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ISSUE 50 | JULY 2025



# THE MOVEMENT NEWSLETTER

*The connection that keeps us together*

A Monthly Update from the South Carolina Primary  
Health Care Association

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Conferences and Events

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# NATIONAL HEALTH CENTER WEEK

August 3–9, 2025

*America's Health Centers Celebrating*



*60 Years of Improving Our Nation's Health*



NATIONAL ASSOCIATION OF  
COMMUNITY HEALTH CENTERS®



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**OCT 17-19**

**2025 ANNUAL CONFERENCE & BOARD GOVERNANCE RETREAT**

**Sheraton Myrtle Beach Hotel**  
2101 N Oak St, Myrtle Beach, SC 29577

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PRIMARY HEALTH CARE  
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JAN  
13 & 14

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# 2025 CLINICAL NETWORK RETREAT

Stronger Together: Building Partnerships for  
Clinical Excellence

June 6-8, 2025



**Sheraton Myrtle Beach Hotel**  
2101 N Oak St., Myrtle Beach, SC 29577

**Thank you for supporting the  
2025 Clinical Network Retreat!**



## By the Numbers

- 248 registered attendees including staff, speakers, and 34 exhibitors representing 21 companies
- More than 15 educational sessions
- More than 35 subject matter experts
- \$79,600 in sponsorship/exhibitor support

**OVERALL EVALUATION SCORE: 4.44**

**AVERAGE SESSION SCORE: 4.50**



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# Retreat Engagement

## EVENT APP USAGE

DOWNLOAD RATE  
EVENT APP

**84%**

ACTIVE USERS  
TOTAL

**209**

MOBILE APP USERS  
TOTAL

**203**

## SPONSORS & EXHIBITORS

SPONSOR IMPRESSIONS  
TOTAL

**98181**

EXHIBITOR LEADS  
TOTAL COLLECTED

**902**

STAMPS COLLECTED  
PASSPORT CONTEST

**840**



## Sponsors and Exhibitors

Thank you to our sponsors and exhibitors for helping to make our Retreat a success!

First Choice by Select Health of SC (**Corporate Partner Sponsor**)  
 Absolute Total Care (**Platinum Sponsor**)  
 LabCorp (**Platinum Sponsor**)  
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 Pfizer  
 Sanofi Vaccines  
 SC Thrive  
 South Carolina AHEC  
 TruMed Systems  
 USC Colorectal Cancer Prevention Network  
 Welvista  
 YAP-P SC Department of Mental Health

## Retreat Testimonials

- "This was a great first experience for me, and I look forward to attending the 2026 Clinical Network Retreat. Thanks for this opportunity!"

- "The best Clinical Conference yet!"

- "The speakers were great, and there was a valuable opportunity to network and collaborate with other centers and agencies."

- "The retreat was amazing!"

## A Lesson in Leadership

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## A Lesson in Leadership



### BE PREPARED: A Monthly Emergency Essential



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## Case for Safety: After-Hours Coverage and Communication

### Scenario

Dr. Keith sees Jeremy, a 46-year-old male with hypertension and prediabetes, at a routine office visit on Friday afternoon. Jeremy reports he had mild chest pressure with lightheadedness on Wednesday night for about three hours before going to bed. At the office visit, his vital signs are stable and his EKG is normal. Dr. Keith is concerned given the patient's history and symptoms, but Jeremy refuses to go to a higher level of care, stating, "I'll go to the emergency room if symptoms come back." Dr. Keith emphasizes Jeremy's individualized cardiac risks, but Jeremy continues to refuse. Jeremy consents to lab work, so Dr. Keith orders a number of STAT cardiac enzyme tests, including high-sensitivity troponin that helps detect heart damage caused by lack of blood flow to the area (i.e., ischemia) after a heart attack. The health center arranges for the drawn labs to be picked up right away for testing with the patient's preferred laboratory, and Jeremy is told that an on-call provider will call with results once available, as the health center will most likely close before the testing is complete. The external reference lab receives the results at 7:30 pm Friday night. The high-sensitivity troponin results are in the critical range, indicating a heart attack or other significant heart injury.

The lab calls the health center, but the after-hours emergency phone number on file is no longer valid. The lab faxes and uploads the results to the electronic health record (EHR) inbox with a critical result flag. The results are not seen by the health center until 7 am on Monday morning. The provider calls Jeremy and speaks with his wife, who reports that the patient was hospitalized Saturday night after having a heart attack.

### The Bottom Line

Health centers must have "[clearly defined arrangements for promptly responding to patient medical emergencies after the health center's regularly scheduled hours](#)." Free clinics are also strongly encouraged to provide after-hours coverage to patients as clinical best practice. This coverage should be documented and shared with staff, patients, and partner healthcare organizations to ensure that health center patients can be evaluated and referred to emergency medical care whenever necessary. Health centers and free clinics can use this checklist to ensure their after-hours emergency protocols are working as intended.

### Establish and Maintain After-Hours Emergency Protocols

- Ensure there is always a designated on-call provider and/or triage service available for critical results and other emergency medical communications, including patient inquiries.
- Educate staff on the protocol and empower them to contact the designated after-hours coverage when clinical concerns arise and a provider is not present to address them. No employee should be penalized for acting in good faith in the interest of patient safety.

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them of any subsequent changes in writing.

- Ensure that your [test tracking policies and procedures](#) incorporate after-hours emergency protocols where appropriate (e.g., critical laboratory result provider notification). Diagnostic testing vendors should escalate critical test values via phone, not just through indirect communication methods such as fax or the EHR. This requirement should be documented within your vendor contracts and renewals.
- Require after-hours coverage services to provide sufficient documentation of inquiries received and actions taken in a timely manner (e.g., by the start of the next business day) so that the health center or free clinic can follow up for the purpose of continuity of care (e.g., patient and/or appointment follow-up).
- Report, review, and analyze any near misses or events related to the health center's or free clinic's after-hours protocols as part of your overall risk management plan.
- Adopt quality improvement/quality assurance strategies to monitor the process and outcomes of after-hours coverage protocols (e.g., documentation review of patient inquiries for clinically appropriate and timely response).

### Communicate Expectations to Patients

- Inform patients of the ability to access after-hours coverage. Patient education and instructions on how to access this service should be based on the patient's preferred language, literacy levels, and format appropriate to their needs.
- Give patients written information explaining [key after-visit information](#), such as when test results should be expected and how results will be communicated to them.
- Encourage patients to contact the health center or free clinic when they have concerns at any time, including when diagnostic testing results aren't received within the expected time frame or when there is a change in their condition.

