AccessHealth Greenville County (AHGC) was established in 2011 as a coordinated healthcare delivery system for low income, uninsured patients living in Greenville County. Many partners contributed to the development of AHGC, including organizations such as the United Way of Greenville County, Greenville Free Medical Clinic, New Horizon Family Health Services, St. Francis Health System, Greenville Mental Health, Greenville Department of Health and Environmental Control, and Greenville Health System. In an effort to reach and connect with patients, or ‘to meet the patients where they are,’ numerous AccessHealth SC networks within the state have historically placed employees within partnering organizations for enrollment and care coordination. In early 2015, AHGC and the Greenville Free Medical Clinic (GFMC) extended their partnership and placed an AHGC staff member on site at the GFMC to increase enrollment and improve care coordination by improving the transition of care for patients through personal interaction.

At the GFMC, the coordinator is located in a private window off of the main waiting area two days a week during clinic business hours. He is stationed there to enroll new patients who are being seen at GFMC - referred to him by GFMC staff members - and also to meet and enroll patients who are referred to him from other AHGC staff and partners, such as the nearby hospital emergency departments. Typically, unless it is an emergency, patients are not seen at the clinic on the same day that they meet with the coordinator. The patient’s first encounter with the coordinator includes the AHGC and enrollment paperwork and GFMC pre-screenings and then the patient is scheduled for a clinic first visit on another day if he/she qualifies for services. This helps to reduce the number of patients who are scheduled for visits and do not qualify and helps to familiarize the patient with the facility before the first visit. Nevertheless, this first meeting
with the coordinator serves as the first step toward continuity and a bridge to primary care services. This model also creates efficiencies for the patient, who is able to engage with both AHGC and the GFMC at the same time.

The coordinator not only enrolls patients, but he also helps connect patients to employment, education, housing, and other social services available to them within the community. He also sends patient-specific information to the patients based on the care for which they are being seen to increase their involvement in the care process. All of these “extras” provided by the coordinator helps to further personalize the patient experience and ensure patients receive the best care possible. AHGC is looking at the possibility of placing coordinators in other community organizations such as the local substance abuse provider, YMCA, and other organizations. This coordinator role serves as a community spokesperson for AHGC in hopes to reach more people where they are within the community.

This partnership is expected to grow and evolve over time as AHGC and the GFMC continue to work together. The partnership promotes an additional opportunity for AHGC to support the GFMC by providing patient education – in coordination with the GFMC’s educational resources – in the clinic in high-interest areas such as diabetes, healthy eating, and healthy lifestyles. As the coordinator provides key coordination and management services, the partnership has strengthened patient care for both entities.

A large amount of success from this partnership can be attributed to the leadership of the GFMC, executive director Suzie Foley. Ms. Foley has been willing to try new things and has been flexible to promote positive outcomes for both entities. A high level of trust has been developed between the partner organizations, and when problems arise, partners tend to sit down and work it out together. The director’s overall leadership, visionary ideas, and positive attitude
have greatly enhanced the partnership and the efforts to move the network forward together. This partnership strives to create efficiencies and increase patient satisfaction, and it allows for more individualized, personal care coordination that addresses the social determinants of health and assists patients who face challenges when seeking healthcare.

A key aspect to this partnership is the willingness and ability to collaborate with others in the community. The first step in developing a partnership of this magnitude requires different entities taking on the challenging nature of collaboration by encouraging partners to communicate what they can and cannot do for each other. As long as the ultimate goal is the best interest of the patient, a partnership is more likely to take hold and make a big difference in the lives of patients. This partnership between AHGC and the GFMC strengthens both missions and improves patient care.