BUSINESS PLAN FOR HEALTH CARE CLINICS

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Executive Summary

The primary focus of this project is to explore the need to establish a provider-based Rural Community Health Clinics in a small, rural communities and provide a strategic solution to needs identified. A rural area, as defined by the Sierra Leone Population and Housing Census 2015, is an area that encompasses all population, housing, and territory not included within an urban area which is defined as areas with greater than 2,500 people.

Living in a rural area has many challenges, one of which is convenient access to quality healthcare. Lack of accessible healthcare in rural communities has a negative impact not only on the quality of life and health for the residents, but it also puts a dramatically increased burden on the District Medical Center's Emergency Department to provide non-emergency services to residents who do not have access to a more appropriate level of care, such as an outpatient clinic.

By establishing such clinics that are easily accessible by residents, the quality of life would dramatically increase due to timely delivery of health care services. Additionally, this approach would shift the burden from the emergency department as the first line of medical treatment, which would improve cost value for the resident, community as well as the District Medical Center

1. **INTRODUCTION**

a) **Organization**

Sierra Leone is located in West Africa between about 10° and 13° W and 7° to 10° N. The country's total area is 71,740 km^2 and it has a North-South extension of about 340 km and a maximum East-West extension of about 300 km. Sierra Leone is bordered by Guinea in the North and East, and by Liberia in the East and South. Its Atlantic Ocean coastline in the South and West is about 400 km long. The country's highest point is Loma Mansa (Bintimani) reaching 1,948m. Sierra Leone is divided into 5 Regions, 16 Districts and 149 Chiefdoms:
The target community has a census of over 10,000 with the median resident age of 42. The surrounding communities within a 50+ mile radius would provide approximately 50,000

additional lives. The proposed locations of the Clinics are the major towns within the 7 districts in the North and North-west Regions of Sierra Leone. Each clinic is to be 1,200 square feet and it will be designed to accommodate at least 50 patients. It will be professional Health care Clinics in both appearance and function and will offer the most recent, comprehensive and recognized health care treatments. The North and North-west regions are selected for this project due to the following: Projected community growth, opportunity for patients' growth, population demographics and limited heath care competition

The provider-based Rural Community Health Clinic will have a Non-physician healthcare providers and visiting specialists including Cardiology, ENT, General Surgery, Colon & Rectal Surgery, Obstetrics & Gynecology and Orthopedic Surgery. This model of healthcare is not currently offered within the community and would draw not only people from the immediate area but could extend to a 100+ mile radius.

The Rural Community Health Care Clinic project will be implemented by **HACEM-SL limited** (Health, Agriculture, Construction, Education and Mining Company), which is a recognized and registered entity in Sierra Leone.

b) Market Opportunity

As the healthcare landscape continues to shift to outpatient-based services, the **HACEM-SL Limited** is positioning itself to meet this need in the rural communities. The closest Primary Health Care Clinic is located 50 miles away in a neighboring community. Specialty medical services are located in the Capital City located 150 miles and many residents of the community do not have reliable transportation and experience financial limitations. Public transportation is not available within the county, and no Emergency Medical transportation within these communities.

c) Capital Requirements

Capital expenditures for the first year are estimated at $215,000 for start-up costs including $150,000 for building acquisition, $15,000 for furniture & fixtures, and $50,000 for equipment

including medical, computers and telephones for each Clinic. This will be a budgeted expense funded 100 percent by the DONORS

d) Mission Statement

The Rural Community Health Clinics' mission is to provide high quality medical and preventive services to the citizens in the communities at the lowest practical cost and be a leading Health Center in providing needed support services to healthcare providers and patients to improve the health of our communities

Our Vision

To be the best healthcare organization in the North and North-west Regions of Sierra Leone in which to receive care, practice medicine and work

Our Values

- Compassion
- Accountability
- Respect
- Excellence
- Education

e) Management

Executive Director: Healthcare Administrator with Certification from a recognized Medical College and Master's degree or minimum of five to ten years of healthcare management experience. This individual will possess strong problem solving, decision-making, analytical, communication, critical-thinking and interpersonal skills; will collaborate with key stakeholders to insure seamless delivery of care.

Medical Director: Licensed Physician with experience leading providers in a multi-specialty organization as well as supervision of healthcare staff.