### Scenario Follow-Up

The health center investigated the event and found that the laboratory had the phone number to a disconnected mobile phone previously designated for the on-call provider. The health center had recently partnered with another organization to provide after-hours provider coverage and had not informed the laboratory of this new arrangement or phone number. The laboratory also had an old main phone number on file.

The health center notified all partner healthcare organizations to ensure that they had the most recent emergency contact information. The health center also worked with their new after-hours coverage service to preemptively alert them of pending STAT testing and other emergency medical communications for continuity of care during off-business hours.

**Source:** [Get Safe! A Brief Case for Safety: After-Hours Coverage and Communication](#)

## Value Based Care

**VALUE  
BASED  
CARE**



### Clinically Integrated Network vs. Accountable Care Organization: Understanding the Differences and Opportunities for FQHCs

As healthcare delivery evolves toward value-based care, organizations are exploring collaborative structures to improve outcomes, reduce costs, and enhance patient experiences. Two prominent models—**Clinically Integrated Networks (CINs)** and **Accountable Care Organizations (ACOs)**—often come up in these discussions. While they share common goals, they are distinct in structure, governance, and regulatory requirements. Understanding these differences is key for Federally Qualified Health Centers (FQHCs) and other healthcare providers considering their role in population health management.

#### What is a Clinically Integrated Network (CIN)?

A **Clinically Integrated Network** is a formal collaboration among healthcare providers—such as hospitals, primary care physicians, specialists, and other providers—designed to improve clinical outcomes and operational efficiency. The main goal of a CIN is to coordinate care and enhance quality while maintaining provider independence.

#### Key Features of CINs:

- Shared clinical protocols and quality metrics
- Data sharing and integration through Health IT platforms
- Joint contracting capabilities with payers
- Not required to participate in Medicare Shared Savings Programs
- Typically governed by participating providers

CINs enable participants to work collectively on care coordination, quality improvement, and cost containment strategies. By aligning clinical efforts, CINs can negotiate more favorable contracts with commercial payers, often including value-based or performance-based reimbursement.

#### What is an Accountable Care Organization (ACO)?

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Medicare patients. The primary aim is to ensure patients receive the right care at the right time while avoiding unnecessary duplication of services and preventing medical errors.

### Key Features of ACOs:

- **Specifically tied to Medicare or other government value-based programs**
- **Eligibility to share in savings if quality and cost targets are met**
- **Formal legal and financial structure**
- **Must report on quality metrics to CMS**
- **Accountability for population health outcomes**

ACOs are regulated under the Centers for Medicare & Medicaid Services (CMS) and may participate in the **Medicare Shared Savings Program (MSSP)** or other models such as **Next Generation ACOs** or **ACO REACH**.

### Key Differences Between CINs and ACOs

Feature	Clinically Integrated Network (CIN)	Accountable Care Organization (ACO)
<b>Primary Focus</b>	Clinical integration, quality improvement	Cost containment, population health management
<b>Participation</b>	Voluntary, mostly private/commercial payers	Voluntary, but structured around Medicare beneficiaries
<b>Regulatory Oversight</b>	Less regulated, mostly state and private oversight	Regulated by CMS
<b>Financial Risk Models</b>	Negotiated with commercial payers	Required by CMS (e.g., upside/downside risk)
<b>Data and Reporting</b>	Internally developed or payer-driven	Standardized reporting to CMS
<b>Legal Structure</b>	Flexible, often collaborative agreements	Formal legal entity required

### Why It Matters for FQHCs

For Federally Qualified Health Centers, joining a CIN or ACO can be a strategic move toward value-based care. A CIN offers flexibility and can serve as a steppingstone toward the more structured and regulated ACO model. On the other hand, participating in an ACO can open opportunities for shared savings and expanded care coordination under federal programs.

### Considerations for FQHCs:

- **Population Served:** ACOs typically focus on Medicare, though Medicaid ACOs are growing. CINs may offer broader payer engagement.

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- **Governance Role:** FQHCs should ensure they have a voice in decision-making, especially in networks designed to reflect community needs.
- **Financial Risk Tolerance:** ACOs involve varying degrees of financial risk, while CINs may offer more gradual exposure to risk-based contracts.

While **CINs** and **ACOs** are both designed to support care transformation and value-based payment models, they serve different purposes and follow distinct regulatory paths. Health centers and provider organizations must carefully assess their goals, resources, and readiness when choosing the right model. In many cases, a CIN can serve as the foundation for building a future ACO, offering providers the flexibility to grow into a more risk-based and outcomes-driven approach.

## Clinical Transformation



## Breaking the Stigma

July marks **Minority Mental Health Awareness Month**, which serves as a reminder to spotlight challenges and work toward better awareness, more responsive care, and stronger community support for all.

To break the stigma, here are some things we can do to collectively build awareness and create a more supportive environment:

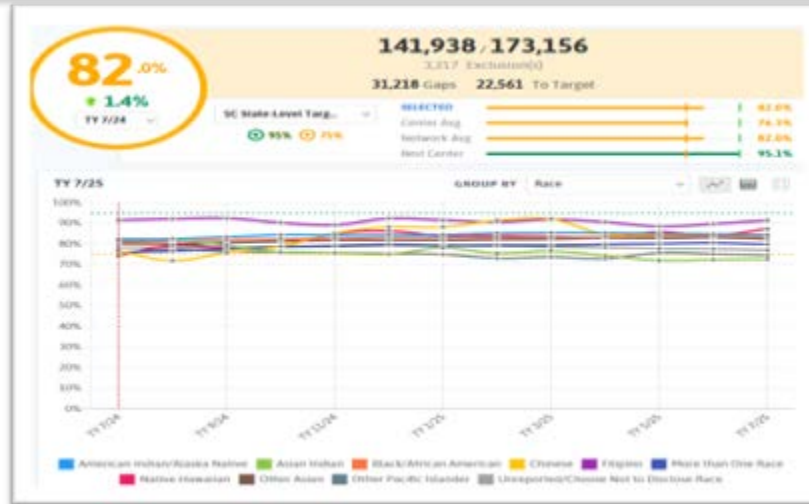
- Normalize conversations around emotional well-being, therapy, and coping strategies.
- Learn about the historical and cultural contexts that shape mental health experiences in minority communities.
- It's important to have mental health professionals from a variety of walks of life and to offer support that respects people's unique cultures and identities.

