FCRC | **Viewpoint**

Educating the Educated: Why Medical Student Policy Education Matters for Patients at Free Clinics

Abigail Laudi[1]

[1]Creighton University School of Medicine, Omaha, Nebraska, USA

A 34-year-old white woman comes into the Magis clinic complaining of dyspareunia, dysuria, and vaginal odor that has been occurring for the last 30 days. She describes the pain as uncomfortable and rates the pain as moderate in intensity and severe when engaging in sex. The patient denies low back pain associated with her symptoms. She denies any chances of being pregnant. Currently, she has not tried anything to make her symptoms better. Sex makes her symptoms significantly worse.

This patient came to the Magis free clinic in Omaha, Nebraska looking for relief. Since we don't have the resources for vaginal exams in the patient rooms at Magis clinic, I was consulted to find another solution for her. Our women's clinics take place across the street at a CHI outpatient clinic for the women who utilize Sienna Francis' services. Due to COVID-19, we have not yet successfully planned a clinic in 2020, and so when I received her referral from a fellow Magis manager, I didn't know how to help her.

I called her anyway, and we talked about the possibility of her going to a nearby clinic where our physician OBGYN mentor Dr. Meaghan Shanahan practices. She was willing to see the patient, and Magis was willing to cover any associated costs with the grants and fundraising accumulated over the past year. The patient was intrigued to explore this option since she did not have any health insurance. I reassured her that Magis would be able to cover any costs of her visit or prescriptions if she was still willing to make the trip to Dr. Shanahan's clinic.

However, she started hesitating when I instructed her to call Dr. Shanahan's office to make an appointment that would work with her schedule. When I inquired further, she mentioned that she works two jobs and doesn't have a lot of time during the week to go to a doctor's appointment. She told me that she would check with her work and call me back when she figured out a date and time, so I could coordinate with Dr. Shanahan and the Magis clinic for billing. I kept encouraging her throughout this entire conversation to try her best to make an appointment. I told her that I could see how distressing her symptoms were and how they were clearly affecting her quality of life.

I waited over a week with no phone call from the patient. I decided to reach back out and check in to see if she was having trouble making the appointment and if there was anything I could do to help. It took two messages within the next week for her to return my calls. When she finally called me, she told me she couldn't make the appointment work with her work schedule and that she was going to "figure something else out." Since many outpatient clinics are not open on the weekends, Magis was her only option. She is now waiting while we plan a Saturday women's clinic for next month, a clinic she will hopefully be able to attend. But is this enough to help her long-term with the barriers she faces finding affordable healthcare? What is the best way to help this patient? One answer is not to just educate her on her diagnosis and treatment but to educate ourselves as free clinic managers what our patients' realities are regarding these types of obstacles to medical care.

Unfortunately, with multiple jobs and yet a lack of health insurance, this patient found herself in a situation that is not uncommon to see at a free clinic. In 2018, under the Affordable Care Act (ACA), 60% of women received their healthcare

from employer-sponsored insurance.[1] A lot of these women fall into the "higher income" bracket. For the group of women not covered by their employers, programs like Medicaid theoretically should help close the insurance gap. Before 2010, there were certain eligibility categories for a woman to qualify for coverage under Medicaid: pregnant women, mothers of children 18 or younger, women with documented disabilities, or women over 65.[1] Since the establishment of the ACA in 2010, Medicaid has been extended to all individuals who make an income up to 138% of the federal poverty line.[2] However, this extension is state-dependent. As of October 2020, 12 states have still not expanded Medicaid.

Medicaid covers the poorest population of women in America. 40% of low-income women [below 200% federal poverty line (FPL)] and 49% of poor women (income below 100% FPL) have Medicaid coverage. What may be surprising to some is that more than half of women on Medicaid work outside the home.[1] However, even with Medicaid and employer-sponsored insurance, 13% of women nationally reported no insurance coverage in 2020.[3] Our patient would fall into this category.

When women don't have health insurance in our country, health disparities are fueled. 2020 research by the United Health Foundation shows that people of color are at higher risk of being uninsured in America than White people. In addition, single mothers are more likely to be uninsured than women in two-parent households. One doesn't have to be a public health expert to understand the consequences a lack of health insurance causes: less well-checks and use of preventive services such as Pap smears and mammograms, more ER visits, less outreach for women struggling with mental health or domestic violence, higher rates of cancer mortality, and greater late-stage diagnoses.[3] Unfortunately, the list goes on.

Even after the implementation of the ACA in 2010, why are so many people still uninsured? The most common reason is due to the high cost of insurance coverage. The average minimum wage in the United States as of 2020 is $7.25 an hour.[4] So, the average American working two jobs at minimum wage is still making less than $15 an hour, and these jobs may or may not be tied to health insurance. In Nebraska, the minimum wage is slightly higher at $9 an hour.

Now, let's do a math problem. In the situation of our Magis patient, say both of her jobs give her the Nebraska average minimum wage, and she works 44 hours a week, which is how much the average American works. This means our patient makes $41,184 in a year where she has zero missed workdays due to health or emergencies.

The current FPL for a one-person household is $12,760.[5] Under the Medicaid expansion, a person would have to make less than $18,000 in Nebraska to qualify. Since our patient makes $41,184 a year, this means she does not qualify. In other words, she is a part of the "coverage gap," a group of uninsured adults not poor enough to be covered by Medicaid but not wealthy enough to afford health care.

How can I help this patient? I could get her a clinic appointment paid for by the Magis clinic. I could get her a prescription filled to help provide that relief she came to us for. But is that going to be the end of her struggles with the healthcare system? Of course not.

This is the reason why our services must extend beyond a single encounter with a patient.

Free clinics must strive to not simply place a bandage on the issues our country faces with disproportionate access to healthcare that is reflected in access based on privilege rather than right. Our clinics exist to expand healthcare access to those who utilize our clinic's services regardless of insurance or employment. I believe the majority of us who get involved with free medical clinics genuinely want this too. Educating medical students on healthcare policy helps us understand why patients seek out our services in

the first place. Therefore, we assume a responsibility to vote for policies such as Medicaid expansion to address the coverage gap that leads to these unacceptable healthcare disparities.

I was inspired to write this article for our 34-year-old female patient I described at the beginning. I keep thinking of how unfair it is for her to work two jobs that offer no healthcare benefits, let alone time to go to the doctor if there is a health issue. I keep thinking how frustrating it would be to make enough money to not qualify for Medicaid but not enough to stop worrying about financial instability during a global pandemic. I keep thinking of medical students across the country and the future of the healthcare field and wonder if we realize as a collective how much our votes could impact patients we haven't met yet. We know there is power in education; otherwise, we would have chosen a different career. I urge others who belong to communities leading free clinics across the country to educate themselves beyond the boards, for the sake of their patients. And for the love of medicine, to vote.

References

1. Kaiser Family Foundation (KFF). "Key facts about the uninsured population." Published 2019.
2. Kaiser Family Foundation (KFF). "Medicaid's role for women." Published Mar 28 2019.
3. United Health Foundation (UHF). "Uninsured women in Nebraska." Published 2020.
4. US Department of Labor. "State minimum wage laws." Published Sep 1 2020.
5. Assistant Secretary for Planning and Evaluation (ASPE). Published Jan 15 2020.