

# 37<sup>th</sup> Annual Oregon Rural Health Conference

Virtual RHC Workshop: Nov 4&5, 2020 | Virtual Conference: Nov 9-13, 2020

## Monday November 9

9-9:50 am

### Healthcare Communication in a Pandemic

**Robb Cowie, Communication Director, OHA**

**Brooke Pace, Communications and Public Relations Director, Wallowa County Health Care District**

**Cassie King, VP of Brand Services & Corporate Communications, AllCare Health**

The pandemic of coronavirus has been perhaps equaled by a pandemic of erroneous information – some of it malicious, and some of it the inevitable consequence of the novel nature of this virus. Healthcare providers, CCOs, and public health have critical roles to play in crafting and disseminating useful information in ways that are credible and effective.

10-10:50 am

### Managing Your Recruitment in a Virtual World

**Michelle Varcho, MBA, SPHR, Director of Operations and Education Outreach, 3RNet**

Recruiting in this difficult time is challenging, and it's vital to understand the challenges of recruiting in a virtual environment. In this presentation, you will learn ways to effectively incorporate key strategies from job postings to social media to interviewing that will ensure the success of your recruitment efforts.

11-11:50 am

### Oregon Rural Health Policy - Where We Go From Here

**Bryan Boehringer, CEO, Oregon Medical Association**

**Rebecca Hultberg, President and CEO, OAHHS**

**Andrea Salinas, Representative, House District 38, Oregon Legislature**

Rural Oregon confronts many challenges, some of which have been exacerbated by the pandemic. Health care providers and policy-makers have responded with urgency and innovation. What do we need to do next to improve and strengthen rural health care?

## Tuesday November 10

9-9:50 am

### COVID-19: Testing Strategies for Rural Oregon

**Kassie Clarke, Testing Branch Chief, OHA**

**Kristen Donheffner, MPH, Testing Strategy Manager, OHA**

**Stefanie L Murray, Regional Testing Manager, CRRU Testing Branch, OHA**

**Melissa Sutton, MD, MPH, Medical Director Respiratory Viral Pathogens, OHA**

Rural Oregon has been confronted with the problem of how to do accurate, timely testing for COVID-19 and how to deal with the results following testing, with various contact tracing modalities presenting unique challenges for our communities. This session will address OHA's strategies for effective coronavirus testing.

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## Can a Comprehensive Medication Management (CMM) Program be Financially Sustainable?

**Tanie Hotan, MD, Primary Care Provider, Aumsville Medical Clinic/Santiam Hospital**

**Maggie Hudson, MBA, CFO/COO, Santiam Hospital**

**Tiffanie Pye, PharmD, Director of Pharmacy, Santiam Hospital**

Although several states recognize pharmacists as providers and allow credentialing, this practice is not recognized nationwide. Following adoption of Oregon House Bill 2028, pharmacists are recognized as providers, allowing “health insurers to provide payment or reimbursement for their services to patients.” Before this law, and in several instances currently, pharmacist-run programs were financially justified through soft dollars saved by improving patient outcomes, reducing emergency department use, and decreasing readmission rates.

11-11:50 am

## Innovation at an Oregon Critical Access Hospital

**Steven Andescavage, DO, Emergency Dept Medical Director, Samaritan North Lincoln Hospital**

**Chris Lemar, Director of Facilities, Samaritan North Lincoln Hospital**

**Lesley Ogden, MD, Chief Executive Officer, Samaritan North Lincoln Hospital, Samaritan Pacific Communities Hospital**

**Virginia Riffle, RN, Chief Operating Officer, Samaritan Health**

Urban health systems are often credited with driving health care innovation, but rural and critical access hospitals can also be fertile ground for new ideas. The fundamental challenges of rural care - staffing and funding shortages and changing community needs - can inspire creative solutions that push the boundaries of traditional thinking and leverage staff and space in new ways. This session showcases several recent operational and planning innovations spearheaded at Samaritan North Lincoln Hospital.

1-1:50 pm

## EMS in Rural and Frontier Oregon

**David Lehrfeld, MD, OHA EMS and Trauma Systems Medical Director, OHA**

The OHA EMS office is a sounding board for many agencies’ worries and needs throughout the state. As populations relocate to more urban centers, rural and frontier communities are left with reduced resources and volunteers. In 2018, a mandatory survey was attached to agency’s re-licensing application to identify their needs. The information gathered allowed the OHA to score agencies and place each into a 4-tier system. Attendees will gain a better understanding of the issues at hand for Oregon’s EMS providers and the future goals for this critical component of healthcare in Oregon.

