



Southeastern Health

Committee on Access to Healthcare in Rural N.C.

March 15, 2018

JOANN ANDERSON
PRESIDENT & CEO

Robeson County Demographics



- ❖ Robeson County covers 949 land miles
- ❖ Population 134,168
- ❖ Ethnicity: 38% Native American, 28% white, 24% African American, 8.6% Hispanic
- ❖ Ranks 100 out of 100 in Robert Wood Johnson's 2017 Health Rankings Survey
- ❖ Median Income: \$31,298.
- ❖ 30.8% of Robeson County residents live in poverty.
- ❖ 42% of children in the county live in poverty, compared to 23 % statewide.
- ❖ 8.5% unemployment
- ❖ Food Insecurity 22%

Our Patients



- ❖ have high incidents of chronic disease; such as diabetes, heart disease, cancer, and chronic pulmonary obstruction disease (COPD), often with co-morbidities and/or behavioral health/addiction issues.
- ❖ 40 percent of Robeson County residents are obese, compared with a state rate of 30 percent and 26 percent nationally.
- ❖ 19.9% of the county's residents did not have health insurance, compared to 15.5% of all North Carolinians on average from 2011 to 2015.
- ❖ 76% have a high school education. Only 12% hold a Bachelor's Degree

Mortality



Leading Causes of Death

Causes of Death 2010 –2014 <i>*Age—adjusted death rates</i>	County		State
	# of Deaths	Death Rates	Death Rates
■ Diseases of the heart	1,336	198.1	165.9
■ Cancer - All Sites	1,313	194.7	171.8
♦ Diabetes mellitus	304	45.1	22.1
Cerebrovascular disease	279	41.4	43.0
Chronic lower respiratory diseases	272	40.3	46.0
Alzheimer's disease	248	36.8	29.2
Other Unintentional injuries	237	35.1	29.6
Motor vehicle injuries	215	31.9	13.5
Nephritis, nephrotic syndrome, & nephrosis	146	21.7	17.0
♦ Homicide	131	19.4	5.7

Source : NC State Center for Health Statistics

■ = Top 2 leading Causes of Death ♦ = 2 times greater than the state rates

About Southeastern Health:



Our Mission

Southeastern Health exists to provide quality regional health care in a safe, compassionate and efficient environment.

Southeastern Health is an independent, stand alone, private, non-profit, healthcare system in one of the poorest, most medically underserved areas of the state. Our services include; 19 Primary care clinics and 12 specialty clinics.

- **Acute Care beds: 292**
- **Psychiatric beds: 43 (including 10 new beds with a grant from the sale of Dorothea Dix)**
- **Long Term care beds: 115**
- **Hospice beds: 12**
- **Discharges: 15,200**
- **Outpatient Registrations: 289,000,**
- **Clinic Visits: 210,000**
- **Emergency Service visits: 64,000**

Service Area



Southeastern Health Financial Data



- ❖ 2017 Operating Budget: \$340 million
- ❖ Annual Charity Care costs: \$89 million
- ❖ Pharmacy 340(B) Program Annual savings FY 2017- \$1.75 million

Negative Financial Impact of the Affordable Care Act (ACA) by year:

2015- (\$3,563,700)

2016- (\$4,305,900)

2017- (\$5,567,800)

2018 Projected- (\$6,880,300)



Medical Provider Snapshot



- ❖ Located in a Healthcare Provider Shortage Area (HPSA)
- ❖ Currently need 19 Primary and 11 Specialty providers
- ❖ Hardest to recruit: OB/GYN, Cardiologists, & Psychiatry
- ❖ Barriers to recruitment: Location, school system, few amenities, lack of economic development
- ❖ Nursing shortage, 19 % Vacancy rate = Contract nurse salaries FY

2017: \$8 million



2015: Established Southeastern Health Medical Education Program



- ❖ (Campbell University partnership) with grant assistance from The Golden Leaf, The Duke Endowment, Rural Reuse, and the Canon Foundation
- ❖ 77 Residency spots approved for ER medicine, Family & Internal medicine
- ❖ 4 Residents will sign on from this year's class

- **Start up costs associated with program:**
 - Construction
 - Equipment/furniture
 - Operating costs
 - Staff
 - Resident salaries
 - Misc.



Solutions



- 1. Southeastern Health supports the solutions identified by Mr. Wood (Scotland County).**
- 2. Provide financial support for startup residency programs for primary care and OB/GYN in rural communities.**
- 3. Ensure access to broadband across the state to allow for tele-health/virtual services.**
- 4. Find a way to allow licensure reciprocity for providers in bordering states.**
- 5. Under a Medicaid managed care program, ensure there is a site specific floor for reimbursement.**
- 6. For any pay for performance initiatives allow for adjustments**



Questions?

