

Clinics struggle to fill in gaps in health care

Growing ranks of uninsured strain safety net

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Alonzo Lacy has been living with asthma for most of his 15 years. For years, his mother, Malisa, has been taking him to a health clinic a few miles from their Inkster apartment where he sees whichever doctor is available.

Every two to three weeks, Alonzo has an asthma attack that sends him to a 24-hour urgent care center or emergency department, where he sees more doctors.

That kind of patchwork approach to health care is difficult for anyone, but for someone with a chronic illness, it's a recipe for failure. Continuity of care is considered one of the foundations to successfully managing health.

"That's the problem," Malisa Lacy said Tuesday. "We haven't had a doctor who can actually help us manage his asthma. Every time it's a different doctor, and they all have a different opinion about how to treat him."

Earlier this month, a potential solution presented itself virtually on the Lacys' front step when a new health center opened right next to their apartment complex.

One of four federally qualified health centers in southeast Michigan, the Western Wayne Clinic exists to provide regular primary care to people who have not had access to it. The guiding philosophy of such clinics is to provide a medical home to people who previously had none and to serve as a safety net for poor and uninsured people.

Such safety nets are becoming increasingly strained as the number of uninsured people continues to climb -- nationally and in Michigan. According to U.S. Census Bureau figures released Tuesday, the number of people in Michigan without insurance rose 1.7% to 11.5% of the population in 2005. More than 1.1 million people were without health coverage last year.

In Wayne County, there were about 280,000 people without health coverage in 2003, the latest year for which figures are available. Of that total, 180,000 resided in Detroit.

Metro Detroit's four existing federally qualified health centers, which operate 11 locations -- have the capacity to serve about 50,000 people, once the Inkster location is fully operational, expected within a year.

That leaves a gaping hole in the safety net that cannot be plugged by the handful of free clinics and so-called federal look-alike clinics, which don't receive federal dollars to start up, but do receive higher Medicaid reimbursements.

And the hole is not going to be repaired with the addition of new clinics because the federal government has stopped funding new federally qualified centers.

The good news is that the government has diverted that money to expanding existing federally funded health centers so they can increase their capacity and serve more people.

The changes will allow the existing centers to expand, but they don't provide for new centers in an area that desperately needs them, said Sandy Hudson, chief operating officer of the Detroit Wayne County Health Authority.

And existing clinics can only expand if they get more physicians willing to provide health care to people who can't pay.

"That's one of the barriers," Hudson said.

Dr. Angela Ambrosia, who provides care to the Western Wayne medical center's patients, says Alonzo Lacy is a classic example of a patient who can benefit most from having a regular provider.

She lists the steps she and Alonzo could take to get his asthma under control: trying different medication combinations and monitoring his progress, or educating him and his mother on lifestyle choices, such as smoking or having pets.

"His is definitely a solvable problem. That's why we're here," she said. "He could play sports and do everything normally if we get his asthma under control."