

2015 COMMUNITY BENEFIT REPORT



THE GREAT DIVIDE





**“IT IS HEALTH THAT IS REAL WEALTH
AND NOT PIECES OF GOLD AND SILVER.”**

– MAHATMA GANDHI

Dear Friends and Colleagues,



AccessHealth SC was founded in 2009 with the vision of sparking 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.

Eleven community-based networks of care composed of numerous healthcare providers, public health and social services agencies are the foundation of AccessHealth SC, providing leadership, support, and of course, services. AccessHealth SC is made possible by the generosity of The Duke Endowment.

James R. Duke
THE DUKE ENDOWMENT

The theme of this year's report is The Great Divide and refers to something elemental to all of us: the health of our state. Despite all of South Carolina's economic successes in recent years, an improving employment rate and more jobs coming our way thanks to Volvo, BMW, Boeing and other major employers, our state's health status continues to hover near the bottom in national rankings.

I am fortunate to lead AccessHealth SC, a dynamic program that enables communities across the state to collaborate and create access to a host of services for low-income, uninsured adults. Recognizing the complexity of issues this population faces, AccessHealth SC has assumed a much more holistic approach to the uninsured. Our 11 community-based networks address clients' physical, emotional and social conditions. This often includes connecting people to doctors, housing, jobs, education, and something many of us take for granted, transportation. In 2015, the networks made great strides in reducing the great divide between those with health insurance and those without. We also worked alongside the Healthy Outcomes Program (HOP) to help more people. We are proud of our accomplishments.

Health is wealth, and those who have it are better parents, better partners, and better employees. Please join us in making good health a priority for all South Carolinians.

Melanie Matney

MELANIE MATNEY, EXECUTIVE DIRECTOR
ACCESSHEALTH SC

ISSUES FACING THE UNINSURED

- Cost of Care + Coverage
- Little or No Access to Care
- Lack of Awareness of Available Resources
- Complex Social + Financial Issues



ACCESS FOR ALL

In 2013, Dr. David Isenhower traded providing individual patient care for developing new systems of care at Self Regional Healthcare aimed at improving the health of entire populations, including the uninsured.

Creating access for all is a top priority for Self. The health system has embraced AccessHealth SC and the Healthy Outcomes Program (HOP) as ways to give uninsured adults access to healthcare services. Both programs are now integral parts of the hospital's overall care mission. Surprisingly, savings from these programs have given Self the financial ability to implement new ways to provide care to more people.

Isenhower points to Self Regional's new Transitional Care Clinic as an example. "This 'bridge' clinic provides care to people recently discharged from the hospital to avoid costly readmissions. This benefits patients and reduces costs by providing care in an appropriate setting."

That's just the beginning, says Isenhower. "If a patient qualifies for AccessHealth, we enroll them and find them a medical home. The patient gets ongoing care and Self is better able to identify and manage the health of those at risk of chronic diseases like diabetes and hypertension, a win-win for everyone."

In 2015, Self recruited 22 new physicians, all of them employed by the hospital. The advantage is that salaried physicians don't have to worry whether a patient has insurance or not. Self also negotiated agreements with specialty physicians to accept Medicaid rates for AccessHealth patients.

AccessHealth SC and HOP have shown Self that care managers are critical to helping people access the right care in the right place. "This is a big societal experiment," says Isenhower. "So far it's working."



DAVID ISENHOWER, MD
Chief Medical Informatics Officer
Self Regional Healthcare
Greenwood, SC

Statewide **IMPACT** of AccessHealth SC

Numbers based on patients' first year or 90 days with an AccessHealth SC network.

