

# The Free Clinic Times

## Highlights from this Issue:

- **Why We Do This Work** (Page 1)
- **President's Letter** (Page 2)
- **OAFC Allocates Money to Free Clinics** (Page 3)
- **Tobacco Settlement Budget Provides Funding** (Page 3)
- **Citizens' Health Care Working Group Seeks Comments** (Page 4)
- **Healthy Ohioans Website Connects to Resources** (Page 4)
- **7th Annual Ohio Free Clinic Conference** (Page 5)
- **Dates to Remember** (Page 6)

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## Why We Do This Work...

*By Deborah Miller, Executive Director, Health Partners of Miami County*

Working in a free clinic is not only a privilege, but at times a challenge. We encounter patients weekly in need of extensive services, but when we are able to help someone, the rewards are incredible. David was one of those patients that help us remember exactly why we do the work we do.

David was a 33-year old man who broke his leg a year ago. He had surgery with pins placed into his leg to hold the bones in place while they healed. It did heal, and he went back to work fulltime. But, about eight months later, two holes developed in his leg where the pins had been, leaving open and draining wounds.

David was trying to work full time, but the pain in his leg was making this difficult. Because he was uninsured, he was not able to find treatment anywhere. He had been to several places, and was told treatment could get very expensive, and he needed insurance. His boss brought him to Health Partners of Miami County to see if there was anyway we could help him.

At his first visit with Health Partners, he was examined and placed on antibiotics. We ran a series of cultures and blood tests,

taught him to clean and dress his wounds, bought medications and dressings for him to use at home, and began looking for an appropriate referral – a specialist that would accept an uninsured patient with a serious illness.

We were able to get appointments free of charge with a wound specialist and a vascular surgeon. The prognosis was not good, and both physicians believed David would probably lose his leg.

In the meantime, the pain had gotten worse, and David had to quit working. We had advised him to stay off his leg until we could find the best source of care. His boss was kind enough to continue to help him as much as she could. She talked to his

landlord to see about deferring his rent, and went to community agencies that could help with basic needs such as food, utilities

and transportation. His boss assured him that his job would be waiting for him as soon as he was healed.

We sought help from a surgeon at Ohio State University Medical Center. The physician agreed to see David and scheduled an appointment for him. At that visit, the physician told David that he needed surgery and scheduled it for two days

later. During the surgery, they removed all the dead tissue and did a skin graft over the wound. The surgeon advised David that if the graft took, he might be able to keep his leg. He was put on strong IV antibiotics and by the end of the following week, it looked like the skin graft might take.

OSU Medical Center worked with David to figure out how to help him pay for everything. The doctor discharged him to a nursing home, and he was eligible for temporary Medicaid assistance which paid for his hospital stay and doctor's bills.

David is now back in Miami County, working full time as a cook at a local eatery, and feeling on top of the world. He has been able to keep his apartment and his leg.

There are people in our lives everyday that are uninsured, and don't have access to the care they need. They cook for us, handle our dry cleaning, and work on our cars, but we don't know them or the challenges they are experiencing. Without free clinics or others to advocate for them and help them to access care, many live in pain, sickness and poverty. Yes, our work is challenging, but helping people like David makes it all worthwhile.



## Patients' Perspectives on Ideal Physician Behaviors

by Neeli M. Bendapudi, PhD; Leonard L. Berry, PhD; Keith A. Frey, MD, MBA; Janet Turner Parish, PhD; and William L. Rayburn, MD

The follow is an excerpt from an article published in the *Mayo Clinic Proceedings* in March 2006 (reprinted with permission):

What constitutes a good doctor? Is technical proficiency sufficient to be a good doctor? Clearly, a physician cannot lack necessary technical knowledge and skills and still be a good doctor. Less clear is whether a technically proficient physician can lack interpersonal skills necessary to relate well to patients and still be a good doctor. The answer to this question must incorporate the views of patients, the users of health care services.

