

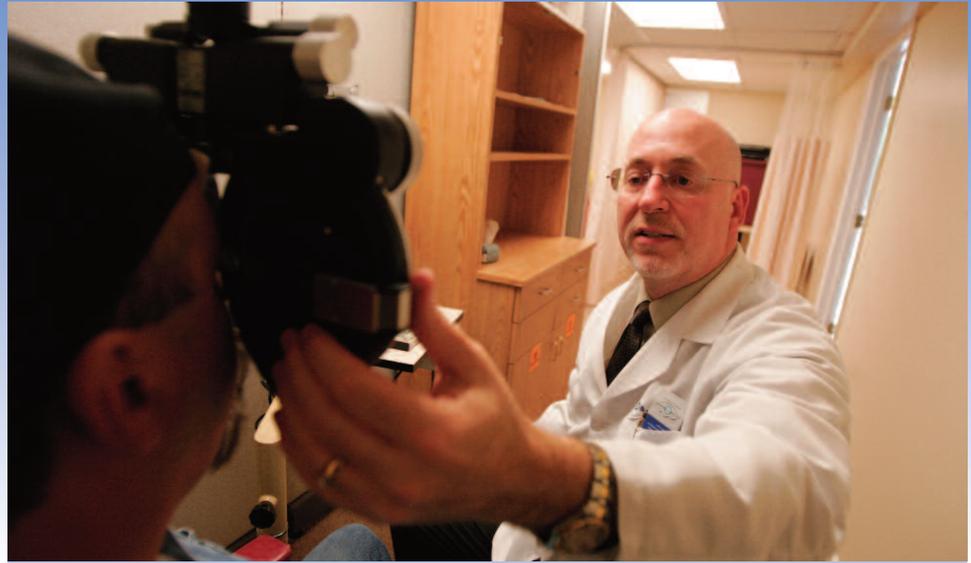


A novel approach to charitable care

by David F. Chang, M.D.

At the 2012 ASCRS Winter Update meeting, I met attendee **Jeffrey Liegner, M.D.**, and heard him share the amazing story of his newly opened free eye clinic during a workshop on ethics. Jeff originally practiced in Oregon before opening his solo private practice in New Jersey 15 years ago. In addition to being a volunteer attending at the New Jersey V.A. Hospital, he has spent the last 3 years developing a free community eye clinic that is entirely separate from his private practice. This is a remarkable story, and the reasons that he did this are both interesting and inspiring. I interviewed Jeff for this month's column, and I hope that you enjoy learning about how and why he separates this charity work from his own private practice. You can learn more at www.freeclinicnewton.org.

David F. Chang, M.D.,
chief medical editor



Dr. Liegner examines a patient at Free Clinic Newton

Source: Dan Freel/*New Jersey Herald*



Watch a video about Free Clinic Newton on your smartphone or iPad using your QR code reader. (Scanner available for free at your app store.)

Or view Dr. Liegner's video at: youtu.be/6WUhUV6MBCs

Dr. Chang: Tell us what made you decide to organize a free eye clinic.

Dr. Liegner: I set out to create a free clinic in my community in order to address certain frustrations that I have personally experienced in healthcare.

In all our practices, and not just with ophthalmology, we are delivering free care to the poor and underserved that is hidden inside our offices and not visible to the community or the policy makers. In some ways, our profession has suffered an erosion of public recognition and fundamental respect for the many wonderful ways we care for our citizens. This free clinic simply moves these patients receiving my charity care to a much more visible and highly regarded entity, now recognized by our community for its charity. I call this the "Marcus Welby Effect" of restoring and reclaiming our altruistic position as respected healers and leaders.

Second, this free care done in our offices and surgery centers carries with it the same liability exposure of any medical services we provide; in the past, when I performed free cataract surgery on an indigent patient, I had to consider the risk expo-

sure in my decision making. One primary reason for American physicians going overseas on medical missions and performing free surgery on that country's local poor is the adversarial atmosphere of malpractice liability here in the U.S. This issue and liability exposure is completely and dramatically altered inside a free clinic. The Federal Torts Claim Act (FTCA) and federal recognition of the free clinic provide federal protection for malpractice due to alleged events related to this free care.

Third, with the significant shifts in healthcare delivery and the government's intrusion into the patient-doctor relationship, aggravated by job loss and a recession economy, I have been concerned about the profession of medicine and my ability to serve our communities in the ethical manner I expect. The level of regulatory intrusion and high degree of clinic interference in our practices has not been seen before. The free clinic, which does not receive any state or federal dollars, becomes an oasis from bureaucracy and regulatory excess. For some doctors, their volunteer hours in the free clinic invite a practice of medicine refreshingly different from their private offices.

Fourth, the local emergency rooms, partly due to the Emergency Medical Treatment & Labor Act (EMTALA) and related government regulations, and partly due to our declining economy, are swamped with non-emergent problems from significantly poor individuals struggling with few healthcare options and limited dollars needed for survival. The free clinic offers an outlet for people who can't afford a private practice option. Even Medicaid recipients, when they have time away from low-paying jobs, have a difficult time finding a physician's office that is open and willing to take their government card.