45,365

Total number served

10.7%

Average reduction in emergency department discharges for acute and chronic conditions

24%

Average reduction in cost associated with utilization changes

15,593

Active patients as of June 30, 2015

41.77%

Average reduction in inpatient discharges for diabetes alone

1½ DAY

Average reduction in length of inpatient admission

21.11%

Average reduction in inpatient discharges for acute and chronic conditions

41%

Average reduction in emergency department discharges for diabetes alone

HEALTHY OUTCOMES PLAN: A GAME (CHANGER

HOP GOALS

- Improve care coordination of the state's at-risk, uninsured adult population
- Lower health care costs
- Facilitate the development of a high-performing and replicable system of care

The vision of the South Carolina Department of Health and Human Services (SCDHHS) is to be a responsive and innovative organization that continuously improves the health of South Carolina. And it was in this spirit that SCDHHS developed the Healthy Outcomes Plan (HOP) in 2013, part of the Medicaid Accountability and Quality Improvement Initiative approved and funded by the South Carolina General Assembly.

Under HOP, SCDHHS provided financial incentives for hospitals participating in initiatives designed to reduce health system costs and improve health outcomes. The program focused on chronically ill, uninsured adults known to be high utilizers of emergency rooms and hospital inpatient services.

Much like AccessHealth SC, hospitals were encouraged to partner and collaborate with primary care safety net providers such as Federally Qualified Health Centers, rural health clinics, free clinics, and other providers serving the uninsured in their communities. They were reimbursed for managing and providing primary care, behavioral health services, and pharmacy services to qualifying clients, who had complex health and social issues.

Also like AccessHealth SC, which collects patient data to measure results and develop evidence-driven initiatives, HOP also has an evaluation component. Hospitals collected data on HOP participants so that the information could be used to drive improvements to the state's health system and overall population health, and so far HOP is showing great results related to decreased utilization of emergency department and inpatient services and improved client activation in managing their health.

Ultimately, HOP has become one of the largest process improvement efforts that SCDHHS has ever undertaken to effectively integrate best practices into the state's healthcare delivery system to improve health.

HOP INCENTIVES

Disproportionate Share (DSH)

- All hospitals that participated and submitted a proposed plan received 100% of their calculated DSH payment
- Hospitals, Federally Qualified Health Centers, free medical clinics, substance abuse agencies, Welvista, and other organizations serving the HOP population are incentivized to provide services for HOP patients

“PEOPLE ARE EMBARRASSED TO TAKE CHARITY OR TO LET PEOPLE KNOW THEY CAN'T AFFORD MEDICINE. THE PRESCRIPTION GOES IN THE TRASH. GOOD HEALTH GOES WITH IT. WITH HOP, PEOPLE GOT THEIR MEDICINES AND KEPT THEIR PRIDE.”

— KATHY CHEEK, HOP COORDINATOR

HOP IN ACTION

KATHY CHEEK, HOP COORDINATOR
Clarendon Health System, Manning

Not many people in Manning knew it was there. A small tent city tucked up into the woods behind a strip mall near Clarendon Memorial Hospital. It was a home for those without a home. Although the tents are now gone, it wasn't uncommon for HOP coordinator Kathy Cheek to march in hunting for patients.

"Most people don't realize the large number of homeless people in Clarendon County," said Cheek. "It's an entire population without a voice, and before the Healthy Outcomes Plan, one without help or hope."

Cheek has spent four decades helping others, including 23 years at the Department of Social Services, working on adoptions, foster care and abuse cases. She's also done alcohol and drug abuse counseling, mainly with inmates from maximum-security prisons. Cheek was encouraged to take the job as Clarendon County's HOP coordinator. She calls it one of the happiest jobs she's ever had.

