

# Rural Health Coordinating Council (RHCC)

January 16, 2014, 8699 SW Sun Place, Wilsonville, OR

## Roll Call & Introductions

Wayne Endersby, Vice Chair, began the meeting at 10 AM.

**Members in attendance:** Gary Brooks, Bruce Carlson, Pam DeVisser, Wayne Endersby, Andrea Fletcher (via phone), Heather Lewis, Ted Molinari, Candye Parkin (via phone), and Michael Patrick

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

Q = Question, A = Answer, C = Comment

## Approval of Agenda

*The January 2014 Agenda was moved and approved with the following changes:*

- Ted Molinari's member report was moved to before lunch.
- Meredith Guardino was not able to join so will not be presenting today.

## Approval of Minutes

*The October 2013 Minutes were moved and approved as written.*

## Old Business

### Apple A Day Advisory Group Update

Wolf Creek received a training grant, but was unable to enroll enough students to expend all of the grant funds. The Advisory Group agreed to allow them a 1-year extension on the funds to continue to train in their area.

The Advisory Group decided to have the second cycle in March go to agencies (with a maximum award per agency of \$2,000), and the third cycle go to individuals.

### Air Ambulance Follow-up

Mr. Ekblad provided background on the history of the reciprocity agreement issue. It has come to light that there is only one company that will not agree to reciprocity. Additionally, there is a Federal law that would trump a State level law requiring reciprocity, should such a law ever be passed. In speaking to the players in this area throughout the state, it was revealed that more carriers are coming to Oregon, providing greater competition for the lone hold-out non-reciprocating company.

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## Oregon Medicaid Primary Care Loan Repayment Program

Hilary Gossler, ORH's Loans Programs Specialist, presented information on the new Oregon Medicaid Primary Care Loan Repayment Program.

**Q:** What does Oregon Healthcare Transformation mean? Is it a part of Affordable Care Act (ACA)?

**A:** It is the state's transformation of Medicaid and the Oregon Health Plan (OHP).

**Q:** Did the state have to revamp the Medicaid program to comply with the grant?

**A:** They did not have to change all that much, but change was made to expand access to more people.

**Q:** How many hospitals are now identified as rural hospitals?

**A:** Currently, 32.

**Q:** Is there a map of the applicants?

**A:** We have yet to map this group, but do have for other programs, like National Health Service Corps (NHSC).

Mr. Jordan emailed the NHSC map to the RHCC Members

**Q:** Is the oversight committee focused on rural health?

**A:** Yes, but the program includes urban, so the committee reflects them as well.

**Q:** What are you doing to reach out to new providers?

**A:** We are working with all of our partners and clinics to get the word out.

**Q:** Are you advertising nationally?

**A:** Now that the first phase is underway, we are looking at markets outside of Oregon.

**Q:** Are we in competition with other programs like this elsewhere?

**A:** This program is different from others in that it specifically targets those who will serve the Medicaid population. But from the provider's perspective, I don't think that really matters: they just need to get their loans paid off. So in that sense, we have a ton of competition from other loan repayment programs elsewhere.

**C:** 80% of the students coming out of a dental school take a salaried job. Very few of those salaried jobs exist in rural Oregon. If you are going to have a dentist apply, they will not be able to open or buy a rural dental practice based on those repayment rates. There just simply is not enough volume at which they could operate to meet those rates. I cannot see how this will help rural dentistry and really only see it driving graduates to urban dentistry.

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**Q:** Can we take what Dr. Brooks just said and write a white paper for the Oregon Health Authority (OHA) to read?

**A:** As we disperse the funds, we cannot write such a paper, but the ODA could.

*Hilary will take this to the Advisory Committee and we will engage with Beryl Fletcher at the ODA.*

**Q:** Can people apply to multiple plans?

**A:** They can, but can only accept one award.

## **Ted Molinari's Member Report**

The Asher Community Health Clinic is doing a good job with its new Administrator. There was an award ceremony over the holidays for those in the community that directly support the clinic. There is a new Physician Assistant (PA), and she has already received a glowing report on her performance. Relating to the air ambulance discussion earlier, one must have three ambulance memberships to be covered in this community.

## **ORH Staff Report**

Mr. Ekblad highlighted a few points from the ORH Staff's report:

- Linda has been working closely with OHSU on the plans for the new ORH offices.
- Bob is working on a committee convened by Legislators to simplify the rules for the Rural Incentive Programs Taskforce (tax credits, loans programs, etc.).
- Justin was traveling a lot, as he has been filling in on more visits with the vacancy of the Field Services Director position.
- Emerson has been traveling now for data presentations.
- Julie utilized Oregon Community Foundation monies for workforce enhancement to get a Nurse Practitioner (NP) placed in Roseburg.
- The Community Grants Coordinator position's continued vacancy is intentional to be able to reshape this position through our strategic planning session, which will be later this winter.

## **2014 Legislative Session**

### Loan Forgiveness

CompNW in Lebanon is creating a rural training track and curriculum so that students in that program can be eligible for the Oregon Primary Care Loan Forgiveness program. They are also introducing a bill that would increase funding for the program overall.

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Mrs. Fletcher has noticed legislation that would cease operation of the health exchange.

Dr. Wardle has heard of another state representative that also wants to defund the health exchange and build it back up from scratch, rather than leave it in place and fix the few things that are broken.

There was also news this morning that the exchanges' interim Director would like to scrap the whole thing and start again.

Mrs. DeVisser mentioned legislation that will be introduced to reduce fees by the Pharmacy Board for dispensing providers in special cases.

