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Georgia Free Clinic Network

Georgia Health Policy Center

The Potential Impact of Health Reform on Georgia's Free Clinics

INTRODUCTION

Since the passage of the Affordable Care Act (health reform), the Georgia Health Policy Center (GHPC) has been studying its implications for the state, community-based organizations, health providers, and businesses. The Center's aim has been to translate the many features of the Affordable Care Act so that they can be used by stakeholders throughout Georgia to make informed decisions. This requires not only a deep understanding of the Act's details but also of how it plays out "on the ground." Consequently, in commemoration of its 15-year anniversary, the GHPC offered to conduct strategic consultations of the likely impact of health reform on fifteen diverse Georgia stakeholder groups, one for each year of the Center's existence. One group that requested and received the consultations was the Georgia Free Clinic Network along with three free clinic sites: Coastal Medical Access Project (CMAP), Good Samaritan Health and Wellness Center, and Troup Cares, Inc. The following is a summary of what was learned through phone interviews, literature reviews, and site visits about the impact of health reform on these specific three free clinics; however, the findings can also be generally applied to free clinics around the state.

BACKGROUND

According to the Georgia Free Clinic Network (GFCN), the statewide association of the 94 free and charitable medical and dental clinics in Georgia, in 2010, the state's clinics served 220,000 patients, approximately 12% of Georgia's uninsured. GFCN found that:

- 94% of the clinics provide primary care medical services; 46% provide dental services; 46% provide vision services; 86% provide prescription assistance; 83% provide health education; and 34% provide mental health services.
- 63% do not accept payment for services. If a fee is charged, it can vary from $5-$50.
- Individual donations and private foundations are a clinic's primary funding sources.
- Clinics are open an average of 10 hours per week.
- 65% of the clinics in Georgia have a religious affiliation.
- 80% of free clinic patients have one or more chronic illnesses, requiring extensive and ongoing medical care, care coordination and patient education. The most common diagnosis is hypertension, followed by diabetes.
- 57% of the patients seen in Georgia clinics are female; 85% of the patients are between 18 and 64 years of age.
- Most patients are employed, sometimes holding more than one job.
- At an average clinic, the patient mix is typically 41% African-American, 40% White, and 16% Latino.

The Affordable Care Act (ACA) does not specifically address free clinics, but other provisions included in the legislation will significantly impact the type of clients seen and the scope of services provided at the clinics. According to a brief prepared by Kaiser Permanente's Institute for Health Policy, *"The Implications of Health Reform for U.S. Charity Care Programs: Policy Consideration,"* charity care programs will have three options as reform is implemented:

- Continue doing exactly what they are doing now,
- Re-tool to adapt to the need of the remaining uninsured population, or
- Cease operating.

The strategic consultations conducted on the three free clinics revealed that these clinics intend to adapt to meet the needs of their targeted patient population, become self-sustaining, while continuing to provide quality, uninterrupted care as they transition into reform.

COASTAL MEDICAL ACCESS PROJECT (CMAP)

CMAP is a free clinic whose mission is to build healthier communities in Coastal Georgia through programs that increase access to healthcare. CMAP provides three distinct but coordinated services to the uninsured or underinsured residents of Camden, Glynn, and McIntosh counties. Those eligible for services have incomes less than 200% of the Federal Poverty Level (FPL). Through partnerships formed with more than 70 volunteer physicians, faith communities, housing authority officials, health departments, service organizations, private businesses, school systems, and other volunteers, CMAP offers clinic services that include primary, specialty, dental and vision care; Medbank prescription assistance; and chronic disease prevention and management. Since 2003, CMAP has served 2,389 individuals with 13,093 patient visits.

Once fully implemented, the Affordable Care Act is expected to cut the uninsured in Glynn, Camden, and McIntosh counties by roughly 35 percent. A majority of the patients currently served by CMAP's programs will be eligible for Medicaid or have annual incomes low enough to qualify for tax subsidies. In 2016, the remaining number of uninsured under 200% FPL in the three-county area is estimated to be about 5,400 individuals. These populations will continue to face the challenges experienced by the uninsured today, and CMAP and other community stakeholders will determine how to serve them under the new system.

GOOD SAMARITAN HEALTH AND WELLNESS CENTER

Good Samaritan is a non-profit, rural free clinic that provides services for uninsured adults with incomes < 200% FPL who live or work in Pickens County. In 2009, they had a total of 13,064 patient visits, spent approximately $40,000 in specialty care for their patients, and secured more than $1,000,000 in prescription drugs for patients through drug assistance programs. Good Samaritan offers dental services to many patients and will continue to provide this service into the future. Almost all of Good Samaritan's volunteer medical providers are retired.

Upon implementation of the Affordable Care Act, several issues will remain for the residents in Pickens County. The current private provider mix in Pickens County is not sufficient to support the increased demand for services that can go along with increased coverage, through Medicaid or private insurance. The ACA calls for slow but steady provider rate cuts. As rates for Medicaid decrease, and if providers accept fewer Medicaid patients, the strain on the local pool of providers in Pickens County could increase.

Many of Good Samaritan's patients are at income levels less than 133% FPL and will qualify for Medicaid. Others will have incomes low enough to qualify for tax subsidies. Good Samaritan leadership is concerned about whether patients will take advantage of the subsidy or find the penalty to be so low that they will forego the subsidy and pay the penalty. By 2014, Pickens County may see the number of uninsured drop from 5,168 to approximately 1,600.

