



**FREE CLINIC ADVISORY BOARD REPORT
MARCH 2016**



MESSAGE FROM THE CO-CHAIRS

In October 2014, the first Seattle/King County Clinic (SKCC) opened its doors at KeyArena for anyone to come and receive free medical, dental and vision services. The degree of need and community participation were unknown. Had the increased access to care made possible by the Affordable Care Act (ACA) made free clinics unnecessary? Would patients even show up?

Over the following four-day period, the answer to the last question was a clear “yes!” Licensed healthcare volunteers served 3,400 patients from 230 unique zip codes. Some patients attended the event for multiple days. Whole families arrived from across the state, standing in line from 8 pm to 6 am just to get in the door. Many reported sleeping in their cars so that they could be sure to have a spot in line to have a tooth extracted, or to receive a pair of eyeglasses. The need exceeded Clinic capacity, and hundreds of patients were turned away.

Last October 2015, the Seattle/King County Clinic opened its doors again, and this time 4,010 patients received care. When asked why they sought care at the free clinic event, 31.4% of the patients reported not having insurance, and an additional 47.5% stated that they couldn’t otherwise afford care or access services.

These events were resounding successes. But they also raised larger issues about the short term, free clinic events in our community. The need is clear: socioeconomic inequality, geography, and provider distribution contribute to barriers to healthcare access in Washington State. Wealth and economic opportunity are unevenly distributed. Across the state, significant health disparities persist. But what is the role of events like the Seattle/King County Clinic in addressing these disparities? How can events such as the Clinic contribute to lasting change, and not simply be a “band aid” for a broken healthcare system?

Seattle Center convened a task force of individuals representing a broad range of stakeholders to address these important issues. The task force, that named itself the Free Clinic Advisory

Board, met over the course of a year, culminating in this report with recommendations. The Advisory Board concluded that although short term, high impact clinic events don't provide a medical, dental or vision home for patients, they do address immediate unmet health needs, and could play an important role in connecting individuals to services in the community. The Board also saw that we could support other communities across Washington and beyond in this work by sharing the lessons learned and the tools that were used to hold the Seattle/King County Clinic. We thank the Board members for their time and service.

Sincerely,



Tao Kwan-Gett, MD, MPH
Co-Chair



Christine Lindquist, MPH
Co-Chair

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EXECUTIVE SUMMARY

The Free Clinic Advisory Board was established in 2015, following successful implementation of the 2014 Seattle/King County Clinic. The purpose of the group was to reflect on the Seattle/King County Clinic and provide recommendations related to short term, free clinic events elsewhere in the state.

In reviewing the Seattle/King County Clinic, the Advisory Board identified several ways in which the free clinic event positively impacts the larger healthcare system:

- Addresses immediate patient needs across the state.
- Services provided address unmet needs caused by systemic gaps.
- Provides opportunity to connect vulnerable patients with further care and services.
- Leverages and maximizes investment.
- Brings together diverse organizations, creating additional partnerships and opportunity for systemic improvements and efficiencies.
- Engages volunteers statewide.
- Provides significant training opportunity for the Public Health Reserve Corps, improving disaster preparedness.
- Provides excellent data related to access to care, to inform further policy and programming.

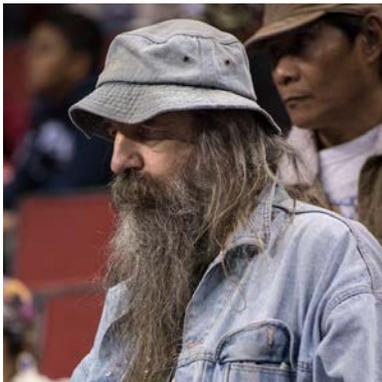


Concerns expressed during the Seattle/King County Clinic planning process were also discussed:

- Perpetuation and enabling of a broken healthcare system.
- Providing an alternative way for patients to receive care who do not engage with the community health system, which could prevent them from seeking or maintaining a medical or dental home.
- Diversion of resources, including funding, volunteers, supply and equipment donations away from other, more permanent entities.
- Concern about the wait process necessary for patients.
- Diversion of organizational impetus away from efforts to address systemic challenges.

