

Rota Care Clinic: A Community-Based Partnership Caring for Uninsured Patients with Chronic Illness

Mary Hoagland-Scher, Britta Runbeck, Sudit Ranade, Janet Runbeck

The Problem:

In 2008, the University of Washington Tacoma School of Nursing conducted a needs assessment of clients who use FISH Food Banks in Pierce County, Washington. The needs assessment indicated food bank users have higher rates of diabetes, hypertension, and hyperlipidemia than the general population. Among those interviewed (n=477), 46% reported having no insurance and 41% reported having used emergency rooms in the prior twelve months. Emergency room care is extremely expensive and the majority of FISH Food Bank patients who utilized these services in 2008 received uncompensated care, i.e. the hospitals treated the patients without reimbursement for their services. Typical free clinics are designed to provide urgent care and are not equipped to provide ongoing treatment for chronic diseases. However, community-based management of chronic diseases is the most efficient use of scarce health care resources and the needs assessment indicated the need for the community-based management of chronic disease among the underinsured in Pierce County.

The Solution - Community Partnership:

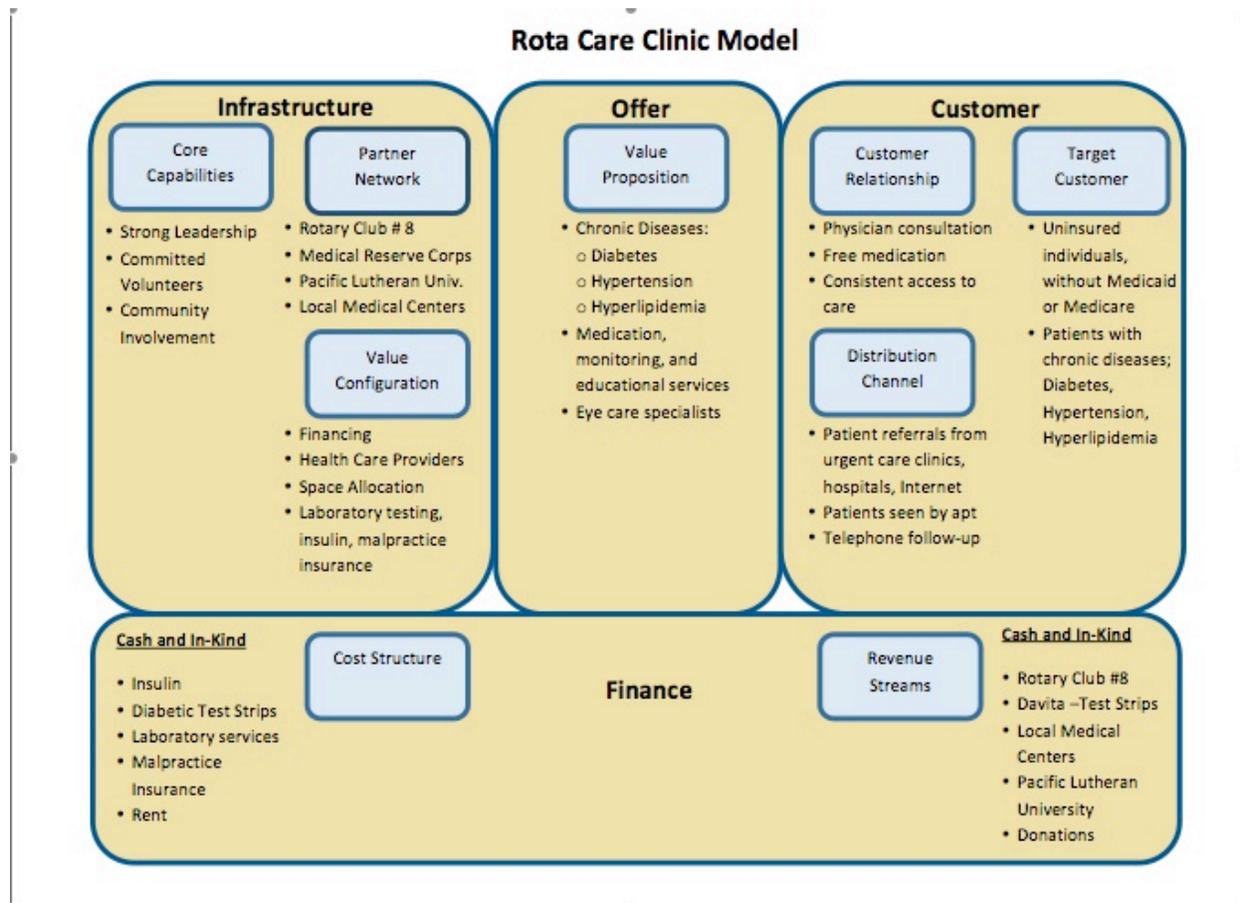
To provide care for chronic disease two critical components for the service delivery model were:

1. 24/7 staff availability, and
2. a limited scope of practice to only those disorders that can be managed on a low budget.

Community organizations were recruited to donate both the human and financial resources for the project. Pierce County Medical Reserve Corps generously provided volunteer health care providers. Rota Care of Puget Sound provided the non-profit governance structure under a 501(c)3 and Rotary Club No. 8 of Tacoma agreed to financially sponsor the health center. Pacific Lutheran University graciously donated the clinic space and eventually, all three of the local major medical centers joined in to provide the ancillary needs of the clinic. Franciscan Health System performs all of the laboratory services, Multicare Tacoma General Hospital supplies the insulin, and Group Health (a large HMO) provides malpractice coverage for their employees who volunteer. Additional partners include Davita, a dialysis provider that donates diabetic test strips and Cascade Regional Blood Supply, which donates safety lancets for point-of-care blood glucose monitoring. All medical, nursing and support staff are volunteers. Diabetic educators and eye care specialists also volunteer to provide more comprehensive care. Due to these contributions, Rota Care Clinic's *annual* operating budget is about \$1,000, which is supplied by donations.

Medical providers follow treatment protocols derived from consensus and evidence-based guidelines. Our diabetes treatment guidelines were derived from the Indian Health Service Division of Diabetes Treatment and Prevention publications.¹ The published protocols were revised to use a \$4 formulary. The IHS site has a wealth of knowledge and helpful information for managing diabetes and its associated complications.

The Model:



The Results:

Rota Care Clinic has had 762 patient visits and has provided longitudinal care for over 150 patients. The clinic currently has data on 122 patients including 81 patients with diabetes. Of these, 40 patients had HBA1Cs recorded at their first visit and again at a subsequent visit for analysis. A two-tailed paired t-test revealed that the average difference between the most recent and the first recorded A1C was statistically significantly lower by 1.69 (95% CI: 1.06-2.31, p<0.0001).

¹<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?odule=toolsDTTreatmentAlgorithm>

Discussion Points:

- This model is replicable in other communities provided there are adequate partnerships and supports.
- Financial sustainability is a continuing concern for this model of care.
- Communities should consider funding and supporting the management of chronic diseases in the community to mitigate the costs of acute care.
- Research needs to be undertaken about:
 - the scalability of this model,
 - quantitative effects on the treatment of other chronic diseases, and
 - qualitative effects of the clinic on patients and the community.