



2017 Year-End Report

OREGON
OFFICE
OF RURAL
HEALTH





About the Oregon Office of Rural Health

The Oregon Office of Rural Health (ORH) has been the focal point for rural and frontier health in Oregon since 1979. Supported by the Federal Office of Rural Health Policy, the state of Oregon and Oregon Health & Science University, ORH offers assistance to hospitals, clinics and communities to strengthen the rural and frontier health care delivery system.

OUR VISION *Working with communities to create health care solutions for rural Oregonians.*

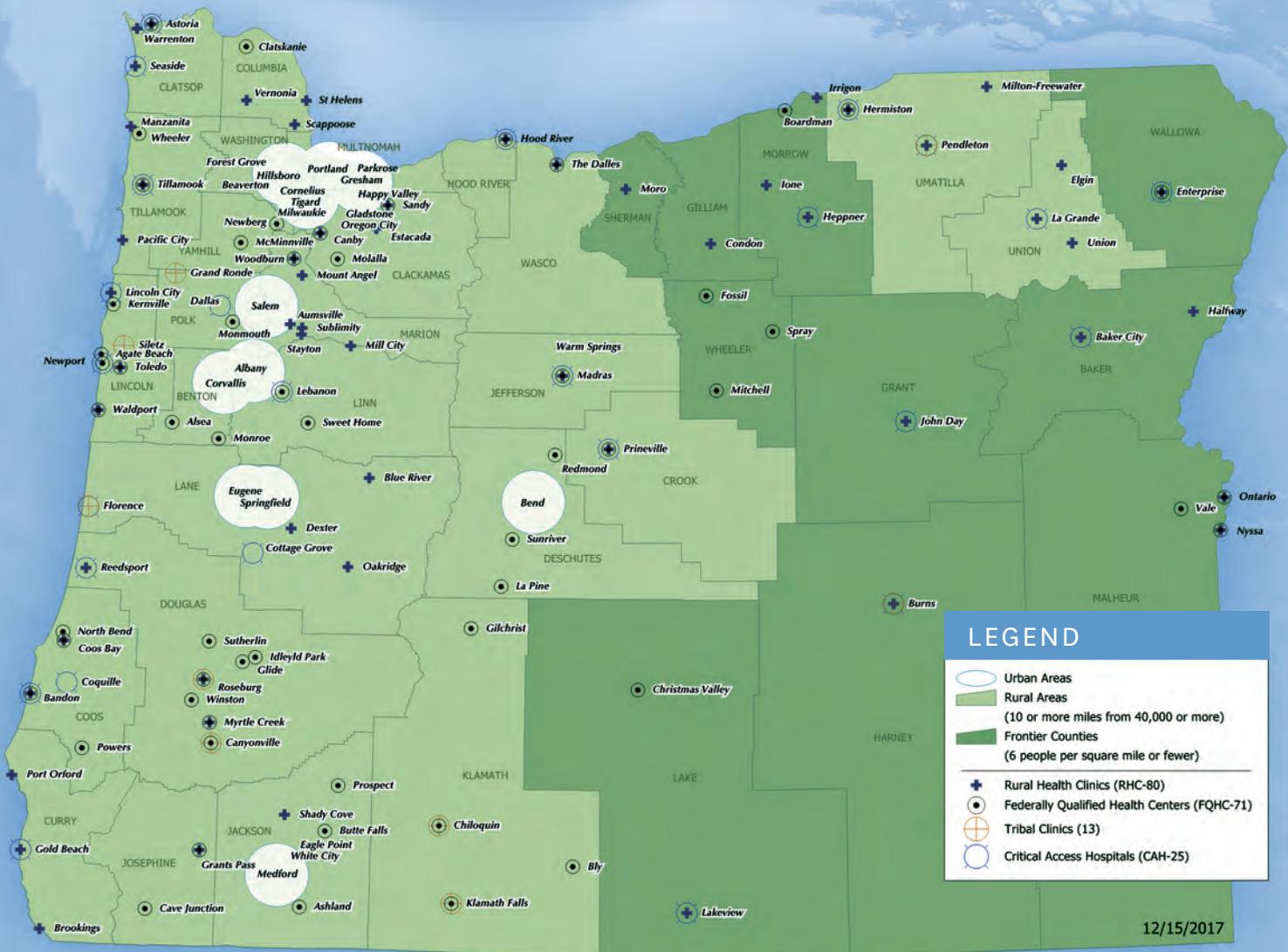
OUR MISSION *To improve the quality, availability and accessibility of health care for rural Oregonians.*



What Is Considered Rural and Frontier?

