

Rural Health Coordinating Council

October 15, 2018 via conference call

MINUTES

1) Call to order – Wayne Endersby, Chair (presiding) 12:00 PM

a) Roll call, introductions

Kim Lovato, PA-C, Oregon Society of Physician Assistants; Allison Whisenhunt, Consumer Member from Coast/Seaside; Anna Velasco, Consumer Member from Hermiston Works/ Morrow Co; Dr. Bruce Carlson, Oregon Medical Association, Umatilla; Linda Callahan, Oregon Nursing Association; Charles Wardle, Oregon Optometric Physicians Association, Rainier; Leanne Yantis, State Board of Pharmacy, Wedderburn; Justin Harle, Association for Home Care, Newberg; Claire Tranchese, Oregon Primary Care Association.

Staff: Scott Ekblad, Bob Duehmig, Rebecca Dobert, Laura Potter

Also attending: Jen Lewis-Goff, Government Affairs Director, Oregon Dental Association

b) Approval of agenda – Bruce moved for approval, Allison second, unanimous approval 12:11 PM

c) Approval of April 2018 minutes – Bruce moved to amend details about the Physicians Association, which is a mutual benefit corporation and is not changing to a TO. With amendment, moved for approval, Anna second, unanimous approval 12:13 PM

2) ORH updates – Scott, Bob & Rebecca 12:15 PM

a) New RHCC members: Dr. Kristen Plunkett, ND, replacing Judy Peabody for the Oregon Association of Naturopathic Physicians; Kathy Ottele, consumer member from HS Area 2; and new representative for the ODA, Dr. Donald Benschoter. Scott explained that new Governor's Office staff have a different interpretation of the statute: organizational members are not appointed by the Governor; representatives are proposed by the organization and approved by ORH (in most cases).

b) ORH staff updates

ORH still has two staff on maternity leave, Meredith Guardino and Lindsay Kvamme, both back in late November.

c) ORH staff reports

Admin team: Laura Potter and Eric Jordan did a great job with the Annual Rural Health Conference.

Leadership: Scott and Bob are heading to the Annual SORH meeting in Cheyenne on 10/16.

Field Services: Emerson finished the [2018 Area Unmet Rural Health Needs Report](#) and that is available to all RHCC members. Rose is working on the Nurse Mentor Pilot Project with the Oregon Center for Nursing, and is taking the lead for the 3rd Annual Forum on Aging in Rural Oregon, which will be held May 1 – 3, 2019, in Lincoln City. She is also managing the Elder Services Grant funding (3 grants have been awarded, at \$7000 each, to Morrow County, Douglas County, and Samaritan Pacific Communities. Rebecca is wrapping up the Idaho Simulation Network simulated trauma event contracts, and helped coordinate the RHC Workshop at the Annual Conference with Stacie Rothwell. Stacie and Rebecca are also initiating an Advanced Payment Methodologies (APM) assessment for the Rural Health Clinic technical assistance program.

d) Provider Incentive Programs update: Scott reported that programs are proceeding as per usual, with no real updates, and provided an overview of the incentive programs for new members.

[Health Oregon Workforce Training Opportunity \(HOWTO\) Grant Program](#) is an addition to the current ORH provider incentive programs, adding enhancements to education programs, to help rural communities train healthcare providers. Structured for community buy-in and sustainability. First round is underway, with next awards in the spring. This program is being administered by OHSU, not ORH directly. Training program grant awards can be up to 3 years long, \$500,000 to \$1,000,000 per year, depending on the proposed program. They can include GME.

e) Event updates

i) Annual Oregon Rural Health Conference was held October 3 – 5, at Riverhouse on the Deschutes, in Bend. No evaluation results yet but

anecdotally very positive responses. Have contract with the Riverhouse for 2019 and 2020 as well, after outgrowing many other event spaces. Had to cap registration at 320 this year and establish a wait list. We can reorganize breakout rooms and cap registration at 350 – 360 next year.

