

OREGON OFFICE OF RURAL HEALTH

2015 Year-End Report



OUR MISSION

OUR VISION

Working with communities to create health care solutions for rural Oregonians.

OUR MISSION

To improve the quality, availability and accessibility of health care for rural Oregonians.

FUNDING SOURCES

The 2015 budget for the Oregon Office of Rural Health was \$3,630,087. Our support is a combination of federal funding, state funding, and service fees. Funding cycles vary depending on the source of revenue. ORH is committed to using all of its resources as efficiently as possible to provide the highest quality services to rural Oregon.

State:	\$1,234,229	34%
Federal:	\$1,379,433	38%
ORH Revenue:	\$980,123	27%
Total:	\$3,630,087	

ORH PARTNERS

The Oregon Office of Rural Health has been a partner of Oregon Health & Science University since 1989. Together, we have been building a stronger network of providers, from students to residents and rural providers.

State

Oregon Area Health Education Centers (AHEC)
Oregon Association of Hospitals and Health Systems (OAHHS)
Oregon Department of Human Services
Oregon Health Authority (OHA)
Oregon Health & Science University (OHSU)
Oregon Health Care Workforce Institute (OHWI)
Oregon Medical Association
Oregon Primary Care Association (OPCA)
Oregon Rural Health Association (ORHA)
Oregon Rural Practice Research Network (ORPRN)
Pacific University
Telehealth Alliance of Oregon (TAO)
Western University of Health Sciences –Comp NW

National

Health Resources and Services Administration (HRSA) – Federal Office of Rural Health Policy
National Organization of State Offices of Rural Health (NOSORH)
National Rural Health Association (NRHA)
National Rural Recruitment and Retention Network (3RNet)

OVERVIEW

The Oregon Office of Rural Health (ORH) has been the focal point for rural health in Oregon since 1979. ORH partnered with OHSU in 1989 to enhance the work of the office and rural programs at OHSU. ORH has continued to grow its partnerships to ensure a more comprehensive response to challenges facing health care in rural Oregon. In 1991, the federal government began a national State Office of Rural Health (SORH) program that has helped ORH strengthen rural health care delivery systems. The federal program provides funding for an institutional framework that links small rural communities with state and federal resources to develop long-term solutions to rural health challenges. In 1997, the federal government authorized ORH to create the Oregon Flex Program to designate and support Critical Access Hospitals (CAHs).

The ORH leverages all resources to offer as much direct service to rural Oregon as possible. By combining the goals of the SORH grant, FLEX grant, and state support, the ORH gives concrete value in four key areas:

Planning, Policy Development and Advocacy

The state legislature has charged the ORH with “coordinating” the provision of health care to rural Oregonians and developing legislative proposals to benefit the health of rural Oregonians.

Data & Information Clearinghouse

The ORH operates a clearinghouse of data and other information to inform health care providers, elected officials, government agencies, educators and members of the public about rural health.

Provider Recruitment and Retention

ORH Recruitment and Retention Services assists Oregon’s rural communities recruit and retain their health care workforce.

Technical Assistance to Communities

The office offers on- and off-site technical assistance to rural communities and provider sites to strengthen their health care delivery systems.

Oregon Rural Health Conference

ORH held the 32nd Oregon Rural Health Conference in 2015. This conference is the largest gathering dedicated to the issues impacting health care in rural Oregon. This year’s conference sold out. 236 conference attendees exchanged ideas, information and expertise on statewide challenges and successful local solutions. Conference presentations and information can be found on the [ORH website](#).

Apple A Day Campaign

Volunteer EMS providers serve much of rural Oregon. Volunteers take time off work and away from their families, and pay out of their own pockets to get trained to respond 24 hours a day, 7 days a week, 365 days a year. In many areas of rural Oregon, these providers travel considerable distance to get the necessary training. ORH started the Apple A Day Campaign* to raise funds to help offset the cost incurred by these volunteers. ORH awards individual grants of up to \$300 to individual volunteer providers and up to \$2,500 to rural EMS agencies to conduct local trainings. Since its creation in 2009, the Apple A Day Campaign has distributed \$186,154 in support of rural EMS. During 2015, Apple A Day raised \$13,000.

* The OHSU Foundation is a 501(c)(3) tax-exempt organization and is the repository for all private grants and charitable donations in support of OHSU. The Taxpayer Identification number is 23-7083114. 100% of donations to the Apple A Day campaign go directly toward the rural volunteer EMS grant program.



FIELD SERVICES

The ORH Field Services Team provides technical assistance to rural clinics, hospitals and communities with federal funding from the Rural Hospital Flexibility Grant Program (Flex), the Small Hospital Improvement Grant Program (SHIP) and the State Office of Rural Health matching grant program (SORH). The team also provides or administers grants for projects that improve rural health through ORH's revenue generation and partnerships with the Oregon Health Authority.

