Rural Health Coordinating Council (RHCC)

January 17, 2013, 8699 SW Sun Place, Wilsonville, OR

Members in attendance: Gary Brooks, Bruce Carlson, Wayne Endersby, Andrea Fletcher, Kevin Miller, Ted Molinari, Kathy Moon, Candye Parkin, Mike Patrick

Oregon Office of Rural Health (ORH) Staff: Robert Duehmig, Scott Ekblad, and Eric Jordan

Q = Question, A = Answer, C = Comment

Roll call, introductions

Andrea Fletcher, Chair, began the meeting shortly after 10 AM. Introductions went around the room.

Approval of agenda

Motion to replace the ORH Staff Report on the agenda with a Legislative Session Update, while retaining the rest of the agenda as written was moved and approved.

Approval of minutes

Motion to accept the October 2012 minutes as written was moved and approved.

Old Business

MTU Survey

Mr. Duehmig brought to light information on a Mobile Training Unit (MTU) survey. Mr. Endersby and Mrs. Fletcher have seen it and feel it is asking the right questions.

Q: When is the survey going out?
A: Notification is going out today, with the survey following shortly. We will hopefully be getting results within five weeks or so.

The ORH will be helping with the survey, and will invite someone from the State EMS Trauma Office to present at the next RHCC meeting.

Apple A Day Advisory Committee

Mr. Endersby provided an overview on the results of the Apple A Day (AAD) Advisory Committee's meeting held earlier in the morning. The ORH will run 2 cycles of individual EMS grants, as well as one for EMS agencies in 2013. There is a small amount of money left in the North Eastern Oregon Area Health Education Center (NEOAHEC) Agency Grants funds that will be rolled over into the general AAD funds to help with the agency cycle for 2013. Our initial hope is to be able to offer this agency grant for Coordinated Care Organizations (CCOs) to help bolster integration between EMS and the CCO providers.

Additionally, one agency from 2012 did not receive all of the money granted to them because it was held at their parent site, so we are requesting that those unexpended funds go towards additional training for them in 2013.

Dr. Miller brought up the conundrum of having to subscribe to multiple helicopter transport services in his area. Dr. Carlson said that he had heard something is in the works to bridge multiple memberships, but nothing has surfaced as of yet.

Dr. Miller feels that these multiple air transport memberships might be cost prohibitive. He would like for the RHCC to look into mitigating this issue.

Mr. Duehmig noted that air-ambulance transport is usually not a part of EMS legislative discussions.

Mr. Endersby volunteered to call the air transport agencies to see if something is in the works and to find out what regulations they are being impacted by. Dr. Brooks would like to know if the Oregon Health Plan (OHP) or Medicaid pays for air transport.

Annual Oregon Rural Health Conference

Mr. Ekblad provided an overview of the Annual Oregon Rural Health Conference. It was noted that the ORH is already planning the 30th Conference and is taking this milestone year as a chance to really look critically at what does and does not work.

The RHCC was queried for feedback.

C: Usually the best attended day is the first day with workshops.

C: In my own case, I'm looking at what is providing information to better help my patients. So I have to ask: who is it that you are targeting? Is it providers or is it clinic managers? I just don't know. I'd like to see you focus on the target audience.

C: I don't have much of a travel budget left over from other meetings that I attend, and don't really know how relevant it is to my own field's concerns.

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2013 Legislative Session Discussion

Mr. Duehmig provided an update of the upcoming Legislative session and addressed some of the information contained in the Lobby Oregon Reports. The RHCC were advised to look at the legislative committee member assignments to see if anyone might be a good fit with rural concerns.

While the chamber chairs are urban, they can be sensitive to rural, and there are also two physicians on board, so health should be a big concern.

The state loan repayment program might go to the Oregon Health Authority (OHA), since there is an urban component to the program. We would hope to continue to administer it at ORH, acting as a contractor for the OHA. There might be a problem using these dollars as a match in one of our programs, however, as it is a federally funded program and does not allow matching funds to be other federal dollars.

Both the Rural Provider and Volunteer EMS tax credits are due to sunset this year and are up for consideration during the session. We are working to have them reauthorized.

The Rural Medical Practitioners Insurance Subsidy Program is also due to sunset and we are looking at having it reauthorized. There is word that the Oregon Medical Association (OMA) is near to having their recommendations published.

Q: Are there any rural health advocates in the committees?
A: There are, but I can't say that we have any one person we can go to. Who we approach for support will depend on the issue at hand.

RHCC Member Reports

Bruce Carlson, MD, Oregon Medical Association

<u>Christmas Valley</u>
Patient Census is slightly improved over the past year.

CCO implementation will be having its issues because the clinic had no Medicaid managed care and dealt with DMAP directly.

Financially now the clinic has to initially bill the CCO and after 3 to 6 months, bill DMAP for a wrap-around payment to pay the difference between the CCO rate and the rate the clinic has been assigned by the state. This could amount to as much as $100 per visit. One third of the patient visits are by individuals with the OHP so this amount could be $5,000 or more per month.

Referral authorization and medication authorization is another issue. In the past since all the patients were on open card and not managed care, this did not have to be done. The staff is not used to handling this and initially it appears that the providers will be doing it.

In my own office in Hermiston, my staff is used to this and has done it for over ten years.

Staff from GOBHI has offered to assist us with obtaining Patient Centered Medical Home status. This will give us an additional payment of $2-24 per month per Medicaid patient.

Condon
The city of Condon is in the process of donating land for a new clinic which will include an exercise facility with a lap pool. Initial architectural drawings have been completed.

As of December 31, 2012, I am no longer serving the clinic in Condon as their supervising physician.

Hermiston
Patient census was down in 2012 about 800 patients from 2011. Patient census was equivalent to 2007.

