



South Carolina Office of
Rural Health 

What's Really Healthy in Rural SC: Connecting Poverty and People

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Dedicated to improving access to quality health care in rural communities

Presentation Outline

- Introduction
- What is rural and what is the current status of rural SC
- How the Office of Rural Health matters to rural SC
- What network or resources currently exist and how are they addressing the needs of rural SC.
- What gaps remain
- How can you take action to help close the gaps
- The **Rural Health Action** plan

Presentation Objectives

1. How the SC State Office of Rural Health are helping and connecting communities in SC
2. What networks exist in rural South Carolina and how they are leveraging resources and providing access to health
3. Ways in which the Rural Health Action Plan aligns with current efforts in rural SC and where we are headed

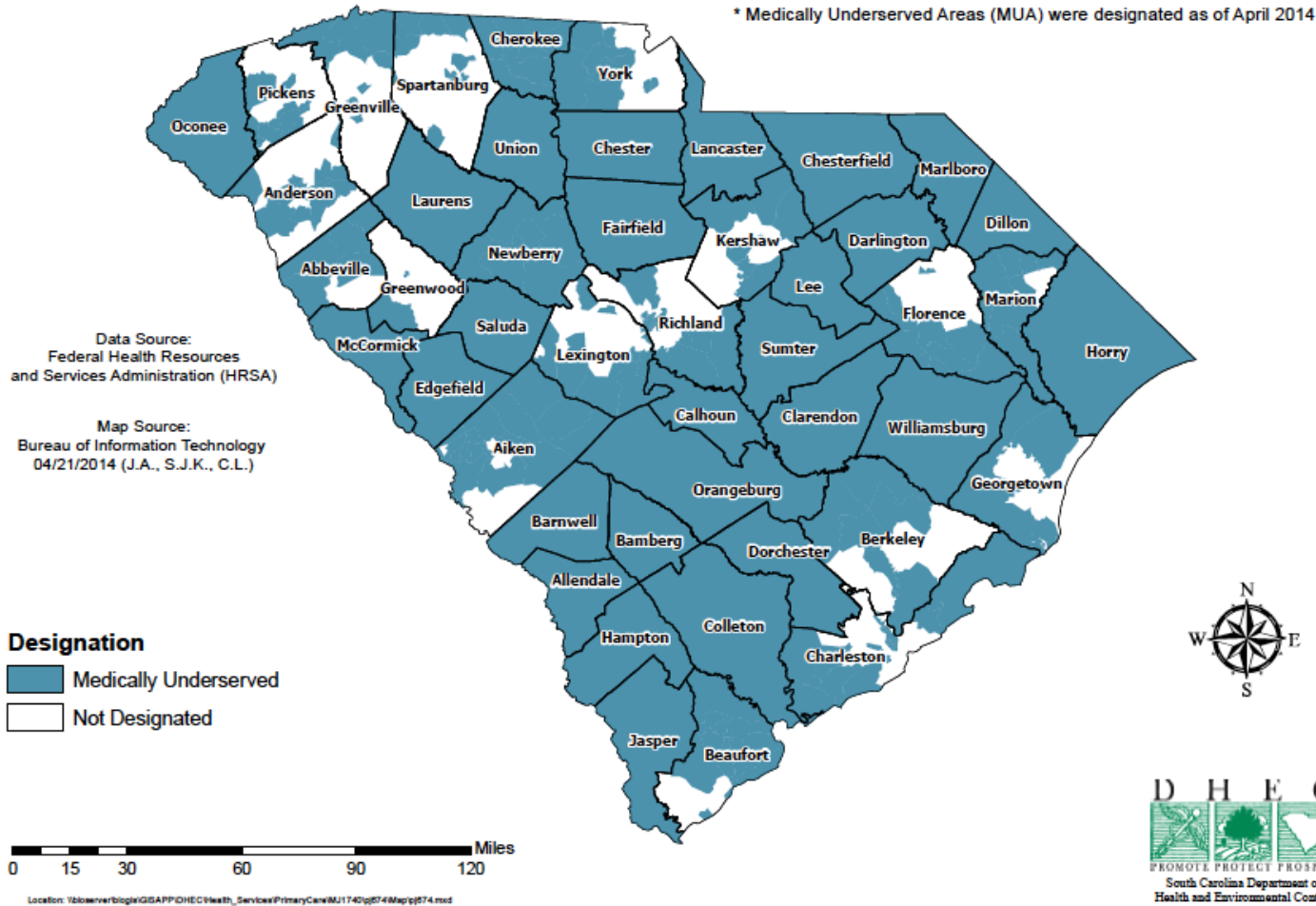
South Carolina at a Glance

- Rural population, 2010 US Census: 1,557,555 (34% of total population)
- Medicaid population, 2015: 976,148 eligible members (20% of total population)
- Population with Income Below Poverty Level, 2015: 16.6%
- Percent uninsured, 2015: 12.9%

