

# Rural Health Coordinating Council

Minutes | January 23, 2020

Telephone Meeting | ORH Conference Line

## Call to Order

Mr. Duehmig called to order the January 2020 meeting of the Rural Health Coordinating Council (RHCC) at 10:02 am.

## Roll Call

### *RHCC Members*

Wayne Endersby, Chair; Donald Benschoter, DMD, Oregon Dental Association; Kathy Ottele, Consumer Member, HSA#2; Allison Whisenhunt, Consumer — Oregon HSA #1; Nancy Wiley, Oregon Board of Pharmacy; Ana Velasco, H S A 3; Bruce Carlson

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

Robert Duehmig, Rebecca Dobert, Laura Potter

## Approval of January 2020 Agenda

Approval of the January Agenda – unanimous approval; also October Minutes.

## RHCC membership updates

Eric Wiser, Interim Direct of Oregon AHEC

OAHHS

Communities of less than 3500

Allison Whisenhunt and Anna Velasco – terms expired but reapplication process in process

Oregon Rural Health Conference request for proposals sent out, and proposals are coming in.

## EMS Listening Tour, RCD report

- List of people/orgs contacted; list of orgs requesting presentations by ORH
- Mini-grants given out at end of listening tour are doing well, RCD is getting progress reports; basically, doubled training budgets for the year
- Second billing workshop just before Aging Forum
- Low scoring EMS agencies – plan is to do pilot for onsite assessment, what they are and are not billing, so they can maximize reimbursement
- Subject matter expert Liz Heckathorn is new program administrator for OHA EMS and Trauma section

- EMS simulations upcoming
- Scholarships available for EMS conference in April

Questions: Wayne – ground ambulance reporting – what kind of info is being collected? RCD doesn't have full list, mostly run data, in line with electronic patient data that was mandated this year; RCD will send the ground data info to Wayne. On the billing training in Bend, Wayne would like to have info so he can get it to his billing person. They are finalizing computer lab and site, and it will be on our website and emailed to EMS agencies too.

## ORH Updates

Interactive app for events under consideration

### Staff Changes

Dr. Eric Wiser, newest RHCC member, AHEC Interim Director.

Kate Hubbard promotion to Administrative Coordinator, with increased tasks for AHEC.

## Staff reports

### Loan Repayment and Forgiveness Programs Update

Mr. Duehmig presented updated numbers on the various loan repayment and forgiveness programs administered by ORH, outlining the overall growth of the various programs. Potential changes – last primary loan repayment – 88 applications and 14 awards made; has to be urban underserved as well as rural; various provider types, not all MD or PA; Jan 30 and April 30 are closing cycles. Trying to increase involvement with CCOs, by educating them about the incentive programs; Stacey, same thing for workforce. Stacey presented at NWPAlHB which is tribes from all over NW, re recruitment. Reached 1390 providers interested in coming to practice in OR; promoted over 200 opps in over 100 sites; we know of approx. 98 solid placements but hard to track; plus SHOI and PCLF.

Emerson – continuing to improve maps. There are some limitations on what we can give people access to because of OHSU's tight security requirements.

SHIP grant – due in EHB on Monday – SORH grant is open and needs to be submitted in early March.

Rose – Aging Forum and Listening Tour

Stacie – QI for hospitals

Rondyann – hit the ground running, and adding new RHCs to our database

NW Med Fnd Tillamook – RHC Innovation Award – focusing on 6 pillars of lifestyle medicine – nupa, stress, sleep, relationships + support sys, tobacco avoidance

SORH grant – less defined than Flex, 3 primary areas – info, workforce, technical assistance. Info, conferences; SORH grant will increase but do not know by how much get; 1:3 match as long as matching orgs not feds. We will be able to match whatever they give us, unlike many other states. Early March. Vast majority goes to salaries – not many grants allow that.

## ORH Event Updates

### **Forum on Aging in Rural Oregon**

Planning for the 4<sup>th</sup> Annual Forum is well underway and will be at the Riverhouse on the Deschutes in Bend in May 2020. Big focus on built, social, and healthcare environment supporting aging in place. The 2021 Forum will be in Seaside and the 2022 Forum probably in Klamath, no final contract yet.

2020 Forum moved to 2021, still at the Riverhouse in Bend; next Forum will be at Seaside in 2022 instead of 2021; following Forum will be at Running Y in Klamath in 2023 instead of 2022.

### **Oregon Rural Health Conference**

Planning is underway for the 37<sup>th</sup> Annual Conference at the Riverhouse in 2020; the 2021 Conference will also be at the Riverhouse, but the 2022 and 2023 Conferences will be at Sunriver. The conference size means we will probably stay in Central Oregon for the foreseeable future.

## Legislature/Policy Update

- Oregon State Partnership Loan Repayment – Oregon didn't want to match, so we wrote grant to have practice sites matching. In talks with the State about their doing the match instead of the sites.
- Redmond Rural EMS Tax Credit Eligibility. Population changed and made agency near Redmond no longer eligible for the volunteer EMS Tax Credit. In 2021 Legislative Session, we will ask them to adopt ORH definition of rural to allow those agencies back in.
- Medical Malpractice Insurance subsidy – Oregon Healthcare Workforce Committee, subcommittee of Oregon Health Policy Board, want to look at the program to see whether it is effective. A letter went out to all those who received 15% subsidy, only 2 people wrote back, not very helpfully. May get tweaked so as to target those who benefit most. MDs, NPs, or insurance cos – debate re who benefits most
- Any money saved by removing the lower 15% would go into other programs.
- Workforce Committee meeting: There are funds remaining in the Provider Incentive programs at the state; some funds were supposed to go for innovative grants and did not; about \$2.4 mil that the WF Committee needed to reallocate. 3 options and came up with their own 4<sup>th</sup> option: break dollars out: 500K kicks starter innovation; 800K clinical support; 400K relocation support; 200 K loan repayment; 300 K for SHOI clone programs and 200 k into loan repayment program.
- 500K Kickstarter – no guidance – but can include CHWs, nontraditional HC workers. Behavioral health is a big issue.
- 800 Clinician satisfaction initiative – burnout prevention

