

## HEALTHCARE TRANSFORMATION

### Reducing delayed medical care

NEARLY A QUARTER OF AMERICANS SAID they or a family member put off getting treatment for a serious medical condition in 2019 because of cost, a record number. In South Carolina, 12.7 percent of the population is uninsured, a leading reason for delaying medical care. That's more

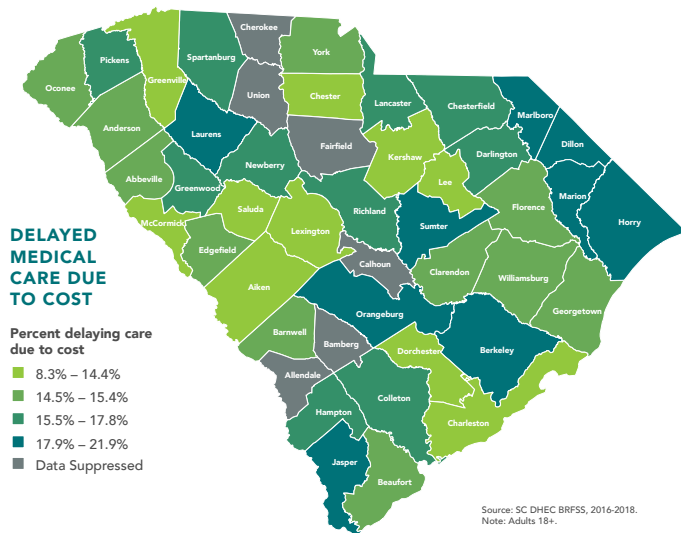
than half a million people statewide, and the percentage is highest among African-American and Hispanic populations.

The cost of delayed medical care is measurable in health and dollars: Delayed medical care is associated with worse patient outcomes and higher medical expenditures as care is often delivered in emergency departments, where costs are highest. And even people with insurance can be impacted when emergency resources are diverted to treat non-emergent conditions.

SCHA's goal is twofold:

- Reduce the percentage of South Carolinians who delay medical care because of cost to 14.9 percent;
- Achieve a five percent relative improvement for non-Hispanic Black, which would be 19.3 percent.

Meeting the goal would give 35,740 South Carolinians access to care when they need it.

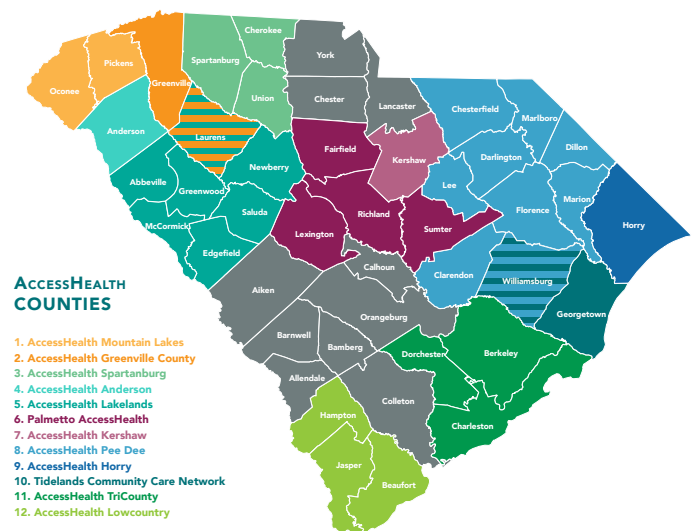


## SCHA STRATEGY

### Expand AccessHealth

Build leadership and work with partners to expand AccessHealth SC into all counties in South Carolina by 2025.

AccessHealth isn't just about transforming healthcare delivery in South Carolina. It's about transforming lives. AccessHealth empowers people to take control of their health by providing them with access to a broad range of services when they're needed, so they don't end up in the emergency room. "It's not just finding a doctor. It's figuring out how to navigate the whole spectrum of healthcare, from getting



## ACCESSHEALTH STATEWIDE STATS

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**THOUSAND**

*South Carolinians  
served*

31%

*decrease  
in inpatient  
admissions*

21%

*decrease in  
Emergency  
Department  
utilization*

53%

*of AccessHealth  
patients did not  
use ER or IP  
services*

prescriptions to mental health services or dental care,” said Cyndi New, SCHA’s innovation manager and AccessHealth SC coordinator.

