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Communities Committed to Underserved Care

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I have always wanted to work with the underserved. Even from my earliest days as a first-year medical student, caring for the underserved was the only kind of medicine that made sense to me. After all, how could you learn medicine from patients who were poor and then only use it to only serve the wealthy? That was a practice that I am still unable to accept.

In 2005, I moved to Tallahassee, Florida to be closer to family and to teach medicine in what was then the newest medical school in the United States (The Florida State University). I was assigned to work in Neighborhood Health Services (NHS), a small not-for-profit clinic that served only uninsured patients. In many ways, that practice was ideal for me; I served poor patients and was able to participate in a system where we provided high-quality care. However, I had no idea how special it really was.

Neighborhood Health Services began in the basement of a Tallahassee church, over 30 years ago. Two nights a week, the Sunday-school classrooms were transformed into exam rooms, and volunteer physicians took care of uninsured patients with hypertension and diabetes. As time went on, the clinic grew, and more patients needed to be seen. The doctors and other volunteers formed a not-for-profit corporation, and they entered into an agreement with the county to provide primary care services to patients who could not pay.

While NHS was still in its infancy, other areas of town had growing needs to take care of the uninsured, whose circumstances made it impossible to for the patients to come to the church. Neighborhood Health Services worked with the county, and some of the money that was originally earmarked for NHS was sent to a different area of town to fund a similar organization. That seed money gave birth to the only federally qualified health center in our county. Today those two centers receive county funding, as well as funding from the United Way. The patients, whose numbers are ever growing, now have more choices for primary care.

Even with two clinics to provide primary care to uninsured and Medicaid patients at steep discounts, there still were not enough services to meet the patient's needs. Specifically, there was no way for uninsured patients to receive specialty care, including surgery, oncology, rheumatology, and neurology. However, the volunteer spirit was there, and there was a will to solve this problem as well.

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The Capital Medical Society Foundation, which is the charitable arm of the local medical professional organization, sought a solution to this problem. Their leaders came up with the idea of *WeCare*. *WeCare* is a program designed to provide specialty care to qualified patients at no cost to the patient. Patients must meet criteria for the program, and those who meet qualifications (including income) are accepted. The accepted patients can then be referred to the needed specialty. The Foundation also employs social workers to guide patients through the application process and to determine if they qualify for the program. Most of our patients are accepted into this program, as almost 100% live at 200% of poverty or below. The service is available to all residents of the area who meet income requirements. Medical and surgical specialists who participate in the program volunteer their time, and all necessary materials are also donated. When I came to Tallahassee, I was amazed to find out that uninsured patients who could not afford to have their knees replaced when they had insurance were able to obtain the surgery at no cost, as well as the hardware. There are hundreds of volunteers who work with our patients throughout the *WeCare* network. Without *WeCare*, the work of the NHS could not be complete. *WeCare* is a miracle; a precious resource that must be protected.

The local economy is dominated by state and local government jobs, and the last four years have been devastating to state budgets. Because of this, we see a steady increase in patients, and demand for NHS services has more than quadrupled. These demands for services place a great strain on the *WeCare* system. There are simply not enough specialists to meet the demand. At the same time, however, there are specialists who go out of their way to serve our patients. NHS is fortunate to have a large network of committed physician volunteers. In addition to their participation in *WeCare*, many of them spend time every month at our facility-seeing patients. Presently, there are two dermatologists, two orthopedic surgeons, an Ob/Gyn and a psychiatrist who come every single month. Because they see the patients at our facility, they are able to reduce the burdens on *WeCare* to ensure its survival.

Neighborhood Health Services has also worked with other colleges to increase services available to our patients. The Florida Agricultural and Mechanical University College of Pharmacy provides Certified Diabetes Education through one of their faculty members, Dr Otis Kirksey, and pharmacy students. The Florida State University College of Law, through the efforts of Wendi Adelson, JD and law students, provides legal assistance to our patients. Currently they are guiding our disabled patients in their efforts to obtain federal disability benefits. Like the diabetes education, all legal services are free of charge for the patients and the clinic.

So, when I think of Heroes and Great Ideas I think of NHS, its employees, volunteers and partners. Today, NHS is funded well enough (from United Way, County Funds, and a local HMO) to have an MD 100% time, and two full-time nurse practitioners providing primary care. I am amazed that a volunteer organization can work so well to provide care for the most needy Americans. I am in admiration of their commitment and recognize them as the heroes of the underserved. *WeCare* currently serves thousands of patients, who otherwise would go without care. *WeCare* is the epitome of a Great Idea.

Similarly, I recognize that as the economy worsens, it will become more difficult to secure volunteer time for the provision of these services to uninsured, underserved patients. Something must be done to change how this works. I am hopeful that the changes proposed in the affordable care act will mitigate the need for so many volunteers, and will help many of my patients become insured. But for now, I'm grateful that I can see the underserved, and that they can still get the care that they so desperately need.