



# Building Bridges: Micro-Hospital Development as a Lifeline for Rural Healthcare

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# Learning Objectives

1. Identify the key challenges and solutions in transforming healthcare delivery in underserved areas.
2. Evaluate the impact of micro-hospitals on patient outcomes and community health.
3. Examine the role of community engagement and collaboration in the successful implementation of healthcare projects in rural areas.
4. Understand the strategic planning and execution involved in developing a micro-hospital in rural communities.

# NGHS Health System

- 5 Hospitals with 1.6 million+ visits annually
- 1,002 Licensed beds
- 227,000+ Emergency visits
- 31,000+ Surgeries
- Northeast Georgia Physicians Group
  - 700+ Physicians
  - 50+ Locations with 10 Urgent Cares
- Georgia Heart Institute



# Chestatee Regional Closure

- First opened in 1976
- Provided medical services for Lumpkin County and was the only Emergency Room
- Came under financial and legal trouble in operating
- Closed July 26, 2018
- Purchase by Northeast Georgia Health System



	Micro-Hospitals	ASCs	Freestanding EDs	Urgent Care Centers	Medical Offices
Revenue Potential	<ul style="list-style-type: none"> <li>• Direct admissions</li> <li>• Hospital-level reimbursements</li> </ul>	<ul style="list-style-type: none"> <li>• High Ortho, GE, Pain Management, and Ophthalmology volume capture</li> </ul>	<ul style="list-style-type: none"> <li>• Downstream admissions</li> <li>• High per-case reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• High performing in FFS and VBP landscapes</li> <li>• Relatively stable per-case reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Downstream admissions</li> </ul>
Cost Considerations	<ul style="list-style-type: none"> <li>• Significant facility, equipment, and staffing costs</li> <li>• Exempt from site-neutral payments</li> </ul>	<ul style="list-style-type: none"> <li>• Relatively low reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Relatively significant upfront investment</li> </ul>	<ul style="list-style-type: none"> <li>• Relatively low (though stable) per-case reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Lowest relative cost</li> <li>• Impacted by site-neutral payments</li> </ul>
Quality Impacts	<ul style="list-style-type: none"> <li>• Facilitate care coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage proper utilization</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage proper utilization</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage proper utilization</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitate care coordination</li> <li>• Encourage proper utilization</li> </ul>
Regulatory Considerations	<ul style="list-style-type: none"> <li>• Require sustaining inpatient beds</li> <li>• Require transfer protocols</li> </ul>	<ul style="list-style-type: none"> <li>• Feature many state licensure regulations and exclusions</li> </ul>	<ul style="list-style-type: none"> <li>• Feature many state regulations</li> <li>• Require transfer protocols</li> </ul>	<ul style="list-style-type: none"> <li>• Few states have licensure requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Fewest relative regulatory requirements</li> </ul>
Future Risks	<ul style="list-style-type: none"> <li>• States still determining own regulations</li> </ul>	<ul style="list-style-type: none"> <li>• Patient cost exposure may decrease elective procedure volumes</li> <li>• Regulations may follow proposed Safety Database</li> </ul>	<ul style="list-style-type: none"> <li>• Potential reimbursement cuts</li> </ul>	<ul style="list-style-type: none"> <li>• Limited downstream revenue potential</li> </ul>	<ul style="list-style-type: none"> <li>• Rise of uninsured and underinsured may decrease volumes</li> </ul>

# Market Alternative Ideas

\* Advisory Board 2023

# Community Engagement

- Understanding community needs and perceptions are crucial to the success of future use of a new facility
- Communities are very loyal to long standing relationships with their local hospital
- Need to build excitement and engagement early to continue driving momentum forward
- Educating the community and what can and can't be successfully provided at a micro-format facility

# Lumpkin & Surrounding County Engagement



By Sharon Hall  
*The Nugget*

The hospital on the hill will soon be empty no more.

