

Rural Health Coordinating Council (RHCC)

October 20, 2016, 8699 SW Sun Place, Wilsonville, OR

Roll Call & Introductions

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

Members in Attendance

Bruce Carlson, MD, Oregon Medical Association (OMA); 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 (OAH); Judy Peabody, ND, Oregon Association of Naturopathic Physicians; Pat Reno, Consumer - Oregon HSA #2; Curt Stilp, MS, PA-C, Oregon Health & Science University; and Leanne Yantis, Oregon State Board of Pharmacy.

Oregon Office of Rural Health (ORH) Staff

Scott Ekblad, Robert Duehmig, Rebecca Dobert, Stacy Reed, Bill Pfunder, and Eric Jordan.

Q = Question, A = Answer, C = Comment

Approval of October 2016 Agenda

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

Approval of July 2016 Minutes

The July 2016 minutes were moved by Ms. Lewis, seconded by Ms. Fletcher, and approved unanimously as written.

Old Business

Apple A Day/HERO Update

Mr. Ekblad reiterated the need to rebrand ORH's Apple A Day Campaign (AAD) to something that more directly reflects its purpose. After a round of voting by ORH constituents, this grant program is now HERO: Helping EMS in Rural Oregon. Mr. Ekblad also provided an update on the grants awarded in 2016, with the balance moving forward into 2017.

C: [Ms. Fletcher] I love this new branding for HERO. It's going to make it so much easier talking to the people in our communities.

Mr. Ekblad described the two strategies to initially fund this campaign in the future:

1. An annual donor campaign, which we will start with donors who have contributed in the past, as well as a plea to our entire mailing list.
2. We will seek other fundraising activities such as Glow XC, the fun run out of Dexter. The organizers of that event just happened to find AAD online and designate it as their beneficiary.

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Q: [Ms. Candye] Is there an average amount needed each year?

A: [Mr. Ekblad] We usually spend \$15,000 each year. However if we raised more, we could do more. We are hopeful the effort the EMS & Trauma office is putting into data collection will enable us to get better volunteer data from them for HERO outreach.

Q: [Ms. Fletcher] What are we doing toward legislative outreach? I think they might need a constant reminder.

A: [Mr. Ekblad] We really have not put much effort into that, although we probably should. I think a year-end report on HERO would be a good way to remind them of this and to show them how we are helping EMS volunteers statewide.

Q: [Ms. Lewis] What about asking for matching funds out of lottery dollars?

A: [Mr. Ekblad] This office and AHEC used to receive funds from the state to operate rural EMS grant programs. The funds dried up and we tried for a few years to get it reinstated. We were unsuccessful, so began this HERO campaign. I'll send a year-end report to legislators and see if we get any positive response. If Ballot Measure 97 passes, we might have fertile ground to ask for matching funds. If it fails, there might not be any reason to try.

C: [Ms. Fletcher] Another concern of mine is the aging population of EMS; that also needs to be addressed.

C: [Mr. Stilp] Perhaps with AHEC writing their new HRSA grant, there might be room to partner with HERO for support toward continuing education for agencies.

Home Health Report

Mr. Ekblad outlined the Aging in Rural and Frontier Oregon Report and the work done by ORH's intern over this past summer. Mr. Ekblad is continuing to work with Ms. Parkin and Home Health Agencies (HHA) on solutions. The main conclusion of the report, which is published on ORH's website, is that running a HHA in rural Oregon has so many challenges as to make it nearly impossible to sustain services. The HHAs are literally struggling to meet the needs of their communities and keep their doors open.

C: [Dr. Carlson] Something that impressed me was that the Asher Home Health's Star rating is really great, but they are still a struggling agency.

C: [Ms. Parkin] That they are a small agency adds to their cohesiveness.

ORH Updates

Conference Update

Mr. Duehmig provided an update on the 33rd Annual Oregon Rural Health Conference, which included an all-time high of 263 registrants. The overall feedback from the attendees was really positive.

Mr. Ekblad asked the RHCC attendees if ORH should pursue continuing education credits at future conferences.

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C: [Ms. Lewis] My board accepts this conference as non-contact CME credit already.

C: [Mr. Stilp] My guess is that most medical providers already have a primary CME source.

