NORTHAMPTON COUNTY AD-HOC EMERGENCY CARE COMMITTEE

REPORT TO STUDY ALTERNATIVES

FOR PROVIDING EMERGENCY CARE

IN NORTHAMPTON COUNTY

February 6, 2014

Contents

I. Introduction

The relocation of Shore Memorial Hospital in Nassawadox by Riverside Health Services, Inc., to Onley in Accomack County presents new challenges and opportunities for Northampton County leadership and citizens. This report attempts to document the problems and offer potential solutions, both immediate and longer term.

For over 60 years, Shore Memorial Hospital in Nassawadox, Northampton County, has provided emergency care, inpatient services, and doctors for both Northampton and Accomack citizens. Travel from northern Accomack, especially by ambulance, from Parksley and points north, can far exceed the "golden hour" response standard. There is no question that for decades Accomack citizens have needed an emergency hospital.

The opportunity for a hospital in Accomack came in 2009 when the Shore Memorial local hospital board affiliated with Riverside Health Services, Inc., Newport News, Virginia. When completed, now projected for October 2015, a citizen of Northampton County will face long ambulance rides, including the possibility of crossing the 17-mile Chesapeake Bay Bridge & Tunnel.

Northampton leadership and citizens find this unacceptable and are seeking alternatives and resources that must be in place before the Nassawadox facility is closed. On July 22, 2013, the Northampton Board of Supervisors passed a resolution establishing an Ad-Hoc Committee to study alternatives to provide emergency care in Northampton County (see Appendix A: Resolution).

The Committee membership (see Appendix B: Membership) has two (2) members of the Northampton County Board of Supervisors, two (2) doctors, financial and medical services expertise and is supported by an external consultant with over fifteen (15) years of rural health care experience.

The following report is organized to offer analyses and recommendations to meet two objectives:

- Enhanced EMS – No later than 2015
- Urgent care/E.R. destination in lower Northampton County

Other complimentary medical services will also be pursued.

II. Emergency Medical Services (EMS)

A. Current Environment & Resources

Emergency Medical Services (EMS) in Northampton County is currently provided by four (4) Designated Emergency Response Agencies (DERAs). Three (3) of the four are volunteer agencies: Cape Charles Rescue Service, Inc., Northampton (Nassawadox) Fire & Rescue, Inc. and Community (Exmore) Fire Company, Inc. The fourth agency is the Northampton County Department of EMS (NCEMS), which provides career EMS providers to the

volunteer agencies as needed and has a station strategically located in Machipongo, providing centralized services.

These agencies collectively provide six (6) ambulances and two (2) quick response vehicles (QRV) available for response. However all three (3) volunteer agencies are experiencing difficulty maintaining an adequate number of volunteers to answer the 2675 EMS calls dispatched for Fiscal Year 2013 (July 1, 2012 thru June 30, 2013), thus requiring the assistance of career EMS providers from NCEMS on almost 80% of the calls.

A performance measure is used to gauge adequate response county-wide. This measure requires response (time of dispatch, to time on scene) to be twenty (20) minutes or less, ninety percent (90%) of the time, 24 hours a day, 7 days a week.

Each licensed EMS agency is required to have an Operational Medical Director (OMD). The OMD shall hold a current, unrestricted license to practice medicine or osteopathy issued by the Virginia Board of Medicine and qualifies under the Virginia Office of EMS rules and regulations. The OMD's responsibilities include but are not limited to the following:

1) providing medical direction to EMS providers through direct communications or protocols;
2) verification of EMS provider qualifications;
3) medical audits to review patient care and outcomes for the purpose of education;
4) resource in planning and delivery of training and continuing education programs;
5) taking and recommending appropriate remedial or corrective measures for EMS providers;
6) ensuring an effective quality management program for continuous system and patient care improvement;
7) oversight of comprehensive mechanism for the management of patient complaints, allegations of substandard care and/or deviations from patient care protocols or other established standards; and
8) interaction with state, regional and local EMS authorities to develop, implement and revise medical and operational protocols.

The current OMD, Dr. Richard Hatch, is secured through an agreement established by the Eastern Shore EMS Council, covering all four (3) of the EMS agencies in Northampton County. Dr. Hatch has indicated his desire to retire soon, therefore an active search is ongoing for his replacement.

B. Impact of ER relocation to Onley

The hospital currently located in Nassawadox is projected to move to a new facility located in Onley within the next two (2) years, or by fall 2015. This relocation pushes the nearest Emergency Department (ED), typically required for ambulance transports, 18 miles north of its current location and out of our local jurisdiction.

This relocation causes several challenges in the provision of EMS services for Northampton County.

1) Increased ambulance turnaround times caused by the extra distance of travel to and from the closest ED.
2) Decreased access to available ambulances as they will now be required to travel a significant distance outside the county to the closest ED. Also other ambulances (Accomack County based) will no longer be traveling into our county to the ED currently located in Nassawadox. This is problematic when call volume peaks at an inopportune time.
3) For locations south of the Cape Charles Shore Stop (generic point of reference) the "closest" ED is now Sentara Independence located in Virginia Beach. Transports to this facility require the ambulance to traverse a 17 mile long bridge and tunnel (Chesapeake Bay Bridge Tunnel), which frequently experiences delays and closures due to traffic, weather, maintenance work, accidents, etc.
4) Required utilization of an ED in Virginia Beach, which is already serving a large population, could cause delays in patient turnover times.
5) Many citizens of the Eastern Shore have never traversed the CBBT and will have significant challenges returning home upon release from the ED. Pressure could potentially be placed on ambulance crews to bring patients back home which places this ambulance and crew out of service for more extended time. Failure to offer some type of service to assist our citizens with this challenge could create customer service concerns and patient refusal of transport when emergency care is truly required.

C. Equipment Upgrades

- All ambulances in Northampton County are equipped with a Traffic Opticom, utilized to change red traffic lights to green, for safe passage through. Originally it was felt this was an option not available in all ambulances; however research has shown this is not an issue as all are equipped.

- All ambulances and QRVs are also equipped with twelve (12) lead acquisition and transmission capability, which allows for the pre-hospital diagnosis of ST-elevation myocardial infarction (STEMI). The quick identification of a STEMI is of major importance in reducing time to treatment, in particular when patients can be transported directly to a Centre with interventional capabilities, which we do not have here on the Shore. Primary coronary intervention (PCI) for acute myocardial infarction should be performed as quickly as possible, with a door-to-balloon time of less than 90 minutes. With the identification of a STEMI, Northampton County EMS providers are able to consider direct transport to a catheterization lab in Virginia Beach or Norfolk, by way of either ground or air transport, consistently meeting or exceeding the recommended door-to-balloon time standard.

- All ambulances and QRVs are in need of an upgrade to their LifePak 15 defibrillators. This upgrade will provide the ability to capture readings for End Tidal CO2 and Carbon Monoxide, which is considered to be the new standard in emergency care. [1]Capnography is the vital sign of ventilation. It also provides key information about the patient's circulatory and metabolic status. This valuable and rapid assessment information greatly assists EMS providers and enables them to develop, monitor and modify patient care plans. [2]The CO monitoring capability, most particularly will enhance our assessment

tools when administering fire-fighter rehab. "Firefighters who ignore the serious dangers of CO exposure are risking heart attack, stroke, neurological disorders, lifelong disability, and death." Just because firefighters don't feel like they have CO poisoning doesn't mean that they don't have unsafe levels of carboxyhemoglobin (SpCO®) in their bloodstream. With early recognition, treatment for CO poisoning can begin immediately, which significantly reduces both immediate and long-term health risks.