After closing its doors last summer, the facility will host live music, food, fun, games and tours of the newly renovat-

ed building in order to mark the opening of Northeast Georgia Medical Center Lumpkin (NGMC Lumpkin).

The free open house takes place Saturday, July 13, 5-8 p.m.

There's good reason to celebrate.

Lumpkin County has been

without a hospital, and thus a 24/7 emergency room, since the former Chestatee Regional Hospital closed its doors a year ago.

"This is an answered prayer for those of us who have lived and worked in Lumpkin County for decades," said Dr. Donna Whitfield, Chief of Staff

for NGMC Lumpkin. Whitfield, a fifth-generation Lumpkin County native, began her medical career at what was then Lumpkin County Hospital in the emergency room as an on-the-job-trainee.

She also has strong ties to

See Hospital, 7A



# Engaging Clinical & Operational Stakeholders

- Not all team members are good candidates for working in a micro-hospital environment
  - Experience and skillset matters
  - Ability to function independently is a must have
  - Willingness to support a high level of interdependence
- Leadership exemplifies operational collaboration
- Supplies are provided JIT without large warehousing
- Ancillary departments (Pharmacy, Dietary, Periop) are not staffed 24/7

# Engaging Clinical & Operational Stakeholders



# Key Challenges Transforming Healthcare in Rural Areas

## Challenges:

- Availability of qualified staffing
- Provider recruitment
- Optimized service lines
- Limited onsite resources
- Reliance on courier and delivery services

## Strategies:

- Utilization of telehealth
- Not all things to all people
- Coordinated direct patient transfer program
- Cross-training and blended job descriptions
- Community volunteer program

# Patient Outcomes & Community Health

## Benefits:

- Patients can stay close to home
- Families are able to participate in care delivery
- Community support and loyalty supports brand recognition and growth

## Challenges:

- Not all services will be offered in the rural setting
- Supporting families when patients are transferred
- Developing supportive rehab/support services
- Volumes to support profitability/sustainability

# Strategic Planning & Execution – Why a Bridge

- Reach new patients and enter a new market without the significant investment needed for a full-scale hospital
- Integrate further into the community and fend off emerging competition
- Downscaling from older facilities and too many inpatient beds
- Facilitate patient movement to ensure that a mix of patients with surgical and medical needs can be appropriately cared for in a small facility

# Strategic Planning & Execution – Why a Bridge

- Focus on streamlined surgical events to offer efficient, cost-effective, and high-quality surgical events in a new environment
- Support coordination with parent hospital for continuum of care and telehealth to ensure a high standard of care
- With smaller staffs and less specialization than a traditional acute-care environments, micro-hospitals will rely on staff performing at the top of their license.
- Services will be needed to empower micro-hospital staff by minimizing routine and administrative tasks

