



South Carolina Center for
Rural and Primary Healthcare

2020 Impact Report

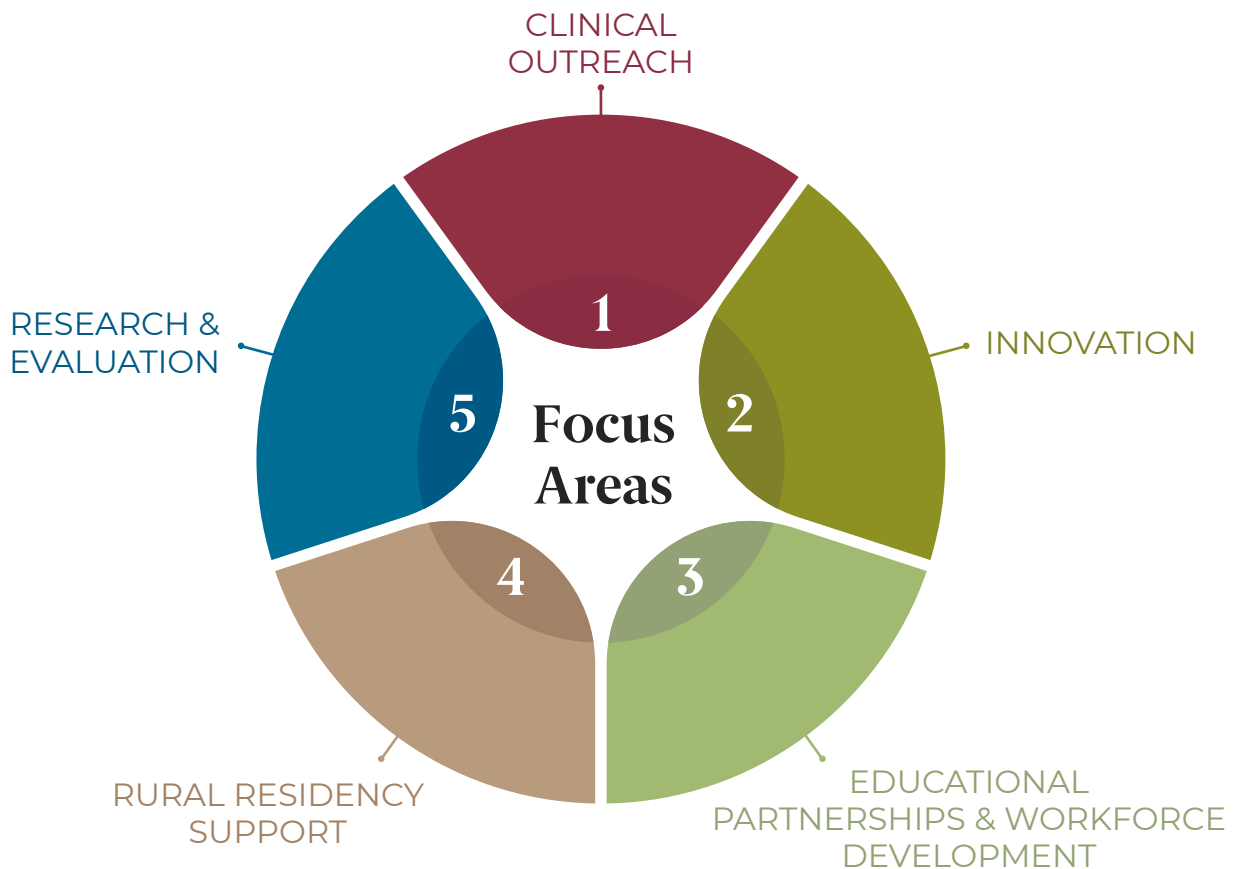
Who We Are

Our Mission

Support and develop rural and primary care education, delivery, and sustainability in South Carolina through clinical practice, training, and research.

Our Vision

All South Carolinians will have access to high quality and high value healthcare regardless of where they live.



