Rural Health Coordinating Council (RHCC)

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

Members in attendance: Gary Brooks, Bruce Carlson, Harry Coffman, Dann Cutter, Andrea Fletcher, Susan Forester, Ted Molinari, Kathy Moon, Michael Patrick , Judy Peabody

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

Guests: Beryl Fletcher, Leslie Huntington, Diane Lund, Kim Torus

Q = Question, A = Answer, C = Comment

Call to Order

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 minutes as written was moved and approved:

A Conversation with Leslie Huntington, Mobile Training Unit (MTU) Training Coordinator, Oregon EMS MTUs

Leslie Huntington and Kim Torus thanked the RHCC for its support in reinstating funding through June 2011 for one of the two MTUs that were cut from the State budget in 2010. Ms. Huntington gave a presentation on historical data for the MTU program showing when, where, and how many EMTs were trained at no cost to the agencies receiving the training. It was mentioned that the remaining MTU is again on the budget cut list for 2011 and is the only proposed cut for their department, making this proposed cut almost certain.

Q: I'm presuming the original round of cuts last year came from the Governor's Office asking each Department to recommend where their budgets would be cut. Is my presumption correct?
A: Yes, that is true.

Q: How much of your budget is General Fund?
A: In the EMS Office all funds are generated from licensing, with the sole exceptions being the MTUs and the Trauma Department coming from the General Fund.

Q: How is the state to meet its obligations towards this EMS training if those funds are cut?
A: The way the cut process works is each Department Director is required by the Governor's Office to make a certain percentage of cuts from their programs that come out of General

Funds. Since the MTUs and the Trauma Division are the only EMS programs in the General Funds, they are up for cuts whenever the State gets to this type of budget crisis. These proposed cuts are then forwarded to the Conference of Local Health Officials (CLHO), whom then weigh the merits of the cuts and forward their recommendations on to the Governor's Office.

C: I don't want to miss the fact that the CLHO, which is essentially comprised of the Directors of local county Health Departments, has been given some influence to recommend these cuts.

Q: What role did they play in this process?
A: As I'm hearing it, there was no choice in where to take cuts in EMS, since the MTUs were the only things (outside of Trauma) that are in the General Funds. But let's say that there *were* other EMS programs that were General Funded, it would be up to the CLHO to recommend to the DHS Director on where to make the cuts.

If I may clarify, when these cuts were initially decided, DHS had to eliminate 20-25% out of its budget, so the CLHO then had to decide whether to cut from Trauma or EMS's MTUs. As we now know, it was the MTUs that got the recommended cuts. By making that cut, they were able to save the entire Trauma program and subsequently one of the two MTUs.

Q: Who appoints members to the CLHO?
A: We don't know.
C: We need to find out.

Q: In your best judgment, are the people of Oregon receiving critically less good EMS training as a result of these MTU cuts?
A: I believe so, yes. If you cut the MTUs, it is not that the training will stop; agencies will still figure out a way to get their mandatory necessary training after June 30, 2011. My concern is the reduction in quality of the training that could happen.

C: A clarification if I may: I was once a member of the CLHO, which is basically an association that works as an advisory body to the State Health Department. It is not mandated.

Q: Has there ever been an effort by the CLHO to get legislative support for a group like the MTUs?
A: I can't say. EMS was not an issue when I was on the CLHO. Most public health departments do not deal with EMS issues, so when an EMS issue does come to the table, they really do not have any expertise in contributing to the discussion.

Q: What percentage of EMTs to you feel are insufficiently trained?
A: That is extremely difficult to measure.

Q: If an EMT applicant is having problems with the training, is there assistance out there for them?
A: Generally, they are referred back to the source of their training.

C: I'm concerned that the training has seemed to be so casually dismissed.

There was some discussion about the data used in the map distributed, which shows where and what type of training has been delivered. Scott offered the services of ORH's Data Coordinator to create a new map.

C: The number one issue I've encountered at EMS meetings is getting proper training in our communities.

Q: Do the state police have their own trainer?
A: They bring us in to do that for them.

Q: Will Image Trend be able to deliver the numbers on who received what kind of service in rural compared to urban?
A: Currently, no.

C: I think that this information is vastly important to get to the legislature and to those who cut budgets.

We need to get everyone on board with this technology first. We have large gaps currently.

Q: Can we get a comprehensive list of tasks for us to work on?
A: I can get you that. Our primary concern is continuing the funding of the MTUs.

C: I'm hopeful that our new Governor's medical background will help him better understand this issue.

