

Georgia Rural Health Care, a State of Transformation

JIMMY LEWIS, NOVEMBER 20, 2014



Jimmy Lewis

CEO - HomeTown Health, LLC



Now that there has been an election?



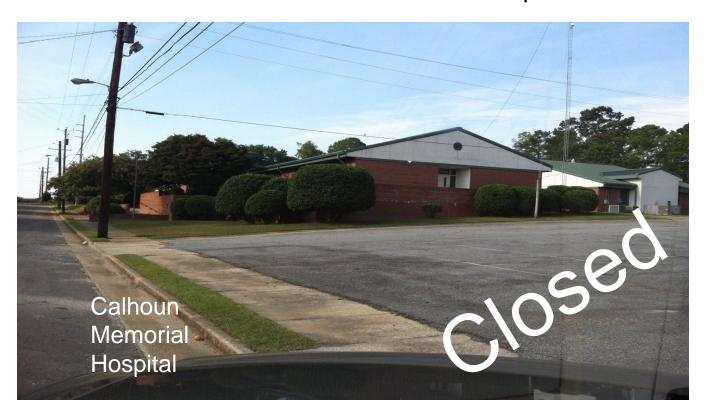


HomeTown Recent Experience to draw conclusions?

- Quoted and resource for many media including
 - USA Today, Wall Street, AJC, New York Times, Washington Post, LA Times, NPR, GPR, Modern Health Care, Kaiser others
- 33 Hospital visits since mid June 2014 with policymakers over five 2-day trips
- Four strategic plans in last 10 weeks
- Two board training sessions
- Member Governor's 2014 Rural Hospital Stabilization Committee
- EBOLA



8 closed or downsized to near loss of hospital status in last 2 years





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- 15 hospitals currently highly financially fragile
 - 6 Georgia rural hospitals could go tomorrow due to low cash (zero in some case)
- Rural hospital is the economic engine without it the local economy dies forever
- Rural County government does not know what to do in this case – does not know how to plan through it because it is uncharted territory
- Leaves 3rd world health care in rural Georgia
- 1.8 million Georgians lose or alter access
- Rural demographics and economic profile no longer support rural hospitals (Medicare, Medicaid, self pay, Medicare Advantage, and state health benefit plan)



8 closed or downsized to near loss of hospital status in last 2 years

- Hospital closures in last couple of years
 - 1. Telfair Regional Hospital, McRae, Ga-Closed Sept 2008
 - 2. Hart County Hospital Hartwell, Ga-consolidate to Ty Cobb close June 2012
 - 3. Arlington's Calhoun Memorial Hospital, Arlington, Ga closed February 2013
 - 4. Stewart Webster Hospital, Richland, Ga.- Closed Mar 2013
 - 5. Charlton Memorial Hospital, Folkston, Ga Closed Aug 2013
 - 6. Phoebe County Clinic, Ashburn, Ga Closed August 2013
 - 7. Flint River Hospital, Montezuma , Ga drop acute care convert to Mental Health Crisis Center Sept 2013
 - 8. Lower Oconee Hospital, Glenwood Ga. Closed Feb 2014 reopen Mar 2014; closed finally June 2014
- 9. Six more hanging by a thread today
 - 10. 9 more fragile within 12 months



The Future has PAIN

State Health Benefit Plan

- \$300,000,000 savings to state annually
- Based on \$103,000 per FTE, then \$300 million in annual provider cuts will equate to 3,000 job loss much in rural Georgia
- Medicare Advantage



The Future considers all options – some good! some not good!

• Stand Alone ED's not an option due to costs



The Future considers all options – some good! some not good!

• CON may go away – is highly threatened in 2015



The Future considers all options – some good !some not good!

Hospital Management contracts do not work unless
 County is willing to fund ongoing loses to protect jobs



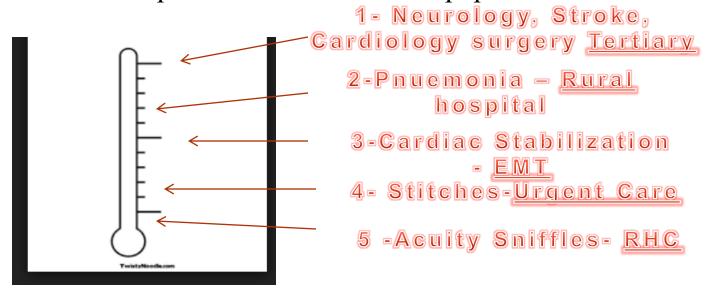
The Future considers all options – some good !some not good!

