

# **ANNIE PENN HOSPITAL/CONE HEALTH Community Health Needs Assessment Summary and Implementation Plan**

Between April 2012 and May 2013, a Community Health Needs Assessment (CHNA) was conducted by Annie Penn Hospital, Morehead Memorial Hospital, Rockingham County Health Department, and the Rockingham County Healthcare Alliance for the 93,643 residents of Rockingham County, North Carolina. Rockingham County includes its county seat, Wentworth, a city of 2,807 residents located in the foothills of the northern piedmont region of North Carolina. The two hospitals serve the cities and towns of Eden, Reidsville, Wentworth, Madison/Mayodan and all the surrounding rural areas in Rockingham County. The hospitals also serve portions of Caswell County, NC, Henry County, VA and Pittsylvania County, VA.

## **Description of Community Served by the Hospitals**

Rockingham County includes mainly rural areas. The local area of economy is heavily dependent on agriculture and manufacturing. Despite the decade of sharp decline in furniture, textile and tobacco manufacturing, Rockingham County is home to a variety of industries—including Miller Brewing, Ball Corporation, Bridgestone Aircraft Tire, Pine Hall Brick, Gildan Activewear Distribution, Inc., Unifi Manufacturing and several small manufacturing companies, which has brought employment and economic opportunity to the county. The average annual family income is currently \$35,814. Those below the median income level have been disproportionately impacted by the recession; the proportion living below the poverty level has increased from 12.8% to 16.7% over the past decade. Health status ranks “fair” to “poor” across the hospitals’ service area, well below the U.S. mean. The uninsured rate in the local area is 21%, well above the state average (18%) and national average (16%). Overall service area population is expected to decline over the next five years; the only population projected for significant growth is the age 65+ (Medicare) group.

The hospital’s service area has a higher than average percentage of Age 65+. Overall service area population is expected to decline over the next five years, especially among females aged 15-44; the only population projected for significant growth is the age 65+, i.e., Medicare, group.

Data and maps detailing current demographics, including income levels, age, race/ethnicity, and educational attainment for the county with a comparison to surrounding counties, state, and national information are included in **Attachment A**.

## **Who was Involved in Assessment?**

The assessment process was initiated and conducted jointly by the two hospitals in collaboration with the Rockingham County Healthcare Alliance and the Rockingham County Health Department. Care Share Health Alliance served as consultants to facilitate the process. The hospitals and the Reidsville Area Foundation provided financial and in-kind support for the assessment process. Stakeholder

interviews were conducted with persons with broad knowledge of the community, physicians, hospital advisory board members, foundation leaders and behavioral health professionals. Public health department staff and consultants collated and analyzed the public health data included in the 2012 Community Health Assessment. This hospital CHNA builds off the success and findings from that prior work and process.

The individuals who committed to the assessment and planning process (CHNA Team) attended monthly meetings as well as quarterly Alliance meetings to assess progress, and modify plans as needed.

**Attachment B** lists the CHNA team members and all those who attended planning meetings between April 2012 and May 2013.

## **How the Assessment was Conducted**

The Rockingham County CHNA began with a review of the 2012 Community Health Assessment (CHA) by the Rockingham County Health Department. This information contains updated statistics from city, county, and state sources. National statistics were also included to analyze trends. New data sources were identified and incorporated including the 2011 County Health Rankings, 2012 Rockingham County Capacity Assessment (D. French), 2011 Competitive Assessment (J. Johnson), Rockingham County Health Care Alliance's Community Wide Plan, the Dental Task Force, and additional data from both hospitals (utilization and referral information and interviews with medical staff and community based providers). The CHA data was collected and presented with the assistance of consultant David French at the 2012 Community Health Assessment Priority Identification Meeting.

The CHNA's Team agreed to use the Hanlon Prioritization Matrix and methodology to evaluate the 14 health needs identified through the compilation of the assessments listed above. Care Share's research team used the following approach:

- Reviewed relevant health statistics, priorities, and needs from various datasets produced by State, local, and private entities from 1998-2012.
- Compiled an Excel spreadsheet with 14 relevant health problems/indicators and their source(s).
- These 14 health needs were rated based on Size, Seriousness and Effectiveness using the Hanlon Prioritization Methodology. (**Attachment C**)
- The "Effectiveness" rating for each need was based only on "scientifically supported" programs and policies documented by the best practices database called (<http://whatworksforhealth.wisc.edu/background.asp>). The "Effectiveness" rating and final scores will likely change based on the "feasibility" discussion during the Executive/stakeholder meeting.
- During the Jan. 10 meeting, hospital executives/stakeholders discussed the "feasibility" of each of the 14 health needs, developed a final "effectiveness" rating, and selected the top three health needs the hospital would address in its Community Health Needs Assessment Report and Implementation Plan.

The prioritization process identified three priority needs the hospital can effectively address:

- **Access to Care**
- **Chronic Disease**
- **Mental Health**

## Health Needs Identified

Following the publication of the 2010 Robert Wood Johnson County Health Rankings where Rockingham County ranked 92 out of 100 counties, leaders mobilized to create a Community Health Task Force. The recommendations from this group were as follows: to collaborate and redouble efforts to improve health behaviors; to work to build a stronger safety net with physician, community and stakeholder involvement; and to draw together education, health and economic development organizations to improve the economic status of citizens. An outcome of this effort was the creation of a rural healthcare network, the Rockingham County Healthcare Alliance. (Chapter 10, 2012 CHA)

The Rockingham County Healthcare Alliance is composed of stakeholders - both within and outside of healthcare - who are committed to improving overall health, education and economic standing of community residents. The vision of the Alliance is as follows: through collaborative efforts, the health status of residents of Rockingham County will be improved. The mission is to improve the health and well-being of the medically underserved of Rockingham County, with a focus on enhancing the healthcare delivery system for low-income, under-insured and uninsured residents. The Alliance works to facilitate and provide a basis for developing and maintaining collaboration among healthcare providers, hospitals, nonprofit organizations, governments and the community of Rockingham County. Since 2010, Alliance members have been taking bold steps to achieve the vision while recognizing that the solution to the county's health problems lies in long-term planning and development - not in a single decision. Because the problems the county is facing are myriad, we know that long-term benefits will only come from a sustainable collaborative effort. Rockingham County has a long journey toward improved health status. Alliance partners have mapped their route and identified four policy and programmatic landmarks: the creation of a community-wide collaborative, increased access to healthcare for all residents, coordination of care across safety net providers and efforts to reach out to underserved populations. (Chapter 10, 2012 CHA)

Health disparities are not only being addressed at the national level by the CDC and DHHS, but also at the state level by the Healthy North Carolina 2020 objectives. North Carolina's goal is to become one of the healthiest states in the nation. Healthy NC 2020 consists of 40 objectives within 13 focus areas that in some way address those health disparities in order to make meaningful improvements in the health of North Carolinians and Rockingham County residents. (Chapter 10, 2012 CHA)

Both hospitals reported increases in visits to their emergency departments (ED). For the 12-month period ending September 30, 2012, uninsured patient (self pay/ indigent/charity) visits to the Annie Penn emergency department totaled 7,675 visits, which were approximately 23 percent of the total emergency visits. In 2012, Outpatient visits were up 4% and Emergency department and outpatient visits at Annie Penn Hospital are projected to increase by approximately 11 percent annually, including uninsured visits. Experience in Rural NC estimates that one third of the ED visits could be avoided if patients had adequate access to care and medical homes.

To further identify health needs, 10 community leaders that had relationships with Annie Penn Hospital and/or the community was interviewed so we could learn from their unique perspectives and insight into priority health concerns. The themes for the top three that emerged include: 1) access to care, 2) improved health education and literacy, and 3) improved prevention methods (i.e. addressing poor health behaviors that affect major health concerns in obesity, hypertension, diabetes,

stroke, and smoking). (**Attachment D**)

## **Community Assets Identified**

The assessment identified a number of strong community assets, including the two hospitals and their community benefit programs, a free clinic, a free dental clinic, a public health department, four school-based/school linked health centers, the Rockingham County Healthcare Alliance, a public school system with active home and school associations, and numerous religious congregations. (**Attachment E**)

## **Summaries: Assessment and Priorities**

(**Attachment F**) lists and ranks the 14 needs identified through the assessment. The CHNA's Team used the Hanlon Prioritization Matrix and methodology to evaluate the 14 health needs identified through the compilation of various assessments and committed to focus on the identified priorities. In summary, priority needs identified for Annie Penn were:

- Access to Care
- Chronic Diseases
- Mental Health

## **Next Steps**

The hospital identified additional team members, workgroups and departments to develop implementation strategies for each priority area (**Attachment G**); these leaders are committed to the management and oversight of the plan and will designate staff to focus on specific priority areas and partner with community representatives as needed. Each leader is responsible for:

- Researching what other community groups are doing regarding the priority need,
- Organizing a team which includes both field professionals and representative community members,
- Guiding the work of the team, including development of a implementation plan,
- Establishing outcome measures and indicators for goals and objectives,
- Assuring work is coordinated with other CHNA implementation teams, and
- Communicating appropriately with the community at large.

This assessment summary is posted on the following Websites: Annie Penn/Cone Health, Rockingham County Health Department, and the Rockingham County Health Care Alliance. A copy can be obtained by contacting the administrative office of any of the four organizations.

**ANNIE PENN HOSPITAL/CONE HEALTH**  
**Implementation Plan**  
**For FY 2014-2016 Summary**

For more than 70 years, Annie Penn Hospital has served the people of Rockingham County and the surrounding communities of Guilford and Caswell Counties as well as southern Virginia. Located in Reidsville, NC, just 20 miles north of Greensboro, the 110-bed facility offers a broad range of medical and surgical services, serving inpatient, outpatient and emergency care patients.

Charles and Jefferson Penn founded Annie Penn Hospital on Mother's Day in 1930 in honor of their mother Annie Spencer Penn. The hospital became part of Cone Health in July 2001. Through this affiliation and in partnership with many of the community-based physicians, the hospital provides exceptional specialized care that is unique for a hospital of its size.

Annie Penn Hospital continues to carry out its mission to "to serve our communities by preventing illness, restoring health and providing comfort, through exceptional people delivering exceptional care."

About 83.5% of patients are residents of Rockingham County; 6.1% come from Caswell County, North Carolina, and 2.97% from surrounding Henry, Danville, Patrick, and Pennsylvania counties in Virginia.

This report summarizes the plans for Annie Penn Hospital to sustain and develop community benefit programs that 1) address the needs identified and prioritized from this Community Health Needs Assessment (CHNA) conducted in partnership with the health department, Annie Penn, and the Rockingham County Healthcare Alliance, and 2) respond to other identified community health needs.

**Target Areas and Populations**

The implementation strategies will focus on populations with the greatest needs and/or limitations to access to health services. Annie Penn's primary service area is Rockingham County, NC where the majority of patients come the following zip codes: 27320, 27288, 27025, 27326, 27379, 27311, 27048, 27027 and 27323.

**How the Implementation Plan Was Developed**

The Annie Penn Hospital Implementation Plan was developed based on the findings and priority needs identified through the 2012 Community Health Needs Assessment (CHNA) for Rockingham and surrounding areas, and a review of the hospital's existing community benefit activities.

Annie Penn/Cone Health System staff and community leaders provided leadership throughout the assessment process and members of this team will be overseeing the implementation process through the end of FY 2016. Other members of the CHNA Implementation team include members of the local

health department and the Rockingham County Healthcare Alliance. Care Share Health Alliance helped access and analyze public health data and served as facilitators of the process where priority health needs were discussed and prioritized.

After completion of the county's 2012 Community Health Assessment (CHA) and the hospital's Community Health Needs Assessment (CHNA), the CHNA Team formed implementation teams (**Attachment G**) to respond to each priority need, develop goals and objectives, and monitor outcomes for each.

### **Major Needs and How Priorities were Established**

The Community Health Needs Assessment (CHNA) process began with a review of the 2012 Community Health Assessment (CHA) by the Rockingham County Health Department. This information contains updated statistics from city, county, and state sources. National statistics were also included to analyze trends. New data sources were identified and incorporated including the 2011 County Health Rankings, 2012 Rockingham County Capacity Assessment (D. French), 2011 Competitive Assessment (J. Johnson) and additional data from both hospitals (utilization and referral information and interviews with medical staff and community based providers). The CHA data was collected and presented with the assistance of consultant David French at the 2012 Community Health Assessment Priority Identification Meeting.

The CHNA's Team agreed to use the Hanlon Prioritization Matrix and methodology to evaluate the 14 health needs identified through the compilation of the assessments listed above. Care Share's research team used the following approach:

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- During the Jan. 10 meeting, hospital executives/stakeholders discussed the "feasibility" of each of the 14 health needs, developed a final "effectiveness" rating, and selected the top three health needs the hospital will address in its Community Health Needs Assessment Report and Implementation Plan.

The prioritization process identified three priority needs the hospital can effectively address:

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- **Mental Health**

## **Description of What Annie Penn Will Do to Address Community Needs**

Annie Penn Hospital/Cone Health will chair three implementation teams to address their priority health needs – Access to Care, Chronic Diseases and Mental Health. Each team is comprised of local and regional hospital staff and other community experts and representatives. Mickey Foster, the hospital CEO, is active in the Rockingham County Healthcare Alliance, which holds quarterly meetings and is composed of more than 40 stakeholders - both within and outside of healthcare - who are committed to improving overall health, education and economic standing of community residents. The mission is to improve the health and well-being of the medically underserved of Rockingham County, with a focus on enhancing the healthcare delivery system for low-income, under-insured and uninsured residents. The Alliance provides a strong platform and pool of experts who can advise, coordinate and/or partner with the hospital to implement select components of the plan. Each implementation team has developed goals, objectives and measures to track and report progress.

The Access Implementation Team has identified seven objectives to address the Access to Care priority. Mickey Foster, the hospital CEO and other staff, will partner with Jennifer Nixon, Executive Director of the Rockingham County Healthcare Alliance, to plan and develop up to three Rural Health Centers and medical homes for the uninsured. The hospital team will also foster the development of primary care practices employing mid levels in the Reidsville area and create opportunities for retiring primary care physicians to practice on a reduced schedule.

Dr. Debbie Green, Vice President of Patient Services and Stokes Ann Hunt, Director of Community Outreach will lead the efforts to improve the coordination of existing diabetes plans and develop and implement a standardized diabetes care plan. They will also work with the local health department and other community partners to develop a community wide behavioral health services line and resource guide.

Troy Chisolm, President, Behavioral Health Hospital, will provide leadership on the mental health task force to assess what resources are currently available and identify gaps, and help develop a community wide behavioral health line and resource guide to improve access to mental health resources

Neil Shoffner, Marketing Manager, will help promote the Community Health Needs Assessment (CHNA) and other initiatives outlined in the plan to raise awareness and educate the community at large as well as other special populations.

In addition, the hospital will continue to meet community needs by providing charity care; Medicaid and SCHIP services; and continuing its on-going health professional education programs. The hospital will also continue to offer free community lectures, which include physician led lectures on Hypertension, Cardiology, Weight Loss, and Chronic Disease and offer Healthy cooking, diabetes and smoking cessation classes.

## **Action Plans/Goals:**

### **Priority Area #1: Access to Care**

#### ***Goal #1: Increase the number of primary care providers in Rockingham County (including mid-levels)***

The hospital will partner with the Rockingham County Healthcare Alliance to complete a planning process to establish a network of up to three Rural Health Centers in Rockingham County. They will also foster the development of primary care practices employing mid-levels in the Reidsville area, create opportunities for retiring primary care physicians to practice on a reduced schedule and establish relationships with Campbell University's DO program and Elon's PA program and other rural-oriented provider training programs to increase the number of primary care providers.

#### ***Goal #2: Improve care coordination for Adults in Rockingham***

The hospital will convene a coordinating council to develop an assessment of gaps in care coordination, develop relationships with organizations providing care coordination at the local and regional levels, and strengthen the coordination of care for post-discharge patients.

### **Priority Area #2: Chronic Diseases**

#### ***Goal #1: Improve coordination of existing diabetes resources and education programs in Rockingham***

Rockingham County Diabetes Task Force will be established to help develop a comprehensive diabetes resource guide and collaborate to provide community-wide health (diabetes) screenings. Annie Penn will increase access to programs through grants and charity care.

#### ***Goal #2: Develop a standardized diabetes care plan***

The hospital will work with primary care providers and other community partners to increase screenings for Type 1 & 2 diabetes and increase number of patients participating in Diabetes Self-Management Programs.

### **Priority Area #3: Mental Health**

#### ***Goal #1: Improve access to mental health resources***

The hospital will work with the mental health task force to assess what resources are currently available and identify gaps. A community wide behavioral health line will be established along with a community resource guide to improve access to mental health resources.

#### ***Goal #2: Increase the number of local mental health resources/programs in Rockingham County***

Integrating mental health and primary care services will allow for more access to non-medical behavioral health providers through primary care offices.

## **Next Steps for Priorities: Implementation Plan (Attachment H)**

For each priority need, Annie Penn will work with the CHNA Team, Morehead Memorial Hospital, the health department, Rockingham County Health Care Alliance, and other community partners to:

- Identify related activities being conducted by others in the community that could be built upon and resources leveraged

- Develop measurable goals and objectives so that the effectiveness of efforts and implementation of evidenced-based strategies can be measured
- Build support for the initiatives within the community and among other health care providers
- Collaborate with others to develop detailed work plans for each priority need/area

### **Priority Needs Not Being Addressed and the Reasons**

1. Oral Health – Rockingham County currently has a Rockingham County Dental Task Force that is addressing oral health needs in the county. The Task Force is comprised of representatives from the Rockingham County Dental Society, the Rockingham County Department of Public Health, the Rockingham County Healthcare Alliance and the Rockingham County Schools. The hospital currently serves patients who present in the ED with oral health issues, but does not have capacity or expertise to address oral health needs community wide.

2. Maternal and Child Health – The Rockingham County Health Department provides basic family planning services as well as pregnancy and STD testing. Pregnant women are referred to one of two practices (located in Eden and Reidsville) for pre-natal care and delivery. The Department of Public Health provides a full range of care for pediatric patients which includes well child exams, sick visits, sports physicals, immunizations, asthma management, development screenings, vision and hearing screening, nutritional consultation and post-trauma care. The hospital currently provides child and maternal health services as part of their clinical and community outreach activities and will continue to address this need through these services.

3. Health Behaviors – The Rockingham County Department of Public Health provides health education for healthy eating and active living in collaboration with the Community Transformation Catalyst program, the county Cooperative Extension Service, the Student Health Centers and other community groups and churches.

4. Tobacco Use – The Rockingham County Department of Public Health, the Rockingham County Healthy Carolinians coalition, and the Community Transformation grant staff are actively working on reducing tobacco use in Rockingham County. The hospital supports these activities through their participation in the Rockingham County Healthcare Alliance. Current efforts include policy level actions to create a smoke-free environment on all county property and to explore smoke-free multi-family housing.

5. Improved Education – Efforts to improve the education level in the county are being undertaken by the Rockingham County Schools. The hospital supports the school based health center as part of this effort and is unable to dedicate additional resources to this need.

6. Elder Care Options/Services – Aging, Disability, and Transportation Services is actively addressing these needs in the community. Additionally, PACE (Program for All-Inclusive Care for the Elderly) is expanding their outreach to Rockingham County and will be working within the county to raise

awareness of the available services and to assist elderly patients in transitioning their care to the PACE program, where appropriate.

7. Violence – Addressing this need is outside of the scope and expertise of the hospital. HELP, Inc. Center Against Violence is addressing this need in Rockingham County through victim advocacy and crisis services, residential services, family support services, children’s advocacy, elderly abuse support programs, parent resources and community education.

8. Health Conditions (stroke, flu, pneumonia) – These conditions are being addressed at the hospital clinical level. The hospital will continue to meet these needs within the hospital setting, but does not currently have capacity to undertake community level initiatives to address the need. The Rockingham County Department of Public Health provides some prevention and education services aimed at reducing the level and severity of health conditions and improving the overall health of the population.

9. Unintentional Injury – Addressing the prevention of this need lies outside of the expertise of the hospital. The hospital does address acute unintentional injury needs within the clinical setting.

