

Columbia County Votes For A CAH

The need for an emergency health care facility in southern Columbia County has never been a secret. With the nearest 24-hour emergency medical care 30 minutes away in Portland or Longview, WA, becoming ill or being injured in St. Helens after regular business hours is a risk. Few residents disagree that Columbia County is short on medical services. Columbia County, with a population of 45,379, is one of the most medically underserved areas in Oregon.

Thanks to the voters of south Columbia County, there will soon be a Critical Access Hospital (CAH) in St. Helens. Residents voted to create a new health district, which will aid in the operation of the hospital. Voters were required to pass two related but separate measures on the November 2004 ballot. The first, Measure 5-123, dissolved a former health district supporting St. Helens hospital, which closed in 1990. The second, Measure 5-128, created a new health district to add an additional \$.38 per \$1,000 of assessed value to residents' property taxes for the creation and operation of a CAH. The permanent tax rate is expected to generate about \$830,000 annually.

"We are thrilled that the dream of a local hospital with 24-hour emergency care is becoming a reality," said Karen Punch, chair of the Columbia County Health District Board of Directors. "It was terrific working with Paul McGinnis and the Office of Rural Health (ORH), and the hundreds of volunteers who contributed their time, expertise and opinions to this four-year process. Without the Community Health Improvement Partnership (CHIP) process and the accompanying grant money, we would not be where we are today."

Paul McGinnis is Director of Field Services at the Office of Rural Health. Four years ago he received a call from Colleen De Shazer of the Columbia County Health District, requesting information about grants available through the office. "There was a movement to re-open the closed St. Helens hospital. Looking at the community, it was obvious that some assessment work needed to be done," said McGinnis. "To accomplish something of this magnitude requires a strong foundation based on data and people's opinions. Once the foundation is established, incremental progress can be made."

The 23-member Columbia County Health Partnership formed in 2001 to participate in the CHIP model to seek improvement in the health status of the population and the health resources serving the people of south Columbia County. The Partnership was comprised of community members, business leaders and health professionals representing various geographic, economic, social and health sectors. "The goal of CHIP was to give us an opportunity to assess, evaluate and provide an avenue for prioritizing the health care our communities desired," wrote Paula Becks, Hospital Coalition Member, in a letter to the editor of the local paper, *The Chronicle*.

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Rural Health Conference Celebrates 25 Years

The 21st Annual Oregon Rural Health Conference, "*A Quarter-Century of Service: Celebrating our Past ... Navigating our Future*," honored the 25th anniversary of the Oregon Office of Rural Health (ORH).

Karen Whitaker, OHSU Vice Provost for Rural Health and ORH Director and Paul McGinnis, ORH Director of Field Services, honored those who have championed the cause of rural health in Oregon for the last 25 years. Special recognition was given to Portland city Mayor Vera Katz and Peter Kohler, M.D., OHSU President for their efforts to bring health care to rural communities. As state representatives, Vera Katz, John Kitzhaber, M.D., Jeff Gilmour, Bill Markham, Max Simpson, and Tom Throop sponsored the 1979 legislative bill creating the Office of Rural Health. Other honorees included:

- Marsha Kilgore Butler, the first and the only former director of ORH
- Bruce Carlson, M.D., 2002 National Rural Health Association Practitioner of the Year, and Rural Health Coordinating Council member since 1981.
- Ian Timm, former director of the Oregon Primary Care Association and long time advocate for the needy
- Former state senator Gene Timms, who has been a champion of rural health issues for many years
- Ed Patterson, executive director of the Oregon Rural Health Association, and strong advocate of rural health while serving in the state legislature and later as a lobbyist for the Oregon Association of Hospitals and Health Systems
- Dick Grant, former director of the State Health Planning and Development Agency,

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and the first director of the state Area Health Education Center,

- Jeff Butler, formerly of the Office of Rural Health, then deputy director of the state Area Health Education Center, and now with OHSU Department of Family Medicine

- Rebecca Landau, SEARCH director and advocate.

This year's conference featured collaborations with the Oregon Rural Practice-based Research Network (ORPRN) and the Area Health Education Centers (AHEC).

ORPRN's conference track featured keynote speaker Larry Green, Dr.PH, Centers for Disease Control and Prevention, discussing the role of participatory research in medical practice. David Shute, M.D., talked to students, researchers, and practitioners about the barriers and facilitators to quality improvement in rural settings.

AHEC held a pre-conference policy retreat, followed by concurrent sessions covering significant topics such as rural EMT workforce development and long-distance learning for rural medical students.

Two other pre-conference sessions were held, a meeting of the Critical Access Hospital Advisory Committee and the annual Rural Health Clinic Workshop.

Popular conference sessions included a presentation by Gilliam County Judge Laura Pryor on the history of the formation of Oregon's new Office of Rural Policy and what it will mean for economic development and health care in rural Oregon.

