

Rural Health Coordinating Council

Minutes | April 16, 2020

Virtual Meeting via Webex and Telephone

Call to Order

Mr. Endersby called to order the April 2020 meeting of the Rural Health Coordinating Council (RHCC) at 10:06 am.

Roll Call

RHCC Members

Wayne Endersby, Chair, Oregon EMS Association; Donald Benschoter, DMD, Oregon Dental Association; Kathy Ottele, Consumer Member, Health Service Area #2; Allison Whisenhunt, Consumer Member, Oregon Health Service Area #1; Bruce Carlson, Oregon Medical Association; Kim Lovato, Vice Chair, Oregon Society of Physician Assistants, Kristen Plunkett, Oregon Association of Naturopathic Physicians; Eric Wiser, Area Health Education Centers; Claire Tranchese, Oregon Primary Care Association; Amy Fine, Oregon Association of Hospitals and Health Systems (OAHHS); Linda Callahan, Oregon Nurses Association.

Oregon Office of Rural Health (ORH) Staff

Robert Duehmig, Interim Director; Sarah Andersen, Director of Field Services; Rebecca Dobert, Program Manager, Field Services; Laura Potter, Administrative Manager

Also attending

Jackie Yerby, Office of the Governor

Approval of January 2020 Agenda

Approval of the April 2020 Agenda – unanimously approved

Approval of January 2020 Minutes – unanimously approved

RHCC membership updates – Justin Harle stepping down, Amy Wise appointed as representative for OAHHS.

ORH reports:

Helping EMS in Rural Oregon (HERO)

Rebecca Dobert reported that the gift from the former Port Orford Community Ambulance (POCA) for HERO grants has been received, and that the 2020 application period will open in June, with awards to be made in July. Grants are for up to \$2500 to support EMS agency training grants. The RHCC grants subcommittee will conduct application reviews, scoring and award decisions.

Robert Duehmig: without this generous gift, we would have had no funding for the HERO program this year, which highlights the need to find a sustainable method of funding it.

Forum on Aging in Rural Oregon

The Forum scheduled for late May has been moved to June 1-4 of 2021, but we will be presenting much of the material via webinars, and perhaps a half day Forum program at the fall Oregon Rural Health Conference. We will be able to fund Elder Service Innovation grants this year.

Oregon Rural Health Conference

This is scheduled for Oct 7 – 9, 2020, and as of this RHCC meeting, ORH is going forward as if all will be more or less normal, but we are keeping an eye on what happens if we can't do it as usual. Even if we are able to travel and go to meetings, though, hospitals and clinics are in world of financial hurt. ORH is figuring out ways to keep costs down and make it possible for people to attend. NRHA Conference is virtual and free; Laura to send registration link to all RHCC members.

Rural Health Clinic (RHC) Listening Tour

ORH has decided that this is unrealistic for the summer, and therefore is delaying till next year; since clinics will not be in a position to focus on this in any event. ORH is using this year's funding to support RHCs in other ways. For instance, we have in the past funded a nurse mentoring program; in that instance, grants of \$1000 were made to help recent graduate get mentored for their first year of practice. We might do another cohort through the Iowa online nurse mentoring program or address another other issue that came out of the previous listening tour.

ORH Staff Updates

There is no staff report this time because we are changing it up. We will be highlighting topic areas at each of our meetings instead. We are holding monthly staff meetings now, and asking staff to summarize all activities broken out under different categories.

For now, COVID-19 has been ORH's focus. Staff switched to working at home on March 13, just prior to the OHSU mandate that all personnel who could work from home should do so. We have established new office protocols to ensure that only one person is in the office at a time, and only when necessary.

We have pivoted to supporting our rural hospitals and clinics through the Coronavirus crisis, establishing a COVID-19 page on our website that is already getting far more traffic than other pages. ORH is working with our partners very closely, holding regular calls with OAHHS and leaders of CAH, EMS, and RHCs. The State of Oregon is doing a great job, but there are folks who fall through cracks, so ORH is trying to be their safety net, and part of the all hands on deck approach that Oregon is bringing to the pandemic.

All 32 of Oregon's SHIP-eligible rural hospitals are entitled to receive Coronavirus Aid, Relief, and Economic Security Act (CARES) funds via the SHIP grant. Official notice of the amount of funding is

pending as of this meeting, but is anticipated to be released by April 28. Initial indications are that awards will be approximately \$90,000 per hospital. The current funding language is intentionally broad regarding allowable use of the awards- not only for patient care, but also the costs for preparing for and responding to the pandemic even if they never provide direct care to COVID-19 patients.

OAHHS had \$1.8 billion to distribute, at the rate of \$56,000 per hospital. \$30 billion of the \$100 billion has been sent out, but it is based on Medicare patient load, so if you have seen lots of Medicaid patients, or you are a specialty hospital, you will get a lot less money. In the next round, they are supposed to be evening that out. They are still working on details of how money can be spent, and whether any of it ever has to be repaid. OAHHS is trying to get fair amount of those funds to rural facilities.