Meet the Team

Director



Kevin J. Bennett, PhD

Associate Director



Michele Stanek, MS

Dir. of Community Engagement



**Megan A. Weis, DrPH,
MPH, MCHES®**

Medical Director



Patricia Witherspoon, MD

Research Project Manager



Samantha Renaud, MA, PMP

Program Manager



Alanti McGill, MPH

Research Associate



Songyuan Deng, PhD

Administrative Coordinator



Brittany Wesley

Director's Letter



This year has been unprecedented in nature and scope. The Novel Coronavirus pandemic has solidified itself as a serious global health crisis that has impacted every facet of our world and rural communities are not exempt. Having worked in rural health policy, research, and advocacy for nearly 20 years, I see how vital our rural communities are to this nation. I also see how this crisis could worsen existing challenges in these communities. Despite the obstacles brought on by the COVID-19 pandemic, the SC Center for Rural and Primary Healthcare remains steadfast in our mission to support and develop rural and primary healthcare in South Carolina through innovation and collaboration.

COVID-19 has brought more attention to racial health disparities, the digital divide, and fragile infrastructure of rural and critical access hospitals (CAHs). Simultaneously, the pandemic has shone irrefutable light on the resilience of communities, the need for expansion of broadband, telehealth and telemedicine options, and the importance of CAHs. Even in crisis, I am optimistic as we look back and see what the Center and our partners have accomplished together in the state. Some of the programs we have worked on this year include:

- Partnering with the Center for Research Outcomes to identify immunization deserts with aims to leverage community pharmacists and increase capacity to administer vaccination including the COVID-19 vaccine
- Expanding residency and training programs for Pharmacy, Family Medicine, Dental, and Nursing
- Working with local libraries and their partners through our new Rural Libraries and Health Innovations initiative to improve rural residents' access to quality healthcare
- Improving behavioral health care provision in a variety of ways – integrated with primary care, focused on pediatrics, and within a school setting

We are also happy to announce two new additions to the SC CRPH team. In March, Megan Weis, DrPH became our first director of Community Engagement. This fall, we were honored to bring on Patricia Witherspoon, MD as our medical director.

We look forward to building upon this work in the coming year!

A handwritten signature in gold ink, appearing to read 'Kevin J. Bennett', with a long horizontal flourish extending to the right.

Kevin J. Bennett, PhD

Our Impact

29 committed rural practitioners in the Rural Loan Forgiveness Program for medical, physician assistant, and advance practice registered nurse students

5 new partner library systems across the state providing community outreach and health improvement services in rural areas

6 awarded rural Innovations Cooperative Agreements in 2020

2 new pharmacy residencies focused in family medicine integration and infectious diseases

12 programs supported by iCARE

Our Service Sites

 iCARE	55
 Educational Partnerships	43
 Innovations	35
 Community Partnerships	26
 Library Pilot Project	19

