Rural Health Coordinating Council (RHCC)

July 18, 2013, 8699 SW Sun Place, Wilsonville, OR

Roll Call & Introductions

Andrea Fletcher, Chair, began the meeting at 10 AM.

Members in attendance: Bruce Carlson, Pam DeVisser, Wayne Endersby, Andrea Fletcher, Ted Molinari, Judy Ortiz, Candye Parkin, Michael Patrick, Charles Wardle

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

Guests: Onofre Contreras, Beryl Fletcher, Senator Elizabeth Steiner Hayward

Q = Question, A = Answer, C = Comment

Conversation with Sen. Steiner Hayward Regarding HB 2348

A conversation was had with Senator Elizabeth Steiner Hayward regarding HB 2348, which creates a task force that in part coordinates different public health systems over common needs to better improve delivery of health care across the state.

Q: I received a call from my County Health Board that received a draft of this bill. They were concerned by the initial language of dividing the state up into eight regions. With the substantial differences from one end of the state to the other, looking at the state in this regional way was a reason for pause. How involved will you be with the task force's work so that these concerns will be considered, rather than forcing a singular model onto the whole state?
A: The litmus test for this task force is to ensure that proper health care is being delivered to a community. This will involve working with local stake holders such as county boards and CCOs. I may or may not be one of the Senators on this task force, but I will certainly keep a close eye on this if not. I also encourage any of you to apply for one of the community positions.

C: At the CCO board that I serve on, we have so many issues ahead of us that we cannot even address public health at this point. In my opinion, there have been some political solutions that have worked out adversely, so I am worried that this might make matters even worse.
A: We won't be making changes for change's sake. We will be looking at the past so as to not repeat errors that we have learned from. We will also need to be mindful of the differences that exist in rural and urban health care.

Approval of Agenda

The Agenda was moved and approved as written.

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Approval of Minutes

The April 2013 Minutes were moved and approved as written.

Old Business

Baker City Apple A Day Training Grant Update
When Mr. Ekblad sat to draft a communication to Baker City requesting more information on the funds allocation, it was realized that the deadline for them to provide a written report was approaching, so he will hold off on that communication until after the report deadline has passed.

Air Ambulance Follow-up
We offered to forward the language we just received from Air Link's attorneys to the regional CMS office. We are going to carefully consider this with Dr. Kevin Miller before approaching CMS. We do not want to stir up dust over this issue so will tread thoughtfully.

Annual Oregon Rural Health Conference Planning Update

The 30th Annual Oregon Rural Health Conference will be held October 23–25, 2013 in Portland at the Doubletree by Hilton-Lloyd Center. One change for this year is that the conference proper begins mid-day on the first day. Rather than beginning the Conference in the early evening as past years have, there will be an opening session called *Rural Solutions to Health Inequities.* We are working very closely with the Office of Health Equity and Inclusion at the Oregon Health Authority, the Oregon Medical Association, and the Oregon Primary Care Association on this session.

Oregon's Health Insurance Exchange

Mr. Contreras provided an overview of Cover Oregon (Oregon's Health Insurance Exchange) including its background and mandate.

A significant issue at this point is educating Oregonians about what Cover Oregon is as a Health Insurance Exchange. Most of its funds at this point go towards either IT infrastructure or marketing. They are on-point to have it online in October of this year.

Q: Is this Health Insurance Exchange concept driven by the Federal mandate on businesses, which will have to cover their employees' insurance?
A: The simple answer is no. Cover Oregon is for businesses with fewer than 50 employees, as well as for individuals to find their own coverage.

Q: The average cost of insurance looked like it was going up under the Affordable Care Act. How does the service delivery system you are working on affect the consumer and his ability to afford health insurance?

A: Insurance regulation happens at the state level, on a state-by-state basis. Whether the cost of a plan will go up or down really depends on how a state is regulating the insurers within their borders.

