



## **LEADERSHIP PROJECT**

**BURKE COUNTY INDIGENT PRIMARY CARE CLINIC**



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# **BURKE COUNTY INDIGENT PRIMARY CARE CLINIC**

## **ABSTRACT**

The title of my project proposal is Burke County Indigent Primary Care Clinic. As director of the Burke County Health Department, it is my duty to assess, address and assure the health care needs of the citizens of Burke County. Past health assessments have indicated the lack of primary care for the uninsured persons in Burke County. These persons are forced to live without available care for chronic conditions such as diabetes and hypertension. Health care is comprised of visits to the emergency rooms at our hospitals when necessary. I propose for my project to be to gather statistics on the actual need for a safety net clinic in Burke County, to evaluate existing resources available in and outside the county to address this need, and to start the process of establishing a primary care clinic for needy Burke County citizens.

## **INTRODUCTION / BACKGROUND**

Burke County Has a current population of 89,148 (2000 US Census) and has an area of 514 square miles. There are 13 cities or towns in Burke County, with Morganton being the County seat. The County is located in the piedmont region of North Carolina, with the Blue Ridge Mountains being on the western side. The racial breakdown of the population is as follows (2000 US census): White – 83%, African American – 7%, Hispanic – 7%, other – 3%. The Hispanic population numbers are rising significantly due to the large poultry industry in Burke County, which employs the majority of the Hispanic workers. Most of the Hispanic persons living in the county have actually lived in this country for less than 15 years. They are usually uninsured, indigent, unaccustomed to proper healthcare, and have a lack of understanding of a healthy lifestyle.

Lack of health insurance is a major problem in Burke County, and is growing. There are in excess of 14,000 persons in Burke County without any health insurance (Burke County DSS data). In addition, there are over 11,000 persons on Medicaid in the county. The reason for these numbers being high is the recent loss of jobs due to the closing of textile mills and furniture plants. Traditionally, furniture and textiles were the major workforce employers in Burke County. Due to the relatively small number of primary care providers in the county, it is difficult for persons on Medicaid or without any healthcare coverage to obtain primary care.

According to the North Carolina State Center for Health Statistics (2004 data), the leading cause of death for all ages in Burke County is heart disease, with cancer being second. Respiratory diseases, diabetes and cerebrovascular disease are all in the top 10 leading causes of death. It is my belief that appropriate primary care, including physical exams and screenings, would reduce the mortality and morbidity from these all of these conditions.

## **PROJECT DISCRPTION, OBJECTIVES AND METHODOLOGY**

Gathering factual, current data on the need for different types of health care, what resources are available in the Burke County, and how citizens feel about health care issues will be the first phase of the project. The Burke County Board of Health has contracted the Institute of Public Health at the University of North Carolina at Chapel Hill to conduct a Community Health Assessment for Burke County. Representatives from the Burke County Health Department, Burke County Department of Social Services, Blue Ridge Health Care, the Burke County Commissioners, Foothills Mental Health, and private health care providers have formed a Blue Ribbon Task Force and are coordinating this assessment. Our local Health Carolinians Coalition coordinator, who is also a health department staff member, has indicated interest in keeping the Blue Ribbon Task Force together and having them serve at the Health Carolinians Advisory Board. During the course of project, data will be collected from health care entities in Burke County, from public demographic information universally available and from a survey distributed to health care users in Burke County. The Institute of Public Health will create a formal report with all of these findings. This information will be used to leverage both pubic and private funding agencies for the resources to address the identified problems. The specific methodology for this project involves my working with the Blue Ribbon Committee and the Institute of Public Health in completing the community assessment, and using this information to aid in completing the objectives listed below.

