

Rural Health Coordinating Council (RHCC)

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

Roll Call & Introductions

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

Members in attendance: Bruce Carlson, Andrea Fletcher, Heather Lewis, Kevin Miller, Candye Parkin, and Michael Patrick

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

Guest: Beryl Fletcher

Q = Question, A = Answer, C = Comment

Approval of Agenda

The Agenda was moved and approved as written.

Approval of Minutes

The July 2013 Minutes were moved and approved, with the following correction:

- In Dr. Carlson's report, it was mentioned that the North Lake Clinic had installed a new Electronic Health Record system. It wasn't installed; it was an existing system that was converted to a cloud-based system.

Old Business

Apple A Day Training and Volunteer Grants Update

Mr. Ekblad highlighted the program reporting for grants issued in 2013, which included individual EMSP (emergency medical service provider) grants as well as agency grants. He also discussed patterns that have developed as this program has been administered for a few years now, such as multiple forms submitted from a single agency, all completed by the same hand, as well as some EMSPs submitting applications across multiple cycles. Some of the language has been amended on the application to make note of the grants being needed and used for hardship cases, to help those most in need of assistance to remain a licensed EMSP.

Q: Are there underserved communities that are struggling to get volunteer EMSPs?

A: We hear about that anecdotally, but there is no real measure of what is considered to be underserved.

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C: We have this issue in eastern Oregon; there is a fair amount of burn-out with EMSPs in a lot of our small communities. It's a real problem on a number of levels.

C: How about a press release before a cycle goes out?

While we do not have a comprehensive list of each individual who might be eligible, we do have a list of each agency, which is updated before each cycle goes live.

C: I want to second the press release idea. Sending to agencies is good, but if they are at an agency that is struggling already, it's just another mailer in the pile. I think sending a press release to rural papers will really help get the word out.

C: Some of the agencies in our Eastern communities are so small that there is no one really doing administration, so I second the preemptive press release idea. I'd also like to thank the ORH for stepping up to the plate with this grant program. There really isn't anyone else helping like this.

The outcome of this morning's Apple A Day Advisory group is that we will reword the applications for clarity, issue another round of individual grants in January, and meet again in April to see how successful those efforts were and go on from there.

Q: Did the grants awarded to the agencies result in more people being trained, as opposed to the individual grants? Did the agency grants provide a bigger bang for the buck?

A: Yes, they were a much bigger bang for the buck.

Air Ambulance Follow-up

Mr. Ekblad noted this issue has become more and more complex as it is worked upon. AirLink's attorney offered his opinion on why they are cannot enter into reciprocal agreements with non-profit air transport companies. Mr. Endersby suggested we get licensing requirements at the state level which mandate reciprocity into the rules.

Dr. Miller took the lead on this effort and spoke with a representative for U.S. Representative Greg Walden, who is now looking into the matter. There is a feeling that a State effort might be thwarted at the Federal level or by at least one of the vendors in the State. If that turns out to be the case, the language could be modified to suggest reciprocity, rather than require it, and might help cover some percentage of Oregonians not already covered. Dr. Miller will continue to work on this.

There is concern by the transport companies that the Affordable Care Act (ACA) will forbid them charging for memberships anyway and that they will have to end up billing for the transport event.

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C: It seems to me that they will need to resolve this through language much like what insurance companies have in place, so that the reciprocity does not become some form of a kick-back. This precedent is already set with ground ambulance services.

ORH Staffing Update

Mr. Ekblad mentioned the new ORH employees: Meredith Guardino, Director of Field Services; Hilary Gossler, Loan Programs Specialist; and Brooke Sturtevant, Recruitment Program Assistant.

Histories and definitions of the three different loan programs were given, with a focus being placed on the new Medicaid Primary Care Loan Repayment Program, which is funded through the Oregon Health Authority, but administered by Ms. Gossler at ORH.

Our hope is to have the Medicaid Primary Care Loan Repayment Program continue beyond its initial four-year run. Legislative concepts are being drafted to see it continue.

Oregon Rural Health Conference Planning Update

Mr. Ekblad shared the conference agenda and highlighted the half-day Rural Solutions to Health Inequities session that launches and informs the rest of the conference.

Q: (Beryl) I'm sure the agenda for this year's conference is pretty much locked down, but could we add some dental to next year's agenda? Maybe have something on adult dental care for caregivers?

A: (Bob) Absolutely! We'll start planning for the 2014 Conference in the first part of January, so will come back to you on this for brainstorming.

Q: Is there any reason as to why some go to the Rural Health Clinic (RHC) Workshop then leave?

A: We have tried to directly address that the past couple of years, but have not been able to get at the reasons behind it. However, this year's registration numbers look to be reversing that trend. We'll know once we get feedback afterwards.

C: It seems that the RHC Workshops have been really well attended in the past, so maybe having it as its own event at another time of the year would better serve the people who attend that workshop. Perhaps getting the Oregon Rural Health Association (ORHA) to sponsor it being its own one-day workshop might be a way to go.

Q: Have you looked into doing a simulcast of the sessions at the Conference?

A: We have not previously considered that.

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Medicaid Primary Care Loan Repayment Program

Mr. Ekblad highlighted the Medicaid Primary Care Provider Loan Repayment Program. Although it says Primary Care, it includes Extended Practice Dental Hygienists and Mental Health Providers. Since it basically covers the whole state (urban and rural), there is a matrix of priorities that are considered with applicants. Additionally, there is a three-year commitment for the awardee, with the ability to renew for a fourth and fifth year.

Q: Is this for new people or existing people in rural?

