

# Rural Health Coordinating Council

Minutes | April 19, 2018

Oregon Dental Association | Wilsonville

## Call to Order

Wayne Endersby, Chair, called to order the April 2018 meeting of the Rural Health Coordinating Council (RHCC) at 10:10 am.

## Roll Call

### *RHCC Members*

Linda Callahan, PhD, PMHNP, Oregon Nurses Association; Bruce Carlson, MD, Oregon Medical Association; Wayne Endersby, Oregon EMS Association; Kim Lovato, PA-C, Oregon Society of Physician Assistants; Judy E. Peabody, ND, Oregon Association of Naturopathic Physicians; Curt Stilp, EdD, PA-C, Oregon Health & Science University (OHSU); Anacelia Velasco, Consumer – Oregon HSA #3; Charles Wardle, OD, Oregon Optometric Physicians Association; Allison Whisenhunt, Consumer - Oregon HSA #1; and Leanne Yantis, Oregon State Board of Pharmacy.

### *Oregon Office of Rural Health (ORH) Staff*

Rebecca Dobert and Robert Duehmig

## Approval of April 2018 Agenda

Approval of the January 2018 Agenda as written was moved by Dr. Carlson, seconded by Ms. Lovato, and approved unanimously.

## Approval of January 2018 Minutes

Approval of the October 2017 Minutes with one correction was moved by Mr. Stilp, seconded by Dr. Carlson, and approved unanimously. The correction being that Dr. Carlson was recruiting a Physician Assistant (PA) for Hermiston, not Pendleton.

## ORH Updates

### ORH Staff Report

Mr. Duehmig highlighted the following from the ORH staff:

Linda Pepler's retirement begins in just a few business days. There has been a transition in position description with budget and finance going to a financial analyst currently located in the AHEC office, while Linda's replacement will continue to manage the administrative support staff and be responsible for other duties, like Conference and Forum oversight.

Otherwise, we have submitted the next fiscal year's budget; Eric Jordan is working on moving the website over to its new navigation, has just wrapped up the recent tax credit season, and is prepping for the changes that will begin with tax year 2018.

Within the Workforce team, Bill Pfunder is about to submit the State Loan Repayment Program (SLRP) grant application for its next cycle. Stacey Reed held SW coast regional meetings, which brought together 11 provider sites, and made an additional nine site visits. She is planning for the north coast in next the next fiscal year. Stacey also met with Pacific University and OHSU students to provide career counseling.

Regarding the Field Service team, Rebecca Dobert's position has changed a bit; she will expand ORH's EMS system work and join Stacy Rothwell in providing technical assistance for Rural Health Clinics (RHC).

Rose Locklear's position has become permanent, and her work has expanded to include being the lead on the Forum on Aging in Rural Oregon, the Rural and Frontier Listening Tour, all of the grant programs administered by our office. This change will begin on June 1, 2018.

### Provider Incentive Programs

We have received permission from HRSA to add masters level (and above) drug counselors to the list of provider types eligible for the Oregon Partnership State Loan Repayment Program (SLRP). This change is in recognition of the nation-wide opioid abuse crisis.

An Oregon Health Care Provider Incentive Loan Repayment application cycle is currently open, with the deadline of May 11, 2018. From now on applications will be received continually, so that completed applications received after the deadline will be rolled over into the next cycle. The Workforce team is adding videos on the application process to the ORH website. These will be live around July 1, 2018.

The annual Primary Care Loan Forgiveness Program awards have been made and the contracts are being processed by the OHA.

The Workforce Services team is working closely with the College of Osteopathic Medicine of the Pacific-Northwest (COMP-Northwest) to help them develop a scholarship program, similar to OHSU's Scholars for a Healthy Oregon Initiative (SHOI).

ORH and Oregon Rural Health Association (ORHA) have begun discussions with legislators regarding the future of the Rural Practitioner Tax Credit program. Newly mandated changes to that program begin with tax year 2018: a \$300,000 cap on gross adjusted income, and a 10-year limit beginning 2018.

Dr. Carlson: I believe there are exceptions to the income cap, right?

Mr. Duehmig: Yes, for physicians who practice as a general surgeon, specialize in obstetrics, or specialize in family or general practice and provide obstetrical services. The legislature added these rules to minimize the financial burden this credit has on the state. Generally, tax credits are not particularly popular with legislative members, so these rules were added at the last minute to keep the program alive. It should be noted that the credit was saved by urban legislators, after receiving no support from rural legislators.

Mr. Endersby: Do you think the tax credit is effective as a retention tool?