For the first time in many years, ORH will lose money on the event. Staff will have to look at raising the registration cost as well as reducing expenses. Rebecca reported that 54 people attended the RHC Workshop. Bruce and Claire attended and found it valuable. Next Annual Rural Health Conference is October 2 – 4, 2019.

- ii) 3rd Annual Forum on Aging in Rural Oregon – May 1 – 3, 2019, at Chinook Winds in Lincoln City. 2020 location likely to be Seven Feathers Casino in Canyonville. Casino locations likely to get complaints re smoke, but Scott and Laura checked out both places and the smoke is less noticeable than it was at Wildhorse.

3) Policy update - Bob

12:43

a) Broadband capacity issue

Pam Marsh is leading the effort with ORH and OHA. The funding mechanism proposed will be an expanded telephone tax; Universal Services Access Fund Fee is now levied on landlines, and will be expanded to cell phones. Currently, this is the only confirmed proposed legislation on this topic.

Cardiac Arrest Registry to Enhance Survival (CARES): ORH provided CARES funding support for 2018, and will investigate whether there is additional potential via the Oregon Rural Health Association to help the CARES work group connect with a legislative sponsor to find a permanent budget home.

IV. RHCC member reports

12:50

Kim attended the AHEC Scholars kickoff in September; about 83 students in attendance. Cohort includes medical professions students, dental, pharmacy. Goal to include BH students in the future. There is a requirement to provide educational components specific to rural areas: cultural competency, practice transformation, emerging health issues. 80 hours of clinical and didactic enrichment to prepare for rural practice. 2 year program; Curt Stilp in charge.

Justin Harle: Medicare add-on expired at the beginning of 2018. Ron Wyden is supporting an extension of the add-on, but so far, no movement. Now, only a

physician can sign for home health orders, but as the number of patients expands with baby boomers, NPs and PAs are playing a larger role, and should be able to sign and follow orders for home health care.

Bruce: In Umatilla, the Hospital District invested in a clinic building, but the doctors using it moved on; a NP has been using the space, but that contract was not renewed. They put out an RFP, and a practice from Enterprise will be taking over the space on 11/15/2018. An FQHC in Boardman was an applicant, but has decided to expand its services locally.

Allison: Having social workers in Portland available via telemedicine is helping in Clatsop County. They are also working on Shared Care Plans across behavioral clinics and hospitals, for patients who seek care for behavioral health from different entities. There is also a free needle exchange for IV drug users in Clatsop, with an alarming number of needles coming through. They are looking at partnering with CODA. They also need a good mechanism for diabetics to dispose of used needles. The cost of needles is a hardship for patients living on a fixed income, and needle exchange is not available for diabetes.

Leanne: Lives in West Linn, works for Umpqua Health and Advance Health in Curry and Coos. Patient Right to Know Drug Pricing Act now allows pharmacists to tell patients which drugs they can pay less for out-of-pocket than with their co-pay, reversing former gag order. You do have to ask the pharmacy if paying on your own would be cheaper than through your insurance; they cannot volunteer the information. Medicare overpays for medication to the tune of \$130,000,000/year.

Anna: Continuing problems with provider shortage and recruitment; lost a PA in January, hired replacement in April, but that person is now leaving. Large health fair in Umatilla, and current focus is flu vaccines.

V. Old Business

1:20

Scott and Wayne: Air Ambulance subscription issues: sometimes more than one Air Ambulance serves the same area, so the dispatcher could send an Air Ambulance provider than is not the one to which patients are subscribed, and subsequently get a huge bill. Only AirLink fails to honor the subscriptions of other Air Ambulance companies. It is a for-profit entity that is relying on a Reagan-era federal rule. A state legislator was going to have a workgroup take a look at it, but it never happened. However, LifeFlight has since expanded their service area, has more aircraft, and the overlapping areas of the two services are decreasing, which has predominantly alleviated the problem.

VI. New business

1:25

None. Scott notes that most by-phone meetings end at the 1.5 hour mark, so we might think about adjusting the meeting duration for telephone conferences.

VII. Adjourn

1:30