

What Works

With Vigor and VIM: How retired healthcare professionals are taking care of the uninsured. By Leslie Berger

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Strategies, Approaches, Developments

With Vigor and VIM

How retired healthcare professionals are taking care of the uninsured *by Leslie Berger*

Every night at the family dinner table in the hills of eastern Tennessee, Jack McConnell's father would ask his eight children, "What have you done for someone today?" The Methodist minister would then pepper his young Samaritans with questions like: "Is there more you can do? What materials do you need to do it? What can your siblings do to help you? How far can you take this?"

"He not only taught us the joy of giving," recalls Dr. McConnell, a retired pediatrician and medical researcher now living in Hilton Head, S.C., "but how to organize its success."

Even in his retirement, McConnell continues to ask himself these dinner table questions as the founder and frequent spokesperson for Volunteers in Medicine (VIM), a national network of free clinics. McConnell established the first VIM clinic in Hilton Head in 1992, where he was appalled to learn that most of the swank resort's housekeepers, construction workers, landscapers, and waiters lacked medical care. Meanwhile, many of the wealthy people who benefited from the labor of these predominantly African-American and Hispanic workers were retired physicians.

McConnell dipped into this treasure trove of retired talent to provide sorely needed healthcare to the uninsured resort laborers. Like many of the nation's estimated 250,000 retired physicians, McConnell's volunteers not only could afford to work free, but also wanted to keep their skills sharp.

Fourteen years later, VIM offers practical advice and technical assistance to 46 affiliates across the country. Because many VIM volunteers are veterans of managed healthcare, they welcome the chance to practice old-fashioned medicine, with no money exchanging hands and no pressure to keep visits short. "That kind of environment is almost irresistible to those kinds of folks," says Amy Hamlin, executive director of the Volunteers in Medicine Institute, the program's headquarters in Burlington, Vt. Though some VIM clinics' office

managers and translators are paid, the vast majority of their professional healthcare workers – doctors, nurses, dentists, and psychotherapists – are retired and donating their time on a part-time or full-time basis.

VIM has also become a model for other free clinics. For example, in North Carolina, where the Blue Cross and Blue Shield Foundation of North Carolina has given \$10 million for more free clinics, start-ups are urged to follow the VIM template. "We don't make it mandatory, but we highly encourage it," says Mike Darrow, executive director of the North Carolina Association of Free Clinics. "VIM just has a great model that's tested and works."



Julia Copp hugs a diabetic patient at Volunteers in Medicine's free clinic in Hilton Head, S.C., where Copp is director of patient care.

The VIM Way

VIM's success is fueled by the needs of a large and growing demographic: the United States' estimated 45 million uninsured adults, 15 million underinsured adults, and 12 million undocumented workers. To accommodate these populations, privately run community health centers of all sorts, not just VIM clinics, have been opening at a steady pace, says Bonnie Beavers, executive director of the National Association of Free Clinics, a non-profit advocacy group based in Washington, D.C.

Free clinic clients' most common diagnoses are diabetes, hypertension, and asthma – chronic diseases whose prevention and management are considerably cheaper, easier, and

less painful than their acute treatment. Hospitals operate many of these free clinics, Beavers notes, "because they perceive quite rightly that the more free clinics there are to offer basic care to the uninsured, the less demand there is for that kind of care in emergency rooms, which of course means fewer tax dollars spent on that care." Indeed, a recent article by the Associated Press reports that uninsured patients cost the country as much as \$130 billion a year.

Unlike government-funded free clinics, the VIM model relies entirely on private funding, as well as on donated equipment and medicines. VIM also encourages clinics to find their own work sites, separate from churches or hospitals, so that they have room to grow and freedom from

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governmental and religious constraints. (For example, the Great Barrington, Mass., clinic's waiting room displays pamphlets on contraception, abortion, and AIDS.) Each clinic has to pass government inspection and maintain its permits to operate, but otherwise runs independently.

