

Matching Gifts Program: A Way to Double Your Contributions

► Are you interested in doubling your contribution to the Moore Free Care Clinic at no cost to you? Have you ever thought about asking your present or former employer if they participate in a Matching Gift Program? Many companies and corporations offer this program as a benefit to their employees or retirees who wish to donate to a 501(c)(3) tax exempt charitable organization. They will match donations dollar for dollar to qualifying organizations. Utilizing this program is a great way to leverage your gift and increase the contribution you are able to make to help the clinic in its mission to serve the uninsured in Moore County.

Most of these programs are simple to use. Some companies have an online system in which to submit your gift. Contact your company and see if you qualify for a corporate match. Ask the corporate donations office or personnel department for an application form. Complete the form and enclose it with your gift to the clinic. We will verify your donation and submit the form to the company for final processing of the matching funds. We will send you an acknowledgment when the gift is received. Just a few simple steps and the payoff is huge for the clinic.



Cindy Laton from FirstHealth instructs Healthy Kitchen participants to learn to prepare tasty, healthy and inexpensive meals. FirstHealth provides these classes free to MFCC patients to assist them and their families with achieving better nutrition.



NEWSLETTER

SPRING 2010

A newsletter for friends and supporters
of Moore Free Care Clinic

Visit our website at www.moorefreecare.org



Outgoing Board President, Stuart Tuffnell (left) and incoming President, Joel Shriberg (right) meet to discuss transition. Mr. Tuffnell will remain on the Board and will serve as Development Chairman.

Health Care Reform

H. David Bruton, MD

► At a recent Moore Free Care Clinic (MFCC) Board of Directors meeting I was asked what would happen to MFCC, if the Congress passed a health care reform bill. I replied that I did not know if any bill would emerge from this dysfunctional Congress. I also said it did not matter for MFCC. If they passed a law similar to anything that is currently being discussed, or if they did nothing, the demand for the services of the free clinic would continue to dramatically increase.

Let me explain my pessimistic answer. If Congress does nothing the demand increases for the same reasons that propelled MFCC's founding. The cost and inconvenience of medical services has simply outpaced the financial and emotional resources of ordinary working people. For years medical inflation

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From the Executive Director

Those who support the free clinic have every right to know in what ways we seek to be good stewards of the financial donations we receive. We work hard not to waste our resources and we work in every way to turn every dollar given into multiple dollars of direct medical care. I believe that we do that well.

In 2009, the MFCC budget was \$494,326. Of that budget we spent \$447,187. We were able to achieve the "under-spending" in part by minimizing paid staff while at the same time increasing services to more patients; in addition, we saved about \$35,400 by encouraging patients, who were able to financially do so, to participate in more "self-care" by purchasing their \$4 generic medications. Furthermore, we were able to acquire more volunteer physicians, including more specialty care partners. Even so, in 2009, our income from grants and community donations fell \$128,291 short of our expenses. How did we "make ends meet" with this shortfall? We had to draw from reserve funds, a considerable portion of those funds from a single estate gift, namely, that of Charles Wellard. Mr. Wellard was a strong advocate of the clinic and died in November 2008 (we are extremely grateful to him and to his dear widow, Jane, for their generosity). This was the first of that kind of estate gift in the clinic's six-year history, and we certainly cannot expect such gifts on an annual basis.

Due to the depressed economy in 2009, the clinic, as noted above, and like most all nonprofits, fell short of the anticipated income for which we hoped. Early in 2009, we were the fortunate beneficiaries of two Foundation capital grants which enabled us to renovate and move into our new facility. With \$150,000 from the Kate B. Reynolds Foundation in Winston-Salem, NC; and \$30,000 from the Cannon Foundation in Concord, NC, we transitioned from 600 square feet in the county Health Department in Carthage to 3,000 square feet in Southern Pines; increasing from one exam room to four exam rooms. This new space has enhanced the quality and quantity of care which we are able to give, and we are extremely grateful to these two generous Foundations. Receiving capital monies, however, does not cover day-to-day expenses such as medical supplies, medications, and staff support.

Every dollar counts, every financial gift... is vital to our clinic being able to continue medical care for the uninsured and low income of Moore County.

For daily expenses, the clinic is heavily dependent upon local donations from individuals, churches, and community and medical

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Our Mission

In the spirit of compassion and concern, the Moore Free Care Clinic provides high-quality primary, preventive and specialty health care to limited-income people in Moore County who are uninsured and can't afford access to health care.

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Our Community Partners



The Duke Endowment



ST. JOSEPH of the PINES



Carolina Eye Associates, PA

Drs. Monroe and Monroe, General Dentistry

Neese Family Health Clinic

Pinehurst Radiology

Moore County Health Department

Southern Pines Physical Therapy

John W. and Marjorie A. Roffe Endowment

Moore County Community Foundation

The Cannon Foundation

C. Louise Meyer Foundation

Cooper's Pharmacy



From the Executive Director continued

groups. Grant monies are frequently available for start-up nonprofit projects, but once established it is much harder to acquire grants for annual operating expenses. Therefore, it is very important that we stay in contact with our local supporters and let them know of our needs and encourage their further generosity. Every dollar counts, every financial gift, regardless of the amount, is vital to our clinic being able to continue medical care for the uninsured and low income of Moore County. We need your faithful and consistent generosity.

Our operating budget for 2010 is \$566,800, which reflects the pressing needs of the increasing numbers of uninsured and the clinic's committed efforts to meet those needs. This budget supports a skeleton staff of 6 persons; medical equipment, medical supplies and prescription drugs; as well as utilities, facility upkeep, electronic medical records support, pharmacy updates and supplies, and office/administrative needs. The patient registry, now over 2200, has increased steadily with the poor economy. There are still many persons for whom we cannot care because our resources are stretched. We will continue to do all we can to care for as many as we can with as high quality of care as we can. We are able to do so because of the generous support of this community.

