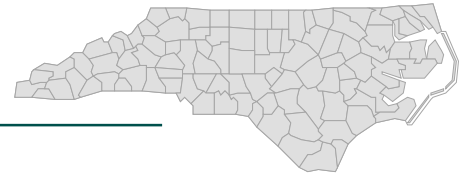


# OutReach



A Publication of the Kate B. Reynolds Charitable Trust

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**Table of Contents**  
**Success Stories**

- Scotland Neck Family Medical Center ..... 2
- Pardee Hospital Community Based Case Management Program ..... 2
- Stokes Family Health Center .... 3

**Q&A ..... 3**  
**Important Dates ..... 3**



Stokes Family Health Center received the 1999 GlaxoWelcome Award for Innovative Health Care for Children. Each year, the award is given to a North Carolina health department. Stokes County was selected from 35 nominations. Read more about Stokes County Health Department programs on Page 3.

## Health Care Success Stories Begin with “Out of the Box” Thinking

Sometime the challenges of health care delivery seem so overwhelming that we forget to look for hopeful stories of creative programming, innovative services, and the continuing effort on behalf of the underserved populations of the state.

In this issue of *OutReach*, the Trust is featuring three success stories. The highlighted programs are from different regions of the state: Scotland Neck in the East; Stokes County in the Triad; and Henderson County in the West.

One story profiles a primary care clinic that has just completed its first year;

a second describes an advanced-technology enhancement to an established case management program; and the third focuses on a clinic that tackles a mountain of paper work to secure free medicines for clients through drug company-sponsored medication programs for indigent patients.

All three programs are success stories in the truest sense of the term because they deliver quality care to those who need it.

In each case, innovation and creative planning by a dedicated and professional staff are key to their success.

Visit our newly updated Website:  
[www.kbr.org](http://www.kbr.org)

For more information about the Kate B. Reynolds Charitable Trust or about specific grant programs, contact the Trust office in Winston-Salem.

Phone: (336) 723-1456 or (800) 485-9080 -N.C. only  
Fax: (336) 723-7765

## Halifax County

- Halifax is the 10th poorest county in North Carolina. Its population is largely elderly and poor.

- Among patients who receive services at Scotland Neck Family Medical Center (SNFMC),

- 70% are below poverty guidelines.

- 55% do not have insurance that covers medications.

- 69% are over the age of 51.

- Among SNFMC patients who take prescription medications, 80% are unable to be fully compliant with the prescribed regimen without financial assistance.

- Patients enrolled in SNFMC's medication assistance program are not covered by Medicaid and receive no medication assistance from insurance. Most are unemployed or in a job that does not provide medical insurance, such as farming or domestic labor.

Grant applications, guidelines, and reporting forms may be accessed from the Trust's website at [www.kbr.org](http://www.kbr.org)

## Scotland Neck Family Medical Center

*Linda A. Whitaker, Administrator*  
(252) 826-3143

In May 1997, the Scotland Neck Family Medical Center (SNFMC) first applied for medication assistance for indigent patients from major drug companies. That first month, SNFMC patients received \$984 in medications. Since that time, they have applied for and received \$1,613,041 in free medicine for their patients.

As impressive as the statistics are, Linda Whitaker, SNFMC administrator, will tell you that the real story is not in the numbers. It is in the success stories of patients whose lives are changed by the program. One touching story is of an elderly couple who came to her office one day carrying a bag of medicine bottles, a bank statement, and a handwritten list of dosages. The husband told her that his wife was out of medicine and they did not have the money to buy more. They had exhausted other means of getting the medications and someone had told them she might be able to help. She was their last chance — if she could not help, they had agreed they would both stop taking their medications and “let nature take its course.”

Before the couple left Whitaker's office, she and Dr. Martha Jones, SNFMC's PharmD, had checked their qualifications, completed the paperwork to enroll them in the program, and given them a month's supply.

“This is not a new program,” Whitaker said. “but it takes a strong commitment to coordinate the mountain of paperwork re-

quired to participate. There are 160 drug companies that offer 966 drugs through their indigent programs. Each company has unique criteria and procedures. Most clinics and doctors' offices simply don't have time to devote to the paperwork required.

