

RURAL **HEALTH** WORKSHOP

Building a Better Board: Experience in Education



Speaker

- Chris Scoggins, MPH
 - Director of Special Projects
 - Georgia Rural Health Innovation Center

GEORGIA
Rural  **Health**
INNOVATION CENTER

AT MERCER UNIVERSITY SCHOOL OF MEDICINE

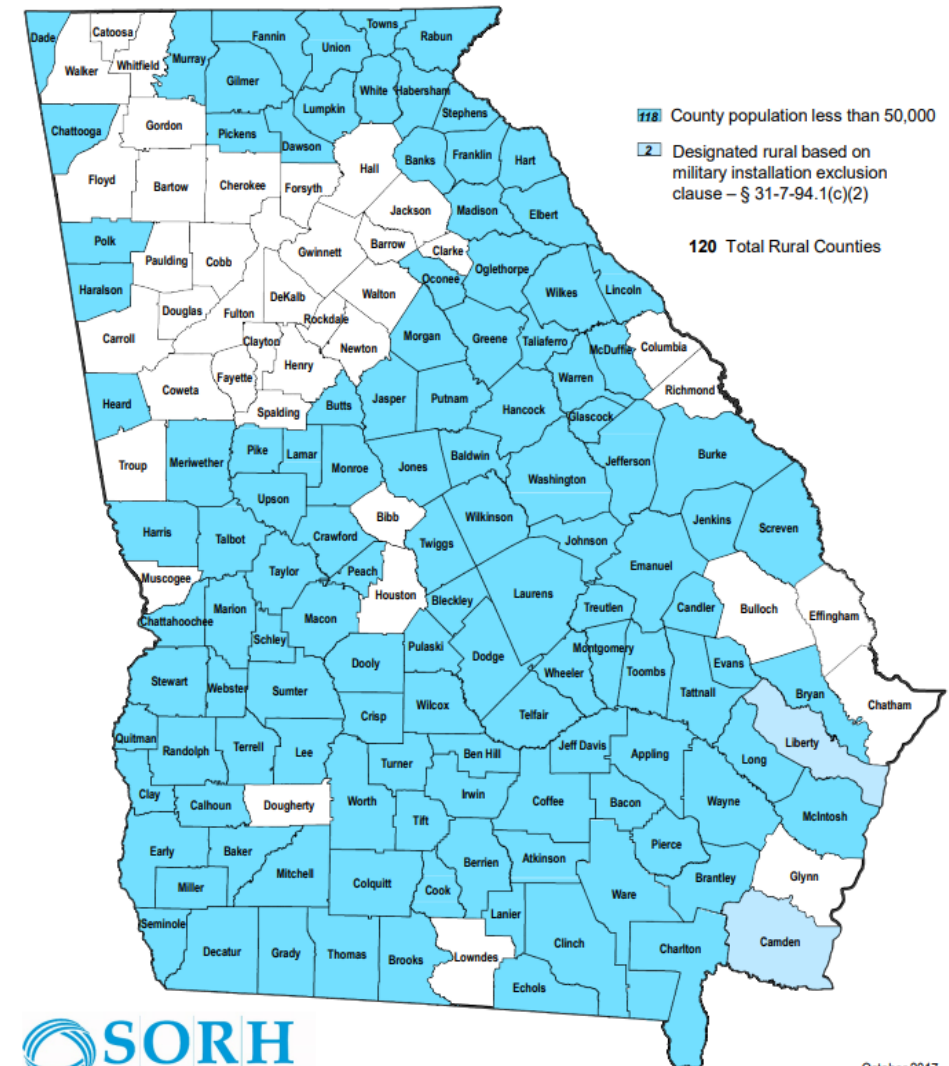
About Our Center

- Established in March 2019
- Funded via State appropriations through the State Office of Rural Health
- Staff of 16 multidisciplinary professionals
- Integrated Ph.D. students in Rural Health Sciences



