

Local health clinics desperate for financial savior

By **STACEY SINGER**

Palm Beach Post Staff Writer

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Palm Beach County health leaders are searching for a white knight after Gov. Rick Scott zeroed out clinic care from his proposed budget for the Florida Department of Health.

So far, no rescuers are stepping forward.

The state manages seven clinics that serve vulnerable people in Palm Beach County: the uninsured, the homeless, migrant workers, those on Medicaid, those lacking a doctor.

The clinics care for pregnant women, people with HIV/AIDS, patients with chronic diseases such as diabetes, people with infectious diseases - anyone with nonemergency medical needs.

The health department saw about 67,000 clients last year from Pahokee to Delray Beach, and if the state agency pulls its \$5 million contribution, the entire \$30 million program risks closure or dramatic shrinkage, warned Dr. Claude Earl Fox, who heads the Florida Public Health Institute in Lake Worth.

"If the health department gets out of primary care, which it looks like it may, you are talking about 40,000 to 60,000 patients who are going to have nowhere to go," Fox said. "I am not sure the capacity exists elsewhere to handle those patients."

Fox raised the specter of hospitals routinely seeing women showing up in the ER to give birth who have never visited a doctor, kids with ruptured eardrums from untreated infections and diabetics in comas from lack of insulin.

"This is something that could affect a lot of people in a very adverse fashion," Fox said.

Who might step in? The Health Care District of Palm Beach County is a local government agency that offers health coverage for the working poor. As more people qualify for its coverage in the tough economy, it is staring at a possible deficit next year of \$28 million or more, said Dwight Chenette, district chief executive officer.

"It's really not feasible for the Health Care District to provide increased money for the clinics because of the increased demand for our coverage," Chenette said.

It is trying to play the role of community organizer, putting out a request for proposals this week to see whether a hospital, a foundation, a nonprofit or some combination of all of them would step in.

Chenette offered the district's ability to bring in federal support and a possible sharing of its low-cost pharmacy as incentives.

So far, there has been little enthusiasm.

"There are too many uncertainties to project how the current system would be financed and maintained," said Davide Carbone, chief executive officer of St. Mary's Medical Center in West Palm Beach.

Foundations are hesitant, too.

"It's more than our entire annual budget for grant-making," said Kerry Diaz, president of the Quantum Foundation in West Palm Beach. "We want to be part of the solution, but we cannot be the solution."

Nonprofit community clinics such as FoundCare could put their business at risk if they took on the entire health department roster, she added.

That's because it's so heavily loaded with people who cannot pay anything.

"If you have 80 percent of clients who don't have a payer source, it's hard to think about how you solve that," Diaz said.

If the Affordable Care Act's insurance rules are put in place as written in 2014, that would make a big difference. It would dramatically expand Medicaid eligibility and offer income-based subsidies for buying insurance in group marketplaces.

But that plan is under attack in Congress and the courts, and its fate is likewise uncertain.

County Health Director Dr. Alina Alonso said she had begun to draw up contingency plans.

"The health department is going to do everything it can to maintain the safety net in place, even if it means fewer services," Alonso said.

If they had a couple of years to manage the transition, the health leaders said, it would make a world of difference.

The clinics are run through a complex combination of state, local, county and federal money, via a web of contracts.

Unraveling these contracts and transferring management in a way that keeps the federal funding could be incredibly difficult, especially if the state money is yanked in a matter of months, Alonso said.

This must be handled carefully, she said, because the federal contracts give the clinics \$5 million a year in extra support.

Those contracts cannot be transferred. If ownership changed, that would require reapplication, a time-consuming prospect.

"Probably all of these things could be solved if we had time and a phase-in plan," Alonso said. "But the worst-case scenario, if we have to do this starting July 1, is that the cuts would be so severe we would have to stop paying adult primary care."

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