With 12 networks serving 36 counties, AccessHealth has a proven track record of reducing hospital costs, improving patient outcomes and addressing population health inequities. Now, it’s aiming to go statewide. Spartanburg Regional Healthcare System’s charity care dropped from \$116 million to \$60 million over five years. “It didn’t happen because we quit taking care of people. It happened because we connected people with resources upstream so they avoided the ER or hospitalization,” said Renee Romberger, chief governmental affairs officer. In 2019, clients in AccessHealth Horry, covering four

Grand Strand hospitals, avoided more than \$5 million in hospital costs. From July 1 – December 31, 2019, emergency department use by participating patients was down nearly 18 percent and inpatient hospitalization was down more than 21 percent.

AccessHealth works by building a community-based network of care involving hospitals and a broad range of health-related resources such as free clinics, local health departments, community health centers, certified rural health centers, providers and social workers. Most are connected to hospitals, which can re-invest savings from reduced charity care to help fund the program. AccessHealth was launched by the South Carolina Hospital Association in 2008 with support from The Duke Endowment.

## HEALTHCARE TRANSFORMATION

### Increasing health insurance coverage

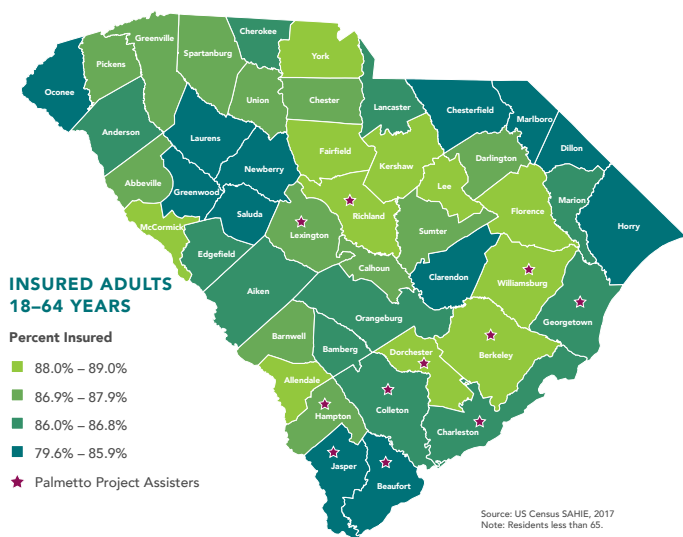
IN SOUTH CAROLINA, 12.7 PERCENT OF THE population does not have health insurance, and the percentage is highest among African-American and Hispanic populations. That's more than half a million people statewide. According to data from America's Health Rankings, published by the United Health Foundation, uninsured adults have more health disadvantages compared to insured adults, including:

- Worse health outcomes and higher rates of mortality and premature death;
- Higher rates of cancer mortality and greater risk of a late-stage cancer diagnosis;
- Inadequate access to quality care including preventive services, and
- Expensive medical bills due to undiagnosed or untreated chronic conditions and more emergency room visits.

Providing health insurance for all Americans was a key goal of the Affordable Care Act passed by Congress in 2010, partly by creating state-based health insurance exchanges, or marketplaces, where individuals could research plans, compare prices and benefits, and apply during open enrollment periods. States received funding to hire professional advisers – called assisters -- to walk people through the information and processes, and states received marketing funds to create awareness and encourage participation. The S.C. program has been managed by Palmetto Project, an independent, non-profit organization that works to address social, economic and health issues, with active support from SCHA. And even though S.C. declined to expand Medicaid, the number of uninsured people has improved since 2010.

But cuts in federal funding have created challenges. Positions dedicated to helping people navigate the system have dropped from more than 100 to six, and marketing funds have been cut by 90 percent. With ingenuity and persistence, SCHA and Palmetto Project have continued to make progress, bringing in private insurance agents to help enroll people and leveraging outreach efforts of the hospital community. As a result, South Carolina is bucking the national trend with sign-ups increasing rather than decreasing.