Mr. Duehmig: Overall, it is hard to tell. Anecdotally, yes.

Dr. Wardle: Why don't rural legislators buy in to the tax credit anymore?

Mr. Duehmig: When we asked them this, they mentioned that they don't see the benefit of such a low dollar credit, but admitted to only speaking with physicians, who would prefer a larger credit amount –

which is something that most certainly won't happen. If they were speaking to professions such as nurse practitioners and physician assistants, it would be a different story. PAs and NPs definitely see the credit as an effective recruitment and retention tool, and value the up-to \$5,000 credit.

Ms. Lovato: I concur. This is what I hear as well - that this credit does make a difference for PAs and NPs. Dr. Carlson, when you recruit for mid-levels, do you talk about the tax credit?

Dr. Carlson: I do mention it, but isn't a deciding factor anymore. What has become more popular is loan repayment.

Ms. Lovato: Certainly, but for someone making a mid-level salary, being able to remove up-to \$5,000 from state taxes is really great!

Mr. Duehmig: Dr. Carlson, when you are recruiting for any practitioner type, who is the credit most important to?

Dr. Carlson: Well, I'm mostly hiring for NPs and PAs, as finding physicians has become a big problem.

Mr. Duehmig closed this discussion by recapping that beginning in 2019, the Oregon Health Policy Board, with the guidance of the Workforce Committee will be able to move the funds from one incentive program to the next, with the goal of funding the programs which make the most sense for the state at the time.

### [Forum on Aging in Rural Oregon Update](#)

Mr. Duehmig provided an update on the Forum on Aging in Rural Oregon, highlighting the fact that the agenda is set, and that it will be held this year at Wildhorse Resort and Casino in Pendleton.

Mr. Endersby: Will there be an EMS component?

Mr. Duehmig: Yes, we have a session titled Non-Emergent Medical Transportation in Rural Oregon.

### [Annual Oregon Rural Health Conference Update](#)

Mr. Duehmig updated the RHCC on the annual conference. We received 58 responses to the call for presentations. The agenda was filled using those presentations. It will be in Bend at the Riverhouse on the Deschutes, with registration going live in early August.

Mr. Stilp: Is the conference going to be in Bend forever now?

Mr. Duehmig: Yes, basically, unless another location opens up for us which could meet the needs of this event.

Mr. Stilp: The growth is a reflection of ORH's good work on this.

### [HERO Grant Program](#)

Ms. Dobert provided an update on the HERO Grant Program, which she now oversees. The most recent application cycle just closed with 9 applications, so Ms. Dobert is looking over Scott Ekblad's and Lindsay Kvamme's shoulders to learn the ropes. The nine agency applicants were ranked and the top five were awarded: Applegate Valley Rural Fire District (\$1,800), Canyonville/South Umpqua (\$2,250), Days Creek

(\$2,500), Halfway/Oxbow (\$489), and Sherman County Ambulance (\$2,500). Some agencies asked for less than the maximum amount of \$2,500; all were awarded the exact amount they requested.

The next award cycle will be sometime in early 2019. ORH is also looking at some sort of standardized sponsorship for this program.

Mr. Endersby: Does any of the tax revenue from cannabis go towards funding EMS?

Mr. Duehmig: Yes, it goes to the state EMS and Trauma Department, but does not go towards the HERO grant program.

## Rural and Frontier Health Facility Listening Tour

Ms. Dobert distributed physical copies of the recently published 2017 Rural and Frontier Health Facility Listening Tour report to the RHCC and provided an overview on its findings.

One of the topics that came up repeatedly was the lack of available information and clarity regarding roles and responsibilities of various behavioral health providers. Even local relationships were portrayed as clouded and confused.

There will not be a 2018 tour. Instead, Meredith Guardino and Rose Locklear will use the year to dig more deeply into the issues raised by the report. The tours will continue in 2019, under the guidance of Rose, who recently took them on as part of her recently revised position.

## RHCC Reports

### Wayne Endersby, Oregon EMS Association

Baker City EMS has received a Staffing for Adequate Fire and Emergency Response (SAFER) Grant, which helped them hire six paramedics. These new hires are only funded for three years with those grant funds, so the County Commissioners are looking at ways, like developing a tax base, to extend them to permanent positions. Mr. Endersby feels that including Halfway/Oxbow and Richland ambulatory service areas into that base, there might be a way to do it. He has also mentioned ORH to the Commissioners many times, but it seems like they are not reaching out to ORH, so he will not be mentioning ORH to them any longer. Hopefully they will figure this out in the remaining 2.5 years.

