

## **EXECUTIVE SUMMARY - 2014-2015 ANNUAL REPORT**

### **The Health Education Foundation of Eastern North Carolina, Inc./Area L Area Health Education Center (AHEC) – Rocky Mount, North Carolina**

#### ***In memory of David M. Webb, EdD***

North Carolina was the first AHEC Program in the United States. The North Carolina AHEC Program evolved from national and state concerns with the supply, distribution, retention, and quality of health professionals in the state, particularly in the rural regions. In 1970, a report from the Carnegie Commission recommended the development of a nationwide system of Area Health Education Centers. In response to that report, the AHEC program was developed by Congress in 1971 to recruit, train, and retain a health professions workforce committed to underserved populations. The North Carolina AHEC Program began in 1972 with three AHEC regions under a federal AHEC contract with The University of North Carolina at Chapel Hill School of Medicine. Area L AHEC was one of the original three. By 1975, a total of nine AHECs were operational in North Carolina.

Our mission is to meet health and health workforce needs of Edgecombe, Halifax, Nash, Northampton, and Wilson counties by providing educational programs and services that bridge academic institutions and communities to improve the health of the people of North Carolina with a focus on underserved populations. Our vision is to lead the transformation of health care education and services in our region. Our core values include: collaboration, diversity, service excellence, innovation, and integrity.

Area L AHEC is governed by a fourteen-member Board of Trustees representing the area consortium hospitals and counties. The president of Area L AHEC serves as the Board's management leader and chief executive officer. Area L AHEC works closely with its Regional Advisory Committee (RAC) to identify and discuss key issues from the environment that are relevant to the AHEC mission. The RAC, made up of regional business leaders, community college presidents, superintendents of schools, and health department personnel, serves as a liaison between Area L AHEC and various local municipalities and helps to identify public concerns around healthcare availability, accessibility, and quality. The RAC identified the following issues in 2014: the need for stackable credentials and career ladders to keep individuals who are currently employed in the region, the need to work with faith-based

organizations to address preventive health issues, the need to increase the linkages between primary care and public health departments, the need for strategies to recruit advanced practice providers (nurse practitioners and physician assistants) to replace those who are retiring, and the need to ensure that preventive health education is done in schools. The regional education bases for Area L AHEC are Halifax Regional Medical Center, Inc., in Roanoke Rapids; Vidant Edgecombe Hospital, in Tarboro; Nash UNC Health Care Systems, Inc., in Rocky Mount; and Wilson Medical Center a Duke LifePoint Hospital, in Wilson.

In the Area L AHEC region an average of 23.82% of those under the age of 65 live in poverty. There is an average of 4.39 primary care providers and 2.46 dentists/10,000 residents. All counties are designated as either full or partial Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration. The Area L AHEC region is home to three federally-qualified health center (FQHC) organizations: The Rural Health Group (designated as a National Quality Leader and a Health Center Quality Leader by the Bureau of Primary Health Care, covered 30,388 lives in 2014 at 16 sites including one site that is co-located at Halifax Regional Medical Center and five school-based sites); Carolina Family Health Centers (covered 14,786 lives in 2014 at three sites); and the Opportunities and Industrialization Center (OIC) Family Medical Center (covered 5,826 lives in 2014 at 2 sites). Area L works closely with the four area community colleges and two private universities in the region (Barton College and Wesleyan College) and meets with leadership from these institutions at least once a year. Additionally, librarians representing two of the community colleges, three public libraries, one university library, and Area L AHEC work together to serve the providers and students in the region via the Collaborating Libraries of Nash and Edgecombe (CLONE) organization.