- A Rescue Squad Assistance Fund Grant in the amount of $34,163 was obtained to upgrade four (4) defibrillators with End Tidal CO2 and Carbon Monoxide monitoring. This grant required a twenty percent (20%) match of $8,543 and has been funded through a contribution from Riverside Hospital Services. This equipment was placed in service December 2013.

  The total contribution from Riverside Hospital Services was actually $12,500 but only $8,543 was needed for the grant. In addition, Sentara Healthcare provided a donation of $8,500 for this grant. The county was able to use the remaining donation from Riverside and the donation from Sentara (a total of $12,457) to upgrade one of the Ambulance defibrillators. Additional funding is still needed to complete the upgrade of 2 more defibrillators on the ambulances and quick response vehicles in the County.

D. Community Paramedicine (CP) or Mobile Integrated Health Care (MIHC)

CP/MIHC programs use EMS practitioners in an expanded role to increase patient access to primary and preventative care, within the home. These programs work to decrease the use of emergency departments, decrease healthcare costs, and increase improved patient outcomes. The introduction of CP/MIHC programs within EMS agencies is a top trend in emergency medical care.

CP/MIHC offers a simple concept: connect underutilized resources to the underserved populations by expanding the role of EMS providers where access to physicians, clinics and/or hospitals is difficult or may not exist. The program is organic in that it exists for the sole purpose of serving the needs of a particular community and relies heavily on collaboration among local stakeholders.

The general overview and goals include:

1) Providing needed teaching and services for patients to keep them from becoming super consumers of healthcare services;
2) Decrease costs for all stakeholders; and
3) Improve the overall health and outcomes for identified populations.

Targeted population:

1) Frequent users of the 911 system, due to the strong correlation between this population and their impact on overall services including: EDs, hospital inpatient admissions, consumption of community resources, compliance with prescribed treatments, medication adherence and follow-up care adherence;

2) Patient 30-day readmissions for: Congestive Heart Failure, Acute Myocardial Infarction, Chronic Obstructive Pulmonary Disease, etc., causing imposed financial penalties to hospitals; and
3) Patients not eligible for Home Health services.

E. Helipads

The strategic location of a minimum of three (3) permanent, lit helipads in the County would be of great benefit, allowing safer landing of an air ambulance, which is anticipated to become more frequent due to lengthened ground transport times. Locations should be considered in the northern, middle and southern end of the County.

Basing an air ambulance on the Shore is not feasible at present. There are insufficient trips to warrant even basing one on Shore, let alone operating one. If trips increase substantially due to Onley-to-mainland transport, then perhaps a joint operation with Riverside Health Systems could become feasible.

F. EMS Staffing Increase/Budget Impact

EMS staffing will need to increase to maintain a minimum of three (3) staffed ambulances during the daytime hours (6 am to 6 pm), two (2) staffed ambulances during the nighttime hours (6 pm to 6 am) and a Duty Supervisor (Paramedic) during all times. Considering current call volume and the lack of consistent volunteer commitment to answering calls, it is predicted these services will need to be provided by career providers. The increase in staff alone to provide this coverage will require an additional $665,000 to cover salaries and benefits at their current level.

Should additional staffed ambulances be required, an estimated cost of $165,000 each would be required to cover 7 days a week, 12 hours per day.

While funding is a challenge, the greater challenge will be finding EMS providers. This increase will require the hiring of fifteen (15) additional medics.

- Our system has a declining volunteer pool, thus our resources are dwindling.
- Salaries are an issue for recruitment and retention and need to be competitive to retain staff that we have invested training and resources.

An increase in career staff will be needed on a consistent basis over the next two (2) years, prior to the opening of the hospital at its new location, to lessen the impact of hiring a large number of EMS Providers at one time and to grow the budget in incremental phases to lessen a lump sum impact on county budget.

G. Coordination and Contracts with Volunteer EMS Agencies

- An EMS training center needs to be established in Northampton County to ensure year round training is offered locally in both basic and advanced courses. Basic training will provide a resource of needed EMTs for both the volunteer and career services. Advanced

training is needed to advance EMTs to a higher level and to provide continuing education for existing EMS providers of all levels. This is the key to maintaining a resource of qualified, educated EMS providers.

- Utilizing Cape Charles Rescue Service and Community (Exmore) Fire Company as two (2) of our primary stations for delivery of EMS services has one great benefit. It places ambulances close to the most populated areas of Cape Charles and Exmore, allowing response times to be fairly quick, which is extremely important in a true medical or traumatic emergency. Coordination with these agencies will become extremely important, especially if they are no longer able to provide any type of volunteer response which could ultimately end in their loss of EMS licensure and closure.

III. Medical Facility/ Emergency Ambulance Destination in Lower Northampton County

A. Challenges:

- Based on current conditions, the Hospital move leaves Northampton with no after hour or weekend care at any level of service.
- EMS already transports many cases which could have been handled locally if after hour and weekend care was available.
- Fewer active volunteers for EMS. While numbers of volunteers may not yet be critical, volunteer companies are already having trouble staffing their shifts. With the longer transport and hospital delay times, maintaining crews will only become more difficult.
- Coordination of Volunteer and Career Staff and equipment is a current issue and will greatly increase with the increased demand.

In addition to the burden of volunteers, reimbursement of any career staff use of a volunteer ambulance goes entirely to the Volunteer Company to support their operations. If Volunteer ability to provide service continues to decline and more paid staff are stationed and use the Volunteer ambulance with reimbursement, the full cost of providing such service will fall on the local taxpayer.

The Committee engaged the services of Ken Cook, Director of Technical Assistance for the Virginia Rural Health Resource Center, to provide an analysis of the types of medical facilities that could be pursued and the pros and cons of each type based upon our circumstances. This report is attached as Appendix E.

B. Helipad locations

The location of fully equipped helipads should be one in each of the following areas: 1) Exmore/Nassawadox area; 2) Machipongo area; and 3) Cape Charles area with a backup location at CBBT.

C. Continuing and Future Needs:

- Research shows that our population is not sufficient to financially support a stand-alone ER.

- Our current best option is improved availability of EMS services and providing local after-hours and weekend coverage for patient choices of care.

- The committee believes that a Medical Facility staffed with a minimum of a Nurse Practitioner or Physician's Assistant located in the lower half of the county is Northampton's best option.

  This facility would likely start as an evening and weekend service and expand as justified. If after-hours medical facility is fiscally successful we foresee expanded medical services. These medical center services could include: 24hr diagnostics, basic laboratory services, dialysis, rehab and primary care.

- Modified protocol procedures may be needed in order to provide flexibility in EMS response and transports to provide improved health services overall.

- Innovative approaches utilizing Para-medicine and Tele-monitoring and Tele-medicine can improve care delivery and reduce EMS transport. Those services may improve the overall health results of the Shore and reduce overall medical costs through better health outcomes and fewer unnecessary transport.

IV. Potential Sources of Funds

As of this report, the Committee has not contacted all potential contributors to enhancing Northampton's EMS and medical services. With Board of Supervisors' approval, these contacts can begin.

A. Special Tax Line Item for EMS and Medical Services – Northampton Citizens

Many counties have been forced to add this tax as the result of a decrease in volunteer services and almost exponential increases in the cost of equipment and full-time staff. Volunteer fire companies face these same challenges. The Board of Supervisors has stated that while such a tax may be unavoidable, all other sources should be pursued. Authority for said tax district is provided in the Code of Virginia, §27-23.1

B. Grants

Northampton County, along with other counties, has pursued and received grants for our ambulance and equipment. There is a danger of becoming too dependent on grants as they appear and disappear in the economic cycles. Replacing grant funding has recently been very challenging. There is also always a "local share" to be raised to qualify for funding; usually 20 – 50% of the total grant amount. Nevertheless, grants should be vigorously pursued. Appendix C provides a general list of potential grant sources.