Interviews with 192 patients [at the Mayo Clinic] receiving medical care within 14 medical specialties reveal a profile of 7 ideal physician behaviors: confident, empathetic, humane, personal, forthright, respectful and thorough. These behaviors are not hypothetical: they are from the voices of patients who had a recent medical service experience at the Mayo Clinic and were asked to describe their best and worst experiences with a Mayo Clinic physician. That patients discussed their physicians behavior rather than their physicians' technical ability does not suggest that technical skills are less important than interpersonal skills, but it does suggest that the former are more difficult for patients to judge. The findings may also reflect patients' inclination to assume a physician is competent unless the absence of competence is demonstrated.

The educational implications for preparing practicing physicians and physicians in training to become and remain interpersonally effective under the most challenging of circumstances are far-reaching. The ideal physician behavioral profile presented in this article is comprehensive and yet reasonably definitive; it can be used as a training and assessment framework.

*continued on page 6....Patients*

## President's Letter

***One must know not just how to accept a gift, but with what grace to share it.***

—Maya Angelou

Thank you for sharing the gifts that you have been given with those that you serve and also the association. Sharing your gifts and expertise with the association extends your service beyond your community. What an opportunity we have to know our work makes a difference to so many. What a responsibility! Our work continues.

Our Quality Improvement Committee has been sharing the gift of their knowledge and expertise on issues related to the provision of quality health care. The Committee began its work over a year ago by discussing questions such as:

- How do we currently measure success as a free clinic?
- Who judges or monitors our success?
- How do we continue to provide high quality care, with minimal staff and shoestring budgets?
- How do we need to measure our success to illustrate the quality of the care that our clinics provide?

The Quality Improvement Committee



has been working on Free Clinic Guidelines for several months now and will have a document to present at our annual conference October 22 – 24, 2006 in Columbus. The Guidelines cover all aspects of a free clinic starting with mission, program and governance and ending with clinical aspects. I believe this is a very good first step in helping not only new clinics but existing clinics in evaluating our programs and growth. The Ohio Free Clinic Guidelines will be a working document that has countless possibilities for us.

We look forward to your feedback and suggestions as we implement these Guidelines.

I hope everyone has a fantastic summer and look forward to seeing you at our conference October 22-24, 2006!

**Lee Elmore**  
**President**



**Ohio's Attendees at the first National Association of Free Clinics Summit in May 2006 included (l to r) Amy Rohling McGee (O AFC), Alvin Brea, Katie Clark, and Pat Klimek (CMA Physicians Free Clinic), and Frank Chi (Asian Health Initiative).**

## *OAFC Allocates \$150,000 to Free Clinics*

**T**welve free clinics recently received \$12,500 each "to provide medical and therapeutic services to persons born with a birth defect or suffering from any other significant mental or physical disability." The Ohio Association of Free Clinics was granted \$150,000 from Attorney General Jim Petro's office to allocate to free clinics for these purposes.

This opportunity was made possible by a court order to distribute \$4.8 million seized from illegal gaming in a Cincinnati case. The Attorney General's Settlement Distribution Committee reviewed 135 applications exceeding \$26 million. The OAFC proposed to use these funds to provide the following services to uninsured Ohio citizens with significant mental or physical disabilities: 1.) primary care services, 2.) prescription drugs, 3.) mental health counseling and 4.) diagnostic testing.

## *Free Clinics to Save Money on Pharmaceuticals and Medical Supplies*

**D**ue to a recent change to state law, free clinics can now purchase pharmaceuticals and medical supplies from Ohio's Pharmacy Service Center, a change that likely will result in **substantial savings**. For example, a recent survey indicated that OAFC members are currently paying \$7-\$12 for albuterol inhalers. These inhalers are available for less than \$3.00 through PSC!

Ohio's Pharmacy Service Center (PSC), housed within the Ohio Department of Mental Health, has long been a provider to government entities – state, county and local agencies—who are considered its "customers". PSC works with State Purchasing to provide these items via a state drug contract and uses group purchasing power on behalf of its 400 customers. These economies of scale are used to conserve public resources.

Products are bought in bulk and broken down into package sizes so that inventory can remain low at the customer sites. In order to comply with federal law, free clinics can only provide these drugs to their own patients, rather than to the general public.

