South Carolina Office of Rural Health

Dedicated to improving access to quality health care in rural communities
Vision of the South Carolina Office of Rural Health

“Our state’s rural and underserved people have optimal health care services that enhance the quality of life in every community.”
Mission of the South Carolina Office of Rural Health

“Dedicated to improving access to quality health care in rural communities.”
What is Rural? How the people in charge define it...

- Definitions vary by program/agency
  - U.S. Census Bureau
  - OMB (Office of Management and Budget)
  - RUCAs (Rural-Urban Commuting Area Codes)
  - U.S. Department of Agriculture (USDA) - Economic Research Service
  - Frontier – additional definitions apply

- Estimated SC population (2009) → 4,561,242 people
  - 1,068,193 (23%) live in rural (USDA-ERS definition)
Rural-Urban Commuting Area Codes (RUCAs)

Census tract-based classification scheme that utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts regarding their rural and urban status and relationships. In addition, a ZIP Code RUCA approximation was developed.
South Carolina

Rural definition based on Economic Research Service Rural-Urban Commuting Areas (RUCA)

For more information on definitions, see documentation
The Needs of Rural SC Are Many...

- Percent of Residents in Poverty, 2000 = 19%
  - Range → 11% to 35%
- Percent of Residents Uninsured, 2009 = 18%
  - Range → 13% to 26%
- Percent of Residents Receiving Medicaid, 2009 = 29%
  - Range → 19% to 42%
Why Does SCORH Exist?

• Advocate for rural residents, providers and communities
• Monitor and impact state and federal legislation effecting rural communities
• Serve as a focal point for rural health issues on the state level
• Address problems in our rural healthcare system
SCORH: A Brief History

1991 – Developed through ORHP grant within DHEC (1991-94 = 3 staff)
1994 – Transferred out of DHEC under Rural Physician Board
1995 – Gained 501(c)3 not-for-profit status (1995-97 = 7 staff)
1998 – Secured Healthy Start, Southern Rural Access and Medicare Flex Programs, established Denmark office
2005 – Built new SCORH Headquarters, established RHC services, strategic and business planning
2007 – New board structure, RHC billing
2009 – The Benefit Bank

2011 – 20th Year Anniversary! (37 FTEs)
SCORH: Role as SORH

- Serve as official State Office of Rural Health for South Carolina (each state is mandated to have a SORH)
- Recognized by federal government as state point of contact for rural health efforts
- Federal Counterpart: Federal Office of Rural Health Policy (ORHP), in Health Services & Resources Administration (HRSA) within the US Department of Health and Human Services (HHS)
- One of only 3 non-profit SORHs in the nation, most in health departments or university settings
SCORH Programs

- Rural Health Clinic Services
- Rural Recruitment Services
- Economic Impact Studies
- Revolving Loan Funding
- Small Rural Hospital Programs
- EMS Program
- Rural Health Networks
- HIT/HIE/EHR
- Low Country Healthy Start
- The Benefit Bank
Rural Health Clinics (RHCs)

- Must be located in a non-urbanized area
- Must be in a current designated shortage area
- Must employ mid-level at least 50% of clinic’s hours of operation
- Two types of RHCs (payment impact)
  - Independent
  - Provider-Based
- The RHC program enhances the reimbursement for Medicare and Medicaid patients – usually by 30 to 40 percent
Rural Health Clinic Services

- Assist providers considering converting to an RHC from initial application to final approval from CMS
- Furnish targeted technical assistance for compliance for RHC Recertification
- Monitor rural health policy issues and keep apprised of changes affecting RHCs
- Coordinate and sponsor workshops
- On-site visits to RHCs to assist in billing, coding and programmatic issue
- New in 2011: Accounting Services
- Help with HIT Implementation
Billing Services

• Goal: Bolster the financial viability of rural health providers, thereby enhancing their retention and promoting quality health care in rural communities.

