

Informing Rural Health Care Policy in Oregon

Next to Karen Whitaker's name on the Office of Rural Health "In-Out" board could be the moniker "Meetings-R-Us" Karen Whitaker goes to a lot of meetings. Ms. Whitaker's duties as OHSU Vice-Provost for Rural Health and Director of the Office of Rural Health entail policy development, coordinating the availability and application of resources for Oregon's rural communities, and working with congressional and legislative officials.

To accomplish these goals, Whitaker partners with several different groups on crafting, influencing and advocating health care policy. Her participation in so many meetings ensures that the Office of Rural Health is advocating for health care in rural communities at the source of state health policymaking.

Below are just four of the policy-making groups with which Whitaker is involved.

The Oregon Safety Net Policy Team

The National Governor's Association (NGA) chose Oregon as one of four states to participate in a demonstration project using a data driven process to develop policies that will define and enhance the health care safety net. This process enables health care safety net stakeholders to:

- Identify the strengths and weaknesses in the current safety net system and evaluate the underlying causes
- Explore innovative practices other states have employed to organize,

manage, and finance safety net services

- Develop a series of data-driven policy options that can be used to bolster safety net service capacity at the state and local level

The Oregon Safety Net Policy Team, lead by Bruce Goldberg, Administrator of The Office of Oregon Health Policy and Research meets monthly and is developing proposals for the Oregon state legislature to consider in the 2005 session.

The Access Work Group

The Oregon Health Policy Commission is directed under Oregon House Bill 3653 (2003) to develop a plan for and monitor the implementation of state health policy. The Commission has formed four working groups to address major aspects of implementing state health policy: access, cost, quality and health status (which targets population-based problems on health and risk).

Ms. Whitaker is a member of the Access Work Group. The work group defines "access" as the timely availability of appropriate, quality and affordable health services. This group is also developing recommendations for consideration by the 2005 Oregon legislature. Members of the group are analyzing where the gaps in access are for the uninsured and underinsured in our communities. As part
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The Flex Program

The Office of Rural Health is the recipient of a 2004 – 2005 (fiscal year ending September 2005) Medicare Rural Hospital Flexibility Program grant. The federal Medicare Rural Hospital Flexibility Program enables certain rural hospitals to be designated as Critical Access Hospitals. A Critical Access Hospital (CAH) is able to improve its financial stability through enhanced Medicare reimbursement and reduced operating costs. In Oregon the process of designation is coordinated by the Office of Rural Health (ORH), and is called the Flex Program. The Flex Program involves many other activities that support the success of rural hospitals and communities around the state.

ORH will continue to fund the feasibility studies for rural hospitals interested in attaining Critical Access Hospital status. Financial quality assurance reviews performed by two CPA firms will continue to be available for rural hospitals needing them. These are essential elements to ensure a rural hospital succeeds as a CAH.

The Office of Rural Health will work on many initiatives around quality improvement and quality assurance this fiscal year. Presently there is a national push for improving the quality of health care and health care delivery, and ORH is supporting this effort in Oregon through the Flex Program. Resources through the Flex program have been allocated to sustain support for the growth and development of the CAH Quality Improvement Network. This group endeavors to improve the quality of health care delivery in Critical Access Hospitals through networking, sharing best practices, and exploring new ideas.

ORH will continue to support the enrollment of CAHs in the Wisconsin Health Quality Indicators program. This is a quality improvement process that allows small rural

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of the Health Policy Commission they are charged with developing short and long-term goals that will produce a set of basic health care services to which all Oregonians should have access. The access work group has been meeting since March of 2004. The Oregon Health Policy Commission can be found on-line at www.ohpr.state.or.us/HPC/HPC%20welcome1.htm.

The Oregon Health Care Safety Net Coalition

The Health Care Safety Net Coalition is an alliance of coalitions and associations representing a variety of safety net providers including community based clinics, rural health clinics, federally qualified health centers, Indian health centers, school-based health centers and others.

The Coalition provides leadership and advocacy by:

- Ensuring state policy provides access and funding for quality primary and preventive care for low-income and vulnerable populations;
- Establishing a defined and significant role for the health care safety net in state policy with commensurate support;
- Implementing policies and practices that result in zero health disparities; and
- Strengthening and stabilizing the safety net by ensuring adequate funding.