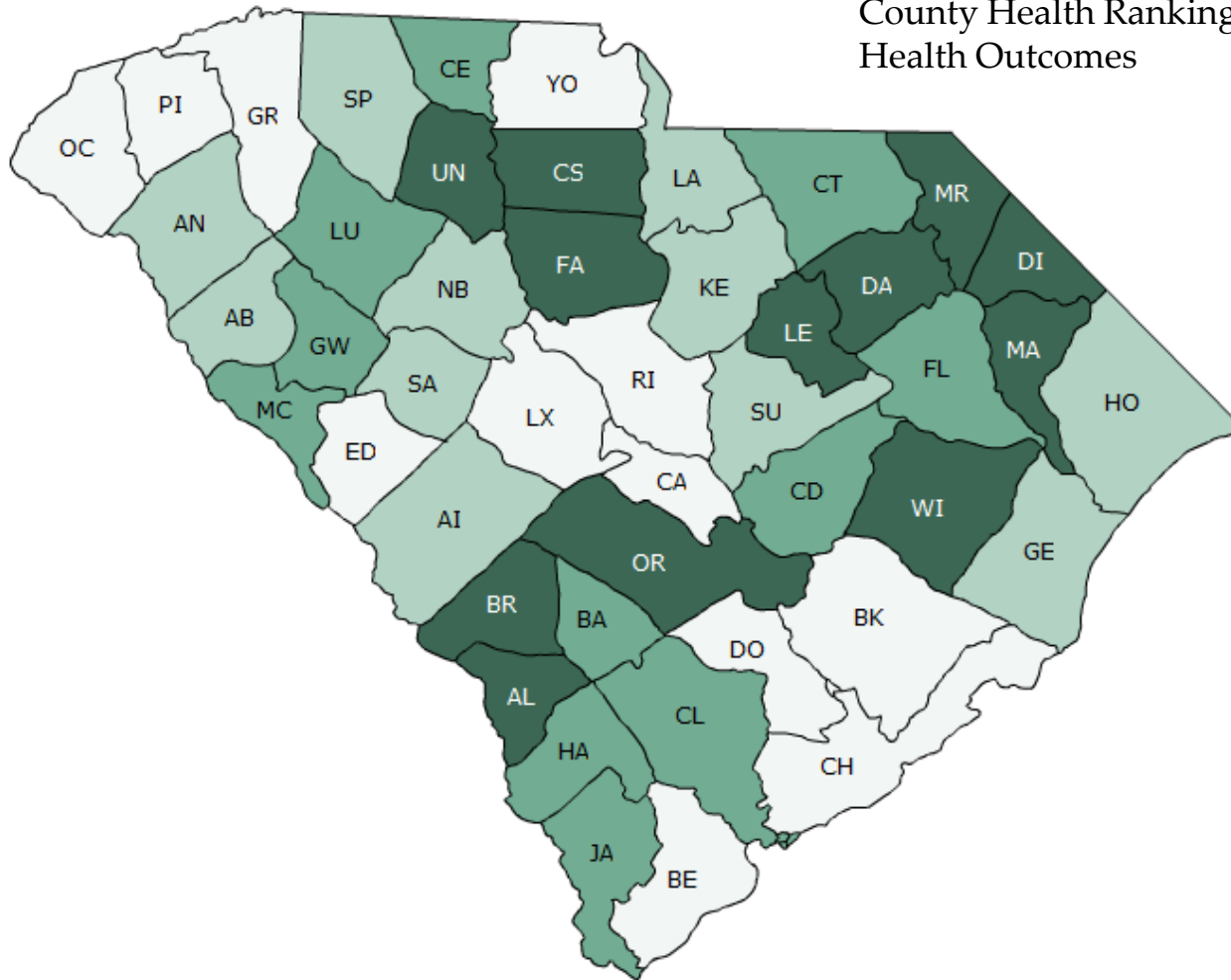


Medically Underserved Areas in South Carolina*

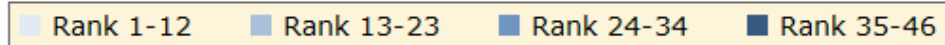
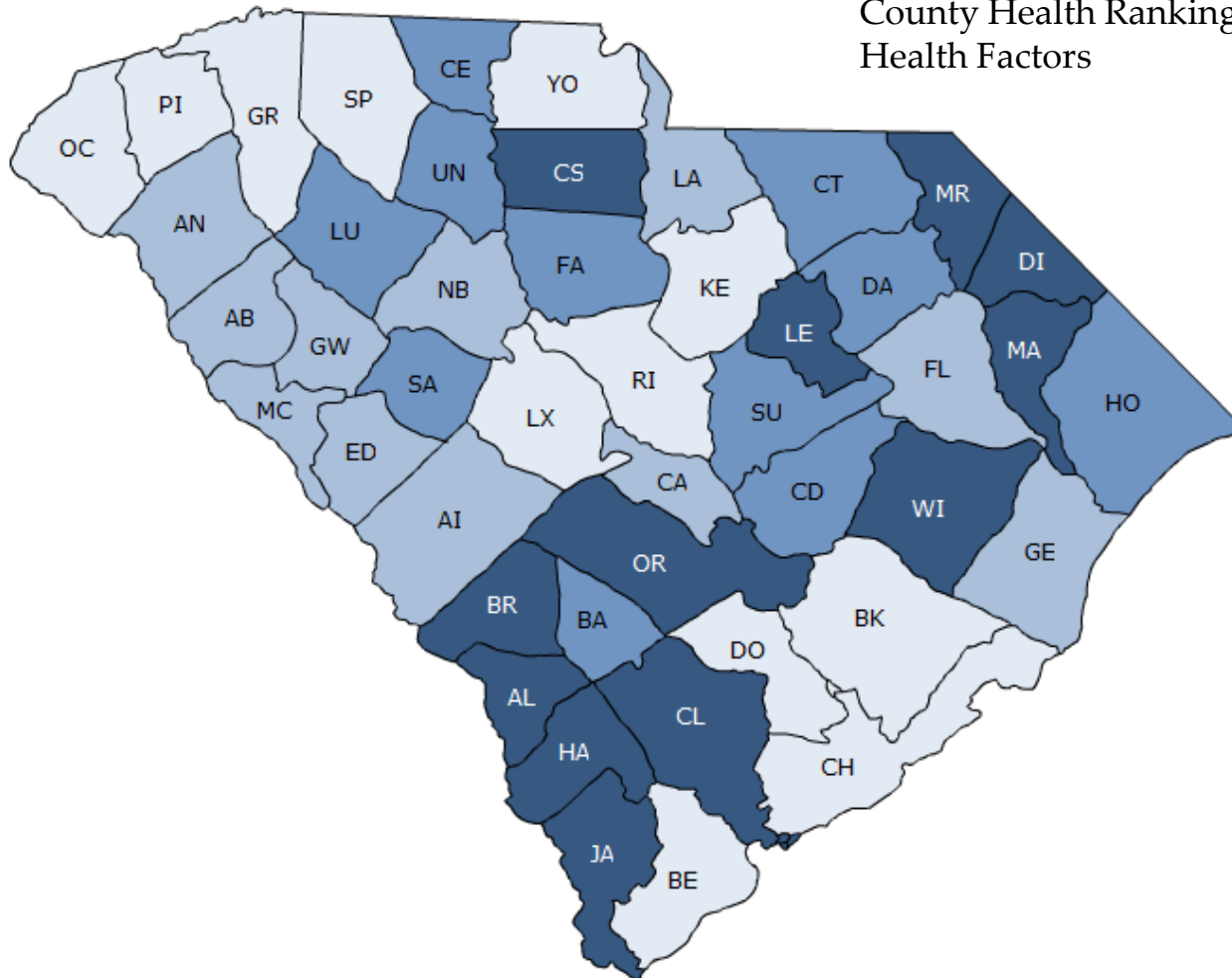
* Medically Underserved Areas (MUA) were designated as of April 2014.