34.9% of Oregon's population lives in rural and frontier communities

The Oregon Office of Rural Health defines rural as all geographic areas in Oregon ten or more miles from the centroid of a population center of 40,000 people or more. Frontier counties are defined as those with six or fewer people per square mile. Ten of Oregon's 36 counties are frontier.



OREGON RURAL HEALTH CARE SAFETY NET

For more information on what is considered rural and frontier, or to determine if your community is rural or frontier, visit our website: www.ohsu.edu/orh.



The Work of ORH Is Aligned Under the Following Service Areas:



FIELD SERVICES

DATA & ANALYSIS

ORH provides data and analysis about rural and frontier health to providers, elected officials, government agencies, educators and members of the public.

TECHNICAL ASSISTANCE

ORH offers technical assistance to rural and frontier communities and health care facilities to strengthen their health care delivery systems.

WORKFORCE SERVICES

PROVIDER RECRUITMENT AND RETENTION

ORH works with rural practice sites to help them recruit and retain practitioners, and with practitioner candidates to help them find suitable rural and frontier Oregon practice sites.

PROVIDER INCENTIVE PROGRAMS

ORH manages loan repayment, loan forgiveness, tax credits and malpractice subsidy programs to incentivize the recruitment and retention of rural and frontier Oregon providers.

POLICY DEVELOPMENT AND ADVOCACY

The state legislature has charged ORH with “coordinating” the provision of health care to rural Oregonians and developing legislative proposals to benefit the health of rural Oregonians.

INFORMATION SERVICES

ORH keeps its constituents informed through the annual [Oregon Rural Health Conference](#), the annual [Forum on Aging in Rural Oregon](#), quarterly newsletters and social media.

Funding Sources

The 2017 Budget for the Oregon Office of Rural Health was \$3,531,069.

ORH support is a combination of federal funding, state/OHSU funding and service fees. ORH is committed to using all its resources as efficiently as possible to provide the highest quality services to rural Oregon.

State/OHSU: \$1,332,130 (38%)

Federal: \$1,373,618 (39%)

ORH Revenue: \$825,321 (23%)

Total: \$3,531,069

ORH Partners

The Oregon Office of Rural Health has been a partner of Oregon Health & Science University since 1989.



STATE

- Oregon Area Health Education Centers (AHEC)
- Oregon Association of Hospitals and Health Systems (OAHHS)
- Oregon Center for Nursing (OCN)
- Oregon Department of Human Services (DHS)
- Oregon Health Authority (OHA)
- Oregon Health & Science University (OHSU)
- Oregon Health Care Workforce Institute (OHWI)
- Oregon Medical Association (OMA)
- Oregon Nursing Association (ONA)
- Oregon Primary Care Association (OPCA)
- Oregon Rural Health Association (ORHA)
- Oregon Rural Practice-based Research Network (ORPRN)
- Pacific University



NATIONAL

- Health Resources and Services Administration (HRSA)
- Federal Office of Rural Health Policy (FORHP)
- National Organization of State Offices of Rural Health (NOSORH)
- National Rural Health Association (NRHA)
- National Rural Recruitment and Retention Network (3RNet)



Workforce Services





Health Care Provider Incentive Programs

Health Care Provider Candidate Sourcing

ORH sources candidates through direct outreach to students, residents and practicing providers throughout the country. We work directly with candidates reached through the national non-profit Rural Recruitment and Retention Network (3RNet) and through the scholarship and loan repayment programs we administer.

ORH reached 720 providers during 2017 who had an interest in practicing in Oregon.

