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# RURAL HEALTHCARE WORKFORCE

SEPTEMBER 6, 2023

Jimmy Lewis, CEO, HomeTown Health, LLC



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## JIMMY LEWIS, CEO

Jimmy Lewis, CEO at HomeTown Health, has roots in rural South Georgia where he was born in Cordele, Georgia. Having graduated high school in Cordele, he attended Middle Georgia College and then Auburn University. He received a Bachelor's Degree in Industrial Engineering from Auburn. Jimmy has held senior management positions in six fortune five hundred companies. He has been instrumental in passing key rural legislation and regulation for hospital-based nursing homes, state merit, PPS and critical access hospitals. All of these have been key to the survival of rural hospitals and rural health care in Georgia. Under his leadership, HomeTown Health has grown to a Georgia-based virtual company supporting rural healthcare across the southeast and throughout the nation. HomeTown Health activities range from the identification of best practice solutions, to education, collective purchasing, developing managed care strategies, reimbursement advocacy, as well as legislative representation. HomeTown Health's efforts have been very instrumental in saving many of Georgia's rural hospitals



# CLOSED RURAL HOSPITALS

1. Dooly County (Vienna)
2. Hancock County (Sparta)
3. Telfair County (McRae)
4. Calhoun County (Arlington)
5. Stewart County (Richland)
6. Charlton County (Folkston)
7. Wheeler County (Glenwood)
8. Hart County (Hartwell)
9. Gilmer County (Elijay)
10. Lumpkin County (Chestatee)
11. Banks County (Commerce)
12. Randolph County (Cuthbert)
13. ...

Atlanta Medical Center – Rural Impact



Image Source: <https://www.georgiahealthnews.com/2021/12/rural-georgia-community->



# PROBLEMS

- **Workforce Shortage - insufficient available workers**
- **8000 physicians short in 2023 in the state of Georgia**
- **Georgia Unemployment Percentage at 3.2 % (remainder are structurally unemployable-no skill to do anything)**
- **Financial Stress – Covid and the Pandemic**
- **Artificial Intelligence Transition**
- **Inflation**
  - Fixed Payment as in Medicare and Commercial contracts
  - Financial Layoffs
- **Ten State Initiatives simultaneously e.g.,**
  - CMO RFP, Medicaid Unwinding, Pathways, Provider Recredentialing, etc.
- **Economy Consuming Labor e.g., UPS at \$21/hour, preventing employers from hiring**
- **Payor Mix**
  - Medicare Advantage cuts hourly rate that employers can pay
- **340B potential loss increase unemployment due to falling reimbursement; 340B helps cover loss from indigent**
- **Transport Issues**
  - Many ambulance services require payment prior to transport
  - Skill set shortages are collapsing systems

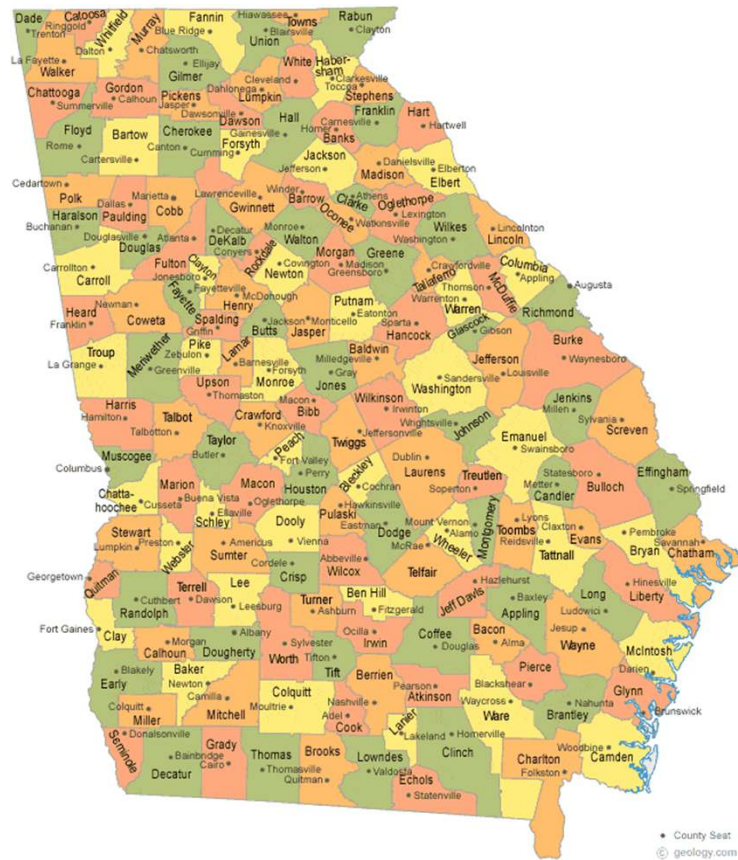
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# OVERALL WORKFORCE CONSIDERATIONS

