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Assessing Access to Advanced Dermatologic Healthcare for Underinsured Free Clinic Patients

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Abstract

Background: Agape Dermatology Student Run Free Clinic serves the dermatologic needs of underinsured patients in the Dallas-Ft. Worth community. Patients with complex or recalcitrant diseases can be referred to the county health system (Parkland Health & Hospital System) through the Parkland Financial Aid (PFA) program, which provides financial assistance for medical services. The purpose of this study was to characterize the demographics and outcomes of patients referred from Agape Dermatology Free Clinic to Parkland PFA.

Methods: Data from Agape's electronic health record (AthenaOne) and Parkland's electronic health record (Epic) was collected from 2018 to 2022. Retrospective chart review was performed to obtain the following primary outcomes: patient demographics, reason for referral, status of referral, approval rates, and reason for denial for the PFA program.

Results: Sixty-eight patients were referred from Agape Dermatology to Parkland PFA. The most common diagnoses for referral were: psoriasis (20.6%), vitiligo (10.3%), cyst (7.4%), and acne/isotretinoin (7.4%). The majority of patients reported Spanish as their primary language. Twenty-two patients were approved for PFA. The primary reason that patients did not receive PFA was not starting their application. Barriers that may have prevented initiation of a PFA application include miscommunication, lack of expectations about the time and steps required to apply, language barriers, lack of printer resources, and inability to obtain documentation (e.g. employer letters or utility bills).

Conclusions: Our analysis has identified a substantial need for improving the referral process from a dermatology free clinic to more advanced healthcare. Future work includes conducting

patient interviews and surveys to define individual challenges and implementing targeted interventions to optimize the PFA integration process.

Introduction

The Agape Clinic was established by Dr. Barbara Baxter in 1983 to provide free, quality healthcare services for under-served populations in Dallas. While the clinic's initial services were limited to vaccinations and urgent care visits, the clinic quickly expanded. Dr. Carrie Kovarik founded Agape Dermatology in 2005, becoming the clinic's first specialty service. During the past 38 years, the Agape Clinic has conducted over 106,000 patient visits, making a significant impact on healthcare accessibility and affordability for underserved communities.¹

The Agape Dermatology Clinic now functions as a Student Run Free Clinic (SRFC) in partnership with the University of Texas Southwestern Medical Center, serving the dermatologic needs of underinsured patients in the Dallas-Ft. Worth community. Agape Dermatology is staffed by faculty from the Dermatology Department and is equipped to perform biopsies, prescribe medications, and provide meaningful follow-up care to a population that otherwise has limited access to medical specialists. LabCorp and Cockerell Dermatopathology work with the clinic to provide blood work, biopsies, and pathologic services free of cost to the patients served. Since 2005, Agape Dermatology has served thousands of patients with various chief complaints such as skin cancer screening, psoriasis care, and acne management.

Patients with complex or recalcitrant diagnoses can be referred to Parkland County Hospital through Parkland Financial Aid (PFA) program, which provides assistance with healthcare costs on a sliding scale based on demonstrated need and income level (Addendum 1). The application process, however, requires several forms of documentation and strict adherence to a timeline specified by the PFA program. Anecdotally, Agape Dermatology Free Clinic attendings and student managers noted that patients were struggling to get their PFA application approved or attend their appointments scheduled at Parkland Hospital. A study assessing the dermatologic referral outcomes for a free clinic in New York City, New York showed that referral attendance was 52.5 percent.² Herein, we report the outcomes of a study assessing the population and referral outcomes for underinsured patients seeking advanced dermatologic care in Dallas, Texas.

The purpose of this study is to: 1) characterize the demographics of patients referred from Agape Dermatology Free Clinic to PFA 2) quantify the time elapsed between referral from Agape Dermatology Free Clinic and PFA approval and scheduled Parkland appointment 3) identify the barriers that prevent successful application approval for Agape Dermatology Free Clinic patients to PFA.

