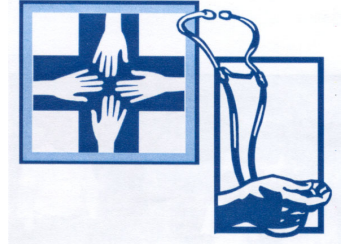


Good Samaritan Health and Wellness Center

Volume 4, Issue 1
Summer 2011



Serving our Neighbors in the Appalachian community of Pickens County, GA

2010: A Year of Analysis and Strategy

The year 2010 was an eventful one for Good Samaritan and for the healthcare industry in general. A variety of factors converged that led our board to the decision to analyze both our current status and what we will look like in the future.

A Decade of Caring

It was ten years ago, in 2000, that Good Samaritan was first conceived by a compassionate and dedicated group of founders. It took two years of planning, recruiting, organizing, and hard work before the clinic was finally ready to open to patients in April of 2002. Much can happen in ten years and much had! It seemed like a good time to take stock of where we were and where we were going.

Building Plans

Three years earlier, in 2007, we celebrated our five-year anniversary of providing patient care. At that time, the board decided to begin an initiative to replace our trailers with a building. The goal we set was to have a plan underway in five years, 2012. Part of our progress toward that goal was to commission a feasibility study for a capital campaign. In July of 2010, we received the results. In a nutshell, donors said they needed to have a better idea about the future of Good Samaritan before they could invest themselves in a capital campaign.

Expanded Healthcare Coverage

In March of 2010, the Patient Protection and Affordable Care Act was signed into law. This law has far-reaching effects throughout the healthcare industry, including here at Good Samaritan. Luckily, we have an organization right here in Georgia that was analyzing the Act's effects and chose Good Samaritan as an organization to receive a strategic consultation. The Georgia Health Policy Center spent several hours and one full day with us to gather the data and share their findings. According to their findings, by 2014 the number of medically uninsured in Pickens County should drop considerably. In fact, 85-90% of our patients would become eligible for Medicaid coverage.

Coverage and access, however, are two different things. It was left to us to determine how this would affect our patients' care. In addition, some of the services we provide as part of our patients' whole health care, such as dental and vision, may not be helped by Medicaid coverage. Our board and advisors needed to analyze how this affected our mission and our future.

Neighboring Needs

Also in 2010, a neighboring free clinic asked us to consider ways that we could collaborate to help provide services in their community. In response, we asked the Healthcare Georgia Foundation to provide a consultant to help us navigate that process. When the consultant from the Georgia Center for Nonprofits met with us, it was determined we had so many factors that deserved attention and analysis, that an updated strategic plan was called for. For the last half of 2010, the Board, staff and some other volunteers worked hard to gather the data necessary for a strategic board retreat in January of 2011.

Staffing Needs

On a sadder note, at the end of 2010, one of our founding physicians was diagnosed with a terminal disease and had to retire from practicing at Good Samaritan. This, however, did bring attention to our need for staff, particularly clinical staff. Our challenge, of course, is to locate funding for salaries. At the present time, Good Samaritan's all volunteer staff allows us to have one of the lowest cost per patient visit ratios in the country *even among free clinics*, but we sacrifice continuity and the ability to progress as quickly as we'd like to.

(Cont. P2)

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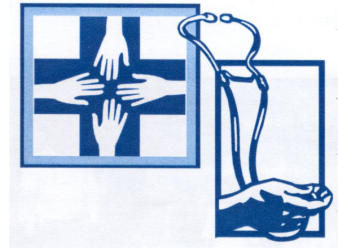
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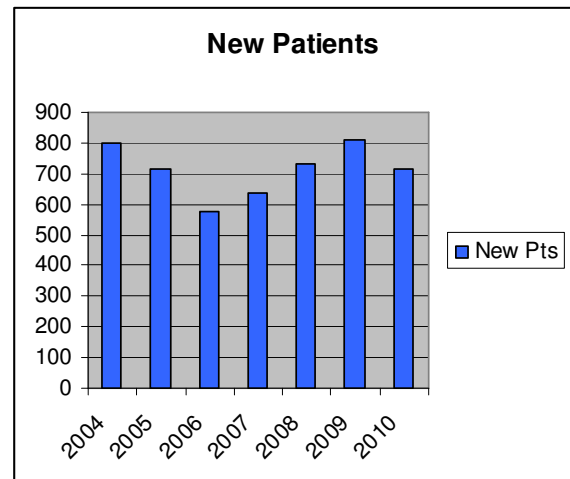
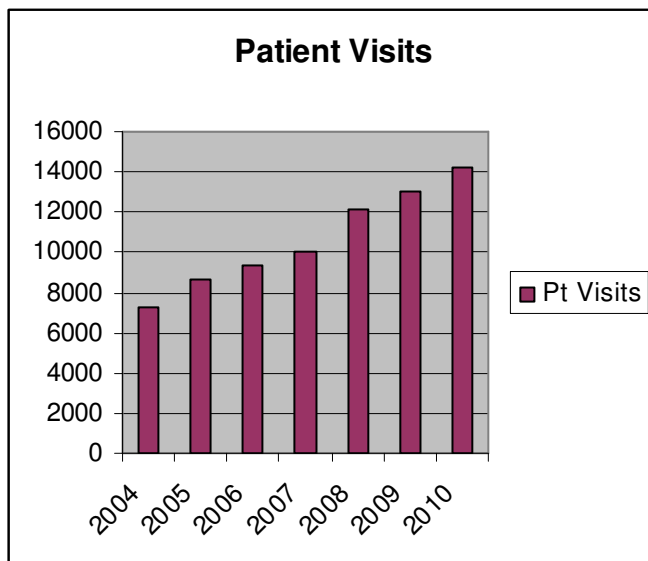
Good Samaritan Annual Report 2010