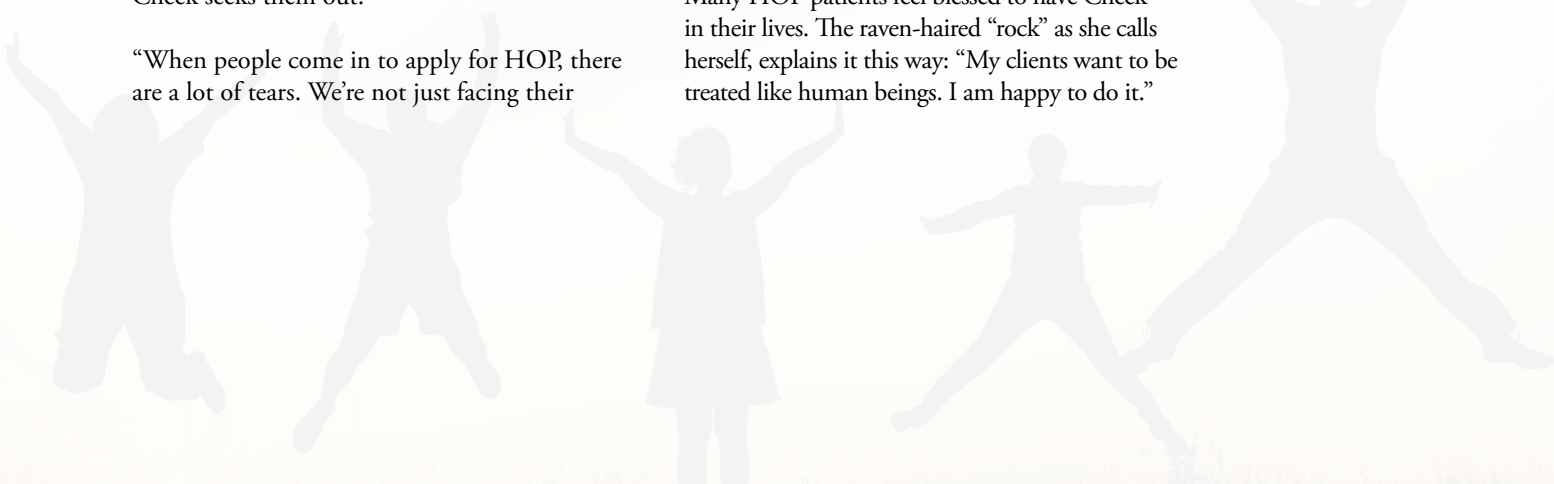
HOP is designed to keep what Cheek calls "frequent flyers" out of hospital emergency rooms. They have no insurance, have a chronic disease like diabetes, HIV or hypertension, live well below the national poverty level, and have visited hospital emergency rooms several times. Even the cheapest health care—a \$4 prescription at Wal-Mart—is often beyond reach. Pride often stops this population from seeking help. So Cheek seeks them out.

"When people come in to apply for HOP, there are a lot of tears. We're not just facing their



health problems; it's often the fact that they have no housing, no transportation, and no job. I step back, look at the big picture and then we move forward together. I connect people with a medical home, enroll them in Clarendon Health's charity program, get them glasses, help with jobs or school—whatever we need to do. No one leaves without a doctor's appointment."

Many HOP patients feel blessed to have Cheek in their lives. The raven-haired "rock" as she calls herself, explains it this way: "My clients want to be treated like human beings. I am happy to do it."



OUR VISION:

BRIDGE THE DIVIDE

Despite the efforts of AccessHealth SC, SCDHHS, HOP, and many others, as of June 2014, 604,000 South Carolinians remain uninsured. The populations that remain at most risk for limited access to care and related poor health outcomes are rural areas, low income communities and minorities.

It's time to bridge the divide.

Good health is achieved through a combination of three things: living in a health-conducive place, making healthy choices, and getting quality healthcare services that we need early enough to prevent complications.

There are many organizations in our state working on these three areas. The Alliance for a Healthier South Carolina has brought together more than 50 of them, including AccessHealth SC, the South Carolina Hospital Association, The Duke Endowment, BlueCross BlueShield of South Carolina, state agencies and others. The Alliance is aligning efforts and resources to improve the health and health care of all South Carolinians, while lowering costs. In 2015, the Alliance issued a Call to Action to improve health equity in South Carolina by using data to guide decision-making, engaging communities as partners and being inclusive in our decision-making.

AccessHealth SC and HOP have been implementing this Call to Action even before its launch. Among their biggest learnings is that the uninsured often have complex problems, and care managers must be prepared and empowered to provide intensive

support beyond clinical care. This can include helping people get on food stamps or sign-up for Medicaid, finding transportation, connecting them with jobs, and assisting with educational needs, or providing moral support. AccessHealth Spartanburg formed a partnership with United Housing Connection to provide temporary housing to homeless patients who needed a safe place to recover from surgery or a chronic condition.