### **Organizational Accomplishments**

- Recipient of Halifax Community College Presidential Partnership Award
- Reapproved as an approved provider through the NC Nurses Association to be able to provide Continuing Nursing Education credit
- Coordinated placement for 275 health professional students and provided housing for 157 of these students, resulting in 2,906 nights stayed
- Served 1,280 K-12 students in a variety of health careers pipeline events
- Offered 100 continuing professional development activities (90 live workshops, 9 series events, and 1 online activity) and reached 5,631 participants

- Worked with 13 practices on QI projects and assisted 202 providers in meeting federal Meaningful Use (MU) of certified electronic health record technology (CEHRT)
- Three special projects to note are: *Taking Care of Veteran's: What Primary Care Practices Need to Know* (offered educational activities at 12 practices to 143 office and clinical staff); *ACA Collaborative Efforts* (3 meetings held with a total of 53 participants, 2 mini-grants awarded); *Transitioning the Long-Term Unemployed in Rural North Carolina into Allied Health Careers: A Demonstration Model & Suggestions for Implementation* funded by the NC Department of Commerce (served 222 individuals by way of career assessment and advising, educational and support services, 100+ enrolled in the training, 45 completed Nursing Aide 1 and passed the state certification exam, 12 Nurse Aide II completed and passed the state certification exam and as of March 31, 2015, 99 were employed and 63 of the 99 were employed with a healthcare agency)
- Coordinated and completed 4,264 chart reviews for Community Care of North Carolina

### **Organizational Challenges**

- An update and reorganization of Area L AHEC's financial system and department was a labor-intensive endeavor which improved our ability to analyze and project financial trends and opportunities
- Staff vacancies led to extra work for current staff and impacted attendance numbers and other operations

### **Organizational Concerns**

- How to efficiently assess the educational needs of regional pharmacists and technicians.
- Reluctance of integrated healthcare delivery networks, hospitals, and medical specialists to join the NC Health Information Exchange (HIE), which limits the HIE's usefulness for primary care providers and imposes barriers to interconnectivity and collaboration
- Ongoing lack of interoperability and functionality in CEHRT
- How to fund the design, provision, and support of online activities
- How to attract new customers and keep current customers

The majority of the goals outlined in the Area L AHEC 2014-2015 Work Statements were met. Some goals that were not met were around utilizing faculty from different health professional schools at UNC. This was primarily due to activities being canceled due to low registration.

The numbers of CME series declined due to changes in leadership and educational structure in regional hospitals. A lack of career and technical education staff to teach health occupations education led to a reduced number of pipeline students being served in two counties.

The NC AHEC Program recently moved to Tableau, a new data analytics software program which offers enhanced potential for capturing and displaying meaningful data from different sources. Based on Tableau analytics for FY 2014-2015, there are some areas which are of concern:

1. Data indicate a slight decrease in both numbers of educational activities and numbers of individuals attending those activities compared to FY 2013-2014. While this is not a trend we would like to see continue, program and attendance numbers are still higher than they have been in years past. There are several possible reasons for the decrease including the loss of a key staff member early in 2015, which precipitated a delay in getting program announcements out in a timely way, which led to fewer numbers of people registering for educational activities. Another source of the decline in numbers was the inclement weather we experienced early in 2015. The weather caused the cancelation or rescheduling of several activities and also resulted in the office being closed for an extended period of time.
2. Data show that many individuals from the Area L AHEC region attend programs in other regions, particularly the Eastern AHEC region. Although we suspect that this is due to the fact that many healthcare professionals from the Area L region either work in the Eastern AHEC region or work for the Vidant health system, Tableau does not currently allow us to drill down into the data so that we can confirm this theory and develop meaningful solutions to this issue.
3. The online courses that we have posted in the past reached many people both inside and outside of NC. We would like to do more of this work but are hampered by a lack of funding since the development and delivery of online courses is expensive.

In conclusion, during FY 2015-2016, we will work to build Area L AHEC programs and activities to meet the expressed needs of the healthcare workforce in our region and to reduce the health care gaps for the citizens of our region that are highlighted in statewide health data. As the late Dr. David Webb stated in an Area L AHEC newsletter in 1992, "we will continue to build on past programming, but we shall also engage ourselves in new endeavors...and we will be able to say that AHEC played a major role in helping healthcare providers make a positive difference in their medical and healthcare practices."