

An REH Conversion Story: Helena Regional Medical Center

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Name:
Helena Regional Medical Center

Location:
Phillips County, Arkansas

Provider-Type:
REH (former PPS)

Population:
18,000

Disposition:

Conversion to an REH occurred in 2023, to keep the hospital in operation. The hospital is now under new ownership that intends to reintroduce surgical and other outpatient clinics and services.

Summary:

Former CEO of Helena Regional Medical Center, Bob Moore, shares his experience with assessing the Rural Emergency Hospital designation and leading his organization and community through conversion. Moore covers the necessity for conversion to maintain access to care in the local community, the challenges they faced in building community support, and the impact of conversion on utilization, transfer volume, and staffing. Moore also shares the benefits they have experienced since conversion and provides suggestions for changes to the REH statute that may make it more palatable from a rural hospital CEO's perspective.

Conversion Timeline:



Helena Regional Medical Center's Story:

Bob Moore, former CEO of Helena Regional Medical Center in Arkansas, has faced many challenges as a rural healthcare administrator. Declining rural population, payor mix, financial challenges, and outmigration of specialists and physicians to larger areas are just a few examples. Medicare Advantage programs have also been a complication because most rural areas see a larger percentage of elderly living on fixed incomes and these programs attract them due to monthly costs. But when a patient gets sick,

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excessive prior authorization denial rates, slow payment from insurers and low reimbursement rates increases administrative burden

According to Moore, “Helena Regional Medical Center is in Phillips County, AR, with a population of 18,000 people and is the poorest county in the state from a health and financial standpoint and we knew that converting to an REH was the only way of keeping most-needed services locally. If the hospital closed, the nearest emergency room and other hospital services would have been 45 minutes away.” From 2016-2020, Phillips County had the highest rate of gun homicides of any county per capita in the United States. They also have chemical plants in the area where workers would be at risk without a local emergency room (ER) to provide quick care for stabilization, treatment, and transfer to a higher level of care. This is a regulation for chemical plants.

One of the obstacles encountered in the journey towards becoming an REH has been community acceptance that they cannot get all the services they used to get locally including inpatient, obstetrics, intensive care (ICU), and surgery. Based on payor class, many residents have left the county to seek care elsewhere. Community rumors abound that the hospital is closed, however, that rumor was there long before the REH conversion. Community knowledge of REHs was also a factor because Helena Regional was only the second hospital in Arkansas to convert. Moore states that the hospital administration participated in radio shows and did presentations to local community groups to educate the public. Additionally, the weekly newspaper has been very supportive of the change that kept the hospital open.

The transition to an REH has allowed the hospital to stay open. Volumes have decreased slightly as residents bypass the ER, especially if they believe they will need to be admitted. Prior to conversion, Helena had about 28 ER visits per day and 18-20% of the ER patients seen were transferred to other facilities, which has remained consistent since becoming an REH.

The conversion did affect the hospital’s staffing model, reducing it by 15 FTEs overall. The current staffing for the ER and observation beds is three registered nurses per shift. Laboratory staffing includes three personnel on days and one technician at night, following twelve-hour shifts. Radiology includes four technicians during the day, one on call after 4 p.m., and one covering in house at night. Housekeeping, Registration, Business Office, Dietary, Administration, and Maintenance were reduced as well. Speech and Physical Therapy remained the same, but hours were reduced based on volume.

Moore stated, “the most significant benefits and opportunities for Helena Regional, employees, providers, patients, and the community because of the REH conversion in 2023 is the county got to keep their hospital open and operating while providing access to ER services.” It allowed the hospital to be sold to a new operator and under a new lease with the city so that it can continue to provide healthcare services, employment, and economic stability for many years to come. The new owner, Progressive Health Systems has intentions to reintroduce surgical services to the hospital. This will greatly enhance the scope of services provided, making high-quality surgical care accessible to the local community. They are planning to focus on rural health clinics and broadening

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the range of services available. This new management aims to provide more comprehensive, integrated healthcare services to the community.

Moore provided examples of many other advantages to operating as an REH including preservation of an ER which is the most needed service line in most rural areas; the new status and design of care is much better for observation patients because they are staying adjacent to the ER where there are nurses and doctors 24/7 to assist their needs; job retention and economic stability for the local community; improved quality of care because Medicare Conditions of Participation and other regulatory requirements for quality and safety continue as it did with the acute care hospital status; administration does not have to employ a lot of expensive specialists; operating costs are decreasing as the hospital footprint is reduced and allows for space to be repurposed, producing rent and in some cases bringing new services to the community. Overall, Moore shares, the REH allows the board and management to right-size the hospital for the community's needs and demographics.

Based on his experience, Moore shared that there are a few changes that would make the REH statute more viable. "Regulations should be based on average daily census instead of licensed beds for rural hospitals wanting to convert, 340B for drugs should be allowed, and certain traditional inpatient stays like obstetrics should be permissible."

Get Support:

Helena Regional Medical Center is just one of the many hospitals the RHRC and its partners have supported through the REH Technical Assistance Center. From education, to assessment, through conversion and beyond, we have resources to help along every step of the way.

Accessible Forums:

- Peer-to-peer learning
- Educational Sessions
- 1:1 Support & coaching
- Onsite and in-person sessions

Topics:

- Compliance and regulations
- Financial modeling
- Stakeholder engagement
- Strategic transition planning and more

This support is available at no cost to hospitals. To learn more about our REH assessment process and post-conversion REH Network, visit our [website](#) or contact REHSupport@rhrco.org.

Disclaimer:

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