CON Rural Healthcare Study Committee

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Final Report

The CON Rural Health Study Committee convened on November 13, 2023. This body was established pursuant to Section 8 of Act 20 (S. 164), 2023. Members appointed were Senators Brad Hutto, Gerald Malloy and Billy Garrett and Representatives Sylleste Davis, Mark Smith and Will Wheeler. Enabling legislation also called for the following entities to be represented in an advisory capacity – Department of Health and Environmental Control (Scott Jaillette), Department of Health and Human Services (Jenny Stirling), SC Hospital Association (Allan Stalvey) and SC Medical Association (Richele Taylor). The first meeting was strictly organizational in nature – no testimony was received. Sen. Hutto and Rep. Davis were elected as co-chairs. Sen. Hutto articulated the committee's desire to hold remote meetings in areas more readily accessible to rural residents, facilitating their participation.

The committee reconvened on December 7, 2023. The advisory entities were asked to present reports as was the Office of Rural Health. Additionally, testimony was sought regarding telehealth, remote patient monitoring and medical profession compacts. A brief synopsis of the respondents and the salient points of their presentations follows:

- Dr. Kashyap Patel (Carolina Blood and Cancer Care Associates/SCMA) emphasized the need for ambulatory centers
- Allan Stalvey (SCHA) gave a historical presentation on rural hospitals as context for some of the challenges facing them, pointing out that most "rural" hospitals are a subsidiary facility of a larger system headquartered in an urban setting
- Dan Logsdon (Council of State Governments) gave a presentation on medical profession compacts, indicating that SC (member of six compacts) is numbered among 36 states that have a membership in at least five compacts
- Eunice Medina (DHHS) gave an overview of the investments the department has been able to make from the proceeds of a rural health grant
- Scott Jaillette (DHEC) offered a statistical presentation of the Certificates of Need approved in 2022 and 2023

- Graham Adams (ORH) spoke of the "social determinants of health" and their influence on the rural areas, as well as the need to properly define "rural" and to understand that some areas, currently termed "rural", are, with economic development, making a transition away from that description
- Dr. Jimmy McElligot (MUSC/SC Telehealth Alliance) referred to SC as a "telehealth-forward" state, citing the core value of a telehealth platform as the creation of efficiencies based upon collaboration
- Tod Mann (American Telemedicine Assn.) informed the committee that one in five Americans are rural; he stated that a benefit of telemedicine is a reduction in cancellations
- Troy Powell (Roper-St. Francis) presented on the concept of remote patient monitoring and a subset, "Hospital@Home", which was utilized by RSF beginning in the pandemic/emergency authorization period; he also estimated that RSF could continue to utilize H@H, today, for 2,000-3,000 patients
- Dr. Dan Davis, Atrium Health spoke to the committee on an ongoing H@H platform operated by Atrium in the Charlotte region (49% rural) – this began during the pandemic and has allowed patients to avoid 30,000 admission days

An Interim Report, including the text of the previous paragraphs, was presented to comply with the deadline (January 1) contained in the requirements of the enabling legislation. Subsequently, meetings were held in Greenwood, Orangeburg, and Florence to allow public comment from individuals residing in the rural areas of the state. At these meetings, the health provider systems in each area responded by spending significant time with the study committee, both presenting informative overviews of their services areas, including successes and challenges, as well as fielding questions from the study committee members.

A recurring theme in the presentations was the need for personnel and the efforts by the systems to meet those needs by whatever means necessary, including use of traveling nurses, but the long-term focus on this issue has resulted in fruitful partnerships with local educational institutions. The leveraging of technology to meet patient needs, specifically telehealth services, was also cited as a significant tool in the overall mission of rural providers.

Certainly, there were several physician specialties identified as numerically lacking and these deficits created ongoing challenges. Specifically, OBGYN, imaging, endocrinology, urology, orthopedics and trauma were listed before the study committee. The need to create and maintain physician residency programs, both specialists and primary care practitioners, was addressed as a critical need.

Oft-repeated general challenges to serve rural residents were also annunciated – specifically, dependence upon ER services with no primary care relationship as well as food concerns, both availability, and diet choices. Regarding the latter, MUSC Marion reported that a partnership with a local food bank had been a great success.

Therefore, given the input outlined in the previous paragraphs, and bearing in mind, the responsibilities of the study committee detailed in Act 20 (2023), we recommend to the General Assembly:

- Passage of any bills that allow and encourage the leveraging of technology to broaden medical treatment opportunities for the residents of this state. This includes S. 858/H. 5226 (Hospital at Home). Already signed into law is Act 120 (Telehealth and Telemedicine Modernization Act).
- Inclusion of a proviso into the General Appropriations Bill, H. 5100, that would direct a comprehensive market study of medical professions; similar scope was first outlined in S. 855/H. 5243.
- Funding of health care workforce initiatives; treating them similarly to economic development projects.
- Restructuring of the delivery model of health agencies as outlined in S. 915/H. 4927. We find this bill to be particularly instructive regarding the duties of the Executive Secretary –

"Section 44-12-40. In performing his duties as authorized by this chapter, the secretary: (1) shall develop a cohesive, coordinated, and comprehensive State Health Services Plan… The plan should serve as a blueprint for the State to assess and improve the quality of care that South Carolinians receive. The plan should be continually updated and must include, at a minimum, an inventory, projections, and standards for health services, facilities, equipment, and workforce which have the potential to substantially impact delivery of care, costs, and accessibility within the State. The plan should also address how to improve health services delivery in the State, recognize operational efficiencies, and maximize resource utilization."

We find this plan to have the potential to be a great asset to health care delivery in this state. Furthermore, we appreciate the holistic approach; while there are justifiable concerns about the state of rural health care, it is our opinion that to achieve improvement in rural communities, the overall state of health care in South Carolina must be addressed. It is almost impossible to segment rural from urban settings, as the solvent rural hospitals have attained that status because of the investment of the large systems, the notable exception being Self Regional, which has, throughout its history, maintained facilities in rural communities. Similarly, it would be difficult to address primary care providers apart from the large systems, as most of them operate under the umbrella of a large system.

We also recommend that, while the plan is "continually updated," there should be an annual report prepared for the General Assembly on the status of the plan. This report should include the changes over the course of the recent year, addressing such metrics as personnel, patient beds, equipment, and others as deemed relevant. The report should also include new technologies leveraged and a listing of best practices by the state's health systems. A byproduct of the annual report should be an ongoing, formalized dialogue between members of the General Assembly and health care providers, especially those serving in rural areas.

Respectfully submitted,

Senator Brad Hutto

Representative Sylleste Davis