North Carolina Rural Hospital Program

2020 Profile (Data from State Fiscal Year 2020 and current as of 6/30/2020)

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

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<tr>
<th>RH Expenditures</th>
<th>Created Economic Impact</th>
<th>Total Impact</th>
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<td>$1,072,393</td>
<td>$406,653</td>
<td>$1,479,046</td>
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Generates 10 additional jobs from the economic impact
Generates $43,143 in state and local taxes which goes back into the local and state economy
In employee compensation impacted from the grant

Each RH grant dollar has a total economic impact of $1.38
ROI: 38% (38% 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.

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.

*Grantee reported measures were impacted by the COVID-19 Pandemic in Quarters 3 and 4
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Technical Assistance
- 166 Activities in 50 Counties
- Provided by ORH Staff

State Emergency Events
- 19 Activities

Site Development/Assistance
- 28 Activities

Training Sessions
- 5 Activities

Disseminate Rural Health Information
- 11 Activities

Hospital Flex Grant
- $3,201,886
- 81%

SHIP Grant
- $749,371
- 19%

Program Reach
- 31 Supported Sites
- 28 Total Counties Covered
- 23 Rural Counties Covered

Critical Access Hospitals (20 Sites)
Small Rural Hospital (11 Sites)

Rural County (70 Counties)
Urban County (30 Counties)

If you have further questions, please contact:
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