Georgia Provider and Policy Organizations Give Insight into Rural Health Care

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Healthcare Georgia Foundation Listening Tour

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Introduction

“We must increase awareness throughout the state that not all communities have similar resources available; however, the commitment to caring for patients is the same, and that is important,” said Jodi Hudgins, President of the Georgia Perinatal Association.

The saying “Two Georgias” is attributed to Jimmy Gray, the editor of the Albany Herald, who in 1983 used it to reference to the vast economic development disparity between North and South Georgia. From then on, everyone from reporters to politicians to business leaders has used the term to discuss the vastly different economic reality of rural and urban areas of the state.

Recently, “Two Georgias” has been used to describe the health care disparity facing rural Georgia. According to a 2014 report from the Georgia Board of Physician Workforce:

- 6 counties had no family medicine physician
- 31 counties had no internal medicine physician
- 63 counties had no pediatrician
- 79 counties had no OB/GYN
- 66 counties had no general surgeon

If you suffer a traumatic injury in rural Georgia as opposed to in a metropolitan area, you are more likely to die. Rural Georgians are also more likely to be un-insured or underinsured, and suffer from heart disease, diabetes, obesity and cancer, more often than those living in Georgia’s urban areas.

Many reasons contribute to the huge inequality. Younger populations are more centrally located in urban cities, whereas residents in rural areas tend to be older, having a greater need for critical health care services.
Furthermore, many rural Georgians are self-employed, which means they pay more for health insurance, resulting in fewer trips to the physician’s office.

Large numbers of rural Georgians are on Medicaid, the state/federal program for the poor. However, low Medicaid reimbursement rates are forcing doctors to rethink if and how they provide care for those patients. In many cases, Medicaid does not even cover overhead costs. The result is that physicians leave rural areas or practice in another state.

Figure 1: Sandersville, Georgia, located in a Health Resources and Services Administration, designated as a Health Professional Shortage Area.

Interviews

In an effort to gather information for Healthcare Georgia Foundation’s Two Georgias Initiative, 17 Georgia provider and policy organizations were interviewed during June and July of 2015. These interviews focused on the broad themes of their organizations’ vision for a healthier rural Georgia, their policy programs and priorities, and how they may play a larger role in addressing health inequities in this underserved part of the state.

The following provider groups were interviewed:

- Georgia Association for Primary Healthcare, Inc. (Duane Kavaka – Executive Director)
• Georgia Charitable Care Network (Donna Looper – Executive Director)
• Georgia Dental Association (Stephanie Lotti – Director, Member and Practice Services)
• Georgia Hospital Association (Chuck Adams – Executive Vice President)
• Georgia Perinatal Association (Jodi Hudgins – President)
• Georgia Public Health Association (Johanna Hinman – President)
• Medical Association of Georgia (Donald Palmisano – Executive Director and CEO)
• Georgia Association of Physician Assistants (Tom Bauer – Lobbyist; Tina Hood – Past President – both interviewed separately)
• Georgia Rural Health Association (Shelly Spires – President)
• American Academy of Pediatrics, Georgia Chapter (Rick Ward – Executive Director)

The following policy groups were interviewed:

• Georgia Budget and Policy Institute (Tim Sweeney – Deputy Director of Policy)
• Georgia Watch (Liz Coyle – Executive Director; Beth Stephens – Health Access and Program Director)
• National Mental Health Association (Sarah Schwartz – Executive Director)
• The Carter Center Mental Health Program (Thom Bornemann – Director)
• Georgians for a Healthy Future (Cindy Zeldin – Executive Director)
• Enroll America (Dante McKay – Georgia State Director)
• March of Dimes, Georgia Chapter (Julie Zaharatos – Director of Program Services & Government Affairs)

Interview questions were approved by Gary Nelson, CEO of Healthcare Georgia Foundation in May 2015. Answers from the respondents showed many common themes, but opinions varied depending upon the role and responsibility of the organization.

Mission, Focus and Educational Activities

➢ How does rural health care fit in with your organizational mission?

➢ Can you describe your existing focus and commitment to rural health care and what your organization is currently doing with respect to rural health care?
What are the educational activities and or services, if any, you are offering to rural providers?