Office Manager: This should possess a bachelor's degree or minimum of 5 years healthcare management experience; will oversee the day to day operations of the clinic including clinical

and front office areas. This position may be shared between multiple locations depending on volume and need.

f) Competitors

No competitors exist in the immediate service areas. The closest clinic is located in a community 50 miles away. This facility is independently owned and provides primary care services through one Community Health Officer and two Nurse Practitioners. The strengths and weaknesses of this competitor are listed below.

Strengths:

- Longstanding in the community
- Primary Care services

Weaknesses:

- Lacking access to specialty care
- Located outside of the targeted service areas
- Not utilizing Electronic Medical Records (EMR)
- Located far away from main transportation route

g) Competitive Advantage

Our Organization is well positioned to take on this new venture and provides the following competitive advantages.

- Linked with the District Medical Center that provides access to multi-faceted, quality care
- Primary Care with Specialty Services
- Easily accessible within the immediate community and surrounding areas
- Part of a District Health Management Team (DHMT) which supports quality care with reduced cost
- Utilization of the EMR that the District Medical Center and other primary care and specialty providers use.

h) Financial Projections

The Rural Community Health Clinic has a positive financial projection in the first year of about $100,000 based on the financial analysis exercises performed as part of this plan. The start-up costs of the clinic are relatively inexpensive due the low cost of the facility as well as the lower provider salary for Physician Specialists and nurse practitioner.

Table 1: Financial Projection by Year

Year	Revenue ($)	Operating cost ($)	Net cost ($)
2023	450,000	260,000	190,000
2024	500,000	280,000	220,000
2025	550,000	280,000	270,000
2026	700,000	300,000	400,000
2027	800,000	350,000	550,000

2. ORGANIZATIONAL PLAN

a) Mission

The mission of the Rural Community Health Clinics is to provide convenient access to high quality primary and specialty care to those living in the small, rural community and surrounding areas as well as to reduce non-emergency utilization of the District Medical Center Emergency Department and preventable hospital admissions. Long term goals are to improve the health and quality of life of the residents as well as enhance the healthcare services offered in the extended service area.

b) Business Model

The Rural Community Health Clinics provide distinct opportunity to offer primary care and specialty services to rural areas which have been designated as a health professional shortage. The clinic will serve as the only healthcare facility in the community and will be classified as a Provider-based Rural Community Health Clinics.

Locations of the Clinics will be along the main roads which allow for easy access and prime visibility for residents seeking care. A modular building installation will allow a cost effective and timely solution so that services can be provided as soon as possible.

The clinics will offer both primary and specialty care under the Rural Community Health Clinic Guidelines established by the Ministry of Health and Sanitation (MOHS). A Nurse Practitioner, who is already employed by the Organization for each, will provide services at least 50% of the clinic's operating hours while specialty providers will rotate all the clinics on a scheduled basis depending on demand for services.

The clinics will furnish certain laboratory and diagnostic services as outlined by MOHS. These include blood glucose, hemoglobin or hematocrit, occult blood stool examination, pregnancy tests, primary culturing for transmittal to a certified laboratory and urinalysis by dipstick or tablet method. The clinic will also offer phlebotomy services to allow patients the convenience of complying with their healthcare provider orders for labs without having to travel to the District Hospital or other reference lab.

The clinics will implement the same EMR that is utilized by the District Medical Center including the physicians and nurse practitioners employed by the hospital. This EMR integration will improve coordination of care and the elimination of duplicate or unnecessary testing and procedures. Not only will the Rural Community Health Clinic serve the local community but will be a healthcare resource for many in the neighboring communities.

c) SWOT Analysis

Table 2: SWOT Analysis

Rural Community Health Clinic Start-Up SWOT Analysis			
Strengths	**Weaknesses**	**Opportunities**	**Threats**
• Largest employer in the County • Brand recognition • Integrated EMR	• Cost of establishing a new facility • Changing patient	• Increasing market share • Partnering with communities to	• Area health providers may view as a threat • Unexpected

• Experience with clinic services • Engaged providers • Community is onboard • Local convenience	behavior in where to seek care. • Lack of patient engagement in utilizing Patient Portal	improve their health • Measuring patient satisfaction • Develop patient focus group to increase patient engagement	barriers when tearing down existing and placing new facilities

d) Strategy

Initial objectives for the Rural Community Health Clinics are as follows:

- To create a medical facility that will meet the needs of the local community for primary and specialty care
- To provide high quality care to the patients we serve
- To improve health outcomes of the patients we serve
- To achieve and exceed quality measures as defined by MOHS and as part of the ACO

Future objectives for the Clinics include:

- Implementation of a Chronic Care Management (CCM) program
- Maintain high quality, low cost care
- Increase market share for the Organization

e) Strategic Relationships

Strategic relationships currently in place include:

- Employed provider relationships including primary care and the following specialties: Cardiology, Colon & Rectal Surgery, ENT, Gastroenterology, General Surgery, Infectious Disease, Obstetrics & Gynecology, Orthopedic Surgery and Pulmonology
- Community and Local government relationships

- Laboratory services
- Radiology services
- Home Health & Hospice
- Cardiac Cath Lab and Cardiac Rehabilitation
- Physical and Occupational Therapy
- Wound Healing Center
- Sleep Facility
- Mental Health Services

f) Key Stakeholders / Key Decision-Makers

This project includes the following stakeholders and decision-makers:

- Board of Directors
- Chief Executive Officer
- Chief Financial Officer
- Chief Clinical Officer
- Executive Director
- Physicians and Nurse Practitioners
- Clinic manager
- Clinic team members
- Patients
- Local community government
- Community members
- DHMT members
- Payers

3. PRODUCTS AND SERVICES

The Rural Community Health Clinics will provide primary care and specialty services in the community. Services will be provided for patients of all ages. Specialty services are provided as

a service of the employed physicians of the Organization. The specialties offered will be as follows.

- Primary Care and Preventive Services
- Cardiology
- ENT
- General Surgery
- Colon and Rectal Surgery
- Obstetrics and Gynecology
- Orthopedic Surgery

Other services include:

- CLIA Waived Testing such as blood glucose, hemoglobin or hematocrit, occult blood stool examination, lipid panels, pregnancy tests, and urinalysis
- Medicare Annual Wellness Visits
- Chronic Care Management
- Phlebotomy
- EKG

4. ADMINISTRATIVE PLAN

a**) Organizational Chart**

b) Approval Plan

This list provides an outline of the types of decision making and approval authority key individuals hold in a hospital-employed medical group model

Table 3: Approval plan

ITEM	RESPONSIBLE PARTY
Approval for capital purchases above $5,000	Board of Directors
Provides strategic direction for the organization as a whole	CEO
Approval of budget and capital expenditures prior to Board submission	CFO
Leading all administrative aspects of the Health Center including: • Business plan for clinic start-up • Coordinating the development and implementation of Clinic budget	Executive Director

• Final purchasing approval of purchases greater than $500 • Provider communication and relations • Oversight of quality metrics for the Clinic	
• Oversees the clinical program to ensure quality clinical care is being provided. • Provides clinical leadership and drives provider engagement. • Provides recommendations to the Office Manager and Executive Director for annual budget preparation, clinic policy and procedure updates	Medical Director
• Oversight of day to day operations including staff scheduling & payroll, monitoring of patient volumes, supply purchasing and budget compliance. • Ensures that quality patient-centered care is being provided by monitoring patient satisfaction surveys and quality metrics.	Office Manager

5. OPERATIONAL PLAN

The Rural Community Health Clinics will be located in a permanent building located on the main thoroughfare passing through the big towns. This location will provide healthcare accessibility convenience for the residents in the community and surrounding areas.

The clinic operating hours will be Monday through Sunday 8:00 am to 5:00 pm. Hours can be altered depending on need and demand. The clinic will accept patients by appointment and walk-ins for primary care visits.

The organization has team members with expertise in building construction and engineering that will be able to work through any issues that arise. Delivery of equipment and supplies could cause a delay in opening. Working closely with supply vendors and outlining delivery plan will help to minimize any disruption. Since this facility will be a Community Health Clinic, the site will undergo a certification visit from MOHS. This visit will not cause a delay in opening but

will require the team to work diligently for a successful site visit. It is important to note that should any delays occur along the way, the opening date can be adjusted to accommodate. The organization has established a "provider on-boarding team" that meets on a weekly or bi-weekly basis and utilizes a shared resource for project management. This shared software allows the team to update everyone on the status of their respective areas of responsibility and also serves as a confidential reference point for provider specific information. Even though the Community Health Clinic will be staffed with existing providers, this process will assist in guiding the team through adding the new site to payer contracts and linking the providers to a new location.