In cities around the country, hospitals are hit hard with lots of COVID-19 cases, but the challenges in rural communities are different. Clatsop County, for instance, has 6 cases but since no elective surgeries can be performed, there has been a huge loss of revenue. Around the State, Columbia Memorial Hospital and St. Alphonsus are reducing hours and salaries; The Oregon Clinic has laid off the majority of its staff, OHSU anticipates losing \$250 m this year.

Jackie Yerby reports that there is also cause for optimism: Oregonians and Oregon health care systems have made the apparently impossible happen in a short period of time. The crisis has highlighted the need for paid time off for essential workers when they are ill, universal health care, the importance of a living wage, and other social and healthcare justice issues. She is hopeful that this crisis has shown us where we need to go. Jackie works with licensing boards on telehealth, and will look at out-of-state licensed practitioners being able to provide telemedicine to Oregon residents.

Jackie's Presentation: Reopening Oregon

The presentation was updated this morning, and the RHCC is the first group outside of high level state government staff to see this presentation.

Notes from Presentation:

Dr. Fauci has stated that the virus makes the timeline; that we are perhaps 18 months from having a vaccine. We are figuring out what it means to move through the world while this disease exists without vaccine, and how to best reopen Oregon's economy. Geographic differences will be considered. Criteria will include declining rates in active cases, in hospitalizations, and in deaths. Public health professionals will make recommendations.

PPE remains an urgent issue. Oregon has placed large orders for PPE, but they are not reliably getting fulfilled. There are stories of the federal government preempting PPE orders that States have placed, and Oregon has received approximately 20% of requests we have made from the federal stockpile. Determining what is sufficient is hard. Hospitals have reduced procedures by over 50% so that has reduced PPE use, but those non-elective procedures still require it. Non-emergency dental treatment has stopped completely. Conservation measures have reduced apparent use, like one mask per nurse per shift. We do not have accurate inventories across hospitals, so the State of Oregon is asking for that information.

Berri Leslie at Governor's Office is working with manufacturers who have started making PPE. Business Oregon has been working to secure specs for PPE, which is tough because companies don't share proprietary specifications. The State is working with OSHA on the proper specs, and the Department of Corrections is producing over 4000 nonmedical grade masks per day.

For surge capacity, the Salem State Fairgrounds is being turned into a 250 bed capacity treatment center.

Testing requires sufficient materials, but we also need antibody tests and blood serology tests that have low rates of both false negatives and false positives.

Allison Whisenhunt asks which industries would reopen first, and would urge that the Governor's Office consider elective medical procedures early on. This would help people get care they really do need and help hospitals get back on their feet. Jackie agrees, and says that that is mostly dependent on PPE and testing so that patients and healthcare workers can operate safely. This is a very high priority item.

Allison also offers that she is impressed with nimbleness with which telehealth and other supports have been implemented, would hope that that they continue for a while. Jackie agrees, does not know if even possible to go back to the way things were, and that we are also finding things to keep. The State's COVID 19 response team was talking about telework, and how many State employees who never teleworked before are doing it now and that they may want to continue.

Behavioral health and Telehealth: there are access challenges because of broadband issues that the State is well aware of. They are in talks with the Oregon Dept of Education and broadband people about strengthening access throughout rural Oregon. Public health modernization has been on the legislative agenda for a long time but has not been prioritized until now.

Kim Lovato asks whether there any possible timeline in which we could expect expansive testing. Jackie responds that no, because of supply chain issues – swabs, reagents, no consistent access. Legacy Health has capacity to do testing, but given current protocols, we aren't testing everyone, and the State is trying to divert testing to congregate care facilities.

Robert Duehmgig: Revenue forecast in late May will be dire, will need to look to the state for support. Healthcare and schools will be priorities, but it will be a tough year.

Jackie Yerby: The budget people are trying to get sense of what's coming in through CARES and FEMA so that they know what to ask legislature for in a special session. There is a Workforce Task Force at OHA trying to address the need for nurses in some parts of Oregon; if RHCC members' associates are able to work in another part of the state, let her know and she will connect them with this task force.

Linda Callahan: We really need to increase the ease of mobility among OR, WA, CA, to facilitate movement across state lines. Having reciprocity for RNs, advanced practice NPs across State borders would help with

Rebecca Dobert: Travel is a hard stop expenditure that is not allowed via SHIP, but moving expenses for providers may be key. The Oregon Ambulance and EMS Associations are very proactive, but when the PPE conversation happens, the perception is that EMS is not at the top of the list. Jackie responds that she is surprised, because first responders have always been part of discussion, but she will take Rebecca's feedback back to Berri Leslie, Chief of Staff for the Governor.

RHCC member reports

Eric Wisner and Kim Lovato on new graduates and the impact of COVID-19 on the healthcare workforce.

Eric: There will be no rotations till June; residencies can start early if they graduated early. Two Oregon First scholars did a year in Klamath Falls and are now starting residencies. They need 4 weeks of experiential training in rural Oregon. There are 8 students who had that training cancelled, but Eric is working with them so they can graduate on time.

