

Rural Health Coordinating Council (RHCC)

April 20, 2011, 8699 SW Sun Place, Wilsonville, OR

Members in attendance: Bruce Carlson, Dann Cutter, Wayne Endersby, Andrea Fletcher, Susan Forester, Craig Hostetler, Dave Jones, Kevin Miller, Ted Molinari, Kathy Moon

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

Guests: Beryl Fletcher

Q = Question, A = Answer, C = Comment

Roll call, introductions

Mr. Molinari began the meeting shortly after 10 AM. Introductions went around the room.

Approval of agenda

Motion to accept the agenda as written was moved and approved.

Approval of minutes

Motion to accept the January 2011 minutes as written was moved and approved.

Old Business

Apple A Day Campaign Donor Appreciation Static Clings

Mr. Ekblad discussed the Apple A Day Donor Appreciation Static Clings which have been printed and shipped to the Office of Rural Health. These static clings will be given to those who donate to the Apple A Day Campaign Fund, as well as to the First Responders and EMTs who receive the grant funds. The static clings will also be distributed to other selected audiences at the ORH's discretion.

Mr. Ekblad also delivered an update on the next round of Apple A Day Awards. Announced was the news that the ORH is in discussions with a potentially large donor for this fund. Subsequently, the ORH is waiting to move forward on the next cycle because these discussions are still under way.

C: I would offer a suggestion that you continue as you have been planning all along for a couple of reasons. One, the donor might not come through. And if so, you will then be delayed.

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Secondly, those big donors are impressed by programs that are active and hustle, so a delay might be viewed poorly.

C: If you need help getting the word out in the Redmond/Bend area, you might want to contact the newspaper in that area called The Source, as well as The Bulletin. I would also talk to the Chambers of Commerce for both Redmond and Bend.

Also mentioned were Health Matters, the CHIPS in the eastern region, and the regional apple producers and transporters.

Legislative Update

Mr. Ekblad and Mr. Duehmig provided a legislative update on current bills that the ORH is tracking based on their potential impact to rural health.

HB 2377

This bill modifies the definition of 'type B hospital' for the purposes of Medicaid reimbursement rates to require the hospital to have a five-year average operating margin of five percent or less. This bill requires the Oregon Health Authority to prescribe methodology by rule for determining five-year average operating margin.

HB 2397A

This bill creates a loan forgiveness program at the ORH for primary care practitioners. It appropriates money to the Oregon Department of Administrative Services for the purposes of such a program. It creates a Primary Health Care Loan Forgiveness Program Fund. It continuously appropriates moneys in a fund to the Oregon Department of Administrative Services. It declares an emergency, effective on passage.

C: I can envision real problems with the legislature if they appropriate money for this program and you target out-of-state students.

We inserted an amendment to this so that the student *has* to be attending their program in Oregon.

Q: Would they then have to continue practice in rural Oregon?

A: The way the loan forgiveness would work, the entity that is making the student loan is the same entity that is forgiving the loan.

Q: How would this affect their residency? Say their residency was in an urban area, but following graduation, they establish a practice in a rural area.

A: As long as they are practicing post-graduation in a rural area, they are okay. The residency location has no bearing on this program.

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HB 2400

This bill appropriates money to the Oregon Department of Administrative Services for distribution to the Office of Rural Health for purposes of the Primary Care Services Program (formerly the Oregon Rural Health Services Loan Repayment Program). It declares an emergency, effective on passage.

HB 3580

This bill appropriates moneys from the General Fund to the Oregon Health Authority for the purposes of operating a mobile training unit (MTU) for emergency medical technicians. This bill declares an emergency, effective on passage.

Q: Is the current program before the Legislature for the MTU essentially based on general fund dollars, but without a license fee increase?

A: As I understand it, yes. The MTU will not be funded if this bill does not pass. There are numerous co-sponsors of this bill, so we're being cautiously optimistic about its passage.

SB 239

This bill requires the ORH to review designation of rural hospitals at least once every five years. It requires the Oregon Health Authority to consider the overall net profit of type A or type B hospitals to determine if a hospital is entitled to reimbursement based on cost.