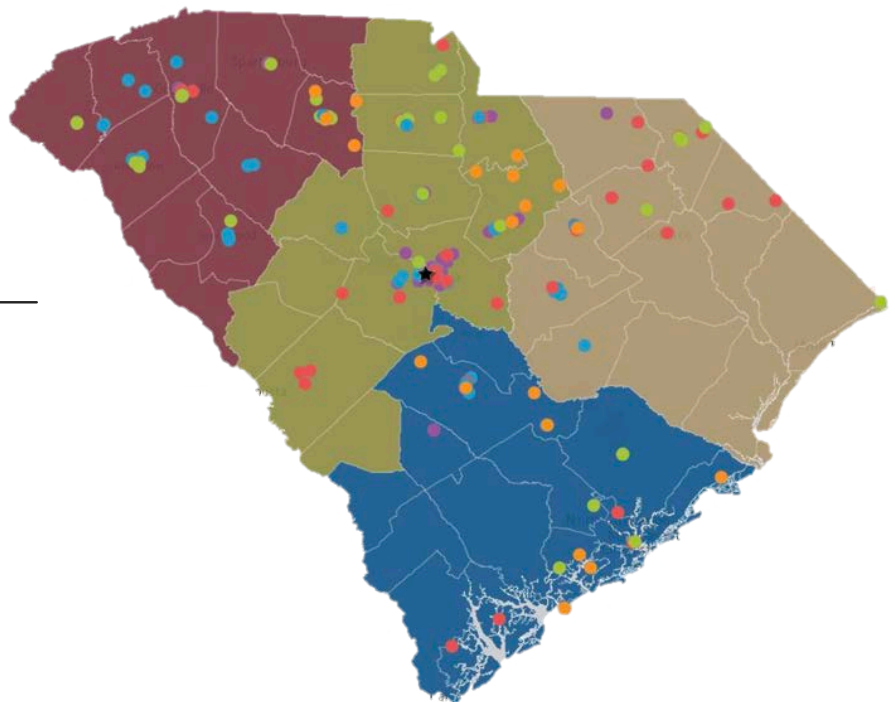


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CLINICAL OUTREACH



INNOVATION



EDUCATIONAL PARTNERSHIPS &
WORKFORCE DEVELOPMENT



RURAL RESIDENCY SUPPORT



RESEARCH & EVALUATION

We had a spark and it really has ignited the work under Diabetes Prevention and it has also led to others wanting to support the efforts in different areas that there are still gaps or challenges. This is a way for us to model and what we can do in the tri county area and to make a difference. We are forever grateful for that.



Renee Linyard-Gary
Trident United Way



We are just glad that they have been so easy to work with. You know, helpful and giving us ideas, and helping us through with these bumps in the road that we have had with COVID and trying to get things completed. You know the whole program is a good program.

Stacey Mosier
Chesterfield County Coordinating Council

Clinical Outreach

The iCARE program supports rural clinical practice through onsite primary care, subspecialty support, and telemedicine and telehealth.

Transportation barriers can be an impediment for rural residents with specialty care needs. Through iCARE support, specialists travel to rural health practices to serve patients in their own community. Clinicians also use telehealth or innovative models to expand local clinical services in rural communities.

iCARE Programs

- Pediatric Subspecialty - Midlands and Upstate
- Telepsychiatry
- Immunology Center - Hepatitis C Intervention and Elimination
- The McLeod Family Medicine and USC Behavioral Health Collaborative Care Initiative
- Telehealth Maternal Fetal Medicine
- Community Based CHW
- Family Medicine Practice Support
- MUSC College of Dental Medicine – Dental Services in Rural
- Acute Neurology Care
- Under Development – Obstetrics – Tideland Health

ICARE PROGRAM HIGHLIGHT:

Behavioral Health Integration Model at McLeod Family Medicine Center

Pee Dee residents experience barriers accessing the region's few behavioral health providers. Ten of the 12 counties served by McLeod Family Medicine Center (FMC) have a lower than state average ratio of residents to mental health providers. Exacerbating this lack of access, few mental health providers that practice in the region accept Medicaid patients. For example, there are only two private-practice psychiatrists in all of Florence County and neither accept Medicaid patients. Other psychiatrists in the county are associated with state agencies or specific organizations that do not accept outside referrals.



Brittany Rainwater, PsyD, LPC

In 2018, the SC Center for Rural and Primary Healthcare partnered with the McLeod Family Medicine Center through the iCARE program, to improve patient access to behavioral health care by establishing the Integrated Behavioral Health (IBH) Program within the FMC. The program is based on the Collaborative Care Model developed by the University of Washington; this model is an evidence-based approach for integrating physical and behavioral health services that can be implemented within primary care-based settings. The team-based approach is a central tenet of the Integrated Behavioral Health model. The FMC uses a team-based approach, which consists of the patient, a primary care physician (PCP), the behavioral health care manager (BHCM), and a psychiatric health consultant.

With seed funding from the SC CRPH, Brittany Rainwater, PsyD, the project clinical lead, along with Roy Wilson, MD, and Jamie Booth, MHA, laid the groundwork for the IBH program and assembled the interdisciplinary team. The key to the program was the hiring of the BHCM. This individual is responsible for tracking specific patient populations in a registry, overseeing the use of screenings for depression, providing short-term evidence-based psychosocial interventions, and collaborating with a psychiatrist/psychiatric nurse practitioner (NP) regarding patients not showing improvement in symptomatology. The BHCM collaborates with patients, primary care providers (PCPs), and the psychiatric consultant to provide a more effective team-based approach to behavioral health treatment. On a weekly basis, the BHCM and psychiatric consultant discuss diagnostic and pharmacological treatment recommendations.