The beginning of the interviews centered on determining whether their mission, focus and educational activities are related to rural health. All respondents in some way are working to improve rural health in Georgia. Although their mission may not directly reference rural health, these provider groups (with the exception of the Georgia Rural Health Association, which is exclusively rural-based) often acknowledged the importance of rural health care and spoke of their rural members and the services they provide in those areas. The policy groups have a statewide outreach focus and are working for all Georgians.

As an example, when asked “How does rural health care fit within with your organizational mission?” Chuck Adams of the Georgia Hospital Association said, “Our mission is to advance the health of individuals and communities and to advocate for hospitals to be able to do that. Obviously rural health care makes up a majority of our hospitals; it is at the core of our mission.”

Figure 2: Stewart Webster Hospital closed in March of 2013. It was a 25-bed critical access hospital and, at the time, the largest employer in Richland, Georgia.

Tim Sweeney of the Georgia Budget and Policy Institute, a non-member statewide policy organization, said, “Our organizational mission is broader than health care and does not
specifically focus on rural communities. Our mission is to advance policies to achieve more widespread economic opportunity and access to critical services such as health care. To the extent that rural communities are among those facing economic, health care, and other challenges, our work will naturally lean in this direction. Rural health fits in to our broader mission in that improving the rural health care delivery system and rural residents’ access to care are necessary steps towards broad improvements in economic opportunity for all Georgians, including those in rural communities.”

When asked, “Can you describe your existing focus and commitment to rural health care and what your organization is currently doing with respect to rural health care?” Duane Kavaka, Executive Director of the Georgia Association of Primary Healthcare, said, “Our goal is to expand services, and our primary focus has been in rural areas. Most of the growth we have experienced has been in the rural areas. We are working with several new organizations that all are in rural Georgia.”

Presented with the same question, Cindy Zeldin, Executive Director of Georgians for a Healthy Future, said, “We have been focused on consumer access to care statewide, which includes rural health care, through our campaign to close the coverage gap and to work on outreach enrollment efforts. More specifically, we are reviewing rural communities that have not expanded Medicaid as it relates to the viability of the local health system and hospitals.”

As part of the research, Georgians for a Healthy Future partnered with three other organizations to write a paper that was submitted to the Rural Hospital Stabilization Committee. The paper gave perspectives and recommendations on how to improve rural health access. Zeldin and others attended the Rural Hospital Stabilization Committee Meetings and delivered testimony at the public comment meetings.

“It is our belief rural health is an important piece as to the viability of the whole system and an important part of achieving quality health care for all Georgians,” she added.

Regarding the question, “What are the educational activities and or services, if any, you are offering to rural providers?” responses ranged from CE credits, holding an annual conference, ICD-10 workshops, advocacy opportunities, board training, policy education, Centering Pregnancy Training (Specific to March of Dimes), and enrollment outreach and education.
Policy Priorities

➢ What are your policy priorities that impact rural health care?

According to Donald Palmisano, Executive Director and CEO of the Medical Association of Georgia, “If you can get more payment into the doctors’ offices, it provides more opportunity for additional staff. It is hard for physicians to maintain a small solo practice with all of the regulations that are being put on them right now, from the federal government to the state government. They get frustrated because they can barely break even on the Medicaid rates. They say, ‘I have a bad payer mix, so I’m moving to the city or population centers where I can make more money.’”

Rick Ward, Executive Director of the Georgia Chapter of the American Academy of Pediatrics, said that one of the policy priorities that impacts rural health care for pediatricians is access to specialty care. “Specialty care has to come out of the population centers – Macon, Augusta, Atlanta.” Advocating for a higher Medicaid can support the effort to increase specialty care in rural areas, he noted, citing cardiologists who expanded their practices to satellite offices in Thomasville, Valdosta, and Albany when Medicaid rates rose. “That means those kids who need pediatric cardiology care don’t have to go to Atlanta,” he added.

Cindy Zeldin, Executive Director of Georgians for a Healthy Future, said, “Medicaid expansion would help rural hospital systems and provide access to care for people living in rural communities. We advocate for strengthening Medicaid and PeachCare, improving
reimbursement rates and increasing the tobacco tax, which would apply statewide but have an impact in rural communities.”