TROUP CARES NETWORK

Troup Cares Network is a not-for-profit network that supports the working uninsured of Troup County. Located in LaGrange, it is a broad-based community partnership that includes a free clinic, pharmaceutical support, dental clinic, foundation, hospital, physicians groups, information and referral service, drug store patient screening service, a federally qualified health center (FQHC), and United Way. The free clinic sees about 50-60 patients a week, providing primary care, prescription assistance and care management. A local church that is part of the network houses a dental clinic.

To be eligible for services, individuals must be uninsured, have an income ≤ 200% FPL and meet other criteria related to age, residence, employment and citizenship status.

Since most of the coverage provisions in the Affordable Care Act will not be fully implemented until 2014, there will continue to be a need for services for the uninsured between now and then. GHPC estimated that the currently targeted group for Troup Cares, i.e., those ≤ 200% FPL, will decrease from 5,370 in 2007 to 1,894 in 2016 as a result of ACA's likely impact on the county. Of the approximately 3,000 individuals who will be uninsured in Troup, an estimated one-fourth will be undocumented and 25% eligible for Medicaid. GHPC further estimated that those living in a family of four with income between 133-200% FPL (which corresponds to Troup Cares' eligibility criteria) will have premiums of about $50 to $100 a month (after the subsidy).

FINDINGS RELATED TO THE POTENTIAL IMPACT OF HEALTH REFORM ON THE THREE CLINICS

Based on discussions with the statewide network and the three free clinics, some common concerns, challenges, opportunities, and next steps were identified. These include:

- Since many of the components of health reform will not be implemented until 2014, the clinics will continue to target patients who are underserved by mainstream medicine and provide services less readily available elsewhere.
- There is an incorrect assumption that these clinics will be phased out as health reforms are enacted because there is a basic belief that there will not be insurance coverage gaps, that free clinics are "temporary" and that free clinics are not interested in participating in third-party programs.
- There is a general need to increase awareness of the value of free clinics. Free clinics have traditionally been "gap fillers, stepping up to fill the void." Oftentimes, policy makers and others confuse the free clinics with federally qualified health centers (FQHCs). With so much health reform funding going to the FQHCs, there is concern that legislators and others may not think it necessary to fund free clinics.
- Workforce shortage problems are prominent for free clinics and other provider groups, and are expected to increase due to the anticipated increased demand of the newly insured under the new Act. A major concern is that the active providers (i.e., the physicians) may not be willing to continue to volunteer because they may be too busy treating the newly insured patients, or that a shift to a new model could create the illusion that volunteer providers are no longer needed. Clinics believe that, given the workforce shortage concerns, they should develop a local strategy, aligned with a state strategy, on how to meet the needs of patients.
- Experts believe free clinics should be collecting demographic, health status, income and utilization data and identifying outcomes because that will improve their understanding about their uninsured patients, enhance their capacity to forecast who will be eligible for various coverage options, as well as help them "tell their story." However, one of the major challenges is getting volunteers, especially retired physicians, to use electronic records.
- There are many opportunities for free clinics to assume a 'navigator' role for their patients. Patients may need assistance navigating a complicated eligibility process (e.g., Medicare, Medicaid, PeachCare, individual exchange and small group exchange). A navigator can serve as an interpreter of all the insurance options as well as help with enrollment. With new provider options – or even a limited, strained provider system – navigators can help patients find the appropriate provider who will accept their insurance and be easily accessible.
- The clinics can take advantage of the small business provisions of health reform by applying for the business tax credits and participating in the Health Insurance Exchanges.
- Free clinic clients as well as the broader communities served by the clinic require quality, unbiased information on the ACA as regulations unfold. Many of the clinics have a very local, community-oriented appeal and could possibly become connecting agencies and assume the role of disseminating accurate information about health reform to the community.
- Clinics could convene or assist in convening the larger community to think more broadly about the community's desired approach to health reform, and examine the new role that the free clinic could play.
- Rather than focusing only on the uninsured, the clinics should think more broadly about access to care (knowing that being insured does not necessarily equate to having access to care). This is particularly important given the concern that there may not be access to physicians for those newly eligible for Medicaid.
- During the next four years, free clinics should identify ways to partner with other healthcare providers, social services, educational institutions, and businesses. Such collaborations could include partnering with FQHCs, working with hospitals to use community benefit dollars to support the free clinics, serving as a training site for physicians and nurse practitioners, educating small businesses about health reform, and coordinating with other agencies to provide needed social services, health education, and health promotion.

CONCLUSION

While the implementation of the Affordable Care Act will significantly reduce the number of uninsured Georgians, the full effect will not be realized until 2014 and beyond. During the transition period, and subsequent to 2014, there will be challenges in meeting the needs of those remaining outside the newly expanded system of coverage, which includes: non-citizens; those still without affordable coverage options available to them; those choosing to pay tax penalties instead of enrolling in coverage; and those eligible for subsidized coverage but not enrolled in it for a variety of reasons. The Center's strategic consultations helped the clinics initiate the needed discussions. Many feel they can adapt to meet the challenges and continue to provide quality care by attaining sustainable funding, developing meaningful collaborations, collecting quality data, and shifting the focus of their services to include navigation, outreach, education, and health promotion. The Georgia Free Clinic Network, the statewide association, will continue to offer technical assistance and other support to help the clinics to continue, adapt, and thrive.

The Georgia Health Policy Center (GHPC), housed within Georgia State University's Andrew Young School of Policy Studies, provides evidence-based research, program development, and policy guidance to improve health status at the community level. For more information about GHPC and its work in health reform, please visit www.gsu.edu/ghpc.