General Meeting
January 26, 2015
SCMA
10am-12pm
9.30-10.00am – Networking time

• 10.00am – Progress in key health outcomes

• 10.30am – Public Health depends of each of us. How can the Alliance help achieve the Public Health vision for SC?
  • 15 min- Presentation by DHEC Director, Catherine Heigel
  • 25 min- Q&A and open discussion

• 11.10am – Aligning efforts to accelerate access to care
  • Advocacy Team meeting update
  • Assessment of consensus

• 11.40am – Alignment plans
  • What changes is your organization planning to do to support the achievement of Alliance Goals?

12.00pm – 12.30pm – Networking time
we need to focus now on accelerating the pace of improvement

we are making a difference

SC improved in 30 Health Indicators in 2015 America’s Health Rankings

Infant mortality, premature death, preventable hospitalizations, diabetes, heart disease, high school graduation, lack of health insurance, occupational fatalities, drug deaths, excessive drinking, child immunization, physical inactivity, smoking, income, teen birth rate, primary care physicians, cancer deaths, salmonella, chlamydia, violent crime, disparity in health status by education, unemployment, underemployment, air pollution, pertussis....

In the 2015 Commonwealth Fund Health Systems Dashboard, our state improved or stayed the same in 35 of the 36 core indicators.

Inequities are weighing us down...

...so Alliance Members and Partners are working together to fix it...

Join us!
Recent South Carolina Wins (2014 data)

Healthy Babies

- 58 Fewer baby deaths
- 12% Reduction in Infant Mortality Rate. Met 2020 Alliance Goal.
- 338 Fewer babies born with Low-Birthweight
- 5% Reduction in Low-Birthweight Rate

Healthy Children

- 17 Position improvement in America’s Health Rankings for Childhood Immunizations
- 7.1% Improvement in Asthma Medication Ratio
- 2,372 Fewer Pediatric ED visits due to Primary Care Preventable Conditions.
Recent South Carolina Wins (2014 data)

**Healthy Minds**

People with existing behavioral health conditions spent 4,272 fewer days hospitalized due to primary care preventable conditions.

We consolidated in a public, online map, all statewide drop-boxes for prescription drugs.

**Healthy Bodies**

- 12% Reduction in proportion of people who needed a doctor but couldn’t see one due to cost. Met 2020 Alliance Goal.
- 136,624 Fewer uninsured
- 4,276 Fewer hospitalizations due to Primary Care Preventable Conditions.
Progress since last meeting

3

Institute at least one drop-box for unused prescription drugs per county

Establish a crisis stabilization unit in Charleston and evaluate results to potentially expand in other regions of the state.

Support the expansion of training for physicians, nurse practitioners and physician assistants in community settings.
New since last meeting

- Slide packages for 1, 5, 20, and 60 minute presentations about the Alliance Common Agenda for Health Improvement are available for members upon request.
- All members have received now a draft memo to share information about the Alliance and organizational alignment with own stakeholders.
- Twitter account surpassed 100 followers on Dec 10, day of the formal launch of the Alliance.
- Health Equity Team has defined the webinar topics for the first semester in 2016.
- 2015 income and expenses, and 2016 budged emailed to all in December.
- 23 Members have already renewed membership in 2016.
  - The Duke Endowment and Spartanburg Regional Health System have made additional contributions for a total of $15,000.
Meet DHEC Director, Catherine Heigel

- Public Health is everybody’s job.

- How can the Alliance help achieve the Public Health Vision for South Carolina?
Aligning collaborative efforts for a Healthier SC (Draft 1.0)

Local coalitions + Organizations + Individuals

Alliance for a Healthier SC

Multi-stakeholder statewide coalitions

Birth Outcomes Initiative
Child Health Outcomes Coalition (Upcoming)
Behavioral Health Implementation Team
Gov. Prescription Drug Abuse Prevention Council
SCaLeDown

Behavioral Health Implementation Team
Gov. Prescription Drug Abuse Prevention Council

State strategy plans and reports

Healthy Moms Healthy Babies Plan
Child Health Needs Assessment and implementation Plan (Title V)
Behavioral Health Taskforce report and Prescription Drug Abuse Prevention report
Obesity Action Plan
Access to care related plans
Quality Imp. related plans

Priorities

End goal

Healthy Babies
Healthy Children
Healthy Minds
Healthy Bodies

Health Equity

Healthier SC for ALL at a lower cost

Health in All Policies

@HealthierSC  #HealthierSC

HealthierSC.org
Accelerating access to care

• Individuals have diverse needs and assets
• Access to health insurance does not necessarily translate into access to care
• But not having healthcare coverage that fits the individual needs limits the ability of individuals to access the healthcare services they need
Building common ground

• Access to appropriate health insurance coverage is a critical strategy as we build a healthier SC.