Deborah Cateora and Judy Helstrom, both of Oregon Medical Assistance Programs, gave a seminar on "Early Childhood Cavities Prevention – What Every Health Care Practitioner Should Know", in which they discussed baby bottle tooth decay, early detection, and intervention.

The Oregon Rural Health Conference Awards (ORHCAs) were unveiled at this year's conference, honoring outstanding commitments to improving the quality and availability of rural health care. A stellar group of award recipients accepted their commemorative prizes at a conference luncheon.

Helen Bellanca, M.D. of La Clínica del Cariño, a community health center in Hood River, received the Rural Health Practitioner of the Year award for providing outstanding care, and making a lasting contribution to the health of those in her community. Said one of her nominators, "Dr. Bellanca is an extremely caring, compassionate physician and an incredible patient advocate. Dr. Bellanca is the kind of physician who makes us all remember our idealistic reasons for choosing medicine as a career."

The Outstanding Rural Health Practice award distinguishes a community-oriented rural health practice, group or individual that has improved access to health services and information for rural populations through innovative, comprehensive approaches. The Rinehart Clinic received this award for its rural health practice, which has made access to quality care possible for the under-insured and uninsured in Tillamook County.

The Rinehart Clinic's Prescription Assistance Project took the Outstanding Rural Health Program Award. This award went to a community, regional or statewide program that promotes or facilitates the development of rural health delivery systems. The Rinehart Clinic's Prescription Assistance Project was nominated for this award because, after only a year, it became a literal lifeline for scores of rural low-income seniors and working families. Each month the program secures prescription drugs valued at \$25,000.

Loretta Woodward, the manager of Rinehart Clinic's Prescription Assistance Project, received the Outstanding Contribution To Rural Health Programs award. "I feel like Colonel Sanders," she said, "as he too was recognized for his work after age 65." Woodward, a formally retired caregiver, has made a difference in the practice of medicine in north Tillamook County. She holds a special place in the hearts of those for whom she works because of her willingness to volunteer and her ability to grow with that program as it matured.

The award for Outstanding Achievement in Community Education went to Barbara Dougherty, Prevention Coordinator, Lincoln County Health and Human Services. Leading the local diabetes coalition, Barbara works with local physicians to offer education programs to a diabetes group visit program. She also worked with Samaritan Hospital Foundation to obtain free diabetes testing supplies for low-income residents. Barbara continues to find innovations to support Lincoln County residents.

Finally, the Dutch Reinschmidt Award for Outstanding Achievement in Rural Health Education was presented to John Saultz, M.D. Dr. Saultz is Chairman of OHSU's Department of Family Medicine, Director of the Oregon AHEC and Assistant Dean of the OHSU School of Medicine. For nearly 20 years, Dr. Saultz has used his knowledge to guide an entire generation of young physicians to be the providers Oregon needs for its rural communities. Dr. Saultz was recognized for his passion and steadfast dedication to mentoring students, residents, faculty and community physicians, and for serving as a voice for rural physician education in Oregon.

State Senator Ted Ferrioli, John Day, concluded the conference with a talk on the upcoming 2005 legislative session. Senator Ferrioli discussed the need to maintain rural health care legislation in a time of budget shortfalls. "Senator Ferrioli has always been an outspoken champion for improving access to health care in the rural Oregon," said Ed Patterson, Executive Director of the Oregon Rural Health Association, who presented the state senator with the ORHA legislative award.

ORHA also honored Congressman Greg Walden with an award for his contributions to rural health. Congressman Walden is the co-chair of the Congressional Rural Health Care Coalition and advocates for improved access to health care in rural areas.

The 21st Annual Rural Health Conference was a successful and informative conference for all participants. The synergy created by teaming with the Oregon Rural Practice-based Research Network and the Area Health Education Centers is a recipe for success that will be used for many years to come.

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The CHIP model requires that a comprehensive community health assessment be done using both quantitative and qualitative data analysis. The Partnership gathered this data using 9 comprehensive assessment strategies.

These assessments were studied by the Partnership, and five issue areas were selected. Committees formed around each issue, and they began defining a scope of effort and formulating sound recommendations for implementation. However, after a few months of individual committee research, it became apparent that a common barrier was preventing several of the committees from being able to plan for success. That barrier was the lack of a licensed inpatient hospital.

One committee recognized health services needed to be local in order for money spent on health care to stay in the area, and be put back into the economy. They were also concerned about improving access to services for low-income patients. The committees recognized that 24-hour care could only be provided by a hospital emergency room. The Mental Health Committee investigated the need for a local psychiatric urgent care facility where patient evaluations and lab work could be done. They discovered a hospital would best fill this need, and prevent patients seeking these services from leaving the community.