What can we learn from large business?

South Carolina is ranked first in the nation in investment by foreign companies. However our poor health status — currently ranked 42nd in the nation by the United Health Foundation — is in stark contrast to our economic health, and is therefore our highest threat to the long-term sustainability of that foreign investment.

Businesses know it. This is why 97.2 percent of large business in South Carolina provide comprehensive health insurance to their employees. It makes business sense for them, improves productivity and saves money.

When people have access to health care and health insurance, they are better able to be productive at work. They can take better care of themselves and their families. They also can become more engaged in using the most appropriate place for services such as a primary care doctor instead of a hospital emergency room. Above all, they can live a healthier and happier life with less fear of not having access to the care and services they need. We must be creative to enable 604,000 uninsured in our state to have this opportunity.

James R. Duke
THE DUKE ENDOWMENT

SIGNIFICANT ROI

The Duke Endowment estimates that for every dollar invested in AccessHealth SC, hospitals save \$17 in avoidable inpatient and emergency department discharges.

“THE HEALTHCARE SYSTEM IS DIFFICULT TO NAVIGATE. AS A HOP ADVOCATE, I TEACH PEOPLE SELF-MANAGEMENT AND HOW TO BE SUCCESSFUL WITH THEIR HEALTH AND LIFE.”

— LYSSA FOUST, RN, HOP CLINICAL TEAM LEADER

BACK FROM THE EDGE

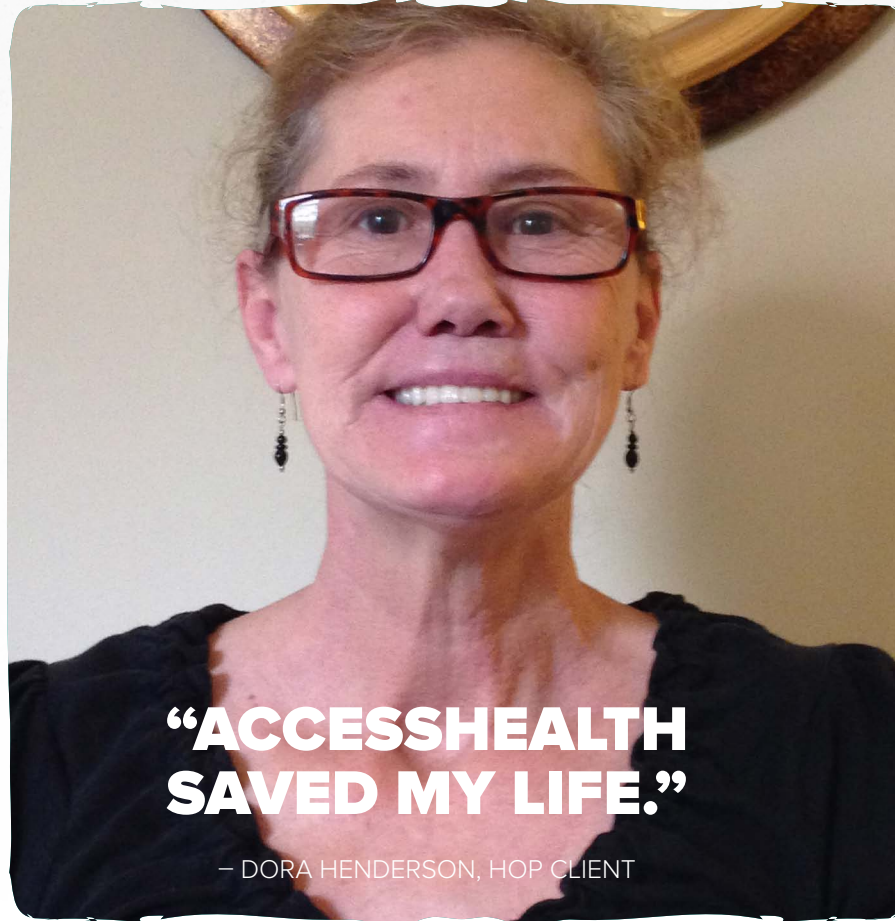
DORA HENDERSON, HOP CLIENT
Spartanburg County