The Board developed a list of key considerations for communities that are contemplating holding a short term free clinic:

- Community Need
- Community Support
- Volunteer Base
- Resources
- Clinic Infrastructure
- Existing Services
- Sustainability



The Free Clinic Advisory Board made the following recommendations for communities that are considering holding a short term free clinic:

1. Identify a strong “backbone organization” with resources and staff to lead and coordinate the free clinic event.
2. Talk with organizers of short term free clinics that have been held in other communities, and attend a free clinic event if possible.
3. Conduct a community needs assessment to understand the healthcare needs of your community, particularly of underserved segments such as immigrant and refugee families with limited English proficiency and cultural differences; the working poor; the homeless, and individuals with disabilities.
4. Engage the community broadly to garner support (for volunteers, resources, funding, etc.) and to identify potentially sensitive political and cultural issues.
5. Identify sources of longer term health and social services in your community, and create mechanisms at the event for patients to enroll in health insurance and get connected to primary care and social services.



INTRODUCTION

The Free Clinic Advisory Board was established in 2015, following successful implementation of the 2014 Seattle/King County Clinic. With significant interest in the Clinic statewide, Seattle Center organizers requested that a group of Clinic stakeholders be formed to reflect on the Seattle/King County Clinic and provide recommendations related to short term, free clinic events elsewhere in the state.

The Advisory Board discussed the merits and potential risks of short term, high impact free clinic events, and identified several ways in which the Seattle/King County Clinic positively impacts the larger healthcare system, including:

- **Addresses immediate patient needs across the state.**

In 2015, patients attended the Clinic from 247 unique zip codes. The majority of patients reported King, Pierce, and Snohomish County residents, but patients also travelled in from Chelan, Clallam, Clark, Grant, Grays Harbor, Island, Jefferson, Kitsap, Kittitas, Lewis, Mason, Okanogan, Skagit, Spokane, Thurston, Whatcom and Yakima Counties.

- **Services provided address systemic gaps.**

Seattle/King County Clinic programming was specifically designed to address the greatest areas of unmet patient need, which prioritized dental and vision care, in addition to primary care services.



- **Provides opportunity to connect vulnerable patients with further care and services.**

A wide range of social and health organizations participated onsite, helping patients connect with care providers beyond the Clinic event.

- **Leverages and maximizes investment.**

In 2015, \$3.7 million dollars in healthcare services were provided, some to patients who might have otherwise sought more costly emergency room care for non-urgent conditions. This value doesn't reflect individual and community benefits associated with treated illness or injury resulting in improved health and productivity.

- **Brings together diverse organizations, creating additional partnerships and opportunity for systemic improvements and efficiencies.**

Several valuable partnerships were developed as a result of the Clinic. In 2014 and 2015, for example, leftover flu vaccines donated by Group Health were provided to Public Health - Seattle & King County, and a vaccine partnership was established between those two entities moving forward.

- **Engages volunteers statewide.**

In 2015, more than 3,800 individuals donated their time to make the Clinic happen, including licensed healthcare professionals and general volunteers. After the event, all volunteers were provided information about further volunteer opportunities in free clinics across the state.



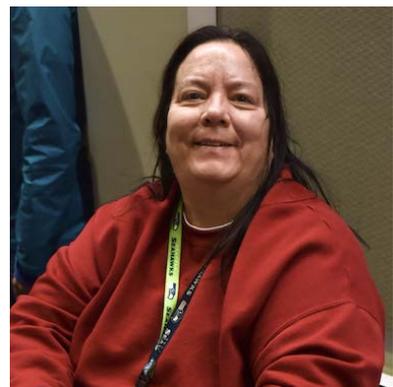
- **Provides significant training opportunity for the Public Health Reserve Corps, improving disaster preparedness.**

The Public Health Reserve Corps was deeply engaged in the SKCC, and used the Clinic as an extended response training opportunity, while serving patient needs.