Practice Opportunity Sites

Workforce Services provides technical assistance to rural clinics, federally qualified health centers, hospitals and communities to recruit and retain their provider workforce. ORH markets rural Oregon communities and practice opportunities to health care providers nationwide through its membership in the national, non-profit Rural Recruitment & Retention Network ([3RNet](#)).

ORH promoted 210 rural and frontier practice opportunities in 118 practice sites during 2017, leading to a minimum of 43 reported successful placements.

[Loan repayment](#) is a financial incentive for clinicians to work in an underserved location in exchange for a service commitment. ORH administered two loan repayment programs in 2017: 15 providers received awards totaling \$223,450 through the State Partnership Loan Repayment Program (SLRP); 11 providers received awards totaling \$761,623 through the Medicaid Primary Care Loan Repayment Program (MPCLRP). The MPCLRP ended in 2017, and was replaced with Health Care Provider Incentive Loan Repayment, beginning in 2018.

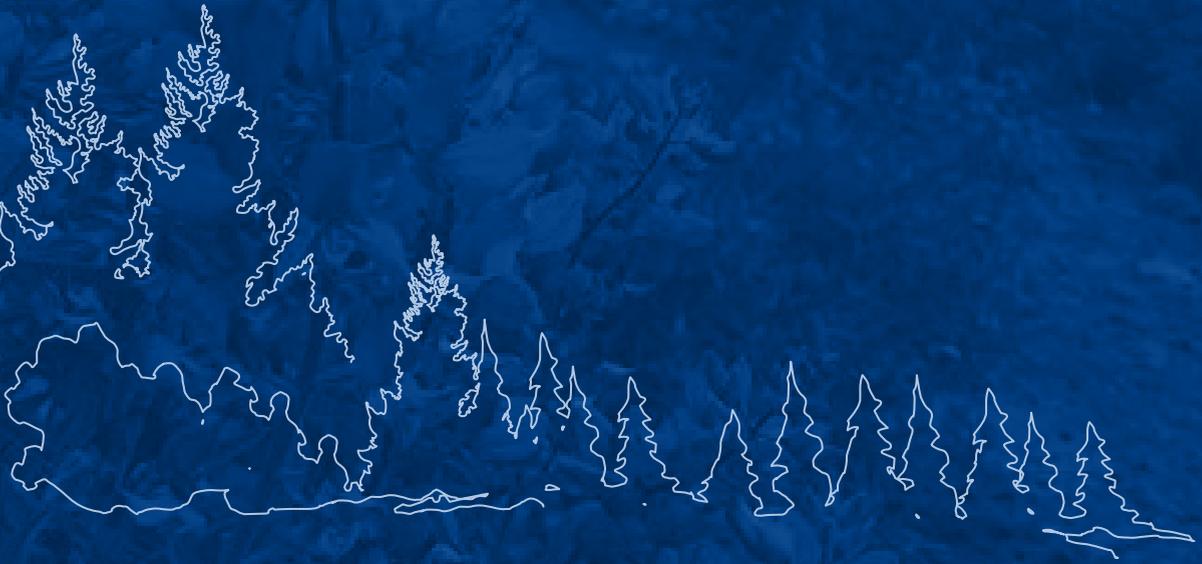
[Loan forgiveness](#) is an incentive program in which students receive loans during their education, which are forgiven when they complete a service obligation after graduation. ORH approved loans for 4 students totaling \$140,000 in 2017 through the [Primary Care Loan Forgiveness Program \(PCLF\)](#). ORH also assists with the [Scholars for a Healthy Oregon Initiative \(SHOI\)](#), an OHSU scholarship program for Oregon students. SHOI requires a service commitment in a rural or urban underserved community upon completion of the students' training. 16 students were awarded scholarships totaling \$2,028,619 in 2017 through the SHOI program.

125 loan repayment and 32 loan forgiveness recipients are currently practicing in 118 rural or urban underserved sites.

