Habersham Medical Center

- 53-bed not-for-profit acute care hospital
- Inpatient/Outpatient services
- Emergency Department
- Maternity Care
- Occupational Health
- Pain Management (July 2018)

- 1 Nursing Homes (2 Locations)
- 1 HomeCare Agency
- 4 Employed Physicians – 3 Physician Practices
- PrimeCare Walk-in Clinic
- Rehabilitation Services
- Sleep Medicine
Habersham County Health Data

• Habersham County has 43,996 residents as of July 2015.

• Discharges for 2015:
  2,427 Inpatients
  1,019 Observations.

• ER Visits FY 2015 – 27,438 visits
  ≈$31,653,256 total charges

• Readmission Rate 2015 – 17.19%

• PCP to Population Ration – 1 to 4,888

• Rate of Uninsured – 29% of adults
  & 12% of children.

• Diseases of the Respiratory System
  was highest Major Diagnostic
  Category behind Maternity Care

• 22% or 5,884 visits were for
  pediatric patients

• Readmission Penalty 2.8% ≈ $150,000
Habersham: ER Screen / PrimeCare Expansion   Budget: $407,950.20

Major Resources & Activities:
1. Construction in ED and PrimeCare
2. Hire and train additional staff for PrimeCare
3. Develop policies and procedures to medically screen patients who present to the Emergency Department
4. Train existing staff on new policies and procedures

Targeted Outputs and Outcomes:
Emergency Department Patients will
1. Use the healthcare system more appropriately
2. Have a reduction in healthcare costs
3. Increase access to care
4. Financial Stability

Performance Measures:
1. Access to care – Inappropriate utilization of ED Care
2. Financial Stabilization
3. Market Share
The Post...

Beginning in June 2017, Habersham Medical Center (HMC) will begin prescreening all Emergency Room (ER) patients and will refer patients classified as non-emergent to a more appropriate level of care or charge them an upfront fee to receive ER treatment. According to Beth Hester, RN and Director of the HMG ER, “Upon arrival, patients will undergo a federally-required medical exam by a qualified medical professional to determine if their symptoms are potentially life-threatening... Continue Reading

We’re hERe for EMERGENCIES...
The Impact...April 6 – 17, 2017

- Number of likes on post – 1,400
- Number of comments – 315
- Number of shares – 3,568
- Number of Page Likes 4/6/17 - 2,079
- Number of Page Likes 4/17/17 – 2,366
- Number of people reached – 652,077
- Post clicks – 85,685

- Reactions, Comments, Shares – 22,911
  - Shares – 3,632
  - Comments – 4,151
  - Total Likes – 13,085
  - Photo Likes – 10,157
  - Link Clicks – 86

- Emoticons:
  Love – 1,677
  Haha – 45
  Wow – 310
  Sad – 8
  Angry – 24
ER Medical Screening Results

Total Visits

<table>
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<tr>
<th>Month</th>
<th>Visits</th>
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<tr>
<td>Jul - Sept</td>
<td>6000</td>
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<tr>
<td>Oct - Dec</td>
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<td>Jan - Mar</td>
<td>6000</td>
</tr>
<tr>
<td>Apr - Jun</td>
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ER Medical Screening Results

Total Charges

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<th>Oct - Dec</th>
<th>Jan - Mar</th>
<th>Apr - Jun</th>
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<td>$4,000,000</td>
<td>$3,000,000</td>
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ER Medical Screening Results

Self-Pay Charges

- Jul - Sept
- Oct - Dec
- Jan - Mar
- Apr - Jun
ER Medical Screening Results

Medicaid Charges

<table>
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<td>Jan - Mar</td>
<td>$2,500,000</td>
</tr>
<tr>
<td>Apr - Jun</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>
PrimeCare Visits

Visit Totals

- Jul - Sept
- Oct - Dec
- Jan - Mar
- Apr - Jun

Series1 Series2
Key Takeaways

- Align incentives to maximize success of “hub and spoke” model.
- Primary Care is crucial to managing population health.
- Emergency Departments are vital incomes streams to rural hospitals.
- Transition to value-based payment versus volume-based payments.
- Contract alignment.
Thank You!

- This project is supported by the Georgia Department of Community Health (DCH) State Office of Rural Health (SORH) Rural Hospital Stabilization grant number 17032G.