

ALABAMA OFFICE OF
**PRIMARY CARE
RURAL HEALTH**



Rural Health Clinic (RHC) Community Engagement

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5/28/2025

National Organization of **State Offices of Rural Health**

Hi! I'm Tonne



- Earned an MS in Psychological Science from Shippensburg University
- Current doctoral candidate in the Experimental Psychology program with an emphasis in rural health at Idaho State University
- Nearly 10 years of rural health experience
- Holds Certified Rural Health Clinic Professional (CRHCP) credentials
- Holds Lean Six Sigma Green Belt status

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Thank you to Karl Bryant!

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Upcoming Webinar

2. Rural Health Clinics (RHCs) Strategic Planning

I. Date: Wednesday, June 25, 2025

II. Time: Noon – 1 p.m. CT

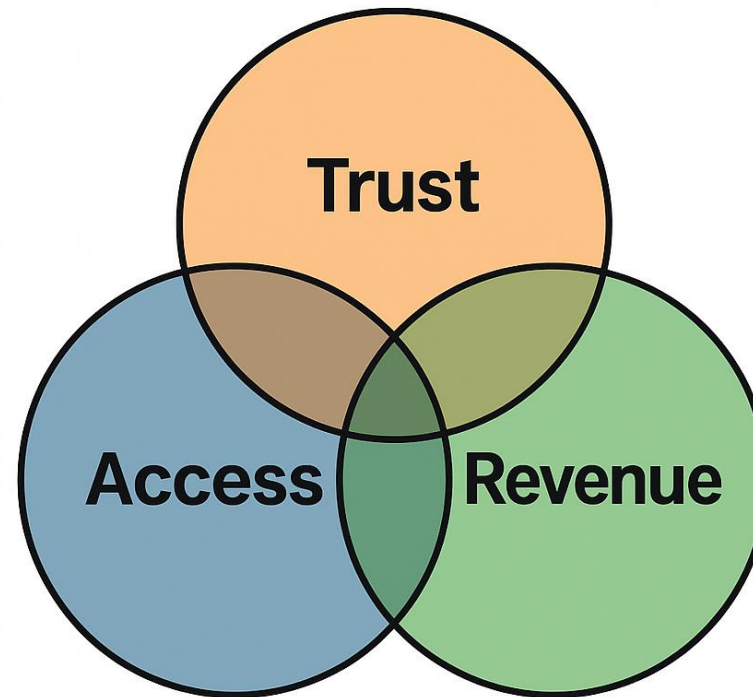
*Please note: We may need to change this date. Please be sure to look for an update within the next week.

Today's Objectives



1. Explain, in plain terms, how community-facing activities like mobile screenings, chronic-care outreach, and SDOH coding convert into new revenue streams, cost avoidance, and shared-savings bonuses for CMS-certified Rural Health Clinics.
2. Distinguish which engagement strategies fit best for small independent RHCs versus larger provider-based RHCs, using concrete rural examples and billing pathways each group can activate right away.
3. Outline a six-month rollout that names partners, assigns staff time, selects key metrics, and projects return on investment they can present to leadership or board members.

Why Engagement Pays Off



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ROI Framework



Revenue Path	What It Looks Like	Metric to Track
Direct reimbursement	Codes linked to outreach (AWV, CCM, SDOH, DSMES)	Monthly dollars / visit volume
Cost avoidance	Fewer ED visits, readmits, late-stage disease	ED visits per 1 000; readmit rate
Shared savings / bonuses	MSSP, ACO-like models, Medicaid value-based	Annual shared-savings check
Growth & goodwill	Higher patient panel, payer mix, talent recruitment	New patients/quarter; staff vacancy rate

Small Independent RHCs



- Action steps: Lease a van two days a month; rotate to farm co-ops, churches, and county fairs.
- Offer BP checks, A1c finger-sticks, sports physicals, COVID & flu shots.
- Capture new-patient registrations on-site and schedule Annual Wellness Visits (AWVs) before people leave.
- Track: people screened → AWVs completed → new downstream visits.



