

Free clinics fill gaps in health safety net, survey finds

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Free clinics across the U.S. provide care to about 1.8 million mostly uninsured patients annually and the majority of clinics receive no government support, according to the first comprehensive survey of all known free clinics since the 1960s.

The study, conducted by University of Illinois at Chicago researcher Julie Darnell, appears in the June 14 issue of <u>Archives of Internal</u> Medicine.

The survey found 1,007 free clinics operating in the U.S., in every state but Alaska. Collectively, they provide an estimated 3.1 million medical visits and nearly 300,000 dental visits annually.

"The magnitude of care is much greater than what is generally recognized," said Darnell, assistant professor of <u>health policy</u> and administration at the UIC School of Public Health.

The study is based on survey results that include information on operations, patients, services, staff and volunteers from more than 75 percent of free clinics existing during the survey period from October 2005 through December 2006.

A free clinic, according to the study, targets care to the uninsured, is a direct provider of health care services, provides care that is delivered by volunteers, and provides free care (not contingent on any kind of payment.)



"These clinics do not bill patients, they do not reschedule appointments if patients can't pay, and there is no denying care," said Darnell.

Her study found that free clinics are "gap-fillers," providing services that aren't readily available to low income patients from other safety net providers.

"I have no doubt that there will be a need for free clinics after comprehensive <u>health care reform</u>," said Darnell, "because it is estimated that 23 million people may still be uninsured. We can anticipate that people will have problems accessing primary care, especially given the workforce shortages that we are likely to encounter in primary care."

There is no "typical" free clinic, according to the study.

Free clinics are open, on average, about 18 hours per week; most have hours during the day and evening; they allow very flexible scheduling of patients, including walk-in visits; and they exist on very small operating budgets.

"Half of all clinics have budgets of less than \$125,000," said Darnell, which shows how much care they provide with very little funding.

These clinics primarily utilize volunteer physicians, nurses, nurse practitioners and a full spectrum of providers. Social workers and psychologists, however, are underrepresented among volunteer staff.

Remarkably, said Darnell, free clinics are typically funded by non-governmental sources that include private contributions, civic groups, churches, foundations and corporations.

The oldest free clinic in the study was founded in 1911. Most have been



in operation since 1990.

Free clinics serve a disproportionate number of racial and ethnic minority groups, but half of all patients are white. Most patients are female adults between 18 and 64, and are low income (at or below 200 percent of poverty).

"These patients don't generally qualify for Medicaid or Medicare," Darnell.

The study found that free clinics provide a limited set of services, including medications (primarily through medication samples and pharmaceutical assistant programs), physical exams, health education, urgent and acute care, and eye and dental care.

Free clinics often assist patients with free or low cost care off-site, providing access to laboratory testing and X-rays through arrangements with other providers.

While clinics operate with minimal budgets and voluntary caregivers, "it's noteworthy that two-thirds of clinics have a paid executive director," said Darnell.

"There is much to gain by integrating free clinics more formally into the health care safety net," said Darnell. "But two things need to happen. Free clinics need to come out of the closet - they are used to serving below the radar - but at the same time, policy makers and other safety net providers need to acknowledge the valuable role that free clinics currently play."

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