Bridges to Care:

Nashville's Initiative to Help the Uninsured

by Bart Perkey

Twenty-two different "safety net" clinics are working together as members of the Safety Net Consortium of Middle Tennessee.

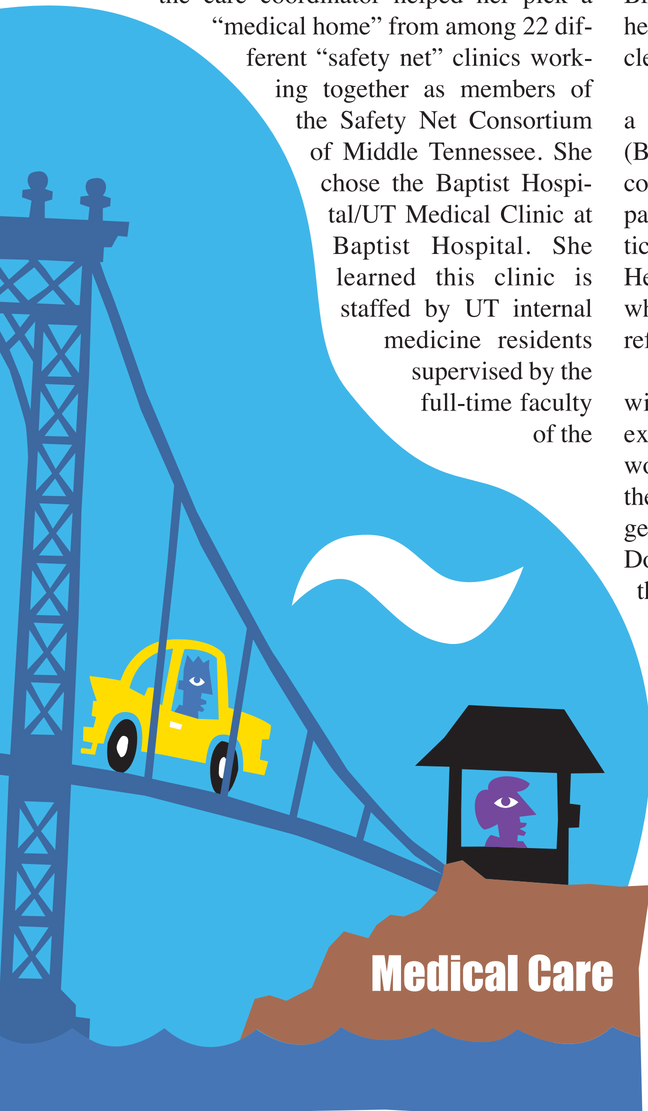
Donna Lake* dreaded going to the mailbox each day. She had read all the coverage in the newspaper about large numbers of TennCare enrollees being disenrolled. She feared she would be in that number. She had been covered by TennCare since 1995. After her husband died unexpectedly in 1994, she lost the insurance coverage they had through his employment. No insurance company would write her a policy due to her diabetes. Fortunately, she was able to qualify for TennCare in the uninsurable category. For more than 10 years, she had been paying premiums and felt blessed to have insurance through TennCare. If she lost her TennCare, she did not know what she would do.

She had knee replacement surgery in August. Just as she feared, the letter from TennCare came the very next week. It was a long letter and contained directions on filing an appeal. She knew the appeal would probably not be successful, but she applied anyway. The final disenrollment letter came at the end of September. She was still going to rehab for her knee. Since she no longer had coverage and could not pay the high costs, her physician care and the rehab services ended.

Donna, age 63, a widow, was afraid to be without health insurance again. She had worked hard all her life and raised her children to be contributing members of society. Now she was no longer able to work and was too young for Social Security but could not qualify for disability. She needed medication for diabetes, arthritis, and severe vertigo, and her knee was not healing from the surgery as quickly as she had hoped. She was at a loss about what she should do.

Then at church she heard from a friend about “Bridges to Care,” a medical care program for people just like her who did not have and could not obtain health insurance, either because of cost or a chronic health condition. She learned she could sign up by meeting with a care coordinator at the public health department, General Hospital, or the east Nashville office of Catholic Charities of Tennessee. She went to the Lentz Public Health Center the next day and signed up.

