

## Harney County Community Health Improvement Partnership

### Meeting Minutes

September 9 – 8:00 A.M. to 1:30 P.M.

#### **Healthy Lifestyles Committee – 8:00 AM-9:00 AM**

**Members Present: Steve Bull; Cheryl Kensiton; Mary Ausmus; Dick Day**

**OHSU and CHIP Staff: Paul McGinnis and Cody Hodges**

**Adopted Mission Statement:** “To promote sustainable community wellness through the promotion, coordination, and implementation of measurable nutrition and physical activity policies and programs.”

Given the arena of healthy lifestyles is a very broad subject (substance abuse, nutrition, car safety, etc.), each committee member was given an opportunity to express what they thought healthy lifestyles was, should be and what could be accomplished in this area. Steve Bull began the conversation by explaining the “common sense” of conducting a healthy lifestyle on an individual level. From his perspective, a stress free life, Mediterranean or Asian Diet, Exercise, and red wine. Further, Steve noted the prevalence of Seasonal Affective Disorder (SAD) and lack of activity in the long Harney County winters. This immediately brought up the discussion of whose “responsible” for ensuring a healthy lifestyle. Paul McGinnis took this opportunity to explain the Socio-Ecological Model. The Socio-Ecological model recognizes the interwoven relationship that exists between the individual and their environment. The components of the Socio-Ecological Model are the 1) Individual (knowledge, attitudes, and skills); 2) Interpersonal (family, friends, and social networks); 3) Organizational (organizations and social institutions); 4) Community (relationships among organizations); and 5) Public Policy (national, state, and local laws). Through much discussion, it was agreed that the area of focus should be physical activity and nutrition with programs encompassing a combination of all levels (individual, interpersonal, organizational, community and public policy); with an emphasis on policy as it tends to be the most sustainable. It was discussed that events such as the Steens Rim Run are “celebrations” of what we should be doing everyday and trying to modify policy would be the most effective way to influence an individual's environment and “make the right choice the easy choice.” Although many ideas were “tossed out” (Physicians referring to nutritionists more frequently, motivational interviewing, Area Health Coach, Nurse Based Care Manager, and Patient Centered Medical Home Model, mountain biking clubs, community garden, etc.) Chairman Day suggested we first assess and inventory what we are currently doing in the community and suggested we proceed with the below action list:

#### **Action Items:**

- Asses the current programs and entities engaged in healthy lifestyles activities
- Analyze the CDC's Best Practices Inventory List - The group would determine which of these are occurring in Harney County and a recent CDC Strategy List
- Asses The Socio-Ecological Model which relates individual responsibilities to their community environments.
- Bring in the Dietician, Amy Dobson

#### **Cancer/Heart Disease Issues Committee:**

**Members Present: Sonni Svejar; Dick Day, Jenny Bush, Kara Nelson; Lindy Taylor**

**OHSU and CHIP Staff: Paul McGinnis and Cody Hodges**

Cody introduced Lindy Taylor, a representative from the Diamond area. Sadly, Ms. Taylor had lost a daughter to cancer and was interested in participating in any way she could. Further, Cody presented data that he and Sonni had obtained from the Cancer Care of the Cascades, Bend Memorial Clinic, St. Charles Medical Center; and Mountain States Tumor Institute. The data showed that nearly 150 individuals had utilized chemotherapy services from Harney County Area in the last year and in some years the numbers were as high as 250 individuals. Further, Cody and Paul obtained a study conducted by an OHSU medical student that was completed in 2006. This study broke down the drugs that could be administered safely in Harney County, as well as cost of drugs and reimbursement rates. Ultimately, in this narrow study limited to Bend Memorial Clinic patients, the results showed it was feasible and cost effective to implement a chemotherapy program at Harney District Hospital (HDH). Further, Kara Nelson, Staff Pharmacists for HDH, provided insight into the logistic and regulatory requirements involved in chemotherapy programs. The entire group felt chemotherapy and oncology issues, based on crude death rates and utilization data, would be an area of focus for this committee. In terms of Heart Disease, Paul indicated that 150 area residents had utilized some sort of tertiary prevention for cardiac services. The committee was nearly unanimous that instituting a Catheter Lab and onsite Radiologist, Cardiologists was unfeasible. However, there was agreement that we should not table Heart Disease just yet, but more than likely the committee would focus on Cancer issues and change the name to Cancer Services Committee. Ultimately, the following action items and research questions were posed to be answered prior to the next meeting:

