



**MINUTES  
WORKSESSION  
FAIRFIELD COUNTY COUNCIL  
SEPTEMBER 6, 2011**

**Present**

Council: David L. Ferguson, R. David Brown, Mary Lynn Kinley, Council Members; Phillip L. Hinely, County Administrator; Davis Anderson, Deputy County Administrator; Shryll M. Brown, Clerk to Council

Hospital: John Peoples, Mike Quinn, Betty Gutschlag, Robert Davis, Carolyn Moore, Nelson Lacy, Steve Brakefield, Mike Williams, Timothy Mitchell, Kristi Godwin

Eau Claire: Stuart Hamilton, Dean Slade

**In accordance with the South Carolina Code of Laws, 1976, Section 30-4-80 (e), as amended, the following persons and/or organizations have been notified of the time, date, and location of this meeting: The Herald-Independent, The State, and Winnsboro Cablevision, and fifty-three other individuals.**

**1. CALL TO ORDER**

Chairman Ferguson called the meeting to order at 7:40 P.M.

**2. INVOCATION**

Council Member Kinley led in the invocation.

**3. ITEMS FOR DISCUSSION**

**A. Presentation:** To Fairfield County Council And Fairfield Memorial Hospital By Eau Claire Cooperative Health Centers, Inc. – Dr. Stuart Hamilton

***Introduction:***

- Federal Bureau of Primary Health Care is responsible for oversight of the nation's 1,213 community health center network sites.
- Every one to five years, each community health center has its grant opened up for public competition.
- This year, the BPHC has invited one health center to look at the neighboring health center to see if they can put together a plan that does everything that the two health centers do; but now, more effectively and more efficiently under the direction of one health center.
- The grant for the Richland Community center is up for public competition and there are two groups, possibly three, that are competing for the grant funds that now go to the Richland group.
- They would have to prove that they can do what the other group does, but in a more effective, efficient and service oriented manner. As one of the competing groups, the Eau Claire Cooperative Center, is prepared to make a proposal to the County and to the Hospital for consideration of improving primary health care services in the Fairfield County area.
- The Cooperative has one office in Fairfield County, which is located in Ridgeway. It has been there about six years and operating okay. It does not have a large population.
- Proposing to the Fairfield County Council and the Hospital a mechanism that will save the hospital money; thereby the County money, by looking at the Blue Granite Health Center and changing that to a federally-qualified health center and basically running it without hospital support.

**Services Offered By ECCHC**

OB/GYN  
 Podiatry  
 Pediatrics  
 Pharmacy  
 Behavioral Counseling  
 Internal Medicine  
 Family Medicine  
 Dental

**Presentation Objectives**

- What is an FQHC?
- A brief history of Eau Claire Cooperative Health Centers
- The window of opportunity for Fairfield County
  - Services and Physicians
  - Facilities
  - QHR White Paper View of FQHCs
- What we need from you to make this work

**What Is A FQHC?**

- An FQHC is a Federally Qualified Health Center
- FQHCs are independent, non-profit organizations that are authorized under Section 330 of the Public Health Act to receive Federal grant funds
- Key characteristics of FQHCs:
  - In medically underserved area or serve medically underserved population
  - Offer services on a sliding scale fee basis
  - Provide comprehensive primary and preventive care
  - Adhere to stringent clinical and fiscal quality standards
  - Utilize systematic data collection and evidence based medical protocols

**How Many FQHCs in South Carolina?**

- There are 20 FQHCs in South Carolina with 136 delivery sites
  - The 20 SC FQHCs serve a total of 312,135 patients
- ECCHC serves more patients than any other (41,000 patients)
  - RCHCS served 7,860

**What Do FQHCs Provide?**

Health services provided by FQHCs, either directly or through cooperative arrangements, include:

- Preventive and primary care
- Prenatal and perinatal care
- Well child care and immunizations
- Screenings for a wide array of health issues
- Preventive dental services
- Emergency medical and dental services
- Pharmacy services

**An Overview Of ECCHC**

- Founded in 1981
- Serves Richland, Lexington, Newberry and Fairfield Counties
- Patient population: 41,000
- Sites: 11 sites
- Providers: 35
- Physicians and Dentists – 26
- NP/PAs – 9
- Nurses - 30

**ECCHC Mission**

To provide comprehensive, high quality compassionate medical care in the spirit of the Good Samaritan. The Cooperative is a federally qualified, community based comprehensive medical safety net providing primary healthcare services for traditionally underserved populations.

