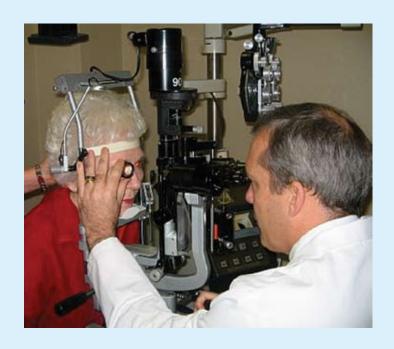


Caring Across The Commonwealth

As health care costs continue their upward spiral, the human toll of those increases is increasingly clear. According to the Centers for Disease Control and Prevention, there are an estimated 664,409 uninsured adults between the ages of 18 and 64 living in Virginia. Of those uninsured, 66.5 percent fall below the poverty line. While Medicare and Medicaid provide care to children, elderly and the disabled, many people cannot afford the costs of health insurance or the costs of medical care.

In response to the plight of the uninsured, organizations throughout the state have stepped in to address access to care issues and provide a safety net for those who would otherwise go without medical care. Thanks to a network of physicians, free clinics, hospitals, nonprofit groups and health care professionals, more options are now available to the uninsured.



Free Clinics

Virginia's network of free clinics has been providing care to the uninsured since 1970 when Richmond's Fan Free Clinic first opened its doors. In 1974, Roanoke established the Bradley Free Clinic and the number of facilities continued to grow. Today, the commonwealth has the second largest free clinic system in the country behind North Carolina.

The Virginia Association of Free Clinics (VAFC) provides support to the state's 50 free clinics and serves as an advocate for the uninsured.

Mark Cruise, Executive Director of the Virginia Association of Free Clinics (VAFC), credits a series of events in the early 1990s with the rapid growth of the state's free clinics.

First, the Virginia General Assembly passed Senate Bill 499 which expanded immunity for free clinic volunteer health professionals. Under the law, the Commonwealth would cover any defense costs in the event of a lawsuit and would pay for any damages up to the malpractice cap.

"The expansion of immunity removed any lingering concerns about liability issues for free clinic volunteer providers. This paved the way for more physicians to volunteer their time," Cruise said.

A second factor in the growth of Virginia's free clinic system was the financial support of a large insurance company. In 1992, Blue Cross Blue Shield (now Anthem Blue Cross Blue Shield) conducted a study of the uninsured in Virginia. Seeing the vital role free clinics, the company

started providing funding to free clinics. Since 1992, the company has contributed approximately \$8 million to this worthy cause.

Third, the Virginia General Assembly and its Joint Commission on Health Care established the Virginia Health Care Foundation to promote programs which improve access to health services. This public/private partnership has provided grants totaling more than \$4.5 million for free clinics since 1992.

Throughout their history, Virginia's physicians have played a key role in providing care to the uninsured. In 2004, more than 2,400 Virginia physicians volunteered their time in a free clinic. Last year, physicians were instrumental in providing more than 121,000 general medical visits worth \$10.3 million. Another 36,000 specialty medical visits contributed \$5.7 million in health care services to the uninsured.

"The beauty of a free clinic to physicians is that they offer a coordinated way for physicians to give back to the community. They provide a venue for volunteer physicians to see uninsured patients," Cruise said. "The free clinic is able to meet all of the patient's health care needs, including prescription medications. Physicians are able to practice medicine without the bureaucratic burden of paperwork and insurance. They also enjoy the camaraderie of volunteering with their peers."

A recent outgrowth of the VAFC is the Free Clinic Medical Directors Council, established in 2004. Trice Gravatte, MD, serves as the current president of the organization that provides opportunities for medical directors to network, learn from each other and troubleshoot shared problems. "The council provides a mechanism whereby clinic directors can be linked. It provides a way for physicians to directors to network, share ideas and learn," Dr. Gravatte said. "It's a wonderful group of people and I enjoy working with them."

The free clinic system would not be possible without the dedicated support of volunteer physicians, dentists, nurses, pharmacists and other health care professionals. Those interested in volunteering their time should contact their local free clinic or visit the VAFC website, www. vafreeclinics.org.