**Action Items:**

- Members will become intimately familiar with “Oncology Services” Members will conduct a field trip to Mountain States Tumor Institute (MSTI) in Nampa, ID and Cancer Care of the Cascades in Bend, OR. – Since Cody had already built relationships with Bend provider, he would set up the Bend visits. Since Sonni had built relationships with Idaho providers, she would set up site visits at MSTI in Fruitland, ID or Nampa, ID.
- Environmental and waste disposal concerns?
- Blue Mountain Hospital (John Day) – What do they do and could we integrate Grant county patients into a more comprehensive program in Harney County? Instead of 150 patients, 350 patients?
- What is required to be certified – Both site and staff?
- How many cancer types and what drugs could be administered?
- Oncology – Could we partner, utilize OHSU – Paul will speak with OHSU.
- How and with whom would we partner? – Cancer Care of the Cascades? They currently have 3000 chemotherapy patients.
- What revised United States Pharmacopeia Convention (USP) standards will impact delivery at HDH – Kara and Dick will research this issue.
- Will the malpractice insurance premiums negatively impact implementation?
- Is 20% utilization better than 100% of nothing – What are cost of drugs, reimbursement rates, site modification, and break-even point for patient utilization? Cost-benefit of ethical, moral obligation versus financial viability?
- Look into Cardiac Rehabilitation Services

**Prevention Services Committee:**

**Members Present: Vick Keeney; Carolyn Bauer; Ron Wassom; Dick Day**  
**OHSU and CHIP Staff: Paul McGinnis and Cody Hodges**

There was immediate discussion that we although there are preventative services available (screening and early detection), it was getting people to utilize tertiary prevention services after

diagnosis. That is to say, many members felt that the mentality of “I get diagnosed, so what, I don’t have insurance anyway” was prevalent. It was also discussed maybe there are service gaps. In other words, maybe we are screening for something but don’t have the resources to treat it, thus utilization of tertiary prevention services seems low. Based on the discussions, many action items and questions arose for further research.

#### **Action Items and Research Questions:**

- What prevention services are currently available in Harney County?
- Do we have diagnostic screenings, but people don’t utilize them?
  - If so, what barriers are preventing taking action based on screening results.
  - Work with Stacie to mine clinic data to see how many patients are diagnosed, but don’t follow through with recommendations to see if this a problem.
- Are people getting screened, but we lack the resources to treat the diagnosis?
  - Are we screening for what we have the services to treat?
- What have Baker City, Prineville found in there research efforts as it relates to prevention committees?
- Research and contact outside resources (Preventative Medicine Consultants).
- Further examine the United States Preventative Services Task Force?
  - Does a provider shortage impact the ability to effectively address preventative medicine?
- Interview area providers
- See how the School Based Health Center can address preventative issues.
- Enhance preventative medicine and increase utilization through outreach: Dental, Medical, Mental Health

#### **Provider Recruitment and Retention Committee:**

**Members Present: Stacie Rothwell; Don Munkers; Carolyn Bauer; Dick Day**  
**OHSU and CHIP Staff: Paul McGinnis and Cody Hodges**

First and foremost, it was made clear that the current High Desert Medical Clinic (HDMC) model was unattractive to “today’s” young medical student. It was explained, that a private model where there is an ownership, equity stake and “burden of running a business” was unattractive to recent graduates who want an 8:00 AM-5:00 PM job and their done. For the doctors that are here, they love it, but long-term recruitment could be difficult under this model. Many doctors perform their residency in a Hospital-Based Clinic and frankly the diversity (ER coverage, etc.) and extreme hard-work required in Harney County is simply not attractive. Further, the “community wine-and-dine” of physicians was unique when Harney County did it 20 years ago, but every community does it now. Further, the same old spousal issues, quality of schools, national primary care shortage are still salient. Therefore, unique strategies and addressing policymakers directly, it was determined was the proper course. Below are action items and strategies to research for the next meeting:

#### **Action Items:**

- Rural Health Policy and Rural Provider Recruitment is not currently on the public policy agenda and lack attention.
  - Both from local and regional level form a rural health task force where we take an active role accessing policymakers on their “turf” to lobby for our specific needs.
  - Grassroots approach.

- Arrange legislative tours of Harney County acquaint new legislators with “extreme” challenges and resourcefulness of Harney County and Eastern Oregon. We will take the fight to them and constantly keep rural health and medically underserved areas are salient and on the agenda to incite policy change.
- OHSU tuition is very high – Many students in the PA program are from out-of-state and more importantly urban areas. Out of state kids are highly unlikely to practice in Oregon once they graduate, let alone Burns. These are the types of policy issues that will be addressed.
- Contact the Western University of Health Sciences Osteopathic School in Lebanon about doing a residency in Harney County – Paul has already provided us contact information for coordinating this, if the committee should choose.
- Paul Contact Dr. Bruce Carlson the group that seemed to be targeting older urban physicians as potential recruits to rural areas.
  - The committee decided that older physicians should be targeted (Kids grown, No longer repaying loans, more clear in what they want, etc.)
  - Paul has already got a response from Dr. Carlson and it looks promising as there is an older physician looking to practice in a rural setting such as Burns.
  - The only drawback, many older physicians no longer do OB.
- Look in the Health Services Corp loan repayment program (\$50,000 tax free)
- Look into if recruitment costs are eligible for reimbursement.
- \$30,000 recruitment charge by agency equals \$1.4 million in annual charges by one physician.
  - Investigate an endowment, controlled locally, to grow and assist with loan repayment, recruitment, etc.
- Explore the School Based Health Center as a means to bettering our schools to recruit providers and “grow our own” providers.
- Bring in Denise Rose from HDH