

The Free Clinic Times

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A Letter from the President...

Season's Greetings!

Once again the October conference exceeded my expectations. Thank you to Amy, Deb Miller and the entire committee for all your work on making the conference a time of learning, networking, enrichment and refreshment for all who attended.

"I don't know what your destiny will be, but one thing I do know: the only ones among you who will be really happy are those who have sought and found how to serve."

—Albert Schweitzer

Those connected to free clinics have found their way to serve in the community. My hope is that we can extend that to our Association. I want to emphasize **"our Association"**:

"I don't know what your destiny will be, but one thing I do know: the only ones among you who will be really happy are those who have sought and found how to serve."

—Albert Schweitzer

Our Association—the Ohio Association of Free Clinics—grows richer because of what we are willing to invest in it. I urge everyone to become

involved as I have found that I receive much more than I give. Volunteers are the heart of free clinics and also our Association. I hope in the coming year you will find a way to get involved. A list of committee chairs can be found on the back page of this newsletter.

Thank you for your hard work and dedication. You **are** making a difference.

Lee Elmore
President



Free Clinic Medical Liability Insurance Reimbursement Program

The new state free clinic medical liability insurance reimbursement program is set to roll out during December. The Ohio Department of Health will mail applications to free clinics soon. A free clinic may apply between January 1, 2006 and January 31, 2006 to receive reimbursement for 80% of its medical liability insurance premiums with a cap of \$20,000 per clinic.

The coverage provided under the program is limited to claims that arise out of the diagnosis, treatment and care of patients of free clinics. According to the law that created this program, free clinics are defined by the following:

- Free clinics are nonprofit organizations (501 (c)(3)) that provide health care services for free or for a minimal

administrative fee to individuals with limited resources.

- A free clinic facilitates the delivery of health care services through the use of volunteer health care professionals and voluntary care networks.
- Free clinics that request a minimal administrative fee do not deny services based on

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ability to pay the fee. Free clinics do not bill patients for services rendered.

- Free clinics do not perform operations.
- A clinic is not a free clinic if third party payers are billed and 25% or more of the clinic's revenue comes from third party payments.

Senator Ron Amstutz (R-Wooster) and Rep. Larry Flowers (R-Canal Winchester) sponsored the amendment that created this program in the state budget. Questions regarding the program may be directed to either Amy Rohling at the OAFIC or Joel Mariotti at the Ohio Department of Health (614) 644-8521.

Review of "Wal-Mart: The High Cost of Low Price"

By Lindsay Gezinski, OAFIC Intern

Wal-Mart: The High Cost of Low Price, directed and produced by Robert Greenwald, takes you into the real lives of Wal-Mart workers and their families, as well as business owners and their communities.

The documentary explores the company's treatment of its employees, whose average annual income is \$13,861. The company offers health insurance, but it is so expensive, employees say, that most people can't afford it. According to the documentary, company representatives openly recommend that workers sign up for government-aid programs instead.

The documentary is somewhat one-sided in that Wal-Mart's position is only depicted through commercials and videos of CEO Lee Scott's pep talks. However, Lee Scott *did* decline the request to be interviewed for the documentary by the director. Further, the film never addresses the critical question of why the company's a success. Who shops there and how come? The film would benefit from consumer commentary to address this question.

Greenwald's depiction appears largely fair and balanced and is very effective. One may be surprised to find a lack of liberal rhetoric, but rather interviews with often deeply patriotic conservative Republicans who feel Wal-Mart is comparable to a monopoly. The documentary's use of interviews with present and past employees at various levels of the corporation, rather than economists and academics, humanizes this hot topic.

Wal-Mart: The High Cost of Low Price opened nationwide on November 4th, 2005, and the DVD was made available in stores November 15th, 2005. You can visit: <http://www.walmartmovie.com/about.php> for more details about the film.

Ohio Family Health Survey Data



Dr. William Hayes, Executive Director at the Health Policy Institute of Ohio, presented *What the Ohio Family Health Survey Has to Say*

about Health and Health Care Coverage at the Sixth Annual Ohio Free Clinic Conference. Following are excerpts from Dr. Hayes' presentation.

The Ohio Family Health Survey (OFHS) was conducted from December 2003 to August 2004 by telephone with the purpose of gaining "detailed information concerning health care access and other issues throughout Ohio, including creating the capacity for county or regional specific estimation and analysis."