2010: A Year of Analysis and Strategy (cont.)

The Economy

Finally, the economy continued to have an effect on both our patient load and our funding. Just like all nonprofits, we had to do more with less. Thanks to the dedication and generosity of our donors, we were maintaining our own but, as you can see on the charts below, our patient visits continued to climb. New patients, on the other hand, were starting to drop after spikes during the beginning of this recent economic downturn.



Analysis and Strategy

At our strategic retreat in January 2011, all of these factors were presented to the board and to leaders in our community along with possible responses. To continue to meet the needs of our patients and community in the best way possible, the board unanimously decided to broaden our financial base by changing our model of care from a free clinic to a community health center. This means that at the next opportunity we will be pursuing a federal grant that will partially support these goals. Although the grant will require us to change some of our eligibility standards, it will not in any way change our mission. In addition, we will be charging our patients a sliding scale fee based on their ability to pay and will accept Medicare and Medicaid, allowing our patients to continue to use Good Samaritan as their medical home as their lives and circumstances change.

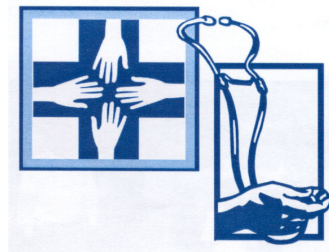
Conclusions

We will continue to rely heavily on our donors' support. An opportunity to apply for community health center status may not occur for some time. In addition, the changes described above are intended to enrich our revenue budget, not replace it. In order to provide the wellness programs, patient education, dental care, improved facilities and vision care that our patients and community deserve, we will need your continued assistance. The help you have provided over the years has yielded wonderful results. Good Samaritan has grown into a vital part of the health of our community. Lives have been changed and saved. We hope you'll continue to partner with us as we go down this exciting path that allows us to expand our ministry and continue to provide our patients with the compassionate care they have come to rely on.

Thank you,

Carole Maddux
Executive Director

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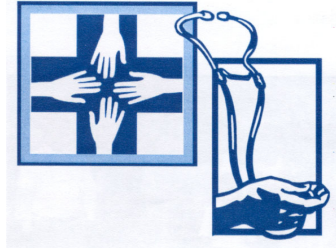
Pickens County Community Resource Association

Christine Williams-Timme

The Hammill Family Foundation

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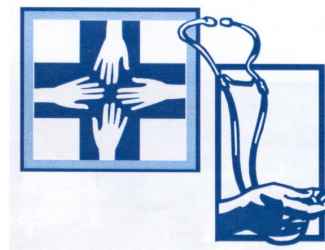
(Those serving the clinic on a regular basis are indicated with an asterisk. All others listed accept referrals in their offices)

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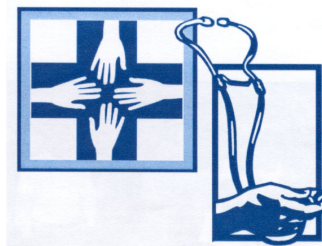
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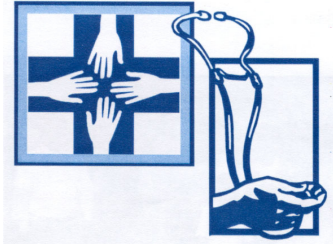


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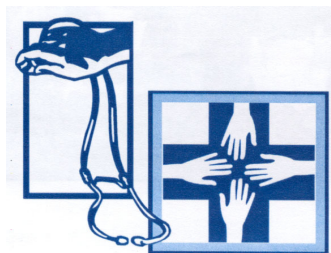
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