



South Carolina Office of
Rural Health

NOSORH / ORHP Region B Meeting
August 19-21, 2014

"Dedicated to providing access to quality health care in rural communities"

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**Welcome to
 South Carolina!**



South Carolina at a Glance

- Originally part of the Province of Carolina, the Province of South Carolina was one of the 13 original colonies
- Named in honor of King Charles I, *Carolus* in Latin for Charles
- First state to secede from the Union and founding state of the Confederate States of America



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South Carolina at a Glance

- Population = 4.6 million (66% Caucasian, 28% African American, 6% Other, 5% Hispanic)

Catawba Indians



Gullah Dancers



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South Carolina at a Glance

- Religion:
 - Christian: 93%
 - Protestant 84%
 - Southern Baptist 45%
 - Methodist 15%
 - Presbyterian 5%
 - Other Protestant 19%
 - Roman Catholic 7%
 - Other Christian 1%
 - Other Religions 1%
 - Non-Religious 5%



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Greenville, SC



MICHELIN

BILO



- Known as Pleasantburg until 1831
- City population of ~61,000; greater Greenville area ~850,000
- Named one of the "Top 10 Fastest Growing Cities in the US"
- Was known for many years as "textile capital of the world"; now home to many major manufacturers

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Columbia, SC

- Columbia is the state capital, chosen in 1786 for its central location in the state
- City population of ~130,000; greater Columbia area ~780,000
- Formed at the junction of "three rivers"
- Home to Fort Jackson, US Army's largest training installation



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Charleston, SC

- Charleston is becoming well known as a national "dining destination" as well as an international arts hotspot
- The city sits on the largest earthquake fault in the east coast (has 10-15 earthquakes each year < magnitude 3)
- "The Ocean Course" at Kiawah was ranked #1 toughest course by Golf Digest in 2007
- America's first golf course opened in 1786 in Charleston



State tree is the Sabal Palm

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Myrtle Beach, SC



The Myrtle Beach area has more public golf courses per capita than anywhere else in the country!


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▪ Famous South Carolinians - deceased

- James Brown – the Godfather of Soul
- Dizzy Gillespie – jazz trumpeter
- Andrew Jackson – 7th US President
- “Shoeless” Joe Jackson - 3rd highest batting average
- Eartha Kitt – “Catwoman”
- General William Westmoreland – Commanded US military in Vietnam
- 4 signers of the Declaration of Independence – Heyward, Lynch, Middleton and Rutledge




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▪ Famous South Carolinians - living:

- Ben Bernanke – former Chairman of the US Federal Reserve
- Chubby Checker– Inventor of “the Twist”
- Joe Frazier – World Heavyweight Champ 1970-73
- Jesse Jackson – Civil Rights Leader
- Darius Rucker – aka “Hootie” and Country Singer
- Stephen Colbert – Host of The Colbert Report and soon to replace David Letterman
- Country Singers Lee Brice and Josh Turner
- Author Pat Conroy
- Actors Chris Rock, Aziz Ansari, Leeza Gibbons, Vanna White, Andie MacDowell



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South Carolina at a Glance

- Rural population, 2010 US Census: 1,557,555 (34% of total population)
- Medicaid population, 2014: 1,162,210 eligible members (25% of total population)
- Population with Income Below Poverty Level, 2012: 18.3%
- Percent uninsured, 2011: 19%



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South Carolina's Children

- 28% of SC children ages 2-5 are overweight or obese
- 32% of SC adolescents in grades 9-12 are overweight or obese
- Infant mortality rate, 2012 is 7.6 per 1,000 (*6.15 US, 2010*)
- Infant mortality rate among SC African Americans is 12.4
- Teen pregnancy rate, 2012 (15-19 yr olds) is 36.5 (SC) vs 29.4 (US) per 1,000



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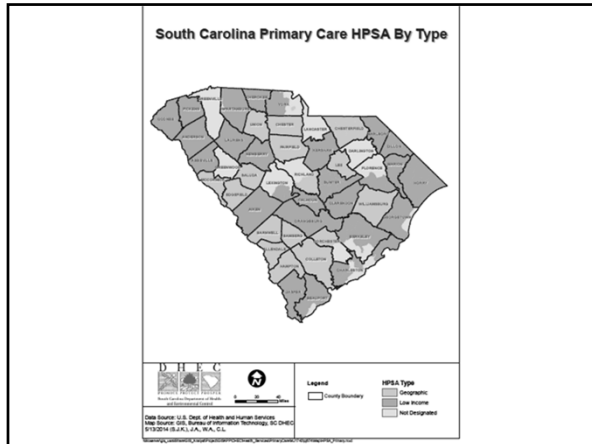
South Carolina's Children