• Affiliations do not work unless larger hospital is willing to fund ongoing loses in hopes of tertiary referrals. Usually last about 2-3 years as losses grow



Coordinated Access Points - "Regional Acuity Thermometer"

- So what will Work?
- Acuity driven access based on an Access Point "Acuity Thermometer" published in local newspapers





So what will work for rural health care?????

- Systems hospital, hospital based nursing home, FQHC, RHC's Home Health
- Urgent Care units such as Apple Care and
- Technology = telemedicine tele-monitoring
- Stripped down silo walls between access points
- Acuity driven access based on an "Acuity Thermometer"



8 closed or downsized to near loss of hospital status in last 2 years

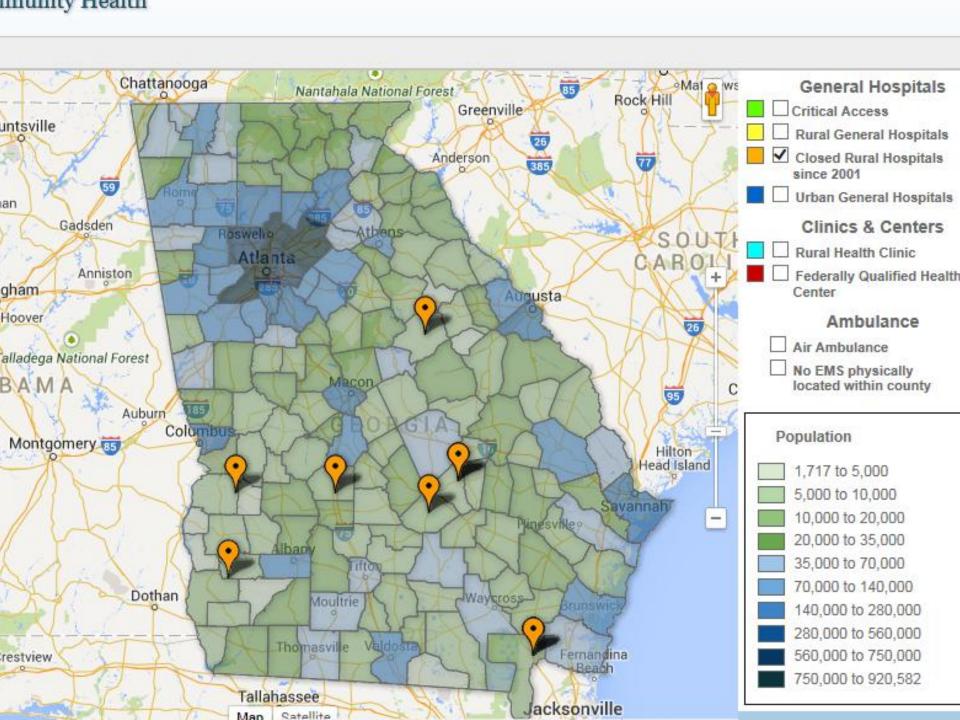
- Health Care System's will be foremost to survive
 - System definition
 - Hospital
 - with hospital based nursing home
 - With RHC
 - With Home Health
 - Owned physicians