Mr. Duehmig: Maybe don't give up on mentioning ORH to them just yet, since we now have Rebecca becoming more focused on EMS.

Mr. Endersby: I'll mention that to their chief, who did say in the past that this is a county issue, not a state-wide issue.

### Allison Whisenhunt, Consumer - Oregon HSA #1

A behavioral health agency is pulling back on Medicare services for Clatsop County. They also will not respond to the local hospitals in the way that they have in the past. The hospitals are staffing up to make up for this new lack in services.

She noted that local agencies will be using EDIE and pre-Manage, which will make planned care across agencies much better.

There is a Walmart going up in Warrenton, which is impacting employment elsewhere, as Walmart can hire and pay a bit higher wage with more flexibility.

A recruited provider candidate wound up going out of state because was he was offered a “ridiculously good loan repayment package.”

### [Anna Velasco, Consumer - Oregon HSA #3](#)

In Union County, there were free blood tests, which normally cost \$150, for the first 100 people.

Burns Health Department and Harney District Hospital provided some health care screens, such as breast cancer, skin cancer, oral health, and diabetes.

Umatilla County Sheriff is now funded by Purdue Pharma and National Sheriff’s Association to carry Naloxone for next two years.

The Irrigon Medical Clinic is being remodeled and recruited an MD from Tennessee who started last week.

### [Kim Lovato, PA-C, Oregon Society of Physician Assistants](#)

Bill Pfunder of ORH’s Workforce Services team spoke to rural health track PAs and five applied for and received Primary Care Loan Forgiveness (PCLF) funds. It is beneficial to speak to students who did not apply and, when asked why, two reasons come up:

1. The student wants to go back to where they were before they lived in Oregon, and
2. They are not sure a rural area would work for their spouse.

Coming from the research Ms. Lovato has read, number 2 is a perennial issue for rural America.

### [Curt Stilp, EdD, PA-C, Oregon Health & Science University](#)

The Area Health Education Center (AHEC) is revamping the rural underserved health track, which is also urban underserved. There are five academic institutions and seven health professions involved with this. The first cohort applies next month, who then begin in July. He’s working with Robert Duehmig and the Oregon Health Policy Board’s Healthcare Workforce Committee on the Primary Care Loan Forgiveness program and the ways the rural track ties into it, to hopefully expand the number of professions who can receive PCLF to include all those participating in the rural track, such as dentists, pharmacists, social workers, etc.

He continues to work with the regional AHECs on their programs, such as the Roseburg scribe program. AHEC of Southwest Oregon partnered with Umpqua Community College to train local students with bachelor’s degrees to become scribes. Two so far are now in higher education programs with plans to return and work in Roseburg. This program is kind of a gap year program, which Mr. Stilp noted is becoming more common with health professions students.

Dr. Carlson: I was at a meeting recently where there was a scribe session and heard from doctors using scribes who reported that since using a scribe they have never being happier.

## [Judy E. Peabody, ND, Oregon Association of Naturopathic Physicians](#)

Nothing to report from the association. Dr. Peabody was out of state this winter and upon her return, realized without her advocacy no one within her community was pushing for rural health.

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

Ms. Yantis detailed House Bill 4005, which is a prescription drug price transparency act. It requires prescription drug manufacturers to report specified information to the Department of Consumer and Business Services. It required insurers to include specified reimbursement information for certain drugs, along with current filing of health insurance rates. It creates a new task force. Lastly, it will create a strategy of transparency of prescription drug pricing across the supply chain. This bill mimics a similar one from California, both hoping to deter exponential pricing increases by prescription drug manufacturers.

HB 4103 would allow patients to seek pharmacists of their choosing, and not be forced into mail order pharmacies. The Oregon Board of Pharmacy would be allowed to regulate all prescriptions, versus now where out of state mail order providers are not regulated within the state. A bonus benefit of seeing a single pharmacist would be that pharmacist can track all of a patient's medications, instead of it going through multiple companies. Another issue is when mail order makes an error in a prescription, it is the local pharmacy that inevitably fixes it.

Dr. Wardle: Oregon has no oversight of mail order pharmacies doing business within its borders?

Ms. Yantis: That is correct. I believe the state where the mail order pharmacy is operating does however.

Dr. Wardle: I hadn't considered the local pharmacy making a mail order prescription right. Is that something that can be rectified?

Ms. Lovato: Yes, but it takes time and is costly. If there is some sort of error, the mail order company can send a 10-day refill to your local pharmacy. But your insurance is only going to cover that mail order script, so the stop-gap prescription to bridge the time it takes for the wrong pills to be returned and the corrected ones to be sent back out is paid out of pocket by the patient, which can be very expensive.