The Recruitment Committee discovered St. Helens was one of the most medically underserved areas in the state and based on the 2000 population rate, could support 32 physicians. 13 physicians were working the area at the time. The committee concluded having a hospital would establish business opportunities for physicians, making the area more attractive to providers. All committees attended a presentation given by ORH staff about critical access hospitals (CAHs), which are hospitals that receive cost-based reimbursement for Medicare and Medicaid patients.

With the help of ORH, the Partnership began to study the feasibility of opening a CAH in south Columbia County. The Partnership reviewed statistics on the closed St. Helens hospital. McGinnis provided data to project the number of hospital admissions and estimate potential hospital usage. For comparison, the Partnership looked at usage figures for other Oregon hospitals. They then reviewed patient market studies; Medicare cost reports from the old St. Helens hospital, and reimbursement patterns currently available for CAHs. Members of the Partnership visited a CAH in Cottage Grove, which is in a similar community and has an underserved population.

The Partnership investigated numerous ways to pay for a CAH. "Many rural communities struggle to keep their health systems economically viable. One local option to create non-operating revenue is the formation of a municipal corporation called a health district," said McGinnis. He helped the Partnership assess the impact of a tax-based health district to pay for a local hospital.

Using a health district, it would be financially feasible to build a CAH in St. Helens. The burden of financial support is spread

equally among the population that will benefit from the services made available. Annual fund raising campaigns are unnecessary. Local control of the community's hospital is maintained.

A health district can be formed only during a general election of an even numbered year. A committee must be formed to gauge community support, and determine geographic area and the amount of money needed. County commissioners have to approve a petition to form a district, and the petition must be signed by 15% of the registered voters in the area. Public hearings have to be held, and candidates wishing to be elected to the new district board must file and run for election at the same time a new district is formed.

Volunteers and members of the Partnership formed a political action committee, Citizens for a Community Hospital. In June 2004, the committee received approval from Columbia County Commissioners for the petition to dissolve the old health district and form a new health district. The committee hired legal counsel to assist them with writing ballot measures 5-123 and 5-128.

Hundreds of volunteers made a concerted effort to educate the voters of south Columbia County about the need for 24-hour emergency health care and the benefits of a local CAH. Efforts were made to emphasize that a new CAH would create jobs within the community and reduce the outflow of health care dollars, while ensuring that the community had necessary health care and could attract new businesses. "This effort was a real benefit to our community," Punch said, "not only in terms of health care, but also as economic development, bringing family wage jobs."

"Over the last four years, hundreds of volunteers assisted in the process," said Punch. "By the time we got to the campaign, we believed it could be done." The enthusiasm and hard work of local citizens working to benefit their community paid off in November 2004 when both ballot measures passed by large margins. "We give kudos to Paul McGinnis and the ORH staff for being a resource and working with us to make this dream a reality," said Punch. "This was truly a grassroots effort with local citizens contributing their time and money because they believed in bringing 24/7 emergency health care to our community."

The new Columbia Health District, with its publicly elected board, will own and oversee the hospital. Legacy Health systems will operate the facility on a day-to-day basis. The hospital will be built on an as-yet-to-be-determined site in St. Helens. The Partnership and those involved still have their work cut out for them as they search for a site, submit a certificate of need to the state and continue to plan the creation of a CAH.

The Columbia Health District, the Office of Rural Health, the Northwest Oregon Economic Alliance and the Port of St. Helens made contributions to Columbia County Health Partnership. Office of Rural Health staff provided technical assistance. For more information on the CHIP program, or Critical Access Hospitals please visit the Office of Rural Health web site at www.ohsu.edu/oregonruralhealth. Information on the south Columbia County campaign can be found at the Citizens for a Community Hospital web site, www.hospitalcoalition.org.

TRAINING & CONFERENCE INFO

January 28, 2005

Critical Access Hospital Quality Improvement Network
Cottage Grove Community Hospital, Cottage Grove, Oregon
Sandra Assasnik, 866-674-4376, or assasnik@ohsu.edu

March 23, 2005

3rd Annual NW Regional Critical Access Hospital Conference
CAH Quality & Sustainability
Red Lion Hotel at the Park, Spokane, WA
Cathi Lamoreux, lamoreux@wsu.edu, or call 800 279-0705

March 24 - 25, 2005

18th Annual NW Regional Rural Health Conference
Ever-changing Rural Health - Innovation, Diversification, Collaboration
Red Lion Hotel at the Park, Spokane WA
Cathi Lamoreux, lamoreux@wsu.edu, or call 800 279-0705

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

Call us at:
503-494-4450
toll-free 866-ORH-HERO
or 866-674-4376

Our full mailing address is:
OHSU
Office of Rural Health/L593
3181 SW Sam Jackson Pk Rd
Portland OR 97239-3011

E-mail:
howks@ohsu.edu

Web site:
www.ohsu.edu/oregonruralhealth

Oregon Health & Science University
Office of Rural Health / L593
3181 SW Sam Jackson Park Road
Portland OR 97239-3011

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