Rural Health Coordinating Council

Minutes | October 26, 2017
Oregon Dental Association | Wilsonville OR

Call to Order

Wayne Endersby, Chair, called to order the October 2017 meeting of the Rural Health Coordinating Council (RHCC) at 10:05 AM.

Roll Call

RHCC Members

Bruce Carlson, MD, Oregon Medical Association; Wayne Endersby, Oregon EMS Association; Andrea Fletcher, Consumer – Oregon HSA #3; and Curt Stilp, EdD, PA-C, Oregon Health & Science University.

Oregon Office of Rural Health (ORH) Staff

Rebecca Dobert, Robert Duehmig, Scott Ekblad, Eric Jordan, Emerson Ong, and Stacie Rothwell

Guests

Justin Harle, Providence Home Health (proposed Oregon Association for Home Care member); Jennifer Lewis-Goff, Oregon Dental Association

Approval of October 2017 Agenda

Approval of the October 2017 Agenda as written, with the addition of "Proposed Updates to RHCC Meetings," was moved by Ms. Fletcher, seconded by Dr. Carlson, and approved unanimously.

Approval of July 2017 Minutes

Approval of the July 2017 Minutes as written was moved by Ms. Fletcher, seconded by Mr. Stilp, and approved unanimously.

CAH Quality Data Reporting

Stacie Rothwell, Program Manager for ORH, and Emerson Ong, Data/GIS Analysist for ORH, presented on ORH's assistance to Oregon Critical Access Hospitals (CAH) for Medicare Beneficiary Quality Improvement Program (MBQIP) reporting. ORH has helped Oregon CAHs access an online report which easily displays that CAH's data across multiple years of various MBQIP measures, while also being able to see and compare those measures with other Oregon CAHs.

Mr. Harle: What is reported? Is it outcomes, or just sheer numbers?
Ms. Rothwell: A lot of the reported measures from the Federal Office of Rural Health Policy have aligned with pre-existing quality measures being reported elsewhere. For instance, they report patient satisfaction under Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS). But other measures are only applicable to CAHs, such as care transition measures.

Ms. Fletcher: Did ORH develop the CAH Quality Reporting Manual?
Ms. Rothwell: We worked with a Quality Initiative (QI) person out of Lakeview to put it together.

Ms. Rothwell also outlined ORH's webinar and in-person quality training for Oregon CAHs. Mr. Ong presented the Tableau-based online reporting tool available to Oregon's CAHs.

Mr. Endersby: Is there a method to know the number of surveys to responses?
Mr. Ong: Yes.

Mr. Stilp: How does a hospital select which patients complete a survey?
Ms. Rothwell: An HCAPS vendor randomly selects those patients for them.

Mr. Stilp: How do the hospitals know what the measures in this report mean?
Mr. Ong: The users at each site have a list of what the measures mean.

Mr. Endersby: What happens to low performers?
Ms. Rothwell: These and other reports are ways for them to identify their gaps. They can then set up QI projects to help them improve. There are currently no penalties for low performance.

Mr. Ekblad: What is the benefit for our CAHs to use this tool?
Ms. Rothwell: They can run these reports themselves with real-time data. They do not need to contact us or anyone else to easily see their data when they need to.
Mr. Ong: Before, the data was distributed to each site as static PDF files with only *their* data. Now they can compare themselves against the rest of the CAHs in the state and view each and every measure in a number of ways.

Mr. Endersby: Who came up with the questions?
Ms. Rothwell: Medicare.
Mr. Endersby: Are other states doing this?
Ms. Rothwell: All states are.

Mr. Duehmig: Can we compare our CAHs to other states?
Ms. Rothwell: We do get periodic nation-wide reports, but not in this tool.

Mr. Stilp: Can they then reach out to peers for support?
Ms. Rothwell: Yes, for those participating.

ORH Updates

Staff Reports

Mr. Ekblad highlighted the following items in the quarterly ORH Staff Report.

- Elder Services Grant program issued three awards out of about a dozen applications. Those awarded are: Deschutes Rim Clinic in Maupin to train clinic staff as Community Health Workers; Eastern Oregon Healthy Living Alliance to train clergy in mental health first aid; and Grant County Older and Vulnerable Populations Collaborative to hold community tai chi classes.
- Mr. Duehmig and Mr. Ekblad have spent a bit of time and energy on the Oregon Health Authority's (OHA) Rules Advisory Council for the recently revised provider incentive programs.
- Kudos to Ms. Peppler for the logistical support behind another successful annual conference.
- Mr. Pfunder, Mr. Duehmig, and Mr. Jordan are taking the lead on updating our website.
- Ms. Kvamme and Mr. Duehmig have developed tracking tools for our various finances.

