

Rural Health Coordinating Council (RHCC)

January 21, 2016, 8699 SW Sun Place, Wilsonville, OR

Roll Call & Introductions

Andrea Fletcher, Chair, began the meeting at 10 AM.

Members in Attendance

Bruce Carlson, Oregon Medical Association (OMA); Wayne Endersby, Oregon EMS Association; Andrea Fletcher, Consumer - Eastern Oregon HSA #3; Heather Lewis, Consumer - Community <3500; Kim Lovato, PA-C, Oregon Society of Physician Assistants; Candye Parkin, Oregon Association for Home Care; Michael E. Patrick, Oregon State Board of Pharmacy; and Judy Peabody, Oregon Association of Naturopathic Physicians.

Oregon Office of Rural Health (ORH) Staff

Scott Ekblad and Eric Jordan.

Guest

Diane Lund-Muzikant

Q = Question, **A** = Answer, **C** = Comment

Approval of October 2015 Agenda

The January 2016 Agenda was moved by Ms. Lewis, seconded by Ms. Lovato, and approved unanimously as written.

Approval of July 2015 Minutes

The October 2015 minutes were moved by Mr. Endersby, seconded by Mr. Patrick, and approved unanimously, with only Dr. Robinson abstaining, as written.

Old Business

Project ECHO

Mr. Ekblad updated the status of Project ECHO by mentioning the State of Oregon has released a Request for Proposals (RFP), which is currently underway. The ORH will not apply, as we are already a partner with OHA, so we will offer assistance in reaching the more remote practitioners in Oregon.

Q: [Ms. Parkin] Are they are looking for enrollees at this stage?

A: [Mr. Ekblad] They are looking for some organization to create the program and become a Project ECHO hub for the state.

Q: [Ms. Parkin] Are they pulling previous structure from the University of New Mexico?

A: [Mr. Ekblad] Yes, but the faculty in New Mexico is not going to be on tap for the Oregon participants-the faculty will come from Oregon.

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Annual Oregon Rural Health Conference Review

Mr. Ekblad reviewed the findings of the last conference evaluations. The conference has basically outgrown coastal facilities, so it will be hosted in central Oregon for the foreseeable future. Also noted from the evaluations was that attendees wanted a single annual conference, rather than holding two regional ones. This affirms another majority response – the primary reason people attend the conference is opportunity to network. The evaluations also revealed that attendees would prefer that the Rural Health Clinic (RHC) Workshop continue to be held in conjunction with the annual conference.

Q: [Ms. Lewis] Often, the cost of renting a room for multiple nights is a barrier to attending conferences. Have you all considered initiating room sharing in some capacity?

A: [Mr. Ekblad] No, we've never done that. That is certainly something we will consider.

RHCC Committees, Membership

Mr. Ekblad introduced the topic of RHCC committees and their membership. Some committees are inactive, and in many cases RHCC members have been assigned to serve on committees by ORH staff simply because their predecessors served on those committees.

The committees listed in the RHCC Bylaws are: Community and Council Development, Legislative and Planning Committee, Executive Committee, and EMS Grant Review Committee. Committees not in the Bylaws are Vision and Policy Subcommittee and the Apple A Day (AAD) Advisory Group.

C: [Dr. Carlson] As you noted, a couple of these were not originally in the Bylaws. I suggest we strike the inactive committees, keep the Executive Committee, since we are required to, change the EMS Grant Review Committee to just Grant Review Committee, and allow the Chair and Council to create ad-hoc committees as needed.

C: [Mr. Ekblad] And the Apple A Day Advisory Group would function under the auspices of the Grant Review Committee.

The motion to strike the Community and Council Development Committee and the Legislative and Planning Committee, retain the Executive Committee, change the EMS Grant Review Committee to Grant Review Committee, and allow the Chair and Council to establish ad-hoc committees as needed was moved by Dr. Carlson, seconded by Mr. Endersby, and approved unanimously.

Mr. Ekblad then asked who would like to be on the Grant Review Committee. Currently, Apple A Day is the only grant program that this committee would need to review. Mr. Ekblad typically makes award decisions for the individual grant cycles, consulting the committee only when there is uncertainty regarding a particular application or in the case

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where the total dollars being requested exceeds the amount available. He regularly utilizes the committee for agency award decisions. The current AAD Advisory Group's membership includes Ms. Fletcher, Mr. Endersby, and Mr. Molinari. Ms. Parkin volunteered to be a new member.

ORH Updates

Blueprint for Rural Health in Oregon Update

Mr. Ekblad recapped the discussion from the October RHCC meeting, and summarized the outcome of the Blueprint conference plenary session. Approximately fifty people from that session volunteered to participate in monthly webinars to develop the underlying structure of the blueprint. Those webinar discussions will determine majority opinion regarding what minimum level of various services should reasonably be expected in different types of rural Oregon communities. The blueprint will demonstrate where those minimum levels are not being met.

