



Executive Leaders Meeting

October 27, 2015

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Bruce Snyder, SC Medical Association	Thornton Kirby, SCHA
Teresa Arnold, AARP	Rick Foster, SCHA
Lathran Woodard, SCPHCA	David Garr, AHEC
Sabra Slaughter, MUSC	Bernie Mazyck, S.C. Association for Community Economic Development
Bob Toomey, DAODAS	Bruce Bailey, Tidelands Health
Sara Goldsby, DAODAS	Paul Accardi, Absolute Total Care
Maggie Michael, SC Children's Hospital Collaborative	Tori West, SC Thrive
Ann Faulk, SC Children's Hospitals Collaborative	Shawn Stinson, BlueCross BlueShield
Mary Piepenbring, The Duke Endowment	Meera Narasimhan, USC
John Magill, DMH	Lee Pearson, IMPH
Geoff Mason, DMH	Carol Meyer, The Carolinas Center
Barry Clayton, SC Asthma Alliance	Donna Isgett, McLeod Health
Laura Stuckey, Behavioral Health Association	Maya Pack, IMPH
Kathy Schwarting, Palmetto Care Connections	Megan Brahman, SC Children's Trust
Helga Rippen, Health Sciences SC	Saria Saccocio, Bon Secours St. Francis
Christine Turley, Health Sciences SC	Lori Ross, Hilton Head Hospital,
John Miller, AnMed Health	Tim Ervolina, United Way Association
Julie Smithwick, PASOs Programs	Harvey Galloway, BCBS Foundation
Graham Adams, SC Office of Rural Health	
Tiffany Simpson-Crumpley, SC Office of Rural Health	
Bryan Kost, SC DHHS	
Brent Egan, Care Coordination Institute	

Summary of Action Items

[3 Gives. 3 Asks. 3 Months before our next meeting.](#)

Ask: One permanent unused prescription drug drop-off box per County. **Give:** DAODAS will provide support to partners willing to help establish them. Email sgoldsby@daodas.sc.gov to offer support or clarify questions.

Ask: Collectively fund Crisis Stabilization Units for the behaviorally ill in the state. **Give:** DMH is working to re-open one in Charleston. Email GJM45@SCDMH.ORG to offer support or clarify questions.

Ask: Support tax incentives to community-based advanced practice nurses, physician assistants and physicians who are willing to teach students in their practices. **Give:** AHEC and partners have done careful research to back-up this petition. Email garrdr@musc.edu to offer support or clarify questions.

Email agallego@scha.org to help us track movement or if you'd like to brainstorm together how you could help make these happen!

Email 2015 financial report and 2016 budget to Alliance members by early December.

Introduction

The slides were followed in the order listed. See them here: <http://healthiersc.org/members-only/>

- New mission: Coordinating Action on shared goals to improve health and healthcare for ALL people in South Carolina.
- Website was launched HealthierSC.org Link us to your website!
- Communications toolkit is coming up
- Changes to the charter, mission, elevator speech, and meeting design of the alliance were presented.
 - Members want the Alliance to move to action. The action of the Alliance is the reflection of the Alignment of Members around collective goals established by the Alliance. The meetings and processes in the Alliance are being refined to make it easier for members to share how they are aligning and bring others on board.
 - The “Action” of the Alliance will be focused on communications, networking, using the collective voice of the Alliance, and working on health equity and resource development for the areas with gaps in the state.

Reactions to changes:

- *Barry Clayton - Asthma Alliance:* This group offers an opportunity to expand into non-traditional partnerships to improve the health of children with asthma. It’s amazing what we can do together.
- *Teresa Arnold* – This group is the equivalent to the Business Roundtable
- Bruce Bailey – Tidelands Health:
 - Projects are time-bound. At Tidelands we are incorporating the Alliance goals in our strategic plan.
 - We are aligning with our FQHCs and Clinics and other providers to improve the health of all people in Georgetown County.
 - We are new to diversity and health equity but have made a strong commitment to it.
 - Tidelands Community Care network (AccessHealth) is helping us meet the goals of the Alliance.
 - The populations we have prioritized are those that we are at risk for: our employees, and the uninsured in our county.
 - “Great things can happen when you find ways to do good and do well at the same time.”

Financial Structure

The Alliance Development team is working to have the membership dues stable for next year.

- Under the United Way model, not every member gives the same amount but everyone has the same impact.
- We also must recognize the in-kind support provided by different organizations.
- **Action item:**
 - Share with Alliance members the budget and expenses of the Alliance.