A: It is primarily a recruitment program, not a retention program. That is where the priorities come into play. It is meant to expand the workforce, not keep it as it is.

Q: When do applications open?

A: December 2, 2013.

Workforce Incentive Programs Alignment

At the behest of the Oregon Legislature, a workgroup is being put into place to align the various workforce incentive programs, most if not all of which are administered by ORH. The ORHA is taking the lead in facilitating the discussion and planning what will need to happen logistically before the 2015 Legislative Session.

Q: Do you think this standardization will be a positive thing?

A: It depends on the program and its intended impact. If a program was set up to be a recruitment and retention tool, and the standardization causes it to lose its recruitment component, then it would be negative. But if the standardization helps us better define and refine these incentive programs, then it will be positive.

RHCC Member Reports

Beryl Fletcher, Oregon Dental Association

Ms. Fletcher mentioned the upcoming Mission of Mercy, which will be in Portland this year November 24-27, 2013. The Mission of Mercy provides some free dental care to low-income Oregonians. Information on this can be found at oregondental.org, where one can also find information on low-cost dental clinics.

Ms. Fletcher has been getting a lot of calls regarding ACA and Cover Oregon. She will be sharing links for understanding dental under the ACA and Cover Oregon.

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Q: I was searching the Cover Oregon website just last night, looking for a participating dental provider who covers a wide area and noticed they were not listed. Is there any reason why that might be?

A: It depends on whether they are within Medicaid or not. Some outside of Medicaid are deciding to not participate in the health exchange. Because dental is just now forming relationships with Coordinated Care Organizations (CCOs), there will be a gap in providers listed until they are fully integrated on June 1, 2014. I know that a lot of the larger dental organizations are already contracting with the CCOs, so you might have to go to the instance of the CCO on Cover Oregon, and then see which dental providers that CCO has partnered with.

Q: One of the things that I understand will change under the expansion of Medicaid is that the nature of adult dental will be changing. Is that correct?

A: Yes, if people are on Medicaid, they will need to be on the Medicaid Plus plan. How this will pan out still needs to be seen, and looks to still have some limitations. On top of that, there is no extra money to move everyone from a Medicaid Standard to a Medicaid Plus plan, so the dental contractors will be doing more work for less money. There will surely be glitches as customers come and go, but we will see how it all works out.

Bruce Carlson, MD, Oregon Medical Association

Eastern Oregon CCO

Dr. Carlson provided a brief history of the Eastern Oregon CCO. At the last board meeting a couple of weeks ago, quality reports out of the State came up. They also talked about the health information exchanges, where portability of health records from system to system is still an issue. The CCOs should be able to help the State solve this problem. They also addressed hospital compensation, since that is coming up for consideration in 2014.

Q: What was the assumption on calculating the numbers for diminishing the amount of patients versus the loss of revenue to the hospital? Did they take into consideration that some or the majority of those patients would be little or no pay on a sliding-fee scale? Do those hospitals offer financial assistance?

A: Our local hospital does offer assistance to this population. But in almost five years, they have still made almost \$50,000,000.

C: I ask because our local hospital had a very high no-pay rate in its emergency room (ER), so they partnered with and brought in a Federally Qualified Health Center (FQHC) to reduce ER visits, which then minimized the ER being used as primary care, which ultimately helped their bottom line.

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I think this is more of an illustration about how they need cost-based reimbursement, versus how the reimbursement system has not caught up to keeping a hospital open in an increasingly healthier community.

Another matter the CCO is looking at is increased enrollment in Medicaid beginning January 1, 2014. In Oregon, that looks to be about 250,000 new qualifiers under Medicaid. One of the things that the CCOs have to assure the state is that the CCOs can handle this jump in numbers.

Pendleton

At the clinic in Pendleton, the Medicaid numbers are down, but we expect them to increase shortly.

Hermiston

The work week (one week on/one week off) schedule is working out well. The legal opinion is that we can make changes to when the week begins and ends.

North Lake

At the clinic in North Lake, we changed the billing system to an electronic billing system, which is also upgradeable to ICD-10.

Cover Oregon Site

I've found that Cover Oregon does not allow one to use Internet Explorer, it insists one use Chrome, Firefox or Safari.

Michael Patrick, Oregon State Board of Pharmacy

The Board's Executive Director is retiring at the end of the month. The hunt is on for a new one.

Andrea Fletcher, Consumer

Ms. Fletcher expressed wonder at how eastern Oregon CCO handles one county, let alone all twelve under their purview. She can see how it works at the local level through the Morrow County CHIP so is curious to see how it shapes up at the CCO level. I wonder how we can assist the small Medicaid population in the county, while at the same time look at the general population and not waste staff time and money. Then add to that the system perspective held by some that reducing ER visits will diminish the bottom line and feasibility of a small hospital, which is counter to the example expressed earlier here, where they actually had better revenue when those patients were not using the ER for primary care.

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Q: There has been a lot of focus on Medicaid under Cover Oregon, but is there any word on how Public Employees' Benefit Board (PEBB) and Other Post-Employment Benefits (OPEB) will work under Cover Oregon?

A: A whole new batch of legislation will have to happen first, but that's not Cover Oregon. Cover Oregon is under the ACA, but CCOs are an Oregon concept. And that's where PEBB and OPEB will be, under the CCOs.

Candye Parkin, Oregon Association for Home Care

The National Association for Home Care Conference is at the end of the month in Washington DC. It will be interesting to see things at the national level. Nurse practitioner signing orders, face-to-face for home health referrals, and CMS home health co-pay for referrals are issues we hope to further.

New Business/Public Input

There was no new business or public input.

Adjourn