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

Regarding mail order pharmacy, it can be a hassle if the prescription goes wayward in transit or is needed in a timely fashion, plus they have been killing off rural businesses.

At the Academy of Family Physician meeting last week, we addressed provider burnout. An interesting takeaway is that independents and those in practice more than 20 years have lower burnout than those who are employed.

We are having real issues with recruiting in our area. When we recruit providers, these new recruits need a site that can afford to pay them to get up to speed. The hospital is having a lot of turnover, and is starting to dump pain patients, which is getting to be a public health problem. Something that is overlooked are middle aged providers. Many are in a good position to recruit, ready for second career, don't need schooling or mentorship, and tend to be financially better off.

In the Eastern Oregon Coordinated Care Organization's (CCO) quality measure requirements, regarding what women up to age of 50 are using for birth control, you can't count vasectomy in quality, as there is

no code for it. For patients over age of 50 and colon cancer screening, there are 25 different Electronic Health Records (EHR), which don't talk to each other. We can't match data input with required CCO reporting. This is just one place where EHR standardization would be beneficial. All of eastern Oregon is a mental health shortage area, and I've heard that Lifeways is on probation and Greater Oregon Behavioral Health, Inc. doesn't want to allow private practitioners to contract with them. Umatilla City Council had this come up and will look into running their own mental health services, as they too are not happy with Lifeways.

Mr. Duehmig: Why are private mental health providers not allowed to contract with Lifeways?

Dr. Carlson: I'm not really sure why GOBHI is doing this, but I'm guessing it has to do with the capitation rates. If they are already contracted to pay one entity those pass-through funds, there would not be money to pay it out to other providers.

## Old Business

### EMS Funding/Volunteerism Update

Ms. Doherty updated the RHCC on EMS funding and volunteerism. At ORH, we have EMS as a component of our Flex grant, and we offer the HERO grants to agencies. We recently just received supplemental funding in our Flex grant for EMS stability planning. We have four CAH/EMS team-based simulation trainings happening from now to August, with the hope to expand that under the next grant year. We are doubling our sponsorship for the EMS Medical Director's Forum and Conference. We'll be offering scholarships to the National EMS Conference once again. We recently applied for the EMS Sustainability Grant, asking for \$90,000 for various projects. Top projects would be to partner with Oregon EMS Trauma and OHA to look for gaps in resources through data review, and an EMS listening tour.

Mr. Endersby: How did you come up with those projects? Did you reach out to constituents?

Ms. Doherty: It was a mix. We had some back pocket projects that we had been sitting on, and I reached out to the EMS Trauma people at one of their meetings for their input.

Mr. Endersby: Should I reach out to anyone for you?

Ms. Doherty: For this upcoming grant year, no. But if this becomes a regular component of the Flex grant, then yes.

### National Rural Health Association Policy Institute Update

Mr. Duehmig provided an overview and update on the annual National Rural Health Association (NRHA) Policy Institute, which takes place each year in Washington D.C. and provides State Offices of Rural Health a chance to come together with each other, meet with congressional and federal delegates, and attend meetings and seminars. This year, we were able to take a couple of constituents from rural Oregon with us to make the rounds. During Hill visits, we brought our Congressional delegation up to speed on issues like behavioral health, the 340B Discount Drug Program, changes to CAH definitions, and the need for the State Offices of Rural Health program to be reauthorized at the federal level.

## RHCC Meeting Schedule

Continuing with the previous discussion on RHCC meetings, Mr. Duehmig noted that the overview of ORH's budget precludes moving meeting to travel to rural locations, and that phone meetings save a lot of money.

Dr. Wardle: What if we worked on sponsorship for the traveling meetings?

Mr. Duehmig: With this being a Governor appointed committee, sponsorship becomes tricky.

Ms. Whisenhunt: So maintain two phone calls, and two in-person meetings?

Mr. Duehmig: Yes. The April and July meetings in-person, and the October and January meetings by phone.

## New Business

### RHCC Elections

The four Executive Committee positions (Chair, Vice-Chair and two at-large members) are up for election.

For Chair, Wayne Endersby volunteered, and for Vice-Chair Kim Lovato volunteered.

For the two at-large positions, Bruce Carlson and Allison Whisenhunt volunteered.

The RHCC voted unanimously in favor of all four.

For the Grant Review Committee, Wayne Endersby volunteered to remain, while Curt Stilp, Anna Velasco, and Leanne Yantis all volunteered to join.

The RHCC voted unanimously in favor of all four.

## Adjourn

The meeting was adjourned at 1:49 pm.