10. Poverty – Addressing issues of poverty are outside of the scope and expertise of the hospital.

11. Recreational Facilities – Addressing these facility needs is outside the hospital’s expertise.

## **Approval**

Each year at their May Meeting, the Annie Penn Advisory Board, which includes representatives from Reidsville, Eden, Wentworth and surrounding communities, reviews the prior year’s Community Benefit Report and approves the Community Benefit Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment and other plans for community benefit. Each year at the July meeting, the Cone Health Board of Trustees reviews the same report and approves the Community Benefit Implementation Strategy and other plans for community benefit. This report was prepared for the Cone Health Board of Trustees’ July 23, 2013 meeting.

Cone Health Board of Trustees Approval:

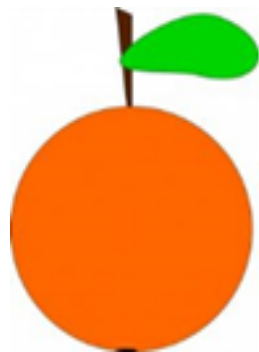
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Approved by the Board of Trustees on July 23, 2013

# **Rockingham County Healthcare Alliance Resources and Capacity Assessment**

**April 2, 2012**

Prepared by  
David J. French, MBA, MHA  
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**Rockingham  
County  
Healthcare  
Alliance**

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## Overview of the Resources and Capacity Assessment

Rockingham County Healthcare Alliance (“RCHA”) represents a network of providers and community stakeholders who are working collaboratively to achieve specific goals:

1. Improve access to healthcare
2. Increase the number of healthcare providers in Rockingham County
3. Coordinate health education efforts

RCHA has engaged Strategic Healthcare Consultants to provide an in-depth account of the Rockingham County safety net providers made up of primary care (including mid-level providers), dental and mental health providers who will treat uninsured patients who have little or no ability to pay for services.

The purpose of this report is to describe and analyze the resources and capacity of the Rockingham County safety net providers. Key components of this report are outlined as follows:

- Evaluate how the organizations that comprise the Rockingham County safety net compare to the types of community safety net organizations as described in the North Carolina Safety Net Advisory Council Matrix.
- Evaluate how the types of Rockingham County safety net organizations compare to the typical matrix of safety net providers of other similar counties in North Carolina.
- Evaluate current and future changes in safety net capacity and determine which providers are expected to have increases or decreases in capacity and which safety net providers are either constrained or severely constrained.
- Identify what factors influence the capacity for safety net providers that are either constrained or severely constrained.
- Provide forecasts of the capacities of the safety net providers.
- Identify what specialty healthcare programs are open to uninsured patients.
- Identify gaps in the safety net and describe essential services that are not available to the uninsured population.
- Research mobile health units and provide basic information, including identifying advantages and disadvantages, to determine if this strategy may be applicable to improving access in Rockingham County.

## **Executive Summary – Capacity Assessment Key Findings**

The array of safety net providers in Rockingham County differs from most North Carolina counties of similar size because there are no Federally Qualified Health Centers and no Federal or State Funded Rural Health Centers in the county. This absence of health centers in the county increases the population's reliance on the hospitals, the Free Clinic of Rockingham County, community physicians, mid-level providers, and the Rockingham County Department of Public Health to obtain primary medical care.

Mental health reform is an ongoing process that will change and probably reduce the funding available for the Local Management Entity (LME), CenterPoint Human Sources and the subsequent funding / reimbursement for the local mental health providers called the Critical Access Behavioral Health Agency (CABHA). Rockingham County CABHA providers include DayMark, Youth Haven and Faith in Families. The local CABHAs provide an extensive array of programs to the uninsured.

Dental care for the uninsured is limited but available through a range of resources including the Rockingham County Health Department, the Free Clinic of Rockingham County, referrals to community dentists, and Mission of Mercy.

Key findings are outlined:

- Safety net resources and the capacity of the two hospital's emergency departments and outpatient services are reinforced by modern facilities, highly trained staff, hospitalists, and a broad base of on-call physicians. During the economic downturn of the past two years, both Morehead Memorial Hospital and Annie Penn Hospital have experienced substantial increases in emergency department visits and outpatient visits by low income uninsured patients.
- The Free Clinic of Rockingham County's resources and capacity are projected to increase by nearly 100 percent over the next two years due to additional financial support to add a nurse practitioner (or physician's assistant) and a care coordinator to support the implementation of part-time Free Clinic locations in Eden and Madison.
- Safety net capacity at the Department of Public Health is stable with high demand for the primary care and dental care clinics. The Department is implementing a new program called Living Healthy which will provide chronic disease self-management programs and diabetes self-management programs at multiple locations throughout the county with a combined total of between 80 to 120 participants per year.
- The Student Health Centers are valuable safety net resources that augment primary care and mental health access for the high school age population. These Centers provide improved and appropriate access and are dependent on grant funding.
- Safety net capacity is severely strained for physician practices due to the decreasing number of primary care physicians ("PCP") and the challenges of physician recruitment in a rural location.

- Growth in the number of mid-level providers, including physician’s assistants, nurse practitioners and nurse midwives, is a positive trend that is improving primary care capacity and partially offsets the scarcity of PCPs.
- Safety net capacity is strained and uncertain for the mental health providers due to systems’ reforms and likely reductions in state funding.
- Safety net capacity and resources for dental care rely heavily on community dentists providing uninsured care (working in collaboration with the Free Clinic of Rockingham County and “Give Kids a Smile”) along with the continued capacity of the Dental Clinic at the Rockingham County Department of Public Health to serve uninsured patients.
- Overall safety net capacity is most influenced by federal and state policies regarding reimbursement, by staffing resources, the availability of funds through grants and contributions, and accessibility.

### **Gaps in Services**

North Carolina has a total of over 200 Federal or State Health Centers, but none are located in Rockingham County. The absence of one or more federally qualified health centers in Rockingham County is only partially offset by the presence of two hospitals plus the clinical services of the Department of Public Health and the Free Clinic. Safety net providers in Rockingham County also recognize that many low income and uninsured residents struggle with transportation issues, language barriers and obtaining / maintaining Medicaid eligibility.

### **Expected Shortfall in Primary Care Physicians**

Rockingham County has a serious shortage of primary care physicians; this prevents many low income uninsured patients from obtaining routine access to preventive care and effective management of chronic diseases. The Free Clinic and the Department of Public Health both provide primary care and chronic disease management but do not have the physician manpower to tackle high acuity patients in large numbers. Physician recruitment will be a challenge because physician practices in Rockingham County have higher percentages of Medicare and / or Medicaid patients as compared to the regional and statewide averages.

### **Access to Mental Health**

Access to mental health services will be challenging over the next several years because the mental health providers have no choice but to adapt to statewide system changes and possible reductions in reimbursement while dealing with the ongoing challenges of recruitment and retention of staff in a rural county. Patients will likely face extended waiting times for outpatient treatments. Crisis management teams services and walk-in crisis services will remain available.

## Safety Net Providers

The assortment of safety net providers in Rockingham County differs from the typical matrix of safety net providers that often include federal or state funded rural health centers. On the following page, the North Carolina Safety Net Advisory Council Matrix shows the traditional matrix of safety net providers.<sup>1</sup> The following organizations are the primary types of safety net organizations that appear in the Advisory Council Matrix:

**Federally Qualified Health Centers (FQHCs)** are nonprofit organizations that receive federal grant funds from the US Bureau of Primary Health Care. Types of federally funded FQHCs include community health centers, migrant health centers, and health care for the homeless centers. All FQHCs must be located in a medically underserved area (MUA) or serve a medically underserved population (MUP).

**Federally Certified Rural Health Clinics** provide primary care services in rural communities located in a Health Professional Shortage Area or MUA. These centers are required to provide services to Medicaid and Medicare recipients and qualify for enhanced reimbursement. RHCs are not required to serve the uninsured, but many do so.

**State-Funded Rural Health Centers** are 501(c)(3) organizations and are located in geographic areas that do not have enough primary care resources to meet the needs of their communities. Limited state funding (Medical Access Plan) is available to help pay for services to the uninsured. State funds help pay for services to low-income uninsured people with incomes up to 200% of the Federal Poverty Guidelines (FPG).

**Free Clinics** are typically nonprofit, usually 501(c)(3), organizations that are designed to meet the health care needs of the low-income uninsured in their communities. These draw on local health care resources and volunteers. Free clinics provide basic primary care and preventive services to their uninsured patients. Some clinics provide a broader range of supportive services such as health education, case management, nutrition counseling and prescription assistance.

**Public Health Departments** offer a wide range of services. State law requires health departments to provide certain core public health services including communicable disease control, environmental health services, and vital records registration. Almost all health departments provide prenatal care, immunizations, and family planning. Health departments are a major source of health care for the uninsured; however, most do not provide comprehensive primary care services to all populations. Few health departments offer comprehensive primary care services to children and adults as well as dental care.

**School-based and school-linked health centers** offer services to meet the unmet physical and behavioral health needs of children and adolescents. Many of these centers provide comprehensive primary care including emergency services, physical and mental health services, acute and chronic disease management, immunizations, treatment of minor injuries, and prescriptions for or administration of medications.

**Project Access** organizes primary care and specialty providers in the private medical community to increase services being provided to the uninsured. The program also helps organize the private medical community to provide primary and specialty care, diagnostic services, hospitalization, and some medications to low-income uninsured patients depending on the community services.

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<sup>1</sup>North Carolina Institute of Medicine. Health Care Services for the Uninsured and Other Underserved Populations. A Technical Assistance Manual to Help Communities Create or Expand Health Care Safety Net Services. Durham, NC. April 2008.

**Table 1.Types of Community Safety Net Organizations as Described in the North Carolina Safety Net Advisory Council Matrix**

	<b>Federally Qualified Health Centers</b>	<b>Federally Certified Rural Health Centers</b>	<b>State Funded Rural Health Centers</b>	<b>Free Clinics</b>	<b>Public Health Departments</b>	<b>Project Access</b>	<b>School Based/ School Linked Health Centers</b>
<b>Target Population</b>	Medically Underserved Population	Medicaid and Medicare Recipients	Medicaid and Medicare Recipients Uninsured	Uninsured	General Public Low Income and Special Populations	Uninsured Ages 18 to 64 Incomes below 200% FPG	Children and Adolescents (includes uninsured)
<b>Geographic Location</b>	Medically Underserved Area	MUA - HPSA	Nonurban	Any location	Statewide	Specific counties	On or near school campus
<b>Services Provided</b>	Comprehensive primary care, mental health services dental services	Basic primary care	Basic primary care	Varies but usually limited to primary care	Generally provides child and maternal health; some provide comprehensive primary care	Varies but primarily fills gaps in healthcare services	Comprehensive primary care mental health health education
<b>Organizational Type</b>	Nonprofit Public entity	Nonprofit Public entity	Nonprofit	Nonprofit	Public entity	Public/Private Partnership	Public entity nonprofit
<b>Primary Funding</b>	Federal grant Medicaid and Medicare	Medicaid and Medicare Private ins.	Medicaid and Medicare State funds for operating subsidy	Cash and in-kind contributions	Medicaid and NC HealthChoice	Donations from private suppliers National/state/local foundations	State revenues Federal grants Institutional sponsorship Local grants In-kind support
<b>Number of Sites in NC</b>	23 sites	108 sites	81 sites	71 sites	79 single-county centers and 6 district health centers	10 NC communities	Sites in 22 Counties in NC
<b>Organizations In Rockingham County</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>Yes</b>	<b>Yes</b>	<b>None</b>	<b>Yes 4 Locations</b>

## **Rockingham County's Unique Safety Net Infrastructure**

Rockingham County has developed its own unique configuration of safety net providers to meet the changing healthcare needs of the population and to respond to changes in reimbursement and funding constraints. Over the past five months, surveys, interviews and meetings were conducted with representatives of all of the listed organizations and practices. Information was collected regarding multiple factors that shape the resources and capacity of these organizations. Common themes obtained from this investigation are outlined as follows:

- It is difficult to make long-term plans and projections due to the uncertainty regarding state and federal healthcare policies and reimbursement.
- Organizations' capabilities to provide service to uninsured low income persons are based on their ability to retain qualified staff and maintain financial viability.
- Physician's assistants and nurse practitioners are increasing the resources and capacity of several safety net providers.
- Recruitment of physicians and graduate level trained staff to live and work in Rockingham County is a challenge.
- Rockingham County is building a very positive track record of collaborative strategies to implement health services and improve access including enhanced services to uninsured low income persons.

The following sections provide information specific to each safety net provider in Rockingham County. The table on pages 35 to 37 provides additional detailed information regarding the primary care, dental and mental health safety net providers. A map of the Rockingham County safety net providers can be found in Appendix A.

## **Free Clinic of Rockingham County**

Established in 1998, the Free Clinic of Rockingham County (FCRC) is based in Reidsville and serves Rockingham County residents who are low income and uninsured. Patients must demonstrate with appropriate documentation that they meet residency, income and employment / benefits criteria to be eligible for services. The scope of services includes medical, dental and pharmacy / medication care to low-income, uninsured individuals, thereby reducing avoidable emergency department visits and hospital admissions. Patient eligibility screenings are offered at a range of times and locations. Hours of operation for the clinic are 8:30 am to 4:00 pm Monday through Thursday plus 5:00 pm to 7:30 pm on Thursday evenings.

Primary care and disease management are provided at the Clinic by an employed physician's assistant working approximately 20 hours per week. Volunteer physicians generously support the specialty clinics and accept referrals including gynecology, neurology, endocrinology, cardiology, neurosurgery, general surgery, nephrology, gastroenterology, ophthalmology, dermatology, orthopedics, urology, ENT, pulmonology and nutrition therapy.

Dental services include basic extractions, fillings, x-rays, and occasional cleanings. Over the past several years an increasing number of local dentists accept and schedule FCRC- referred patients to be treated at their offices. The dentists report that they can be more productive in their own offices due to the familiarity of using their own equipment and staff. The dental room and equipment at the Clinic will likely be phased out and the equipment donated to local providers and the NC Missions of Mercy who willingly serve uninsured patients.

FCRC assists patients to obtain medications that have been prescribed by clinic physicians or by one of the medical providers to whom patients have been referred. No narcotics or birth control pills are provided. The Clinic's medication assistance includes free medications from pharmaceutical companies and prescriptions that can be filled at a local pharmacy.

Medical and chronic disease management services have shown high demand in recent years. In calendar year 2010, medical and chronic disease totaled 1047 visits. In 2011, the utilization totaled 1599 visits for an increase of 52.7 percent. For the most recent year medical and chronic disease visits averaged 30.75 visits per week.

In 2011, dental visits totaled 273, which was a 3 percent increase over the 265 visits in 2010. Medication assistance totaled 3,216 prescriptions in 2010 with many of these prescriptions filled with a 90 day supply.

Paid clinical staff currently includes:

- Physician's Assistant 20 hrs / week
- Licensed Practical Nurse 25 hrs/ week
- Referral Coordinator 15 hrs/ week

Nonclinical staff provides extensive assistance to patients in completing applications to obtain free prescriptions.

In 2011, volunteers at FCRC included nine physicians, seventeen nurses, nine dentists, three dental hygienists, twelve dental assistants, and eighty-one screeners, receptionists and other clerical support. Annual volunteer time totaled approximately 1200 hours. Funding for the Free Clinic for the previous two years has been provided by contributions from the community and through grants from:

Annie Penn Hospital/Cone Health System	Reidsville Area Foundation
Blue Cross & Blue Shield of North Carolina Foundation	Kate B. Reynolds Charitable Trust
Ben R. & Lemma M. Apple Foundation	The Wachovia Wells Fargo Foundation
Commonwealth Brands, Inc.	Carolinas Credit Union Foundation
NC Dental Health Endowment, a component fund of the North Carolina Community Foundation	
Home Savings Bank Charitable Endowment, a component fund of the North Carolina Community Foundation	
The McMichael Family Foundation-Susan & Mac McMichael	
The Alexander Worth McAlister Foundation, Inc.	
NC Rural Economic Development Center, Inc.	
The Duke Endowment	
Caring Individuals	

Strengths of the Free Clinic include:

- Increasing focus on chronic disease management
- Coordination with hospitals, local physicians and dental providers
- Holding the highest level of Accreditation from the NC Association of Free Clinics
- Ability to leverage community support – both financially and volunteerism
- Success in obtaining grants

Weaknesses of the Free Clinic include:

- Limited staff resources
- Uncertainty of long-term funding to keep pace with the needs of the community

The capacity of the Free Clinic is determined by the level of staffing, funding and the availability and support of volunteer physicians, nurses, dentists, dental hygienists, and dental assistants. Based on the current staffing of 20 hours per week for a physician's assistant, the clinic supports 30.75 visits per week for medical and chronic disease management. Annualized capacity based on 52 weeks is 1820 medical and chronic disease visits.

The capacity of the Free Clinic program will increase by 2013 based on an award of a Duke Endowment Grant that will fund additional staff positions, including an additional nurse practitioner (or physician's assistant) position and a medical assistant. The Free Clinic will bolster its staffing in Reidsville and implement services two days per week at new sites in Eden and Madison. The increase in capacity adds 30 to 35 visits per week. Therefore capacity is projected to increase by 100 percent over the next two years.

## Rockingham County Department of Public Health

Centrally located in Wentworth, the Department of Public Health provides a comprehensive array of clinical services and environmental health programs. The general public, including uninsured low income patients, are the target population served by the Department. Clinical visits at the Department of Public Health average approximately 20 minutes. The total number of clinical visits for FY 2010-2011 was 16,570. Patient eligibility requirements vary for the specific clinical services. Hours of service are Monday - Friday 8 am to 5 pm and a Thursday night clinic from 5 pm to 7 pm.

As a multidisciplinary provider of medical services the Department of Public Health fulfills a vital role as a safety net provider by offering:

- Adult Primary Care
- Pediatric Primary Care
- Child Health Services
- Family Planning
- Dental Program (on-site facilities)
- Prescription Assistance
- Disease Management programs include asthma, hypertension and diabetes
- Immunizations

The Department also provides extensive health education and support including:

- Adolescent Pregnancy Prevention
- Health Fairs and Community Events
- Health Promotion
- Healthy Carolinians
- Student Health Centers

During the past year, turnover in three key provider positions occurred which reduced productivity on a short-term basis while new staff was recruited, oriented and trained. The following table summarizes the current levels of staffing by provider type:

**Table 2.** Department of Public Health Provider Staffing

<b>Provider Staffing (2011)</b>	<b>FTE</b>
Contracted Physician	0.16
Physician's Assistants	1.50
Nurse Practitioners	2.08
Pharmacist	0.80
Contract Pharmacist	0.15
Dentist	0.80

(FTE is defined as 40 hrs per week)

The tables on the following page provide utilization data for the Health Department:

**Tables 3A. and 3B.**

**Unduplicated Low Income Uninsured Individuals Served**

Calendar Year 2010

	12 months
Total	8,613
18 and younger	2,887
19 to 64	5,501
65 and older	225

January through Sept. (9 months) 2011

	9 months	Annualized
Total	5,854	7,805
18 and younger	1,938	2,584
19 to 64	3,844	5,125
65 and older	72	96

**Tables 4A. and 4B.**

**Number of Visits for Low Income Uninsured by Type of Service and Age Segment**

Calendar Year 2010

	18 and young	19-64 years	65 and older
Pediatric Primary Care	470	2	0
Adult Primary Care	33	3961	37
Dental Health	40	462	13
Asthma Management Children	0	0	n/a
Asthma Management Adults	n/a	12	0
Non Family Planning	15	68	0
Family Planning	497	2329	0
Child Health	879	1	0
Immunization	1773	3229	267
Nutrition Education	6	2	0
Total Visits	3686	10066	317

January through Sept. (9 months) 2011

	18 and young	19-64 years	65 and older
Pediatric Primary Care	347	1	0
Adult Primary Care	13	2870	23
Dental Health	8	192	4
Asthma Management Children	6	0	0
Asthma Management Adults	0	19	0
Non Family Planning	12	98	0
Family Planning	323	1771	0
Child Health	630	0	0
Immunization	1047	1752	101
Nutrition Education	0	0	0
Total Visits	2386	6703	128

**Tables 5A. and 5B.**

**Prescription Assistance**

Calendar Year 2010

	12 months
Total	504
18 and younger	0
19 to 44	117
45 to 65	351
65 and older	36

January through Sept. (9 months) 2011

	9 months	Annualized
Total	482	643
18 and younger	0	0
19 to 44	111	148
45 to 65	342	456
65 and older	29	39

The utilization data provided on the previous page reflects only the volumes of low income uninsured patients and excludes Medicaid patients. In calendar year 2010, the Health Department served an average of 54 visits per day to uninsured low income persons including immunizations, which comprise 38 percent of total visits. During 2010, the clinic visits, dental visits, family planning visits and all other visits excluding immunizations averaged 33 visits per day. In addition, in 2010 the grant-funded prescription assistance program served 504 patients and provided 6,940 prescriptions with a total value of \$2,951,978.39.