She filled out a simple application, answered some questions about her health history, and provided proof of her income. After she signed a release of information statement, the care coordinator helped her pick a “medical home” from among 22 different “safety net” clinics working together as members of the Safety Net Consortium of Middle Tennessee. She chose the Baptist Hospital/UT Medical Clinic at Baptist Hospital. She learned this clinic is staffed by UT internal medicine residents supervised by the full-time faculty of the University of Tennessee at Baptist Hospital. The clinic provides its services on a sliding fee scale based on family size and income.



Dynamic Graphics

Donna was then given a Bridges to Care enrollment card and told about the pharmacy services. Her prescriptions would be filled at the Bridges to Care pharmacy at Lentz Public Health Center for a five-dollar copayment. While the formulary was limited, she was pleased to learn they covered her diabetic medications. She was told how to arrange for transportation if she needed it. Finally, she received a profile of the Baptist/UT Clinic that included all the information she needed about the services including charges, hours, and even a map.

Donna could not believe all of this had been so easy. She called the Baptist/UT Clinic and got an appointment the following week. She was assigned to Dr. Gerald Stevens,* an internal medicine resident. Although it was difficult to start over with a new doctor, she was pleased with how she was treated. He wrote out new prescriptions for insulin and five other medications, all of which she was able to have filled at the Bridges to Care pharmacy. He also examined her knee. Over the next few months, it became clear that she would need additional surgery.

Fortunately, Dr. Stevens had learned about a new program called Bridges to Care Plus (BTC Plus) that had also been developed by the consortium. BTC Plus matches Bridges to Care patients to volunteer specialists in private practice who provide their services for $10 per visit. He called the Nashville Academy of Medicine, which manages BTC Plus, and requested a referral for an orthopedic surgeon.

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Donna was assigned to Dr. George Allen* with Tennessee Orthopedic Alliance. After examining Donna, he determined surgery would be necessary. He made arrangements for the surgery at Saint Thomas Hospital. The surgery was performed on April 17, 2006, and Donna is recovering nicely. Because she was in the BTC Plus program, the hospital wrote off all her charges for diagnostic services, surgery, and the hospital stay. Likewise, Tennessee Orthopedic Alliance provided all of Dr. Allen’s services for a nominal charge of $10 per visit.

The above story is true, except the names have been changed to protect the patient’s identity. Donna’s story is an example of what is happening in Nashville for some people who have lost TennCare coverage or are otherwise uninsured. Bridges to Care and BTC Plus have been developed over the past five years through the leadership of Nashville healthcare providers.

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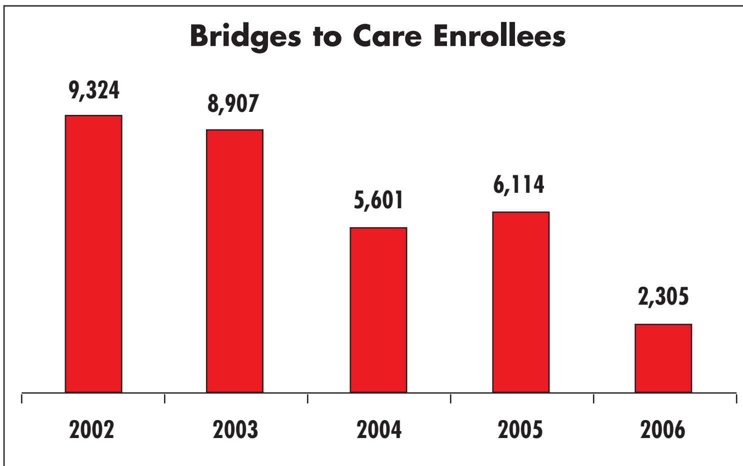