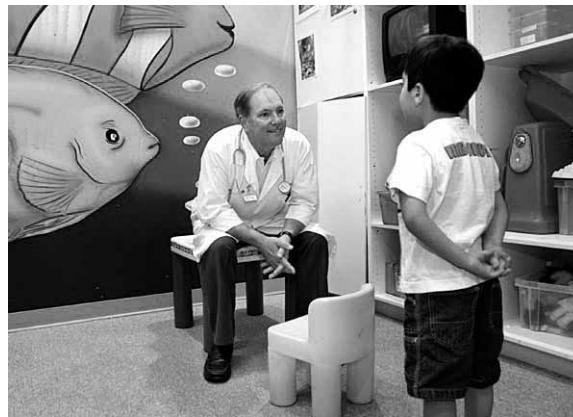
To establish a new clinic, VIM first helps organizers determine the depth of local donor support because "the community has to want to own and operate the service. If they don't, it won't last," Hamlin says. VIM then assigns a professional consultant to shepherd new clinics through a checklist of hurdles – everything from filing for tax-exempt status to organizing a pharmacy that provides drugs at no cost. "We don't just send them a manual and say, 'Implement it,'" she adds.

Marketing and fundraising are also part of the how-to package. In Hilton Head, for example, McConnell persuaded the local builders association and food service industry that they'd benefit from a free clinic because it was their employees who'd be using it. After some initial skepticism, both industries ended up supplying the lion's share of the cash, building materials, and labor for McConnell's clinic. Today, local restaurants continue to underwrite and cater VIM fundraising events.

Each clinic is slightly different, tailored to local needs and the available volunteer pool. The Great Barrington clinic includes psychotherapy in its menu of services because the area draws a lot of therapists from New York and Boston. The clinic does not provide pediatric care, however, because the state of Massachusetts covers children. In comparison, the VIM center in Red Bank, N.J., runs its own eye clinic, among many other services.

Mixing Medicine and Law

VIM not only assists its volunteers with helping others, it also makes it easier for all doctors to deliver care to those who need it most. In fact, it was McConnell's old connection with Johnson & Johnson, where he worked in research and development, and that pharmaceutical giant's lobbyists in Washington, D.C., that finally secured a modest funding stream for long-dormant "Good Samaritan" legislation.



Frank Bowen levels with his patient at the VIM clinic in Hilton Head, S.C. Bowen, a pediatrician and neonatologist, is the clinic's medical director.

These federal laws protect volunteer doctors in case they are sued for malpractice. Although no volunteer at any free clinic has ever been sued, and it's unlikely that the kind of preventive medicine practiced in such health centers would prompt a malpractice case, the safety net is crucial to attract volunteers, say Beavers and Hamlin. VIM has also intervened to oppose FDA regulations that would have severely restricted how donated drug samples are handled, Beavers reports. This spring, the American Medical Association Founda-

tion recognized VIM's achievements when it awarded its first Jack B. McConnell, M.D. Award for Excellence in Volunteerism at a meeting in Washington, D.C.

Another testament to the importance of community health centers, whether VIM-affiliated or not, is a yet-to-be-published study that documents a decrease in hospital visits among free clinic patients. The study was conducted by the South Carolina Free Medical Clinic Association over four years with a \$1.8 million grant from the Duke Endowment. Using a centralized state database that matched up hospital records with information from 15 free clinics, researchers found a significant drop in emergency room visits after patients began using the free clinics, according to Karen Papouchado, the association's systems developer and the project's supervisor.

"The other thing that's significant that's come out of the study is the [high] percentage of patients with chronic diseases who've gotten their illnesses under control," reports Papouchado. "And that means fewer visits to clinics and hospitals and the ability to return to work." She also notes that educating this generation about preventive medicine and chronic disease will contribute to the next generation's health and well-being. □

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- Target a needy population
- Give hands-on support to newbies
- Make work meaningful