For additional information, contact the ORH Workforce Services team at ruralworkforce@ohsu.edu



Field Services



2017 Program Highlights

Areas of Unmet Health Care Need (AUHCN) Report

The Oregon Office of Rural Health, in response to a mandate from the Oregon Legislature, developed the [AUHCN report](#) in 1998 to measure medical under-service in rural areas. It is published annually.

ORH convened a stakeholder group in 2016 to revise the report. Newly available data now allows us to weigh more factors in determining unmet health care need. The first report using the new methodology was published in 2017. The report now includes nine variables that measure access to primary care, physical, mental and oral health care. For more on the variables used, see page 12 of the report.

The report provides a total unmet need score for each primary service care area in Oregon. An area's score can be compared to other service areas as well as to overall scores for the state, all urban, all rural and all frontier areas. Additionally, if a score is low, it identifies which of the nine variables are negatively impacting the service area. The report can be used to quantify how well communities are able to access physical, mental and oral primary health care.

For more information, please contact Emerson Ong | ong@ohsu.edu.



Grants and Conference Scholarships Awarded

With funding from HRSA, ORH was able to offer the following grants and scholarships in 2017.

SMALL HOSPITAL IMPROVEMENT PROGRAM (SHIP) GRANTS

The SHIP grant is available to rural hospitals with 49 or fewer beds. Twenty-seven of Oregon's 32 eligible rural hospitals were awarded approximately \$7,600 each in the 2017 SHIP grant cycle.

One-third of the awardees chose to participate in on-site, customized TeamSTEPPS training. The remaining awardees primarily focused on efficiency or quality improvement work, including:

- Strengthening Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) programming;
- Investing in tools to better meet Merit-Based Incentive Payment System (MIPS) reporting requirements;
- Improving inpatient discharge chart review, infection surveillance and prevention, and readmission risk assessments.

Additionally, SHIP funding was able to support a Custom Learning Solutions-led HCAHPS Breakthrough Leadership Bootcamp in coordination with the ORH Flex program- 23 staff from 8 different rural hospitals participated and earned certificates.

The 2018 grant application cycle has closed. Please contact Rebecca Dobert | dobert@ohsu.edu about applications for the 2019 cycle.

POPULATION HEALTH IMPROVEMENT GRANT

CHI St. Anthony Hospital in partnership with Umatilla County Health Department, Morrow County Health Department/WIC and Yellowhawk Tribal Health Center received a three-year competitive grant to create and pilot a mobile lactation service program in Umatilla and Morrow counties. This is the second year of their grant program at \$50,000 per year.

For more information on the mobile lactation van service program or upcoming opportunities to apply for a population health grant, please contact Rose Locklear | locklear@ohsu.edu.



MEDICARE BENEFICIARY QUALITY IMPROVEMENT PROGRAM (MBQIP) RECOGNITION GRANTS

Each year, ORH recognizes the most improved and top performing hospitals for MBQIP reporting. Top performing hospitals are awarded a \$5,000 grant to implement or support a quality improvement project. Quality Officers are given a scholarship to attend the Annual Oregon Rural Health Conference and present their project results. The 2017 awardees were:

Overall Top Performer

West Valley Hospital

Most Improved

Blue Mountain and Wallowa Memorial Hospitals

Top Performer in Outpatient Measures

Providence Seaside and Samaritan Lebanon Hospitals

Top Performer in Emergency Department Transfer Communication Measures

Samaritan North Lincoln Hospital
Samaritan Pacific Communities Hospital

ADDITIONAL CONFERENCE SCHOLARSHIPS

Healthcare Service Excellence and National Symposium on HCAHPS Sustainability | Long Beach, CA

CHI St. Anthony Hospital
Harney District Hospital
Lower Umpqua Hospital
Samaritan North Lincoln Hospital
St. Charles Madras
St. Charles Prineville
Wallowa Memorial Hospital

National Rural EMS Conference | Fargo, ND

Blue Mountain Hospital District Emergency Medical Services

Western Region Flex Conference | Waikoloa, Hawaii

Wallowa Memorial Hospital



Clinic Technical Assistance

ORH provides technical assistance to rural and frontier healthcare clinics on general operations, Rural Health Clinic (RHC) designation and RHC compliance. ORH provided technical assistance to 43 of Oregon's clinics and health departments in 2017. In addition, ORH hosts a Rural Health Clinic Workshop each year at the Annual Oregon Rural Health Conference. For more information on clinic related technical assistance, please visit the ORH website or contact Stacie Rothwell | rothwells@ohsu.edu.