As of July 1, 2006, PSC products are available for free clinics to purchase. If your free clinic is interested in participating, please contact Amy at the OAFC. Thanks to State Representative Larry Flowers (R-Canal Winchester) and Senator Lynn Wachtman (R-Napoleon) who worked with the OAFC on the change to state law and to the staff of the PSC for facilitating the inclusion of free clinics in this purchasing program. Thanks also to Benesch Friedlander Coplan & Aronoff with legal analysis on this issue.



## *Tobacco Settlement Budget Provides Funding to Free Clinics*

**T**he OAFC is pleased to report that the Ohio General Assembly recently approved SB 321, allocating a portion of the Master Tobacco Settlement to free clinics in State Fiscal Years 2007-2008.

For the past six years, Ohio's free clinics have received funds through the uncompensated care program under the Ohio Public Health Priorities Trust Fund (OPHPTF) created as a result of the Master Tobacco Settlement. The OAFC has received \$300,000/year to distribute to free clinics for care

of the uninsured. In addition, the Free Medical Clinic of Greater Cleveland has received \$500,000/year. These funding levels will remain the same over the next two years.

In past years, the funds distributed by the OAFC have been designated for the care of uninsured pregnant women and children. The Ohio Department of Health has agreed to allow these funds to be used also to treat people with hypertension, diabetes and

tobacco-related illnesses.

Nearly 100% of the people treated in free clinics are uninsured and this population is much more likely to smoke than the general population. The Ohio Family Health Survey conducted in 2004 found that while 29% of insured adults smoke, 49% of uninsured adults smoke. As a result free clinics treat more tobacco-related diseases than most safety net providers.





# Citizens' Health Care Working Group Requests Comment

The Citizens' Health Care Working Group (CHCWG) was authorized by the Medicare Prescription Drug, Improvement and Modernization Act of 2003 to develop recommendations for the President and Congress that would result in "health care that works for all Americans."

The statute required the Working Group to seek answers to the following questions:

- What health care benefits and services should be provided?
- How does the American public want health care delivered?
- How should health care coverage be financed?
- What trade-offs are the American

public willing to make in either benefits or financing to ensure access to affordable, high-quality health care coverage and services?

During the past year, this independent, nonpartisan working group heard from thousands of Americans and formulated interim recommendations based on this public input.

Two of our members, Deb Miller from Health Partners of Miami County and Amy Goldstein from the Free Medical Clinic of Greater Cleveland, attended a community forum in Cincinnati sponsored by the CHCWG on Saturday, April 29, 2006. Ms. Miller reported that more than 500 individuals attended, including health care professionals, organizational leaders (such as human resources directors and labor union leaders), and the general public.

The day was spent discussing and answering four questions on these topics:

1. Benefits and Services
2. Getting health care
3. Financing health care
4. Tradeoffs and options

Before the Final Recommendations are prepared and sent to Congress and the President, **Citizens' Health Care Working Group invites you to read the Interim Recommendations and comment on them by August 31, 2006.** Please visit the Citizens' Health Care Working Group's website at <http://www.citizenshealthcare.gov/> to contribute your input.

## Healthy Ohioans Website Connects to Resources

**Healthy Ohioans—Small Steps, Big Strides** is a multi-year, statewide health and wellness initiative of the Ohio Department of Health to increase awareness of the importance of healthy lifestyles and to change unhealthy habits for healthy ones. The ultimate goal of Healthy Ohioans is to improve Ohio's chronic disease rates related to lifestyles.

The five leading causes of death in Ohio—heart disease, cancer, stroke, chronic obstructive pulmonary disease and diabetes—are directly linked to unhealthy lifestyles. Healthy Ohioans

is working to lower Ohio's chronic disease rates by encouraging Ohioans to improve nutrition, increase physical activity, prevent tobacco use and increase tobacco-use cessation.

You can access the Healthy Ohioans website at <http://www.healthyohioans.org/> for information, or contact the Healthy Ohioans staff at (614) 995-7620 or [HealthyO@odh.ohio.gov](mailto:HealthyO@odh.ohio.gov).



