

# Rural Health Coordinating Council (RHCC)

April 17, 2014, 8699 SW Sun Place, Wilsonville, OR

## Roll Call & Introductions

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

**Members in attendance:** Gary Brooks, Bruce Carlson, Pam DeVisser, Wayne Endersby, Andrea Fletcher, Heather Lewis, Ted Molinari, Candye Parkin, and Judy Peabody

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

Q = Question, A = Answer, C = Comment

## Approval of Agenda

*The April 2014 Agenda was moved and approved as written.*

## Approval of Minutes

*The January 2014 Minutes were moved and approved with one correction:*

- First paragraph of page two: correct Oregon Medicare Primary Care Loan Repayment Program to read Oregon Medicaid Primary Care Loan Repayment Program.

## Old Business

### A. RHCC Meeting Location

Mr. Jordan confirmed that the ODA meeting room space is available on the dates of our next four meetings. The assembled members agreed to continue to meet quarterly at the ODA.

### B. Hospital Technical Assistance Specialist

This position, formerly known as the Community Grants Coordinator, as well as the Flex Coordinator, has been vacant at ORH since fall as the office has been undergoing strategic planning and so felt the time was ripe to restructure the position to focus on technical assistance to rural hospitals. This new position has been posted to the OHSU Jobs site and announcements have been sent through various channels advertising its opening.

## Apple A Day Grant Program Update

Mr. Ekblad gave an overview of the morning's meeting of the Apple A Day Advisory Group, which met to rank applications for the fourth round of Agency Grants, as well as updating the questions asked in the reporting phase of the grant to better capture the impact of the grants issued across the state.

# Rural Health Coordinating Council (RHCC)

April 17, 2014, 8699 SW Sun Place, Wilsonville, OR

## Tax Credit Policy - Telehealth

Mr. Ekblad provided background on the Oregon Rural Practitioner Tax Credit Program. We currently do not allow telemedicine practitioners to claim the credit, yet telemedicine is a growing part of rural health care delivery. Mr. Ekblad will bring a draft of a new Telehealth policy to the next meeting of the RHCC for discussion and approval before it is made official in the OHSU Policy Manual.

Mr. Ekblad and Mr. Duehmig are participating in a workgroup with the goal of unifying the rules among the various Rural Incentive Programs (Tax Credits, Rural Medical Practitioners Insurance Subsidy Program, Loan Repayment, Loan Forgiveness, etc.).

Dr. Carlson would like to see the Practitioner Tax Credit gain some teeth against fraud.

Dr. Brooks reported negotiations between Coordinated Care Organizations (CCOs) and Dental Care Organizations (DCOs) improving since the RHCC last met.

## Medicaid Cost-Based Reimbursement for Oregon's Rural Hospitals

Part of Oregon's Medicaid transformation legislation required the Oregon Health Authority (OHA) to perform an actuarial analysis of Medicaid cost-based reimbursement for Oregon's rural hospitals in order to determine if all of Oregon's rural hospitals still need this form of reimbursement. The Oregon Association of Hospitals and Health Systems (OAHHS) took the lead and formed a workgroup called the Rural Health Reform Initiative. They developed an analysis model, which the OHA joined in on, to determine that 14 of the 32 rural hospitals will remain on Medicaid cost-based reimbursement. The 18 hospitals removed from Medicaid cost-based reimbursement are being moved to an alternate payment method, which will ultimately be negotiated with their CCOs. The Interim Director of the OHA has signed off on this report.

## Legislative Session Wrap-up

### Loan Forgiveness Funding – HB 5201 – Funded

The legislature added \$200,000 to the Primary Care Loan Forgiveness Program. This brings the total for the program to \$1.2 million this biennium.

Lobbyists for COMP-NW in Lebanon introduced HB 4137 to increase funding for loan forgiveness. That bill did not pass, but it wasn't needed. Funding was simply added to the program in the Budget Rebalance bill. No changes were made in the program.

This impacted the ORH by allowing 11 awards to students in the Spring 2014 round of this program, including three Doctors of Osteopathy (DOs). The program accepts applications and makes awards annually each spring.

# Rural Health Coordinating Council (RHCC)

April 17, 2014, 8699 SW Sun Place, Wilsonville, OR

## Provider Rx dispensing “outlets” – SB 1561 – Withdrawn

The OMA, ONA and ODA withdrew this bill after negotiating an agreement with the Board of Pharmacy not to implement any rules prior to July 2015 regulating as “drug outlets” doctors’, nurse practitioners’ or dentists’ offices that dispense medications.

