ACCESS TO HIGH QUALITY CARE

Strategies to improve access, reduce barriers, and strengthen quality health care in SC.

INDICATORS

DELAYED MEDICAL CARE	AVOIDABLE ED UTILIZATION	HEALTH INSURANCE COVERAGE	MEDICALLY UNDERSERVED AREAS

PARTNER STRATEGIES

DELAYED MEDICAL CARE	AVOIDABLE ED UTILIZATION	HEALTH INSURANCE COVERAGE	MEDICALLY UNDERSERVED AREAS
Provider Workforce & Incentive Pipeline: Increase the number of healthcare professionals in rural and underserved areas. Build a pipeline by engaging high school and early college students, providing housing/incentives for graduate rural clinical rotations, and offering up to $100,000 in financial incentives for primary care, OB/GYN, surgical, and behavioral health providers.	**Free Clinics as a Medical Home:** Leverage Free Clinics to serve as a consistent medical home for individuals who would otherwise default to emergency rooms for basic care.	**Free Clinic Safety Net:** Provide a direct healthcare safety net for individuals completely lacking access to health insurance.	**Federal Liaison & Shortage Designations:** Leverage the South Carolina Primary Care Office (PCO) as the state liaison to HRSA to collect data, analyze provider-to-population ratios, and secure federal shortage designations (HPSAs and MUAs/MUPs). Use these designations to direct funding to Community Health Centers and Rural Health Clinics.
Safety-Net Clinic Models: Utilize South Carolina Free Clinic Association (SCFCA) member clinics, specialized centers (e.g., RSF Health Services Center for HIV/AIDS), and transitional networks to provide medical homes, onsite staff, and volunteer-led care.	**Bridging & Care Navigation Models:** Utilize transition clinics and the CHAI initiative to connect uninsured or underinsured populations to appropriate primary care and social services instead of the ED.	**Insurance Counseling & Fraud Protection:** Utilize the State Health Insurance Assistance Program (SHIP) to offer free, one-on-one insurance counseling to Medicare beneficiaries and caregivers. Deploy the Senior Medicare Patrol (SMP) to educate beneficiaries on preventing, detecting, and reporting healthcare fraud or abuse.	**Workforce Recruitment & Financial Incentives:** Secure and administer workforce retention programs including National Health Service Corps placements, J-1 Visa Waivers (Conrad 30), physician incentives, student loan repayment programs, and Medicare incentive payments (e.g., 10% Geographic HPSA bonuses).
Mobile & In-Home Direct Care: Deploy mobile health units (RSF Mobile Health Unit) and Community Paramedicine for in-home primary care visits, health education, medication reconciliation, and chronic disease management to directly eliminate mobility and transportation barriers.	**Community Paramedicine & Post-Discharge Care:** Implement Community Paramedicine home visits for high-risk patients to proactively manage chronic conditions and conduct medication reviews. Provide structured transitional care services following hospital discharge to significantly reduce readmissions.	**Enrollment Support & Advocacy:** Provide peer support and hands-on assistance to help eligible individuals navigate and complete applications for Medicaid, Medicaid waivers, Medicare, and private insurance. Advocate with legislators and the DHHS for State Plan Amendments (SPA) to cover services like palliative care under preventive benefits.	**Rural Healthcare Workforce Expansion:** Partner with the USC College of Nursing and regional hospitals to expand workforce capacity. Actively recruit, train, and employ healthcare professionals with disabilities, and certify Peer Support Specialists to provide grassroots mental health care in towns lacking local counselors.
Systemic Barrier Analysis & SDOH Management: Screen for and address personal and systemic social determinants of health (SDOH), such as childcare, language access, and financial barriers, and establish warm, timely referral pathways to community resources like rideshare assistance.	**Rapid Primary Care Communication & Access:** Increase primary care services and hours in rural areas, while facilitating rapid communication pathways between patients and primary care teams to address non-emergent issues in the correct setting.	**Affordable Vaccine Distribution (VFC):** Expand the Vaccines for Children (VFC) program across all geographic areas of the state to offer low-to-no-cost immunizations to uninsured and Medicaid-eligible children.	**Community Paramedicine & Mobile Health Units:** Extend primary care into rural, transportation-limited communities via in-home Community Paramedicine visits and deploy Mobile Health Units to deliver immunizations and preventative care outside of typical service hours.
