This report represents Good Samaritan Health Center, Inc.'s responses to Charting Impact, a joint project of BBB Wise Giving Alliance, GuideStar USA Inc, and Independent Sector. Charting Impact uses five simple yet powerful questions to encourage strategic thinking and help organizations share concise information about their plans and progress toward impact.

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Mission:
The Good Samaritan Health Center has the mission of "spreading Christ's love through quality healthcare to those in need." Located in downtown Atlanta, the Center provides comprehensive medical, dental, mental health, and health education care to uninsured, low-income individuals and families in greater metropolitan Atlanta and north and central Georgia.

The content of this Charting Impact Report is the sole product and responsibility of Good Samaritan Health Center, Inc.. This report does not in any way represent an endorsement from Independent Sector, BBB Wise Giving Alliance, or GuideStar, nor does it represent fulfillment of the BBB Wise Giving Alliance's Standards for Charity Accountability. For more information on Charting Impact, visit www.guidestar.org/chartingimpact
1. What are we aiming to accomplish?

The Center’s goals are to provide a quality, comprehensive healthcare home for the whole family that will result in improved health for our patients; to reduce barriers to access of care, including financial need, language, and limited ability to take time away from work; and to provide a safety net for healthcare and reduce the demand on emergency care facilities:

2. What are our strategies for making this happen?

Provide quality, comprehensive healthcare to the whole family. We offer a comprehensive approach to an individual’s or family’s health by offering medical, dental, mental health and health education services in one location to children, adults, men and women. Because The Center has so many specialists who volunteer, patients can come back to The Center for most of their referrals and can often see a specialist on the same day a specific problem is identified. Reduce barriers to access of care. The major barrier to access for the poor is financial. Patients at Good Samaritan pay for services using a reduced sliding fee scale based upon their income. The cost of a visit may range from a few dollars to fifty dollars. The homeless receive care at no charge. The barrier of taking time away from work and arranging transportation is reduced by allowing families to schedule appointments for more than one family member at one time. Our focus on providing high quality healthcare eliminates the need for costly additional travel to another location. We provide interpreters for patients facing language barriers. Improve health in our patients and reduce demand on emergency care facilities. The Good Samaritan Health Center is a true healthcare home that offers continuity of care to our patients. Each time they visit The Center, they can make an appointment with the same provider. Patients who receive regular primary healthcare have overall improved health and earlier detection of problems. Early detection means less invasive and costly treatment. In addition, our mammogram screenings, well-prenatal care program, nutrition education, teaching kitchen, and diabetes education program provide crucial preventive care for those who do not usually have access to it.

3. What are our organization’s capabilities for doing this?

The Center is a healthcare home for the uninsured working poor, the homeless, and those recently unemployed who lack access to services and cannot afford care. Patients from the entire metropolitan Atlanta area and parts of North Georgia receive care at The Center. In 2012, The Center provided 28,000 patient visits for medical, dental, mental health, and health education services to the homeless (15% of our patient visits), low-income individuals and families who have no health insurance (76% of our visits), and those who are Medicaid/Medicare eligible (9% of our visits). Good Samaritan provides healthcare to the neediest in our community with five broad areas of service: medical, dental, social, health education and mental health counseling. Specifically, our services include pediatric and adult medical care, well prenatal care, cardiology, gastroenterology, pulmonology, radiology, gynecology, ophthalmology, orthopedics, mammography, laboratory, vaccines, physical therapy, general family dentistry, endodontics, oral surgery, prosthodontics, individual and family mental health counseling, developmental services, nutrition education, teaching kitchen, and diabetes education. Specialty care clinics for vein, dermatology, prosthetics, pediatric developmental, and orthopedic spine extend our ability to provide quality health care. In 2013, The Center added an urban farm project to provide access to healthy food for patients and the community in partnership with the Southeastern Horticulture Society. Good Samaritan serves the greater metropolitan Atlanta area, with the majority of our patients living in Fulton and DeKalb counties. Our services are provided on a greatly reduced sliding fee scale based on patient income and household size. Those who are unable to pay receive care at no charge. Patients are 35% African American, 47% Hispanic/Latino, 12% Caucasian, 3% Asian, and 3% other. Patients are both adults and children. The Center provides services to all people regardless of race, ethnic background, religious affiliation, gender, or sexual orientation.
4. How will we know if we're making progress?

The Good Samaritan Health Center has a Quality Assurance Committee, with oversight from the Board of Directors, which evaluates the success of the comprehensive healthcare provided by The Center. The measures used to evaluate success in establishing a quality healthcare home, based on best practices, include: 30% of patients receive shared services (medical, dental, mental health, health education), 100% of patients eligible are offered a flu vaccination, 80% of patients return for multiple visits, and new patients report a decrease in the number of emergency department and urgent care visits 1 year after establishing care at The Center.

5. What have and haven't we accomplished so far?

In 2012, we were able to strengthen and expand our comprehensive services so that uninsured, low income individuals and families would have even greater access to the healthcare they need. We welcomed Dr. David Derrer, family physician, as our Chief Medical Officer in April. In addition to caring for patients, he serves as the medical director for The Center. Under his leadership, The Center is implementing an electronic health records system and is tracking and measuring the quality of our patient care by setting standards for quality assurance. The Good Samaritan Health Center also completed the construction of a nutrition education center that includes a beautiful teaching kitchen in 2012. In October, Jerlyn Jones, RD, joined our staff to coordinate a nutrition education program that includes individual nutrition counseling and healthy cooking classes for patients and participants in community organizations with whom we collaborate. Many of our adult patients have chronic disease conditions such as diabetes and cardiovascular disease and many of our children are overweight or obese. The nutrition education program is providing the knowledge about nutrition and the practical (and fun!) hands-on experience that will help these patients improve their health. A patient navigation program was implemented throughout 2012 in order to provide new patients with orientation to services that are available at The Center, financial assessment, follow-up on missed appointments, scheduling in-house specialty and primary care services, referrals for outside specialty care, and assistance with obtaining and managing medications. The initial results of this program have been outstanding, with nearly 950 new patients receiving services and more than 1,500 patients being referred for needed specialty care. New patients not only found a healthcare home here at The Good Samaritan Health Center, but also reported that they made 50% fewer visits to the emergency room. Additionally, in 2012, 33% of patients received shared services, 88% of patients had 2 or more visits, and 87% of eligible patients were offered flu shots.