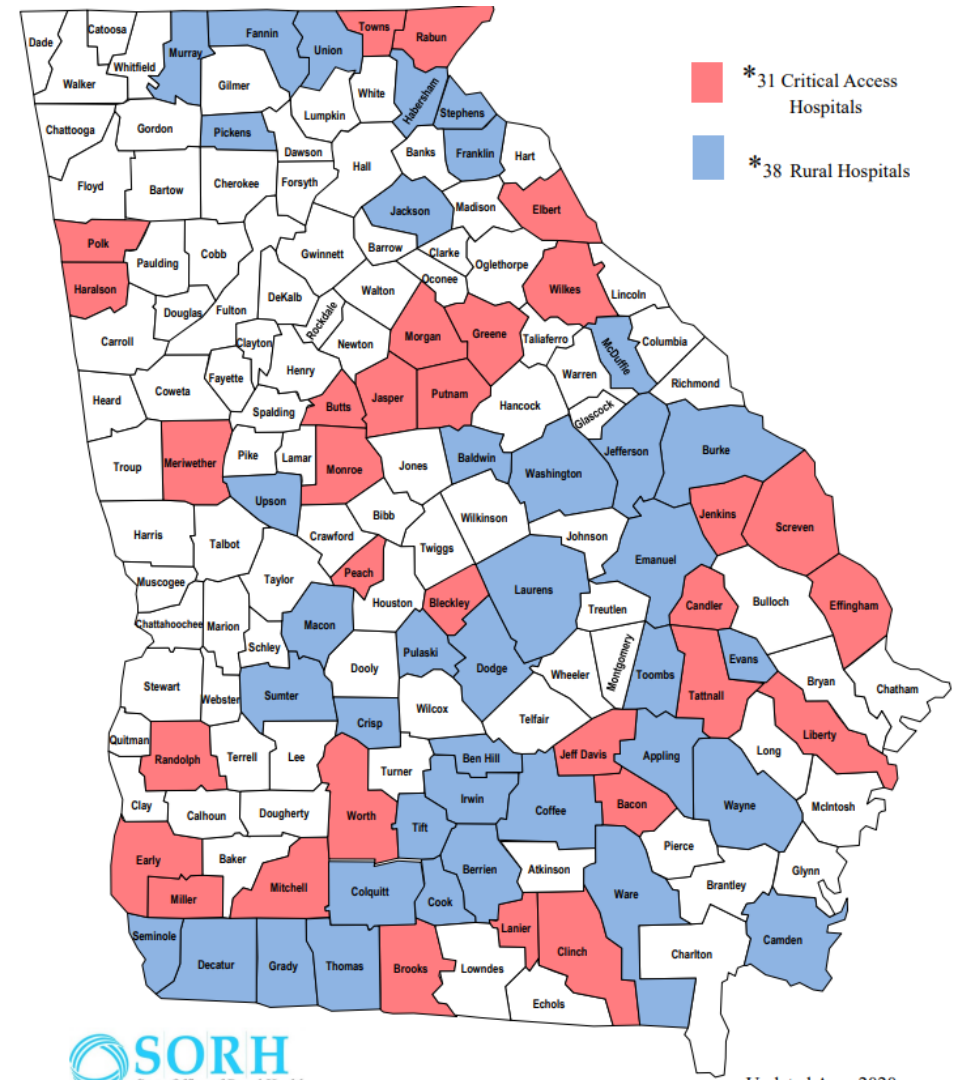
Background and Context

- In Georgia, a rural county is defined as having a population of 50,000 or fewer residents.
- Geographic Challenges
 - 159 Counties
- Population Distribution
 - Two Georgias: “Atlanta and everything else”



Background and Context

- 68 Rural Hospitals
 - 30 Critical Access Hospitals
 - 38 Rural Hospitals
 - 10 For-Profit
 - 58 Not-for-Profit



