

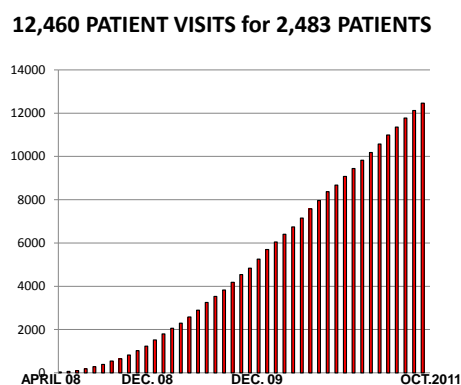
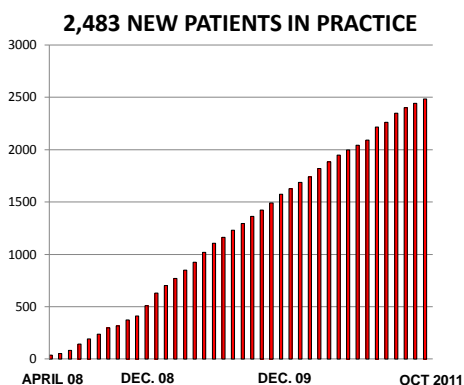
Barrier Islands Free Medical Clinic Case for Support

12,460 Patient Visits for 2,483 Patients through October 31, 2011

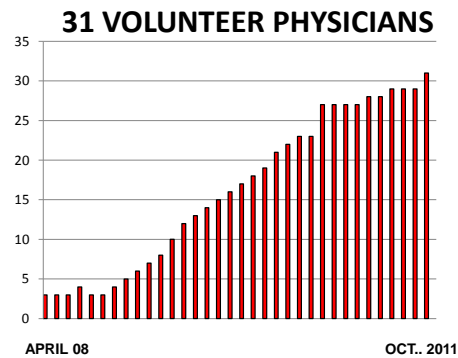
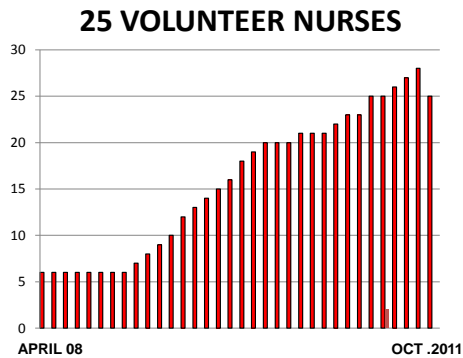
Barrier Islands Free Medical Clinic is a non-profit organization whose mission is to provide a medical home and continuing primary health care to uninsured adults living at or below 200 % of the Federal poverty level on Johns, Wadmalaw or James Island. In doing so, we address the ravages of chronic diseases such as diabetes, hypertension, coronary disease, and depression that, if left untreated, result in expensive emergency room visits and inpatient, uncompensated care in local hospitals.

Our patients are primarily the working poor. By implementing the Free Clinic Model of low-cost, volunteer-driven medical care, we are creating healthier workers and a healthier community. These health benefits lessen the degree of poverty experienced by 11% of the 53,000 people of these three islands who live below the Federal Poverty Guidelines and the 22% living below 200% of these guidelines.

Barrier Islands Free Medical Clinic (BIFMC) provides primary care just like any family practitioner or internist treating chronic diseases such as diabetes, hypertension, coronary disease, and depression. The clinic has grown more than any of us expected it to in 2008. Since opening its doors April 11, 2008 BIFMC has become a trusted place for uninsured patients to receive compassionate and confidential medical care. At the end of 2008 we were providing 103 patient visits a month; in 2009 it was 287 a month; in 2010 it was 375 a month. During January 2011 the clinic provided 397 patient visits. That is a 285% increase in 25 months. As of October 31, 2011 the clinic has provided primary medical care for 2,483 new patients during 12,460 total patient visits. (see figure this page).



The clinic has 501(c) 3 certification, 6 exam rooms, medical equipment, 31 volunteer physicians and 25 volunteer registered nurses 17 volunteer interpreters and 32 volunteer office staff already trained and in place, a weekly on-site orthopedic clinic, a bi weekly dermatology clinic and a weekly psychiatry clinic.