- Ms. Reed has done a great job with the 3RNet Academy and a career coaching packet.
- Ms. Dobert has been conducting the Rural and Frontier Listening Tour. She will deliver a report on it at an upcoming RHCC meeting.
- Ms. Locklear has completed telehealth assessments for two Critical Access Hospitals.
- Ms. Rothwell planned quality and Rural Health Clinic (RHC) workshops which were held as part of this year's annual conference.
- We are getting more RHC technical assistance requests. We are figuring out ways to meet these increased needs.

  Dr. Carlson: I tried to get an RHC Association off the ground for years, but could only attract a handful. Maybe you could identify those RHCs getting things right and then use them as models for the rest.
  Ms. Rothwell: I've connected clinics that way in the past.

Provider Incentive Programs Update

Mr. Ekblad explained that the bill that saved the incentive programs passed into law, so he and Mr. Duehmig have been advising the OHA on the rules for these various programs. This bill locks in the funding for each program for this biennium. After the biennium however, the Healthcare Workforce Committee of the Oregon Health Policy Board can decide to allocate funds for the programs in any manner of their choosing, thereby funding the best performing programs over those which are not serving the state as well. One new program that was funded has yet to come online, an innovation grant program for recruitment or retention. There will also be a healthcare workforce assessment by OHA and ORH every two years. We anticipate that the new rules for this program will be released by OHA in mid-November and adopted by January.

2nd Annual Forum on Aging in Rural Oregon

The 2nd Annual Forum on Aging in Rural Oregon will be May 16-18, 2018, in Pendleton. We are building the agenda from the fifteen presentation proposals that were submitted.

Ms. Fletcher: Do you think that there is a disconnect between our aging communities and their needs? Maybe the communities don't know what the best practices are? Or if they have already found a great solution in their community which could be shared in a venue like this, and they just don't know what benefit their solution could be to others.
Mr. Ekblad: Your guess is as good as mine. The proposal committee for the Forum is established with local input, so hopefully we will have some of that ground-level knowledge going into this.

34th Annual Oregon Rural Health Conference

Mr. Ekblad noted that the most recent conference was extremely successful and very well attended. ORH was able to offer Continuing Education credits for the first time in many years, which were a great draw for practitioners. It seems however that the conference has outgrown Sunriver's facilities, as there were many concurrent sessions that were standing room only. Next year, the conference will be at the Riverhouse in Bend, which has larger conference facilities.

Rural Health Hero of the Year

Mr. Jordan showed the 2017 Rural Health Hero of the Year video for the meeting attendees.

RHCC Meetings

Mr. Ekblad provided a brief background on the ORH and the RHCC. He opened the discussion for the opportunity to change most meetings to conference calls instead of face-to-face. The proposal is one face-to-face a year, and three calls.

Mr. Endersby: I pay better attention in person, but we should at least try it to see how it goes. We will be holding the January meeting by phone already, so perhaps we do that one, then ask the members on the call how they regard it and adjust the meeting schedule from there.

Ms. Fletcher: It seems that there are greater discussions when there is better attendance by organizational members. Would a call facilitate this?

Mr. Ekblad: Perhaps.

Dr. Carlson: I think it might work.

Mr. Stilp: I like this idea.

Mr. Endersby: I'd like there to be flexibility for ORH to do what works best.

Mr. Ekblad: This all sounds good. We will hold our January meeting by phone, see how that goes, then make a formal decision on the remaining meetings in the late winter/early spring.

HERO Grant Program

Mr. Jordan displayed a graph representing HERO grant applications awarded over the years of the program, which showed a sharp decline in individual volunteer applications over time. The graph showed only a slight decline in the number of applications from agencies. Mr. Ekblad proposed offering future HERO grants to agencies only.

Mr. Endersby: I agree with this idea. I've been beating the bushes for years trying to get individuals involved, but still the individual numbers have declined. If you can get an in-house trainer at a station, that is a better bang for your buck.

Mr. Stilp: Do we have any idea as to why the individual grant applications fell so sharply?

Mr. Endersby: I have no idea. It is really baffling.

RHCC Member Reports

Bruce Carlson, MD, Oregon Medical Association

Opioids remain a big issue. Oregon Health Plan patients utilize them twice as much than those commercially insured. The state is looking at alternative treatments for back pain. My patients with back pain are supposed to be off opioids by January 1st, and I am getting a lot of push-back. There is a test for referral to non-pharmaceutical treatments, but a patient has to score high enough to be referred.

A new physician assistant (PA) is coming to work in my Hermiston clinic; the PA who has been there will then begin working in my Pendleton clinic. The new PA is a recipient of the Medicare Primary Care Loan Repayment Program administered by ORH.

The state has given Coordinated Care Organizations (CCO) seventeen incentive measures for primary care providers to meet in order to improve quality. Payments are based on the percentage of measures met.

Andrea Fletcher, Consumer - Oregon HSA #3

I loved the pairing of similar sessions, the app, and the networking at the recent Oregon Rural Health Conference.