SCHA's goal is to continue the positive trend until 100 percent of South Carolinians have health insurance, which would mean 544,930 more people are insured.



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## SCHA STRATEGY

Begin the open enrollment campaign by October 1 annually.

Engage with partners to add additional assisters to enroll new individuals and maintain existing individuals in hot spots into the Marketplace by September 30, 2020 for the 2020 season; reassess for future years.

Since 2014, SCHA has served as a convener to develop an enrollment campaign each fall, bringing together private insurers, Palmetto Project agents and other interested organizations such as AARP

and AccessHealth SC networks to develop strategies and unified messaging. SCHA also engages state hospitals with three requests:

1. Open doors to their local news media contacts to help generate free publicity and sponsor on-air phonathons;
2. Share enrollment information with their patients;
3. Add an "enrollment table" at planned community events where it would align with the purpose of the event. Clearly, the pandemic has reduced opportunities for many community events.

## BEHAVIORAL HEALTH

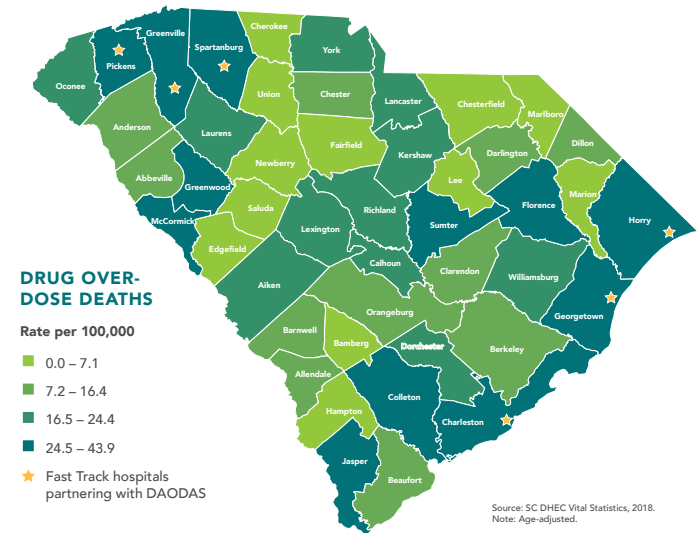
### Drug abuse and overdose

IN SOUTH CAROLINA, THE RATE OF DRUG overdose deaths increased nearly 50 percent between 2007 and 2016. According to the S.C. Department of Health and Environmental Control, deaths due to drug overdoses and opioids have been steadily increasing, with:

- 1,103 drug overdose deaths in 2018, which is up 10 percent from 2017, and
- 816 Opioid-involved overdose deaths in 2018, which is up 9 percent from 2017.

The situation has worsened during the COVID-19 pandemic as many South Carolinians struggle with the toll of stress, anxiety and depression that can come from social isolation and economic uncertainty. EMS response to opioid overdoses have risen each month since the pandemic began and in May increased by nearly 100 percent from a year ago.

While we are still very much in the midst of the direct COVID-19 battle, the opioid crisis deserves our attention. SCHA provides leadership and support for the South Carolina Behavioral Health Coalition, an alliance of public and private agencies and organizations seeking to improve the care and outcomes of people suffering with mental illness and/or substance use disorders. SCHA is also an active participant in South Carolina's Opioid Emergency Response Team (OERT), which recently endorsed several key strategies for hospitals to support an effective response to this crisis-within-a-crisis, including methods for enabling better data collection to inform state and local intervention, ways to support immediate overdose prevention through communications channels, and how to



create sustained processes to link patients to care. It warrants mention that Solvent Networks has endorsed partners who can be part of the solution. Collective Medical has a technology platform that helps ER physicians receive alerts about patients who have a history of behavioral health issues or who travel from hospital to hospital in search of prescriptions. Stericycle assists hospitals wishing to participate in Drug Take Back events.

