The idea...

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May 6, 1991

Dear ^F3^,

I would like to share with you a thought that I have been mulling over the past few months and invite your response either in private or at one of our monthly physicians meetings.

I have become increasingly frustrated over the years in delivering medical care to certain groups of people in our community, namely the indigent uninsured who are finding adequate care virtually unaffordable. There are countless reasons for this problem and my purpose is not to find fault or to totally change the system. However, I think we as a group can be effective in some way, however small, in improving the care available to some of the less fortunate people in Summit County. Obviously Summit County is not the Bronx and our problems pale in comparison to other areas. But that may be part of the problem because we may tend to ignore the few poor that we have and these people really are falling through the cracks.

I think we as physicians may be able to offer more than we have in volunteering some time and effort to help those who are finding it difficult to get needed care. There are indigent groups that are being helped by programs already in effect, ie. family planning, well baby-child care and immunizations, medicare, medicaid, CMP and I don't think we need to reinvent the wheel to target these groups.

Marilyn Repscher and I talked over some ideas and came up with some possible goals and logistics of a pilot volunteer medical program in Summit County.

1. TARGET POPULATION
   Indigent uninsured who do not qualify for any of the above mentioned programs. Primarly lower income people, young adults to age 65 who are not medicaid eligable.
   People with chronic illnesses. Acute care would be discouraged.

2. HEALTH CARE GOALS
   Control of chronic illnesses (diabetes, hypertension, epilepsy)
   health screening
   health education

3. FREQUENCY
start modestly and realistically, say two half days per month, if eight doctors participated this would be three half days per year.
30-45 minute appointments allowing time for in depth evaluations and treatment.
follow up could be done in subsequent clinics or in private. offices depending on patient and Dr. choice.
after one year an ongoing clinic population of 20-30 patients.

4. STAFFING
one Dr., one nurse per clinic.

5. FUNDING
donated physician and nurse time.
explore facility and equipment use .
fundraising not a priority at first.
donated lab and x-ray use (metpath, Roche, SMC).

6. FACILITY
Public Health
private offices (rotating)

7. MARKETING
Public service announcements
word of mouth

8. ISSUES and PROBLEMS
insurance
scheduling

These are some rough ideas. I look foreward to your input, criticism or encouragement. I think we can contribute some meaningful care to a few people in the county. We all know of the people out there who unfortunately are getting episodic acute care which is costly and often not very effective. Some of these may well benefit from such a program and I think it is worth a try. Marilyn is researching other programs in the state that may give us some other ideas. I hope to stimulate some discussion at the May physicians meeting and proceed with further planning at that time. Thanks for your consideration.

Sincerely,

Jim Oberheide