

SCOTLAND HEALTH CARE SYSTEM

Committee on Access to Healthcare in Rural North Carolina

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Scotland County Key Demographics

1. Population 35,711 (.6%) growth rate
2. Most Economically Distressed County in North Carolina
3. Health Outcomes, Health Factors, Health Behaviors 99/100 NC Counties
4. Unemployment 8% (3rd)
5. Income Below Poverty Line 32%
6. Poor or Fair Health 26%
7. Uninsured Adults 21%
8. Food Insecurity 26%
9. Children Eligible for Free Lunch 99%
10. Children Living in Poverty 44%

(Source: NC Census Data; RWJ County Health Rankings)

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Scotland Health Care System

- Mission: Provide Safe, High Quality, Compassionate Sustainable Health Care (SHCS)
- 104 Bed Acute Hospital: 55 inpatients, 700 deliveries, 55,000 emergency center visits
- 12 Physician Practices; 30 Employed Providers; Urgent Care Centers; Hospice; Counseling Center; Community Health Initiatives
- 1,000 Teammates
- \$125 Million Operating Budget
- Management Services Agreement with Atrium Health (Carolinas)
- \$20 Million Community Benefit (14% net revenue); \$3 Million Charity Care
- Innovations: Pharmacy; Virtual Services
- CMS 4-STAR Hospital 3 years in a row
- #1 Sustainability Challenge: Manpower

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Rural Manpower: The Challenges and the Gaps

Demand Challenges

- Economics, Size, Community

Supply Challenges

- Demographics: Aging; Income Declining
- Recruitment: Expensive; Longer; Support Diminishing
- Retention: Adaptability

Scotland Health Care System - Gaps

- Nursing
- Allied Health
- Providers

Scotland Health Care System - Strategies

- Nursing: Local, with Investment; Innovative
- Providers: Local and Adaptable
- Culture: Engaged Workforce

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Rural Manpower Solutions, Strategies, and How You Can Help

- 1. Increase recruitment and retention of health professional students through the North Carolina Community College System.**
- 2. Incentivize health professions in shortage areas.** Place a priority in the admissions process on students who grew up in, and/or have a desire to practice in health professional shortage areas.
- 3. Increase funding to the Office of Rural Health and Community Care to support recruitment and retention efforts of health professions.** Especially primary care, general surgeons, behavioral health, and dental health professionals into HPSAs.
- 4. Identify best practices for rural clinical recruitment, retention, placement models, and disseminate models statewide.**
 - Stipends to rural practitioners to pay for clinical supervision.
 - Expansion of the number of rural residency programs for primary care.
 - Support for primary care practitioners to implement new models of care.
- 5. Assess potential impact of any changes to Medicaid payment and delivery models rural communities prior to implementation.**

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