2015 PROGRAM HIGHLIGHTS

RURAL HOSPITAL LISTENING TOUR

In January 2015, the Oregon Health Authority transitioned 15 of 32 rural hospitals from cost-based reimbursement to an alternative payment methodology. Eleven of these were Critical Access Hospitals.

ORH organized a Rural Hospital Listening Tour in 2014 to understand how national and state healthcare transformation is impacting hospital business models and to unify partners around actionable assistance. The OAHHS Director of Rural Health Transformation, OHA Chief Financial Officer, and an ORH Program Manager visited 27 of the 32 rural hospitals in Oregon (those that expressed interest in participating). Each visit consisted of an open discussion with the hospital's executive leadership, focusing on their self-identified top priorities. The report was published in 2015 and is available on the [ORH website](#).

The Rural Hospital Listening Tour found that leadership teams were concerned that payment reform does not yet support the expectations for patient care. While hospitals welcomed the growth of outpatient services and care coordination, it has resulted in lower average daily censuses. Payment for care coordination services is not uniformly reimbursed. As a result, expanding access to reimbursable services, particularly those necessary for the new care coordination models: mental health, specialist and long-term care, is increasingly important to hospital leadership to ensure financial sustainability.

Since publication of the report, other efforts to seek out rural perspectives have begun, including appointment of a rural liaison in the OHA Directors Office, a statewide listening tour on behavioral health and meetings of the Oregon Health Policy Board in eastern Oregon.

The next Listening Tour will include both rural hospitals and clinics and will take place summer 2016. For more information please contact Meredith Guardino.

AGING AND ACCESS TO SUPPORT SERVICES IN RURAL OREGON

Nearly half of Oregon's population age 65 years and older (47.4%) live in rural Oregon

ORH reinstated its student internship program during 2015 in order to research one of the key issues identified during the Rural Hospital Listening Tour: access to services for the aging population.



14 Counties lack rural-based home health agencies

disabilities in their own homes and community settings of their choosing; (2) support independence and choice while postponing/avoiding the entry of individuals into publicly funded long term care; and (3) to serve individuals equitably, in a culturally and linguistically responsive manner.

Senate Bill 21 was signed into law in 2013, requiring the Department of Human Services to improve Oregon's publicly funded long-term care system. This bill requires strategic planning to: (1) serve seniors and persons with

ORH found that access to residential options is much sparser in rural Oregon than in urban Oregon. Coupled with fewer supportive social services and reduced access to home health, rural seniors face more difficulties in aging in their communities. The brief will be available on the ORH Website in February. For more information please contact Meredith Guardino.