Q: Has this always been funded through the general budget?
A: We've had a few grants in the past, but yes, this is where the majority of the money comes from.

C: My suggestion is to get corporate sponsorship.

A: We can't sponsor or appear to show favoritism towards a company, so that can't happen under the current rules.

C: What about foundations? Are those permitted?
A: We'll look into that.

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Old Business

Apple A Day Campaign Donor Appreciation Stickers

Mr. Ekblad recapped an idea from a previous RHCC meeting suggesting the ORH develop a sticker to be sent to Apple A Day Campaign contributors, which could be adhered to their vehicles, thereby showing support for rural EMTs and advertising the campaign to all who pass them on the road. An initial design was displayed to all in the room. The consensus was that it met the design requirements and Eric was requested to generate samples with various color-schemes to see how it might work best in a real-world setting.

ORH Staff Reports

Mr. Ekblad highlighted the three, possibly four, placements made recently through the Oregon Partnership State Loan Repayment Program (SLRP).

Mr. Ekblad also introduced to the RHCC Shellye Dant, the new ORH Community Grants Coordinator.

Current Legislative Concepts/Bills

Mr. Ekblad and Mr. Duehmig highlighted legislative concepts and bills the ORH is tracking so far in the early days of the 2011 Oregon Legislative Session:

House Bill 2564
Adds Oregon Volunteer Firefighters Association to list of entities eligible for individual income tax return check-off contribution. Applies to individual income tax returns for tax years beginning on or after January 1, 2012.

House Bill 2366
Directs Oregon Health Authority to develop programs to recruit medical school students, primary care residents and primary care physicians to Oregon.

House Bill 2377
Modifies definition of “type B hospital” for purposes of Medicaid reimbursement rates to require hospital to have five year average operating margin of five percent or less. Requires Oregon Health Authority to prescribe methodology by rule for determining five-year average operating margin.

Q: How many hospitals will this affect?
A: There are five that were identified, one of which is a Critical Access Hospital.
Q: My understanding is that five percent operating margin is a fairly high number. Are they significantly over that margin?
A: I think that one of them is. Generally speaking, those hospitals would say that they are saving up to build a new facility, or offer a new range of services, etc. The problem is that there is not yet an agreed upon way to define what their average of their operating margin is.

Q: Are there a lot of cost savings to be achieved?
A: No, but with the depth of the cuts, they are looking at every line.

House Bill 2391
Requires Oregon Health and Science University to establish primary care transformation research and training center to facilitate use of patient centered primary care home model of health care delivery.

Establishes locum tenens program and 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 patient centered primary care home health care delivery model.

Appropriates moneys from General Fund to Oregon Health and Science University to establish and operate primary care transformation research and training center, locum tenens program and interdisciplinary continuing medical education program.

Q: When will Nurse Practitioners be allowed into this Locum system?
A: I'm not sure. I think they are still trying to get this program off the ground before making any changes to it.

House Bill 2397
Creates loan forgiveness program for primary care practitioners in Office of Rural Health. Appropriates money to office for purposes of program. Creates Primary Health Care Loan Forgiveness Program Fund. Continuously appropriates monies in fund to Office.

Q: Who will manage the funds?
A: OHSU's Bursar's Office.

House Bill 2400
Appropriates money to Office of Rural Health for purposes of Primary Care Services (loan repayment) Program.

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House Bill 2401
Directs Area Health Education Center program to create family medicine residency network. Appropriates moneys from General Fund to Oregon Health and Science University for purposes of network.

C: It would be most helpful on future updates throughout the Legislative season, to know who introduced these bills and concepts.

Senate Bill 234
Modifies provisions relating to emergency medical services. Changes name of Emergency Medical Services and Trauma Systems Program to Emergency Health Care System Program. Changes name of Oregon Trauma Registry to Oregon Emergency Health Care and Trauma Registries.

Creates Emergency Health Care System Advisory Board, State Trauma Advisory Board and State Pediatric Emergency Health Care Advisory Committee.

Q: Has the Oregon Health Authority had any input in these proposed changes?
A: I can't speak to that. I don't know.

Senate Bill 106
Modifies terminology relating to emergency medical services. Directs Director of the Oregon Health Authority to appoint Medical Director of the Emergency Medical Services and Trauma Systems Program.

Directs Oregon Health Authority to establish levels of licensure for emergency medical services providers.

Modifies membership of State Emergency Medical Service Committee. Creates offense of unlawful operation by unlicensed emergency medical services agency. Punishes by maximum of one year's imprisonment, $6,250 fine, or both. Requires county to review and resubmit updated ambulance service area plan to Authority at least once every four years.