**ECCHC Facts**

- Financial.
  - Lowest per patient cost in SC
  - Diverse revenue base of \$15.9 million
  - Spotless audit
- Clinical.
  - Excellent track record in hiring/retaining physicians
  - Electronic medical records
  - High levels of patient satisfaction
- Community Engagement.
  - Extensive private funding - United Way, Foundations, Lexington Medical Center
  - Culture of win-win partnerships

**The Opportunity: SAC Competition**

- Section 330 Grantees must reapply for funding
  - Due to performance issues, RCHCA must apply every year
  - ECCHC is on a five-year funding cycle
- Service Area Competition (SAC) HRSA
  - The grant for RCHCA is subject to competition
  - Three organizations have indicated interest in making an application
  - ECCHC view:
    - Very high needs in Fairfield County
    - Too few physicians – opportunity for strong links to FMH
    - ECCHC has capacity and desire to meet those needs
  - Conclusion: It is a moral obligation to seek to better meet the health care needs of the men, women and children of Fairfield County

**Initial Thoughts On Services**

- Convert Blue Granite to FQHC
  - Change name to Blue Granite Family Health Services
  - Keep NP and RN
  - Maintain/grow Jenkinsville services
- Physicians
  - Hire new family practitioner
  - Hospital privileges – shares call with other physicians
  - Hire existing pediatrician + nurse
  - Hire OB physician for 1-2 days per week (expand time as needed)
  - Move WIC office to suite next to Pediatrician
- Hours of Service
  - Add evening and Saturday hours for primary care

**Initial Thoughts On Facilities**

- Phase One (years 1 and 2)
  - Use MOB Blue Granite space
  - Use MOB Pediatric Practice space + additional suites as needed
  - Add WIC office adjacent to Blue Granite
- Rationale for MOB space versus space next to Health Department
  - Closer to hospital to triage away from ER + build private payer volume
- Phase Two (years 3-4)
  - Build a new facility as close as possible to Fairfield Memorial ER
  - Explore multiple funding streams:
    - Duke Endowment
    - Change of scope of funds for facility in Jenkinsville (two buildings vs. 1)

**At The End Of The Day**

- Critical Access Hospitals with an eye to the future understand that FQHCs can:
  - Improve access to primary care
  - Support physician recruiting and retention efforts
  - Serve as a platform for primary care physician employment
  - Reduce medical malpractice coverage costs and liability
  - Provide access to grants and loans to support program and facility expansion
  - Mitigate future competition in financially critical outpatient services

**What We Need To Make This Work**

- An aggressive letter of support from Fairfield County Council
- An aggressive letter of support from Fairfield Memorial Hospital
- When we need letters: By end of week. We will be happy to provide a template for your consideration.
- What is the biggest risk of not supporting effort?
  - Status quo on level of support from your current FQHC partner

**Proposed Space Plan****Questions:**

- ? You are competing to merge Blue Granite with you. What is the competition? Explain the competition with Richland.
- ? If you want to join Blue Granite with you in Fairfield; therefore, Richland is not participating in Fairfield if you get the award?
- ? Where did you get 6,000 people living in zip code 29130?
- ? One of the slides indicated you need a letter of support by the end of the week. Is that the end of this week?
- ? Are all three competing for the same apples?
- ? What is the amount of the grant?
- ? There is supposed to be a grant for the facility on the western side of the county. Is it still...?
- ? If Palmetto does not get the grant, what is the process for closing? Will they continue to stay open? How would that work?
- ? What percent of income is theirs?
- ? The rural health plan that we have now with Blue Granite operates primarily through a grant with Duke Endowment. How would that change if this becomes a fruition?

? If we did this and the Palmetto practice did fold up, would it be just as advisable for you all to operate out of that facility or would you prefer...(most of the facilities belong to the County; Blue Granite facility doesn't; the facility across the road actually belongs to the County).

? One of the problems is competition with the physicians. Talked about a non-competing clause. If were not competing with regular physicians, would be breaking even. Have to be real particular about this going forward.

? Would the WIC office willing let you move it over to the Blue Granite area?

? Explain how this arrangement would benefit the hospital?

? Where would your group wish to be in doctors on call for rotations?

? One of the problems is that when our patients leave this area because they truly need to go to a specialist in Columbia, and we don't get them back, that is bothersome; and likewise, when you all have to send folks to practices in Columbia because of the medical necessity, how would you control that we receive those patients to come back to Fairfield Memorial? That is an area we might want to do something separate—to work on that area (the folks in Richland referring the folks back to Fairfield County) for their care after they have been discharged. Am more concerned about how relationships are.

*{At 8:50 P.M., Dr. Hamilton and Mr. Slade was excused from the meeting}.*

{Members of Council and the Hospital continued discussion among themselves. It was consensus of the group that it would be advantageous for Council to meet with the Hospital at the Hospital's board meeting on Tuesday, September 20, 2011}.

**4. ADJOURN**

The meeting was adjourned at 9:31 P.M., upon unanimous approval of County Council.

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SHRYLL M. BROWN  
CLERK TO COUNCIL

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DAVID L. FERGUSON, SR.  
CHAIRMAN