South Carolina Community Health Centers continue to move the needle on improving patients' behavioral health outcomes. On average health centers are screening minority patients at a rate of 82% for those with a qualifying encounter.

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As we recognize Minority Mental Health Awareness Month, it's important to remember that seeking support is a sign of strength—and that everyone deserves access to care that respects who they are.

## Remote Monitoring Opportunity with USC

Dr. Shaun Owens recently received a grant to refine and test a remote monitoring system for rural-dwelling African Americans with early-stage Alzheimer's Disease and Related Dementias (ADRD) and their care partners.

As you may know, SC has some of the highest ADRD prevalence rates in the nation and care partners need more support to keep their loved ones aging in their homes with this deadly disease. I think we can make this happen with the right combination of remote-monitored technologies.

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## Help Us Design An In-Home Health Monitoring for African Americans with Dementia

### PURPOSE:

To help faculty at the University of South Carolina learn more about the feasibility, acceptability, and usability of a technology system that monitors a person's activity and health in their home environment using simple devices such as smartwatches, electronic pill boxes, and bed mats.

### WHO IS INVITED TO PARTICIPATE:

African-American adults who:

- (1) Live in rural areas of South Carolina
- (2) Have memory issues or have an early-stage diagnosis of Alzheimer's Disease or other related dementia
- (3) Have a care partner who is also willing to participate

### CONTACT:

Interested in participating? Please contact Dr. Shaun Owens at (803) 777-0384, [owenso@mailbox.sc.edu](mailto:owenso@mailbox.sc.edu), or scan QR code

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*This research is funded by the  
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## SCAgWHP Update

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## Pine Needle Express Makes Donation to SCAgWHP



The SCAgWHP extends our heartfelt thanks to the team at Pine Needle Express for generously donating their time and energy to help us sort and organize our promotional materials. Their dedication behind the scenes has made a meaningful difference. Thanks to their support, our outreach team is now better equipped to serve and support agricultural workers throughout South Carolina.

The Pine Needle Express team played a key role in making sure everything was organized and ready to go. Their commitment to our mission underscores the power of community collaboration. Thanks to their support, we're now better prepared to connect with agricultural workers—individuals who are often overlooked, yet essential to sustaining our food system.

## Revolution Red Makes Donation to SCAgWHP

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We are proud to recognize and thank Revolution Red for their generous support of women in agriculture through the donation of monthly menstrual care packages. This meaningful contribution provides essential supplies and much-needed comfort to women who work long hours in the fields—often without reliable access to basic health resources.

Agricultural work is physically demanding, and many women in this sector face economic hardship and health inequities. Revolution Red's support helps address these challenges, making a real difference in the daily lives of women who are vital to our food system.

We're grateful for this impactful partnership. Together, we are not only meeting immediate needs but also fostering a more equitable and supportive environment for women in agriculture throughout South Carolina.

## **SCAgWHP's 2<sup>nd</sup> Annual Hydration Drive Garner's Tremendous Support**

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We are deeply grateful to our partners and community members who supported the 2nd Annual Hydration Drive. Your generous donations provided more than just water bottles — they helped safeguard the health and well-being of South Carolina's agricultural workers.

These workers begin their days early and spend long hours under the sun, playing a vital role in feeding our communities. Yet many face barriers to accessing basic necessities, including clean drinking water. Your support helps ensure they stay hydrated, safe, and recognized for their essential contributions.

A heartfelt thank you to the following supporters for their outstanding contributions: Misty Wolfe, teacher at McBee Elementary School; Sumter SC DEW; Linda's Cleaning Services – McBee; Iglesia Dominion – Darlington; Tandem Health; Christ Community Church – Camden; Ana Cecilia Hernandez – Sumter; and Cindy Gonzalez at the Sumter Sheriff's Office.

Your commitment strengthens our community and uplifts workers who are often overlooked. Thanks to your support, we're reaching more individuals in the fields, delivering critical resources, and showing appreciation where it's long overdue.

Thank you for standing with us.



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for their contributions to our 2nd Annual Hydration Drive.

We are deeply grateful to Salud and LMNT for their donations of high-quality hydration products that help safeguard the health of agricultural workers who labor in intense heat and demanding field conditions. Their support plays a vital role in protecting the well-being of those who work tirelessly to sustain our food system.

These contributions go beyond quenching thirst — they serve as a reminder of the importance of valuing and supporting the individuals who harvest the food that nourishes our communities.

Thank you, Salud and LMNT, for standing with farm workers and helping us provide the resources they need to stay safe, strong, and supported. Your impact is both meaningful and lasting.

### **Sonya Del Rio Named Member of the Week by the SC Community Health Worker Association**



We're proud to celebrate Sonya Del Rio, who has been named Member of the Month by the South Carolina Community Health Worker Association (SCCHWA)!

Sonya has long been a passionate advocate for farm workers, dedicating her time to expanding access to healthcare and vital services in agricultural communities across South Carolina. Her commitment to equity, outreach, and community well-being continues to make a meaningful difference in the lives of many.

This well-deserved recognition honors not only Sonya's dedication, but also the critical role Community Health Workers play in reaching and supporting populations with limited access to care.

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## SCAgWHP Hosts Mobile Dental Clinic



In partnership with ClassySmiles/SC Dental Screenings, the South Carolina Agricultural Worker Health Program (SCAgWHP) hosted a mobile dental clinic from July 16–18 at St. Mary's Catholic Church in Summerton, SC, where 33 agricultural workers received much-needed dental care.

These mobile services are designed to meet the unique needs of farm workers, many of whom face significant barriers to accessing traditional dental clinics due to long work hours, transportation limitations, and remote living conditions.

Beyond dental care, the event also served as a valuable opportunity for resource-sharing and community support. We extend our sincere thanks to Sonya Del Rio (Tandem Health), Gabriela Chavez (SC DEW), and Catalina, Lucia, and Kelly, SAF interns with the Migrant Education Program, for their vital contributions. From providing transportation to sharing information and supporting patients during their wait, their involvement helped ensure the clinic's success.

Thanks to the collaborative efforts of everyone involved, this event brought critical care and resources directly to the field — supporting the health and well-being of the workers who help sustain our food system.

