

# BATON ROUGE'S "VIRTUAL CLINIC"

*Physicians and Dentists Have Pooled Their Skills  
to Provide Care for the Area's Working Poor*

BY VIRGINIA PEARSON

For years, Americans have talked about helping the "working poor," people who, although they hold down jobs, do not have health insurance. On one hand, they are too young for Medicare and earn too much to qualify for Medicaid. But, on the other hand, they don't earn enough to cover the cost of even the most basic of health prevention services.

In Baton Rouge, LA, a group of health care providers decided in 2000 that they would attempt something untried (as far as they knew) in any other part of the country: They would establish a "virtual clinic" to help the local working poor. The Greater Baton Rouge Community Clinic was launched in January 2000. Today more than 400 physicians and dentists, working in partnership, have made the virtual clinic a reality.

## GETTING STARTED

During the project's initial planning, William Cassidy, MD, the president of the board of the East Baton Rouge Parish Medical Society approached the members of the Greater Baton Rouge Health Forum (GBRHF) looking for help. The medical society is a member of the GBRHF, a partnership composed of all the hospitals in a five-parish area.\* Cassidy is a talented community organizer with whom GBRHF members had worked on previous projects.

Cassidy's initial request to the forum was for funding with which the medical society's board could hire an executive director whose primary task would be bringing the virtual clinic project to life. GBRHF members approved a grant of

\$25,000, the director's salary for six months. During that half-year, the executive director would, first, determine whether the project could attract a sufficient number of volunteer physicians and dentists, and, assuming that it could, write applications for grants that would give it financial stability.

## DOCTORS AND DENTISTS

Today more than 300 physicians and some 130 dentists have volunteered to attend to "clinic" patients. Every six months, they make a commitment as to how many patients they will be able to see in the half-year to come. Each physician and dentist determines for himself or herself what the number will be. In one case, it might be a single "clinic" patient; in another, it might be 20. During this six-month period, the assigned number of patients are seen in the doctor's or dentist's own office and treated by him or her with the aid of his or her own equipment and staff.

The executive director, who has three part-time assistants, is the Greater Baton Rouge Community Clinic's only full-time employee. In 1999, during its developmental period, a bit more than \$31,000 was raised for it. In 2002 grants brought in more than \$46,000, while special events added another \$28,000. Annual operating expenses remain under \$100,000.

Thus the "virtual" clinic. This arrangement makes it possible for area physicians and dentists to give something back to the community without leaving their own offices. Their participation in the program gives them great satisfaction, they say. Office staff members express pride in working for professionals who care enough to share their medical expertise with those who need it most. Increased employee satisfaction was not one of the project's original goals, but it is certainly an added bonus.



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\*For the Greater Baton Rouge Health Forum, see Virginia Pearson, "Five Years of Collaboration," *Health Progress*, January-February 1999, pp. 28-29.

Because they do not work in a single location, the virtual clinic concept does require continuous communication among volunteers. The executive director is responsible for visiting and orienting the staff of each participating provider before any patients are assigned to that provider. Ongoing recruitment is necessary to maintain all specialties. The executive also works continually to educate the public about the services available through the "clinic." This is necessary because the working poor are not generally used to looking for or receiving assistance.

### HOSPITALS

"From the start, we recognized the need for a creative solution to help the uninsured working people in our service area," said Alison Walker, vice president, Our Lady of the Lake Regional Medical Center, a member of the Franciscan Missionaries of Our Lady Health System, both of which are based in Baton Rouge. Our Lady of the Lake participates in the GBRHF. "We work in a lot of partnership efforts and know that a lot can be done if everyone uses his or her own talents in achieving a solution," Walker said. "Certainly the work we were already doing through the GBRHF had proven this to be true."

As the virtual clinic project took shape, the GBRHF's member hospitals again stepped in, committing themselves to provide an annual number of laboratory studies of the type that cannot be performed in physicians' offices. Louisiana State University (LSU)-Earl K. Long Medical Center, Baton Rouge, the local community hospital, agreed to provide needed surgeries. Other GBRHF facilities promised to provide specialty surgical procedures, should a need for them occur. Baton Rouge physicians have historically provided services for which they received no payment, but they were hindered from making (and then treating) certain diagnoses because the patient couldn't afford the specialty tests needed to establish the diagnosis. Now, however, the "clinic" has established agreements with GBRHF member hospitals outlining the tests a particular hospital has available, as well as the contact persons, financial reporting processes, and special procedure requests involved.

### APPLICANTS AND THE PROCESS

In Louisiana, a state with one of the nation's highest poverty levels, health care needs are always great. In planning the virtual clinic, organizers discussed the various local populations that

## A "Virtual Clinic" Christmas Story

Christmas 2000 had special meaning for "Alexis." Not only was she going to get her "two front teeth"; she would have all of her upper teeth replaced. As the first patient seen by volunteers with the Greater Baton Rouge Community Clinic, she couldn't have been more excited.

