

Filling a great need Clinics help to relieve number of uninsured Georgians found in ERs

By ANDY MILLER

DATE: December 26, 2007

PUBLICATION: Atlanta Journal-Constitution, The (GA)

EDITION: Main; The Atlanta Journal-Constitution

SECTION: Metro News

PAGE: B1

If not for Good Sam, Trenace Langford said she would waste many hours in Grady Memorial Hospital's emergency room. She would wait amid the ER patient crush to get care for high cholesterol and other ailments.

The 51-year-old Atlanta woman is among the 1.7 million Georgians who have no health insurance, a plight that often forces those with untreated illnesses and chronic conditions to rely on emergency rooms for medical services. But instead of going to Grady, Langford makes regular, \$25 visits to Good Samaritan Health Center. The downtown Atlanta center is one of about 100 charitable clinics, staffed by volunteer physicians, that have sprouted in Georgia since the 1990s to serve the uninsured.

The clinics' capacity is not nearly enough. Good Sam, for example, says it must turn away up to 300 patients a week.

The number of uninsured in Georgia has climbed steadily in the past decade, coinciding with the inexorable rise in health care costs. Politicians have pushed various solutions for the problems, but as the debate flares, the state's medical safety net quietly tries to deal with a patient deluge.

The seeds of the problem involve costs. About two-thirds of the state's uninsured live in households headed by a full-time worker. But all too often, the employer doesn't provide health insurance, or if it's offered, the worker can't afford it. A recently released survey suggests that health care costs may be climbing faster in Atlanta than elsewhere.

Large Atlanta employers saw their per-worker costs rise 10.7 percent in 2007, vs. a 5.1 percent increase for their counterparts nationally, according to the survey by the New York-based consulting firm Mercer. While corporations, with insurance-buying heft, are feeling the cost crunch, smaller firms and individuals face an even bigger bite. The sticker price for individual insurance "is totally ridiculous," says Langford, recently laid off from a day care job.

Currently, reform proposals include Gov. Sonny Perdue's plan to help small businesses and their workers afford insurance. Lt. Gov. Casey Cagle, meanwhile, wants to invest in more primary-care clinics for indigent patients and help consumers buy coverage through an insurance clearinghouse.

But Bill Custer, a health insurance expert at Georgia State University, says Perdue and Cagle "are addressing specific parts of the problem, without addressing the whole problem. Georgia lacks a systematic plan for health care of Georgians so these pieces can be part of a puzzle."

The current patchwork system includes health centers funded by government and hospitals. They, too, have seen a rise in patients without insurance. The state's 120 community health centers have had a nearly 40 percent increase in uninsured patients from 2000 to 2006. The uninsured load also has swelled at Grady Health System's nine neighborhood health centers.

A growing number of uninsured, though, end up going to a hospital emergency room for primary care. ERs in Georgia have seen a jump in uninsured patients -- from 671,000 in 2003 to 876,000 last year, according to the Georgia Hospital Association. Clinics like Good Samaritan, meanwhile, try to siphon off some of this uninsured ER flow. The clinic, whose hallways are lined with biblical passages, annually treats hundreds of patients like Langford.

Good Sam's care is excellent, says Langford. "This place is a blessing." Dr. Bill Warren left a Sandy Springs pediatrics practice to start Good Samaritan in 1999, converting an old paint store. Doctors, nurses and nurse practitioners are volunteers and embrace the "Good Sam" mission: "Spreading Christ's love through quality health care to those in need."

Patients pay a fee based on income and family size. About 80 percent are uninsured and "working poor." "They're out earning a living, but they don't have health insurance," Warren says.

Another 10 percent is homeless, who get free care, with the rest covered by government insurance programs.

The clinic treats immigrants, both legal and illegal, Warren says. "Our government has chosen not to do anything about [illegal immigration]," he says. "If an immigrant mother comes in here, it's a moral obligation to treat that child. They're a victim."

A new state law giving malpractice immunity to volunteer physicians has helped create new clinics, says Donna Looper of the Georgia Free Clinic Network. Many are affiliated with churches.

The largest full-service free clinic in the state began in a restroom of a community center in a Gainesville housing project in 1992. Since then, the Good News Clinics has grown to a center on Pine Street that has 1,450 medical and dental visits per month.

The health center looks like a regular doctor's office, with laboratory, X-ray, multiple exam rooms, and a pharmacy of free medicines.

Patient visits are free. Funding sources include United Way, private donations, businesses, churches, and a foundation of the local hospital Northeast Georgia Medical Center.

Good News' success helps that hospital, too, says Cheryl Christian, executive director of Good News. A sore throat costs \$270 in the ER; at the clinic, it's \$29, she says.

Though it may be the biggest free clinic in Georgia, new patients must wait up to five weeks for an appointment unless urgent care is needed.

Overall demand for services is growing, Christian adds. "We see more and more small companies not able to offer [health insurance] to employees."

"The patients we see are largely working entry-level positions," she adds.

Ricky Griffin recently came in for major dental work.

A part-time worker, Griffin, 48, of Oakwood, has not had health insurance in years. But Good News has treated his dental needs, pulling several decayed teeth.

"I couldn't afford to do this, and I needed it real bad," Griffin says. "I appreciate this being here."