LC 2441
Establishes medical education loan program fund for new primary care physicians in Oregon. Establishes Primary Care Medical Education Loan Fund. Continuously appropriates moneys in fund to Oregon Student Assistance Commission for purposes of awarding medical education loans.

LC1486
To reduce costs to employers and insurers and provide an improved continuum of care, LC 1486 would amend ORS 656.245 to extend the period nurse practitioners may serve these patients to

180 days. No additional visits beyond those currently approved (18), and no additional authorization for the payment of temporary disability benefits (beyond the current 60 days) is requested.

LC 2673
Requires Office of Rural Health to review designation of rural hospitals at least once every five years. Requires Oregon Health Authority to consider overall net profit of type A or type B hospital to determine if hospital is entitled to reimbursement based on cost.

PA Bill
A Physician Assistant's supervising physician, and if applicable in collaboration with their privileging facility, should determine the Physician Assistant's practice description, based on the needs of the practice and the Physician Assistant's education, experience and capabilities.

A written practice description should remain the bedrock of the Physician-PA relationship, subject to audit or inspection by the Oregon Medical Board but not its prior approval.

C: I'd like to add SB213 to this list. This would require Emergency Medical Workers respond to a call, provide an assessment, determine whether or not it is life threatening, and if not, refer the patient to contact their primary care provider, and then refuse transport.

C: I see this as having the potential for huge cost savings. Approximately eighty percent of our transports are for Medicare/Medicaid patients who called 9-1-1 because they did not have a car or were out of gas and had no money to get more.

C: By those numbers, that would mean we would lose eighty percent of our agencies, not to mention the liability issues that would come with a refusal to transport a patient.

RHCC Member Reports

Michael Patrick, Oregon State Board of Pharmacy

New immunization rules went into place January 1, 2011. This drops the age for pharmacists to immunize to eleven. The reporting of immunizations goes into a state registry, so that all practitioners can access it.

Susan Forester, Consumer

On December 15th I was able to give 75 pediatric toothbrushes and some pamphlets to the Oakridge Clinic and to the Dexter Lake Clinic. Edwin Weih at Oakridge said he would definitely give them out. He also referred me to Christa Olsson, a hygienist in Oakridge, who has a limited

access permit to clean teeth without a dentist present. I returned the next day, visited the clinic office and had a three hour meeting with Christa. She was very excited to talk with a rural health board member about oral health care. We are currently working together on a pediatric oral care pamphlet (one that speaks to children directly); a long-time quest of mine. We want to find the funds to print large numbers of brochures. I promised to attend a monthly meeting in Eugene for hygienists and would address the future possibility of mobilizing this group to work within the Rural Clinic setting as visiting practitioners. The evident portability of equipment and chair makes this project viable. We are looking into ideas for educating the community.

Subsequently on January 16th I did attend the HIIP session. There were 15 LAPs present and two dentists. Four LAPs indicated that the idea of visiting RHCs made sense and want further dialogue pursuing this possibility. One member has an RV and would travel extensively. Two things need immediate investigation:

1. Acceptance by the clinics
2. Which insurance carriers are commonly used by the clinics and do they cover dental care. OUP, Medicaid, Capitol, Willamette and Advantage were cited.

The fees are about half of those charged in a dental office. I met a client of Christa's: a gas attendant in West Fir. He told me his wife and children see her. He showed me his tooth abscess. This person is 38 years of age and will have all teeth extracted within two months.

There has been a change as of last April in the Dexter Lake Clinic, in that Peace Health has joined forces with Mary Fey, FNP. Also as a result of my introduction of toothbrushes to this clinic, Christa felt confident in visiting and the reception is so far positive for her to proceed with plans for the future.

Andrea Fletcher, Consumer

We are working on Key Informant interviews for the Morrow County CHIP. We're continually amazed and surprised with the answers we are getting. This should be completed in the next couple of months.

Regarding my previous report on the FQHC in Boardman, they are continuing to seek funds to support their infrastructure.

Gary Brooks, Oregon Dental Association

The Monday and Tuesday before the last Thanksgiving, the Oregon Mission of Mercy provided free dental care at the Oregon Convention Center in Portland. 1,200 volunteers saw 1,550

patients. They performed 8,000 procedures for a total of $830,000 worth of dentistry. Chances are great that we will do it again next year.

