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STATE OFFICE OF RURAL HEALTH
ADVISORY BOARD MEETING
STATE OFFICE OF RURAL HEALTH
Oct 4, 2018

Present: Ajay Gehlot, Member
Joe Robinson, Member
Damien Scott, Member
Stuart Tedders, Member
Jennie Wren Denmark, Member
Robin Rau, Member
O.J. Booker, Member
Carla Belcher, Member

Absent: Tracie Haughey, Member
Sheila Ramer, 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, SORH

Visitors: Bill Wylie, GHA
Charles Horne, Draffin & Tucker

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 the meeting was Beth Walker, Director, Primary Care Office (PCO), who presented on the J-1 Visa Waiver Program. Beth explained the Georgia Conrad State 30 J-1 Visa Waiver



(GA 30) affords international medical graduates (IMGs) on J-1 visas the opportunity to waive their two year home-country physical presence requirement in exchange for three years of medical service to patients in or from medically underserved areas. Thirty waiver slots are limited annually and applications are accepted beginning September 1 until all 30 slots are filled. Applications are reviewed by the State Office of Rural Health on a first come, first serve basis and are then recommended to Department of State within 30 days. The Department of State upon favorable review forwards to the United States Citizenship and Immigration Services for final approval or denial. For the FY 2018/2019 all the slots were filled by September 10, 2018.

Beth gave a brief report on the Health Professional Shortage Area (HPSA) and how they impact all the PCO programs. The HPSA designation approves shortage areas which impacts the J-1 Visa Waiver Program, National Health Service Corp, Federally Qualified Health Centers (FQHCs)/Rural Health Clinics, State LRP Programs, Medicare Bonus Payments and Primary and Mental Health Programs.

The PCO also manages the 3RNet program. The PCO office will be sending out a monthly list of 3RNet candidates to help facilities fill rural health care professional vacancies.

Next on the agenda, Jennie Wren gave an update on the East Georgia Healthcare (EGHC) Farm Worker Health Program. EGHC began in 1993 with a clinic in Swainsboro and has grown to 11 clinics, 130 employees and 2 mobile units serving multiple counties in East Georgia.

They served over 47,000 people last year with more than 18,000 unduplicated users. The budget for the program last year was \$11M and 45 per cent of the funding was federal grant funds. Their services cover 5200 square miles.

She stated one challenge is that 24 per cent of the migrant and seasonal farmworker patients do not speak English. They employ Spanish speaking employees to meet the needs of those patients. They serve a very diverse population which creates a need to discover new and innovative ways to serve this at-risk population.

She explained that education of health care and wellness for the migrant and seasonal farmworkers is very important. The mobile units go to the fields and provide much of the education which is proving to be very successful. The farmworkers are very receptive and appreciative for the education. Education for the migrant and seasonal farmworker population will also help to reduce the number of patients treated at hospital's Emergency Rooms.

The SORH Advisory Board and other attendees of the meeting were very enlightened by the information provided by Jennie Wren and reiterated the statement "A picture is worth a thousand words". Seeing the way healthcare is delivered in the field gave an understanding of how health care is delivered to the Agriculture population and appreciation for EGHCs creative way they provide the health care services.

Next presenter was Bert Bennett, Partner Draffin Tucker, LLC who spoke about Rural Hospital Tax Credit Program. Draffin Tucker has talked with civic organizations, hospitals, foundations and other community organizations to educate and make them aware of this program. They explain how the process works and how the funding provides for the hospital and benefits the donor. He shared a brief background about the idea of citizens giving money directly to hospitals to receive a tax credit and how it began.



In 2016 the SB258 started the process and the bill allotted 70% tax credit which started in January 1, 2017. The amount of 70% tax credit was hard to sell to the donors. In 2017 SB180 changed the process and gave 90% tax credit which was easier to sell to the donor. The change was made retroactive back to January 1, 2017. The legislature in 2018 passed HB 769 that changed and expanded several things. It gave 100% tax credit to the donor to begin January 1, 2018 and expanded the amount the donor can give. Currently, it is dollar for dollar which means a donor can get a credit up to \$5,000, a family credit up to \$10,000 and an S corporation can get a 100% credit up to 75% of their liability for the current year. There is a \$60M cap each year for donations to the hospitals in the state of Georgia.

He explained it is very important to get the message to tax credit donors of the value for participating in the program and how it impacts the local hospital. The rural hospital provider is required to use the donations to further patient care in their direct service area.

After lunch, Damien Scott, Emanuel Medical Center, Swainsboro, GA. spoke about Life After Rural Hospital Stabilization. Damien stated he Rural Hospital Stabilization (RHSC) funding of \$750,000 was very valuable to their hospital. He shared that the hospital cares a lot about quality and they provide several programs to enhance their quality. They have received the five-star quality rating once and have maintained a four-star rating with a 90% overall rating.

Emanuel Medical Center (EMC) has a net revenue of \$30M, 422 employees, \$19M in salary and benefits and \$3.5M in uncompensated Cost. The hospital has a variety of physicians and they manage eight physician practices. They have a new monitoring system in ICU and have replaced carpet in several areas of the hospital. They also bought new beds for their 49-bed nursing home.

Some of the strategies they have implemented are Geriatric Psychiatric services, 340B services, shared services and cross hospitals; i.e., shared IT, shared expertise in risk management and compliance and infection prevention. It has been very successful and saves the hospital money.

The tax credit funding has also been been valuable to help sustain the hospital. EMC has developed a Leadership training program which has proven to be a key factor in the success of the hospital and possibly could be the number one project needed for a hospital to provide quality health care services to the community.

Emanuel County ranks 144 out of 158 Georgia counties in health factor rankings. There is a great need to provide resources to keep patients local rather than transfer to other areas. It will greatly benefit the hospital but also provide more services for those who cannot travel. Because of the RHSC Pilot Project they have been able to partner Nephrology services through telemedicine. The Nephrology telemedicine services improves revenue to EMC by capturing greater market share of renal-related diagnoses.

Other projects that were implemented from the RHSCPilot Project were:

- EMS Project to provide TeleMedicine in ambulances to stabilize cardiac care patients
- Community Paramedicine – added a third truck equipped with standardized Cardiac Care equipment designated for Paramedicine. Target outcome to reduce number of EMS transportation to EMC ED then transferring to Cardiac facility by directly transferring to “right” place.



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- Care Coordination – hired and trained care coordinator, developed policies and procedures and developed network of telemedicine tools to enhance communication between providers and increase access to specialty care. Survey results indicate providers are satisfied with the program. Program also showed a reduction in healthcare costs and improved clinical metrics.

Damien advised the current RHSC awardees to look at the successful projects they had implemented and tweak them to make them better. They should look for projects that will bring in money and are sustainable.

Patsy Whaley asked the Board to give recommendations to the SORH office for speakers or topics to discuss for future meetings. The meeting adjourned at 3:00 PM.

Respectively,


Chairman


Secretary


Recording Secretary