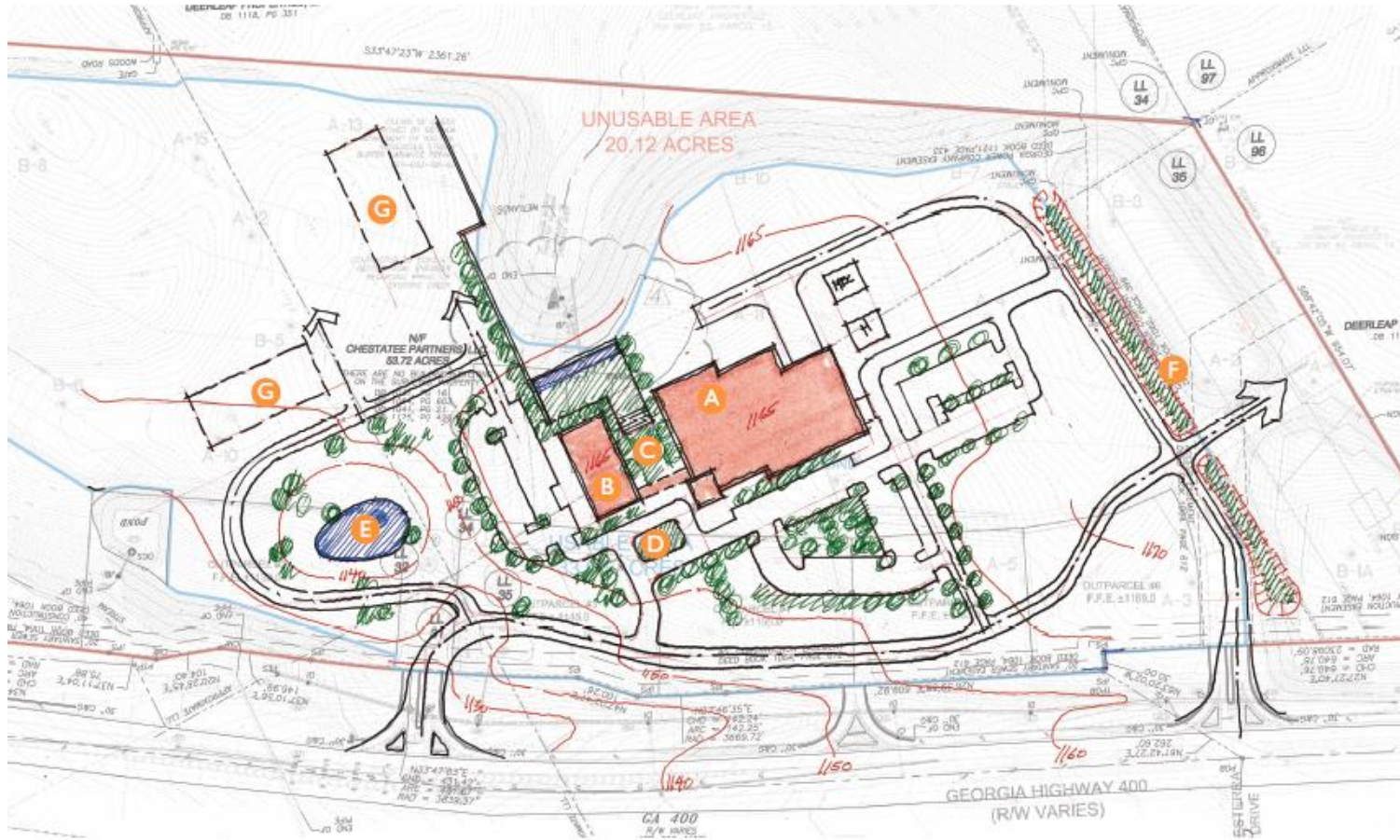
# Building for Today / Designing for Tomorrow