The Coalition encourages sharing information among members to develop mutually supportive legislative and advocacy strategies. This process includes educating other coalition members about organizations, clients, and common issues in order to create a collective voice.

Members of the Health Care Safety Net Coalition envision a healthy population regardless of income or geographic location. The coalition continually seeks solutions that will improve access to quality health care for low-income and vulnerable populations and expects to play an active role in the upcoming legislative session.

The Coalition has created a list of criteria to evaluate health care solutions in order to achieve the best outcome. Each solution must:

- Draw down federal match – the higher the match the better.
- Result in the biggest bang for the buck – the outcome is worth the amount of work and resources involved.
- Match the mission of the Coalition.
- Leverage and engage community support and leadership.
- Solve the problem.
- Result in real improvements in people's lives.
- Be politically feasible.
- Be feasible under current economic restraints.
- Have broad support.
- Be supported by data; and
- Be easy to explain.

The Health Preparedness Advisory Committee

The Health Preparedness Advisory Committee was formed to counsel the Oregon Public Health Preparedness Program on how to use funds distributed by the Office of Federal Homeland

Security. The Committee provides guidance to upgrade the preparedness of hospitals and health systems in Oregon to respond to possible future bioterrorism events. These planning and system improvements will also develop system capacity to respond to other large-scale events, such as earthquakes, floods, and pandemics. For more information on the Health Preparedness Advisory Committee and the Public Health Preparedness Program visit www.dhs.state.or.us/publichealth/preparedness.

Karen Whitaker's active participation in these meetings ensures that rural health issues stay in the forefront of Oregon's health care policy agenda. It is through these policy meetings that rural health becomes visible, remains a high priority in the state legislature, and is integrated into the formation of Oregon health care policy. For more information on the Office of Rural Health please visit our web site at www.ohsu.edu/oregonruralhealth.

Group Pursues Change

CodeBlueNow! is a national, non-partisan, non-profit action group committed to improving the U.S. health care system. The goal of the group is to engage the American public in a systematic dialogue to define values and propose solutions for improved health care delivery, and to educate leaders capable of affecting positive change in the national health care system.

CodeBlueNow! is the result of a 2003 contest sponsored by President and Executive Director, Kathleen O'Connor. Over 100 entries from across the United States were submitted to answer the challenge of finding innovative ways to fix the U.S. health care system. Throughout these proposals one theme prevailed; that the goal of a health care system should be to support people and their communities.

Using this theme, and other ideas from the contest, O'Connor formed CodeBlueNow! to collect the public's thoughts about the health care system. "We intend to provide a forum and a platform through which the public can be heard when it comes to health care decisions," said O'Connor.

"We started holding our first town meetings in rural communities because they're already more innovated due to a perpetual lack of resources. Health care problems are more pronounced in these communities," explained O'Connor.

In October, O'Connor and CodeBlueNow! traveled through rural Oregon gathering ideas about important health issues at town hall style meetings. Using this information, the CodeBlueNow! American Health Care Congress was convened on October 12, 2004. Participants launched an organizing campaign for national health care reform, and created local action plans around what a health care system should do and how it could work.

"Attempts to solve the problems of the US health care system over the past 30 years have failed. CodeBlueNow! believes the only way for health care reform to succeed is to engage the

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hospitals to benchmark measures across time and against similar operations. The Joint Commission on Accreditation of Healthcare Organizations has accepted these measures. Measure sets include Acute Care, Long Term Care, Home Care, Behavioral Health Care, and Swing Bed Measures.

A small part of the Medicare Rural Hospital Flexibility Program grant has been set aside to assist CAHs to pay for quality assurance and credentialing oversight, hospital billing record analysis, and physical plant strategic planning. Funding is limited and only CAHs with very limited resources should apply.

A part of the Medicare Rural Hospital Flexibility Program grant is dedicated to quality improvement of rural emergency medical services. The Office of Rural Health will support emergency medicine throughout the state by participating in several activities.

One EMS related activity is to provide quality improvement activities for Critical Access Hospital emergency department directors. In-services are planned for CAH emergency department personnel and local EMS agency personnel. The main goal of these trainings will be to improve communications between the hospital emergency departments and EMS agencies, thus enhancing quality of care for the patient.