Roper St. Francis provides free labs, tests, and imaging with a 2010 in kind value of \$580,000. The clinic is open to see patients 5 days a week in 9 clinic shifts of 3-4 hours each with 2 to 3 physicians and nurses a shift. There are 59 physician patient contact hours per week. Clinic doctors prescribe low cost generic medications. When needed, the clinic helps patients get free non generic medications from the patient assistance programs of pharmaceutical companies. When needed 19 off site subspecialty offices see clinic patients for free. All the above resources are poised to meet the demands of the increasing numbers of patients who need our help.

It is important to use National Standard best practice outcome studies to document that the BIFMC is indeed improving the health of the patients we serve. In January 2011 the clinic completed medical outcomes studies in 143 selected clinic patients with three of the most serious chronic diseases treated at the clinic; high LDL cholesterol (**LDL**), high blood pressure (**HBP**), or diabetes fasting blood sugar (**FBS**) with high diabetes test (**HA1C**). After an average 12 months treatment by the clinic’s volunteer doctors and nurses the patient’s dangerously elevated LDL, HBP, FBS and HA1C averaged at or below the National best practice guidelines (**GOAL**).

	LDL	HBP	FBS	HA1C
At Start	158	163/100	270	10
BIFMC Rx 12 Mo.	89	127/80	116	7
GOAL (at or less than)	100	140/80	125	7

Such positive changes with treatment have been widely shown in previous medical studies to lower patients risk for heart attacks, strokes, blindness, amputations and hospitalization.

The Clinic needs increased and sustained operating support to provide for the 2,483 new patients and 12,460 total patient visits through Oct 31, 2011. With adequate funding, we can do much more for our community. Currently the clinic provides our 2,483 patients an average of 375 patient visits per month. Our staff, facilities, equipment and programs were designed to provide high quality medical care at a rate of 450 patient visits per month. The Clinic was blessed through 2008 with a balanced budget based on gifts and grants and volunteers. In 2009-10, new patients, patient visits and volunteers increased simultaneously and rapidly. With increased patients the costs of home diabetic blood testing devices provided free to patients and general medical consumable supplies are rising rapidly as patient visits increase. Of the clinics total income only 13.1% is currently used for administrative and fund raising costs while 86.9% of total income is used for patient care. If we have

increases in funds for direct patient care expenses and in volunteers we can provide 450 patient visits per month by simply increasing our service hours.

In 2009 and 2010, while receiving increasing numbers of patients and volunteers, we experienced a shortfall in our 2009 donations and grants due to the declining economy. In 2010 the Clinic had a shortfall of approximately \$86,111 through December 19, 2010. On that date Bishop Gadsden Retirement Community provided the Clinic with a wonderful grant totaling \$105,300; the proceeds of their annual charity auction. Unfortunately, that is a onetime windfall to the Clinic which cannot be repeated because Bishop Gadsden selects a different charity each year. As a result, the Clinic must find replacement funds or face a substantial budget shortfall in 2011. Economic decline *increases* the number of people losing jobs and health insurance. This *increases* the number applying for the Clinic's free medical services which *increases* the Clinic's direct patient care expenses. Simultaneously, the bad economy *decreases* the Clinic's donations.

The sickest, uninsured patients are receiving their primary care in the emergency room (ER) all over the country. The cost of unfunded ER visits for primary care at Roper Saint Francis' four sites was \$8,600,000 for FY2010 and at MUSC was \$3,100,000 for FY 2011. The 2010 average cost of a primary care visit in a South Carolina ER was \$2,048. The clinic cost to provide a primary care visit is \$69. We submit that unfunded primary care visits should occur in our Clinic, rather than the emergency room.

With the U.S. economy reduced and unemployment high , Barrier Islands Free Medical Clinic is committed to positioning our organization to respond by providing a primary care medical home to those who have lost their jobs and insurance and cannot afford their medical care. We respectfully request your support as the Clinic seeks funding to help us continue providing low-cost free primary care. We appreciate your consideration of our request.

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