Background and Context

- Closures
 - 9 since 2010
 - 2 in 2020
- Support Programs
 - Rural Hospital Tax Credit
 - Rural Hospital Stabilization Grants
 - City and County Support

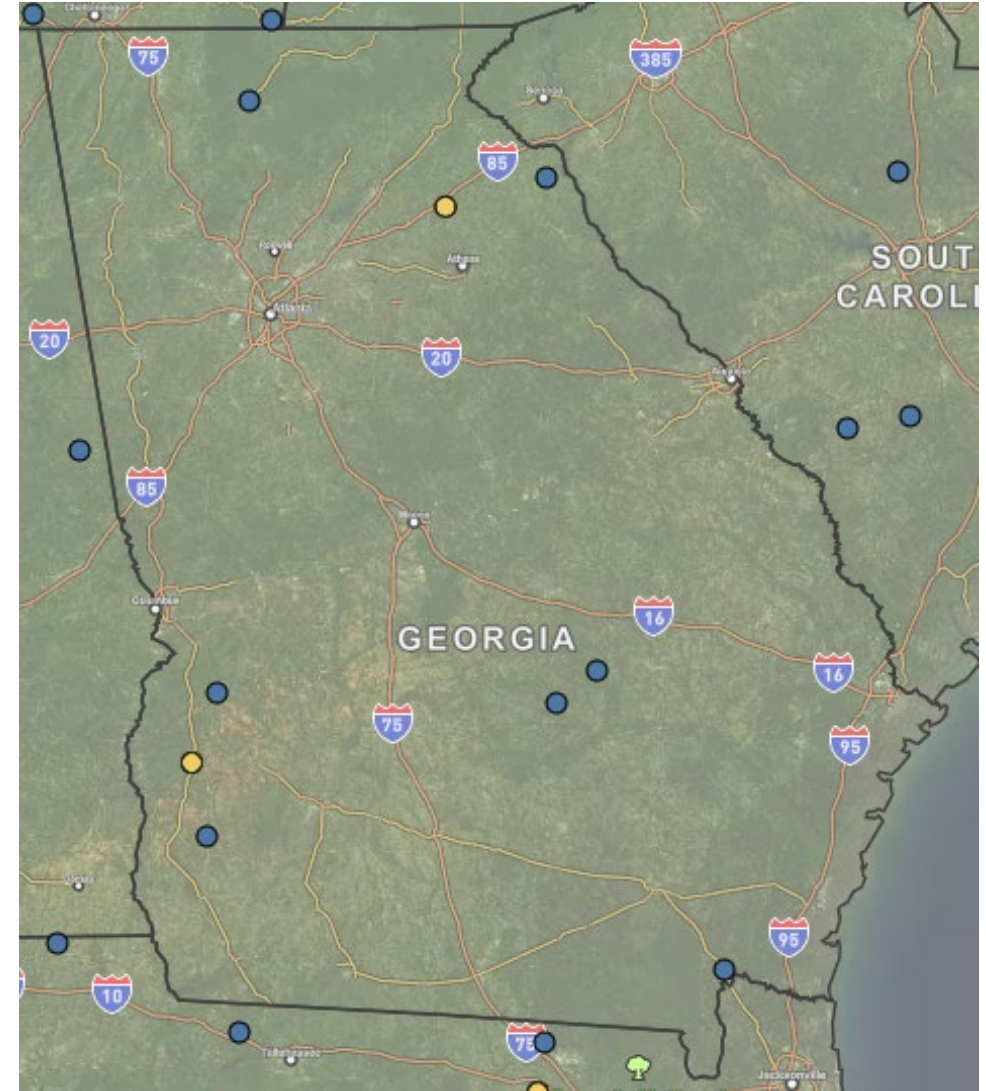


Image: Cecil G. Sheps Center for Health Services Research

Training Overview

- In 2018, HB 769 established the training requirement.
- The GRHIC establishes training standards, approves vendors, and monitors compliance.
- Included in the requirement:
 - Rural*, not-for-profit hospitals
 - CEO and CFO
 - All hospital board and hospital authority members
- Trainees must:
 - Complete 8 hours of approved training.
 - Meet the December 31, 2020 deadline.