C. Local Support

Shore Memorial Hospital (formerly Northampton-Accomack Memorial Hospital) has benefitted from local support through numerous organizations, gifts, estates and other fund raising activities.

The Hospital Auxiliary has operated the gift shop in Nassawadox, held an annual dinner and dancing event, all of which went to improve the local community hospital. Gifts have exceeded tens of thousands of dollars and been utilized for physical improvements and medical equipment as well.

With Board of Supervisors' approval, the Committee will approach the Hospital Auxiliary for support, where possible, to respond to these new challenges for Northampton.

In the 1950s when Shore Memorial Hospital was strictly an Eastern Shore community hospital, the Shore Memorial Endowment Fund, Inc. was established, specifically to fund indigent and uncompensated hospital care. For years, this endowment fund received contributions from organizations such as the Garden Club, and again, wills and estates of Eastern Shore citizens.

The old "endowment fund" articles and by-laws were restated and voted on by a new board on August 6, 2009 and filed on August 20, 2009 shortly after the Riverside Health Services, Inc. affiliation with Shore Memorial. The new name is Shore Health Foundation. Public IRS information (as of December 31, 2012) indicates the total amount of the foundation assets to total $7.3 million. The Committee will follow Board of Supervisors' guidance with respect to this source of potential funding.

D. Creation of a new Northampton EMS and Medical Services Foundation

Another resource available to the County is the creation of a new non-profit organization (a 501 (c) 3 type-organization) dedicated to supporting the Northampton County agencies involved in Emergency Medical Response. If this is pursued, it would need to be pursued independent of the County governance structure. The steps involved are listed below:

- Write a mission statement for your chosen organization.
- Find a group of trusted individuals to form a board of directors.
- File the articles of incorporation with the state.
- Write a list of bylaws for the organization.
- Write to the IRS to request nonprofit status. Once you've been approved, you'll need to apply for the same status through the state.
- Formally register your nonprofit organization with the state and apply for sales tax exemption.

V. Executive Summary of Short and Long Term Recommendations

A. Emergency Medical Services (EMS)

1. Increase current EMS staff resources due to increased ambulance turn-around times. Minimum (3) staffed ambulances (6 AM to 6 PM) and (2) staffed ambulances (6 PM to 6 AM) with a full-time paramedic duty supervisor both shifts. Total increase of 15 additional medics = annual budget $665,000+.

2. Helipads for air ambulance transport. Three helipad sites are preferred although many transports are currently made from the location or accident scene. Since the disposition of the current Nassawadox helipad is unknown, it is impossible to finalize optimal locations at this time.

3. The committee believes that the County should pursue the development of a Medical Facility staffed with a minimum of a Nurse Practitioner or Physician's Assistant located in the lower half of the county.

   This facility would likely start as an evening and weekend service and expand as justified and needed. If after-hours medical facility is fiscally successful, we foresee expanded medical services. These medical center services could include: 24hr diagnostics, basic laboratory services, dialysis, rehab and primary care.

4. Formalize agreements with volunteer units. Increase training opportunities and consider stipend payments for critical coverage.

5. Appoint a new Operational Medical Director (OMD) for Northampton County EMS agencies. The County may want to consider the development of a stipend for this position.

6. Revisit and revise protocols with air ambulance services (Nightingale and Life-Evac)

7. Upgrade LifePac 15 defibrillators in all ambulances and Quick Response Vehicles (QRVs)

8. Equip all Northampton County Sheriff's deputies and train on AED equipment. Currently 12 law enforcement vehicles are equipped with the AED equipment which needs to be maintained and serviced every 3 years; there are currently 9 law enforcement vehicles that do not have the AED equipment.

9. Ensure that all County buildings have AED equipment and that the equipment is maintained and serviced on a regular cycle and that staff is adequately trained to use said equipment. The current buildings that have the AED equipment are: County Administration, Northampton Courthouse, all three County-operated School Buildings, School Administration Building, Social Services and the Regional Jail. In

addition, the following commercial and/or community buildings have AED equipment: Broadwater Academy, Cherrystone Campground, CBBT Police, Bayshore Concrete, Shore Little League Field, Vaucluse Community Center, and the Shore Memorial Hospital Cafeteria.

10. Recommend the creation of a tax district designated for EMS and Medical Services funding.

11. Proceed expeditiously with the construction of an EMS garage and training center in Machipongo.

12. As a private citizen effort, not using any County taxpayer funds, establish a new Northampton EMS and Medical Services non-profit 501(c) (3) Foundation, specifically to fund these services for Northampton citizens.

13. Pursue private local support from existing foundations, private citizens, and community organizations that wish to support enhanced EMS and medical services in Northampton County.

14. When staffing levels permit, establish a para-medicine program for the Northampton County Department of Emergency Medical Services to visit frequent 911 callers for proactive attention and preventive care.

B. Medical Care/Emergency Room Destination in lower Northampton County.

1. Establish partnerships with either existing medical services providers serving Northampton citizens (such as Rural Health or Riverside) or new medical services providers (such as Sentara) where financially feasible in order to offer extended weekday hours and weekend coverage.

2. Explore modified protocols for EMS to a medical facility. There will be transports of patients across the Bay either to Sentara, Virginia Beach, or to Riverside, Newport News, and turn-around times will increase. Transport decisions are made by the EMS Provider(s) and the patient with possible consultation of E.R. staff. Explore partnership with Eastern Virginia Medical School (EVMS) for possible research/study of "emergency calls" to help us manage and develop solutions for the future.

3. Strengthen and increase where possible the use of emergency on-scene technology by paramedic staff. Assure current capabilities using 12-lead EKG transmissions are maintained and upgraded when needed.

C. Requested Action for the Board of Supervisors

The Ad-Hoc Emergency Care Committee sincerely believes that if these recommendations are implemented, the EMS and medical services for Northampton will advance. The key next step is to design an implementation plan and assign accountability

for the completion of specific tasks. Therefore, we are seeking the Board to take the following action:

1. Vote to accept this report; and
2. Authorize staff to develop a new Charge of Work based upon the Executive Summary Short and Long Term Recommendations which will include the development of timelines and specific action steps for implementation of the recommendations; said Charge of Work will serve as the basis to re-authorize the Ad-Hoc Committee for Emergency Care. Staff is to complete this for consideration at the March 11, 2014 Board of Supervisors meeting

APPENDIX A - RESOLUTION

RESOLUTION TO CREATE AN AD-HOC COMMITTEE TO STUDY ALTERNATIVES TO PROVIDING EMERGENCY CARE IN NORTHAMPTON COUNTY

Whereas, Riverside Hospital Corporation of Newport News, VA has acquired Shore Memorial Hospital in Nassawadox, VA and renamed it as Riverside Shore Memorial Hospital; and

Whereas, Riverside Shore Memorial Hospital has obtained approval from the Virginia State Health Commissioner to construct a new hospital facility in Onley, VA and to close the hospital in Nassawadox, VA; and

Whereas, Riverside Shore Memorial Hospital has indicated that some services will remain in Nassawadox, VA but will not encompass the retention of the Emergency Room; and

Whereas, the relocation of the hospital, including the Emergency Room, will negatively impact the current delivery of emergency medical services in Northampton County; and

Whereas, the Northampton County Board of Supervisors wishes to explore all alternatives to improve emergency medical services.

NOW THEREFORE, BE IT RESOLVED that the Northampton County Board of Supervisors establishes an ad-hoc committee called the Emergency and Medical Services Ad-Hoc Committee charged with exploring all options to provide emergency medical services to Northampton County including, but not limited to, the following:

- Establish an Emergency Room;
- Expand Emergency Medical Services (EMS) transport capabilities with associated staffing capabilities, whether through the County Department and/or the Volunteer Stations;
- Any other service offerings that could improve the provision of Emergency Care in Northampton County

Said analysis shall include the benefits and drawbacks of each option with a cost analysis of both capital costs and operational costs with associated staffing analysis and identification of potential service providers for each option and any other relevant issues or concerns.

