

Rural Health Coordinating Council

Minutes | July 20, 2017

Oregon Dental Association | Wilsonville OR

Call to Order

Wayne Endersby, Chair, called to order the July 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; Heather Lewis, Consumer – Community <3,500; Candye Parkin, Oregon Association for Home Care; Judy Peabody, ND, Oregon Association of Naturopathic Physicians; and Leanne Yantis, Oregon State Board of Pharmacy.

Oregon Office of Rural Health (ORH) Staff

Scott Ekblad, Robert Duehmig, Emerson Ong, and Eric Jordan

Approval of July 2017 Agenda

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

Approval of April 2017 Minutes

Approval of the April 2017 Minutes as written was moved by Ms. Fletcher, seconded by Ms. Lewis, and approved unanimously.

ORH Updates

HERO Awards

We just had another cycle of individual Helping EMS in Rural Oregon (HERO) grant awards. Of note is the declining number of applications over the life of this program, with only three individuals applying this cycle, all of whom were awarded. This decline in applications, and the possibility of retooling this grant program will be discussed at the October meeting of the RHCC.

ORH Staff Reports

Mr. Ekblad reported that although the Oregon Legislative season is now over, it proved to be quite a busy one for Mr. Duehmig and himself. The ORH was approached by someone who wanted to volunteer for the ORH, and has agreed to work on getting Continuing Medical Education (CME) credit for the annual conference.

Mr. Jordan processed the highest number of tax credit applications so far for the program, and tracked the legislative changes to the program as it made its way through the Legislature. Mr. Duehmig and Ms. Kvamme are working on a financial tracking system to keep ORH finances up to date.

Mr. Pfunder has been very busy with loan repayment, forgiveness, and scholarship programs, working on a new student presentation series, and producing informational videos for workforce services.

The field services team helped avert a crisis for a number of smaller rural hospitals. These hospitals were potentially out of compliance with requirements of their tax status. Ms. Guardino and Ms. Rothwell did the necessary research, and presented a webinar in partnership with the Oregon Association of Hospitals and Health Systems (OAHHS) to get these hospitals back in good standing with the IRS.

Ms. Rothwell is working with Critical Access Hospitals (CAH) to report Medicare Benefit Quality Improvement Project (MBQIP) data. Ms. Dobert has set up and is attending this year's Oregon Rural and Frontier Health Facility Listening Tour. More than forty facilities want us and our stakeholders to visit this year.

Ms. Fletcher: Have you seen differences in topics at the various listening tours?

Mr. Ekblad: Last year, housing came up for the first time, more than once. There are always stalwart issues in rural and frontier locations, such as workforce shortages. A new wrinkle last year was the desire for more Physical Therapists (PT) and certified Medical Assistants (MA).

Mr. Duehmig: Something that came out of last year's tour was the setup of MA certification courseware in the Southwest region. We are also working with the Northeastern Oregon Area Health Education Center (NEOAHEC) to subsidize this type of certification in their region.

34th Annual Oregon Rural Health Conference

Mr. Duehmig did a great job with the call for presentation process this year. We had so many good submissions, that we are experimenting with the format – pairing like-presentations within a session track. The student presentations are also going through an RFP process this year, hopefully bringing in more students from more schools.

2nd Annual Forum on Aging in Rural Oregon

We are looking at Pendleton for next year's Forum, and are partnering with the Washington ORH to reach their constituents just across the border.

Areas of Unmet Health Care Need

Mr. Ong presented the draft maps, findings, and changes in methodology to the annual Areas of Unmet Health Care Need Report. While the previous variables – Percentage of Primary Care Visits Met, Ambulatory Care Sensitive Conditions (ACSC) Ratio, Travel Time to Nearest Hospital, Comparative Mortality Ratio, and Low Birth Weight Rate – mostly worked for great swaths of the state, the report was not really being used as it should. Working with external partners, Mr. Ong and the Field Services team have been working to update this report in ways which better illustrate access to care throughout the state using these new variables: Travel Time to Nearest Primary Care Patient-centered Home,

Primary Care Capacity, Mental Health per 1000, Dentist per 1000, %200 – %138 Below Poverty Level, ACSC per 1000, Individual Total Average Rate, Emergency Department Dental per 1000, and Emergency Department Mental Health per 1000.

Ms. Yantis: In Curry County, we have a lot of people traveling to California for their health care needs. How are those being captured in this report?

Mr. Ong: the data is associated with the individual rather than the facility where the person received the care.is .

Ms. Lewis: To see this data at the state and local level is very powerful and I would hope the grantors at the Federal level adopt something like this over the Rural Urban Commuting Areas, which does not adequately work for a community like Vernonia.

Mr. Endersby: How will the updated report effect the ORH's work?

Mr. Ekblad: Historically, we have used it to guide our focus on outreach efforts. This will remain so with the new report, helping us to prioritize unmet need areas when allocating staff effort, ORH grant offerings, and the like. We also hope that other agencies and communities use it when determining their priorities. We hope to facilitate data-driven – rather than subjective – policymaking.

Legislative Update

ORHA Priorities

Mr. Duehmig reported on the work performed by the Oregon Rural Health Association (ORHA) over the recent legislative session.

The Rural Practitioner Tax Credit started as SB 178, but was merged with other tax credits into HB 2066. The ORHA and its association members were successful in rallying their individual members to contact their state representatives to garner support for the tax credit when it seemed the credit would sunset in 2017. The credit survived with a couple of changes: a \$300,000 gross adjusted income cap (except for general surgeons and OB providers), and a ten tax year limit, which begins with tax year 2018.

HB 3261 lumps all of the incentive programs under one fund, which is managed by Oregon Health Authority (OHA), with the Oregon Health Policy Board's Healthcare Workforce Committee (OHWC) eventually advising on how the funds will be spent.