• Services Provided:
  – Post payments
  – Follow-up on insurance denials
  – Transmit fast claims and fast bills
  – Create monthly reports and rejection reports
  – Provide coding and compliance assistance
  – Provide on-site training for front office staff
  – Charge % of total collections
South Carolina’s Overall Physician Shortage

- SC ranks 37th in number of doctors per 100,000 people

- 22% of SC physicians projected to retire within the next 10 years or sooner

- SC currently needs 1,237 more primary care doctors

- Estimated retirement of 1,000 primary care docs in SC by 2019 resulting in shortage of 1,667 (up from 1,047)

*Data source: The National Center for the Analysis of Healthcare Data (NCAHD)*
SCORH Recruitment and Retention

Objective

• To improve access to quality healthcare in rural communities through recruitment and retention of primary care and other key providers

Core Deliverables

• Marketing through Noon Conferences
  - Federal Loan Program
  - Practice Sights Database/job opportunities
• Provider Placement
  - Rural Recruitment Services (RRS)
  - FQHC Recruitment
  - RHC recruitment
• Economic Impact Studies
SCORH Broad Recruitment Initiatives

Marketing jobs and loan repayment

- In-state Primary Care Residency noon conferences
- In-state Advanced Level provider student program visits
- AAFP and other program exhibiting opportunities with 3RNet
- Other marketing/advertising (*South Carolina Nurse, Practice Link Magazine*)

Marketing student rotation opportunities

- Student Coordination for SC SEARCH Program - subcontracted through SC Primary Health Care Association (SCPHCA)
- In-state Medical school (or similar) fairs/opportunities
- In-state Advanced Level provider student program visits
Rural Hospital Membership

- Membership = annually, dues-based
- Enhanced recruitment for rural hospitals
- Averages 20-25 rural SC hospitals per year participation
- Candidate access through Practice Sights Database
- No job posting fees
- Sharing of resources regarding recruitment – articles, data, salary as needed
- One day conferences which are responsive to needs of RRS members needs
  - Stark law conference, Scope of Practice for NPs/PAs, Healthcare Reform Act
Placement – FQHCs and RHCs

• **SCORH Recruitment for FQHCs and RHCs**
  • Provides job postings on Practice Sights and via 3RNet
  • Promotes candidate referrals and access to candidate profiles via Practice Sights
  • Offers technical assistance/information around recruitment as needed
  • Through contract or grant funding
Placement - Practice Sights Database
(www.schealthcare.com)

For

- **Candidates** searching opportunities

- **Rural employers (RRS members), FQHCS, and RHCs** seeking qualified candidates

Activity

- **Highlights** communities

- **Tracks** opportunities and candidate activities

- **Manages** health care provider recruitment and community needs assessment
Placement/Collaboration – National Health Service Corps

• **Mission**
  - Improve the health of the Nation’s underserved by uniting communities in need with health professionals through the recruitment and retention of primary care health professionals in federally designated primary care, dental and mental health professional shortage areas (HPSAs)

• **Core Programs Which We Utilize** - NHSC Loan Repayment & NHSC Scholars

• **SC** has placed over 200 providers over the last 10 years

• **SCORH Recruitment role** – Market NHSC program and serve as a point of contact for students interested in loan repayment opportunities. Provide general technical assistance and referral with state NHSC liaison, Mark Jordan.
Placement/Collaboration - J-1 Program Requirements

• **Criteria**
  – Non-citizen physicians who currently attend residency or fellowship programs in the US
  – They must return to practice in their home country UNLESS they can secure a J1 waiver
  – A J1 waiver allows them to practice for 3 years at an underserved site

• **The Numbers**
  – The J1 program has placed 300 physicians in South Carolina over the last 15 years
  – At least one physician has been placed in each of South Carolina’s 46 Counties

• **SCORH Recruitment Role** – Source primary and some specialty care physicians through SC residency programs and the 3RNet. Advocate for rural or underserved SC job placement of those candidates with goal of retention beyond end of three year waiver commitment. Collaborate with state J1 liaison, Mark Jordan, regarding referrals.
Placement/Collaboration – SC SEARCH Program

- Administered by the SC Primary Health Care Association (SCPHCA) in collaboration with SCORH, SC AHEC, and SC DHEC Office of Primary Care

- Places students in meaningful rotations in community health center or rural health clinic settings
  - Original program implemented from 1994-2008
  - Most placed were medicine, nurse practitioner, and physician assistant students
  - Recruitment/placement tool for prospective job candidates interested in rural and underserved opportunities

SC Student Experiences And Rotations in Community Health (SC SEARCH) Program
An experience in community and rural primary health... the way health care should be
Placement/Collaboration - National Rural Recruitment Network (3Rnet)

• **History**
  – Official charter in 1994 to address the high cost of recruitment for small rural hospitals
  – SC was a founding member
  – All 50 states are now members of the 3Rnet, as well as Indian Health Services, and the Commonwealth of the Northern Marianas Island

• **National network of statewide/non-profit agencies that assists states and communities**
  – Saves recruitment dollars
  – Provides more meaningful services
  – Offers information regarding NHSC and other programs to assist rural communities
Economic Impact Studies

- Measures the economic impact of a county’s health sector
- Measures the interactions of all five components of the county’s health sector
- Measures the county-wide impact on employment from the health sector
- Data sets are updated annually
Rural Health Revolving Loan Program

• How Does It Work?