Listening to the MBQIP presentation, I feel that the Eastern Oregon CCO is fairly generous with us at the local level in providing seed money for community health improvement plans and quality initiatives. Morrow and Umatilla county community advisory councils work closely together, and a frequent common area of interest is incentive measure data. Of note: Moda has been very responsive with raw numbers for us, which is important because our numbers are sometimes so small.

Wayne Endersby, Oregon EMS Association

Baker County has three transporting ambulance services, with the majority of the county served by Baker City Ambulance (BCA). BCA is supported by taxes on residents of Baker City, although their large service area includes areas outside the city. Their call volume, which includes fire as well as EMS, has grown to the point where they are worried about having enough personnel to cover the demands both in and out of the city. They applied for and received a Safer Grant to help raise funds to support additional paramedics, but that grant relies on matching funds. BCA felt that, because they serve areas outside of the city, the county should provide those matching funds. The county agreed to do so for three years. They are looking setting up a tax district for ongoing funding beyond those three years but several questions regarding fairness have been raised. I suggested they reach out to ORH for help with advising us on these decisions. The volunteer agencies in east and southeast Oregon are getting to a tipping point of not being able to recruit new, younger EMS providers. The average age in our area is 65. I'd like to start a conversation to be proactive on this issue. What is the state going to do when there are no more people volunteering for EMS? Tax people and set up satellite stations? How do you put a "Type A" personality in a community that gets one call a week?

Ms. Fletcher: This is greatly frustrating. I-84 is the scene of many accidents and you would be taxing local populations for travelers from elsewhere.

Mr. Ekblad: Something the RHCC can do is prepare a case study for state legislators on the situation you've just described.

Ms. Dobert: EMS came up during the Listening Tour in John Day. Monument lost their service for a while and it was very alarming to residents.

Dr. Carlson: Did Baker City include surrounding rural areas in their ambulance service area? It seems like ORH would be a good clearinghouse for this issue. Different communities require different responses, so ORH could compile case studies.

Mr. Stilp: I wonder if there is a way to link this up with some sort of educational question. EMS is often not properly utilized; calls are not always EMS, they're primary care call. Maybe we could do some education of rural citizens on proper use of EMS. I don't know if the CCOs are doing anything around this. Maybe they would fund it.

Mr. Ekblad: Meredith, Rebecca and I will put our heads together to see what we have the capacity to do on this issue. Maybe an agency or ASA survey, certainly a policy overview and case study.

Curt Stilp, MS, PA-C, Oregon Health & Science University

Oregon Area Health Education Center received a five year funding grant. It was quite a bit lower than what we had applied for, even though we scored pretty high on it. AHEC will coordinate a combined rural and underserved education track of the health professions training programs at OHSU, Pacific University, COMP-NW, OSU and PSU. This track can make students eligible for the Primary Care Loan Forgiveness (PCLF) program. The planning year will launch next fall. Some regional AHECs will partner with sites for continuing education, provide preceptor training, as well as training and education for rural individuals who want to enter health care careers, such as Medical Assistants (MA), scribes. Individuals who can offer dual role of MA and scribe are really a golden ticket to an FQHC or Rural Health Clinic.

Reporting as a PA, OHSU's PA Program just graduated its 26th class, with the highest percentage of grads going into rural areas ever. Four are being hired in Coos Bay, after doing clinical rotations there. This year OHSU had close to 1,500 applicants for the 42 spots in the PA Program.

Justin Harle, Proposed Oregon Association for Home Care Member

Regarding HCAPS, the patient satisfaction part is huge, as Medicare/CMS will soon be moving to strictly value-based reimbursement.

For OHP patients on the mental health side of things, hospital systems are providing interpreters, all the different disciplines, so we in home health do have mental health trained nurses that we can include in the team for those who need it. With OHP, there is no mental health benefit because they have access to psychologists or psychiatrists. But I don't know how many are available in rural areas; there can be long waiting periods for those providers who are.

With that same population, getting them durable medical equipment is an effort, even for basics.

Mr. Ekblad: What is the hold-up on the equipment?
Mr. Harle: It could be bureaucratic, like filling a form out incorrectly, or it could be a lack of funding so multiple steps are put into place in order to stall. Historically, there has been abuse in this pipeline, so these increased steps were a way to mitigate that abuse, but it is getting in the way of providing basic services. In some cases it can make the difference in someone staying in their home.

Dr. Carlson: I'm involved in the medical review in the CCO in my area and there is no budget, it's a matter of the request containing the information I need to approve it. A correct diagnosis with the correct information and its approved. And it must be a payable diagnosis.

Mr. Harle: I've seen better education on how to document and write these requests recently. It's good to know that funding isn't necessarily the holdup.

Ms. Fletcher: We had someone in the area combat this by developing a durable goods warehouse. We still have an issue of it not being as well-known as it should be.

New Business

None.

Adjourn

The meeting was adjourned at 2:15pm.