The composition of this committee shall include a representative(s) from the Board of Supervisors, representatives from the county that have experience and knowledge in the provision of medical services, financial experience and any other relevant areas. The ad-hoc committee shall not exceed 7 members. The committee shall have the ability to seek input from individuals that have needed expertise or information to assist in their charge but these individuals shall not become members of the ad-hoc committee.

The committee will develop a final recommendation that will be presented to the Board of Supervisors no later than December 31, 2013.

Adopted this 9th day of July, 2013.

Amended this 22nd day of July, 2013

APPENDIX B - LIST OF MEMBERS

Board representatives:	Willie C. Randall
	Larry LeMond
Appointments at Large:	
Appointed on July 22, 2013	H. Spencer Murray
	Martina Coker
	Pat Coady
Appointed on August 26, 2013	Dr. Federico Molera
	Dr. Pamela Gray

APPENDIX C - POTENTIAL SOURCES OF GRANTS

Rescue Squad Assistance Fund

Sponsor:	Virginia Department of Health.
Purpose:	The Financial Assistance for Emergency Medical Services Grants Program, known as the Rescue Squad Assistance Fund (RSAF) Grant Program, is a multimillion dollar grant program for Virginia nonprofit EMS agencies and organizations.
Eligible Activities:	Items eligible for funding include EMS equipment and vehicles, computers, EMS management programs, courses/classes and projects benefiting the recruitment, and retention of EMS members.
Eligibility:	Virginia nonprofit agency/organization involved in EMS.
Website:	www.vdh.virginia.gov/OEMS/Grants/index.htm
Contact:	Grants Manager Office of Emergency Medical Services 1041 Technology Park Drive Glen Allen, VA 23059-4500 (804) 964-7600

EMS Training Funds Program

Sponsor:	Virginia Office of EMS.
Purpose:	The EMS Training Fund program is designed to provide financial assistance for Virginia-certified EMS providers and Virginia Office of EMS-approved EMS courses. These funds shall supplement local support for EMS courses.
Eligible Activities:	Virginia Office of EMS-approved EMS courses.
Eligibility:	Nonprofit entities and Virginia-certified EMS providers.
Website:	www.vdh.state.va.us/OEMS/Training/EMSTF.htm
Contact:	Virginia Office of EMS 1041 Technology Park Drive Glen Allen, VA 23059

Rural Access to Emergency Devices Grant Program

Purpose:	The purpose of the Rural Access to Emergency Devices Grant Program is to purchase automated external defibrillators (AEDs) that have been approved or cleared for marketing by the Food and Drug Administration (FDA) and to provide defibrillator and basic life support (BLS) training in AED usage through the American Heart Association, the Red Cross, or other nationally-recognized training courses.
Eligible Activities:	Purchase of AED devices.
Eligibility:	Awards will be made to community partnerships. These partnerships are defined as a consortium of first responders (e.g., EMS, law enforcement, and fire departments) and local for-profit and nonprofit entities that may include, but are not limited to, long-term care facilities, rural-health clinics, community-health centers, post offices, libraries, and other civic centers, athletic facilities, and senior organizations applying as a

community partnership. All applicant organizations have to be located in an eligible rural county or eligible rural census tract of urban counties.

Website: http://ruralhealth.hrsa.gov/funding/aed.htm Eligible rural counties can be found at: http://ruralhealth.hrsa.gov/funding/eligibility. The eligible census tracts of urban counties are included in the document identified above. To identify the Census Tract where your organization is located, visit the webpage at: http://app.ffiec.gov/geocode/default.htm

Contact: RAED Program Coordinator
Office of Rural Health Policy
(301) 443-7529
Fax: (301) 443-2803

Small Rural Hospital Improvement Program (SHIP)

Purpose: The purpose of this grant is to help small, rural hospitals to 1) pay the costs related to implementation of prospective payment systems (PPS), 2) comply with provisions of the Health Insurance Portability and Accounting Act (HIPPA) of 1996, and 3) reduce medical errors and support quality improvement.

Eligible Activities: Grants may be used to purchase technical assistance, services, training, and information technology. Proposed initiatives should include efforts to support quality improvement and adopting of health-information technology.

Eligibility: The SHIP grant program funds are geared towards assisting small, rural hospitals that are essential access points for Medicare and Medicaid beneficiaries. Eligible small, rural hospitals are non-Federal, short-term general acute-care facilities that are located in a rural area of the United States and the territories, including faith-based hospitals. For the purpose of this program, 1) small is defined as 49-staffed beds or less and 2) rural is defined as either located outside of a Metropolitan Statistical Area (MSA) or located within a rural census tract of a MSA, as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs). Hospitals may be for-profit or not-for-profit. Tribally-operated hospitals under Titles I and V of P.L. 93-638 are eligible to the extent that such hospitals meet the above criteria. Regardless of geographic location, all designated Critical Access Hospitals (CAHs) are eligible.

Website: A link to the application is available through Grants.gov at: https://apply07.grants.gov/apply/UpdateOffer?id=17401

Contact: SHIP Program Coordinator
Office of Rural Health Policy
(301) 443-0835
Fax: (301) 443-2803

Notes: Eligible hospitals should contact their State Office of Rural Health.

Small Healthcare Provider Quality Improvement (shCPQI) Program

Purpose:	The purpose of the SHCPQI grant is to assist rural providers with the implementation of quality improvement strategies, while improving patient care and chronic disease outcomes. The focus of the SHCPQI grant is on quality improvement for the following chronic diseases: diabetes mellitus (DM) and cardiovascular disease (CVD).
Eligible Activities:	Primary care quality improvement programs.
Eligibility:	To be eligible for SHCPQI, applicants must meet one of the following criteria: 1) be located in rural areas as determined by eligible rural county census tracts, 2) the applicant exists exclusively to provide services to migrant and seasonal farm workers in rural areas, or 3) be a Tribal government whose grant-funded activities will be conducted within their Federally-recognized Tribal area.
Contact:	SHCPQI Program Coordinator (301) 443-4107 Fax: (301) 443-2803

Rural Development Community Facilities Program

Purpose:	Community programs provide loans and grants and loan guarantees for water and environmental projects, as well as community-facilities projects. Water and environmental projects include water systems, waste systems, solid waste, and storm-drainage facilities. Community facilities projects develop essential community facilities for public use in rural areas and may include hospitals, fire protection, safety, as well as many other community-based initiatives.
Eligible Activities:	Hospitals, fire protection, safety, EMS, ambulances.
Eligibility:	Rural communities.
Website:	www.rurdev.usda.gov/HCF_CF.html
Contact:	For more information about this program, or to file an application, contact the local USDA service center in your area. The website to find your local office is: http://offices.sc.egov.usda.gov/locator/app

Rural Emergency Response Initiative

Purpose:	To develop the capacity and ability of private, nonprofit, community-based housing and community development organizations, and low-income rural communities to improve housing, community facilities, and community and economic development projects in rural areas.
Eligible Activities:	Rural Community Development Initiative grants may be used for, but are not limited to, 1) training subgrantees to conduct a program on home-ownership education; 2) training subgrantees to conduct a program for minority business entrepreneurs; 3) providing technical assistance to subgrantees on how to effectively prepare a strategic plan; 4) provide technical assistance to subgrantees on how to access alternative-funding

	sources; 5) building organizational capacity through board training; 6) developing training tools, such as videos, workbooks, and reference guides to be used by the subgrantee; 7) providing technical assistance and training on how to develop successful childcare facilities; and 8) providing training on effective fundraising techniques.
Eligibility:	Purchase of construction of facilities including, but not limited to, fire apparatus, fire department buildings, multiservice buildings, rescue and ambulance-service buildings, rescue and ambulance and equipment, architectural and engineering feeds, and right-of-way assessments.
Website:	www.rurdev.usda.gov/HAD-RCDI_Grants.html
Contact:	For more information about this program, or to file an application, contact the local rural development office in your area.

