



North Carolina Rural Hospital Program

2019 Profile (Data from State Fiscal Year 2019 and current as of 6/30/2019)

Grant Facts

\$1.7M

Total grant funding from SHIP and FLEX Federal (HRSA) and Hurricane Florence Relief appropriation

1.5

Full-time equivalent health care professionals supported through grant funds

81%

Eligible hospitals that participate in SHIP Initiatives such as Value Based Purchasing, Payment Bundling, Prospective Payment System, and Accountable Care Organizations Shared Savings

85%

CAHs report Outpatient Core Measures

85%

CAHs report Patient Satisfaction Measures

90%

CAHs participate in a Financial & Operational Improvement Network

9

Critical Access Hospital Meetings (statewide, regional and individual engagements)

Overview

The Office of Rural Health's Rural Hospital program focuses on 12 Small Rural Hospitals and 20 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.

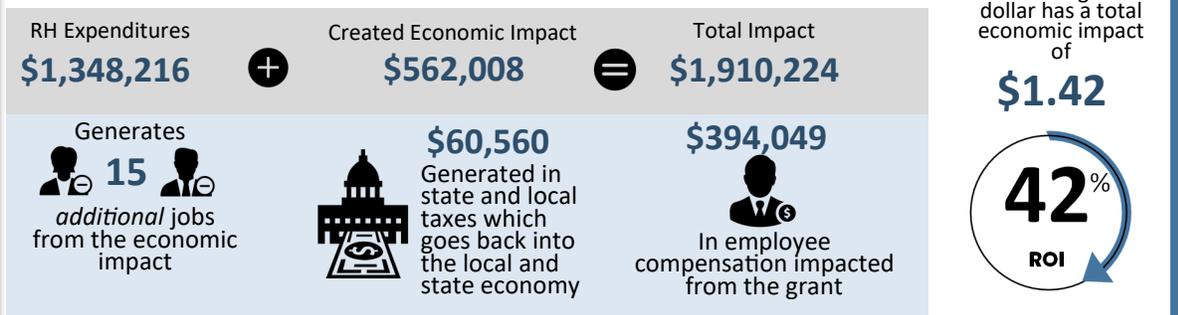
ORH administers two federal grants on behalf of Small Rural Hospitals and CAHs to improve their viability, quality of services, and integration with the rest of the health care system. These grants are the Rural Hospital Flexibility Grant Program (Flex) and the Small Rural Hospital Improvement Grant Program (SHIP), both of which receive recurring federal funding.

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. Recently, in early 2019, Washington County Hospital suspended their hospital services and emergency services. This hospital benefitted from the Flex grant to receive technical assistance to re-open in 2019 with improved financial strength. ORH assists SHIP hospitals to use their grant funds for projects in the following areas for improvement: Value Based Purchasing, Accountable Care Organization and Payment Bundling Activities.

Return On Investment and Economic Impact

Source: IMPLAN



*Economic impact 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.



Hurricane Florence Relief



In September 2018, Hurricane Florence struck and impacted the eastern and central parts of North Carolina. The General Assembly passed the 2018 Hurricane Florence Disaster Recovery Act (Session Law 2018-136), which included \$500,000 "to assist unaffiliated community hospitals, especially those serving rural areas, in covering the increase in nursing and other staffing expenses related to Hurricane Florence." The funds were granted to the North Carolina Hospital Foundation and the funds were awarded to the following hospitals: Carolina East Medical Center (Craven County), J. Arthur Doshier Memorial Hospital (Brunswick County), Carteret Health Care (Carteret County) and Southeastern Health (Robeson County).