Wayne Endersby, Oregon EMS Association
(delivered by Gary Brooks)

We looked into insurance sponsorship of MTUs, as well as a voluntary contribution by the larger agencies into a pool. It might take legislative action to require agencies with over 350 calls to chip in $1 per call.

Volunteer EMTs are facing $1000 in costs and over 200 hours plus travel time and expenses for training.

Regarding recertification status, we are seeing a 10% drop in EMTs recertifying.

Judy Peabody, Oregon Association of Naturopaths

There is a lot of interest in rural health at the college. We're still looking at the economics of getting and keeping naturopaths in rural settings.

Harry Coffman, Consumer

Our Community Health Action and Response Team have met three times now. The group is very motivated.

Another cooperative started based on quality control concerns. Many stakeholders in the county are all sitting down with Electronic Medical Records to see what kinds of things we want to target, quality wise, to benchmark across the county cooperatively.

We are interviewing for an Administrative Medical Director at the Tillamook County Health Department.

The County Health Department is not seeing the number of patients it needs to, so budget concerns are rearing their heads.

Mr. Molinari recommended that Mr. Coffman speak with Wayne McKinney in U.S. Senator Ron Wyden's Office.

Bruce Carlson, Oregon Medical Association

Accountable Care Organizations are something you will be hearing more about. They will probably work like a Health Maintenance Organization (HMO), as well as run by a hospital.

The Condon School District has been hosting distance education on medical terms, first responder classes, etc. She's been seeing most students go on to health care careers.

Regarding Electronic Health Records, I attended a meeting in Hermiston. I asked about portability from system to system, but unfortunately got an answer in the negative. It seems like a lot of these places are setting up their records as silos. I'm speaking with our Physicians Association to see about setting up a hub in our county so that we can have portable records.

There have been a few affiliation changes with hospitals in Eastern Oregon.

Specialty coverage is an on-going issue in Eastern Oregon. In the area I'm more familiar with, the shortage is in Orthopedics. Fortunately, a couple of Orthopedic brothers are moving back to The Dalles after spending the last few years hunting and fishing in Alaska. That should help some.

In Condon, the clinic's direction has changed. As of January 1, 2011, the health district took over operations of the clinic. A new PA is onsite, although not yet approved by the Medical Board. A second PA was hired and will start in mid-February. Even Dave Jones worked part-time for about a week.

In Christmas Valley, we are interviewing for a second provider.

In Hermiston, 2009 was a bumper year for our patient census. However, the census was down there by 10% for 2010.

I'm seeing more and more physicians become employed over beginning their own practice. This of course means a practitioner can move from community to community as their contracts expire.

Reports of my own retirement are greatly exaggerated.

I'd like to hear about clinics at this meeting that we don't hear about otherwise.

Kathy Moon, Oregon Nurses Association (ONA)

Regarding reimbursement cuts for Psychiatric Nurse Practitioners - this is one issue that the Oregon Nurses Association will try to prevent from happening. They're worried about where insurance companies will stop reimbursing. If they strike the Psychiatric Nurse Practitioners, who is to say they won't cut other practitioners down the road?

The ONA will continue to support Medical Malpractice over Primary care loan forgiveness programs.

At Lower Umpqua Hospital (LUH) in Reedsport, we now have two surgeons. We lost our Orthopedic Physician Assistant, which will get dicey by summer, with all of the recreation in the area.

Dr. Janet Patin at LUH received an invite to meet with GOBI in The Dalles, but could not make it due to scheduling conflicts. We still continue to have serious mental health access issues in our area. I still hear from patients across the board who are having no luck with scheduling appointments with the counselor who is there only twice a week.

Dann Cutter, Consumer

Mr. Cutter requested the RHCC draft an open letter to the League of Oregon Cities that would urge Oregon cities and their planning committees to emphasize outright use to permit comprehensive medical centers. Oregon requires every county develop a comprehensive plan, which has different requirements for different zones. In certain instances, one must explain how and why something must be allowed as outright use.

Q: If a medical facility is not allowed in a particular zone, then what kind of facility would be?
A: Each county sets its own plan. You have to go to the Statutes to see what was planned for in a particular zone.

> ***Motion to draft a letter for review by the RHCC to the League of Oregon Cities to suggest this allowance for medical facilities was moved and approved.***

Mr. Cutter will create the letter and send it to Eric to distribute.

New Business

Q: Did any of your staff give you a briefing on that GOBI mental health meeting in The Dalles?
A: Not that I'm aware of. I'll loop back with them to get it however.

Q: Can we get an update on this at a future meeting?
A: Most certainly.

Adjourn