Increasing the scope of practice for mid-levels practitioners was mentioned as well. Tina Hood, Past President of the Georgia Association of Physician Assistants and practicing PA in rural Georgia, said, “Increasing the scope of practice for PAs would have a positive impact for rural health. A lot of people don’t realize how important it is to provide health care to the rural areas. If people have intervention earlier, I can help keep people keep off of say - dialysis and maybe prevent it [needing dialysis] all together.”

*Improving the rural health care workforce bubbled to the surface as did improving telehealth services.*

Rick Ward, Executive Director of the Georgia Chapter of the American Academy of Pediatrics, said they support loan forgiveness efforts in order to keep medical school residents here in Georgia. “There are 5 residency programs for pediatrics in the state. We are trying to get pediatricians to train in Georgia and stay in Georgia. You’re not going to get a kid from Nashville or Atlanta to say, ‘Moultrie is the place for me.’ But you might get a kid from Moultrie who enjoys a rural setting.” The challenge is not unique to pediatrics, according to Ward. “That Doc Hollywood thing only goes so far.”

*Figure 4: In 2014 Dr. J. Myron Faircloth established a primary health care practice in Morven, Georgia, in Brooks County. Born in Homerville and raised in the Morven/Barney area most of his life, Faircloth used his own money, along with in-kind and monetary donations from residents in the small town and the nearby Valdosta community, to open the clinic. He described the experience as a true community effort — and a much-needed one.*

*More about Dr. J. Myron Faircloth can be viewed here: (http://www.valdosta.edu/about/news/releases/2014/06/myron-faircloth-brings-health-care-to-underserved-rural-south-georgia-town.php)*

“We have acute shortages in the mental health workforce in our state,” said Thom Bornemann, Director of The Carter Center Mental Health Programs. He discussed a colleague who conducted a study funded by the state that looked at psychiatry. The study found that Georgia has 1,046 licensed psychiatrists in the state, of which 46 percent were over 55 years of age.
“The 1,046 number doesn’t necessarily mean they are practicing or licensed active. In fact, we don’t know how many are actually in the vineyard providing care, and that is just one discipline. This is to give you an idea of the magnitude of the problems of an aging workforce that is already inadequate in its number. When that happens [older medical professionals leave practice] rural services will be impacted the most,” said Bornemann.

Johanna Hinnman, President of the Georgia Public Health Association, said, “We have also been long-term supporters of telehealth and telemedicine programs for rural areas that have a concrete impact in providing education and better care in those rural areas.”

Playing a Larger Role

➢ How do you see your organization playing a larger role (if appropriate), in improving rural health care?

Some of the membership organizations were confident in their abilities and capacity to improve rural health care and discussed what they were currently doing. They also shared a willingness to work with other organizations on these health issues.

“GHA [Georgia Hospital Association] is unique in that it can become the facilitator that can bring all of the different players to the table in a non-threatening way, because every hospital in Georgia is a member of GHA. Through our relationship with other providers and entities, we can play that unbiased facilitator role,” said Chuck Adams, Executive Vice President of GHA.

Duane Kavaka, Executive Director of the Georgia Association of Primary Healthcare said, “We are a significant part of the Rural Hospitalization Stabilization Committee’s recommendations and strive to work closer with rural hospitals and forge partnerships. This will help provide both better care and help meet financial obligations of these local hospitals. It is our commitment to work with any organization to promote improved access and expanded services in rural Georgia.”

“I meet with GHA and Hometown Health and any group that is interested in improving access for these rural patients,” said Donald Palmisano, Executive Director and CEO of the Medical Association of Georgia. “I believe much of rural health care is similar to even some of the urban areas where the payer mix is roughly the same. We are willing to work with any of the groups on health care issues.”
“We definitely have a role in improving rural health care. Good dental care is critical to good health care. Whether you are rural or urban, dental problems don’t just go away. If you don’t take care of these problems, they get worse. We are also looking at the tax credit and student loan repayment programs because we are trying to increase the number of dentists practicing in those rural areas,” said Stephanie Lotti, Director of Member and Practice Services, Georgia Dental Association.

Similarly, policy organizations mentioned what they were doing and the role they were playing in improving rural health.

