

Rural Health Coordinating Council
Draft Minutes
April 19, 2024

Monday

- I. Call to order – Kim Lovato, Chair 9:05
- a. Roll call, introductions –
New RHCC member
Jamie Daugherty, Coastal Home Health and Hospice; representing Oregon Association of Home Care

Members Present: Kim Lovato, John Begert, Chuck Wardle, Jennifer Little, Jamie Daugherty; Ray Hino.

Staff: Robert Duehmig, Laura Potter

- b. Approval of agenda – Agenda was not approved due to lack of quorum
- c. Approval of January minutes – January minutes moved to next meeting.

- II. ORH Updates 9.15 – 10.00

- a. Update on change in Grants Pass rural status. With an increase in population and the loss of the rural designation, eligibility for some provider incentive programs has been impacted. Providers in GP will no longer be eligible for Liability Reinsurance Subsidy Program and Rural Provider Tax Credit. Other providers who remain eligible for the tax credit will move down in their tier. The issue will be addressed by the OHPB Health Care Workforce Committee at the July meeting. ORH is working with OHA to determine if program changes need to be implemented. ORH is also preparing to work with the legislature to address changes in GP and to extend the tax credit sunset at the end of 2025.
- b. ORH is developing a video series showing the creative, high quality care programs that are happening in rural Oregon. Filming is being done at Souther Coos Hospital, Bandon, Good Shepherd, Hermiston. Videos will be used by rural facilities to promote high quality, community care and help with recruitment efforts.
- c. ORH is currently doing listening sessions in 6 communities: Astoria, The Dalles, Pendleton, Baker City, Madras and Bandon. The sessions are being done in partnership with ORPRN (Oregon Rural Practice Research Network) and Project Echo. Results of the listening sessions will be shared at the Oregon Rural Health Conference in October.
- d. Challenge ORH is keeping an eye on is the issue of for-profit non-health care businesses buying up or establishing clinics to compete with rural providers; Eugene case of insurance company buying up practice and then kicking patients out who do not have their insurance.

- e. Robert spoke about the development of a new OHSU Rural Mission Statement. The mission statement has not been completed but will keep the RHCC updated and share.
- f. OHSU has announced it will be laying off staff to address financial difficulties, Multiple reasons have been given, including the drying up of COVID-19, increased employee costs and decreased specialty medicine revenues. ORH expects to have a very tight budget for next year. Our office is funded mostly through grants, and we do not expect a huge impact, though there may be a reduction in in-state travel.
- g. Forum and Conference updates: June 12 – 13, Virtual; October 2-4, 2024, Riverhouse, Bend

b. EMS

- a. 2023 HERO Award Applications – April 1-19, 2024

c. Grant Updates

- a. Flex (Medicare Rural Flexibility Grant)/EMS/Small Hospital Improvement Grant (SHIP)/State Office of Rural Health (SORH)

All but one grant has been submitted, and that last one will be submitted this week. FLEX grant is competitive, so there is an external review; expect results in July. EMS supplement would be \$300 K/year and only 8 will be approved nationwide. The focus is on EMS and work force and we believe that we and the rural EMS agencies are in a better place to be awarded this grant. If we do not receive the grant, we will have to cut back on the EMS support we do. If we do get it, we will bring on someone who can focus on EMS.

Jennifer Little: CLHO has a grant, which includes funds for community paramedic training. Great example of partnership, which we refer to in the EMS supplement application to show what we are already doing.