SB 608

This bill establishes a program to provide subsidies for medical professional liability insurance premiums paid by health practitioners located in underserved rural communities. It establishes criteria for participation in the program and the subsidy amounts. It establishes the Rural Medical Liability Subsidy Fund. It requires a biennial report to the Legislative Assembly on the performance of program. It appropriates moneys from the General Fund to the Oregon Health Authority to develop and implement the program. It declares an emergency, effective on passage.

HB 2366A

This bill directs the Oregon Health Authority to develop programs to recruit medical school students, primary care residents and a strategic plan for recruiting primary care physicians to Oregon. It declares an emergency, effective on passage.

HB 2391

This bill requires Oregon Health and Science University to establish a primary care transformation research and training center to facilitate the use of a patient-centered primary care home model of health care delivery. It establishes a locum tenens program and an interdisciplinary continuing medical education center in Area Health Education Center program to provide substitute services for rural physicians and assist physicians and clinics in implementing a patient-centered primary care home health care delivery model. It appropriates moneys from the General Fund to Oregon Health and Science University to establish and operate a primary care transformation research and training center, a locum tenens program, and an interdisciplinary continuing medical education program. It declares an emergency, effective on passage.

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HB 2401

This bill directs the Area Health Education Center program to create a family medicine residency network. It appropriates moneys from the General Fund to Oregon Health and Science University for the purposes of such a network. It declares an emergency, effective on passage.

HB 3523A

This bill authorizes the Oregon Medical Board to issue certificates of prescriptive authority to certain licensed psychologists who meet specified requirements. It establishes a Committee on Prescribing Psychologists within the Oregon Medical Board to make recommendations to the Oregon Medical Board and the State Board of Psychologist Examiners on prescribing psychologists. It declares an emergency, effective on passage.

C: I've heard that the Oregon Medical Association and the Oregon Medical Board being against this one based on where the training is for them to know how to prescribe.

C: I'm really concerned about the interactions of medications. Already, we are losing over 100,000 patients to prescription errors as it is. Anytime you have anyone on more than two medications, they are in an experimental area with their healthcare. No drug manufacturer tests its products on more than two interactions. If we open up prescribing to more providers, we will almost certainly see that 100,000-plus deaths number climb.

Q: Whatever happened with the medication-tracking database we heard about a few years ago? Is that up and running?

A: That's a really great question. So far as I know, it is not yet operational. But as a provider who prescribes, I've been charged \$25 annually for its development.

C: I've heard that it should be live in the next year.

SB 213

This bill makes legislative findings regarding emergency medical services. It establishes the duty of emergency medical personnel to refer patients who do not have emergency medical conditions to appropriate treatment settings.

SB 99

This bill requires the Oregon Health Authority to establish the Oregon Health Insurance Exchange as a public corporation to be governed by a board of directors. It specifies functions and duties, and declares an emergency, effective on passage.

Mr. Hostetler provided an overview of this bill and asked that the RHCC members keep their eyes on this bill, as it is highly detailed with respect to Rural Health Clinics, Health Home models and Community Care Organizations.

SB 210

This bill requires the Oregon Health Authority to reimburse primary care practitioners directly or through prepaid managed care health services organizations based on the Medicare reimbursement rate. It declares an emergency, effective on passage.

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Dr. Miller provided a brief overview on this bill.

SB 227

This bill directs the Oregon Board of Dentistry to issue certificates to dental therapists to perform certain dental services. It declares an emergency, effective on passage.

SB 235

This bill establishes a medical education loan program fund for new primary care physicians in Oregon. It establishes a Primary Care Medical Education Loan Fund. It continuously appropriates moneys in this fund to the Oregon Student Assistance Commission for the purposes of awarding medical education loans.

SB 972

This bill directs the Oregon Health Authority to develop a plan for providing health care coverage for all Oregonians, including recommendations for a constitutionally-dedicated sales tax, with assumptions regarding private sector health care delivery options and the elimination of the need of employers to provide health insurance coverage to employees, and options to eliminate plan deductibles for persons below certain levels of federal poverty guidelines. It directs the authority to submit a plan to interim health care committees of the Legislative Assembly no later than 60 days preceding the date of convening of the 2012 regular session of the Legislative Assembly. It declares an emergency, effective on passage.