Q: [Ms. Parkin] Will all eight webinars be done this year?

A: [Mr. Ekblad] Yes, I'd like to have something to deliver at the next conference. It may not be a finished product, but it will be a living document that will be amended as conditions change and information is updated.

C: [Ms. Lovato] I appreciate that this is a common sense, living document.

C: [Dr. Carlson] The only thing going through my mind is: what are the real priorities. For me, Emergency Medical Service (EMS) is number one. We are having a real problem in getting new people to provide EMS in remote communities. In Georgia, there is an auto insurance tax that funds their EMS.

C: [Mr. Endersby] I agree. We are headed for a crisis if we do not do something about EMS.

C: [Dr. Carlson] We've had more helicopter bases established in eastern Oregon, but with fog and other localized atmospheric issues, we still have to rely on ground transport.

Mr. Ekblad stated that these are things he never hears policy makers or association heads speak of, so it helps bring these issues to those people. And just so everyone knows, the ORH is not striking out alone in this effort-we are partnering with the OMA and the Oregon Association of Hospitals and Health Systems (OAHHS) in this blueprint.

Q: [Ms. Parkin] Is the EMS shortage due to fewer people in the community, or is it that fewer people are signing up to become Emergency Medical Technicians (EMTs)?

A: [Mr. Endersby] It's mostly due to age. There is not as much to keep young people in remote communities so they are moving elsewhere. The average age of the EMTs keeps rising each year.

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C: [Ms. Fletcher] In some of these communities, there just might not be the cultural imperative among younger generations to volunteer.

Apple A Day Update, Fundraising

Mr. Ekblad provided an update on the AAD Campaign, which receives the vast majority of its donations from the annual fundraising dinner and auction, held in conjunction with the annual conference. In an effort to minimize the impact on ORH staff, who have to essentially plan for two events within the same time period, and to diversify the donation pool, we will not be holding the dinner and auction in 2016 and perhaps beyond. This year we will rely on different fundraising efforts.

For the past couple of years, the Glow XC run out of Dexter has been allocating all of its proceeds to AAD, so now we will work with them directly and increase our assistance to their event. We are also looking into holding a golf tournament later in the summer. For these new efforts, we are reaching out to the OHSU Foundation for support, and if not them, other outside sources.

Q: [Mr. Endersby] What is the benefit to the golf course for holding a fundraiser?

A: [Mr. Ekblad] They would be paid for the use of their course.

Q: [Mr. Patrick] Would you get a price break on the course?

A: [Mr. Ekblad] I would hope so, but we'll have to see.

C: [Mr. Endersby] I might have a lead on the Baker City Golf Course. Baker City at large has been successful with all kinds of outdoor fundraisers there.

C: [Dr. Carlson] There is also the Oregon Pasture Golf Association.
{<http://www.pasturegolf.com>}

2016 Legislative Session

ORH/Oregon Rural Health Association (ORHA) Priorities

Mr. Ekblad outlined the three legislative priorities for the ORH and ORHA. They are:

1. Oregon Rural Practitioner Tax Credit Program "fix"

With the changes to this program in the 2015 legislative session, the Legislature created tiers radiating out and away from urban centers that changed the maximum allowable amount for the credit based on road miles from these urban areas. The intent was to reduce the financial impact to the state by this program. But by changing the way mileage was measured from a straight line from the centroid of

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one community to another (as the crow flies) to road miles (the distance travelled by road from one community to the next), they actually would be allowing more practitioners into the program. A bill will be introduced to remove the road miles language and allow ORH to revert back to measuring distance as the crow flies.

2. Medicaid Primary Care Loan Repayment

There was some confusion among legislators regarding this program during the last moments of the 2015 session, and it did not receive continuation funding. It was viewed as the same as the Primary Care Loan Forgiveness program, which had already been funded. This program will hopefully be refunded in the 2016 session.

3. 2015's HB 3396 – Workforce Incentive Program Evaluation

HB 3396 mandates that all state workforce incentive programs cease at the end of 2017 unless the Oregon Health Policy Board conducts an evaluation and makes recommendations to the Legislature regarding which programs should be discontinued, expanded, changed, etc. to ensure that these programs show a reasonable return on investment. Presumably, those recommendations would be legislated in the 2017 session. OHA has contracted with a consultant to conduct that evaluation and ORH is reporting program data to that contractor. One goal of the sponsor of HB 3396 is to house all of these programs under a single budgetary umbrella, so that the finance committees can consider them as a whole when making budget decisions. One idea already floating around Salem is to scrap these programs entirely and just pay practitioners more to serve in these communities.

