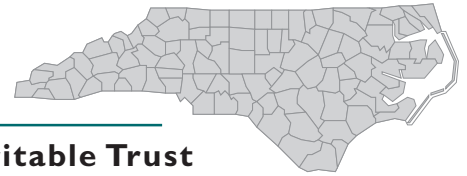


# OutReach



A Publication of the Kate B. Reynolds Charitable Trust

## Increasing Access: An Ongoing Task

September 2003  
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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  
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Throughout her life, Kate B. Reynolds advocated providing quality health care for poor and disadvantaged North Carolinians. Today, increasing access to care remains a priority for the Kate B. Reynolds Charitable Trust.

There are generally three ways of improving access: 1) establishing a new facility or program for delivering services; 2) enhancing existing services; or 3) expanding access to greater numbers of people while staying within current service capabilities.

Since recent economic conditions have limited the availability of funds, most agencies have not considered building new facilities or creating new service delivery programs. Instead,

they have focused on alternatives that provide greater access without requiring substantial capital or start-up funds.

The three grants featured in this issue of *OutReach* demonstrate the ability of agencies to stay within budget limitations while improving access to care for the underserved and creating long-term cost efficiencies for the health care system in North Carolina.

The grants were made to agencies in Wilkes, Caswell, and Durham counties. All three projects have been completed, and the agencies are continuing to be successful in their ability to increase access to services.



Technician Lois Doss-Angle can provide greater diagnostic services using the new x-ray system at Caswell Family Medical Center.

### Caswell Family Medical Center, Inc. Yanceyville

Bill White, Executive Director  
(336) 694-9331

Caswell Family Medical Center (CFMC) has been delivering medical services to the people of Caswell County for more than 25 years. Its most recent figures show more than 5,000 current patients and approximately

18,000 annual patient encounters.

The mission of the Center is “to provide affordable, comprehensive, and continuous community primary health care for the underinsured/uninsured populace of Caswell County.” It serves clients of all ages, providing pregnancy/maternity care, pediatric and newborn care, and adult and geriatric care as well as

*(Continued on Page 4)*

**Looking closer ...**

- Lincoln Community Health Center serves more than 30,300 patients annually. Of that number, an average of 29,000 are served by the pharmacy.

- Prescription volume at Lincoln Community Health Center has increased more than 5% a year since 1983. In FY02, the Center filled more than 165,000 prescriptions.

- The Center is proactive in accessing free drugs for qualified patients. The total value of drugs secured at no cost to patients in 2002 was more than \$900,000.

- Of the Center's patient population, 83% live at or below the federal poverty level and 11.3% live between 100% and 200% of the poverty level.

- Among the patient population, 18% depend on Medicaid; 73% are uninsured.

- Center pharmacists are employees of Durham Regional Hospital, who are posted at the Center to provide basic pharmacy services.

**Lincoln Community Health Center, Inc.****Durham**

Evelyn D. Schmidt, M.D., Chief Executive Officer; Lynn Robbins, Pharmacy Supervisor (919) 956-4055

For Lincoln Community Health Center, placing an automated system in the pharmacy improved accessibility and ensured continuation of a full range of services for the 30,000 Durham County residents who depend on the Center for all their health care needs.

The Center has been in operation since 1971. It offers many services, including adult medicine, pediatrics, adolescent, dental, and behavioral health. Its special services include an HIV clinic, maternity and infant care, and support groups for seniors, the homeless, and those with chronic diseases, such as diabetes and hypertension.

In order to provide well-rounded, quality care to all, the Center includes pharmacy, laboratory, and radiology services on site.

Because of the patients' heavy dependence on the pharmacy, its space was expanded in 1999. As a result, patient wait time was decreased by 23 minutes and prescription processing errors declined. While both of these results were very positive, the growing number of patients served and medications dispensed created an excessive workload and high stress levels for the existing pharmacy staff. Eventually the Center experienced high employee turnover and an accompanying rise in medication errors.

