



STATE OFFICE OF RURAL HEALTH
ADVISORY BOARD MEETING
State Office of Rural Health
June 7, 2018

Present: Sheila Ramer, Member
Ajay Gehlot, Member
Joe Robinson, Member
Damien Scott, Member
Stuart Tedders, Member
Jennie Wren Denmark, Member
Robin Rau, Member
O.J. Booker, Member
Tracie Haughey, Member

Absent: Carla Belcher, Member

SORH Staff: Patsy Whaley, SORH Executive Director, Ex-Officio
Sheryl McCoy, Board Recording Secretary
Lisa Carhuff, SORH
Dawn Waldrip, SORH
Nita Ham, SORH
Tiffany, SORH
Beth Walker, SORH
Dorothy Bryant, SORH
Olakesta Outlaw

Visitors: Frank Berry, DCH Commissioner
Lisa Walker, DCH
Blake Fulenwider, DCH
Dr. Gary Dent, Mercer University School of Medicine

Opening Remarks:

The meeting was called to order by Jennie Wren Denmark, Chairperson, SORH Advisory Board.

Jennie Wren asked for the approval of the minutes and they were approved as submitted. She asked for introductions of members and visitors. After the introductions, the meeting continued according to the agenda.



The SORH Spotlight for this meeting was Nita Ham, Director, SORH Programs, reporting on the Medicaid EMS Project, Mobile Healthcare Access and Integration Pilot Study. Nita's objective is to give patients "the right care at the right time in the right setting at the right cost." With her background in Emergency Medical Services (EMS), she recognized the problems and issues of 9-1-1 calls becoming frequent from patients with any type of medical problem. Statistics show 65 to 80 percent of 9-1-1 calls are non-emergent, non-urgent calls. Of those calls, about 50 to 60 percent are specific to Primary Care. Currently, EMS is set up to only get paid if they transport the patient. Consequently, they need to start thinking about care coordination using non-traditional services by building relationships with other providers outside the EMS department.

Nita realized in order to promote the project, there needed to be a reimbursement plan with Medicaid. The first proposal to Medicaid was for reimbursement for EMS via telemedicine and went into effect in April 2016. In 2017 three more proposals were presented to Medicaid:

- 1) Treat without Transport, Effective April 1, 2018
- 2) Alternate Destination, Scheduled to be effective July 1, 2019
- 3) Community Paramedicine has to go to CMS for approval

Joe Robinson reported the data for Community Ambulance showed that 83 per cent of their calls were non-emergent. Nita explained there will need to be education for all providers as well as education to re-program patients from defaulting to 9-1-1 and reduce dependency.

Next on the agenda was Dr. Gary Dent, Assistant Dean of Strategy and Innovation, Mercer University School of Medicine (MUSM), who gave a presentation on Addressing Shortage of Rural Providers in Georgia. He shared that United Health Foundation ranks Georgia 41st on the list of their healthiest states in the US and the AAMC reports that in 2016 Georgia ranks just above the worst in the country for total physician workforce to care for the population. His personal mission is to help rural Georgia get back on track with physician workforce to better serve rural health care in Georgia and give back to the areas who need it the most.

The Goal of Admissions for MUSM is to identify, attract, and enroll well-qualified students who are likely to graduate into caring and well-rounded physicians, committed to fulfilling the mission. National studies results show over 68 per cent of Mercer graduates remain in Georgia to practice which is the best retention rate of any medical school in Georgia. Mercer's long-term track record of placement of graduates in rural and underserved communities in Georgia is among the best in the country. MUSM has campuses in Macon, Savannah and Columbus. MUSC partners with Dalton Public Schools, 4H Clubs and Georgia Statewide AHEC Network to help increase the number of youth from rural and underserved Georgia in medicine and health professions. He shared their future plans include data for Population Health and Health Care Workforce for Georgia

Robin Rau, CEO, Miller County Hospital, talked about a new pilot program about to begin between Miller County Hospital, Clinch Memorial Hospital and Coffee Regional Medical Center to help keep essential services in rural communities. She explained Critical Access Hospital's cost based reimbursement. Medicare pays their share of reasonable and allowable costs necessary for providing care for both inpatient and outpatient beneficiaries. Medicaid payments are fixed fee (DRG) for inpatients, and reasonable cost for outpatients. A cost report has to be submitted annually for settlement of costs relating to health care services rendered to Medicare patients. Miller County provides a unique program to service patients with chronic



ventilator-dialysis in long-term care. The next available facility for this kind of care is Illinois. There are too many patients needing placement causing a large waiting list. The solution for Miller County Hospital was to partner with Clinch Memorial who has an average daily census of less than three patients per day but has the capacity of 22 beds. The proposal is to initially utilize a few of the empty sub-acute beds at Clinch for the patients on a waiting list for placement at Miller. They will also utilize Coffee Regional as a network partner for additional support services that Clinch cannot provide. Miller County will screen the patients for placement of appropriateness, case mix and complexity and ultimate acceptance into Miller Nursing Home. Lisa Walker, DCH Deputy Commissioner and Chief Financial Officer, gave a brief presentation on the SORH FY2018 amended appropriations and the FY2019 budget appropriations. The amended FY 2018 budget items are:

1. Initiate a rural health center - \$100,000
2. Fund a grant program to ensure health systems or primary care providers purchase interoperable data analytic or electronic/digital population health tools to improve health outcomes in rural Georgia - \$1,000,000
3. Provide grants to offset cost due to the higher number of flu cases and services provided within hospitals - \$1,220,000
4. Funds for the Healthcare for the Homeless grant program \$66,371

FY 2019 Budget Appropriations are:

1. Healthcare for the Homeless grant program - \$66,371
2. Federally Qualified Health Center start-up grants for a primary care center in Bryan County and behavioral health services in Early and Emanuel Counties - \$750,000
3. Hire full-time position to coordinate donated dental services - \$85,000
4. Implement the process for the Rural Health Systems Innovation Center - \$75,000
5. Start-up of the Health Coordination and Innovation Council = \$1,500,000
6. Provide the grants to rural hospitals for Electronic Intensive Care Units (EICU) to improve patient outcomes and reduce the need for long distance travel away from local communities to obtain this level of care
7. Georgia Council on Lupus Education and Awareness (GCLEA) for lupus research and other lupus-related projects - \$100,000
8. Total FY 2019 Appropriations - \$3,375,371

Blake Fulenwider, Medicaid Chief, Deputy Commissioner, gave an update on Medicaid/Administrative Simplification. Blake began by giving the members a list of services and their expenditures, Medicaid priorities and successes and procurements that are in process or upcoming. (These are found in the attached PowerPoint). He gave an overview of the Administrative Simplification Work Group. He explained the Simplification includes customer service, teamwork and communication which are the top DCH priorities identified by Commissioner Berry. Their mission is to reduce the administrative burden for Medicaid health care providers and others through identifying and implementing processes that streamline and reduce administrative requirements and eliminate duplication. They are planning to clarify, simplify and streamline requirements, improve quality of care and quality assurance, be cost effective, eliminate duplication, implement data driven solutions and embrace technology-based solutions. Blake stated that some of the present processes don't make sense and the clear definitions and boundaries will make them more efficient.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

SORH Advisory Board Minutes

Page | 4

Through these changes they hope to build a culture of success. Their goal is to show measurable outcomes by the end of the year.

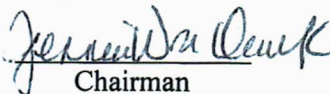
Commissioner Frank Berry complimented the content of the meeting. He shared the complexity of Lisa Walker’s and Blake Fulenwider’s job and the excellence with which they present themselves. He reiterated the DCH priorities which are identified as teamwork, communication and customer service and they are adding a fourth one which is accountability. Accountability will hold each other accountable within the department to do a better job for our providers. Moving to provide dashboards and performance measures to accomplish that goal. People are worried about the election of the new Governor and what will happen in our department. He explained that the department will not just manage things as they are, but move into the health care design for the future. No matter the outcome of the election, the department will keep working to make things more efficient. The last time he attended the Advisory Board meeting it was expressed to them of how difficult it is working with CMOs and very difficult to become a Medicaid provider. One of the things they try to do is listen and act on the information they hear. The Advisory Board was instrumental in conveying a message for things that need to be improved. DCH’s team is working to fix those issues and appreciate the valuable input of the SORH Advisory Board. He remarked that Patsy has done a phenomenal job leading the SORH office and embracing the concept that we are one department.

Damien stated that one of the things they look at is how the health care delivery system will look in ten years. They conclude it will be a shift from traditional hospitalization and it will affect nursing homes and behavioral health as well.

Commissioner Berry remarked that the deinstitutionalization of behavioral health facilities and nursing homes to place them in a community-based atmosphere has begun the transition. Now it is important to do a better level of care, develop the workforce and be creative and think outside of the box. Telemedicine is an important tool being developed, but it is also important to impress on health care providers to work in rural areas.

The meeting adjourned 3:00 PM.

Respectively,


Chairman


Secretary


Recording Secretary