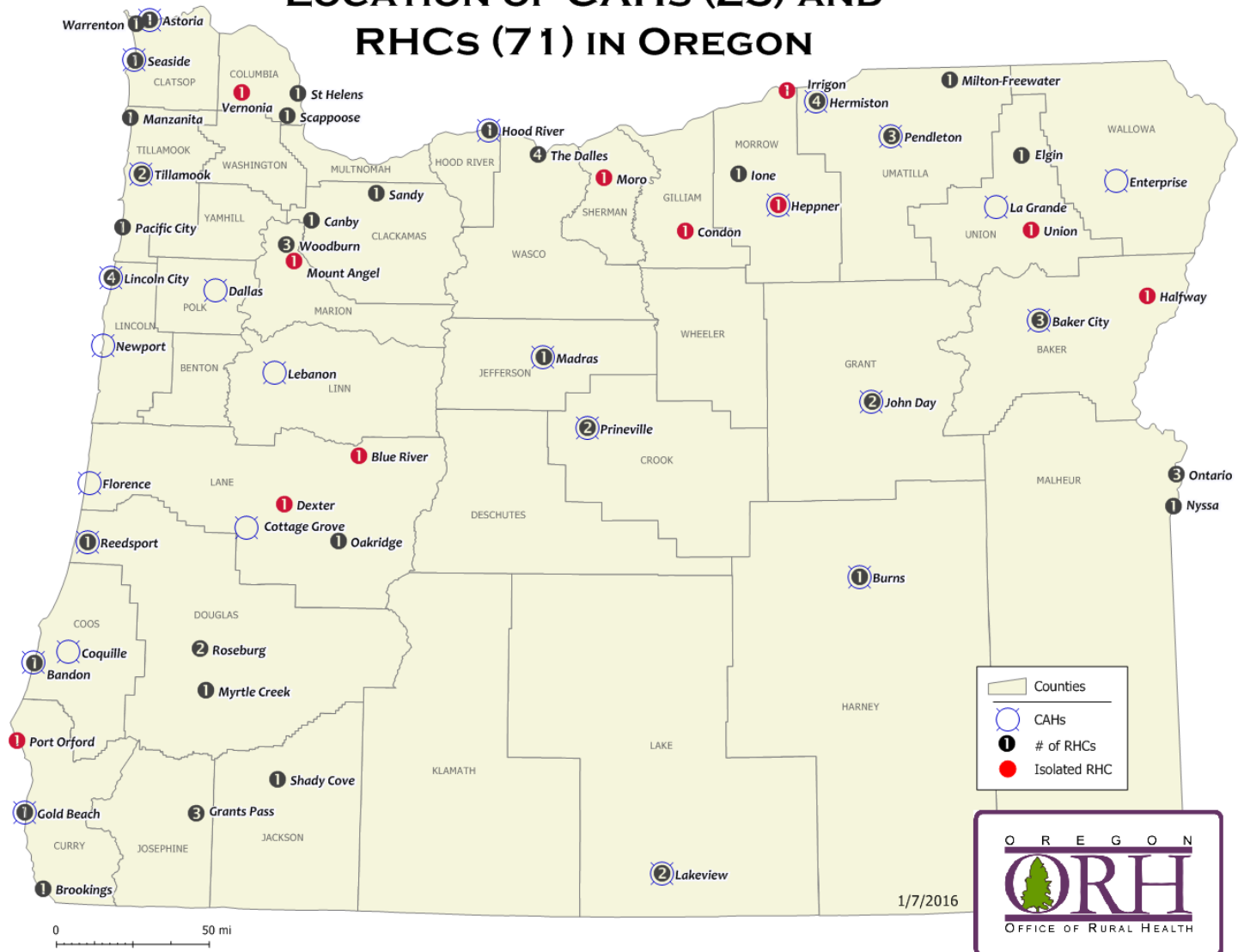
TECHNICAL ASSISTANCE

SPOTLIGHT: QUALITY IMPROVEMENT AT CRITICAL ACCESS HOSPITALS

In Oregon there are:
71 Rural Health Clinics
32 Rural Type A and B Hospitals
25 of these are Critical Access Hospitals (CAH)

The Field Services Team provided technical assistance in 32 counties throughout Oregon in 2015. This includes more than 30 on-site assistance visits (excluding the listening tour visits). In addition to the on-site visits, there were over 150 requests for general assistance and community-level health data. During 2015 the most frequently requested type of assistance concerned understanding and/or addressing compliance with federal programs and regulations.

LOCATION OF CAHS (25) AND RHCs (71) IN OREGON



Rural Clinics

Assistance to rural clinics is a central focus of Field Services activities. Field Services provides assistance to rural clinics, including those that want to become federally designated Rural Health Clinics (RHCs). RHCs are an important part of care delivery for the 35.9% of Oregonians living in rural areas. RHCs are eligible for cost-based reimbursement for services rendered to Medicaid and Medicare patients, which helps with sustaining healthcare services in rural communities.

Three clinics in eastern Oregon were newly certified as RHCs during 2015: Lone Community Clinic, Lake Health Clinic and Snake River Pediatrics. Two RHCs: Alsea and North Lake, transitioned from RHCs to satellites of Federally Qualified Health Centers (FQHCs). Winding Waters Clinic converted from an RHC to an FQHC. More information on RHCs, including a step-by-step guide to becoming an RHC and a directory of all Oregon RHCs, is available on the [ORH Website](#). For more information on the technical assistance we provide to rural clinics, please contact any member of the Field Services team.

Critical Access Hospitals: Quality improvement

2015 was a year of transition for quality improvement in Oregon's hospitals. Quality reporting emphasis shifted from inpatient to outpatient care to better align with the increased focus on outpatient care in hospitals. Moreover, participation in reporting grew in importance as it determined 2016 penalties under several federal programs. Furthering the strain on rural providers, participating in Medicare Beneficiary Quality Improvement Program (MBQIP) reporting became mandatory for Critical Access Hospitals to receive funds or assistance under the Rural Hospital Flexibility Grant Program (Flex).

The Rural Hospital Listening Tour found that the amount of time required to report measures (to at least five data portals) in order to participate in state and federal programs is difficult for rural hospitals. The Oregon Association of Hospitals and Health Systems (OAHHS) Value-Based Care Survey (2015), sponsored in part by ORH, found that 15 of the 25 CAHs have not fully trained managers in continuous quality improvement methods. Only 9 reported that continuous quality improvement is used in their facility and just 13 regularly participate in external quality improvement initiatives.

Despite these challenges in capacity, Oregon rural hospitals rank better on average in quality outcomes than rural hospitals in other states, with the exception of patient satisfaction.

Even with the increased focus on quality in rural hospitals, Oregon was unable to sustain its rural quality organization, the Oregon Rural Health Quality Network (ORHQ), which closed in September. In its absence, ORH focused on increasing its assistance to Critical Access Hospitals, especially small, independent hospitals that lack the support of health system IT departments.

