

PORTLAND COMMUNITY FREE CLINIC

The 2002 Annual Update 9 Years of Service

The Portland Community Free Clinic (PCFC) is a private-public partnership between Mercy Hospital, the City of Portland Department of Health and Human Services' Public Health Division, community volunteers, and contributors. The mission of the PCFC is to provide free, comprehensive health care to low-income, uninsured adults in the Greater Portland area. The PCFC is open Monday through Thursday evenings and Thursday afternoons. Each clinic serves between six and eighteen patients, depending upon the number of providers available. Clinics are staffed by volunteer physicians, nurse practitioners, nurses, counselors, and receptionists. PCFC staff is available during the day to accept new patient referrals, schedule appointments, provide follow up on diagnostic tests, obtain patient medication and supplies, perform case management, and promote continuity of care. The PCFC will celebrate its 10th anniversary in 2003.

WHO WE ARE, WHO WE SERVE

The PCFC serves adults 18 and older who live at or below 200% of the Federal Poverty Guidelines, have no health insurance, have stable housing, and have no primary health care provider. Patients must also reside in the PCFC's service area, comprised of seventeen towns surrounding Portland. While some patients drive as far as 40 miles to receive care at the PCFC, eighty percent of PCFC patients reside in Portland, South Portland or Westbrook. During 2002, the PCFC began providing primary medical care to 288 new patients and continued to serve 247 established patients. A residential breakdown of PCFC patients served during calendar year 2002 is noted in Table 1:

Table 1

Residence	% of PCFC patients seen during 2002
Portland	63%
South Portland	11%
Westbrook	6%
Other	20%

PCFC patients are more likely to be:

- employed (54%)
- female (52%)
- renting their living space (59%)
- unpartnered (75%)
- high school graduates (61%)
- current tobacco users (50.5 % men and 43.5% women)
- without minor children in the home (84%)

MEDICAL PROBLEMS ADDRESSED AT THE PCFC

Patients of the PCFC receive preventive health care through a variety of services such as physical exams, health education, resource connection, and flu shots. However, patients of the PCFC also present with a variety of diagnoses that are common in any primary care setting requiring acute and chronic disease management; according to statistics, the top ten medical diagnoses treated at the PCFC during calendar year 2002 were:

- **Depression**
- **Hypertension**
- **Diabetes**
- **Pain (extremities, joint, abdomen)**
- **Skin rashes**
- **Generalized Anxiety Disorder**
- **Hepatitis C**
- **Pharyngitis**
- **Upper Respiratory Infections**
- **COPD**

As can be noted from the above list, 7 of the top 10 medical diagnoses treated at the PCFC are chronic conditions, requiring long-term, comprehensive medical treatment and follow-up. Chronic conditions also necessitate a great deal of patient self-management, requiring extensive patient education and support to increase the likelihood of improved health outcomes; PCFC volunteers and staff are dedicated to empowering patients to take an active role in their health care.

SERVICE PROVISION

The PCFC offers high quality primary and specialty health care. Nearly 200 providers donate their time to PCFC patients at the Clinic or in their private practices. Paid PCFC staff consists of one part-time Public Health Nurse, one part-time Office Assistant, one part-time Medical Director, and one full-time Clinic Coordinator.

ON-SITE SERVICES:

Primary Health Care at the PCFC: Forty-seven physicians, 3 nurse practitioners, 36 registered nurses, 5 social workers, and 24 receptionists donated their time at the PCFC during 2002. Family practice physicians, internists, and nurse practitioners from a variety of practice backgrounds all provide primary care to PCFC patients. Components of primary care include, but are not limited to, annual physical exams, acute and chronic disease management, health screenings, preventive health education, and some urgent care. For calendar year 2002, primary care providers completed **1286 patient visits**.

Specialty Health Care at the PCFC: In addition to primary care, the PCFC continues to offer on-site specialty care to its patients at no cost. During calendar year 2002, specialists in the areas of Acupuncture, Allergy, Cardiology, Dermatology,

Endocrinology, Gastroenterology, Mental Health Counseling, Nutrition, Orthopedics, Podiatry, Psychiatry, and Rheumatology provided **487 on-site specialty visits**.

Value of Donated On-Site (Primary and Specialty care) PCFC Services

Physicians	\$226,290.00
Registered nurses	\$19,875.00
Receptionists	\$3,900.00
Social workers	<u>\$13,400.00</u>
Total	\$328,755.00

OFF-SITE SERVICES:

Community (Off-Site) Specialty Care visits: In addition to on-site specialty care, patients of the PCFC receive some medical specialty care in the community. Off-site care may be necessary for certain procedures, such as colonoscopies and mammograms, or for less commonly used services, such as surgical consultations. During 2002, **128 initial community-based referrals** were made through the PCFC. Community-based consultations involved a variety of medical specialties, including: Allergy, Dental, Dermatology, Gastroenterology, Gynecology, Otolaryngology, Nephrology, Neurology, Neurosurgery, Optometry, Oral surgery, Orthopedics, Urology, Vascular Surgery, Plastic Surgery, Physical Therapy, Rheumatology, and General Surgery.

