

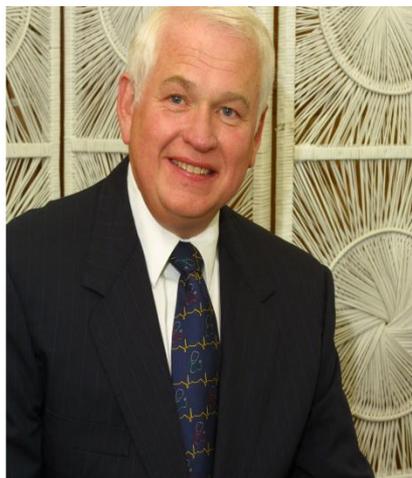
# Dr. Stephen Eckstat

FCI Board President & Medical Director





# Free Clinics of Iowa - History



- Founded by Dr. James Blessman & Reverend Larry Conrad, 1991 Polk City's St. Luke's Clinic @ United Methodist Church
- 1994 FCI Incorporated as a 501c3 Not-For-Profit Organization
- From 1995-2000, 23 Free Clinics were established throughout the State





# Mission Statement

Free Clinics of Iowa exists to facilitate the *initiation*, *operation* and *collaboration* of free medical clinics in the State of Iowa.



# Why?

*The Uninsured: They are our friends, neighbors and colleagues – forced to gamble every day that they won't get sick or injured. – Robert Wood Foundation: Cover the Uninsured*

- The number of uninsured people in the US increased to 49.9 million in 2010 from 46.3 million in 2008
- 4 out of 5 come from working families, but aren't offered employer-sponsored health insurance or can't afford the premiums





# Why?

*The Uninsured: They are our friends, neighbors and colleagues – forced to gamble every day that they won't get sick or injured. – Robert Wood Foundation: Cover the Uninsured*

- The uninsured face:
  - higher out of pocket costs for care
  - poorer health outcomes than their insured counterparts
  - a greater likelihood that easily treatable ailments will go untreated and become serious medical problems
- More than 280,000 Iowans are uninsured (9.3%)

*The need simply overrides the solutions*



# The “typical” Free Clinic in Iowa

- Operates 2-3 hours per week in the evening
- Functions out of a Church or Community Center
- Runs on 100% Volunteer Providers, Nurses, Receptionists, Translators, etc.
- Has 2 established “leadership” positions: Volunteer Clinic Manager & Volunteer Medical Director
- Can provide services to 15-25 patients per clinic
- Can operate on an annual budget of \$2,000 - \$5,000 per year



# How It Works

- Each free clinic is made possible through the donation of goods and services, volunteers and community donations
- Development and services are based on the particular needs and resources of the local community





# Why it Works

- Community-Based and Grass-Roots – typically begin when community leadership/provider recognizes a need
- Collaborative in Nature – Churches, Community Centers, Civic Organizations, Hospitals, Pharmacies, Public Health Departments & Volunteers grow a free clinic in response to the need





# Why Free Clinics?

- Medicine in its purest state – no insurance, no politics, no billing – just providers helping patients
- Since the mid-1800s, the American Medical Association (AMA) has encouraged physicians to provide free services to the poor as part of the AMA Code of Medical Ethics





# Free Clinics are Not Alone

- Free Clinics of Iowa strives to ease the administrative burden off free clinics so that they may focus on patient care
- No membership fees and no administrative charges to member clinics





# A Sampling of Programs & Services Through FCI to Member Clinics

- Forms, Policies & Procedure Templates
- Supply & Equipment Acquisition
- Volunteer Background Checks
- Financial Statements & Annual Tax Filing
- Marketing/Advertising Materials
- Continuing Education Opportunities
- Technology
- Malpractice, Property, Gen. Liability Insurance





## Free Clinics of Iowa – Central Office

- Staff: Executive Director & Clinic Coordinator
- “Programs”
- Annual Budget
- Fund Development