Georgia Watch was specific regarding their work with the Affordable Care Act: “We are one of the few statewide advocacy organizations focused on addressing issues that affect cost, quality and access for consumers. The ACA incentivizes value-based payments, which is putting pressure on health care industry leaders to change their delivery and payment models and to be more transparent. Now is a critical time for advocacy organizations to support and help to guide this transformation,” said Beth Stephens, Health Access and Program Director for Georgia Watch.

Cindy Zeldin, Executive Director of Georgians for a Healthy Future, said, “There needs to be a focus on health equity and population health, and it needs to be more deliberate. I see our role as bringing some of that to light and looking at all of these changes that are occurring in health care and how our rural communities are impacted and what can we do – not just at the local level but big picture-wise at the state policy level to improve the health system in Georgia.”

Solutions

- When you think about improving rural health and health care in Georgia, including access to health care and improved health status for the state’s rural citizens, what are some of the solutions you think might work?

“What are some of the solutions you think might work?” drew consistent themes, including increasing the Medicaid reimbursement rates, expanding Medicaid, providing greater loan forgiveness and more residency slots, increasing the scope of practice for mid-level practitioners such as APRNs and PAs (although MAG believed otherwise), ensuring more telemedicine, improving collaboration, increasing rural health awareness, and improving non-emergency transportation.
Improving school-based health centers, investing in health IT, providing community planning grants to start more charity care clinics, and having third parties develop reimbursement formulas based on quality indicators were also brought up, but only individually.

Jodi Hudgens, President of the Georgia Perinatal Association, said, “We must increase awareness throughout the state that not all communities have similar resources available; however, the commitment to caring for patients is the same, and that is important.”

Dante McKay, State Director of Enroll America, noted, “Bringing together groups. There are a number of groups that are doing good work in this state but other groups don’t know about their efforts. Some groups focus on improving life and rural health and making those connections. We need to make sure there are diverse memberships. Some people refer to that as strange bedfellows, but you need the schools, churches, and local business owners.”

Chuck Adams, Executive Vice President of the Georgia Hospital Association, talked about collaboration saying Georgia needs, “A more formal collaboration between all of the providers in those rural communities, including hospitals, public health, FQHCs, EMS and PCPs. The key is making sure everybody gets to the table. Collaboration is critical to find new ways to utilize the resources available and not duplicate services. It is important to ensure that patients enter health care at the right access point in these rural communities.”
Tim Sweeney, Deputy Director of Policy at the Georgia Budget and Policy Institute, discussed expanding Medicaid and transportation. “Expanding health coverage is the first step. There is a ridiculous amount of data that shows this is needed. Expanding Medicaid would have a substantial impact on access to care in rural communities and help stabilize the health care systems. The state needs to rethink and refocus on transportation and how people can get to doctors. Non-emergency transportation services should not be seen as an afterthought or a budget drain, but instead as a critical tool to ensure that patients have access to the care they need, when they need it.”

Transportation was very important to Duane Kavaka, Executive Director of the Georgia Association of Primary Healthcare. When asked what solutions might work, he said, “Increased access to clinic sites, and that is related to transportation. I think one of the biggest barriers to rural Georgia is the lack of transportation. People simply cannot get to where they need to go. They depend on relatives and family members, and there is no mass transit. Georgia has a Medical Assistance Transportation program, but it is a big secret and nobody understands it, nobody knows how it works. You have to figure it out yourself.”

*Note: Georgia currently has a [Medicaid Non-Emergency Transportation (NET) Program administered by the Georgia Department of Community Health](https://www.dch.georgia.gov/programs-and-services/nondental-services/medicaid-net-program). The program provides transportation for eligible Medicaid members who need access to medical care or services. This program only provides services to members when other transportation is not available, and eligibility is determined at the time of the contact.*

**Sustainability and Barriers**

- Do you think these solutions are sustainable? What is needed for sustainability?
- What would it take to make these solutions happen?
- What are the barriers to improve rural health and health care?

The next three questions were designed to delve deeper into “What solutions might work?” and to get an idea on what is blocking those solutions.

When asked what is needed for sustainability, Rick Ward, Executive Director of the American Academy of Pediatrics, Georgia Chapter, discussed leadership, tying leadership to economic growth: “Leadership and commitment are at the top. We have always tied health to economic growth but education did a better job of this [connecting to economic growth]. They woke up
the business community to education and economic development. The CEO ought to be concerned that local schools are inadequate, which means not getting the workforce that is needed.”