ORH Staff Reports

Mr. Ekblad provided an overview of the activities of the Oregon Office of Rural Health's staff since the last RHCC meeting. Highlighted were recent placements by the Recruitment Services, grant submissions of the federal State Offices of Rural Health (SORH) and Medicare Rural Hospital Flexibility (Flex) grants, and the ongoing development of a Community Benefit Tool by the ORH's Technical Assistance staff.

Accountable Care Organizations

Mr. Soenen was invited to present on a recent series of mental health integration meetings. The thrust of those meetings was actually regarding healthcare reform in Oregon, specifically the reformation proposed through the 2010 Affordable Care Act.

One of the provisions in this Act is value-based purchasing, which links payment directly to the quality of care provided.

C: Something that has always bothered me about this type of model is that, as a provider, you can dispense the best quality care available. But if you have a patient that does not follow through at their end, say with a diabetic dietary concern, you as a provider are dinged. How can it be that one is providing bad care if a healthcare plan is not being followed by a patient?

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Q: What is a concrete example of value-based purchasing?

A: For example, Medicare has certain things they will not pay for based on the perceived value of the outcome; the cost of the service outweighs the cost of the rewards of that service.

C: Part of this overall concept is that 20% of the population is driving 80% of healthcare costs.

Q: Is Oregon applying for a waiver to work on the patient care-centered medical care homes?

A: I have heard that, yes, we have applied for a waiver, but I have not seen it personally.

Q: How do you see mental health integrating with this?

A: If you have this global model of reimbursement, it will have to be there. Availability is such a problem though, that I see this being an on-going problem.

RHCC Member Reports

Ted Molinari, Consumer

Mr. Molinari brought a few recent local news articles to the attention of the RHCC. One was from the *Times Journal* in Condon, focused on two senior medical students who performed a rural rotation at the health care center in Fossil. The others were from the *Wheeler County News*. Its first article was on Debbie Boettner, PA, who was honored by the Red Cross. Its second story was on the construction that was begun at the Fossil Dental Clinic.

Kevin Miller, DO, Osteopathic Physicians and Surgeons

Dr. Miller mentioned he is stepping down as President of the DO Board.

He extended an invitation to the DO school opening on July 30, 2011. 100 students have been selected, 60 of whom are from the northwest.

Susan Forester, Consumer

Mrs. Forester travelled to see Mary Ann Carr and Jenny Lanning at the Alsea Clinic. They talked about the faith-based tooth clinic that came to Alsea in November and serviced as many people as it could in one working day. It was clear that there were more patients than could be serviced.

She offered information about the Independent Hygienists who are willing to travel but the info was met with the standard phrase, "there's no money here and no offer of space." She offered free toothbrushes which initially were refused but later on were accepted.

Mary Ann disclosed that she is looking for operating funds. In the past two - three years, she's operating close to the red line for the first time in all the years of the clinic's operation.

Mrs. Forester professed to be a proponent of dental taxis and dental events around the state which provide free care. She is pondering how to embed consistent oral care education and affordable care to Oregonians in each and every township.

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She was very happy to see that two HIIPs (hygienists in independent practice) are offering services in the Oakridge-West Fir and Upper McKenzie River Valley areas and are being received well.

Additionally, she will begin to help look for sponsorship of the Apple A Day Campaign.

Wayne Endersby, Oregon EMS Association

Mr. Endersby thanked all involved for the start-up and continuation of distribution of the grants that are awarded through the Apple A Day Campaign.

Mr. Endersby reported on a recent successful medical services effort he took part in Honduras. He contrasted the disparity he witnessed to that in rural America.

Dann Cutter, Consumer

As discussed at the last RHCC meeting, Mr. Cutter has drafted a letter to go to the League of Oregon Cities. The letter is now at his City Planner's office for review and feedback before it goes any further.

He reported that the recent tsunami was nowhere close to what happened in Japan, but it did help identify weaknesses in the local preparedness systems. His community is planning for a continuity of healthcare should a future event destroy the sites that are currently in the floodplain.

Q: What is the elevation of the hospital?

A: Its elevation is at 86 feet. However, if the expected Cascadian earthquake event is anywhere close to that in Japan, the hospital will be leveled. This recent event needs to be a wake-up call for all Cascadian healthcare sites, not just those on the coast.

