

Rural Health Coordinating Council

Minutes | April 27, 2017

Oregon Dental Association | Wilsonville OR

Call to Order

Wayne Endersby, Chair, called to order the April 2017 meeting of the Rural Health Coordinating Council (RHCC) shortly after 10 AM.

Roll Call

RHCC Members |

Bruce Carlson, MD, Oregon Medical Association; Wayne Endersby, Oregon EMS Association; Andrea Fletcher, Consumer - Oregon HSA #3; Kim Lovato, PA-C, Oregon Society of Physician Assistants; Candye Parkin, Oregon Association for Home Care; Judy Peabody, ND, Oregon Association of Naturopathic Physicians; Chuck Wardle, OD, Oregon Optometric Physicians Association; and Leanne Yantis, Oregon State Board of Pharmacy

Oregon Office of Rural Health (ORH) Staff |

Scott Ekblad, Robert Duehmig, Meredith Guardino, Eric Jordan

Guests |

Diane Lund, The Lund Report

Approval of April 2017 Agenda

Approval of the April 2017 Agenda as written was moved by Ms. Fletcher, seconded by Dr. Carlson, and approved unanimously.

Approval of January 2017 Minutes

Approval of the January 2017 Minutes as written was moved by Dr. Carlson, seconded by Ms. Parkin, and approved unanimously.

Executive Committee Elections

Mr. Endersby facilitated the Executive Committee at large member elections, which carry one-year terms. Mr. Endersby nominated and moved that Ms. Fletcher and Ms. Lovato continue as at large members. Dr. Peabody seconded this nomination. The RHCC voted unanimously in favor.

ORH Updates

HERO awards.

We just had a recent cycle of agency awards. There were 5 applications, but only 4 awarded at \$2,500 each. The 5th one was a second application from one of the awarded agencies, requesting funds for paid staff, so was denied. Mr. Ekblad will visit that Florence agency to learn more about their organization.

There has been a decrease in individual award applications.

Mr. Endersby: There are more internal agency trainings being offered, so maybe fewer individuals need to apply for training grants. Perhaps there could be scholarships for the State EMS Conference, the one at Timberline, or others elsewhere in the state?

Mr. Ekblad: Maybe we should exhibit at those conferences.

Telehealth Coordinator

Rose Locklear has come to ORH for eighteen months to assess the telehealth needs of Critical Access Hospitals (CAHs) and their communities. Once barriers are identified, she will then try to match them with resources to overcome the barriers. She is also working with CAHs to match primary care clinical needs with Project ECHO resources as appropriate. Ms. Locklear was formerly an intern for the ORH over the previous summer.

Ms. Parkin: The CAH assessments, what do they entail?

Mr. Ekblad: It is to find the barriers in a telemedicine system, then resolve those barriers.

Ms. Yantis: I shadowed a Project ECHO site while in a rotation for school in New Mexico. It was really interesting.

Mr. Ekblad: At the Project ECHO sites, it is the entire team that sits in on these sessions, not just the primary care physician.

ORH Staff Reports

Scott complimented Eric and the administrative team on keeping up with the recent tax credit season and concurrent prep work for the Forum on Aging in Rural Oregon.

Forum on Aging in Rural Oregon

Mr. Ekblad presented the poster version of the agenda from the Forum on Aging in Rural Oregon, while providing background on initial work done by Dr. Tina Castañares, and others in Hood River. The Forum's ongoing intent is to educate towards the shifting demographics, highlight the solutions already in place, and set up a forum to discuss what else can be done. A new grant program was launched at the Forum: the Elder Services Innovation Grant Program, which awards up to \$10,000 to enhance or create new innovative projects that help elders to age in place.

Next year's Forum will be in Baker City. The goal is to hold it in a different part of the state each year.

Ms. Parkin: I'm certain Lifeline would exhibit at next year's Forum.

Ms. Fletcher: Lifeways would too.

Mr. Ekblad: I found that there is only one foundation in Oregon working on aging issues, Cambia Health Foundation, and they will help with the Elder Services Innovation Grant proposals, and perhaps fund one or more themselves. I hope to partner with them more deeply at future forums. They feel that any foundation out there already funding rural should also be funding aging issues.

Dr. Wardle: What about approaching Legacy's foundation? Or Elder Care Support Foundation?

Mr. Ekblad: I'll look into Legacy. There is also a foundation in Spokane that focuses on aging issues.

Ms. Parkin: Definitely speak with those larger systems like Legacy, Providence, and the rest.

There was some pushback on the cost of attending the Forum. The tickets were either \$50 for an interested person or student, or \$150 for a health care professional.

Ms. Parkin, others: I think that price is quite reasonable with the sessions listed and the number of meals.

Mr. Endersby: Can we beef up the Continuing Education (CE) credits?

Mr. Ekblad: For the first time in a long time, we offered social worker CEs, which other professionals can also use.