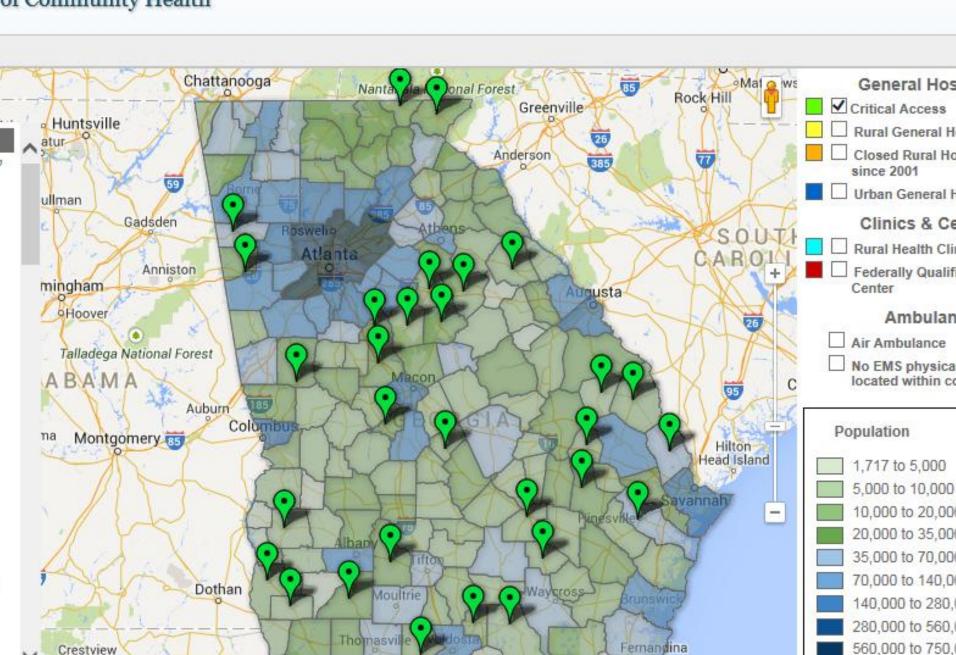
Georgia's rural health care future!

BUT! There will be a future!!! For rural health care!! As in systems!

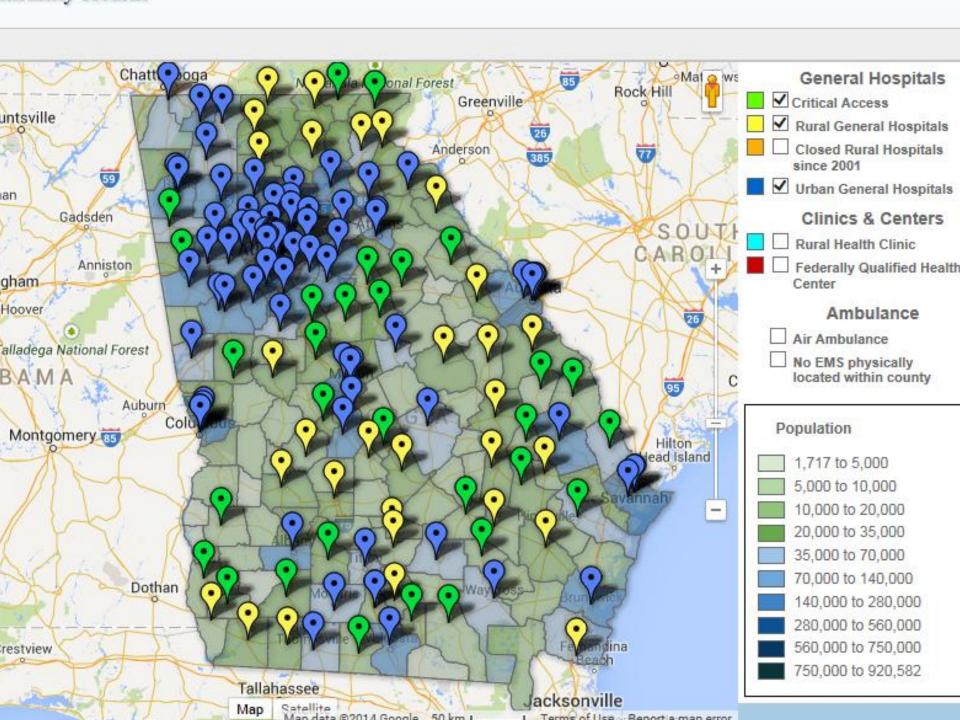
- Health Care System's will be foremost to survive
 - Systems within definition, e.g.,
 - Effingham
 - Appling
 - Tanner
 - Archbold
 - Emanuel
 - Crisp
 - Miller County
 - Union General
 - Habersham