100 % of CAHs reporting
HCAHPS
from 21 in 2014 to 25 hospitals in 2015

ORH distributed over \$200,000 in 2015 to 31 rural hospitals to fund improvement projects through the federally funded Small Hospital Improvement Program (SHIP) grant. To help CAHs reduce reporting burdens, ORH obtained grant funding to create Electronic Health Record templates for MBQIP reporting at CAHs. ORH is currently evaluating vendor

proposals. To increase staff capacity, ORH partnered with Portland State University to provide Lean Six Sigma training to 14 staff at 8 rural hospitals. This training has been expanded and will be offered again in Spring 2016. To address challenges around patient satisfaction, ORH sponsored nine CAHs to participate in the OAHHS Patient Family Engagement Collaborative. Through the collaborative CAHs received coaching to start their own patient advisory councils.

Going forward, in alignment with the increased pressure faced by rural health care providers, ORH has committed to developing in-house expertise to provide more frequent, flexible and cost effective technical assistance for quality improvement to Oregon's hospitals and clinics. 2016 brings many exciting projects. For more information on upcoming projects, grant opportunities and the technical assistance we provide for quality reporting and improvement, please contact Stacie Rothwell.

TELEHEALTH PILOT PROJECT GRANTS

Oregon received the federal State Innovation Models grant which funds innovative projects that support the State's health care system transformation efforts.

The Oregon Health Authority partnered with ORH to award over \$520,000 for 5 telehealth projects.

The Oregon Health Authority (OHA) and ORH announced the Telehealth Pilot Project grant funding opportunity in 2015. Sixty-seven letters of intent were received from all areas of the state and across all types of organizations. Proposed projects ranged from rural facilities looking to expand access to specialist services to Coordinated Care Organizations looking at new ways of using technology to improve population health. Thirteen applicants were invited to submit full proposals, and five awardees were selected. Projects will run through June 2016. These grants include:

Adventist Health Tillamook Medical Group

Adventist Health Tillamook Medical Group paramedics cover 1,100 square miles and respond to nearly 4,000 calls for service each year from four ambulance stations strategically located throughout Tillamook County. This project's focus is to reduce hospital readmissions related to gaps in care between the hospital and primary or specialty care management. Adventist Health Tillamook Medical Group put high-speed data connectivity in each ambulance to support direct, real-time communication with the Rural Health Clinics. Hospital-based Community Paramedics visit patients identified as at-risk for hospital readmission due to lack of post-discharge follow-up with a primary or specialty care provider. The paramedic uses mobile technology to connect the patient with the RHC's Care Coordinator or provider to help individuals adequately manage their health from home.

Capitol Dental Care

Studies in other states have shown that a remotely located dentist, working with an Expanded Practice Dentist Hygienist (EPDH) who is seeing a patient at a different location, can collaboratively deliver quality dental care. Capitol Dental Care's pilot project targets approximately 1,500 children in the Central School District of Polk County, which includes three elementary schools, a middle school and a high school. Led by an EPDH, Capitol Dental Care is implementing telehealth-connected oral health teams to reach children who have not been receiving dental care on a regular basis and to provide community-based dental diagnostic, prevention and early intervention services.

HIV Alliance

People living with HIV/AIDS who are newly diagnosed or have unsuppressed viral loads, co-morbidities, and/or medication adherence issues have greater difficulty with drug interactions, side effects, and other medication complications, resulting in poorer health outcomes. HIV Alliance's project increases access to care for these persons in rural eastern and southern Oregon. The pilot facilitates engagement between pharmacists and patients' HIV specialists or primary care providers through collaborative practice agreements. These agreements enable pharmacists to: view and order labs for patients; assess a patient's current medication regimen; identify problems in the regimen; make changes to the regimen as needed and in consultation with the HIV specialist; and provide regular education, consultations and follow-up monitoring with patients.

Oregon Health & Science University: Layton Aging and Alzheimer's Disease Center

80,000 Oregonians currently have dementia. One of the main goals of the State Plan for Alzheimer's Disease and Related Dementias in Oregon (SPADO) is to increase access to dementia care. SPADO experts recommend expansion of telemedicine services across the state to meet this need. The Layton Center's project has created a direct-to-home telemedicine program to establish the reliability of standard measures of patient and caregiver well being when used with telemedicine, and establish the feasibility and usability of direct-to-home video dementia care using telemedicine technology.

Trillium Family Services



- **12 counties do not have Psychiatrists**
- **5 only have one**

Children in Secure Children's Inpatient (SCIP) and Secure Adolescent Inpatient (SAIP) programs can spend up to six months on a waitlist to see a Psychiatrist in their community, which is a requirement for discharge. For low-income children in rural areas, access to outpatient mental health services is a significant challenge. Trillium Family Services' project will provide psychiatric assessments, follow-up and medication management via telehealth for children discharged from SCIP and SAIP programs.