The overall goal of this project is to develop a model for providing primary care to the uninsured / underinsured population of Burke County, with the main function being the treatment and management of chronic diseases. Part of this project also includes beginning the process of implementing this model. The specific, measurable objectives and methodology when not readily apparent are as follows:

1. Work with the Institute of Public Health at UNC-CH and the other partners identified to complete a health needs assessment for Burke County.
2. Identify a location for a proposed primary care clinic for the uninsured / underinsured population of Burke County.
3. Create a floor plan for the proposed clinic, based on current needs and resources but also looking to future expansion
4. Develop a staffing needs list for the proposed clinic.
5. Develop a budget for the proposed clinic.
6. Identify and contact potential public and private funding sources for the proposed clinic, and get their feedback. Start the process applying for appropriate grants when possible.
7. Identify and contact other stakeholders who will be necessary and/or beneficial to the process of establishing the proposed clinic.

## RESULTS

1. Work with the Institute of Public Health at UNC-CH and the other partners identified to complete a health needs assessment for Burke County. I assembled a group of health department staff and community leaders to oversee this project. The group included myself as director of the Burke County Health Department, the chairman of the board of health, the vice president in charge of community affairs at Blue Ridge Health Care, the Burke County Manager, the Chairman of the Burke County Commissioners, the director of Burke County Department of Social Services, the Superintendent of Burke County Public Schools, a representative of the Burke County Medical Society, and several key staff members of the health department staff. Early in the year we signed a contract with the Institute of Public Health at UNC-CH to conduct a community health assessment. This was completed throughout the year, with input from this group and other identified community leaders. Input was gathered from the community at large through a health needs survey. The results of the community health assessment are on the CD attached to this report. At the last meeting of this group, on September 25, 2006, it was decided to include representation from the Black, Hispanic and Hmong communities on this group and that this group would become the steering committee for our local Healthy Carolinians Coalition. This committee has shown tremendous interest in the health of Burke County, and I am very confident that we will be able to effectively address the issues identified in the assessment.
2. Identify a location for a proposed primary care clinic for the uninsured / underinsured population of Burke County. There is a non profit health care provider in Burke County called the Good Samaritan Clinic. It currently operates using volunteer medical providers in the community to man primary care clinics on Tuesday and Thursday evenings each week. The GSC serves persons whose family income is less than 200% of federal poverty guidelines, and who do not have health insurance, Medicare or Medicaid. The clinic has 4 paid staff members who screen patients, set up and coordinate the clinics, and conduct the other business of the clinic. I am currently on the Board of Directors of the GSC, and am serving as vice chairman. I have identified the GSC as the location for a full time primary care clinic for the uninsured/underinsured people of Burke County. This has the advantage of already being in existence, with space and a good name in the community.

During the first part of 2006, the executive director of the GSC resigned due to a better job offer, and the chairman of the board of directors resigned due to conflicts with his current job. The financial stability of the GSC was in question, due to the withdrawal of funding from a major contributor. There was enough funding in the account to pay the bills through the end of August, and the projected income would take us through September. After that, there seemed to be a real possibility the GSC would have to close. I was asked to become the vice

chairman of the board of directors and to become the interim director of the clinic. I took this to the Burke County Board of Health, and they agreed to let me do this. This took effect on July 16. My duties were to determine if it was possible for the clinic to survive, and if so, make a plan for continuing. If the clinic could not survive, I was instructed to make a plan for closure. The GSC Board and The Board of Health were informed of my SEPHLI project, and my determination to not only keep the clinic in existence but expand it to full time. They were both very excited and committed to making this happen.

In the time I have been the interim director of the GSC, I have secured funding through several avenues to continue the clinic operations through the end of the year. I have applied for grant funding to hire a full time physician, and for continuation funding for operating the GSC for 2007. I have received confirmation that the applications are received and look very promising. I have also received confirmation that the local County and City governments intend to consider providing funds for the GSC next year. I am currently advertising for a physician or FNP to provide services and manage the GSC. During this period of extreme uncertainty about the future and total change of leadership on the board and in the GSC, we continued to provide medical services to our clients at the same level as before.