Grant support

- The Alliance has the ability to support members in grant applications.
- When multiple organizations apply for grant funding, it may become a conflict of interests.
- A boilerplate of the services of the Alliance should be made available for members seeking grant funding.
- **Action item:**
 - Share with all Alliance members the Grant Support policy.
 - Leadership Team follow-up [after the Oct 27 meeting]:
 - The Development team will review the policy to ensure that it is still relevant, and will make changes as needed to ensure transparency and equity in opportunity.
 - The policy will be made available to the group in early 2016. In the meantime, all letters of support should be requested to agallego@scha.org and will be evaluated by the leadership team on a case by case basis based on the policies established in 2014.

A Give and an Ask

Members are encouraged to share “a give and an ask” in alignment with Alliance Goals in the next year.

- **David Garr- AHEC:** There are several ways how AHEC has or could align with Alliance Goals
 - SCHOOLS system for teleconferencing. We can do group weight counseling.
 - Hypertension modules available in the SCHOOLS network for any provider
 - We can provide data on who are all providers of behavioral health services
 - Expanding health equity in the four regions where AHEC is present
 - Improving the health of children by sharing ground rounds through the videoconferencing network
 - Convening public health academics to improve public health education in the state
 - AHEC exists to build a more diverse workforce. We are promoting passing legislation that would provide tax incentives for MD, NP, and PAs that teach.
 - **Give and Ask:** Partners needed. Connect with AHEC to make the tax incentive possible in South Carolina. AHEC has done the research and gathered a core group of supporters.
- **Bob Toomey- DAODAS:** Three of the 50 Governor’s Council on Prescription Drug Abuse prevention are being prioritized for alignment by the Alliance Policy and Advocacy Team:
 - Use of SCRIPTS
 - Bruce Snyder asks Dir. Toomey to consider the competing incentives when prescribers must sign, in person, any narcotic refill. The tendency is to prescribe large quantities of these types of drugs to avoid an emergency.
 - Use of Medication Assisted Treatment. Especially for pregnant women. Abstinence is not the solution.
 - Increase of unused-prescription-drug drop-off boxes.

- There are only 10 counties with a permanent drop-off box. All at police stations. Inappropriate disposal of unused prescription drugs is a risk for the health and the environment.
 - The drop-off boxes can now be located at pharmacies (community, hospital, etc)
 - **Give and Ask:** DAODAS will help pay for those permanent drop-off boxes to ensure at least one per county.
 - **Thornton Kirby** will ask all hospitals to consider implementing the drop-boxes
 - **Teresa Arnold** will send information to all AARP members in SC (600,000) urging them to use the drop-off boxes.
- **John Magill-** DMH: The DMH system has over 700 points of access [handout with maps was shared at the meeting]. The new recommendations to enhance the system should integrate smoothly with that system so they are sustainable.
 - **Geoff Mason:** From the three recommendations prioritized by the Policy and Advocacy Team, all of them are being implemented by DMH in different areas of the state.
 - *Increased access to outpatient services:* Over 700 points of access. Currently, people with emergent need can generally get assistance same day and people with urgent need can get assistance in 1-2 days.
 - *Mobile Crisis Units:* Clinicians are available on a 24/7 basis with triage. DMH is working to make these teams mobile, like in Charleston.
 - **Give and Ask:** *Crisis Stabilization Units:* A crisis stabilization unit for the behaviorally ill cost about \$1 million per year to operate in Charleston. DMH is working to re-open it in 2016. Thereafter, DMH and SCHA will evaluate and if indicated have discussions with hospitals in other regions of the State about establishing additional crisis stabilization units.
 - **Thornton Kirby:** *These recommendations require public/private funding. Hospitals are interested in helping these happen.*
 - **Bruce Bailey:** As a member of the AHA board, it has been decided on that the AHA board cannot talk about health as separate from mental health.
 - PCPs and Mental Health Professionals should be co-located in the medical home.

Elections

Lisa Wear Ellington, John Magill, Shawn Stinson, and Thornton Kirby were elected for a 3-year period of service in the Alliance Leadership team. 4 positions will rotate per year. See all Leadership Team members here: <http://healthierSC.org/the-alliance/leadership/>

Announcements

- Ask for the electronic file for business cards to Ana Gallego.
- Follow us on Twitter and facebook @HealthierSC
- December 15 meeting is cancelled. In that time spot the Policy and Advocacy Team will have an Access to Health Insurance conversation. You all are invited to attend.
- Next Year's Meetings: January 26, April 26, July 26, October 25