



Increasing Access to Healthcare

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Names of people and places have been changed to protect privacy.

Maria's Story

"Hi, I would like to tell you all my story. When I arrived here, I had already lost two of my molars and my other teeth had been very sensitive and sore; however, some months ago I had an appointment at the Open Door Clinic and one of the nurses asked me if I would like for them to check my teeth. I gladly said yes, and they gave me my first appointment. In that appointment they told me that I had an infection in my gums, among other problems. That appointment was followed by many others. Although it was a slow and arduous process because I had a lot of dental problems, they fixed my molars and from that day forward I didn't lose another one. They also extracted my canine tooth, which was a very complicated procedure, but changed my smile forever. May God bless those who support and work at the Open Door Clinic."

Maria is a young Latina woman who had not had any dental treatment in many years. When she came to us, she had moderate to severe chronic periodontal disease with up to 7 mm of bone loss around her teeth and many areas of decay. She needed to have her front teeth extracted and a partial made to replace them. Maria had never been educated about how her oral hygiene habits as well as her diet affected the health of her teeth, both of which contributed to many cavities.

Fortunately, one of our volunteer dental practices committed to her entire case. He and his colleagues placed many fillings and volunteered to make a partial to replace her front teeth. One of her teeth required an extraction through an oral surgeon and our clinic helped Maria cover the cost. Our clinic and dental volunteers donated services valued at \$5,777 to help Maria. Additionally in 2017, we held 31 dental clinics, 6 dental screenings on local farms, and our hygienist and volunteer dentists saw 103 patients over 571 procedures!

Pablo's Story

Pablo had worked on the Smith farm for four years. He had worked his way up from milker to feeder to finally managing the dairy breeding program on the farm. The work he did was invaluable; his wealth of knowledge about the cows, their lineage, their strengths and weaknesses, was irreplaceable. But none of this mattered to the immigration officials that detained and deported him. The farm owners were distraught and deeply saddened. They had lost someone important to them and their farm operation.

Pablo also had diabetes. It was managed closely by the medical providers at the clinic. He attended quarterly appointments with a doctor and diabetes educator. His medicine regime was fine-tuned based on his quarterly A1C values. In addition to diabetes, obesity and high triglycerides threatened his overall health. When he was detained, he was off-site. He was taken into custody without being able to return for his medicine.

We faxed his medical records to the prison where he was being held. We can only assume he had access to medications. He was deported to Mexico in January.

Six months later he was back on the farm where he had been. His A1C was phenomenally high. He had not been able to afford to see a doctor in Mexico to get a prescription for his medication. He couldn't remember when he had last taken it. Now, he was too scared to leave the farm for any reason: grocery shopping or medical care. He called us to see if we could help.



We started by sending a Nurse Practitioner out to his farm with the outreach nurse so she could interpret for Pablo. They collected his medical history since he had last been seen in the clinic and drew blood. He received a new prescription for his medicine and was assisted in communicating with his boss to arrange for the medicine to be picked up for him.

When his results came back, they were as out of range as expected, based on his lack of medical management. We spoke to him extensively on the phone, counselling him about measures he needed to take to get his health back under control. He committed to coming to the next quarterly diabetes management clinic to help him adhere to the strict steps he needed to take. Now, he is on his way towards better health. While still struggling to change his dietary habits, he is more aware of the reasons for the things he was asked to do.

We continue to follow his care. The NP and outreach nurse will head out to the farm in a few months to draw his blood again. We are hopeful that Pablo will continue to improve, and with it feel better and more able to keep up with his demanding work.

Emily's Story

We first saw 52 year old Emily following her visit to Express Care. The provider who saw her at Express Care is also one of our volunteer providers and when he realized she didn't have health insurance and had stopped taking her hypertension medication because she couldn't afford either, he referred her to the Open Door Clinic.

She was seen at our free clinic three days later. She was diagnosed with hypertension, anxiety and depression and started on generic medications for each, available through a local pharmacy for \$4/month. She shared she also has untreated Chronic Hepatitis C. Labs were ordered and she was scheduled for a follow up appointment in one week. At that follow up appointment, she happened to be seen by the recently retired head of Infectious Disease from UVMHC, who is now one of our volunteer providers at the ODC. In reviewing her labs, he diagnosed her with Hepatic Cirrhosis. Well versed in this area, and realizing how sick she was, he ordered more specific labs and an abdominal ultrasound. While at clinic, Emily met with our Vermont Health Connect Navigator, who spent about an hour and a half with her, helping her sign up for health insurance, beginning January 1st.