The Board of Pharmacy has a new executive director who says he plans to meet with the various boards to discuss whether there is an issue that needs additional regulation.

## NP & PA in MD statutes – SB 1548 – Passed

Added “nurse practitioner and physician assistant” to statutes that previously said only “physician” although they were being interpreted more broadly. This was not intended to change any provider’s scope of practice but to reflect the work already being done.

## Telemedicine for Routine Care – SB 1560 – Failed

ZoomCare uses Skype for screening and follow-up visits, so it tried to expand the telemedicine statute to require insurance carriers to pay for those visits. Carriers said they support telemedicine and support ZoomCare but this proposal needs to be better thought out than it can be in a short session. A work group convened by the Telehealth Alliance of Oregon (TAO) will look at the issue and make recommendations to the 2015 session.

## **ORH Staff Reports**

Mr. Ekblad gave a brief overview of some of the ORH’s recent activities:

- There have been some team reassignments under some of the management staff. Emerson, Justin, and the yet-to-be hired Hospital TA person (the “Field Team”) now report directly to Meredith, while Hilary, Brooke, and Julie (the “Workforce Team”) now report directly to Bob.
- Bob’s second term as Chair for TAO ends next week.
- Justin has been very busy carrying the ball for the Field Services team while we rehire for the Director of Field Services in the fall, and the Hospital TA position this spring.
- Emerson compiled and published the annual Areas of Unmet Healthcare Needs Report.
- Hilary has been busy with the promotion and administration of the Oregon Medicaid Primary Care Loan Repayment Program.
- Eric finished up tax season, administering the Rural Practitioner and Rural Volunteer Emergency Service Provider Tax Credits.
- Meredith has been doing exceptional work focusing the Field Services team and instigating work plans for the various teams which were used in our recent strategic planning session.
- ORH is moving its offices to 3030 SW Moody at the end of April.
- Scott attended a conference in South Dakota a couple of weeks ago which focused on telehealth. He witnessed a very interesting CPR machine and wonders about using AAD to fund these for agencies.

**Q:** Do you have to transport somebody doing CPR?

**A:** Our protocol is: if they have lividity, or an unknown downtime, we do not transport them. If we witness the event, then we treat with CPR and transport.

**C:** In our area, we just don’t have that level of codes.

# Rural Health Coordinating Council (RHCC)

April 17, 2014, 8699 SW Sun Place, Wilsonville, OR

**Q:** How many times have you had to do long-transit chest compressions?

**A:** Once.

**C:** An hour of CPR is fairly extreme, but if they are an organ donor, it might help with that.

## Election of Officers

With the expiration of the two-year terms of Chair and Vice Chair, nominations for the current Officers to continue their positions were accepted. There were no other candidates forwarded.

*Moved and approved are Andrea Fletcher, Chair, and Wayne Endersby, Vice Chair.*

## EMS Issues Update

Mr. Endersby relayed the news that St. Charles Hospital in Bend recently stopped offering EMT classes. Blue Mountain Community College picked up the course, but it involves a placement test (initially there was some confusion around more courses). The costs of text books (\$152), criminal background (\$51), and drug screen (\$41) tests add up. It takes two terms to be an EMT, earning 5 college credits per term. \$627 is the cost per term, not including the state (\$110) and national (\$70) registry fees. \$1,707 is the total of fees charged to become an EMT-Basic. Add approximately \$1,000 for each subsequent certification level.

**C:** I think a lot of the fees have been added on by not increasing tuition.

**Q:** Are these the on-campus prices, or are these in-house prices?

**A:** Whether you are on campus, or they bring the class to the field, the charges are the same.

My worry is that our smaller, more remote communities will not be able to afford volunteer EMT-Basics any longer. Additionally, there have not been any EMT-I classes held, nor are there any classes planned.

**Q:** Can you compare these charges to other communities?

**A:** I've tried, but it is hard. The others that I've contacted have been really vague with their pricing.

**Q:** Have you seen any movement by CCOs paying attention to EMS?

**A:** No.

**Q:** How is that program advertised?

**A:** There is a vetting process where individuals are courted into the program as opposed to advertising the program.

**C:** Our fire department/ambulance service has rapidly been pursuing a Community Paramedic Program. The website for one of the founding agencies is: <http://eaglecountyparamedics.com/>. This is an agency out of Colorado that has been doing this for some time. They've developed a workbook that we are going through to complete the program. With regard to the CCO question; we proposed to the CCO that we go out and make as many of the home health, follow up, and otherwise visits as we possibly can. Between a flat-fee annual contract with the CCO and seed money from the

# Rural Health Coordinating Council (RHCC)

April 17, 2014, 8699 SW Sun Place, Wilsonville, OR

local Tribe, we have the start-up money for this program, which should reduce ER visits and re-admits. I'm not sure how this model will translate to a service area with fewer people.