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Community Programs

While the state's free clinics provide an invaluable resource to the communities they serve, a number of localities have sought to unify existing programs and augment the health care options available to the uninsured. The following access to care organizations offer a glimpse of several innovative partnerships that are making a difference in the lives of patients throughout the Commonwealth.

Access Partnership of Hampton Roads

www.accesspartners.org

The focus of Access Partnership of Hampton Roads is to strengthen the health care safety net by expanding existing programs, implementing new services for identified gaps in primary care and chronic illness prevention and coordinating care for medically indigent residents of greater Hampton Roads area. The coalition is comprised of 177 members representing 94 different organizations.

Access Partnership got its start in 1998 thanks to a Turning Point Grant awarded by the Kellogg Foundation. Norfolk was one of 41 cities in the U.S. to receive the grant which addressed issues associated with providing access for the uninsured.

According to Candice Driskell, Executive Director of Access Partnership, the first step was to form a committee representing a number of organizations including Sentara Health Foundation, The Planning Council, Peninsula Institute of Community Health (PICH), Eastern Virginia Medical School, Portsmouth Community Health Center, United Way of South Hampton Roads and many other organizations.

"The committee started looking at the top needs in the community. The issue that came up continually was the need for a pharmacy,"

Driskell said

Although some of the uninsured were receiving treatment, they were unable to adequately address their health problems because they could not afford medications. Access Partnership took on this issue as their top priority and created Pharmacy Care of Hampton Roads, a central-fill pharmacy developed to improve access to prescription medications to financially qualified patients of safety net providers (Community Health Centers and Free Clinics). The city of Newport News donated the space and AHCAP grant paid to renovate the office space, purchase equipment and computers and hire pharmacy staff and eligibility workers.

In September, Access Partnership also started its Community Access to Care (CAC) program in conjunction with PICH. For the pilot project, 500 eligible patients were selected who met certain criteria. CAC provides access to diagnostic and specialty care at reduced, prenegotiated rates to patients who receive primary care at a partnering community health center or free-clinic.

Participating patients' Care Card identifies their affiliation with CAC and removes the stigma of walking into a physician's office without an insurance card.

In addition to its involvement in numerous other activities throughout the Hampton Roads, Access Partnership hosts bi-monthly symposiums for its members to address a variety of topics related to access to care issues.

"The symposiums help us to identify gaps in the health care system and strengthen the services we offer to the uninsured," Driskell said. "The needs in the community are so immense, but we are committed to helping patients one at a time."

Lynchburg Access Coalition

The Lynchburg Access Coalition was established in to unify and support the existing services available in the community. Johnson Health Center, the Free Clinic of Central Virginia and the local health department were each providing specific services to the uninsured in the Lynchburg area.

"We already had a system in place to provide health care to the uninsured in our community," said Patricia Pletke, MD. "The Lynchburg Academy of Medicine and the community are very dedicated to caring for the needs of the uninsured."

Despite the community's commitment to ensuring access to care, health care leaders wanted to begin working together and determine both weaknesses and strengths of the system.

"We came together to identify who might be falling through the cracks and not receiving care. It was heartening to see that all the major players were willing to get together and address the problem collectively," Dr. Pletke said.

For example, the dental program at the Free Clinic of Central is well run. Rather than duplicate the service at another facility, patients could instead be referred to the free clinic.

The Lynchburg Access Coalition makes it a goal to meet every two months to discuss the issues facing the community. Dr. Pletke said these meetings have fostered a sense of cooperation that did not exist before the coalition was established.

In the future, the organization hopes to see greater participation among the entire medical community and provide better continuity of care for the uninsured. "Our goal is to encourage all members of the medical community to participate in some way. We want to provide as much care within the community as possible without having to send patients elsewhere," she said.

"Virginia's physicians volunteer a significant amount of their time to treat our uninsured patients both in their offices and in the free clinic setting. The MSV is committed to improving the health care system to ensure that all Virginians can receive the care they need."

Norris A. Royston, Jr., MD

MSV President

Project Access of Danville

www.projectaccessdan.org

With an uninsured population exceeding 20,000, the Danville community knew it needed to address its ability to provide access to adequate health care. The community began investigating its options and decided to adopt the Project Access model, first established in Asheville, NC.