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2-2:50 pm

## **Making the Case for Community Paramedicine in Rural Communities: Evidence and Lessons Learned from Rural Models Around the State**

**Sabrina Ballew, Supervisor, Mobile Integrated Healthcare, Mercy Flights**

**Keshia Bigler, MPH, Population Health Manager, Columbia Pacific CCO**

**Jessica Marcum, Community Paramedic, Umatilla County Fire District #1**

Paramedics and EMTs in rural communities are trusted and respected for their medical expertise, the emergency care they provide, and are generally welcome in patients' homes. These providers frequently maintain close relationships with traditional health providers and collaborate to ensure those living in their communities receive the best care, at the right time, and in the right place. Throughout the state there has been a rise in community paramedicine programs in rural communities to help address unmet needs. As populations relocate to more urban centers, rural and frontier communities are left with reduced resources. As healthcare transforms, local Fire & Rescue and EMS agencies are stepping into new roles and shift their operational paradigm from a reactive model to a proactive model. The result is a multidisciplinary system of care that can more readily meet the needs of its community. Discussion will include how to conduct a needs assessment for a community paramedicine program, how to develop a proposal for starting a program, lessons learned, and successes and outcomes experienced to date.

## **Wednesday November 11**

9-9:50 am

## **Integrating Primary Care and Public Health: the Douglas County COVID-19 Response Team**

**Tanveer Bokhari, MBBS, VP of Quality, Health Equity Officer, Umpqua Health Alliance**

**KC Bolton, MA, MHA, FACHE, CEO, Aviva Health**

**Betsy Boyd-Flynn, MA, CAE, Executive Director, Oregon Association of Family Physicians**

**Robert Dannenhoffer, MD, Medical Director, Douglas County**

**Harry "Chip" Taylor, MD, MPH, Chief Residency Officer, Aviva Health**

The community of Roseburg's successful response to the COVID-19 pandemic included a high degree of coordination among the county's Public Health Department, the Umpqua Health Alliance CCO, Aviva Health, the community's largest Federally Qualified Health Center, and County Commissioners Office. Hear from representatives from each of these organizations about how they developed their response and surge plans, and how the collaboration continues now that the county has entered a steady-state phase of C-19 management. Their experience can offer an example for other communities seeking to build collaborative capacity.



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## Engaging Rural Veterans and Growing Community Partnerships

Lacey Carter, BA, Aging Veteran Outreach Specialist, Oregon Department of Veterans' Affairs  
Mary Patzel, BS, Project Manager, Qualitative Analyst, ORPRN

Many if not most of Oregon's Veterans live in rural communities, where they can be isolated and unable to access the resources they need to support their physical and mental health, and in some cases, to manage disabilities and trauma resulting from their service. Attendees will learn how to connect rural Veterans with community resources and programs that can help.

11-11:50 am

## Adopting Telehealth in a Rural Health Clinic

Orion Falvey, Executive Director and Co-Founder, Orchid Health  
Max Janasik, CEO, One Community Health

The pandemic made telehealth legally and financially viable in new settings, including rural health clinics. Providers have been able to see patients in their homes via virtual platforms, and respond rapidly to health care crises. Adopting telehealth in a way that works has entailed a steep learning curve, and rural health clinics may well be able to continue telehealth visits after the pandemic is in the rear view mirror. Our presenters will walk attendees through their processes, and share what is working, what failed, and the lessons learned.

## Thursday November 12

9-9:50 am

## Help for Quality Improvement Overload: What really works in primary care from a decade of ORPRN experience.

Nancy Elder, MD, MSPH, Director, ORPRN  
Cullen Conway, MPH, Project Manager, ORPRN  
Cort Cox, B.S., Practice Enhancement Research Coordinator, ORPRN  
Caitlin Dickinson, MPH, Project Manager, ORPRN  
Laura Ferrara, M.A., Practice Enhancement Research Coordinator, ORPRN

In the last decade, the Oregon Rural Practice-based Research Network (ORPRN) has assisted over 300 primary care practices to improve the quality of care they provide to their patients. Over this same time, the number of quality metrics, organizational initiatives, recommended guidelines and intervention opportunities have increased dramatically. Many primary care clinicians and staff are feeling what has been called "initiative fatigue" and "quality improvement (QI) overload."

Every primary care practice is different in its culture, abilities and desires for QI, and not all QI tools and techniques are of equal value in primary care. ORPRN provides a tailored approach to QI when working with practices. During this presentation, we will present a pragmatic, practical discussion of what we have learned from those 300 practices.

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## **Making Google and Rate MD Your Ally and Friend**

**Jake Hanson, Director of Technology, Survey Solutions by ICAHN**

**Julie Russell, President, AdCo Agency**

**Craig Stewart, BA, Director of Business Development, Survey Solutions by ICAHN**

We are living in a world in which online systems often substitute for the old-fashioned word of mouth, when providers served new patients because of what existing patients said about them. This session will help rural practices understand how Google and Rate MD work, and can be good ways to educate the public about what your clinic or practice provides.