Due to a snowstorm, Emily's follow up appointment to discuss her labs and ultrasound results was canceled. Identifying the need for these results to be reviewed sooner than later, our nurse called the volunteer Infectious disease specialist to discuss the results and what should happen next. Because the patient had her brand new health insurance, the provider was able to order the recently released medication Mavyret for Hep C, a 12-week course of treatment. Without health insurance, the \$25,000 price tag would have been cost prohibitive. This actually is far less expensive than the other Hepatitis C treatment options, typically costing close to \$90,000. Additionally we gave her a coupon to decrease her co-pay from \$400 down to \$5.

Because our provider is an Infectious Disease specialist, Emily did not need to be referred to Infectious Disease at UVMHC for a consult and treatment, speeding up the process and getting her on medication much sooner. Once she is on the medication and has followed up at our clinic, because Emily now has health insurance, we will assist her in transferring to a new PCP for continued care, including a referral for counseling to help with her anxiety and depression.

If Emily had not had insurance, we would have completed an application for the manufacturer's Patient Assistance Program, which provides Mavyret free of charge to financially eligible patients. This is actually the route we are taking for another of our uninsured patients with Hepatitis C. Due





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to the sheer number of patients applying for the program, the usual 1-2 week process is now taking 8-10 weeks. Emily should have her medication today! Our clinic manager just spoke with her two nights ago, during which time Emily said, "this is the very best thing that's happened to me and it's all because of you!"

As these stories demonstrate, we provide preventive, acute and chronic healthcare services to the uninsured and underinsured members of our community. Unique to our clinic, is that we have essentially become the medical care home for our local, Latino migrant farm workers, who currently comprise approximately 50% of our patient population. We have been serving this special population for nine years and both through necessity and our desire to strive for best practice, we have become a local leader in cultural and linguistic competency. We offer trainings on this topic to both our volunteers and community-at-large, employ three highly proficient Spanish speakers, and provide all of our LEP patients with medical interpreters, both at clinic and whenever we refer out to specialty care.

We are proud of our exceptional case management and the lengths to which we go to meet the needs of our vulnerable patients. We are an ultimate safety-net organization, and like our fellow clinics, we play a critical role in catching folks who are falling through the cracks after encountering one barrier after another – and we give them a boost.

We are also proud of the contributions we make to our community and of the collaborative relationships we've fostered and continue to cultivate with many local organizations. While clearly relying upon the generosity of some key partners, we work hard to reciprocate and have become fully integrated and a valued resource within our local healthcare network. Our partners consistently call us for help and refer to us.

Historically, we have prided ourselves on our responsiveness to the ever-changing and dynamic healthcare environment and our ability to deftly pivot to meet the needs of our patient population. But since the new administration took office, we're facing an unprecedented and frightening frontier. The President's polarizing executive orders on immigration, combined with Congress' continued attempts to repeal the Affordable Care Act create an unpredictable and unstable landscape for healthcare organizations. We expect serious budget cuts. Last year, we lost a \$12,000 state grant and anticipate losing a \$50,000 federal grant in April. Combined, they comprise 22% of our budget. As you know, we cannot charge for any of our services and therefore rely entirely on donations, grants and philanthropy. Since 2012, in order to accomplish our goals, our fundraising income has increased by 155% and our grant income, exclusive of your legislative allocation, has increased by 118%. Last year, our total expense budget was \$354,458 which supported 7 part-time employees and provided 1,353 medical visits to 800 distinct patients, including 371 new patients. This represents a 19% increase in medical visits as compared to this time last year! Additionally, we held 76 medical clinics, 31 flu clinics on farms throughout Addison County, 31 dental clinics, 6 dental screenings on local farms, and our hygienist and volunteer dentists treated 103 patients over 571 procedures.

We are grateful for your support and believe we are excellent stewards of the allocation you make through the VDH each year. We play a critical role in the delivery of healthcare in our communities and do an incredibly effective and efficient job in contributing to the overall health of our patients, providing them with healthcare, oftentimes insurance, referrals to services they desperately need, and most especially, hope. Continued support of our Coalition and perhaps through a new model, spanning a longer grant period of 2-3 years would provide more integrity and stability to our network so that we can continue to do what we do best and what isn't being replicated by any other agencies in our communities.

Thank you.