In 2020 (Jan-Sept) they have had 277 encounters through the IBH program – providing much-needed services to patients in their area. This program is also remarkable in that McLeod Family Medicine currently has 25 family medicine residents receiving experiential training on integrated care for patients with behavioral health issues. Additionally, didactic training is provided to FMC family medicine residents on psychiatric management of various mental health disorders. Dr. Rainwater expressed how the support from SC CRPH has enabled “the McLeod Family Medicine Residency Program to better fulfill its mission of graduating physicians prepared to practice comprehensive, full-scope Family Medicine, particularly in rural and underserved settings. Teaching residents how to recognize and address mental health issues is a significant step toward fulfilling this mission and improving the overall well-being of rural SC residents for years to come.”

Human Resilience in the Integrated Behavioral Health Program

Ben* was referred to the Integrated Behavioral Health Program in August 2020 for treatment of near debilitating anxiety and panic attacks, as well as depressive symptoms and chronic insomnia. He reported that he had completed treatment for long-standing benzodiazepine and heroin abuse eight months prior and had remained clean by “white knuckling it.”

Ben described his childhood as “great,” but also discussed multiple stressful and traumatic experiences throughout this life. He said he suffered with anxiety for as long as he can remember and said he was fearful as a child. He experienced his first full-blown anxiety attack at the age of nine. When he was 14, he witnessed his uncle die by suicide. He was first prescribed Xanax at age 18 and since then continued to take depressants until age 45 when he went into treatment.

Ben’s father passed away in 2004 and in 2015, Ben and his mother were in an automobile collision that led to injuries that took his mother’s life. Ben’s injuries required multiple surgeries. He was prescribed pain medication and began “eating them;” running out of medication early and abusing drugs in between. Due to his physical and mental health conditions he lost his business and was unable to continue his passion of breeding and raising dogs. During this time Ben said his life spiraled down and that he “didn’t care about anything.” He said he became more and more depressed as he continued to abuse drugs. Three years ago, Ben’s home was destroyed in a fire and he lost everything, forcing him to move around where he could and continuing to abuse drugs.

It is now three months since Ben presented to the IBH program and he is nearly one year sober. Ben has been able to access a sober coach and Narcotics Anonymous meetings online through a recovery program. His motivation is strong and it has been refreshing and energizing to watch. Though he said his reason for getting clean was to avoid the cycle of withdrawal, it is clear to see that he has received more than he ever hoped for. Ben no longer experiences crippling anxiety and his depression has remitted. His insomnia has been gone for weeks. His friends tell him they are happy to have “the old Ben back.” He recently began working part-time and enjoys deepened relationships with both of his children. He says his happiest moments occurred recently when he was able to bring his two new puppies home! Ben is a genuine example of human resilience, determination, and success. It has been an honor to be a part of his journey to wellness.

**Name changed to protect privacy of patient*



Lynne Klaus, LCSW

Innovation

The Rural Innovations Cooperative Agreement program has served as a launchpad for innovative projects in rural areas for three years. This year the Center awarded six novel projects geared toward transforming health outcomes in rural communities.

RURAL INNOVATIONS COOPERATIVE AGREEMENT PROJECTS

Pee Dee Region	Upstate Region	Lowcountry Region	Midlands Region	Statewide
Chesterfield Working Well HIV PrEP Implementation Toolkit Health Education and Active Living Increasing HIV Screening and Linkage to Care for HIV PrEP or HIV Treatment Rural Primary Care Resident Procedural Training Initiative	AnMed Neighborhood Based Community Health Workers Expansion of a Collaborative Care Behavioral Health Model in Oconee County	Healthy Tri-County Diabetes Prevention Program Expansion	Community Health Worker Integration in Rural Health Clinics	FoodShare SC Improving Access to Immunizations in Underserved Rural South Carolina Communities Family Engagement in School Mental Health Services Wellness for Rural Reentry: Rural Provider Toolkit & Self-Management for Women Evidence-based Cancer Screenings in Rural Communities

We have expanded the Rural Innovations program to create a subprogram, the Libraries in Health Rural Innovations Cooperative Agreement. This program is inspired by and seeks to build upon the work already conducted in South Carolina by library systems including the Union County Library System and Richland Library to support innovative pilot projects and/or programs that test alternative models of community care and healthcare engagement via a library system.