For the 9 month period ending September 30, 2011, the Department averaged 49 visits per day, including immunizations. During this period the Department had several staff vacancies occur, including two providers who retired. These vacancies have now been filled. In the first nine months of 2011, the Dental Clinic served many more uninsured patients as compared to the previous year. During the nine month period ending September 30, 2011, the clinic visits, dental visits, family planning visits and all other visits excluding immunization still averaged 33 visits per day. For the same nine month period, the prescription assistance program served 482 patients which represent 643 annualized patients.

Strengths of the Department of Public Health include its experienced and cross-trained staff, community partnerships, and scope of clinical programs. The Department is highly respected and has maintained very strong community partnerships with hospitals, school systems, physicians and dental providers throughout the county. The Department has greater clinical depth than many in similarly sized counties. Due to the absence of Federal and State Health Centers in Rockingham County, the Health Department's adult and pediatric clinics are vital programs that help meet the needs of the uninsured / low income population. As noted on page 3 of this report, most North Carolina counties of similar size as Rockingham have either a Federally Qualified Health Center or a Rural Health Center.

Weaknesses of the Department include:

- The lack of trained information technology staff committed to public health
- The number of top managers and core staff members nearing retirement
- The need for and difficulty in recruiting more graduate-level trained staff for professional disciplines

Potential changes in State and Federal healthcare plans and reductions in reimbursement pose a major threat to the Health Department. In recent years, State and local funding to the Department has been decreased, resulting in a reduction of staff positions and extended waiting times for clinic appointments. Staff cross training has helped to minimize the disruption of mandated services.

#### Department of Public Health Capacity Formulas and Assumptions

The capacity of the Health Department to serve uninsured low income patients is based primarily on the availability of professional staff. Immunization volumes are assumed to be based on the timing and availability of vaccines and public participation.

Physician, physician's assistant and nurse practitioner positions total 3.74 FTEs. Each of these providers has historically served approximately nine uninsured low income persons per day or 8,415 annual visits, in addition to serving patients with Medicaid, Medicare and insurance. Based on this ratio of 3.74 provider FTEs to 8,400 annual visits for uninsured low income patients, one FTE provider has the capacity to serve approximately 2,237

uninsured low income patients in addition to serving patients with Medicaid, Medicare and insurance. An increase or decrease in the availability of these providers directly affects the capacity of the Department to provide clinic visits in a timely manner.

The Dental Clinic is staffed by a 0.8 FTE dentist and is projected to serve approximately 274 low income persons in the current year in addition to serving a large number of Medicaid patients. The availability of dentists at the Dental Clinic directly affects capacity. Also, dental hygienists are not allowed to work without onsite supervision.

The Prescription Assistance Program is supported by 0.95 FTE pharmacists and is projected to serve approximately 643 patients and 6,212 prescriptions in 2011 based on annualized data. Pharmacist availability and the availability of funds and drug company contributions have an effect on the capacity of the program.

#### Plans for Expansion or Changes in Services

The Health Department intends to work diligently to maintain its current scope of services and capacity to serve uninsured low income patients. The Department has recently launched the ***Living Healthy*** program in coordination with the North Carolina Division of Aging. This is part of a statewide campaign to implement and sustain the Stanford University's Chronic Disease Self-Management Program and Diabetes Self-Management Program. These grant-supported programs deliver skills and tools to better manage chronic conditions including diabetes, chronic pain, hypertension, cancer and arthritis. From 10 to 15 people can attend each of these skill-building workshops that will be held at senior centers, churches, hospitals and libraries. A total of eight workshops in Rockingham County are planned for 2012. No fees are charged to participants. The projected annual capacity of this program is 80 to 100 participants. Data is not yet available regarding the number of low income uninsured participants.

The Rockingham County Health Department finds it difficult to predict the long term future capacity of its clinics and programs because changes in specific services will be dependent on the availability of funds. The availability of professional staff is also a periodic concern because it has been increasingly difficult and more costly to recruit replacement staff to fill vacant positions.

Priority needs of the Health Department include additional programs or funds to pay for diabetic testing supplies and medication (e.g., insulin) and seeking grant funding to co-locate a mental health counselor within the Health Department.

## Rockingham County Student Health Centers

The four student health centers in Rockingham County provide laboratory tests, acute care services, dental screening, gynecological services, pregnancy prevention education, nutrition education, social work, counseling, immunizations, sports physicals, health education and referrals.

Reidsville High School  
1901 S. Park Drive  
Reidsville, NC 27320  
336-349-6443

Rockingham County High School  
180 High School Road  
Reidsville, NC 27320  
336-634-3201

Morehead High School  
134 N. Pierce Street  
Eden, NC 27288  
336-623-3699

Dalton McMichael High School  
6845 Highway 135  
Mayodan, NC 27027  
336-427-4335

Each Center is staffed by either a nurse practitioner or a registered nurse. A social worker, a health educator from the Rockingham County Department of Public Health, a counselor from the Rockingham County Mental Health Center, school psychologists from the Rockingham County School System and nutritionists from Annie Penn Hospital, Morehead Hospital and the Rockingham County Department of Public Health are also available on site. Physicians volunteer to serve as medical directors and review the charts of treated students. Parental consent is necessary for treatment except in the event of an emergency. Hours of operation are school days from 7:30am-4:00pm.

The professional staff includes 2 RNs, 2 nurse practitioners, and 4 licensed mental health counselors. The staffing levels for the 2011-2012 school year are the same as the previous year. Physician volunteers serve as medical directors:

Nigel Buist, M.D.

William McLeod, M.D.

Charletta Carter, M.D.

Dionne Piggott, M.D.

### Operations and Finance

The Student Health Center staff are all employees of Morehead Memorial Hospital but the operation of the Centers is a joint effort of both Morehead Memorial Hospital and Annie Penn Hospital. Both hospitals are not-for-profit. Other agencies closely involved with the Student Health Centers are the Rockingham County School System and the Rockingham County Department of Public Health. In addition to these agencies that help fund the center, the Annie Penn Community Trust and the United Way of Rockingham County are currently providing support, as is the North Carolina Department of Health and Human Services.

### Scope of Services

Student Health Center services include:

- Primary Care
- Mental / Behavioral Care

- Chronic Disease management in conjunction with primary care physicians
- Health Education
- Nutrition Education
- Social Work Services

Utilization Statistics

The total number of unduplicated, low-income, uninsured individuals served during the 2010 calendar year is summarized as follows:

Total	512
18 and younger	472
19-64	40

The number of visits by low-income, uninsured individuals served during the calendar year 2010 is provided:

Primary Care	658
Mental / Behavioral Health	151
Disease Case Management	36
Health Education	58
Nutrition Education	111
Nursing Visits	747
Social Work Visits	<u>130</u>
Total	1891

The above utilization was achieved in the 180 day school year with an average of 10.5 uninsured patient visits per day. The above figures reflect only the uninsured individuals and do not include the majority of students / visits who have Medicaid coverage. The Student Health Centers operate at full capacity most days and students have to be turned away or scheduled for the next available day. Total annual visits (insured, Medicaid and uninsured) in the 2010-2011 year was 13,734 or 19 visits per day for each of the four student health centers.

Strengths of the Student Health Centers include collaboration with other providers and agencies to provide on-site services. Co-locating in schools improves access to services, reduces barriers to learning and promotes trust between students and staff. Health education and disease prevention is a priority which reduces student absences and often avoids unnecessary visits to the emergency department.

The Student Health Centers are wholly dependent on grant funding and therefore financial support and in-kind contributions from partner organizations are essential to ensure future success. Plans for expansion are dependent on funding. The possible addition of mid-level providers would help the center align with the “Healthy People of 2020” goals of annual adolescent wellness visits.

Capacity Formulas and Assumptions

The capacity of the Student Health Centers to serve uninsured low income patients is based on the availability of the eight providers. Each of these providers has historically served an average of 236 uninsured low income visits per school year.

## Mental Health Services

CenterPoint Human Services is a state-mandated Local Management Entity in charge of overseeing the delivery of publicly-funded mental health, developmental disabilities and substance abuse services in Forsyth, Stokes, Davie and Rockingham Counties. CenterPoint Human Services has national accreditation from URAC in Health Network, Health Call Center and Health Utilization Management. CenterPoint works closely with and contracts with community partners, advocates and service providers to address the service needs of the people and communities. CenterPoint business operations include:

- ACCESS, screening, triage & referral to services
- Consumer and county needs assessments
- Service authorizations
- Timely access to services
- Funding allocations to other mental health providers
- System of Care implementation
- Provider endorsement and monitoring
- Pharmaceutical Patient Assistance Program
- Addressing concerns and complaints of consumers and others

CenterPoint receives funds from federal and state programs and financial support from Rockingham County and the other counties in the catchment area in the forms of operating grants and contributions. In November 2011, CenterPoint obtained state approval to be funded as a Medicaid waiver program; the program is scheduled to go into effect statewide on January 1, 2013. The primary goal of the program is to combine the management of Medicaid and state funds at the community level to reduce costs and add more accountability and consistency to mental health reform.

Effective January 1, 2013, CenterPoint will assume additional responsibility for the management of all Medicaid-funded behavioral health services provided to individuals from the four counties. CenterPoint will become a Managed Care Organization (MCO) responsible for management of Medicaid-funded behavioral health services under 1915(b)(c) Medicaid waivers.

CenterPoint has numerous agreements with mental health, developmental disabilities and substance abuse providers within Rockingham County. Appendix C provides a list, description of services and contact information for all of the service providers located in Rockingham County.

Providers of mental health and substance abuse services that are eligible to serve Medicaid and uninsured persons are categorized as Critical Access Behavioral Health Agencies (CABHA).<sup>2</sup> CABHAs must meet all statutory, rules, and policy requirements for Medicaid mental health and substance abuse service provision and monitoring, be determined to be in good standing with the NC Division of Medical Assistance (Medicaid) and hold accreditation from a recognized authority.

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<sup>2</sup> State statutory requirements regulating the provision of mental health and substance abuse services are documented in [N.C. General Statute, Chapter 122C](#); administrative rules related to CABHAs are documented in [10A NCAC 22P](#); and clinical policy requirements are specified in [Medicaid clinical coverage policies \(8A through 8M\)](#).

In Rockingham County, CABHA core services of medication management, comprehensive clinical assessment and outpatient mental health services are provided by:

- Daymark Recovery Services
- Faith in Families
- Youth Haven

DayMark Recovery Services serves as the main portal of entry for mental health and substance abuse consumers in Rockingham County. Daymark® Recovery Services, Inc. is a mission driven, comprehensive community provider of culturally sensitive mental health and substance abuse services. The Daymark® goal is for skilled medical and behavioral healthcare professionals to support citizens of all ages and their families with the greatest opportunity for recovery, independence and the highest quality of life. Daymark Recovery Services is located at 405 HWY 65 in Wentworth. Hours of operation are Monday through Friday 8 am to 6 pm. Mobile Crisis and an Assertive Community Treatment Team are available on weekends. In addition, clinicians are on-call for emergencies for substance abuse and outpatient treatment programs.

Daymark's scope of services for youth and adults:

- Provides access for walk-in crisis services
- Operates the clinic as an assessment site for first commitment evaluations
- Provides mobile crisis services to respond to acute psychiatric crises in the community
- Provides telemedicine psychiatric services with multiple locations

The Daymark Recovery Service staff in Rockingham County consists of:

- Adult Services = 1 Psychiatrist, 2 Mental Health Clinicians, 2 Substance Abuse Clinicians, 1 Peer Support Specialist (all full time positions) plus 3 part-time Psychiatrists, 1 part-time Mental Health Clinician and 1 part-time Substance Abuse Clinician.
- Child Services – 1 Child Clinician (full time position), plus 2 part-time Psychiatrists, and 1 part-time Clinician.
- ACTT = 1 Substance Abuse Clinician and 3 Mental Health Clinician/Counselors, 1 Vocational Specialist, 1 Peer Support Specialist (all full time positions), plus 1 part-time Psychiatrist
- Prevention JJSAMHP = 1 Youth Specialist (full time)
- Registered Nurses = 2 full time staff and 2 part-time nurses
- Targeted Cases Manager = 2 full time staff
- Psychosocial Rehabilitation = 3 full time staff
- Mobile Crisis = 4 full time staff covering Rockingham and other areas

CenterPoint provides a Pharmaceutical Patient Assistance Program (medication access and review) that is housed in the building that DayMark occupies. During the Fiscal Year July 1, 2010 – June 30, 2011, CenterPoint served a total of 643 indigent patients and provided 1,097 visits.

Daymark Utilization Statistics

The numbers of unduplicated, low-income, uninsured individuals served during the most recent fiscal year is summarized as follows:

**Table 4. Daymark utilization statistics**

	Fiscal Year 2010 - 2011		Fiscal Year 2010 - 2011	
	Total Unduplicated Consumers	Total Unduplicated Services	Unduplicated Indigent Patients	Unduplicated Visits or Treatments to Indigent Patients
Mobile Crisis	470	1018	396	760
Psychiatry Services (also telemedicine)	2087	6278	1164	3233
Walk-in Crisis	674	1028	491	819
Psychosocial Club House	23	2292	6	146
Assertive Community Treatment Team	35	1833	11	315
Indigent Medication Program	*	*	*	*
Intensive Substance Abuse Treatment	83	1050	60	652
Outpatient Individual and Group Treatment	1251	7966	776	4830
Targeted Case Management	34	423	34	312
*Daymark provides sample medications.				

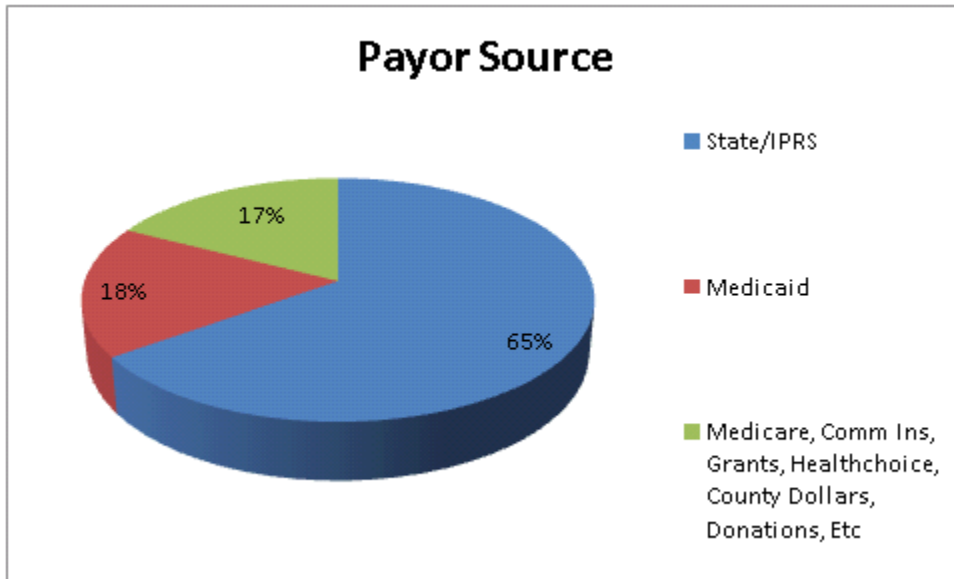
During the previous fiscal year, Daymark provided services to 2,938 uninsured patients for a combined total of 11,067 annual visits and treatments. The number of uninsured patients served by Daymark increased dramatically in 2010-11 as compared to the previous year, as shown below. The number of uninsured patients that obtain services from Daymark is projected to increase through the current year.

**Table 5. Unduplicated indigent patients and related services**

	% Change from Previous Yr.
Unduplicated Indigent Patients	17%
Unduplicated Services to Indigent Patients	33%

Funding for Daymark is illustrated in the chart below with 65 percent of all services provided to indigent patients and funded by IPRS (Integrated Payment and Reporting System) which is available to persons who do not qualify for Medicaid, Medicare or commercial insurance.

**Chart 1.** Daymark payor sources



CenterPoint Human Services was awarded a \$124,576 grant by The Kate B. Reynolds Charitable Trust to expand service delivery in Rockingham County. CenterPoint has contracted with Daymark Recovery Services to co-locate a substance abuse professional in two local practices. The practices are the Rockingham County Department of Public Health and Dayspring Family Practice; a portion of the grant pays for the counselor to be located at the two sites a total of three days per week.

Daymark reports increased wait time for patients trying to get into services and very limited individual therapy is available to indigent patients. The future capacity of DayMark to serve low income uninsured patients is expected to be decreased based on reductions of IPRS funding, changes in staffing resources and the implementation of the Medicaid waiver program.

Future plans for Daymark involve the launch of <https://myhealth.daymarkrecovery.org/> to allow patients and providers to access needed medical information. Daymark is also looking into the feasibility of bringing a primary care physician to work in the DayMark facility in Wentworth.

Youth Haven Services is a CARF-Accredited, Critical Access Behavioral Health Agency serving Rockingham, Alamance and surrounding counties. The agency specializes in children, adolescents and their families. Youth Haven offers quality services that strive to develop positive social interactions, self-discipline, impulse control, respect for themselves and others, increased self-esteem, and anger management skills as well as academic and occupational success.

Youth Haven provides the following services Monday through Friday:

- Comprehensive Clinical Assessment
- Outpatient Individual and Family Therapy
- Medication Management
- Day Treatment

Youth Haven services provided seven days per week include:

- Targeted Case Management
- Intensive In-Home Services
- Respite Services
- Residential Treatment

Youth Haven personnel in Rockingham County consists of six full time equivalent staff who are licensed professionals (licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist).

Utilization statistics for the number of patients served are summarized as follows:

**Table 6. Youth Haven utilization statistics**

	<u>Total Unduplicated Patients Most Recent Year</u>
Comprehensive Clinical Assessment	225
Targeted Case Management	42
Outpatient Individual and Family Therapy	275
Medication Management	84
Intensive In-Home Services	90
Day Treatment	34
Respite Services	32
Residential Treatment	7

Funding for Youth Haven includes Medicaid, Health Choice and commercial insurance. All referrals are for children and all seem to be eligible to receive coverage under one of the payor programs. Youth Haven predicts that it will add staff and its capacity will increase by 10 percent per year to serve additional low income uninsured patients.

Faith in Families' primary goal is to help children with mental health Issues and behavioral problems remain in the home with their natural caregivers. Faith In Families has been effective by collaborating with community agencies and providing parents with necessary skills to manage psychiatric issues. Faith in Families is CARF-accredited and is certified as a Critical Access Behavioral Healthcare Agency.

Faith in Families provides the following services:

- Clinical Assessments
- Intensive In Home Services
- Community Support Team
- Outpatient Therapy
- Multi-systematic Therapy
- Tele-psychiatry & Medication Management
- Case Management
- Family & Therapeutic Foster Care

At this time, Faith in Families does not have statistical data for the number of uninsured patients from Rockingham County it serves.

