

The Rural Health Coordinating Council Explained

In carrying out its responsibilities, the Office of Rural Health shall be advised by the Rural Health Coordinating Council. Oregon Revised Statutes – 2003, 442.490 (1)

Section 442.490 through section 442.495 of the Oregon Revised Statutes mandates the existence, make-up and duties of the Rural Health Coordinating Council. The Council's mandate is to provide "knowledge, expertise or experience in rural areas and health care delivery" in advising the Office of Rural Health.

House Bill 2735, passed in 1979, originally created the Office of Rural Health (ORH) and its' advisory council, the Rural Health Coordinating Council (RHCC). The bill also laid out the structure of the council and its duties.

The Rural Health Coordinating Council is made up of 18 voting members representing 17 different organizations and communities around the state. There are also two advisory, non-voting members from the Oregon Department of Human Services and the Oregon Primary Care Association.

The make-up of the advisory body includes two primary care physicians, one appointed by the Oregon Medical Association and one from the Oregon Osteopathic Association; a nurse practitioner appointed by the Oregon Nursing Association; a pharmacist appointed by the State Board of Pharmacy; five consumers appointed by the Governor; one representative from the Conference of Local Health Officials; one volunteer

emergency medical technician from a community of less than 3500; a representative appointed by the Oregon Association of Home Care; a representative from OHSU, as well as a representative from the Oregon Association of Hospitals and Health Systems. Additionally, the council is required to have one dentist appointed by the Oregon Dental Association; an optometrist appointed by the Oregon Association of Optometry; a physician assistant appointed by the Oregon Society of Physician Assistants, and a naturopathic physician representing the Oregon Association of Naturopathic Physicians.

Two of the five consumer positions appointed by the Governor represent communities with a population of less than 3,500 and three positions were originally intended to represent the now defunct federal Health Service Areas. The state of Oregon had three Health Service Areas: one that was comprised of the Portland Metro area, one that extended down the valley as far south as the Oregon border and east to the Cascades, and one that included all of Eastern Oregon. ORS 442.490(A) still states that the RHCC must have one consumer representative from
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New RHCC Member Brings Expertise to Council

Ted Molinari is a new Rural Health Coordinating Council (RHCC) member, but he's no stranger to rural health issues. "Living in a frontier community, I have seen the issues of rural health care and the trouble people have accessing health care because of distance," he commented. Mr. Molinari has lived in rural Oregon for 42 years, 14 of those years in Wheeler County.

Molinari has served on state boards and commissions, working under every Oregon governor since 1971. When his wife's term on the RHCC expired, he saw an opportunity to serve the state in a capacity that is familiar to him.

There are several goals Molinari would like to accomplish during his term. One is to see bridges built between health care facilities and available funding. "[It is] critical that rural health facilities receive the funds they must have in order to serve their constituencies. There are a great many places around the state that need [financial] help," said Molinari.

A second goal is to work with the RHCC to raise the profile of rural health, especially among urban healthcare counterparts. "Urbanites are unaware of how far rural residents have to travel to access a health care facility," commented Molinari. Part of highlighting rural health issues would include education about the importance of keeping all Oregonians healthy. He would also like to see more urban support for funding of rural health initiatives.

Molinari's other important goal is to increase the use of technology in rural areas.

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each of the former health service areas, and these geographic guidelines are still followed.

To fill open seats, representative organizations such as the Oregon Society of Physician Assistants appoint one of their members to the RHCC. However, there is no clearly defined mechanism for filling the five consumer seats on the council. ORH must depend on word of mouth among rural Oregonians to contact the Governor's office and express an interest in serving on the RHCC. ORH encourages those interested in being consumer members to get more information at the Governor's office web site, <http://governor.oregon.gov/Gov/boards.shtml>.

RHCC members serve a term of two years, and may be reappointed. Membership can be terminated if a member fails to attend two consecutive meetings of the council and if a majority of the full council votes to approve the termination. Consumer members whose status changes to that of provider, or representatives from a town of less than 3,500 who move to a larger town can also be terminated.