APPENDIX D - COUNTY ORDINANCE ON VOLUNTEERS

AN ORDINANCE TO AMEND AN ORDINANCE ENTITLED, "AN ORDINANCE DESIGNATING ORGANIZATIONS TO BE AN INTEGRAL PART OF THE OFFICIAL SAFETY PROGRAM OF THE COUNTY OF NORTHAMPTON, VIRGINIA

BE IT ORDAINED by the Board of Supervisors of Northampton County, that AN ORDINANCE DESIGNATING ORGANIZATIONS TO BE AN INTEGRAL PART OF THE OFFICIAL SAFETY PROGRAM OF THE COUNTY OF NORTHAMPTON, VIRGINIA, adopted by the Board on June 4, 1973, be amended as follows:

1. That Northampton County Department of Emergency Medical Services be added to the list of active personnel recognized as an integral part of the official safety program of the County of Northampton.

2. That the company names of the recognized organizations be updated to read as follows:

Cape Charles Rescue Service, Inc.
Cape Charles Volunteer Fire Company, Inc.
Cheriton Volunteer Fire Company, Inc.
Community Fire Company, Inc.
Eastville Volunteer Fire Company, Inc.
Northampton Fire & Rescue, Inc.
Northampton County Department of Emergency Medical Services

3. That all remaining portions and provisions of AN ORDINANCE DESIGNATED ORGANIZATIONS TO BE AN INTEGRAL PART OF THE OFFICIAL SAFETY PROGRAM OF THE COUNTY OF NORTHAMPTON, VIRGINIA are reenacted and reaffirmed hereby.

Adopted this __12__ day of July, 2011.

APPENDIX E – REPORT FROM KEN COOK

The Future of Health Care in Northampton County:

Prepared by

Ken Cook, Director of Technical Assistance

Virginia Rural Health Resource Center

Roanoke, Virginia

The Future of Health Care in Northampton County: An Assessment of Options

On August 9, 2011, a Certificate of Public Need (COPN) was issued by the Commissioner of Health to allow for the relocation of Riverside Shore Memorial Hospital from its present location in Nassawadox in Northampton County to a location in Accomack County. The new location is 18 miles north of the current location and is expected to open in 2015. The relocation of the hospital, although generally centrally located along the Eastern Shore, creates a new set of access problems for primary and emergency health care to residents of Northampton County, particularly those on the southern end of the county, who will be faced with a longer drive to the new hospital, or an already long drive across the Chesapeake Bay Bridge Tunnel for care at Hampton Roads area hospitals. Along with the departure of inpatient hospital service from the county also goes many diagnostic services, emergency services, and primary care physician services.

In response to the relocation of the hospital, the Northampton County Board of Supervisors has formed a committee to examine options for maintaining a health care infrastructure within the communities throughout the county. The committee requested the assistance of the Virginia Rural Health Resource Center to evaluate options for the provision of primary care and other diagnostic and emergency services. This report discusses numerous options that may be considered by the Committee in securing the health care infrastructure in the County.

Comments on the Relocation of the Hospital and Implications of the Certificate of Public Need Law

Shore Memorial Hospital has been in its current location for over 40 years, and has been a part of Northampton County since the late 1920s. The concerns regarding the potential impact of the relocation on the economy and health care system of the County are valid, especially given that the elderly population 65 years of age and older currently exceeds 20% of the total population (Virginia Employment Commission, 2009) and the high rate of poverty in the County. According to the US Census Bureau's Small Area Income and Poverty Estimates from 2009, 20.8% of the population lives below the Federal Poverty Level (FPL), and another 20.6% lives between 100% and 200% of the FPL. Additionally, over 75% of the students in the school system receive free or reduced price lunches (Virginia Department of Education, 2010-2011). Though the hospital itself has been a non-profit organization and not generally subject to property and other taxes, the businesses and physician practices that support the hospital are taxable. Elimination of those businesses from the tax base through relocation will have a negative impact on the revenues for the County.

As part of its COPN application, Riverside Health System provided assurances that it would continue to provide services along the lines of an urgent care center at its present site in Nassawadox, assurances that were recognized by the hearing officer for an informal fact finding conference held for the application. Additionally, it is also reflected in his findings that Riverside will maintain a CT scanner at the current site, while adding an additional scanner at the new facility. Additionally, although Shore

Memorial attempted to add another MRI scanner, the hearing officer noted that the hospital provides MRI services through a mobile unit parked full time at the hospital, and because utilization of that scanner was well below state thresholds for the addition of another scanner, the addition of another scanner was not approved. Rather, it was suggested that the mobile unit could be moved between the two sites, a strategy that has been used effectively for decades. The Commissioner instead approved only the construction of a mobile pad at the new facility. This would not prevent, however, Shore Memorial Hospital from relocating the MRI to Accomack County five days per week.

Though detailed plans for the urgent care center and/or diagnostic imaging center have not been presented or largely discussed to date, the fact that Shore Memorial will retain a COPN for both the CT scanner and as a mobile MRI site at a location in Nassawadox, reportedly the Cancer Center, is significant. COPNs for imaging services are site specific, and to relocate a scanner will involve public review and approval. Once an organization receives a COPN, they effectively have a franchise on that service that may largely prevent other providers from entering a market. It is rare that a large organization would simply surrender the COPN, which would potentially open opportunities for other competitors to enter the area.

In order to prevent a COPN recipient from getting a COPN keep others out of the market area, the COPN law also provides that if a service is not provided for a period of over 12 months, it would need to file a new COPN application to continue to operate the service, or stated another way, it would provide opportunities for competing applicants to step in to provide those services (see the Code of Virginia, §32.1-102.1, Definition of "Project", paragraph 5). It is likely that in order to maintain its market position on the Eastern Shore, Riverside Health System will desire to continue to operate this equipment. An urgent care center and freestanding diagnostic imaging facility with a full range of imaging modalities, will help to support the utilization of CT or MRI.

The above referenced COPN may play an active role in how the County decides to proceed with various projects to strengthen the health care system. In the following pages, various health care resources will be discussed, along with the advantages and disadvantages of developing and operating each.

Critical Access Hospital

A Critical Access Hospital (CAH) is a special type of hospital certified by the Centers for Medicare and Medicaid Services (CMS). This type of hospital was specially designed to serve the needs of rural communities which have a large need for outpatient and emergency services, some need for inpatient services, including skilled nursing services, but with an ever-changing shift in utilization patterns. Among the requirements to become certified as a CAH, the facility must be located at least 35 miles from another hospital (including specialty hospitals, children's hospitals, and even psychiatric hospitals), must have no more than 25 inpatient beds, and must have an emergency department available 24 hours per day, staffed by a minimum of a non-physician provider such as a nurse practitioner or physician's assistant, with on-site physician services available when needed. Additionally, the CAH must have written agreements for transportation services as well as with a larger referral hospital to accept

transfers and to assist with other things such as quality improvement, and they must maintain a 96 hour average length of stay as an acute care patient. The CAH does not have to be part of a larger system. About a quarter of all hospitals in the country are CAHs, including seven in Virginia, all located in the western half of the state.

