

35th Annual Oregon Rural Health Conference

Wednesday, October 3

Pre-conference Meetings and Workshops

7:30 am	Registration Table Opens	
8 am – 3 pm	Rural Health Clinic (RHC) Workshop (separate registration required)	Cascade G
9 am – 3 pm	Statewide Area Health Education Center (AHEC) Advisory Board (invitation only)	Cascade E/F
9:30 am – 3 pm	Oregon Association of Hospitals & Health Systems (OAHHS) (invitation only)	Cascade H/I
12 – 1:30 pm	Networking Lunch for pre-Conference meeting attendees	Cascade A/B/C

Conference

3:10 – 3:20 pm	Welcome & Opening Remarks Scott Ekblad, Director, Oregon Office of Rural Health	Cascade A/B/C
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3:30 – 4:30 pm Session 1	CONCURRENT SESSIONS Community Paramedicine: A Rural Perspective John Magruder, Paramedic, Training Officer, Bay Cities Ambulance Community paramedicine is an emerging healthcare profession in which paramedics have expanded roles to provide healthcare services to the underserved and at risk populations. EMS involvement in home-based mobile health care is not meant to replace typical home health services or hospice care in the rural environment, but rather fills the gaps and acts as a bridge to such services. Bay Cities Ambulance has established successful partnerships with hospitals, home health and hospice services that work to complement each other, all to the benefit of our patients and their families, with paramedics' involvement reducing readmissions and lowering costs.	Cascade E/F
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CONCURRENT SESSIONS (continued)

Session 2

Multidisciplinary Management of the Opioid Crisis to Optimize Perinatal Outcomes in a Rural Women's Clinic

Cascade G

Dale Robinson, MD, FACOG, Grande Ronde Hospital

Jennifer Gonzalez, RN, BSN, Nurse Manager, Grande Ronde Hospital Family Birth Center

The opioid epidemic includes addicted mothers and their infants. A multidisciplinary approach including universal prenatal screening can improve outcomes. Medication-assisted treatment protocols using community resources are necessary to prevent maternal withdrawal and better outcomes for both mother and infant, because even with optimal treatment neonatal abstinence syndrome remains a significant clinical risk. Emerging opioid prescription guidelines may improve results; we will review the science and discuss implementation of the Children And Recovering Mothers (CHARM) program, a collaboration that offers treatment and support for mothers suffering from addiction. We will discuss best practices for screening and opioid prescribing, review the role of medication-assisted treatment protocols, and discuss ways to use community resources for the health of mother and baby.

Session 3

Strategic Planning and Making Your Goals Align From the Rural Health Clinic Perspective

Cascade H/I

Katie Jo Raebel, Partner, CPA, WIPFLi

Eric Volk, Partner, CPA, WIPFLi

In this session we will illustrate how to develop a strategic plan and the items to consider during the process, including prioritizing initiatives, identifying opportunities and understanding tradeoffs. A robust discussion of key strategic initiatives rural health clinics today are considering will be augmented by examples and discussion with attendees.

4:35 – 5:30 pm

PLENARY SESSION

Cascade A/B/C

Eagle Creek Fire: A Perspective from Hood River - What Did We Learn?

Christopher Van Tilburg, MD, Providence Hood River Memorial Hospital,
Mountain Clinic at Mt. Hood Meadows, Hood River Crag Rats

2017 saw over a thousand fires across Oregon, including the Eagle Creek Fire in the Columbia River Gorge National Scenic Area and the Chetco Bar Fire in Curry County. During the Eagle Creek Fire, 170 hikers were trapped by flames. Crag Rats Mountain Rescue responded with 30 rescue mountaineers and safely brought out the trapped hikers. Daily life in the Gorge was marked by stress, worry and uncertainty. The hospital, clinics, nursing homes, the city, local law enforcement and EMS crew created evacuation and contingency plans, using tools such as the national incident command system. For residents, social media became a vital mode of communication. This talk explores the lessons learned for future situations with similar magnitude.

