Overview
In the Rural Hospital Stabilization Committee’s final recommendations to Governor Deal on February 23, 2015 the Georgia Department of Community Health, State Office of Rural Health was designated as the oversight entity for the proposed pilot program implementation and monitoring. This pilot seeks to build out an integrated “Hub and Spoke” model to prevent the over-utilization of the ED as a primary care access point.

The goal of the “Hub and Spoke” model is to best use existing and new technology to ensure that patients are being treated in the most appropriate setting thus relieving some of the cost pressures on the smallest rural hospitals’ emergency departments. Working together in partnership, communities can ensure that each patient is receiving the “Right Care, at the Right Time, and in the Right Setting”.

SFY 2016 Facts

<table>
<thead>
<tr>
<th>Net Revenue</th>
<th>Top 25 inpatient High Utilizers</th>
<th>Reduction of Emergency Department High Utilizers</th>
<th>Readmission Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals reported an increase of $9,214,354 in net revenue in CY2016 when compared to CY2014</td>
<td>Pilot Hospitals reported an increase of $496,343 in total charges compared to CY2016</td>
<td>58% decrease in number of encounters $2,084,193.00 decrease in charges</td>
<td>4.5% Project Level reduction in Potentially Preventable Readmissions</td>
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Behavioral Health And Substance Abuse Hospitals reported a 44% reduction in average daily boarding hours for 1013 Holds

Improved Fidelity .75% Improvement in HCAHPS hospital respondents “Yes, would definitely recommend the hospital”

Outmigration Data inconclusive due to variability in Data Collection

Prevention Quality Improvement Composite Currently Not Available

4 Hospitals Funded $750,000.00

Appling Healthcare System
Crisp Regional Hospital
Emanuel Medical Center
Union General Hospital

Total Expenditures vs Spending

Total Funding $3,000,000.00

Total Spending $2,946,901.25

Activities Funded

School Based Health Clinic/FOHC Partnership, 2.0%
Care Coordination/FOHC Partnership, 1.0%
Specialty Telehealth, 12.0%
Mobile Integrated Health Care, 15.0%
Existing Service Line Enhancement, 15.0%
New Service Line Development, 10.0%
Hospital Based Care Coordination, 9.0%
Legal, 0.1%
ED Integration with EMS, 24.0%