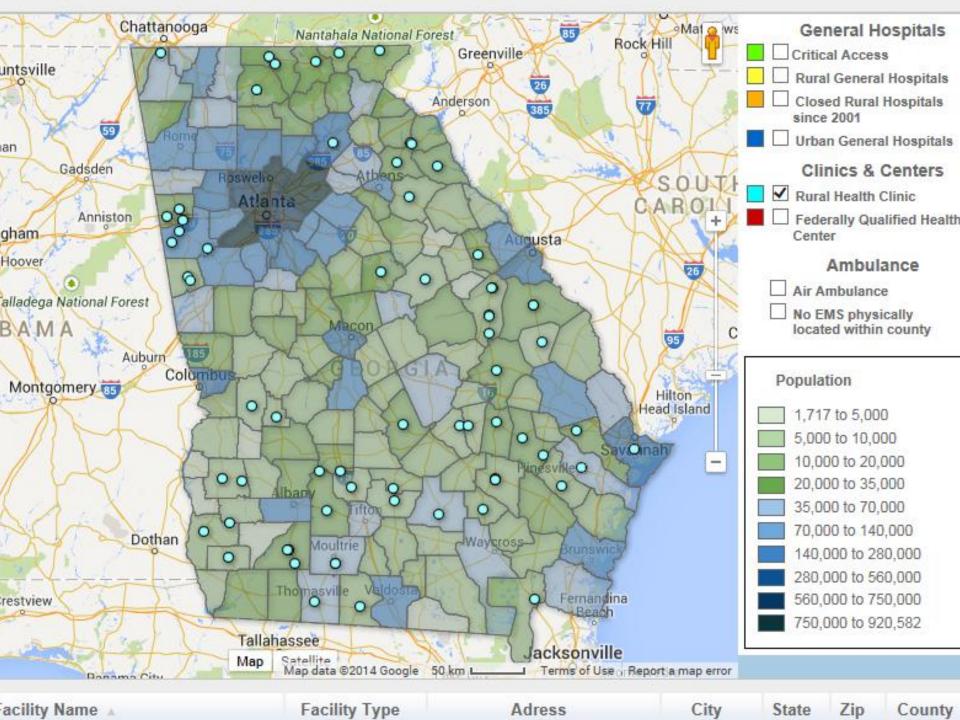


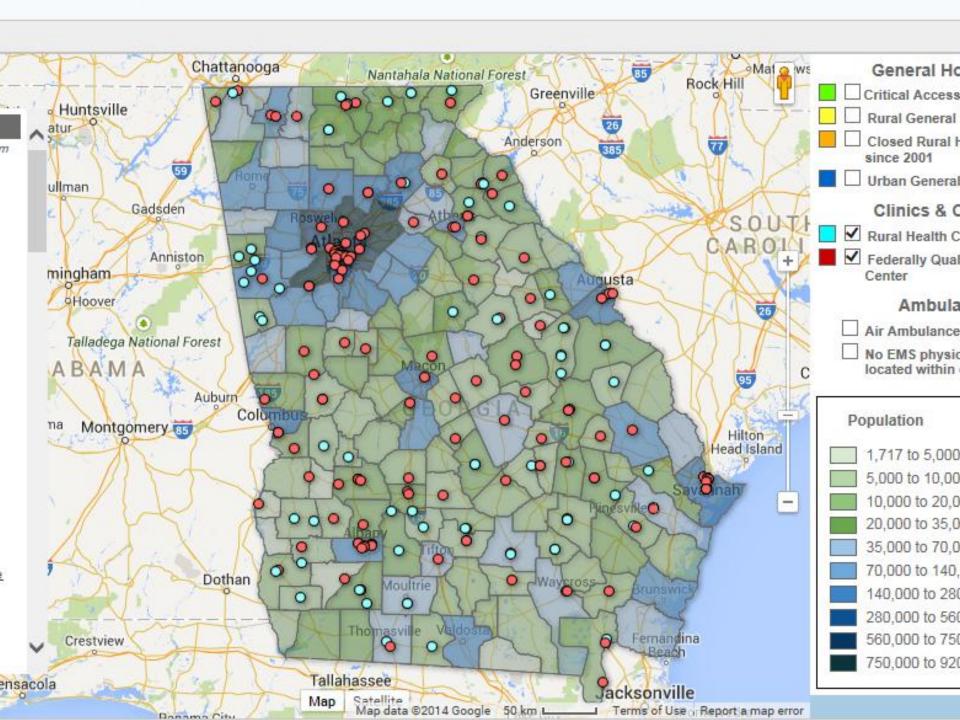
Georgia Department of Community Health

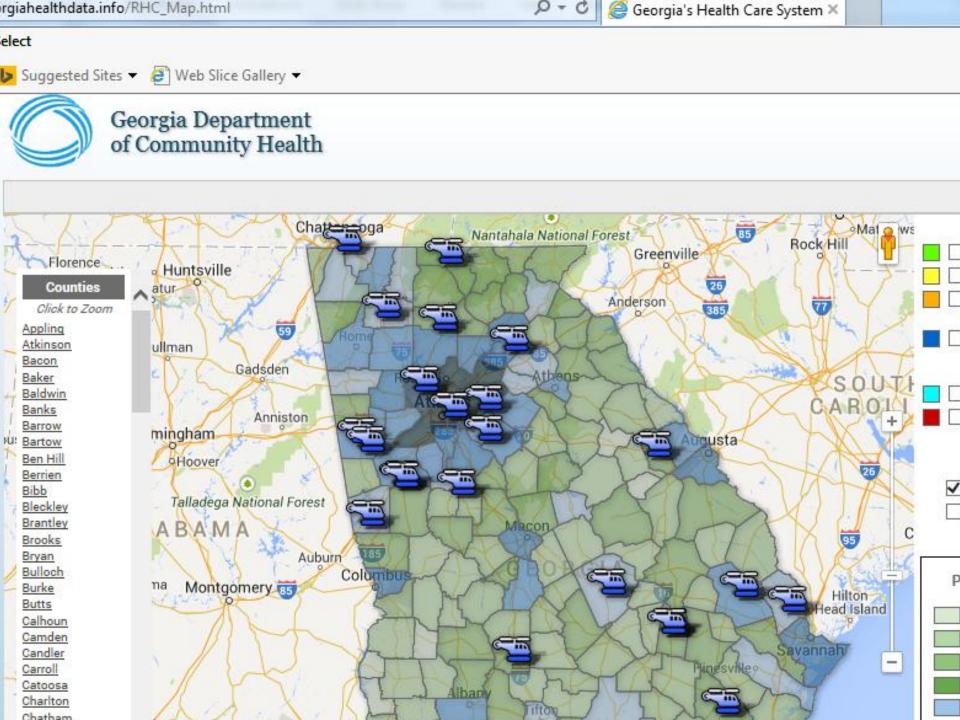


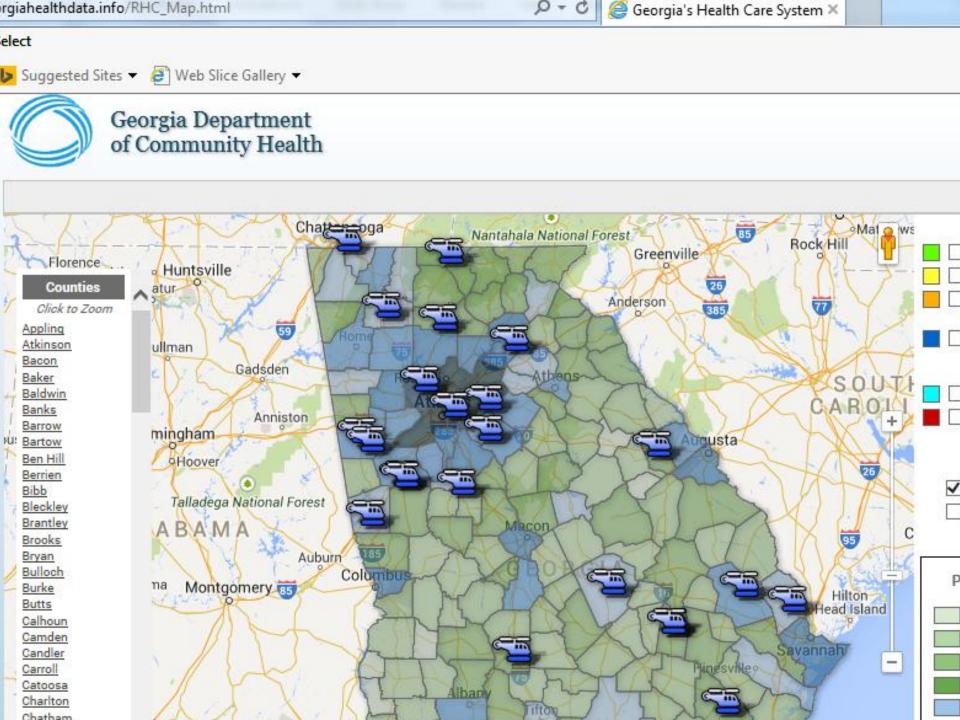
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