SCHA's goal is to reduce drug overdose deaths per 100,000 population from 22.2 (in 2018) to 17.1, and to achieve a 20 percent relative improvement for non-Hispanic whites, who are the most at-risk. If we achieve our goals, 250 lives will be saved.

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## SCHA STRATEGY

Partner with the S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS) to expand ER Fastrack programs by 10 percent by 2023 utilizing telemedicine when possible and needed; includes medical stabilization and peer support specialists in the ED and a warm handoff to an outpatient provider.

Partner with DAODAS and other agencies/partners to ensure that real time drug overdose data are available by 2022 that the partners will use to identify hotspots and facilitate timely community conversations around local solutions.

## BEHAVIORAL HEALTH

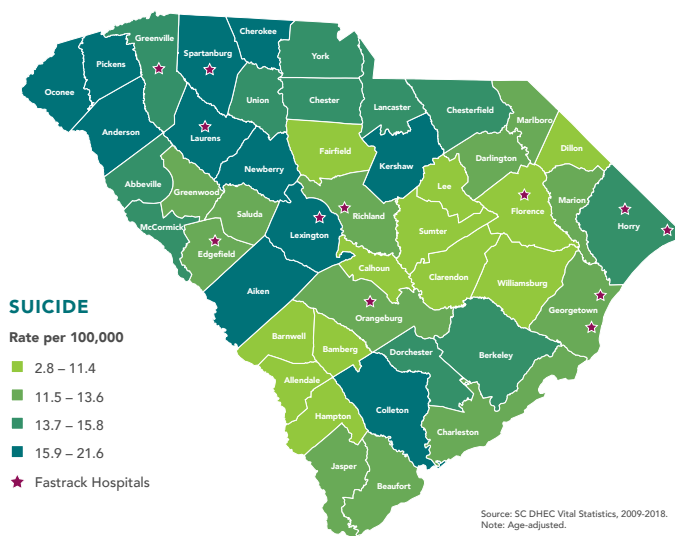
### Reducing Suicide

NEARLY 48,000 PEOPLE IN THE U.S. DIED BY suicide in 2018, and the rate has increased 35 percent since 1999, according to the Centers for Disease Control and Prevention. Nationally, suicide was the 10th leading cause of death in 2017 and the second-leading cause of death among ages 10 to 19, after accidents.

In South Carolina 1 person dies by suicide every 11 hours, and there are nearly twice as many suicides each year in South Carolina as there are homicides. From 1999 to 2016, suicide rates in the U.S. rose 30 percent, while they rose 39 percent in South Carolina.

Populations with disproportionately high suicide rates in South Carolina include:

- Males compared with females
- White adults
- Older adults: By age and gender, the highest suicide rate in South Carolina is among males ages 45 to 54
- Those living in rural areas compared with those living in urban areas



- LGBTQ adults and youth compared with heterosexual adults and youth

Reducing South Carolina's overall suicide rate to 10.2 suicides per 100,000 population and achieving a 30 percent relative improvement for non-Hispanic whites would save at least 270 lives every year.

## SCHA STRATEGY

WORKING WITH THE S.C. DEPARTMENT OF Mental Health (DMH):

- Support and encourage the expansion of the 'Zero Suicide' approach and principles by promoting this training to 100 percent of the state's hotspot acute care hospital leadership by 2023.
- Increase the number of hospitals partnering with DMH to ensure a warm handoff after a failed suicide attempt by 20 percent by 2023.
- Under DMH's leadership, support and encourage expansion of SafeSide in the hotspot hospitals identified by DMH by 2022.

Societal costs associated with suicide were estimated at \$70 billion, including lifetime medical fees and lost work costs. Mental health disorders and/or substance use disorders and stressful life events are the most significant risk factors for suicidal behaviors.

Health experts worry that the combined impact of COVID-19, economic struggles and racial unrest could drive those numbers even higher, particularly among young people who are struggling not only with social isolation but also disruption in structure provided by school and extracurricular activities. A poll published by the Kaiser Family Foundation

shows that 45 percent of U.S. adults have had their mental health negatively impacted by the COVID-19 pandemic. In August, call volume at the National Alliance on Mental Health's HelpLine was up 65 percent compared over the same time last year. But research indicates many suicide deaths are preventable with a united effort to create suicide care pathways with evidence-based, data-driven and collaborative interventions.