He added that the connection was made between education and economic growth but it has not been made for health care. “We have not been able to say a kid who is not healthy cannot learn and a kid that cannot learn is going to be an inadequate worker….If the whole state is going to move forward then rural areas are going to have to come along. That has to be supported by good health and that starts with the children.”

Figure 6: 2012 Partner Up! For Public Health Power Ratings

Green=Top Ranked, Yellow=Middle Ranked, and Red=Bottom Ranked

Funded by Healthcare Georgia Foundation, the Partner Up! for Public Health Campaign’s health and economic power ratings combine county-level health outcome rankings produced by the University of Wisconsin, with economic rankings calculated by the Georgia Department of Community Affairs in connection with the state’s job tax credits program.
Donna Looper, Executive Director of the Georgia Charitable Care Network, talked about the economic benefits of having a healthy community: “The state needs to make rural health issues a priority. There needs to be a big push for health improvement. We need to demonstrate productivity data when you have a healthy community and show the economic benefit of a healthy community.”

Thom Bornemann, Director of The Carter Center Mental Health Program, said, “We have to make these work environments desirable. It is not only the employee’s income, but also positive working conditions and training opportunities and ongoing professional development opportunities that are important.”

“Our additional clinic sites are sustainable, obviously. The transportation is sustainable and you want to look at all of the available funding sources for that, even considering a small co-pay. I would like to see someone do an analysis of the Medical Assistance Transportation program in Georgia – what it is and how it works. I have never seen anything. We don’t hear anything about it,” said Duane Kavaka, Executive Director of the Georgia Association of Primary Healthcare.

Regarding the question of “What would it take to make these solutions happen?” leadership and funding often came up, but collaboration was also mentioned. Shelly Spires, President of the Georgia Rural Health Association, said, “What is needed are dependable and reliable partners that you can collaborate with and focus on the same mission.”

Duane Kavaka, Executive Director of the Georgia Association of Primary Healthcare, remained a big proponent of improving transportation when posed this question. “I don’t want to get hung up on transportation, but it is significant. I know for a fact, talking with our members, that they have a large population that does not drive. They are too poor to own a vehicle, and they depend on family members. Typically it is not uncommon for one of our members to get a call from someone that says they cannot make their appointment today because Cousin Johnny has to do something else and he is my ride. That is common.”

The answers to “What are the barriers to improve rural health and health care?” centered on transportation, politics, lack of collaboration and administrative burdens.

Stephanie Lotti, Director of Member and Practice Services, Georgia Dental Association, agrees that transportation is one of the barriers as well. “If we have a dentist out there and people can’t get to them, it’s almost like not having these dental providers at all, so transportation has to be a part of that.”
Also referencing transportation as a barrier, Thom Bornemann, Director of the Mental Health Program at the Carter Center, said that one of the most obvious barriers for them was transportation. “So many we serve in the behavioral health realm are poor and access to a vehicle may not be feasible, so these issues around transportation become acute particularly for those who have chronic conditions that need routine management.”

He added that investments into transportation are the kind he would look at for his population. “They are not going to be able to take a cab for thirty miles. If eight or ten rural counties could band together and create transportation cooperatives, it would go a long way in addressing the transportation issues.”

Dante McKay, State Director of Enroll America, cited state politics as one of the biggest barriers to rural health care, specifically addressing the Georgia Healthcare Freedom Act, passed in 2014. The bill, he said, essentially did three things. “It limited who could advocate for Medicaid expansion, it outlawed the creation of a state based exchange, and it stopped state agencies from operating a navigator program, which essentially ended the University of Georgia’s Navigator Program in the Office of Cooperative Extension.”

The navigator program had been created with the mission to provide the local community ways to improve their quality of life, he said. “Now, essentially, they are not allowed to do that. It
has made it difficult to work with any kind of state entity because there is confusion around what they can and cannot do, or these state agencies provide no help at all.”

**A Perfect Rural Health System**

- **Given the significant disparities in health and health care in rural Georgia, and the opportunity to direct resources and exercise local flexibility, choice, and innovation, in your view, what does a rural health system look like that provides the right care, at the right time, by the right provider, at the right place?**

The consensus of these health care advocates is that collaboration is key.