Table 4: Operational Plan

RURAL HEALTH CLINIC	**PLANNED OPENING**	
Activity Description	**Responsible Parties**	**Anticipated Completion Date**
Approval of Business Plan for the Rural Community Health Center including approval of capital requests for clinic start up.	Board of Directors, CEO, CFO and Executive Director	
Local government approval of site and process for site clearing	Executive Director	
Purchase of Modular Structure	Executive Director, Director of Materials Management and Facilities Director	
Complete and submit Rural Community Health Clinic Application	Executive Director and Billing Team	
Selection and ordering of exam room equipment and office/reception area furniture	Executive Director and Office Manager if available	

Add clinic location to billing system/EHR and begin system testing	Billing Team and EHR Team	
Add/develop visit templates in EHR	EHR Team	
Selection and hiring of Office Manager	Executive Director	
Link providers to clinic location with payers	Billing Staff	
Application submitted for waiver	Office Manager and Billing Staff	To be in place prior to opening day
Complete and submit Supplier Enrollment Application	Billing Team	
Implement marketing and communications plan	Community Outreach Coordinator / Marketing	
Selection and hiring of office staff	Office Manager	
Ordering of clinic equipment and supplies including vaccines	Office Manager	
Staff orientation and computer training	Office Manager and EHR Team	
Site preparation and installation of Modular building	Facilities Director	
Ordering and installation of computers, monitors, printers, scanners, telephones, fax machine and copier	Executive Director, Office Manager, IT and Purchasing	
Development of Rural Community Health Clinic Policy and Procedure Manual Open House	Executive Director, Office Manager, Medical Director, Nurse Practitioner Community Outreach Coordinator / Marketing	
Opening Day	Executive Director and Office	

	Manager	
Rural Community Health Clinic Certification Visit	State Agency of MOHS	To be scheduled within 90 days of process completion

5. MARKETING PLAN

a) Overview and goals of the marketing strategy

The marketing plan for the Rural Community Health Clinics will be multifaceted and will follow the marketing standards of the existing brand.

The District Medical Center has served the district for a long period of time; therefore the community is very familiar with the brand as well as the services it provides. However, this new service location offering will bring a new emphasis to the branding strategy. "Care you can trust, right here at home" is the tag line for the organization and will go hand in hand with highlighting the new clinic location in this rural community.

The community and surrounding areas will be the target of the marketing campaign highlighting the new location for primary care services and the addition of well-known, specialty care providers that will be available.

b) Market Analysis

i) Target Market and Audience

Since our focus is on primary care, the target market for this project will be individuals of all ages. Per the 2015 census, the immediate service area has a total population of 350,000. There are approximately 150,000 males with a median age of 25 and 200 females with the median age of 27 for any location the clinic will be operated.

As this is a rural community, the target area will extend to an approximate radius of 70 miles as access to care is limited within these communities.

ii) Competition

Our closest competition is a clinic located 20 miles away in a neighboring community. This clinic has been in the community for many years and the provider is nearing retirement. The Rural Health Clinic will offer specialty services in addition to primary and preventive care. Other clinics are at least 50 miles from the community; it will be key to highlight the convenience factor plus access to specialty providers.

iii) Market Trends

From 2015 to 2021, the Region has seen a 20% increase in its population (2015 Population and Housing Census).This increase has demanded the healthcare industry alter its approach to meeting the healthcare needs of the community while focusing on outpatient services. With this population increase, the volumes in the Community clinics have also increased encouraging the providers to supplement their schedules in offering services at additional locations. Expanding services into the rural communities is one way to build market share while increasing access to healthcare.

iv) Market Research

According to the Statistics Sierra Leone, the country has met the Primary Care Need by only 20%. With 5% of Physicians at the age of 60+, a significant deficit in Primary Care providers is looming. One approach to meet this need is supplementing primary care with non-physician providers such as Nurse Practitioners or Physician Assistants. The Rural Community Health Clinic supports this model of care.

c) Marketing Strategy

The clinics branding will follow the District Medical Center's format and will be coordinated by the organization's marketing and outreach department.

The following estimates for marketing materials have an expected return on investment of less than 12 months.

Table 5: marketing strategy for each clinic

ITEM	COST ESTIMATE
Print advertising including newspaper and local magazines	$7,000

Direct Mail design and postage	$5,000
Billboards, 4 months	$1,200
Website and Social Media design	$500
Community Radio Shows	Free
Community Television Shows	Free
Open House (catering and giveaways)	$1,000
Total	**$14,700**

d) Implementation of Marketing Strategy

The Rural Community Health Clinics marketing strategy will be implemented with a variety of methods and tactics including the following:

i) Internal Marketing

- Written communication to all Physicians and office staff from Medical Director with all clinic contact information
- Staff meet and greet

ii) External Marketing

- Print advertising including, but not limited to, newspaper and local magazines
- Direct mail out to community and businesses
- Billboards in strategic locations
- Website and social media

iii) Public Relations

- Providers to attend civic clubs with senior leadership and/or community development manager
- Chamber of Commerce activities including Business after Hours events and newsletter articles
- News release to all media outlets announcing new clinic location
- Local television station morning show visitation

iv) Community Outreach

- Social gathering with community leaders
- Chamber of Commerce meet and greet with Board of Directors and community leaders