To alleviate the demands on staff and still retain the benefits of the expansion, the Center turned to an automated system designed specifically for ambulatory care pharmacies. The system dispenses medications, prints and applies labels, and delivers uncapped vials for final inspection by the pharmacist. The new automated system now fills approximately 61% of all prescriptions. Medications such as liquids, inhalers, and eye drops are dispensed manually.

The system has proved invaluable in



*Lynn Robbins, pharmacy supervisor (left) and technician Latonie Mack verify prescriptions using scanners, bar codes, and computerized pictures of every drug.*

meeting staff and patient needs and in keeping pharmacy services accessible:

- The pharmacy filled 165,400 prescriptions in 2002 (11,468 more than in 2001) and maintained an error rate of 1-1.5%. Because of its outstanding performance, the Center is being considered for the prestigious Codman Award from the Joint Commission on Accreditation of Healthcare Organizations.

- Although the number of prescriptions processed by the pharmacy continues to increase, patient wait time remains the same.

- Greater efficiency has made it possible for the existing staff to extend pharmacy services to outlying facilities of the health center.

- Staff members appreciate the less stressful work environment. Using the system enables greater efficiencies and organization in maintaining patient information and promotes greater confidence in their accuracy in spite of the continuing high volume of prescriptions processed each day.

The Kate B. Reynolds Charitable Trust awarded a grant of \$150,000 for the purchase of the automated system for the pharmacy.

**REMINDER:** Beginning January 1, 2004, Poor and Needy grants will be awarded two times per year. Application deadlines will be January 15 and July 15, or the first business day thereafter if the deadline falls on a weekend or holiday. Advance consultation is still required before an application can be accepted.

## Wilkes County Health Department

Wilkesboro

Beth Lovett, Health Director

(336) 651-7461

The Wilkes County Health Department was established in 1920 to serve the citizens of Wilkes County. Its Maternal Health Program includes clinics that accept all women who need prenatal services with the ultimate goal of assuring that every woman receives quality care and delivers a healthy baby.

Over the past decade, the prenatal clinic has begun serving growing numbers of women from the Hispanic/Latino population. Because many do not come to the clinic until they are late in the second trimester or even in the third, their births are often high-risk. A large number of the women are still in their teens or early twenties and do not have the information needed to help clinic professionals establish an estimated date of confinement (EDC). Without that date, clinic staff cannot schedule the prenatal tests needed to assure quality care and promote a healthy birth.

When an accurate EDC cannot be established, clinic staff refer women to a local hospital or private physician for an ultrasound to determine a due date. However, among the Hispanic/Latino population, a large majority of women are uninsured, and they generally do not have the financial resources to pay the cost of the ultrasound — approximately \$300. As a



*According to Teresa Tharpe, RN.C, GONP, "Since getting the ultrasound, the improvement in total care we have been able to provide our patients cannot be quantified. Having the ultrasound at the health department is invaluable for managing high-risk or potentially life-threatening conditions. In the past year, the ultrasound has identified three sets of twins, two ectopic pregnancies, several cases of placenta previa, and two fetuses with anomalies that required specialized care."*

result, the women often forego having the test at all. In these cases, there is significant risk of premature or postmature deliveries with poor outcomes for both mothers and babies.

By 2000, the clinic recognized a pressing need for on-site ultrasound equipment as approximately 50 women presented for care but could not determine a due date. The Maternal Health Program applied for a grant from the Kate B. Reynolds Charitable Trust. The Trust awarded \$35,620 to purchase ultrasound equipment and to train a nurse and a nurse practitioner in using it.

The on-site ultrasound equipment has made a dramatic difference in the quality of care the clinic can provide. It has also encouraged more women to seek care and to seek it earlier in their pregnancy:

- During the first seven months that ultrasounds were available through the clinic, 85 women received service, and 49% of those were Hispanic/Latino.

- During the first year, 88% of Hispanic/Latino women seen at the clinic and 95% of other uninsured/underinsured women seen at the clinic received ultrasound testing.

- Since clinic patients now have access to ultrasound testing, they also receive the additional testing that is part of the standard prenatal care: 98% of Hispanic women have received testing for gestational diabetes, and 88% have been tested for AFPs, proteins used to test for neural tube defects and Down's Syndrome.