“A system that has multiple locations, multiple partners that work together cohesively, and is accessible is critical. There has to be a back-and-forward flow of patients between these health care entities,” said Duane Kavaka, Executive Director of the Georgia Association of Primary Healthcare.

“It is a system or network of providers that have multiple access points in which there is some kind of incentive or relationship that allows the patient to know at what level they are supposed to enter. At the same time, you eliminate the duplication, which makes it a lot easier for the patient. The patient has got to be educated and there has to be a reason for them to change what they are doing, but you have to have a system to be able to do it,” said Chuck Adams, Executive Vice President of the Georgia Hospital Association.

“In a rural community, a health system would have to be highly coordinated, not just within the health care delivery frame but also connected with the community. This might mean wrap around services for people who need transportation, education, and services that are not directly related to health care but that can influence someone’s ability to access. Of course, first we need a strong health system and we need to have a hospital, primary care providers, and telehealth services. Making sure everything is connected so the patient can be at the center is vital,” said Cindy Zeldin, Executive Director of Georgians for a Healthy Future.

Shelly Spires, President of the Georgia Rural Health Association, said, “It would consist of a mid-level providing care at the same location all the time. It would consist of implementing self-management goals with the patient to engage them in their health care. That includes having care coordinators and referral specialist to ensure the patient gets the appropriate care that is timely and continues the specialist care cycle by follow up from the referral specialist.
Most of this involves adding staff (which rural health care agencies do not have) and implementing patient-centered medical home concepts and practice.”

“From the big picture standpoint, it necessitates consumers having coverage so they are not financially shut out from the system. Beyond insuring people, it is a system that is coordinated where providers talk to one another and adopt behavior that engages patients and ensures proper follow up. It is transparent in terms of data, open to outside analysis, and engages stakeholders in a broader way. What is good for one provider may not work for another, and what is good for one provider may not always be best for the whole system. Some higher-level coordination and planning functions may need to be performed by entities without financial incentives,” said Tim Sweeney, Deputy Director of Policy, Georgia Budget and Policy Institute.

Beth Stephens, Health Access and Program Director, Georgia Watch, said, “A hospital cannot be the one-stop-shop for the health care needs of a community, particularly a rural community with a large geographic area. This has proven to be a costly, inefficient, and burdensome model. EMS workers, schools, public health departments, charitable clinics, rural health clinics, and possibly some large workplaces need to be equipped to address basic health care needs. Transportation to a nearby hospital may not always be an option. Non-physician providers need to be prepared and equipped with technology that can help them meet the needs of a rural population.”

“There is a telemedicine pipeline, but it is not accessible to rural health clinics. Can we get a mobile unit that could bring the costly and fragile telehealth equipment from clinic to clinic, where it could securely access the state telemedicine pipeline and be manned by a clinician in the area? There are plenty of high-risk providers that accept Medicaid in Atlanta, for example, and some will see patients via a telehealth connection. The issue is getting the equipment and clinician to man it out to the folks who do not have access,” said Julie Zaharatos, Director of Program Services & Government Affairs, March of Dimes Georgia Chapter.

Conclusion

What they are telling us?

All those interviewed displayed a passion for what they do and understood the challenges facing rural health care in Georgia. Interviewees from member organizations spoke of not only the challenges their rural providers face, such as lack of resources, but of the immense
importance they bring to their communities. Most non-member policy organizations discussed how their statewide mission and focus encompasses rural areas. There was a desire among some policy organizations for more outreach into rural Georgia, but limited resources makes this difficult.

Educational services for rural providers varied depending on the organization, yet everyone has something constructive to offer. Furthermore, respondents wanted to play a larger role in improving rural health and discussed what they were doing to make a positive impact.

Regarding the question, “What are your policy priorities that impact rural health?” increasing Medicaid reimbursement rates was viewed as critical, even more so to member organizations. Several respondents acknowledged that lawmakers added funds in the 2015 legislative session to continue increased Medicaid reimbursement rates for primary care physicians that were added in the Affordable Care Act. However, Medicaid and Medicare reimbursement rates are still significantly lower than private insurance reimbursement rates. This disparity continues to put a strain on rural providers because the population in areas in which they practice tends to be older, self-employed and poor.

