South Carolina Health Coordinating Council

Access Health SC Annual Partnership Meeting

November 6th 2013
Lead the nation in the continuous improvement of health and health care for all people of South Carolina.
Achieve the highest rates of improvement nationally in the **Triple Aim** through the establishment of an accountable collaborative of SC public and private stakeholder organizations committed to aligning statewide goals with their own organizational goals and objectives.
Tripled Aim Model
• **Communicate:** Develop leadership capacity, promote honest dialogue, and facilitate collaboration in the implementation and coordination of Triple Aim statewide initiatives.

• **Prioritize:** Contribute to active surveillance and prioritization of improvements by identifying, assessing, and spreading both local and state-level activities positively impacting the Triple Aim.

• **Impact:** Provide for the effective and efficient use of existing and newly organized resources and services for the implementation of prioritized activities.

• **Evaluate:** Engage continuous assessment and transparent reporting of progress towards established goals.
SCHCC Participants 2013

• AARP- SC
• **Access Health SC**
  • AnMed Health
  • Baptist Easley Hospital
  • **Beaufort Memorial Hospital**
  • Blue Cross Blue Shield
  • **Bon Secours St. Francis Health System**
  • Carolinas Center for Medical Excellence
  • CITIA Program (HSSC)
  • **Georgetown Hospital System**
  • Health Sciences South Carolina
  • Hilton Head Hospital
  • Laurens County Health Care System
  • McLeod Regional Medical Center
  • Michelin North America
  • **MUSC Hospital**
  • Palmetto Health
  • Providence Hospitals
  • **Roper St. Francis Healthcare**
  • SC Business Coalition on Health
  • SC Chamber of Commerce
  • SC Children's Hospital Collaborative
  • SC DHEC
• SC DHHS
• SC Hospital Association
• SC Institute of Medicine and Public Health
• SC Medical Association
• **SC Office of Rural Health**
• SC Primary Health Care Association
• SCANA Corporation
• **Self Regional Healthcare**
• South Carolina AHEC
• **Spartanburg Regional Healthcare System**
• The Duke Endowment
• The Regional Medical Center
• Total Comfort Solutions
SCHCC Board of Directors

Dr. Graham Adams –Chair–
CEO
SC Office of Rural Health

Ms. Teresa Arnold
State Director
AARP - SC

Mr. Jim Deyling
President, Private Business
Blue Cross Blue Shield of South Carolina

Mr. Kester Freeman
Executive Director
SC Institute of Medicine and Public Health

Mr. Thornton Kirby
President and CEO
SC Hospital Association

Dr. Jay Moskowitz
President and CEO
Health Sciences South Carolina

Mr. Audie Penn
Director of Employee Benefits
Michelin North America

Ms. Mary Piepenbring
Vice President, Health Care Division
The Duke Endowment

Dr. Bruce Snyder
President, Board of Trustees
SC Medical Association

Mr. Rich Sweet
Owner and CFO
Total Comfort Solutions

Ms. Catherine Templeton
Director
SC Dept. of Health and Environmental Control

Ms. Lathran Woodard –Vice-chair–
CEO
SC Primary Health Care Association
Collective Impact

“It takes time to create an effective infrastructure that allows stakeholders to work together and that truly can ameliorate a broken system”

Channeling Change: Making Collective Impact Work
SCHCC History in Collective Impact Terms

• **Initiating action:** December 2010 to December 2012
  ★ From SCHA’s Re-engineering to the multi-stakeholder South Carolina Health Coordinating Council

• **Organizing for Impact:** Since January 2013
  ★ Creation of a backbone
  ★ July 15, 2013 – Election of a Board
  ★ September 3, 2013 – Selection of Priorities
  ★ The strategic planning process formally starts November 18, 2013!
### SCHCC Priorities

<table>
<thead>
<tr>
<th>Maternal and Child Health</th>
<th>Obesity and Related Chronic Conditions</th>
<th>Improving Systems of Care</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low birth-weight (47)</td>
<td>• Obesity (42)</td>
<td>• Preventable hospitalizations (24)</td>
<td>• Poor mental health days (34)</td>
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<tr>
<td>• Infant mortality (40)</td>
<td>• Diabetes (49)</td>
<td>• Primary care physicians (33)</td>
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<td>• Cardiovascular deaths (39)</td>
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<td>• Sedentary lifestyle (34)</td>
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### Health Disparities

- Geographic
- Socioeconomic
- Racial and ethnic

### Effective work with the community

- Health care cost

Note: In parenthesis the SC ranking in the America’s Health Rankings. Ranking 1-50 (closer to 1 is better)
Our next steps

• Priority specific workgroups
  – Review current state plans when available
  – Learn about best practices
  – Identify where/how the SCHCC could leverage efforts or encourage initiatives to address gaps and achieve significant improvement in:
    • All three aims
    • For all South Carolinians - Disparities
  – Identify root cause interventions that would generate improvement across priorities
You can help us by:

1. Keeping up the good work by incorporating the SCHCC priorities into your goals and objectives *(and let us know about it!)*

2. Sharing what works and why works *(we love successes and data!)*

3. Sharing what seemed like a great idea but did not work … and why it didn’t work

4. Sharing who are the movers and shakers of your communities… *(and contact for Local Health Coordinating Councils)*

5. Sharing any “no-brainer changes” that state leaders haven’t noticed yet and will accelerate local improvement

6. Supporting us while we channel change to make collective impact work

7. Joining the SCHCC - ask agallego@scha.org for an introduction package or a meeting to learn more.
Share with us

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