3. Create a floor plan for the proposed clinic. The GSC is located at Burke Mission Station, and currently has 4 fully equipped exam rooms. The proposed clinic will be able to utilize this space without any major renovations. This clinic space is utilized in the evenings for volunteer clinics, but is vacant during the day. It is sufficient to house a full time clinic with one provider. For future expansion and looking to the possibility of more providers, there is the possibility of additional space a Burke Mission Station. There is also a daytime dental clinic in the Good Samaritan Clinic space which is operated by the Burke County Health Department. This clinic will be moving in the near future, which will free up space for GSC expansion.

4. Develop a staffing needs list for the proposed clinic.

#### NEW STAFF

1. 1 Full Time Physician Assistant or Family Nurse Practitioner.
2. 2 Certified Nursing Assistants.
3. 1 Health Educator/Case Manager.
4. 1 Office Assistant, Transcriptionist.

#### EXISTING GOOD SAMARITAN CLINIC STAFF

1. 1 Full Time Executive Director.
2. 1 Full Time Nurse.
3. 1 Full Time and 1 Part time Pharmacist.

4. 1 Full Time Lab Assistant.
  5. 1 Part Time Office Assistant/Volunteer Coordinator.
5. Develop a budget for the proposed clinic.

## Good Samaritan Clinic

Daytime Primary Care Projected Budget Version 2, 10/5/06

	2007	2008
<b>Income</b>		
Businesses	5,000.00	
Churches	40,000.00	
Civic	4,000.00	
Coordinated Fundraising	50,000.00	220,000.00
Events:		
Golf Tournament	6,000.00	6,000.00
Car Raffle	24,000.00	24,000.00
Star Gazer Ball	7,000.00	7,000.00
Total Events	37,000.00	37,000.00
Grants:		
United Way	42,000.00	45,000.00
Community Fdtn of Western NC	4,000.00	4,000.00
Mull	3,000.00	3,000.00
Unifour/NC Community Fdtn	20,000.00	20,000.00
City of Morg Block Grant	10,000.00	10,000.00
Free Clinic Assoc. Grant	15,000.00	15,000.00
NC Health & Wellness	9,500.00	9,500.00
Sisters of Mercy	75,000.00	
Community Health Center Program Grant	75,000.00	
Total Grants	253,500.00	106,500.00
Reimbursement from County for seeing Medicaid	56,000.00	72,000.00
Payment From County to see Indigent Patients		60,000.00
Individual	40,000.00	
Patient Donations	2,000.00	2,000.00
Reimbursed Expenses	1,500.00	
<b>Total Income</b>	<b>489,000.00</b>	<b>497,500.00</b>
<b>Expense</b>		
Payroll:		
Physicians Asst.	81,000.00	85,000.00
Nurse	48,000.00	51,000.00
Certified Med. Asst.	30,000.00	31,500.00
Office Manager, Billing	30,000.00	31,500.00

Office Assistant, Volunteer Coordinator	30,000.00	31,500.00
Pharmacy Tech	38,000.00	41,500.00
Part Time Fundraiser	25,000.00	26,500.00
<b>Total Payroll</b>	<b>282,000.00</b>	<b>298,500.00</b>
Medical Insurance for staff	44,000.00	50,000.00
Contracted Services (lab, intpreters)	5,000.00	5,000.00
Building (Utilities, Ins.)	2,500.00	2,500.00
Professional Fees:		
Bookkeeper	10,000.00	10,000.00
Other (audit)	5,000.00	5,000.00
Advertising	500.00	500.00
Dues & Subscriptions	1,500.00	1,500.00
Education	2,000.00	2,000.00
Fundraising	6,000.00	6,000.00
Housekeeping	5,000.00	5,000.00
Insurance (Directors, officers, work comp, other)	5,000.00	5,000.00
Internet	400.00	400.00
Licenses & Permits	1,000.00	1,000.00
Insurance:Med. & Malpractice	5,000.00	5,000.00
Medications	56,500.00	56,500.00
Patient Supplies	1,000.00	1,000.00
Pharmacy Supplies	5,000.00	5,000.00
Printing & Reproduction	1,000.00	1,000.00
Travel	4,500.00	4,500.00
Medical & Program Supples & Edu. Materials	3,000.00	3,000.00
Medical Equip. Purch. & Maint.	12,000.00	4,000.00
Office Equipment	5,000.00	5,000.00
Office Supplies	2,000.00	2,000.00
Computers, Software, upgrades, tech. support	10,000.00	3,000.00
Telephone	3,500.00	3,500.00
Postage	5,000.00	5,000.00
<b>Total Expense</b>	<b>483,400.00</b>	<b>490,900.00</b>
<b>Net Income/(Deficit)</b>	<b>5,600.00</b>	<b>6,600.00</b>