Methods

The project met the criteria for quality improvement/assessment and did not require approval by the Institutional Review Board at UT Southwestern. Data was collected from 2018 through 2022. In coordination with the Parkland Financial Office, a retrospective chart review was performed by obtaining and compiling patient data from both Parkland's electronic health record (Epic) and Agape's electronic health record (AthenaOne). Inclusion criteria include

patients who were referred by a provider from Agape Dermatology free clinic to Parkland Health & Hospital System (PHSS) from January 2018 to May 2022. Data included patient demographics, reason for referral, status of referral, approval rates, and reason for denial for the PFA program. Data was compiled and analyzed in Microsoft Excel and figures were made using Graphpad Prism 8 (San Diego, CA).

Results

There were a total of 68 patients referred for PFA from 6/9/18 to 4/2/2022. Out of the 68 patients, 38 (55.9%) were male and 30 (44.1%) were female. The median age was 43.89 years with an interquartile range of 33.28-51.8. Race/ethnicity information was obtained from 51 of the 68 patients, with 40 reporting as Hispanic/Latinx, 7 as Black/African American, and 4 as Non-Hispanic White. Information on primary language spoken was obtained for 65 patients, 37 (54.4%) of which spoke Spanish and 28 (42.2%) spoke English (Table 1).

Table 1. Demographic Information	
Number of patients referred for PFA	N=68
Dates referred	6/9/2018 – 4/2/2022
Driving distance from home to Parkland Hospital in miles (IQR)	16.7 (11.1, 20.2)
Age in years (median, IQR)	43.89 (33.28, 51.84)
Sex	
Female	30 (44.1%)
Male	38 (55.9%)
Race	Hispanic - 40 (58.8%) Black - 7 (10.3%) White - 4 (5.9%) Declined to respond - 17 (25%)
Primary Language Spoken	Spanish - 37 (54.4%) English - 28 (41.2%)

	Declined to respond - 3 (4.4%)
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Table 1: Demographics of patients referred from Agape Dermatology Free Clinic to Parkland Financial Assistance (PFA)

The most common reasons for referral for PFA were dermatology related. The most common diagnoses for referral to PFA were: psoriasis (20.6%), vitiligo (10.3%), cyst (7.4%), and acne/isotretinoin (7.4%). Among the reasons for the inability to access Parkland, denial for PFA related to ‘patients [not activating] their referral’ was most frequently cited (Figure 1).

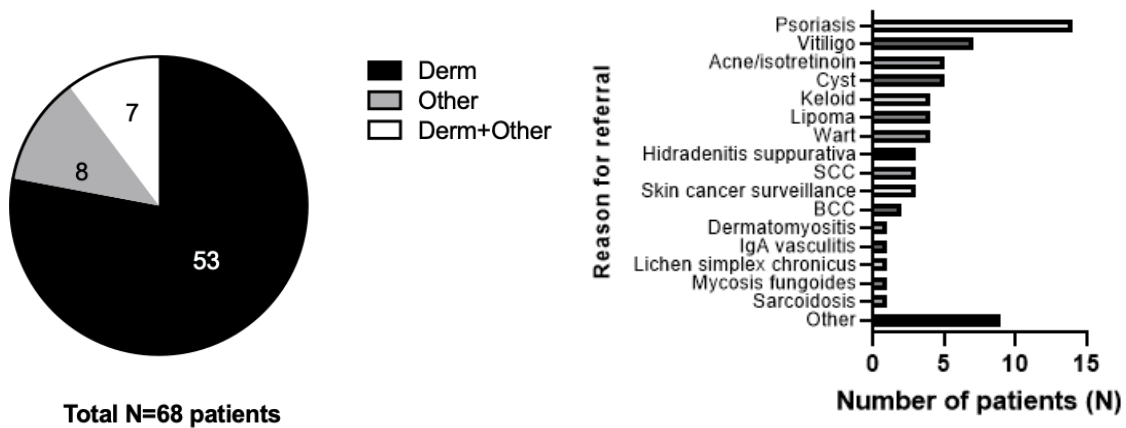


Figure 1: Reasons for PFA referral were most commonly dermatology related.

Analysis showed a mean time from Agape Dermatology referral to PFA approval was 237.7 days (Figure 2A) and a mean time between referral from Agape Dermatology to appointment scheduled at Parkland through PFA of 350.2 days (Figure 2B).

