

The Optimized Medical Model

Real Solutions to Three of the Biggest Challenges Every Pregnancy Resource Center Faces

1. **Reaching the right women** (those that are at “high-risk” to having an abortion)
2. **At the right time** (Women who suspect they are actually pregnant)
3. **In the right way** (Influencing the majority of those women to choose life)

This document is provided by:



CompassCare is a Christ-centered agency dedicated to empowering men and women to erase the need for abortion in NY and the Nation and to serve those who have been affected by it.

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CompassCare™ Pregnancy Services

Introduction

“To erase the need for abortion one woman at a time” is both a stewardship and an opportunity. It is a stewardship of the mission and resources that God has entrusted to us. It is also an opportunity to make the difference in the lives of an increasing number of people, particularly abortion-minded and abortion-vulnerable women.

Therefore, there are two fundamental questions that we must regularly ask:

1. How can we be better stewards of the resources God entrusts to us?
2. How can we take advantage of the opportunities God provides us?

This document provides some answers to these questions.

The Challenges

Generally, Pregnancy Resource Centers (PRC) face three main challenges:

1. Reaching women that are at “high-risk” to have an abortion
2. Reaching women who are actually pregnant
3. Influencing the majority of those women to choose life.

These are issues even for those PRCs that have added limited medical services in the form of Ultrasound technology. They impact the PRC in a number of ways, including effective advertising, corporate structure, client flow, mission drift (in the form of too many diverse services to manage well), feeble funding, as well as staff and volunteer training gaps.

The point is that these PRCs recognize implicitly that they are fulfilling a very specific community need but are not doing it well enough and for enough of the right people. It is a significant source of pressure as the board and Executive Director desperately want to be the best stewards of the resources God has given them. They sense that they could do better but simply do not know how.

The Difference

At its core CompassCare is a lot like the other PRCs throughout the country. It has a commitment to do everything it can to serve the women facing unplanned pregnancies through prevention services such as Abstinence Education and intervention services such as pregnancy counseling and ultrasound imaging. To “erase the need for abortion” one woman at a time is much more than a motto, it is a passion.

In other ways CompassCare is unlike many of the PRCs throughout the country. CompassCare has made significant changes as to how it operates and serves at risk

women. These changes were not haphazard but were the result of a proactive process in order to be more effective. Through careful planning, constant evaluation, and a lot of hard work, CompassCare has transitioned to using an “Optimized” Medical Model of service.

This Optimized Medical Model is not simply an alternative approach to operating a PRC. What sets it apart is the extraordinary results it has had in the lives of many abortion-minded and abortion-vulnerable women it has successfully acquired and served.

This optimization process within the medical model has been a journey that has taken years and has included many lessons. Thankfully these lessons can be taught to others who are like-minded and willing to take the necessary steps.

The Journey

In 1980, several people in a Bible study were concerned about the moral issues of society and especially their community. They decided to get organized in order to take action on issues and so they formed a group called “Citizens for Public Morality”. The first office was opened and manned by volunteers in the 19th Ward of the City of Rochester, New York.

Shortly thereafter the organization began to focus its efforts on abortion, specifically women facing unplanned pregnancies. For this reason they changed the name of the organization to the “Crisis Pregnancy Center”. As the organization grew, it offered more services to meet the needs related to unplanned pregnancies and to reach a larger geographic area. So it again changed its name, this time to the “Crisis Pregnancy Services of Greater Rochester” (now known as CompassCare).

By the mid 1990s, CompassCare was experiencing what it felt was a significant impact through its services of lay counselors, material assistance, and post-abortion counseling. It was also having success in working with abortion-vulnerable women. For example, approximately 60% of the abortion-vulnerable women served by CompassCare chose to have their babies. To meet the increased needs brought about by its success, CompassCare enlarged to include several locations, employed several staff, and enlisted more volunteers.

