

Ohio State Office of Rural Health Rural Health Clinic Survey

NOSORH Capstone Project

Improvement or development of services

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Abstract

The Ohio SORH focuses its efforts on mitigating the disparity in access to health care services created by rurality. We work in partnership with many internal and external partners to accomplish our goals and to develop programs and activities that meet the unique needs of a very diverse population. The SORH conducted a survey to determine next steps in assisting Rural Health Clinics (RHCs) in Ohio in improving access to health care for their communities.

Goal

The overall goal for this project was to learn the needs of existing RHCs in Ohio and determine how the Ohio SORH can assist in meeting the identified needs of RHCs in Ohio, needs specifically related to quality, operational, and financial improvement.

Objectives:

- By February 15, 2011, develop a survey for distribution in March 2011.
- By April 18, 2011, collect all returned surveys.
- By August 9, 2011, present findings to NOSORH Leadership Institute.
- By December 30, 2011, develop a pilot project to address at least two of the identified needs related to quality, operational, and/or financial improvement.

Background

- At the time of the survey there were 11 RHCs
- The number of RHCs in Ohio has increased from 11 RHCs to 19 RHCs
- Increase due to counties and areas being designated by our Primary Care and Rural Health Office as Governor's Certified Shortage Areas for purposes of RHC development
- SORH assist entities wanting to be designated as a RHC
- Provides limited assistance to existing RHCs
- SORH is in the process of completing its Ohio specific Rural Health Clinic manual,
- Conducts annual RHC meetings
- Plans to develop other programming for existing RHCs
- The development of the Ohio Flex Network assisted the CAHs with overcoming their current barriers to communication with common partners and opportunities to network
- It is the intention of the SORH to bring the RHCs together similar to the CAHs with the goal to create synergy and movement toward focused improvement regarding financial, operational, and quality improvement

Methodology

- The survey was developed and distributed via email to 11 RHC managers in February 2011
- The managers received two reminders via email that the survey was due
- The due date to return the surveys was April 18, 2011 and three out of the eleven (27%) RHCs responded
- The information was summarized and presented in September, rather than August, as planned to the NOSORH Leadership Institute participants
- The SORH is seeking funding to support the top two education and training needs identified by the participating RHCs
- The SORH will support all technical assistance and resource needs identified by providing referrals for information and resources through our quarterly SORH Newsletter

Findings

- Services provided are primary care, gynecology, obstetrics, mental health, radiology, peri-natal, pediatric, general and vascular surgery, pulmonary, intensive critical care, and laboratory
- Average of 21.3 full time equivalent (FTE) staff
- Average of 84.3 visits per day at each RHC
- Majority of the services are billed as Medicaid at 37.6% and Medicare at 27.3%
- The only existing partnership with any area health care provider was patient transfers. There were no partnerships indicated for training, peer review, community education, or health care education
- Identified the following education and training needs (in ranking order of importance): quality improvement for patient care, staff recruitment, financial management, grant writing skills, operational management, staff retention, billing and coding, and customer service
- Identified the following technical assistance needs (in ranking order of importance): resources for grants/funding, regulations and legislative information regarding RHCs, training, patient education, staff training, financial management, and recruitment and retention of staff
- Ranked their resource needs (in order of importance) as: computers, construction/building capital, physicians, medical supplies, networking capability, electronic medical records, nurse practitioners, assistant physicians, office supplies, translators, transportation for patients, and billing staff

Conclusion

- The areas of need identified were as expected and aligned with the goals of the Ohio SORH
- The one barrier to fulfilling these needs is funding.
- The SORH is seeking federal and private sources of grant funding to meet the needs of the RHCs in Ohio
- The Ohio SORH is involved in a departmental reorganization that will shift the focus of the programs within the Primary Care and Rural Health Office to center around patient center medical home development activities
- The RHC pilot project (while improving quality, financial management and recruitment efforts at RHCs) will assist the RHCs that are interested in transiting to a patient centered medical home model as well

Personal Leadership Experience

- Involved taking the initiative to research the needs of the RHCs in Ohio to determine how our SORH can assist them and develop a pilot project geared toward meeting those identified needs
- The larger experience to be gained will be the further development of the pilot project goals, objectives and evaluation, and implementation of the project
- A survey to establish the baseline needs of all 19 RHCs will be developed and implemented in November 2011
- In an effort to gain 100% participation from the 19 RHCs in the development of the pilot project survey, the second survey will be distributed via U.S. postal mail and via survey monkey and followed up with phone calls to the managers

Acknowledgements

- RHCs that participated in the survey: CAO of Scioto County Health Clinic, Fayette County Memorial Hospital, and Perry County Family Practice
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- The NOSORH for this opportunity for improvement and learning experience
- The NOSORH's effort and commitment are exemplary of a successful non-profit organization

References

- Ohio Rural Health Clinic Survey, April 2011
- Ohio Department of Health, Medicare Health Care Providers, Rural Health Clinics

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