– Revolving Loan Specialist visits with the provider to determine the need and to gather the necessary information to develop a loan package
– Revolving Loan Specialist underwrites the request to determine the appropriate lender (USDA, SBA, Commercial Bank, etc.)
– Completed loan package is delivered to the appropriate lender for processing
– Revolving Loan Specialist works with the lender during the underwriting process to provide additional information or answer any questions
– If necessary, RHRLP seed capital is used to support the request
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Support for Small Rural Hospitals

- Provider-based Rural Health Clinic technical support
- Staff development & continuing education
- Workshops and performance improvement training
- Board development
- Recruitment & retention services
- Marketing assistance
- Quality Improvement Initiatives
- HIT implementation assistance
- SHIP Grant Funding
Rural EMS

- Annual Rural EMS Conference
- Other educational/training opportunities
- Paramedic and EMT-I training scholarships
- Billing and coding technical assistance including semiannual seminars
- Committee representation
Rural Health Networks

- Activities support community engagement and health systems development
- SCORH actively supports 5 rural health networks
- Encourage rural health communities and organizations to collaborate to establish and maintain systems of care for population served
- Facilitate planning, development, marketing, and sustainability through SCORH staff, expert consultants and direct funding
A Healthy Start for a Healthy Tomorrow.
Low Country Healthy Start

- SCORH received the first Healthy Start grant in September 1997
- Funding is from HRSA and the purpose is elimination of perinatal disparities and reducing infant mortality
  - Disparate population, target population for LCHS, is African American women, infant and families in the LCHS service area - Allendale, Bamberg, Hampton, Orangeburg Counties
LCHS Approach

• Perinatal Navigators, a Perinatal Outreach Worker, and Perinatal Social Workers provide services through their direct work and relationships with other providers, including:
  – Outreach and client recruitment,
  – Case management, including home visiting
  – Health education and training,
  – Interconceptional care and services, including focus on family planning and 24 month interpregnancy interval
  • Work with perinatal providers
    – Services to recognize, refer, reduce and treat perinatal depression

• Convene a Consortium – made up of providers, community leaders and clients - to provide advice and program input

• Developed and convene the Perinatal Provider Advisory Group
The Benefit Bank
of South Carolina
A Program of the SC Office of Rural Health

Funded by

South Carolina Foundation

The BlueCross BlueShield of South Carolina Foundation is an independent licensee of the Blue Cross and Blue Shield Association.
What TBB-SC Offers

• A potential eligibility calculator
• An application completion tool
• Clients will leave with a FULLY COMPLETED APPLICATION
• A free income tax assistance program (with e-filing)
• An educational outreach program that helps raise awareness of available tax credits and work support programs
How The Benefit Bank Works

Counselor-assisted, professional, or self-service

One-stop, personalized service

- SNAP (Food Stamps)
- Medical Benefits, including SCHIP
- Home energy assistance
- TANF cash assistance
- Federal Taxes, including EITC & Child Tax Credit
- FAFSA (student aid)
- State Taxes
- Voter registration
Eligibility Screening
Basic Questions about your household
These questions will help us figure out what help you can get.

Please check the box for each household member who is a resident of Ohio.
Karen Morris
Victor Morris
Tyler Morris
Ashley Morris

Is someone still a resident if he or she is temporarily absent?

Please check the box for any household member who is currently receiving public assistance in another state.
Karen Morris
Victor Morris
Tyler Morris
Ashley Morris

Please check the box for any adult below who is a student.
Karen Morris
Victor Morris

Please check the box for any person under 21 who has been deemed "emancipated" by a court order.
Tyler Morris
Ashley Morris
SCORH’s Impact CY2010

- Provided services available to 110 certified Rural Health Clinics
- Placed 12 health providers students in rural or underserved rotations
- Recruited 20 health professions providers to rural or underserved communities
- Completed Economic Impact Studies in 16 counties
- Secured over $6 million in loan funds for rural providers
- Supported 18 small, rural hospitals including 5 Critical Access Hospitals and 11 Small Rural Hospital Improvement Program Grantees
- Provided over $17,500 in EMT-I training scholarships
- Provided over $20,000 in paramedic training scholarships
- Assisted 5 rural health networks
- Served the community through Low Country Healthy Start
- Developed 355 The Benefit Bank sites