

Access

The newsletter of the Primary Care & Hope Clinic

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January 15, 2006

Letter from the Board Chair

A friend recently sent me an e-mail titled, "Thoughts to Ponder for 2006," and when I opened it, I read each one and started to laugh. One stuck out in particular though:

"Number 4—All of us could take a lesson from the weather. It pays no attention to criticism."

While I laughed a bit at that one, I couldn't help but think about it in the context of the current landscape of health care, our attempts to care for the poor and the frustrations felt by both providers and patients within our community.

I was reminded of a recent occurrence when I received an e-mail from a friend needing help from our clinic for a grandmother and her uninsured grandchildren who had joined her church. I gave the grandmother the clinic's information and called Beth Smotherman to make sure she was clear on the family's referral source.

The children were seen the next day by Christie Arney. Both were suffering from acute ear and sinus infections and were diagnosed, treated and integrated into the system. I was so satisfied to see our clinic operate with such efficiency and expertise. It can't work any better than this, I thought.

I communicated with the grandmother the next day, and what was interesting was that, while she

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Community of Hope planning continues

Work is continuing on the design of the new Community of Hope facility in the city's Gateway Center that will house the Primary Care & Hope Clinic and two other service agencies.

Lisa Terry, clinic administrator, said the schematic-design phase for the clinic is approximately 90 percent complete.

Representatives of the clinic, the Dispensary of Hope and Community Helpers met Jan. 12 to finalize the sche-

matic phase for all three agencies that will be located in the Community of Hope, she said. Groundbreaking for the Community of Hope is scheduled for March or April.

Mike Picklesimer of Murfreesboro is the architect for the project. He works with Hart, Freeland and Roberts, a Nashville architectural firm.

Terry announced that Randy Caldwell, a landscape architect and vice

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Holiday donations to clinic facility, services top \$25,000

Construction of a new facility for the Primary Care & Hope Clinic received a holiday boost with gifts of \$10,000 from the Charity Circle, \$5,000 from Cavalry Banking and \$5,000 from the Murfreesboro Medical Clinic.

The donations will go to fund furnishings and equipment for the new building in the city's Gateway Center, said Shane Culver, the clinic's chief financial officer.

The clinic also received \$6,475 in holiday gifts for its programs to provide

medical services to the uninsured, Culver said.

Hank Haines, a retired newspaper publisher, gave \$2,000 for the Melinda Haines Women's Endowment.

Haines established this fund in honor of his wife, clinic officials said, and it provides cancer screening, prevention and diagnosis for cervical cancer for uninsured women. Patty Wiley also donated \$50 to the endowment.

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Community

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president of Ragan-Smith Associates, is donating his services for the landscape design for the Community of Hope project. Ragan-Smith Associates, based in Nashville, is the design consultant for the city's Gateway Project.

Terry said Caldwell has been "generous to provide his expertise to our project and will be instrumental in making the Community of Hope facility aesthetically pleasing. We are very excited to receive this donation."

Terry also said clinic officials will conduct interviews this month with prospective contractors for the project, which is expected to take nine months to complete.

Terry and Murfreesboro Mayor Tommy Bragg signed the final agreement for acquisition of the 2.5

acre-tract after the City Council gave final approval to the donation Sept. 15. The Gateway Center, west of downtown Murfreesboro and east of the new Manson Pike interchange on I-24, will be the site of the new Middle Tennessee Medical Center and the new Murfreesboro Medical Clinic.

Officials of the Christy-Houston Foundation announced July 20 a \$3 million grant for construction of the new facility. The Christy-Houston Foundation was created in 1986 with proceeds from the sale of Rutherford Hospital, now Middle Tennessee Medical Center.

Terry said the new 18,500 square foot-facility will provide 20 patient rooms, with space to expand to 30 rooms, for the clinic. The clinic's current site on South Church Street has 5,000 square feet and nine patient rooms.

Donations

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Also making contributions to the clinic's programs for the uninsured were:

--Johnson and Bailey Architects, \$1,500

--George and Jacqueline Law, \$1,000

--World Outreach Church, \$1,000

--Wesley and Jacqueline Worley, \$250

--Jim Muse, \$225

--Christina and Kenneth Simpson, \$200

--Dr. Frank and Susan Louthan, \$200

--Mark Akins, \$50

Information about making online donations to the clinic is at [http://www.hopeclnc.org/web donation.html](http://www.hopeclnc.org/web%20donation.html).

Primary Care & Hope Clinic

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Administrator: Lisa A. Terry, MSN, APRN, BC

Marketing Director: Courtney Corlew

Financial Officer: Shane Culver

*The Primary Care & Home Clinic
is an agency of United Way of Rutherford County.*

Woods helps provide calm at hectic clinic

County native directs social-services program

When funding from the Christy-Houston Foundation for a social-services program for the Primary Care & Hope Clinic came in January 2005, it was none too soon since the clinic in the next year would face TennCare disenrollment and hurricane evacuations.

And the decision to hire social worker Charmaine Woods as director of social services also came none too soon, said Lisa Terry, clinic administrator.