Libraries in Health Rural Innovations Cooperative Agreement

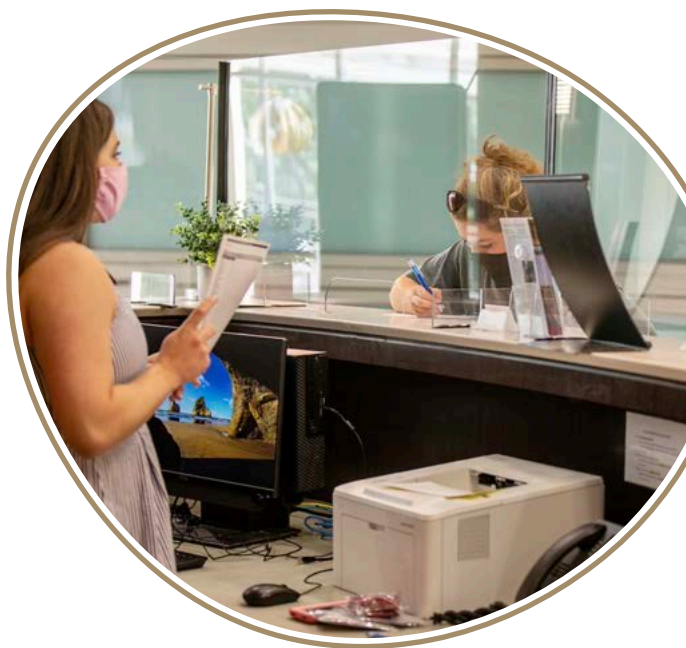
In October 2020, the South Carolina Center for Rural and Primary Healthcare entered cooperative agreements with five communities to support projects centered in rural library systems across South Carolina to increase access to high value, quality healthcare. These projects will use local library systems as a means of community engagement; connect community members with healthcare resources, either by direct provision or referral; provide care management and connections to available social services; and monitor ongoing needs of the community to identify methods, programs, and services to meet those needs.

Nationally and in South Carolina, libraries have increasingly been serving their communities to connect patrons to healthcare. Libraries are community hubs that are welcoming to everyone and natural places people access for information. These programs will build on established, trusted relationships to increase access to healthcare and other supportive social services in their respective communities.

Rural populations often must travel for access to many essential preventive services. Using library locations will provide vital opportunities in these under-resourced areas. The awarded projects represent library systems from all regions of our state and include support for social workers, community health workers, and telehealth access at library locations. The programs aim to increase access to a variety of services, including behavioral health, health screenings, and women’s health with the ultimate goal of connecting community members to the appropriate services for consistent and sustained preventive care and treatment.

“The Rural Libraries and Health Rural Innovations cooperative agreement with the Center will allow us to build on our previous experience and increase our services to the community and meet the needs we see daily among our patrons,” shared Taylor Atkinson, Interim Director of the Union County Library System. “Libraries are committed to being welcoming and safe places where people can access services and information related to healthcare, housing, workforce development, financial assistance, and more. We are honored to provide a space in Union County where social workers can work with our residents to help them navigate the resources in our community and identify high-need populations and gaps in services for the Library to address.”

In addition to the Union County Library System, other awarded organizations are: the Charleston County Public Library System (focused on rural branch locations in Charleston County), Foundation for Community Impact and Health Equity (Lee County), Tri-County Health Network (Orangeburg County), and the Kershaw County Library (Kershaw County).



Educational Partnerships & Workforce Development

The SC Center for Rural and Primary Healthcare works to expand capacity for rural clinical training sites to increase healthcare students interest in rural practice. We help develop infrastructure, physician support, and model multidisciplinary practices at rural practice sites in South Carolina to support resident electives, student rotations, and multidisciplinary health education.