"We did our homework to ensure this program would work for us. We visited Asheville and decided this program would meet the health needs in our community," said Bill Crumpton, operations manager with Project Access

Project Access got its start in Buncombe County (Asheville, NC) in 1996 thanks to the committed physicians of the Buncombe County Medical Society. Although many physicians did offer free services to the uninsured, acquiring specialty care, laboratory services and medications for patients presented a challenge. Following the success of the program, the American Project Access Network (APAN) was formed to guide other communities in adopting the Project Access model. Danville became the first locality in Virginia to start such a program.



- In 2004, **2,473 physician volunteers contributed their time to free clinics in Virginia**. Those physicians helped provide 121,362 general medical visits worth **\$10.3 million** and 36,269 specialty medical visits worth **\$5.7 million**.
- In 2004, Free clinics provided 63,625 low-income, uninsured Virginians with \$69.6 million of "billable" health care services.

"Our program was somewhat revolutionary in that it was not driven by a medical society, but by members of the community," Crumpton said. "But, Danville's physicians have been very supportive with approximately 130 participating in the program."

Pradeep K. Pradhan, MD is pleased with the growth of Project Access of Danville and with the enthusiasm of the program's volunteer physicians. "The program has grown much bigger than what I imagined," Dr. Pradhan said. "The Danville Academy of Medicine has been so supportive. Our physicians go above and beyond to provide medical care to those in need."

Project Access of Danville serves an average of 500 to 550 patients providing primary and specialty care, in- and out-patient hospital services, laboratory and radiology services and prescription assistance. While physician participation has been strong, Crumpton hopes to expand the program in the future and recruit a more diverse base of doctors from all specialties.

Project Access is part of the larger PATHS (Piedmont Access to Health Services, Inc.) program. Other initiatives include the following:

- Health Centers of the Piedmont Provides comprehensive health care services for the family.
- Southside Virginia MEDAssist Offers medication assistance services to those without prescription insurance coverage
- CHAAP (Community HIV/AIDS Assistance Program) Ensures that qualifying patients have access to health and other lifesustaining services.

Project Access Roanoke

Roanoke became Virginia's second community to adopt the Project Access model. Area physicians first started organizing Project Access Roanoke in January 2003 after Robert L. Keeley, MD learned about the Asheville-based program.

Board members of the Roanoke Valley Academy of Medicine embraced the idea and began researching the possibility of establishing the program in the area. In addition to coordinating with APAN, several town meetings were also held to determine the need for such a program.

In September 2003, Kate Ellmann was hired as executive director of the academy and to assist with the start-up of the Project Access. Ellmann made her first presentation to a group of practice managers. "The response from the practice managers was overwhelming. Although we planned to wait before we started meeting with physicians, the practice managers wanted us to begin the meetings right away," Ellmann said.

Between November and April of 2004, Frank Cotter, MD, Mark Watts, MD and Ellmann made over 60 presentations investing a significant amount of time and energy into gaining the support of the physician community.

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"The response form the physicians was incredible. They were signing up on the spot. They were always positive and encouraging," Ellman said.

On May 5, 2004, Project Access held a widely-attended press conference where their first patient was introduced. Since the then the program has grown to include more than 430 physician volunteers from a number of specialties treating 772 patients. Thanks to the support of physicians, no eligible patients have been turned away.

Ellmann calls Project Access a "free clinic without walls" — this structure is one of the keys to the success of the program. Rather than seeing patients in a clinic, the patients see the physician in their office, during regular office hours. Providing care in the office setting also gives the physician access to his or her medical equipment, which is not always available in a traditional clinic setting.

Patient referrals usually come from within the community, while referrals for specialty care come from three organizations that provide basic care, Bradley Free Clinic, Kuumba and Rescue Mission and from participating physician offices. To be accepted into the program, patients first meet with Project Access staff to complete paperwork, schedule an appointment and receive their identification card. Similar to an insurance card, the Project Access ID is presented when the patient walks into the physician's office for an appointment.