Over the years CompassCare noticed some shifts in the way women dealt with unplanned pregnancy. For example, as the culture became more “Post-Modern”, most women no longer made decisions based upon facts but rather experiences and relationship played a more critical role in the outcome of their choices. CompassCare began to see progressively fewer at risk women and slowly transitioned into more of a

social service agency providing material aid to pregnant women for whom abortion was not an option.

The Transition

CompassCare recognized it had to adapt in order to remain relevant and effective in this changing culture. After prayerful and careful review of the options, in 2001 CompassCare began its transition to the medical model of providing services to women with unplanned pregnancies. This was even contrary to the opinion by many people that such a model would not work well in New York State. At that point the name was changed again, this time to “CompassCare Pregnancy Services” in order to reflect this new model of operation.

After adding limited medical services complete with ultrasound technology, CompassCare’s attention was primarily on the “medium risk” abortion-vulnerable women and found that it was fairly successful reaching this group. However, to do an even better job reaching this demographic, CompassCare consolidated its operations and moved to a new office in an area where there was a higher density of the at risk women.

The Systemization

After a short while, CompassCare realized that it was reaching the abortion-vulnerable women well but needed to do better in reaching the “high risk” abortion-minded women, who were more likely to go through with getting abortions. Therefore CompassCare carefully refined and systematized its operations so that it better addressed the needs of abortion-minded women. They documented every aspect of what they did, tracked the outcomes, carefully evaluated what was working and what was not, and then made modifications where necessary.

With this clarification of the process, the previous haphazard and discretionary activity on the part of the CompassCare staff and volunteers was replaced with intentional and coordinated activities. This had a significant impact on the women interacting with CompassCare. Even during this stressful time for these women, CompassCare’s interaction with them reduced their confusion and increased their confidence, which resulted in the women being more open and receptive to CompassCare’s services as well as a gospel presentation.

The goal is to provide women with peace of mind from the fear of the unknown future. This is done by simply focusing in on only the three main questions every woman must have answered before she makes a decision regarding the outcome of her pregnancy.

1. Am I really pregnant?
2. How far along am I?
3. Is it important to know if I have a Sexually Transmitted Disease (STD)?

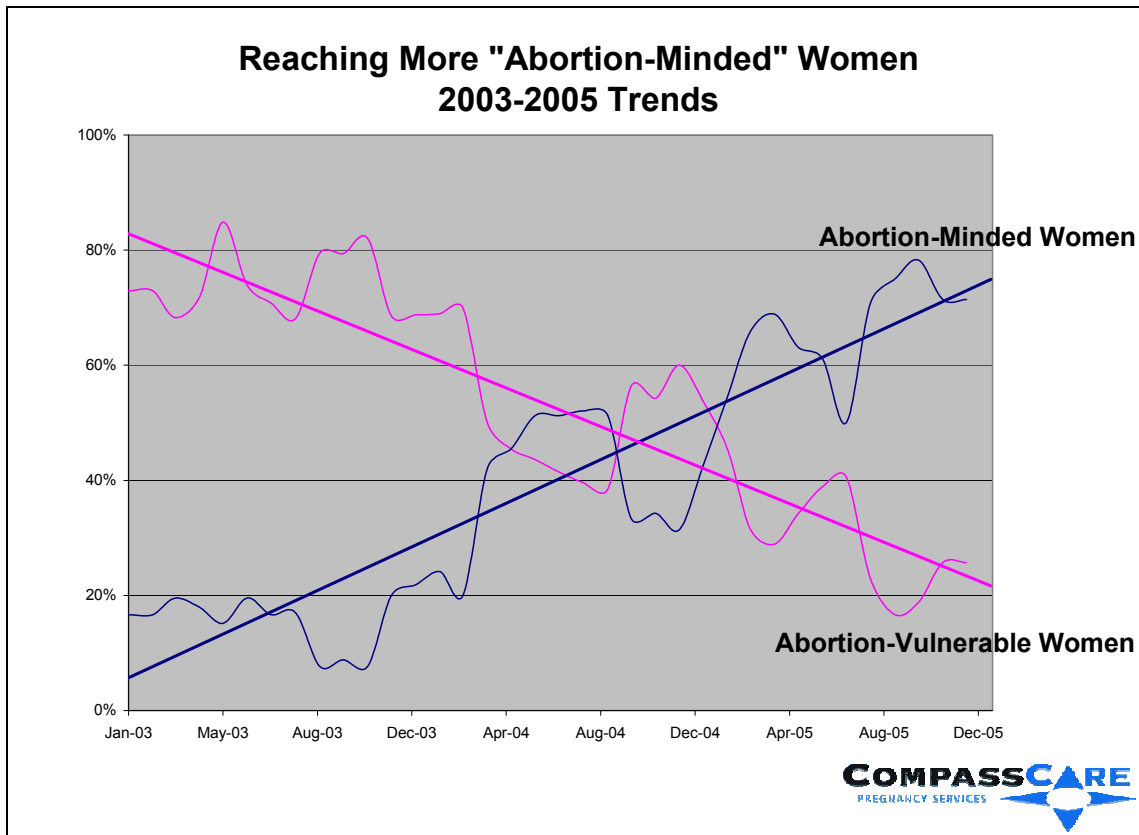
The Results of Optimizing Medical Services