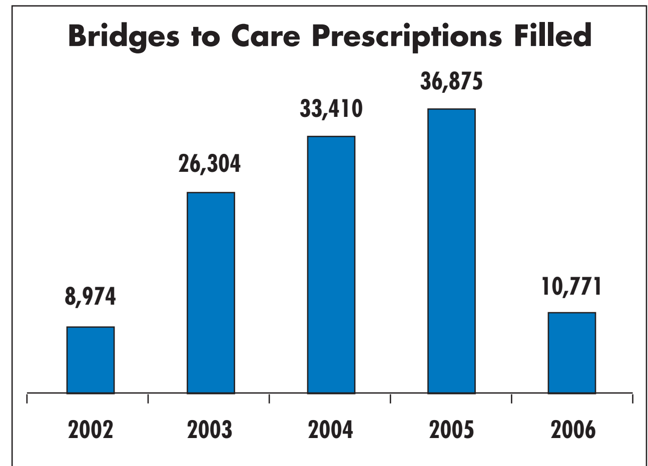

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The consortium is composed of healthcare organizations in Nashville that serve people with no health insurance. It includes all 10 hospitals, seven federally subsidized primary care clinics, 10 faith and hospital sponsored primary care clinics, five private primary care clinics, four dental clinics, four mental health centers, and three alcohol and drug treatment centers. The Metro Public Health Department has played the role of managing partner.

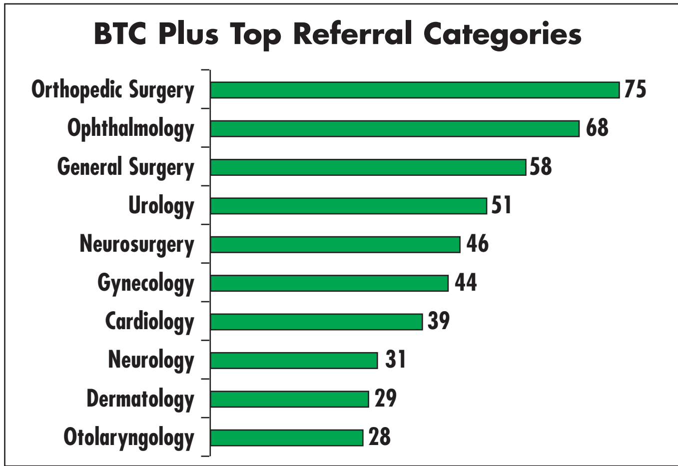
The consortium was formed in May 2000 with a mission of providing access to healthcare for uninsured residents of Nashville. Its first initiative, Bridges to Care, started February 1, 2002. Its goal is to link the uninsured to one of the 22 consortium primary care clinics. As of April 30, 2006, more than 32,200 uninsured Nashville residents have found a medical home through Bridges to Care. The chart at left above shows the new enrollees in Bridges to Care each year since its inception. During this same period, the Bridges to Care program has filled more than 116,000 prescriptions for enrollees. The prescription cost has totaled more than $1,279,000, not including copayments paid by enrollees. The program has also provided transportation for more than 4,900 visits to consortium medical clinics for Bridges to Care enrollees that have no means of transportation. The chart to the right shows the number of prescriptions filled each year since inception of the program.

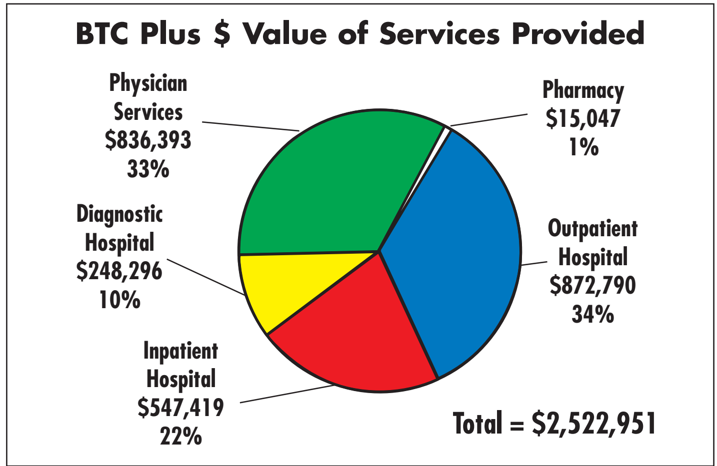
The consortium developed the BTC Plus program to create a system of specialty and hospital care for the uninsured. Primary care clinics were finding it increasingly difficult to obtain expensive diagnostic tests (MRIs, CT scans, etc.) and the care of specialists when needed by their uninsured patients. Consortium leaders traveled to Asheville, North Carolina, in May 2003 to view an innovative program of volunteer care developed by the Buncombe County Medical Society called Project Access. In this program specialists committed to seeing up to 12 patients per year upon referral by community safety net clinics. If hospitalization was necessary, the one county hospital provided the care free of charge for participants in the program upon request by the specialist.