• We recognize that Medicaid expansion is a controversial subject in SC, and the Alliance is not prepared to adopt a unified position at this time. In the meantime, however, there are several ways the Alliance could help increase access to insurance for the low income uninsured.
### Who are the 604,000 Uninsured

<table>
<thead>
<tr>
<th>Number</th>
<th>Eligibility</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>187,200</td>
<td>Marketplace subsidy eligible (100%-400%FPL)</td>
<td>Strategy 1</td>
</tr>
<tr>
<td>102,700</td>
<td>Medicaid Eligible</td>
<td>Strategy 2</td>
</tr>
<tr>
<td>120,800</td>
<td>are in the coverage gap (Below 100%FPL but not eligible for Medicaid)</td>
<td>Strategy 3</td>
</tr>
<tr>
<td>72,500</td>
<td>who declined Employment Sponsored Insurance and therefore are not eligible for financial assistance</td>
<td>Strategy 4</td>
</tr>
<tr>
<td>66,000</td>
<td>who are not eligible for financial assistance due to immigration status</td>
<td>Strategy 5</td>
</tr>
<tr>
<td>54,400</td>
<td>who are not eligible for financial assistance due to income (more than 400%FPL)</td>
<td>Strategy 6</td>
</tr>
</tbody>
</table>
Who are the 604K uninsured in SC?

**Short Term**

- **187,200** Marketplace subsidy eligible (100%-400%FPL)
  - Connect to Marketplace subsidies for **gold** and **silver** plans

- **102,700*** Medicaid Eligible (This number may not include yet the children automatically enrolled in 2015)
  - Connect to Medicaid

**Middle/Long Term**

- **120,800** are in the coverage gap (Below 100%FPL but not eligible for Medicaid)
  - Alternatives to Medicaid expansion

- **72,500** who declined Employment Sponsored Insurance and therefore are not eligible for financial assistance
  - Health Insurance Premium Payment Program
  - Business conversation about affordability of premium AND deductible for low-income employees and families

- **66,000** who are not eligible for financial assistance due to immigration status

- **54,400** who are not eligible for financial assistance due to income (more than 400%FPL)
  - Federal requirements will likely decrease this number through increased tax penalties

*Medicaid eligible number does not account for the children automatically enrolled in 2015.
Consensus statement for your consideration

Fulfilling the Alliance’s vision of a Healthier South Carolina for ALL requires a set of closely aligned strategies on multiple fronts.

One of the critical strategies is making sure every person has the health insurance they need in order to access care timely and easily.
Short-term Strategy

• **strive to connect people with coverage for physical and behavioral health services, with affordable deductibles and co-pays.**

  • Maximize the number of currently eligible low-income uninsured that enroll in Medicaid (102,000) or Marketplace Insurance with subsidies (190,000) for gold and silver plans. This could potentially cut in half the number of uninsured in South Carolina.

  • Continue to work on access to care strategies for the low income uninsured who are not currently eligible for subsidized health insurance coverage.
Middle/Long term Strategy

• **Develop and implement strategies to guarantee access to care and coverage for the remaining low-income uninsured in the state (190,000-250,000 people).**
  
  • Low-income uninsured in the coverage gap (below 100% FPL)
  
  • Low-income uninsured who declined Employer Sponsored Insurance and therefore are not eligible for marketplace subsidies or Medicaid
  
  • Low-income uninsured who are ineligible for subsidies due to immigration status

@HealthierSC  #HealthierSC
Alignment time

• What changes is your organization planning to make to support the achievement of Alliance Goals?
we are organizing to make a difference for ALL

34
Organizations launched a Call to Action for Health Equity in South Carolina

61
Hospital Readmission Disparity Dashboards were produced

7
Case studies about SC organizations and coalitions that are leading the way in health equity were published

5
Metrics and targets related to infrastructure building were identified

every decision we make is an opportunity to break inequity cycles

The two step approach to break the cycle

1: Stratify data by race, ethnicity, income and zip-code identify what populations to target.

2: Maximize the potential of diversity in your organization to develop culturally humble solutions WITH the community.
New in 2016

• Child Health Outcomes Initiative
• Community infrastructure-building grants
• Enhanced disparity focus by Birth Outcomes Initiative
• Expanded HEaRT committee role to coordinate access to care efforts
• 1st SC Population Health Summit in May 2016

New coalition alignment in 2016

• PART Care Transitions: Hospital-specific Readmission Disparity Dashboard.
• Health Equity Team: Webinar series on reducing health inequities.
• PCMH Alliance: Alliance Partner on the ground to improve primary care outcomes.
• State Technical Assistance Providers: Testing coordinated strategy for supporting community health improvement.
Tentative locations for the de-centralized Population Health Summit.

Lead conveners needed.
Next meetings

• Communications – February 5
• Policy and Advocacy – February 16
• Health Equity – March 1

• Alliance – April 26