5:30 – 7 pm

Conference Reception/View Exhibits

Exhibit Hall

Dinner on your own

7 – 8:30 pm

Oregon Rural Health Association Board Meeting

Cascade Board Room

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7 am	Registration Table Opens	
7:30 – 8:30 am	Breakfast and Oregon Rural Health Association Annual Meeting	<i>Cascade A/B/C</i>
8:30 – 8:40 am	Announcements	
8:45 – 9:30 am	PLENARY SESSION "We loved you, but..." Patient Experience Improvement Strategies for Healthcare Professionals Jake French, Keynote Speaker, Author and Trainer Jake French is a keynote speaker on a mission to help medical professionals find those 5% opportunities where patient dissatisfaction occurs and turn them into good experiences. Medical groups who are searching for ways to pass down enthusiasm and creativity to their teams so they can improve their effectiveness will gain notepads full of innovative ideas in this talk from the patient's perspective.	<i>Cascade A/B/C</i>
9:30 – 10 am	Refreshment Break/View Exhibits	<i>Exhibit Hall</i>
10 – 10:55 am	CONCURRENT SESSIONS Wellness for Physicians and Physician Leaders Encompassing Mind, Body, and Soul Matthew Eschelbach, M.S., D.O., FACEP, CPE, Medical Director of EMS and Trauma, Emergency Department, St Charles Medical Center - Redmond Today the alphabet soup of our current medical leadership includes LEAN, RIE, PIPs, EMS, VIP, HIPPA, and more. Physicians, PAs, FNP's, and others are under the constant scrutiny of one of more of these processes for improvement. Hospitals are competing for limited resources and are asking more and more of their providers, many of whom are by nature competitive, altruistic perfectionists. Using case examples can help leaders recognize these issues and help formulate a plan for recovery and success. The development of a physician-led and provider-specific Rapid Response Team can quickly identify or solve a problem with a provider. A culture where providers can ask for help without fear of repercussions can save a career. This presentation will demonstrate how physician leaders can be at the forefront of change and success.	<i>Cascade E/F</i>
Session 1		
Session 2	Back to the Basics: Prevention Trina McClure-Gwaltney, Program Manager, Healthy Kids Outreach Program, Mercy Foundation Mercy Foundation identified a profound need for prevention services for Douglas County children. They responded by putting nurses in schools, whose presence built trust, credibility and raised awareness of health issues. Prevention services in the classroom have grown to include health awareness education, nutrition/physical activity in the classroom, violence prevention support, on-site preventative dental services, parent education, and connection to community resources and services. Mercy's experience can be a template for other similar efforts in rural communities.	<i>Cascade G</i>

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10 – 10:55 am

CONCURRENT SESSIONS (continued)

Session 3

Behavioral Health HIT/HIE Environment in Oregon

Cascade H/I

Marta Makarushka, Lead Policy Analyst, Oregon Center for Applied Science, OHA
Behavioral health providers' access to and are able to use health information technology to exchange information regarding physical and oral health, is key to healthcare, in both public and private sectors. This is vital to rural health, given the unique circumstances and barriers such as fewer providers, greater distances, frequent needs for access to higher levels of care. Rural populations come with complex needs and providers are often requested or required to perform multiple duties outside of their specialty. This presentation will discuss HIT and HIE in frontier and rural areas in Oregon, provide information on activities that OHA is currently supporting to meet these challenges, and spur a discussion around these challenges and potential additional efforts for overcoming them.

