

Student-Run Free Clinics: With Great Impact Comes Great Responsibility

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There's no shortage of stories about exorbitant medical bills in the United States, one of the few industrialized economies with a lackluster medical safety net. With the complex web of in-network and out-of-network providers, rejected prior authorizations, and expensive copays, even insured patients face medical costs that can empty entire checking accounts. Given the unreliability of certain options, such as a "GoFundMe's" or school children's fundraisers for catastrophic injuries, many individuals must resort to desperate measures, such as filing for bankruptcy (1).

What then is done for patients without medical insurance, whether due to unemployment or undocumented immigration status? Or for those who are underinsured and unable to afford copays?

While the passage of the Affordable Care Act in 2010 extended affordable healthcare to many Americans, about 30 million people still remain uninsured, according to a 2022 Kaiser Family Foundation report (2). From the same report, one in five uninsured adults puts off needed medical care due to cost.

It is evident that healthcare, especially preventative medical services, is out of reach for many Americans. In medical school, we learn about the United States Preventative Services Taskforce (USPSTF) guidelines but are then faced with patients suffering from advanced

pathologies due to delayed care. It's a vicious cycle. Patients delay preventative healthcare due to finances but are then faced with the astronomical financial burden of emergent lifesaving procedures.

Student-run free clinics (SRFCs) have been constructed to help address the moral injury of inaccessible healthcare. There are 152 member SRFCs across 31 states, including the Indiana University Student Outreach Clinic (IUSOC) here in Indianapolis. The IUSOC was founded in partnership with the Neighborhood Fellowship Church to serve as a transitional care center for the North Eastside community. Our patients are mostly uninsured, and many speak English as a second language. The insured patients we see often have insurmountable medical debt, which may have soured their outlook on traditional healthcare facilities.

To better optimize services offered to the community, the IUSOC Research Team strove to understand the impact of the clinic. The financial impact was analyzed using data from the Centers for Medicare and Medicaid Services to assign costs to medical visits and lab services. Preliminary data from this analysis shows that 70% of medical visits seen at the IUSOC in 2021 were for returning patients. This is of little surprise; on a given clinic day, many of our volunteers and patients know one another on a first name basis. Apart from quantifying the type of visits, this study also

considered lab services. Of more than 3,600 lab tests performed in 2021, almost half were for routine labs, including BMPs, CBCs, and lipid panels, supporting the longitudinal patient care model.

From the data, it's clear the IUSOC has evolved from a stopgap solution to a source of consistent, primary care for many patients. We provide hundreds of patients with insulin and glucometers, anti-hypertensive medications, free, no-questions-asked contraception and Pap Smears, and physical therapy sessions for longstanding musculoskeletal pain.

And yet, despite our best intentions, we cannot perform cataract surgeries or administer chemotherapy infusions.

If patients come seeking services from us initially, we must help guide them to other, robust resources in the community that were purposefully built for longitudinal care, such as the county hospital or Federally Qualified Health Centers. At the IUSOC, this has taken shape with the involvement of Patient Navigators (PNs), who work to connect patients to affordable healthcare programs that provide access to these resources, like our local Eskenazi Health Advantage or the statewide Healthy Indiana Plan.

Though the IUSOC serves many of the same neighbors on a weekly basis, much of the work that advances care for these patients occurs

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under the purview of PNs. A core component of practicing medicine is having humility, understanding our limitations, and seeking assistance when necessary.

SRFCs, like the IUSOC, provide medical services to community members who may lack many other initial options. However, when formal, longitudinal options exist, we owe it to our patients to walk with them and explore the possibility of affordable, routine healthcare.

It all goes back to the Physician's Oath we took together during orientation:

“I will practice my profession with conscience and dignity; the health of my patient will be my first consideration.”

References:

(1) Woods, E. (n.d.). Health Care Costs Number One Cause of Bankruptcy for American Families. American Bankruptcy Institute. <https://www.abi.org/feed-item/health-care-costs-number-one-cause-of-bankruptcy-for-american-families>

(2) Tolbert, J., Drake, P., & Damico, A. (2022, December 19). Key Facts about the Uninsured Population. KFF (Kaiser Family Foundation). <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>