Medicaid Expansion was also vital. Data suggests that closing the coverage gap through expansion would help many in rural Georgia access care. It would also relieve the strain put on rural hospitals treating large amounts of uninsured patients who would have Medicaid coverage if Georgia had chosen expansion. However, no respondents thought the state was going to expand Medicaid anytime soon.

Another critical issue was attracting and retaining health care professionals. Respondents suggested this could be done through more loan forgiveness for those who practice in rural areas and creating more residency slots. Some said there needs to be an increased in the scope of practice for mid-level practitioners to help compensate for a lack of primary care doctors in these rural areas.

Many of the same themes carried over from the policy question when asked, “What solutions do you think might work?” Additionally, expanding telehealth services, having greater collaboration and more overall rural health awareness, and improving non-emergency transportation were mentioned multiple times. Some respondents were adamant about the need for greater collaboration among the providers in a community. They discussed the benefits of bringing groups together to collaborate.

Improving non-emergency transportation also seemed to strike a chord. It was viewed as not only a solution to improving rural health, but as an issue that is often overlooked. Many rural
Georgians do not have a reliable transportation source, and as Duane Kavaka noted, “It is not uncommon for one of our members to get a call from someone that says they cannot make their appointment today because Cousin Johnny has to do something else and he is my ride.”

To some, lack of leadership and state political inadequacies were also thought to hinder productive discussions and policies to improve rural health. Many believe state leaders have not made rural health care a priority and that health care has become so political it is difficult to make substantial change. Georgia would be served well if there was a greater connection made between health care and the economic vitality of a community. It was pointed out that political leaders listen to the business community, and the facts indicate the healthier a community is, the greater opportunity there is to attract new business and to create and sustain jobs.

The answers to “What would a perfect health system in rural Georgia look like?” almost all mentioned collaboration. There would be collaboration among all providers with a desire to work together in a “perfect system.” Patients would be at the center, and there would be proper follow up. In areas where there is not a provider, telehealth capabilities become critical. Additionally, greater collaboration could benefit rural hospitals who struggle with the high levels of uncompensated care. There is a need to direct patients with non-emergency injuries away from the ER, where treatment is expensive, to more of a primary care setting.

The Rural Hospital Stabilization Committee (RHSC) is working on solutions to keep patients out of the ER with a recommendation that calls for four site pilot projects that create a “hub and spoke” model. According to Governor Nathan Deal’s press release on the RHSC’s recommendations, these pilot projects are intended to “relieve cost pressures on emergency departments and ensure that the best, most efficient treatment is received by patients. The program aims to increase the utilization of new and existing technology and infrastructure in smaller critical access hospitals, Wi-Fi and telemedicine equipped ambulances, telemedicine equipped school clinics, federally qualified health centers, public health departments and local physicians.” Union General, Appling Health System, Crisp Regional and Emanuel Regional Medical Center are the four proposed hubs of initial implementation.


These pilot projects could show whether true collaboration among rural providers is possible, and present a path forward throughout the state.

In closing, all respondents delivered enlightening information and insight to improve rural health in Georgia. Personally, it was a pleasure to talk with all of them and play a role in gathering information for Healthcare Georgia Foundation’s Two Georgias Initiative.
About the Two Georgias Initiative: The initiative is Healthcare Georgia Foundation’s blueprint for better health and health care for rural Georgians. Scheduled for implementation in 2016, this grantmaking program represents an investment in selected rural communities seeking to eliminate disparities in health.

Healthcare Georgia Foundation is a catalyst for better health and health care in Georgia. Through strategic grantmaking, Healthcare Georgia Foundation supports organizations that drive positive change; promotes programs that improve health and health care among undeserved individuals and communities; and connects people, partners and resources across Georgia.

About the Author: Matt Caseman has served as the Executive Director of the Georgia Rural Health Association, leading a network of healthcare providers, educators, and individuals committed to improving health care in Georgia’s 109 rural counties. As Director of the Public Information Office of the Georgia House of Representatives, he was the official liaison between the 180 members of the House, media, and public, as well as Press Secretary for the Speaker of the House. Additionally, Matt directed communications for two high profile state-wide campaigns and has worked with state lawmakers, non-profits, and businesses delivering desired messages to targeted audiences.

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