## Christina Castillo Featured in the Employee Spotlight at ReGenesis Health Care

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Please join us in celebrating Christina Castillo, who has been featured in the Employee Spotlight at ReGenesis Health!

Christina is deeply dedicated to supporting agricultural workers and their families. In her own words:

*“Supporting farm workers and their families allows me to honor my roots and advocate for a community that often has limited visibility. I’m focused on creating positive change and supporting those who contribute to sustaining us all.”*

Her advocacy, compassion, and commitment to equity continue to make a meaningful impact in the lives of those she serves.

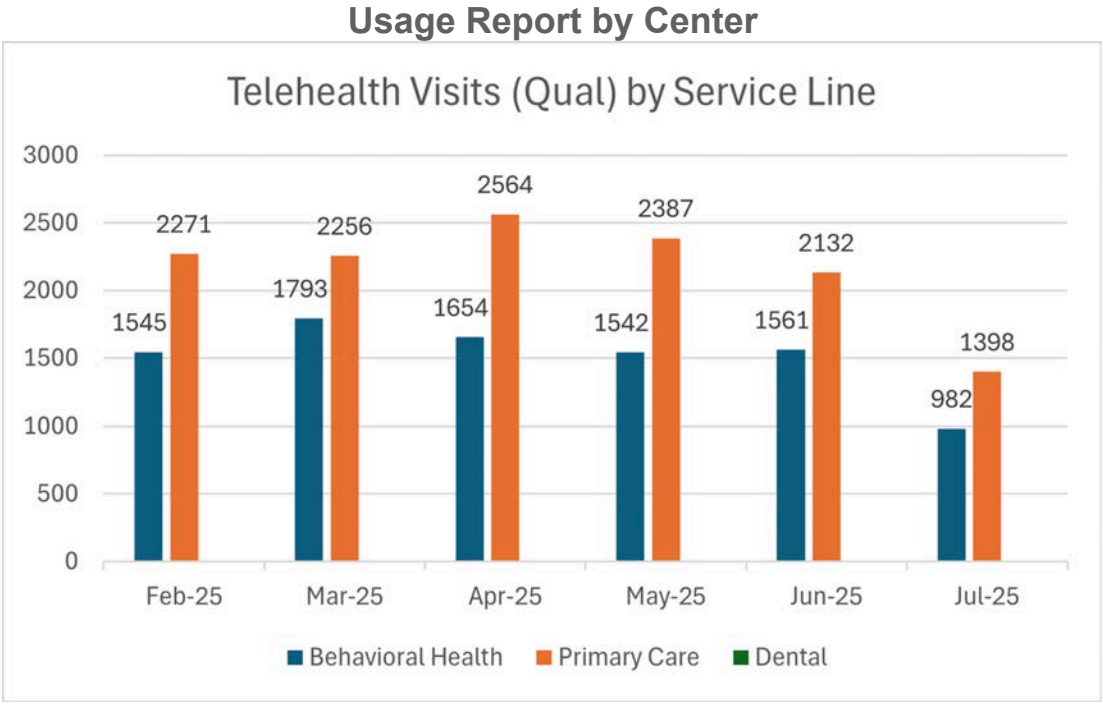
Congratulations, Christina — this recognition is well deserved!

## HCCN Update

### Telehealth Expands Critical Access to Care in South Carolina Health Centers

**COLUMBIA, S.C.** — As South Carolina continues to tackle healthcare disparities, particularly in rural and underserved regions, telehealth is proving to be a vital solution in expanding access to care. Health leaders and advocates across the state are embracing telehealth as more than a temporary measure—it’s becoming an essential part of South Carolina’s healthcare infrastructure.

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	<p data-bbox="250 155 1370 331">Nearly 40% of South Carolina’s population lives in rural areas, many of which lack nearby access to primary care providers, specialists, or behavioral health services. In some counties, patients must travel more than an hour to receive specialty care. Telehealth offers an alternative, allowing patients to consult with providers from their homes or local clinics.</p> <p data-bbox="250 373 1370 483">"Telehealth eliminates the physical distance between patients and providers," said Dr. Leslie Lenert, Director of the South Carolina Center for Telehealth. "It's changing the way we think about access."</p> <p data-bbox="250 525 857 558"><b>Medicaid and Policy Backing Drive Growth</b></p> <p data-bbox="250 562 1370 709">South Carolina’s Medicaid program saw a dramatic increase in telehealth usage in recent years, particularly during the COVID-19 pandemic. Since then, the state has maintained many of the emergency flexibilities, including telephonic services and reimbursement parity, signaling a long-term commitment to virtual care.</p> <p data-bbox="250 751 1370 898">The South Carolina Department of Health and Human Services (SCDHHS) has included telehealth expansions in its annual policy updates and strategic plans. The state legislature also continues to support the South Carolina Telehealth Alliance (SCTA), a collaborative initiative that connects over 275 healthcare sites.</p> <p data-bbox="250 940 646 974"><b>Innovation Across the State</b></p> <p data-bbox="250 978 1370 1125">From federally qualified health centers to large hospital systems, telehealth has taken root across South Carolina. MUSC Health, one of only two national Telehealth Centers of Excellence, leads the charge with programs reaching into schools, correctional facilities, and rural clinics.</p> <p data-bbox="250 1167 1370 1276">In one recent example, CareSouth Carolina provided more than 3,000 virtual visits in a single month, ensuring continuity of care for patients with chronic conditions and limited mobility.</p> <p data-bbox="250 1318 1370 1386">“Telehealth has helped us bridge major gaps in care for patients who can’t always make it to our facilities,” said Ann Lewis, CEO of CareSouth Carolina.</p> <p data-bbox="250 1428 802 1461"><b>Broadband and Education Still Needed</b></p> <p data-bbox="250 1465 1370 1612">While telehealth is expanding, challenges remain. Many rural communities lack the high-speed internet needed for video visits. State leaders have used federal broadband subsidies and grants to address the issue, but experts say more investment is needed.</p> <p data-bbox="250 1654 1370 1764">Additionally, educating patients—particularly older adults—on how to use telehealth platforms is critical. Several health centers are now offering digital literacy sessions and tech support as part of patient onboarding.</p> <p data-bbox="250 1806 656 1839"><b>Future of Healthcare Access</b></p> <p data-bbox="250 1843 1370 1911">As policymakers and health providers look ahead, telehealth is expected to remain a cornerstone of access in South Carolina.</p> <p data-bbox="250 1953 1370 2020">“This is no longer a stopgap. Telehealth is part of the future,” said Rep. Gary Simrill, who has supported multiple state-level telehealth initiatives. “Our goal is to make</p>	



This graph shows the number of telehealth visits by service line over the last 6 months. Updated July 22, 2025.