Critical Access Hospital Community Benefit Report

The Oregon Health Authority collects, analyzes and publishes Hospital Community Benefit data annually for 60 Oregon hospitals. This year ORH partnered with the Oregon Association of Hospitals and Health Systems to collaboratively publish [Community Benefit Reporting Highlights](#) of fiscal year 2015 for Oregon's 25 Critical Access Hospitals. The 2017 report also outlines federal requirements for 501(c)(3) charitable hospitals and provides resources for 501(r) compliance. For more information, please contact Rose Locklear | locklear@ohsu.edu.

Telehealth and Project ECHO Assessments

During 2017, ORH began providing free assessments to interested Critical Access Hospitals and their Provider Based Rural Health Clinics to help identify areas of interest for provider education (via Project ECHO) and telehealth service opportunities. Please contact Rose Locklear, locklear@ohsu.edu, if you have questions on how ORH can help your hospital or clinic with telehealth, Project ECHO, or IT education.

Rural and Frontier Health Facility Listening Tour

Fifty-six rural and frontier healthcare facilities participated in the 2017 ORH Listening Tour, including:

- 10 Critical Access Hospitals
- 2 Type B Hospitals (50 and fewer beds, 30 miles or less from nearest hospital)
- 2 Type C Hospitals (more than 50 beds)
- 28 Rural Health Clinics
- 11 Rural Clinics
- 2 Federally Qualified Health Centers
- 1 Jail Clinic

Twenty-five partners, representing 13 organizations, attended visits along with ORH staff. Facilities shared their current challenges, ranging from regulatory and reimbursement concerns, to the need for flexibility to address the impacts of social determinants of health, to the main topic of this year's report: the challenges in delivering integrated behavioral health care services. The 2017 report and information about current activities and resources to address these challenges is available at: www.ohsu.edu/listeningtour.



Critical Access Hospital Quality Improvement Reporting and Programs

ORH continues to support quality reporting and improvement at CAHs. ORH now offers an on-demand resource center to support both new and existing Quality Directors and staff on the [ORH website](#). Additional 2017 programming included:

- A six part MBQIP Webinar Series: 13 of 25 CAH participated;
- Five MBQIP Peer-to-Peer Roundtable sessions: 12 of 25 CAH participated;
- Tableau online cloud subscriptions for 19 participating CAHs to access their MBQIP benchmarking data;
- Support to 12 CAHs to improve their staff and patient influenza vaccination reporting and rates;
- Support for 12 CAHs to participate in an HCAHPS Breakthrough Leadership Webinar Series.
- Annual publication of the [Oregon Critical Access Hospital Quality Reporting Overview Guide](#).

These programs helped contribute to a 4% increase in CAHs who successfully report under all four MBQIP domains and a 16% increase in CAHs reporting on Emergency Department Transfer Communication measures.

Each year, the Flex Monitoring Team (FMT) at the University of Minnesota publishes a [State Data Report](#) highlighting Hospital Compare quality measure results for each state.

Highlights from the report show that between 2015 and 2016, Oregon's Critical Access Hospitals are making strong progress in their Medicare Beneficiary Quality Reporting Project (MBQIP) quality reporting:

- A 16% increase of CAHs participating in Hospital Compare for inpatient measures (from 76% in 2015



to 92% in 2016).

- Holding steady for the second year in a row, 72% of CAHs are reporting on outpatient measures in Hospital Compare.
- Oregon moved up from 36th in the nation to 21st for CAH reporting rates for inpatient quality measures.
- Oregon moved up from 19th in the nation to 14th for CAH reporting rates for outpatient quality measures.

For more information on quality improvement assistance, please contact Stacie Rothwell | rothwels@ohsu.edu.