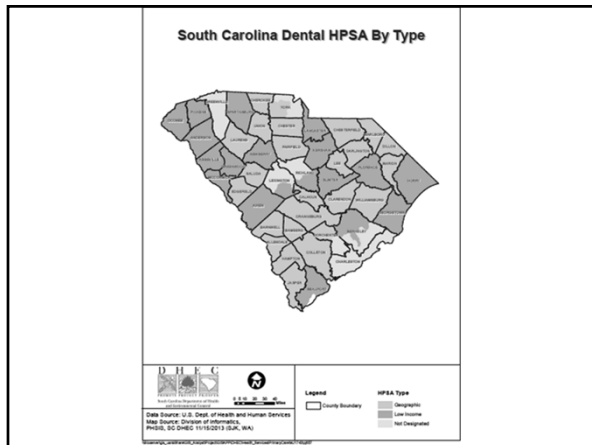
- In FY 2013, 478,107 South Carolina children were on free or reduced lunch
- 273,431 SC children received free breakfast
- In FY 2009, 687,508 South Carolinians were on SNAP (food stamps)
- In FY 2013, 875,866 South Carolinians were on SNAP (an increase of 27%)

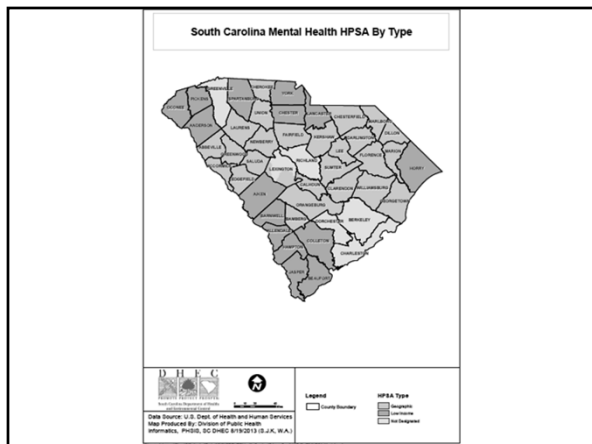


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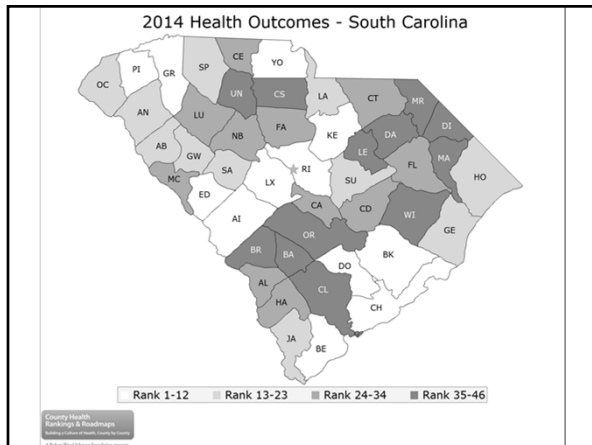


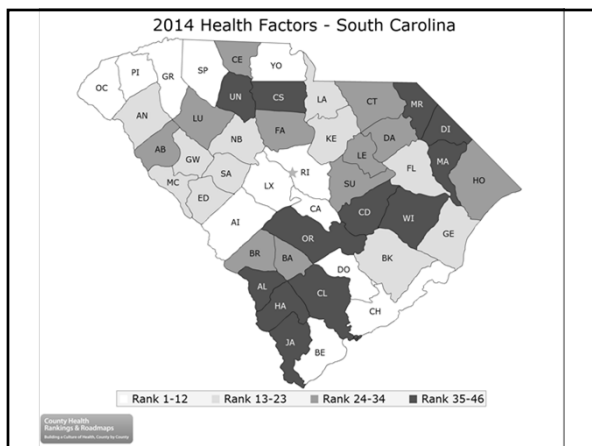




South Carolina's Safety Net







SCORH's Vision

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

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SCORH's Mission

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

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A Brief History

- 1991 - Developed through ORHP grant within DHEC (1991-1994 = 3 staff)
- 1994 - Transferred out of DHEC under Rural Physician Board (\$50,000 grant)
- 1995 - Gained 501(c)3 not-for-profit status (1995 - 1997 = 7 staff)
- 1998 - Secured Healthy Start, Southern Rural Access and Medicare Flex Programs, established Denmark office (1998 - 2004 = about 30 staff)
- 2005 - Built new SCORH Headquarters, established RHC services (33 staff - 13 in Columbia, 20 in Denmark)
- 2007 - Transitioned to independent Board of Directors
- 2010 - The Benefit Bank, started RHC services company
- 2014 - Rural PCMH Institute (38 staff, 15 in Columbia, 23 in Orangeburg)