County Health Rankings 2017 Health Outcomes



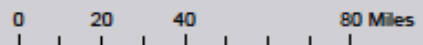
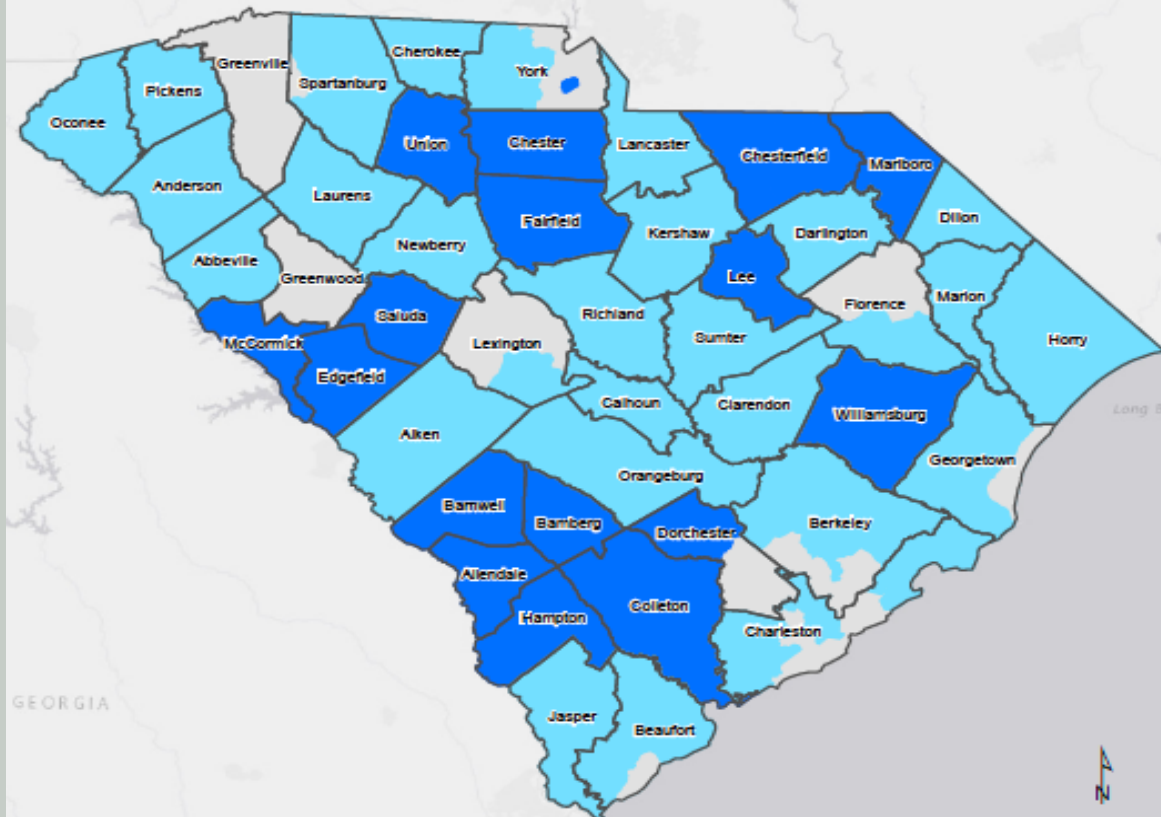
County Health Rankings 2017 Health Factors



County Healthy Rankings

- <http://www.countyhealthrankings.org/app/south-carolina/2018/overview>
- Why is this relevant?
- How to utilize?

South Carolina Primary Care HPSA By Type



Health Professional Shortage Areas (HPSA)

HPSA Type

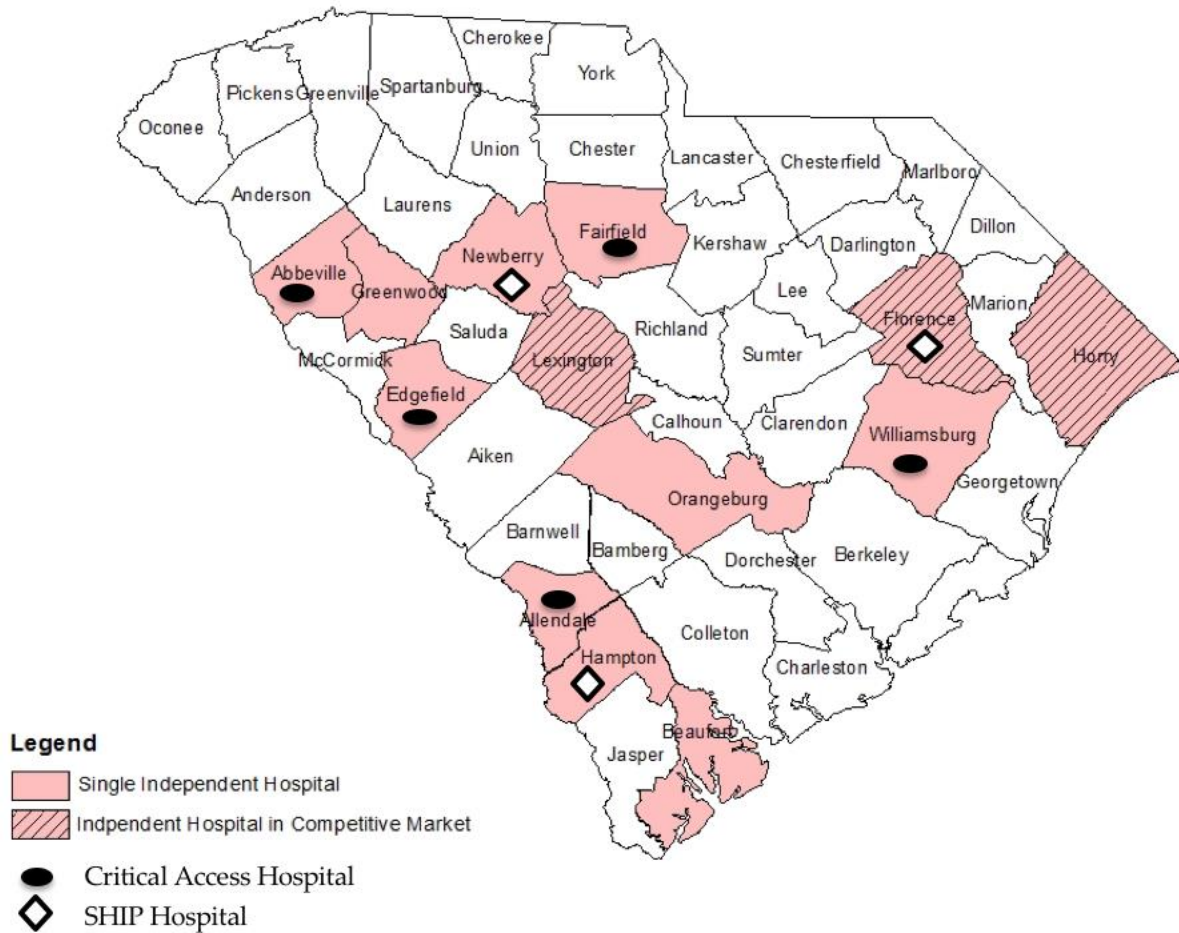
- Geographic
- Low Income
- Not Designated
- County Boundary