The number of abortion-vulnerable and abortion-minded women that are served has increased exponentially and the number of those women choosing to carry their babies to term rocketed to over 90% on a consistent monthly basis.

The proven results of the optimized medical model used by CompassCare are clearly demonstrated in the outcomes below. (Note - outcomes after year 2.)

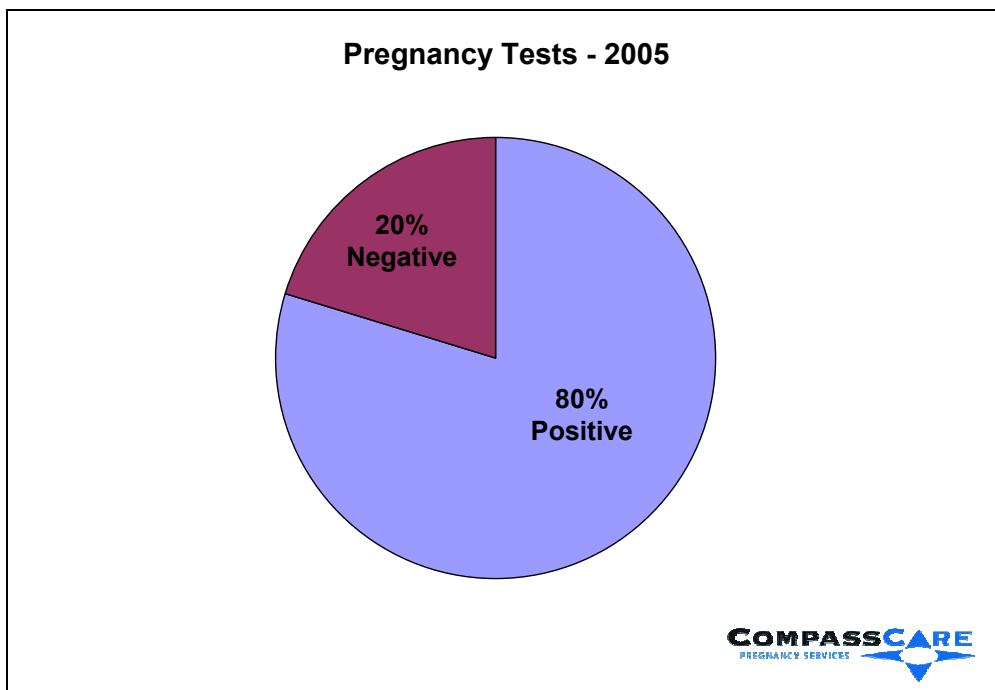
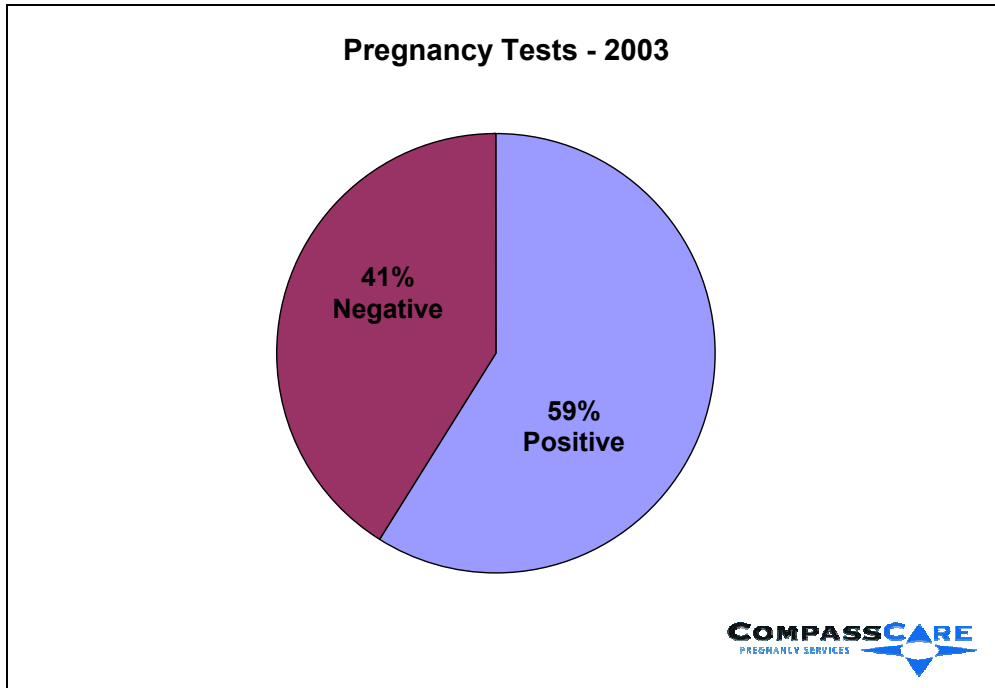
1. The no-show rates were **as low as 19%** with a 2005 **average of 28% with 198 overall at risk appointments scheduled.**
Assuming a 50% national average there is a potential 31% reduction.
2. The number of *high risk* abortion-minded women **increased by 53%.**
From 14% in 2003 (24 patients) to 41% in 2004 (59 patients) to 67% in 2005 (132 patients).

The graph below demonstrates that an increasing percentage of the patients CompassCare serves are abortion-minded women.



3. The number of “positive test” patients **increased by 25%**.
From 60% to 85%.

The graphs below demonstrate that an increasing percentage of the patients CompassCare serves are “qualified leads” (i.e. “positive-test” patients).



