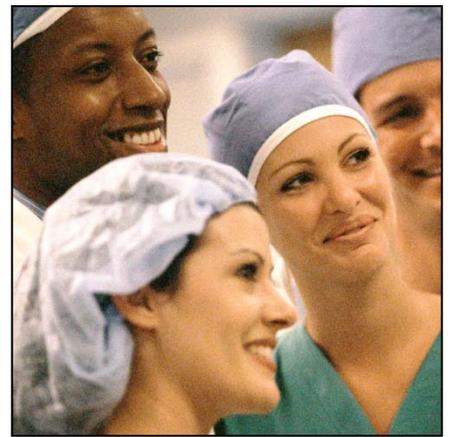
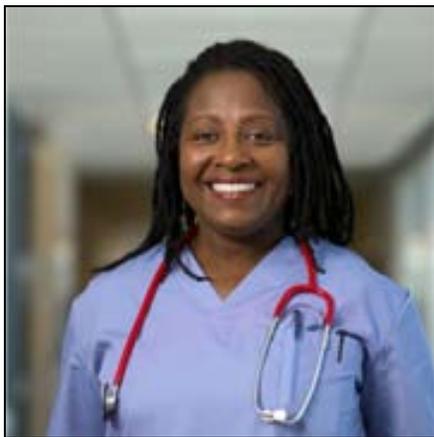


South Carolina Hospital Association

■ *best practice report*

*laurens county health care system and good shepherd  
free medical clinic of laurens county: practitioner sharing*



From a tiny church in Clinton, SC, Good Shepherd Free Medical Clinic of Laurens County (GSFMC) grew into a community collaborative effort addressing unmet needs of the low income, uninsured population of Laurens. Collaborators included local churches, the medical community and county supporters. The clinic officially opened its doors in September of 1994 in donated space of the Laurens County Health Department. As an interdenominational Christian association, the Good Shepherd Free Medical Clinic's mission is to provide free care, medications and pastoral support to Laurens County residents who are without government assistance, private insurance or the financial resources to afford such care.

In its infancy, the GSFMC provided roughly five hours of care, one evening a week to needy residents. Supporters of the clinic saw the effect that improved access to care was having on the community, and partners began to research the best avenues for expansion. The safety net in Laurens County consists of the local hospital, Laurens County Health Care System, and the clinic. Realizing the importance of expansion, the hospital and GSFMC applied to The Duke Endowment (TDE) for a grant. After six years at the health department, the Good Shepherd Free Medical Clinic received, through Laurens County Health Care System, a grant of \$250,000 from TDE providing the means to build a new facility in 2000.

## **Partnerships**

The strong tradition of partnerships has continued throughout its 16 years of operation. The GSFMC's Executive Director and Board members have made sustainability and measurable growth key facets of their model. Relationships with the local hospital, United Way and colleges have been extremely beneficial for the facility.

*Laurens County Health Care System:* A key partnership of GSFMC is the relationship with the hospital in the County; Laurens County Health Care System (LCHCS) is in full support of the clinic. LCHCS offers free medical services to clinic patients that are referred to the

hospital and shares emergency department (ED) records with GSFMC, which limits duplication of services and assists volunteer providers in patient care. In 2009, LCHCS contributed over 1.2 million dollars in treatments, procedures, tests and professional services.

A key benefit of the partnership between LCHCS and GSFMC is the "Bridging the Gap for the Uninsured" grant from The Duke Endowment which funds the sharing of a Nurse Practitioner (NP) between the hospital and the clinic. Before applying for this grant from TDE, leaders at GSFMC and LCHCS set a goal for the clinic to be a true "safety net" for the hospital's Emergency Department and provide continuity of care. After deliberation, it was discovered that a great way to accomplish both organizations' goals would be to establish a shared position. The goals of the program were clearly stated and defined before creating and hiring for the Nurse Practitioner (NP) position. The forethought and ingenuity of this arrangement has led to both perceived and measureable benefits for both entities. In establishing the position, some of the goals desired by LCHCS and GSFMC were:

- Increase the awareness of GSFMC among ED providers.
- Enhance the flow of information between the clinic and hospital services such as radiology, lab and surgery.
- Collaborate with the hospital's Case Management team to assure that clinic-eligible patients would be able to receive follow-up care and medications.
- Provide GSFMC with a consistent and dependable provider.
- Decrease the number of uninsured patients using the hospital ED as the source of primary care by redirection to GSFMC.
- Enable an increase of hours for hospital's 'Fast Track' program and extend GSFMC's clinical hours.
- Act as case manager for the free medical clinic by reviewing test results from the hospital and by scheduling proper referrals to volunteer medical specialists in Laurens County.
- Manage cases to ensure wise utilization of in-kind services from the hospital.

The NP works 24 hours a week in the clinic and approximately 16 hours in the hospital's emergency department (ED) assisting patients with non-emergent conditions in the "Fast Track" program. Beyond being able to expand the clinic's operating hours to three days a week, the sharing of personnel has led to extensive benefits for the clinic, such as increased navigation of uninsured patients through the NP and alignment between hospital and clinic practices relating to the uninsured.

The NP sees firsthand the importance of continuity of care for patients. In the Emergency Department, the NP observed many patients repeatedly visiting the ED with avoidable and treatable conditions. One of her first tasks with GSFMC was to link the manageable and eligible ED patients to care at the GSFMC. Through structured and appropriate case management, ED follow-up, education and selective scheduling, GSFMC has been able to effectively treat patients with a variety of manageable chronic conditions.

The hospital and clinic were deliberate in their choice of an NP. Since an initial goal was to provide continuity of care between the hospital and clinic, it was decided that someone with years of experience and a strong affinity for the community would be needed. The NP chosen to fill the position was very familiar with the area and former 13-year employee of the hospital's ED.

Both GSFMC and LCHCS have benefited from this important collaboration. From a survey of the clinic's patients, it was discovered that 40% were saved from attending the hospital's ED by attending the clinic. The NP has relationships with neighboring doctors and specialists that have assisted patients of the clinic. While discussing the system's affect on patients Sherry, the NP, said "the efforts at the clinic are a result of the community working together to provide for patients that don't have resources." Also, the flow of information between the hospital and free clinic has had unexpected benefits to case management and patient outcomes. Sherry does not only provide care at the clinic but she serves in the

unofficial roles of case manager and clinic advocate. She has made it her mission to educate ED staff and the community's physicians about the clinic's efforts. Sherry is also responsible for meeting with every new GSFMC patient and reviewing their charts. Her familiarity with patients' needs allows the clinic to strategically manage its resources and provider relationships.

GSFMC has grown exponentially in capacity and new patients. The clinic went from seeing 30 patients a week before employment of the NP to approximately 90 patients a week. Included in the patient increase is an enrollment of approximately 13 new patients every week. Laurens County Health Care System has also seen significant financial benefits from the partnership. Through calculations of the hospital's cost savings using Medicaid figures, it was determined that LCHCS has recognized sustainable annual savings of \$250,000. Although technically employed by the hospital, the position has been funded through the grant from The Duke Endowment. Due to benefits and sustainable savings recognized by LCHCS, the hospital has agreed to continue funding the position after the grant expires.

*Local Colleges and Universities:* As a free clinic, GSFMC is in a unique position in the community to serve a twofold purpose for local students, including offering important practical experience while learning the power and impact of serving the community. The partnership with the newly-formed Presbyterian College School of Pharmacy (PCSP) began with staffing the clinic's pharmacy and providing education to patients. PCSP's disease state management system, providing patient education and tracking disease-management progress, is anticipated to be a strong support for the NP's goals of managing chronically ill patients.