*Counties with fewer than 50,000 residents

Hospital Training Topics

Standard 1: Governance, Liability, and Accountability

Standard 2: Responsibility to Regulatory Agencies and Legal Considerations

Standard 3: Finances and Fiduciary Responsibility

Standard 4: Compliance

Standard 5: Ethics

Standard 6: Continuum of Care

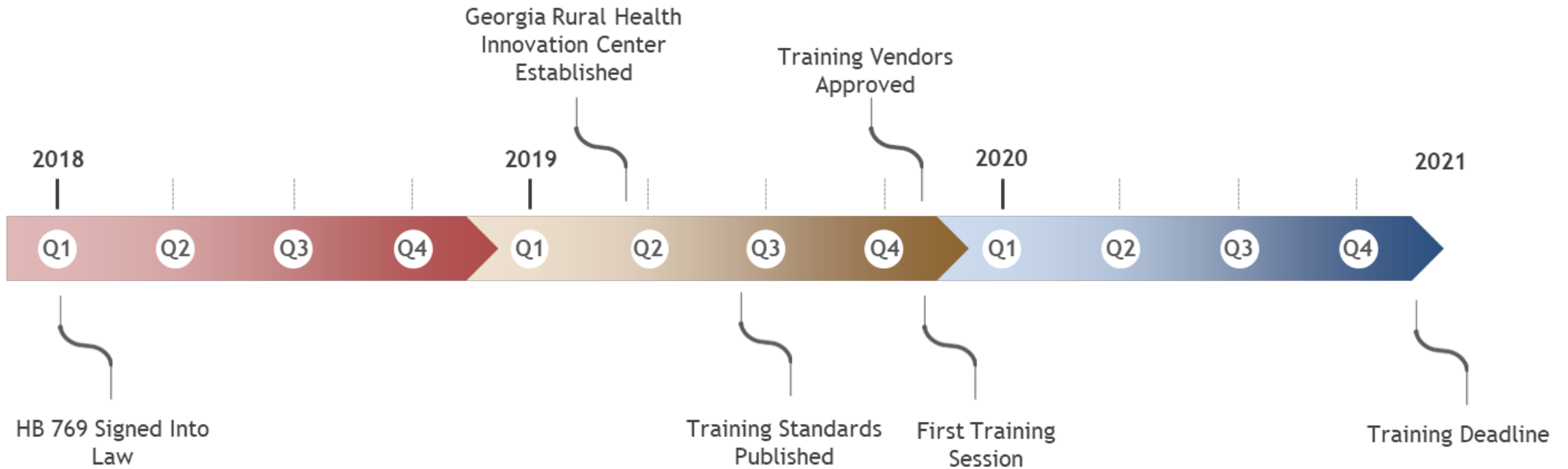
Standard 7: Strategic Planning and Accountability

