

Rural Health Coordinating Council

Minutes | December 4, 2020

Virtual Meeting via Webex and Telephone

Call to Order

Mr. Endersby called to order the December 2020 meeting of the Rural Health Coordinating Council (RHCC) at 9:02 am.

Roll Call

RHCC Members

Kim Lovato, Vice Chair, Oregon Society of Physician Assistants; **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; **Kristen Plunkett**, Oregon Association of Naturopathic Physicians; **Eric Wisner**, Area Health Education Centers;); **Linda Callahan**, Oregon Nurses Association; **Charles Wardle**, Oregon Optometric Physicians Association; **Ana Velasco**, Health Service Area #3.

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; Bruce Carlson, former RHCC

Also attending

Jackie Yerby, Office of the Governor

Approval of July 2020 Agenda

Approval of the July 2020 Agenda – unanimously approved at 11:30 am when quorum present

Approval of April 2020 Minutes – unanimously approved at 11:32 am when quorum present

RHCC membership updates: Claire Tranchese stepping down as Oregon Primary Care Association Non-voting member.

ORH reports:

Oregon Rural Health Conference

The virtual conference went well, but we are considering a possible hybrid event, where we do virtual sessions along the way and then something in person at the Riverhouse in October, but smaller than usual, with a possible one-overnight structure, which would reduce the impact on attendees' budgets.

ORH and AHEC:

Both organizations connect to same rural audience in many ways, and we are looking for ways to collaborate and support each other.

Eric Wiser: AHEC is working on an ECHO/ All Teach, All Learn session, and a Relational Leadership Institute series with 3 sessions, on storytelling, psychological stress, and third yet to be determined. These would take place on January 26, February 23, and March 30. Last, AHEC has a partnership with OR Pacific AHEC called Tent Health, on behavioral health, provider health and resiliency.

NOSORH Community Star for 2020: Stacey Reed was selected; and ORH selected as the Hero of the Year, Orion Falvey of Orchid Health.

Helping EMS in Rural Oregon (HERO): Ana Velasco

The committee is updating the application process to elicit more of a narrative in the application. The goal is not to increase the work that applicants did, but add a few tools to get a better idea of resources on hand and the costs they will incur.

Robert Duehmig added that sustainable funding for HERO is something we are working on. We used to fund it through the Apple a Day dinner, and Conference revenues, but especially since we charged nothing this year, we have no Conference-related funds for HERO.

ORH Updates

We are in the middle of 3RNet R&R [Recruitment and Retention] Academy; we are paying for 30 sites to attend this year. One area they are working on is how not to overpromise and then under-deliver. We help them understand the big picture of how to really take care of new hires.

Behavioral Health Loan Repayment Program: a subcommittee of Health Policy Board approved \$2M to go to a behavioral health loan repayment program. ORH is working on the procedures, such as the basic qualifications, now. We must go through Rules Advisory Council to approve changes in State Oregon Administrative Rules for this program. We are hoping to start accepting applications by end of January, and to have awards out by end of Q1, 2021. Robert will ask Bill Pfunder to come talk about it at the next meeting.

We have an agreement with OHA to work on COVID testing, which we believe will turn into helping with vaccine distribution as well.

Sarah Andersen reported that working with OPCA, we submitted a proposal to OHA for increasing testing in rural areas, based on CDC grant that OHA applied for and received. These are for Binax rapid tests. We distributed 500 tests to all SHIP hospitals in the state. Our role is about leveraging the communication routes we have with RHCs, and we are expanding to rural FQHCs. Some facilities want Binax, and some do not. Binax is most useful when used to test symptomatic people, to diagnose COVID vs the flu.

SORH Grant: This is a 3:1 match, with one federal dollar for every three dollars from other sources. It has a maximum of \$230,000 per state, which we must match with \$690,000; we did that, and were able to get additional support for EMS and RHCs. We just received the guidance for the new 5 year cycle; this

is due to OHSU's OPAM by January 10. We are looking at it now, thinking about additional activities we should be doing, and whether there is anything we should *not* be doing, as well as anything we are doing and not reporting on but should be. The source of our match comes from legislative appropriation; OHSU; and the contract that funds the work done by our Workforce Team.

