

Rural Health Coordinating Council (RHCC)

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

Roll Call & Introductions

Wayne Endersby, Chair, began the meeting shortly after 10 AM.

Members in Attendance

Linda Callahan, PhD, PMHNP, Oregon Nurses Association; Bruce Carlson, MD, Oregon Medical Association (OMA); Wayne Endersby, Oregon Emergency Medical Services (EMS) Association; Andrea Fletcher, Consumer - Eastern Oregon HSA #3; Kim Lovato, PA-C, Oregon Society of Physician Assistants; Candye Parkin, Oregon Association for Home Care (OAHC); Judy Peabody, ND, Oregon Association of Naturopathic Physicians, and Charles Wardle, OD, Oregon Optometric Physicians Association.

Oregon Office of Rural Health (ORH) Staff

Scott Ekblad, Robert Duehmig, and Eric Jordan.

Guest

Pat Reno

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

Approval of July 2016 Agenda

The July 2016 Agenda was moved by Mr. Patrick, seconded by Ms. Fletcher, and approved unanimously as written.

Approval of January 2016 Minutes

The April 2016 minutes were moved by Ms. Parkin, seconded by Dr. Carlson, and approved unanimously as written.

Old Business

Apple A Day (AAD) Fundraising Update

Mr. Ekblad provided an update on the AAD grant program, which offers three grant cycles per year: two cycles for individual volunteer Emergency Medical Service Providers (EMSP) for continuing education costs, and one cycle for rural EMS agencies to conduct group training for their EMSPs. ORH recently made the final cycle of awards for this year, to individual volunteers. There were very few eligible applicants; the balance of the fund will carry over to next year's award cycles.

Rural Health Coordinating Council (RHCC)

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

The ORH has contracted with a fundraising consultant in order to shift the fundraising work load off of ORH administrative staff. The consultant has been contracted to do three things:

- 1) Rebrand the program. The original name of AAD does not connote EMS. Rebranding would help us market it throughout the state. Constituents will have the opportunity to vote on the final three rebranding proposals.
- 2) Identify pre-existing fundraisers across Oregon to partner with. There are many that already donate to several charities, so we could hopefully add AAD to like-minded charity events.
- 3) Develop an annual donor campaign, where we reach out to solicit funds from donors.

Q: [Mr. Endersby] Would an online donor website platform like Go Fund Me work?

A: [Mr. Duehmig] Sites like that generally promote one-time fundraising efforts. They tend to be for a project or event where there is an end date, whereas ours is open-ended and long term.

Q: [Mr. Endersby] How did the Glow XC run go?

A: [Mr. Ekblad] It was really fun! We had a team of runners representing our office, and we are currently waiting on the funds from the Glow XC organization. There were probably a couple of hundred runners overall, which was about half of previous years. These lower numbers are due to the race being held over Memorial Day weekend, which the organizers will avoid in future years.

Home Health

Mr. Ekblad and Ms. Parkin are still working on the Home Health issues discussed in prior meetings. Ms. Parkin had a call with members of the regulatory group within the Association for Home Care to let them know that ORH is interested in partnering with them and to inquire about other potential partners, like AARP. This regulatory group then sent a survey to home health agencies to determine their top priorities. The results were not really a surprise, as we've been reporting on these problems for some time. One issue that we were not that aware of regards physician orders crossing state lines: an Oregon patient cannot receive Oregon home health agency services if the orders are written by an out of state physician.

Mr. Ekblad noted that Meredith Guardino, ORH's Director of Field Services, will arrange a policy strategy meeting once the partners and principals weigh in. We also have a Masters of Public Health intern visiting the rural home health agencies and writing a report to summarize what she learns. In addition, we are reaching out to the National Rural Health Association (NRHA) for a nation-wide view on the subject. If we come up with something in Oregon, we will take it to NRHA for a federal policy position.

Rural Health Coordinating Council (RHCC)

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

Q: [Ms. Fletcher] Do you anticipate good participation from the free standing agencies?

A: [Ms. Parkin] I hope so. I've been working with the Association for Home Care on this for some time, and they have been getting word out on this to the agencies, so it should not come as a surprise to them.

Q: [Mr. Endersby] Where will the intern go in the state?

A: [Mr. Ekblad] As many of the 31 rural agencies as she can get to.

ORH Updates

Conference Planning

Mr. Duehmig reported that speakers for the upcoming annual conference are mostly lined up, the formal agenda and materials will be available in early August, and online registration is ready to go. Mr. Duehmig then walked the room through the most recent draft agenda.

Q: [Ms. Parkin] On the home health session, will Meredith be presenting the intern's findings?

A: [Mr. Ekblad] Yes, and there will be a panel of home health people for that one.

Q: [Mr. Endersby] Will there be a community paramedic presentation?

A: [Mr. Ekblad] No. We had a community paramedic session two years ago, so we tried to come up with a different angle in order to offer a session this year. We reached out to the OIT Community Paramedic program for content suggestions related to the training of community paramedics and, while they were interested, we decided to forgo the topic when we learned that there were no new Community Paramedic students enrolled in their program this year.