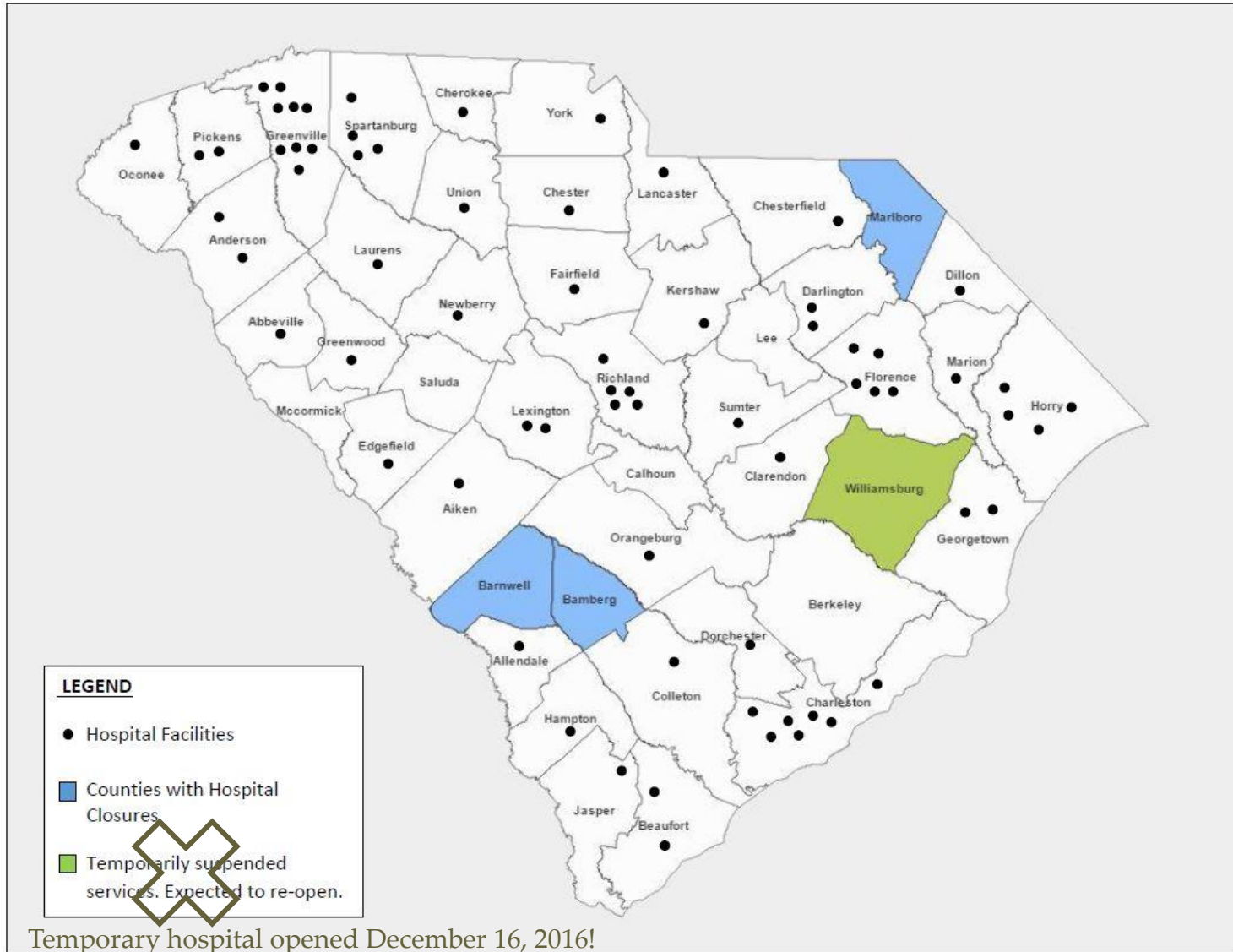
Data Source: United States Department of Health and Human Services
 Map Source: GIS, Bureau of Information Technology, SC DHEC
 08/15/2016

SC Rural Hospitals

South Carolina Independent Hospitals by County

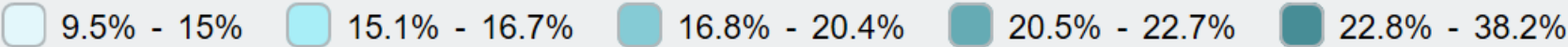
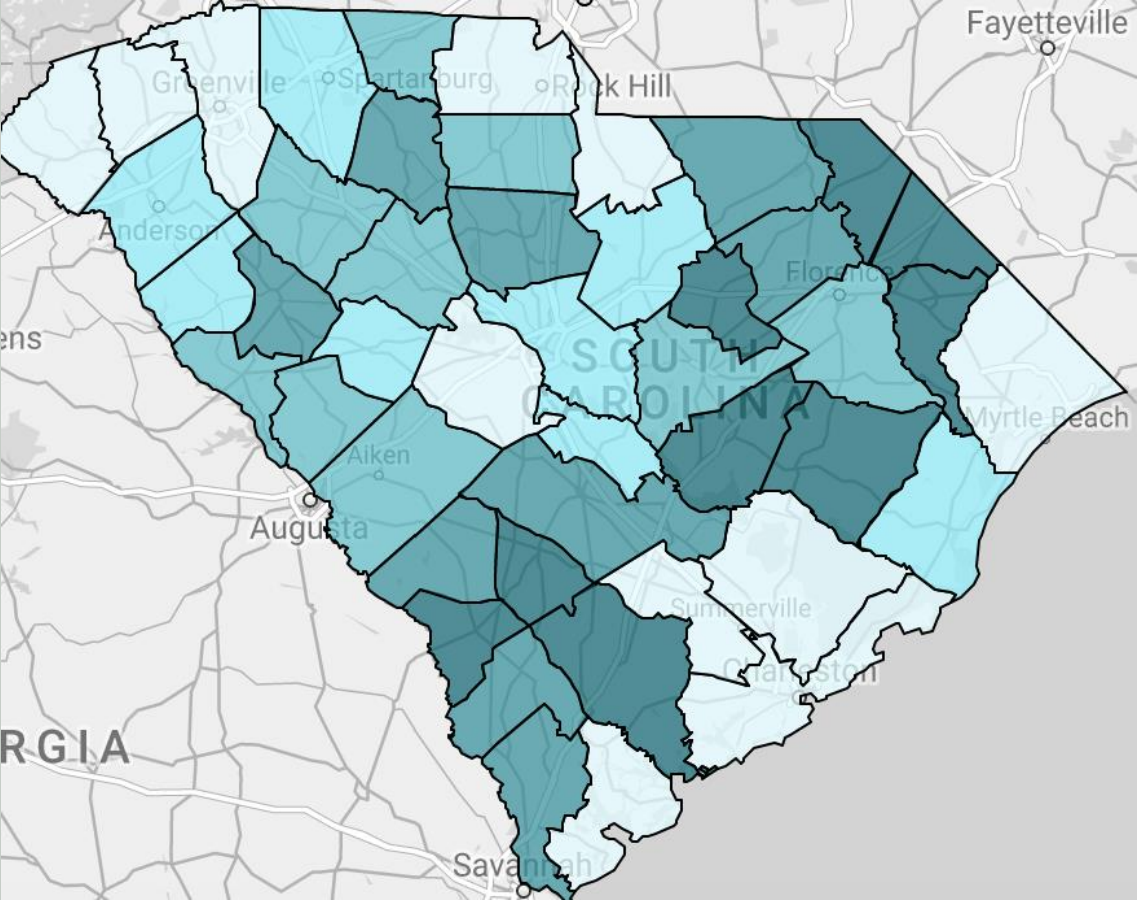


South Carolina Hospital Closures



Temporary hospital opened December 16, 2016!

