Audience Questions

Access to Care

Q: With so many rural North Carolinians losing their jobs along with their health insurance, what is your perspective on the options we have to support rural residents and communities who find themselves uninsured?

(A1): One response to help folks is by supporting navigators who are based at nonprofits and provide objective information on insurance options. People have opportunities to get subsidized plans through the Affordable Care Act when they lose their jobs. You can let community members know that they can visit www.ncnavigator.net, or call 1-855-733-3711 for assistance. It is also critical that we continue making the case for expanding Medicaid coverage. Most parents, and all non-disabled adults without children, do not currently qualify for Medicaid coverage. This hurts our economy, our health care system, and, most importantly, our residents. Especially during a pandemic, lack of access for some has dire consequences for public health. Several coalitions are working on this issue including one led by Care4Carolina at the Rural Center and one led by the North Carolina Justice Center.

(A2): The Office of Rural Health is working with our health care safety net partners to prepare for the possible surge in uninsured patients. The North Carolina Association of Free and Charitable Clinics, the North Carolina Community Health Center Association, local health departments offering primary care services, and rural health clinics and centers are collaborating to identify where there is capacity and how telehealth may help address some of the immediate needs.

(A3): A couple of resources that are readily available to individuals seeking health care are Community Care of North Carolina's nurse triage line: (877) 490-6642, which is available seven days a week from 7:00 a.m. – 11:00 p.m. Another resource is www.nccare360.org, which can connect individuals to providers, as well as community-based organizations that address food, housing, transportation, and other needs.

(A4): Seek primary care at federally qualified health centers who are supported by the Health Resources and Services Administration to offer a sliding fee (reduced cost) to open access to care.

(A5): We need to close the health insurance coverage gap that is widening due to COVID-19.

Healthcare Infrastructure

Q: What is a good example of a telehealth pilot project to implement in my rural community?

(A1): It depends on where you are in the process. If your rural community is new to telehealth, this webinar may help you get started: https://www.youtube.com/watch?v=rI7KXZkVNKo

(A2): Some examples of successful telehealth programs in our state include:

Roanoke Chowan Community Health Center – This federally qualified health center located in Ahoskie, North Carolina has done a great job connecting with their patients via telehealth. Because broadband and access to equipment have been a barrier for some of their patients, this health center offers devices and wifi access in their parking lot. More information on how this center uses telehealth can be found on their webpage here.

NC Statewide Telepsychiatry Program (NC-STeP) – This state-funded program has been around since 2014 and provides individuals with access to behavioral health services. NC-STeP was previously only available in emergency department settings, but recently expanded to community healthcare settings. If a rural community is interested in learning more about this program, please visit the North Carolina Office of Rural Health webpage here.

(A3): Use risk stratification methods to prioritize and manage populations with fewer conditions as a target for telehealth visits.

(A4): Use a list of conditions that can be cared for using telehealth and those which are not.

(A5): Look for telehealth models based on the population accessing the care and the type of care provided to determine a promising practice (i.e., primary care may offer after 5 p.m. and Saturday services via telehealth)

Q: Is there a contact for the First Health Program in Montgomery County?

(A): For more information, contact Roxanne Elliott by email at rmelliott@firsthealth.org or by phone at (910) 715-3487.

Impact of COVID-19

Q: As a licensed family care home provider, how can we keep our residents safe when our caregivers do not have restrictions that prevent them from transmitting or bringing the virus to work? I need help for my residents and front line care workers, and small business help. Is there a centralized source of assistance?

(A1): Licensed family care homes are regulated by the Division of Health Service Regulations' (DHSR) Adult Care Licensure Section. They can best answer your question and provide further guidance. Their website, including helpful resources and contact information, can be found at: https://info.ncdhhs.gov/dhsr/acls/index.html

(A2): The local emergency manager in your county would be a place to request equipment and supplies. The local health department could provide guidance on COVID-19. Additionally, the health department is testing and tracing positive cases with their partners. The contact tracing could help to prevent spread once the case is logged into the health department's system.