IGA (Inter Government Agreement): ORH is a public entity that operates with other state agencies pursuant to intergovernmental agreements with the OHA. A portion of the ORH work force team is funded via an IGA. Currently negotiating a new IGA that will start on July 1. ORH will hire two new staff – Program Tech 1 and an Administrative Coord. to support additional programs. One goal will be to manage and utilize data on providers in a more productive manner and tell the story of rural. The Behavioral Health Program is coming back to ORH from OHA.

d. Communication

- a. [Year End Report](#)

Linked in the agenda

- b. Community Conversations – great schedule of community conversations taking place this year.
- c. ORH Video – see above

e. Legislature/Policy update

10:00 – 10:30

- a. NRHA Policy Institute. Two staff from ORH and two RHCC members- Jennifer Little and Allison Whisenhunt - attended the NRHA Policy Institute in February. In addition to the great educational sessions, we met with Oregon's congressional delegation to educate them on the Flex Program Reauthorization, SORH funding, public health and behavioral health.
- b. Grant Makers in Health – philanthropic organization that looks at ways to invest in health care will hold their annual conference in Portland this summer. NOSORH has been working with them to figure out how to bring philanthropic support to rural health. Robert will be presenting.
- c. 2024 is an election year. Conversations happening about budget priorities and deficits. How much focus will be on deficits will depend on election outcomes. ORH will work with partners to authorize important rural programs, including Flex and RCORP. Unauthorized programs are at a higher risk of being cut.

f. RHCC member reports

10.30 – 10:46

Jennifer Little:

Vaccine access, FVC, private stock – complicated. Working on a program to reform how we do vaccines. Models from NJ, Vermont, Wash., are interesting. New think tank forming, hoping to get participation from various interest groups.

CLHO – has a conference and a coalition; coalition is putting together its wish list for the next long session, needs to coordinate with OHA. Lots of hard feelings over OHA's approach to funding PH departments, but they are working through it. The bread and butter of PH is prevention. Prevention funding for SUD has waned over the last decades, and they are considering increasing alcohol tax and directing it to SUD programming. OLCC, OHA, alcohol manufacturers, at the table.

Local PH administrators have a weekly virtual meeting, no agenda, just information-sharing. Jennifer could connect RHCC members with one of those meetings if interested.

All PH folks in Salem for a meeting, discussing differences between urban and rural and fact that things come to statewide attention only when

they reach metro areas, and someone said, "rural areas are the canary in the coal mine."

Question from Kim: STIs and TB – increasing, decreasing? Increasing. Small numbers so not that dramatic. Congenital syphilis cases rising. Piloting program to do rapid testing and treatment in jails. Lots of folks lost to followup. With TB, seeing atypical patients.

Trend toward substituting tests for face-to-face evaluations; get TB pt and do not test for pregnancy or STI.

John Begert:

Bob talked to their AHEC students yesterday, and he thinks that they will be applying for some loan repayment programs; had a clinical pharmacy planning meeting at Virginia Garcia about how they can improve access and be efficient and effective in those visits. Now, have to have active referral from a provider to help manage diabetes problems, adherence, behavioral health, titration. Referral is a bottleneck. At the state level, could there be the possibility of standing orders – say, for lipids over a certain level.

Pharmacists providing birth control without a prescription – legal, but very underutilized. One of their students is looking at the issue, and whether people are comfortable with it. Time is an issue; long questionnaire to cover all the bases. Protocol for emergency insulin – to ensure no gap in care.

Chuck Wardle:

United Healthcare Optum taking over Corvallis clinic; concerns re for-profit and insurers taking over practices, as discussed above. Before he stopped practicing, the equipment necessary was very cheap, but now there is a huge infusion of capital that is required.

Jamie Daugherty

Two home health agencies just closed, one in Coos Bay and one in Portland, because Medicare is cutting their payments, and it is of course the primary source of payment. Met with Ron Wyden about the payment system, and found that Medicare has received information from the private contractor it uses that says Home Health Care profit margin is 26% and that is insane. They brought documentation showing their individual profit margins and made that available to him, does not know that that really got through to him. Tried for a second meeting. Some home health

agencies have another program supporting them, but most are barely keeping their heads above water. No wound program in their county, so they are the only providers supplying wound care for homebound patients.

National Policy Institute and meetings with legislators and their staff – good constituent to bring, good issue to elevate? Jennifer Little went last year.

Kim Lovato

State of Oregon has changed the name of the profession to Physician Associate.

- g. Old Business - none 10:47
- h. New business/public input - none 11:47
- i. Announcements 10:47
- j. Adjourn 10:48