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Our Governance Structure

- Freestanding 501(c)3 Board, "H" election
- Expertise from rural and underserved communities
- No less than 7, no more than 12 members
- 2 year terms, no more than six consecutive
- Executive Committee (Chair, Vice Chair, Secretary, Past Chair and SCORH CEO)

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SCORH Today

- 38 employees, 3 contractors
- In 2013-2014:
- Annual payroll of over \$1.9 million
 - Funding sources:
 - 45% Federal
 - 2.6% Philanthropic
 - 11.4% Other
 - 41% Contract

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SCORH Programs

- Core SCORH Functions
 - Rural Health Clinic Services
 - Rural Recruitment Services
 - Revolving Loan Fund
 - Small Rural Hospital Programs
 - EMS Programs
 - Rural Health Networks
 - Rural Practice Transformation Services
 - Rural PCMH Institute
 - Meaningful Use Assistance
 - Economic Impact Studies
 - Preferred Partners
- Family Solutions of the Lowcountry

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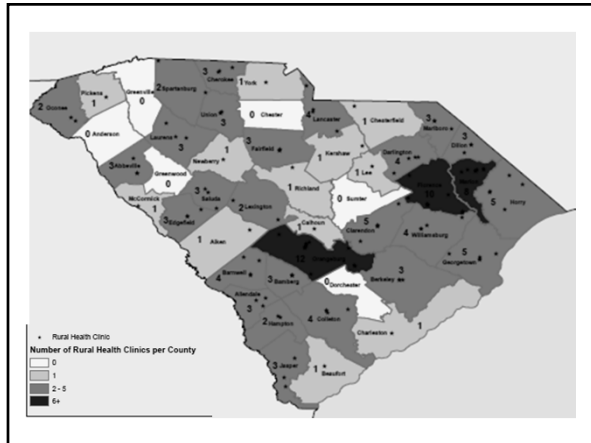


Rural Health Clinic Services

- Monitor rural health policy issues and keep apprised of changes affecting RHCs
- Coordinate and sponsor educational workshops
- On-site visits to RHCs to assist in billing, coding and programmatic issues
- Assist providers considering converting to an RHC from initial application to final approval from CMS (855s, mock survey walkthroughs, cost projections, cost report services)

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Recruitment and Retention

- Helps even the playing field for small rural hospitals and clinics when competing against larger urban hospitals and clinics for quality candidates
- Utilizes an on-line, interactive database system to match facilities with health care providers
- Matches physicians, advanced level providers, and mental health professionals
- Placed about 20 providers in South Carolina in each of the last 5 years and over 500 since the program's inception
- Supported by the DHEC Office of Primary Care, SC DHHS, and SC Primary Healthcare Association

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Rural Health Revolving Loan Program

- Established in 1997 to assist rural health care facilities and providers in accessing affordable capital to meet their financial needs
- Construction/renovation, equipment, lines of credit and debt restructuring
 - Total Loans Approved \$125,770,098
 - In-house Loans \$7,712,719
 - Overall Leverage Ratio \$51.40/\$1.00
 - In House Leverage Ratio \$6.16/\$1.00
 - Jobs Created/Saved 726

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SC Rural Hospitals

- Profile:
 - Typically small in size with aging physical structure
 - High Medicare payor mixes
 - 5 Critical Access Hospitals, 10 SHIP hospital inclusive
 - 19 are designated rural by SC DHHS
- Typical Services
 - Emergency Room
 - Outpatient Services (especially diagnostics and Rural Health Clinics)
 - Approximately 2/3 of all RHCs are now owned by hospitals, mostly small rurals

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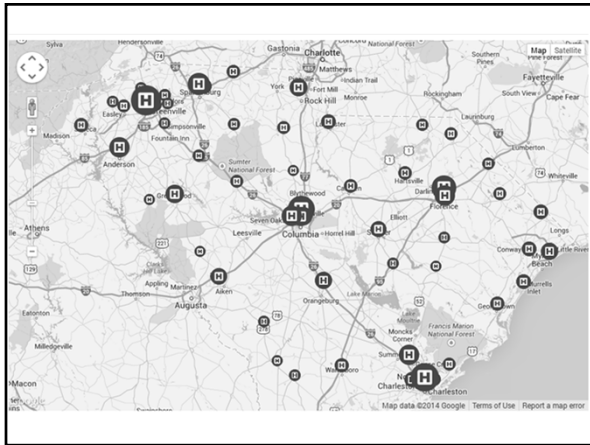