- **Provides excellent data related to access to care, to inform further policy and programming.**

Statistics collected during the 2014 and 2015 Clinics include the percentages of patients with Medicaid (15.1%), Medicare (13.6%) and other insurance (10.6%), which demonstrate significant gaps in access for individuals with healthcare coverage.

Additional demographic information was collected regarding patient gender, age, race, primary language, employment and military status, and housing status. All of this information gives a fuller picture of the patients left out of the current healthcare system.



The group also discussed potential risks of short term, high impact clinic events. Based on concerns expressed during the Seattle/King County Clinic planning process, the following sentiments were anticipated:

- Perpetuation and enabling of a broken healthcare system.
- Providing an alternative way for patients to receive care who do not engage with the community health system, which could prevent them from seeking or maintaining a medical or dental home.
- Diversion of resources, including funding, volunteers, supply and equipment donations away from other, more permanent entities.
- Concern about the wait process necessary for patients.
- Diversion of organizational impetus away from efforts to address systemic challenges.

Although it was agreed that this model does not represent the ideal form of healthcare delivery, the group repeatedly discussed the many barriers in access to care still apparent in the community. It was determined that, as long as need for healthcare exists, it should be met in variety of ways, including short term, high impact free clinics.

This report was created to share the Seattle experience and offer lessons learned to other communities considering short term free clinic events. The report contains key considerations and recommendations arising from the Advisory Board’s discussions. The appendix includes a number of helpful tools, including a budget planning template, health record forms, registration and survey forms, and a clinic evaluation toolkit developed by graduate students in the University of Washington Community Oriented Public Health Practice Program.



CONSIDERATIONS

Community Need

Among the first considerations is community need. The size and capacity of the event needs to match the size and needs of the patient population to be served.

The kinds of services in most demand should be considered. These needs could be determined through a community assessment process. In its assessment, the Seattle/King County Clinic initially expected the highest demand would be for dental care, followed by vision care, then medical care. While both dental and vision care proved to be critical needs, Clinic organizers and many from the medical community were surprised when patient desire for medical care exceeded that of vision due to the specialty and diagnostic services offered in addition to physical exams.

Communities should also understand the special needs of segments within their community, such as immigrant and refugee families with limited English proficiency and cultural differences; the working poor; the homeless, and individuals with disabilities to name a few.

Large free clinic events can make the “invisible” problem of healthcare access visible, and raise awareness of health and public health needs in the community. Surveying patients at the end of their visit can help the community further understand the segments of the population that need healthcare.



Community Support

Broad community support is essential for a successful clinic. This includes communications and marketing capabilities to reach segments of the community most in need. Convenient public transportation that reaches the target populations is also key. It is important for the event to be “grassroots” so that the community feels ownership, pride, and responsibility. Though the desire to help those in need cuts across political boundaries, event organizers should think about how their community will respond to potentially sensitive issues, such as reproductive health.

Volunteer Base

A large base of volunteers is required for a free clinic event. This includes both medical (e.g. nurses, dentists, physicians, optometrists, assistants) and nonmedical (e.g. food, security, information technology, administration, outreach) volunteers. Event organizers need to ensure that all medical volunteers are licensed to provide care. Malpractice coverage for volunteers must also be considered. In Washington State, malpractice insurance is provided free of charge to cover medical volunteers, and free license renewal is available for those who only use their license for volunteer work. Medical reserve corps members are an excellent source of healthcare volunteers.

Some volunteers may be retired, older individuals for whom long shifts over several hours would be difficult. If organizers find they have a surplus of healthcare volunteers, instead of



turning them away offer them a nonmedical role during event, so that they can be available as backup for healthcare volunteers.

