

# Spotlight on the Safety Net

A Community Collaboration  
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## Practitioner Volunteerism at Free Clinics: A Critical Need

*According to recent estimates 1.4 million people in North Carolina, or over 17% of the adult population, have no health insurance. North Carolina's uninsured population is growing at a rate faster than the national average. Free clinics act as a safety net by attempting to bridge the gap in health care access for the state's uninsured. Because free clinics are local, volunteer-based organizations, the supply of practitioner volunteers is critical to their survival and success in serving the needs of the uninsured. Free clinics struggle with obtaining sufficient practitioner volunteers to meet the demands for services.*

### What Is a Free Clinic?

A free clinic is a private, nonprofit, community-based organization that provides medical care at little or no charge to low-income, uninsured, and underinsured persons through the use of volunteer health care professionals and partnerships with other health care providers. The North Carolina Association of Free Clinics (NCAFC) has 69 member clinics—more free medical clinics than any state in the country. The first free clinic in North Carolina was the Open Door Clinic in Raleigh, which was established in 1985.

No 2 free clinics are alike. They are custom designed by communities to meet identified health care needs using the community's unique health care assets and resources. Free clinics are governed by volunteer boards of directors that represent a broad cross section of the community. They may provide acute and/or chronic health care, laboratory, dental, pharmacy, substance abuse, and/or mental health services. Licensed professional practitioners render all services to the clinics' uninsured patients.

Because they are private, nonprofit organizations supported primarily by cash and in-kind contributions from the private sector, volunteerism is a central feature of free clinics. Clinic services are provided primarily or exclusively by volunteer health care professionals serving in the clinic's own facility or in their own private practice settings. Lay volunteers also perform a variety of administrative and clerical tasks, which keeps overhead costs low.

In North Carolina, low-income, uninsured, and underinsured adults have the greatest difficulty accessing affordable health care services. While eligibility criteria vary from one clinic to the next, free clinics conduct rigorous eligibility screenings to ensure that the patients they serve are truly in need. Free clinics believe that inability to pay should not prevent people from receiving quality health care. To this end, the clinics provide services at little or no charge. Free clinics place a strong emphasis on providing nonjudgmental, compassionate care that respects the dignity and self-worth of every patient.

### Volunteer Practitioner Trends

In 2005 free clinics in North Carolina reported utilizing 6443 volunteers, of which 1167 were physicians.<sup>a</sup> The total number of physician volunteers in free clinics actually declined from 2004 to 2005 by 10.3% while the total number of hours volunteered increased by 3.8%. It appears that clinics are losing volunteer physicians, but the ones who continue to support the work of free clinics are volunteering more hours. The decrease in North Carolina's practitioner volunteers reflects a nationwide trend.<sup>1</sup>

<sup>a</sup> It is important to note that these numbers are most likely underreported. They do not include 12 new clinics added to NCAFC since 2005, and 7 clinics reported no data. The latter reflects the difficulty clinics have in tracking volunteer hours.

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There are a number of reasons why fewer practitioners may choose to volunteer in free clinics. First, the number of the uninsured and the proportion needing chronic care is increasing. Managing the growing demand for the complex services needed to treat those with chronic diseases adds additional strain and stress on volunteer physicians. There is also increasing economic pressure on active physicians who are facing reduced third-party payments and increased operating costs in their private practices. This requires physicians to spend more time seeing patients in their practice, thus reducing the amount of time available to volunteer.

There are also a number of actual and perceived barriers to volunteering. Physicians often cite malpractice or insurance issues as compelling factors in deciding not to volunteer. Additionally, retired physicians cite maintaining continuing medical education hours as another barrier. Physicians also mention confusion about maintaining their licenses, unaware of the volunteer license specifically designed for volunteering at a free clinic.

### **Strategies to Increase Volunteerism by Practitioners**

There are several strategies that NCAFC is undertaking to increase the number of physician volunteers in free clinics. The first is to increase recruitment of retired physicians. The NC Association of Free Clinics is working with the American Health Initiative on a project entitled TAP-IN, which is a Web-based project focusing on increased awareness of volunteer opportunities for retired medical providers in free clinics. This program was piloted in 3 clinics and resulted in additional volunteer practitioners in those clinics. The program went statewide as of April 2007.

The NC Association of Free Clinics is also focusing on marketing free clinics to raise awareness of their work and the people they serve. On April 24, 2007 NCAFC sponsored a Statewide Open House in which all 69 NCAFC member clinics were open to the public on the same day. The Open House received statewide media attention as well as local exposure. Raising overall awareness of free clinics and publicizing the need for volunteers should have a positive effect on practitioner recruiting.

The NC Association of Free Clinics views its partnerships with the North Carolina Medical Board and the North Carolina Medical Society as critical to the success of free clinics. Both organizations are very supportive of the work of free clinics and have been instrumental in streamlining the volunteer licensing application, informing retiring physicians about changing their licenses from active to volunteer, and working with clinics and retired physicians from out of state to obtain volunteer licenses. The NC Association of Free Clinics also works in partnership with these organizations to enhance the volunteer experience for the practitioner.

Finally, NCAFC is collaborating with insurance providers to offer special professional liability policies for volunteer practitioners at very affordable rates. This is a very important factor in recruiting more practitioner volunteers.

### **Conclusion**

With 1.4 million uninsured in North Carolina, free clinics cannot be the solution to providing health care to our friends and neighbors. However, with the assistance of practitioner volunteers, our clinics can continue to help bridge the gap for the uninsured in our state while long-term solutions are developed. Rather than wait for those solutions, the North Carolina Association of Free Clinics is acting now to engage North Carolina's communities and enlist thousands of volunteer practitioners.

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### **REFERENCES**

- 1 Isaacs SL, Jellinek P. Grantwatch Report: Is there a (volunteer) doctor in the house? Free clinics and volunteer physician referral networks in the United States. *Health Affairs*. 2007;26(3): 871-876.

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For information on volunteering at a free clinic, go to [www.ncfreeclinics.org](http://www.ncfreeclinics.org) or [www.TAP-IN.org](http://www.TAP-IN.org).*