### Usage by Center

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	HopeHealth, Inc.	153	
	CareSouth Carolina, Inc.	139	
	Tandem Health SC, Inc.	110	
	Fetter Health Care Network, Inc.	98	
	Little River Medical Center, Inc.	82	
	Low Country Health Care System, Inc.	73	
	Cooperative Health	67	
	New Horizon Family Health Services, Inc.	63	
	Affinity Health Center	57	
	Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.	54	
	ReGenesis Health Care, Inc.	53	
	Careteam Plus Family Health and Specialty Care	53	
	Health Care Partners of SC, Inc.	44	
	Foothills Community Health Care, Inc.	21	
	Unity Health on Main	17	
	St. James Health and Wellness, Inc.	16	
	Family Health Centers, Inc.	15	
	Plexus Health	7	
	Rural Health Services, Inc.	6	
	<b>Total</b>	<b>1128</b>	

This graph shows the usage (number of users who have run at least one report) during the month of June 2025.

## The Wellness Way



Staying Well While Traveling

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Traveling is powerful for self-care. But we must note that staying well while traveling only enhances the experience.

Staying well while traveling means prioritizing hydration, hand hygiene, and a balanced diet, while also being mindful of potential health risks like jet lag and sun exposure.

Packing your patience and essentials like a first-aid kit and medications are also highly important. Here are more things to consider to stay well while traveling:

- Drink plenty of water, avoiding sugary drinks that dehydrate you, throughout your journey, especially on flights where cabin air is dry.
- Wash your hands frequently with soap and water, especially after using the restroom or before eating. Carry hand sanitizer for times when soap and water aren't available.
- Pack healthy snacks like nuts, seeds, and fruits.
- Consider taking immune-boosting supplements like vitamin C, zinc, and probiotics.
- Be mindful of food and water safety, especially in unfamiliar environments.
- Try to adjust your sleep schedule before your trip to minimize jet lag.
- Incorporate exercise into your travel routine by walking, swimming, or using hotel gyms.
- Use sunscreen, even on cloudy days, and reapply after swimming or sweating.
- Pack a first-aid kit with essentials like bandages, antiseptic wipes, and pain relievers.
- Bring any necessary medications, including prescriptions and over-the-counter remedies.
- Consult with your doctor about necessary vaccinations for your destination.
- Be aware of potential health risks like insect bites and take appropriate precautions.
- Take time for activities that help you relax and de-stress.
- Connect with loved ones back home and avoid social isolation.
- Research potential health risks in your destination.

## Revenue Review

### Revenue Review: FQHC Revenue Cycle Report - Key Takeaways from July 2025



July 2025 brings a fast-evolving and complex environment for Federally Qualified Health Centers (FQHCs) in the realm of revenue cycle management (RCM). Below are the top developments and strategic considerations for this month:

#### 1. Responding to Regulatory and Payment Updates

- **Medicare Part B Preventive Shots:** As of July 1, 2025, FQHCs can now bill for Medicare Part B preventive shots—pneumococcal, flu, hepatitis B, and COVID-19—and their administration at the time of service. Final reimbursement will still be reconciled through annual cost reports.
- **FQHC Market Basket Update:** The CY 2025 productivity-adjusted market basket increase is 3.4%, raising the base payment rate for South Carolina to **\$194.34**, a modest but important boost for FQHC budgets.
- **Telehealth Services:** Payment for non-behavioral telehealth visits using HCPCS code G2025 remains in place through **December 31, 2024**. RHCs and FQHCs can continue to bill for RHC and FQHC services furnished using telecommunication technology by reporting HCPCS code G2025. The requirement for an in-person visit before delivering tele-mental health services is now deferred until **January 1, 2026**.
- **Care Coordination Services:** **Effective January 1, 2025**, RHCs/FQHCs will report on the individual CPT/HCPCS base codes and add-on codes for each of the care coordination services which will replace HCPCS code G0511. These services will be paid at the national non-facility PFS payment rates. For those



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## Coding Corner

### Minority Mental Health Month

July 2025 marks the 17th Annual Bebe Moore Campbell National Minority Mental Health Awareness Month. This observance, also known as BIPOC Mental Health Month, is dedicated to raising awareness about the unique mental health challenges faced by racial and ethnic minority groups in the United States.

#### Coding & Documentation Tips for Behavioral Health Providers

##### 1. Use Appropriate ICD-10 Diagnosis Codes

Accurate mental health diagnosis coding is essential for effective treatment and reimbursement.

Common ICD-10 Codes:

- **F32.0–F32.9** – Major Depressive Disorder (Single Episode)
- **F33.0–F33.9** – Major Depressive Disorder (Recurrent)
- **F41.1** – Generalized Anxiety Disorder
- **F43.20** – Adjustment Disorder, Unspecified
- **F90.0** – ADHD, Predominantly Inattentive
- **Z codes** – Social Determinants of Health (e.g., Z59.0 – Homelessness)

**Tip:** Document contributing factors (e.g., housing, employment, trauma history) for more comprehensive care planning and support.

##### 2. Highlight Culturally Sensitive Documentation

Cultural factors can impact diagnosis and care delivery.

##### Documentation Best Practices:

- Note **cultural beliefs**, **language barriers**, and **support systems**.
- Document any **preferred communication methods** (e.g., bilingual therapy).
- Include **family involvement**, when culturally appropriate.

##### 3. Behavioral Health Integration (BHI) Billing

Ensure proper documentation for collaborative care in primary care settings.

##### CPT Codes:

- **99484** – General BHI (20 minutes/month)
- **99492–99494** – Psychiatric Collaborative Care Model (CoCM)

##### Key Documentation Elements:

- Time spent on care coordination
- Use of a registry to track patient outcomes
- Communication with a psychiatric consultant

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#### 4. Time-Based Psychotherapy Codes

For individual therapy sessions, ensure time and modality are documented clearly.

##### CPT Codes:

- **90832** – 30-minute session
- **90834** – 45-minute session
- **90837** – 60-minute session
- **90846 / 90847** – Family Therapy (w/o or w/ patient)

##### Documentation Must Include:

- Start and stop times
- Clinical content of session
- Patient response/progress

#### 5. Utilize Remote Services When Appropriate

Ensure accurate coding and consent for virtual mental health services.