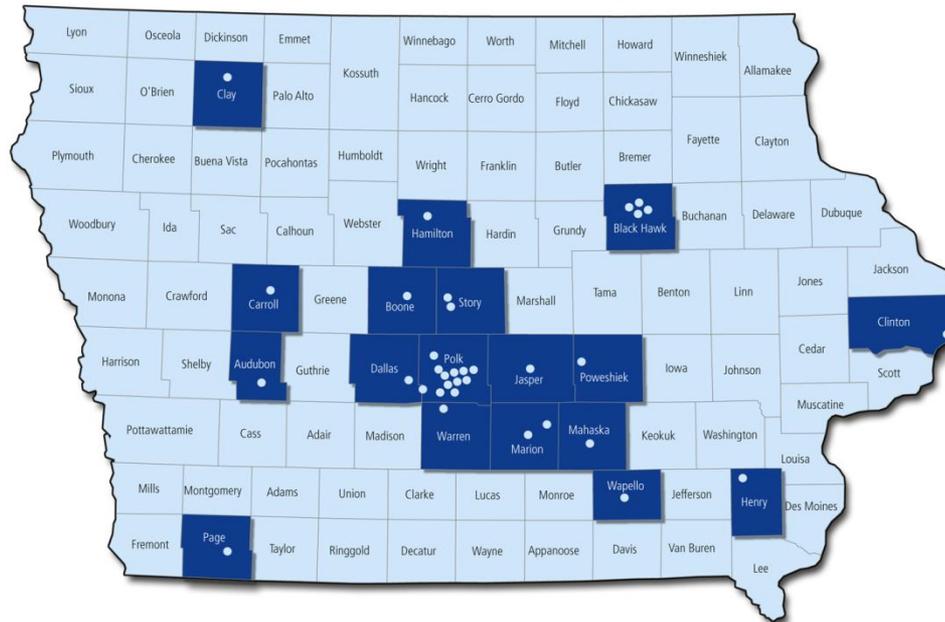


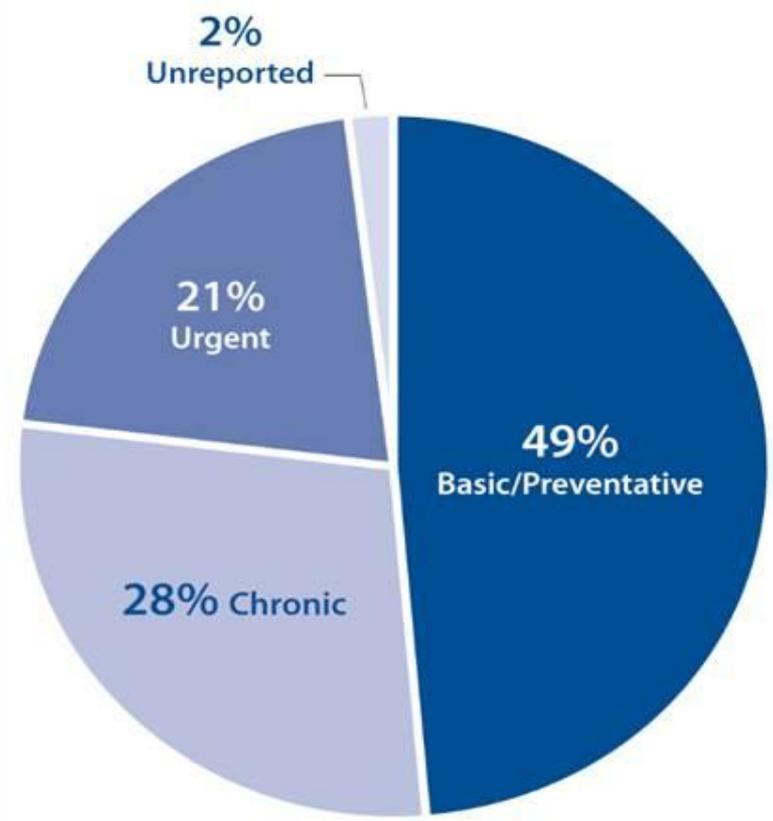
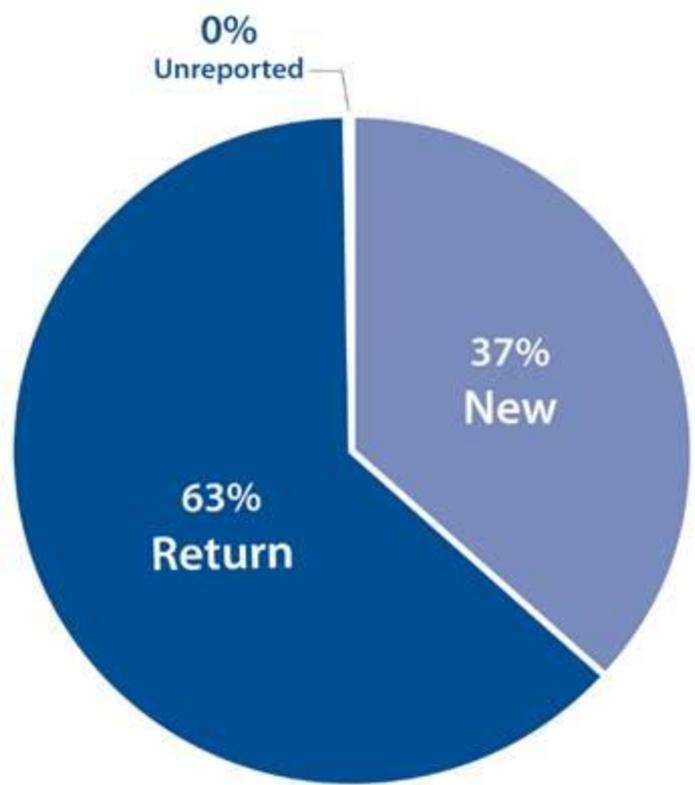