C: [Ms. Lewis] I'd hate to see the programming at the annual conference change in order for it to be curriculum required for CME.

C: [Ms. Lovato] I was not expecting CME at this conference. In fact, I was looking forward to meeting with and learning about the policy ends of things, and I say this as a rural provider.

Mr. Ekblad asked the association members if their associations would be willing to partner with us if we were to pursue CME for a future conference.

Q: [Ms. Lewis] Does that mean the conference would be expanded to include medical sessions, or would those medical sessions cut into the programming of the conference?

A: [Mr. Ekblad] I don't yet know the answer to that question.

Q: [Ms. Parkin] What was the percentage of people asking for CME?

A: [Mr. Duehmig] It was not very high. Just a few people, really.

Mr. Ekblad noted that even though few people ask for it annually, it is a regular request on the conference evaluations. He asked the providers in the room if setting aside one round of concurrent sessions would be worth it to their fellow providers.

C: [Dr. Carlson] Yes, I think that would be worth it.

C: [Ms. Yantis] Let's not forget that there are also non-medical practice employees who need to obtain CE in some way as well.

Incentive Programs Update

Mr. Ekblad provided background on the incentive programs being evaluated. The 2017 Legislature will decide what to do with the Oregon Health Policy Board Workforce Committee's recommendations, which were fairly general in nature.

Q: [Ms. Parkin] Do you have any sense that they will change these programs?

A: [Mr. Ekblad] Most certainly, but not as to what those changes will be.

Mr. Duehmig noted that Measure 97 is critical, as the Oregon Health Authority (OHA) needs to shore up a hole in their budget due to the increased cost of Medicaid expansion, and the cost of PERS is growing. Measure 97 would help fund those and the incentive programs. If it fails, we'll be lucky to see any of them survive.

C: [Dr. Carlson] It seems that the polls on Measure 97 are fairly split.

Forum on Aging in Rural Oregon

Mr. Ekblad announced that ORH will host a Forum on Aging in Rural Oregon in Hood River, April 20 & 21, 2017. Draft agendas for the Forum were distributed.

C: [Ms. Reno] In reading the two agendas, I find both different and both important.

C: [Dr. Carlson] This is an important topic on a growing population in America.

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New ORH Staff

Mr. Ekblad introduced new ORH staff Rebecca Dobert, Program Coordinator for Field Services; Stacy Reed, Program Manager — Recruitment & Retention Programs; and Bill Pfunder, Program Manager – Incentive Programs. Each provided information about themselves and their role in the office.

ORH Staff Reports

Mr. Ekblad provided a few recent ORH updates to the RHCC:

- His own work related to HB 3396, and his presentation at the Oregon Coast Economic Summit.
- Linda Pepler has been providing an ever-greater level of budget information to the management team, enabling the managers to be more fiscally accountable for their programs.
- Eric Jordan has taken over administration of the Rural Medical Practitioners Insurance Subsidy Program.
- Lindsay Flick recently married; her name is now Lindsay Kvamme.
- Robert Duehmig managed his team with two vacancies, and successfully hired and on-boarded two new staff to fill them.
- Annalee Venneri stepped up and took on a greater workload, and really helped out when the team was short-staffed.
- Stacy Reed is learning the ropes of the ORH Recruitment program.
- Meredith Guardino supervised two interns over the summer, who in turn wrote quality reports. She is steering the updated Areas of Unmet Health Care Needs Report toward being more access focused.
- Emerson Ong kept up with all of the growing amounts of data requests.
- Stacie Rothwell worked with one of the state's best critical access hospital quality reporting people to issue a quality reporting manual for other CAHs.
- Rebecca Dobert has been managing the SHIP grant, and did all of the scheduling for the Rural Facilities Listening Tour.

RHCC Member Reports

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

Naturopaths are allowed to be involved in the Medicare diabetes prevention program, so there is now a push to have them reimbursed through Medicare. Part of the reason for them not being reimbursed is the American Medical Association insisting that naturopaths are not truly physicians.

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Pat Reno, Consumer - Oregon HSA #2

I live in what is considered the “Siuslaw Region,” an area that includes the Florence and Mapleton school districts. While Florence is incorporated and has a City Council/City Manager form of government, Mapleton is unincorporated. Both school districts are part of Lane County and include several other communities. We are approximately 1 ½ hours away from Eugene on Hwy 126, and approximately 1 hour away from both North Bend/Coos Bay and Newport on Hwy 101, south and north. There is no public transportation except the Porter Stage Line that goes from Eugene to Florence to Coos Bay two times a day, morning and afternoon.

