

Rural Health Coordinating Council Meeting

Meeting Minutes

April 18, 2019 Oregon Dental Association

1) Call to order – Wayne Endersby, Chair (presiding) 12:00 PM

a) Roll call, introductions

Kim Lovato, PA-C, Oregon Society of Physician Assistants; Dr. Donald Benschoter, ODA; Allison Whisenhunt, Consumer Member from Coast/Seaside; Anna Velasco, Consumer Member from Hermiston /Morrow County; Dr. Bruce Carlson, Oregon Medical Association, Umatilla; Claire Tranchese, Oregon Primary Care Association; Kathy Ottele, Region 2; Kristen Plunkett, ND; Curt Stilp, AHEC; Charles Wardle, Oregon Optometric Physicians Association; Linda Callahan, Oregon Nurses Association.

Staff: Scott Ekblad, Robert Duehmig, Laura Potter

b) Draft Agenda for this meeting and January Minutes unanimously approved, with correction of Kristen Plunkett's title.

2) ORH updates – Scott Ekblad 12:15 PM

Given the time limitation, rather than going over the staff reports, Scott asked if any member had any questions; none. Kate Hubbard is the new Administrative Assistant for ORH, with 25% of her time devoted to AHEC. Bob is taking the lead on the search for the new Field Services Director, as well as the other leadership tasks that Scott has been transferring to him, along with the rest of the duties within his purview and the Forum and the Conference. Meredith Guardino completed the Flex grant application before her departure, which was a huge benefit to ORH.

Rebecca Dobert is attending the National Rural EMS and Care conference in South Carolina, and unable to attend today's meeting; ORH was able to give a grant to Naomi Kamph, Seven Feathers EMT and EMS Training Coordinator to attend the conference with her. The last Rural Health Listening Tour inspired us to focus more on EMS, and we

anticipate holding an EMS Listening Tour to see where we can make the biggest difference in supporting this vital part of rural healthcare in Oregon.

3) Event updates

- a) The 3rd Annual Forum on Aging in Rural Oregon: May 1– 3, 2019, at Chinook Winds in Lincoln City. Rose Locklear has taken the lead on the Forum and is doing a splendid job. The 2020 location is the Riverhouse in Bend. We are on track to generate enough revenue to be able to fund two Elder Service Innovation Grants.
- b) The 36th Annual Oregon Rural Health Conference will be held at the Riverhouse on October 2 – 4, 2019. Our advisory committee has weighed in on the proposals and Bob is refining the selection currently.

4) Policy update - Bob

12:30 PM

- a) Report on the 2019 Legislative Session: There are two tax measures that will affect everything else: (1) the tobacco tax, which is used to fill the Medicaid hole. Any tax bill needs a 3/5 majority to pass; if they refer it out to the voters, then they will probably vote in the early fall, and know about the budget impact sooner. (2) Corporate tax on companies with revenues over \$1 m. Dedicated to K-12 education; polling has shown that if you add community colleges that are not 4-year institutions, support rises. What is not addressed: PERS. One proposal is taxing Tier 1 and 2 PERS recipients who are still working. The big liability is Tier 1, not Tiers 2 and 3.
- b) May 15th is the date the revenue forecast comes out, which the legislature will use to build the spending plan for the next two years. If off by more than 2%, kicker is triggered, so they don't want to lowball the budget. But if they set it too high, then they have to cut budgets in the second year of the two-year cycle.

- c) EMS Tax Credit: Revenue committee has reportedly been given \$40 m in tax credit revenue to spend; the original estimate was \$63 m. One of these tax credits is the EMS tax credit. The total is not high (\$250,000) so it should come through.
 - d) CCO 2.0 is coming, with awards due in July. There are 16 CCOs now, and the number could go as high as 21. There are concerns in various counties about having two sets of metrics to manage, and about whether the county population is really large enough for additional CCOs to be a benefit.
 - e) There are several pharma bills circulating through the legislature about lowering costs and allowing Medicaid buy-ins, so there will be task forces focusing on these options in the near term.
 - f) OHSU's budget appears to be in pretty good shape at this point.
- 5) RHCC members: Other legislative priorities that matter to members?
- a) Kim Lovato reported that the Oregon Society of Physicians Assistants has pulled the Optimal Team Practice Proposal discussed at the last meeting, because of problems with the proposed language. There will be another attempt to address this in the future.
 - b) Kristen Plunkett reported that the Oregon Association of Naturopathic Physicians has a bill regarding parity for billing; presently, naturopathic physicians are paid about 40% less for services with the same codes as those used by Nurse Practitioners and others.
 - c) Allison Whisenhunt: Behavioral and mental health needs are high on the list these days. Bob: there is a new loan repayment program for behavioral health providers who have completed their training but have not completed the licensure process yet.