"The ID card lends the patient a bit of pride. Sometimes having to explain that they are uninsured is enough to prevent patients from getting the care they need," Ellmann said.

Patient responsibility is another integral part of the program. Each patient receives an informational sheet explaining their responsibilities for the care they receive, such as showing up for appointments on time and renewing their ID card when necessary.

"We are respectful of our volunteer physicians and go to great lengths to ensure the patient load is spread evenly among volunteers and they don't feel overwhelmed. So far, no physicians have dropped out of the program," Ellmann said.

The program's niche has been specialty care. Project Access has physician volunteers in every area of medicine with the exception of oncology and endocrinology. Additional services including labs, x-rays, facility usage, therapy etc are provided by the following participating organizations: Carilion Health System, Lewis-Gale Medical Center, Lucas Therapies, P.C., Bradley Free Clinic, Center for Advanced Imaging, Roanoke Valley Center for Sight, Roanoke Ambulatory Surgery Center and Virginia Prosthetics donate services to Project Access. All services are donated and offered free of charge to eligible patients. Project Access is supported by funding from Carilion Foundation, Virginia Healthcare Foundation, Roanoke Valley Academy of Medicine and private donors.

"Project Access of the Roanoke Valley has proven to be a superb example of what physicians can accomplish by pooling their skills and resources," Dr. Watts said. "We have delivered over \$1 million in charitable care in our inaugural year on a shoestring administrative budget. Charitable care has been delivered quickly and efficiently-free of government red tape and wrangling. This is truly a program designed by physicians, for physicians."

REACH

(Richmond Enhancing Access to Community Healthcare)

www.reachva.org

With more than 103,000 uninsured, groups in Greater Richmond have worked hard to improve access to health care. According to Denise Daly, REACH Executive Director, REACH coordinates the efforts of numerous organizations to improve services to the community's uninsured.

"In 2000, a group of individuals interested in access to care issues

began meeting to discuss the challenges of providing care to the uninsured in the community. These meetings allowed us to address common challenges and concerns facing the organizations," Daly said.

REACH's Board of Directors includes a number of health care providers such as:

- Cross Over Ministry
- Daily Planet Health Care for the Homeless
- Fan Free Clinic
- Greater Richmond Homeless Respite
- Irvin Gammon Craig Health Center
- North District Community Health Clinic
- Richmond City Department of Public Health
- Vernon J. Harris Health Center
- · Virginia Commonwealth University Health System.

Through a \$1.1 million Community Access Program (CAP) grant from the US Health Resources and Services Administration, REACH has developed MORE Access, a web-based system which allows staff of community-based health care providers and health systems to easily determine whether a patient meets the criteria for health care services.

Daly said the biggest strength of REACH is its unified approach to using existing services to meet the needs of the uninsured in the community. REACH coordinates work groups; collects and analyzes data; researches best practices; advocates for the uninsured and the organizations that serve them; and refers individuals and families to safety net providers and applicable public programs.

"By addressing access to care as a group, we can avoid duplicating services and identify needs that are not being met," Daly said.

In looking to the future, REACH hopes to offer patients assistance in meeting pharmaceutical needs and further strengthen the health care programs serving the Richmond area.

RxPartnership

The cost of prescription drugs also presents a significant challenge to the uninsured. While paying for prescription medications is a burden for many, it is impossible for some. More then one in four uninsured Virginians go without needed medications because they cannot afford to pay for their prescriptions.

In 2003, The Medical Society of Virginia Foundation and the Virginia Health Care Foundation jointly facilitated the creation of Rx Partnership (RxP), a 501(c)3 organization changed with increasing access to free prescription medications for Virginia's eligible uninsured.

RxP solicits free medications in bulk from pharmaceutical companies and arranges for their distribution directly to nonprofit, licensed pharmacies which it credentials and monitors. These pharmacies are typically operated by free clinics and community health centers.

Currently, RxP has 20 affiliated clinics with over 30 clinical delivery sites. The organization works with three pharmaceutical companies, GlaxoSmithKline, Merck and Novartis. Since October 2004, \$3.8 million in prescription drugs have been distributed.



Medical Society of Virginia

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