- 400 relocation – no details around program
- 300 – SHOI-like (OHSU calls this a scholarship, we call loan forgiveness – doc owes 5 yrs since med school is 4 yrs). State has given money to COMP NW, Pacific, Naturopathic college to set up their own. Last two up and running, COMP will this year.
- 200 PCLF additional – only rural qualifies – participating is OHSU exc Dental, Pacific, Comp - Dental doesn't have rural track training program, and you MUST have such a track to qualify for the program.

Don Benschoter mentored a dental rural track program for 15 years – challenge for students is that when they get to 3<sup>rd</sup> year, have pts they must treat in Pdx and for them to get into rural OR is really hard. We work with SOD and OHA on dental grant targeting communities in OR to try to get people to practice in rural or once grad.

Dentists are part of SHOI

Short session:

No bill list yet; Legislative Counsel drafts or LC drafts exist but may never go anywhere. To highlight: Rep Greenlick's last legislative session, has worked in healthcare for most of his career. He has two bills – to require healthcare as right in Or Constitution, and access to sustainable affordable healthcare. Pharma bills – limit out of pocket for insulin; oral HIV med through pharmacists like BC; dental hygienist role expand; banning flavored vape and online vape sale.

Behavioral health roadmap commission –

Telehealth policy – what is reimbursable – not a good idea to put too many specifics into legislation because technology changes – TAO will probably lead discussion

Bill to change how PA s are supervised – supervision agreements change to collaboration agreements

Access to Primary Care Workgroup 2020 – forming – increasing access to PC

Bruce Carlson: Question on SLRP – the people doing the match have to be nonprofit, and there are private practices that would probably chip in.

Federal:

National Rural Health Assn policy institute – members and non – 3 days of programming with some agency heads, members of congress; one full day dedicated to visits. RD<SA RCD, Mike LePin from Jefferson County EMS, from Gina Seufert, Adventist Health, Orion Falvey, Orchid Health, and Kathryn White, Harney District. We supply some scholarships but some attendees come on their own. To date, only meetings not yet scheduled is Rep. De Fazio; If member of congress ,15 mins, if staff, 15+ mins. Really good success rate at getting to all of our delegates but De Fazio are Blumenauer hard to see.

NRHA puts together materials for rural health focused legislation. We include information of our own in relationship to Flex, SORH, AHEC, EMS reimbursements, and other local Oregon needs/concerns. Will focus on unwritten rural health legislation that Sen. Grassley and Wyden are working on. Depending on how well getting along after impeachment process, hope for unified comprehensive rural health bill. Could include dropping 35 mile rule, expand CAHs in some States. Omnibus bill in April maybe.

Rose Locklear update on Rural Listening Tour: specifically, for RHC designated clinics – Sarah Anderson and Rondyann Gerst and Rose Locklear will be key staff. Sending invitation and ask to stakeholders and RHCs, e.g. of stakeholders are behavioral health workers or workforce –involved people; from CCO or LPHD, CWH, OHA, Nursing, Community colleges, following soft outreach, more targeting invitations to see who wants to participate– June through September, avoiding holidays. Bob: we really do go out to listen, not with an agenda, so we will see what they have to say.

## RHCC Member Reports

### Wayne

Drug access problems for EMS – FDA put serial numbers on lots of drugs, not individual bottles, and they need D50, which they throw away as it expires – will be forced into buying lots of 10 and they already throw away a lot of it. Could do it as county but someone needs to be accountable – this will help increase drug shortage not fix. Good idea to be able to track in case of recall. If pt is conscious, can use glucose, but does not work if no reserves in liver. Must use D50 for unconscious, unresponsive pt – RCD was going to raise at national level; RCD has not heard back from Sean. Measles application too - \$600/dose? RCD: glucagon doesn't expire as readily. Sometimes works well.

### Donald Benschoter, DMD, Oregon Dental Association

Have interviewed several advanced practice providers; have not yet landed one. An urgent care clinic has opened up associated with Praxis, staff by two PA s and have a fellow with 20 years of experience helping too. The new family practice clinic says open to all, but he has heard that that may not be so as to Medicaid patients.

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

Behavioral health prescribers and treaters – also shortage of staffing for LTC facilities with plenty of beds. One skilled nursing facility is licensed for 71 beds but only has staff for 28.

### Bruce Carlson

Umatilla former hospital district owns clinic, 1 yr ago, change in provider, taken over by group from Hermiston, partnered with school district, act as school nurse for local schools. In Hermiston, new orthopedic surgeon, so have 3 in town; FQHC added 2 more family practices to their staff; high turnover there; thinks people are just serving out loan forgiveness obligations. Pendleton, Uma + Morrow co, contracted with EOCCO/Moda – with 2.0, financial strain on Moda, IPA used to have outreach case management program funded by CCO but gone now, all handled by Pdx by phone. Have CHW and are working with pvt practice to see their pts. One of his docs deployed to Middle East for 6 months, now has

## Old Business

Kathy moved to approve July minutes, Allison seconded, unanimous

Holding summer meeting in July in Hermiston in conjunction with ORHA. Include community health care round table or something – could be Friday or Sat instead of Thursday. Regular meeting then additional piece.

## New Business/Public Input

## Adjourn

The meeting was adjourned at 12:00.