## Hospitals Serving Rockingham County Residents

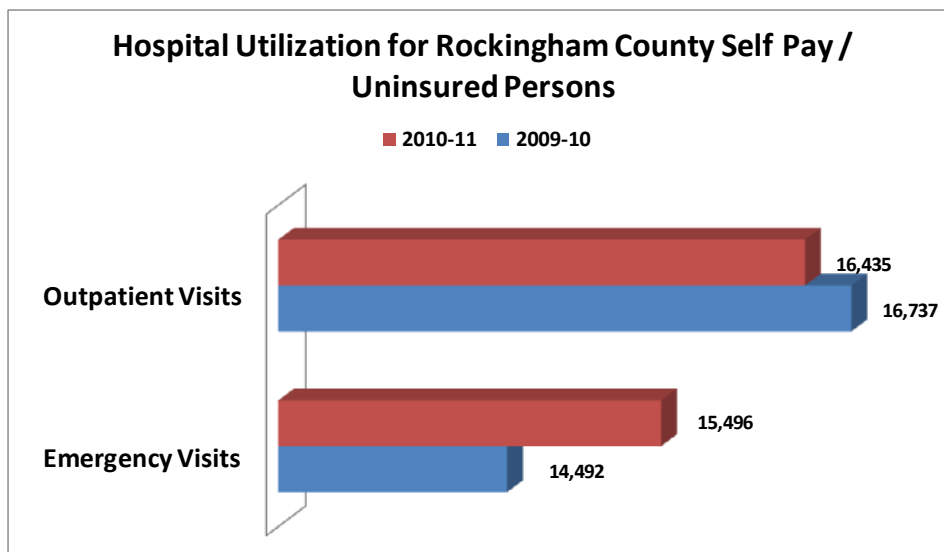
Hospitals are certainly a major source of healthcare for the uninsured. Within Rockingham County, both Morehead Memorial Hospital and Annie Penn Hospital are Medicare-participating hospitals and are essential safety net providers based on their capacity to provide uninsured patients guaranteed access to their emergency departments, inpatient units and outpatient clinics. In nearby counties, Moses Cone Hospital and North Carolina Baptist Hospital are both trauma centers and serve significant numbers of uninsured patients from Rockingham County. While other more distant North Carolina hospitals also serve patients from Rockingham County, the combined utilization of these others is estimated to be less than 4 percent of the total.

The following charts show the estimated utilization of self pay / uninsured patients from Rockingham County based on the statistical data reported in the 2011 and 2012 Hospital License Renewal applications for the four hospitals. The utilization data for the hospitals is adjusted to account for only patients from Rockingham County based on patient origin data. Annual hospital emergency visits for uninsured patients from Rockingham County increased by 6.9 percent for the most recent year. Outpatient visits for uninsured patients declined by 1.8 percent over the previous year, as evidence by the following table.

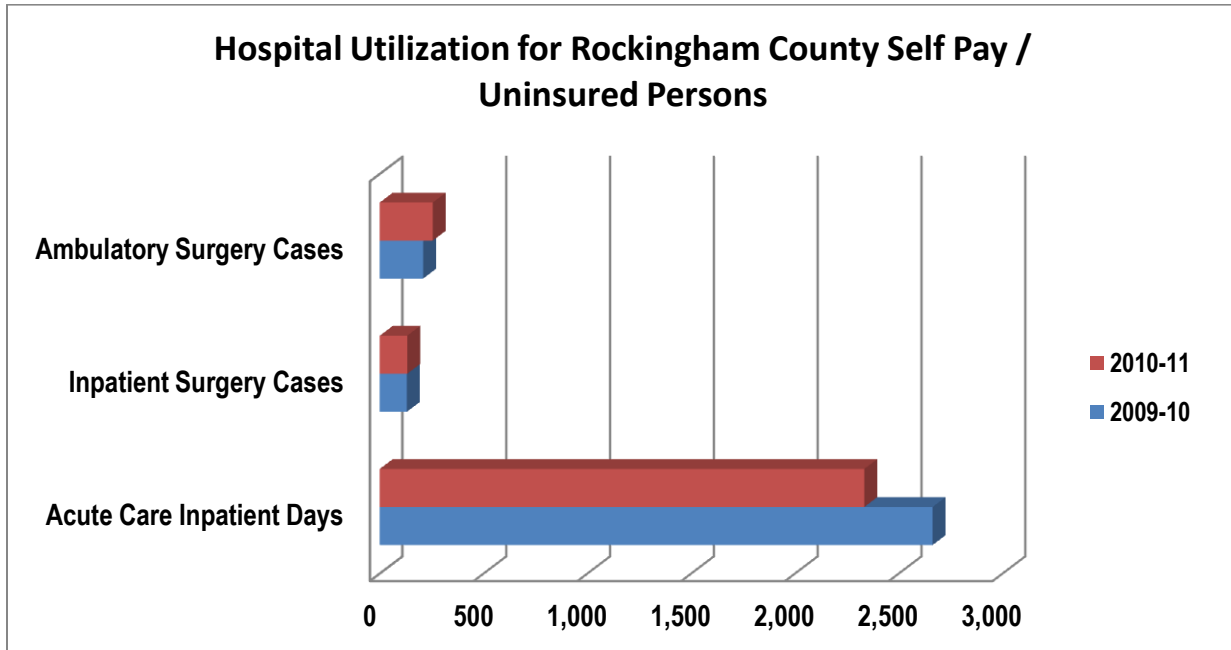
**Table 7. Emergency and outpatient visits for self pay/uninsured**

Rockingham County Self Pay / Uninsured	Emergency Visits	Outpatient Visits
2009-10	14,492	16,737
2010-11	15,496	16,435
% Change	6.9%	-1.8%

**Chart 2. Hospital utilization statistics: self pay/uninsured**



**Chart 3. Hospital utilization for self pay/uninsured**



**Table 8. Hospital acute care inpatient, inpatient surgery and ambulatory surgery for self pay/uninsured**

Rockingham County Self Pay / Uninsured	Acute Care Inpatient Days	Inpatient Surgery Cases	Ambulatory Surgery Cases
2009-10	2,663	130	209
2010-11	2,334	132	256
% Change	-12.3%	1.4%	22.5%

Acute care inpatient days dropped by 12.3 percent during the most recent year with three of the four hospitals showing reduced days of care for uninsured patients. Inpatient surgery cases for uninsured patients increased by 1.4 percent while ambulatory surgery cases increased by 22.5 percent for the most recent year.

For the 12 month period ending September 30, 2011, self pay / uninsured patients from Rockingham County averaged 42 emergency department visits per day and 44 outpatient visits per day. The following table provides utilization statistics per facility.

**Table 9. ED and outpatient visits by hospital facility serving Rockingham County**

	<b>Uninsured Low Income Annual Emergency Visits</b>	<b>Uninsured Emergency Visits Average per Day</b>	<b>Uninsured Low Income Annual Outpatient Visits</b>	<b>Uninsured Outpatient Visits Average per Day</b>
Morehead Memorial Hospital	4,359	12	5,300	14
Annie Penn Hospital	6,443	18	4,455	12
Moses Cone (Guilford Facilities)	4,078	11	5,468	15
NC Baptist Hospital	617	2	1,212	3
<b>Combined Totals</b>	<b>15,496</b>	<b>42</b>	<b>16,435</b>	<b>44</b>

Hospital emergency departments are mandated to provide access to uninsured patients. The Emergency Medical Treatment & Labor Act (EMTALA) was enacted by Congress in 1986 to ensure public access to hospital emergency services regardless of ability to pay. The Act imposes three primary requirements on Medicare-participating hospitals that provide emergency medical service:

1. The hospital must provide an appropriate medical screening exam to anyone coming to the ED seeking medical care;
2. For anyone that comes to the hospital and the hospital determines that the individual has an emergency medical condition, the hospital must treat and stabilize the emergency medical condition, or the hospital must transfer the individual; and
3. A hospital must not transfer an individual with an emergency medical condition that has not been stabilized unless several conditions are met that includes effecting an appropriate transfer.

Uninsured patients’ use of the hospital emergency departments is often due to a lack of access to primary care elsewhere.<sup>3</sup> The use of a hospital emergency department is a much more costly alternative as compared to physician office-based care or primary care services provided at the health department or a clinic. In Rockingham County the barriers to access for primary care include the absence of federal and state health centers, limited access to physician office-based care, limited transportation, extended waiting times for scheduling new patient visits at physician offices and eligibility requirements.

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<sup>3</sup>Keirns C, Newton M, Uninsured Adults Presenting to US Emergency Departments, *JAMA*. 2008;300 (16):1914-1924.

## **Annie Penn Hospital / Cone Health System**

Annie Penn Hospital in Reidsville is licensed at 110 acute care beds including 103 medical-surgical beds and 7 intensive care beds. It has 50 active members on its medical staff. In 2001, Annie Penn Hospital became part of the Cone Health network. As a not-for-profit organization, Annie Penn Hospital provides access for uninsured patients to a broad range of services including inpatient care, emergency care, outpatient diagnostic and therapeutic services, inpatient and ambulatory surgery, a nursing center, and a cancer treatment center that provides chemotherapy treatments.

### Annie Penn Hospital Emergency Department and Outpatient Services

For the 12 month period ending September 30, 2011, uninsured patient (self pay / indigent/charity) visits to the Annie Penn emergency department totaled 7,673 visits which were approximately 25 percent of the total emergency visits. Of these 7,673 visits approximately 6,443 were from Rockingham and the remaining 1,230 were from other counties and Virginia.

Total visits to the emergency department in FY 2011 increased by 8.27 percent over the previous year. Uninsured low income patients presenting to the Annie Penn Hospital emergency department generally have higher acuity as compared to the overall patient population.

According to Sandra Kueider, Director of the Annie Penn Hospital Emergency Department, the 2008 completion of the expanded and remodeled emergency department has been of great benefit to increase capacity and improve workflow. The department is now comprised of 23 exam rooms including 2 trauma rooms and 5 fast track rooms. The department is staffed 24 hours per day by physicians and augmented by physician's assistants 20 hrs per day during peak utilization. In 2011, the emergency department averaged 87 visits per day and the average length of time per emergency department visits was 3 hrs and 20 minutes (200 minutes).

Annie Penn Hospital has strong capacity to serve uninsured patients with its expansion and remodeling of the emergency department combined with the physician and physician's assistants' coverage. The Hospital's capacity to serve uninsured patients through the emergency department is also supported by specific factors:

- EA Health Insurance provides a mechanism to reimburse on-call specialists to provide consults and expedite uninsured patient treatment in the emergency department. This program began in 2010.
- Some physician specialists receive stipends for emergency call coverage of unassigned and uninsured patients; this also expedites the treatment process.

Strengths of the Annie Penn Emergency Department include the availability of excellent cardiac care and stroke care. The Department has some difficulty in referring uninsured patients for follow-up care due to the limited number of providers in the community. Mental health coordination of care within the Cone Health System is rated as excellent. Coordination and response for other mental health providers is rated as fair.

The hospital has no immediate plans to expand the emergency department services or outpatient services to the extent that would substantially increase or decrease utilization by uninsured low income patients. The emergency department expects a 4 percent annual increase in total visits in 2012 and future years due to the aging of the population.

Uninsured outpatient visits to Annie Penn Hospital totaled 5,305 visits for the 12 month period ending September 30, 2011. Uninsured outpatient visits represent 14.6 percent of the total visits. Annie Penn Hospital's capacity to provide outpatient visits (imaging, laboratory, therapy and treatment services) and services to uninsured patients is supported by multiple factors:

- Cone Health System Charity Care Policies
- Coordination and support agreement with the Free Clinic to provide diagnostic procedures and tests
- Susan G. Komen funding for mammograms and ultrasounds
- Coordination with the Health Dept with BCCCP
- Cone Health Women's Hospital and Reidsville Area Foundation provide support for mammograms

#### Capacity Evaluation

Like most hospitals, Annie Penn Hospital has the capability to increase its staffing resources on a given day or specific shift to accommodate fluctuations and increases in utilization. The hospital reports that it has adequate facility capacity and staffing resources to serve an increased number of visits, including uninsured low-income patients. In future years Annie Penn Hospital expects the emergency department and outpatient visits to increase by approximately 3 to 4 percent annually, including uninsured visits.

## **Morehead Memorial Hospital**

Morehead Memorial Hospital is a not-for-profit community hospital located on a 22-acre campus in central Eden. It is licensed for 108 acute-care beds including 81 medical-surgical beds 9 intensive care beds, and 12 labor/deliver/ recovery/post-partum beds. The hospital has an active medical staff of 55 physicians and a consulting/courtesy staff of 35 physicians. The not-for-profit community hospital is home to inpatient and day hospital services, surgical services, a state-of-the-art emergency department, a birthing center, a nursing center, and a cancer treatment center that provides chemotherapy and radiation therapy treatments. Morehead Memorial Hospital provides uninsured patients access to a broad range of services based on its financial assistance policy for medically necessary health care services.

### Morehead Memorial Hospital Emergency Department and Outpatient Services

For the 12 month period ending September 30, 2011, uninsured patient (self pay / indigent/charity) visits to Morehead's emergency department totaled 6,420 and represented approximately 19 percent of the total 33,584 emergency visits. Of the 6,420 uninsured visits approximately 4,359 patients were from Rockingham and the remaining 2,161 from Virginia and other NC counties. For the same period, uninsured outpatient utilization from Rockingham totaled 5,300 patients.

In June of 2006, Morehead Memorial Hospital opened a new emergency department that was triple the size of the facility it replaced. The 18,970 square foot facility includes 16 treatment rooms, two trauma rooms, larger, more comfortable waiting areas, better security, and space to care for patients requiring isolation, decontamination or psychiatric evaluation. The emergency department at Morehead has maintained high utilization. The Department is staffed 24 hours per day by physicians and augmented by physician's assistants during peak utilization.

Morehead Memorial Hospital is well positioned to serve uninsured patients. The Morehead emergency department's capacity to serve uninsured patients is also supported by specific factors:

- Access to a strong continuum of services and hospitalists
- Ob/Gyns, pediatricians, general surgeons and other specialists on-call
- Emergency department case manager coverage 7 days per week
- Availability of a fast track area to treat patients with minor complaints more quickly
- An X-ray room
- Positive relationship with Emergency Medical Services, mental health providers and law enforcement
- Availability of overflow capacity in adjacent space

Morehead Memorial Hospital has no plans to expand the emergency department services or outpatient services to the extent that would substantially increase or decrease utilization by uninsured low income patients. The emergency department expects a 5 percent annual increase in future years including uninsured visits. The percentage of uninsured patients is likely to remain the same.

Morehead Hospital's capacity to provide outpatient visits (imaging, laboratory, therapy services) and services to uninsured patients is supported by multiple factors:

- Morehead Memorial Hospital's financial assistance policies
- Coordination and support of the Student Health Centers to provide diagnostic procedures and tests
- Susan G. Komen funding for mammograms and ultrasounds
- Coordination with Department of Public Health with BCCCP
- Ongoing support from the Morehead Memorial Hospital Foundation
- Ongoing diabetes programs
- Chronic disease management programs

As the sole hospital provider of maternity care located within Rockingham County, Morehead Memorial Hospital delivered 552 newborns for the year ending September 30, 2011. Approximately 57 percent of the mothers were covered by Medicaid and 7 percent of the mothers were uninsured.

#### Capacity Evaluation

Morehead Memorial Hospital has the capability to increase its staffing resources on a given day or specific shift to accommodate fluctuations and increases in emergency department utilization. Patients with life-threatening illness or injuries have immediate access to care. Capacity and staffing resources for most outpatient departments can similarly be adjusted to serve an increased number of outpatient visits, including uninsured low-income patients.

Emergency department and outpatient visits at Morehead Memorial Hospital are projected to increase by approximately 5 percent annually, including uninsured visits.

## Physicians and Mid-level Providers

The Health Services and Resources Administration of the US Department of Health and Human Services designates Rockingham County as a Medically Underserved Area (MUA) due to the shortage of primary care physicians.

The resources and capacity assessment for physicians and mid-level providers examines the historical number of licensed providers within the county. Over the four year period from 2007 to 2010, the number of active licensed physicians in Rockingham County declined by 5 percent because physician recruitment has not kept pace with retirements and relocations. In recent years, more physicians have become employed by the hospitals. Also, the physician population in Rockingham County has a high average age with many physicians over the age of 55.

Growth in the number of nurse practitioners and physician’s assistants is a positive trend that enhances access to healthcare and supports the ongoing success of programs at the Department of Public Health, Student Health Centers, hospital emergency departments, and physician practices. The number of nurse practitioners has increased by 75 percent, growing from 12 in 2007 to 21 in 2010. Physician’s assistants increased 11.8 percent, rising from 17 in 2007 to 19 in 2010.

**Table 10. Rockingham County Health Professional Data**

Rockingham County Active Health Professionals	2007	2008	2009	2010
Primary Care Physicians	54	58	52	51
Specialists	44	46	40	42
Total	98	104	92	93
Nurse Practitioners	12	15	20	21
Physician Assistants	17	16	18	19
Physicians per 10,000 pop.	10.7	11.3	10	9.9
Primary Care per 10,000 pop.	5.9	6.3	5.7	5.4

Sources: 2007, 2008, 2009, 2010 Health Professions Data System, [www.shepscenter.unc.edu/hp/](http://www.shepscenter.unc.edu/hp/)

All 21 RN nurse practitioners plus 1 RN certified midwife in Rockingham County are assumed to be providing primary care. Rockingham County currently has a total of 19 physician’s assistants with 17 supervised by primary care physicians and 2 supervised by physician specialists.

Comparative data for the number of physicians per 10,000 population in 2010 shows that Rockingham County has fewer physicians than the Piedmont Health Service Area II and North Carolina statewide. Also, the number of primary care physicians in Rockingham County is substantially lower than the regional and statewide figures.

**Table 11. Physicians and primary care providers per 10,000 residents**

	Rockingham County	Piedmont Health Service Area II	North Carolina
2010 Data Active Health Professionals			
Physicians per 10,000 population	9.9	22.0	21.7
Primary Care per 10,000 population	5.4	9.4	9.4

Source: 2010 Health Professions Data System

Health Service Area II includes Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, and Yadkin Counties.

Physician recruitment is a high priority with both Morehead Memorial Hospital and Annie Penn Hospital. Over the past year, Morehead Hospital has recruited seven physicians including two hospitalists, two gastroenterologists (based in Danville, VA), one orthopedic surgeon, one urologist and one general surgeon. Annie Penn Hospital reports the recruitment of six physicians including one gastroenterologist, one internist/endocrinologist, one pediatrician, one internal medicine hospitalist, and two urologists. Of the 13 physicians that joined the medical staffs of the two hospitals, only one new physician is a primary care physician who was recruited to replace a physician who joined a practice in Brown Summit (Guilford County).

Obstacles to recruitment of new physicians to rural communities include:

- Physician and family preferences for an urban lifestyle
- Unfavorable payor mix as compared to urban counties
- Burdensome call coverage
- Unintentional medical school bias against practicing in rural communities.<sup>4</sup>

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<sup>4</sup>Chewning L, Spade J, Commentary: Rural Hospitals and Rural Physicians, NC Med J May/June 2007, Volume 68, Number 3.

## Physician Interviews and Surveys

Physician and mid-level provider interviews and survey results indicate the following:

- Most physicians in Rockingham County strongly support the recruitment of additional primary care physicians.
- Most physician practices in Rockingham County have higher percentages of Medicare and / or Medicaid patients as compared to the regional and statewide averages.
- Over the past several years, an increasing number of primary care and specialist physicians have become employed by either Annie Penn Hospital /Cone Health System or Morehead Memorial Hospital.
- The number of primary care physicians accepting uninsured patients is not increasing.
- Physicians report that they continue to serve patients who have lost their insurance due to unemployment / underemployment.
- Emergency room physicians and hospitalists employed by the hospitals provide care for all payor categories of patients in accordance with the hospitals' indigent care and financial policies that ensure access to medically necessary care.
- Physician specialists provide on-call coverage for the EDs with a variety of compensation mechanisms to fund professional services to uninsured patients with some follow-up office visits.
- Estimates of uninsured patients served by primary care physicians range between 2-11% of the total visits served by the physician practice. However, the majority of physician practices stated that they do not maintain statistics for the number of uninsured patients or annual visits.
- Mid-level providers, including physician's assistants, nurse practitioners and certified midwives, are very important to support access to medical care in a wide range of settings.

## Capacity Evaluation

Primary care physician capacity to serve uninsured patients appears unlikely to increase based on the historical trend. If the number of physicians in Rockingham County remains the same, then physician capacity to serve uninsured patients is not expected to increase due to several factors:

- Physicians may not be able to increase their productivity because the practice of medicine is increasingly complex due to changes in information systems and increasing amounts of non-clinical paperwork related to reimbursement.
- Office visits are likely to become more complex and time-consuming because the Rockingham County population is older and has higher disease rates as compared to the statewide population.
- The long term trend shows physicians in the US are working fewer hours.<sup>5</sup>

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<sup>5</sup>Staiger DO, Auerbach DI, Buerhaus PU, Trends in the Work Hours of Physicians in the United States, *JAMA*2010;303(8):747-753

### Primary Care Physicians and Mid-Level Providers Capacity Evaluation

For the purposes of estimated capacity, the 51 primary care physicians are assumed to be working full time and provide an average of 4,200 office visits annually. Mid-level providers are assumed to be working full time and provide an average of 2,100 office visits annually.<sup>6</sup>

The following calculations show the estimated capacity of 51 primary care physicians to serve uninsured patients, assuming that each physician provides 2 percent office visits to uninsured patients:

51 primary care physicians x 4200 annual visits = 248,370 annual visits for all payor categories

2 percent uninsured x 248,370 annual visits = 4,967 uninsured office visits by primary care physicians

2 percent x 4,200 = **97 uninsured annual visits per primary care physician**

Mid-level providers' capacity to serve uninsured patients is likely to increase as the number of providers has increased and these providers are increasingly being deployed in practice locations where higher volumes of uninsured patients are served, including the Free Clinic and the Department of Public Health. The 39 mid-level providers for primary care include 21 nurse practitioners, 1 midwife and 17 physician's assistants who are supervised by primary care physicians.