Ms. Parkin noted that a Firefighter/Paramedic/RN that she spoke with asked for all of the policies and procedures that might be on file. In Portland, there is friction between the firefighter union accepting nurses onboard ambulances.

ORH Staff

Mr. Ekblad reported on the departure of two ORH staff members: Julie Hoffer, Workforce Services Coordinator, and Hilary Henderson, Workforce Programs Manager. A replacement for the Workforce Services Coordinator position will start Monday, July 25, and will be working out of Madras. She comes to ORH with rural medical professional recruiting skills. We are currently interviewing applicants for the Workforce Programs Manager position, and already have a couple of good candidates.

ORH Staff Reports

Mr. Ekblad gave the following highlights from the full ORH staff report:

Rural Health Coordinating Council (RHCC)

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

- Mr. Ekblad chaired the search committee for the Director of the Area Health Education Center (AHEC), and announced that Curt Stilp, PA-C is the new Director of the AHEC. He is currently on faculty at the OHSU PA program, and was the driver of that program's rural training track.
- Mr. Duehmig and Mr. Ekblad visited Salud Services in Hillsboro, which is housed within the Tuality Healthcare Foundation. OHSU has entered a business partnership with Tuality. Salud provides outreach to migrant vineyard workers.

Q: [Dr. Wardle] Do they provide housing for the workers at the vineyards?

A: [Mr. Ekblad] I think that would differ from one winery to the other.

- Mr. Jordan is taking over the administration of the Rural Medical Practitioners Insurance Subsidy Program.
- Lindsay Flick is monitoring the reporting from the AAD grantee agencies.
- Mr. Duehmig has been working closely with OHA and the Lewin Group on the provider incentive program evaluation project, and is the primary conference programmer.
- Annalee Venneri has temporarily absorbed many ORH Workforce Team duties.
- Ms. Guardino has hired a new Field Services Coordinator. Rebecca Dobert is scheduling and programming a rural facility listening tour, which will result in a report on the identified challenges.
- Stacie Rothwell has just finished awarding ten Critical Access Hospitals (CAH) with Quality Initiative (QI) grants. She also contracted with a QI specialist in Lakeview to develop reporting protocol for CAHs. Ms. Rothwell will also plan the Rural Health Clinic (RHC) Workshop this year.

ORH Internships

Ms. Guardino recently hired two interns for ORH. One is focusing on home health, and was mentioned previously. The other is to research and evaluate community benefit spending of CAHs. The Affordable Care Act (ACA) requires CAHs to report its community benefit data every year, so this intern position will generate a report on how the state's CAHs allocate these funds and compare that to the needs identified by their local Community Needs Assessments.

Q: [Ms. Reno] What will happen with the analysis?

A: [Mr. Ekblad] It will be published as a public report. There might be action taken by others, but that is not the intent of the report. As we are not a regulatory agency, our goal is to collect and ferret out this information.

C: [Ms. Fletcher] I wonder if it could also be a best practices model for those communities struggling with a particular issue. They could look and see how others have responded.

Rural Health Coordinating Council (RHCC)

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

Incentive Programs Report

Mr. Duehmig provided a brief history of the Primary Healthcare Loan Forgiveness (PCLF) program, which is administered by ORH, and the Scholars for a Healthy Oregon Initiative (SHOI), for which ORH places program graduates in order to satisfy their service obligations. He also presented recent loan awardee pipeline numbers. One outcome of these programs thus far is the expansion of rural training tracks at Oregon universities and colleges.

Blueprint for Health in Rural Oregon

Mr. Ekblad relayed an update on the Blueprint for Health in Rural Oregon process. The sessions have thus far yielded majority opinion amongst the attendees on minimum levels of services that one could reasonably expect in rural communities. We have since reconvened agency stakeholders and are considering web-based and other options for the format of the final product. We'd like to link it to the community profiles ORH already generates. A representative from the OMA is pushing for a blog format so that people can continually provide feedback.

C: [Dr. Peabody] It would need to be in print as well.

Q: [Mr. Endersby] Will the website refer to resources?

A: [Mr. Ekblad] That is a really good suggestion, thank you.

Forum on Aging in Rural Oregon

Tina Castaneres, a retired physician from Hood River, spoke with Mr. Ekblad at a meeting recently and filled him in on a local group around care givers for the aging in the Gorge. Dr. Castaneres and Mr. Ekblad then met with other stake holders in Hood River to discuss rural community needs around their aging populations. The group decided that a good first step in identifying community needs is to hold a Forum on Aging in Rural Oregon in the Spring of 2017. Not only will needs be discussed, but people will have a place to come together to create strategies to address them. Scott would like this forum to be a fundraiser so that proceeds can be used to fund pilot projects stemming from the forum.

C: [Dr. Wardle] I suggest someone from ORH contact John Boyer at the Casey Eye institute. He has held a similar event, so might be a great resource. Also, a concern that has been around for some time is the lack of transportation for the aging in rural Oregon. A great many have limited or no real resources for getting to their medical appointments.