According to the Ohio Department of Job and Family Services (ODJFS) 2004 report, *Health Insurance Coverage in Ohio*, the number of uninsured Ohio residents is 1.2 million. This figure represents 10.7% of the total Ohio population.

The percent of Ohioans living at or below 100% and 200% of poverty has increased between the 1998 and 2004 OFHS surveys:

- From 12.1% to 17.1% of all Ohioans at or below 100% of FPL
- From 31.7% to 38.4% for all Ohioans at or below 200% of FPL
- The percent of elderly Ohioans with incomes below 200% of poverty is almost 47%, 10 percentage points higher than adults overall

Overall OFHS findings: Coverage

- The uninsured rate for adults increased from 11.7% to 12.5%
- This increase occurred even with the expansion of optional Medicaid coverage to parents with incomes at or below 100% of FPL
- Respondents reported obtaining prescription medications and dental care as the two areas of greatest unmet need

The SFY 2006/07 Budget and Coverage:

- Eliminated Medicaid coverage for parents with incomes between 90% and 100% of poverty
- Reduced total projected funding for the Disability Medical Assistance (DMA) program by \$140 million (to a budget of \$60 million), a program that provides prescription medication and physician visit coverage to around 12,000 very low income (\$115/month) Ohioans

More Information:

Health Policy Institute of Ohio

<http://www.healthpolicyohio.org/publications/ofhs.html>

Franklin County Board of Health

http://www.co.franklin.oh.us/board_of_health/

Ohio Department of Job & Family Services, Office of Ohio Health Plans

<http://jfs.ohio.gov/ohp/reports/FamHlthSurv.stm>

Center for Community Solutions

<http://www.communitysolutions.com>

University of Cincinnati, OASIS (access to dataset)

<http://www.oasis.uc.edu>

Ohio Department of Health

<http://www2.odh.ohio.gov/Data/OFHSurv/ofhs1.htm>

Ohio's Disability Medical Assistance

In the most recent state budget, funding for Ohio's Disability Medical Assistance (DMA) program was reduced significantly. The DMA Council was created to assist the Ohio Department of Job and Family Services (ODJFS) in developing a replacement program for DMA. Amy Rohling, the Executive Director of the OAF, was named to the DMA Council. The Council's recommendations, submitted in September, are as follows:

Short Term Recommendations, SFY 2006-2007:

(1) Enrollment, Caseload and Spending

- Keep enrollment closed and closely monitor caseload and spending patterns.
- DMA Council to advise ODJFS how, when, and for how long DMA enrollment might be reopened.
- DMA Council to consult with state agencies regarding appropriate actions to stay within budget.

(2) "Carve Out" of DMA Funds for Behavioral Health

- The majority of the DMA Council members recommended to reverse the decision to "carve out" a portion of DMA funding to ODMH and ODADAS.
- Ask the General Assembly for a statutory change transferring ODMH's 419 line item and ODADAS's 401 line item to ODJFS.

(3) Implement DMA eligibility changes, to become effective January 1, 2006

- Revise the definition of "medication dependence," and lengthen the time that a medical condition has to be present from nine months to twelve months.
- Discontinue DMA eligibility if, at the six month review, the person is no longer eligible.
- Maintain the requirement that County Departments of Job and Family

Services (CDJFS) complete applications for all JFS benefits for which DMA enrollees may be eligible.

d) Maintain the requirement that CDJFS's make referrals to the Social Security Administration for any DMA enrollees who may be eligible for SSI/SSDI.

(4) Drug Formulary

- 70% of DMA funding pays for prescription medications and 26% pays for physician visits.
- Establish a clinical Pharmacy and Therapeutics advisory group to develop a limited drug formulary.
- Technical Assistance to help patients gain access to "non-formulary" drugs via samples and manufacturer assistance programs.
- Continue distributing DMA drugs via the current JFS retail pharmacy system, but explore providers in the Federal "340-B" drug discount program."
- ODJFS staff to approach Ohio's pharmaceutical manufacturers to negotiate rebates and to request automatic enrollment of DMA

participants in assistance programs.
f) Approach the charitable arms of Ohio's Health Insuring Corporations and Health Foundations to fund special projects related to DMA.



(5) Improving the Conversion of DMA enrollees to Medicaid Coverage via Medicaid Disability Determination.

- Continue the process improvements that were recommended in the February, 2005 consultation report submitted by DeLoitte Consulting.
- Pursue incentive funding for CDJFSs, especially counties with large numbers of DMA enrollees.
- Refer further discussions to the Disability Determination Council.
- Approach Ohio's charitable Health Foundations to assist in expanding "best practices" for Medicaid disability determination cases.

