**To Improve Health: Lessons from Care South Carolina Operational Approaches and Collaborative Partnerships**



Operational Approaches: Care South Carolina, a big federally qualified health centre (FQHC) operating 14 clinics across rural South Carolina, has successfully encountered the needs of low-income patients via collaborative partnerships and operational approaches. This case study analysis goal is to explore the functional strategies utilised by Care South Carolina to meet the needs of low-income patients and examine how collaboration and teamwork have eased their quest for value-based contracts that incentivise quality improvement. Moreover, this study will reflect how the lessons and insights from Care South Carolina's skills can be altered to my region's unique healthcare industry, policy needs, and political and market context.

**Operational Approaches to Meeting the Needs of Patients with Low Incomes:**

**Sliding Fee Scale:** Care South Carolina employs a sliding fee scale that regulates charges based on the patient’s capability to pay, guaranteeing affordability for low-income individuals. This approach helps eliminate financial barriers to care, allowing patients to access necessary healthcare services.

**Comprehensive Services:** Care South Carolina offers a wide range of services, including dental care, primary care, pharmacy services, and behavioural health services, all under one roof. By providing comprehensive care, they address the multiple healthcare needs of patients, promoting continuity of care and reducing the burden of accessing various providers.

**Care Coordination:** Care South Carolina employs care directors who manage care across services and providers. This tactic ensures unified transitions between healthcare settings, enhances patient engagement and improves health outcomes.

 **Telehealth Services:** Care South Carolina has unified telehealth services into its care delivery model. This approach allows remote consultations, progresses access to specialists, and improves patient convenience, mainly in rural areas where transportation can be challenging.

**Operational Approaches; Collaborative Partnerships to Pursue Value-Based Contracts:**

https://youtu.be/qN6SLOdcGaA

Care South Carolina partners with county officials to align health initiatives, share resources, and effectively address community health needs. This partnership improves the influence of both parties' efforts and encourages a community-centred approach to healthcare.

Care South Carolina engrosses with local nonprofits and social service agencies to discourse social determinants of health, such as food insecurity, housing, and transportation. By partnering with these organisations, they guarantee a rounded method of patient care and improve health outcomes by addressing the fundamental social factors that impact health.

Care South Carolina cooperates with other community health centres to pursue value-based contracts. By joining forces, they pool resources, share best practices, and negotiate collectively with payers to secure value-based contracts that incentivise quality improvement. This collaboration strengthens their position and improves their ability to deliver high-quality care.

**Lessons and Insights for the Region Where I Reside:**

In adapting the lessons and insights from Care South Carolina's experience to the unique healthcare industry, policy needs, and political and market context of the region where I reside, the following considerations are essential:

**Understanding Local Context:** Assessing the region's specific healthcare challenges, resource availability, and socioeconomic factors is vital. This understanding will update the development of tailored operational approaches and collaborative partnerships that address the particular needs of low-income patients.

**Engaging Stakeholders:** Building partnerships with local stakeholders, including government officials, community organisations, and healthcare providers, is crucial. Engaging these stakeholders fosters collaboration, resource sharing, and a coordinated approach to addressing healthcare disparities.

**Leveraging Technology:** Exploring opportunities to participate in telehealth services and other digital health solutions can improve access to care, particularly in rural areas. Acceptance technology can enhance efficiency, convenience, and patient satisfaction while expanding reach and reducing barriers to care.

**Advocacy and Policy Support:** Advocating for policies that support the financial sustainability of healthcare organisations serving low-income populations is crucial. This includes advocating for appropriate reimbursement models, funding allocations, and regulatory reforms that incentivise and facilitate providing high-quality care to low-income individuals.

**Conclusion:**

Care South Carolina has established practical operational tactics and collaborative partnerships to meet the needs of low-income patients. By utilising a sliding fee scale, providing comprehensive services, facilitating care coordination, and embracing telehealth, they have improved access and quality of care. Collaborations with county officials, nonprofits, social service agencies, and community health centres have strengthened their pursuit of value-based contracts, enhancing incentives for quality improvement. Adapting the lessons and insights from CareSouth Carolina's experience to my region requires understanding the local context, stakeholder engagement, leveraging technology, and advocating for supportive policies. By applying these principles, we can work towards building a healthcare system that better meets the needs of low-income individuals in our region.

**References:**

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