PeaceHealth Peace Harbor is the primary health care provider, with a hospital and a medical group, as well as a walk-in clinic that is open 6 days a week. McKenzie Physician Services also has two physicians in Florence. Florence has a number of dental and optical offices in town, as well as dialysis services, home health care, physical therapy and hospice. Limited homeopathic provider services are also available, and several specialists from Eugene (such as a podiatrist and urologist) have weekly or monthly appointments in Florence, either at their own office or utilizing the facilities of PeaceHealth. Additional “aging in place” options are also being considered by the community in coordination with PeaceHealth. Mapleton and the other up-river communities have no health care services.

Currently, 4,000 to 6,000 patients of PeaceHealth who had primary care physicians no longer have them. While PeaceHealth is currently recruiting to replace the seven providers who have left in the last year, it is going to take at least a year to be able to provide for every existing patient. Meanwhile, PeaceHealth is no longer taking Medicaid patients, and already had a waiting list of new residents who were looking for providers. All of these people are, of course, using the urgent care walk-in clinic which is on overload. With encouragement, PeaceHealth has developed a communication program to keep the community advised of their progress in recruiting and as new providers join. At latest count, three providers have been hired and begun work, with one coming in November and one, I believe, in January. I believe two more hires are currently scheduled for 2017, and they will continue to recruit.

The larger Siuslaw Region is now beginning a new phase of a Ford Foundation Pathways Visioning program that it has been working on for the last two years. This includes, among other areas, identifying specific healthcare improvements that are needed, prioritizing those issues, and then developing goals and objectives to solve them.

In addition to working with PeaceHealth and McKenzie Physician Services to increase our provider community, we are identifying the additional regional stakeholders such as the school districts, dental community, Boys & Girls Club of Western Lane County, etc. Input from them are critical to our being able to identify and prioritize those issues that are most critical to our community and where we can have an impact. We are trying to work with Trillium, our CCO, to see what they can come up with to assist our Medicaid patients during this next twelve month period of time with access and continuity of care.

Community involvement is critical to the success of this project. That is why we are holding meetings to involve additional members of the community and ensure that we are being as

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inclusive as possible in our identification, prioritization and solution to the issues. Hopefully, next quarter I can report to you about the progress we have made.

I had the privilege of attending my first, but not my last, Annual Rural Health Conference in Portland just recently. The Rural Health staff and presenters were very professional and friendly and did an amazing job. It was a wonderful experience and a lesson in how much I don't know. I look forward next year to being able to understand what everyone was talking about.

Otherwise the biggest concern is that Medicaid patients in Florence are not being properly serviced. Ms. Reno is working with Trillium on being creative with assisting the Medicaid patients in Florence. The clinic in Florence has too high of a patient census for their providers to handle. Another issue there is transportation.

Heather Lewis, Consumer - Community <3500

Public Health Foundation of Columbia County, Columbia Pacific CCO, OHSU, and other groups will be collaborating on risk management modeling. The highest utilization is hospitalization, due to the lack of a hospital in Columbia County. The county is looking at getting a community paramedic program and county-wide health coordinator. The CCO will help with the funding to get these programs launched.

The local election has attracted Parents Right in Education. They are against school-based health centers and sex education. They seem to be spreading a great deal of misinformation about what our school-based clinics actually do. There seems to be a lot of community support for these school-based clinics otherwise.

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

Ms. Lovato met with a data analyst for Care Oregon at the Oregon Rural Health Conference who let her know that if one does not report the income of patients, it can negatively impact the area's HPSA score. Her clinic is now working hard on getting that data from their patients. She also learned that different CCOs have behavioral health specialist funds available. They will be working on getting someone like this in Vernonia.

Leanne Yantis, Oregon State Board of Pharmacy

Ms. Yantis introduced herself to the RHCC and described her pharmacy, which has a delivery service throughout Curry County. They are working on getting a local drug disposal box program established, which are lacking, along with sharps containers and providers.

C: [Ms. Reno] In Florence, there is a disposal box at city hall.

