



Partnership

Lessons from the Porch

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Circa 1981



Circa 1989



Lesson 1

“Everybody kin.”



ACA Open Enrollment

Half of SC's uninsured qualified for some form of subsidized coverage, but there were obstacles:

- Less time to enroll
- Less marketing
- Less assistance
- No penalty
- More confusion
- Unpopular

Communications challenge

The Affordable Care Act was still the law.

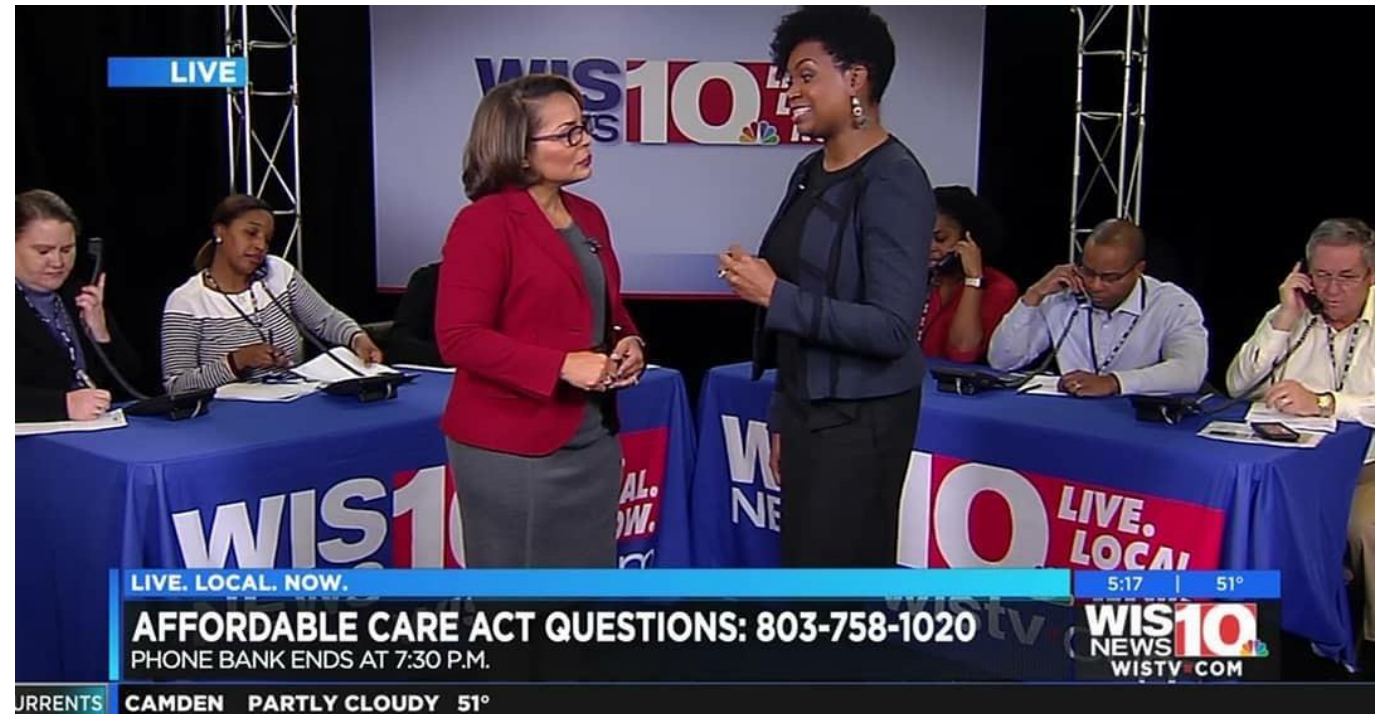
Premium discounts/subsidies were still available and more generous than in years past. Nine out of ten of the 215,488 enrolled South Carolinians received these discounts in 2018. The average tax credit was \$488 per month.

Many uninsured South Carolinians were eligible for zero premium bronze plans on the Marketplace.



Everybody kin

- Hospitals
- Brokers
- Advocacy groups
- Non-profits
- Insurers
- Churches
- Lawmakers
- Media outlets
 - TV
 - Radio
 - Newspapers



SC bucked the national trend

- Final sign-ups: 214,956 *CMS*
- Effectuated coverage of Insurance 203,402 *SC Department*
- Record Enrollment
 - Increase of 2% while national numbers decreased 4%
 - First time more than 200,000 covered
- 92% received subsidies



Lesson 2

“Go see about them.”





MEDICAL ERROR

Do No Harm

- Over the last few years, SC hospitals have fully embraced the new approach towards improving quality of care
- We implemented a variety of high reliability programs – from SC Safe Care Commitment to Safe Surgery 2015