Proactive Outreach & Patient Engagement: Conduct targeted outreach (via phone, email, or text) and coordinate care for individuals with chronic conditions, recent hospitalizations, or identified care gaps to increase appointment availability and prevent lapses in treatment.	**Community-Based Continuum of Care:** Educate patients and providers on the benefits of utilizing community-based services—such as palliative care, home health, and hospice—to reduce emergency room utilization.	**Financial Assistance & Income-Based Sliding Scales:** Offer income-based sliding scales for crucial services (e.g., STD and Family Planning) and deploy innovative Financial Assistance Programs/In-Kind Support to absorb costs for the uninsured.	**Vaccines for Children (VFC) Growth:** Grow the VFC program across all South Carolina counties to ensure underserved areas meet essential immunization needs.
Disability-Inclusive & Culturally Competent Care (Able SC): Address systemic medical mistrust, diagnostic bias, and physical barriers by embedding disability competency into medical/nursing training and expanding the workforce of providers with disabilities. Simultaneously, empower patients with disabilities through self-advocacy, rights education, and health literacy training.	**Crisis Preparedness & Health Resources:** Equip individuals with disabilities with plain-language, fully accessible emergency preparation training (hurricanes, fire safety, etc.) and monthly online healthy habit resources to lower crisis-driven ED visits.	**Multi-Channel Proactive Outreach:** Implement data-driven patient outreach (text, phone, email) through community networks, prioritizing populations with chronic conditions or low preventive care utilization as identified by SDOH screenings.	**Care Infrastructure & Facility Improvement:** Partner with the SC Department of Public Health and the CDC Foundation to identify and remediate physical and communication barriers in underfunded clinics, ensuring they are universally accessible.
Community Health Workers (CHAI Initiative): Expand the Community Health Worker (CHW) workforce through the Community Health Alignment Initiative (CHAI) to support, educate, and guide uninsured and underinsured individuals who are delaying care.	**Preventive & Specialty Health Services:** Focus heavily on general preventive measures, including ensuring adequate access to routine STD testing and treatment to avoid emergency complications.	**Institutional & Health Center Infrastructure:** Accept and bill various insurance types while supporting local health facilities and specialized medical settings (e.g., RSF Health Services Center for HIV/AIDS) to handle diverse coverage types.	**Grassroots Influencers & Multi-Sector Collaboration:** Deploy trusted community-based influencers and faith-community leaders (via train-the-trainer programs) to link residents to local health departments. Deepen collaboration between local primary care practices, hospitals, and social service agencies.
Insurance & Specialist Navigation: Provide peer support, mentoring, and education to help families navigate Medicaid, Medicaid waivers, and private insurance, while advocating for expanded access to pediatric subspecialists and ASD evaluations.	**Caregiver & Respite Support:** Utilize the SC Respite Coalition's Respite Care Provider Registry to match family caregivers with respite care options, ensuring equitable support and reducing crisis situations.	**Systemic Separation Note:** Explicitly separate public health departmental work from independent advocacy, noting that organizations like Able SC utilize a distinct advocacy team to handle legislative and systemic health insurance access.	**Flexible Scheduling & Telehealth Access:** Encourage clinics to implement extended/same-day hours and online scheduling tools. Rely on ambulatory, inpatient, and population health telehealth networks alongside virtual peer mentoring to bypass long-distance travel and transportation hurdles.
Telehealth Expansion: Implement comprehensive ambulatory, inpatient, and population health telehealth strategies to provide equitable access and remote proactive treatment across the state.			**Specialized Clinics & Clinical Services:** Maintain presence through local Free Clinics, transition networks, and dedicated care infrastructure across all geographic areas of South Carolina.
Clinical & Preventive Expansion: Increase access to contraceptive healthcare, appropriate clinical screenings, testing, and provider education regarding the utilization and benefits of hospice and palliative care.			

OUR DESIRED RESULT: All people in South Carolina receive patient-centered, timely, and high-quality health care.

LIVE HEALTHY SOUTH CAROLINA