The Oregon Revised Statutes also state that the RHCC must meet at least quarterly, although any five voting members can petition for a meeting. Nine or more voting members must be present at a meeting to have a quorum. The RHCC has an elected chairperson and vice-chairperson who serve for a term of two years, and no one can serve in either capacity for more than two consecutive terms.

The RHCC is a significant resource for ORH. The composition of the council lends itself to identifying community health status and health care delivery problems statewide. ORH depends upon input from council members to assess the needs of rural communities and determine priorities for the office. As an advisory group, the RHCC provides useful health status information by region and community, identifies problems, and produces recommendations to deal with specific needs.

Historically, the RHCC has reviewed applications and made recommendations to ORH regarding distribution of community grant funds that the office distributes. Its statutory role also includes reviewing, analyzing and initiating legislative proposals. RHCC members contact legislators and policymakers about rural health issues when needed. Each member makes a report to the whole council on individual communities' emerging needs. Important issues are addressed through standing committees.

Currently, there are four standing committees. The RHCC chairperson appoints all committee members annually. The Legislative and Planning Committees' primary responsibilities are to review existing and proposed state and federal health related issues or legislation, review the RHCC bylaws and set goals for legislative sessions.

The Community and Council Development Committee coordinates with sponsoring organizations and other interested parties, provides council education and organization, instigates foundation involvement, participates in writing rules for grant awards and grants, and offers rural health clinic oversight.

The Vision and Policy Subcommittee assists ORH staff in the decision-making process in between RHCC quarterly meetings.

The fourth, and currently inactive standing committee, is the

EMS Grant Review Committee. The committee currently does not meet because state funds are no longer available for EMS grants. Should the legislature reinstate the funding, this committee will again become active.

Future plans for the RHCC include creating an executive committee that would be more involved in rural health policy, and provide direct advice and consultation around policy-making decisions. "This committee can use their expertise to help ORH staff employ policy that has a long-term effect on Oregon's rural health," said Karen Whitaker, Vice Provost, Center for Rural Health.

The next RHCC meeting is Friday, May 6, 2005. For more information on this meeting please contact Caleb Minnieweather at minniewc@ohsu.edu,

or at 503-494-4450. More information about the Rural Health Coordinating Council is available on the Office of Rural Health web site, www.ohsu.edu/oregonruralhealth. If you are interested in serving on the RHCC as a consumer member, please visit the Governor's office web site, <http://governor.oregon.gov/Gov/boards.shtml>, for more information.

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He would like to see available technology used to create links between urban hospitals and rural hospitals or clinics.

As a new member of the RHCC, Molinari looks forward to being part of an organized effort to ensure rural health care is accessible around the state. He has seen the work the RHCC does and looks forward to sharing the sense of community the committee enjoys while continuing to improve rural health. "I think that the RHCC has good leadership, and takes a proactive role in promoting rural health," said Molinari. "If you are going to spend your personal time promoting rural health, you might as well spend it with a group that has a good track record."

Conference Update

Be sure to visit the Office of Rural Health's web site, www.ohsu.edu/oregonruralhealth for information on:

- The 22nd Annual Rural Health Conference, November 3 - 5, 2005, in Sunriver, Oregon.
- The 2nd ORCHA Awards; see categories and nominations forms at www.ohsu.edu/oregonruralhealth/conf.html.
- Exhibit space and Sponsorship opportunities are available.

Sustaining The Rural Health Safety Net

By Ed Patterson, Executive Director, Oregon Rural Health Association

Problem: A rural ambulance service may be responsible for thousands of square miles and staffed by volunteers who must pay for their own Emergency Medical Technician training. Many rural communities are finding fewer volunteers that are financially capable of supporting this volunteer safety net.

Policy Solution: The '99 and '01 sessions appropriated \$1.3 million each biennium from the Criminal Fines and Assessment account for providing grants to rural EMS organizations. The Area Health Education centers provided EMT training to rural EMT's and the Office of Rural Health administered the EMS grant award program. The 2003 session took the \$1.3 million and used it to fund the OHSU Poison Control Center. The legislature should reinstitute this program and consider establishing a state tax credit program based on the volunteer hours rural EMT's contribute to their communities.