One of my development goals for this year is to receive 15 major donations in gifts or pledges of at least \$10,000 each by July 1. I am aware that we live in a community which is capable of this kind of larger generosity, and I feel confident we will attain this goal. Are you one of those who are willing to make this commitment? If so, I would ask that you personally contact me by phone (910-690-9483) or by email (mwethington@centurylink.net). It would be a privilege for me to talk with you about your commitment.

For every \$1 which was given to the clinic in 2009, it was turned into \$6 of direct health care services for the uninsured. In 2010, we expect that number to be \$10 of services for every \$1. This leveraging of funds into services represents the multiple and every-growing partnerships which the clinic has with medical providers in our community. These partnerships include Moore Regional Hospital, the Hospitalists of FirstHealth, Pinehurst Radiology, Pinehurst Medical Clinic, Pinehurst Surgical, Pinehurst Cardiology, the NC Imaging Center, Southern Pines Physical Therapists, FirstHealth Behavioral Services, FirstHealth Community Health, local pharmacists and pharmacies, about 12 local dentists, Carolina Eye, Pinehurst Foot Specialists, retired physicians and nurses, the Pain Clinic, FirstHealth quit smoking and nutrition services, and a local psychiatrist and therapist. This network of medical partnerships is large and quite amazing. They too represent the generosity of this Sandhills community.

One of my development goals for this year is to receive 15 major donations in gifts or pledges of at least \$10,000 each by July 1.

As Executive Director, and on behalf of our staff, our Board of Directors, and especially our patients, I thank you for every gift and gesture of generosity. You are the ones who keep making the mission of the clinic a reality. That mission is "to provide high-quality primary, preventive and specialty health care to limited income people living in Moore County who are uninsured and can't afford access to health care." This we are doing and doing extremely well. Thanks to each of you and thank you for completing the support insert enclosed in this newsletter.

Mark W. Wethington, Ph.D.

Health Care Reform continued

has significantly exceeded the growth in wages. America, particularly the rural south, has a growing medical manpower shortage. The pipeline to produce family physicians is emptying. Now the typical physician finishes training with over \$150,000 debt (some studies report over \$200,000 average debt). Aware of this, many medical school graduates choose residencies in specialties with enhanced reimbursement. Most family practices have a significant number of Medicaid, Medicare and no-pay patients. Reimbursement for these patients has not kept pace with the cost of doing business. The North Carolina Legislature took \$1.5 billion out of the Medicaid budget this fiscal year and the budget looks like it will be \$250 million short by the end of the year. The federal government has failed to fix the Medicare Sustained Growth Rate (SGR) formula this year. Yearly they have put in a just-in-time SGR fix. If Congress fails to fix the SGR by March 2010 there will be a 20% Medicare cut. This will make it more difficult for physicians to afford to see Medicare patients. (In a bizarre twist, it will be more cost effective for them to see the patient in the Free Clinic! We already have physicians following up their no-pay patients in MFCC).

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The result of these manpower, increased cost, and reimbursement problems will be that low income people will have increased difficulty in finding a physician who can see them in their outpatient office.

An interesting paper recently published in the *New England Journal of Medicine* detailed how efforts to decrease usage of office or ER visits by adding co-pays at point of service increases the total cost of care. We all knew this would happen. We all knew when you delay care or deny prevention the repair is always more expensive. It was interesting to see someone collect hard statistically valid data to prove it. North Carolina, in a misguided effort to save money, has changed some childhood immunization policies that in the long run will cost children illness and the state dollars. We often in medical policies seem penny wise and pound foolish. Why would you not want to use the most immunizations possible? Immunizations are the most cost effective treatments we have in medicine.

Medical economics seems to act like an inflated balloon. You mash on one segment it bulges out in another.

If the health reform laws pass that disallow medical underwriting without some kind of "public option" to provide universal care, health insurance premiums will have to increase. A majority of small businesses already can no longer afford health insurance for their employees. This will increase the pool of uninsured

Value of Services 2009	
CLINICAL CARE	\$525,527.22
FIRST HEALTH	\$553,717.75
PHARMACEUTICAL ASSISTANCE	\$1,392,311.41
PINEHURST RADIOLOGY	\$26,527.00
PINEHURST MEDICAL CLINIC	\$110,071.11
PINEHURST SURGICAL CLINIC	\$12,481.00
SOUTHERN PINES IMAGING	\$40,737.00
PINEHURST CARDIOLOGY	\$21,319.00
YEAR TOTAL	\$2,682,691.49

needing MFCC services. As I follow the health reform debate, I do not see much in these Bills that will decrease cost in the immediate future. Some of the provisions will, if made into law, save some money in future years. A fix of the medical liability problem will save some money in the long run, but "defensive medicine" has become so ingrained in regular medical practice it will take a generation or two to see any measurable effects. By then inflation will obscure any cost savings. New medications and new biological technologies add dramatically to the cost of care. Unlike many new technologies in the regular market place, that rapidly decrease in per unit price over time, new medicines and new biological techniques have very favorable patent protections that support price. There is a need to protect intellectual property rights and development costs. We have it out of balance in American medicine.

These are complex problems with no easy solutions. Medical economics seems to act like an inflated balloon. You mash on one segment it bulges out in another. Until we as a Nation decide that we are going to have universal care, the need for Free Clinics will expand. We are fortunate to live in a place that has a lot of generous people that make Moore Free Care Clinic possible. My prayer is that we will continue, "to love our neighbors as ourselves."