Q: For communities that are too small to support an insurer having a local office, where would they turn to find the resources that their urban counterparts could easily find in abundance?
A: We have an 800 number that anyone in the state can call. The operators are being trained to be able to answer those questions.

Q: Will there be any way that Oregon's Exchange would pay out for undocumented people?
A: No. By federal law, they cannot, even with their own money, pay for a plan through an Exchange. In Oregon, this population is approximately 150,000 to 160,000 people.

Q: How will this help the Medicaid/Medicare populations?
A: This will not help them. They cannot take advantage of the Exchange and be Medicaid eligible or be Medicare eligible.

Q: How does a community member get info on Cover Oregon?
A: We have a marketing effort that is working diligently to get word out on us. We list an 800 number to take any calls from anyone. We are here to help individuals as well as providers in making better decisions on the Exchange.

Q: Is there anything in the national Exchange program to build actuarial tables across state lines?
A: It is the State Insurance Division in each state that sets those rules. There was a federal proposal for coverage portability across state lines, but it did not pass.

C: Just as a comment or clarification on the earlier mention of dual-eligibility: for those on Social Security, there are some very low income levels that allows for dual-eligibility.

Q: When they are Medicaid qualified, do they have to pay for that out of pocket?
A: While there are some low-cost co-pays, that has been changing with the CCOs.

Q: Are there visual aids for those who might have issues with hearing problems or other barriers to understanding?
A: That is a great question, which I will take that back to our marketing people.

Mr. Contreras mentioned the Consumer Advisory Committee for Cover Oregon, which is looking for rural members. He also asked that RHCC members consider helping him host a community meeting in their areas. Perhaps the ORH can help coordinate a week-long series of visits.

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ORH Community Needs Assessment Survey

Mr. Valley provided an overview of the Community Needs Assessment performed in Grant County last year and compared it to the one being performed in Lake County this year. Mr. Ong presented the data overview.

Q: Is there comparison data to urban?
A: Not for each and every question, but whenever I could find comparable data to a question, that data was included as a comparable aside.

Q: How did you communicate the survey before it hit?
A: That went through the CHIP to get the word out locally. It was heavily networked out.

Q: Our local CCO is working on something like this through a different entity. I wonder if our local CHIP could float our data past you to compile after we do in-person surveys.
A: We can certainly work on a proposal with you for that service.

Policy Update

Mr. Duehmig provided a Legislative Update

<u>Rural Practitioner Tax Credit</u>

- Sunset changed to December 31, 2015
- Requires participation in Medicare and Medicaid – willing during the tax year to serve patients with Medicare coverage and patients receiving medical assistance in at least the same proportion to the practitioner's total number of patients as the Medicare and medical assistance populations represent of the total number of persons determined by the Office of Rural Health to be in need of care in the county served by the practice, not to exceed 20 percent Medicare patients or 15 percent medical assistance patients.
- Minimum work requirement of 20 hours of work per week in a qualifying rural area, averaged over the month.
- A rural hospital that was designated a rural referral center by the federal government before January 1, 1989 and that serves a community with a population of at least 14,000 but not more than 19,000; (Bay Area Hospital, Coos Bay)
- A taxpayer who meets the eligibility requirements in ORS 315.613 for the tax year beginning on or after January 1, 2013, and before January 1, 2014, shall be allowed the credit under ORS 315.613 for any tax year:
    - That begins on or before January 1, 2023;
    - Or which the taxpayer meets the eligibility requirements of ORS 315.613.

      This last piece is the grandfather clause. Those that receive in the tax year

of 2013 would qualify for the next 10 years, but only if they meet the new criteria that take effect on January 1, 2014.

The agreement that allowed for the continuation of the tax credit is that there would be a review of the rural recruitment programs to determine if tax credits are worth continuing or if support should be given to other recruitment programs instead. Senators Steiner Hayward and Bates have been notified that ORHA and ORH are interested in coordinating an interim workgroup on rural incentive programs.

