

November 1982

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Recommended Citation

Cunningham, Clement P. (1982) "The Rock Island County Medical Society Program for Care of the Indigent," *The Linacre Quarterly*: Vol. 49: No. 4, Article 10.

Available at: <http://epublications.marquette.edu/lnq/vol49/iss4/10>

The Rock Island County Medical Society Program for Care of the Indigent

Clement P. Cunningham, M.D.

Doctor Cunningham is a past president of the National Federation of Catholic Physicians' Guilds. In 1977, he attended a national leadership conference, sponsored by the AMA, which brought in many government officials, national figures in both the Senate and Congress, plus a number of physicians from the United Kingdom, Canada, etc. One consistently prevalent theme seemed to be that to prevent socialization of medicine, it was important for the American doctors to care for the poor people of the country. The implication was that social planners interested in developing national health insurance usually began by offering health care to the poor and, after it was firmly established, opening it up to the general public at a later date.

Dr. Cunningham states: "I firmly believe that physicians should accept their full responsibility in caring for the poor regardless of their specialty and regardless of their status in the community. If each physician does his fair share of taking care of the poor, it does not become a burden to any one physician or any one hospital."

The physicians of Rock Island County, located in western Illinois, have developed a unique program for the medical care of the indigent population.

The program consists of a referral system of all indigent and welfare patients to a group of 12 obstetricians and 70 primary care physicians. Specialists are expected to accept referrals from primary care physicians.

The program has an annual budget of \$6,500 and it is funded primarily by a grant from the United Way through the Visiting Nurse and Homemaker Association of Rock Island County. The Rock Island County Medical Society participates in the funding.

The community has a population of 165,000 people and is served medically by four general hospitals with a total of 1,013 beds. One hospital is Lutheran, one is Catholic and two are public. There are 201 practicing physicians representing all specialties, as well as primary care physicians.

Historically, there was never a significant problem caring for indigent patients until the latter part of the 1970s. The reasons for this were:

1. the indigent population was small;
2. during the late 1940s and early 1950s, many physicians were returning to their practices following World War II; and
3. many new physicians began to settle a practice in Rock Island County during the 1950s and 1960s.

As the years progressed, two problems began to develop:

1. the indigent rolls began to increase, and
2. the number of physicians accepting welfare and indigent patients began to decrease.

Many physicians who previously accepted welfare patients began to examine their practice and found that they could no longer accept a higher percentage of welfare patients than they presently had without causing a serious economic problem for their practice.

The Rock Island County Medical Society first became involved in the late 1960s when it was asked to provide a medical advisory committee to meet with a group of concerned local citizens. This committee eventually developed the "neighborhood health center" which was federally funded and located in a target area of Rock Island. This center was staffed by four physicians and provided medical care, pediatrics, obstetrics and dentistry. It also provided a home nursing program and a nutritional program.

When funds were no longer available in 1977, the neighborhood health center was closed. With its closing, there were many who felt that the medical resources of the community could not handle the added number of patients. At a regular meeting of the Rock Island County Medical Society, primary care physicians (family practice, internal medicine, pediatrics and obstetrics) were asked to meet in separate sectional meetings to review this problem.

The obstetricians had already recognized the serious problem of pregnant patients arriving in the local emergency rooms in active labor, without the benefit of prenatal care. They were the first group to start a rotational referral system involving all of the obstetricians in practice in Rock Island County.

The pediatric and medical problems were not pursued at that time for several reasons.

1. It was discovered that many of the patients of the neighborhood health center had a prior association with a private physician.
2. Many patients were able to secure services of a private physician through their own initiative.
3. Emergency rooms of the hospitals were expanding their services to accommodate non-emergency problems, thus essentially pro-

viding out-patient medical care.

4. The office of the Rock Island County Medical Society was not receiving a burdensome number of calls for medical and pediatric care and was able to handle these calls in an informal manner.

Two years later, in 1979, a new crisis developed when the Rock Island County Medical Society was advised that a large number of Asian refugees were to be settled in the county. A new committee was then formed called the "Citizens for Health Care in Rock Island County." Physicians were appointed to the committee by the Rock Island County Medical Society. The initial reaction of the lay members of this committee was to re-establish the health clinic and to staff it with full-time personnel of physicians and allied health professions. The physician members of this committee pointed out that since the obstetrical care in the county had been successfully handled by a referral system involving all obstetricians on a rotational basis, a similar program could be applied to pediatrics and medical problems.

This suggestion was then referred to the Public Health and Policy Committee of the County Medical Society. Their recommendation was that a referral system could be adopted for all primary care physicians who would participate. Specialists would be expected to accept referrals from primary care physicians. This program was formally adopted by the Rock Island County Medical Society and plans for implementation and procedures were developed.

The primary care physicians included those in family practice, pediatrics, and internal medicine as well as general surgeons who volunteered to participate.

The rotational system began in April of 1977 for obstetrical care and from that date through August of 1981, 1,706 referrals were made. Thereby, each obstetrician received one referral of an indigent patient every seven to ten days.

The medical and pediatric referrals began in April of 1980 and from that date through August 21, 1982, a total of 3,049 patients were referred; 1,430 were adults and 1,619 were children. Thereby, an individual physician in primary care received no more than three referrals in any one month.

Although this program is operating smoothly at the present time, I do not wish to convey that it was easy to develop. Currently, about 98% of the physicians are participating in this program. This extraordinary cooperation was arranged by Dr. Earl Stockdale, a pediatrician, through diligent work and gentle persuasion. Dr. Stockdale and his committee continue to monitor this program and are always seeking ways to improve it.

In summary, the Rock Island County Medical Society has addressed a serious problem of providing medical care to the indigent. The program has been integrated into the private sector of medicine. The

physicians are happy with the program because they are contacted by the society office of each referral which is made to them. In addition, they receive a quarterly report showing the number of referrals to each physician.

More important, the indigent patients are happy because they are able to gain entrance to private medical care with more ease and dignity. Social service agencies have been pleased because they need to place only one call to the office that manages referrals. The taxpayers are happy because the indigent are being cared for by the private sector of medicine, thus obviating the need for tax dollars being used for construction, staffing and maintenance of a new medical facility. Finally, the hospitals are also being served by the fact that since the private care physicians are equally divided between the four hospitals, no one hospital is overburdened by a disproportionate amount of indigent patients.

This program is one that the private sector of medicine could develop in most of the communities of the United States. The program is not expensive, does not entail a large number of employees, and does not place an inordinate burden on physicians or hospitals.

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