North Carolina Rural Hospital Program
2016 Profile (Data from State Fiscal Year 2016)

Overview
The Office of Rural Health’s Rural Hospital (RH) program focuses on 12 small rural hospitals and 21 Critical Access Hospitals (CAHs).
- A CAH has a special designation from the Centers for Medicare and Medicaid Services (CMS). CAHs have 25 beds or fewer and receive cost-based reimbursement.
- Small Rural Hospitals have 49 available beds or fewer
- ORH administers two federal grants on behalf of Small Rural Hospitals and CAHs to improve their viability, quality of services, and integration with the rest of the health care system. These grants are the Rural Hospital Flexibility Grant Program (Flex) and the Small Rural Hospital Improvement Grant Program (SHIP), both of which receive recurring federal funding.

Return On Investment and Economic Impact
Source: IMPLAN

<table>
<thead>
<tr>
<th>RH Expenditures</th>
<th>Created Economic Impact</th>
<th>Total Impact</th>
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<tbody>
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<td>$524,142</td>
<td>$309,888</td>
<td>$834,030</td>
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Generates 7 additional jobs from the economic impact
$25,821 Generated in state and local taxes which goes back into the local and state economy
$313,698 In employee compensation impacted from the grant

Each RH grant dollar has a total economic impact of $1.59

59% ROI

*Economic return is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.

Importance
- Small rural hospitals and CAHs are more financially vulnerable than larger hospital systems and are often the only medical facility in a rural community – if they close there will be reduced access to acute care and emergency room services.
- ORH organizes and facilitates quarterly Learning and Action Network (LAN) meetings for all CAHs that focus on Quality, Financial Improvement, and Population Health Management
- The Finance LAN focuses on Provider Alignment, Revenue Cycle Improvement, and Service Growth to increase financial viability.

Program Performance
Number of CAHs reporting outpatient core measures has increased
60% 71%

Number of CAHs reporting HCAHPS (patient satisfaction data) increased
55% 81%

Grant Facts

$899,923
SHIP and FLEX total Federal (HRSA) available grant funding

1.62 FTEs*
Health care professionals supported through grant funds

*Full-time equivalent

5
CAHs accessed technical assistance from ORH on establishing Rural Health Centers

72%
CAHs Rate 9 or 10 (out of 10) on Patient Satisfaction Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey

71%
Of patients stated they would recommend hospital to others on HCAHPS survey

86%
CAHs reporting Emergency Department Transfer Communication Measures

7
Minutes from door to Electrocardiography (national average is 8 minutes) which is an Acute Myocardial Infarction quality care measure

North Carolina Telepsychiatry/Telepsychiatry funded by NC and SHIP and FLEX total $1.5 million

ORH on establishing Rural Systems (HCAHPS) survey

19% of counties served

ORH on establishing Rural Systems (HCAHPS) survey

72% of patients stated they would recommend hospital to others on HCAHPS survey

86% of CAHs reporting Emergency Department Transfer Communication Measures

7 minutes from door to Electrocardiography (national average is 8 minutes) which is an Acute Myocardial Infarction quality care measure

54 7
Number of county SFY 2014, 2015, 2016

Number of operational CAHs reporting

Acute Myocardial Infarction quality care measures

急诊部门从门到心电图的时间（平均8分钟），这是急性心肌梗死质量护理的衡量标准。

**Note:** The information provided is a summary and highlights of the Rural Health Program’s impact, investments, and performance metrics. For detailed data and further analysis, please refer to the full report and sources provided in the document.
Overview

The N.C. Statewide Telepsychiatry Program (NC-STE-P) was developed in response to Session Law 2013-360, directing ORH to oversee a statewide telepsychiatry program. The program was instituted so that an individual presenting at a hospital emergency department with an acute behavioral health crisis will receive a timely specialized psychiatric assessment via video conferencing technology.

The practice of telepsychiatry, through NC-STE-P, allows for the psychiatric evaluation of patients, through videoconferencing technology, in emergency departments lacking psychiatric staff.

Telepsychiatry is defined as “the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of two-way real-time interactive audio and video by a consulting provider at a consultant site to an individual patient at a referring site.”

Importance

As of August 2015, there are 35 counties in NC that are classified as Mental Health Professional Shortage Areas. Though not designated, there are additional counties that have a very low supply of mental health professionals in proportion to the population.

This use of technology can reduce patients' length of stay in the emergency department (which can last for days in some cases) and overturn unnecessary involuntary commitments, thereby reducing the burden on staff and reducing costs to the state and federal governments, as well as the private sector.

Costs and Savings

NC-STE-P has been awarded $6 million in State appropriations ($2 million each for SFY14, SFY15 and SFY16). The program is also supported by an additional $1.5 million in philanthropic funding from The Duke Endowment.

Overall, the program has generated cost savings from overturned involuntary commitments, which benefit the State, Medicaid, Medicare, and other insurance carriers.

Technical Assistance

33 Activities to 73 Counties Provided by ORH Staff

- Community Development Assistance
  - 3 Activities
- Site Development Assistance
  - 18 Activities
- Clinic/Staff Assistance
  - 3 Activities
- Board Meeting Assistance
  - 1 Activity
- Training Sessions
  - 7 Activities
- Citizen Assistance
  - 1 Activity

Program Reach

33 Supported Sites
30 Total Counties Covered
24 Rural Counties Covered

If you have further questions, please contact:
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