The following calculations show the estimated capacity of mid-level providers to serve uninsured patients:

39 midlevel providers x 2100 annual visits = 81,900 annual visits for all payor categories

5 percent uninsured x 81,900 annual visits = 4,095 uninsured office visits by mid-level providers

5 percent of 2,100 annual visits = **105 annual visits per mid-level provider**

As discussed earlier, primary care physician capacity is not expected to increase over the next five years due to the difficulty in recruiting physicians combined with the increasing complexity of medical practice and the higher acuity of the aging population. Most primary care physicians in Rockingham County are currently in the 50 to 60 year age group and may choose to work fewer hours in future years and /or have periods of time when they are not accepting new patients.

The capacity of mid-level providers is expected to continue to increase as more nurse practitioners and physician's assistants enter the workforce and find employment opportunities in Rockingham County. The steady growth in the availability of nurse practitioners and physician's assistants is consistent with the statewide historical trend as reported by the North Carolina Health Professions 2010 Health Data Book.

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<sup>6</sup> Health Resources and Services Administration's Bureau of Primary Health Care recommended productivity measures for physician and mid-level providers

## Dentists and Dental Hygienists

For the period from 2007 to 2010, the number of active licensed dentists in Rockingham County increased by 9 percent, growing from 22 to 24. For the same period the number of licensed hygienists working in Rockingham County decreased from 60 to 59. In addition, the Department of Public Health employs a 0.8 FTE dentist (husband and wife working together) who work at the Dental Clinic but reside and are licensed in a nearby county.

**Table 12. Dental health professionals in Rockingham County**

Rockingham County Active Health Professionals	2007	2008	2009	2010
Dentists	22	24	23	24
Dental Hygienists	60	61	69	59

Sources: 2007, 2008, 2009, 2010 Health Professions Data System, [www.shepscenter.unc.edu/hp/](http://www.shepscenter.unc.edu/hp/)

Rockingham County lags behind the national median of 6.0 dentists per 10,000 population and the North Carolina ratio of 4.4 dentists per 10,000 population. Rockingham County, with 2.61 active licensed dentists per 10,000 population, is underserved as compared to most counties of comparable size and four of the five counties that are listed as 2012 peer counties by North Carolina CATCH.<sup>7</sup>

**Table 13. Health professionals in comparable NC counties**

Comparison of 2010 Numbers of Active Licensed Dentists	Dentists	2010 Populations	Dentists per 10,000 Population
Burke (2012 CATCH County)	31	89,669	3.46
Caldwell (2012 CATCH County)	20	80,141	2.50
Cleveland	35	98,638	3.55
Lee (2012 CATCH County)	23	58,059	3.96
Nash	39	95,814	4.07
<b>Rockingham</b>	<b>24</b>	<b>91,873</b>	<b>2.61</b>
Surry (2012 CATCH County)	27	73,791	3.66
Wilkes (2012 CATCH County)	19	69,419	2.74
Wilson	23	80,022	2.87

Source: 2010 Health Professions Data System

Many dentists in Rockingham County are in the 55 to 65 age segment and are approaching retirement age. However, North Carolina is expected to have an increased supply of new dentists with the East Carolina University Dental School adding 50 graduates per year; enrollment at the University of North Carolina Dental School is likely to be increased by 19 students per class if funding is obtained for faculty additions.

<sup>7</sup> The North Carolina CATCH (Comprehensive Assessment for Tracking Community Health) system was developed by faculty of the University of North Carolina at Charlotte (UNCC) and funded by the North Carolina Division of Public Health in partnership with the Kate B. Reynolds Charitable Trust. NC-CATCH is a collaborative effort between UNCC and state and local public health agencies in North Carolina.

Dental resources for the uninsured population of Rockingham County include:

- Rockingham County dentists and hygienists routinely accept referrals from other safety net providers for low income uninsured patients
- “Care Time”, provided by Jim Eggleston, D.D.S. and Michael D. Burseson, D.D.S. in Eden. They offer dental treatment to two or three patients in need each week on Thursday mornings. Patients call in to schedule on a first-come, first-serve basis
- The Rockingham County Department of Public Health Dental Clinic sees uninsured adults and children
- Fill the Gap Dental Access Program, which obtained funding in 2011 from the Reidsville Area Foundation
- The Free Clinic of Rockingham County, which refers approximately 5 patients per week to local dentists
- Give Kids a Smile Program, which includes dental assessments for kindergarten and 3<sup>rd</sup> grade students, and in February 2012 provided referrals of 137 students from nine schools to local dentists and hygienists for exams, treatments and sealants
- Mission of Mercy Dental Clinic, sponsored by the North Carolina Dental Society and staffed by local volunteer dentists and dental hygienists, to be held again in March 2012

Rebecca Boulton, Public Health Dental Hygienist with the NC Oral Health Section reports that the oral health assessments that are conducted each year for all kindergarten and 3<sup>rd</sup> grade students show a trend of reduced tooth decay and a higher percentage of children with tooth sealants. She stated that the “Give Kids a Smile” program is very well supported by local dentists.

#### Capacity Evaluation

Recent literature reports that dentists’ productivity averages 45 visits per week and dental hygienists’ productivity averages 27 visits per week.<sup>8</sup> Local dentists report higher productivity with most dentists working 4 days per week and seeing 12 to 15 patients per day and hygienists averaging 8 patients per day. Survey / interview results show that more than half of the dentists in Rockingham County accept Medicaid patients and multiple practices in the county routinely provide dental care to indigent patients. The estimated percentage of uninsured patients served by local dentists range from 2 to 5 percent for several private practices to over 10 percent for the Rockingham County Department of Public Health.

The infrastructure that supports dental care for the uninsured population in Rockingham County is fragile due to economic factors. For example, the Dental Clinic at the Rockingham County Department of Public Health serves a high percentage of Medicaid and hundreds of uninsured patients with funding received from Medicaid and the Reidsville Area Foundation. If North Carolina reduces or eliminates Medicaid reimbursement for adult dental services, this will jeopardize the financial viability of the Clinic. Furthermore, if the number of Medicaid dental patients served by the Clinic decreases, the loss of revenue would diminish resources and capacity to serve uninsured patients. Similarly, the elimination of Medicaid reimbursement for adult dental services would have an adverse impact on local dentists and diminish their capacity to provide care to the uninsured.

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<sup>8</sup>White Paper # 2 Calculating Productivity Weights, Revision of Dental Health Professional Shortage Areas Criteria *Southeast Regional Center for Health Workforce Studies, Cecil G. Sheps Center for Health Services Research*

## **Specialty Services**

The Rockingham County Department of Public Health and the Free Clinic of Rockingham County provide disease management services for asthma, hypertension and diabetes. Many physician specialists in Rockingham County report that they provide services to uninsured patients through emergency department consults and follow-up treatment in their offices. Physician specialists also provide donated care at substantially discounted charges or at no charge to patients.

The Sickle Cell Disease Association of the Piedmont serves Alamance, Caswell, Forsyth, Guilford, Randolph and Rockingham Counties and provides health services and education for sickle cell disease and HIV/AIDS. The Triad Health Project provides intensive, individualized case management services, which are provided by professionals specifically trained and experienced in the field of HIV. THP also provides support, counseling and therapeutic groups to individuals and families who are learning to cope with HIV. Local patient referrals are served by the Moses Cone Outpatient Clinic, the Healthserve Community Clinic, and the High Point Community Clinic.

Physician services to the uninsured related to cancer screening, diagnosis and treatment are funded through national, state and local foundations.

Morehead Memorial Hospital and Annie Penn Hospital provide an extensive array of specialty programs that are available to the uninsured as outlined in Appendix E.

**Table 14. Rockingham County Matrix of Existing Safety Net Providers**

	<b>Free Clinic of Rockingham County</b>	<b>Department of Public Health</b>	<b>Mental Health – LME: CenterPoint and CABHA</b>	<b>Morehead Memorial Hospital</b>	<b>Annie Penn Hospital</b>	<b>Physicians and Midlevel Providers</b>	<b>Dentists</b>	<b>School Based/ Student Health Centers</b>
<b>Target Population</b>	Uninsured – working poor	General Public Low income and other special populations	General Public including Medicaid and uninsured	General Public including uninsured	General Public including uninsured	General Public Most serve Medicaid and uninsured	General Public including children; some provide care to uninsured and / or Medicaid	Children and adolescents including Medicaid and uninsured
<b>Geographic Locations</b>	Office in Reidsville serves all of Rockingham	Office in Wentworth serves all of Rockingham	See Map in Attachment A	Eden	Reidsville Greensboro	Multiple Locations Mostly Eden and Reidsville	Multiple Locations throughout the county	Four schools; See Map Attachment A
<b>Services Provided</b>	Primary care Chronic disease management Dental Prescription assistance Patient education	Child and maternal health Comprehensive primary care Dental care Prescription assistance  Wellness and community health education	ACCESS / Screening Referral, Mobile Crisis Psychiatry Services (also telemedicine) Walk-in Crisis Psychosocial Club House Assertive Community Treatment Team Indigent Medication program Intensive Substance Abuse Treatment Outpatient Individual and Group Treatment Targeted Case Mgmt. Youth MH Substance Abuse Residential Treatment	Emergency care Primary / specialty care Outpatient Care Inpatient Care Surgery Maternity and Newborn Nursing Facility Cancer Treatment Radiation Therapy  Wellness and community health education	Emergency care Primary / specialty care Outpatient Care Inpatient Care Surgery Nursing facility Cancer Treatment  Wellness and community health education	Emergency care Comprehensive Primary care Specialty care Eye Care  Patient education  Coordination of care with Free Clinic of Rockingham County	Dental care Some specialty dental care  Acceptance of referrals from Free Clinic  Care Time Program  Give Kids a Smile  Mission of Mercy Dental	Comprehensive Primary care Mental health Health education

	Free Clinic of Rockingham County	Department of Public Health	Mental Health – LME: CenterPoint and CABHA	Morehead Hospital Emergency Dept.	Annie Penn Hospital Emergency Dept.	Community Physicians and Midlevel Providers	Community Dentists	School Based/ Student Health Centers
<b>Primary Funding</b>	Cash and in-kind Foundation Grants Contributions	Medicaid and NC HealthChoice	Medicaid, State, County	Medicare, Medicaid, private insurance, community contributions	Medicare, Medicaid, private insurance, community contributions	Most accept Medicare, Medicaid, private insurance, plus in-kind contributions	Some accept Medicaid plus in-kind contribution of services	State revenues Federal grants Institutional sponsorship Local grants In-kind support
<b># of Physician, Dentists, Midlevel Providers or Other</b>	PA 0.50 FTE  With additional .05 FTE Nurse Practitioner (or PA) to begin in 2012	Physicians 0.16 FTE  PA 1.5 FTE  Nurse Pract. 2.08 FTE  Pharmacist 0.8 FTE  Pharmacist 0.15 FTE  Dentist 0.8 FTE	The number of mental health providers for Daymark totals 20 full time, 11 part time and 4 full time mobile crisis personnel.  Number of mental health providers for Youth Haven totals 6 licensed staff  Faith in Families – data not available.	16 exam rooms including 2 trauma rooms and fast track rooms  24 hour physician coverage with physician assistants  On-call specialists Case manager	23 exam rooms including 2 trauma rooms and 5 fast track rooms  24 hour physician coverage with physician assistants  On-call specialists	2010 License Data:  Primary Care 51 Specialists 42  Nurse Pract. 21 Nurse Midwives 1 PAs 19  Some Nurse Pract. are likely part-time	2010 License Data:  24 Dentists 69 Dental Hygienists  Dental Clinic at Department of Public Health  State Dental Hygienist assigned part time to Rockingham	RNs, 2.0 FTE Nurse Pract. 2.0 FTE Mental Health Counselors 4.0 FTE
<b>Capacity Formula and Assumptions</b>	Ratio of 0.5 FTE for PA supports 1820 annual visits for medical and chronic disease	Ratio of 3.74 FTEs physician, PA and NP providers to serve 8,400 – 8,500 annual visits (uninsured).  0.8 FTE dentist and is projected to serve approximately 274	Not applicable  Mental Health services are comprised of a wide variety of treatment and service modalities.  Staffing levels and programs are now in the process of changing to adapt to Medicaid waiver.	Not applicable  Emergency staffing and physician manpower can be increased to meet future needs.	Not applicable  Emergency staffing and physician manpower can be increased to meet future needs.	Primary Care physicians average 4,200 outpatient visits (all payor categories) with estimated 2 - 4% uninsured  Mid-level average 2,100 visits with 5% uninsured	Dentists are estimated to have an average of 48 to 60 visits per week and hygienists an average of 36 visits per week. Dentists' estimates of the number of uninsured visits at 5 to 10%.	Ratio of 8 staff providers to serve 1891 annual visits uninsured.

	Free Clinic of Rockingham County	Department of Public Health	Mental Health – LME: CenterPoint Human Services CABHA: Daymark, Youth Haven, Faith in Families	Morehead Hospital – Emergency Dept.	Annie Penn Hospital Emergency Dept.	Community Physicians	Community Dentists	School Based/ Student Health Centers
<p><b>Practical Maximum Capacity for Low-Income Uninsured Patient Visits</b></p> <p><b>Current Utilization as % of Capacity</b></p>	<p>30.75 visits / week for medical and chronic disease</p> <p>90 to 95%</p>	<p>165 visits / week for uninsured clinics visits (excludes immunizations) 5 uninsured dental visits per week (plus Medicaid)</p> <p>90 %</p>	<p>Daymark capacity is likely to remain constrained by reductions in state funding and transition to Medicaid waiver program.</p> <p>No additional capacity</p>	<p>Patient access is ensured by compliance with EMTALA.</p>	<p>Patient access is ensured by compliance with EMTALA.</p>	<p>Data from most physicians is not available. Patient access to primary care physicians is constrained by shortage of providers.</p>	<p>Multiple dentists accept referrals for low-income patients. Capacity can be increased by 10% +as dentists are willing to accept referrals.</p>	<p>55 visits/week during the school year.</p> <p>95% - 100%</p>
<p><b>Projected Future Capacity</b></p> <p><b>5 Years</b></p>	<p>Grant approved to add PA or Nurse Pract. in 2012. This will increase the clinic’s capacity up to 3,640 <u>annual visits</u> for medical and chronic disease over the next several years.</p> <p><u>This represents a 100% increase in capacity over the next few years.</u></p>	<p>Likely to remain the same or have some increased capacity based on maintaining funding sources.</p> <p>The <i>Living Healthy</i>, program offers a new resource for chronic disease self-management.</p>	<p>Implementation of the Medicaid-waiver will change the mix of service utilization. Access to services will still require the assessment. Capacity is likely to be constrained at Daymark with extended waiting times.</p> <p><u>Youth Haven projects to add staff and increase in future capacity to serve indigent patients.</u></p>	<p>Emergency department and Outpatient Services can add staff capacity to meet expected increases in demand for all patient categories.</p>	<p>Emergency department and Outpatient Services can add staff capacity to meet expected increases in demand for all patient categories.</p>	<p>Physician capacity to serve the uninsured has not increased in recent years due to decline in the number of physicians. Recruitment may not keep pace with retirements in future years.</p> <p>Midlevel capacity to serve uninsured will likely increase at a strong rate of <u>5 percent or more per year with increased number of providers.</u></p>	<p>The number of dentists in Rockingham may remain stable or possibly increase as the NC Dental Schools will increase numbers of graduates.</p> <p>Dentists are willing to accept referrals for uninsured patients. A system for patient eligibility screening / referrals is currently being planned.</p>	<p>Likely to remain the same or have some increased capacity based on maintaining funding sources.</p>

## Comparison of Safety Net Providers in Similar Counties

Table 15. Cross-county comparison of safety net providers

County	July 2011 Estimated Population	% Uninsured	Federally Qualified Health Centers	Rural Health Centers	Health Dept. (offering primary care)	Free Clinics	School Centers	Medicaid Dental Practices (Accepting Medicaid Pts.)	Free Clinic Dental Sites
Burke (2012 CATCH County)	91,463	17.7%	0	0	0	1	0	14	1
Caldwell (2012 CATCH County)	83,788	18.1%	2	2	1	1	0	10	1
Chatham	65,742	19.3%	2	0	1	0	0	0	0
Cleveland	98,760	18.6%	0	3	0	0	8	16	0
Lincoln	80,134	19.0%	1	0	0	1	0	14	0
Lee (2012 CATCH County)	58,059	21.5%	0	0	1	1	0	11	1
Moore	89,956	18.5%	1	0	0	1	0	6	1
Nash	97,466	19.7%	0	3	0	1	0	9	0
<b>Rockingham</b>	<b>94,252</b>	<b>19.0%</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>15</b>	<b>1</b>
Surry (2012 CATCH County)	73,791	19.1%	0	2	1	2	0	4	0
Wilkes (2012 CATCH County)	69,419	19.1%	0	3	1	0	5	8	0
Wilson	82,423	21.9%	2	0	1	0	0	12	0
Combined # Totals			8	13	7	9	17	119	5
<b># Counties with this Type of Provider</b>			<b>5 of 12</b>	<b>5 of 12</b>	<b>7 of 12</b>	<b>8 of 12</b>	<b>3 of 12</b>	<b>11 of 12</b>	<b>5 of 12</b>

### County Listings for CATCH

Source: North Carolina Center for Health Statistics, NC-CATCH, <http://www.schs.state.nc.us/SCHS/catch/>

### Population

Source: North Carolina OSBM County/State Population Projections, Annual County Populations 2010-2019, September 2011 Data Accessed

### % Uninsured

Source: Berkeley Yorkery of the NCIOM, December 2010

Prepared by the North Carolina Institute of Medicine and the Cecil G Sheps Center for Health Services Research, UNC at Chapel Hill

Source: Original analysis of the Current Population Survey March Supplement Data

Note: Estimates are not directly comparable to previously published NCIOM/Sheps Center estimates due to slight changes in the methodology.

