

North Carolina Association of Free Clinics

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NCAFC encourages its members to begin discussions with board members, volunteers and other key community stakeholders on how best to position the local clinic to adapt to the changes that will result from healthcare reform. Specifically:

- What services or service mix will we need to provide? (filling service gaps)
- What message do we want to deliver to our community regarding our current and future services?
- What resources contained in the new legislation are we able to access?
- Will our mission and vision change?

Massachusetts Free Clinics (Post MA healthcare reform)

In the last two years the National Association of Free Clinics has gained 5 new clinics from Massachusetts. These clinics offer: Dental, Mental health, Vision, Hearing, Vaccinations and Chronic disease services.

One MA member clinic served 500 patients in their first year. In their second year under health care reform in MA they served 1500 patients.

Alternate Free Clinic Business Models: Investigating other options

- Free Clinic / FQHC Hybrid
- Free Clinic / Private Practice Hybrid
- Free and Charitable Clinics – New Definition
- Texas / Small Business Model
- Certain % of Medicaid / Medicare Model
- Penalty Patients / Exemption Patients
 - Financial Hardship patients
 - Undocumented patients
 - Those whose lowest cost plan would be greater than 8% of their income

Challenges

- Perception that all is fixed and well with the world
- Perception that free clinics will only be serving the undocumented
 - Fundraising challenges – volunteer recruitment challenges
- Primary Care Provider shortages

Strengths:

- Free Clinics have always been highly adaptable
- Free Clinics have always tried to Bridge the Gap and are good at this
- Volunteer Recruitment and the Baby Boomers
- Communities response to the healthcare need & Missions/Faith focus