(A3): The COVID-19 DHHS dashboard is a great resource: https://covid19.ncdhhs.gov/dashboard/testing

(A4): As a provider, consider looking for policies and procedures for operations being used by larger health systems. Modify to meet your business model. Universities, hospitals, health departments, and medical offices all have established protocol. Checking temperatures, testing for COVID-19, and providing PPE are universal and should be utilized by all employers. Proper cleaning techniques would be a universal precaution as well.

Q: Where can I find information on the number of cases we have in Davidson County, North Carolina? How can we ensure better testing availability in our county?

(A1): For a number of cases by county, DHHS just released a new interactive map that allows users to search COVID cases by county and ZIP code. It can be found here: https://covid19.ncdhhs.gov/dashboard

(A2): https://covid19.ncdhhs.gov/about-covid-19/testing/covid-19-testing-locations

(A3): Request a meeting to get an update or join the emergency management team meetings who are responsible for leading in each county. Health departments are involved in testing, tracking, and tracing to protect the public's health so they are always a great resource.

(A4): Case counts are here: https://www.ncdhhs.gov/covid-19-case-count-nc.

Q: As the CARES Act deployment of funding unfolds, will there be any focus on re-establishing or improving existing or previously closed healthcare facilities in Eastern North Carolina to ensure greater access to healthcare locally (e.g., Our Community Hospital in Scotland Neck, North Carolina or Belhaven Hospital in Pantego, North Carolina)?

(A1): Some hospitals in Eastern North Carolina cannot be reclaimed, such as Vidant Pungo in Belhaven, which was demolished. The closing of health care facilities reflects shifts in health care payment and delivery, plus policy decisions such as the lack of Medicaid expansion, and business decisions by individual health systems. This complex mix makes the prospect of the long-term reopening of hospitals in underserved areas unlikely. With the spread of COVID-19, there was an examination of reopening some hospitals on a temporary basis, but social distancing and other public health measures have flattened the curve for now. Our primary issues include a lack of enough testing and protective equipment rather than a shortage of hospital beds.

(A2): Federal CARES Act funds are being deployed to existing healthcare facilities that have experienced financial hardship resulting from COVID-19. To my knowledge, these funds are not being deployed to previously closed healthcare facilities.

(A3): Re-opening or expanding facilities that were closed prior to COVID-19 will be quite difficult. These decisions are made by local/regional leaders and partners based on multiple variables (ie, current access).

(A4): Repurposing businesses, like the above mentioned, is a consideration. Space is always a hot commodity!

Q: Is there a model rural community in North Carolina that is pulling together to provide healthcare services even as we hear they are diminishing throughout rural areas? Please name that community or those communities.

(A1): There are a number of rural communities uniting to reorganize health services that are more responsive to community needs. These collaboratives are not necessarily about increasing the quantity of health services. Rather, they are working to treat health more holistically and address some of the root causes of health disparities. Some of this work is about delivering health care differently. Some is about changing how decisions are made in the community and shifting power dynamics. Several foundations have place-based initiatives to encourage deeper community partnerships including our own Healthy Places North Carolina work. The Blue Cross and Blue Shield Foundation also has the Community-Centered Health initiative and Duke Endowment has the Healthy People, Healthy Carolinas coalition. All of these initiatives touch rural areas. In Healthy Places, the Roanoke Valley Community Health Initiative engages the community, helps coordinate health services, and provides advocacy when needed. We have seen strong partnerships emerge in Rocky Mount and McDowell County where both Blue Cross and the Kate B. Reynolds Charitable Trust are focusing to support community and health care provider collaborations. The Duke Endowment and the Trust are both supporting work in Lumberton, where a coalition is working to pilot new transportation options for people who lack cars and need health services, medications, or food.

(A2): Gaston Family Health Service, now Kintegra, unifies the community health center's medical, dental and behavioral health practices, special programs and supportive services across eight North Carolina counties, and puts them all under one name: Kintegra Health.

(A3): NC Office on Rural Health and NC Rural Health Leadership Alliance are conveners. Contact those entities to get information on the status of rural communities addressing challenges related to resources, access, and infrastructure and responding to COVID19.

(A4): Roanoke Community Health Center (Kim Schwartz, CEO) also unifies medical, dental, and telehealth programs.