Dora Henderson lay in bed, not eating or drinking, praying to God to take her. Grief stricken over the deaths of her daughter and sister, she was faced with raising two grandchildren. Complicating matters, she had several chronic illnesses and poor dental health. For months she'd been going to a local charity organization to get her teeth pulled, two per visit, to qualify for free dentures. When her teeth were finally pulled, Henderson was told she could not get the needed dentures. Depressed, she lost the will to live.

Registered nurse Lyssa Foust had recently joined Spartanburg Regional Healthcare System as the HOP Clinical Team Leader. In Spartanburg, HOP patients are part of the larger collaborative, AccessHealth Spartanburg. Foust came across the name of a client who had drifted away: Dora Henderson. Reading her profile, Foust became concerned. The patient was single, unemployed and had stopped seeing her doctor.

Foust picked up the phone and called Henderson, who fortunately answered. Foust scheduled an appointment with her to determine what was happening. "Dora had been dropped by her doctor for missing appointments. As the HOP coordinator, I needed to get her back on track."

Little did Foust know how badly Henderson needed help. Her problems were complex; finding solutions on her own was overwhelming. Once Foust understood the big picture, she became Henderson's advocate. "First, I found Dora a new doctor. We went to appointments together. When she encountered a problem, we talked about it and worked through the stumbling blocks," said Foust.



**"ACCESSHEALTH
SAVED MY LIFE."**

— DORA HENDERSON, HOP CLIENT

One of the biggest issues was the lack of dentures. When Henderson learned the agency that had promised the dentures was unable to provide them, she was devastated. No teeth meant she couldn't eat most foods and she began losing weight. She kept her mouth shut tight, mumbling rather than talking. Once again, Foust stepped in to help. Together they went back to the agency and were able to get Henderson the free dentures.

Foust says that Henderson is like a new person. "I am so proud of Dora. When all you've ever heard is no, finally getting yes is transformative."

STRENGTH IN COMMUNITY
AccessHealth SC By the Numbers:

11 COMMUNITY-BASED NETWORKS OF CARE • 25+ HOSPITALS
2,100+ SPECIALTY AND PRIMARY CARE PHYSICIANS • 12+ FEDERALLY QUALIFIED HEALTH CENTERS
19+ FREE MEDICAL CLINICS • WELVISTA • COUNTLESS STATE AGENCIES & STRATEGIC PARTNERS

**ACCESSHEALTH SC'S 11 NETWORKS COVER 22 OF THE STATE'S
46 COUNTIES, WHILE SERVING PEOPLE IN 30 COUNTIES.**

ACCESSHEALTH GREENVILLE COUNTY

SERVING GREENVILLE COUNTY

ACCESSHEALTH HORRY

SERVING HORRY COUNTY

ACCESS KERSHAW

SERVING KERSHAW COUNTY

ACCESSHEALTH LAKELANDS

SERVING EDGEFIELD, SALUDA, GREENWOOD, MCCORMICK, ABBEVILLE,
AND LAURENS COUNTIES

ACCESSHEALTH LOWCOUNTRY

SERVING BEAUFORT AND JASPER COUNTIES

MOUNTAIN LAKES ACCESSHEALTH

SERVING OCONEE COUNTY

ACCESSHEALTH PEEDEE

SERVING DARLINGTON, DILLON, FLORENCE AND MARION COUNTIES

RICHLAND CARE

SERVING RICHLAND COUNTY

ACCESSHEALTH SPARTANBURG

SERVING SPARTANBURG COUNTY

TIDELANDS COMMUNITY CARE NETWORK

SERVING GEORGETOWN COUNTY

ACCESSHEALTH TRICOUNTY

SERVING BERKELEY, CHARLESTON AND DORCHESTER COUNTIES



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