
MODELS FOR PRACTICE

FOCUS AREA: ACCESS (INSURANCE)

Program Name: Vermont Coalition of Clinics for the Uninsured

Location: Middlebury, Vermont

Problem Addressed: Access to Insurance

Healthy People 2010 Objective: 1-4, 1-6

Web Address: <http://http://www.vccu.net/>

SNAPSHOT

The Vermont Coalition of Clinics for the Uninsured (VCCU) is a group of free health care clinics and one dental clinic in Vermont that work together to provide a safety net of primary care services to individuals whose household incomes fall below 200 percent of the federal poverty level (FPL) and who either lack health insurance entirely or are underinsured (e.g., high deductibles). The nine member clinics are distributed around the state, and although each has its own board of directors, each clinic maintains its own policies and does its own fundraising. Some funding (from the State of Vermont and private foundations) comes through the coalition. The coalition developed software for uniform data collection, acts as a clearing-house for problem solving, and actively advocates for its constituents.

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THE MODEL

Blueprint: VCCU is comprised of free health care clinics and one dental clinic that provide safety-net primary care services to uninsured and underinsured individuals who fall below 200 percent of the poverty level. It specifically serves the low-income uninsured and underinsured between the ages of 18 and 65. Few children need the clinics since Vermont has a state Medicaid extension program that provides insurance to children under 18 years of age in families with incomes at 300 percent of the federal poverty level. Although most programs have income guidelines that go to 200 percent of the FPL, some programs have extended the guideline to 300 percent of the FPL.

The majority of the member clinics operate as freestanding health care facilities and are staffed by medical volunteers. These clinics provide services based on the traditional free clinic model, which means that services are provided on a weekly to tri-weekly basis in the evenings. The remainder of the clinics operate through local hospitals and local medical care practices to incorporate their clients into the mainstream provision of health care services. This method is known as the incorporated model. The success of VCCU relies heavily on the over 500 volunteers who include

physicians, nurses, allied health professionals, and administrative assistants. Examples of free services provided by the clinics include primary health care, referral for testing and specialty care, enrollment in social services and Medicaid extension programs, prescription medications, and case management. The clinics developed a case management model to ensure continuity of care.

Making a Difference: The clinics now serve about 20 percent of the state's uninsured population. Their constituents are the unemployed and working poor. About 60 percent are women, and most clients fall into the 30 to 45 age category. Most are high school graduates and are employed. In fact, there is a trend in the client base toward multiple jobs. Of those with some insurance, 68 percent have insurance with deductibles of \$250 or more. According to these data, there are an increasing number of underemployed clients who are also underinsured.

Beginnings: The VCCU program began in 1994 and was fully implemented by 1995. Each clinic was developed by a grassroots effort within that community, and each program works closely with its local hospital and medical community. VCCU offers support to any community wishing to start a free clinic and provides technical assistance to that community. VCCU grew from an informal group of five clinics to a 501(c)(3) organization with nine clinics after receiving funding from the Rural Health Outreach Program of the Federal Office of Rural Health Policy. At the end of that three year funding period, the State of Vermont stepped in and provided funding that exceeded that of the Rural Outreach Program that supports the VCCU office staffed by 1.4 full-time employees and provides partial financial support to the nine free clinics. Each individual clinic is also supported by direct financial support from its local hospital, community contributions, and private foundation contributions.

Challenges and Solutions: The health care situation in Vermont is now in a state of flux and is showing contradictory trends. While employment is up, so too is the cost of medical insurance (a 20 percent cost increase was anticipated in 2001). The state has increased the number of Vermonters covered by Medicaid and Medicaid extension programs by 16 percent, yet the free clinics have seen a steady increase in the number of clients served. Reimbursement to providers from state programs is low, and clients cannot find care in some areas even when services are covered. Clearly, many Vermonters fall through the gaps in private and state programs.

PROGRAM CONTACT INFORMATION

Sonja Olson
Vermont Coalition of Clinics for the Uninsured
P.O. Box 1015
Middlebury, VT 05753
Phone: (802) 388-2753
Fax: (802) 388-3758