Percent of persons in poverty



The Safety Net in Rural South Carolina

- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)
- FQHC “Look-alikes”
- Free Medical Clinics
- DHEC
- Small Rural Hospitals
- EMS



SCORH's Mission

Improve the health status of rural and underserved people through advocacy, education, and assistance to providers, communities, and policymakers

SCORH's Vision

Our state's rural and underserved people have optimal health care services that enhance the quality of life in every community

Early History

- Due to the nursing shortage in the 1980s, the SC Nursing Recruitment and Retention Center was founded in 1988. As the nursing shortage abated, the scope broadened and it became the SC AHEC Healthcare Recruitment and Retention Center (around 1991)
- In 1991, SC DHEC applied for the \$35k State Office of Rural Health grant (Most all states started their SORH at this time)
- Tom McGee, Doug Bryant, and Mark Jordan all served as both the PCO and SORH Director in this short period of time.
- In 1994/1995, the SORH grant and one FTE were transferred out of DHEC and SC SORH was formed as a 501(c)3
- Both SC SORH and the Recruitment Center were governed by the SC Rural Physician Board, common staff and ED (Buddy Watkins)
- Board Chairs – Sam Causey, Bill Mahon, Marion Burton, Thornton Kirby, Ed Frye, George Johnson

A Brief History

- 1991 - Developed SORH through ORHP grant within DHEC (*1991-1994 = 3 staff*)
- 1994 – Transferred out of DHEC under Rural Physician Board (\$35,000 grant)
- 1995 – Gained 501(c)3 not-for-profit status (*1995 – 1997 = 7 staff*)
- 1997 - Founded SC Rural Health Association, a grassroots membership organization, affiliate member of the National Rural Health Association (NRHA), folded in 2008
- 1998 – Secured Healthy Start, RWJ Southern Rural Access and Medicare Flex Programs, established Low Country office (*1998 – 2004 = about 30 staff*)
- 2002 – RWJF Southern Health Improvement Consortium, Graham Adams named CEO



A Brief History

- 2005 – Built new SCORH Headquarters, established RHC services (33 staff – 13 in Columbia, 20 in Denmark)
- 2007- Transitioned to independent Board of Directors
- 2010 – Created The Benefit Bank (now SC Thrive), started RHC services company
- 2014 – Established Rural PCMH Institute, now Center for Practice Transformation (38 staff- 15 in Columbia, 23 in Orangeburg)
- 2017 – Launched SC Rural Health Action Plan
- 2018 – Today (44 staff- 25 in Columbia, 19 in Orangeburg)



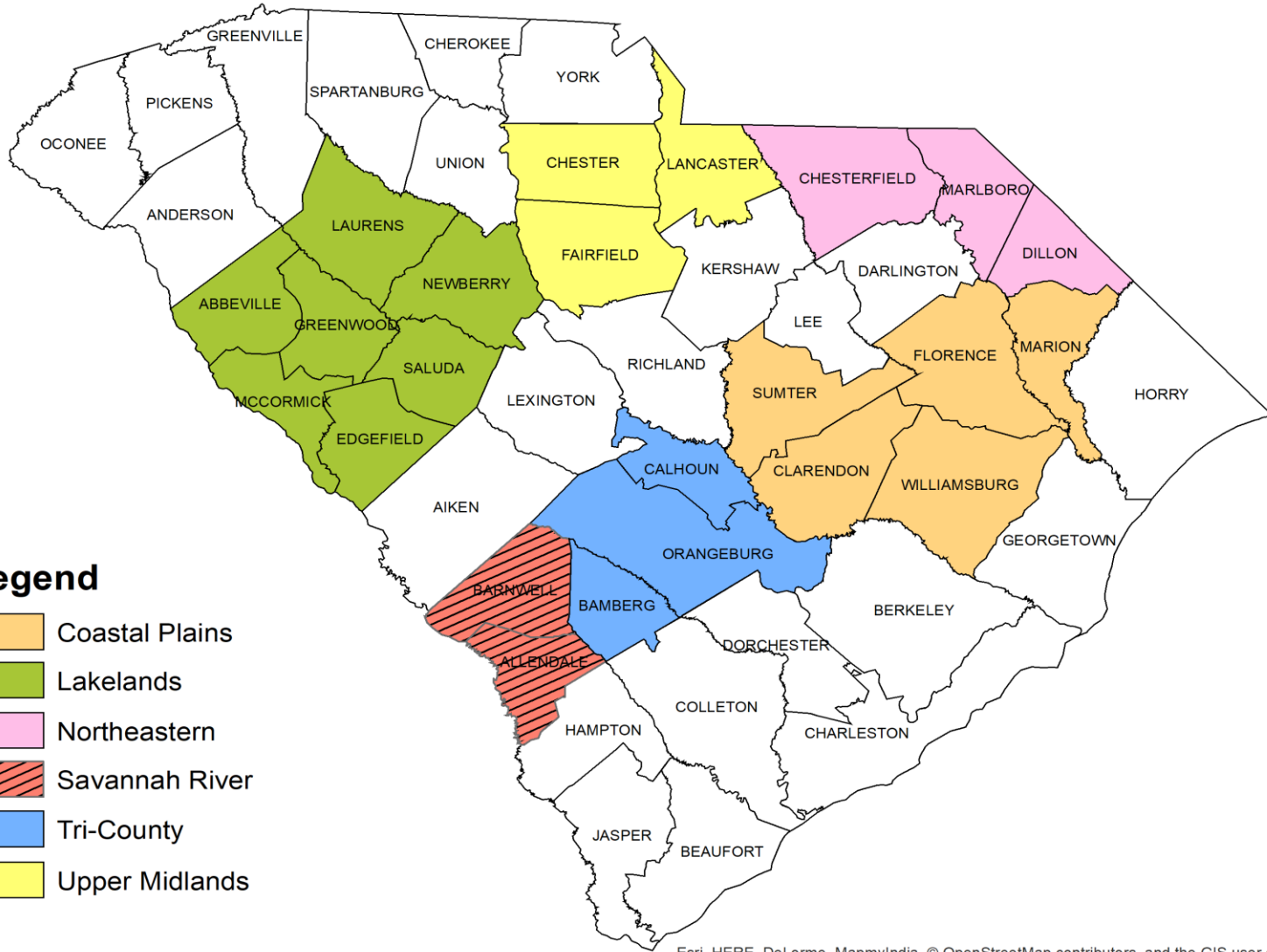
Services & Initiatives

Provider Services	Community Initiatives
<ul style="list-style-type: none">• Center for Practice Transformation (C4PT)• Rural Health Clinic Services• Rural Hospital + Health System Consultation• Rural Emergency Services Consultation• Revolving Loan Fund• Rural Provider Recruitment and Retention• Rural Veterans' Health Initiatives• Rural Oral Health Initiatives• Quality Payment Program Consultation	<ul style="list-style-type: none">• Blueprint for Health• Family Solutions of the Lowcountry• Healthy People, Healthy Carolinas• Network Development







Rural Health Networks Overview

- SCORH actively supports 5 rural health networks (Upper Midlands, Northeastern, Coastal Plains, Tri-County, & Lakelands)
- Encourages rural health communities and organizations to collaborate to maintain systems of care that enable optimal access to health care services
- SCORH staff provides planning, development, marketing, and sustainability planning through technical assistance

