

# Rural Health Coordinating Council Meeting

## Meeting Minutes

January 17, 2019, via telephone

1) Call to order – Kim Lovato, Vice Chair (presiding) 12:00 PM

a) Roll call, introductions

Kim Lovato, PA-C, Oregon Society of Physician Assistants; Dr. Donald Benschoter, ODA; Allison Whisenhunt, Consumer Member from Coast/Seaside; Anna Velasco, Consumer Member from Hermiston /Morrow County; Dr. Bruce Carlson, Oregon Medical Association, Umatilla; Justin Harle, OAH, Newberg; Claire Tranchese, Oregon Primary Care Association; Kathy Ottele, Region 2; Kristen Plunkett, ND; Curt Stilp, AHEC. Also present: Jen Lewis-Goff, ODA

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

b) Approval of agenda – Kim moved for approval, Kathy seconded the motion, unanimous approval 12:11 PM

c) Approval of October 2018 minutes – Justin moved for approval, Kristen seconded the motion, unanimous approval

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

Given the time limitation, rather than going over the staff reports, Scott asked if any member had any questions; none.

3) Event updates

a) 36<sup>th</sup> Annual Oregon Rural Health Conference will be held October 2 – 4, 2019, at the Riverhouse on the Deschutes, in Bend. ORH has a contract with the Riverhouse for 2020 as well, after outgrowing other event spaces used in the past.

- b) 3<sup>rd</sup> Annual Forum on Aging in Rural Oregon: May 1– 3, 2019, at Chinook Winds in Lincoln City. 2020 location is the Riverhouse in Bend.
- c) ORH could use help in soliciting partnerships for both events; that would amount to identifying organizations or businesses we should contact and, if possible, identify the right person at those organizations to contact. ORH staff can take it from there, although if you have personal connections that can be helpful, of course that would be great. Kathy Ottele volunteered, and Laura will follow up.

4) Policy update - Bob

12:30 PM

- a) First, the difference between ORH and the Oregon Rural Health Association (ORHA): ORH is a statewide organization, part of OHSU but also funded via state and federal grants. The ORHA is a membership association that lobbies in Salem. ORH is a founding member of ORHA. ORHA also receives some grants from the national association, the National Rural Health Association (NRHA).
- b) Report on the 2019 Legislative Session: the Bureau of Labor and Industries (BOLI) has done an investigation about sexual harassment and inappropriate conduct in the legislature, releasing findings that the Speaker and the Senate President paid insufficient inattention to the problem. There is a great deal of unease in the legislature as a consequence.
- c) Governor Kate Brown is now a lame duck governor, so there is thinking that she may have a freer hand. There is a supermajority of Democrats in each house, although in the Senate it's a one-vote margin, with Senator Betsy Johnson from the coast seen as more conservative than the rest of her caucus.
- d) Ways & Means Committee. In 2019, the full Ways & Means Committee has three co-chairs: Elizabeth Steiner-Hayward and Betsy Johnson on the Senate side, and Representative Dan Rayfield on the House side. There will likely be a move to increase revenue by the end of the session, and to address the Public Employees Retirement System (PERS) deficit. Another big challenge: in the past, the Medicaid shortfall did not include the renewal of the hospital tax, and that tax reduced the size of the shortfall. The hospital tax allowed the State of Oregon to access additional federal revenue. In 2019, the \$960 million deficit is post-hospital tax.

- e) Other issues on the legislative table: climate change legislation, affordable housing (both rural and urban; rural healthcare workers can't find affordable housing). "CCO 2.0" is coming along as well. There have been discussions about capping costs at hospitals, and about community benefits. Opioid use is huge, and there are a lot of discussions about how to address it; also the Medicaid buy-in concept, whether we can have a four year degree program at community colleges, which will affect the nursing workforce. Community colleges turn away qualified students because they cannot find faculty; they can't compete with the pay at hospitals and clinics.
- f) Education and provider incentive programs: these have been funded through the OHA budget in the next year. The Rural EMS tax credit will be sunseting; this is a \$250 credit for volunteer EMS providers in qualified rural areas. ORHA will be trying to get it reinstated and expects to succeed.
- g) Telehealth: There are a few bills affecting telehealth and broadband. Zoomcare, recently purchased by PeaceHealth, has a bill in to increase access to telehealth by increasing insurance coverage for this service. Broadband: There is legislation to create an Office of Broadband which will look at the lack of infrastructure in rural areas. This will be very helpful for facilities having trouble implementing telehealth. Last, there is a bill from the optometry groups that mostly has to do with restricting online sales.
- h) CCO 2.0: OHA has been uncharacteristically uncommunicative about CCO 2.0, but as soon as ORH learns anything, we will apprise the Council.
- i) Provider incentive programs were in the Governor's budget as submitted to the legislature. Ways & Means does their own, but they use the Governor's version because they know that if they take things out, there will be a fight. So if the Governor includes your program in her budget it is easier to end up in the legislative budget as well.
- j) ORH has had great success in serving providers via the provider incentive programs this year. We are on target to award all the money that was available for Loan Repayment and Loan Forgiveness. For new members: with the repayment programs, we pay the loans you incurred while you were in training. Forgiveness: we award you loans and forgive them when you're done with training if you practice in a service obligation site.
- k) The Healthy Oregon Workforce Training Opportunity (HOWTO) program, is in the process of reviewing applications and has not made any awards

yet. There is also \$1 m available through a different program for communities, providers, and others who want to expand access to healthcare in new and creative ways.

5) RHCC members: Other legislative priorities that matter to members?