### Federally Qualified Health Centers

Source: <http://hpsafind.hrsa.gov/HPSASearch.aspx>

### Free Clinics

Source: Jason Baisden of the NC Free Clinic Association

### Rural Health Centers

Source: ORHCC, North Carolina Office of Rural Health and Community Care

### School Centers

Source: Connie Parker and Daniel Garson-Angert of the NCSCHA

### Health Departments Offering Primary Care

Source: North Carolina Public Health Association

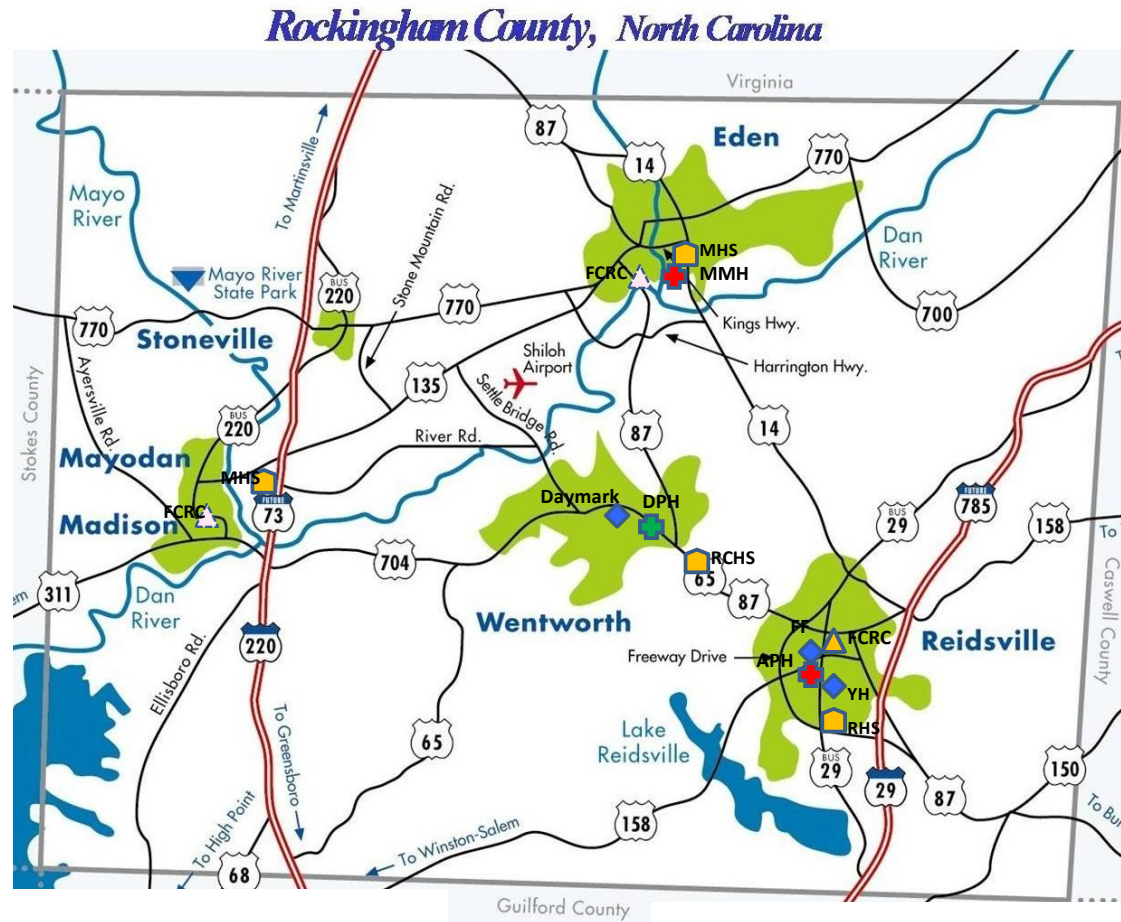
### Medicaid Dental Practices







Source: Mark W. Casey DDS, MPH Dental Director - Medicaid, Sept, 2011

### Free Clinic Dental Sites

Source: Jason Baisden of the NC Free Clinic Association

Appendix A—Maps of Safety Net Provider



- 
Morehead Memorial Hospital,  
Annie Penn Hospital
- 
Rockingham County Department  
of Public Health
- 
Free Clinic of Rockingham
- 
Future Part-Time Sites  
(Madison and Eden)
- 
McMichael High School  
Morehead High School  
Rockingham County High  
School  
Reidsville High School
- 
Daymark  
Youth Haven  
Faith in Families

## Appendix B – Mobile Health Services

For many years, North Carolina healthcare providers have utilized mobile health units to expand access for primary medical care, dental care and specialty diagnostic services such as mammography. These units typically cost between \$150,000 to \$700,000 depending on the size of the vehicle and trailer, the type of equipment, and the customization of the unit. The Duke Endowment and the Kate B. Reynolds Charitable Trust have provided numerous grants to support mobile health units and both have conducted follow-up studies to evaluate the impact of their grants.

### Mobile Medical Units

Many of the mobile health units in North Carolina were implemented by hospitals with generous support from foundations. From 1995 to 2000 fifteen hospitals received grants from the Duke Endowment to purchase and support a mobile medical unit. The Duke Endowment website [www.dukenedowment.org](http://www.dukenedowment.org) lists the hospitals that implemented mobile medical units and reports that the scope of services for these mobile units covers a wide range of services. Laboratory services, immunizations and health risk screenings were the most frequently offered. Other common services included nutritional assessments and counseling, chronic disease management, gynecological care, hearing tests, mammography and dental care. Almost half of the programs employed a full-time RN and a person to help with patient registration. Most programs used other hospital staff on a part-time, as-needed basis. More than a third of the programs employed full-time drivers with commercial licenses. Several used medical personnel with commercial licenses. All of the programs offered services on weekdays; most also offered services on evenings and weekends. Typically, the programs used their units between 11 to 15 days a month. All programs regularly provided services at health fairs and almost all provided services at workplaces. Most of the programs offered services with local health departments, churches and schools.

### Additional Examples of Mobile Medical Care

**The Presbyterian Hospital Community Care Cruiser** is a 40-foot mobile clinic that serves as a doctor's office and provides comprehensive primary and preventive medical care to youths (ages 0-17) who cannot afford to pay. Services include:

- Developmental screening
- Primary care
- Immunizations
- Pregnancy testing
- Disease diagnosis
- Preventive education
- Asthma prevention and treatment

The Cruiser works with places of worship, schools and other support groups to promote the clinic and provide easy access for children who need its services. Presbyterian Hospital works with its Parish Nursing Program to establish strong working relationships in the communities.<sup>9</sup>

**WATCH Mobile Medical Unit** travels to 20 pre-determined locations each month to provide primary and acute health care to the uninsured population of Wayne County. All medical visits, including necessary lab work, are provided free of charge to uninsured persons residing in Wayne County. Care is provided by mid-level practitioners, nurse aides and volunteers. WATCH has been operational for 7 years and has provided in excess of \$7 million in free care. Funding is derived from many sources: the Duke Endowment, the Kate B. Reynolds Charitable Trust, the County of Wayne, the Blue Cross Blue Shield of NC Foundation, Wayne Memorial Hospital, the Korschun Foundation, the State of NC and local businesses, industries and individuals.<sup>10, 11</sup>

**Health on Wheels** is a broad-based mobile medical unit program started in the spring 2010 at the University of North Carolina at Chapel Hill. The program's mission is to bring basic health initiatives and opportunities directly to the community; this includes health screenings, medical appointments, health studies, and the sharing of health information. The unit is made available to UNC researchers, UNC clinicians and other UNC collaborators.<sup>12</sup>

#### Mobile Dental Units

The availability of mobile dental units in North Carolina has been supported by grants from foundations, church organizations and the North Carolina Dental Society. The Kate B. Reynolds Charitable Trust provided grants to 16 groups to support mobile or portable dental units, with the mobile units mainly serving children at schools and the portable units mainly serving elderly people at nursing homes. Of the 16 mobile or portable dental units the Foundation funded, 14 were still operating in 2006 and provided over 27,500 annual visits to over 13,500 underserved North Carolinians, many of them children. Six of the mobile units, which served children in 13 counties, including Forsyth and Davie, reported handling at least 1,800 patient visits a year each, while seven of the mobile units, which served children in 27 counties, reported handling fewer than 1,800 patient visits a year. Two portable units, including one in Guilford County operated by Access Dental Care and one in Mecklenburg County, served mainly elderly or disabled populations, or both, while a portable unit operated by volunteers for the Open Door Dental Clinic of Alamance County, provided 10 to 12 weekend clinics a year. A copy of the study that evaluates the impact of the Kate B. Reynolds Charitable Trust grants is available on the foundation's website [www.kbr.org](http://www.kbr.org).

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<sup>9</sup>[www.presbyterian.org/cruiser](http://www.presbyterian.org/cruiser)

<sup>10</sup> <http://www.getwatch.org/Access%20to%20Care.html>

<sup>11</sup>[www.ncfreeclinics.org](http://www.ncfreeclinics.org)

<sup>12</sup>[www.med.unc.edu/healthonwheels](http://www.med.unc.edu/healthonwheels).

### Examples of Mobile Dental Units

**CMC Mobile Dentistry** is a collaborative pilot project begun in 1997 between Carolinas HealthCare Foundation, the Kate B. Reynolds Charitable Trust and the North Carolina Dental Society. Mobile Dentistry offers a fully mobile, modern dental office staffed by a geriatric dentist, dental hygienist and dental assistants. They provide oral hygiene and dental care at nursing facilities, assisted living facilities and retirement communities in Mecklenburg, Cabarrus, Union and Gaston Counties.<sup>13</sup>

**Pender County Mobile Dental Unit called Forever Smiles** is a state-of-the-art mobile dental clinic (a 50 ft, 3-operator clinic) that was financed by funding from the Kate B. Reynolds Foundation, the Cape Fear Memorial Foundation, and Medicaid funds. This clinic was placed in service in October 2008. The clinic is parked at each school for as long as necessary to treat any needy child, and then moved to the next school on the schedule (approximately one month, depending on demand). The dental clinic staff provides preventative and restorative dental care to low-income children and adults at the Pender County Health Department. The mobile school dental clinic provides dental services at Pender Schools, pre-K through 8th grade, and Head Start programs.

**Cabarrus Health Alliance Mobile Dental Clinic provides** preventive and restorative dental treatment in a mobile dental van that travels to schools. In an effort to reduce the incidence of dental caries in preschool children, the Cabarrus Health Alliance dental team provides dental screenings and referrals for preschool-aged children in community settings as well as oral health education to children, parents, teachers, and childcare providers. It is also a recognized training center for healthcare students and professionals.<sup>14</sup>

### Mobile Mammography Units

Mobile mammography units are often an effective strategy to provide improved access to breast cancer screening. Some women go without life-saving screenings due to lack of time, transportation, resources, scheduling flexibility or access to healthcare. Nationally, only about 68 percent of women 40 and above have had a mammogram in the past two years, according to the Federal Centers for Disease Control. While the Susan G. Komen Breast Cancer Foundation and Avon Foundation for Women are major funding sources for screening mammography, these foundations do not typically fund the full cost of implementing a mobile mammography unit. These mobile units often serve large facilities with numerous female employees and also focus on underserved communities.

### Examples of Mobile Mammography

**Rex Mobile Mammography** provides a convenient option for businesses and other organizations so that all women may benefit from mammography's early detection capabilities. The results of the confidential mammogram are sent to the patient and the personal physician. Rex Mobile Mammography is made possible through generous funding from Revlon, Inc, the Rex Hospital Open, and the Rex Healthcare Foundation. Mammography services funding is available for qualified women utilizing the mobile mammography unit through generous funding from Susan G. Komen for the Cure, NC Triangle Affiliate.

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<sup>13</sup> [www.carolinasmedicalcenter.org/body.cfm?id=1763](http://www.carolinasmedicalcenter.org/body.cfm?id=1763)

<sup>14</sup> [www.cabarrushealth.org/services/dental/index.htm](http://www.cabarrushealth.org/services/dental/index.htm)

### Points to Consider Regarding Mobile Health Units

Mobile clinics are most supportive of the health care system when there has been significant planning, they target a specific population and/or a particular health service of concern, and when they are linked to another larger health system.

Mobile health units often rely on a fixed facility for resources and coordination of patient referral and to provide additional specialized care.

The Duke Endowment reports that most providers who obtain grants conducted careful market research and cost analysis to establish goals, including determining potential uses for the unit, before purchasing a mobile medical unit.

The International Committee for the Red Cross (ICRC) has set guidelines for deploying mobile health units to meet health care needs. They recommend MHUs only as an exceptional strategy, to be used when access to services is otherwise unavailable.

**Table 16. Mobile Health Services advantages and disadvantages**

<b>Mobile Health Units</b>	
<b>Advantages</b>	<b>Disadvantages</b>
<p><b>Capability to Serve Special Populations</b> Mobile health units are often utilized to serve schools, long term care facilities and facilities with a large number of employees.</p> <p><b>Partnering with hospitals and community agencies</b> Mobile health care can provide an effective strategy to strengthen relationships, increase referrals and provide community service.</p> <p><b>Improve Access and Convenience</b> A properly equipped and designed mobile unit can deliver medical services on a regularly scheduled basis. Services can range from simple medical exams, dental treatments, lab testing, mammographic screening, and advanced diagnostic procedures. Mobile units can be effective in serving geographically isolated populations including rural communities and inner cities.</p> <p><b>Cost Effectiveness:</b> Mobile health care offers a cost effective alternative that avoids the cost of a building and can provide part-time intermittent service to an area that may not have sufficient patient volume to warrant permanent installations.</p> <p><b>Provide Medical Technology to Enhance Healthcare Services</b> Mobile mammography units provide scheduled service to numerous healthcare facilities throughout North Carolina. In this way the fixed cost of the mobile unit and equipment can be shared over numerous sites.</p>	<p><b>Uncertain Utilization</b> Mobile units can experience low utilization due to high rates of missed appointments.</p> <p><b>Potential to Diminish Utilization for Providers of Similar Service</b> A mobile health unit could potentially diminish the utilization of an established facility in a neighboring community that provides services to low income patients.</p> <p><b>Equipment Maintenance and Repairs</b> The customized features and equipment of mobile health units may require special maintenance and repairs that can disrupt services.</p> <p><b>Scheduling and Transportation Issues</b> The logistics of establishing and maintaining an effective service schedule can be difficult. Considerable time and resources are needed to arrange the schedule of services at each site. Staff needs to obtain a commercial driver’s license.</p> <p><b>Financial Feasibility</b> The implementation of a mobile health unit requires a substantial investment in the unit and equipment and then ongoing financial support for operating costs.</p> <p><b>Regulatory Approval and Accreditation</b> Mobile imaging services must obtain regulatory approval and accreditation and provide extensive documentation regarding quality assurance.</p>

**Appendix C – Mental Health Services Providers in Rockingham County**

SERVICE	POPULATION / DISABILITY AREA	PROVIDER	CONTACT INFORMATION	FUNDING SOURCE
ACCESS / Screening-Triage-Referral	All ages and disabilities	CenterPoint Human Services	Toll-Free 1-888-581-9988; TTY 866-625-0230	N/A
Assertive Community Treatment Team	Adult / Mental Health	Daymark Recovery Services	405 HWY 65 Wentworth, NC 27375 336-342-8316	Medicaid and State
Community Alternatives Program (CAP)	Adult and Child Developmental Disabilities	Able Corp; Maxim; Rouse's; Wescare	Toll-Free 1-888-581-9988; TTY 866-625-0230	CAP Funding (Medicaid)
CABHA Core Services - Medication Management, Comprehensive Clinical Assesment, Outpatient Mental Health Services	Child / Adults - Mental Health and Substance Abuse	Daymark Recovery Services	405 HWY 65 Wentworth, NC 27375 336-342-8316	Medicaid and State
		Faith in Families	232 Gilmer St., Suite 206 Reidsville, NC 27320 336-653-9584	Medicaid
		Youth Haven	229 Turner Drive Reidsville, NC 27320 336-349-2233	Medicaid and State
Child and Adolescent Day Treatment	Child Mental Health	Youth Haven	229 Turner Drive Reidsville, NC 27320 336-349-2233	Medicaid and State
Community Support Treatment Team	Adult Mental Health	Faith in Families	232 Gilmer St., Suite 206 Reidsville, NC 27320 336-653-9584	Medicaid
Diagnostic Assessment	Child and Adult Mental Health	Faith in Families	232 Gilmer St., Suite 206 Reidsville, NC 27320 336-653-9584	Medicaid
		Burseton's Consulting & Counseling Services, LLC	1117 S. Main St., Reidsville, NC 27320 336-342-3592	Medicaid
		Youth Haven	229 Turner Drive Reidsville, NC 27320 336-349-2233	Medicaid and State
Intensive In-Home Services	Child Mental Health	Faith in Families	232 Gilmer St., Suite 206 Reidsville, NC 27320 336-653-9584	Medicaid
		NC Mentor	1400 Old Mill Circle, Suite B Winston-Salem, NC 27106 336-765-8912	Medicaid
		Youth Haven	229 Turner Drive Reidsville, NC 27320 336-349-2233	Medicaid and State
Juvenile Justice / Substance Abuse / Mental Health Patnership (EBP_GAIN and 7 Challenges)	Adolescents / Sunstance Abuse, Mental Health Juvenile Justice Involved Youth	Daymark Recovery Services	405 HWY 65 Wentworth, NC 27375 336-342-8316	Medicaid and State

**Appendix C - Mental Health Services Providers in Rockingham County (continued)**

SERVICE	POPULATION / DISABILITY AREA	PROVIDER	CONTACT INFORMATION	FUNDING SOURCE
Mobile Crisis Management Services	All consumers including new consumers who do not have a service provider. (Individuals receiving services should contact their provider first.)	Daymark Recovery Services	405 HWY 65 Wentworth, NC 27375 336-342-8316	Medicaid and State
Multisystemic Therapy	Child Mental Health	Faith in Families	232 Gilmer St., Suite 206 Reidsville, NC 27320 336-653-9584	Medicaid
		Youth Villages	7900 Triad Center Drive, Suite 350 Greensboro, NC 27409 336-931-1800	Medicaid
Psychosocial Rehabilitation	Adult Mental Health	Daymark Recovery Services	179 Communications Lane, Reidsville NC 27320 336 342-8316	Medicaid and State
		A Leap of Faith	614 B Chief Martin Road Madison NC 27025 336 548-7460	Medicaid
Residential Treatment Level II	Child Mental Health	Youth Haven	1106 Gunn St. Reidsville NC 27320 336 349-2233	Medicaid and State
		Empowered Girls Therapy Home	122 Main St. Reidsville NC 27320 336 361-9579	Medicaid
		Central Care Division	906 Williams St., Eden NC 27288 336-635-2000	Medicaid
			722 Miles St., Eden NC 27288 336-635-2000	Medicaid
Residential Treatment Level III	Child Mental Health	Life Turn Group Home	3008 HWY 150 East Reidsville, NC 27320 336-342-2609; 336-852-6006	Medicaid
		Wes Care Professional Services	211 Bedford St. Eden, NC 27288 336-272-8335	Medicaid
Substance Abuse Intensive Outpatient Treatment	Substance Abuse	Daymark Recovery Services	405 HWY 65 Wentworth, NC 27375 336-342-8316	Medicaid and State
Therapeutic Foster Care	Child Mental Health	NC Mentor	1400 Old Mill Circle, Suite B Winston-Salem, NC 27106 336-765-8912	Medicaid

## Appendix D. Hospital-Based Programs and Services

<b>Programs and Services At Morehead Memorial Hospital</b>			
<b>Name of Program Offered to Uninsured Patients</b>	<b>Description of Program</b>	<b>Funding Sources</b>	<b>Comments</b>
<b>Susan G. Komen for the Cure NC Triad Affiliate</b>	Screening mammograms, diagnostic mammograms, breast ultrasound and biopsies	Grant Funded by Susan G. Komen for the Cure NC Triad Affiliate	April 1, 2011 to March 31, 2012
<b>Diabetes Program</b>	Free diabetes class, focusing on diet, open to the public	MMH	Ongoing - Please see the hospital website for schedules
<b>Prostate Screening</b>	A free prostate cancer screening is offered yearly to the public	MMH	Yearly (Prev. September 17, 2011)
<b>Skin Cancer Screening</b>	A free skin cancer screening is offered to the public	MMH	Periodically (Prev. July 20, 2011 and August 3, 2011)
<b>Blood Pressure and Blood Glucose Screenings</b>	Free blood pressure and blood glucose screenings at health fairs and events	MMH	As needed
<b>Foundation Patient Assistance Program</b>	The Foundation has funds available to assist patients in need with a wide variety of programs and services	MMH Foundation	Ongoing – Please contact the Patient Accounting Office
<b>House Calls Radio Show</b>	Morehead Hospital provides education on health related topics via a local radio station twice each month	MMH	Twice monthly – 1490 WLOE AM • 1420 WMYN AM 11:30 a.m., 2nd & 4th Wednesdays
<b>Weight Loss / Obesity Program</b>	Free nutritional counseling with a registered dietitian; requires doctor's referral	MMH	Year round by appointment
<b>Case Management</b>	Morehead Hospital provides health care to patients who are uninsured unemployed, or underinsured. Supply medications, supplies, equipment / transportation	Reidsville Area Foundation	Grant period July 1, 2011 – June 30, 2012

<b>RAF Mammography</b>	Morehead Hospital provides screening mammograms and education regarding breast health.	Reidsville Area Foundation	Grant period July 1, 2011 – September 30, 2012
<b>NC Breast &amp; Cervical Cancer Control Program (BCCCP)</b>	Morehead Hospital provides clinical consultation. breast exams, pap smears and diagnostic procedures; mammograms, ultrasound, colposcopies, breast and cervical biopsies.	Funded by State and Administered by Rockingham County Department of Public Health	As funds are available