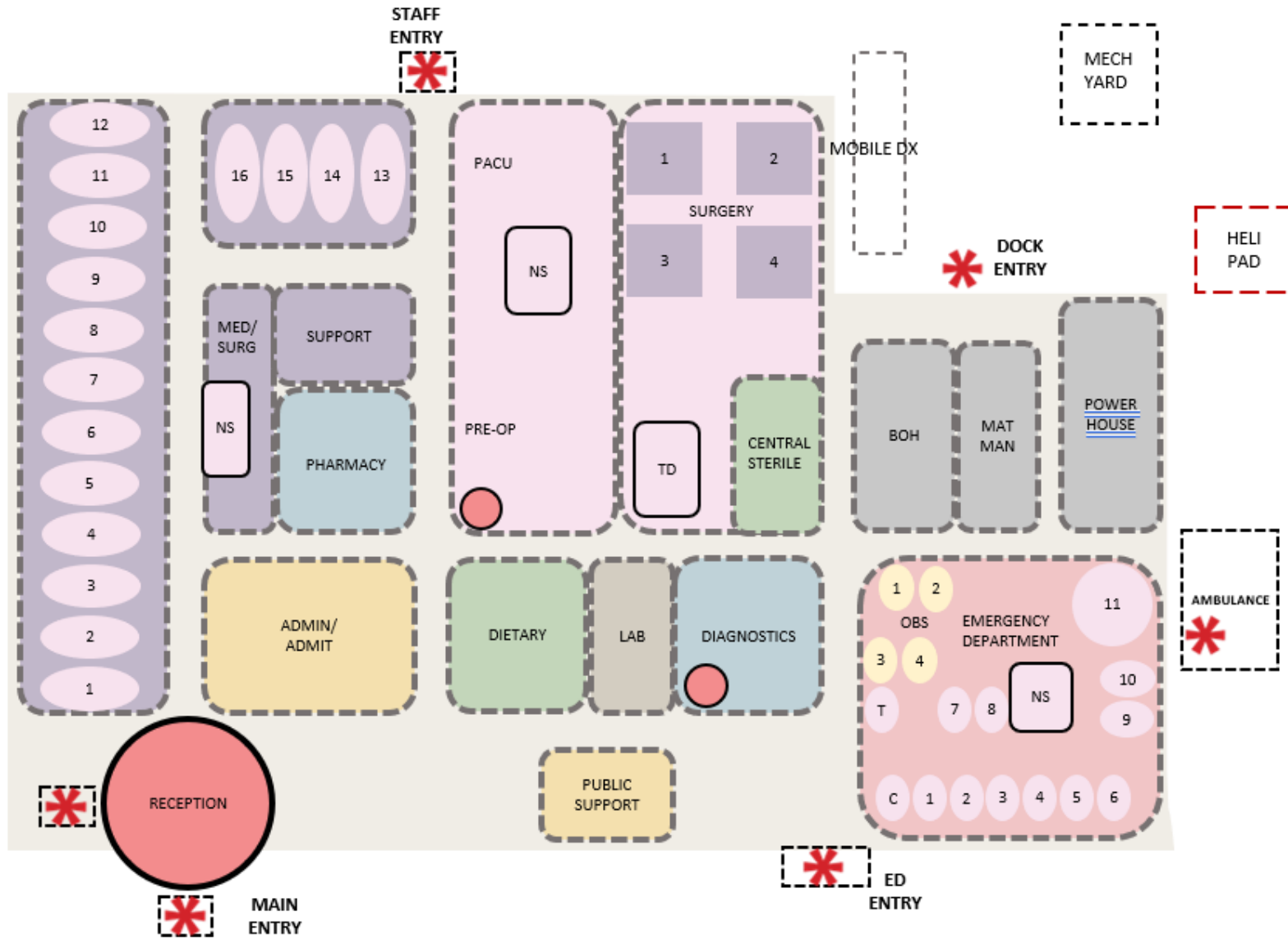
- Strategic and market analysis was developed to determine the appropriate size and services to start
- While system ‘standards’ were considered, understanding the micro concept had to be different
- Don’t build for the “What if...” scenario, but allow flexibility to expand
- Start small, nimble, efficient, and profitable – then be able to grow from a solid beginning
- Not an “If you build it they will come” mentality