After almost a decade of working in factories and at domestic and other service-type jobs, Alexis had, she said, "just enough to go to school, have transportation, and take care of the bills." Having recently graduated from a medical assistant training program, she began a job search.

It was the beginning of a new career and one that, Alexis felt, would fulfill her desire to help others. Her ultimate goal was to be a physician's assistant. While going to school, she worked as many as

six part-time jobs just to make ends meet. Alexis, who has never received public assistance, is proud of the fact that she has always been able to find part-time jobs to get her through.

After months of searching for a job as a medical assistant (including many job interviews), Alexis was told by an interviewer that he could not hire her because her teeth were so bad; the job was one in which she would be required to interact with the public.

Meanwhile, however, one of Alexis's instructors had watched her work her way through school and was impressed by her determination. After making several phone calls on her behalf, the instructor directed her to the newly launched Greater Baton Rouge Community Clinic.

Alexis was the first person to go

through the screening process at the "virtual clinic." She was also the first to qualify for its help. She was seen by Glenn Kidder, DDS, a "clinic" founder and one of the first dentists to volunteer for this new concept. Fifteen of Alexis's teeth had to be extracted. But that didn't dampen her enthusiasm for the help she was receiving. "When you wake up and have a cup of coffee without anything hurting, it's a wonderful feeling," she said.

By the time Alexis's treatment had been completed, Kidder, Scott Pecue, DDS, and her oral surgeon, Tooley Towns, DDS, had among them donated more than \$2,500 in services. Christmas 2000 was indeed magical. Alexis's smile proves that. Oh, and by the way, she also found the job she wanted. Wishes can come true.

seemed to need help in obtaining care. The organizers decided that, to give the program its best chance for success, they would need to focus on one particular group.

In the end, they decided to focus on adults who were working at jobs that either provided no health care benefits or provided benefits the worker could not afford. The organizers established two screening sites—one at the Bishop Ott Shelter, operated by the St. Vincent de Paul Society, and the other at Family Road, a local resource center. At these sites, program applicants are asked to provide proof of total family employment (an income tax statement from the previous year, paycheck stubs, or a letter from their employer if the employment data differs from the tax information), a photo identification card, and proof of residency (a utility bill or other official document).

Applicants can earn up to 150 percent of the federal poverty guidelines, which amount to a maximum of \$27,100 for a family of four. Applicants must be currently employed, have worked 10 of the past 12 months, and reside within the current service area, which now comprises nine parishes (an expansion from the original one, East Baton Rouge Parish).

Once an applicant has been approved, he or she is issued an identification card that is valid for six months. If still eligible, the patient can be recertified for a second six months of medical ser-

vices. He or she can receive only one six-month period of dental services, however, because the "clinic" has a long waiting list of people with oral health needs. Applicants are assigned to physicians or dentists whose offices are geographically close to either their home or place of employment. Since most applicants have jobs and can therefore pay for it, transportation to and from the "clinic" is not the major problem it is for some other programs.

An applicant accepted into the virtual clinic program is responsible for scheduling an introductory visit with the primary care physician or general dentist listed on his or her ID card. He or she is encouraged to phone the physician or dentist as soon as possible to secure an appointment. "Clinic" patients are treated by the physician's or dentist's staff's with the same respect and dignity as private-pay patients. Medications prescribed can be filled at the St. Vincent de Paul Society's Free Community Pharmacy (another program that has received support from GBRHF members). Patients can be seen for emergency care and surgical services at LSU-Earl K. Long Hospital.

#### **GENUINE COLLABORATION**

As word has spread about this partnership of area physicians, dentists, and hospitals, the number of applicants has steadily grown. Currently, about

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## **Physicians Like the Program, Too**

One in five Louisiana residents has no health insurance coverage. The state ranks third highest in the nation in uninsured populations.

At the Greater Baton Rouge Community Clinic, "the typical patient seen by our physicians is a single parent, usually female, who works outside the home but either has no insurance offered through her employer or cannot afford the copay required to access the insurance when it is offered," said Curtis Chastain, MD. Chastain is medical director of Lake Primary Care Physicians at Our Lady of the Lake Regional Medical Center and one of the "virtual clinic's" volunteer physicians.

The typical patient "puts off getting

medical and dental care until the problems get too difficult to ignore," Chastain continued. "She will make sure that her children's needs are taken care of first. Our physicians like the concept of the virtual clinic because it allows them to see patients who really need their care, who have gone through an approved screening to qualify for the care; and it is a program that allows the physician to take care of these needs in their own offices using their own staff and equipment."