A full list of the scope of healthcare providers and general support volunteers utilized at the Seattle/King County Clinic is included in the Toolkit section of this report.

Resources

A large scale, free clinic event requires a variety of resources. The venue must have a large space for patients and volunteers, as well as adequate power, water, and waste facilities. Adequate bathrooms and parking are also important.

Dental, vision, and medical care requires specialized equipment and consumable supplies. Food and drink should be made available for volunteers and patients, although maybe to differing degrees. The Seattle/King County Clinic found that the amount of work needed to hold a successful clinic event required paid staff and a “backbone” organization to lead and coordinate the event, although this may not be necessary for every community or situation.

Clinic Infrastructure

There are several areas that should be considered when planning a large scale, short term, free clinic events, which fall beyond the scope of direct, patient care.



Community outreach is vital to attract the patients who most need the care provided, and ensure that barriers to attendance (such as language) are addressed.

Consideration of health record management, long term retention, privacy standards and patient access should be considered. The 2015 SKCC scanned all of the paper health records used at the Clinic and saved them electronically. This eliminated the need for storage of large volumes of paper records and made access easier when patients requested records.

Infection management and prevention is another area that is vital to the quality of the safety of the patients and volunteers.

Existing Services

There is a potential for a free clinic event to be viewed as competing with existing services, which creates political and programmatic difficulties. For many reasons, including these, building a strong coalition of partners involved in care to underserved patient populations is crucial to successful organization of these events.

In Seattle, some patients stated they were attracted to the visibility of the event, which they associated with high quality programming. However, the free clinic event and existing services should not be framed as “either/or” but as complementary and integrated.



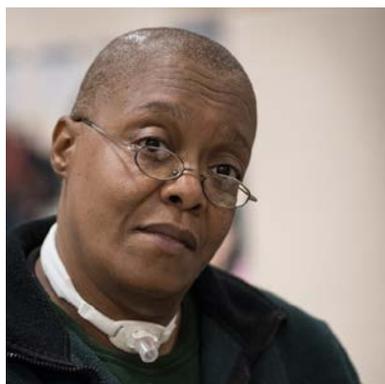
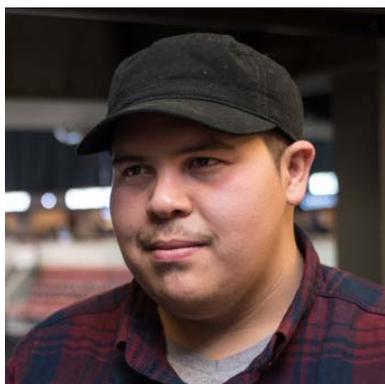
Undocumented immigrants are not covered by the ACA, and therefore may be more likely to take advantage of services at an event where very little personal information and paperwork is needed. The event can also be an important way of connecting patients to existing long term services in the community. There should be easy mechanisms to refer patients to primary and specialty care for follow up and ongoing care.

Social services referral should also be available. For patients without health insurance, there should be a mechanism to enroll or get enrollment information at the event.

Sustainability

Funding for a large scale, free clinic event is difficult, but vital. The funding necessary may be considerably more than expected.

Support may be easier to obtain the first time than subsequent times, particularly if there are concerns about competing services or contributing to a “broken system.” To be a sustainable, regularly occurring event, there must be political support and ongoing funding. It is recommend that communities interested in implementing large scale free clinics identify and engage community leaders who will be supportive of the effort, and will have the ability to assist with event funding.



RECOMMENDATIONS

1. Identify a strong “backbone organization” with resources and staff to lead and coordinate the free clinic event.
2. Talk with organizers of short term free clinics that have been held in other communities, and attend a free clinic event if possible.
3. Conduct a community needs assessment to understand the healthcare needs of your community, particularly of underserved segments such as immigrant and refugee families with limited English proficiency and cultural differences; the working poor; the homeless, and individuals with disabilities.
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