

# Home Sweet Home Med+cal


**A progressive model and a collaborative approach define the care patients receive at Silver City Health Center in the Argentine community of Kansas City, Kan.**

This innovative clinic saves lives and improves health care in an area of the community that has been medically underserved.

“We’ve had patients say to us, ‘I think I would have died because I wouldn’t have known where to go,’” said Mary Virden, MSE, RN, the administrator at Silver City. “People feel like they’re coming to someone’s home to visit when they come here, rather than coming to an institutional place.”

Patient Marilyn Martin agreed, noting the comprehensive, medical home concept employed at Silver City is a phenomenal benefit for the patients. When asked where she would be if it were not for Silver City Health Center, Martin said simply, “I’d be in trouble.”

Like many patients, Martin said she would not know where to turn for her health care because she does not feel like she has many options. But under the patient-centered model of care established at Silver City Health Center, called a “medical home” or “primary care home,” patients can visit with a physician or nurse practitioner and have their care coordinated with other health professionals all under one roof.



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**WELL CHILD –**

One of the many services that Silver City provides is well-child checkups. Working with patients of all ages has positioned the clinic as a full-service provider.

“The medical home model is a plus, and that is a fundamental part of everything we do here,” said Ed Galan, MSN, MA, FNP-C. “It is advantageous for any patient because it minimizes the need to send the patient elsewhere for services.”

Galan is the director of clinical services at Silver City. The clinic is one of eight safety net clinics in Wyandotte County, but it is the only one with a documented, patient-centered model of care that offers expanded services such as an interdisciplinary approach to diabetes care.

Another noteworthy characteristic of Silver City Health Center is that it is the only academic, nurse-managed clinic in Kansas. It is one of the clinics operated by KU HealthPartners, Inc., a joint clinical enterprise of the KU Schools of Nursing and Allied Health. It also serves as the practice plan for faculty in the schools, allowing them to maintain their classroom and research responsibilities while still having an opportunity to provide care and keep their clinical skills current.

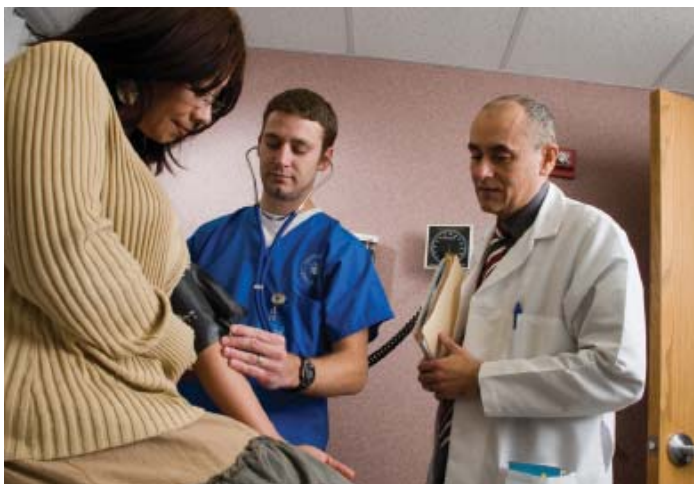


KU HealthPartners acquired the management of Silver City Health Center from the KU School of Medicine in July 2006, and in February 2007, moved to its current location in the Argentine community on the southern edge of Wyandotte County.

The move provided more than a suitable environment for a medical clinic. It reassured the community of KU Medical Center’s commitment.

“Silver City is of the community, located in the community, and we’re here to stay,” said Dean Karen Miller, RN, PhD, FAAN.

Virden shared in this sentiment, “When we signed a five-year lease at this location, that sent a pretty strong message to the community.”



**Real-Life Insight –**

Ed Galan, MSN, MA, FNP-C, director of clinical services at Silver City, works closely with nursing students to make sure their clinical experience includes a mix of hands-on evaluation and education. Thanks to the efforts of Silver City professionals, students compete for the opportunity to work at the clinic.

2480

Patient visits  
in 2007

Patient visits  
in 2008

4200+

The leadership team at Silver City routinely evaluates their patient population and services provided to determine what services are needed in the future. Virden and others examine the racial and ethnic mix of people, insurance and socioeconomic status of patients, and their top five diagnoses. In addition to well-child check-ups and routine gynecologic exams, the most common conditions treated at Silver City are diabetes, hypertension and hyperlipidemia. Virden said they have structured many of their activities and programs around this data.

The majority of Silver City's patients are uninsured or under-insured, so payment is based on a sliding scale. Galan noted the clinic has acquired a more varied payer mix over the past year, taking in more patients who are insured under Medicaid, Medicare and private insurance. Additional support for the clinic comes from external grant funding including the REACH Foundation of Kansas City, Wyandotte Health Foundation, the Health Care Foundation of Greater Kansas City, the Sunflower Foundation and the Kansas Department of Health and Environment.

"We're not just offering care. We're not just increasing access to care. We're increasing access to high-quality, optimal care, and that to me is really important," Galan said.

Serving the community is paramount, but there is also a benefit to nursing, allied health and medical students who come to Silver City

for clinical education. Students compete for the spots at Silver City, and the staff at the clinic strives to make it a high quality and enriching experience for them.

"We have students in specific programs like physical therapy or nurse practitioner who need clinical opportunities that are not necessarily available in a traditional hospital," Miller said. "Silver City offers a nontraditional alternative for clinical practice with an emphasis on community based practice and care of diverse populations."

The proof of Silver City's success is in the continually increasing number of patients served. There were 2,480 patients visits in calendar year 2007 and more than 4,200 patient visits in 2008. Miller views this as a tremendous accomplishment.

"We've had great success in increasing our services in the Argentine community," Miller said. "We're involving more faculty and more students. The fact that we've been able to create a freestanding, direct patient care clinic in the community is just an outstanding achievement that is a source of pride at KUMC." 