# FCI: 33 Current Member Clinics



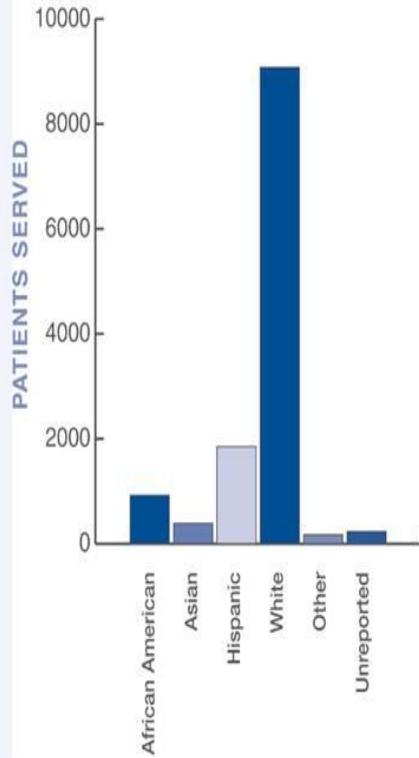
FREE CLINICS OF IOWA MEMBER LOCATIONS



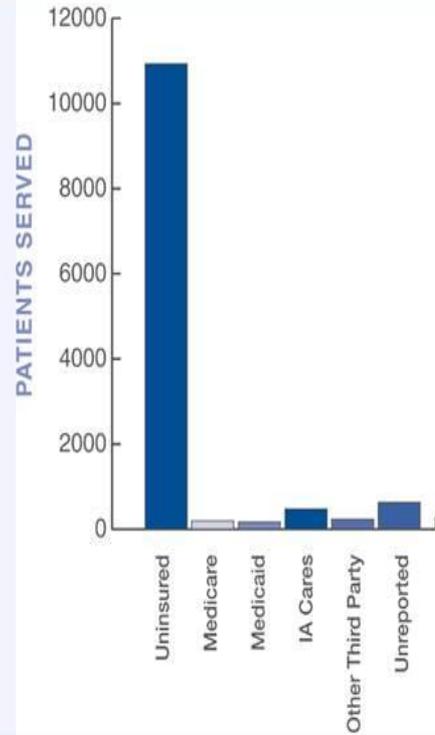




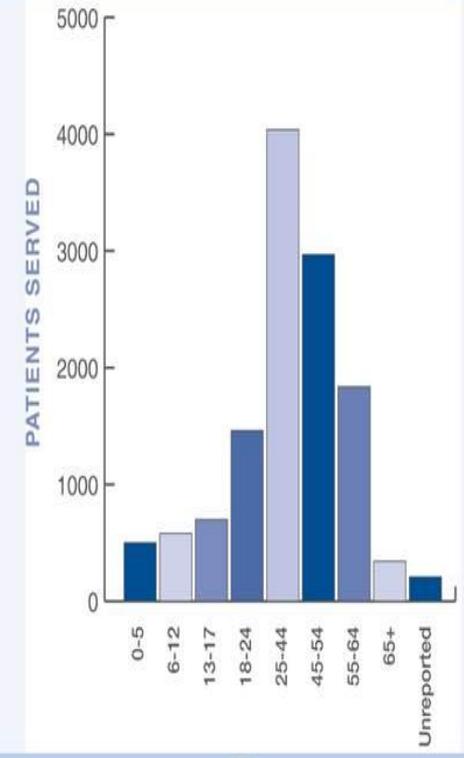
### ETHNICITY



### INSURANCE STATUS



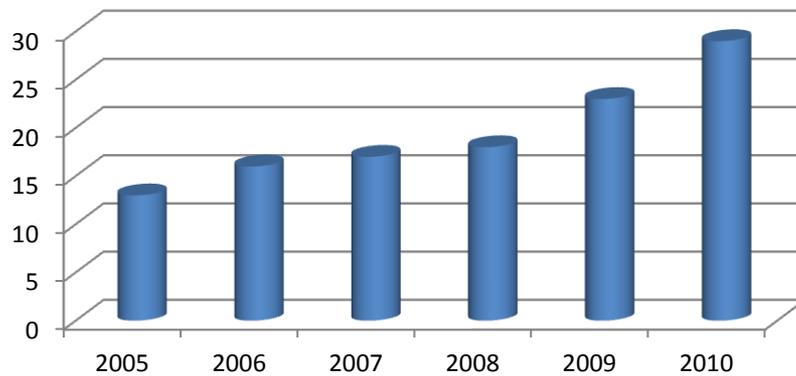
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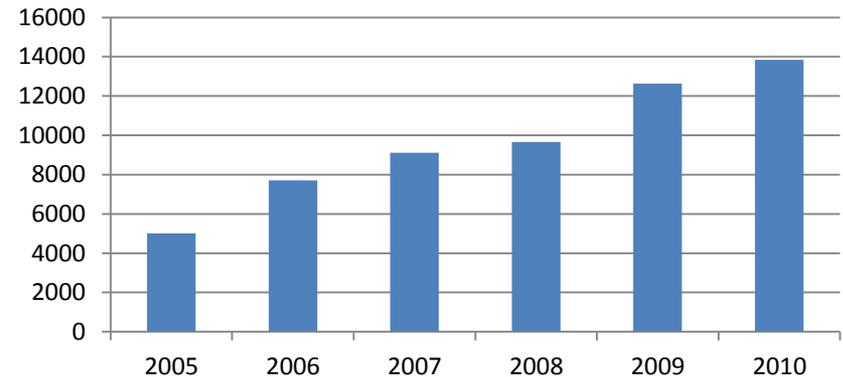


# FCI's Continued Growth

### FCI Member Clinics



### FCI Membership: Patient Visits



*Annual Patient Visits have increased  
152.9% from 2005 – 2009*



# Health Care Reform

## *2010 Implementation:*

- Insurance access for children with pre-existing conditions
- Extended coverage for young adults
- Bars lifetime dollar limits on coverage

## *2014 Implementation:*

- Establish health insurance exchanges
- Prohibit insurers from denying or limiting coverage based on pre-existing coverage
- Health care tax credits
- Medicaid expansion
- Individual & Employer insurance mandates



# Future of Free Clinics

## *Options – after 2019:*

- Continue On working with smaller groups
- Fill the Gaps (triage, navigation, education, care coordination)
- Transition to something else (FQHC?)