# **Purchased 55 Acre Parcel**

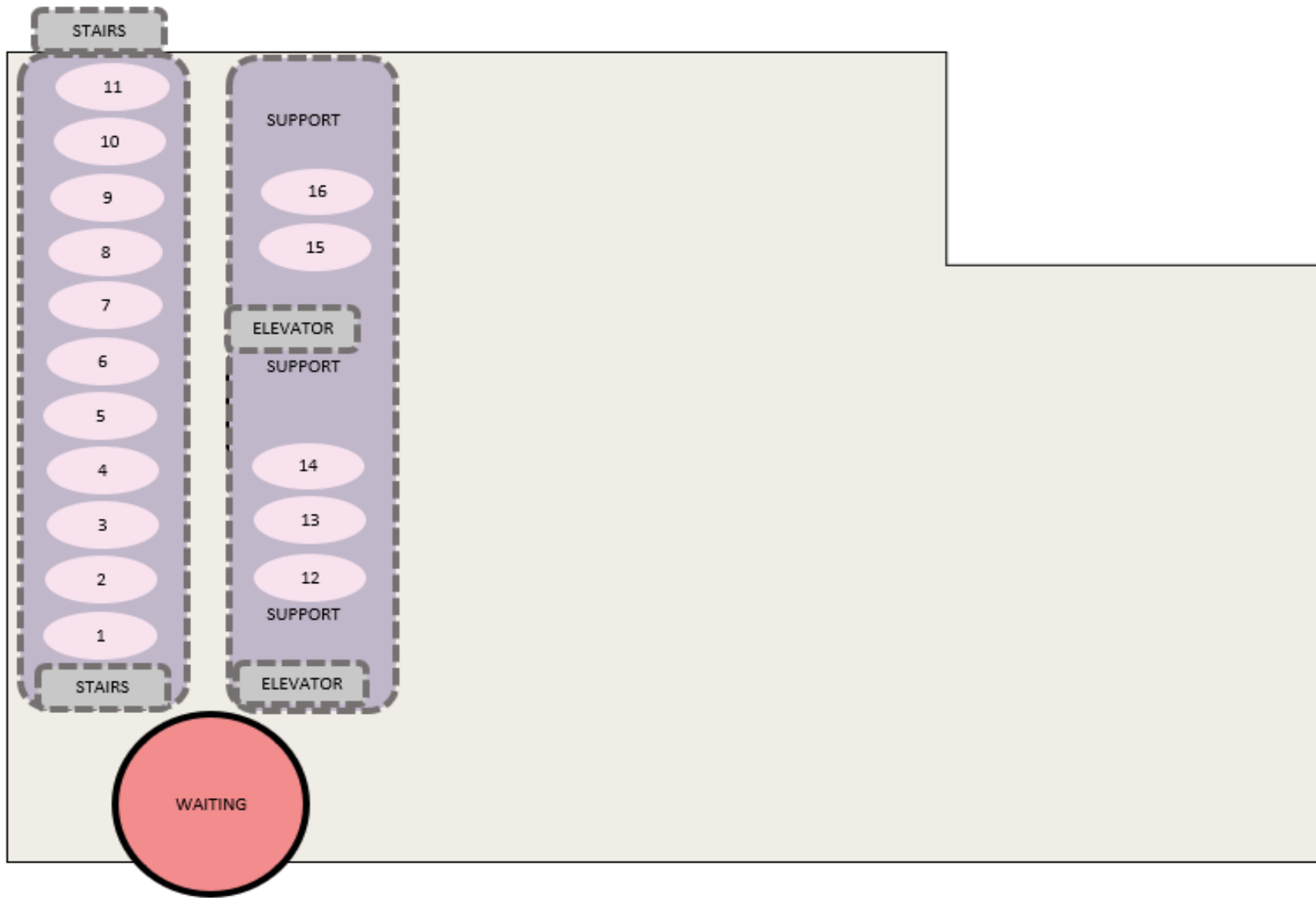
# Early Conceptual Drawings





# Schematic Design





# Vertical Expansion Opportunity



# Completed Hospital Campus



# Main Entrance



# Helipad for Patient Transfers



# Right-Sized Central Utility Plant



# Welcoming Community Feel



# Retherm Kitchen Concept

# Lessons Learned

- Site costs for undeveloped land was significantly higher than planned
- Staffing was not as hard to find 'interest', but hard to find the right skillset
- System processes need to be adjusted and not just local micro-hospital processes
- Education for not only to the community but to organizational leaders and team members
- IT infrastructure for virtual capabilities is significant



# Northeast Georgia Medical Center - Lumpkin



# Questions?

Please be sure to complete the session evaluation on the mobile app!



# Speaker Biography



Northeast Georgia Health System

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# Speaker Biography(s)



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