Building a Better Board: Experience in Education
Speaker

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  • Director of Special Projects
  • Georgia Rural Health Innovation Center
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
NOTES: Current status for each state is based on KFF tracking and analysis of state activity. See link below for additional state-specific notes.

Background and Context

• Closures
  • 9 since 2010
  • 2 in 2020

• Support Programs
  • Rural Hospital Tax Credit
  • Rural Hospital Stabilization Grants
  • City and County Support
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
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?
Contact Information

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Thank you for joining us!