward their 20-hour annual quota of continuing medical education.

“One of the best things is how the residents take an interest in the students and really tell them what it’s like,” Clinic Director Barbara Earle says. Under Reeves’ supervision, student volunteers also learn how to talk to a patient, take patients’ medical histories and provide treatment plans.

Redmond Regional Medical Center, which is part of Hospital Corporation of America, starts an internal medicine residency program July 1, and has volunteered a resident and supervising physician on Tuesday mornings. Daytime staff is crucial: The buses stop running at 6 p.m. in Rome.

Patients – who must register – are seen by appointment on a first-come, first-served basis. Some turn up at 3 p.m. to await the doctors who come in twice a week after their workday. The clinic rarely sees children; as Earle points out, “When kids are sick, they can’t wait until next Tuesday.”

On a recent visit, Earle chuckled as she detailed the clinic’s evening hours the night before. “It was just one of the best clinics we’ve ever had. Two brand new young, enthusiastic residents from Floyd Medical Center. One who has been coming brought two new volunteers, and one of them had never written in a paper chart!”

Chronic diseases

The clinic provides basic primary care to residents of Floyd and Chatooga counties with incomes under 200 percent of the Federal Poverty Level (FPL), but patients are primarily 150 percent and below FPL, in the gap between Medicaid and subsidized insurance.

The typical patient? Patients discharged from regional hospitals with diabetes or hypertension or recovering from stroke or heart-related conditions. Some have lost jobs and insurance, others are rural, having made a living “off the grid,” painting houses, cutting trees, hauling scrap.

They may not have been to a doctor in 20 or 25 years,” Earle explains. “They’re in their late 40s or 50s and suddenly they pass out. They find out they’re diabetic or they have uncontrolled high blood pressure. At least they have a place they can come, once they get stabilized, every three months or so to see a doctor, get lab work done or prescriptions for their medications.”

The clinic treats patients with hypertension, Type II diabetes, high cholesterol, COPD, asthma or thyroid problems. Its prescriptions focus on free or low-cost medications from Kroger, Walmart and Publix, as well as pharmaceutical patient assistance programs; a month’s worth of insulin can cost \$400-\$500. About 80 percent of the clinic’s patients have hypertension; 60 percent of them also have diabetes.

Last year, the pharmaceutical program’s assistance had a retail value of \$640,000.

Tiny budget, big returns

The clinic’s 2016 budget is \$160,000. About 20 percent is from seven area churches’ mission budgets; another 60 percent comes from church members’ individual giving. The return on investment is breathtaking: for every dollar contributed, Faith and Deeds provides \$7 of health care.

Unfortunately, the clinic cut back nurse practitioner hours – and [Reeves’ accompanying patient education](#) – because of budgetary constraints. If there was one thing they could ask for, it would be more funding to expand services.

Volunteerism is more than health care. It’s about caring for individuals, too. Reeves tells of a homeless woman, rejected by her family, suffering from heavy depression and living in a tent on the banks of the Etowah River. The diabetic woman was sweeping the parking lot of a convenience store to get the food left at the end of the day.

She was connected with a church, which she started attending. She found a home through a congregation member whose elderly relative needed a house sitter.

“We still want to be the safety net, Earle says. “Even if things expand, whatever happens in the next election and the next months, we know that people will be back in the emergency room because you can’t get access. If you can’t find a doctor to fill the prescription you’ll wait until you’re out and be

back in the emergency room. We are committed to being that safety net. We just want to care for our patients.”

The invaluable contribution of Rome’s nonprofit Faith and Deeds Community Health and people like Leonard Reeves and Barbara Earle has been replicated 100 times around the state through the Georgia Charitable Care Network. They’re where communities and their volunteers take the initiative and demonstrate that “care” and “our” – ownership – are the operative words.

Donate/volunteer at [Faith and Deeds Community Health](#) or find a [free clinic in your area](#).

Benita M. Dodd is vice president of the Georgia Public Policy Foundation, an independent think tank that proposes market-oriented approaches to public policy to improve the lives of Georgians. Nothing written here is to be construed as necessarily reflecting the view of the Georgia Public Policy Foundation or as an attempt to aid or hinder the passage of any bill before the U.S. Congress or the Georgia Legislature.

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