Old Business

Credentialing Update

Mr. Duehmig noted that the RHCC has discussed credentialing in the past. There was hope to have the Oregon Common Credentialing Program (OCCP) up and running this year, but the vendor has only just begun their work, so the new 'go live' date is now April 2018. This program is for all professions who need credentialing by a payer. The credentialing organization will pay an annual fee based on their panel size, and there will be an applicant fee for each person applying. All organizations that must credential will have to use this centralized hub, which should drive down costs overall. The Oregon Health Authority (OHA) is excited to have a contract in place with the vendor, and we should hear more about how it will roll out over the next year.

Mr. Endersby: Is this credentialing for sites, or for the professionals?

Mr. Duehmig: It is for the payers, who all have different forms and requirements. The smaller sites who do not have much staff will really benefit from this. Privileges will still be handled by the sites for their needs.

Mr. Endersby: Will Emergency Medical Services (EMS) credential through this too?

Mr. Duehmig: No, but I'll follow up with them to see if they are looking at adding EMS.

Dr. Carlson: We've had a common credentialing form for several years.

Mr. Duehmig: There were enough complaints with process, the amount of time it took, and its costs that it warranted this new approach.

2016 Rural Facilities Listening Tour

Ms. Guardino provided historical perspective on the Rural Facilities Listening Tour (RFLT). She then highlighted the major challenges identified in the 2016 tour, which included frontier vs rural realities, regional issues, state border issues, housing shortages, recruitment and retention, credentialing medical assistants, the costs of Health Information Technology (HIT), and lack of acute care availability.

Dr. Carlson: We have 25 different HIT systems in use in our Coordinated Care Organization (CCO). Compatibility is still a major issue. Also, Greater Oregon Behavioral Health, Inc. (GOBHI) states we are short about 110 mental health providers in our CCO area.

Dr. Wardle: That number on page 21 of seven dentists in Clatskanie seems high to me.

Ms. Guardino: The licensure data is self-reported and not always current at the board level.

Mr. Endersby: Will this be updated?

Ms. Guardino: Yes, we will hold these tours annually.

Ms. Parkin: Other than on the ORH website, where else will this information go?

Ms. Guardino: This report was disseminated fairly broadly across the state. Copies were also delivered to our state and federal representatives.

Legislative Update | Incentive Programs | Member Priorities

Mr. Duehmig led the legislative update.

Dr. Wardle: On SB 997, does that have to do with the way some larger corporations don't pay taxes which would go towards the Oregon Health Plan (OHP)?

Mr. Duehmig: Yes, it is designed to go after the larger employers who have employees covered by the state health plan. It might need a two-thirds vote to pass, but I am not really sure about that. If it does not make it out of this session, at least it is something which is being discussed.

Mr. Endersby: What is HB 2518?

Mr. Duehmig: "This bill requires pharmacies to report de-identified information to the prescription drug monitoring program (PDMP) upon dispensing prescribed naloxone." This might be one way to enhance the PDMP.

Dr. Carlson: In the dashboard of the PDMP, there are 4-5 categories showing who is getting scripts from which providers. They need to monitor those who are getting what is referred to as "covered benefit." "De-identified" means that the list is cleaned of names, so they are looking at the raw numbers only.

Mr. Duehmig: As of last week, all bills needed to be heard in their originating chamber in order to move on. One of the largest that we are tracking is HB 3261, which combines the incentive programs under one fund. It was moved to Ways and Means, so is continuing. It will have amendments made while it is at Ways and Means.

We anticipate the session will last until the second week of July, and will not really see the final versions of things until right at the end, once the budget forecast is finalized.

Mr. Endersby: What happens if this bill fails?

Mr. Ekblad: Then we have no incentive programs.

SB 178 expands the tax credits and separates them from the other incentive programs.

Mr. Duehmig: Last week the Ways and Means released their budget. The co-chairs will now come up with their own budgets. The cuts this time are pretty brutal, particularly to the Medicaid population.

Ms. Fletcher: Did they finalize the tobacco age limit about six weeks ago?

Mr. Duehmig: Raising the smoking age to 21 is moving along, but not yet finalized.

Dr. Carlson: I've heard that with state cuts to Medicaid expansion, we are leaving over a billion of federal funds on the table.

Mr. Duehmig: We still have to balance the state budget first, irrespective of any matching funds.

Ms. Lovato: Are they considering changing the kicker laws?

Mr. Duehmig: They did nix the corporate kicker previously, but the individual one is still on the books.

Dr. Carlson: Looking at HB 3428, which moves PEBB to the CCOs, those rates will go towards Medicaid rates. How about pharmacy? How well does Medicaid pay for pharmacies?

Ms. Yantis: We get rural rates currently, but we just got an email saying those could be cut. If that happens, it will close rural pharmacies. We are also a critical access pharmacy, so are covered under those rules. Under those two, we are paid well actually.

Ms. Fletcher: Who designates critical access pharmacies?

Mr. Ekblad: OHA, really. We provide them the information but the determination comes from them.

RHCC Member Reports

Leanne Yantis, Oregon State Board of Pharmacy

Ms. Yantis wondered if anything had come of the proposed bill to mandate medication take back receptacles. She is working on a sharp receptacle in her pharmacy.

