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Summing Up an Immeasurable Year

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ABSTRACT

COVID-19 has drastically impacted healthcare delivery across the United States and globally. This article outlines the strategic challenges of a free clinic in Milwaukee, Wisconsin, during the pandemic and describes various responses to these challenges. Communication with patients and staff, loss of volunteer practitioners and employee relations are specifically explored. The author argues that implicit aspects of the free-clinic business model positively impacted clinic resilience and suggests that lessons in workplace culture could be applied across sectors, with the aim of improved resilience during difficult times in the future.

RÉSUMÉ

Le COVID-19 a eu un effet considérable sur la disponibilité des soins de santé aux États-Unis et dans le monde. Cet article décrit les défis stratégiques confrontant une clinique gratuite à Milwaukee, Wisconsin, pendant la pandémie et recense diverses réponses à ces défis. L'article explore en particulier la communication avec les patients et le personnel, la perte de praticiens bénévoles et les relations avec les employés. L'auteur soutient que certains aspects implicites du modèle d'entreprise que représente la clinique gratuite ont eu un impact positif sur la résilience des cliniques en général et suggère que certaines leçons provenant de la culture d'entreprise de celles-ci pourraient s'appliquer à des secteurs différents dans le but d'améliorer leur propre résilience lors de futures périodes difficiles.

Keywords / Most clés : COVID-19; Pandemic; Non-profit; Free clinic; Workplace culture / COVID-19; Pandémie; Organisme sans but lucratif; Clinique gratuite; Culture d'entreprise

INTRODUCTION

As a result of the COVID-19 pandemic, Americans have died in numbers that would have, in the past, been unimaginable. A lack of access to care worsened the pandemic experience and highlighted its detrimental impacts for uninsured Americans (McCambridge, 2021; Yong, 2020). In Wisconsin, a free clinic on Milwaukee's north side faced significant challenges and implemented key changes resulting in positive outcomes for its clients and community. After trying to help mitigate chronic medical conditions for the past 20 years, the clinic's focus shifted to buffering pandemic impacts on a vulnerable community. There are valuable lessons learned from the free clinic model that offer useful information, not only for nonprofit organizations in strengthening their ability to meet their organizational mission but in more effectively facing similar challenges in the future. Some of the lessons should be applicable across economic sectors.



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This article explores the free clinic model and its adaptive processes in the context of the pandemic. Using a case study model, the article describes the challenges and changes to organizational processes in detail, highlighting the importance of a strong organizational culture in generating positive results. Insights are captured through the perspective of the clinic manager, whose access provides insider knowledge of the free clinic as a nonprofit organization (Brannick & Coghlan, 2007).

THE PANDEMIC

In the United States, a large percentage of the population lacks access to primary care and basic medications as individuals struggle to navigate the layered healthcare system (McCambridge, 2021). Much has been written in the popular press about America's lack of preparedness and its population impacts during the pandemic (Yong, 2020). While countries such as Canada and the U.K. enjoy government-supported healthcare, the United States has traditionally avoided this model. Recent data from the Pew Research Center finds that 60 percent of the U.S. population would like government-funded healthcare (Bialik, 2017). Not only does there appear to be a lack of political will to overhaul American healthcare, misconceptions around the meaning of "Medicare for All" (Liu & Eibner, 2018) abound as Americans navigate a complex, piecemeal system, fraught with delays, prohibitive fees, and unmet care needs.

Throughout the COVID-19 pandemic, an American's healthcare experience may have shifted between private employer insurance, an *Affordable Care Act* product, or government-funded Medicare or Medicaid, and would have principally depended on age, immigration status, and work circumstances. If insurance was unaffordable or impractical, a "safety-net" clinic, such as the Bread of Healing Clinic in Milwaukee, Wisconsin, became the last option. A person's access to a free or sliding-fee clinic, which depends on geography and luck, determined their treatment options. This ambiguous system cares little about the state of one's health, and this type of hybrid system is particularly difficult to navigate, especially in times of stress or unexpected changes in personal financial circumstances.