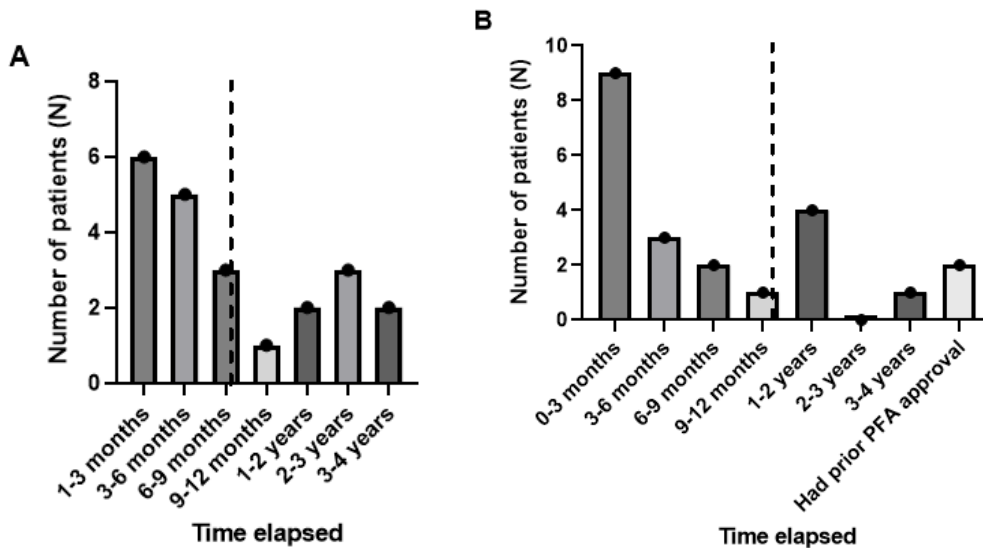


Figure 2. (A) Time elapsed between referral from Agape Free Clinic and PFA approval. (B) Time elapsed between referral from Agape Free Clinic and scheduled Parkland appointment. Vertical line indicates mean time elapsed.

The most common reason for PFA denial after an application submission was incomplete documentation (Figure 3). Patients were also denied access to PFA if they already had other forms of healthcare insurance, if they earned income above the threshold to qualify for PFA, or if they were not a resident of Dallas. Twenty-two out of 68 patients were successfully approved for PFA. Each of these approved patients required multiple encounters with the financial assistance counselors, demonstrating that the process is cumbersome.

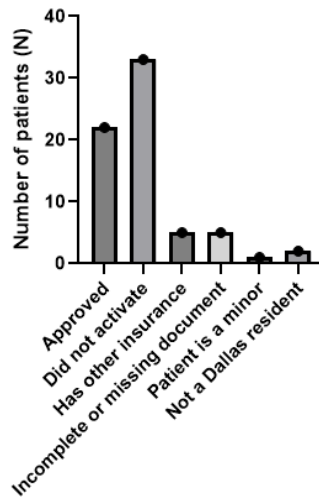


Figure 3. PFA Application status or reason for denial

The mean driving distance from the patient’s home to Parkland hospital was 16.7 miles (Figure 4). The rate of PFA approval was 32.3%. Nearly half of patients did not initiate their application after receiving a referral (49.8%).

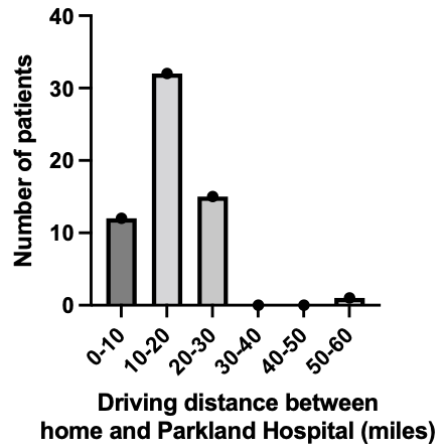


Figure 4. Driving distance between patient's home and Parkland Hospital

Discussion

This study characterized the patient population and tracked the outcomes of 68 patients who were referred from the Agape Dermatology Free Clinic to PFA for more advanced healthcare.