Educational Partnerships & Workforce Development

- Ultrasound Institute
- PAIRED with PEEP/PAIRED to ExCEL in Rural Communities
- Building Capacity for CHWs in Rural and Primary Healthcare
- Collaborative Social Worker Implementation
- MUSC College of Dental Medicine – Dental Services in Rural
- Antimicrobial Stewardship Collaborative- South Carolina (ASC-SC)
- Bachelor of Nursing - UofSC Aiken Sumter Campus
- SC Rural Interprofessional Practice Transformation Project (AHEC Scripts)
- Rural Health Student Interest Group
- Student Opportunities for Academic Achievement through Research (SOAR)



Rural Practice Loan Forgiveness

A subset of our Educational Partnerships & Workforce Development focus, the Rural Practice Loan Forgiveness Program continues to grow since its inception in 2016. The program boasts 29 health professional students committed to practice in rural South Carolina upon completion of their graduate program. This unique loan forgiveness opportunity affords students, passionate about serving rural and underserved areas, the ability to reduce the financial costs of education for their service commitment.

Grow Rural with Raina McKenzie

When third-year PA student Raina McKenzie started her graduate studies at the University of South Carolina back in 2019, she knew she wanted to one day return to her small hometown of Kingstree, SC to work and serve her community. What she did not know, was that a significant portion of her student loans could be forgiven to do exactly that.

After listening to a guest speaker in class, McKenzie learned about the South Carolina Center for Rural and Primary Healthcare's Rural Practice Loan Forgiveness Program, a program developed to supplement the healthcare workforce in rural and underserved areas throughout the state. For McKenzie's PA program specifically, the program offers a forgivable student loan award of up to \$40,000 in educational costs. Already interested in providing healthcare to underserved communities, the program was a perfect way for McKenzie to pursue her dreams while helping those in need.

"It made sense to take advantage of the loan forgiveness opportunity," she said. "The most rewarding part of participating in this program is knowing that I am going to be giving back to my own hometown."

McKenzie is excited to graduate and contribute to the Center for Rural and Primary Healthcare's mission of delivering health services to South Carolinians no matter their location. She hopes that her positive experience will encourage more students to utilize the Loan Forgiveness Program in the future.



Raina McKenzie

Rural Residency Support

Rural Residency Support Programs

- Ultrasound Institute
- UofSC Aiken BSN program at Sumter
- Rural Pharmacy Infectious Disease Resident Training
- Winnsboro Rural Residency
- Bishopville Clinic
- Sumter Family Medicine Residency
- Tandem Rural Pharmacy Residency Program
- Student Opportunities for Academic Achievement (SOAR)
- Preventive Medicine Residency
- McLeod Residency Program
- SC Rural Interprofessional Practice Transformation Project (SC AHEC)
- Project ECHO Antimicrobial Stewardship Collaborative - South Carolina (ASC-SC)
- Collaborative Social Worker/Behavioral Social Worker Implementation

The SC Center for Rural and Primary Healthcare prides itself on a longstanding commitment to support and develop rural medical educational opportunities in training and practice. As part of this commitment, we have partnered with several health professional colleges to establish rural learning experiences for medical, dental, nursing, and pharmacy programs. We proudly support family medicine residencies in Winnsboro (John A. Martin Primary Healthcare Center); Sumter (Tandem Family Health Center); Seneca (Seneca Family Medicine Center) and Florence (McLeod Health Family Medicine Center).

Our additional educational partnerships provide experiential learning opportunities and rotations for social worker, community health workers, and behavioralists in rural areas.

Rural Residency Support Program Highlight

In 2020, we understand the critical role of pharmacists in the COVID-19 pandemic response. Access to pharmacists is vital to rural residents. Pharmacists are an important part of the healthcare team and essential to augmenting care received in local rural communities. These healthcare professionals advise on medications, patient management, promote patient self management, provide patient education and provide immunizations, and support other healthcare facilities such as skilled nursing facilities, health clinics, hospitals, and hospice care. To address rural health interest among pharmacy students and graduates, the Center supports several pharmacy training programs at different levels of their training.

Tandem Health-University of South Carolina Pharmacy Residency

The rural pharmacy residency program aims to develop pharmacist leaders to serve in rural and underserved settings. This program places a postgraduate year 1 (PGY1) pharmacy resident at Tandem Health, a federally qualified health center in Sumter, SC, where they are enmeshed in the center's new family medicine residency program and also provide care to underserved, rural patients. The PGY1 completes clinical rotations centered around serving rural communities through an innovative and collaborative model.