## BUILDING RESILIENT CHILDREN

### Reducing low birthweight and infant mortality

TO BUILD RESILIENT CHILDREN, YOU HAVE to start before they're born. The process begins with healthy moms who get the care and support they need for a successful pregnancy and delivery. Education, support and resources help new parents raise thriving children.

A baby's first birthday is cause for celebration, but in South Carolina, too many infants never make it to that milestone. In 2018, the state had the 8th highest rate of infant mortality in the nation, with 7.2 deaths per 1,000 live births, with a racial disparity of 149 percent. SCHA aims to reduce that number to 6.0 overall and achieve a 15 percent improvement for Non-Hispanic Blacks. Achieving these goals would mean 700 more babies survive.

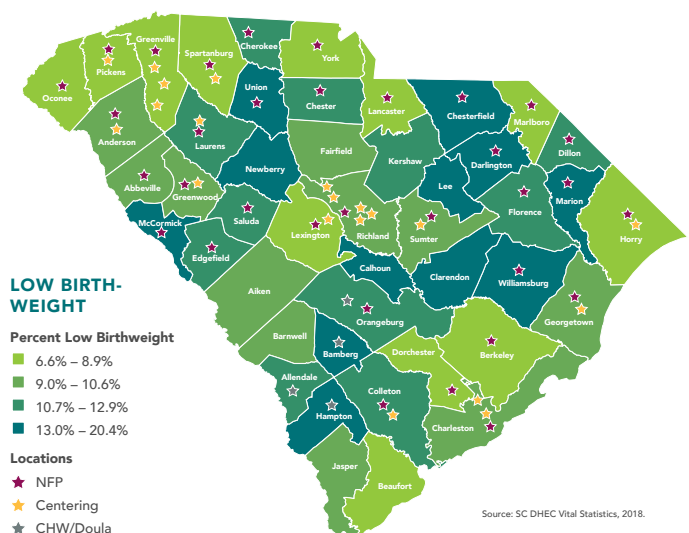
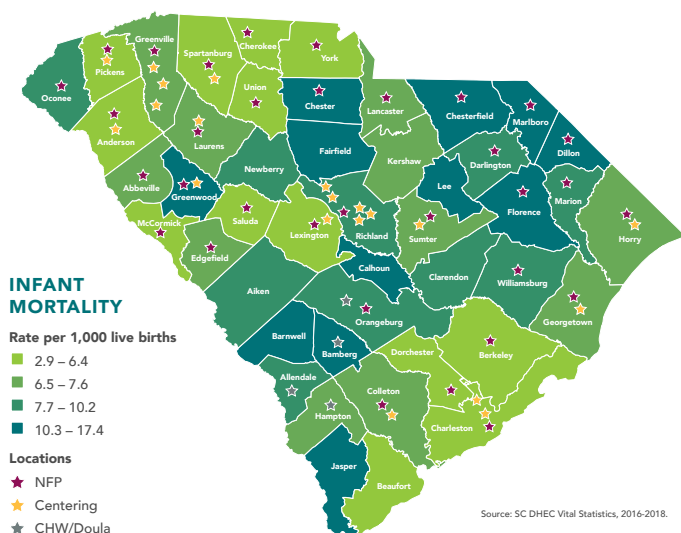
Many factors contribute to infant mortality, including the mother's health and complications such as high blood pressure and diabetes. SCHA's plan to support development of a program to screen high-risk populations for high blood pressure and diabetes will undoubtedly include women of child-

bearing age; therefore, connecting those women to providers and other resources could have the added benefit of better birth outcomes.

Another major contributor is low birthweight, which often occurs when a baby is born prior to 37 weeks. According to the March of Dimes, premature babies often require specialized medical care in neonatal intensive care units, and they face a higher risk of disabilities and long-term health complications, adding emotional and financial stress for families.