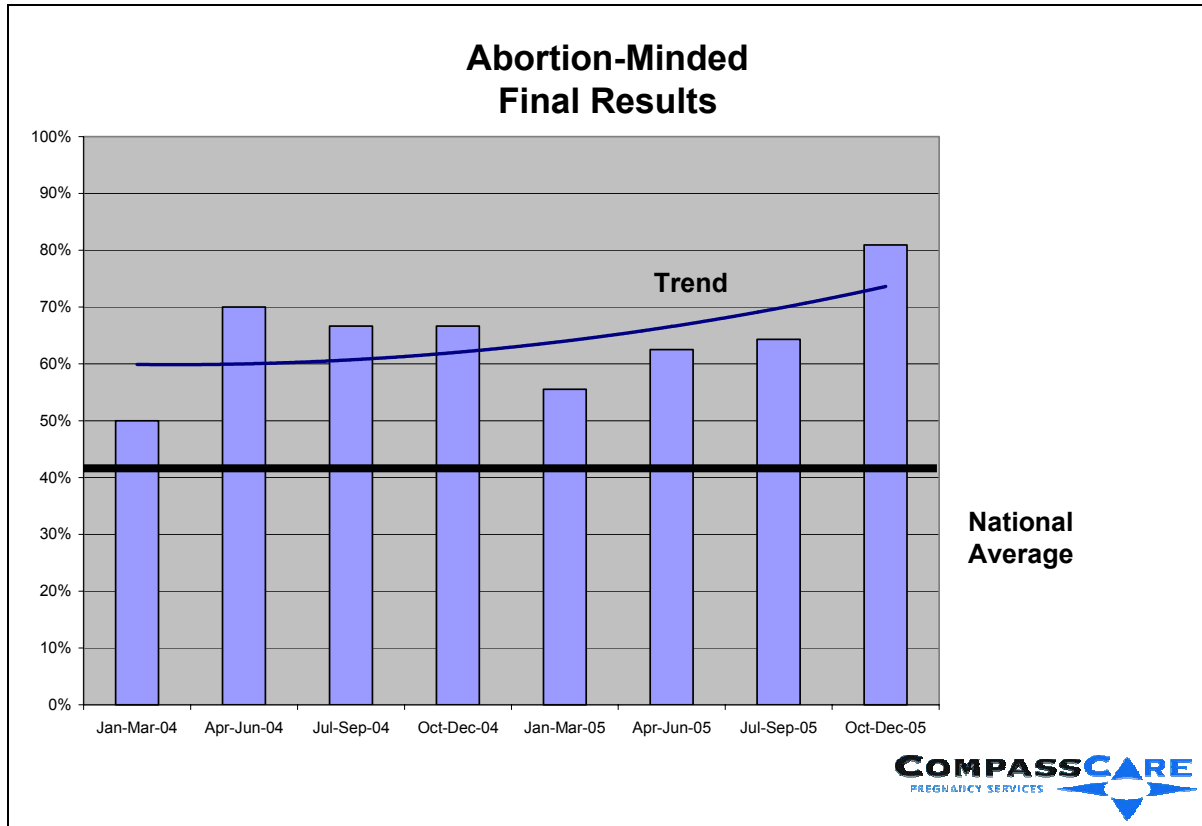
4. The positive outcomes for abortion-minded women **increased by 31%**.

From 50% up to 81% for the time period January 2004 to December 2005.

The graph below demonstrates two things:

First, CompassCare has **consistently exceeded** the national average (which is around 40%) for the 'high-risk' abortion-minded women seen by a typical medical model PRC.

Second, CompassCare's present trend is that the percentage of abortion-minded women being seen is increasing each year.



5. The positive outcomes for the medium risk abortion-vulnerable women were **maintained at 100%**.

This was 30% of patient load for 2005.

The Opportunity

With the clarification and standardization of their methods, CompassCare's "system" is transferable to other PRCs that are in a similar position as the former Crisis Pregnancy Services of Greater Rochester. However, these PRCs must be willing and committed to make the transition to being an Optimized Medical Model. They do not have to go through all of the work of "reinventing the wheel" to make the transition. What took CompassCare years to develop can be adapted in a matter of months by other PRCs.

CompassCare alleviates this pressure for certain PRCs by providing a comprehensive and systematic approach to ministry targeting women at risk for abortion. By comprehensive we mean a 15 step process is utilized unifying every aspect of client/patient interface from marketing to the Helpline, to the reception room, to the counseling room, to the clinical office, all the way through follow up tailored specifically to the high risk abortion-minded woman.

Given the nature of a systematic process, the CompassCare system has the unique ability to measure the effectiveness of any given step in the process and hone in on problem areas in order to stay on the cutting edge of service.

The process to implement the Optimized Medical Model contains four phases:

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|-----------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phase I | Inform | - Read information on the CompassCare Optimized Medical Model |
| Phase II | Qualify | - Review the required criteria to begin the transmission process (see Qualifications section below)
- Participate in a conference call and interview (See Next Steps section below) |
| Phase III | Implement | - Educate staff on principles, policies, and procedures
- Implementation of Optimization Tool
- Begin tracking results |
| Phase IV | Innovate | - Analyze results data to determine areas of improvement
- Innovate community-specific service process |

The Qualifications

This opportunity is not right for every PRC. The CompassCare Optimized Medical Model is a powerful tool that needs to be placed in the hands of people ready and able to use it effectively. Therefore PRCs considering optimization must prayerfully and carefully consider the following criteria.