“We are extremely fortunate that Dr. Jones, our physicians, and the rest of the staff believe in medication assistance and are willing to give the extra time and effort to make it work,” Whitaker added. “As program participation grew, we realized we needed a medication coordinator to manage it. We applied to the Kate B. Reynolds Charitable Trust for partial funding for the position. A grant was approved, and Danna Riddick was hired for the job. She now manages several filing cabinets of paperwork associated with the program. In an average month, we order more than 105 medicines with a cumulative value of about \$45,000. Medicines to treat diabetes, cardiovascular disease, hypertension, heart failure, and high cholesterol make up almost 65 percent of the orders.” Whitaker said.

“Dr. Jones has begun working with the Office of Rural Health to develop software so we can set up computer files. That should save time and allow us to bring additional patients into the program.

“Records show that participants become more compliant in taking medications and managing chronic diseases, and they have fewer hospital stays. We believe the program is worth every hour we spend. We touch a lot of lives.”

## Pardee Hospital Community Based Case Management

*Myra Grant, Executive Director, Pardee Hospital Foundation*  
(828) 696-4666

Pardee Hospital was established in 1953 to serve residents of Henderson and surrounding counties. It began offering education and outreach services before those options became popular innovations for healthcare institutions.

In conjunction with a variety of health and social services organizations, Pardee initiated a Community Based Case Management program in 1997. It is designed to help individuals at risk of losing their independence improve their quality of life and continue to live in their homes.

Although the program is open to anyone above the age of 18, it targets

primarily older adults who face health, social, and financial obstacles to remaining independent and younger adults with chronic diseases or disabilities. To be eligible for the program, patients must be referred by hospitals, physicians, or community organizations.

“The case management approach has many benefits,” said Barbara Hammer, coordinator of the program. “Case managers oversee and coordinate resources to make available whatever services participants need — whether they are limited to medical assistance or include support services such as transportation, “meals on wheels,” or vocational rehabilitation.

(Continued on Page 4)

## Stokes Family Health Center

Colleen Bridger, Health Director  
(336) 593-2400

When Colleen Bridger became the local health director for the Stokes County Health Department in 1997, she knew that the job would present certain challenges. She did not know that an economic downturn would begin a chain of events that would make health care largely inaccessible among the uninsured and underinsured populations she served. Within a five-year period, Stokes County experienced widespread layoffs of previously insured individuals and families...a changeover from privately owned medical practices to ownership by hospitals or for-profit organizations in which care for the indigent is not an option...a reduction in health department funding...and the closing of the only community health center in the southern part of the county.

When the community health center closed, the Stokes County Board of Health decided to set up a primary care clinic in that space. Reopening the facility would provide a medical home for patients who had been associated with the community health center and for the ever-growing Medicaid/Health Choice pediatric population, the Spanish-speaking population, and the adult indigent population in the area.

"We were forced to think creatively about how to make the center become self-sufficient and still serve the needs of low-income individuals and families," Bridger said. "The result is a hybrid facility — with characteristics of a community health center, a health department, and a private physician's office. No one is refused service regardless of their ability to pay.

"We accept both indigent and private pay patients," Bridger said. "Typically, people use

health department services because they have nowhere else to go. We hope to change that trend by extending quality care and convenience to all patients. We care for the entire family with a variety of wraparound and personal care services. In addition to our full-time family physician, we have a pediatrician on-site one day a week and we offer WIC services. We also provide prevention, nutrition counseling, and case management for pregnant women and for adults with chronic disease.

"Since opening, our patient numbers have grown steadily, but we are making every effort to see that our wait time does not increase as our numbers increase. Currently, patient visits take an average of 52 minutes," Bridger added. "This is particularly important for low-income patients who cannot easily miss work."

Becoming self-sufficient by attracting a significant number of private pay patients places the clinic in competition with local physicians. However, the staff continues to maintain a good relationship with other local providers, many of whom refer overflow patients to the clinic.

"We are gradually moving toward self-sufficiency but haven't reached the break-even point yet. A three-year grant from the Kate B. Reynolds Charitable Trust is providing bridge funds while we grow," Bridger said.