"I have been impressed with her grace under pressure and her ability to always get the job done even when at times the job was enormous," Terry said.

Woods has the responsibility to meet and review the applications of everyone who wants to receive services for the uninsured from the clinic.

Terry said the work load during the year was enormous.

"The changes in the TennCare program and thousands of community residents getting removed from the rolls presented some terrific challenges for the clinic," she said.

"Behind all the TennCare changes came the evacuation of people to our community from the Katrina tragedy. We had people from Mississippi, Alabama and Louisiana on our doorstep with needs."

Woods tried to spend 60 minutes with each applicant for uninsured ser-

services, but the backlog of applicants has reduced each appointment to 30 minutes.

"It can be really difficult trying to follow up on certain things," Woods said.

She said her day is filled with appointments with applicants for uninsured services and with follow-up telephone calls on applications materials.

The clinic also reviews the eligibility of each patient who receives services for the uninsured once a year.

But Woods, who earned her master's degree in social work from Washington University in St. Louis, said despite these demands, her work at the clinic is not the most stressful job that she has had.

Prior to coming to work at the clinic, Woods worked for a year as a family services representative for the Exchange Club Family Center. This required visits to families' homes that had conditions that might lead to child abuse.

Woods had something of the role of a "Super-Nanny" to provide strategies to the family members, so they could address these problems in the household.

"I would have to go alone into people's homes," she said. At the clinic, "I have help from the other people who work with me."

Woods said she sees her role at the



Charmaine Woods

clinic as "helping people to navigate systems."

She said she does try to provide information about other needed social services, such as TennCare applications, as time allows, but "I can only play a limited role. We don't have to address all the needs at one time."

Woods is hopeful that the construction of a new building for the clinic in the city's Gateway Center will provide space for an information center, "so people can pick up information as they need it."

Her biggest hope, however, is that the new facility will provide an electronic-records system.

"I am a perfectionist," Woods said. "I want those electronic records."

Woods said she is not certain what her future plans will be, but they may include a doctorate.

She said social work covers a variety of roles. One is "helping people to function as successfully as they can."

Woods, 26, a native of Rutherford County, said she became a social worker because "I really like helping people."

Woods graduated from Oakland High School and Middle Tennessee State University, where she received a bachelor's degree in psychology.

When she went to Washington University, she shifted her goal from

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"I have been impressed with her grace under pressure and her ability to always get the job done even when at times the job was enormous."

— **Lisa Terry, clinic administrator**

Primary Care & Hope Clinic
Murfreesboro, Tenn.

<http://www.hopeclinc.org/Gateway.html>



Support construction
of the Community of Hope.

<http://www.hopeclinc.org/volunteer.html>

Volunteer your time,
talents and skills to the clinic.

[http://www.hopeclinc.org/web donation.html](http://www.hopeclinc.org/web%20donation.html)

Make an online contribution.

State extends TennCare services for six months



Extensions of benefits to those remaining on TennCare and those who have lost TennCare benefits will be available through June 2006, state officials announced in December.

Gov. Phil Bredesen announced that private-duty nursing services will continue to be available through June. The services were to have ended in December.

"We have worked very hard to get TennCare under control, and now the efforts are bearing fruit," Bredesen said in a release.

Limits on other non-pharmacy services have been postponed indefinitely, Bredesen said. The state's request to limit non-pharmacy services still is pending with the Centers for Medicare and Medicaid Services.

Programs to assist those disenrolled from TennCare services with special needs also will continue through June 30, TennCare officials said.

These include the transplant-assistance program, the dialysis-assis-

tance program and the chemo-therapy/radiation-therapy program, officials said. These program were set to expire within three weeks to three months.

"I am very pleased that we can extend programs like these that offer assistance to Tennesseans caught between Medicaid eligibility and the hard place," Bredesen said in a release.

Former TennCare recipients already are receiving extended prescription assistance.

Bredesen announced in November that the Rx Outreach program that provides 55 generic drugs as well as five addition medications will be available for six more months.

Officials said those disenrolled who are eligible for Medicare will have access to the pharmacy assistance through February 2006.

The new Medicare drug benefit went into effect in January 2006.

All other disenrollees will receive pharmacy assistance through June 2006, the end of the state fiscal year.

More information about the assistance program is available through the Health Options Hotline at 1-888-486-9355.

State officials also said in November that more information about the state's safety-net program needs to go those who have lost TennCare benefits.

The Primary Care & Hope Clinic was one of 66 clinics across the state to receive grants to provide safety-net medical services to those losing TennCare benefits.

The Primary Care & Hope Clinic received the maximum \$180,000 grant to provide services to 1,500 new adult patients.

The state Legislature appropriated \$104 million for the safety-net program.

Other components of the safety-net program include:

- Drug discount cards
- Funding to 20-mental health centers statewide
- Incentive payments to doctors who see a disproportionate share of TennCare enrollees.

Smotherman sets WBRY interview

Beth Smotherman, clinical operations manager of the Primary Care & Hope Clinic, will be the guest Feb. 8 at 8:30 a.m. on a WBRY program that profiles United Way agencies.

