

Stressing the Safety Net: Effects of an Economic Downturn

Jennifer Henderson; Judith Long, MNA, MDiv

Safety net providers exist to care for individuals and families who would otherwise be unable to access medical, dental, and mental health care because they lack the financial resources or do not have insurance. Safety net providers use various criteria to screen patients for eligibility, such as being uninsured or having a low-income, defined as income below a percentage of the federal poverty level (FPL). Safety net providers exist throughout the state to meet the needs in their local communities and provide care to those without access.

In Hendersonville, North Carolina, safety net providers include a federally qualified health center, a free clinic, a public health department, a state-funded community health center, several medical practices, and two hospitals. These providers work collectively to ensure that individuals do not “fall through the cracks.”

Model of Collaboration: Free Clinic and Federally Qualified Health Center

The Free Clinics (TFC) and Blue Ridge Community Health Services, Inc. (BRCHS) are located in Henderson County in the rural western part of North Carolina, near the border of South Carolina. Henderson County, with 525 farms, is the largest producer of apples in the state and the seventh largest in the nation.¹ Henderson County's population has grown from 69,285 in 1990 to over 100,000 in 2008.² Henderson County has been the fastest growing county in western North Carolina for more than a decade. At the same time the county is designated as a Health Professional Shortage Area (HPSA) for primary, dental, and mental health care services. It is estimated that approximately 17% of the population is medically uninsured.³

BRCHS began more than 45 years ago as a seasonal clinic providing health services to the migrant population in

Henderson County. Since that time, BRCHS has grown into a comprehensive community health center providing high quality, affordable health care services to individuals in Henderson and surrounding counties. Six BRCHS sites, including a primary care practice, a pediatric practice, a dental center, and three school-based health centers, serve local residents. BRCHS is funded as a federally qualified health center (FQHC) and is the primary source of affordable, comprehensive medical and dental care for many low-income adults and children in the area. BRCHS programs and services are targeted to local populations most in need: people with low-incomes who are

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uninsured, underinsured, Medicaid and Medicare enrollees, Spanish-speaking, migrant and seasonal farmworkers, elderly, and children. The BRCHS staff of 80 includes over 20 professionals, including 11 medical services providers (physicians, nurse practitioners, and physician assistants), three dentists, three dental hygienists, two part-time psychiatrists, and three mental health providers (licensed

Jennifer Henderson is the chief executive officer of Blue Ridge Community Health Services in Henderson County, North Carolina. She can be reached at jhender@brchs.com.

Judith Long, MNA, MDiv, is the executive director of The Free Clinics in Henderson County, North Carolina. She can be reached at jlong@thefreeclinics.org.

clinical social workers and professional counselors). While BRCHS primarily serves Henderson County, many patients travel from surrounding counties such as Polk, Rutherford, and Transylvania for their health care.

Since 2001, TFC in Henderson County has provided a user-friendly place for people to access the health care safety net system when they do not know where else to turn. TFC offers seven regular clinics (medical, dental, psychiatric, diabetic life management, orthopedic, eye, and pulmonary), a community pharmacy, a prescription assistance program, and community case management. Like most free clinics, TFC relies upon a pool of volunteers to provide care to patients, including 15 primary care physicians, four specialty physicians, three psychiatrists, three nurse practitioners, and 16 dentists. TFC has a small staff of four full-time and eight part-time people, including four nurses, a pharmacist, and a pharmacy technician. Yet unlike many other free clinics throughout the state, TFC does not provide ongoing primary care to patients. Rather, TFC refers patients to other providers such as BRCHS so that those patients can establish an ongoing primary care home. In turn, TFC assists BRCHS and other primary care medical homes in caring for low-income, uninsured patients by offering specialty clinics, intensive case management, a community pharmacy, a prescription assistance program, and access to specialists and diagnostic testing through a community case management program. Referrals between TFC and the primary care medical homes are frequent as we work together to bridge the gaps in care.

TFC and BRCHS are working together to bridge the gap in Henderson County. The collaboration includes the following features:

- BRCHS designates space once a week in their dental practice for TFC to provide a free dental extraction clinic.
- BRCHS accepts primary care, dental, and mental health patients referred from TFC.
- TFC's community pharmacy serves BRCHS patients, especially those needing diabetic supplies and psychiatric medications.
- TFC accepts referrals from BRCHS for specialty clinics and referrals to specialists through the community case management program.
- TFC and BRCHS administrative and clinical leadership serve collaboratively on community partnerships and task forces, representing the health needs of, and serving as community advocates for, the uninsured.
- BRCHS and TFC share information on available resources, educational opportunities, and legislative updates that may benefit both agencies and the patients they serve.