More information about the telehealth pilot project grants can be found on the [ORH website](#). For further information please contact Meredith Guardino.

COMMUNITY ENGAGEMENT GRANTS FOR CRITICAL ACCESS HOSPITALS

ORH awarded \$117,000 in Community Engagement Grants to five Critical Access Hospital communities across Oregon.

Using Health Resources and Services Administration Rural Hospital Flexibility Grant funds, these grants enabled hospitals and their communities to implement programs in response to challenges identified by community needs assessments. Two of the grantees completed their programs in August of 2015, while three others will continue activities until the summer of 2016. These grants include:

Good Shepherd Medical Center: (sponsored in part by the ORH Community Engagement Grant):

Good Shepherd Medical Center launched a care coordination program, "ConneXions," that uses Community Health Workers to help patients with chronic diseases in Umatilla County navigate healthcare and social services. They created a new process to assist patients in the emergency department and used the Emergency Department Information Exchange to reach patients as soon as they needed help. ConneXions made contact with 2,418 people over the course of the program, including 1,046 seniors. All of the seniors who engaged with the program were able to access services that enabled them to remain in their homes. The project reduced 30-day readmissions by 8% (only four patients returned), and returns to the emergency department within 72 hours dropped to zero.

Good Shepherd Medical Center received recognition from the Federal Office of Rural Health Policy for outstanding work in a Critical Access Hospital

Only five CAHs are recognized throughout the country each year

Lake County Senior Citizens Association

Lake County Senior Citizens Association received a grant to place a person at the senior center in Lakeview to help seniors access services. The "Senior Navigator" connects seniors with over 44 programs that can improve health and enrich quality of life. Nearly all seniors who were referred to services are now participating. Participation in senior center meals has increased by 40% and approximately 50% of seniors have chosen to participate in a new physical activity. The project will continue until the summer of 2016.

Pioneer Memorial Hospital:

Pioneer Memorial Hospital is piloting a home visit program for patients with diabetes and multiple chronic conditions who visit the hospital emergency department. Since the start of the program, return visits to the emergency department have dropped more than 75%. The program will continue until Summer 2016. Pioneer Memorial Hospital plans to expand the services that home health is able to offer during the next phase of the program, with the goals of reducing the number of hospital admissions by 25% and reducing the number of emergency department visits by 10%.

Providence Seaside Hospital (in partnership with Clatsop County law enforcement agencies):

Providence Seaside Hospital is working with Clatsop County law enforcement agencies to implement a community-policing model for responding to psychiatric emergencies. Twenty-nine officers from Warrenton, Astoria, Seaside and Gearhart Police Departments, as well as the Clatsop County Sheriff's office, attended a three-day Crisis Intervention Training, focusing on common psychiatric crises and evidence-based ways to respond. Following the training, mental health encounters at Providence Seaside decreased from 6.4 to 3.7 per 1000 patient encounters, compared with the same quarter of the previous year. Mental health calls cost Clatsop County law enforcement over \$26,000 dollars in the first quarter after the training; cost and impact will be tracked through summer of 2016.

Samaritan Lebanon Community Hospital and Samaritan Pacific Communities Hospital:

Nutrition services and oncology teams at Samaritan Lebanon and Samaritan Pacific Communities Hospitals worked together to pilot a financial and operational model for providing medical nutrition therapy to oncology patients. This program reached 45 patients. Nineteen of the 26 patients who received nutrition counseling reported improved knowledge of nutrition, increased consumption of nutrient-dense foods and better access to local food resources. In addition to improved nutritional intake, the two hospitals made substantial progress in making the service sustainable: all private insurers reimbursed for the service.

More information about the community engagement grants can be found on the [ORH website](#). For further information please contact Meredith Guardino.

RURAL CLINIC GRANTS

ORH awarded \$99,000 in small grants to fourteen rural clinics across Oregon.

These grants were for projects that advance clinic financial, operational, quality or community engagement priorities. Grant projects ranged from implementing telehealth or electronic health record systems to providing education and exams for Medical Assistants to become Certified Clinical Medical Assistants. More information about the rural clinic grant awardees and their projects can be found on the [ORH website](#). For further information please contact Meredith Guardino.

WORKFORCE SERVICES

The ORH Workforce Services Team provides recruitment and retention assistance to Oregon's rural and underserved practice sites, including rural clinics, hospitals and Federally Qualified Health Centers. The team offers recruitment services, incentive programs and technical assistance.



2015 PROGRAM HIGHLIGHTS

HEALTH CARE PROVIDER CANDIDATE SOURCING

ORH currently has 705 providers registered with interest in practicing in Oregon.