Smotherman, a native and resident of Cannon County, will be discussing the Primary Care & Hope Clinic's programs on the 30-minute program on the Woodbury radio station that broadcasts at 1540AM.

The local United Way provides funds for 43 agencies both in Rutherford and Cannon counties

The Primary Care & Hope Clinic serves insured patients and patients on TennCare from Cannon County, officials said.

Woods

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being a therapist to being a social worker.

Although she liked St. Louis, Woods said she returned to Rutherford County to be near her family – her parents; a brother, 32; and a sister, 11.

Her hobbies include antiquing, and she said she has a rule about not bringing stress home from work.

"I don't take any physical work home," she said. "I'll stay at work until midnight if I have to."

Terry said Woods' ties with the community have been beneficial for the clinic.

"I feel she has a pride in the community and deeply wants to see those in the community do well," Terry said.

Woods said she joined the clinic's staff because "this was a good opportunity."

Terry recalled that Woods had her doubts one day when things were particularly hectic at the clinic. Woods asked if it were a typical day.

Terry said she told her that it was, but Woods did not say anything. She "gave me the best response she has, and that is her big smile."

Woods "was the perfect person for the job and the perfect person for the Primary Care & Hope Clinic. She has offered guidance and concern for hundreds of patients," Terry said.

She said Woods "is optimistic, cheerful and pleasant almost all the time — even on the days when we are more loco than usual."

Volunteers assist in setting United Way allocations

Recruitment is under way for volunteers for United Way's allocations panels, a United Way official said last week.

Aurelia Holden, director of agency and volunteer relations for the United Way, explained that the panels, which consist of 8-12 members, are responsible for making recommendations for funding for the United Way member agencies.

These panels "make the determination of the best way the money can be spent," Holden said.

United Way helps fund 43 agencies in Rutherford and Cannon counties including the Primary Care & Hope Clinic. United Way also serves as a call center for the "2-1-1" organization for community information and referral.

United Way is in the midst of a campaign, which began Sept. 13, to raise \$2.4 million. Chairman for the 2005-2006 United Way campaign is



Kevin Smith of Edward Jones Investments.

Holden said the current goal is based on previous campaign experience, and the allocations panels help to determine exactly where the funds go.

Volunteers come from donor companies, organizations, and governments, she said. "You get all different perspectives."

Holden said United Way now has eight allocations panels that divide responsibility for the 43 member agencies. United Way also has applications from seven agencies that want to receive new funding from United Way, and the allocation panels also will review these agencies.

Current plans are to select the members of the allocation panels by the end of January and to complete training for the volunteers by the end of February, she said.

Reviews of the agencies include visits to them, and these visits tentatively are set between March 6 and April 13, she said. Two weeks of allocations hearings are to begin April 18.

Holden said the panels' recommendations go to the United Way board's Community Investment Committee, and the United Way board will make a final decision on the allocations at its May meeting.

Holden said the allocations panels have been useful in informing the volunteers about the work of the various United Way member agencies and the visits have been particularly effective in that regard:

"It is a part of the community donating back to the community."

Letter

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was grateful for the quick, kind and efficient care, she was critical of "all of the paperwork that she has had to fill out everywhere she goes." I sympathized with her and related to her my recent attempts to help my housekeeper understand and apply for her Medicare drug program (I was pretty lost).

I realized that even though we can provide a charitable service, expert medical care and a "port in the storm" for people who have nowhere else to turn, criticism can be included in the patient's experience.

It is important to realize that the roots of this criticism are often found within the personal frustration that the poor often experience and not necessarily ingratitude. Their lives are indeed an endless stream of paperwork, verification, re-verification and documentation that they are indeed, still poor and needy from year to year.

Unfortunately, this is all necessary—for all of the "right" reasons—

but it does not take away the hurt and frustration that occur with the continual reminders of poverty.

The personal lives of the poor are subject to greater scrutiny than many of us would tolerate, and they are often on the receiving end of "criticism" for their life choices, failures and actions.

While I cannot resolve for 2006 to be as stoic as "the weather" regarding criticism, I have resolved to listen to criticism sincerely, look for the grain of truth that may be buried within the words and understand that the source may come from situations that are out of our control and not personally directed.

One of the major motivations for our desire to move into a building that would house our clinic, the Dispensary of Hope and Community Helpers has been to streamline our patients' information process within our organizations. We plan on integrating the client intake process within one information-technology system, which

will function between all three organizations, and, hopefully, Middle Tennessee Medical Center.

This will provide a smoother path for our clients, and, hopefully, lessen the dread that they often face when they make the decision to finally try to get help. Studies show that the poor view the information process as a barrier to accessing services, due to lack of education and literacy, embarrassment or fear.

It is our sincerest wish to remove these barriers and use the generous gifts from our city, Christy-Houston and community members to construct a haven for those in need.

God never promised a continually smooth path – or criticism-free one – to those serving Him, but He has promised His presence and blessing while we are in His service. Still, I have days when I would rather live like the weather.

Prayerfully,
Leslie Akins,
board chair