**Q:** What you are describing has historically been done by home health. Is this taking away from anyone doing that type of work in your area?

**A:** Home Health sits on our CCO and they are on board with this plan.

**Q:** How is the scope of work criteria met?

**A:** This program is on physician orders only.

When I've looked at this, the overlap between Home Health and Community Paramedic is there, but it is not all that great.

**C:** The way I see it is that this is a part of a continuum of care. There are some patients who are home-bound, but do not meet the criteria for Home Health services. So with the rise of CCOs in Oregon, simple check-in visits to these patients can now be performed by a Community Health Worker or Community Paramedics.

## Mobile Training Unit (MTU)

It appears that EMS/Trauma has now hired the second MTU position. Mr. Endersby would like to know what happened to the funds for that second unit in the year that it was an unfilled position. Mr. Endersby proposed that he write a letter asking this question, and then send it to Mr. Ekblad and Ms. Fletcher for proofing and editing.

## Member Reports

### **Ted Molinari, Consumer - Community <3500**

Mr. Molinari had no issues or developments to report, but shared an AP article from the Daily Oregonian on health gaps persisting in central Oregon.

### **Judy E. Peabody, ND, Oregon Association of Naturopaths**

St. Charles Hospital in Bend is firing people and not replacing them, and St. Charles Hospital in Redmond has been firing Operating Room nurses and rehiring with CNAs. Ms. Peabody spoke with a pediatrician who has a scribe following her around, doing the charting paperwork.

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

Another physician has moved into Cannon Beach. Providence sends practitioners out one day a week. Access to care at the North Coast seems better than it is in the metro area and most rural areas.

# Rural Health Coordinating Council (RHCC)

April 17, 2014, 8699 SW Sun Place, Wilsonville, OR

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

Home Health and Hospice's goal is access to timely, quality care in the state. One of our top national priorities still in play is getting NPs the rights to sign for home health orders. Making sure Home Health & CCOs work well together has been a big priority, one which is going well. One of the priorities for Hospice is getting Medical Directors the ability to control which medications and measures are needed for end of life care.

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

### Eastern Oregon Community Care Organization

We had our board meeting this week, and I was impressed by the community council process. Ideas out of those councils are beginning to make their way to the top. With Medicaid expansion, we've expanded by approximately 5,000 – 6,000 enrollees. We are keeping up with that capacity. I've heard about two CCOs closing enrollment due to lack of primary care providers. As of July 1, all CCOs need to have something going with the DCOs. We'll see how that goes, as there are dentists who do not want to join DCOs. Moda is looking at converting the dental school in La Grande to a dental clinic. There are three different agencies providing transport in the twelve counties under the CCO.

The hospital in La Grande ran reports on no-shows at their clinics: 60% were due to lack of transportation.

### North Lake Clinic

Last month the clinic applied for Level 3 Primary Care Patient-Centered Medical Home status. The nurse there is certified for home visits.

### Hermiston

The Physician Assistant has returned to work after maternity leave.

### Umatilla

About two months ago, the Fire Department asked the Health District for help. They are having problems getting volunteer EMTs. They will be giving their primary rig to Hermiston and the Health District will help with the costs. This transition will happen July 1. Their other rig will be converted to a rescue unit, so they will not be transporting any longer.

**Q:** So Hermiston will be covering for Umatilla?

**A:** That is correct.

**Q:** Will they put Paramedics at the station in Umatilla?

**A:** No, I think they'll respond out of Hermiston.

**Q:** Can ORH provide Technical Assistance to try and help a district support EMS?

**A:** What we've done previously depended upon the community we were working with. We recently helped the Fire Department in Umatilla strategize through a tax base database to forecast out for three years. In Condon, the Health District brought the Ambulance Service under their wing, so that service now receives financial support from the District. Something similar to this also happened in Arlington. In the end, I think you have a good point.

# Rural Health Coordinating Council (RHCC)

April 17, 2014, 8699 SW Sun Place, Wilsonville, OR

The board voted on additional transportation vouchers after the initial run of ten was expended quickly.

