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North Carolina Rural Hospital Program

2021 Profile (Data from State Fiscal Year 2021 and current as of 6/30/2021)

Grant Facts

\$3.1M Total grant funding from SHIP and FLEX Federal (HRSA)

1.5

Full-time equivalent health care professionals supported through grant funds

94%

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

90%

CAHs report Patient Satisfaction Measures

80%

CAHs participate in a Financial & Operational Improvement Network

Critical Access Hospital Meetings (statewide and regional engagements)

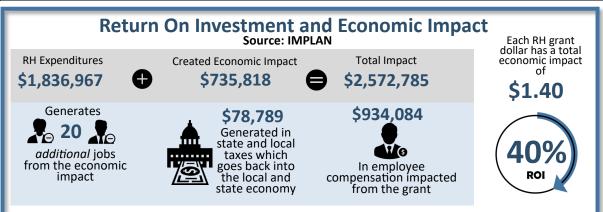
Overview

The Office of Rural Health's Rural Hospital program focuses on 11 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.



*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.

Community Health Profiles and Maternal Health Data Project



The Rural Hospital Community Health Profile and the Maternal Health Data Projects are both in their first year of implementation. The Rural Community Health Profiles are an extension of Community Health Needs Assessments (CHNAs), with a data driven approach to the needs, services and gaps in 19 counties funded by this grant. The profiles will help CAHs demonstrate a visualization of community health and opportunities to meet the needs with local healthcare and other partners that could address social determinants of health.

The Maternal Health Project aims to collect and analyze data with NC Division of Health Benefits. The project report will describe changes in maternal care for patients after a hospital's maternity unit closure and the effects on health outcomes. This information will be shared with hospital leadership teams to inform and educate regarding rural maternal health statistics that influence their community.