HEALTH PROMOTION AND PREVENTION

Health promotion and prevention are a part of each patient visit to the PCFC. Health information is routinely discussed with patients; for example, the staff and volunteers of the PCFC attempt to identify all patients who are currently using tobacco products and actively encourage tobacco cessation. The PCFC has on staff one volunteer Registered Dietician who provides PCFC patients with on-site nutrition counseling.

Blood pressure, weight, fecal occult blood testing, and cholesterol are just a few examples of the health screenings routinely completed at the PCFC.

The PCFC is a contracted provider with the State of Maine's Breast and Cervical Health Program (MBCHP). This program works to improve health care access to low-income, uninsured women by providing funding for Pap smears, clinical breast exams, and mammograms.

MENTAL HEALTH SERVICES

During 2002, the PCFC had one psychiatrist and five counselors who provided on-site mental health services. During 2002, the PCFC psychiatrist completed **58 patient visits**. Counselors provided **163 counseling sessions** during 2002. Additionally, nearly **\$42,000.00 worth of anti-depressants** was obtained through pharmaceutical patient assistance programs during 2002.

PATIENT FINANCIAL ASSISTANCE

On July 1, 2001, the PCFC began requiring its patients submit financial assistance applications to Mercy Hospital's Billing Department. Although all on-site services provided at the PCFC are free to those who meet the financial criteria, Mercy Hospital determines a patient's eligibility for free or reduced cost for services provided *outside* of the PCFC. Many of the PCFC's community-based specialists also use Mercy's eligibility determination for their own billing purposes.

For those PCFC patients who completed financial applications at Mercy Hospital in 2002, **91% were approved for free or reduced care**. Table 2 provides a summary of the applications received between January 1, 2002 and December 31, 2002.

Table 2

Applications received during 2002	#	Percent of total applications
Approved at 100% discount	114	67%
Approved at 75% discount	8	4%
Approved at 50% discount	23	14%
Approved at 25% discount	7	6%
Pending additional information	0	0%
Denied (no documentation)	6	4%
Denied (over guidelines)	10	6%
Patient did not return application	1	1%
Total applications received during 2002	169	
Total applications approved for free/reduced care	152	

Mercy Hospital provides PCFC patients, at free or at reduced cost, ancillary services related to medical care. Examples of ancillary services include diagnostic testing such as laboratory studies, mammography screening, radiology services, electrocardiograms, and pulmonary functions tests. Mercy Hospital provided several PCFC patients with diabetes education and physical therapy services during 2002. Mercy Hospital's Breast Health Resource Center completed **53 mammograms** for PCFC patients during 2002 while Mercy Hospital's cytology lab performed approximately **80 Papanicolaou tests** (Pap smears). Table 3 is a breakdown of PCFC patient visits to Mercy Hospital.

Table 3

PCFC patient visits to Mercy Hospital for calendar year 2002	Number of visits
ER visits	75
Inpatient	6
Outpatient	443
*Total dollar amount of Mercy Hospital write-offs for PCFC patients	\$169,980.00

*Includes patients discounted at 100%, 75%, 50%, and 25%. Also includes those patients categorized as 'self-pay'.

PHARMACEUTICAL ASSISTANCE

Pharmaceutical costs are the fastest growing medical-related health care expenditure in the United States. Between 1995 and 2000 alone, pharmaceutical costs in the United States doubled (Kaiser Family Foundation, 2001). For those individuals without health insurance, prescription costs present a major financial barrier; the need to access affordable medication is listed as one of the top three reasons patients visit the PCFC. Several resources are utilized at the PCFC to ensure that medication is provided to all patients unable to afford their prescriptions, they are:

1. **Patient Prescription Assistance Programs.** Administered through the pharmaceutical companies, these programs provided PCFC patients with \$62,249.00 worth of medications during calendar year 2002.
2. **Donated pharmaceutical samples.** The PCFC distributed approximately \$32,000 worth of medication samples during 2002.
3. **Vouchers from the PCFC voucher fund.** During 2002, vouchers were written for \$17,636.00 dollars worth of medication. Mercy Hospital and donations from the community provide the financial support for the voucher fund.

<u>Value of Pharmaceutical Services</u>	<u>Approximate Value</u>
Drug Company Patient Assistance Programs	\$62,249.00
Pharmaceutical Samples	\$32,000.00
Emergency Vouchers	<u>\$17,636.00</u>
Total Medication Assistance	\$118,885.00

PCFC FINANCIAL SUPPORT

The day-to-day operations of the PCFC are possible because of financial support from Mercy Hospital, the City of Portland, and private donations. During 2002, Mercy Hospital provided **\$125,046.00** to support staff salaries and building maintenance; approximately **\$26,633.00** was raised from fund drives. The Public Health Division administers the program and contributes to its facility operational costs. Private donations totaled **\$4,676.00** in 2002; contributors included the United Way, Portland Provident Association, Mercy Hospital School of Nursing, the Sisters of Mercy, the Nurse's Alumni Association of Maine Eye and Ear Infirmary, Intermed Park Ave., and individuals.

