

Rural Health Coordinating Council

Minutes | September 1, 2023

Virtual Meeting via Webex and Telephone

I. Call to Order

Allison Whisenhunt, Vice Chair, called to order the September 1, 2023, meeting of the Rural Health Coordinating Council (RHCC) at 9:02 am.

a. Roll call, introductions

- *Donald Benschoter*
- *Allison Whisenhunt*
- *Raymond Hino*
- *Eric Wiser*
- *Ana Velasco*
- *John Begert*
- *Wayne Endersby*

Oregon Office of Rural Health (ORH) Staff

Robert Duehmig, Director; Sarah Andersen, Director of Field Services; Laura Potter, Administrative Manager

b. Agenda approval

The draft agenda for the meeting was unanimously approved.

c. Minutes approval

The draft minutes for the April meeting were unanimously approved.

II. ORH Updates

a. Maternity Unit Closures

St. Alphonsus in Baker City closed its delivery unit as of a week ago, and the announcement caused quite a firestorm. Senators Wyden and Merkley, the HHS Secretary, the Governor's Office – everyone was involved in trying to find solutions. The Federal Office of Rural Policy weighed in as well, but it is clear that no matter what, the decision had been made. Eric Wiser: reproduction rates are down, affecting volume, and the ability for providers to keep their skills up. Ray: agrees, has experienced

this before; another factor is the high rate for malpractice insurance in OB. One strategy has been family physicians willing to cover both pediatrics and OB. Is it possible to restructure the business model toward a health district model, for instance.

b. Grant Updates

SORH grant has been submitted, expect to have it continue as it has

SHIP grant was submitted in November, notice of award received; this provides mini-grants to CAH and small rural hospitals. We have 31 eligible hospitals, of which about 75% participant. Typical award is \$10,000 - \$12,000 per year. Program has had an onerous process for hospitals, particularly when they choose an independent project; but we are now also offering antibiotic stewardship training standardized project that reduces that burden, as well as a program focusing on CAH finance and administration. Grant year begins June 1.

For the FLEX grant, we will be heading into a competitive 5 year grant cycle, due in March. This our largest grant: quality improvement; financial and operational improvement; EMS improvement; population health and financial improvement. For QI, we do the quality workshop; provide memberships to MBQIP; quality networking calls for quality directors; support provider-based RHCs by conducting mock surveys to help them prepare for recertification; support them in remedying deficiencies have given small grants to communities seeking to improve population health programming, particularly for communities most in need according to the Areas of Unmet Health Care Needs. We are holding population health webinars as well. EMS: Have our Helping EMS in Rural Oregon grants; providing simulation grants. Partnering with NEOAHEC and AHEC to focus on recruitment for EMS. We will be sending out surveys to our CAHs to see what they need from us.

FLEX conference will be held in June in Santa Fe, NM, and Ray will be on a CEO panel at that conference.

Census Bureau changed some criteria that affects how a clinic can qualify to become an RHC.

c. National Rural Health Day, November 17, 2023

- i. National Rural Health Day, November 17th
Regional approach to celebration this year? Please reach out if you have ideas or need assistance.

III. Events

- a. Forum on Aging – this is becoming the Forum on Population Health and Aging in Rural Oregon, to better pull in the various SDoH factors affecting rural Oregon. The 2024 Forum will be virtual, June 12 and 13.
- c. Rural Health Conference: We are on track to exceed all previous attendance, for the 40th Annual Oregon Rural Health Conference. For 2024, we will have some difficulties scheduling sessions that CAH CEOs want to attend, because there is a direct conflict with the Hospital Association.
- d. Community Conversations: Find additional information [here](#). Designed to bring folks together on various topics in the community so we can learn from each other.
- e. Webinars: Find additional information [here](#).

IV. Legislature/Policy

A. Rural Policy Topics

There are \$6 million in the budget for a new loan repayment program focused on mental health. OHA pulled a version of this program back within its aegis a year ago, but it didn't work well, so the program is returning to us, and we will be reviewing what was done before to see what worked and what didn't. We should be able to start getting money out of the door either at the end of Q1 in 2024 or the beginning of Q2.