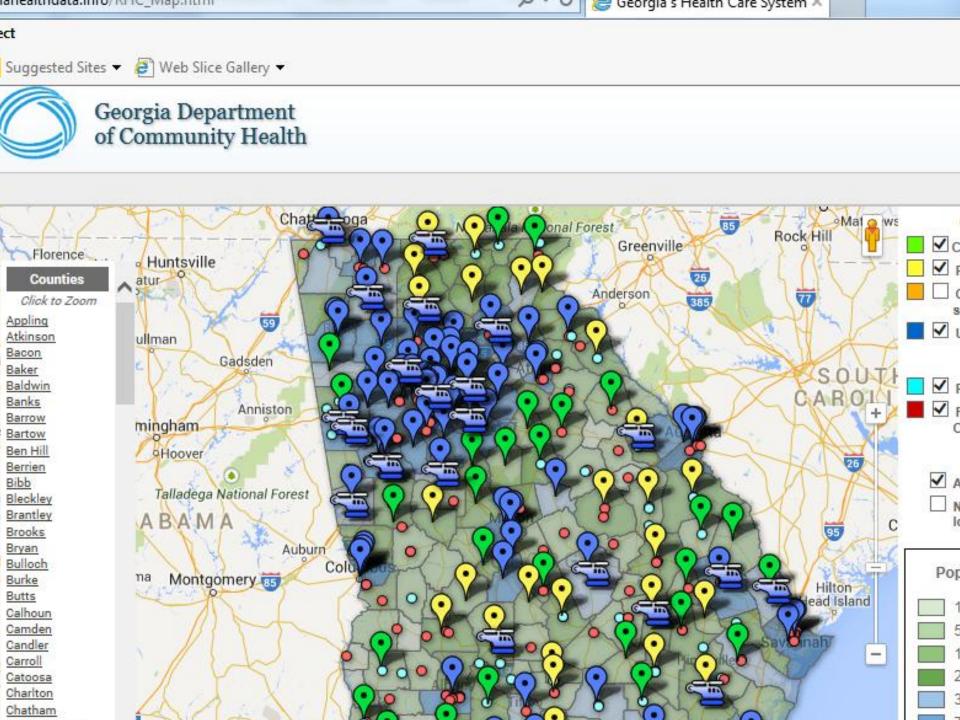














Its all about reimbursement! No money - no mission!

- Stand Alone ED's
 - Minimum staffing \$1,600,000 to staff
 - \$1,500,000 building and infrastructure
 - Average ED Visit cost \$1,233
 - http://www.washingtonpost.com/blogs/wonkblog/wp/2013/03/02/
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 - Average ER visit 420 per 1000 population; e.g. 10,000 population = 4200 per year at \$1233 per visit = \$5,178,000 total costs to be funded by local government
 - Cost exceeds revenue this no go!!