**Q:** Do hospital pharmacies have to pay that fee?

**A:** Yes, they do.

## **RHCC Member Reports**

### **Candy Parkin, Oregon Association for Home Care**

Regarding home health and hospice, Mrs. Parkin spoke to the quality aims by the Institute of Medicine, which is three-pronged: the care must be affordable; one must show outcomes for the care given; and the care needs to be patient-focused. Additionally, unnecessary re-hospitalization is a big issue that is trying to be curbed.

She will update the RHCC on 2014 Home Care and Hospice Position Papers in April.

Home Health Orders for NPs seems to be really getting some legislative traction.

### **Heather Lewis, Consumer**

Vernonia is still working on medical home certification. They are building a collaborative model with Pacific University and the Public Health Foundation of Columbia County. They are working with initial Mental Health funding from grants, but are also working with the Coordinated Care Organization (CCO) on Mental Health access, with Pacific University helping to fill in the gaps. There is an effort underway for pain management protocol in the community. The Physical Therapy school at Pacific University and the local naturopath are working on reducing opiate abuse. The CCO is very supportive of this effort.

### **Charles Wardle, OD, Oregon Optometric Association**

The ICD-10 has proven to be problematic in implementation and training. There is not a lot of time to get up to speed.

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## **Gary Brooks, DMD, Oregon Dental Association**

There has been an 8.8% decrease in dentists from 2010-2012. The average age of dentists in 2005 was 58.

Due to the vague nature of the rules between dentistry, OHP, CCOs, and insurance, dentistry still doesn't understand how the additional patients that will be entering the system will be handled. There is an expected influx of an additional 400,000 patients as of this coming summer.

The dental school will be growing from 85 to 115 students. The additional students are obliged to practice outside of Oregon.

**Q:** Does the dental school take in people from overseas?

**A:** I am not aware of that being the case.

We are working on an offer of partnership with Virginia Garcia to share office space in Willamina.

## **Bruce Carlson, MD, Oregon Medical Association**

### Eastern Oregon CCO

Overall enrollment is at 35,000. The population in some counties is greater than that number. The ACA enrollment picked up an extra 5,400 patients, which is a number that grows with each passing week.

The CCO is having a dilemma with the hospitals. Some small hospitals are losing millions, so reducing Emergency Room visits gets in the way of their fiscal plan. The range of income at rural hospitals is from -\$2,000,000 to +\$10,000,000.

**Q:** How does dentistry fit in at your CCO?

**A:** I see it working best where a dental clinic and medical clinic share office space. The same goes for mental health.

**Q:** I've heard that your CCO will have to negotiate with Advantage. I've also heard that there is no money left for dental, after medical and mental get their cuts.

**A:** It is my understanding that the Dental Care Organization (DCO) will have to work with the CCO to reclaim those dollars.

**Q:** Should we take money from the profitable hospitals to fund the hurting hospitals?

**A:** The Oregon Legislature passed a law stating that cost-based Medicaid recipients will have to go through an actuarial process to even this out. Taking funds from a flush one to fund a poor one will not happen.

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## Pendleton

The clinic is still open 3 days a week. With expansion of OHP under ACA, the patient population is up.

## Hermiston

There is a new Affordable Care Clinic, which only operates on cash (no insurance billing); where all fees are reduced for a low-income population.

Dr. Carlson's clinic has a PA out on maternity leave and getting part-time help has been problematic. We are applying for Patient-Centered Primary Care Home status.

## Christmas Valley

We applied for an Electronic Health Record (EHR) incentive, and had to change our provider number, so somehow we have not received payment from the state for some time. We call the state weekly on this but are not getting anywhere with them. We are applying for Patient-Centered Primary Care Home status here as well.

## Condon

They had a PA leave for the military, so have hired a new one as a replacement.

**Q:** Do you have one coder for all clinics, or one in each?

**A:** The billing for all three clinics is out of Hermiston. Our new software will handle ICD-10 codes effectively.

## **Michael Patrick, Oregon State Board of Pharmacy**

The Oregon Board of Pharmacy has a new Executive Director, Mark Watt. Locally, St. Charles lost their CEO when he resigned suddenly.

## **Wayne Endersby, Oregon EMS Association**

### The Community Paramedic Program

The EMS Advisory Board previously discussed this program, which would train Paramedics to go into the home to evaluate without crossing the scope of practice. The primary goal of this program is to reduce unnecessary transports and ER admissions.

**Q:** Who pays for that?

**A:** I'm not sure. But Home Health visits are billable to insurance and Medicare/Medicaid. This is for a paid staff member, not a volunteer.

**Q:** Who provides oversight?

**A:** They are board-certified, so that is already in place.

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The second part is to provide preventative services. There is school in Minnesota that Wayne has a contact at (Christopher Montera: Office: 970-328-1130, Cell: 970-401-2101, Direct: 970-569-2343, <http://communityparamedic.org/>).

The OHA and Tualatin Valley Fire and Rescue were looking into this many months ago. Williamina Fire District is looking into starting this February 1, 2014. They are also advertising emergency evaluation, pre-ER.

## Mobile Training Unit (MTU)

The second MTU is still unstaffed, for 6 months now. The state just posted the position for the replacement. What I wonder is what has happened to the money for the MTU that has been unused? Can those funds be used to upgrade the program?

## Reclassifications

We have not had any EMT-I classes since the reclassification. EMT-A classes have been held however. There is a concern that rural communities will lose their EMT-Is. Mr. Endersby will find out more on this from Sandra Smith.

## **Pam DeVisser, FNP, Oregon Nurses Association**

The North Coast CCO has seen an increase in census. The open card people are capitated on mental, but not on medical.

The Klamath CCO has been physician-only centric, so access issues will get worse there as they are really digging their heels in on this.

The payment parity bill went into effect Jan 1, 2014.

**Adjourn**