Support for Emergency Medical Services (EMS)

ORH continues to support rural and frontier EMS. In 2017 ORH provide funding for:

- [Research on the use and quality of Ambulance Service Area protocols](#);
- [Research on disparities in pre-hospital pain medication for trauma patients in rural and frontier Oregon \(publication expected Spring 2018\)](#);
- [The Oregon EMS Medical Directors Forum](#);
- [Simulation-based team training on-site to rural and frontier hospitals in collaboration with their partner EMS agencies](#).

Please contact Rebecca Dobert | dobert@ohsu.edu for more information on how to apply for simulation-based team training or ORH's EMS programming.

Policy Development & Advocacy

The Oregon Office of Rural Health is mandated by the Oregon Legislature to “coordinate statewide efforts for providing health care in rural areas” and “develop enabling legislation to facilitate further development of rural health care delivery systems.”

The obstacles facing health care delivery in rural communities are as diverse as the communities themselves, and include economic, cultural and social differences. In some cases, the isolation of living in remote areas can be an impediment to health.

ORH worked with the Oregon Legislature, the Oregon Health Authority (OHA), the Oregon Rural Health Association (ORHA) and our other partners during 2017 to address healthcare workforce shortages in rural Oregon. Building on work done in previous sessions, the Legislature passed funding for the Oregon Health Care Provider Incentive Program. This program funded loan repayment, loan forgiveness and the Rural Medical Practitioners Insurance Subsidy Program. Additional funding was made available for the development of health care training programs.

At the federal level, ORH works with the National Rural Health Association (NRHA) and the National Organization of State Offices of Rural Health (NOSORH) to provide information to our congressional delegation about the impacts of federal health policy changes on rural Oregonians. During 2017, ORH shared information with the delegation on current Oregon rural and frontier health system challenges including behavioral health service integration, the importance of the 340B program, Critical Access Hospital designation issues, practice sustainability and cascading impacts of health workforce shortages

Annual Conferences & HERO Program



Oregon Rural Health Conference

ORH held the 34th Annual Oregon Rural Health Conference in 2017. This conference is the largest gathering dedicated to the issues impacting health care in rural Oregon.

Over 290 conference attendees exchanged ideas, information and expertise on statewide challenges and successful local solutions.

Conference presentations and information can be found on the [ORH website](#).

Forum on Aging in Rural Oregon

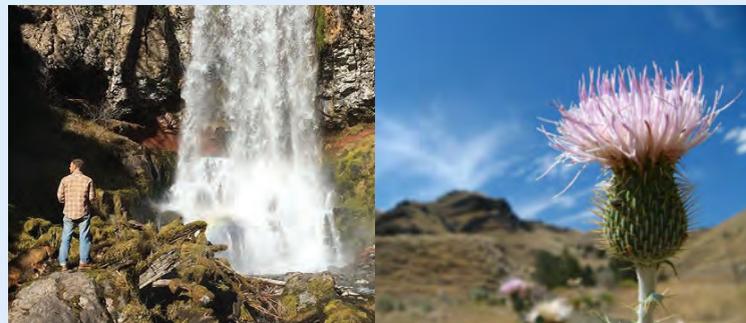
ORH held the first Forum on Aging in Rural Oregon in 2017. The Forum brought together elder care professionals, caregivers, clinical providers, community members, policy makers and philanthropists to make rural communities the best places to age.

Conference presentations and information can be found on the [ORH website](#).

HELPING EMS in RURAL OREGON

EMS is provided by volunteers in much of rural Oregon. Their service requires time off of work and away from their families, in addition to great personal expense for training.

ORH started a fundraising campaign to make grant awards to individual volunteers for their out of pocket expenses, and to rural EMS agencies to conduct local trainings. The HERO Program awarded grants totaling \$1,708.40 in 2017.



The OHSU Foundation is a 501(c)(3) tax-exempt organization and is the repository for all private grants and charitable donations in support of OHSU. The Taxpayer Identification number is 23-7083114. 100% of donations to the campaign go directly toward the rural volunteer EMS grant program.



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