7. FINANCIAL PLAN

a) Summary of Financial Needs for each clinic

As provider-based rural health clinics, our Organization will support the start-up costs at 100 percent. Our Organization will also own the clinics as an extension of the District Medical Group. Capital for fixed assets includes furniture and equipment to set up the clinic operation. Each clinic is projected to break even within the first year of operations. As this clinics will be owned and supported by our organization all finance and accounting functions will be conducted and supported by the same.

b) Pro Forma Cash Flow Statement

Below is a Pro Forma Cash Flow Statement for the Rural Community Health Clinic

Table 6: Pro Form statement for each clinicc

Net cash flow from operation ($)	**2023 $**	**2024 $**	**2025 $**	**2026 $**	**2027 $**
Income	80,300	120,200	150,400	180,100	210,500
Depreciation & amortization	15,000	15,000	15, 000	15,000	15,000
Account Receivable	63,700	75,000	80,500	90,000	100,500
Account Payable	2,500	2,570	2,642	2,740	2,900
Accrued Payroll	6,140	6,240	6,390	6, 500	6,600
Total cash flow Operations	**167,640**	**219,010**	**239,932**	**287,840**	**335,500**
Cash flow from investing	-	-	-	-	-
Total cash flow	-	-	-	-	-

from investing					
Cash flow from financing	-	-	-	-	-
Total cash flow from financing	-	-	-	-	-
Net increase in cash	**167,460**	**219,010**	**239,932**	**287,840**	**335,500**
Beginning Cash Balance	-	167,460	386,470	626,402	914,242
Ending cash balance	**167,460**	**386,470**	**626,402**	**914,242**	**1,249,742**

c) Five-Year Income Projection for each clinic

Below is a five-year income projection for the Rural Community Health Clinic.

Table 7: Five-year Income Statement

	2023	2024	2025	2026	2027
Total visits per day	10	12	14	16	18
No. of business days	360	360	360	360	360
Total Annual visits	3,600	4,320	5,040	5,760	6,480
Collection per visit	$100	$100	$100	$100	$100
Revenue Collected	**$360,000**	**$432,000**	**$504,000**	**$576,000**	**$648,000**

d) Projected Balance Sheet

Below is a projected balance sheet for the Rural Community Health Clinic

Table 8: Projected Balance Sheet

	2023	**2024**	**2025**	**2026**	**2027**
Cash	$80,200	$120,000	$160,000	$200,000	$240,000
AR Receivable	$60,500	$70,400	$80,300	$93,500	$100,010
Fixed assets	$180,100	$160,300	$150,000	$145,000	$390,870
Total Current Assets	**$320,800**	**$350,700**	**$390,300**	**$438,500**	**$730,880**
Account Payable	$3,000	$3,100	$3,210	$3,400	$3,500
Accrued Payroll	$6,011	$6,230	$6,400	$6,603	$6,70
Total Liabilities	**$9,011**	**$9,330**	**$9,610**	**$10,003**	**$10,200**
Total Equity	**311,789**	**341,370**	**380,690**	**428,497**	**720,680**
Total Liability & Equity	**320,800**	**350,700**	**390,300**	**438,500**	**730,880**

e) Break-even Analysis for each clinic

Below is a break-even analysis for the Rural Community Health Clinic.

Table 9: Break-even Analysis

	2023	2024	2025	2026	2027
Fixed Expenses					
Total Compensation	184,704	188,398	192,166	194,242	199,444
Drugs/Supplies	20,000	20,400	20,808	21,202	21,608
Medical Specialist Fees	12,000	12,240	12,485	12,604	12,800
Professional Services	1,000	1,020	1,040	1,060	1,080
Phone/Utilities	3,500	3,750	3,841	3,990	4,201
Service Agreements/Repairs	6,000	6,100	6,101	6,202	6, 302
Total Fixed Expresses	**227,204**	**231,908**	**236,441**	**239,300**	**239,133**

Billing	32,800	37,500	40,100	46,606	48,900
Total variable expenses	**32,800**	**37,500**	**40,100**	**46,606**	**48,900**
Total expenses	**260,004**	**269,408**	**276,541**	**285,906**	**288,033**
Revenue per patient	100	100	100	100	100
Fixed cost per patient	50	55	60	65	70
Variable per patient	7	8	9	10	11
Number of business days	360	360	360	360	360
Break-even visits per year	2,210	2,723	2,880	2,800	2,890
Number of business Days	360	360	360	360	360
Visits needed Per Day for Break Even	10	10	10	10	10

f) Projected Profit & Loss Statement for each clinic

Below is a projected profit and loss statement for the Rural Community Health Clinic.