Mr. Ekblad noted that the planning group has, so far, begun to focus on four topic areas:

- 1) Awareness for health care providers; what we are facing in rural Oregon and what that means for their clinical practice
- 2) Barriers
- 3) Responses

Rural Health Coordinating Council (RHCC)

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

4) Investment opportunities – foundations will be solicited and invited to attend

Mr. Ekblad will forward an article by Dr. Castaneres on this subject to the members of the RHCC.

RHCC Member Reports

Linda Callahan, PhD, PMHNP, Oregon Nurses Association

Blue Zone Project is continuing to expand and receive support by local restaurants and other businesses, including a resort ranch. While this is a three-year project, which will continue to expand, it does seem like the media attention has died down.

Q: [Mr. Ekblad] Is there some way to monitor the progress of Blue Zone participants?

A: [Ms. Callahan] Each committee has a charge on how they are to measure their outcomes. The hospital and primary care people are still working on their ends, but as I mentioned, it has gotten quieter on the media level, so I'm not really hearing a lot on that right now.

Otherwise in Klamath Falls, we continue to have struggles between the CCO and private practice Nurse Practitioners.

Bruce Carlson, MD, Oregon Medical Association

Greater Oregon Behavioral Health Inc. (GOBHI) says the twelve counties under the Eastern Oregon Coordinated Care Organization (EOCCO) are short about fifty mental health practitioners.

The Pendleton Public Health Department hired a new director about a year or so ago. This new person has an MPH, and did so well that she was recruited to Washington State. Pendleton is now looking to fill this vacancy.

The hospital in Pendleton has hired four new providers. Their family clinic will now be open Saturdays and Sundays. This will help access and cost in the community.

The community health care worker at my Pendleton clinic is finding CCO patients that did not know they were assigned to us. So we are now reaching out to them by mail.

A recent initiative for EOCCO has been back pain. They have a goal to get pain patients off of their meds by 2018. We will now be referring to physical therapy, cognitive behavioral therapy, acupuncture, etc., which are amongst the techniques that are now covered for reimbursement.

The State of Oregon has quality measures for CCO patients. They have a payment schedule based on hitting these measures.

Dr. Carlson also received a letter from Dr. Chuck Haney, who supports fluoridation and might exhibit at the annual conference.

Rural Health Coordinating Council (RHCC)

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

Michael E. Patrick, Oregon State Board of Pharmacy

This is Mr. Patrick's last RHCC meeting, as he has retired from pharmacy practice. The board has selected a replacement, who should be at the October meeting.

Wayne Endersby, Oregon EMS Association

The Mobile Training Unit (MTU) is down to one unit again. The Eastern Oregon person will try to do webinars, but it might be a year or more before they can physically get out to the eastern side of the state again. This is a recertification year, so this might prove to be a hardship for some agencies in need of training.

Regarding Registered Nurses (RN) riding on ambulances, we have two RNs in the area, one of which also happens to be an EMT-I, who would like to volunteer to ride an ambulance, but the State has provisions for RNs on only one type of ambulance: Advanced Life Support (ALS) ambulances. There are some scope of practice issues being worked on, but there is nothing in writing yet for the remaining two types of ambulances, Basic Life Support (BLS) and Intermediate Life Support (ILS). It seems like there might also be a bit of turf and scope of practice conflict at play here. Doctor's orders versus standing orders continue to be an issue for the providers in the EMS system.

C: [Dr. Carlson] This might be a great topic for the ORHA to take on.

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

On a national level, the American Academy of Physician Assistants (AAPA) successfully lobbied for PAs to be waived to prescribe Suboxone for the treatment of opioid addiction. This is really good news!

Judy Peabody, ND, Oregon Association of Naturopathic Physicians

Dr. Peabody noted that Dr. Daniel Amen says cannabis in teens will leave lasting brain damage.

Charles Wardle, OD, Oregon Optometric Physicians Association

A big change for PeaceHealth was when the last of the sisters died around the time that they purchased the Southwest Medical Center in Vancouver. It seems like that was when the consolidation of their various holdings began.

For aging patients in my practice, we get an accurate copy of their medication list and laminate it for them. This helps them when asked what they are prescribed.

My office was burgled in January and caused a big setback in the practice. The insurance company has been paying less than I feel they should have for replacement of the gear. Fortunately, all of the data was backed up to the cloud and was inaccessible to the outside world.

Rural Health Coordinating Council (RHCC)

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

Public Input

Pat Reno, Guest

There is a notable shortage of providers in Florence. She looked into the issues with PeaceHealth, as well as other players like the City of Florence, and decided to volunteer to effect positive change in the health care system. She was approached by Mr. Ekblad about serving on the RHCC, so decided to visit today to learn more about it. She will be submitting an application for the open RHCC consumer position for her area.

Adjourn

Mr. Endersby adjourned the meeting shortly after 2 PM.