**Appendix D. Hospital-Based Programs and Services (continued)**

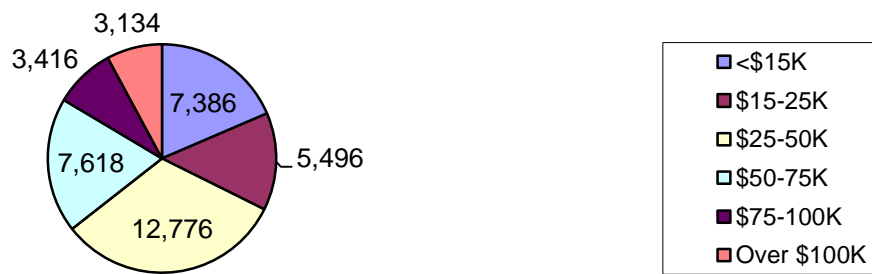
<b>Programs and Services At Annie Penn Memorial Hospital</b>			
<b>Name of Program Offered to Uninsured Patients</b>	<b>Description of Program</b>	<b>Funded By</b>	<b>Comments</b>
<b>Care Management Grant</b>	Provide health care to patients who are unemployed, uninsured or underinsured. Supply medications, supplies, equipment, and/or transportation	Reidsville Area Foundation	July 1, 2011- June 30, 2012
<b>RAF Mammography</b>	Provide screening mammograms and education for breast health	Reidsville Area Foundation	July 1, 2011-September 30, 2012
<b>NC Breast &amp; Cervical Cancer Control Program (BCCCP)</b>	Clinical breast exams; pap smear, diagnostic procedures as indicated. Mammograms, ultrasound, coloscopies, breast & cervical biopsy, and consults	Funded by State and administrated by Rockingham County Health Department	As funds are available
<b>Susan Komen Mammography</b>	Mammography (screening & diagnostic), needle core biopsy, supplies, prosthesis and education	Susan G. Komen	April 1, 2011- March 31, 2012
<b>Mammography</b>	Screening mammograms	Cone Health Women's Only 5K	As funds are available
<b>Breast Cancer</b>	Breast cancer only. General fund, no restrictions	Annie Penn Hospital Foundation (Bowling and Golf Fund)	Year Round
<b>All Cancers</b>	All Cancer: medical bills, supplies, & equipment, home assistance (ramps etc.) living expenses (utilities, transportation, groceries, auto gas, etc.) for qualified patients	Barry L. Joyce Cancer Fund	Year Round
<b>All Cancers</b>	All Cancer: indigent patients with diagnosis of cancer	Ashby Penn Fund	As funds are available

## Attachment A - Description of Community Served by the Hospitals

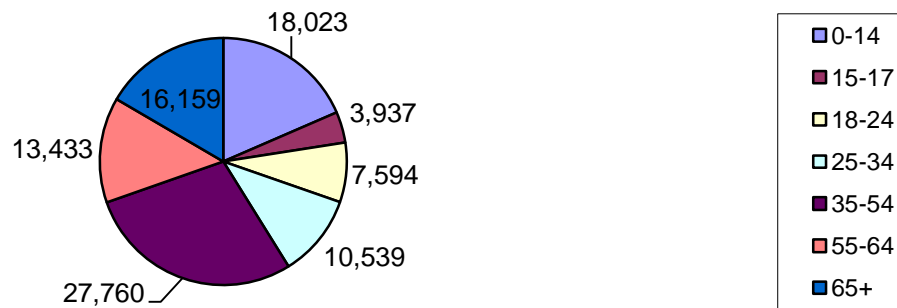
Data and maps detailing current demographics, including income levels, age, race/ethnicity, and educational attainment for the county with a comparison to surrounding counties, state, and national information are included in **Attachment A**.

### Rockingham County

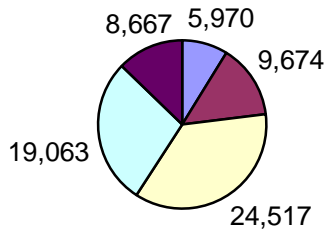
#### Current Households by Income Group



#### Population Distribution by Age Group

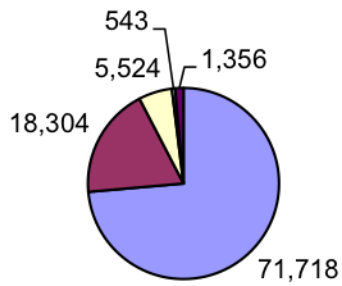


### Population Age 25+ by Education Level



- Less than High School
- Some High School
- High School Degree
- Some College/Assoc. Degree
- Bachelor's Degree or Greater

### Population Distribution by Race/Ethnicity

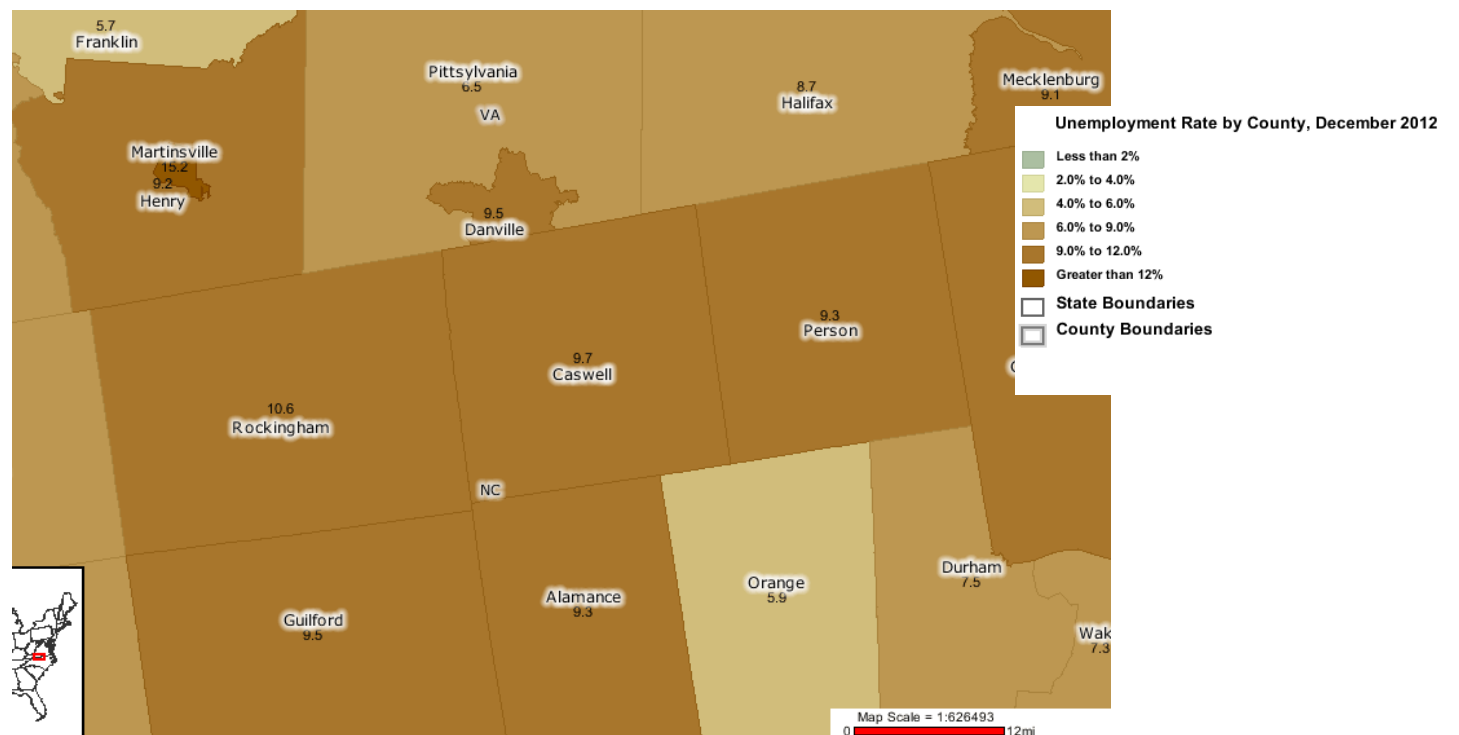


- White Non-Hispanic
- Black Non-Hispanic
- Hispanic
- Asian & Pacific Is. Non-Hispanic
- All Others

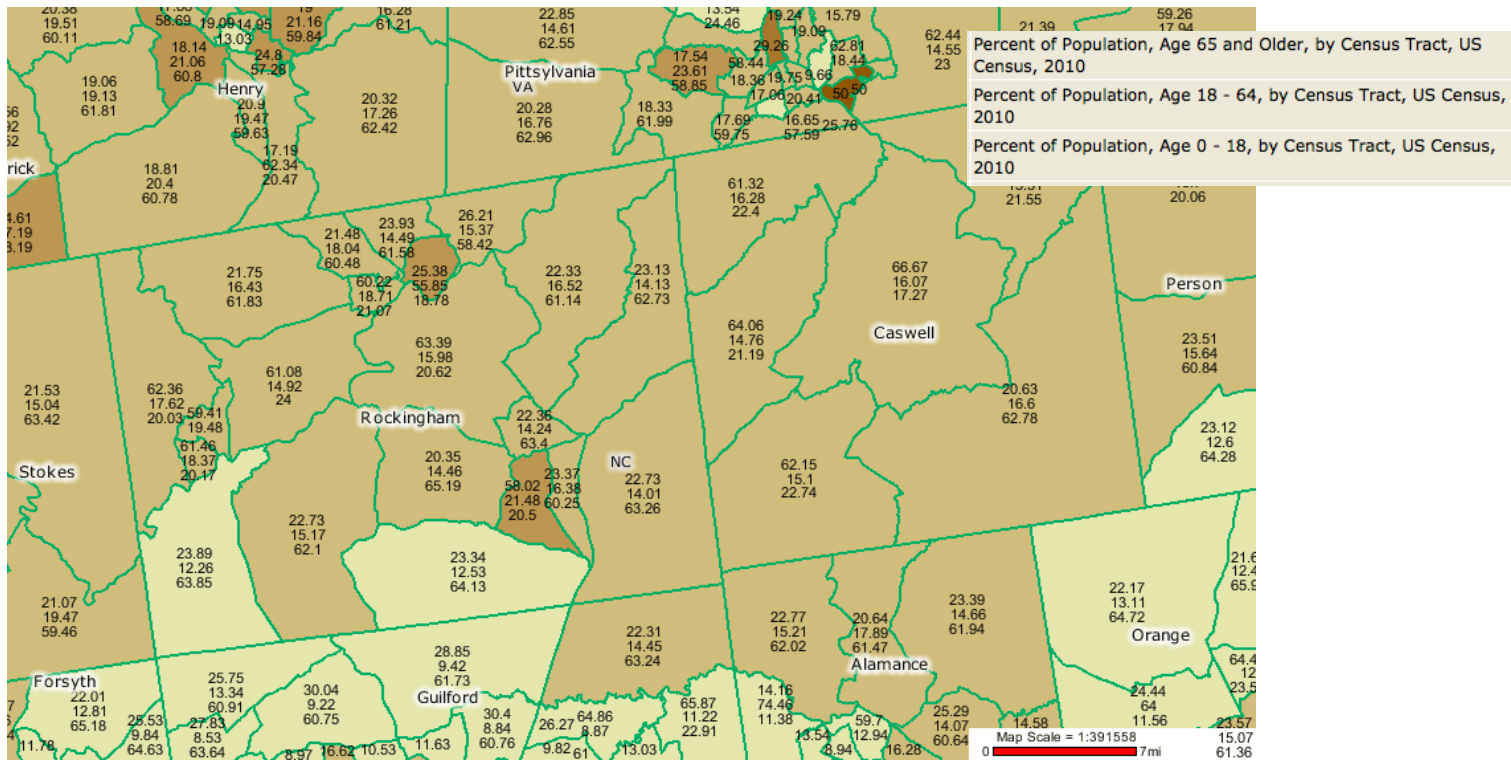
## Mean Household Income



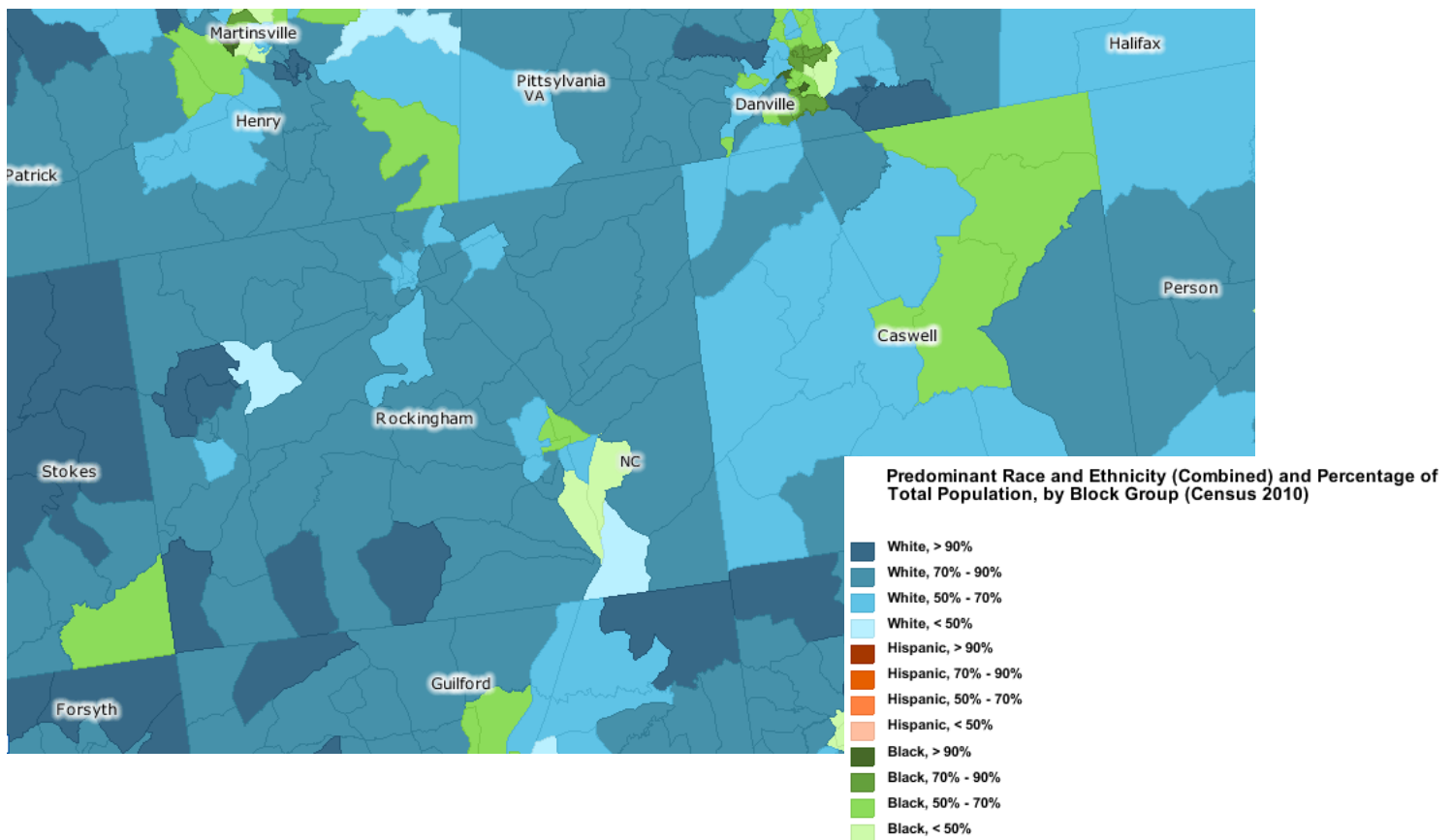
## Unemployment



## Age - % of population by 0-18, 18-64, 65+



## Race/Ethnicity



## Attachment B - CHNA Team Members

Community Health Needs Assessment team members and those who attended planning meetings between April 2012 and May 2013.

Name	Title	Organization
Mickey Foster	Executive Vice President for Hospital Operations and President of Annie Penn Hospital	Annie Penn Hospital
Tim Clontz	Executive Vice President – Health Services	Cone Health
Aaron Saunders	Manager, Ambulatory Development and Operations	Cone Health
Stokes Anne Hunt	Executive Director Annie Penn Foundation	Annie Penn Foundation
Debbie Green	Nursing/Patient Services, Annie Penn Hospital	Cone Health
Aashka Mehta	Director, Health Services	Cone Health
Dr. Stanley Harrison	Physician	Annie Penn Hospital/Cone Health
Dr. Mark Boles	Chief of Staff	Annie Penn Hospital/Cone Health
Jennifer Nixon	Executive Director	Rockingham County Healthcare Alliance
Katrina White	Health Education Program Manager	Rockingham County Health Department

## **Attachment C - Identified Health Needs**

### **Access to Care**

Includes increase # of providers, transportation, care coordination/navigation, coordination of health education, and elder care services. Will use age specific strategies

### **Health Behaviors:**

Obesity, Nutrition, and Physical- Inactivity

### **Chronic Diseases:**

Cancer, diabetes, heart disease/stroke, asthma, HIV/AIDS

### **Oral health**

### **Maternal and Child Health**

Includes Teen Pregnancy

### **Mental Health:**

Alzheimer, dementia, depression, suicide, distribution of providers, increase # of providers

### **Improved Education**

Increase graduation rates

### **Tobacco Use**

### **Elder care options/services for elderly:**

Seniors/Alzheimer's/dementia

### **Violence**

### **Health Conditions**

Stroke, flu, pneumonia

### **Unintentional injury**

### **Poverty**

### **Recreational Facilities**

## Attachment D - Stakeholder Interviews

Between Nov. 2012 and Feb. 2013, 10 stakeholder interviews were conducted confidentially by Care Share Health Alliance to learn various perspectives about the strengths, opportunities, and needs within Rockingham Counties health care system.

A number of recurring themes emerged regarding the *strengths* of health services currently offered in the county and include; 1) well-run efficient hospitals and other health care facilities, 2) strong and caring primary care physicians and specialists, and 3) increased collaboration among providers.

The themes for the top three *health concerns* that emerged include: 1) access to care, 2) improved health education and literacy, and 3) improved prevention methods (i.e. addressing poor health behaviors that affect major health concerns in obesity, hypertension, diabetes, stroke, and smoking). Ideas on how best to *address the top three health concerns* included: 1) having the health systems focus and collaborate to address top issues; 2) create a shared system with more care coordinators, physicians, and health educators; 3) improve education in schools and communities; and 4) increase funding and focus on education and economic development.

Recurring themes for the *opportunities for improvement* included; 1) the need for more medical homes, 2) the need for more primary care and specialty providers, 3) a continued commitment to increase collaboration, 4) improve cultural competency, 5) increase in health education and emphasis on prevention, 6) access to transportation, and 7) economic development. Recommendations for more services included access to affordable health care, elder services (i.e. health care, transportation, nursing home & day care, and food availability), and economic development (employment opportunities, job training, transportation, and food availability).

The gap in health services identified include; 1) senior services, 2) adequate transportation, 3) medical homes and dental care for uninsured/underinsured, 4) mental health services, 5) free cancer screening services (i.e. breast, prostate), 6) women's health services, 7) cancer services, and 7) nephrology care services.

There was broad agreement that the hospitals already help with these issues and that to improve health it will be important to have an ongoing commitment to collaboration, community outreach and working towards common goals.

Interviewees:

- 1). **Craig Cardwell**, Reidsville Area Foundation
- 2). **Dr. Donald Moore**, Western Rockingham Family Medicine
- 3). **Jim Burnette**, Morehead Memorial Board
- 4). **Susan Shumaker**, CEO, Cone Health Foundation
- 5). **Skip Balsley**, Owner, Reidsville Area Grocery
- 6). **T. Lee Covington**, Executive Director, Aging, Disability & Transit Services
- 7). **Cathy Powers**, Senior Director of Community Svcs, Aging, Disability & Transit Services
- 8). **Tara Hodge**, Care Transition Specialist, Aging, Disability & Transit Services
- 9). **Randy Davis Judkins**, Advisory Board, Annie Penn
- 10). **Stokes Ann Hunt**, RN, BA, MHA, CPHQ, Director, Community Outreach and Foundation, Cone Health/Annie Penn Hospital

# Rockingham County Healthcare Alliance Resources and Capacity Assessment

March 30, 2012

Presented by  
David J. French, MBA, MHA  
Strategic Healthcare Consultants



## Overview of the Resources and Capacity Assessment



The purpose of this report is to describe and analyze the resources and capacity of the Rockingham County safety net providers.