Rural EMT Tax Credit:

- Sunset date has been changed to December 31, 2019.
- All other aspects of program remain the same

Rural Medical Practitioners Insurance Subsidy Program

- The program was continued. $4,600,000 was included in the OHA budget. There were no changes to the program.

Loan Repayment

- The Scope of Work is in progress.

Loan Forgiveness

- The program was continued with no changes.
- $1,000,000 was allocated for the biennium (the previous year was $525,000) – and is included in HB 5008.
- A program advisory committee will have to meet soon to develop a plan to bring COMP-Northwest into the program and increase participation to ensure we commit the money before the end of the cycle.

RHCC Member Reports

Candye Parkin, Oregon Association for Home Care
Mrs. Parkin provided data on home health for Oregon:

- 21,000 people receive Home Health in Oregon
- 56 Home Health organizations operate in Oregon, 48% of which serve rural Oregon
- 3,500 current jobs in Home Health for Oregon, with 5,300 jobs created in Home Health and Hospice.

From a regulatory standpoint, passing the ability for nurse practitioners to write orders is something we are still working on. Senators Wyden and Merkley, as well as Representatives DeFazio and Schrader have offered support. It should be noted that Senator Wyden has been particularly sensitive to Home Health and Hospice.

Q: Why would the state not allow NPs to write orders?

A: It is actually a federal rule, not a state rule. The national association has been working to get this changed for a very long time. We are actually very fortunate that Oregon is so advanced in terms of NP practice.

Bruce Carlson, Oregon Medical Association

Workforce Issues

A recent discussion has revolved around workforce issues and how to get people who have been out of practice for an amount of time back into the system to provide health care. One seemingly simple roadblock is the lack of training sites, which is something that is improving.

Eastern Oregon Coordinated Care Organization

Managing 12 counties is beginning to become a management issue. It is still in the early stages however. Mental health is currently running parallel, in its own silo, to all other health. We are not really seeing much integration there yet. Getting mental health care available in a clinic on a regular basis seems to be a solid idea.

Q: Does the Eastern Oregon CCO have a mental health strategy?
A: Not yet, but we are getting there.

Pendleton

The census is increasing at the Medicaid clinic, while the assigned patients seem to be decreasing. We are working on finding a cause for this decrease. The capitation process is still being analyzed.

Hermiston

We are working on a legal opinion regarding overtime pay. This plays into the schedule there where we have providers working one week on, one week off. We are playing with the variables to see what will work legally.

North Lake

We installed a new Electronic Health Record system at the beginning of the month that is cloud-based. Our coding system will be changing next year as well.

Michael Patrick, Oregon State Board of Pharmacy

The Oregon State Board of Pharmacy has a working condition survey out. They are looking at the number of hours worked versus how many prescriptions are filled, as well as other variables.

C: It seems like online pharmacies are impacting rural areas. In Vernonia, the pharmacy had to close because the clinic in town has forced its patients to move to an online solution.

Pam DeVisser, Oregon Nurses Association

The ONA/NPO payment parity for NPs was successfully passed. Physicians were concerned that their own rates would be decreased. It was written so that should not be the case. A taskforce will reconvene by the sunset date to assess its effectiveness.

Wayne Endersby, Oregon EMS Association

We are back down to one MTU. The state is hiring for that position. The timing is pretty lousy because everyone has to recertify for the new EMT license levels. Hopefully the remaining MTU will be out east in late August.

Judy Ortiz, Oregon Society of Physician Assistants

At Pacific University, 20% of the students enrolled into the rural tract. We have had to hire a recruiter to get a PA into Burns. Suitable housing is still a big barrier there.

In Vernonia, we are looking at helping them fund a full time PA at their new clinic.

The National Center of Rural Health Professions looked at how Pacific University screens for potential rural health students.

New Business

There was no new business.

Adjourn