

## Doctors Care in Winston-Salem

All of North Carolina's urban communities make some effort to provide health services to those without the means to pay—both by writing off unpaid care at clinics and hospitals and by providing free clinics for the poor. But Winston-Salem and Forsyth County have woven an extra strand into the health care safety net—a health care program for the working poor called Doctors Care.

"It's great," says Vaughn Thomas, who screens applicants for the program through Consumer Credit Counseling in Winston-Salem. "It's a very generous program. Care is provided at no charge except for a co-payment at the doctor or dentist's office. We've had some people on the program who got mega-services, who needed it, obviously."

Doctors Care is for working people with no health insurance who earn too much money to qualify for a discount of more than 50 percent on health services at Reynolds Health Center, a county-subsidized primary care clinic in Winston-Salem. There also is an income ceiling of 150 percent of the federal poverty level, or \$21,505 a year for a family of four.

Dr. Thomas Hinson, the Forsyth County physician who designed Doctors Care, says it is part of a multi-tiered system that attempts to provide indigent health services in Winston-Salem. None of these programs specifically targets minorities, but they all serve a disproportionate number of minority patients because they serve the city's poor.

At the first level are free clinics called Samaritan Clinic and Sunnyside Ministry. Next is the Reynolds Health Center, which bases its fee schedule on ability to pay. Finally, there is Doctors Care. All of these facilities refer qualifying patients to a free pharmacy operated by Crisis Control Ministries, and all have a strong role to play in providing access to care in Winston-Salem.

### Doctors Care

Hinson established the Samaritan Clinic, and his success landed him the assignment to develop Doctors Care. Dr. Tom Koontz, a surgeon and president of the local medical society, asked him to come up with a program to serve the thousands of working poor with no health insurance who reside in Forsyth County.

For people who meet the income requirements and are accepted into Doctors Care, the program provides everything from checkups to hospitalization at minimal cost. Hinson says Doctors Care provides health care for people who can't afford it. For doctors, it provides a way of dealing with non-paying patients.

"Our particular practice writes off about 15 percent of its billing," says Hinson. "We take all comers, as most doctors do. This organizes all of that. Doctors know that people are truly needy, so they don't try to pursue the bill. There is no collection agency. You can feel truly good about what you're doing. . . . It's good for the doctors and the patients. It's just a good system."

Doctors Care enrollees are assigned a managing physician. Each visit to the doctor's office requires a co-payment of \$5, \$15, or \$20. A trip to the emergency room cost \$25 if approved by the managing physician. The higher charge is intended to discourage overuse of the emergency room for primary care.

Except for extraordinary treatments such as organ transplants, which are not guaranteed, the program provides blanket care. "They can be seen by a doctor, seen by a dentist, seen by a specialist if referred by the managing physician. They get free medicine at Crisis Control. They get hospitalization free and free surgery."

All of the Doctors Care participants work, many of them in low-paying service sector jobs such as bussing tables at restaurants, cleaning hotel rooms, or doing dry cleaning and laundry.

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But Hinson's personal interest extends beyond low-income workers. He also provides countless hours of volunteer service providing free medical care for those who don't have a job or even a permanent address.

### Samaritan Clinic

**H**inson founded Samaritan Medical Clinic in 1986 in the vacant rooms above a soup kitchen. "For me, I'm a Christian," says Hinson. "I sort of see this as an extension of my faith. A

friend of mine invited me to come down and work at the soup kitchen. I did that for about a year, and, being a doctor, I saw a lot of people with medical needs."

Bearded, suspended, and tieless, Hinson sits slumped at a folding table in the oblong room that serves as the waiting room of a clinic that has just seen 22 walk-in patients. Forsyth County Public Health Nurse Eddie Grubbs tidies up the paperwork while Hinson talks about the clinic and the maladies of patients he is likely to meet on any given Thursday.

"Basically, it's primary care," says Hinson. "We see a lot of hypertension, trauma, diabetes, sprains and strains, acute infections, various abdominal complaints . . . but a higher dose of trauma than you see in suburban North Carolina."

Hinson describes two types of trauma: accidents, and intentional and seemingly random violence. "We see people who've been cut, beaten, who've staggered out in front of a car and been hit. . . . A lot of times it's violence. You might have somebody sleeping under a bridge, and somebody would come up and beat them with a bottle. They don't have anything anybody would want to rob them for. Or somebody has gotten drunk and fallen down an embankment."



Mike McLaughlin

**Dr. Thomas Hinson  
outside the Samaritan  
Clinic in Winston-Salem**

Hinson says he also sees more hypertension cases than one would expect in a standard medical practice, as well as more complications due to diabetes, and more cardiopulmonary problems. In the winter, influenza becomes a problem. "What we hope we are doing is picking these things up early," says Hinson, "diabetes before it reaches renal failure, cardiopulmonary problems before they trigger a heart attack. Prevention is the major theme here."

Yet Hinson says any treatment plan is complicated by lack of follow-through on the part of the patient, particularly for problems like hypertension. "It's hard to get people to take medicine for something that shows no symptoms," says Hinson, "and follow-up is a big problem here. People seem to disappear. We may not see them for six months, and then they come back. But a significant minority do come back. They get their blood pressure checked. They get their medicine filled on a regular basis. They participate in their care. For those patients, treating them is very gratifying."

The clinic—though still Spartan—has come a long way since its founding. Twelve doctors volunteer on a regular basis, and three dentists provide basic services such as pulling teeth. It is equipped with an X-ray machine, an electrocardiogram machine, and a few medicines—"everything we need to take care of patients," says Hinson.