11 – 11:55 am

CONCURRENT SESSIONS

Session 1

The OHP Community Partner Outreach Program

Cascade E/F

Maria Waters, Regional Outreach Coordinator, Community Partner Outreach Program, Department of Human Services/Oregon Health Authority
Josie Silverman Mendez, SB558 Implementation Lead, Community Partner Outreach Program, Department of Human Services/Oregon Health Authority
This presentation will provide an overview of the Community Partner Outreach Program (CPOP) and how it can benefit both providers and community partners who serve Oregon Health Plan (OHP) eligible populations. Recent changes to OHP will be covered, including the passage of SB 558, removing immigration status as a qualifier for eligibility and allowing undocumented children and teens to apply for coverage. Additionally, the Reproductive Health Equity Act will expand the availability of reproductive health services. The presentation will cover the most recent updates and benefits of these changes to the rural health community, as well as providing ways for rural health providers to increase their participation and access to OHP through its Certified Community Partner Assister program.

Session 2

Integrating Clinical and Social Interventions in Rural Environments

Cascade G

Lisa Callahan, CPNP, Grants Pass Pediatrics
Sam Engel, Social Determinants of Health Manager, AllCare Health
Laura McKeane, Oral Health Integration Manager, AllCare Health
Sixty to seventy percent of an individual's overall health is determined by his or her social and environmental circumstances. Health plans, PCPs, and social service providers need to work in tandem to affect the greatest positive change on members' lives without overburdening the healthcare or social service delivery systems. The key is a solid care philosophy and a commitment to screening member needs with dignity and compassion. Logistical and financial considerations can then be addressed: a community's needs, service gaps, how members are directed to relevant services. We will also address how various service sectors become mutually supportive in order to achieve the greatest positive outcomes for members.

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11 – 11:55 am
Session 3

CONCURRENT SESSIONS (continued)

Building CME Bridges to Rural Oregon

Cascade H/I

Christine Flores, MPH, Director, OHSU Continuing Professional Development
Meredith Lair, Director, Northeast Oregon Area Health Education Center
Linda Martin, MEd, Site Coordinator and Instructor, OHSU Campus for Rural Health, South Coast
This presentation will highlight an innovative CME model co-developed among the Division of CPD, the Campus for Rural Health sites, and two regional Area Health Education Centers. Now expanded in its second year, this model live streams full-day conferences from Portland to three satellite locations across the state, bringing high quality CME topics and a conference experience closer to healthcare providers working in rural areas. The presentation will focus on the logistics of the conferences, benefits to attendees, both in Portland and at the satellite locations, and the communities these clinicians serve.

12 – 1 pm

Awards Luncheon – Hospital Quality and Hero of the Year

Cascade A/B/C

1 – 1:30 pm

Refreshment Break/View Exhibits

Exhibit Hall

1:30 – 2:25 pm

PLENARY SESSION

Cascade A/B/C

Interdisciplinary Management of Opioid Use Disorder in Rural Primary Care Settings

Brian Garvey, MD, MPH, OHSU Department of Family Medicine, Medical Director,
OHSU Scappoose Medication-Assisted Treatment Program
Rebecca Cantone, MD, OHSU Department of Family Medicine, Founding Medical Director,
OHSU Scappoose Medication-Assisted Treatment Program
Primary care clinics are developing treatment models for opioid use disorder, but few are integrating comprehensive behavioral health strategies to improve outcomes. Although Medication Assisted Treatment (MAT) models that emphasize medications may be effective, failure to offer robust psychosocial services can yield suboptimal outcomes, especially in complex patients. This presentation describes a behavioral health-focused model for MAT to expand access, better engage patients in treatment, and improve health outcomes. This includes a brief review of the scope of the problem, discussion of the evidence behind use of MAT in primary care, and discussion of how to implement MAT programs in rural settings.

2:30 – 3:30 pm
Session 1

CONCURRENT SESSIONS

The Puzzle of Pharmacists as Providers:

Cascade E/F

Fitting the Pieces Together to Cover Rural Communities

Rachael A. Ream, JD, PhD, Studebaker Nault, PLLC
This presentation will address the expanding role of pharmacists in primary care and how this leads to new opportunities in meeting the needs of rural populations. Pharmacists have always played an important role in healthcare teams, providing medication advice to patients, and benefits case management. These providers fill the gaps in rural primary care, under collaborative practice agreements and as pharmacist providers.