"If blending cultures and offering across-the-board quality health care can work for us, our hybrid clinic could become a model for other facilities across the state. We are committed to the belief that everyone has a right to quality health care — including those who come to us because they have no other option."

### Stokes County

- Stokes County has no rural or community health centers.

- Since 1996, every physician in the county (with the exception of one) has become part of a hospital or for-profit organization. Free care to indigent patients is no longer an option for physicians.

- During the same period, RJ Reynolds Tobacco Company closed plants and laid off workers. Even workers who found jobs with other companies often remained uninsured or were not covered for routine care.

- Plant closings also decreased the tax base in the county, so the health department was unable to expand services.

- The King Community Health Center, which was run by Northern Surry Hospital, closed in 1999.

### 2001 Important Dates:

#### Satellite Offices

June 11-15

Asheville

December 3-7

Fayetteville

#### Deadlines for Applications:

Poor and Needy Division

August 1

Health Care Division

September 17

## Pre-Application Consultations Will Be Required

**Q.** Why does the Kate B. Reynolds Trust require advanced consultation before an application is submitted?

**A.** The Trust has always strongly encouraged agencies to talk with a staff member before they begin the application process. As of January 1, 2002 the pre-application consultation will be a prerequisite to submitting an application.

The consultation early on has several benefits. It is a way to ensure that the program or project being proposed fits within Trust guidelines. For those that do fall within the guidelines, it jumpstarts the process by clarifying terms, specifying supporting documents, and reviewing general instructions.

Henderson County

•Pardee Hospital provides health care services to 90,000 residents of Henderson and adjacent counties. Approximately 28% of these residents are over age 65.

• Among participants in the Community Based Case Management program, 75% fall within federal poverty guidelines.

•Much of Henderson County is rural mountainous terrain, which creates numerous obstacles to living independently.

## *Pardee Hospital Community Based Case Management*

*Continued from Page 2*

“The outcomes have been excellent. Participants have responded positively, showing measurable improvement in their cognitive functioning and in managing the activities of daily living (ADL) and the instrumental activities of daily living (IADL) after 12 months in the program,” Hammer said.

“Because of the program’s holistic approach, case managers identify patient needs and help arrange appropriate services. Our records show that before joining Community Based Case Management, patients used an average of 11 health care and support services per year. Since joining the program, they actually utilize an average of 20 services in a 12-month period. However, the cost of providing these services has declined. Before joining the program, each patient required services with an average cost of more than \$11,000 per patient; as program participants, average service utilization costs per patient dropped to just over \$8,000 per year.

“Comparisons of health care costs alone show reductions as well. Between 1998 and 2000, health care savings were estimated at more than \$125,000 for the 100 participants in the plan. Fewer hospitalizations accounted for much of the reduction.”

The Kate B. Reynolds Charitable Trust has awarded Pardee’s Community Based Case Management program a multi-year grant to purchase telehealth monitors as an enhancement to the program and to support program costs. The monitors use proprietary software

integrated with inexpensive cameras and communications equipment and a home’s existing television and telephone lines. The devices measure and transmit vital signs, such as blood pressure and pulse, to the case manager.

“Many of these patients live in isolated rural areas,” said Peggy Pressley, who heads the telehealth program. “Telehealth saves case managers the time and cost of a 30-45 minute drive each way. We are better able to maintain regular contact at a reasonable cost.

“And telehealth is a great reassurance for participants. Many of our patients are older adults suffering from chronic disease. Often they have questions about giving themselves insulin injections, taking breathing treatments, or the correct dosage of their medicines,” Pressley continued. “Sometimes they just need reassurance when they are home alone and begin to experience symptoms. With telehealth, they can move close to the TV and see the nurse as well as hear her at any time of the day or night. They can hold their medicine bottles up to the monitor and the nurse can watch as they fill their pillbox for the next day. Immediate access to care is particularly important for those who struggle with conditions such as congestive heart failure or emphysema.”

Training is underway for nurses in the telehealth program, and the installation and testing of equipment has begun in the Pardee emergency room and in the homes of nine case management patients.

“Telehealth is an exciting enhancement for case management and a real security blanket for our patients,” Pressley said.

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CHARITABLE TRUST  
128 Reynolda Village  
Winston-Salem, NC 27106-5123