Chronic Care Management (CCM) Turns Phone Calls into Cash

Quick-start checklist:

- Identify patients with ≥ 2 chronic conditions.
- Obtain written consent once; stipend non-clinical “care-navigator” 0.5 FTE.
- Bill **G0511** monthly (2025 rate \approx \$72 national average).
- Layer Social Determinants of Health screening—code **G0136**—during AWW or any E/M; paid in addition to the visit and covered by telehealth when needed.

Diabetes Self-Management Education (DSMES)



CDC data show DSMES reduces A1c by 0.5 %–1 %, cuts admissions, and delivers positive ROI for rural systems

How to translate that locally:

- Train one RN or dietitian; align curriculum with ADA accreditation.
- 1:1 education during RHC-hours or run group classes in the library after hours—bill as DSMT or incident-to.
- Sell the program to local employers; offer aggregate biometric reporting in return for a stipend.

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Provider-Based RHCs



Value-Based Care & ACO Participation

*Pershing Health System, a provider-based RHC in Missouri, joined the Aledade MSSP ACO and in its first performance year hit **96 % ED follow-up, 92 % TCM outreach, and a 39 % jump in AWWs**, converting prior repayments to shared-savings revenue*

Keys to success:

- Dedicate a “care-gap” clerk 1 FTE.
- Schedule AWW “power-hours.”
- Feed quality data back to the ACO portal weekly.

School & Employer On-Site Clinics



Southern Illinois Health Foundation used temporary mobile events in 2022 to justify a permanent clinic on a high-school campus in 2025, aiming to lower absenteeism and capture new patient loyalty

Replicable steps:

1. Start with quarterly immunization days at the local K-12 district.
2. Staff with an NP two mornings a week; bill under RHC AIR.
3. Offer telehealth triage on the off days.

Measuring Your Impact

KPI	Baseline	6 mo goal	12 mo goal
New patient registrations from events	0	+25/mo	+50/mo
CCM enrollment	0	150	300
AWV completion rate	35 %	55 %	75 %
Avoidable ED visits per 1 000	60	50	40
Net community engagement revenue	\$0	\$75 k	\$200 k

Measuring Your Impact

- Map partners: schools, EMS, churches, ag co-ops.
- Pilot one tactic: e.g., mobile fair or CCM cohort.
- Assign a champion with 10 % protected time.
- Document ROI early—photos, testimonials, simple run charts.
- Scale & diversify: add DSMES, SDOH coding, paramedicine, employer clinics.

Quick Reference Codes & Rates (2025)



Service	Code(s)	2025 National Avg Payment*	Notes
Chronic Care Mgmt	G0511	~\$72	20 min non-face-to-face
Behavioral Health Integration	G0511	same	can substitute minutes
Psych CoCM	G0512	~\$146	≥60 min
SDOH Risk Assessment	G0136	~\$19	Waives deductible when with AWV
Annual Wellness Visit	G0438/9	RHC AIR	Use as anchor for engagement

“Feel-Good” Dividend - Why It Matters Beyond the Balance Sheet

	Human Impact	Clinic Impact	Community Impact
Connection	Faces light up when the team meets patients where they live—farmers’ markets, school gyms, the volunteer fire hall.	Staff pride rises; turnover drops when people see the difference their work makes.	Residents feel their clinic is “ours,” not “the hospital on the hill.”
Voice & Dignity	Listening circles and SDOH screens let patients tell their own stories rather than fill out another form.	Providers report richer visits and clearer care plans.	Underserved neighbors gain a seat at the table in local health decisions.
Hope & Belonging	A free foot-care day for diabetics or a “Mom & Me” immunization drive reminds families they’re not alone.	Positive local press and word-of-mouth attract talent who want mission-driven work.	Civic groups, churches, and EMS departments rally around shared wins.
Shared Purpose	Volunteers, students, and retirees rediscover skills and camaraderie through clinic-led events.	Cross-department teamwork—nursing, IT, billing—breaks silos and sparks innovation.	The town sees tangible proof that healthcare can be both compassionate and competent.

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Questions??



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