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2:30 – 3:30 pm

Session 2

CONCURRENT SESSIONS (continued)

Supervised Preceptorship for Graduate Advanced Practice Providers: Residency for Physician Assistant and Nurse Practitioner Graduates

Cascade G

Robin Richardson, DO, Samaritan Lebanon Family Medicine Clinic, Assistant Professor of Family Medicine, Western University COMP-NW
Currently, PAs and NPs are not required to complete a formal Residency as are physicians. Employed physicians can be uncomfortable in training Graduate Providers because of competing demands. Health Systems need to provide a way to make sure their Advanced Practice Providers are ready to be productive and confident when they enter their primary practice setting.

Session 3

OHSU Pathways into Health: A Comprehensive Model to Develop a Physician & PA Workforce in Tribal and Rural Oregon

Cascade H/I

Erik Brodt, MD, Department of Family Medicine, OHSU, Director, OHSU NW Native American Center of Excellence
American Indian/Alaska Native (AI/AN) people face significant health disparities, which is further jeopardized by a shortage of AI/AN healthcare professionals. AI/ANs are at higher risk for health problems, experience higher rates of death, and have a lower life expectancy than the general population. The burden of preventable disease morbidity and mortality weighs heavily on AI/AN communities, and is further complicated by persistent provider vacancies in tribal and rural health clinics. Oregon Health & Science University, Portland State University, and the Northwest Portland Area Indian Health Board are partnering to develop the "Pathways Into Health: Northwest Native American Center of Excellence" (NNACOE).

3:30 – 4 pm

Refreshment Break/View Exhibits

Exhibit Hall

4 – 5 pm

Session 1

CONCURRENT SESSIONS

Efficient Teaching in a Busy Clinical Practice

Cascade E/F

Elizabeth McMurtry, DO, FACEP, Assistant Dean for Clinical Education and Faculty Development, Pacific Northwest University of Health Sciences
Preceptors are always seeking to find efficient ways to precept all levels of learners, from medical students to residents, in busy clinical practices. Teaching in a community setting offers unique challenges and rewards. Mastery can be difficult, particularly when the resources afforded an academic teaching institution are not as readily available to community providers. Community clinicians who choose to educate learners in their practices are valued, both by the learners and by the patients they serve, and given the tools they need to become exceptional teachers. This interactive presentation will deliver some of those tools.

Session 2

Combatting the Rural Opioid Epidemic with Oregon's Prescription Drug Monitoring Program (PDMP)

Cascade G

Drew Simpson, Program Coordinator, Prescription Drug Monitoring Program (PDMP), Public Health Division
Laureen O'Brien, Consultant, Oregon Health Leadership Council
Oregon's Prescription Drug Monitoring Program (PDMP) has been in place since 2011, making a patient's history of prescriptions for controlled substances available to inform care. A new statewide initiative will support ease of access to PDMP via integration with electronic health records, health information exchanges, and the Emergency Department Information Exchange (EDIE). There are ways that physicians and other prescribers can access and leverage PDMP data to reduce inappropriate prescriptions, improve patient outcomes, and promote more informed prescribing practices. This session will include a discussion of new requirements for prescribers to register with the PDMP, an update on inter-state PDMP data sharing, and the PDMP Integration initiative and what it will mean for Oregon's rural community.

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4 – 5 pm
Session 3

CONCURRENT SESSIONS (continued)

Using Telehealth Technology in Dentistry, Expanding Access to Care in Rural Settings (No CME)

Cascade H/I

Linda Mann, BS, RDH, EPDH, Director of Community Outreach, Capitol Dental
Incorporating Teledentistry technology to provide onsite care to vulnerable and underserved populations has proven to be a safe and effective method of providing care. This session will describe the experience with this model and lessons learned from a two year pilot in Polk County, Oregon.

