

An Alternative Approach to Community Urgent Care Needs

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Accessible health and emergency care services for the poor and the underinsured present a financial and service delivery challenge throughout our country. The overuse and misuse of emergency departments, when patients are unaware or uninformed of alternative care services, places incredible pressure on an already overburdened emergency care system. In addition, the enormous cost burden, when other alternatives can be available, only adds additional risk, which breaks the options for a smooth continuum of care. Community-based clinics such as St James/St Leo's have identified a means by which some of these issues can be addressed and rectified. **Key words:** *alternative care, Latino population, managed cost, medical clinic*

CLIENT and family satisfaction may be influenced by a variety of alternative service delivery options. One example of how a community partnership has worked to improve client satisfaction in the emergency department (ED) is through the St. James/St. Leo's Medical and Dental Clinic in southern California. This prototype might be of value for communities who experience overcrowding in the ED due to no other medical access for certain emergency conditions. The following prototype is provided for your review and consideration, should such a program be of value to your community as a means of reducing ED overload. In the following example, only those services pertinent to clients seen in EDs for medical emergencies will be addressed.

MISSION STATEMENT

The St. James/St. Leo programs provide the highest quality of medical, dental, and health education services in a caring and professional manner. The programs have volunteer, interfaith personnel comprising doctors, den-

tists, nurse practitioners, nurses, hygienists, dental assistants, health technicians, and administrators having the highest professional qualifications. All patients, especially infants and children, are accepted regardless of race, color, creed, or origin. All patients with insurance, especially MediCal, are referred to doctors who will accept them. There is, therefore, no competition with the medical and dental professionals and hospitals but a relief of the financial burden of caring for the working poor.

Goals

The medical and dental programs desire to provide those comprehensive health services that would be obtained with quality health insurance. (For those served to date, the goal has been attained.)

HEALTHCARE ENVIRONMENT IN SAN DIEGO

There continues to be a major need to provide comprehensive medical and dental services to the working poor with no insurance and, except for emergencies, no ability to obtain health services. In the North County beach communities, the working poor without health insurance are in the enclaves of Solana Beach (Eden Gardens), Encinitas, Leucadia, and Carlsbad. The St. James/St. Leo Medical and Dental Programs provide

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comprehensive healthcare to adults and children in these areas. There is also a special group from the Welcome Home Ministry who is given comprehensive dental care.

There are concerns that the health needs in the areas presently served will increase. With the financial deficits faced by the state of California, financial eligibility for MediCal has been tightened. Also, in the Healthy Families Program, children are being placed on a waiting list. Significant funding cuts to the County Health Program are anticipated in the state's FY 2005–2006 budget. Our patient load is increasing.

Philosophy

In recent years, several Episcopal clinics and the North County Chaplaincy Clinic closed because of an inability to support their payroll and operational expenses. Therefore, the St. James/St. Leo Medical and Dental Programs operate with a volunteer staff and rent-free facilities, constructed with grants, both of which are the major operational burdens of "Free Clinics."

The healthcare professionals in this area are increasingly aware of the highest quality medical and dental programs we provide, and they have responded generously to all our areas of needs.

Funding

Funding comes from many sources—nominal fees from patients (Welcome Home Ministry patients are treated free), churches (St. Peter Episcopal, Solana Beach Presbyterian, St. James and St. Leo Catholic Community), Price Charities, California Endowment, General Atomics, Del Mar Rotary members, Rancho Santa Fe Bridge Club, and individuals.

Economic value of services performed

Comprehensive health services are provided by the medical program as a means of addressing community needs and attempting to lessen the burden on local EDs. In addition to examinations, the medical program services provide complete evaluation and full range of specialists, laboratories, and surg-

eries at hospitals. An average of 60 medical patients are seen weekly. The estimated value of these comprehensive services is \$300 per patient visit or about \$936,000 per year. (The value varies from year to year, depending principally on the number and complexity of surgeries performed.)

The medical program

The medical program is in its 12th year. Patients of all ages are seen. The program has grown not only in the number of patients seen but also in the scope of outside specialty services provided.

The medical facility is now fully equipped for primary family medicine and includes an intake room, 5 examination rooms, a mini pharmacy, and a waiting area. The program is comprehensive, including laboratories, specialists, and hospital surgeries. To date, all required services have been performed. Dr Wheelock, Medical Director, personally calls his contacts—specialists and hospitals—to obtain the needed additional services.