### **Sunnyside Ministry**

A second indigent-care clinic in Winston-Salem, Sunnyside Ministry, also provides free medical services but serves a different kind of clientele—families and children rather than street people. On a recent Thursday, director Linda Yokely was more concerned about being overwhelmed with children needing immunizations to start school than with festering knife wounds and trauma. A fall clinic would feature nothing but flu shots. Yokely says the clinic, which operates out of the basement of Trinity Moravian Church in one of Winston-Salem's older subdivisions, is an example of taking health care to the neighborhoods.

Yokely's office is in a frame house painted bright yellow. A chain-link fence crowned with strands of barbed-wire surrounds the property—

evidence the neighborhood, known as the Washington Park area, is more vulnerable to theft and vandalism than it once was. The neighborhood grew up around Arista Mills in the late 1930s and early 1940s. "Part of it was a very well-to-do area," says Yokely. "There were smaller homes for the millworkers too. It's a neighborhood in transition. Less than half the people who live here own their own homes. It's mixed racially."

The clinic's clientele reflects the composition of the neighborhood, although it also draws from rural Davidson County. Fliers for the twice-monthly clinic are printed in both English and Spanish. The clinic is staffed by four doctors—two for adults and two for children, plus a Forsyth County Health Department nurse. The nurse interviews clients for its Women, Infants, and Children nutritional program at the same time doctors are seeing patients.

Clinic patients get such services as physicals, immunizations, and basic lab work. "We're seeing about 65 people a clinic," says Yokely. "We've really increased the numbers of infants we're seeing. Maybe they are infants who would not have been seen earlier."

The clinic is a basement operation, with an assembly hall used as a waiting room and Sunday school rooms used for examinations. But Yokely says it has a sort of permanence for people who use its services regularly. They have physicians they see regularly, and if their physician isn't volunteering on a particular night, they stay home. "They have their own doctor, they've been coming so long," says Yokely.

Sunnyside Ministry is the social outreach arm of the Moravian Church. The agency provides a range of services for the poor. Yokely says the medical clinic is the most gratifying. "I would rather work at the clinic than do my job every day," Yokely says. "We don't ask any questions. We don't qualify people. The door is opened, and it's first-come, first-served. . . . We'll probably turn away people tonight."

### **Reynolds Health Center**

Free clinics like Samaritan and Sunnyside offer patients access to basic care. At least 20 such clinics operate in North Carolina. At the

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next level stands Reynolds Health Center, which dispenses \$10 million worth of primary care out of a building originally intended to be a hospital for African Americans in Winston-Salem. These services produce about \$5 million a year in revenue. The county also contributes some \$5 million annually to the Center's operating budget.

"It's like a large, multi-specialty group practice," says Dennis MacGovern, Reynolds Health Center executive director. "We do diagnosis, treatment, and referral. We can see anyone. You don't have to be indigent. You don't have to reside in the county. Some of our patients are fairly affluent. They choose to come here. They don't get a discount."

At Reynolds Health Center, 60 percent of the patients are African American. The center also is seeing increasing numbers of Hispanic patients—drawn by low-cost, no-questions service and the fact that the center has several bilingual staff members.

## A Free Pharmacy and a Strong Volunteer Spirit

Forsyth's network of free and sliding scale clinics, plus its innovative managed care program for the working poor, is bolstered by a spirited annual fund-raiser that features a celebrity basketball game. The event pumps about \$250,000 a year into the free pharmacy at Crisis Control.

But as Hinson has learned, making a program available and even publicizing it heavily and seeking referrals does not mean the service will be used. Doctors Care can serve up to 676 participants. Hinson figures more than 20,000 people in the Winston-Salem/Forsyth County area are eligible. Yet as of Dec. 31, 1994, only 376 had signed up.

"We're glad it's moving along slowly and cautiously," says Hinson. "It's proceeding at a pace that is comfortable and appropriate for us. But it is surprising. . . . Apparently, health care is not a priority to the poor unless they get sick. They have too many other things to worry about."

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pregnant women get the services they need to improve the chances they will have a healthy child. One study found that for each dollar spent on maternity care coordination, there was a savings of \$2.02 in medical care costs for newborns during the first two months of life.<sup>24</sup>

A recently added service under the Baby Love program is special home visits using culturally paired workers. Called maternal outreach workers, these workers take a personal role in supporting low-income pregnant women deemed at high-risk of having poor pregnancy and parenting outcomes, says Marcia Roth, policy and program development assistant in the Division of Maternal and Child Health.

Through home visits and peer counseling, maternal outreach workers encourage at-risk expectant mothers to get appropriate prenatal care and to get care for themselves and the child for a full year after the birth. "We see maternal outreach workers as being ambassadors acting as cultural translators between health agencies and communities," says Roth.

Funded by Medicaid and the Kate B. Reynolds

Charitable Trust, the maternal outreach program already is available in 24 local health agencies and should be available statewide by January 1996. DEHNR has proposed expanding the program so that maternal outreach workers stay with at-risk mothers until their children reach age 3. The cost would be \$550,000 for the 1995–96 fiscal year.

Roth says part of the justification for this is that the maternal outreach worker may be able to encourage longer intervals between subsequent pregnancies and thus prevent low birthweights. A second reason is that these workers may be able to promote a safer atmosphere for children (accidents and injury are a leading cause of death in this age group) and encourage better use of preventive health services for both mother and child.

A study by Family Health International pinpointed low birthweight due to prematurity as the primary contributor to the infant mortality rate in North Carolina. The study eliminated such potential causes as a higher rate of teenage pregnancy among African Americans. In fact, the study found that for African Americans, older mothers had worse birth outcomes than teens.<sup>25</sup>