Table 10: Revenue (Collections)

	2023	**2024**	**2025**	**2026**	**2027**
Revenue (Collections)	$360,000	$432,000	$504,000	$576,000	$648,000
Gross Margin	**$360,000**	**$432,000**	**$504,000**	**$576,000**	**$648,000**
Operating Expenses					
NP SWBT	134,900	138,490	141,541	146,324	148,670
Receptionist SWBT	22,456	22,990	23,657	24,213	25,671
LPN SWBT	30,404	32,560	35,670	37,909	39,002
Drugs/supplies	20,000	20,600	22,450	22,980	23,404
Medical Specialists/ fees-Collaborative Agreement	12,000	12,904	13,201	13,600	13,808

Professional Services	1,000	1,202	1,304	1,700	1,900
Phone Utilities	3,500	3,600	3,700	3,800	3,906
Service Agreement/ Repairs	5,000	5,500	5,600	5,800	5,900
Malpractice Insurance	5,000	5,200	5,300	5,606	5,700
Billing expenses (10% Collection)	36,000	43,200	50,400	57,600	64,800
Total Operating Expenses	**270,260**	**286,246**	**302,823**	**319,532**	**332,761**
Net Income/(Loss)	**89,740**	**145,754**	**201,117**	**256,468**	**315,239**

g) Balance Sheet

Projected balance sheet produced in Table 8 above.

h) Financial Statement Analysis

A true financial statement analysis would include the past, current and future projected performance for the company. Since this is a new business plan, an analysis is not available for this submission.

i) Business Financial History

Since this is a new business plan, a financial history is not available for this submission.

8. INNOVATIVE ELEMENTS AND EXPECTED BUSINESS OUTCOMES FOR EACH CLINIC

1. Why and how does this innovative idea positively impact the health of your population and the organization?

The innovation in this business plan is evidenced in several areas:

- Placing a clinic in a community that has a very high and deprived population

- Utilizing existing employed providers on a rotating basis to staff a new clinic.
- Working collaboratively with a local government body and residents to positively impact the health and quality of living of those in the immediate and surrounding communities.
- This venture allows the organization to supplement reduced revenue as a result of the deprived population with a positive impact on the health and quality of life of patients in the extended service areas. We're taking healthcare to them instead of expecting them to come to us.

With the increase in population over the past years as well as the increase in clinic visits and hospital volume, it is necessary to expand our services to the outlying service areas. Doing so has a positive impact for:

Patients:

- Added convenience to care
- Lower cost to receive care
- Improved health and quality of life

Providers:

- Higher productivity with the potential for increased compensation as quality and volume metrics are reached

Organization:

- Increasing provider productivity
- Improving quality of care of its patients
- Reduced costs through the avoidance of unnecessary tests and procedures
- Reducing non-emergent visits to the District Medical Center's ER

2. What Challenges did you encounter during this process and what have you learned?

One of the biggest challenges was identifying creative ways to make this business plan successful due to the small census in the immediate service area where the clinic will be located. The county and city government are very engaged in this venture from a desire to

improve the community. Marketing the Rural Community Health Clinic to the target areas will be crucial for the success of the clinic. It will also be important to routinely monitor the utilization by communities as well as report improvement in quality of care and improved health outcomes.

There were many learning opportunities in the areas of identifying the need for the service, developing the marketing plan and creating the financial documents to demonstrate the success of the new facility.

3. Next Steps

The next step is to present the business plan to the Board of Directors for approval. Several discussions have taken place, and everyone is on board to date. Following the District Medical Center's Board approval, emphasis will be on approval from the local community leaders, securing the location, completing the building installation and finally the Rural Community Health Certification process.

9. CONCLUSION

By funding and establishing such a clinic that is easily accessible by residents, the quality of life would dramatically increase due to timely delivery of health care services. Additionally, this approach would shift the burden from the emergency department as the first line of medical treatment, which would improve cost value for the resident, community as well as the District Medical Center

END