Problem: A rural health clinic staffed by a physician assistant or nurse practitioner may be the only source of medical care for 100 miles. The Certified Rural Health Clinics receive no federal operating subsidy and experience low patient volume and minimal cash flow making it almost impossible to maintain a financially viable organization. Previous appropriated state emergency safety net funds have been eliminated.

Policy Solution: The '01 session approved \$3 million to continue safety net clinic support. However, the funds were subsequently appropriated for a different priority. SB 326 ('03 session) would have appropriated \$5 million to the Office of Rural Health to establish a financial assistance program for the most fragile rural health clinics. Although passed by the Senate Human Resources Committee, the bill died in the Ways & Means Committee. Isolated rural health facilities need to be identified and the legislature should fund a program to assist the neediest of the rural health clinics to maintain a rural safety net.

Problem: More than one half of Oregon's hospitals are designated Rural Hospitals (under 50 beds in size). They are the cornerstone for a viable rural health safety net. Oregon has a shortage of physicians willing to practice in the rural areas; and maintaining a viable community hospital is essential for recruiting and retaining rural doctors and other medical specialists.

Policy Solution: The '89 session adopted a policy of guaranteeing qualified rural hospitals "cost-based" reimbursement for the care of Medicaid patients. In many instances this has made the difference between financial stability and failure. Each session, there has been an effort to dilute this program by removing some or all of the qualifying hospitals. With the changes in the Oregon Health Plan, increased non-paying use of hospital emergency rooms and increased charity

care will increase the financial stress on rural hospitals.

Eliminating cost-based Medicaid reimbursement for rural hospitals would provide minimal savings to the Medicaid budget but would have a disastrous impact on the individual hospitals. Legislators should reinforce their support of maintaining viable rural hospitals by including full funding of cost based reimbursement in the 2005-07 Medicaid budget.

A "Cost-Based Reimbursement Statistic Support" report is available as an Adobe PDF file at <http://orha.org/ABReport.pdf>. For more information about sustaining the rural health safety net, please visit the Oregon Rural Health Association's web site at <http://orha.org>.

Office of Rural Health Releases New RHC Report

The Oregon Office of Rural Health at Oregon Health & Science University announces the release of a new report about the challenges facing providers of rural health care.

The report, "Oregon Federally Certified Rural Health Clinics," is a comprehensive operations study of 37 of Oregon's rural health clinics. The Rural Health Clinic (RHC) program has been a community option to increase the availability of primary health care services for rural Oregonians since 1978, and was created by Congress so that there would be providers available in rural communities to serve Medicare and Medicaid patients. In many remote Oregon communities, an RHC offers the only option for primary health care.

Data in this report were obtained through personal site visits by Office of Rural Health field staff and include information about finances, staffing patterns, physical plants and challenges. In addition, the report offers advice to clinics considering RHC certification, and is intended to serve as an educational tool for communities, health care professionals and policy makers. It identifies and explores issues facing Rural Health Clinics while using the findings to improve the services provided by the Office of Rural Health through its technical assistance activities.

Contact Troy Soenen in the Oregon Office of Rural Health, 503-494-4450, for more information, or go to the Oregon Office of Rural Health web site, www.ohsu.edu/oregonruralhealth, to view the report on-line.

TRAINING & CONFERENCE INFO

May 19 - 21, 2005

Coding Workshop with Sharon Tyrrell
Blue Mountain Conference Center in La Grande, Oregon
Rachael Luciak, rachaelroo@hotmail.com or call (541) 962-3284

June 10 - 12, 2005

2nd Annual Mental Health & Primary Care Conference
Cascades East Area Health Education Center
Center for Health and Learning, St. Charles Medical Center, Bend, Oregon
Cascades East AHEC, info@cascadeseast.org, or call 541-388-7710

June 24 - 25, 2005

Regards to Rural III
Rural Development Initiatives
Resort at The Mountain, Welches, Oregon
Kathleen Colson, kcolson@rdiinc.org, or call 541-68-9077

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

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