## CoverOregon

Oregon now has the distinction of being the only state without a working online health exchange. I've heard that if we join the Federal Exchange, we need everyone who signed up under Cover Oregon to re-register through the Federal Exchange.

**Q:** If we go with the Federal Exchange, will the state have to repay any of the money given to it to create the state exchange?

**A:** I don't believe it will work out that way.

**Q:** Are you seeing patients through the exchange, or is it expanded Medicaid?

**A:** Mostly, expanded Medicaid. I have yet to see anyone who has purchased insurance from the exchange.

**C:** I've heard that 60-70% of the people in Oregon who have enrolled have been put on OHP.

**C:** In my practice, I am seeing more patients on expanded Medicare who would not have been eligible for it before the expansion. These people are extremely thankful for the ability to receive preventative care, which is essential to their ongoing health.

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

The 2014 Mission of Mercy will be in Salem July 11 & 12, 2014. They should be providing 1,500 – 2,000 people with free dental care.

Willamina Fire/West Valley Fire District helped treat 2,200 people with poison oak, cuts, and minor burns at a 2-month burn near Glendale last summer. They also provided community health help, as extra care and education is needed in dealing with that many poison oak cases. There were scribes on hand for the physicians on that scene. This was all work contracted through the State of Oregon.

**C:** Just a quick comment on scribes: they have been around performing this function for other professionals for a very long time. With recent research into this practice, one source reports that if it enables a practitioner to see an extra two patients a day, then the service pays for itself. I've even heard of practitioners in sterile settings using a tablet device with the microphone live, and the scribe is off in another room entering all the information relayed over the device.

## **Andrea Fletcher, Consumer - Eastern Oregon HSA #3**

The Community Health Improvement Partnership of Morrow County selected youth help as one of their priorities. With not many resources to go on in the communities, workgroups were formed to meet these needs. The final recommendation is a nurse case manager/system navigator.

**C:** The EOCCO and our IPA are working on a nurse case manager program that would cover Morrow and Umatilla Counties.

# Rural Health Coordinating Council (RHCC)

April 17, 2014, 8699 SW Sun Place, Wilsonville, OR

**Q:** Andrea, what did you all come up with? Who is driving this?

**A:** The interdisciplinary workgroup will be working on the administrative aspects to hire the nurse case manager/system navigator. We are mirroring a mental health assessment model with this to be able to step back and assess what might be happening on a case-by-case basis. Umatilla County is already doing this with behavioral health and juvenile services. It is their program that we are mirroring, but on a smaller scale.

Regionally, there was a brainstorming session on where there might be money for health care outside of the CCO model.

Transportation in Morrow County is volunteer- run, by a very aging population, and is underground in that they do not advertise and many do not know that it exists. I'd like to look to the County for solutions, but now knowing that the CCO is to handle this, it seems to me be either the kick-start to a solution, or a way for it to be ignored as it has become someone else's problem to solve.

## **Heather Lewis, Consumer - Community <3500**

The good news is that we broke ground on the new facility in Vernonia in March. The bad news is that the Clatskanie Clinic closed April 1. Coastal Family Health will try to come in and set up service, but they are waiting on their new budget to be finalized. The CCO is now assigning patients through Medicaid, so that they can go to the clinic in Vernonia.

In looking for more funding for the community, I found some great grants on grants.gov which seem like they would absolutely meet our needs. In investigating some of these, it was revealed that we are not eligible due to our RUCA Score which Justin at ORH has been helping to educate me on. HRSA is using RUCA to erroneously list Vernonia as a Metro area, even though our population is only 2,065. I then spoke with Dr. Gary Hart on the demographics versus access to services methodology which RUCA uses. He claimed that he never intended agencies such as HRSA to use this scoring methodology as a determinant in this way. I compared other RUCA Zone 2s to Vernonia, which regionally seem to be 20,000+ populations within 10 miles from hospital service, and again we are 2,065 and over 37 miles from a hospital. I will continue to work with Justin and our Federal Legislators on an appeal to the score, as it just does not make sense for our community and is hampering our ability to apply for grants. Along the way through this research process, it looks like there are other small towns with the same or worse RUCA score. I will keep the RHCC up to date on this process and ask the ORH for a letter of support. If any of you want access to the spread sheet I am keeping on this, just let me know.

## **New Business/Public input**

There was no new business nor was there public input at this meeting.

## **Adjourn**