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Technical Assistance

180 Activities in
39 Counties

Provided by ORH Staff

**Site
Development
Assistance**
91 Activities

Board
Meeting
Assistance
7 Activities

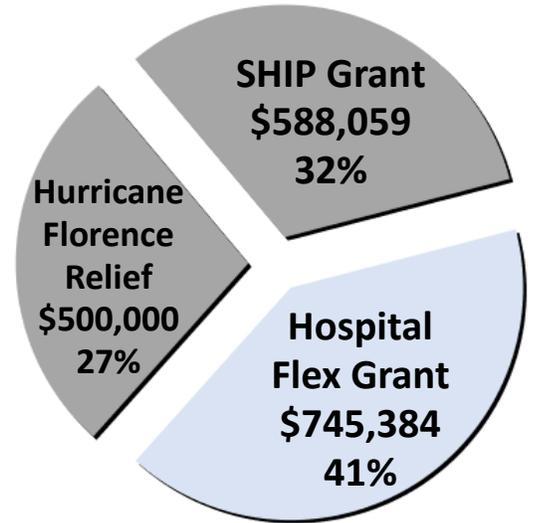
Community
Development
33 Activities

Contract
Development
38 Activities

Training
Sessions
4 Activities

Community
Development
7 Activities

Total Program Funding



Program Reach

32

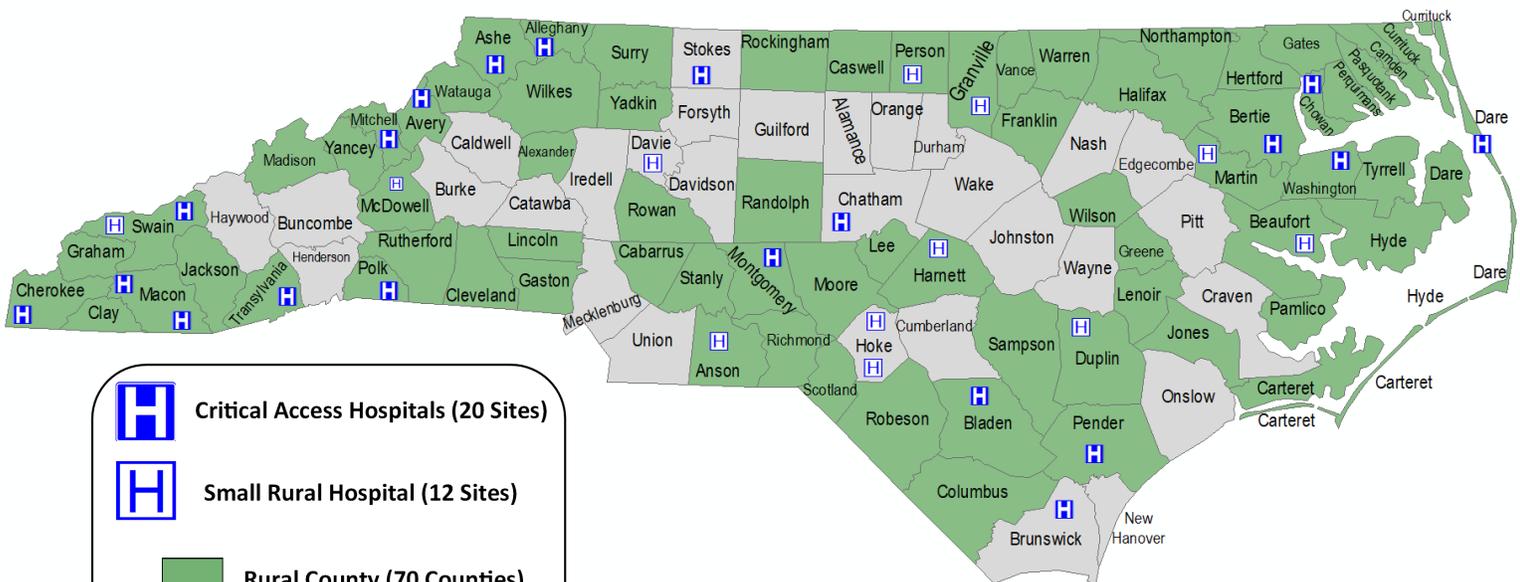
Supported Sites

29

Total Counties Covered

24

Rural Counties Covered



If you have further questions, please contact:
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