According to the Centers for Disease Control, in 2018, preterm birth affected one of every 10 infants born in the United States. South Carolina ranks 5th nationally in low birthweight rates, affecting 9.6 percent of babies born and 15.1 percent of births among Non-Hispanic Blacks.

If we achieve our goal of an overall percentage of 7.8 percent and a 15 percent relative improvement for Non-Hispanic Blacks, 1,020 fewer infants will be born with low birthweights, which will contribute to our



goal of reducing infant mortality. According to the CDC, in 2017, preterm birth and low birth weight accounted for about 17% of infant deaths.

Through its participation in SC BOI, the state's Birth Outcomes Initiative led by the S.C. Department of Health and Human Services (HHS), SCHA has partnered for many years with hospitals, state agencies, private-sector organizations and nationally recognized support programs that work for healthy pregnancies and babies. With support from our state's hospitals, SC BOI is getting results.

- Eleven birthing hospitals are Baby-Friendly-certified, meaning 36 percent of all South Carolina babies are born in a Baby-Friendly hospital. The national average is 17 percent.

- Nineteen physician practices across the state offer CenteringPregnancy.
- Non-medically necessary early-elective inductions at 37 to 38 weeks gestation in South Carolina was reduced by 73 percent from 2011 to 2014.
- Seventy-six percent of birthing hospitals boast a rate of zero percent for non-medically necessary, early elective inductions between 37 and 38 weeks.

Because infant mortality and low birthweight are so closely related, we have a consistent set of strategies for these two priorities. Each builds on existing partnerships and programs shown to be effective.

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## SCHA STRATEGY

In partnership and in alignment with Center for Community Health Alignment, BOI, and other partners, support expansion of a community health worker (CHW) model into rural hot spots to include funding/reimbursement by 2024.

Support expansion of post-partum Medicaid coverage from six to twelve months by 2022.

Support BOI in ensuring that each identified hot spot has at least one resource such as Centering Pregnancy, CHW/doula, or NFP by 2024.

Resources and programs that support these strategies include:

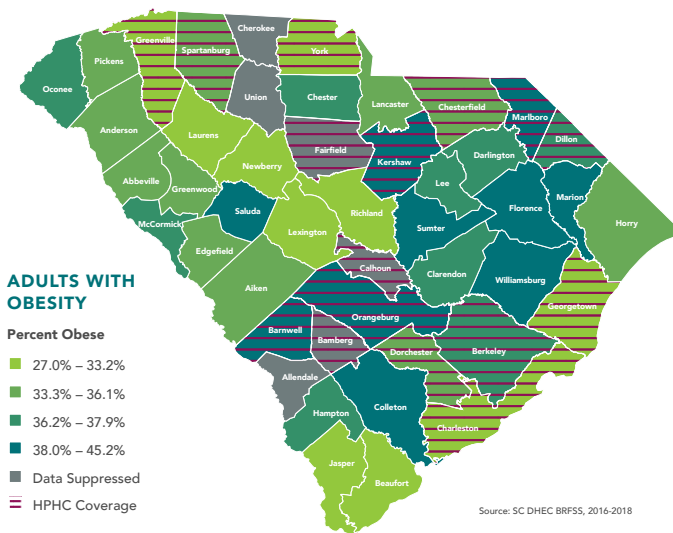
- CenteringPregnancy, national model of group prenatal care maintained by the Centering Healthcare Institute (CHI) that is shown to decrease pre-term birth. This program, focused on the mother, empowers participants to become more involved in their own health care by acquiring the skills, knowledge and confidence to take care of themselves and their babies, while building a community. It consists of 10 prenatal care sessions and three major components: assessment, education and support.
- Center for Community Health Alignment, housed at the University of South Carolina Arnold School of Public Health, focuses on health equity and the impact social determinants play on health. One of its programs supports the community health worker (CHW) model, which involves training non-healthcare professionals to do community outreach and helping integrate those workers into local health systems. CHWs may include doulas who are specifically trained to support mothers before, during and shortly after childbirth.
- Nurse-Family Partnership (NFP), a national, non-profit organization that arranges for home visits from registered nurses to low-income first-time mothers during pregnancy and for two years following birth. The nurses provide expert advice and coaching on child development and empower them to start off on the right track.
- SC Office of Rural Health's Family Solutions of the Lowcountry, a CHW/Doula program that serves Allendale, Bamberg, Hampton and Orangeburg counties.