For meeting these requirements, the CAH is given some flexibility in how they deliver care. For example, inpatient beds can be certified as swing beds, and therefore the CAH can provide a long term care component. In the event that there are no inpatients in the hospital, the staff can go home. For this, the CAH is reimbursed on the basis of costs for Medicare patients only. In some states, Medicaid also reimburses on a cost basis, however, Virginia is not one of those states. This can mean a substantial improvement in revenue, but many CAHs still struggle financially.

CAHs have come under scrutiny by the Department of Health and Human Services, largely because they do not meet the distance requirements. Their ability to be reimbursed on a cost basis is seen as a drain to the Medicare budget. The result of this has been a discouragement of the development and certification of new CAHs, even to the point where rumors are that they will not be certifying new CAHs at all.

In order for a CAH to be developed and certified, the CAH would have to be located at least 35 miles from the nearest hospital. Since VRHRC could not find an address for the new site, to gain an approximation of the area where the hospital might be developed, we utilized Onley, Virginia to Cape Charles, Virginia. The distance from the center of Onley to Cape Charles is 35.63 miles. To the south across the Chesapeake Bay, the closet hospital, using the CMS rule that includes all specialty hospitals, is Lake Taylor Transitional Care Hospital at 1309 Kempsville Road in Norfolk. The distance from that hospital to the intersection on US 13 to turn off to Cape Charles is 34.9 miles. So essentially, there is only a very small area, most likely within the community of Cape Charles to even consider placing a CAH. Ideally, the best place to locate a CAH would be along US 13, however, this option appears to be impossible because of the distances to the two closest hospitals.

Though a CAH must be licensed for acute care beds, the limit is 25, but there is no minimum. One CAH located in the coalfields of southwest Virginia has been creative in how it uses its beds. The facility was originally a two story, 50-bed hospital, with the patient care area located on the second floor. It went bankrupt and closed several years ago. The Coalfields Economic Development Authority (CEDA) purchased the facility, and eventually contracted Mountain States Health Alliance through Norton Community Hospital to operate Dickenson Community Hospital. When it opened, it was licensed for 25 beds, but only put two in operation, those being located on the first floor adjacent to the emergency department nurses' station so that staff would be available 24 hours per day. Though they have had a small number of admissions, they have been able to maintain an emergency department and imaging presence in their community. However, as long as Riverside is able to maintain the COPN for the CT scanner and mobile MRI site, a CAH in the Cape Charles area would only be able to offer basic imaging services.

Advantages of a CAH

The development of a CAH would have several advantages, including:

- Establishment of inpatient services within Northampton County
- Establishment of 24 hour emergency services to the end of the county which will be most impacted by the relocation of the existing hospital.

Disadvantages of a CAH

While the promise of establishing inpatient services in the southern end of the county would be beneficial, there are a number of significant issues that would have to be overcome before this type of facility would be successful:

- Cost. To build even a small hospital such as this would likely cost tens of millions of dollars for the bricks and mortar as well as the equipment. The budget for the new, 78-bed hospital is over $80 million, or roughly an average of about $1 million per bed.
- Time. The time it took from the filing of the COPN application to the estimated completion of the facility will be approaching five years.
- COPN. The sponsor of the project would need to file a COPN begin the project. The approval of the certificate is based on need, and given that Shore Memorial was approved for significantly fewer beds than its current license, there is no demonstrable need for new beds on the Eastern Shore. The trend for many years in areas absent of population growth is to reduce the number of inpatient beds, not increase them. VRHRC believes this trend will continue in favor of a couple of major medical centers with many outlying facilities to feed the big hospitals. That is essentially the purpose of the new facility approved in Accomack County.
- Lack of medical staff. The development of a new hospital requires at least a minimal medical staff to feed it patients, and to care for those patients once in the hospital. This would require additional development concurrent with the planning and development for another facility. Recruitment of staff without the support of a major health care system may present challenges to completing the task. Though Eastern Virginia Rural Health has a good network of facilities across the Eastern Shore, there is not one presently in the Cape Charles area.
- Without a CAH certification, the ability of a hospital in the Cape Charles area to be financially feasible is in question.

Comment and Recommendation

Though any community would like to have a hospital close at hand within their county, in today's healthcare environment, consolidation of multiple types of health care providers and hospitals into systems with a large hospital at its core is now the norm, as are longer transit times to receive care. The distance requirements of the CAH program to the next nearest hospital limit the potential area of development to a very localized area which currently does not have a significant health care infrastructure to support the development of this type of facility. Additionally, Virginia Medicaid, unlike some other states, does not reimburse CAHs on a more favorable cost basis, and the state's CAHs continue to struggle financially, despite the enhance reimbursement offered by Medicare. VRHRC

believes that the development of a CAH may be a very long range goal; however, it is not a solution to the short term problems facing Northampton County residents.

Freestanding Emergency Department

Another option that has been discussed is that of developing a freestanding emergency department. Under this concept, an emergency department would be developed to treat urgent events and stabilize more emergent patients until transportation could arrive to transfer them to the Hampton Roads area, whether that be by helicopter or by ambulance. The staff would likely consist of a physician 24 hours per day and other support staff as would likely be found in an emergency department at a small rural hospital. There are numerous emergency department staffing groups that might be of assistance in assuring that there is adequate coverage.

Although freestanding emergency departments have been around for several decades (one in Fairfax County was established in Reston in the mid-1970's), they have begun to see extensive growth across the country in both urban and rural areas. As a result, they have come under more significant scrutiny by state regulators and third party payors, including Medicare. Although VRHRC has not been able to identify good statistics as to ownership of these facilities, anecdotal information suggests that sponsors of these facilities are generally larger hospitals or hospital systems. And for good reason. First, freestanding emergency departments are expensive to build, equip, and operate. These facilities are expected to maintain continuous operations with physician staffing around the clock. Second, emergency departments are often loss leaders for their hospitals, and freestanding emergency departments can be expected to have the same fate. Emergency departments must take all comers regardless of their ability to pay, and must stabilize a patient before asking about their insurance. Given that the population on the Eastern Shore tends to be older and on Medicare, have a higher rate of patients without insurance or on Medicaid, the potential for lower levels of reimbursement than might be seen from commercial payors, might increase the likelihood of a facility that operates with a negative margin. Additionally, charges at these facilities will tend to be higher for many of the services that might normally be seen in physician office, thus, there is a financial impact on a personal basis in the form of increased deductibles and co-pays.

Conceptually, the freestanding emergency department might be the right strategy to mitigate the access issues created by the relocation of Shore Memorial Hospital. For the EMS agencies that must respond to more critical emergencies, a facility of this type would offer them an alternative to take a patient for stabilization when a longer drive to the new hospital could result in greater complications for the patient. As opposed to urgent care centers, freestanding emergency rooms should be acceptable by most insurers for reimbursement to ambulance providers. But the financial risk to the owners of these facilities may not outweigh the benefits to the ambulance providers.

There is one good model located in a rural area of Virginia that should be watched over the next few years to determine whether a freestanding emergency department will be a viable option, especially when combined with other services. Centra Health, located in Lynchburg, has started on construction of

a center in Gretna in the northern part of Pittsylvania County that will include a 24-hour emergency department to be staffed with physicians and will have a 64-slice CT scanner on site, thanks to the approval of a COPN application. Gretna is located about 45 minutes from the nearest hospital. The facility will also house a medical practice, wellness center, physical therapy gym, laboratory services, and radiology services including digital x-ray, ultrasound, and mammography. There will be a helipad next to the facility, and an ambulance service with a crew stationed at the facility. The 50,000 square foot building will have 10 treatment bays in their ED. The cost of the facility is expected to be near $24 million. Operations are expected to commence in 2015. This facility may be larger than what would be needed in Northampton County, since Pittsylvania County is much larger, both in terms of land mass as well as population.