A new practice management system was installed in August in preparation for ICD 10. Cash flow was affected because of clearinghouse issues.

The local hospital board has been concerned about the shortage of primary care in the community. One way that I am approaching this is by changing the name of my clinic from Urgent Care to Hermiston Family Medicine and Urgent Care to let the public know they have another place to go for primary care.

Pendleton
As we speak today, the location for the new Medicaid clinic in Pendleton is being painted inside. We had hoped to be open by January 16th but that date is now February 1st. We are starting with a part-time nurse practitioner. This is being done because of a shortage of primary care in Pendleton.

Eastern Oregon CCO
Geographically this is the largest CCO in Oregon, encompassing 12 Eastern Oregon counties. It is a partnership between GOBHI and ODS. Many issues are having to be dealt with. There are definitely growing pains.

Kevin Miller, DO, Osteopathic Physicians and Surgeons

The PacificSource CCO is looking to work on a new clinic with Mosaic to take care of the sickest people in the service area. AirLink Critical Care Transport will not cover for the Life Flight Network and vice versa. Medicaid recipients generally do not need membership, but their coverage should be checked with one's provider. Medicare offers some coverage

depending on the part that one falls under (A, B, D, etc.) and if one has supplemental for that incident.

Answers to Emailed Questions

- The unexpected bump in insurance rates is a biggie. For rural, this is an issue because rural has more individual plans than those covered by an employer.
- The 20 million people who will still be uninsured nationally are a big problem. There are 200,000-350,000 people in Oregon who will be covered by Medicaid by the Affordable Care Act (ACA) who are currently not covered.

Mr. Jordan will distribute the questions to the RHCC via email so that if more answers arise, they can be sent directly to Dr. Miller.

Ted Molinari, Consumer

The Asher Clinic's manager is slowly edging towards retirement with his replacement quickly getting up to speed. The dental clinic has had a growing census, but there are still some waits for some services. They are still recruiting for a provider at the Asher clinic.

Wayne Endersby, Oregon EMS Association

There is a push for 12-lead EKGs in the field. Some stations with paramedics were previously only doing 3-4 leads. This has given us some more tools, but we're still learning them. The State has approved EPI-IM and albuterol for paramedics to use on patients. The expired drug waiver has now expired, so fines will be levied if expired drugs are found on a rig. That being said, there is still a drug shortage on some ambulances.

Gary Brooks, DMD, Oregon Dental Association

Dentistry is still approximately 5-10% of the overall health budget. We are wondering how dentistry will be rolled into the CCOs as a result of this. Typically OHP patients have been taken care of by Dental Care Organizations (DCO). For some reason DCOs have been excluded from the CCO model. There are differing perspectives on when the dental umbrellas are to be included in CCOs. Some say 1/1/2013, some say 1/1/2017. This seems to be a fight between open-card and DCO repayment ideologies.

Kathy Moon, Oregon Nurses Association

<u>ONA</u>
We are having problems with nurse practitioners (NPs) not being admitted into CCOs. Merrill and Bonanza patients are being sent letters stating that they need to go elsewhere

for healthcare instead of to the NP they have been seeing for 20+ years. This seems to be a misreading of the rules by the CCOs and the OHA is basically saying "work it out on your own and just have your patients go to open-card."

The ONA is working with the OHA on CMS language that forbade Primary Care Provider status resulting in enhanced payments. For primary care, NPs will be reimbursed at 2009 levels.

The Association of State Governors wrote a position paper stating NPs should be practicing uniformly everywhere in the United States at the top of their training. NPs are still receiving arbitrary reimbursements from insurance carriers in Oregon and Washington.

Reedsport
The Dunes Family Clinic went through EPIC training. They lost two providers and have been unable to recruit due to negotiations with Lower Umpqua Hospital (LUH). A company called EmCare now has the contract for Emergency Medicine at LUH, which could potentially close Dunes Family Clinic. When this happened in Gold Beach, it ended in a lawsuit between EmCare and the hospital. The clinic is looking at all options available to help survive this.

Mike Patrick, Oregon State Board of Pharmacy

For national legislation, the Board has patient care providers available under Medicare as a goal. For the state legislation, we hope to evolve under CCOs towards clinical pharmacy services. We are looking at a bill to allow pharmacists to vaccinate children under the age of ten for health care emergencies. The Board of Medical Examiners and the Dental Board are licensing semi-retired providers who still have to meet the CE credits and provide 100% volunteer work.

Q: Is there still a pharmacist shortage?
A: The pharmacist shortage in the state no longer exists. This is due largely to Pacific University opening a program which doubled graduates and pharmacy chains slowing openings of new locations.

Candye Parkin, Oregon Association for Home Care

The Oregon Association for Home Care will start looking at creative solutions with CCOs.

Regarding federal issues for home care, NPs still can't sign on plan of care or orders, so we'll be working on that at the national level. The face-to-face requirement for Medicare is also still an issue, especially for rural providers and patients.

Q: What if Home Care hired a retired or semi-retired physician to go to the home-bound, so that they met their face-to-face time requirement?

A: The rationale for this legislation was that "better care" would occur with the physician visit. The concept was basically good for clinical visits, but not so much for the home-bound.

C: Maybe getting Governor Kitzhaber on board with this issue would be wise.

Andrea Fletcher, Consumer

Morrow CHIP is working on developing a resource guide for the community. Troy Soenen has connected us with 211. With 211's help, the guide will be marketed to the community once there is a good base of services listed.

New Business

Mr. Jordan will distribute Dr. Miller's written questions to the RHCC so that they can respond back directly to Dr. Miller.

The next RHCC meeting is scheduled for Thursday, April 18, 2013 at the Oregon Dental Association building.

Adjourn