

**Senate Public Health and Welfare Committee
Public Hearing on Health Clinics
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Submitted by

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Good Morning, Senator Erickson and members of the Senate Public Health and Welfare Committee. It is a pleasure and a privilege to share with you the Volunteer in Medicine Clinic model, how it has been effective throughout the country and how it can improve the delivery of primary health care in our Commonwealth.

Pennsylvania can take pride in the very high quality of medicine it has developed. The large number of teaching hospitals highly developed medical systems providing tertiary and quaternary care, pharmaceutical enterprises with great research and development capability, economically successful insurance companies, increasing number of medical schools producing well educated and highly trained physicians and scientific technologic inventions and advancements should point to a very successful model.

Why then does the health care delivery system fail to take care of the basic primary care needs of all citizens of the Commonwealth of Pennsylvania?

Some obvious reasons include the malpractice climate and lack of tort reform causing many physicians to look to work elsewhere. The cost of healthcare has become obscene due to the utilization of our facilities in the most expensive and inefficient way, an example being the overuse of Emergency Rooms in hospitals where a simple primary health issue will eventually be taken care of (i.e. hours of waiting) at 10 times the cost of seeing a primary care physician.

With all of the problems inhibiting the delivery of primary health care in Pennsylvania, communities across the state have developed innovative and creative ways to provide care to those unable to pay. The Federal Qualified Health Centers even with their higher Medical Assistance reimbursement have to struggle to meet the need and frequently only about 10 % of their patients are free of charge due to the cost of providing care within that model. As a federally funded model they can provide needed care to the poor and have extensive statistics to justify their worth. Despite this program Luzerne County continues to have thousands of men and women with unmet primary health care needs.

A model health clinic utilizing volunteers has become a staple for providing primary health care in Pennsylvania and throughout the country. According to Dr. Julie Darnell's research 1100 volunteer clinics exist in the United States. A specific model that has gained attention by its efficiency and compassionate delivery of health care is the VOLUNTEERS IN MEDICINE model. There are 60 clinics of this model presently in existence. This concept was introduced by Dr. Jack McConnell in Hilton Head, South Carolina more than 15 years ago. To date none of these clinics have closed. The model has been so successful that private funding has established the VIM Institute which helps community volunteers plan and develop clinics to serve their communities' needs.

Approximately three years ago volunteers in Luzerne County organized to research the need and found that 35,000 people were employed but lacked primary health care insurance primarily due to cost. Recognizing the good work of several free clinics already in existence, each open two hours one evening weekly, it became apparent that a full time clinic was necessary to assist those volunteers and patients in providing good primary health care.

The Volunteers in Medicine is a non-profit community-based organization developed to help meet the primary health care needs of the WORKING uninsured and the underinsured populations. The program is designed to provide FREE primary and preventative health services and social services for those individuals whose income is below 200% of the Federal poverty guidelines.

While VIM clinics do not turn anyone away, the social work component strives to determine a patient's eligibility for available insurances e.g. Medicaid, medical assistance, CHIP Caring program for children, and others. However, the VIM clinic will provide continuity of care for those in 18-65 year old range who are working to support themselves and their families and cannot afford the insurance premiums. This group includes the college student, the small business employee, the part time employees, immigrants whose determination to maintain independence and dignity is an American value worthy of support especially when the government's health care programs provide opportunities not to take the "road less traveled".

A healthy work force contributes to the common good not only in economic productivity but by improving and maintaining public health. VIM clinics provide an array of services including preventative medical education both

individually and through programs, ongoing care for the chronic illnesses including but not limited to hypertension, diabetes, high cholesterol, asthma, obesity, tobacco use disorder, and as it becomes possible, dental care, primary eye care, counseling and others. The clinic works closely with hospitals, specialists, social, health and welfare agencies as well as health departments and government agencies to eliminate duplication and foster cooperation.

Private funding has been the mainstay of the VIM movement. The concept of compassionate care given to our working neighbors maintains an ideal and builds community character. By providing free care to the working poor we can improve healthcare resources and their deployment to those that are insured. Increasing work productivity would result in less time off from work for preventable conditions. There would be relief to crowded emergency rooms in local hospitals which would lower costs to the same. The VIM clinic would provide needed services to those who cannot afford to provide for themselves.

Establishing clinics like these faces many obstacles which include most obviously financial support to maintain continuity and patient care. Other concerns include the following issues.

Volunteer doctors, especially retired physicians, need relief not only from the Federal Torts Claim Act, but in maintaining licensure and receiving APPROPRIATE continuing medical education credit.

Employed medical personnel in volunteer clinics require malpractice insurance as well as liability insurance which are a tremendous financial burden to the clinic.

Due to the work of more than 75 volunteers, seed money, some capital incentive and program dollars contributed locally, a VIM clinic will open in Wilkes Barre, Pennsylvania in June of 2008. It has been said by a major health system's chief executive that the best primary care is provided in a volunteer clinic. Less time constraints, pleasant non pressured surroundings, competent cheerful staff and volunteers provide a conducive and relaxed environment for the doctor and the patient.

A VIM clinic in West Chester where I worked as a volunteer for 2 years has distinguished itself by its commitment and leadership. More than one million dollars was saved in local emergency rooms by decreasing the primary care patient visits by nearly 38% in those facilities. In a smoking cessation program, 57% remained successfully free of tobacco use. There are many more examples of extraordinary health related success.

While you have received numerous statistics regarding health care delivery from previous presenters I am hopeful that you can see the incredible health benefits and enormous cost efficiency in the VIM model.

Thank you for your time and interest in this most serious problem facing so many Pennsylvanians. A grand health plan for the country and the Commonwealth has been elusive. Supporting initiatives like this is cost effective and may substantially lessen the burden while improving the overall health of our communities.

Respectfully,

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