SC Healthy Outcomes Plan

- SC Legislature Proviso 33.26 renewed for 2014-15 the Medicaid Accountability and Quality Improvement Initiative which supports participating hospitals' implementation of service delivery models to coordinate care for chronically ill, uninsured, high utilizers of emergency department (ED) services.
- How does it work? High-ED utilizers are identified, referred and enrolled into the hospital's Healthy Outcomes Plan (HOP). Each hospital is charged getting patients into a medical home and providing care plans for each of them that include social services needs.
- SCORH is charged with providing technical assistance to 19 critical access and small rural hospitals with partner engagement and program implementation support.
- Currently, our rural hospitals have exhibited outstanding performance in this initiative - representing 8 out of 10 hospitals with 100% program enrollment and care plan completion.

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Rural EMS Programs

- Tuition assistance for students to attend EMT, Advanced EMT, and Paramedic certification courses
 - Over 300 scholarships have been granted in rural South Carolina since inception in 2002
- STEMI, Stroke, and Trauma Systems of Care
- Regular educational workshops
- Community Paramedicine

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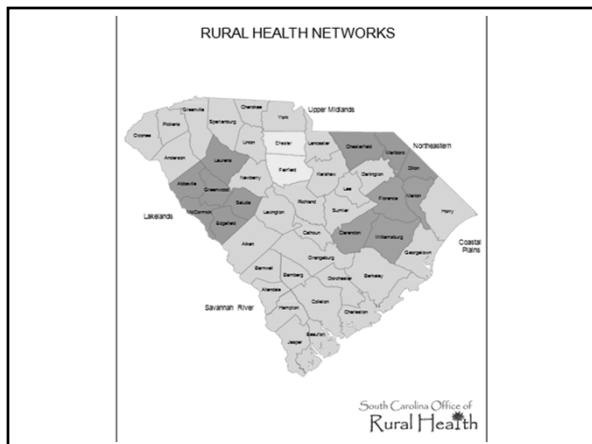


Rural Health Networks

- SCORH works with rural communities to encourage the development of provider networks
- Initiatives include shared services, workforce development, and access to care improvements
- Local not-for-profit governing boards

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Rural Practice Transformation

- Began with role in SC Regional Extension Center led by Health Sciences South Carolina
- Provide TA to primary care providers for the Adoption and Meaningful Use of certified Electronic Health Record technology
- SCORH has supported 215 SC primary care providers in receiving over \$4.6M in incentives paid to RHC providers receiving TA through this program
- In 2013, Rural PCMH Institute was developed as the next step in this work
- Rural PCMH Institute has \$1.4M commitment over 3.5 years; currently working with 23 practices in two learning cohorts

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The Economic Impact of Rural Health

- Health care industry largest employer in rural counties
- An average estimate is that for every two jobs created or lost in rural health care, jobs in other local businesses will increase or decrease by one job.
- Economic impact studies can measure the exact impact of a county's health sector
 - Measures the interactions of all of the components of the county's health sector
 - Measures the county-wide impact on employment from the health sector
 - Data sets are updated annually

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Preferred Partners

- In 2008, SCORH created exclusive partnerships with select businesses
- These partners offer discounted rates to specified rural healthcare entities including Critical Access Hospitals, Rural Health Clinics, rural physician practices, and rural hospitals
- Our Preferred Partners have a revenue sharing agreement with SCORH that varies based on their business model
- They are committed to providing timely and quality products and services to our rural constituency

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Family Solutions of the Lowcountry

- SCORH serves as the federal grantee for Low Country Healthy Start, supported by the Bureau of Maternal and Child Health
- LCHS began in 1997 and in 2013 changed its name to Family Solutions of the Lowcountry
- LCHS' programs focus on the reduction of infant mortality and eliminating disparities in perinatal health for Allendale, Bamberg, Hampton, Orangeburg, and now Barnwell counties
- Interventions are community based and community sensitive
- FSL recently became the first rural co-located Healthy Start & Nurse-Family Partnership site in the nation

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Other Rural Safety Net Partners

- Community Health Centers/FQHCs
 - ~9 out of 20 main CHC sites total are in rural SC
- Free Medical Clinics
 - 16 out of 40 sites total are in rural SC
- Community Mental Health, Drug and Alcohol
- Social Services, Disabilities and Special Needs
- Local Public Health Departments (DHEC)
- Local Community Based Organizations
- SC Rural Health Research Center
- DHEC Office of Primary Care
- Family Medicine Residency Programs

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Other Initiatives

- SC GME Advisory Group
 - Rural Training Track Development
- SC Rural Veterans Connect
- ROADS: Rural Oral Health Advancement and Delivery Systems
- Palmetto Care Connections
- SC Health Coordinating Council

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