Volunteer physicians also like the fact that they are able to get "clinic" patients' laboratory studies, X-rays, and other tests taken care of by the local hospitals, which means that the patient

can receive the full amount of care needed and not be stopped short by access problems.

In only three years of operation, the nation's only virtual clinic has already provided more than 5,800 medical and dental procedures, services worth more than \$480,000. "Our Lady of the Lake Regional Medical Center and our physicians are pleased to be a part of this total community effort," Chastain said. "This concept enhances the mission of the hospital as well as that of the Franciscan Missionaries of Our Lady and reminds us physicians of the real reasons we went into the medical profession."

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### "C"ollaboration" has real meaning in Baton Rouge.

75 percent of the applicants come seeking dental help. Finding affordable dental care has always been difficult in the greater Baton Rouge area. General dentists are needed to serve as initial providers. Even so, because patients are a marginalized population that tends to neglect its oral health, every one of the "clinic"'s dental specialties is over utilized.

Surveys have shown that people in Louisiana have a history of accessing their medical care through emergency rooms of the statewide "charity hospital" system (community hospitals, including LSU-Earl K. Long, under the direction of the LSU Medical School). The virtual clinic is working to change those patterns by encouraging people to go to primary care physicians for preventive and educational health care. Program organizers know that people who have regular medical care are less likely to ignore symptoms until they become so severe that they require a trip to the emergency room.

Today, for the first time in their lives, thanks to the Greater Baton Rouge Community Clinic, many area residents have charts on file in physicians' and dentists' offices. Because they do, they are able to seek medical and dental care without the loss of income that often occurs when one is forced to take time to seek treatment. Preventive care is now a reality for them.

"Collaboration" is a word that gets thrown around a lot these days, but in the Baton Rouge area it has real meaning. The Greater Baton Rouge Community Clinic is a case of good people helping good people. □

## BOOK REVIEWS

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routinized practice of prenatal testing. As with the essay by Ferguson and his colleagues, it's amazing what a difference data makes.

The final essay worth reading is that by Jeffrey Botkin, entitled "Line Drawing: Developing Professional Standards for Prenatal Diagnostic Services." Elsewhere Botkin has attempted to outline criteria for how society or the medical profession might reasonably distinguish between genetic tests that ought properly be offered and those that ought not. Here he takes a different approach. He works through the process of clinical decision making, as it works in other areas of medicine, to provide the beginning of a template for how medicine might work toward developing reasonable limits for the application of prenatal tests, especially as the outcomes of the HGP make tests for more genetic variations available.

In closing, I would like to raise three additional points that indicate the deeply troubled framework within which this particular conversation occurred. First, as is made clear from the outset and reiterated in too many of the essays, the discussion is constrained by its allegiance to pro-choice orthodoxy. An absolutist pro-choice position is adhered to dogmatically, even by those who wish to criticize this particular choice against individuals with disabilities. But their insights into the humanity of the fetus and the social ramifications of genetic testing followed by selective abortion are not allowed to raise questions for the practice of abortion more broadly construed. This introduces a fundamental incoherence into the project.

Moreover, this eliminates from the conversation those with significant religious, especially Catholic, perspectives. What one finds here is strictly a secular exchange. It remains amazing to this author to find a book on disabilities—published by Georgetown University Press, no less—in which no reference to the work of Jean Vanier and the commu-

nities of L'Arche\* appears.

A second incoherence emerges from an obvious omission from the structure of the project. While Part Two focuses on the meaning of parenthood, no essays treat the meaning of children themselves. Clearly these are related, but the essays on parenthood focus almost exclusively on what it means to or for *the parents* to have a child. There is little if any attention paid to the meaning and value of children in and of themselves, the societal value of children, or the religious or cultural understandings of children, among other things. In a project on prenatal testing, this remains a puzzling omission. Questions concerning children are, of course, substantive questions, and this omission, no doubt, reflects the inability of the project to engage substantive issues.

Finally, one does not get a sense from the essays that anyone who participated in the project came away from the two-year conversation fundamentally changed. It does not bode well for the social embodiment of this debate that so much time, money, effort, and intellectual engagement resulted in so little persuasion of interlocutors on fundamental, substantive points.

All in all, both the weaknesses of the volume and the contributions of the five essays outlined above make this an important book for health care professionals who work in the areas of genetics and prenatal care, for institutional leaders who must discern how to appropriate genetic technologies into the infrastructure of their institutions, and all others concerned about how technologies increasingly constrain choice and silently achieve social ends.

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\*L'Arche, founded by Jean Vanier, is an international federation of communities of people with learning disabilities. Information concerning its U.S. affiliate is available at [www.larcheusa.org/about1.htm](http://www.larcheusa.org/about1.htm).

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