If there is a desire to operate a freestanding center with a CT scanner, one should recall the earlier conversation that Riverside maintains the COPN for both a CT scanner and a site for mobile MRI. As long as Riverside maintains this site and utilization rises enough to warrant another scanner within the entire planning district, there will not be an opportunity for an outside entity to secure a COPN. A COPN would only be required if certain imaging services such as CT and MRI were desired. The facility could still establish a series of imaging services on both an outpatient basis and to support the ED, such as x-ray, ultrasound, and mammography. Lab services could also be provided at the facility without a COPN, but there are numerous requirements to establish a lab that would support this type of facility.

Advantages of a Freestanding Emergency Department

Among the advantages to the community include:

- 24 hour accessibility to emergency services by residents of Northampton County
- Staffed with physicians
- Has broader range of equipment and potential to meet a broader range of needs on site than an urgent care center
- Should be a destination that will allow emergency responders to bill for their services

Disadvantages of a Freestanding Urgent Care Center

Among the disadvantages of a freestanding emergency department include:

- High cost of operation due to 24 availability, physician coverage at all times
- Subject to greater regulatory oversight
- Must take all comers without regard to their ability to pay or payment source
- Within Northampton County, population is perceived to more dependent on governmental payment sources than commercial insurers. The latter group would normally provide financial stability to a type of facility, an emergency department, which is often a loss leader for a hospital.
- Freestanding emergency departments are coming under increasing scrutiny because of higher costs than would be the case if a patient went to a physician practice when emergency care was not needed.

- Without the direct linkage (i.e., ownership) to a hospital or health care system, financial stability may be questionable.

Comments and Recommendation

Conceptually, the freestanding emergency department is a very good solution to meeting the emergency needs of the community. Financially, however, given the population size of Northampton County, this is not the best alternative to develop new services. The fact that Riverside has not made its future plans for the current hospital may be a function of the political and regulatory environment is which this type of facility is facing. Without the ability to provide CT services, the financial position will be weakened as patients seek care at the new hospital. At the current time, VRHRC cannot recommend pursuing this type of facility. However, VRHRC also suggests that the County may want to monitor the progress and performance of the new center in Gretna to see if it meets the expectations of the health care system and the community.

Urgent Care Center

The term "urgent care center" has a wide variety of meanings in today's health care environment. An urgent care center can include a small area located in a grocery store, pharmacy or other similar location to a freestanding facility. Their staffing can range from a non-physician practitioner to one or more physicians. This is largely because there are few regulations that define their operations, and, therefore, the scope of services each has to offer. Generally speaking, however, they are propriety in nature, formed as an investment by physicians or others who see this as potentially profitable, but more hospital systems, both for profit and non-profit, are operating these centers as well as part of their services. They often, but not always, tend to be open later hours into the evening to serve the needs of a population when physician offices are not open, which often becomes an access problem when not open. Because they are not regulated, there is more flexibility in what services can be offered, what hours they are offered, and the types of providers that serve the patients who seek care there. There are also no requirements in place that include urgent care centers as providers that must see patients regardless of their ability to pay or their payment source, though most would be morally obligated to care for a patient with potentially emergent conditions while seeking an emergency transfer.

These centers can be developed for a much lower price tag than either of the above mentioned facilities. There are several propriety companies serving the state, with corporate offices both in and outside of Virginia, that may be willing to establish and operate a center at no cost to the County. If a proprietary organization is selected, additional tax revenues might accrue to the County. The low cost of development suggests that more than one location could be established, potentially creating competition among providers that would be beneficial to the community in terms of improved quality and lower pricing to attract customers to their locations. Urgent care centers generally do not serve as patients' medical homes, and therefore there would continue to be a need to recruit and retain physicians and non-physician providers to the area. An urgent care center could be developed or

included with other physician office buildings to provide improved continuity of care as a one stop location for medical care.

There may be opportunities for these entities to seek funding from the economic development authority for Northampton County, as well as Rural Development loans and grants from the United States Department of Agriculture to develop properties to house these providers. Several years ago in the coalfields of Virginia, the Coalfields Economic Development Authority purchased the hospital facility in Dickenson County and then sought out an operator to manage its day-to-day operations. The hospital was able to re-open, and continues to provide inpatient and outpatient care, though it still struggles with reimbursement to the large uninsured population in the county. Northampton County might wish to spearhead the development of a shell facility to house numerous healthcare providers and suppliers that would complement each other.

One disadvantage of urgent care centers is that they are generally not a destination for ambulances to take patients in emergent or non-emergent situations and receive reimbursement. Patients requiring such care would still need to be taken to a hospital emergency department. This will continue to provide strain on the County's EMS system.

Advantages of an Urgent Care Center

Among the advantages of an urgent care center are:

- Urgent care centers can be developed in a number of settings at a relatively lower cost than other hospital facilities and freestanding emergency departments
- They are generally more cost effective to operate, in part due to not being open at low volume time periods, such as is the case with freestanding emergency centers
- They can be developed in conjunction with and within other retail venues, and at multiple locations throughout the County at relatively low cost
- Several propriety operators can develop sites at the request of the County, potentially creating additional tax revenue, reducing risk to the County, and creating price and quality competition that will benefit the consumer

Disadvantages of an Urgent Care Center

Urgent Care Centers has some disadvantages, including:

- They are not open at all times patients may need care
- Urgent care centers may not have a physician on duty at all times the center is open, thus the scope of services that can be rendered may change or be limited.
- There is a profit motive driving the development of urgent care centers, so it may be difficult to attract companies if their analysis questions the profitability of the practice.
- If the local EMS system bills for services, urgent care centers are not acceptable destination points to allow EMS agencies to be reimbursed.
- Emergency conditions should still be transported to local hospitals

Comments and Recommendation

Development of one or more urgent care centers within Northampton County may be the most cost effective way to assure the availability of some degree of care for urgent conditions and after hours. Some urgent care centers may also expand their service offerings to include such things as occupational medicine services or other services to meet the specific needs of your community. Urgent care centers are not designed to be the medical home for their patients, so the availability of primary care providers will still need to remain a priority among those responsible for overseeing the County's health care system.

Urgent care centers can be developed at a lower cost than other types of facilities, but one must be careful to attract services that patients will use. If the decision is made to attract one or more urgent care providers, Northampton County should be specific in the expectation for services to be provided. This is especially true if any tax incentives are to be used. These might include the types of providers to be present, hours of operation, and perhaps highlight other needed patient care services to see if they can provide those services.

Federally Qualified Health Center/Community Health Center

The term Federally Qualified Health Center (FQHC) can refer to several types of facilities that provide a comprehensive array of health care services. Included are migrant health centers, FQHC look-alikes, and Community Health Center (CHC). Eastern Shore Rural Health is a CHC, which has several medical offices on the Eastern Shore. All of these types of facilities are reimbursed on a cost basis for the services they perform to Medicare and Medicaid patients. Other insurance companies are billed as though the practice is a traditional practice. They must also offer or arrange to offer through other sources a wide range of services such as dental, family planning, immunizations, preventive services, and so on. They must also take all age groups of patients, and may not refuse services to anyone regardless of their ability to pay. What is different about a CHC is they have applied for approval as a Section 330 provider. Through the Section 330 program, a CHC can access grants from the federal government to cover at least some of the costs of caring for the uninsured who meet certain income levels. Additionally, capital funds have been available for the construction and improvement of facilities, hence all of the construction activity in recent years to improve some of Eastern Shore Rural Health's facilities.