HIGHLIGHTS OF 2002

There were many PCFC highlights during, 2002, most notable were:

- **Free Clinics of Maine Conference:** In October of 2002, the PCFC hosted the inaugural Free Clinics of Maine Conference at the Stonehouse Conference Center in Freeport, Maine. Eleven clinics were represented at the conference. This event was made possible by the Volunteers in Health Care Outcome Evaluation Grant

awarded to the PCFC. Timothy Prince, Vice President of Planning and Marketing at Mercy Hospital, served as the conference facilitator. Jim Beckner, Executive Director of the Fan Free Clinic in Richmond, VA, Founding President of the Board for the Virginia Association of Free Clinics, and Board Member of the National Association of Free Clinics, served as the conference's keynote speaker.

- **Portland Community Free Clinic Evaluation:** Monies from the Volunteers in Health Care Outcome Grant were utilized to fund a PCFC evaluation during early 2002. The evaluation was completed by the Public Health Resource Group and carried with it two primary objectives: to develop clinic-based quality assessment benchmarks and to evaluate the current success rate of those benchmarks. The benchmarks developed and evaluated in this report, based on Healthy People 2010 objectives, will be used as tools for future quality assurance programming at the PCFC.
- **Tobacco Cessation Program:** To address the high incidence of tobacco use among PCFC patients, the Clinic, in conjunction with the State of Maine's Partnership for a Tobacco-Free Maine (PTM) and the Center for Tobacco Independence (CTI), began work on a tobacco cessation project in late 2002. A comprehensive smoking cessation program will be made available for interested PCFC patients. Dr Lani Graham, former Director of the Maine Bureau of Health and a PCFC volunteer, will serve as the program's principal counselor. This program will be groundbreaking as it will be the first time the PTM provides funding for bupropion (Zyban) in its State-wide smoking cessation efforts.
- **Volunteer Appreciation:** Attempts are made to recognize our volunteers throughout the year. In the summer of 2002, all on-site PCFC volunteers were given embroidered PCFC sun hats; all off-site specialists were given recognition plaques for their offices. In December of 2002, volunteers were treated to jams and mustards from Stonewall Kitchen.

CHALLENGES FOR 2003

While 2002 was a productive year for the PCFC, many challenges lay ahead.

- **Serving in an ever-changing health-care environment.** The year 2003 and beyond will present challenging times for all health care providers and consumers. We have yet to realize the full impact of a changing economy and pending state health care policies on health care access, quality, and cost.
- **Volunteer recruitment and retention.** Volunteer recruitment remains a priority for PCFC staff. PCFC staff will continue to use a variety of methods to recruit and retain volunteers.
- **Serving a diverse population.** While the face of the Greater Portland area changes, so too does the health needs. PCFC staff is working with community

members and service agency representatives to improve health care access for all.

- **Strengthening community bonds.** All involved with the PCFC recognize that the “go it alone” approach to community health is not effective. Staff of the PCFC will continue to foster existing relationships with its community partners in addition to creating new relationships.
- **Marketing issues.** The marketing of PCFC services will be an additional priority for the year 2003. Public education stressing the use of primary care and prevention, rather than emergency care, is a challenge that the staff of the PCFC and its community partners hope to address in the coming year.
- **Universal healthcare.** While we celebrate the tremendous collaboration and contributions that have made the PCFC possible for so many years, we need to continue to work in the policy arena toward universal healthcare coverage for all Maine residents.

PORTLAND COMMUNITY FREE CLINIC: A COMMUNITY INVESTMENT

Currently, fourteen percent of the population of the State of Maine is uninsured. Research has shown that the uninsured are less likely to receive preventive care and more likely to be diagnosed at later stages of disease. The uninsured are also less likely to receive aggressive treatment for a disease once diagnosed and suffer from worse health outcomes. While the preventive care and chronic disease management services provided at the PCFC help are aimed at improving the health status of individuals, ultimately, the health status of the community improves as well.

The Portland Community Free Clinic exemplifies the power of private-public partnerships. Low-income persons with no health insurance, often falling between the cracks of the health service system, are provided with comprehensive health care. This care is made available by the generous efforts of Mercy Hospital, the Portland Public Health Division, and a network of dedicated volunteers.

The Staff of the PCFC are dedicated to moving forward with the Clinic’s mission: to provide free, comprehensive health care to low-income, uninsured adults in the Greater Portland area until the day comes when our services are no longer needed.

Respectfully submitted:

Alexandra Penney, RN, MPH
Program Coordinator
Portland Community Free Clinic