- **Aging Employee Base**
  - Georgia Board of Health Care Workforce estimates show that 43% of Georgia's total nursing workforce is over the age of 50 (61,723 of the 141,117 licensed active nurses in the state)
- **Aging General Population**
  - The Future of Nursing Report indicates that by 2030 over 21% of the US population will be older than 65.
  - Older populations often come with higher acuity healthcare needs
- **Tight Pipeline**
  - Training programs, secondary education, degree programs are often limited by budget as well as available trainers, professors, class sizes, etc.
- **Employment Apathy**
  - Population of ideal employment age show less interest in career entry
- **Turnover Among Current Employment**

# RURAL GEORGIA HOSPITAL EMPLOYMENT TURNOVER

- Registered Nurse Turnover – 40-45% annually
- Licensed Practice Nurse Turnover – 20-40% annually
- Certified Nursing Assistant Turnover – 50%-100% annually
- Clinical positions of RN, LPN, CNA, APRN and Nurse Leadership account for around 40% of all open positions in rural facilities



*Successful recruitment isn't enough  
– there must be retention.*

# PROBLEMS EXACERBATED IN RURAL BY

- Smaller pools of potential employees
- Competition against larger facilities
- Outmigration of eligible job force to urban areas
- Lack of community amenities impacting recruitment and retention
- Tedious financial stability status overall
- Starting wages for many non-clinical positions often below other industry rates in post-COVID workplace



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# SOLUTIONS

## CASH

### Policy Changes

Implement Medicaid expansion in order to cover the cash needs of rural hospitals by cash flowing payor mix and covering patients' medical needs and prevent unemployment and loss due to insufficient cash

Political: Municipal consolidation where it takes 40,000 population to support a rural hospital without subsidy, otherwise lack of workers causes unemployment to soar

- Consolidation of counties
- Consolidation of area services
- Collaboration of local services, eg law enforcement, EMS, etc
- Consolidate local area contracts such as health care insurance, property and casualty



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# SOLUTIONS

## Telemedicine

Scope expansion of current specialties, eg, CRNA, LPN, RN, APRN, CNA

Adoption of Artificial Intelligence to compensate for job shortage

Increase Rural Hospital Tax Credit to \$150 million annually for cleanest infusion of cash into rural hospital operating systems to adopt technology such as AI and pay higher wages as competing with UPS at \$21

Replenish and fund the State Office of Rural Health's Rural Hospital Stabilization Grant to previous years' funding using the most current eligibility algorithms to find ways to gain efficiency to pay higher wages

Subsidize OB units (as many as 12-14) for one million dollars annually to cover losses

- Units that have been closed to cover their losses and to provide Economic Development ROI for effected counties
- Units that currently are open in rural counties to prevent their closure (another 8-10 needing funding)

Create a rural stipend for all physicians that practice full time in rural communities of counties of 35,000 population or less in the amount of \$50,000 annually or provided a tax credit overall of \$50,000 million (it works in hospitals)



HOMETOWN  
HEALTH

**Jimmy Lewis, CEO**

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# WHAT ELSE CAN BE DONE?

## THE QUESTION WITHOUT EASY ANSWERS

- How do we partner best and support expansion of nursing programs at the secondary level?
- How do we recruit for non-clinical positions when healthcare wages are lower than other professions?
- How do we engage potential healthcare workers in middle and high school?
- How do we support rural facility workplace culture and success?

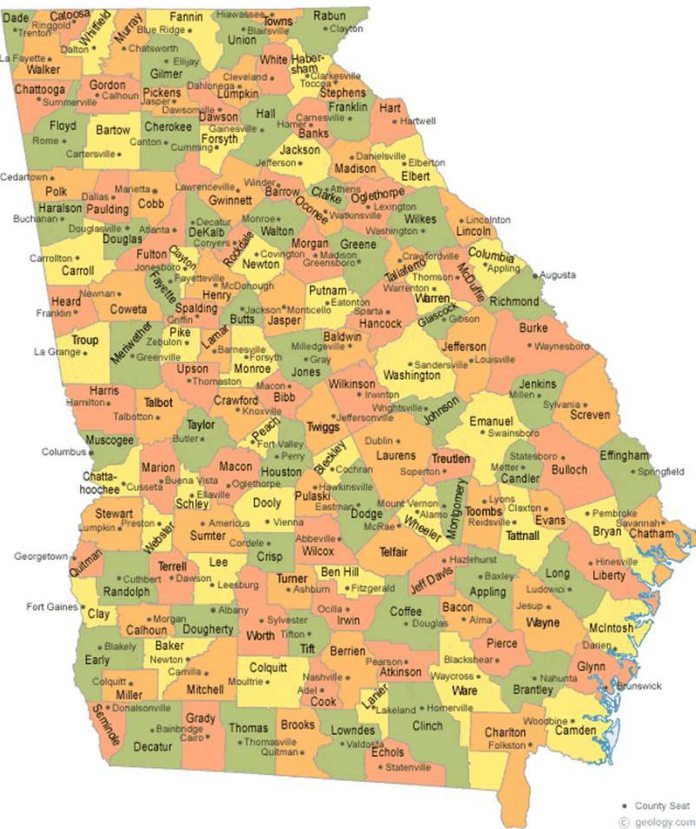


Image Source: <https://geology.com/county-map/georgia.shtml>