Standard 8: Grants

Training Vendors

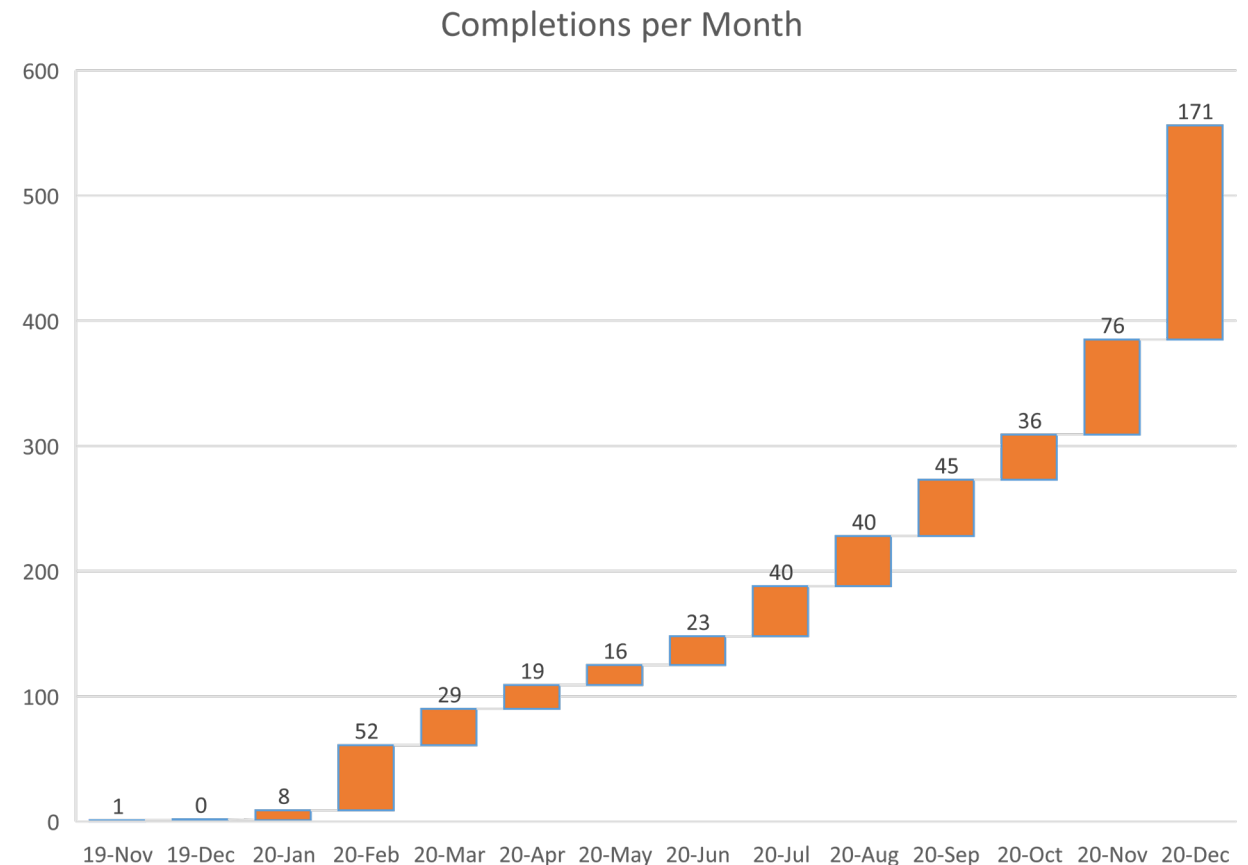


Timeline



Outcomes

- 57 hospitals and 584 individuals were subject to the requirement.
- All hospitals participated and 99.83% of individuals completed training on time.
- Average cost per hospital was roughly \$2,500 with a total program cost of roughly \$142,500 statewide.
- Post training Surveys
 - Online vs. in Person
 - Executives vs. Boards
 - 75% reported an intention to make changes based on training.
 - 75% reported that training was a good use of their time.



What's Next?

- Trainees are required to renew their training every 2 years (24 calendar months).
- GRHIC listened to feedback from vendors, hospitals, and learners.
- The new recertification requirements:
 - Create multiple pathways to recertification.
 - Offer flexibility.
 - Offer a more tailored approach for learners.
 - Allow learners to get credit for pursuing new knowledge and skills.

PATHWAYS TO RECERTIFICATION

REPEATED TRAINING

- ✓ Repeat the original eight training standard courses

RECERTIFICATION UNITS

- ✓ Seven hours of new training
- ✓ One hour review course

HYBRID

- ✓ Seven hours of new or repeated training
- ✓ One hour review course



Questions?

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Thank you for joining us!