C: [Ms. Lewis] For many people not in private practice, a higher reimbursement rate might not mean a higher salary for the practitioners. I think they are lumping disparate programs under a single banner, when those different programs actually address different issues.

C: [Ms. Peabody] It would be good to identify and address the overlap to the programs, but also identify and address the gaps.

Mr. Ekblad went on to note that the law mandates this group consult with ORH for this study. The Oregon Health Policy Board's (OHPB) Healthcare Workforce Committee, staffed by OHA, is ultimately responsible for this evaluation. This committee advises the OHPB and the Governor on healthcare workforce issues. It should be mentioned that their meetings are open to the public, and they accept public input. The next meeting in March should be a really important one.

Q: [Ms. Fletcher] Do they have an email distribution list?

A: [Mr. Ekblad] They must have something like that, I'll check.

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<http://www.oregon.gov/oha/OHPB/pages/health-reform/get-involved.aspx>

<http://www.oregon.gov/oha/OHPR/HCW/pages/index.aspx>

C: [Dr. Carlson] I think loan repayment is the best way to keep moving forward. I've had better success in recruiting with loan repayment over the tax credit.

Mr. Ekblad commented that it'll be interesting to see how retention rates differ among the various loans programs.

Member Legislative Priorities

There were no legislative priorities reported by the RHCC members.

ORH Staff Reports

Mr. Ekblad highlighted some recent work by the ORH staff:

- Mr. Jordan has been busy submitting new competitive grants and carryovers to HRSA through OHSU's grant management tools.
- Mr. Duehmig has been working with the Oregon Health Authority (OHA) on reporting data to satisfy the consultant's work mandated by HB 3966.
- Members of the Field Services and Workforce Services teams visited eastern Oregon communities to celebrate 2015 National Rural Health Day.
- Ms. Guardino is planning a RHC listening tour, much like the rural hospital listening tour from a couple of years ago.

RHCC Member Reports

Bruce Carlson, MD, Oregon Medical Association

The Physician Assistant (PA) committee on the Oregon Medical Board (OMB) sunset at the end of December, 2015. There will now be one PA member, bringing the member count on the OMB to thirteen.

The State of Washington has a policy statement on what happens when a PA owns a clinic and employs a Physician, who happens to be the PA's supervisor. We would like to mirror this policy statement in Oregon.

In Pendleton, we have not filled any of the four physician openings. The hospital there has a recruitment plan in mind, one which should help subsidize relocation costs.

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In Hermiston, there are two more physicians at Yakima Valley Farm Worker's Federally Qualified Health Center (FQHC). At my own office in Hermiston, which is a Level 2 Patient-centered Medical Home, we are working towards becoming a Level 3.

Candye Parkin, Oregon Association for Home Care

Centers for Medicare & Medicaid Services (CMS) requires that, when a referral is made, a physician must complete a "face-to-face form," which is long and laborious. They often are rejected by CMS for any number of reasons, so the national association testified before congress this fall with Congressmen Schrader and Walden to see this burden lessened.

Value-based purchasing is being rolled out to nine randomly selected states which will impact home health and hospice. Payments can be adjusted by 5% in the first two years, 6% in the third year, and 8% in the fourth and fifth years. The years are 2016-2022. Home health agencies are very concerned how this will actually play out and what its impact will be, so we are keeping an eye on this and I'll keep this council updated.

The first results of the Home Health Star Rating system were published in July, 2015. What is concerning to home health is how these measurements will be perceived by the outside consumer of healthcare. To a consumer, it might be viewed like a hotel rating system, when some of the criteria are unachievable for many agencies.

C: [Mr. Ekblad] This will be the prime topic at the next RHCC meeting. The Molinaris have been elevating this concern up the legislative chain as small, remote agencies are being impacted by this. The ORH is looking into this issue, along with Candye and field staff in Senator Wyden's office to get a better understanding and see what we can do.

C: [Dr. Carlson] I'm under the impression that there are fewer home health agencies than there used to be.

C: [Ms. Parkin] Yes, definitely. And reimbursement rates are declining each year. Rural and smaller agencies are at greatest risk.

Judy E. Peabody, ND, Oregon Association of Naturopathic Physicians

The Association is suing a couple of insurance agencies, but otherwise there is not much else going on.

Michael E. Patrick, Oregon State Board of Pharmacy

Oregon pharmacists are now prescribing birth control pills. Oregon is the first state to allow this. This is great for women's access to birth control. Currently, approximately 150 pharmacists are certified to do this work, and by the end of February there should be around 800 total trained.