6. Identify and contact potential public and private funding sources for the proposed clinic, and get their feedback. Start the process applying for appropriate grants when possible. We have identified the following possible local funding resources: Expansion of Burke County United Way funding, Blue Ridge Health Care, Inc. and Burke County Government. We have already applied to the North Carolina Department of Rural Health for a grant to start up the full time clinic. We will apply with the Sisters of Mercy Foundation for a grant to help with start up costs also. We have received positive feedback from the Sisters of Mercy. Blue Ridge Health Care has agreed to provide us with free diagnostic tests and X-rays for our indigent patients.

7. Identify and contact other stakeholders who will be necessary and/or beneficial to the process of establishing the proposed clinic. The persons who are on the Blue Ribbon Committee are important stakeholders, and were kept informed of events at the GSC as they occurred. All of the funding sources listed in the budget are important stakeholders, and were likewise kept informed. The clients and volunteers of the clinic are critical stakeholders, and we did a less than adequate job of keeping them informed. This oversight was recognized shortly after I became the interim director, and I worked to foster better communications with staff and clients.

## **CONCLUSION**

The results of the community survey demonstrate the need for more access to primary care for indigent citizens of Burke County. By using the Institute of Government at UNC-CH, we were in a position to be able to assemble a group of stakeholders locally that had the interest and ability to address this problem. This group continues to meet and direct this effort. Circumstances during the year dictated me changing my project from directing the change to from outside the organization to managing the clinic and imposing the changes from within. With a lot of assistance from many sources, we were able to rescue the Good Samaritan Clinic from apparent imminent closure due to lack of financial resources. The GSC is now more financially secure than it has ever been, and is in the process of expanding services to become a full time primary care clinic for indigent Burke County residents. The stakeholders continuing interest, and their access to the resources necessary to make this expansion a reality is very positive. As director of the Burke County Health Department, I will be in a position to keep this effort going. It is my plan to have the primary care provider on board at the GSC by the end of the year, and to begin relinquishing my day to day directorial responsibilities to this person.

## **LEADERSHIP DEVELOPMENT**

I expected this project to require me to oversee a diverse group of community leaders in a demanding and complex project that will strain the resources of money, time and energy. All of the people involved in this project were extremely busy, and communication and coordination skills were essential. Some of the stakeholders involved are extremely conservative, and not completely sold on spending the resources necessary to accomplish this. There could have been political ramifications since this is an election year, which could have affected the project positively or negatively. This project required me to stay on task with the objectives and to manage my time well. The technical parts of the project, such as budget and staffing list tested my creativity, but the main challenge was

working with all of the diverse personalities to get the necessary buy-in to make this a reality for Burke County.

During the course of this project I developed my organizational skills because there were a number of things happening at the same time. Having to manage the clinic operations and finances day to day, and also develop a plan for future expansion at the same time was a challenge. There were a number of deadlines to meet, forcing me to effectively manage my time and energy. I also had many opportunities to further develop my communications skills. The unexpected events leading to my directly managing the clinic, though, proved most challenging. I learned to think quickly on my feet, and to be flexible. I learned a very valuable lesson when it was pointed out that the volunteers and clients of the clinic had no idea what was happening. I had overlooked the 2 groups of people who mattered the most, the people we serve and the staff who do the serving.

**REVIEWERS:**

Cathy Pritchard  
Lisa Moore