1. Annual budget of \$80K+
2. Focused Mission (i.e. ‘. . . to erase the need for abortion in Rochester.’)
3. Demonstrated commitment to improve and streamline services (i.e. create partnerships with other local organizations to provide material assistance for clients in your place)
4. Decided to transition to a medical model (Board has consensus on that direction)
5. Working to define measurable results (e.g. we are successful if x happens)
6. Actively advertising to reach target market
7. Using “up-to-date” technology, such as dedicated Internet access with separate phone lines, mobile phones for core staff, etc.

Frequently Asked Questions

How long does it take to transition to the medical model?

That depends on several factors from board unity to effective leadership to financial agility. In general it should not take more than one year and could take as little as eight months. For PRCs with problems to solve in the categories just listed it may never happen.

Does having a service “system” exclude the Holy Spirit from working in the counseling room?

If anything, the intentional preparation a service system requires provides more room for the Holy Spirit to move more readily and predictably. The question is akin to whether or not the Holy Spirit leads a Pastor of a Church when preparing and studying for his Sunday morning sermon. The more time he spends in preparation for interfacing with the congregation the more the Holy Spirit can move within the details of each individual life on that particular morning.

Does the medical model exclude explicitly sharing the Gospel with the women?

No. Sharing the gospel during one of the most teachable moments in a young woman’s life is a responsibility and falls in the category of “objective information” she needs to make a well informed decision. Timing is important as well as the manner in which it is done. For optimization this is Step 9 in the 15 step process.

However, please note that the “Great Commission” is two-fold in its directive, 1) make disciples and 2) teach them to observe all that I have commanded (Mt 28. 19, 20). These directives are not necessarily chronological, meaning the first aspect is not required to come before the second. The principles that God in Christ taught are necessary and valuable for all of humanity, Christian or not. Sometimes, especially if a person is facing a physical/emotional crisis, we must meet that crisis need before they can truly understand and apply the meaning of the Gospel in their lives (as made explicit in the letter by James).

There is an implicit responsibility of the children of God to act with Justice, meaning those with power and influence are required to wield it on behalf of those with none as noted in Micah 6:8, “. . . what does the Lord require of you but to do justice, to love kindness, and to walk humbly with your God”. We must speak and act on behalf of those who cannot do so for themselves. Widows and orphans were that category of people in the Middle East 2000 years ago to which James was referring in James 1:27 regarding the faithful practicing of “pure and undefiled religion”. The only category of people for whom that is really true in America today is children yet in the womb that are not recognized as human beings with the same rights and privileges afforded you and me.

We don't have a medical background or business degrees, will we be able to implement this medical paradigm and be able to get similar results?

Yes. The beauty of the Optimized Medical Model is its simplicity. If you are confused with client/patient marketing, patient flow and how policies and procedures play a role in this new paradigm of service, the Optimization Tool is perfect. It is a basic operating platform (MS DOS for the PRC) that provides specific, step by step and scripted service design that can be implemented as is within a given organization.

We don't have a million dollar budget how can we pull this off?

You do not need a lot of money to be effective and efficient. You simply need a plan and that is what is being offered.

The Next Steps

If you are interested in learning more about the Optimized Medical Model and the CompassCare Optimization Tool or if you think you are ready to move forward in transitioning your PRC to this model, then call CompassCare at 585.232.3894 to schedule a phone appointment. Be prepared to provide the following information when you call.

- Your name (provide spelling if you leave a message)
- The name of your PRC
- The city and state of your PRC
- The phone number you can be reached at
- Be ready to answer questions pertaining to the seven criteria listed above in the Qualifications section.