The most common diagnoses requiring referral to Parkland were dermatologic (Figure 1). These included psoriasis, vitiligo, lipoma, keloids, and hidradenitis suppurativa, which may indicate a need for more cost-effective treatment for these diseases. It is important to note that a significant portion of patients (~22%) who initially presented to the SRFC with a dermatologic problem required multi-specialty care management (e.g. proctology, ophthalmology, ENT, plastic surgery, oncology, rheumatology) Furthermore, patients who obtained PFA solely for a dermatologic reason were then able to access all of PFA's benefits— including coverage of preventive care services, hospital visits, and other outpatient services. Our data suggest that SRFC dermatologists play an important role in general health surveillance and can help patients integrate into the greater healthcare system.

The mean amount of time elapsed from the date of referral from our Agape Free Clinic to the date of PFA application approval is 237.7 days (median time elapsed being 102 days) with the majority of patients being able to obtain PFA approval within 1-3 months from the date of Agape Free Clinic referral (Figure 2A). However, the median time elapsed between a referral to a scheduled Parkland appointment was 167 days with a more variable mean of 350.2 days. Although the majority of patients were able to obtain a scheduled Parkland appointment within a few months, the right-skewed distribution of wait-times suggests outpatient clinics may have significant scheduling backlogs (Figure 2B). This is important since PFA is active for one year starting from the date that the PFA application was approved. Thus, if patients are unable to obtain a Parkland appointment within a year that they receive PFA approval, they need to renew their PFA application, which requires a new set of paperwork. These complications further hinder the accessibility of healthcare for low-income patient populations. The application process requires multiple forms of documentation in addition to the application itself, including payment stubs, letters from employers, proof of residency, and ID, which are sometimes difficult for patients to obtain.

The primary reason that patients did not receive PFA was not starting their application. Barriers that may have prevented initiation of a PFA application include miscommunication, lack of expectations about the time and steps required to apply, language barriers, lack of printer resources, and inability to obtain documentation (e.g. employer letters or utility bills). One particular area of confusion for patients was that their PFA referral required “activation” via a phone call *within one week* prior to submission of the application.

We also calculated the driving distance between the patient's homes to Parkland hospital. The mean driving distance from the patient's home to Parkland hospital was 16.7 miles, and the

majority of patients lived between 10-20 miles from Parkland Hospital. Some patients relied on public transportation to get to Parkland Hospital, indicating transportation barriers may complicate the PFA application and scheduling process.

Limitations of our study include heterogeneous electronic health record (EHR) documentation of PFA application status documentation, relatively small sample size, and retrospective bias. Future work will be aimed at focused patient interviews in conjunction with administration of patient-reported outcomes questionnaires to gauge individual experiences obtaining access to PFA.

Based on our experience, there are a few practical considerations for free dermatology clinics. Firstly, when introducing the application for a county financial assistance program to a patient, the patient should be screened for eligibility (ie. they must have the ability to show proof of a residential address within the specified county and have income below 250 percent of the federal poverty level). Secondly, appropriate expectations should be set. The patient should be prepared to spend significant time completing the application. They should be aware that they will need to provide three to four documents and that multiple visits to the financial office may be required. Thirdly, all deadlines should be specified, including when to activate the referral, complete the application, and make yearly renewals. It's easiest if this information is given as a printed handout along with a copy of the application (with Spanish versions available).

Optimizing the referral process experience for patients could permit improvement of health outcomes. Our results suggest that programs for the under-insured are often difficult to navigate, which can effectively exclude the populations which need them the most. Dermatology and other specialty SRFCs can work to bridge the gap in access by connecting patients to more advanced healthcare systems and guiding them through the challenges they face to effectively access those systems. Working towards inclusive, accessible care not only means providing support on the individual level, but also, moving the needle on the systemic level to increase efficiency and address structural barriers that impact how patients are able or unable to access care.

References

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<https://www.theagapeclinic.org/about-us-1>
2. Rosenbaum BE, Freitas D, Nosal SC, Meydani A. Skin Disease in the Uninsured: Diagnoses, Management Decisions, and Referral Outcomes of an Urban Free Clinic. *J Health Care Poor Underserved*. 2016;27(2):834-45. doi: 10.1353/hpu.2016.0068. PMID: 27180711.



Addendum

<https://www.parklandhealth.org/Uploads/Public/Documents/PDFs/Patients-Visitors/PFA%20Patient%20Responsibility%20Scales%20July%20201%202018.pdf>