SCORH Rural Health Networks



Legend

-  Coastal Plains
-  Lakelands
-  Northeastern
-  Savannah River
-  Tri-County
-  Upper Midlands

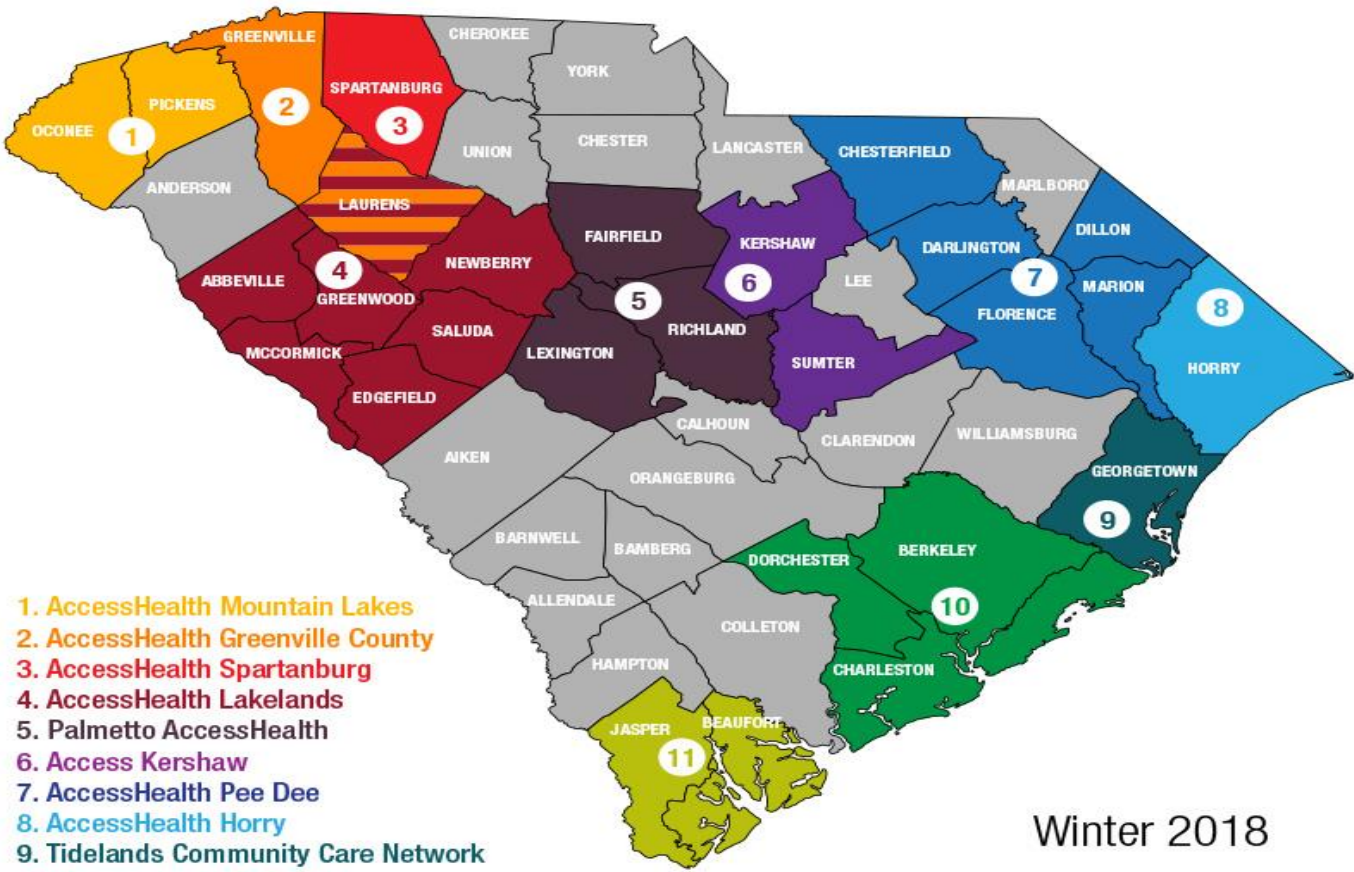
Esri, HERE, DeLorme, MapmyIndia, © OpenStreetMap contributors, and the GIS user community



- **Vision:** Our vision is to spark sustainable health system change that results in better health outcomes and 100 percent access to effective, efficient, safe, timely, patient-centered, and equitable healthcare throughout South Carolina.
- **Mission:** AccessHealth's mission is to support communities in creating and sustaining coordinated data-driven provider networks of care that provide medical homes and ensure timely, affordable, high-quality healthcare services for low-income uninsured people in South Carolina.
- Created in 2008, there is now a **statewide effort that encourages and supports the creations of community-based networks of care.** Networks are composed of a broad range of healthcare providers and other health-related resources working in collaboration to leverage resources and align services. They provide uninsured South Carolinians a coordinated approach to care. Network partners can include hospitals, free clinics, certified rural health clinics, community health centers, physicians, medication providers, behavioral health providers and local health departments.



