

# Rural Health Coordinating Council

Minutes | January 18, 2018  
Conference Call

## Call to Order

Wayne Endersby, Chair, called to order the January 2018 meeting of the Rural Health Coordinating Council (RHCC) at 1:03 pm.

## Roll Call

### *RHCC Members*

Linda Callahan, PhD, PMHNP, Oregon Nurses Association; Bruce Carlson, MD, Oregon Medical Association; Wayne Endersby, Oregon EMS Association; Andrea Fletcher, Consumer – Oregon Health Service Area (HSA) #3; Kim Lovato, PA-C, Oregon Society of Physician Assistants; Charles Wardle, OD, Oregon Optometric Physicians Association; and Leanne Yantis, Oregon State Board of Pharmacy.

### *Oregon Office of Rural Health (ORH) Staff*

Rebecca Dobert, Scott Ekblad, and Eric Jordan

### *Guests*

Allison Whisenhunt (prospective Consumer - Oregon HSA #1); and Anacelia Velasco (prospective Consumer – Oregon HSA #3)

## Approval of January 2018 Agenda

Approval of the January 2018 Agenda as written was moved by Ms. Fletcher, seconded by Ms. Lovato, and approved unanimously.

## Approval of October 2017 Minutes

Approval of the October 2017 Minutes as written was moved by Ms. Lovato, seconded by Ms. Yantis, and approved unanimously.

## ORH Updates

### ORH Staff Report

Highlighted by Mr. Ekblad was:

- The ORH has upped the space for the 2018 Annual Oregon Rural Health Conference, which now includes an entire floor for exhibiting partners. This additional space will allow full exhibits, no doubling up of non-profit tables, and more exhibiting partners than ever before.
- The 2019 Annual Forum on Aging in Rural Oregon will be held at the Chinook Winds Casino in Lincoln City.
- The National Rural Health Association's annual Rural Health Policy Institute will be February 6-8, 2018 in Washington D.C. Lindsay Kvamme is currently setting up the Hill visits between attendees from Oregon and the Oregon Congressional delegation. Robert Duehmig and Rebecca

Dobert from ORH, along with Leslie Ogden (Samaritan Health – Newport and Lincoln City) and some of her physician colleagues, and Gina Seufert (Adventist Health - Tillamook) will be making the journey from Oregon to Washington D.C.

- The state’s incentive programs will operate as they have all along for the next biennium. The Oregon Health Policy Board’s Health Care Workforce Committee will review and make changes as indicated after that initial biennium.

Dr. Carlson: Did the Medicaid Primary Care Loan Repayment program sunset?

Mr. Ekblad: Yes, that program has sunset and a new, expanded loan repayment program, one that also emphasizes care for Medicare beneficiaries, is being created.

Dr. Carlson: Will there be restrictions for sites in this new one, like there are in the State Loan Repayment Program (SLRP)?

Mr. Ekblad: Not that we are currently aware of. This new one is state-funded, so it is not held to federal rules, as is SLRP.

Dr. Carlson: What will the funding be?

Mr. Ekblad: \$4 million for the biennium.

- Eric Jordan, Robert Duehmig, and Bill Pfunder are leading the effort to revamp the ORH website.
- Stacy Reed has been really working the recruitment and retention program, with measurable results.
- The Rural and Frontier Facility Listening Tour report has been eating many staff resources. We will be moving from an annual one to one every-other year.
- The Centers for Medicare & Medicaid Services (CMS) has redefined Critical Access Hospital (CAH) rules once again, which can have an impact upon Oregon’s CAHs. Curry General is currently facing challenges as a result. ORH is working with CMS, Curry General, and the Oregon Health Authority (OHA) to resolve this. Curry General is essentially a canary in the coalmine with this new rule, which could threaten the status of other CAHs, not only in Oregon but nationwide. We are hopeful that we can get CMS to see the downside of these new rules.
- Only 4 of the 25 Oregon CAHs have engaged in our statewide telehealth assessment project.

## EMS Volunteerism Follow-up

Ms. Dobert followed up on the October discussion regarding the Baker City area and lack of sustained funding. Baker City currently has a Staffing for Adequate Fire and Emergency Response (SAFER) Grant to cover its operations for three years. Wayne had referred the fire chief in Baker City to ORH for information about forming a tax district, but we have not heard from him. We had discussed the possibility of ORH preparing a policy overview and case study of volunteer and other personnel recruitment in rural Oregon, but our limited staff capacity necessitates that we postpone this to later in the year. We will leave this item on the agenda for April in case there is something new to report.

