

# iCARE IMPACT - BISHOPVILLE



## ABOUT THE iCARE PROGRAM

The improved care and provision of rural access to eliminate health disparities (iCARE) program provides rural South Carolinians access to primary and specialty healthcare in their own community. In many cases, this requires an urban-practicing healthcare provider to travel to these rural areas or set up telemedicine sites. However, when necessary, the iCARE program can provide support to existing rural practices to ensure continuity of care. This is especially important in rural areas that suffer from high rates of chronic health issues and mortality.

## HEALTH IN LEE COUNTY

Lee County is a primarily rural area with poor health outcomes and consistently ranks as one of the least healthy counties in South Carolina [1]. According to 2019 data, approximately 49% of Lee County's 17,365 residents live with hypertension [1]. They also have much higher inpatient and Emergency Department visit rates for asthma, congestive heart failure, COPD, type 1 and type 2 diabetes, and Alzheimer's disease compared to the rest of the state [2]. In fact, Lee County has one of the highest rates of preventable hospital stays at 6,348 in 2018, compared to South Carolina's average of 4,295 [1]. Additionally, Lee County residents experience a high incidence of premature death and the state's second highest age adjusted mortality [1].



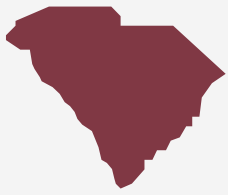
Part of the clinic team in 2019 eagerly waits for the completed renovations .

# 3,000 APPOINTMENTS

Bishopville Family Medicine  
Practice sees over 3,000  
appointments per year

## HEALTHCARE ACCESS

Unfortunately, Lee County also suffers from limited access to local healthcare. In 2019, only 4 licensed primary care providers practiced in Lee County [2]. According to the US County Health Rankings, primary care physicians in this county see an average of 5,710 patients per year. The average in South Carolina is 1,490 per provider, while nationally that number is 1,030 per provider [1]. Access to primary care providers has been linked with decreased mortality. For example, adding 10 primary care physicians per 100,000 population was associated with a 51.5-day increase in life expectancy [3]. Without these few remaining providers, Lee County residents would not only be required to travel over 40 miles to receive care in neighboring counties, but they would also experience poorer health outcomes.



## RURAL CHALLENGES

Operating a practice in a rural town, however, can be difficult, including challenges recruiting and retaining qualified support staff, maintaining aging infrastructure, and limited financial margins to weather emergencies and economic downturns.

## BISHOPVILLE FAMILY MEDICINE

In 2018, a family medicine clinic in Bishopville, the seat of Lee County, approached the SC Center for Rural and Primary Healthcare for assistance to keep the clinic from closing. Losing this clinic would put an extreme strain on the remaining Lee County providers, increasing their average yearly patients visit need to over 7,600 per year. This would make it one of the highest in the country.

Through the iCARE program, the clinic was able to devise a sustainability plan and access to bridging funds while it was implemented. In 2019, with their new partnership with Prisma Health, the clinic underwent major renovations to ensure compliance with ADA and building code requirements and to expand the number of functioning exam rooms. These upgrades allowed the clinic to hire a nurse practitioner to support future patient demand. In 2018, the clinic had approximately 230 appointments per month. They are now seeing over 260 appointments per month and that number is expected to continue growing. This additional capacity of more than 3,000 visits per year makes this clinic vital to the health of the county.



## EXPANDING CAPACITY

In addition to increasing the clinic's care capacity, adding a nurse practitioner to the care team made them eligible for Rural Health Clinic status. This certification process will allow this once struggling clinic access to higher Medicaid and Medicare reimbursement rates. It is anticipated that this process will be completed in the Fall of 2021. Additionally, the partnership with Prisma Health has allowed this clinic to implement a robust electronic health record system to facilitate referrals and cooperative care with other providers. This enhanced capability will further improve care for the community. Well on their way to sustainability, the clinic has been able to start looking to the future.

Starting in 2021, the lead clinician has been acting as a preceptor for the rural rotation of third year residents in the Tuomey Family Medicine program (a program also supported by the CRPH). Not only does this endeavor further increase the clinic's capacity to see patients, but it also allows new medical providers to gain experience in rural health, essentially growing the pipeline of physicians that may choose to continue working in rural South Carolina.

## REFERENCES

- 1- America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org, Accessed 2021
- 2- SC Rural Healthcare Resource Dashboard, SC Center for Rural and Primary Healthcare, [scruralhealth.org/dashboard](http://scruralhealth.org/dashboard), Access 2021
- 3- Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. *JAMA Intern Med.* 2019;179(4):506-514. doi:10.1001/jamainternmed.2018.7624