##### Telehealth Codes (if applicable):

- **Use 95 modifier** for services provided via real-time audio/visual
- Document patient consent and platform used
- Ensure HIPAA-compliant technology is used

#### 6. Screenings & Preventive Services

Include culturally relevant behavioral health screenings, especially in primary care.

##### Examples:

- **G0444** – Annual Depression Screening
- **96127** – Brief Emotional/Behavioral Assessment (e.g., PHQ-9, GAD-7)

**Tip:** Document screening tool used, score, and follow-up actions.

#### 7. Track Disparities for Value-Based Care

Use **Z codes** and other SDOH indicators to highlight access gaps and community-specific issues.

##### Z Codes Often Underutilized:

- **Z60.3** – Acculturation difficulty
- **Z55.9** – Educational problems
- **Z59.6** – Low income

**Tip:** Collect demographic and outcome data to support equity in care initiatives.

#### Quality Coding & Documentation Tips

##### 1. Use Specific and Accurate Diagnosis Codes

- Capture the **exact mental health condition** with specificity (e.g., major depressive disorder vs. depressive disorder NOS).

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	<p>environment, Z55.* for education, Z59.* for housing insecurity).</p> <ul style="list-style-type: none"> <li>When applicable, document <b>cultural or linguistic factors</b> influencing the patient's mental health (e.g., cultural stressors, discrimination).</li> </ul> <h2>2. Document Social Determinants of Health (SDOH)</h2> <ul style="list-style-type: none"> <li>Incorporate <b>SDOH Z-codes</b> to capture socioeconomic and environmental factors impacting mental health.</li> <li>Examples: <ul style="list-style-type: none"> <li>Z60.3 (Acculturation difficulty)</li> <li>Z65.8 (Other specified problems related to psychosocial circumstances)</li> </ul> </li> <li>These improve risk stratification and justify care management resources.</li> </ul> <h2>3. Screening and Assessment Documentation</h2> <ul style="list-style-type: none"> <li>Document <b>screening results</b> for depression, anxiety, PTSD, and substance use, especially in minority populations at higher risk.</li> <li>Use standardized tools (PHQ-9, GAD-7) and document scores.</li> <li>Note patient <b>language proficiency</b> or use of interpreters to ensure accurate communication.</li> </ul> <h2>4. Cultural Competency in Notes</h2> <ul style="list-style-type: none"> <li>Note any <b>cultural considerations or barriers</b> encountered during care.</li> <li>Document use of <b>culturally adapted interventions</b> or referrals to culturally specific support resources.</li> </ul> <h2>5. Treatment and Follow-up</h2> <ul style="list-style-type: none"> <li>Clearly document <b>treatment plans tailored to minority populations</b>, including culturally sensitive therapies.</li> <li>Record <b>patient engagement and adherence</b>, addressing barriers related to culture, stigma, or access.</li> <li>Track referrals to community resources or minority-focused mental health programs.</li> </ul> <h2>6. Collaborative Care Documentation</h2> <ul style="list-style-type: none"> <li>For integrated behavioral health models, document communication between primary care and mental health specialists.</li> <li>Include progress notes that reflect <b>patient-centered care and shared decision-making</b>.</li> </ul> <h2>7. Utilize Telehealth Codes When Applicable</h2> <ul style="list-style-type: none"> <li>Minority populations may face access barriers; if telehealth is used, ensure accurate coding (e.g., 99441-99443 for telephone visits, 99212-99215 with telehealth modifiers).</li> </ul> <h2>8. Avoid Ambiguities</h2> <ul style="list-style-type: none"> <li>Avoid vague terms like “anxiety” or “depression” without qualifiers or severity.</li> </ul>	

[Subscribe](#)[Past Issues](#)[Use precise terms and document supporting evidence for all diagnoses.](#)[Translate ▼](#)

## Health Center News



### CareSouth Carolina Welcomes Dr. Nicholas Schuster to Dental Mobile Unit Team

CareSouth Carolina is excited to welcome Dr. Nicholas A. Schuster, DMD, to its Division of Dental Medicine team.

Dr. Schuster will be providing care through CareSouth Carolina's Mobile Dental Unit as part of the Miles of Smiles Dental Program, bringing vital oral health services to schools and communities throughout Lee County and beyond.

"I'll be going to schools across the Lee County area as part of the Dental Mobile Unit," Dr. Schuster said. "When school's not in session, I'll be seeing patients at our Bishopville Pediatric Dental office. It's a great way to make sure kids are getting the care they need, even if they don't have a ride to the dentist."

Dr. Schuster brings several years of experience in practice, and said he wants to help patients build a foundation in taking care of their teeth.

"I've talked with patients who had a bad experience with a dentist when they were young and didn't go back for 10, 20—even 40 years," he shared. "We're changing that. We're coming directly to kids and making the dentist a place that's not scary, but helpful and even fun."

In many cases, one of the biggest barriers to care is transportation. Parents may have work or other responsibilities that make it difficult to bring their children to a dental office. The Mobile Dental Unit helps eliminate that barrier by delivering care directly to schools and communities.

"Being able to bring the office to the children is huge," Dr. Schuster said. "It makes a real difference. I love building relationships and helping kids learn the best ways to brush and floss—so they feel confident, informed, and unafraid."

Dr. Schuster is part of a growing effort at CareSouth Carolina to increase access to oral health services. Since its launch in 2016, the Mobile Dental Unit has been providing on-site services to children across the Pee Dee region. In addition to preventive and restorative care, the program includes a pediatric sedation and dental fears clinic, as well as specialized services for individuals with special needs, diabetes, and HIV/AIDS.

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wife and their newborn daughter.

CareSouth Carolina is a private, non-profit community health center delivering patient-centered health and life services in the Pee Dee region of South Carolina. CareSouth Carolina operates centers in Bennettsville, Bishopville, Cheraw, Chesterfield, Dillon, Hartsville, Lake View, Latta, McColl and Society Hill.

Services provided by CareSouth Carolina include family medicine, internal medicine, pediatrics, women's services, OB/GYN, HIV/AIDS primary care, infectious disease primary care, IV therapy, substance abuse prevention, dental, chiropractic services, pharmacy, senior support services, family support services, clinical counseling, laboratory, ultrasound, x-ray, agricultural worker health services, podiatry, and veterans' choice provider.