The bill specified how funds would be spent during the transition biennium of 2017-19. The basic breakdown is:

- \$4,000,000 will be going to loan repayment, which will now include a Medicare focus;
- \$1,000,000 will go toward the Primary Care Loan Forgiveness program;
- \$5,000,000 will go to the Scholars for a Healthy Oregon program;
- \$1,000,000 for new scholarship programs, i.e. College of Osteopathic Medicine of the Pacific Northwest and Pacific University;
- \$4,000,000 for the Rural Practitioner Insurance Subsidy Program;
- \$1,000,000 for incentive programs which have yet to be identified;
- \$4,000,000 for health professional training programs; and

- \$1,000,000 for administrative overhead.

ORH, OHA, and OHWC will work together to hash out the rules for these programs, most of which will become effective January 2018.

HB 2391 – Medicaid Provider Tax – taxes hospitals, CCOs, and insurers in order to maintain Medicaid expansion population coverage.

Ms. Yantis: How does the CCO rate adjustment work?

Mr. Duehmig: I am not sure.

Dr. Carlson: CCOs are paid on capitation rates, with each CCO paid on the status of the individual being covered. They negotiate these rates each year with the OHA.

SB 1067 – Cost Containment – should save money in PEBB and OEBC funds.

SB 588 – Cover All Kids – undocumented immigrant children under age 19 (estimated to be 15,000) will be eligible for the Oregon Health Plan (OHP).

SB 860 – Mental Health Parity analysis – will analyze mental health reimbursement and utilization management statewide.

SB 456 – EMS Interstate Compact – did not pass, so Oregon did not join the 7-state EMS compact to be able to provide EMS services across state lines.

HB 3355 – Psychologists, with additional training and certification from the Board of Psychologist Examiners, can prescribe from a limited formulary for mental health treatments.

SB 754 – Tobacco 21 –the age to purchase tobacco was raised to 21. It is still legal to be over 19 and be in possession of tobacco.

Member Priorities

Andrea Fletcher, Consumer – Oregon HSA #3

Ms. Fletcher noted that she cannot figure out what the group fighting the Medicaid tax is doing.

Mr. Duehmig: they seem to be addressing it from an ideological concern, rather than a practical concern.

Bruce Carlson, MD, Oregon Medical Association

Looking at HB 2387 – Prescription Price Controls – I am sad that one did not pass.

Mr. Duehmig: Don't forget about that one. It is sure to surface again in some form in the future.

Ms. Yantis: The reimbursement rates do not match the cost rates in many cases. We often take a loss until the specific rates come up.

RHCC Member Reports

Judy Peabody, ND, Oregon Association of Naturopathic Physicians

The ONP parity and payment lawsuit fell through on a technicality, so they have to start again from scratch. There are some really good people helping to educate on the subject of homeopathy. This is an

ongoing educational effort. Bringing naturopaths up to physician status in most state statutes is going to be really helpful.

[Heather Lewis, Consumer – Community <3,500](#)

The local clinic is now under the management of the Tillamook Adventist health system. They should hopefully be able to provide expanded services. Ms. Lewis has helped to finalize a job description for a paramedic program, which should cut down on emergency room visits, as well as obstetric and gynecological issues post discharge. This was Ms. Lewis's last meeting with the RHCC.

[Wayne Endersby, Oregon EMS Association](#)

Looking at revised scopes of practice, Epi-pens are back on the books for First Responders, so we are working with the State Board of Directors to add it to the State's First Responder's scope. An added bonus is that the cost of Epi-pens has come down somewhat recently.

[Leanne Yantis, Oregon State Board of Pharmacy](#)

There was an article highlighting Curry County, which dealt with opioid prescriptions. Curry had the most prescriptions, with Baker County being second. Curry also had the highest opioid related overdoses. In addition to this, we still have providers not using the Prescription Drug Monitoring Program. The OHA has forwarded non-opioid treatments, but we do not have providers providing two of the four techniques.

Mr. Duehmig: Have you prescribed Naloxone?

Ms. Yantis: I have had resistance to me prescribing it, with the exception of two patients, who were both grateful for the support.

Mr. Ekblad: Why is Curry County so high in prescriptions?

Ms. Yantis: I'm not 100% sure, but perhaps it's the aging population who got on these meds 20 years ago. The population there is much older than elsewhere. The usage volume is so high that we routinely run out of certain drugs before the 20th of each month.

Mr. Endersby: Has this article generated any conversations?

Ms. Yantis: Not so much. I'm on boards and am bringing it up, but there is resistance within the community.

[Andrea Fletcher, Consumer – Oregon HSA #3](#)

Over the last 4 years, we have seen transitional CEOs in Boardman, which has caused a bit of angst and backsliding, but we now have a new CEO hired, so we should be getting back on track.

The Eastern Oregon Healthy Living Alliance has commitment from all 12 counties again, so is making progress again at that level.

[Bruce Carlson, MD, Oregon Medical Association](#)

Our CCO has instituted some pain management alternatives, but OHP providers are not everywhere, so getting those OHP patients on a non-opioid path is difficult. OHP will stop paying for back pain medication beginning January 1, 2018. I am not sure how this will be monitored.

The Oregon Prescription Drug Monitoring Program works better for me now that my assistants can access it. Only I could access it previously, so having my staff do so saves a lot of time in the office.

In Pendleton, our Nurse Practitioner resigned, so we will be filling that position with a provider from Hermiston, and then hiring for the new vacancy in Hermiston.

New Business/Public input

Mr. Ekblad presented Ms. Parkin and Ms. Lewis with certificates of appreciation for their service to the Rural Health Coordinating Council. Both recently resigned from the Council and this was their last meeting.

Adjourn

The meeting was adjourned at 2:45 PM.