



Rural Health
HEALTH AND HUMAN SERVICES

N.C. Department of Health and Human Services
Office of Rural Health
311 Ashe Avenue Raleigh, NC 27606
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<http://www.ncdhhs.gov/divisions/orh>



North Carolina Integrated Health Systems

2017 Profile (Data from State Fiscal Year 2017 and current as of 6/30/2017)

Grant Facts

\$2.5M

Grant funding appropriated from the General Assembly

450,203

Patient encounters

134,109

Patients served

59,064

Uninsured patients served

\$15.61

Average annual contribution by ORH per patient

Performance Measures



71%

Patients with well controlled diabetes, as evidenced by A1c levels \leq 9



59%

Patients with well controlled hypertension, as evidenced by blood pressure levels \leq 140/90



70%

Patients screened for obesity through Body Mass Index (BMI) testing



36%

Patients screened for tobacco cessation and treatment

Overview

The Integrated Health Systems (IHS) Team provides technical assistance for communities and safety net providers seeking to improve access and quality of care for vulnerable populations through integrated systems of care and innovative, strategic planning. The IHS Team leverages resources and funding of the State, federal agencies, and private foundations to support community health initiatives and demonstration projects that benefit the uninsured, Medicaid recipients, and other vulnerable populations. Current and previous programs include the Perinatal Quality Collaborative of North Carolina, the Chronic Pain Initiative, Fostering Health NC, North Carolina's Children's Health Insurance Program Reauthorization Act Quality Demonstration, and HealthNet Transitions.

Program Achievements and Improvements

Fostering Health North Carolina (FHNC) is targeted for foster children and supported with funding from The Duke Endowment and Medicaid in partnership with the North Carolina Pediatric Society. Since last year, the program increased the number of medical practices implementing the foster care medical home model by 12. In addition, the program increased the number of foster children linked to a participating foster care medical home by 614. Moreover, patient encounter totals increased to 450,203, up 55% from last year. Another improvement included the average annual contribution made by ORH per patient, which increased to \$61.80, up 77% from last year.

Return On Investment and Economic Impact

Source: IMPLAN

IHS Expenditures **\$2,352,522** + Created Economic Impact **\$2,216,482** = Total Impact **\$4,569,004**

Generates **38** additional jobs from the economic impact



\$187,274 Generated in state and local taxes which goes back into the local and state economy

\$2,012,697 In employee compensation impacted from the grant

Each IHS grant dollar has a total economic impact of

\$1.94

94% ROI

*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.

Fostering Health (FHNC)

\$248K

Available grant funding (federal and The Duke Endowment)

106

Medical practices implementing the foster care medical home model

2.58

Full-time equivalent health care professionals supported through grant funds

3,096

Foster children linked to a participating foster care medical home

Grant Expenditures

\$2.3M

HealthNet Transitions

\$248K

Fostering Health

Nothing ComparesSM

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Technical Assistance

152 Activities in
50 Counties

Provided by ORH Staff

Contract Development Assistance

74 Activities

Board Meeting Assistance

9 Activities

Training Sessions

10 Activities

Community Development Assistance

55 Activities

Other

4 Activities

Total Program Funding*

Other
\$123,775
4%

Federal
\$245,751
8%

State
\$2,521,931
88%

*Estimate based on budget reorganization

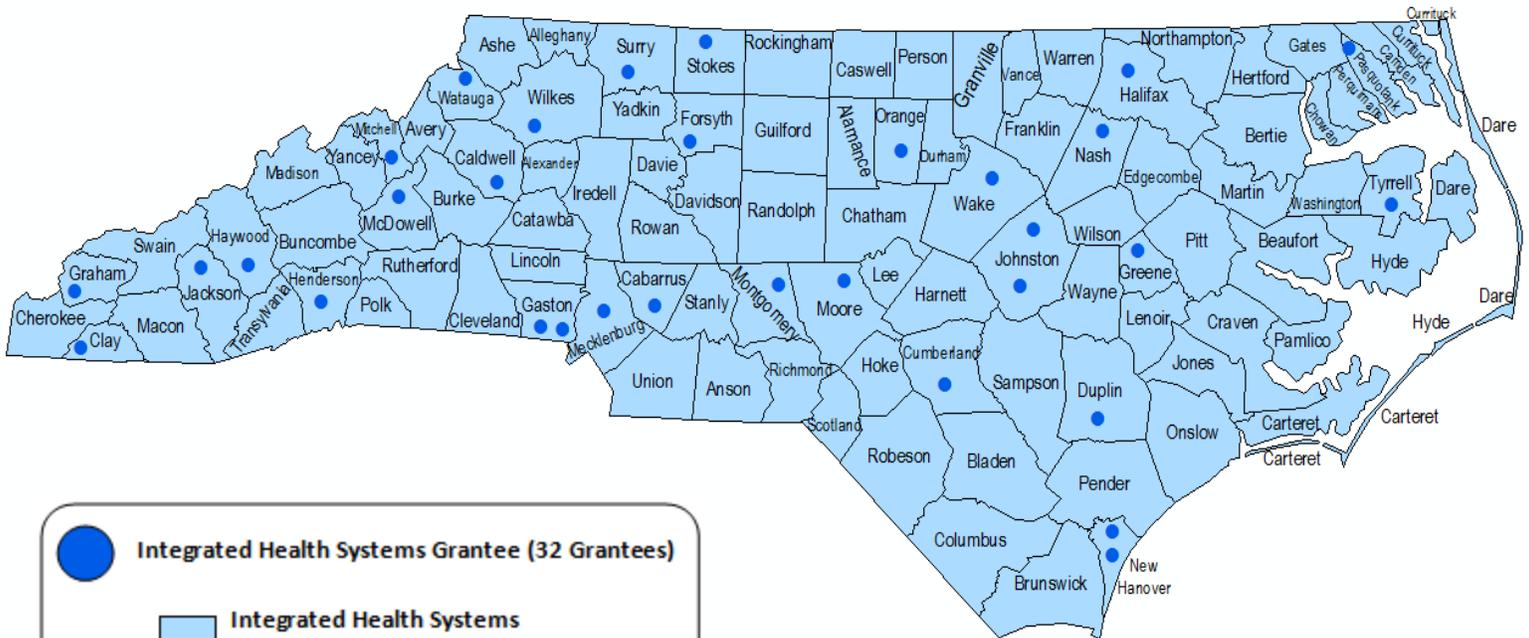
Program Reach

100

Total Counties Covered

70

Rural Counties Covered



If you have further questions, please contact:
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