Consortium leaders returned from Asheville convinced they could develop a similar program in Nashville, even though the city was much larger and the medical care community more complex. They knew the key was obtaining the support of the Nashville Academy of Medicine, the main medical society in Nashville, and the 10 hospitals. During the next year, discussions were held with physician leaders at the academy and CEOs of all the hospitals. Ultimately all 10 hospitals and the academy signed agreements with the consortium. The hospitals committed to providing diagnostic, outpatient, and inpatient services at no charge for Bridges to Care patients with incomes below 200 percent of poverty. The academy agreed to recruit physicians and manage referrals once the program became operational. The effort to recruit physicians was launched in January 2004, and BTC Plus officially began operation in March 2005.

BTC Plus has more than met the expectations of the consortium. As of March 31, 2006, the academy had recruited 430 physicians to volunteer their services to BTC Plus participants at $10 per visit. These physicians have committed to serving 5,546 patients, an average of 13 per physician. In the period March 19, 2005, to March 31, 2006, 583 Bridges to Care patients were linked to a BTC Plus specialist for care. These physicians provided 1,485 patient care visits during this period.

Hospitals participating in the BTC Plus program provided 61 inpatient hospital days, 98 outpatient surgeries/procedures, and 147 diagnostic





tests during this period. The BTC Plus program also paid for 783 prescriptions at Kroger pharmacies. The total value of medical services provided during the first year of the program was $2,522,951, while the total expenses at the academy to develop and manage the program were $183,973. This represents a return of $14 for every $1 invested. This ratio will continue to grow as more services are provided.

Obviously, Nashville's Bridges to Care and BTC Plus programs have been successful in helping large numbers of uninsured Davidson County residents obtain access to primary, specialty, and hospital medical care. Is this a model that can and should be duplicated elsewhere in Tennessee? Is this an answer for the large number of uninsured across the state, both those who previously were covered by TennCare and those who have never had coverage?

Several key factors have worked together to make Nashville's Bridges to Care program successful. First and foremost, Nashville has a large number of primary care clinics that will serve uninsured patients on a sliding fee scale. The combined patient capacity of these clinics has grown over the past five years through the addition of new clinics and has been adequate to serve the demand for care by the growing number of uninsured.

Second, all Nashville hospitals have been willing to join with the safety net clinics to build a consortium of providers committed to serving everyone. Nashville has four HCA/TriStar hospitals (Centennial, Southern Hills, Summit, and Skyline), five not-for-profit hospitals (Saint Thomas, Baptist, Vanderbilt, Vanderbilt Children's, and Tennessee Christian) and one public hospital (Metro General). Although they are highly competitive, these hospitals see the benefit of a coordinated system of care for the uninsured, especially one that makes primary care easily available and thus reduces inappropriate use of hospital emergency departments.

Third, Nashville's public health department was willing to play an important management role in providing staff support for the consortium and aggressively pursuing funds for the Bridges to Care programs. Altogether, the annual expense of the program has been about $1 million. The first year was funded entirely by a federal grant. In subsequent years the funding has come from a combination of federal grants, local tax dollars, and private foundations.

It is also important to note that the development of these programs occurred during a time when TennCare was expanding, not contracting. The hospitals and physicians participating in BTC Plus made these commitments before the dramatic changes in TennCare that occurred in the late summer of 2005. The increasing financial pressure on the safety net clinics, private physicians, and the hospitals due to uncompensated care may reduce their ability to continue serving the uninsured at present levels. Furthermore, the Bridges to Care programs do not include access to some services such as durable medical equipment and ongoing rehabilitation services.

Nevertheless, there is every reason to think that factors critical to Nashville's success also exist in many other communities across Tennessee. Similar networks of private care have been developed where healthcare providers were willing to work together for the good of the entire community. While these private initiatives can literally be lifesavers for thousands of uninsured Tennesseans, at best they are fragile stopgap measures and not a comprehensive and permanent solution to the problem of the uninsured and uninsurable in Tennessee. ■

Bart Perkey is director of health equality for the Metro Public Health Department and the chief architect of Bridges to Care.

* Not the real name.

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