Another activity is to determine key workforce and education issues for EMS personnel. In partnership with other interested organizations, the Office of Rural Health will survey all EMS providers. In addition, the Office will partner with local Area Health Education Centers (AHEC) to convene focus groups of EMS providers in order to collect qualitative information and provide specific details on important EMS issues. Through the information gathered from these focus groups the local AHECs will develop community-based EMS recruitment and retention strategies. Local AHECs will also be contracted to assist CAH communities with other provider recruitment and retention needs.

Two mini-grants will be offered to CAHs. One mini-grant will help CAHs improve their marketing strategies in their communities and the surrounding areas they serve. The second mini-grant will provide funding to CAHs to provide practice management training for local primary care practices.

The Community Health Improvement Partnership (CHIP) will continue to develop ways to improve local health care and support ongoing activities. New this year, CHIP will be involved in improving physical activity policies. To complement this, funding has been set aside to train local individuals in Motivational Interviewing (MI) techniques by the Oregon Health and Science School of Nursing. The interviewers will then work with individuals to affect health behavior change.

The Office of Rural Health is a sponsor and member of the planning committee for the Regional Critical Access Hospital Conference. This meeting is scheduled for March 23, 2005 at the Red Lion Hotel at the Park, in Spokane, Washington. The emphasis will be on quality and sustainability as Critical Access

Hospital colleagues discuss issues, learn new ideas and share success stories about the CAH program. This conference is taking place prior to the NW Regional Rural Health Conference, March 24 – 25, 2005. To find out more about the Regional Critical Access Hospital Conference contact Sandra Assasnik at 503-494-4450, or assasnik@ohsu.edu.

More information about the Medicare Rural Hospital Flexibility Program is available on the Office of Rural Health web site at www.ohsu.edu/oregonruralhealth/flexpg.html. Please feel free to contact Sandra Assasnik, Community Grants Coordinator, at assasnik@ohsu.edu, or by phone at 503-494-4450.

New Staff at ORH



The Office of Rural Health is pleased to welcome our new Administrative Assistant, Jessica Cottam. Jessica provides secretarial and technical support to the rest of the staff, as well as logistical support for meetings and travel. She recently moved to Vancouver, Washington with her family from Salt Lake City, Utah, where she worked as an administrative assistant for

Intel. Prior to that, she owned an all-natural skin care product company in West Virginia. Jessica has a long personal and professional history with computer technology and looks forward to teaching the staff some new technical skills. Reach her by phone at 503-494-4450 and email, cottamj@ohsu.edu.

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American public on a very large and compelling scale. We intend to give everyone a chance to shape the health care discussion and participate in the dialogue that will continue to grow.”

CodeBlueNow! visited Ashland and Klamath Falls in early October. Meetings were held in Medford, Bend, La Grande and in The Dalles on October 21st. A final wrap up was held in Portland on October 22nd.

Kathleen O'Connor has been working in health care policy for 25 years. She started her work in health care at University of Washington Institute of Aging. O'Connor also owns a marketing communications business and has participated in two statewide health care coalitions in Washington. “Ten years ago the public was convinced that health care was full of greed, waste and fraud; to a certain extent that is still what they believe,” stated O'Connor. “At the community meetings we hold, there are many solid concepts yet to be utilized. This charges me up, and I'm very excited about the dialogue we have opened up around health care issues.”

To find out more about CodeBlueNow! please visit the web site at <http://codebluenow.com>, email Kathleen O'Connor at kathleen@codebluenow.org, or 1-877-717-9430.

TRAINING & CONFERENCE INFO

October 29, 2004

Critical Access Hospital Quality Improvement Network Samaritan North
Lincoln Hospital, Lincoln City, Oregon
Sandra Assasnik, 866-674-4376, or assasnik@ohsu.edu

November 1 - 4, 2004

Get That Grant: Grant Writing From Conception to Completion
Wy'East Resource Conservation and Development Area
<http://wyeastrcd.org>, or call 541-296-2391 x118

November 19, 2004

Female Sexuality: Adolescence to Menopause
CH2M Hill Alumni Center, Oregon State University, Corvallis, Oregon
Good Samaritan Regional Medical Center
Sandy Collins, scollins@samhealth.org, or call 541-768-5036

The Office of Rural Health
would like to hear from you!

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