AccessHealth SC Networks



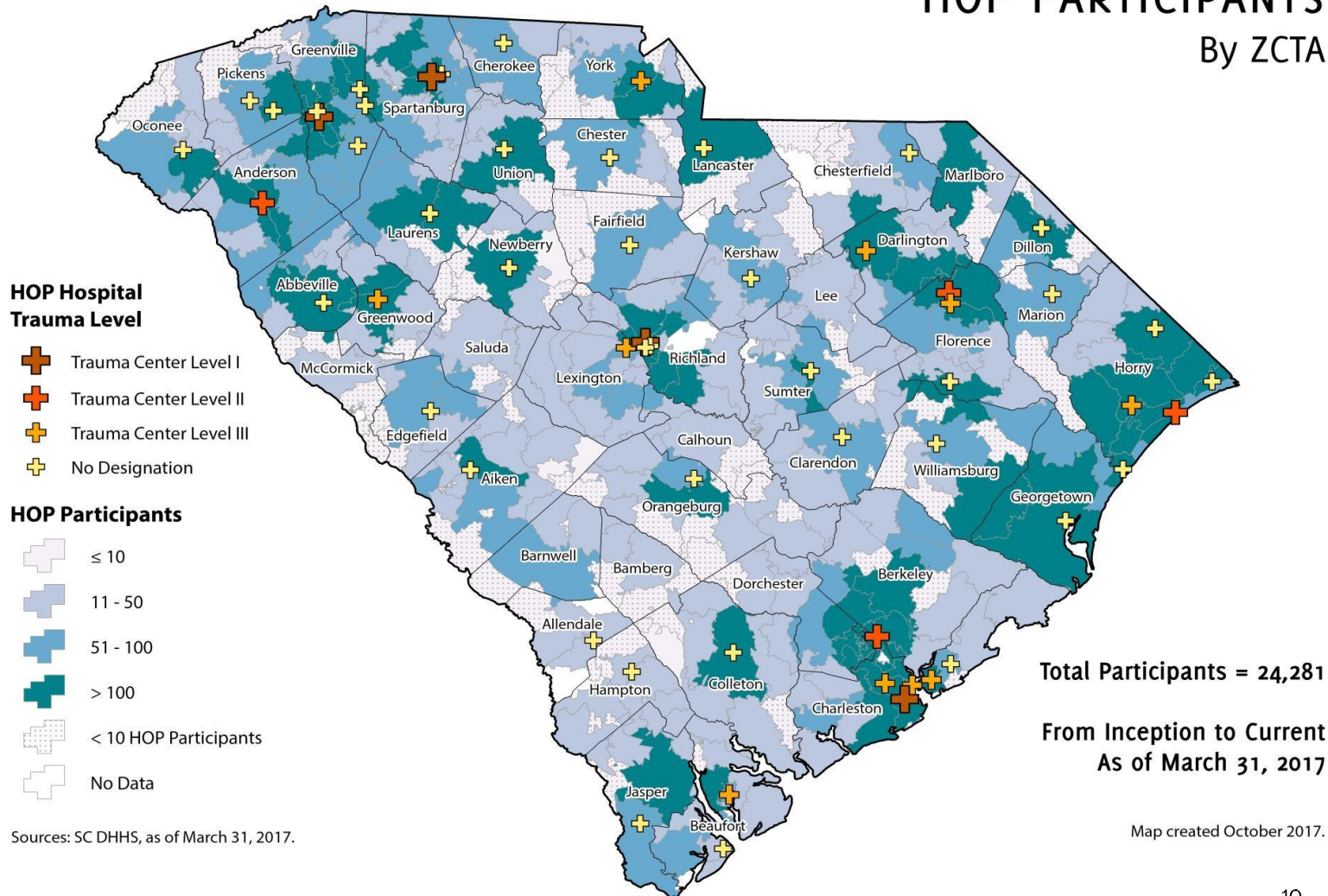
- 1. AccessHealth Mountain Lakes
- 2. AccessHealth Greenville County
- 3. AccessHealth Spartanburg
- 4. AccessHealth Lakelands
- 5. Palmetto AccessHealth
- 6. Access Kershaw
- 7. AccessHealth Pee Dee
- 8. AccessHealth Horry
- 9. Tidelands Community Care Network
- 10. AccessHealth TriCounty
- 11. AccessHealth Lowcountry

Winter 2018

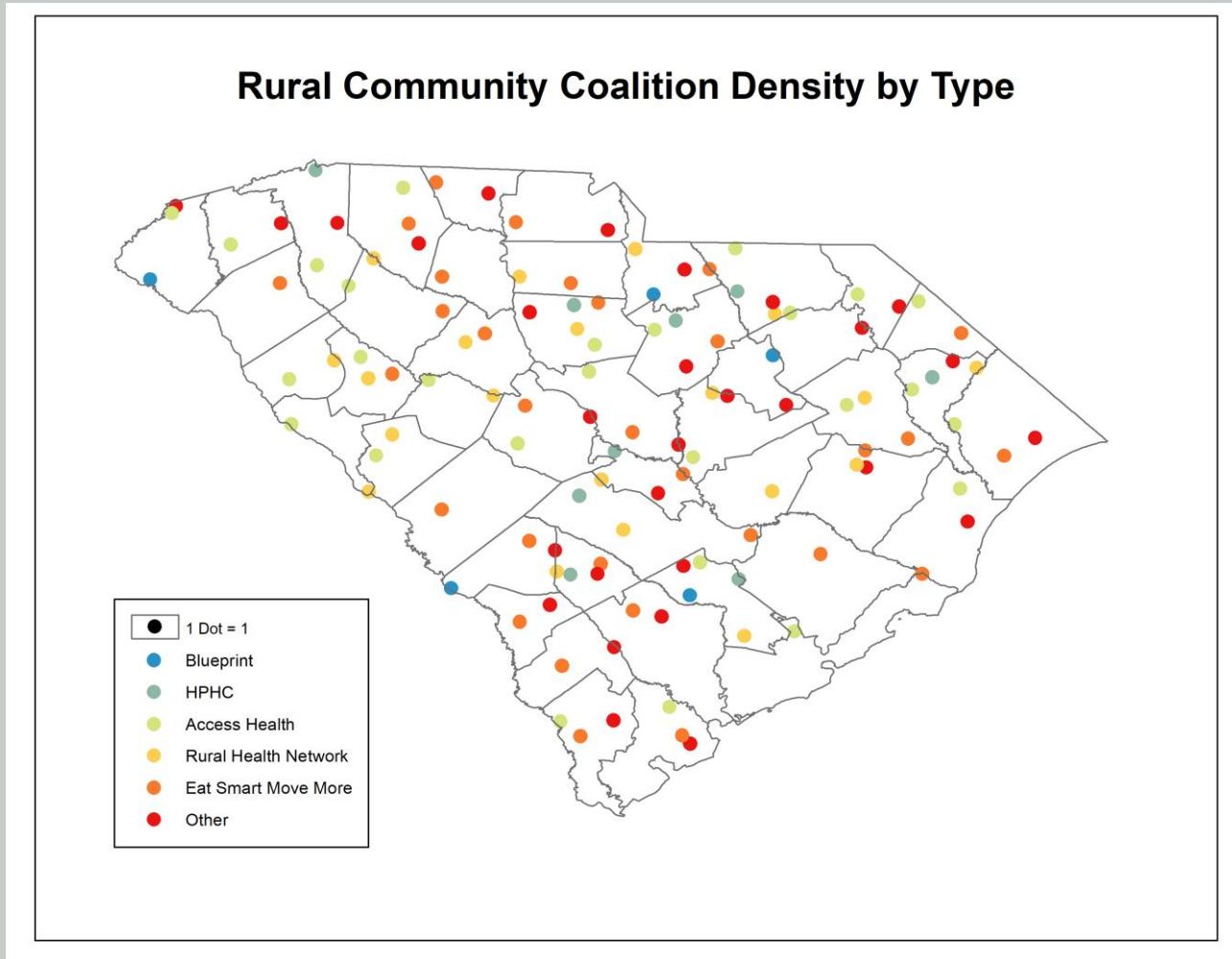
SC Healthy Outcomes Plan (HOP)

- HOP is an incentive program for participating hospital and primary care safety net providers; designed to improve health outcomes and reduce system costs through better coordinated care of **uninsured, chronically ill, high utilizers of emergency departments and/or inpatient hospital services.**
- In 2013 the South Carolina Healthy Outcomes Plan (HOP) was initiated through Proviso 33.34 (H. 3710), which directly links disproportionate share funding and financial incentives to encourage participation. (Medicaid \$\$)
- Chronic Illness includes: DM, Behavioral Health conditions, cardiovascular disease, ESRD, HTN, COPD, sickle cell, HIV/AIDS or any other dx that is approved by SCDHHS.
- SCDHHS working alongside USC-Institute for Families in Society-Division of Medicaid Policy Research at USC.
- 21 Rural Hospitals