6) Provider Incentive Report:

There are 1857 Rural Practitioner Tax Credit participants total, with different qualifications for credits based on their specialty and location. It started out as a program for MDs, NPs, PA's, and as they expanded the program, they restricted the areas in order to avoid forgoing tax income. Each expansion bumps up the cost to the State, so ORH is basically defending the existing

allocations, and when a new profession comes to ORH to ask why it is not included, the answer is that they need the legislature to add them to the roster of included professions.

For the EMS tax credit program, there are 424 volunteers covered by the program. You must be a volunteer, and the tax credit is only \$250, so we are fairly confident that the legislature will keep this tax credit.

Loan Repayment: We used to have BLRP, which was for mental and behavioral health workers who were working toward their licensure. This ended a few years ago, and has now been recreated. You still have to practice at a qualified site, defined as a rural or an urban underserved setting with any HPSA (healthcare practitioner shortage area) score, a certain percentage of Medicare and Medicaid, and 32 hours of direct patient care. In academic and school-based centers, you don't get those hours. There are 22 current awards, and a total of 66 since the beginning of the program. 132 people total have been through the program. Last quarter, we received 91 applications.

There is also the SLRP Loan Repayment program, aka the Oregon Partnership State Loan Repayment Program. Years ago, Oregon would not contribute, so Scott went to the sites to see if they would match the federal dollars. Example: \$35,000 loan repayment, \$17,500 from the federal government, \$17,500 plus \$3500 (10% admin fee, which the feds won't pay) from the site. This is a first-come, first-served program; we award the money until it is all spent.

Scholars for a Healthy Oregon (SHOI) program: Scholarships for students who commit to serving in rural areas or urban underserved areas for the number of years they are in the program plus 1 year. This is an OHSU program. The naturopathic college has a "SHOI Lite" version, as does COMP NW.

Primary Care Loan Forgiveness: this is just a rural program; it is a year for year commitment. The Oregon Rural Scholars program overseen by Curt's office is the model.

In 2019, there are a large number of PA's coming into the workforce who must provide services to meet their obligations, and yet who may have a hard time finding practice sites willing to hire them, given the supervision requirements on the part of the MDs. We have been able to offer extensions

if they lose a job or are trying hard but not finding a job, but they may have to go someplace they don't really want to go. We work hard with providers and sites to try to find good fits, so that practitioners will stay.

6) RHCC member reports

1:00 PM

- a) Wayne Endersby attended a training with a retired state police officer on illegal cannabis labs, where workers are not protected from toxic fumes, and where there are what are called "extraction explosions," In 2012, 90 such explosions; in 2014, 32 explosions and 30 injuries. There are also issues with hemp crops for CBD oil; bees cross-pollinate the two crops, which can increase the THC in the hemp to the point where it has to be burned. There are also problems relating to the higher concentration of THC in edibles and overconsumption by users.
- b) Linda Callahan reported on the I-CAN program, the Interprofessional Care Access Network, which is focusing on the social determinants of health in rural areas: poverty, isolation, and chronic illness. Of these, poverty is #1, with generational lack of education right behind it. I-CAN gets people onto the Oregon Health Plan and finds them primary care providers. Patients get meetings twice per week with med students, PA students, nursing students, and faculty. OHSU in Klamath has been working with the School of Nursing on how to use remote sites for the BSN program, to get people university credit for distance learning, and has been working with a hospital 2 hours to the east. They also work with the Blue Zones project, and there are Blue Zones menus at restaurants and at the hospital, and more bike paths and walking paths. It takes 5 – 7 years to see results. COPD from smoking is a big problem.
- c) Kristen Plunkett: Already reported on the Senate bill.
- d) Don Beschoter: nothing to report.
- e) Bruce Carlson: Umatilla Hospital District, which owns a clinic building, voted not to renew their contract with a provider, so now the clinic is associated with a practice that has been in Hermiston for 50 years. The Board will be doing some retrofitting to the site, and the contractor for furniture is a local prison. A local pharmacy is going out of business as of the end of the month; it was purchased by a Boardman clinic a year ago, but the Boardman administrator is departing and the former

owner is not interested in taking it back. Prescription inventory alone is a \$400,000 investment.