Healthcare facilities' capacity to host students is diminished because of layoffs, furloughs, PPE shortages. All of these factors are disincentives for taking students on, which will have a cascading effect on getting students to practice in rural Oregon. Eric hopes they can resume rotations June 29.

All clinical rotations are on hold.

In dentistry, students have to take and pass their boards before graduation, but all testing is shut down. They are in a bind until they figure out a new way to complete that testing. EW does not know how Family Nurse Practitioners are dealing with didactic part of their requirements. The big focus has been the conversion to online processes. MD and DO 2020 graduates have been matched, and the class of 2021 are still scheduled for matching.

Jackie Yerby works with Oregon Board of Dentistry, and has heard that National Testing is trying to figure out how to do remote testing to allow people to graduate. She will look for more info.

Kim Lovato reports that the Physicians Assistant 2020 cohort have been doing rotations 6 and 7 but will have graduation delayed from August, September, October or possibly even November because they have to have the hands-on portion to get credentialed. Now, there is an online curriculum, and Kim will be the "patient" in a Zoom class on diagnosing mental health issues, for example.

For the Class of 2021, it's problematic, and they are trying to be flexible. There could be some in-person training in clinics, but if COVID-19 resurges, they would be back to online. They are considering a leave of absence for Class of 2021.

For the 2022 cohort, they are holding courses online for the entire summer, teaching the fundamentals and basic anatomy, and hoping that in August they can start with some hands-on skills. Lots of providers are retiring early, so the need is great.

Claire Tranchese: The Oregon Primary Care Association have been working with FQHCs. Any closures of school based healthcare centers, for COVID 19 infection, will change the field significantly. They are just starting to raise their heads and think about what it would take to reopen health centers; they pivoted pretty well to telehealth. There is tremendous innovation happening in primary care.

Amy Fine for the OAHHS reports that they are holding weekly meetings assessing PPEs inventories, working on plans for the CARES funding, alternate care sites, readying for COVID 19 cases, and processes for screening all caregivers coming to work every day in the hospitals.

Allison Whisenhunt for Consumer Health Service Area 1: In the communities Allison serves, broadband is a huge problem. They are opening up mental health services to the whole community; the emergency room is very busy, and mental health patients often sit for a long time in the ER waiting room, sometimes for days. The area CCO has stopped supporting one Mental Health provider, which is a concern. CMH has really focused on preventative services in the last few years and specialty services so people don't have to go to cities, and those services are taking a huge hit. They have 700 employees, laid off 90, and those who remain are having hours docked severely.

Kristin Plunkett, for the Oregon Association of Naturopathic Physicians reports that in Southern Oregon, Siskiyou Community Health is doing a good job on screening for COVID-19 patients so they can get screened at a drive through center. Clinics have either closed or turned into telemedicine clinics to conserve PPE.

Don Benschoter for the Oregon Dental Association reports that dental care has gone down to just urgent care, and dental clinics have been mandated to donate excess PPE to the State. St Anthony's has gone through extensive planning for a COVID-19 influx, and was expecting the worst that so far has not come. There have been 17 cases in Umatilla County, none of whom have been hospitalized. Don would like to have not just county by county but community by community data, but the local public health department won't break it down by community. It would help hospitals plan if they knew where cases are in the county.

Linda Callahan for the Oregon Nurse's Association is seeing the same situation in the nursing as that reported for doctors and PA's. They are very few COVID-19 patients, but the decrease in elective surgeries has reduced the number of people in hospitals, so there is less need for nurses. Sky Lakes has set up drive through clinics and a walk-in clinic for COVID-19 symptomatic patients. Even though there has been no high incidence yet, everyone in her two counties is getting ready for it.

Bruce Carlson for the Oregon Medical Association: His Pendleton clinic is open but has no patients showing up; most people are afraid to go out and really sick people go to the hospital. His Hermiston clinic closed because one staff member, then three more, tested positive for COVID-19. Bruce has heard, "I have never been so sick." They applied for the Payroll Protection Plan but his bank told him that they are out of money. He has heard that Amazon is testing all its employees so he thinks that Amazon will be sending out self-testing kits.

Kathy Ottele for Health Service Area #2 reports that she is working on a ballot measure to increase the cigarette tax and to tax electronic cigarettes; the revenue will go to OHA. She is also working with the American Cancer Society Cancer Action Network to increase funding for the Screenwise Program, providing funding for women without insurance to have mammography.

Wayne Endersby: In Eastern Oregon, they usually get together to train, but not now. Three conferences for EMS personnel have been cancelled, but they got together and held 5 sessions, each an hour long, with had people from outside Oregon sitting in, and attendance of 600 per webinar.

Old business:

Summer meeting: We are still hoping for a face to face meeting in Hermiston, but if we cannot, then we will be back on this platform.

New business:

No new business.

Meeting adjourned at 12:00.

DRAFT