ORH sources candidates through direct outreach to providers, in-state and out-of-state training and residency programs and conferences. Candidates are recruited through 3RNet and provider incentive programs. ORH also assists the 46 students currently participating in the Primary Care Loan Forgiveness Program (PCLF) and the Scholars for a Healthy Oregon Initiative (SHOI). Participants in PCLF are students from OHSU, Pacific University and Western University of Health Sciences - Comp NW. These PCLF participants are required to practice in a rural community upon completion of their program. SHOI students are awarded upon admittance to OHSU programs only; upon completion of their program they are required to practice in a rural or underserved urban community.

PARTNERSHIPS



Workforce Services collaborates with the statewide 'Recruitment and Retention Partnership' consisting of members from the Oregon Primary Care Office (PCO), the Oregon Healthcare Workforce Institute (OHWI), Area Health Education Centers (AHEC), OHA Office of Equity and Inclusion, HRSA regional offices, the Oregon Primary Care Association (OPCA), Oregon Locum Tenens Cooperative and Oregon Rural Scholars Program. This partnership comes together to maximize the resources of all organizations in Oregon directly involved in strengthening the primary care workforce and conducts targeted outreach to both specific sites as well as regions of Oregon. Through a partnership agreement with the OPCA, the ORH provides recruitment services to Federally Qualified Health Centers (FQHCs) in Oregon.

PROVIDER INCENTIVE PROGRAMS

ORH administers the State Partnership Primary Care Loan Repayment Program (SLRP), Medicaid Primary Care Loan Repayment Program (MPCLRP) and the Behavioral Health Loan Repayment Program (BLRP). Loan repayment recipients receive loan repayment awards after they have completed their training in exchange for a service commitment in a rural or underserved urban community. ORH also administers the Primary Care Loan Forgiveness Program (PCLF). Participants are eligible to apply after acceptance into an approved Rural Training Track – a rural based curriculum designed to train providers for rural practice. If awarded, recipients are given loans that are then forgiven in exchange for service in an underserved rural community upon completion of their program. ORH also assists with the Scholars for a Healthy Oregon Initiative (SHOI), an OHSU scholarship program that requires a service commitment in a rural or urban underserved community.

There are currently 53 sites with approved loan repayment or loan forgiveness participants.

ORH also administers the Rural Practitioner Tax Credit and the Rural Medical Practitioners Insurance Subsidy Program. The tax credit program allows a qualified provider to claim up to \$5,000 in an Oregon tax credit in exchange for practicing in a rural community. The insurance subsidy program is designed to offset the high cost of medical liability insurance that was forcing rural providers to stop offering obstetrical services and to leave rural communities.

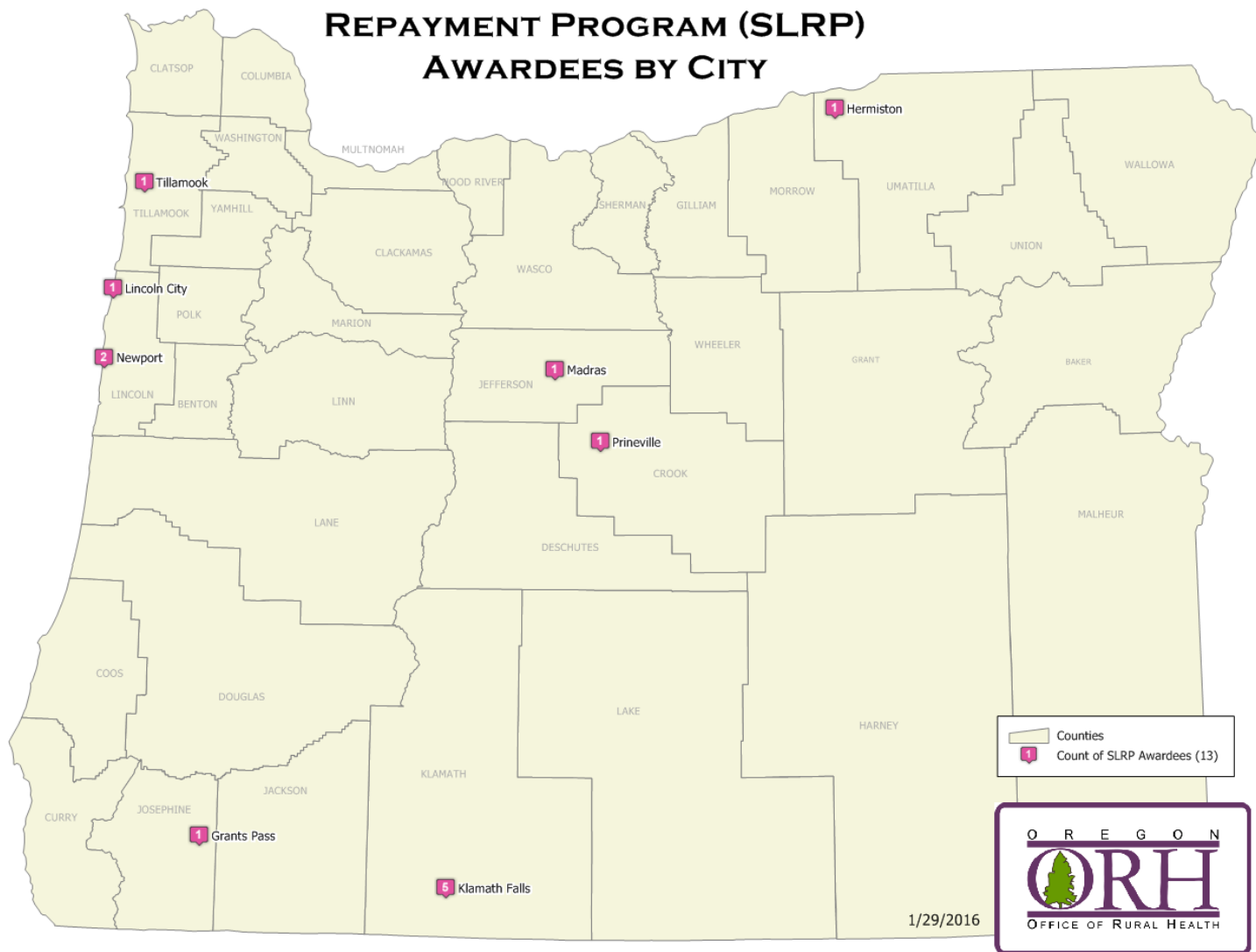
Oregon Partnership State Loan Repayment Program (SLRP)

