North Carolina Rural Health Centers

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

**Overview and Importance**
North Carolina’s community owned Rural Health Centers provide quality primary medical services in underserved rural communities, in addition to piloting new behavioral health programs with grantees. By supporting these centers, the overall health of residents can be improved and costly emergency department visits can be avoided. Our 14 centers serve as medical homes for vulnerable populations, including uninsured, underinsured, Medicaid and Medicare patients and saw 69,434 patients this year. Without support from ORH, many patients would lose local access to quality primary healthcare.

**Purpose of Grant Funding is Fivefold:**
- Medical Access Plan (MAP) funding to provide primary care services to low income, uninsured and underserved populations
- Capital funding to support the renovation and equipping of rural health centers
- Supports community development project focused on assessment of free and charitable clinics that exhibit the greatest potential for successful transition to a state-designated rural health center
- Planning and implementation projects provide funding to those organizations deemed by ORH as a state-designated rural health center
- Innovation projects provide funding for rural health centers to creates systems and processes that promote organizational stability

**Return On Investment and Economic Impact**

<table>
<thead>
<tr>
<th>RHC Expenditures</th>
<th>Created Economic Impact</th>
<th>Total Impact</th>
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<tbody>
<tr>
<td>$2,712,085</td>
<td>$2,179,985</td>
<td>$4,892,070</td>
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- Generates 38 additional jobs from the economic impact
- Generated in state and local taxes which go back into the local and state economy
- In employee compensation impacted from the grant

*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.*

**Grant Facts**
- $2.8M Grant funding appropriated from the General Assembly
- 69,434 Patients served
- $39.06 Average annual contribution by ORH per patient

**Performance Measures**
- 80% Patients with well controlled diabetes, as evidenced by A1c levels ≤ 9
- 53% Patients with well controlled hypertension, as evidenced by blood pressure levels ≤ 140/90
- 85% Patients screened for obesity through Body Mass Index (BMI) testing
- 24% Patients screened for tobacco cessation and treatment

**Improvements**
In 2017, Rural Health Centers increased care to under and uninsured patients by 12,835 relative to 2016. Our Medical Access Plan program provides funding to centers to treat patients that do not qualify for Medicaid or cannot afford out-of-pocket expenses. In 2017, Rural Health Centers received twice monthly, in-depth Lunch-&-Learn webinars from the Office of Rural Health to stay up-to-date on federal and state legislation and much more!
North Carolina Telepsychiatry/Rural Health Information Technology Program
2016 Profile

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Office of Rural Health
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http://www.ncdhhs.gov/divisions/orh

Program Facts

- Number of counties in NC classified as Mental Health Professional Shortage Areas: 35
- Awarded to NC-STEP in State Appropriations: $6 million
- Program support in philanthropic funding through the Duke Endowment: $1.5 million
- Number of assessments conducted by NC-STEP as of June 2015: 14,065
- Number of involuntary commitments overturned: 54
- Number of operational NC-STEP Hospitals: 38
- Number of counties served by NC-STEP: 30

Overview

The N.C. Statewide Telepsychiatry Program (NC-STEP) 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 videoconferencing technology.

The practice of telepsychiatry, through NC-STEP, 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

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

Technical Assistance

- 234 Activities in 43 Counties
- Provided by ORH Staff

- Clinic/Staff Assistance: 114 Activities
- Community Development Assistance: 84 Activities
- Other Activities: 10 Activities
- Training Sessions: 10 Activities
- Contract Development Assistance: 16 Activities
- Other Activities: 10 Activities

Program Reach

- 14 Agencies Funded
- 36 Total Counties Covered
- 30 Rural Counties Covered

Total Program Funding*

- Federal: $318,782 (10%)
- State: $2,829,162 (90%)

*Estimate based on budget reorganization

If you have further questions, please contact:
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