

# Community clinics key to improving access to care

## A major goal is easing reliance on emergency rooms

By [Guy Boulton](#) of the Journal Sentinel  
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Next month, Progressive Community Health Centers expects to find out whether it will receive a \$5 million federal grant to build a clinic in the heart of one of the poorest neighborhoods in Milwaukee.

The clinic, projected to cost \$10 million, would be more than five times the size of Progressive's 8,000-square-foot clinic at 3522 W. Lisbon Ave.

"Having a new building would completely change our entire footprint," said Sarah Andritsch, a spokeswoman for the community health center.

Hiring additional doctors, dentists, nurse practitioners, physician assistants and other staff would take years. But expanding Progressive's main clinic is one example of what could be done to increase access to health care in low-income neighborhoods in Milwaukee.

The limited number of doctors and other health care providers in large swaths of the city drew renewed attention this year when Aurora Health Care announced it was considering restructuring Aurora Sinai Medical Center.

The hospital is one of two that treat a disproportionate number of low-income patients in Milwaukee.

Aurora decided to continue to provide the same level of services at Aurora Sinai despite a sharp increase in the hospital's losses.

But the possibility of Aurora Sinai's closing its emergency department alarmed city officials and suggested the vulnerability of the city's health system in its poorest neighborhoods.

Aurora Sinai sees more than 50,000 patients a year at its emergency department. And Wheaton Franciscan Healthcare-St. Joseph, which serves many of the same neighborhoods as Aurora Sinai, warned that its emergency department could not handle additional patients.

At the same time, Aurora estimates that more than half of the patients who seek care at Aurora Sinai's emergency department could be treated in other settings.

Some physicians question estimates on the number of patients who seek inappropriate care at emergency departments. But no one questions that many patients do so because of the limited number of doctors in the city's low-income neighborhoods.

"A lot of them just have poor access to primary care," said Chris Decker, an emergency medicine physician at Froedtert Hospital.

Two ZIP codes in Milwaukee - 53224 and 53225 - had no primary care doctors who accepted patients covered by state health programs, such as BadgerCare Plus, as of last summer.

That matters less in affluent neighborhoods, where people have cars. But Joy Tapper, executive director of the Milwaukee Health Care Partnership, said a general rule to gauge access to care in low-income neighborhoods is for a clinic to be within two to three miles.

The Milwaukee Health Care Partnership, which includes the chief executives of the five health systems in the county, was formed in 2007 in large part to focus on increasing health care access. And Tapper has a long list of steps that could be taken to address the problem.

High on that list is expanding the city's community health centers - clinics located in low-income neighborhoods that provide primary care and other services.

The community health centers provide care for roughly 80,000 people a year - roughly one-third of them without health insurance - in Milwaukee.

Expanding Progressive Community Health Center, Tapper said, would be a significant addition to the community.

"It is the most immediate opportunity," she said.

The federal health care reform law includes money to expand community health centers. But whether the centers in Milwaukee will receive any of that money is unknown. And the legal and political challenges to federal health care reform won't be resolved until the November elections.

Tapper said other steps could be taken to increase access:

Hire more case managers to help manage and coordinate patients' care.

Expand health centers staffed by nurse practitioners and physician assistants, such as those run by Marquette University and the University of Wisconsin-Milwaukee.

Offer extended hours at community health centers.

The centers have expanded their hours in recent years. But Tapper and others said more could be done.

"Everybody wants a 9-to-5 job, but in health care its 24/7," said Janice Litza, chief medical officer of Milwaukee Health Services.

Lack of access is just one reason that people seek inappropriate care at emergency departments.

"For whatever reason, patients have learned to use emergency departments for their primary care," said Decker, the emergency medicine physician at Froedtert Hospital.

The Department of Health Services has proposed requiring people covered by Medicaid programs to pay \$100 for emergency department visits that don't result in a hospital admission.

The co-pay would apply to people with household incomes above 150% of the federal poverty level, or \$34,575 for a family of four.

The goal is to discourage unnecessary visits, although collecting the co-pay could be difficult for hospitals.

That would not lessen visits by uninsured patients, and for them costs can be a factor.

Uninsured patients at community health centers are charged a fee based on their income, and a visit may cost \$20. The patient also will have to pay the cost of any tests.

An emergency department will see patients without requiring an upfront charge. Hospitals must only provide care in emergencies by law. But most emergency departments will treat the patients.

"If they show up and are asking for care, we will treat them," Decker said.

Reducing unnecessary visits to emergency departments will not in itself increase access to care in the city's poorest neighborhoods.

"There is not one gold nugget to fix this issue," Decker said.

That seems to be a widely held view.

"These issues are so complex that they've got to be resolved in a community context," said William Petasnick, chief executive of Froedtert Health and chairman this year of the Milwaukee Health Care Partnership. "Everybody has got to be working today."

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