*Friday, February 3,
2006 is National
Wear Red Day*



Join Americans nationwide on Friday 3, 2006 to celebrate the third annual National Wear Red Day. Wearing red shows your support for women's heart disease awareness. Show off a favorite red dress, shirt, or tie and help spread the word that heart disease is the #1 killer of American women. You can purchase a red dress pin, the national symbol for women and heart disease awareness, at <http://emall.nhlbihin.net/product2.asp?source=&sku=56-075N>. Now through February 28, 2006, you can purchase 1-24 pins at a cost of \$2.00 each.

Unfortunately many women do not realize they are at risk for heart disease. That's why the National Heart, Lung, and Blood Institute (NHLBI) and its partners sponsor *The Heart Truth*—a national awareness campaign for women about heart disease. Use *The Heart Truth* tools at http://emall.nhlbihin.net/dept2.asp?dept_id=HEART to get ready for National Wear Red Day 2006. At this website, you can access downloadable resources such as promotional Web banners, email alert, newsletter article, newsletter ad, poster/flyer, media alert, press release, official proclamation, and more.

Resource for Patients Reduces Barriers to Cancer Screening and Treatment

The American Cancer Society Patient Navigator program provides personalized guidance for patients to help them reduce barriers to screening and treatment for cancer.

Patient Navigators are trained American Cancer Society staff that provide assistance to patients, families, and caregivers to help them with the many and often complex needs that arise during the cancer journey. Patient Navigators provide individual, in person assistance through the following:

- Provide accurate and up to date cancer information from a trusted source

- Link those dealing with cancer to needed resources and programs
- Provide information and education about the cancer journey
- Provide individual, in person assistance and support to ensure a better quality of life
- Provides enhanced and in depth support for patients & families with complex needs
- Provide ACS information and services
- Provide a connection to local and national resources
- Provide assistance in understanding financial, health care, community, social, and other systems

Patient Navigators do not provide medical advice, infringe upon the physician/patient relationship, or limit options to seek other sources of cancer

information or support.

For a list of Ohio's 20 ACS Patient Navigators, please visit:

http://www.cancer.org/docroot/COM/content/div_OH/COM_6_1x_Patient_Navigator.asp?sitearea=COM

For an example of how a Patient Navigators may assist your patients, please view the following news clip recently aired in a Columbus new station:

http://gop.gov/oh15tv/071205_patient_navigator.asf

Linking patients with cancer related concerns to your local Patient Navigator enables you to focus on the clinical aspect of treatment, while knowing social and support needs are covered.

All Patient Navigators can be contacted through 1-888-ACS-OHIO.

Fundraising Letters 101



When using written communication, always use a structured, sequential approach to all cultivation and solicitation. To the extent possible, solicit from the "inside out" and "top down"—i.e. begin by soliciting "insiders" such as board, and "top" prospects considered capable of the largest gifts, gradually working toward the solicitation of the least-engaged constituencies and the donors with the least financial capacity. Use the commitment of early donors as motivation in soliciting subsequent groups.

Best practices should also extend to broad-base solicitation tactics, as follows:

- Whenever possible, personalize solicitation letters. Merge the list so that the recipient's name and address appear on the letter and

salutation. It makes matching letter to envelopes a painstaking—but worthwhile—extra effort. If a generic salutation cannot be avoided, opt for "Dear Friend" or another appropriate generic format—never refer to a constituent as "Dear Non Donor" or "Past Donor."

- Make a specific request for a gift within the first 1-2 paragraphs. Something like "...and we hope you'll allow us to sustain this wonderful living and learning environment by making a gift to (*organization name*) this year."
- Make another reference to the gift somewhere later—"...show your support in a tangible way..."
- Whatever you really want donors to do must be repeated in a post script (p.s. If you will respond with a gift by December 31, we'll be sure you are recognized in (*named publication and date*). Yes, that's right, you've asked three times.
- If possible, ask for a specific amount. Ask for a gift one level higher than the donor's last gift.
- Don't diminish the donor's giving

capacity by using phrases such as "any gift will do." Always encourage the donor to reach a little farther.