NONPROFIT HEALTHCARE MODEL

The Bread of Healing Clinic has three sites in Milwaukee, Wisconsin. It was founded in 2000 by healthcare personnel who understood the implicit failure of the American healthcare system to serve everyone, particularly those whose social determinants of health added barriers to service navigation. The clinic founders understood these failures because they witnessed them regularly in practice. For the clinic founders, the model afforded an avenue for delivering medical care unconstrained by insurance barriers or impractical incentives. Despite resource limitations, it allowed these practitioners to serve patients as they felt called to do.

The Bread of Healing Clinics provide behavioral health, social work, medical, pharmacy, and dental services at no cost to patients. The clinic is funded through grants, partnerships, and private gifts. Relying heavily on grants, budgets are pre-funded at least a full year in advance, which was particularly important in the face of the COVID-19 pandemic. As an organization, a free clinic grows only as quickly as either its funders or qualified compassionate volunteers answer the call. Implicitly, it is a lean model.

ORGANIZATIONAL CHALLENGES AND CHANGE

As the full scale of the pandemic became apparent, there were multiple concerns for the clinic: communication with patients and staff, loss of volunteer practitioners, and employee relations. The clinic's varied responses to these challenges provide insight into the model's flexibility and resilience.

Communication with patients and staff

Pre-pandemic, the clinic served over 1,800 individuals. The volume of patients decreased about 25 percent during the

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first half of 2020, as people assumed the clinic had closed along with the rest of the world. However, it remained open every day. In the early months of the pandemic, there was no established way to communicate with a patient population whose priorities were undergoing a monumental shift. Given the lack of clear guidance from government as to how best to proceed and the climate of mounting community fear, it was difficult to remain measured and deliberate.

Telehealth was put into place and the clinic independently implemented medication delivery processes to keep at-risk patients off public transportation and to keep volunteers engaged in unique ways. The medication delivery system was expanded into vaccine deliveries for the home-bound, offering a way for the most vulnerable to access vaccines.

As COVID-19 advanced, a relatively simple series of adaptations were put in place to ensure effective communication, including the implementation of a clinic-wide group text chat with key staff and volunteers. It was utilized several times a day to resolve quick ambiguities and reduce triangulation of communication. Monthly staff meetings became weekly occurrences, with the aim of troubleshooting concerns as they arose. This practice allayed concerns about process or safety. Hybridized staff meetings, a combination of in-person and remote, allowed staff to engage, safely distanced if needed, and to plan or work through proposed operational solutions.

Loss of volunteer practitioners

During the pandemic, the clinic's medical providers—retired volunteer clinicians who make up most of the workforce—determined to stay home and stay safe. This could have been devastating to the clinic's capacity to provide patient care. It was crucial to find a way to utilize this essential group of healthcare professionals. The key component of keeping patients and staff distanced and safe was telemedicine. With the support of the Wisconsin Association of Free and Charitable Clinics (2021), the clinic received free access to a new suite of telehealth tools and took the simplest approach to broad implementation: connecting provider with patient via remote video chat. Staff chose their weekly schedules and were allowed to use the technology in whatever way they were most comfortable with, including allowing flexibility for the providers as to how the cases were documented and the medical orders were passed down.

It is important to note that this technology was new to many of the providers, who were used to paper charts. Electronic medical records are cost prohibitive for many free clinics, and technology can be a barrier for many older providers, who find it less efficient than a written note. Every provider could contribute in the way they were most comfortable. The clinic said “yes” to what both the providers and patients could give to the novel care experience and then built on it incrementally.

