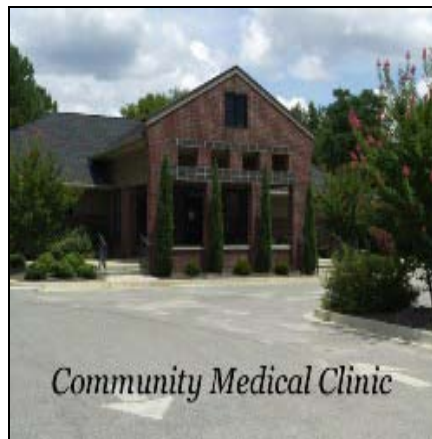


South Carolina Hospital Association

■ *best practice report*

*community medical clinic of kershaw county*



*Community Medical Clinic*



The Community Medical Clinic (CMC) opened in 1998 and is a non-profit, charitable family practice medical clinic. CMC receives donations from many community organizations, including funding from KershawHealth, the hospital in Kershaw County. CMC has a successful model of providing low income, uninsured Kershaw County residents with high-quality care through agency partnerships, successful volunteer recruitment and requirement of patient autonomy. Patients are seen Monday through Thursday from 9:00am-7:00pm. CMC's mission is to provide healthcare to uninsured Kershaw County residents while their vision is to create stronger families and communities by empowering individuals to improve their own health and well being. Services offered are primary care, case management, breast and cervical cancer screening for income- and age-eligible women through the Best Chance program, pharmacy services, lab services, and diagnostic services through a partnership with KershawHealth. The clinic operates on a mixed paper-and-electronic system. All medical information is recorded on paper while electronic patient demographics information is available.

**Partnerships:** The Community Medical Clinic has been successful in developing partnerships with community organizations and in recruitment of volunteers. The primary partner of the clinic is KershawHealth (KH). CMC and KH work together in a variety of ways to assist patients. The primary facet of the partnership is the strong patient referral network shared by the two entities.

The Community Medical Clinic's Executive Director and Board have also taken the initiative to work with the local Community Health Center to leverage resources and assist patients. Susan Witkowski, the executive director of the CMC, and Warren Hix, the executive director of Sandhills Medical Foundation (a Federally Qualified Health Center), have established a long history of partnering to provide care. An example of their efforts can be seen in early brainstorming sessions addressing the issue of access for Kershaw County residents. CMC's Board and Susan recognized that patients who were no longer (or

not) eligible for treatment at the free clinic would have to drive approximately 26 miles to receive treatment and many were having a difficult time with transportation.

KershawHealth worked with both entities and supported Sandhills Medical Foundation's efforts to open a practice in Lugoff, which is only 7 miles away from the clinic.

Having a community health center close has benefited the free clinic in a variety of ways. The two facilities have a strong referral network which allows free clinic patients to "graduate" to Sandhills services once they become eligible for Medicaid. Another example of the strong partnership can be seen in their joint grant applications. The executive director of the Community Medical Clinic was in dire need of additional help with primary care, so Sandhills Medical Foundation and the Community Medical Clinic partnered on a grant and used funds to cover the salary expenses for one of Sandhills Nurse Practitioners (NP) to work part-time at the free clinic. The part-time NP helped to increase primary care capacity at the CMC.

Other successful CMC partnerships and models exist with dental and behavioral health providers and with dispensing pharmaceuticals. Nine dentists partner with the clinic to provide care to one patient each month for primary tooth extractions and pain control. Even with these mechanisms in place, there is still a 30 to 60 day backlog for patients in need of dental care. Behavioral health volunteers assist with short-term counseling (six months to a year) for acute grief reaction and/or depression for newly diagnosed patients. Also, patients with a psychotic type diagnosis, such as schizophrenia or bipolar disorder, are referred to Kershaw Mental Health Department. CMC provides pharmacy services through its patient assistance programs.