TFC's community case management program is available to all patients who meet TFC's guidelines (i.e., Henderson County resident, uninsured, and 185% FPL) and accepts referrals from physicians and practices throughout the community. TFC has built a network of 45 specialty providers,

eight mental health providers, four medication assistance providers (in addition to TFC's two programs), six primary care providers, and three providers of ancillary medical services including equipment and supplies. Specialty physicians and providers of ancillary services in this network will see patients free for the first visit upon referral from TFC. TFC's community case manager works to refer patients to the appropriate specialty care as well as to coordinate the provision of any additional care that is needed. This program grew from 34 unduplicated patients in 2004-2005 to 485 unduplicated patients in 2007-2008, an increase of 1,326%.

In 2008, BRCHS provided over 48,000 encounters for 13,950 patients; by category these were 57% medical, 25% dental, 12% patient support (referral, eligibility, and community outreach), and 6% mental health. In 2007-2008, with the help of volunteer providers, TFC provided 2,844 encounters for 1,529 unduplicated patients. TFC's encounters were 34% community case management, 17% medical, 17% mental health, 17% specialty clinics, and 15% dental. The majority (51%) of the services provided by TFC were for patients referred from other practices like BRCHS, through the specialty clinics and community case management program.

Stressing the Safety Net: Increase in Demand

When the economic downturn reached crisis proportions in the fall of 2008, safety net facilities began to feel the strain. With the record number of job losses, more and more people now meet the qualifications for safety net services, often having lost both their income and health benefits. TFC experienced a 14% increase in demand for its walk-in medical clinic from January through May 2009 and, due to overcapacity, began turning away patients for the first time in its history. Additionally, 42% of people requesting service from TFC's dental extraction clinic were placed on a waitlist during the period from January through May 2009, compared to only 3% of requests placed on a waitlist from July through December 2008.

BRCHS has also experienced a significant increase in demand. Due to lack of space and providers, BRCHS is unable to serve the approximately 20 patients each day who request services; instead, patients are advised to come to a walk-in clinic. One of the most significant impacts of the increase in demand at BRCHS is the wait time for new patient appointments—32 days for the medical practice and 90 days for the dental practice.

To meet the increase in demand, BRCHS is actively seeking to hire two additional providers. Funds for the new providers will come from the American Recovery and Reinvestment Act of 2009, under the Increased Demand for Services Community Health Center Grants. BRCHS is a recipient of funds which must be used over the next two years to support a new provider, support staff, an interpreter, and an eligibility specialist. The demand for services in Henderson County could easily fill the schedules of five new full-time providers at BRCHS, but existing space in the facility limits the numbers of providers currently being sought to only two. BRCHS is

exploring the availability of additional funds in order to expand their physical plant to better meet the needs of the community. TFC is actively recruiting more volunteer providers to provide care at the clinics. TFC is also actively recruiting more specialists into the specialty network so that TFC can continue to meet the increasing demand for specialty care.

In addition to the increase in demand for safety net providers, another direct impact of the economic downturn is that, when patients finally do access care, they are often quite ill. Newly uninsured persons who have recently lost their jobs are primarily concerned about money and keeping a roof over their head and feeding their families. Newly uninsured persons are often unaware of the safety net services available in their community. Additionally, because health care can cost a great deal of money, these patients often procrastinate seeking care until they are unable to procrastinate any longer. Diabetic patients who stop testing their blood sugar and taking their medications can become seriously ill quickly, as can patients who stop taking their blood pressure medication. When these patients finally do arrive at a safety net provider like TFC or BRCHS, it takes more intensive intervention to stabilize their illness and return them to health. The greater level of intervention required further taxes the safety net and the providers who are struggling to meet increased demand.

With the downturn in the economy, even insured patients are postponing surgeries, procedures, and visits to physicians. The health care system overall is experiencing an increase in demand from uninsured patients while simultaneously experiencing a decline in insured patients. At the same time hospitals, physicians, and specialty physicians are finding themselves stretched very thin.

TFC's specialty network—built on the Project Access model—depends upon the good will of specialists to see a number of patients in their office free upon referral. The

impact of the economy upon specialty physicians has a ripple effect upon their willingness and availability to accept free patients referred from TFC. At the time when the increase in uninsured patients means more and often sicker patients needing services through TFC's community case management program, specialists are becoming more difficult to access. It requires more negotiation to schedule visits, and some patients are being asked to pay a modest amount to the specialty provider. Henderson County safety net providers including TFC and BRCHS are beginning to engage in conversations about how to support and sustain the specialty care network.

Effective Community Response Possible Only through Collaboration

While some may see the collaboration of free clinics and community health centers as rare or unusual, we hope our experience can serve as a positive example to other communities. TFC and BRCHS share a strong mission to improve access to critical primary and specialty health care services for uninsured and medically underserved individuals. Both TFC and BRCHS are honored to be entrusted with such an important mission and have a strong mutual respect for the providers and services of both agencies. We are justifiably proud to serve as an example of the importance of engaging with community partners through collaborative models to best serve the medically vulnerable in our community, especially during these times of economic crisis when safety nets throughout the state are so overwhelmed. We firmly believe that effective collaboration among safety net providers offers our best response to the current stress in the health care system, as well as the best long-term response to caring for the medically underserved in our communities. **NCMJ**

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