

# The Impact of a NP Led Free Clinic on the Uninsured in Western NC

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## BACKGROUND

The nonpartisan Congressional Budget Office estimated that 31 million people would remain uninsured despite the recent landmark passage of the Affordable Care Act (ACA) in 2010 (National Association of Free Clinics, 2014; Smith, Yoon, Johnson, Natarajan, & Beck, 2014). After the ACA was passed, there were a total 24 states that refused to expand Medicaid, and the passage of the ACA has been estimated to only benefit about 11 million of the 47 million uninsured people by the year 2022 (NAFC, 2014).

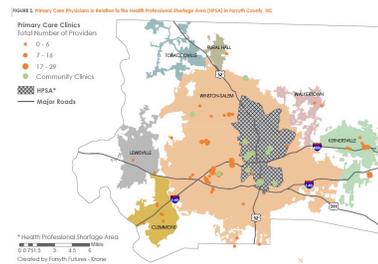
North Carolina did not expand Medicaid and continues to have over 1.6 million uninsured in the state. Most of the patients seen in the clinics of North Carolina include the working poor, farmers, self-employed persons, and immigrants (Hoban, 2013). Free clinics in North Carolina have stepped up to provide care for many of the uninsured, and have one of the largest networks of free clinics in the U.S., providing care for over 100,000 of the 1.6 million uninsured (Hoban, 2013).

## PROJECT GOALS

- Describe the development of a free clinic led by a nurse practitioner to provide chronic and acute services to the uninsured
- Describe strategic partnerships made for the success of the clinic
- Provide demographics and number of patients seen in clinic during 6 month period of time
- Provide an overview of services provided and conditions treated
- Provide a cost analysis of the first 6 months



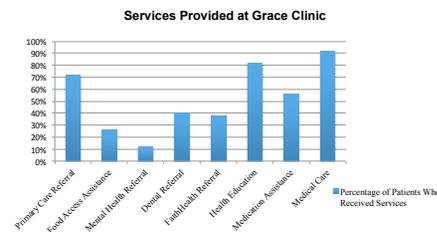
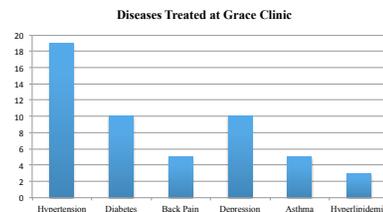
## CLINIC DEVELOPMENT AND STRATEGIC PARTNERSHIPS



- Community assessment done based on Forsyth Futures mapping as well as Wake Forest Baptist Hospital community assessments
- Partnerships formed with academic medical center and FaithHealth who provided low cost labs, equipment, and funding for clinic
- Clinic placed in zip code 27105, where residents found to be highest utilizers of emergency room for primary care needs
- Interprofessional team of physicians, nurse practitioners, physician assistants, nurses, social workers, church volunteers, and ministers provide holistic care to patients



## CONDITIONS TREATED AND SERVICES PROVIDED (n=50)



## COST ANALYSIS

- Start up costs: \$2000 (mostly materials). Do not pay rent/utilities.
- Received donation of lab work costs and supplies, exam tables, 10 blood pressure cuffs, and room dividers
- 99213 code (treated 19 patients for HTN over 6 months)
- Average outpatient direct & indirect costs per patient: \$87.10
  - Cost of providing care for 19 patients with HTN diagnosis: \$1,654.90
- 99214 code (treated 10 patients for DM over 6 months)
- Average outpatient clinic direct & indirect costs per patient: \$131.01
  - Cost of providing care for 10 patients with DM diagnosis: \$1,310.10
- Typical ED costs for outpatient care (treated 50 patients total over 6 months)
- Average ED costs per patient: \$1,240 (\$62,000)

## DISCUSSION

People who use free clinics for care have been shown to use the ED less for non-emergent care and more likely to need a hospital admission when presenting to the ED. There are many community benefits to providing care in a free clinic setting, but due to lack of sustainable funding, free clinics struggle to stay open for longer than 10 years, and are unable to fully address comprehensive needs of patients that they serve (Lynch & Davis, 2012). Free clinic leadership must consider strategic partnerships and innovative models of care in order to effectively care for the uninsured.

## REFERENCES

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