During 2015, ORH awarded 13 new SLRP awards totaling \$482,086.

Participating providers included physicians, physician assistants, nurse practitioners and dentists.

A partnership of the Health Resources Services Administration (HRSA), the Office of Rural Health (ORH) and participating practice sites, the SLRP is a 1:1 cost-sharing program. Participating sites match one dollar for each federal dollar for a total award of \$35,000 per year for a two-year service obligation. Participants can receive up to two one-year extensions, provided funds are available.

2015 OR PARTNERSHIP STATE LOAN REPAYMENT PROGRAM (SLRP) AWARDEES BY CITY

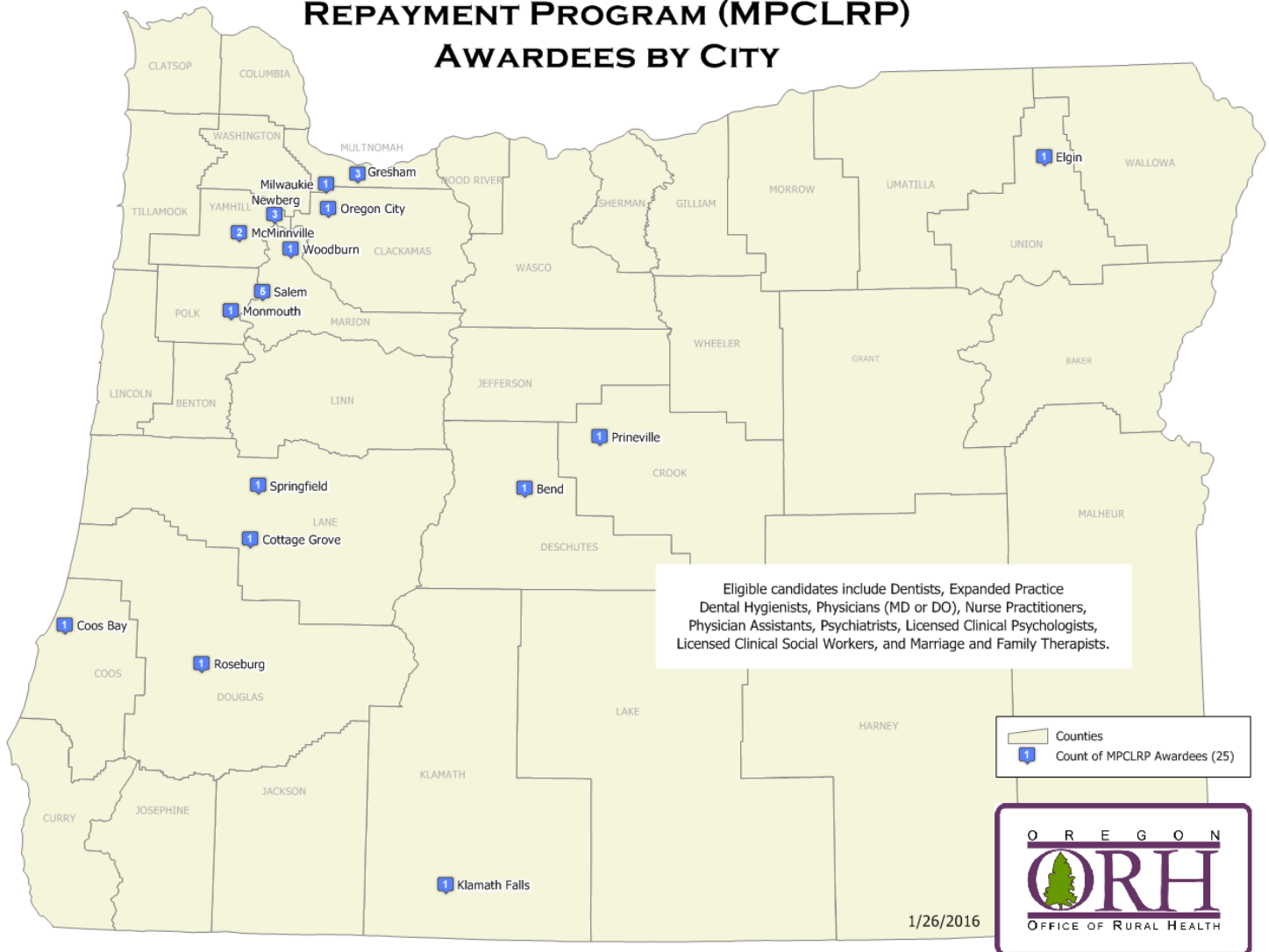


Medicaid Primary Care Loan Repayment Program (MPCLRP)

ORH awarded \$1,466,383 to 35 providers during 2015. Recipients included physicians, nurse practitioners, dentists, expanded practice dental hygienist and psychologists.

The Medicaid Primary Care Loan Repayment Program (MPCLRP) was established by the Oregon Legislature to support the goals of Oregon Health Care Transformation and the Affordable Care Act and ensure an adequate supply of primary care providers for an expanding Medicaid population. MLRP is a partnership between the Oregon Health Authority (OHA) and the ORH. Awards are primarily based on the percentage of Medicaid patients seen by a provider in a rural or urban underserved area.

2015 MEDICAID PRIMARY CARE LOAN REPAYMENT PROGRAM (MPCLRP) AWARDEES BY CITY



Behavioral Health Loan Repayment Program (BLRP)

ORH made 14 awards in 2015, totaling \$206,998. Recipients included Clinical Social Workers, Marriage & Family Therapists and Clinical Psychologists.

The Behavioral Health Loan Repayment Program (BLRP) is a partnership between the Oregon Health Authority Mental Health & Addictions and the ORH. The program expands the behavioral health workforce to underserved populations located primarily in rural areas, and prioritizes clinicians from cultural or ethnic communities that are underrepresented in behavioral health services. Awardees have completed their masters or higher-level degree program, and are working toward licensure. ORH made 14 awards totaling \$206,998 during 2015.