Ms. Yantis responded that in her area, it is law enforcement that is the barrier, as they have to pick it up, but do not have the capacity to deal with it.

C: [Dr. Carlson] When I lived in The Dalles, the garbage company handled the sharps, as they do not want sharps in the trash. Maybe this is something to take to the legislature, since the Oregon Health Plan (OHP) patients might be the most affected.

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Bruce Carlson, MD, Oregon Medical Association

With help from our CCO, we opened up another clinic to accept up to 1,000 more Medicaid only patients. This model might help Ms. Reno's shortage issue.

A couple of weeks ago, the OHA had a CCO listening session in our area. The main themes were:

- same day transportation (they currently require day-before arrangement)
- shortage of mental health providers
- how are we integrating with dental

The OHP census in the area is down a bit. Dr. Carlson thinks it might have to do with the state changing eligibility in addition to updating their computer system, which has been bumping people off the CCO and OHP roles.

The clinic in Umatilla reached patient-centered primary care home status.

On the subject of pain management, Dr. Carlson sees usage being doubled in OHP over usage covered by insurance. As of Jan 1, 2017, there will be limits to pain medications. With this, there is a pain clinic opening one day a week in Pendleton.

Dr. Carlson and Mr. Ekblad participated in a conference call to see about the possibility of getting a regional Rural Health Clinic association going.

Andrea Fletcher, Consumer - Oregon HSA #3

For the last few years, Ms. Fletcher has observed the lack of school nurses and counselors. Her local group was able to tap a small amount of money to partner with law enforcement, school, and other groups to create a care program, parts of which are nursing and outreach. With small staffing to start, they saw positive outcomes. Getting to this place quickly would have been a challenge without the help of the CCO.

Curt Stilp, MS, PA-C, Oregon Health & Science University

Mr. Stilp introduced himself to the RHCC.

The Oregon AHEC is undergoing some changes due to new priorities from HRSA. Their focus will be less on K-12, and more on end of educational pipeline career work.

The OHSU Dean of the School of Medicine passed away suddenly this summer, and the OHSU Provost is retiring at the end of the year. OHSU has established interim positions, and is recruiting to replace these positions.

Candy Parkin, Oregon Association for Home Care

Ms. Parkins expressed gratitude to Meredith Guardino for her help and support in the Home Health Agency report.

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2017 Legislative Priorities

Mr. Ekblad stated that the priority for ORH and ORHA is the incentive programs. The Oregon Academy of Family Physicians is looking into a proposal to support clinics who do not qualify for CPC+. RHCs and FQHCs are excluded from this payment plan currently.

C: [Ms. Reno] I would like to see better consistency in coverage of services from one CCO to another statewide. Particularly for Medicaid patients. This has been brought up by my local school superintendent as well. The issues that I see might not be unique to my CCO.

C:[Ms. Lewis] I agree with that and would like to see a comprehensive evaluation of the CCOs and their coverage, one which retains what is working well, and addresses what lacks.

C: [Dr. Peabody] There needs to be better consumer information. The rules are too complicated for a lay person to navigate.

C: [Ms.. Lovato] I can relate to that as a parent who is also a provider. I personally have had issues with transferring services from one CCO to another.

C: [Ms. Yantis] We have no money for psychiatry in our county for opioid abuse treatment. How can we ask counties to step up to these problems?

C: {Ms. Lewis] What about a telehealth solution? Isn't there supposed to be mental health telehealth in the pipeline? We have the telehealth gear, but no one is trained on it.

Mr. Ekblad and Mr. Duehmig replied that they know of no telehealth bills currently.

C: [Dr. Carlson] In my experience, there is no real reimbursement for telehealth.

Mr. Duehmig will ask the Telehealth Alliance of Oregon about this.

C: [Ms. Parkin] Orders for home health services - ORHA knows about this issue, as we've been working on it federally for years, but perhaps it can be pushed at the state level.

Mr. Ekblad responded that Senator Walden and other members of Congress are moving forward with this bill. It is just a few votes short of passing.

New Business/ Public Input

April 2017 Meeting Date

Mr. Ekblad noted that the Forum on Aging conflicts with the April 2017 RHCC meeting. We will work with the ODA to reschedule either before or after the normally scheduled meeting.

Adjourn