11-11:50 am

## **The 340B Program: How to Make It Work for My Practice**

**Sherilyn Hutchinson, BA, CJT. ACE, 340B Analyst, UCSF Medical Center at Owens Pharmacy**

This presentation will explain the intent of 340B, and demystify a very complex program. We will discuss ways 340B can assist your organization in meeting rural community needs.

1-1:50 pm

## **How to Talk to Patients Living with Substance Use Disorders**

**Jim Winkle, MPH, SBIRT Trainer and Consultant, SBIRT Oregon**

Health professionals are in a unique position to help patients living with substance use disorders (SUDs), but they often feel at a loss of how to do so effectively, in a short amount of time, and without making the patient feel judged. People living with SUDs, meanwhile, cite poor rapport with a health care provider as the main barrier to seeking care. This presentation will describe how clinicians can serve these patients best by discarding a singular focus on abstinence-based treatment and replacing it with the approach of “meeting the patient where they’re at.” This strategy can help patients improve their quality of life, keep engaged in care, and forge their own pathway to recovery.

2-2:50 pm

## **Equity and Inclusion in Rural Healthcare**

**Amy Heikkinen, BA, CPHQ, CPPM, HIT Consultant, Quality Improvement Advisor, Stratis Health**

**Candy Picar, DNP, FACHE, NEA-BC, Chief Nursing Officer, St. Charles Healthcare**

It is easy to imagine that rural Oregon has little diversity, but that interpretation of “diversity” is far too narrow. Rural Oregon has residents of many ethnic backgrounds, residents of many age groups – proportionately, rural Oregon skews older than urban Oregon – and of all kinds of educational and economic backgrounds. Providers from other countries can find their niche in rural Oregon as readily as they can in the Valley, or can feel excluded from community life. Now more than ever, the healthcare community in rural Oregon is learning about the vitality of equity and inclusion in the care they render rural communities.

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## Friday November 13

9-9:50 am

### Impact of AllCare Health's First Tooth Training on Children's Receipt of Oral Health Assessments, Fluoride Varnishes, and Other Dental Services

**Gary Allen, DMD, Vice President, Dental Services, Advantage Dental**

**Hannah Cohen-Cline, MPH, Ph.D., Program Director - Research & Evaluation, Center for Outcomes Research and Education, Providence**

**Laura McKeane, Oral Health Integration Manager, AllCare Health CCO**

This session will describe AllCare Health's efforts to spread the First Tooth program to AllCare Health member children up to 19 years of age, as well as discuss the impact of the COVID-19 pandemic on dental care and the new challenges that have arisen. We will discuss results from the evaluation of the First Tooth program from 2014 through 2018, and the critical importance of ensuring access to oral and dental health for children.

10-10:50 am

### Partnering with Parents in Rural Communities: Resources and Links to Support Children and Youth with Special Health, Developmental, or Mental Health Needs

**Tamara Bakewell, MA, Family Involvement Manager, Central Oregon Disability Support Network**

**Melissa First, BA, Family Partner/Regional Family Support Specialist, Oregon Family Support Network**

**Dianna Hansen, Executive Director, Central Oregon Disability Support Network**

Health care providers, office staff, and health plan personnel are often expected to help families of children with special health needs find resources to help them get what their children need. However, many professionals are not aware of, or connected to, the array of high-quality supports that exist for Oregon families. Contrary to the belief that "there is nothing out there" for families whose children have unique medical, mental health, or educational needs, there is actually a well-trained family workforce that can help families navigate complex systems and find inclusive, community-based programs that will benefit kids and parents alike. Participants will be introduced to no fewer than 10 specific, no-cost, programs and resources. They will also learn practical ways to partner with the family-run programs in their communities, and how to access condition-specific peer support for patients with more rare conditions.



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## **The Oregon Wellness Program: A Statewide Program of Confidential, Free, Non-Reportable Counseling Services for Oregon Licensed Healthcare Professionals**

**Donald Girard, MD, MACP, Professor of Medicine, Emeritus, OHSU**

The Oregon Wellness Program is our statewide program to address burnout among our healthcare professionals. Since burnout is most prevalent among those who do not have proximity to peers and are isolated, the rural healthcare professional is at inordinate risk. Even higher in the rural community, the syndrome now has a prevalence of approximately 50% among all physicians, is characterized by professional exhaustion, depersonalization and the inability to recognize the rewards of professionals' investment. Its consequences are myriad, including poor patient relationships and poor care, attrition from medicine and is recognized as a gateway into other potentially career and life threatening issues, like substance use disorders, behavioral disruption and suicide.

**Thursday November 19**

8:30-9:00 am

## **ORHA Annual Meeting**

Hear about ORHA's agenda for the 2021 Legislative Session, hear about how ORHA works for its members, and tell us what you think about the future of rural health in Oregon.

9:00-9:30 am

## **Rural Health Town Hall with Sen. Jeff Merkley**