Next, I'm a believer that charity should be locally provided and supported by community citizens united to support local causes and help their less fortunate neighbors. And I object to state gratuities and federal entitlements that foster a sense of welfare without individual opportunity to rise out of it. In my opinion, the current shifts toward a greater entitlement to subsidized healthcare and a centralized federal delivery model will ultimately lead to our professional destruction and a worsening of our collective wellness.

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The exterior of Free Clinic Newton

Source: Jeffrey Liegner, M.D.

One added enjoyable aspect of a free clinic is the ability to practice medicine beyond your specialty, using skills taught in internship and residency, caring for common ambulatory problems and addressing various degrees of illness that because of one's specialty are not common care items. Even internists and family practitioners, who commonly refer out many specialist problems, can use their training and treat conditions in a free clinic that they might otherwise have deferred elsewhere.

And finally, the free clinic is simply an expression of the same commitment to humanity that has taken me and many others overseas on surgical missions. Without leaving my local community, I can care for the abandoned and the poor like our fathers and their fathers did. One quickly sees how a local free clinic with its protection from malpractice liability derived from the FTCA addresses an important and unburdening reason to provide local medical care.

Dr. Chang: What have been your greatest challenges? Who provided the equipment?

Dr. Liegner: Organizing a free clinic creates many challenges, including finding a location and seeking a suitable community partner (whether that be a church, a fraternal organization, a corporate sponsor, or a hospital). Also, making the necessary arrangements for facility and staff requires a great deal of

personal analysis. Surrounding yourself with people who see the same vision and can move the idea into reality is very important. Organizing the free clinic into a nonprofit corporation, filing for IRS recognition as a 501c3 charity, and applying to the federal government under FTCA to be "deemed" a federal free clinic is a slow administrative process. Recruiting doctors, nurses, and lay people to volunteer is incredibly easy, simply by talking it up in the community, at the hospital staff meetings, and sharing your plans with patients. There is an incredible pent up desire to give and to volunteer, but many don't know where or how, and those with an interest in medicine have had little opportunity to experience volunteering.

Equipment has been donated, some by me from my office or my retired equipment from the basement, and some from other practitioners with surplus tables, chairs, cabinets, and medical devices. Even the computers and Wi-Fi for the free cloud-based electronic medical records were donated. Volunteers and non-volunteers donate money to support the clinic operations, and no billing occurs. Patients identify themselves to the extent they want, no financial information is collected or scrutinized, and no insurance cards are taken. Since I have my own surgery center, my eye surgeries are performed there. In the future, other surgery centers will receive the same FTCA protections, and their charity in providing free surgical services

will be invaluable. Of course, minor procedures and simple suturing of lacerations occur in the free clinic.

Dr. Chang: What is your typical volunteer schedule with the clinic?

Dr. Liegner: My ophthalmology and general medicine walk-in clinic is set for Thursday mornings before I begin my afternoon office practice at noon. This is a 3-hours-a-week clinic for me, while other doctors contribute similar 3-hour blocks either during the day or evenings. Staffing is by volunteers, people committed to a similar community-based healthcare model, including retired physicians (who don't have malpractice insurance), hospitalists (getting a break from inpatient care, seeking some ambulatory care setting), nurse volunteers, plus moms and teenagers (interested in a career in medicine). There are no appointments, as patients come when the clinic is open and return as advised. When the clinic reaches capacity and any more will exceed the doctor's time in the clinic, unfortunately the next people must be turned away (as there are only so many minutes in a clinic day).

Dr. Chang: What has been the response of your community?

Dr. Liegner: The response from the community has been extraordinary. My partner for this free clinic is the local Moose Lodge #432, an international organization committed to

community service, with a supportive membership and available facility space for my retrofit into a clinic. The local corporate leaders and the county hospital have been supportive with technical services, donated equipment, and financial support. Local citizens have stepped forward in unexpected high numbers to offer help, perform tasks, and participate in patient care. The medical community has stepped up in the same spirit as what inspired me to create this free clinic.

I have had a dream about my meager start inside the back end of the Moose Lodge and have seen the new building that we will build, larger and cleaner and more suited to the task of free community healthcare with pastoral counseling, early intervention programs, and community-centered offerings. I believe the need in so many communities is great, and our community will get behind such a dream.

Dr. Chang: What is the advantage of doing this at a different location, as opposed to providing this care through your own office?

Dr. Liegner: One important reason for having this free clinic in a separate facility is the FTCA regulations that govern this type of facility. Since it is deemed a free clinic for federal protections, no monetary transactions can occur there—no billing, patient payments, or claims submissions. A separate facility clearly makes this a distinctly separate entity for this purpose and provides this very important federal protection.

Dr. Chang: What advice would you give others who might be interested in doing something like this?

Dr. Liegner: As other doctors consider this possibility, for so many important and personal reasons, there are resources available to help guide the enthusiastic team of community physicians, nurses, and supportive citizens in forming a free clinic. Not only do I have many links at our clinic's website, www.freeclinic-newton.org, there is a supportive organization dedicated to creating more free clinics in America, ECHO Clinics (echoclinics.org), with a helpful publication, echoclinics.org/_upload/pdfs/ECHO_GUIDE_091510.pdf. **EW**

Contact information

Liegner: liegner@embarqmail.com