## CHRONIC CONDITIONS

### Reducing obesity and prediabetes

MORE THAN A THIRD OF ADULTS, AND nearly 42 percent of African-American adults, in South Carolina are obese. This puts them at risk for many of the state's most pressing chronic health conditions, including high blood pressure, heart disease, stroke and diabetes. Diabetes is the leading cause of kidney failure, blindness and non-traumatic, lower extremity amputations among adults ages 20 – 74. According to the American Diabetes Association, the total estimated cost of diabetes nationwide in 2017 was \$327 billion: \$237 billion in direct costs and \$90 billion in reduced productivity.

America's Health Rankings, published by the United Health Foundation, reports that in 2019 South Carolina ranked 42nd with rates of diabetes, heart disease and unhealthy weight. Obesity-related health spending in South Carolina is estimated to be \$8.6 billion per year and growing. Unfortunately, the Live Healthy SC Year One Update showed no improvement from 2016-2018 toward reducing the percentage of S.C. adults who are obese.



If we reach our goals of 30.5 percent obesity overall and a 10 percent relative improvement for non-Hispanic Blacks (which would be 37.5 percent), it would mean 150,000 fewer South Carolinians are obese, dramatically reducing their overall health risks and related costs in medical care and reduced productivity.

## SCHA STRATEGY

### Build on Healthy People Healthy Carolinas

SCHA administers Healthy People, Healthy Carolinas, a community-based program to address these chronic conditions. Launched by The Duke Endowment in 2015, the HPHC program recognizes that health and well-being are created and sustained not through individual and clinical efforts alone, but through the cooperation and support of the extended local community. Today, 10 coalitions are active in South Carolina, covering 16 counties

representing 45 percent of the population. SCHA's strategy is to build on the HPHC foundation and work with partners to:

1. Expand Healthy People Healthy Carolinas Evidenced Based Interventions related to obesity (to include those for high blood pressure and diabetes) into five current HPHC communities and into five non-HPHC communities by 2023, and

2. Support the development of a program to screen high-risk populations (African-American, Latino and rural) in “hot spot” areas for high blood pressure and diabetes, and connect those in need with a provider, medication, and healthy living resources by 2023. This program plans to connect with BlueCross BlueShield of S.C.’s Diabetes Free S.C. initiative.

HPHC is designed to support community coalitions working to improve population health by helping them implement proven, evidence-based interventions (EBIs). These interventions have been the catalyst to improve health in communities by creating a common wellness agenda to impact health.

The HPHC Technical Assistance team coordinated by SCHA includes representatives from key state partners including the South Carolina Office of

Rural Health (SCORH), Institute of Medicine and Public Health, Eat Smart Move More South Carolina, Department of Health and Environmental Control, Alliance for a Healthier South Carolina and the university of South Carolina Core for Applied Research and Evaluation. Collectively, the TA team has seen early successes in coordination of services, addition of educational resources and productive work within the individual communities.

A community’s first year with HPHC largely focuses on coalition development, data gathering and identifying potential EBIs that are relevant for the community. Therefore, the growth in policy and organizational changes is a testament to the coalition’s advancing maturity and the technical assistance team’s coaching and assistance in selecting appropriate interventions.