# Save the Date for the Seventh Annual Ohio Free Clinic Conference: October 22-24, 2006

We hope that you have your calendar marked for the Seventh Annual Ohio Free Clinic Conference which will take place October 22-24, 2006 at the Clarion in Dublin! Here is a sampling of some of the great workshops that will be offered:

- Managing Difficult Patients to Reduce Risk
- Building Relationships for Sustained Charitable Giving
- The How's and Why's of Measuring Success in Free Clinic
- Patient Education Resources for Improved Health Literacy
- The Role of Mental Health in Primary Care

- Diabetes Self-Management Education in a Free Clinic Setting

- The Free Clinic's Role in Disaster Response

- Increasing Access to Specialty Care: Developing a Network of Volunteer Specialists

- Managing the Chronic Narcotic Dependent Pain Patient

- Grant Writing for Free Clinics

- Fundraising for Free Clinics

One featured keynote address will be "Growing Season: The Life of a Migrant Community," presented by Gary Harwood, a photographer



for Kent State University.

The Annual Conference is a great opportunity to learn, network and enjoy the company of people who are committed to serving those who are uninsured and poor. Registration materials will be mailed and posted on our Website in August.

## 2006 Gubernatorial Election Focus of August Free Clinic Leaders' Forum

The future of health care access in Ohio will be influenced a great deal by our next Governor.

On August 16th, leaders of free clinics will meet with representatives from the gubernatorial campaigns of Congressman Ted Strickland and Secretary of State Ken Blackwell to discuss each candidate's ideas for improving the health of Ohioans who have limited access to health care.



**Registration forms are available at**  
**[www.ohiofreeclinics.org](http://www.ohiofreeclinics.org)**

### *Skills-based Volunteering Nets Positive Impact for All*

Excerpts downloaded from an article on [www.afpnet.org](http://www.afpnet.org)

(May 4, 2006) The 2006 Deloitte/Points of Light Volunteers IMPACT Study, released by Deloitte & Touche USA LLP and the Points of Light Foundation, found that 77 percent of nonprofit leaders believe that skilled volunteers could improve their organization's operations. Of interest to many nonprofits may be the finding that 63 percent of volunteers felt that skills-based volunteering had a positive impact on their career.

"People who use their workplace skills as volunteers are rewarded on many different levels," said James H. Quigly, CEO of Deloitte & Touche, USA LLP. "Often their volunteer experience gives people an opportunity to demonstrate and improve their abilities in a different context, which can spark



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### Dates To Remember:

**August 16, 2006:**

Free Clinic  
Leaders' Forum

**October 22-24, 2006:**

Seventh Annual Ohio Free  
Clinic Conference

### Special Recognition:

O AFC would like to thank the Ohio Hospital Association for providing in-kind printing services for this newsletter.

### *continued from page 2....Patients*

After one of the patient focus group interviews conducted at Mayo Clinic, a participant sent a handwritten note. This patient with breast cancer captures the powerful role of humanic clues in medicine and, in so doing, offers a fitting ending to our article.

***We want doctors who can empathize and understand our needs as a whole person. We put doctors on a pedestal right next to God, yet we don't want them to act superior, belittle us, or intimidate us. We want to feel that our doctors have incredible knowledge in their field. But every doctor needs to know how to apply their knowledge with wisdom and relate to us as plain folks who are capable of understanding our disease and treatment.***

***It's probably difficult for doctors after many years and thousands of patients to stay optimistic, be realistic, and encourage us. We would like to think that we're not just a tumor, not just a breast, not just a victim. Surely, if they know us, they would love us.***

### *continued from page 5....Volunteers*

creative problem solving that is directly applicable in the workplace."

With the shift in demographics to an older population with more time and income, nonprofits need to consider placing more emphasis on developing volunteer opportunities that align with and take advantage of these volunteers and their professional skills and experience.

*The Points of Light Foundation & Volunteer Center National Network in Washington, D.C., engages and mobilizes millions of volunteers who help to solve serious social problems in thousands of communities.*