## Dillon Native Lucy Owens Serving Her Hometown as Pharmacist at CSC Community Pharmacy

DILLON, SC – A proud Dillon native, Lucy Owens is serving her hometown community as the Pharmacist in Charge at CSC Community Pharmacy, part of CareSouth Carolina.

Owens brings a deep-rooted passion for pharmacy and a personal connection to her role. Diagnosed with asthma as a child, she had to take daily medication—an experience that she said sparked her early interest in the field.

“My great-grandfather was a pharmacist in Dillon, and I just so happened to be good in math and chemistry,” she said. “It all came together.”

She joined CareSouth Carolina nine years ago and was initially hired to open the Bennettsville pharmacy location. When the Dillon site opened, Owens jumped at the opportunity to return home.

“I worked in Dillon for about ten years before going to Bennettsville, so it’s really special to come back home,” she said. “It’s nice to be home and see familiar faces.”

At CSC Community Pharmacy in Dillon, Owens leads a team dedicated to providing friendly, efficient service with a focus on affordability and accessibility.

“You don’t have to be a CareSouth Carolina patient to use the pharmacy,” she explains. “But if you are, there are huge potential cost-saving benefits. We help patients avoid having to choose between their medications and other important life needs.”

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don't need to be a CareSouth Carolina patient to use the CSC Community Pharmacy, but patients at CareSouth Carolina may have potential cost-saving benefits.

CareSouth Carolina and CSC Community Pharmacy continue to expand access to affordable healthcare and pharmacy services in the Pee Dee region, and Lucy Owens remains at the heart of that mission in Dillon.

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## **Tandem Health Adult Medicine Welcomes A New Family Nurse Practitioner**



Subscribe	Past Issues	Medicine welcomes Shonta Taylor Mitchell, FNP-BC, APFN, a new Family Nurse Practitioner, to the team.	Translate ▼
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Shonta Taylor Mitchell is a dedicated Family Nurse Practitioner with a strong commitment to holistic, family-centered care. With eight years of experience as a registered nurse and advanced training in women’s health and family medicine, she brings both compassion and clinical excellence to her practice.

Shonta earned her Master of Science in Nursing from Frontier Nursing University, following the completion of her Bachelor of Science in Nursing from Chamberlain University and an Associate Degree in Nursing from Central Carolina Technical College. She is a proud member of the American Nurses Association and is actively involved in her local faith community as a member of Bethesda Church of God in Sumter, South Carolina.

Passionate about empowering others, Shonta originally considered a career in education but found her true calling in healthcare, where she combines her nurturing nature and strong values to help patients thrive. Known for her warmth, positivity, and vibrant spirit, she also draws inspiration from music, the arts, and travel—sharing her adventures through thoughtful gifts and mementos.

Outside of work, Shonta enjoys spending time with her family, hosting memorable gatherings, and listening to music. A creative cook, her go-to dish is a rich, homemade macaroni and cheese. When she’s not planning meals or family activities, you might find her enjoying the serenity of Swan Lake or dreaming about her next travel destination.

Changing Healthcare, Enriching Lives



**Genesis Healthcare, Inc. Receives Prestigious HRSA Health Center Quality Leader Award for the Fifth Consecutive Year**

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Genesis Healthcare (GHC), a leading provider of healthcare services, proudly announces its receipt of the Gold Level Health Center Quality Leader Award from the Health Resources and Services Administration (HRSA) for the year 2025.

Genesis Healthcare has been recognized once again for its unwavering commitment to providing high-quality healthcare to the communities it serves. Genesis received the Gold Level Award again for 2025, which is awarded to the top 10 percent of health centers in the nation.

The HRSA Health Center Quality Leader Awards are a testament to Genesis Healthcare's dedication to delivering exceptional patient care and maintaining the highest standards of quality in health services. The Gold Level designation highlights Genesis Healthcare's consistent excellence in patient care outcomes, patient satisfaction, and overall operational performance.



Additionally, GHC earned the Improving Health Care Access award again. The **“Improving Health Care Access”** recognizes health centers that enhance access by improving clinical quality and increasing patient reach over consecutive years.

**Leadership Salkehatchie**

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Pictured from left to right: Dr. April Cone, Dean of USC Salkehatchie; Ashley Bowers, GHC Practice Manager, Low Country Area; and Shelby Bloomfield, Director of Leadership Salkehatchie

We are thrilled to share that Ashley Bowers was recently nominated and selected to participate in **Leadership Salkehatchie**, a prestigious leadership development program offered through **USC Salkehatchie**. This honor—extended only by nominations from respected leaders across regional businesses, industries, and educational institutions—reflects Ashley's outstanding leadership and commitment to our community.

Designed to strengthen leadership skills while deepening participants' understanding of the unique challenges and dynamics of the Salkehatchie region, the program featured a series of workshops led by industry experts. Ashley gained valuable insights into economic development and regional progress strategies that she will bring back to benefit her work and the community at large.

On **June 5th**, Ashley successfully completed the program and was recognized with an award for her achievement. Her dedication, growth, and commitment to making a difference are truly inspiring.

**Way to go, Ashley!** We're so proud of you and can't wait to see the continued impact you'll make!

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## Genesis Healthcare Welcomes New Provider

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## Genesis Healthcare Supports Community Baby Shower



This has become one of our favorite annual events. On June 13<sup>th</sup> at the Florence Baptist Temple, Genesis Healthcare and many community members helped host a *Community Baby Shower* providing free supplies to new moms. This is a small gesture, but we were glad to be part of this special event, along with Harvest Hope and Darlington County Sheriff's Department.

## Employee of the Month - May 2025

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Noelia continually goes the extra mile for our patients. Whether she's resolving complex insurance matters, helping patients understand their billing, or offering clear and compassionate support to her teammates, she approaches every task with a smile and a positive attitude that never wavers.

Her commitment, kindness, and collaborative spirit make a meaningful impact every day. We're truly thankful to have her on the Genesis Healthcare, Inc. team.

Thank you, Noelia, for everything you do to support our patients and staff!

**HopeHealth**

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## HopeHealth Hosted The Healthy Huddle With Lanorris Sellers



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the HopeHealth Medical Plaza campus. This event allowed HopeHealth pediatric patients and their families to interact with Sellers and prepare for the school year.