Primary Health Care Loan Forgiveness Program (PCLF)

ORH awarded \$525,000 to 11 students in 2015.

The Primary Health Care Loan Forgiveness Program (PCLF) is the only rural specific loan forgiveness program in Oregon. Three institutions participate in the PCLF: Western University of Health Sciences - Comp NW, Pacific University Physician Assistant Program and OHSU's School of Medicine, Physician Assistant Program and School of Nursing. Awardees receive loans that are later forgiven for service in an underserved rural community. Eleven students received loans in 2015. Additionally, one physician

assistant in the program completed training and began practice, while another completed their service obligation and remains in rural practice.

Scholars for a Healthy Oregon Initiative (SHOI)

During 2015, OHSU awarded \$2,527,938 to 21 students.

Scholars for a Healthy Oregon Initiative (SHOI) is an OHSU scholarship program available to medical, dental, nursing and physician assistant students. Awardees are required to complete a service commitment in a qualified rural or urban underserved community of one year more than the total years of tuition funded. All awards are determined and made by OHSU. The ORH works with awardees to find qualified communities and positions upon completion of their program and ensure compliance with service agreements. Begun in 2014, the first graduates of this program will begin service in 2016.

Rural Practitioner Tax Credit

ORH deemed 2,207 rural practitioners eligible for tax year 2014*

The Oregon Rural Practitioner Tax Credit is designed to attract and retain health care providers in rural Oregon. The program offers eligible practitioners a maximum of \$5,000 in state income tax credit. ORH receives annual applications and reviews them to determine eligibility, then forwards that information to the Oregon Department of Revenue.

* 2015 estimated will be available after April 15, 2015

COUNT AND LOCATION OF 2014 ORH TAX CREDIT RECIPIENTS (2207 TOTAL)