Georgia health care analytics

It's about the demographics! There must be sufficient demographics

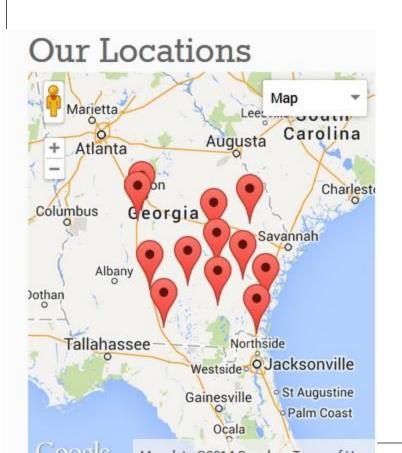
Selected hospital characteristic	Number of visits in thousands (standard error in thousands)		Percent distribution (standard error of percent)		Number of visits per 100 persons per year ^{1,2,3} (standard error of rate)	
All visits	129,843	(6,216)	100.0		42.8	(2.0)
Ownership						
√oluntary .	94,673	(5,965)	72.9	(3.0)	31.2	(2.0)
Government	21,245	(3,291)	16.4	(2.5)		(1.1)
Proprietary	13,925	(2,933)	10.7	(2.2)	4.6	(1.0)
Metropolitan status ⁴						
MSA .	107,799	(6,000)	83.0	(2.3)	42.0	(2.3)
Non-MSA	22,044	(3,131)	17.0	(2.3)	47.1	(6.7)
Geographic region						
Northeast	24,306	(2,418)	18.7	(1.7)	44.5	(4.4)
Midwest	27,731	(2,544)	21.4	(1.8)	42.1	(3.9)
South	52,785	(4,420)	40.7	(2.5)	47.1	(3.9)
Vest	25,021	(2,737)	19.3	(1.9)	35.2	(3.8)
Teaching hospital						
Teaching hospital	21,030	(2,624)	16.2	(2.0)	6.9	(0.9)
Non-teaching hospital ⁵	108,813	(6,216)	83.8	(2.0)	35.8	(2.0)
Trauma center						

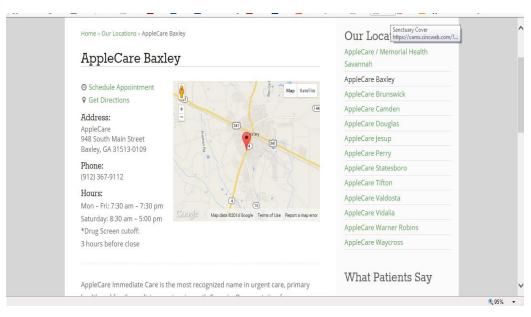
http://www.cdc.gov/nchs/data/ahcd/nhamcs _emergency/2010_ed_web_tables.pdf



Georgia health care options – 1 example

Urgent Care – AppleCare - <u>http://applecaredoctors.com/locations</u>





Georgia's rural health care does have a future – but it is a lot different than today!

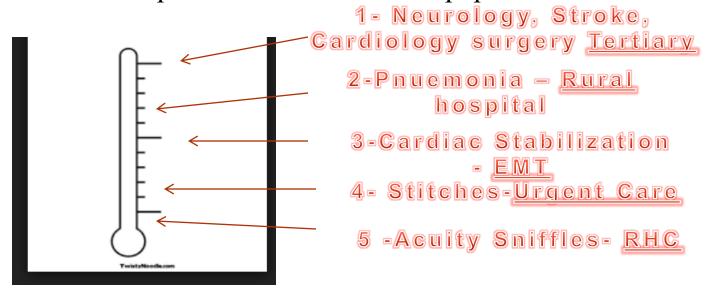
There are plenty of Access Points! Just no coordination/Communication!!

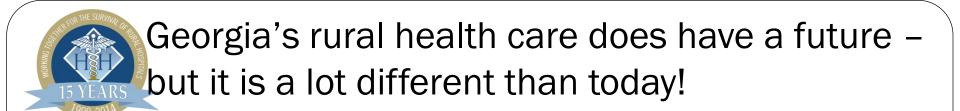
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 - Urgent Care units such as Apple Care and
 - Technology = telemedicine tele-monitoring
 - Stripped down silo walls between access points
 - Acuity driven access based on an "Acuity Thermometer"
 - Different coordination tools



Coordinated Access Points - "Regional Acuity Thermometer"

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There are plenty of Access Points! Just no coordination!!

 Private enterprise will evolve the access methodology!, e.g., Apple Care, CVS, Wal-Mart absent county support and lost access!