Attendees participated in a dynamic exercise routine facilitated by Deon Edwards, Director of Sports Performance at Francis Marion University. They also enjoyed games, healthy snacks, and back-to-school supply giveaways, as well as autographs and photos with Sellers.

The event provided a natural opportunity for Sellers to highlight the importance of healthy habits and their impact on and off the field. He shared, “Eating nutritious food and exercising both directly affect your performance. Sleep is another super important thing.”

HopeHealth pediatrician Michael K. Foxworth II, MD, FAAP, was also in attendance, leading participants in a mindfulness exercise. Dr. Foxworth was Sellers’ pediatric provider, making his involvement extra special.



Sellers shared, “Dr. Foxworth was my provider until I was 18, and the same goes for my two younger brothers. I’ve known him for a while and still talk to him. My new provider at HopeHealth is Dr. Hoyle, and I have a good relationship with him as well.”

The event was offered as part of a collaboration between Sellers and HopeHealth. On the importance of this partnership, he shared, “I’ve been coming to HopeHealth since I was 5 or 6 years old. They have always welcomed me in, and I still have good relationships with many people who work here. It means a lot.”

When asked about one piece of advice he would give the kids at the event who were heading back to school, Sellers said, “Don’t get behind on work! Start early.”

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## HopeHealth Welcomes New Provider



FLORENCE, S.C. (July 10, 2025) – HopeHealth welcomes Kierra Carter, LPC/S, LCMHC, NCC, CLC, a behavioral health consultant at the HopeHealth Medical Plaza.

Carter earned a PhD in Counselor Education and Supervision from North Carolina Agricultural and Technical State University in Greensboro, North Carolina. She completed her doctoral fellowship with Langston University in Langston, Oklahoma. She earned a Master of Science in Rehabilitation Counseling from South Carolina State University in Orangeburg, South Carolina. She earned a Bachelor of Arts in Psychology, Summa Cum Laude, with a double minor in mass communications and theatre from Claflin University in Orangeburg, South Carolina.

Her clinical interests are anxiety, depression, trauma, adjustment disorder, and self-esteem.

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## HopeHealth Welcomes New Provider



FLORENCE, S.C. (July 10, 2025) – HopeHealth welcomes Julissa Frias, LPC, a behavioral health consultant at HopeHealth at Francis Marion.

She earned a Bachelor of Arts degree in Forensic Psychology from John Jay College of Criminal Justice in New York, New York, and a Master of Arts degree in Education from Strayer University in Midlothian, Virginia. She earned a Certificate of Graduate Studies in Trauma and a Master of Arts in Clinical Mental Health Counseling from Regent University in Virginia Beach, Virginia.

Her clinical interests are helping clients improve emotional safety, emotion regulation, and relational intimacy. She specializes in the treatment of anxiety and trauma-related disorders with a focus on posttraumatic growth, resilience, and empowerment. She enjoys working with people who are living with the effects of complex trauma, childhood abuse, PTSD, sexual trauma, or relational harm and

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## HopeHealth Welcomes New Provider



FLORENCE, S.C. (June 27, 2025) – HopeHealth welcomes Eugene Jones Jr, PharmD, to the Medical Plaza in Florence, where he provides clinical pharmacy services.

Jones completed his undergraduate pre-pharmacy studies at the University of South Carolina in Columbia, South Carolina, and a Doctor of Pharmacy from Wingate University School of Pharmacy in Wingate, North Carolina, where he graduated valedictorian.

His clinical interests are infectious disease, heart failure, and diabetes. He is a member of the American Pharmacists Association and the Rho Chi Pharmacy Honor Society. From Marion, South Carolina, Jones serves as a deacon at Reedy Creek Baptist Church.

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## Coffee and Communication

### 5 Powerful Communication Secrets of Truly Great Leaders



**Leadership doesn't have to be an innate gift. All it takes is the will to develop powerful communication skills.**

Picture it. A sea of faces, all eagerly awaiting your next words. A bright stage, subtly drawing all eyes to the sole figure in the spotlight. This is the image of a leader who can command any crowd, captivating them with charisma, assurance, and adept communication skills.

The reality is that these kinds of leaders are actually cultivated with time and effort. It doesn't have to be an innate gift. All it takes is the will to develop some powerful communication skills, and you'll be well on your way to becoming an exceptional leader. Here are five communication skills that have the power to take your leadership from good to great.

#### **1. Make it personal: The power of storytelling**

Have you ever spoken to someone and instantly felt that inexplicable connection that makes them feel more like a friend than a stranger? The key to developing that experience in every interaction is sharing a little bit about yourself. Don't be afraid to relate some of your backstory and the experiences that have made you who you

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enjoying a truly personal conversation.

## 2. Be gentle: The difference in tone can make all the difference

Think about the tone you take when you speak to a group of people (or when you speak to a crowd on a stage). Are you calm and soothing, or do you tend to get a little worked up—addressing the group in a near shout? If it's the latter, make a point to tone things down. Be patient and get your point across with a sense of careful, measured calm. Being a great leader and excelling at communication is as much about respecting others as it is about being respected.

## 3. Truly listen: The underrated art of empathy

Can you remember a time—maybe early in your career—when someone in a position of authority over you stopped and listened to you? I don't mean a casual acknowledgment that you've spoken. I'm talking about the kind of sincere, wholehearted listening that makes you feel truly seen and heard. It's a gift to experience that kind of empathy, especially from someone in a position of power over you. Be sure to give that gift to your people regularly.

## 4. Stand out: Make your mark, your way

It's important that every interaction you have with another person leaves a lasting impact. After all, when it comes to good communication, being remembered is half the battle. Maybe you're not the kind of leader who is remembered for making grand speeches in front of crowds. That's not a problem—there are all kinds of leaders, and each of them has a different way of standing out. The important thing is that you develop your own unique leadership brand, so that people always know when it is you who is in the spotlight.

## 5. Keep an open mind: Different people, different stories

When it comes to leadership and communication, one of the most common pitfalls to avoid is the closed mind. Don't jump to conclusions about what others are telling you. Don't be so quick to ignore someone's idea or suggestion before you even understand where they came from. Every person has a different story and a different way of perceiving the world. As a truly great leader, one of your jobs is to uncover those stories. Be open-minded and remember that every person is an entirely new opportunity for interaction, listening, and communication.

**Source:** [Communication Secrets That All Great Leaders Follow](#)

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