Employee relations

The clinic model functions with scarce funding. This forces clinic leadership to prioritize its mission, which places patients first. To realize this priority, the clinic created more flexible “time-off” policies, allowing employees to go negative on paid time off when necessary. Some long-standing assumptions on recruitment and retention were shifted to focus on employee retention in recognition of how essential staff are to the clinic's mission. Supporting staff through difficult times reflected the clinic's vision as a healthcare organization oriented around being mindful of the social determinants of health. The foundation of the organizational culture is, “To serve others, we must also take care of ourselves.” Work-life balance and the needs of family, beyond quarantine and isolation requirements, became discussion points as paid time off policies were revised. Rumors and assumptions that would have normally derailed clinic flow were used as opportunities for deep dialogue that acknowledged staff needs and inspired investments in individuals, rather than their dismissal. Staff that could work from home were encouraged to do so. No staff member or medical volunteer fell ill because of work-related risk. No employees left because of burnout. The clinic will likely come out of the pandemic with a contingent of volunteers who have stayed engaged in some form over the past two years and are ready to return. With committed effort and daily incremental adjustments, the clinic weathered the storm.

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Lessons learned

Overcoming these challenges required a commitment to the clinic's mission, a faith in scientific principles, and an implicit understanding that achieving goals required a new strategy one action at a time through small, incremental adjustments in process. At the time of writing, 18 months into the pandemic and amid a spike in the delta variant of COVID-19, the clinic did not close its doors for one day and has achieved milestones that have eluded other nonprofit organizations: improved financial position, no staff illness due to work-related risk, and only two patient deaths from COVID-19 infections. The implications of lessons learned for other organizations are profound.

Because of the clinic's small size and lean model, it was possible to meet these challenges unencumbered by new financial concerns brought on by the pandemic. Pre-funded budgets assumed and enabled strategic planning a full fiscal year into the future. When an organization's operating budget is also its emergency fund, which is often the case in this sector, management becomes accustomed to financial scarcity. In the case of the clinic, the future was never certain. When the threat of COVID-19 loomed, quick action was taken: work-from-home policies, flexible time off, and new systems to improve communication were implemented. These tools linked those in office to those working from home.

The clinic was able to do these things because it is small and because it was built on a culture that accepts the challenge of finding novel ways to meet the needs of its patients. In larger organizations, bureaucratic resistance can stifle a "yes, and" approach to problem solving. It is necessary to constantly bring new ideas to bear to incrementally improve existing processes rather than rewriting the whole playbook. If funds are not secured ahead of time, a lean nonprofit cannot operate, nor can it function with high staff turnover. At the Bread of Healing Clinic, due to its size and efficiency, staff were funded, expenses went down, and assets actually grew amid the pandemic. Because the organization was not selling or billing for anything, and never has, operations were not dependent on sales or billing for services rendered. Because the clinic offers an utterly essential service, funders were ready to lend additional support. Even without an additional hand up from the government through the Payroll Protection Program (U.S. Small Business Administration, 2021), it would not have been necessary to sell equity or to take on debt in order to support the clinic, as a traditional for-profit business might need to do.

CONCLUSION

The downstream medical, economic, and behavioral health effects of the pandemic will be difficult to calculate for some time, if ever. The Bread of Healing Clinic, however, was able to meet its mission from a position that was uniquely and perhaps unintuitively secure. While some of the lessons learned may not be universally applicable, the nonprofit sector generally, and the free clinic model specifically, have a lot to teach for-profit systems, particularly in the healthcare space. It is imperative to be mindful of these lessons as we move forward in a world filled with greater uncertainty, particularly if we truly seek to offer equitable healthcare for everyone and believe it to be a basic human right.

When forced to make fast-paced adjustments with staff who are in a position of safe employment, an organization can more easily commit to doing mission-driven work. Bolstering the feeling of support for and among staff was key to weathering a challenge such as COVID-19. As we reimagine workplace culture, putting truths about people over assumptions about profit will fortify us in future challenges. The resilience of the nonprofit sector mirrors the resilience of the people that it seeks to serve, as well as the strength of those working in it.

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