## AT A GLANCE - MARCH 2020

**16** counties representing  
**45%** of S.C. population

**97%**  
growth in policy changes  
from fall 2019

**63%**  
growth in infrastructure  
changes from fall 2019

**82** organizational changes affecting  
**88,000** people

Live Healthy Data Walks in  
**43%** of HPHC communities

**10**  
COALITIONS

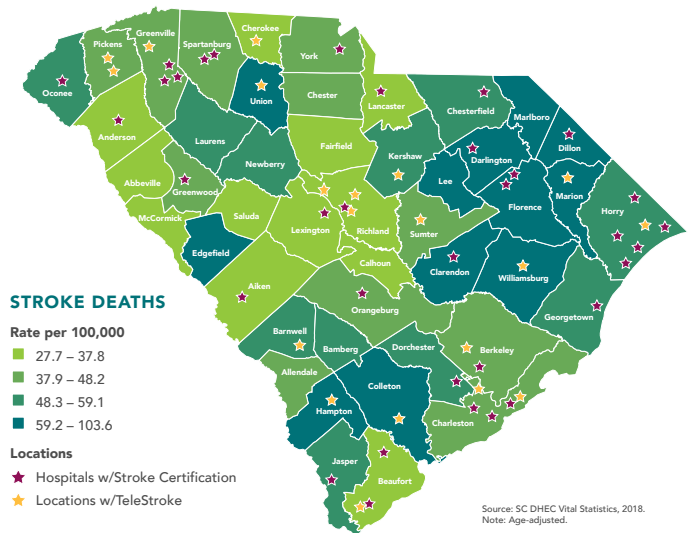
## CHRONIC CONDITIONS

### Reducing stroke incidence and mortality

SOUTH CAROLINA IS PART OF THE STROKE Belt, a region in the southeastern part of the United States that has an unusually high incidence of stroke mortality and other forms of cardiovascular disease. Eastern counties in South Carolina, North Carolina, and Georgia are part of the “Buckle” of the Stroke Belt, where residents historically have had the highest stroke death rates in the nation, according to the S.C. Department of Health and Environmental Control. Nationally, stroke was the fifth leading cause of death in 2017 according to the Centers for Disease Control and Prevention, and although the incidence of stroke in South Carolina is on the decline, it remains above the national average.

Fortunately, stroke is preventable. Many of the factors that contribute to stroke are modifiable, such as obesity, diabetes and high blood pressure. People with uncontrolled high blood pressure have as much as seven times the risk of suffering a stroke as those with normal blood pressure. In 2016, more than one-third of adults in South Carolina had hypertension, and the prevalence was higher in Black residents (45.2%) than White residents (38.1%).

Stroke is also treatable, and South Carolina’s hospitals have made stroke care a high priority. Most of our hospitals have or are working toward a level of stroke certification, a rigorous process that requires facility-wide buy-in and can take 18 to 24 months. Several hospitals have had the process delayed by the COVID-19 pandemic, which temporarily paused site visits by accrediting agencies. There are several levels of certification. Currently, five of the state’s



facilities are certified as comprehensive stroke centers, which is the highest level of certification, 25 are primary stroke centers, five are acute stroke ready and two are thrombectomy capable. Many hospitals and EMS responders utilize Telestroke to conduct virtual assessments with comprehensives to facilitate fast and appropriate treatment.

SCHA’s goal is to reduce the number of stroke deaths in South Carolina per 100,000 population from 45.5 to 34.8 per 100,000, and to achieve a 20 percent improvement for non-Hispanic Blacks to 49.9. If we meet our target goal, 660 lives will be saved.

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## SCHA STRATEGY

WITH PARTNERS, SUPPORT THE development of a program to screen high-risk populations (African-American, Latino and rural) in “hot spot” areas for high blood pressure and diabetes, and connect those in need with a provider, medication, and healthy living resources by 2023. This program plans to connect with BlueCross BlueShield of S.C.’s Diabetes Free S.C. initiative.

Work with small and rural hospitals, EMS and other partners to identify and reduce barriers to transfer stroke patients to Stroke Certified hospitals by 2022.

Since 2007, SCHA has worked with public and private partners to improve the speed and quality of heart attack and stroke treatment of South Carolinians. Those efforts coalesced into the dedicated Heart and Stroke Care Alliance that promotes hospitals sharing best practices and collaboration on everything from reducing door-to-needle times to promoting F.A.S.T. (Face-Arms-Speech-Time) stroke detection. SCHA’s new strategies will support and augment these ongoing efforts.