- a) Kim Lovato reported that the Oregon Society of Physicians Assistants has a priority: a bill that will make it easier to employ PAs in rural areas, according to the Oregon Optimal Team Practice Model, developed by the national organization. The Physicians Assistant (PA) is responsible for the care he provides, and the doctor is no longer responsible for that care in the same supervisory way that is now the case. This is a more collaborative model used in Michigan and New Mexico. The Oregon Medical Association has been open to the idea, but has not taken any formal position as yet.
- b) Kristen Plunkett reported that the Oregon Association of Naturopathic Physicians has a bill regarding parity for billing; presently, naturopathic physicians are paid about 40% less for services with the same codes as those used by Nurse Practitioners and others.
- c) Allison Whisenhunt: Behavioral and mental health needs are high on the list these days. Bob: there is a new loan repayment program for behavioral health providers who have completed their training but have not completed the licensure process yet.
- d) Jen Lewis-Goff: the ODA is working on a bill that would allow dentists to perform immunizations.

6) RHCC member reports

1:00 PM

- a) Allison Whisenhunt for the North Coast: the Clatsop County Mental Health Agency will be putting out a Request for Proposals (RFP) to improve access to behavioral health. Clatsop County is #1 in Oregon for teen pregnancies, so there is energy around addressing that. Telehealth equipment has been very helpful with late-night mental health issues; they can access a mental health clinician in Portland who is already working at night.
- b) Anna Velasco: In Morrow County, the Irrigon clinic is struggling with recruitment. Heppner, too, has had similar struggles following the departure of a PA, but they hired a new MD and a new PA who will be

starting in the next month or so. Irrigon is trying to get integrated health counseling in the same building, and a compliance program for population health issues such as diabetes.

- c) Claire Tranchese: There are new Access Point Awards for Federally Qualified Health Centers (FQHCs) to expand, or for a non-FQHC to apply for FQHC status, with a short timeline. Connect with Claire for technical assistance on how to apply. Medication and treatment for substance use disorders is a rising priority as opioid use drops in some areas and methamphetamine use increases. There is a new collaborative Delta Center grant, involving collaboration with county mental health providers, from the Primary Care Provider (PCP) level to specialized medicine.
- d) Don Beschoter: They lost four providers in his area to retirement or moving away. He is very interested in sexually transmitted infection prevention including human papilloma virus (HPV) prevention. St. Anthony Hospital is developing a telestroke program.
- e) Justin Harle: regarding home care, one of the concerns toward the end of last year was that there's an add-on payment for home health for rural areas that had not been renewed yet. Scott found information for Justin that it was renewed, through 2019. It provides for additional payments when services are provided in rural areas, to balance the effect of lower volume in rural areas, making it difficult for providers to stay in business. For Home Health, Medicare is still pushing for change from volume based to value-based. Has been that way in nine states and in 2020 will be most states. So all agencies are making big pushes to educate staff on the data collection set, so that everyone captures the functional level that patients are at when they first start, to show improvement. The other thing that is starting to happen is specialized services within some disciplines; in speech therapy, they are using augmentative communication, so that people can use their eyes to choose phrases, and put sentences together so that caregivers know their needs. Most trained clinicians are in larger urban areas. Concerning the legislation for NPs and PAs, there are Home Health and Hospice wrinkles: only an MD can certify a patient for either, though an NP can certify the care plan. More and more patients have NP or PA as PCP, and they can't provide services unless they have signing physician. If signing physician doesn't have that role, then what?

- f) Curt Stilp: The AHEC Scholars program is continuing, with a rural and underserved track for students at OHSU, the College of Osteopathic Medicine of the Pacific NW (COMP NW), and Pacific University. They had 86 students in year one of their cohort, and in late spring/early summer, will start a new cohort. Students interested in this area get additional didactic training to prepare them for their job. Evaluation: Oregon AHEC is collecting data from the students and the clinical training sites to assess how the program is going. Many Scholars for Healthy Oregon Initiative (SHOI) students have become AHEC scholars too. Primary Care Loan Forgiveness Program has the requirement of enrollment in a formal rural track, and AHEC Scholars Program has become that. Expanded options to include more than docs, PA, NP – now also pharmacists and dentists.
- g) Bruce Carlson: In Hermiston, there are now three general surgeons on staff, a large number for community of 16,000 – 17,000. They have robotic surgery to offer as well. They are talking to a clinic in Portland about sharing physicians, one week on and one week off. The Pendleton Independent Practitioner Association (IPA) has a new CEO and they are looking forward to recruiting and restructuring from a Mutual Benefit Corp into a stock corporation. Family physician departed who took care of some Medicaid patients, so it's been a scramble to find new medical homes for those patients.

7) Old Business? None

8) New Business: Committee assignments will be made in April; no need for elections since no elected position terms are expiring this year. The Chair appoints our two standing committees, the Grant Review Committee (Wayne, Curt, Anna, and Leanne) and the Executive Committee (Chair, Vice Chair, Grant Review Committee Chair, and two Members at Large). The Grant Review Committee serves one year terms and there is no maximum number of terms; Scott will be asking Wayne, Curt, Anna, and Leanne if they want to continue, and whether anyone else wants to join. The Grant Committee is convened when we have money to make grants. We issue RFPs, send them to the Grant Committee for scoring, convene the group and consider the proposals, then we decide which to fund. HERO awards are up to \$2500 to rural EMS agencies that use volunteers, for training. Any revenue we make at the Annual Oregon Rural Health Conference goes to this fund. We only convene the committee if we get

more applications than we can fund, and will have to make tough choices to turn some down.

Kim: Asked about the final number of applications for primary care loan forgiveness; Bob stated that we get about 45 per period, and award about 13 each time.

- 9) Adjournment. Next meeting April 18, face to face, at the Oregon Dental Association offices at 8699 SW Sun Place, Wilsonville, OR 97070.