- f) Kathy Ottele: She has been testifying in favor of the tobacco tax in Salem, focusing on vaping and the effect on youth. The American Cancer Society sued the FDA last May because they were not monitoring the candy flavors of vaping products, and the FDA has now changed its policy. Kathy has seen the power of testifying in Salem and DC as a constituent and is willing to help anyone who wants advocacy assistance.
- g) Allison Whisenhunt: there was a dental van recently in Seaside, and they were amazed by the extent of the services offered and the line of people who showed up for it. All volunteer-run. Also, she has noticed that as the population ages, and as more developmentally disabled people come into the health care system, there is an increasing need for people able to make healthcare decisions for others. There is a lack of people available even to be paid guardians. There are also huge housing and transportation needs on the coast, with limited transportation for patients who need to get to Portland. The Sheriff's Office is often the only solution, there is no compensation for it, and it takes a sheriff out of commission for an entire day. Last, Columbia County has been doing a program with their CCO, expanding to Clatsop County to use paramedics to treat patients in situ instead of taking them immediately to the ED.
- h) Ana Velasco: The Heppner clinic has been light on providers, because the doctor went to the Irrigon clinic to supervise a PA, since the doctor in the Irrigon clinic is not board-certified, so he cannot supervise the PA. They have a new PA who just came on board, and is going through the credentialing process now. There is a levy for Morrow County, \$.39 on top of \$.61 per 100,000 of home value. If it passes, they will buy ambulances and update their information technology.
- i) Claire Tranchese: The Oregon Primary Care Association is the association that includes all of the Federally Qualified Healthcare Centers in the state. Large questions about whether, if a patient is using cannabis, their doctor should discontinue other medications. Clinics with large care teams that are Patient Centered Primary Care Home clinics are trying to do more with Community Healthcare Workers, pharmacists, and peer support in the substance use area to help out with the social determinants of health rather than just the medical side. Many of them have an alternate payment approach,

which allows them to partially fund roles that are not billable. In CCO 2.0, they are trying to figure out how to position themselves relative to the new CCOs that may be coming online. OPCA is also starting a trauma-informed care learning collaborative, maybe via ECHO. Also interested in social determinants of health screening with a national tool called PREPARE. Housing is rising in its importance, and OPCA is considering legislative action to, say, remove the tax deduction for second homes and use the money for housing solutions.

- j) Curt Stilp: Workforce development, the AHEC Scholars Program, and a rural and underserved track that qualifies medical, nursing, PA, pharmacists, and nurse practitioners for one of the incentive programs. The goal is to get them as prepared as possible. 82 students in the program, with another 80 – 90 coming in July. They are also working on exposing students in junior high school and high school to the healthcare professions; gap year programs are getting more popular because students need to beef up their resumes before they can apply to a professional school. There is a medical transcriptionist/scribe MA training program that is popular. The hope is to employ them for a year or two, and then when they have completed their education, they may come back to the clinic or practice where they formed relationships. Eric Wisner is a new addition to AHEC, as well as Mary Campbell, coordinating housing across OHSU schools and cooperating with Pacific University and COMP NW as well. AHEC held its first-even Opioid Symposium in the new Knight Cancer Research Building, with 8 speakers, livestreamed to La Grande, Redmond, Corvallis, and Coos Bay.
- 7) No old business.
- 8) New Business: Committee assignments. Executive Committee is Chair (Wayne), Vice-Chair (Kim), Grant Chair (Ana), and 2 at-large members. Allison and Linda volunteer and are appointed as at-large members. Grant Committee: Only assembles when we have HERO grant money and more applications than we can fund, to help us make the decision. It has not met for a while because we have had enough money to fund all who apply. Ana will continue to chair, with Wayne and Curt as members; Kathy volunteers and is appointed to the grant committee as well). If we need the Grant Committee to convene, then Laura will send out the applications along with criteria for committee members to help rank them, and Ana will lead the meeting where the committee makes its recommendations.

- 9) Adjournment. Next meeting July 18, face to face, at the Oregon Dental Association offices at 8699 SW Sun Place, Wilsonville, OR 97070. October meeting moved to October 24, to allow more time for us to process Conference results to share with the RHCC.

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