THE COMMUNITY MEDICAL CLINIC OF AIKEN COUNTY

Providing Encouragement, Support and the Creation of Hope

Goal: Provide the uninsured and low-income residents of Aiken County a medical home to treat and learn to manage their chronic health conditions.

Situation:
8% of United States citizens are without healthcare coverage.
9.1% of SC residents are without healthcare coverage.
13.4% of Aiken County residents between the ages of 19 and 64 are without healthcare coverage.
Priorities:
Programs align with the clinic's mission, vision, and values.
Increase awareness and outreach to the uninsured and low-income residents of Aiken County.
Collaboration.

Source: U.S. Census Bureau

Program Action - Logic Model

Inputs

Resources

- 4 FTE Admin Staff
- 0.23 FTE Pharmacist
- Volunteer Physicians, Nurses, Pharmacists, Registered Dietician and Administrative Assistants
- Building with 3 exam rooms
- Dispensing Pharmacy
- Funding from United Way of Aiken County, Grants, Individuals, Churches, and Fundraisers
- Pharmaceutical Patient Assistant Programs
- Dispensary of Hope
- Aiken Regional Medical Centers partnership continuation.
- Community donations (one-time and monthly giving)
- Partnerships with local agencies and other nonprofits

Outputs

Activities

- Free doctor's appointments for uninsured or underinsured individuals
- Diabetic and hypertension clinics for regular monitoring and management
- Periodic HopeHealth screenings for early detection of health issues
- Periodic vaccinations provided by DHEC
- R.I.S.E. program implementation for individualized holistic approaches to patient care
- Organizing and conducting wellness classes for the community
- Establishing and maintaining community contacts for patient referrals
- Tracking patient mental health and providing referrals to specialists as needed
- Assisting patients with transitioning back into the workforce through support services and referrals
- Conducting assessments to determine social determinants of health for patients

Participation

- Low-income and uninsured residents of Aiken County with a qualifying diagnosed chronic health condition: hypertension, high cholesterol, diabetes, COPD, asthma, thyroid conditions and seizures.

- Number of free doctor's appointments provided
- Number of patients served in diabetic and hypertension classes
- Number of individuals screened through HopeHealth screenings
- Number of vaccinations administered
- Number of patients enrolled in the R.I.S.E. program
- Number of wellness classes conducted
- Number of community contacts established for patient referrals
- Number of patients referred to mental health specialists
- Number of patients assisted with workforce reintegration
- Number of social determinants of health assessments conducted

Outcomes - Impact

Immediate

Increased Patient Numbers:

Immediate increase in the number of patients served due to enhanced outreach efforts and expanded services.

Improved Workflow Efficiency:

Immediate improvements in office workflow resulting from streamlined processes and better resource allocation.

Enhanced Community Awareness:

Immediate increase in awareness about the clinic's services and offerings within the community through targeted outreach and marketing efforts.

Intermediate

More Specialty Appointments Scheduled:

Increased availability and scheduling of specialty appointments for patients due to improved coordination and partnerships with specialists.

Personalized Patient Care:

Implementation of personalized care plans for patients resulting in improved patient satisfaction and health outcomes.

Better Mental Health Tracking and Referrals:

Enhanced ability to track patient mental health needs and provide timely referrals to mental health specialists, leading to improved mental health outcomes.
Transitioning Patients Back into the Workforce:

Long-term

Improved Community Health Awareness:
Long-term increase in community understanding and awareness of chronic health conditions and preventive care through ongoing educational initiatives and outreach programs.
Stabilized Patient Numbers:
Long-term stabilization of patient numbers within the target range of 400-450, indicating sustained access to healthcare services for the community.
Enhanced Understanding of Social Determinants of Health:
Long-term understanding of social determinants of health affecting patients, leading to targeted interventions and community partnerships aimed at addressing underlying health disparities.
Increased Funds and Community Support:
Long-term increase in funds and community support through successful fundraising events and ongoing donor engagement, ensuring the sustainability and growth of clinic operations.

Community Need:
Assumption of high demand for healthcare services in Aiken County.
Supportive Community:
Assumption of community support through grants and donations.
Effective Outreach:
Assumption that outreach efforts will raise awareness and increase patient numbers.
Holistic Approach:
Assumption that holistic care will improve patient outcomes.

Assumptions

External Factors

Policy Changes:
Shifts in healthcare policy can affect funding and access.
Economic Factors:
Economic changes impact patient affordability and demand.
Community Partnerships:
Collaborations affect service reach and effectiveness.
Technological Advancements:
Tech innovations influence care delivery and efficiency.

Provided healthcare to 405 unduplicated patients. Met outcomes for improvement in health and compliance.

Evaluation

Focus - Collect Data - Analyze and Interpret - Report

Healthier workforce with 9 patients returning to work full-time.
19 patients obtaining coverage from Medicaid and Medicare.