But becoming a Community Health Center is an extremely competitive process. Last year, only 26 "new start" grants were awarded for centers to become full CHCs across the country, and only about twice as many expansion grants were awarded. Since these are very competitive, if there is already a CHC operating in area, it will be very difficult, if not impossible, for a new start grant to be awarded. That would not prevent, however, an existing CHC from receiving an expansion award to provide services in areas where there is a shortage of services. But awards are also given to areas with the lowest Index of Medical Underservice Score, and Northampton County actually has a score near the upper limit, suggesting that is less likely that the addition of another CHC site in the County will occur in the near future.

Another option could be the development of an FQHC look-alike program. Under this program, a facility identical to an FQHC can be developed and approved for enhanced reimbursement provided they meet all of the qualification of the CHC. These are community run organizations, as over half of the board of directors must be users of the facility. Look-alikes would not be candidates to receive the grants to cover the uninsured, nor would they be eligible for the capital funds for facility development. They should, however, be eligible to participate in such things as recruitment programs through the National Health Service Corp.

FQHCs can provide a wide array of services, and may do so at any time of day, night, or day of the week. Thus, one could provide extended hours to meet the needs of the community that cannot make appointments during normal business hours. The development of an FQHC look-alike might alleviate some of the uninsured load from Eastern Shore Rural Health, but there is a danger of taking too much uninsured patient load into the practice, since a look-alike does not receive payments to assist with those patients.

Advantages of FQHCs

An FQHC can provide a number of advantages to a community that has been lacking for primary care and other related services, including:

- FQHCs are required to provide a wide array of primary care, dental, preventive, and other related services, either directly or through arrangements with other providers
- FQHCs are required to serve all age groups, regardless of the patient' ability to pay
- CHCs have access to operating funds to offset costs of treating the uninsured, and for capital funds to construct and upgrade facilities.
- FQHCs must be non-profit and governed by a board of directors, of which at least half must be users of the center.
- FQHCs can receive enhanced cost-based reimbursement from Medicare and Medicaid, providing improved financial resources to care for the uninsured.
- Existing CHCs may apply to expand the number of sites they operate through a much simpler process than the application process for new site operated by a new entity.
- FQHCs and CHCs can access a number of programs for assisting with physician recruitment and discounted supply programs, such as the Virginia Vaccines for Children programs and the 340B drug program.

Disadvantages of an FQHC

Some of the disadvantages of an FQHC include:

- FQHCs look-alikes must take all persons regardless of their ability to pay, but no funds are available to specifically cover this cost, unlike approved CHCs. CHCs are given a fixed amount, and Eastern Shore Rural Health is providing fee care at a level that received that amount.
- Approval to become a CHC is a highly competitive, nationwide process. FQHC look-alikes can be established at any time.

Comment and Recommendation

Eastern Shore Rural Health has been providing primary care services at numerous locations through the Eastern Shore for many years. One of the simplest options to expand the availability for primary care services is to work with that organization to submit an application for a site expansion. Site expansion applications, are review on an annual basis, but are less competitive than a new site application submitted by a new organization. An existing CHC may also deter the federal government from awarding a new CHC to an area with another already in place unless the existing CHC does not appear to be adequately meeting the needs of the community. Because of this and the strong presence of Eastern Shore Rural Health in the County, the development of a new CHC would be a low priority.

However, an FQHC look-alike could be established at any time, without a competitive application process. Northampton County could facilitate the formation of a board of directors to establish such a facility. But caution should be taken so that adequate resources are available to cover the expense of treating the uninsured.

Physician Practices and Rural Health Clinics

There is clear concern among those of the Committee to which this report is being addressed that in addition to losing the hospital to the neighboring county, there will also be a loss of physicians. This may be due to physicians who would like to move to be closer to the hospital, especially specialty physicians that rely on the hospital for some of the services they provide. Some physicians in Northampton County have long established practices there, and may be closing in on retirement age. This, coupled with numerous other requirements of CMS and other third party payors may influence the decision to stay, move, or retire. If they do not remain in practice, this could create significant shortage of primary care services. In order for the new hospital to be successful, Riverside Health System will have to have good referral patterns from Northampton County. Riverside will have an incentive to purchase older practices if they did not already own them, or create new practices to maintain access points in the County. Additionally, Sentara Health System would also benefit in placing physicians in Northampton County, to draw patients across the Chesapeake Bay. Promotion of the competitive element between these two organizations can be used by the County to encourage the development of more physician practices.

Northampton County may also want to assist in this recruitment effort. This might take the form of the development of a medical complex that might consist of medical office suites and other businesses to support the medical practices. In developing such a complex, however, only about one third of practicing physicians are doing so independently, or in other words, separate from a health system or larger group medical practice. This number is declining at a rapid rate, so careful analysis needs to be done to size such a facility for the proper number of independent physician practices. Each of the large health systems should be able to bring their own money to their projects, but if funds are available to provide incentives, the County should consider doing so.

One program which has provided an incentive to some rural practices is the Rural Health Clinic (RHC) program. In past years, this has provided a substantial financial benefit to many practices. But the gap in reimbursement for the cost-based RHC program and that of the traditional physician practice is closing, and the incentives are not as good as they once were. Efforts have been underway to correct this problem, particularly raising the cap on the average reimbursement per visit but no one is sure when or if they will occur. Additionally, during 2014, Medicaid reimbursement will equal Medicare reimbursement for primary care physicians that sign up for the program, which may negate the former financial benefit.

An RHC operates much like a physician practice. An RHC is required to have a non-physician provider, including a Physician Assistant or Nurse Practitioner at least 50% the practice is open. The PA or NP must be employed (W2 employee) through the practice. There are a number of other typically non-burdensome requirements for certification. Physicians who can meet the staffing requirements should be encouraged to have an evaluation done to determine whether the RHC program is a good fit for them. RHC certification also opens opportunities for recruitment of additional providers to the practice. An advantage of the RHC program over the FQHC program is that the practice may limit the patient base they can see, and they are not obligated to provide a sliding fee scale or take everyone regardless of their ability to pay, unless there is a desire to participate in the NHSC programs. Ownership of the RHC may be for-profit, something that is not possible under and FQHC scenario.

Conclusions

A number of options have been discussed to contend with primary care and emergency coverage once Shore Memorial Hospital leaves Northampton County. Among these include the development of a new, smaller Critical Access Hospital, a freestanding emergency department an array of ancillary services to support that facility, the introduction of one or more urgent care centers to provide care after normal business hours, the role that community health centers and a new federally qualified health center might play, and the development of new physician practices.

Of these options, the development of new facilities will be the most expensive and take the most time to develop. Urgent care centers can be developed using existing storefront space, or space within existing stores such as discount department stores or pharmacies. The development of a new FQHC may be possible in existing space, but the development of new medical office space can be a draw for physicians looking to relocate.

To meet more immediate needs and prepare for the impending move, existing providers should be encouraged extend their hours which will serve to test the market for the introduction of urgent care facilities, both in terms of utilization as well as the types of services that are seen. County officials should also seek out companies that might be willing to establish urgent care centers in one or more locations in Northampton County. But officials should also be clear as to expectations of the level of services that should be provided.

To facilitate the establishment of new physician practices, County officials should approach both Riverside and Sentara for assistance in recruiting physicians to the area. Both have extensive recruitment programs, and both have referral patterns in and from the Eastern Shore. The competition between these entities may work to the benefit of the County, with little financial investment. Consideration may also be given to the establishment of incentives to develop new office space that will be beneficial in the recruitment process.

This report has not discussed the impact of the implementation of the Medicaid expansion program at the state level. If this were to occur, many of the Counties residents could be expected to qualify for Medicaid reimbursement. This may be beneficial in recruiting more health care providers, in that the volume of uninsured that may come to their practices will decrease. It may also provide improved incentives for the conversion of practices to RHCs, which will provide enhanced reimbursement.