Bruce Carlson, MD, Oregon Medical Association

Dr. Carlson reported the physicians association is looking into how one state (State A) might be affected by a neighboring state's (State B) formation of an ACO. The consideration being that potentially a portion of State A's population could be within the service area of State B's ACO.

He reported two new Physician Assistants (PAs) have joined the clinic in Condon.

In Hermiston, one surgeon in the community has retired. An OB/GYN has terminated her practice. There is now one OB/GYN in the area. Fortunately, there is a locums helping out.

He reported February 2011 being the busiest month so far at the clinic in which he works. At that clinic, they are losing one physician and will be losing another at the end of the summer.

At the North Lake Clinic, they are back up to having two providers on staff. They also have a student PA from Pacific University doing her rotation. Dr. Carlson expressed his positive impression at the level of professionalism he has been receiving from the Pacific University students. They now are looking into some telemedicine options through the Oregon Health Network.

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Q: You said you had the busiest February ever; was that due to sickness in the community, or due to greater access to services, or some other reason?

A: One factor was that a neighboring clinic was referring to us, and slightly due to the enhanced services at our clinic.

Kathryn Moon, NP, Oregon Nurses Association (ONA)

Ms. Moon reported that the ONA is concerned with reimbursements to Psychiatric Nurse Practitioners (Psych NPs) being cut by about 25 or more percent by insurers. Ms. Moon received a letter from an insurer stating the insurer was cutting the rates they were paying “non-physicians.” But the letter did not state what the rate previously was, what the rate would be, nor did it list the practitioners being defined as “non-physicians.” After much research, it was revealed that the list included NPs, Certified Nurse Midwives, Certified Nursing Assistants, First Assistants, and Podiatrists. This is unusual, considering the fact that podiatrists happen to actually be physicians, but PAs were not listed as “non-physicians.”

HB 3028 has apparently died. This bill was for Psych NPs being reimbursed.

The ONA is supporting the continuation of the Medical Malpractice Subsidies (SB 608).

Ms. Moon reported being the Legislative Chair for the Nurse Practitioners of Oregon. There will be a teleconference with the Oregon Health Authority on medical home models next Tuesday. They will be looking for input from Oregon’s NPs on Oregon’s Patient-centered Primary Homes.

In Reedsport, there was a meeting among Greater Oregon Behavioral Health Inc. (GOBHI), Lower Umpqua Hospital (LUH) and Douglas County Mental Health Services. GOBHI is looking into tele-psychiatry for LUH to try and make up in some way the lack of psychiatry in that region.

Q: Will the room in the hospital be set up as a “safe room?”

A: I am not sure if we have a room that meets “safe room” qualifications. I’ll ask them to talk to you when we get to that point.

Ms. Moon will be delivering a talk on the subject of childhood obesity in June to the Rotary in Reedsport. One of the schools received a grant, so she is looking into a wellness program such as *The Biggest Loser*.

The Dunes Family Clinic is looking at Electronic Health Records systems.

Andrea Fletcher, Consumer

Mrs. Fletcher reported that the Morrow County Community Health Improvement Partnership (CHIP) is working on planning and identifying its community priorities.

The local public health director is looking for state funding for prenatal care for undocumented worker pregnancies. Politics regarding the illegal resident status aside, the reality is that these babies are being born, so he wants to be able to provide adequate care. Some data shows that this is not a huge population and that it will only involve the healthcare of about six women.

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Dave Jones, PA, Oregon Society of Physician Assistants

Mr. Jones discussed SB 224, which modifies the requirements for PA licensing. It is currently in Joint Ways and Means.

There is another bill from the last session (bill number unknown to Mr. Jones) that changed the definition of supervising physician to supervising physician organization. This was passed as a result of a company of Portland clinics, and is now in effect statewide. This same company has now proposed another bill that will allow PAs to dispense medication without a dispensing physician.

C: I'm not sure that bill is still proceeding.

Condon Clinic has been accepted as a National Health Service Corps site. They are now eligible for loan repayment for providers.

The Oregon EMS/Trauma agency is still denying Mr. Jones approval to teach EMT-I classes in his area.

Mr. Jones has been in discussions to provide information to the Australian Minister of Health regarding the possibility of Australia allowing PAs to practice medicine in their country.

The next RHCC meeting is scheduled for Thursday, July 21, 2011

Adjourn