B. Legislative matters

The legislature is working out how to deal with the walkouts that happened during the session; the Secretary of State has determined that ten of the members are no longer qualified to seek reelection. Those members are going to sue, and the way the law works, it should go straight to the Court of Appeals or the Supreme Court, and we should know by early 2024. Also, the Republican leadership on the Senate side has said they want equal leadership going into the spring session, and if they don't get it, they won't appear, in which case there will be no spring session. This would be a short session in any case.

V. RHCC member reports

John Begert: OAR 855 covers the work that pharmacists do; one proposed change is to collaborative drug therapy management agreements, or CDTMs. They actually had to remove the "collaborative practice" language because it would limit a pharmacist's scope of practice. This eases the burden on providers of chronic conditions. Proposed language change would get rid of this, and include it under larger term, Clinical Pharmacy Agreement. OSHP works with the Oregon Board of Pharmacy, and the elimination of the language may create unintended consequences. OMB and payers recognize the CDTMs. Companies are now providing incentives to pharmacists to move to rural, such as moving expenses and signing bonuses.

It would be good to have the involvement of AHEC Scholars in this process, to get a sense of what it actually means to be going into rural health care and hear the discussions.

Don Benschoter: In Umatilla County, same staffing issues with nurses and losing a couple of physicians by the end of the year; the nurses have joined a union at St Anthony's in Pendleton, which is creating some staffing issues; they have lost a couple of primary care doctors, one to Newberg and one to Idaho, plus a retirement from the OB department because of a hand injury. They have gotten a bid from a company that

provides OBGYN practitioners, and would need three of them, which would cost \$2 million per year.

Ana Velasco: They are struggling a lot with hiring in Hermiston; most of their nurses are locums and they just can't afford it. They did just hire one nurse, at least, but as we are going into cold, flu, and covid season, it's worrisome.

Ray Hino: At the Hospital Association meeting, they were very consumed with the staffing bill in the legislature; also, the Hospital Association will be participating in rural advocacy days in Washington, D.C., in late October. There are also discussions with the Oregon Center for Nursing pursuant to HB 3396, which is supported by the hospital labor coalition and passed in the 2023 session, providing grants to OCN to work with Oregon's public nursing education programs, programs at OHSU, and colleges, for recruitment. OHA has \$5 million to help with these programs.

Also seeing an uptick in covid cases, and they have a big initiative at Southern Coos to select an EMR process.

Allison Whisenhunt: Health Service Area 1, Clatsop, Columbia, Washington Counties: They are seeing an uptick in fentanyl overdoses as well as a mixture of something else that is making it worse. Many fatalities. With Narcan, you have to use a large amount to get any effect whatsoever. She is sure this is a challenge statewide and indeed nationwide.

Eric Wiser: AHEC will have a board position with the Oregon Residency Collaborative Alliance, or ORCA. In recruiting this year, the residents will start in Portland in 2024, and get to Madras in 2025 or 2026. Just three residents to start. NEOAHEC got a Center of Excellence Award for how they adapted their pathway programs; AHEC has applied for an HCOP grant, which has helped careers and occupation programs. One possibility is through MedQuest, in partnership with NEOAHEC and Eastern Oregon University. AHEC Scholars is going well, with their largest cohort to date (cohort 6). Oregon AHEC lost its program manager, so they are rehiring, and also planning their stakeholders meeting the morning before the Oregon Rural Health Conference. Then they are having an annual AHEC event to bring as many AHEC Scholars as possible together, with speakers on fentanyl, as well as on supporting pregnant women with overuse disorders. Last, AHEC got a supplemental grant to help with simulations for both training and EMT programs.

VI. Old Business

No old business

VII. New business/public input

11:25 am

No new business

VIII. Meeting adjourned

11:30 am

DRAFT