To accomplish the medical work, the medical facility is staffed by 14 medical doctors, 5 nurse practitioners, and 6 registered nurses who come Wednesdays and Saturdays on either a weekly or monthly rotation. There are 7 medical laboratories and providers performing the following: blood cell count, chemistry panel, thyroid tests, detection of *Helicobacter pylori*, urine analysis, cultures, hepatitis panel, hormone levels, hemoglobin A_{1c} level, X-ray and interpretations, ultrasound, magnetic resonance imaging, computed tomography scans, mammograms, Papanicolaou tests, anesthesia service, vaccinating infants and children, and administering influenza shots. There are 30 specialists offering their services in cardiology, dermatology, ENT, endocrinology, general and vascular surgery, gynecology, ophthalmology, optometry, orthopedics, physical therapy, pediatric psychology, podiatry, and pulmonary medicine. In addition, Scripps Green Hospital, La Jolla, Scripps Memorial Hospital, La Jolla, Scripps Hospital, Encinitas, Scripps Mercy Hospital, San Diego, and Children's Hospital, San Diego, have provided hospitalization and surgery facilities. To

date, these services have been provided free of charge.

Additional programs are also scheduled:

- There is a monthly program of inoculation of infants and children and a yearly administration of influenza shots, with vaccines and medicines provided by the San Diego County Health Department.
- With 5 examination rooms being available, specialists are now volunteering in dermatology and psychiatry (weekly), and in cardiology, gynecology, and orthopedics (on call).

The Whittier Institute has a diabetes program called “Dulce.” The institute provides a comprehensive training program to Latino women who themselves (or their husbands) have diabetes. The trained women are called “promotores,” a health provider designation quite common in Mexico where there is a significant lack of health services provision to the working poor. There are scheduled 8-week classes held quarterly. The medical staff reports significant improvement for patients who have attended the classes: they are taking their medicines, exercising, and changing their diets. The charge for a patient visit is \$10.00, offering the dignity of paying or, when appropriate, free.

Right to life

A recent estimate concerning the more than 40 million people without health insurance is that annually there are 18,000 premature deaths among the uninsured. Several years ago, Dr Wheelock asked Deacon Graff to take an adult patient to one of the large hospitals for admission. The patient had been coming to the medical program for years. The latest prognosis was that she had an operable cancer. The patient, with her medical record, was admitted to the hospital on a Saturday. On Wednesday evening, the patient was back at the medical program with a notation on her record: “No insurance and not critically ill.” With this process, the patient would have suffered premature death.

Subsequent inquiry revealed that hospitals are financially unable to take the uninsured except through their ED when the patient is

critically ill. Subsequently, Dr Wheelock contacted a surgeon and his operating staff and the patient was admitted to the hospital without charge. The operation was successful, and the patient recovered fully. The medical program sees a greater ratio of such patients, since young, healthy, uninsured patients do not come to the program. For the patients seen, the medical program provides the equivalent of the finest medical insurance.

The United States needs to focus its right to life on the large population of uninsured to prevent the 18,000 premature deaths.

Diabetes—Project Dulce

Diabetes is endemic among the Latino population. An article in the *Coast News* of San Diego describes a successful diabetes program at a large community clinic:

- Project Dulce is an 8-week education program conducted by trained promotores from the Whittier Institute of Scripps Hospital. (The promotores or a member of their family are being treated for diabetes.) The program covers the seriousness of diabetes, diet, weight control, exercise, medication, and regular visits to a doctor or nurse.
- Access to nurses trained in diabetic care
- Prescription drugs at reduced cost
- An yearly fee of \$775.00 per patient

The diabetes medical program at St. Leo is very similar, but is offered at a significantly reduced cost to the patient.

- Project Dulce: The same program as at the larger community clinic
- All medicines are provided free of charge
- Regular visits to a St. Leo medical program doctor is urged
- The fee to the patient is \$10.00 or free

SUMMARY

St. Leo medical program provides a model for how communities might create options to better manage costs involved with care in the ED. This template for possible alternate service delivery models may serve as a stimulus for community growth and development as a means to lessen the burden on ED patient cost.