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C: [Mr. Ekblad] I've heard concerns about the time this will take from the pharmacists' day, 20-30 minute consults per customer wherein they're not generating revenue by filling prescriptions.

Mr. Patrick replied that he had not heard that. He has heard more enthusiasm than concern.

Q: [Ms. Lovato] As a prescriber and knowing female patients, sometimes it takes some investigation, going back generations. What about human reproductive health and the issues around that?

A: [Mr. Patrick] There is a set-up form and survey they are to be following and other screening measures and safe guards as well.

Q: [Ms. Lovato] This all sounds like a time commitment to me. Does insurance reimburse a little bit for the consultation?

A: [Mr. Patrick] I'm not really sure. Oregon is the first to do this, so we will have to wait and see.

Q: [Mr. Endersby] Is there anything in the law forbidding a consulting fee being levied by the pharmacy?

A: [Mr. Patrick] I'm not sure.

C: [Dr. Carlson] The American College of Obstetrics and Gynecology approves this law. My local independent pharmacist is not yet doing this due to yet unknown insurance rate consequences.

Wayne Endersby, Oregon EMS Association

We started having IV fluid shortages a few years ago. Then that subsided. Then we had some medicine shortages, which the state helped by allowing us to use expired drugs, as long as the paperwork was in place. Just recently we placed a drug order and have run into another shortage. I don't know why these shortages happen, and wonder if anyone might have an explanation as to why this happens.

C: [Dr. Carlson] What is happening is that a lot of these drugs went generic, so the number of manufacturers decreased. Vaccines are subject to these types of shortages as well.

The other thing of note is that we had a request from a rural agency to allow Emergency Medical Responders to draw their own Epi 1-to-1,000's, since the EpiPens are so expensive. The problem is that this is something that is outside of their scope of practice. We also heard from a rural agency that is getting EpiPens for \$75 each that the ORH can help fund expensive drugs like EpiPens.

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Andrea Fletcher, Consumer - Oregon HSA #3

The Eastern Oregon Healthy Living Alliance is now into a collegial, committed phase working on core ideas to address across the twelve counties. Accurate information flow is a big concern, as are scope and scale of efforts into the future.

Kim Lovato, PA-C, Oregon Society of Physician Assistants (OSPA)

The OSPA Governmental committee has identified 75 state statutes that they would like to amend. The practice agreement between the supervising physician and the PA is one they are definitely working on.

In Vernonia, the clinic has evolved beyond the opioid issue reported last time. The clinic in Scappoose has a natural pain clinic program in place. Transportation in Columbia County is still a major issue.

The Oregon Health Plan (OHP) gave the Public Health Foundation of Columbia County a \$375,000 loan for improvements. We are now looking for a mid-level provider in the Rainier clinic.

Heather Lewis, Consumer - Community <3500

The clinic in Rainier moved from being a school-based clinic to a community clinic last fall. The Primary Care Investment Project Fund loan from OHP was to get the clinic certified as a Patient-centered Primary Care Home, to expand hours in Rainier, to get a second provider at the clinic in Vernonia, and to also bring in a Care Coordinator.

I wrote a paper on how the RUCA score was unfairly hurting communities by removing them from potential funding. The Oregon Community Foundation will be meeting with me in February to address this.

Q: [Ms. Fletcher] What program were you applying for when you first encountered this?

A: [Ms. Lewis] It was a HRSA grant. Once they saw our RUCA score, they threw us right out.

Q: [Dr. Carlson] Do any of your communities have a taxi service?

A: [Ms. Lewis] No we do not. But there is one bus that travels in and out of the county once a day.

C: [Dr. Carlson] We had a gas expense fund out of our Christmas Valley clinic. In Hermiston and Umatilla, there are \$2 taxi rides.

Ms. Lewis replied that they have the vouchers there, but no transit service to use them on.

Q: [Mr. Ekblad] Dr. Carlson, isn't non-emergency services a requirement for CCOs?

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A: [Dr. Carlson] Yes.

Q: [Ms. Fletcher] Isn't there special transportation funding that every county has to pursue?

A: [Ms. Lewis] Our transit company is in such poor financial shape, they will only provide end-stage renal disease transit.

Q: [Mr. Endersby] What about an EMS agency? Could they not acquire a third van that is wheelchair accessible?

A: [Ms. Lewis] I've tried to have that conversation with them, but they do not seem at all interested in exploring the idea.

Q: [Dr. Carlson] Is Vernonia the only community in Columbia County with this issue?

A: [Ms. Lewis] No, Clatskanie as well.

New Business/Public Input

There was no new business or public input.

Adjourn

Ms. Fletcher adjourned the meeting at 2:45pm.