Infectious Disease Rural Pharmacy Training

The Infectious Disease Post-Graduate training program aims to improve the competencies of trainees on rural health medicine, specifically infectious diseases. This 12-month program provides a postgraduate year 2 (PGY2) with approximately 11 advanced learning experiences, each 1 month in length and the majority in rural and/or medically underserved settings. These experiences include but are not limited to antimicrobial stewardship, infectious diseases consultation, HIV/HCV clinic and research. The resident is responsible for numerous projects and co-curricular endeavors throughout the year, including a major longitudinal research project focused on rural health.



Research & Evaluation

The research and evaluation team continues to provide support to all of the center's funded programs and partners. These activities include collecting data on project outcomes; assisting in program evaluation; and providing analytic assistance to communities and partners. The SC Healthcare Resource Dashboard is one tangible way in which we are able to provide support to our rural communities.

External Partners

The SC Center for Rural and Primary Healthcare collaborates with a wide range of programs and organizations to improve rural health access and outcomes. In these partnerships, our team provides expertise on program evaluation and reporting. Some of our partners include:

- Upper Midlands Rural Health Network
- FoodShare SC
- Palmetto Care Connections
- Chesterfield County Coordinating Council
- Center for Community Health Alignment
- South Carolina Telehealth Alliance



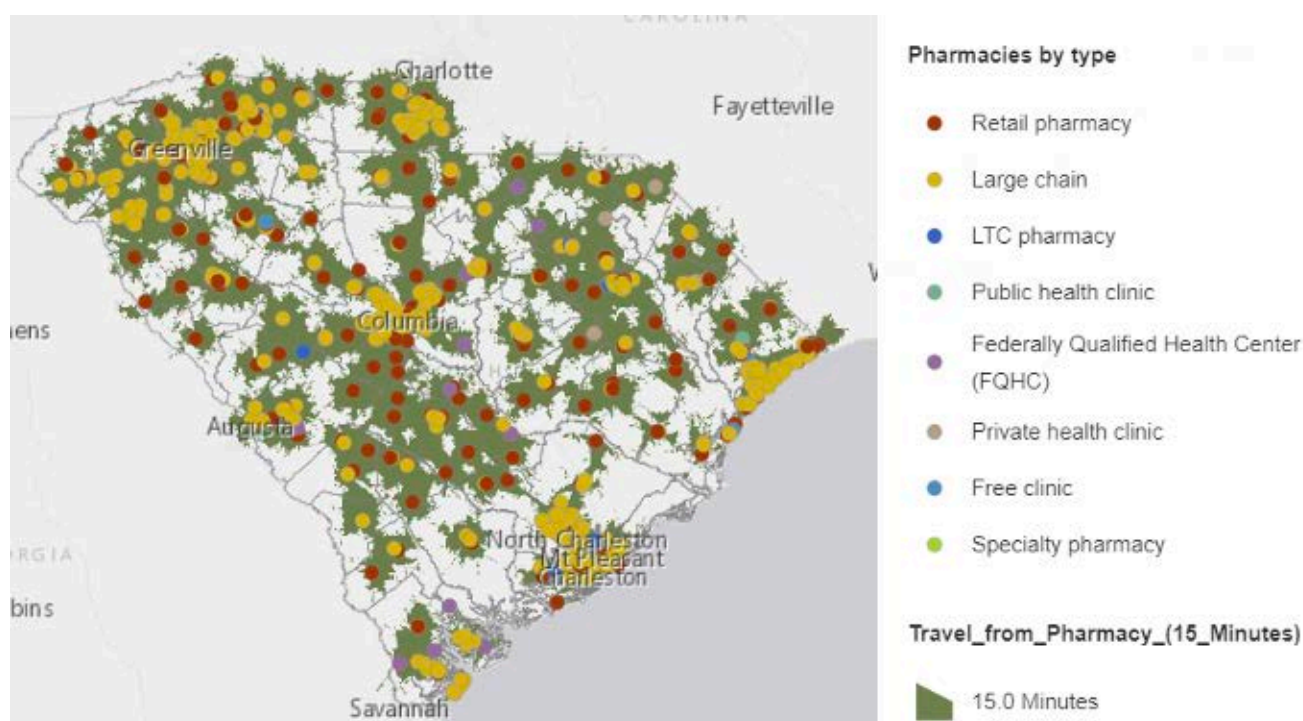
The Center began the SC Healthcare Resource Dashboard to provide communities with data needed to make decisions, implement programs, and target specific areas of need. In 2020, we were able to enhance the dashboard's content and capabilities, to better meet needs across the state. We partnered with the UofSC's Department of Geography and the School of Journalism and Mass Communication to improve the tool's useability and identify areas of potential growth.