## RHCC Member Reports

Kim Lovato, PA-C, Oregon Society of Physician Assistants

Symmetry Care in Burns received a Greater Oregon Behavioral Health, Inc. grant, which allowed members of Pacific University and Providence ElderPlace to conduct a continuing education geriatric poly-pharmacy presentation. This program attracted the attention of Norma Ladhar of the OHA who gave that group a grant to focus on opioid use and abuse across rural Oregon.

Adventist Health Care took over the Vernonia Clinic, and opened one in Banks.

Bill Pfunder presented to the rural track students at Pacific University on loan forgiveness.

### [Andrea Fletcher, Consumer - Oregon HSA #3](#)

There has been a flurry of activity in the twelve eastern Oregon counties revolving around community health assessments and project planning. The Eastern Oregon Coordinated Care Organization (EOCCO) might be the only CCO providing grants to community members to provide access and quality.

Bill Greiser, Portland State University (PSU) and OHSU, and Jeff Leake, PSU, formed the NW Noggin Project, a curricular road show around brain activity. They invite teachers and community members to use this program to reach out to young people to expose them to careers in health care. They will be visiting Morrow County soon with this program.

### [Leanne Yantis, Oregon State Board of Pharmacy](#)

Ms. Yantis and her husband sold their pharmacy in Gold Beach and relocated to West Linn. She is now working remotely on coverage determination for Western Oregon Advanced Health, and filling in at a pharmacy in Canby. Seeing the system-wide process from the CCO angle is really eye opening.

### [Bruce Carlson, MD, Oregon Medical Association](#)

There was a meeting last night of the Umatilla Independent Practice Association, which has dwindling numbers due to buy-outs. The membership agreed to work on a recruiting effort for more independent practice providers. Opioid use and abuse was also discussed at this meeting. Studies show there is greater opioid usage in rural than in urban, so we are looking into that. Relating to that, the EOCCO has had free Suboxone training for providers.

A new Physician Assistant (PA) due to be practicing in Pendleton actually took another job, so we are recruiting for another PA again.

### [Linda Callahan, PhD, PMHNP, Oregon Nurses Association](#)

Ms. Callahan joined the OHSU Klamath Falls residency program. The students are looking into societal shortfalls in healthcare. Every quarter, there are 8-9 nurses, a few dental, and one physician student within each cohort.

### [Allison Whisenhunt, prospective Consumer - Oregon HSA #1](#)

Welcome Baby, an outreach program in Clatsop County, helps pregnant mothers with prenatal and early development information. This program is funded through a grant called Clatsop Kinder Ready.

There is a partnership with GOHBI on the Oregon Senior Peer Outreach Program, which is to train peers to be available by phone for seniors in need.

The Clatsop Senior Care network is looking into a potential CNA shortage, which could be caused by the opening of a Walmart in the area.

Mr. Ekblad: Are they in contact with the state CNA trainers?

Ms. Whisenhunt: It's more of an orientation/informational program, not a traditional training program.

## Old Business

### Future RHCC Meetings

At the last RHCC meeting, we discussed the possibility of conducting future RHCC meetings mostly by phone, with one or two meetings in person.

Dr. Wardle: Are we saving enough money by phone to have a more community-based meeting? Maybe some of the tech companies moving into rural Oregon could pay for our in person meetings in communities.

Dr. Carlson: Based on the Oregon Rural Health Association (ORHA) community meetings, it depends on the community. Sometimes we get only a handful of community members present. I think it would require research to see how that could work. My vote would be half by phone and half in person.

Ms. Lovato: I agree with half-and-half.

Mr. Endersby: Trying something, then re-evaluating is a good thing. We should meet at least once face to face.

Ms. Callahan: It would be easier to meet by phone, but once or twice a year face to face would be okay.

Mr. Ekblad: We will look into the cost savings of all variables, including once a year in a community. What I'm hearing is twice by call with spring and summer in person.

## New Business/Public Input

Mr. Endersby asked the RHCC members what their take on how Ballot Measure 101 was going.

Mr. Ekblad: I don't really have insight into how that is panning out. I have only see ads in favor of, I have not seen any media coverage against it.

Mr. Endersby: In Baker County, I've seen anti-101 media in the paper and on Facebook.

Ms. Callahan: I've seen anti-editorials in the paper here in Klamath Falls.

Dr. Carlson: I've heard that Moda's lobbyist says that it looks like it will pass.

## Adjourn

The meeting was adjourned at 2:34PM.