HOP PARTICIPANTS By ZCTA

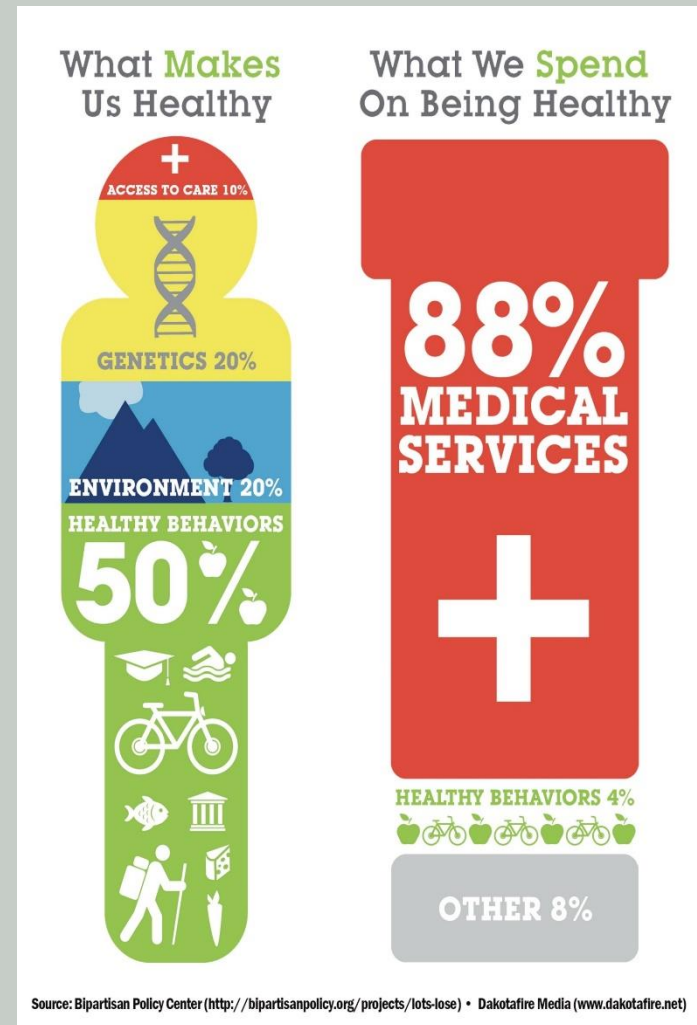


Community Team Work



Rural Health Action Plan

- Rural communities in South Carolina and in the U.S. suffer disproportionately from poor health outcomes.
- This disparity may be related to the social determinants of health in rural communities.
- South Carolina in 2016 decided to address this issue directly through the development of a state Rural Health Action Plan.



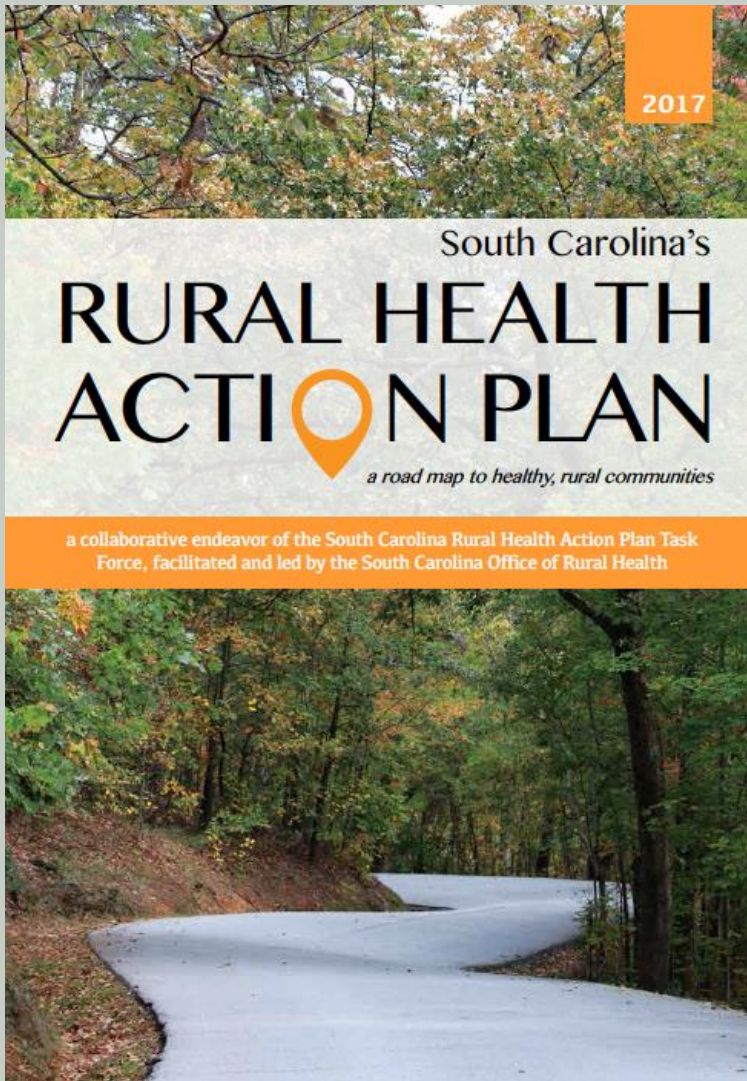
Why a Rural Health Plan?

- Precedent with previous plans in 1999, 2003, 2008 (Federal grant requirement)
- 2014 North Carolina Plan as a reference

No one is mandating this, so why now?

- South Carolina is ranked 44 out of 50 among states in terms of health (America's Health Rankings).
- Virtually all counties in the bottom half of County Health Rankings are rural.
- Need for common vision and coordinated investments for rural communities.
- Rural hospital closures are a current and pressing issues in our state and others.
- Rural communities have worse health outcomes than their urban counterparts year after year, decade after decade, and that will continue unless we work together.

SC Rural Health Action Plan



- **August 2016** – Inaugural South Carolina Rural Health Action Plan (SC RHAP) Task Force Meeting Occurred
- **September 2016-April 2017** – SC RHAP Task Force Continued to Meet
- **October 2016 – March 2017** – Community Listening Sessions
- **May 3, 2017** – Initial Recommendations Released
- **Summer 2017** – Further Development, Writing & Production of SC RHAP for Distribution
- **November 16, 2017** – SC RHAP Task Force Unveiled Final Plan on National Rural Health Day

Recommendations

- 5 priority areas, 15 recommendations, 50+ action steps
 - **Access to Care**
 - **Community Assets, Leadership, and Engagement**
 - **Economic Development**
 - **Education**
 - **Housing**
- Recommendations include measures for success and key stakeholders as well as deeper dives on key topics or success stories

Looking Ahead...

- Recommendations are designed to be achieved by 2023.
- Progress towards accomplishing recommendations and action steps will be monitored on a periodic basis through the use of the measures of success.
- Implementation of the plan has been funded by The Duke Endowment and The Fullerton Foundation.
- The plan is also being utilized as a key component of the SC Department of Health and Environmental Control's State Health Assessment (SHA) and State Health Improvement Plan (SHIP) (five priority areas for the SHIP were chosen this week).

Network Development & Community Engagement






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