Alabama-Georgia Joint Rural Health Clinic Project

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Project Overview

How We Got Into This
What We Did
Long Term Benefits
Takeaways
Would We Do It Again?

How We Got Into This

• Prior collaboration with Georgia
  • FLEX activities
  • RHC training
  • Ongoing dialogue
• Reviewed NOSORH grant opportunity
  • Great opportunity, but small dollar amount
  • Best administered through state Rural Health Association
  • Coordinated intent with NOSORH
• Settled on joint project
  • 4 partners: AL & GA SORHs; AL & GA RHAs
  • Based on RHC technical assistance needs
  • Included a bi-state conference and 3 follow-up webinars
  • Emphasis on leveraging and sustainability
• Received NOSORH award for $25,000
What We Did

- Preparation activities
  - Convened frequent planning sessions over 5 months
  - Conducted RHC needs survey
  - Identified central conference site
  - Developed agenda of common & state specific needs
  - Identified speakers & vendors
  - Established registration and vendor fees
- Marketed heavily
  - Save the date flyers
  - Frequent email blasts
  - Created web site for publicity and registration

What We Did (Cont’d)

- Conference held June 4-5, 2013
  - 106 attendees and 16 sponsors
  - Generated $20,775 in revenue
- The agenda included
  - How to develop an RHC
  - What Surveyors are looking for
  - Updates from NRHA, Cahaba GBA, Medicaid
  - Overview of ICD-10
  - RAC Audits
  - Cost reporting
  - Utilization of telehealth

What We Did (Cont’d)

- Outcome of conference
  - Glowing evaluations
- Recommendations for future training
  - RHC certification/recertification process
  - ICD-10
  - Cost reporting
  - Billing
  - Bad debt
- Provided basis for follow-up webinars
RHC Conference Participants
Opelika Conference Center
June 4-5, 2013

RHC Conference Vendors
Opelika Conference Center
June 4-5, 2013

This was a presentation made by the NRHA
Title on top of the presentation screen says
"Rural Hospitals in Congress" Bull's Eye

RHC Conference
Opelika Conference Center
June 4-5, 2013
What We Did (Cont’d)

• RHC Webinars
  - 2 held; 3rd scheduled for December 10, 2013
• Participation Rate
  - 1st webinar – RHC Compliance
    - 61 registered; 36 participated; 30 post-views
  - 2nd webinar – RHC Billing
    - 71 registered; 42 participated; 8 post-views
  - 3rd webinar – Medicare Bad Debt
    - Scheduled for December 10, 2013

Long Term Benefits

• Strengthened partnerships
• Increased our credibility
• Seeded momentum
  - Have completed two ICD-10 workshops
  - RHC ICD-9/ICD-10 “Boot Camps” now in the works
• Provided valuable learning experience

Takeaways

• Leverage resources
• Use flexibility of non-profit associations
• Maximize use of private sector
• Know and target providers’ needs
• Plan and review – constantly
• Market heavily: web, e-blasts, one-on-one
• Look for T/A voids (lack of state RHC association)
• Don’t forget evaluations
Would We Do It Again?

The answer is

yes!