Through these efforts, community and rural health stakeholders were provided access to the SC Healthcare Resource Dashboard and then interviewed for their feedback and general impressions. Users raved about the user-friendly nature of the SC Rural Healthcare and Resource Dashboard. “I love this tool! This is really useful and user friendly. The best part is that [the data] is all in one place,” said Amanda Williams, the Deputy Chief of Staff for Strategy and Training at the SC Department of Health and Human Services. Other benefits highlighted by stakeholders is how informative the dashboard is and easy to interpret. Karen Nichols, the Executive Director of the Upper Midlands Rural Health Network was a fan of the Dashboard’s heat maps because “at a glance, you can tell where the areas of needs are”.

We also collaborated on a survey which was distributed to a broader audience of users. With 15 responses, the survey indicated that 100% of participants found the dashboard easy to use and 80% would return to the dashboard to access data in the future. In addition to providing useability feedback, each of these approaches helped us identify new data to include in the Dashboard. We want the SC Healthcare Resource Dashboard to be a one-stop shop of data for rural communities and those who serve them.

Mapping Pharmacy Deserts

One recent addition to the dashboard will help assist the state in the distribution of Covid-19 inoculations. In partnership with the UofSC College of Pharmacy, we were able to map every pharmacy, by type, in South Carolina. Using this data, we were then able to determine how much of the state was 15 and 30 minutes away from these vital providers. This work partners well with their ongoing work around the ability for community pharmacies to provide immunizations in general. With these data, we can work with our state policy makers to ensure that rural communities gain access to this vital service.





GROWING RURAL



A PODCAST FROM SC CENTER FOR RURAL AND
PRIMARY HEALTHCARE

Improving rural health includes generating increased attention to both the issues we face as well as the vibrancy of our rural areas. The Growing Rural podcast offers a diverse and authentic depiction of the issues facing rural South Carolinians and celebrates their successes. Through interviews with community leaders, policy makers, and researchers, we learn about the powerful work happening every day throughout our state. Episodes cover topics such as health care, education, and the arts.



Subscribe!

2020 Guest Interviews:

- Taylor Atkinson & Reita Drinkwine (Union County Library System)
- Lottie Lewis (Allendale Town Council)
- Lari Gooding (Allendale County Hospital)
- Angel Bourdon & Katherine Johnson (Healthy People Healthy Carolina)
- Betsey Newman & Xavier Blake (Gullah Roots Film)
- Marc Himes & Derrick Dease (Center for Fathers and Families)
- Elizabeth Crouch (Rural and Minority Health Research Center)
- David Shields (University of South Carolina)
- Kathy Schwarting (Palmetto Care Connections)
- Julie Smithwick & Romaine Anderson (Center for Community Health Alignment)
- Anna Lewin (SC Community Loan Fund)
- Mandy Powers Norrell (SC House of Representatives)

Going Forward

Faced with an unprecedented year, we have continued to listen and learn how to become better partners with rural communities. The Center, like many other organizations, has had to reprioritize and rethink how we support improvement in rural health in this new environment. The pandemic has strengthened our ties to our partners and the commitment to transform rural healthcare in the state and nationally. We look forward to the new year and ensuring our efforts are in alignment with the vision for rural healthcare of the SC Department of Health and Human Services.

In closing, we would like to acknowledge two invaluable leaders to the SC CRPH. This year, our founding director, Chuck Carter, MD transitioned from his role as director to Associate Designation Institutional Official for Graduate Medical Education with Prisma Health Midlands. Dr. Carter has been an exceptional leader and integral in establishing the Center. We are grateful for his leadership and wish him well in his new endeavors!



Chuck Carter, MD



Tan Platt, MD

In memoriam, we acknowledge Tan Platt, MD, a personal hero to the Center and to many others. We are indebted for his advocacy for rural health and specifically for the SC CRPH. The Center's staff expresses our gratitude for his advisement, support, and for serving as an inspiration for all.



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