- Try not to have a monotonous series of same-length block paragraphs. Change the pace with a three word paragraph or exhortation. Underline. Use bullets. But don't be afraid of a longer letter— research repeatedly confirms that longer letters attain higher response rates and larger gifts. On the other hand, there's scant evidence to show that enclosing a separate brochure increases giving—so don't go to this extra expense unless there's a compelling reason.
- As you've done, make sure the letter reads like it's written to one person, not a mass audience (for example, a letter to a reunion class should say "I hope to see you on campus this summer" rather than "I hope to see all of you this summer").

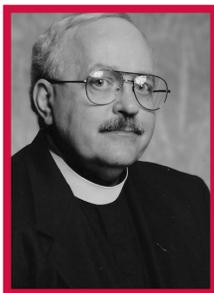
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Sixth Annual Free Clinics Conference a Success!

The Sixth Annual Ohio Free Clinic Conference, "Called to Service: Elevating Health, Enriching Lives," was hailed a success with attendees unanimously declaring that the conference was "worth their time and expense." One participant even remarked, "I was tired (getting "burned out") but now inspired to continue my journey for healthcare for all Ohioans through our free clinic." Another participant stated that the conference "gives the caregivers in various free clinics the opportunities to share stories, give support, and empower each other to continue our mission."

On October 10th, the Ohio Association of Free Clinics (O AFC) presented four awards. The 2005 Champion of Free Clinics Award went to the late Dr. Timothy Crouch, O.S.L. Tim dedicated his work to alleviating social injustices and helping the poor with love and compassion with initiatives revolving around serving others and strengthening the work of OPEN M (Opportunity Parish Ecumenical Neighborhood Ministry).

This year's Free Clinic Partnership Award was presented to Select Optical Labs for its significant contribution to the Faith Mission through financial donations, in-kind contributions, and



Dr. Timothy Crouch



(L to R): Lee Elmore, Amy Rohling, Keynote Speaker Connie Schultz, and Paul Baumgartner.

advocacy. Select Optical has pledged to donate eyeglasses to all homeless and uninsured patients that are examined at the eye clinic at Faith Mission, which is just one example of its many acts of philanthropy.

The O AFC also honored two legislators—Representative Larry Flowers and Senator Kirk Schuring—with Free Clinic Legislative Partnership Awards for efforts that impact service to the healthcare needs of the poor and uninsured.

Representative Flowers has been an outstanding legislative partner to free clinics, a relationship that began with his visit to the Vineyard Free Clinic in Columbus in 2004. Representative Flowers was pivotal in gaining legislative support for the free clinic medical liability reimbursement program that was enacted



as a part of the 2007-2007 state budget. He was also supportive of efforts to preserve Medicaid coverage for dental services during the state budget deliberations.

Senator Schuring was honored for his work on prescription drug access issues. In the 124th General Assembly he sponsored House Bill 221, which created a prescription drug donation program through which certain medications, such as those dispensed at nursing homes, can be donated to free clinics. He has continued to work diligently on the implementation of this law, encouraging nursing homes to participate as donors of unused prescription drugs.

The O AFC would like to thank the sponsors of the Sixth Annual Ohio Free Clinic Conference: Anthem Blue Cross and Blue Shield, PhRMA, Sisters of Charity Foundation of Canton, the Nord Family Foundation, the Ohio Academy of Family Physicians Foundation, the George Gund Foundation, National City Bank, and the OHIC Insurance Company.

We look forward to seeing you next year! Dates and location will be finalized soon!

Award winners at the 2005 Conference.

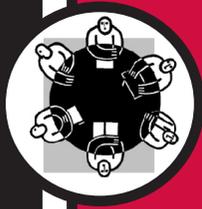


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Ohio Free Clinics Go to Washington

Lee Elmore (North Coast Health Ministry), Gail Bromley and Amy Goldstein (Free Medical Clinic of Greater Cleveland) and Amy Rohling (OAFc) all went to Washington on October 27, 2005 as a part of the first National Association of Free Clinics Legislative Day.

The Ohio contingency met with the staff for Senators DeWine and Voinovich, Congressmen Tiberi, Hobson, Kucinich, Brown, and Boehner, and Congresswomen Pryce and Tubbs Jones. The goal of the Legislative Day was to educate our U.S. Senators and Congressional representatives about the important work of free clinics.

The group also discussed the detrimental effect that federal budget cuts will have on the people served by free clinics.

Check out the New OAFc Web Site!

The OAFc web site recently got a face-lift courtesy of DoubleTech. The site includes a variety of helpful resources including:

- information on membership
- upcoming events
- helpful links
- contact information
- newsletters and publications