- The number of women waiting until the third trimester to seek care has been reduced to only 2%. According to clinic staff, patients have come to appreciate knowing the gender of the child and knowing when to expect the new arrival.

The addition of the ultrasound equipment has had great impact on the level of care accessible to the uninsured and underinsured women of Wilkes County. It also serves as a prime example of a relatively small financial investment that is yielding long-term cost savings for the health care system.

## Looking closer ...

- Wilkes County is home to a growing number of Hispanic families.

- In 1999, the utilization rate of the Health Department's prenatal clinics by Hispanics was less than 5%. Two years later, the utilization rate by Hispanics was 68%.

- At least 60% of all women who come to the prenatal clinics are uninsured and not eligible for Medicaid.

- Among patients at the prenatal clinic, 32% qualify for zero pay on the sliding fee scale.

### 2003 -2004 Important Dates:

#### Satellite Offices:

Fayetteville  
Dec.1-5, 2003

Greenville  
Jan. 12-16, 2004

Asheville  
June 7-11, 2004

#### Health Care

Grant Application  
Deadlines:  
Sept. 15, 2003  
March 15, 2004  
Sept. 15, 2004

#### Poor and Needy

Grant Application  
Deadlines:  
Jan. 15, 2004  
July 15, 2004

**Looking closer ...**

*(Continued from Page 1)*

•Caswell County is a poor, rural community that has long been designated a Health Manpower Shortage and Medically Underserved Area.

•In Caswell County, 21% of residents aged 65 and over live below the poverty level; statewide, 12.7% of that population live below the poverty level.

•Caswell Family Medical Center is the only facility within the county where patients can have x-rays made.

•45% of the center's registered users live at or below 100% of the federal poverty guidelines.

screenings, immunizations, and radiological and laboratory services.

Because the Center is located in a designated Medically Underserved Area, its on-site radiological services are essential. Its original equipment was purchased in 1979 and by 2000 had become obsolete. Repairs were difficult because parts were no longer available, and the quality of the x-rays was inconsistent. Only patients who could be placed on the stationary table in the lab were accommodated. Those who required a movable x-ray unit had to look for services elsewhere — and that meant traveling 15 to 20 miles. For many low-income, uninsured or underinsured clients, traveling to another facility was not an option, so ultimately they had no access to the service.

In order to ensure that Caswell County residents would have adequate diagnostic services, CFMC applied for and received a grant of \$71,340 from the Kate B. Reynolds Charitable Trust. The grant was used for renovating the x-ray room and purchasing a new x-ray system.

Renovation of the x-ray suite included adding square footage and lining the walls with lead. The actual increase in space was small, but its impact was significant. Following the renovation, stretchers could be wheeled directly into the room.

The new equipment meets all regulatory

requirements and adds convenience and efficiency for staff and patients alike. Types of studies that were impossible with the previous set up are now routine. A major benefit is that the equipment is movable. Patients who are on stretchers or in wheelchairs can receive tests, and for patients who are in pain or find moving difficult, x-rays can be made without undue discomfort. The equipment also generates less radiation, which is an important safety factor.

For CFMC staff, the renovation and installation of new equipment have met all of the objectives originally identified for the project: the service is accessible to all Center clients, and the equipment makes radiological study efficient and accurate. Having quality x-ray services on site also has encouraged orthopedists and other specialists to establish regular hours at the Center.

A comparison of the number of radiological services provided before and after the new equipment was installed shows recent significant growth. In the 11-month period prior to the installation, 592 x-rays were performed at the Center. In the first 10-month period following the installation, 863 x-rays were performed.

The 60% increase in usage reflects substantial improvement in accessibility to medical services and reinforces CFMC's leadership role in providing quality care for the people of Caswell County.

Organizations are eligible for grants from the Kate B. Reynolds Charitable Trust if they have qualified for exemption under Section 501(c)(3) of the Internal Revenue Code and are not private foundations [as defined by Section 509(a) of the Code]; or are public instrumentalities. Grants are not awarded to individuals.

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