Mr. Ekblad: I'm not sure, but I'll look into it.

Mr. Endersby: The sheriff's office in Baker County provides that kind of sharps receptacle. What if there was a deposit program for meds and sharps?

Mr. Ekblad: Has the hospital in Gold Beach had its grand opening?

Ms. Yantis: No, they are waiting on the final sign-off from OHA, which will likely be mid-June.

Candy Parkin, Oregon Association for Home Care

Senate Bill 353, the Preserve Access to Medicare Rural Health Service Act, will make permanent the add-on for home health services. This will help rural agencies financially.

Under the Home Health Care Planning and Improvement Act of 2017, many new providers will be able to certify face to face encounters and home health for Medicare beneficiaries.

On a personal note, Ms. Parkin is retiring from nursing, so will make the July meeting her last as a member of the RHCC.

Bruce Carlson, MD, Oregon Medical Association

Dr. Carlson's Rural Health Clinic (RHC) in Hermiston, which is also a Patient-centered Medical Home (PCMH), has recently certified as a level 3 PCMH. In Pendleton, the census at that Medicaid-only clinic is up and down with the local economy and the patients' own ability to remain on the OHP list.

Ms. Fletcher: Do you have OHP Assistants in that clinic?

Dr. Carlson: No, we do not have OHP Assistants. We do have a community health worker in one clinic, but no OHP Assistants.

About a week ago, the Eastern Oregon CCO had a board meeting in Boardman and there were impressive outreach and community health work presentations.

The Oregon Academy of Family Physicians meeting hosted former Governor Kitzhaber, who presented on the cost of healthcare.

Dr. Wardle: Has there been any change with the Oregon Medical Board discouraging the prescription of opioids to marijuana users?

Dr. Carlson: There has been no change in that stance.

Andrea Fletcher, Consumer - Oregon HSA #3

The Morrow County Community Health Improvement Partnership has mirrored a similar program in Umatilla County, and has partnered with them to provide wrap-around services, including nurses in the schools, which is raising the living conditions of the students, with the nurses working very closely with those in need.

It is outstanding that there is massive misinformation at the consumer level on what the Affordable Care Act (ACA) really does.

When we experience the solar eclipse later in the year, I worry that EMS will be overrun.

Judy Peabody, ND, Oregon Association of Naturopathic Physicians

The naturopaths are suing Moda for delaying payments. The Oregon Association of Naturopathic Physicians is collecting information on the numerous places in state law where naturopaths are not specifically allowed to do things that are considered primary care practice.

I'm thinking of organizing a network of volunteers to help seniors who age in place.

Mr. Ekblad: AARP has a program that does something like that. I'll also send you information on Clare Culbertson, who presented on that topic at the Forum.

Ms. Parkin: We have programs like that in Yamhill County, through churches and colleges.

Kim Lovato, PA-C, Oregon Society of Physician Assistants

There have been winds of change in the Physician Assistant (PA) profession. The American Association of Physician Assistants has been active with certain states regarding supervisory laws. The law has been changed in two states; in Michigan, the practice agreement has been modified to change the role of the physician in a PA's practice agreement from supervisory to participating physician. PAs can also prescribe in Michigan without the delegation of a physician, and will have to carry their own insurance. In New Mexico, primary care PAs are allowed to enter into collaborative, rather than supervisory, agreements with physicians.

Mr. Duehmig: Do you see this changing the academic direction?

Ms. Lovato: Not as of yet.

So far as Oregon goes, they are thinking about this, but with an eye on the mistakes made by other states, so as to not repeat them.

Ms. Lovato has left the Vernonia Health Center. Adventist will be taking over that clinic, as well as opening one in Banks. She is now a mostly full-time didactic professor at Pacific University.

Wayne Endersby, Oregon EMS Association

We are preparing in Baker County for the eclipse in August. With people coming in from world-wide, a 35,000 influx is estimated as a minimum. There are only three transport agencies in Baker County, so the county would like to set up some med units in Unity and Huntington. It will be in the middle of fire season, so those crews might be elsewhere. They are also talking to the Governor to send in National Guard as relief. Something else that is being considered is water rescue on the Snake River. Life Flight will be staging two ambulances at the hospital. Even with all of this help, transport can be a big problem.

Serve Oregon trains people for big disasters, and is doing so in Oregon. But most of their trainings are in metro areas. There should be better training of the eastern residents, as they will be coming to the metro area to assist in the event of a disaster. Most eastern people cannot take the time off to go to the metro areas for training.

The EMT Advisory Committee is looking at first responders to be able to draw and administer epinephrine.

New business

Future meeting location(s)

Mr. Ekblad asked the RHCC of their preferences for future meetings and noted that the October 2017 meeting will coincide with the Oregon Rural Health Conference.

It was decided that the January 2018 meeting will again be by phone, with the others in person. The ORH will arrange the physical meeting locations.

The October 2017 meeting will be on October 26, 2017.

Adjourn

The meeting was adjourned at 2:45 PM

DRAFT