Key components of this report are outlined as follows:

- Evaluate the composition of the safety net matrix of Rockingham County
- Evaluate providers' current and future safety net capacity
- Determine which providers are either constrained or severely constrained
- Identify what factors influence the capacity of safety net providers
- Provide forecasts of the capacities of the safety net providers
- Identify gaps in the safety net
- Identify what specialty services are open to uninsured patients
- Research mobile health units and provide basic information

## Findings for Primary Care, Mental Health, and Dental Health

- The absence of a Federally Qualified Health Center or Rural Health Center increases the population's reliance on hospitals, the Health Department, Free Clinic, physicians and mid-level providers to obtain primary care
- Mental health reform is an ongoing process that will probably reduce the funding for the Local Management Entity (LME), CenterPoint Human Sources, and the subsequent funding of the local mental health providers
- Dental care for the uninsured is limited but available through a range of resources including the health department, free clinic, referrals to community dentists and Mission of Mercy

## Types of Community Safety Net Organizations as Described in the North Carolina Safety Net Advisory Council Matrix

	Federally Qualified Health Centers	Federally Certified Rural Health Centers	State Funded Rural Health Centers	Free Clinics	Public Health Departments	Project Access	School Based/ School Linked Health Centers
Services Provided	Comprehensive primary care, mental health services, dental services	Basic primary care	Basic primary care	Varies but usually limited to primary care	Generally provides child and maternal health; some provide comprehensive primary care	Varies but primarily fills gaps in healthcare services	Comprehensive primary care, mental health, health education
Number of Sites in NC	23 sites	108 sites	81 sites	71 sites	85 Depts.	10 NC Communities	Sites in 22 Counties
Organizations In Rockingham County	None	None	None	Yes	Yes	None	Yes 4 Locations

## Free Clinic and Hospitals

- The Free Clinic of Rockingham County’s capacity will increase by nearly 100 percent over the next two years due to financial support to add a nurse practitioner (or physician’s assistant) and a care coordinator to provide part-time Free Clinic locations in Eden and Madison with 30 to 35 additional visits per week
- Morehead Memorial Hospital and Annie Penn Hospital have experienced substantial increases in emergency department visits by low income uninsured patients
- Capacity of both hospitals’ emergency departments is reinforced by modern facilities, highly trained staff and physicians

## Hospital ED Utilization

Rockingham County Self Pay / Uninsured	Emergency Visits
2009-10	14,492
2010-11	15,496
% Change	6.9%

Hospital emergency departments are mandated to provide access to uninsured patients by the Emergency Medical Treatment & Labor Act (EMTALA)

Uninsured patients’ use of the hospital emergency departments is often due to a lack of access to primary care elsewhere

The use of a hospital emergency department is a much more costly alternative as compared to physician office-based care or primary care services provided at the health department or a clinic



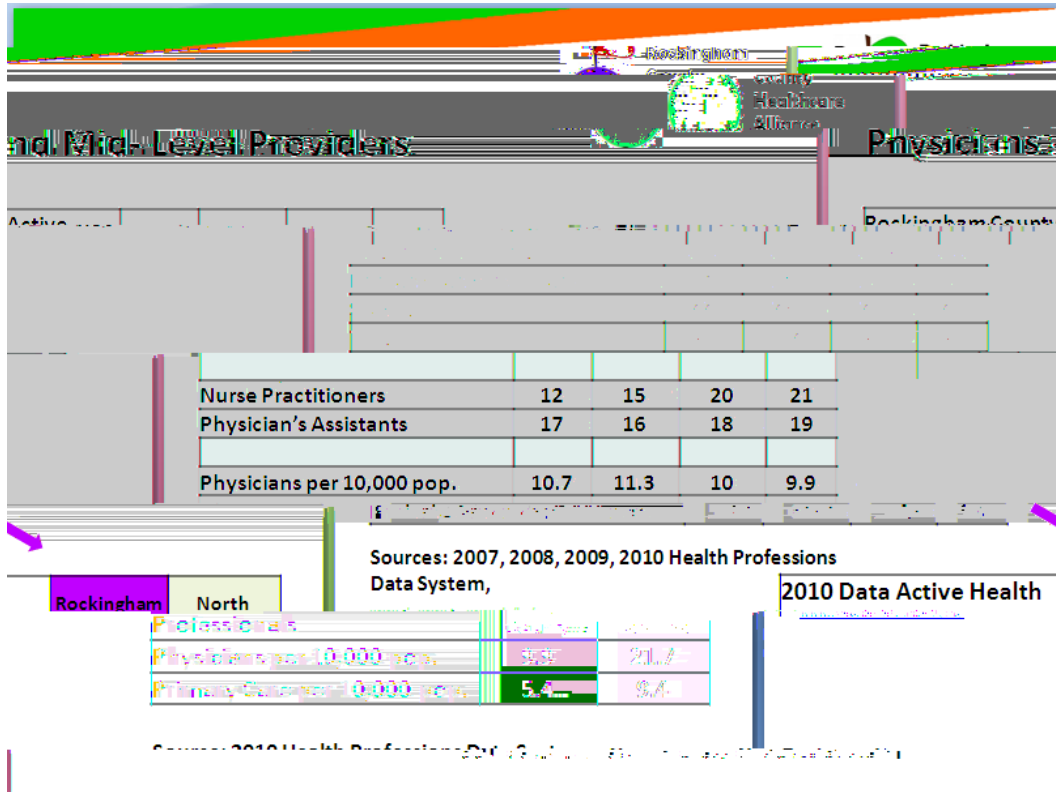
## Department of Public Health and Student Health

- Safety net capacity at the Department of Public Health is stable with high demand for the primary care and dental care clinics
- The Department is implementing a new program called Living Healthy which will provide chronic disease self-management programs and diabetes self-management programs
- The Student Health Centers are a valuable safety net resource that augments primary care and mental health access for the high school age population



## Physicians and Mid-Level Providers

- Safety net capacity is severely strained for physician practices due to the decreasing number of primary care physicians and the challenges of physician recruitment in a rural location
- Growth in mid-level providers, including physician's assistants, nurse practitioners and nurse midwives, is a positive trend that is improving primary care capacity that partially offsets the scarcity of primary care physicians



**Physicians and Mid-Level Providers**

Physician and mid-level provider interviews and survey results include:

- Strong support for the recruitment of additional primary care physicians
- No increase in number of primary care physicians accepting uninsured patients
- Physicians continue to serve patients who have lost their insurance
- Specialist physicians have become employed by hospitals
- More primary care and specialist physicians provide care for uninsured patients in accordance with the hospital's financial policies
- Physician specialists provide on-call coverage to serve uninsured emergency department patients with a variety of compensation mechanisms
- Primary care physicians continue to serve uninsured patients
- Mid-level providers, including physician's assistants, nurse practitioners and certified midwives, are very important in a wide range of settings

Rockingham County Healthcare Alliance

Human Services is a state-mandated Local Management Entity in charge of overseeing the delivery of publicly-funded mental health, intellectual disabilities and substance abuse services in Forsyth, Stokes, and Rockingham Counties.

In Rockingham County, the Critical Access Behavioral Health Agencies' core services of medication management, comprehensive clinical assessment and mental health services are provided by Daymark Recovery.


CenterPoint is in charge of overall development in Davie and Rockingham Counties.

In Rockingham County, the Critical Access Behavioral Health Agencies' core services of medication management, comprehensive clinical assessment and mental health services are provided by Daymark Recovery.

Medicaid waiver program for mental health is scheduled to go into effect statewide on January 1, 2013. The primary goal of the program is to combine the management of Medicaid and state funds at the community level to reduce costs and add more accountability.

Safety net capacity is strained and uncertain for the mental health providers due to systems' reforms and the likely reductions in state funding.

## Dentists and Dental Hygienists



Rockingham County Active Health Professionals	2007	2008	2009	2010
Dentists	22	24	23	24
Dental Hygienists	60	61	69	59

Sources: 2007, 2008, 2009, 2010 Health Professions Data System, [www.shepscenter.unc.edu/hp/](http://www.shepscenter.unc.edu/hp/)

Comparison of 2010 Numbers of Active Licensed Dentists	Dentists	2010 Populations	Dentists per 10,000
Burke (2012 CATCH County)	31	89,669	3.46
Caldwell (2012 CATCH County)	20	80,141	2.50
Lee (2012 CATCH County)	23	58,059	3.96
<b>Rockingham</b>	<b>24</b>	<b>91,873</b>	<b>2.61</b>
Surry (2012 CATCH County)	27	73,791	3.66
Wilkes (2012 CATCH County)	19	69,419	2.74
Wilson	23	80,022	2.87

Source: 2010 Health Professions Data System

A greater supply of new dentists is expected in future years with the East Carolina University Dental School adding 50 graduates per year; enrollment at the University of North Carolina Dental School is likely to be increased by 19 students per class

## Dentists and Dental Hygienists

Dental resources for the uninsured population of Rockingham County include:

- Many Rockingham County dentists and hygienists routinely accept referrals and serve low income uninsured patients
- “Care Time”, provided by Jim Eggleston, D.D.S. and Michael D. Burlison, D.D.S. in Eden offer dental treatment to two or three uninsured patients per week
- The Rockingham County Department of Public Health Dental Clinic sees both uninsured adults and children
- Fill the Gap Dental Access Program, which obtained funding in 2011 from the Reidsville Area Foundation
- The Free Clinic of Rockingham County, which refers approximately 5 patients per week to local dentists
- Give Kids a Smile Program, which includes dental assessments for kindergarten and 3<sup>rd</sup> grade students and referrals to local dentists
- Mission of Mercy Dental Clinic, sponsored by the North Carolina Dental Society and staffed by local volunteer dentists and dental hygienists

## Three Major Challenges for Rockingham County

The main gap in Rockingham County’s health care safety net is the absence of a health center. North Carolina has a total of over 200 Federal or State Health Centers, but none are located in Rockingham County

A continued shortage of primary care physicians will prevent many low income uninsured patients from obtaining routine access to preventive care and effective management of chronic diseases

Access to mental health services will be challenging over the next several years because the mental health providers have no choice but to adapt to statewide system changes and possible reductions in funding / reimbursement

## Specialty Services

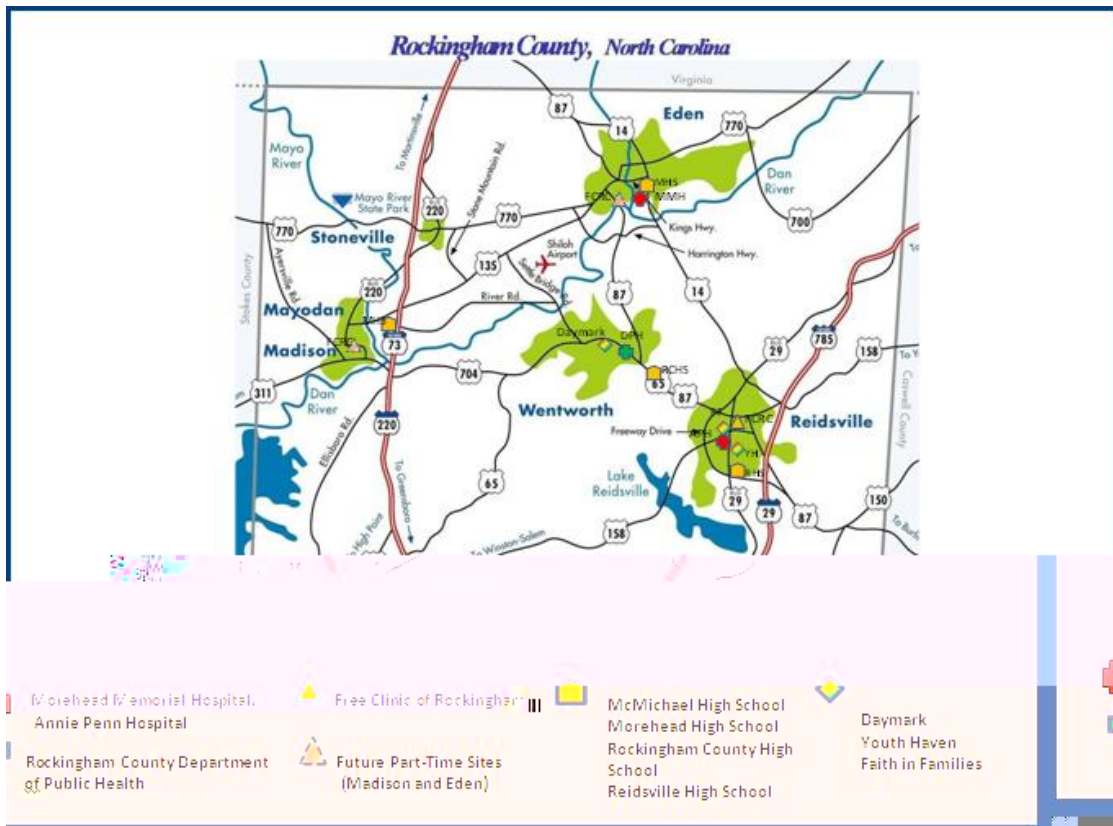
Morehead Memorial Hospital and Annie Penn Hospital provide an array of specialty programs that are available to uninsured patients including diabetes classes, cancer screening and mammography procedures

The Rockingham County Department of Public Health and the Free Clinic of Rockingham County provide disease management services for asthma, hypertension and diabetes

Physician specialists provide donated care at substantially discounted charges or at no charge to patients

The Sickle Cell Disease Association of the Piedmont serves Rockingham County and provides health services and education for sickle cell disease and HIV/AIDS

The Triad Health Project provides intensive, individualized case management services, which are provided by professionals specifically trained and experienced in HIV treatment and services



**Attachment F Ranked Health Needs**

Health Problem/Indicator	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A+2B)C	Rank
<b>Access to Care</b> <i>Elder care services</i> <i>Also, includes increase # of providers, transportation, care coordination/navigation, coordination of health education, and us age specific strategies</i>	8 1	8 6	7 10	168 130	1
<b>Health Behaviors:</b> <i>Obesity, Nutrition, and Physical-Inactivity</i>	10	9	5	140	2
<b>Chronic Diseases:</b> <i>Cancer, diabetes, heart disease/stroke, asthma, HIV/AIDS</i>	8	9	5	130	3
<b>Maternal and Child Health:</b> <i>Includes Teen Pregnancy</i>	7 6	8 8	5 6	115 132	4
<b>Mental Health:</b> <i>Alzheimer, dementia, depression, suicide, distribution of providers, increase # of providers</i>	7	8	5	115	5
<b>Improved Education</b> <i>Increase graduation rates</i>	7	8	5	115	6
<b>Tobacco Use</b>	10	9	4	112	7
<b>Poverty</b>	7	9	1	25	8
<b>NEEDS NOT USED FOR PRIORITIZATION – see notes below and needs not addressed section in report for explanation</b>					
<b>Violence</b>					
<b>Unintentional Injury</b>					
<b>Recreational facilities</b>					
<b>Oral Health</b>					
<b>Health Conditions – included in chronic disease need</b> <i>Stroke, flu, pneumonia</i>					
<b>Elder care options/services for elderly – included in access to care</b>					

**Attachment G - Implementation Teams**

**January - April 2013**

**Access to Care Work Group**

Mickey Foster – Annie Penn Hospital  
Mark Boles – Annie Penn Hospital  
Tim Clontz – Cone Health  
Jen Nixon – Rockingham County Healthcare Alliance

**Chronic Disease Work Group - Diabetes**

Stokes Ann Hunt – Annie Penn Hospital Foundation  
Aaron Saunders – Cone Health  
Katrina White – Rockingham County Health Department

**Mental Health**

Tim Clontz – Cone Health  
Aaron Saunders – Cone Health  
Jen Nixon – Rockingham County Healthcare Alliance

**Annie Penn Implementation Team – FY 2014 - 2016**

Mickey Foster – Annie Penn Hospital  
Debbie Green – Cone Health  
Stokes Ann Hunt – Annie Penn Hospital Foundation  
Neil Shoffner - Annie Penn Hospital  
Tim Clontz – Cone Health  
Aaron Saunders – Cone Health  
Troy Chisolm – Cone Behavioral Health Hospital



**Attachment H – Implementation Plan – Annie Penn Hospital/Cone Health**

Community Need	Goal	Objective	Indicator	By When
<b>Improve Access to Care</b>	Increase the number of primary care providers in Rockingham County (including mid-levels)	<ul style="list-style-type: none"> <li>Establish a program that allows 15% of retiring primary care docs to practice on a reduced schedule by March 31, 2014.</li> </ul>	<ul style="list-style-type: none"> <li>Program named and advertised to local providers</li> <li>% of retired providers practicing reduced schedule</li> </ul>	March 31, 2014
		<ul style="list-style-type: none"> <li>Create network of Rural Health Centers (RHC) operating in 3 locations across Rockingham County by December 2015.</li> </ul>	<ul style="list-style-type: none"> <li>Establish corporate structure, HIT plan and business/sustainability plan for RHCs</li> <li>Secure and up-fit sites for RHCs</li> <li>Complete staffing and open RHCs for patient services</li> <li># of RHC sites</li> </ul>	<p>July 2014</p> <p>July 2015</p> <p>December 2015</p>
		<ul style="list-style-type: none"> <li>Establish rotations with Campbell and Elon Universities and other rural-oriented provider training programs by January 2014.</li> </ul> <p>*number of rotations/students is dependent on Campbell and Elon. Specific number to be filled in after planning meetings.</p>	<ul style="list-style-type: none"> <li># of practices hosting student (medical or physician assistant)</li> <li># of rotations</li> </ul>	Jan 2014

Community Need	Goal	Objective	Indicator	By When
<b>Improve Access to Care</b>	Increase the number of primary care providers in Rockingham County (including mid-levels)	<ul style="list-style-type: none"> <li>• Add 4 new mid-levels providers into existing practices and/or Rural Health Centers by December 2015.</li> </ul>	<ul style="list-style-type: none"> <li>• # of primary care/mid levels hired</li> </ul>	September 2015
		<ul style="list-style-type: none"> <li>• Develop a new Care Coordination Program for underserved population in partnership with Rockingham County Healthcare Alliance by June 2015.</li> </ul>	<ul style="list-style-type: none"> <li>• Funding secured (through Alliance grants)</li> <li>• Program in place (staff, protocols, process in place)</li> <li>• Data sharing agreements in place</li> <li>• # of patients receiving case management through program</li> </ul>	June 2015
<b>Chronic Disease: Diabetes</b>	Provide community-wide health (diabetes) screenings	<ul style="list-style-type: none"> <li>• Collaborate with community partners to hold 1 community-wide screening and education event per year beginning in 2014.</li> </ul>	<ul style="list-style-type: none"> <li>• # of events held each year</li> <li>• # of people screened for diabetes</li> </ul>	2014 - 2016

Community Need	Goal	Objective	Indicator	By When
<b>Chronic Disease: Diabetes</b>	Improve coordination of existing diabetes resources and programs in Rockingham County	<ul style="list-style-type: none"> <li>• Develop a comprehensive diabetes resource guide for Rockingham County by December 2014.</li> </ul>	<ul style="list-style-type: none"> <li>• Guide created</li> <li>• Guide distributed to 2-1-1, Community Resource Connections, and safety net partners</li> </ul>	December 2014
		<ul style="list-style-type: none"> <li>• Collaborate with community partners to re-establish Rockingham County Diabetes Task Force</li> </ul>	<ul style="list-style-type: none"> <li>• # of meetings of task force</li> <li>• # of partners in task force</li> </ul>	2014

<b>Community Need</b>	<b>Goal</b>	<b>Objective</b>	<b>Indicator</b>	<b>By When</b>
<b>Chronic Disease: Diabetes</b>	Improve coordination of exi			

Community Need	Goal	Objective	Indicator	By When
Mental Health	Increase number of mental health resources	<ul style="list-style-type: none"> <li>• Add at least 1 newly practicing licensed clinical social worker or clinical psychologist to primary care offices, MOB specialty care offices, or Rural Health Centers by July 2016</li> </ul>	<ul style="list-style-type: none"> <li>• # of newly practicing LCSW or clinical psychologist in primary care offices, MOB specialty care offices, or Rural Health Centers</li> <li>• # of patients served by new provider</li> </ul>	July 2016