**Volunteer Recruitment:** The Community Medical Clinic uses peer-to-peer as their primary recruitment technique and the executive director is very involved with physician and volunteer engagement. The priorities of the CMC are two-fold: leadership strives to

provide an environment allowing patient-centered care while keeping volunteers pleased and satisfied. The clinic has a structured yet flexible approach. Structure lies in the organization of volunteer opportunities. They are broken into five major groups: front desk, eligibility screeners, pharmacy, nurse and medical providers (including physicians and nurse practitioners). Shifts are roughly three to five hours each and are assigned by the CMC's Volunteer Coordinator based on volunteer preference and availability. The clear separation of volunteer responsibility has enhanced physician satisfaction by keeping patient-care separate from eligibility checks, pharmacy issues and other "business items." The arrangement of shifts has also allowed the clinic to establish pockets of "regular volunteers." The volunteers are so engaged in the process that if they are unable to work their usual shift, they take it upon themselves to find a replacement. This has been a real asset to the CMC because the volunteers have not been told to do this, but take the initiative to be responsible for their regular shift.

The executive director puts great effort into showing appreciation to volunteers by taking time to recognize them in various ways. The clinic celebrates any healthcare-related holiday such as Nurses Week, Doctor's Day and Cover-the-Uninsured Week. All volunteers are given personalized birthday cards, stickers, ribbons and a yearly function recognizing their efforts. Having a plan focusing both on patients and volunteer satisfaction has helped the clinic to have high physician/volunteer satisfaction, patient capacity and exceptional care quality. With 200 regular volunteers, the Community Medical Clinic receives at *least* the labor of **six** full-time employees and for each dollar donated, they provide \$12.50 in service to the community. The executive director calculates this figure by using comparable labor statistics in relationship to the time spent by volunteers.

**Patient Requirements:** All new patients go through a rather extensive screening process, which includes a review of the financial, insurance status, and geographical requirements for eligibility. This practice has been refined over the years when the CMC came to the

realization that taking the time to go through the screening process with patients at the beginning of the relationship lays the groundwork for a relationship of accountability and procedure. The relationship is further established once a patient has been approved for service. They are required to enter into an agreement with the CMC, which is aligned with the vision to empower individuals to improve their own health and well-being. As part of this agreement, patients are informed of all of the services available to them as well as the expectations required. For example, the no-show policy is clearly communicated and enforced. If patients fail to show up for an appointment or call to reschedule an appointment (up to 15 minutes past the appointment time), a warning is issued. For the second offense, a written warning is issued with a copy of the policy sent home with the patient. Finally, on the third offense, patients are dismissed from the CMC for a year. Enforcing this policy has required a paradigm shift in the CMC, but the benefits have been multifaceted. Patients integrally involved with their care caused the CMC's return-rate to go from 50 percent to 85 percent in approximately seven months and have held steady since. This formal relationship has enhanced the appeal of the clinic to volunteers, prevented abuse of the system and promoted individual patient responsibility. This policy is also appealing to the physicians in the clinics referral network.

**Barriers:** In addition to finances, barriers to utilizing the services include transportation and limited English ability. A major reason for no shows or the failure of a patient to get to a regularly scheduled appointment is transportation. Patients without transportation depend on friends, family, or pay people to transport them to the clinic. However, the public transportation system does provide bus service to surrounding counties and areas, including Columbia and Sumter, for a low fee. In addition, the CMC is located on the RTA bus line and has a stop right in front of the clinic. At times, providers and community organizations have organized transportation using buses to take groups of patients to screening or specialists.

Mirroring many SC communities, there is a growing Hispanic/Latino population in Kershaw County. The executive director, in recognition of this need, placed advertisements on the radio and newspaper requesting interpreters or bilingual staff for the clinic. In response, the clinic has been able to receive two interpreters for Monday and Wednesday afternoon; those times are now primarily used to treat Hispanic patients. In addition to the interpreters, the clinic also has two bilingual nurses and one bilingual person at the front desk to assist with translation needs.

**Future Plans:** CMC plans to work with AccessHealth SC to augment their program and make additional improvements to their model. One plan is to continue to enhance their mission of patient education by improving health literacy and outreach among the uninsured by empowering individuals to improve their health. The clinic also will improve data – sharing capabilities to include diagnostic and pharmacy needs to be used in conjunction with a centralized data warehouse with patient information and patient eligibility documentation. When asked about the most important aspect of running a successful free clinic, the executive director repeatedly stressed the importance of continuing to evaluate the processes and the need to change in relation to CMC's outside environment. The CMC is a system that modifies its practices based on patient needs and intelligent business practices. The primary plan for the future of the CMC is to stay engaged in its community and patients' needs and adjust accordingly.

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