

Hospital Collaboration with Free Clinics: A Win-Win in Support of Population Health

By Todd Sagin, M.D., J.D., Sagin Healthcare Consulting

Not-for-profit hospitals have always had service to their communities at the core of their missions. One of the most important functions of the hospital or health system governing body is to provide direction to the organization as it strives to meet this essential purpose. In recent years, board members have been exhorted to focus on “population health”—addressing the overall health needs of their communities by moving outside the four walls of the hospital. At The Governance Institute’s conferences, speakers on population health commonly stress the value of partnerships between hospitals and community organizations. One valuable partner can be an existing or future “free clinic.” Today, most health systems put considerable effort into meeting the primary care needs of patients in their service area, as well as providing hospital-level care. Collaboration with a free clinic extends the ability of the health system to meet both the primary care and specialty needs of low-income, uninsured, and medically underserved patients.

There are large populations of patients who are either uninsured or underinsured. Today, over nine years since the passage of the Affordable Care Act, 45 percent of adults ages 19 to 64 are inadequately insured.¹ While fewer adults are uninsured today, compared to 2010, greater numbers find they don’t have the financial resources to cover rising out-of-pocket costs.² Many of these individuals have employer-based health insurance plans. According to The Commonwealth Fund, an estimated 87 million adults were inadequately insured in 2018. Lack of resources to pay for primary care services causes many patients to avoid or delay care for important medical needs. As a result, they flood emergency rooms for care that is best delivered in the office of a primary care physician or end up requiring expensive hospitalizations that could have been avoided with timely outpatient attention. This growing cohort of patients place financial

strains on hospitals that will only increase as reimbursement moves to capitated models in the effort to control costs.

Free clinics have been a valuable resource to the uninsured and underinsured for decades. Free clinics are not-for-profit community-based organizations that provide healthcare services at no charge to low-income, uninsured patients, often relying heavily on volunteer health professionals and partnerships with other key institutions, such as hospitals. Many hospitals support local free clinics through cash contributions, provision of facilities, and in-kind services. The free and charitable clinic sector is a diverse one that delivers care through many different types of practice arrangements. One successful model is represented by the clinics affiliated with Volunteers in Medicine America. The first Volunteers in Medicine (VIM) clinic was founded 26 years ago on Hilton Head Island when a retired physician realized that many of the island’s residents and service workers had no health insurance. Dr. Jack B. McConnell marshaled community support to build a clinic that for decades has been successfully staffed by volunteers, including large numbers of working and retired healthcare practitioners. Today that clinic provides

Key Board Takeaways

As boards explore innovative ways to address population health needs, they should:

- Consider how their hospital or health system could benefit from partnerships with free clinics.
- If it would be beneficial for the organization, advocate for collaboration with nearby free clinics. Support can take the shape of financial support, in-kind diagnostic tools (e.g., lab tests or radiology procedures), use of physical space for office visits, use of employed practitioners as volunteers, and more.
- Keep in mind that working with Volunteers in Medicine America and its affiliated clinics can provide evidence of community benefit required for tax-exempt, not-for-profit hospitals.

over 27,000 patient visits annually and it has spawned a national organization (Volunteers in Medicine America) that built a replicable model for healthcare delivery to America’s most vulnerable populations.

Since founding the first VIM clinic, Volunteers in Medicine America has assisted in the development of 112 additional VIM clinics over the past two decades. In 2018, VIM clinics provided care to nearly 87,000 patients and delivered over 350,000 patient visits. More than 10,000 medical and non-medical volunteers shared their time



¹ Figures on the uninsured and underinsured are from annual surveys conducted by The Commonwealth Fund. See Survey Brief, February 2019 found at commonwealthfund.org.

² The Congressional Budget Office recently reported that the number of uninsured Americans is once again creeping up, with 30 million uninsured in 2019 versus 27 million in 2018.

and expertise in these clinics. Currently there are 87 VIM clinics operating in 24 states and the national office's development staff is working with a robust pipeline of potential new clinics. Another 20 clinics are under development.

Board Considerations

What can board members do? Hospital board members and administrators can provide leadership and help identify other community leaders to build support for a local VIM clinic. Medical staffs can be a source of volunteer clinicians. Diagnostic tools such as X-ray and CT scans or laboratory studies can be provided at no or low cost. In some cases, physical space can be made available for the clinic's activities. While most volunteers offer their services at the VIM clinic, others provide time in the schedules of their private office practices to receive referrals for qualified clinic patients. As hospitals employ ever-greater numbers of physicians, they may also consider allowing these practitioners some space in their office schedules to accommodate referrals

from a local VIM clinic or to attend clinic sessions. Involvement in a VIM clinic or work with its patients is often an antidote to the "burnout" currently plaguing so many practitioners on a hospital's medical staff.

Volunteers in Medicine's growth coincides with a rapidly growing cohort of retired practitioners who are seeking ways to utilize their lifetime of experience to help others in their community. When these individuals volunteer in a VIM facility they are more likely to stay connected to their local hospital—as donors, boosters, and sometimes board members. Support of a VIM clinic also helps tax-exempt, not-for-profit hospitals meet their community benefit requirements.

Finally, it is worth noting that Volunteers in Medicine America encourages broad experimentation and innovation in its affiliated clinics. These organizations are some of the most exciting laboratories in the nation for building new approaches to primary care—from the incorporation of telemedicine and new tools for addressing behavioral

health needs to creative partnerships with food banks and addiction services. Hospitals can benefit from the lessons learned in VIM clinics as they build their own primary care networks and support their own office practices.

Next time the board discussion moves into the realm of population health, consider evaluating your institution's current or potential involvement with a free clinic partner. ●

The Governance Institute thanks Todd Sagin, M.D., J.D., President and National Medical Director of Sagin Healthcare Consulting and an advisor with The Governance Institute, for contributing this article. He serves as the current Board Chair of Volunteers in Medicine America. When not consulting with hospitals, he practices family medicine at Community Volunteers in Medicine in West Chester, PA. He can be reached at tsagin@saginhealthcare.com and Volunteers in Medicine can be contacted at <https://volunteersinmedicine.org>.