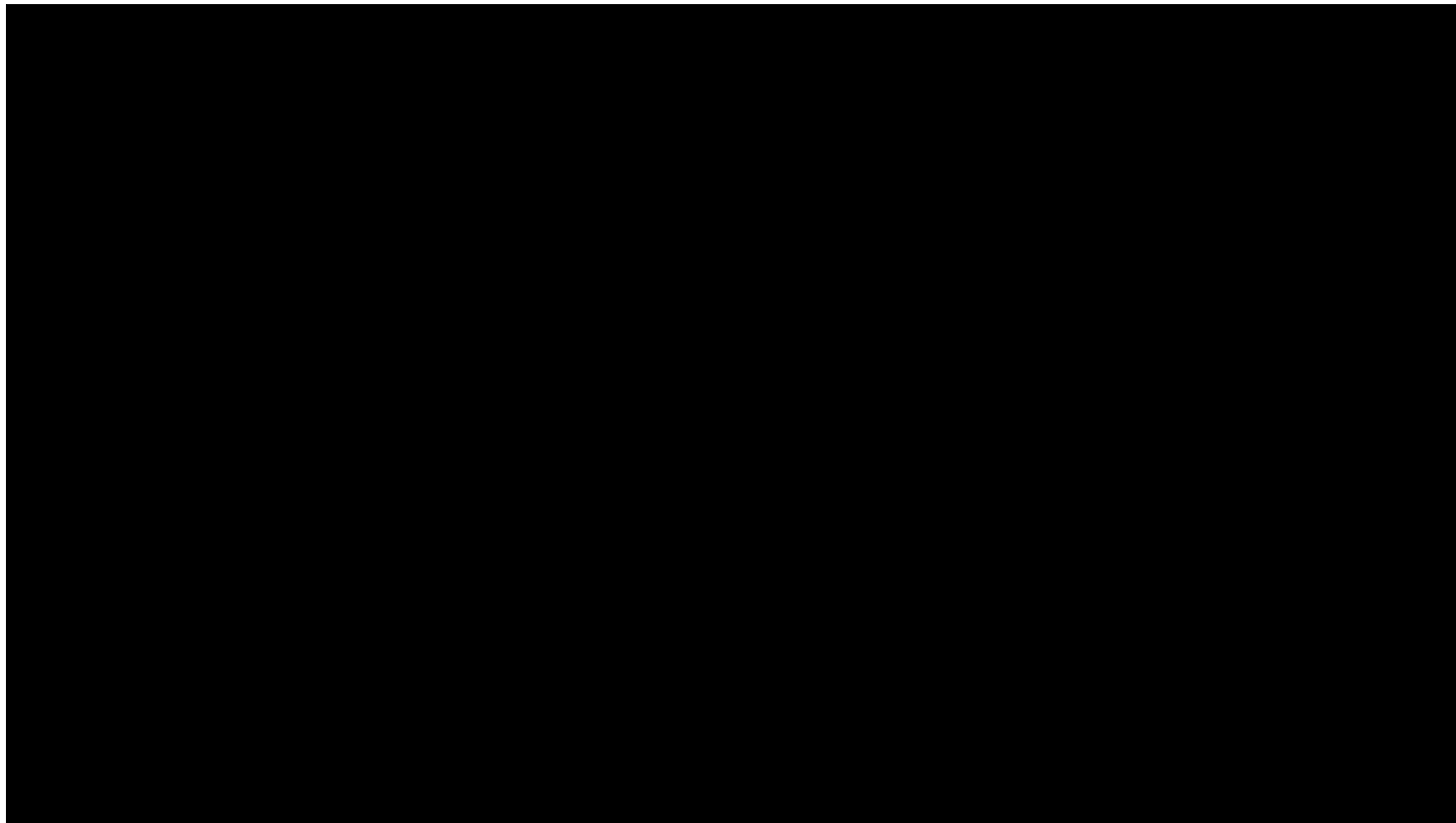


2013: Zero Harm

- Since 2013, we've recognized these efforts through our **Certified Zero Harm Awards program**.
- Initially these included five areas of harm for time periods of 12 – 18 months, totaling 29 awards given to 19 hospitals



2016:



Zero Harm in 2018

The 549 awards represented:

- 96,860 central line days without an infection
- 519,849 patient days with no harm
- 13,842 harm-free surgical procedures
- 3,218 hospital days avoided
- A savings of over \$8 million



2018:





Lesson 3

“May the works
I’ve done speak
for me.”

Birth Outcomes Initiative (BOI)

- Launched in 2011 in association with the state's hospitals and commercial payers:
 - Initial focus: Reduce the rate of early elective deliveries
 - Larger goals: Reduce healthcare costs and improve health outcomes for moms and babies
- Initiative has expanded to include eight programs now
- BOI is led by a Vision Team that meets monthly and has six workgroups.
- All 45 birthing hospitals, plus commercial payers, physician groups, nonprofits, etc.

Birth Outcomes Initiative (BOI)

- Early Elective Deliveries (EED)
 - Eliminate elective inductions of non-medically indicated deliveries prior to 39 weeks gestation.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - Screen PW and 12 months post-delivery for tobacco use, substance abuse, alcohol, depression and domestic violence; refer as needed.
- Baby-Friendly Hospitals
 - Promote breast milk as the standard for infant feeding and demonstrate best practices in the care of mothers and newborns.
- CenteringPregnancy
 - Integrate health assessment, education, and support within a model of group prenatal care.

Birth Outcomes Initiative (BOI)

- Long-Acting Reversible Contraceptives (LARCs)
 - Increase postpartum access to birth control before hospital discharge
- Supporting Vaginal Birth (SVB)
 - Reduce number of C-sections performed on first-time, low-risk moms.
- Neonatal Abstinence Syndrome (NAS)
 - Improve health outcomes and hospital costs for newborns with NAS who were treated in a Level 1 nursery
- Mother's Milk Bank of South Carolina (MMBSC)
 - Opened a human donor milk bank in April 2015

Birth Outcomes Initiative Impact

- Significant reduction in early elective deliveries:
 - Stopped paying for them in January 2013 (with commercial backing)
 - 5% reduction in the rate of moderately-low birth weights
 - 8% reduction in the share of births occurring at 37-38 weeks
 - Infant mortality down 9% overall; down 20% for non-white population
- Increase in key certifications:
 - Now 9 certified Baby-Friendly Hospitals, representing 1/3 of births
 - Total of 12 CenteringPregnancy sites (tied to fewer premature births, very-low to low birth weight infants, and NICU stays)
- Notable LARC-related accomplishments:
 - First state to pay for LARC insertion outside of the DRG
 - Increased inpatient LARC insertions by 110% in past two years

Circa 1993



LET'S TALK



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