GSFMC currently operates an in-house pharmacy and patients pick up medications from the clinic based on the availability of volunteer pharmacists. Due to the PCSP

partnership, the GSFMC's pharmacy will shift to Presbyterian College. Before PCSP, the GSFMC had an in-house pharmacy that coordinated medication donations and prescribed medications to patients. The GSFMC in-house pharmacy only allowed patients to pick up medications sporadically when the clinic had pharmacists as volunteers to provide consultations to patients. However, the new arrangement will allow patients more opportunities to pick-up medications and have the required consult with a pharmacist on a consistent schedule due to support through Presbyterian College's students and faculty. The school is located approximately 3 miles away from the clinic, which makes the arrangement convenient while providing additional access and consistency for patients. Also, it has the potential to benefit the clinic by lowering liability related to dispensing medications. The program's future goals are to create additional sites in Laurens County for patients to pick up medications. Through the support of the SC Free Clinic Association, successes from this pilot-program may be implemented in other free clinics statewide.

### **Volunteer Recruitment and Staff**

GSFMC has a strong and supportive staff and volunteer network. The clinic has been strategic in the organization of its staffing needs. For instance, the part-time Volunteer Coordinator is also a retired nurse. Therefore, the coordinator can provide services for patients in addition to organizing and recruiting volunteers.

Currently, the clinic has approximately 125 active volunteers. The volunteer count includes an array of nurses, doctors and pharmacists who donate their time and efforts in support of the clinic. The primary tool for recruiting volunteers has been through word-of-mouth. The clinic's volunteers and supporters have been its greatest advocates. Many of GSFMC's partnerships have been initiated and proposed by the volunteers.

Another source of recruitment for physician volunteers has been GSFMC's relationships with family practice groups: Family Healthcare Center and Laurens Family

Practice. The Executive Director and Volunteer Coordinator have established an arrangement with the local family practice groups encouraging rotation among members once a quarter.

### **Barriers and Patient Requirements**

The flailing economy has had an effect on the clinic and its patients. GSFMC is seeing more new patients each week and the patient profile is varied. More patients are out of work for longer periods of time which is leading to a host of other issues. GSFMC has found that more patients are without transportation, losing their homes and are trying to survive on lower incomes. These issues translate into no-show appointments and problems with picking up medications and making extra trips for hospital tests.

GSFMC has attempted to address these issues by working with the PCSP to establish multiple pick-up locations for patient medication. Also, the staff attempts to be strategic in setting appointments and working with patients in order to meet their needs.

Unfortunately, Laurens County does not have a public transportation system so the clinic works around patient transportation barriers.

*Patient Requirements:* The problems of the economy and challenges to patients are very real, but in order to encourage patient autonomy and reinforce the patient's role in their care, GSFMC maintains a policy for patients. A patient must be a Lauren's County resident and have a household income below 150 percent of the Federal Poverty Guidelines. Patients must not have government or private health insurance. Due to varying circumstances, a patient is allowed *two* no-show appointments to the clinic. After the second no-show or cancellation, the patient must wait six months to be given another appointment. If he or she requires care, he/she must be walk-in patients until the probationary time has ended. Walk-in patients' hours are consistent with clinic hours, but patients are not promised the ability to be seen. For specialists' appointments, a patient is consulted before

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the appointment to reinforce the importance of attending the appointment. If a patient is a no-show to a specialist, then he or she is removed from the "specialist referral" list.

### **Future Plans**

Cindy Perry, the executive director of GSFMC, says that "health care changes so quickly that nothing is forever." Therefore, the team at GSFMC intends to stay community-focused and make changes and adjustments as needed to facilitate those modifications. As most other free clinics, the team must also navigate a system where resources can vanish quickly. Sustainability has always been a key goal of the clinic, so Ms. Perry and her board will continue to think strategically about the best ways Good Shepherd Free Medical Clinic can continue to manage its operating costs and treat as many patients as possible.

### ***For additional information, contact:***

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