Dinner on your own

Friday, October 5

7:30 am

Registration Table Opens

8 – 9:15 am

Breakfast & Student Research Projects

Cascade A/B/C

9:15 – 11:30 am

Preceptor Skill Building Workshop

Sisters B/C

Sagebrush Building

Paul Gorman, MD, Assistant Dean for Rural Medical Education, OHSU Department of Medical Informatics & Clinical Epidemiology
This session will bring together members of the community of clinical preceptors and educators who are training the next generation of clinicians to serve Oregon's rural communities, including MD, DO, PA, and advanced practice nurse clinicians. We will discuss the challenges and opportunities of delivering and administering rural clinical education, share best practices for precepting, and talk about possible strategies to expand health professional training to meet rural workforce needs.

9:15 – 10:15 am

Session 1

CONCURRENT SESSIONS

Educating Practitioners for End-of-Life Care in Rural Communities

Cascade E/F

Michael Knowler, MD, HMDC, FAAHPM, North Team Physician, St. Charles Hospice
Since 2004, Dr. Knowler and the interdisciplinary team at Pioneer Memorial Hospice, now St. Charles Hospice, have been training physician assistant students and medical students from Oregon, Washington, and Idaho in the essentials of hospice and palliative medicine. The presentation will offer a brief history and description of the rotation, reflections on the rotation's impact, and thoughts on how other rural communities could use the lessons learned to create or strengthen their own end-of-life care.

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Friday, October 5

9:15 – 10:15 am
 Session 2

CONCURRENT SESSIONS (continued)

Modern American Virgin:

Cascade G

Stories of Women's Reproductive Lives in Rural Communities

Melissa Bird, PhD, MSW

This session will address how religion, culture, and policy influence how women think about their reproductive health care in rural communities, and how innovative qualitative research can help providers, administrators, consumers, and policy makers uncover and address how women experience individual stigma, abortion and reproductive choice stigma, and access to reproductive health.

Reproductive health care is a complicated component of women's lives that is affected by inadequate resources and stigmatization. Limited qualitative research about reproductive health care has included the voices of women who live in rural areas. This research sought to understand how rural women access reproductive health care in their communities and how religion, culture, and policy influence how women think about their reproductive health care in rural communities. Sixty-eight in-depth, semi-structured interviews were conducted with women aged 18–44 who were accessing reproductive health care services in three clinic settings in two rural California counties. Deductive analysis of interview data revealed that ideological, individual, and structural issues play a direct role in how women access reproductive health care and exposed four main themes about how women experience individual stigma, abortion, reproductive choice stigma, and access to reproductive health. Stigma and judgment about women's health care choices are not just limited to abortion. This research uncovered deep stigmatization governing the use of contraception and the role judgment plays in the use of prevention measures in women's health. Understanding the lived experiences of rural women plays a critical role in the preservation and expansion of reproductive health care in America. The current study provides context about how women navigate the world of reproductive health and offers recommendations for policy and practice.

Session 3

Revisiting Charity Care and Beneficiary Inducements in the Light of New Guidance

Cascade H/I

Rachael A. Ream, JD, PhD, Studebaker Nault, PLLC

Health care providers offering incentives or incentive programs should carefully consider any items or services provided to beneficiaries in order to ensure that any incentives do not violate the Anti-Kickback Statute ("AKS") or the Civil Monetary Penalties law ("CMP"). This presentation will focus on new guidance related to charity care programs and incentives provided to beneficiaries.

10:15 – 10:30 am **Break**

10:30 – 11:30 am **PLENARY SESSION**

Cascade A/B/C

Health Equity and Bridging the Gap in Rural Communities

Stick Crosby, Contracts Manager, AllCare Health

AllCare's Health Equity Committee has been a transformative force for improving quality and achieving equity, and for creating and supporting agent of change. This presentation will address how these efforts have improved equity, diversity, and inclusion in southern Oregon.

11:30 am – 12 pm **Wrap-up, Prizes, and Adjourn**