At the January meeting, we will go over our plan for the next 5 years.

ORH Strategic planning: Our staff retreat was cancelled because of COVID, so we restructured it into a series of meetings. We are asking staff to be less grant-focused and more focused on the three focal areas of our mission, and we would like to involve the RHCC in that process as well.

Post-COVID changes: OHSU is on modified operations through March 19, so staff cannot travel; OHSU has a committee figuring out what post-COVID work structure looks like, in terms of technology, space, and telework. We will update you when we know more.

Legislative/Policy Updates

The Democrats do not have a walkout-proof majority, so it is possible that we will face walkouts in the long session. In this legislative session, we need to rebalance the budget, so the budget has to pass. The walkout threat has to be thought out a little more carefully, but is a risk. For the last special session, no one was in the building but the legislators; this will be more problematic this spring, in terms of public access. They may structure their session so that they only do a few bills at a time.

The Governor's budget is in: the tax credit program is set to sunset at end of 2021, but it is in her budget, which is good. Of course that does not mean that it will make it into the co-chairs' budget. She continues to support behavioral health funding. There is money to work on additional mental health funding, including substance use disorders, and \$101 M via grants to fund broadband projects. There are funds for some infrastructural seismic retrofit. There is \$66 M for rural education, including ORH and AHEC; and there are funds for paid family leave.

The challenges are: reductions in growth rates for CCOs; also for quality pools for CCOs; an increase for hospital assessments, to 6%; community colleges including nursing and allied health are not receiving additional support, which amounts to an effective cut; and there is a complete defunding of the GME program. This will affect 11 different hospitals now getting support for training. Governor Brown says we will be using that money to invest in diversification programs for workforce. The budget forecast for rest of this biennium looks like corporate kicker will kick, which will add funds for K-12 education.

RHCC member reports

Kristen Plunkett:

Trying to get recommending vitamin D as part of keeping people healthy, because there is good evidence that it helps reduce the side effects of respiratory infections. The recommended daily dose is 5000 IUs. At 10,000 IUs, vitamin D is toxic. Most Oregonians have low vitamin D in winter. Vitamin D is fat-soluble and must be taken with food.

Kelsy Barnett may join Kristen's clinic, bringing another ND into her practice.

Kathy Ottele:

In her work with the American Cancer Society, she has learned that many people with cancer have deferred the tests resulting in their diagnoses because of COVID. She is very pleased about the passage of Measure 108, increasing taxes on nicotine products.

Linda Callahan:

Klamath County lately has been the poster child for doing what you are not supposed to do. At first, Klamath County had very small numbers of positivity and hospitalizations. In the last 2 weeks, they have had 25 people a day diagnosed with COVID, and have had to open a second COVID unit. At the same time, they still have anti-mask demonstrations, and have resisters to the Governor's required restrictions. Sixteen or seventeen doctors wrote a long editorial asking the County Commissioners to pay attention to the science, and taking the position that the economy is not only issue.

Allison Whisenhunt:

Clatsop County has had a high rate of COVID positivity people, and there is a lot of fear around that. She is also seeing a lot of isolation-induced depression, especially among youth. Allison would like to develop a field placement option for preceptors in social work; she has LCSWs who would be eager to be preceptors. But generally, health care professionals are all very weary.

Don Benschoter:

Umatilla County was one of the first rural counties with COVID cases. The rate flattened out because of the shutdown, but they still went from 120 to nearly 1000 for the whole county, mostly at the food processing plant. The hospital had 6 patients flown out, and has had 7 deaths so far. Mask compliance has been better but there are still stores that do not enforce it. He appreciates that Wal-Mart has been exemplary, passing out masks for those who do not have them. Patient visits have been reduced because of fear.

Eric Wiser:

AHEC Scholars program had to recruit its cohort remotely, and recruited more this year than last two years. They have averaged 75 – 77 in past years, which put them at the low end of the HRSA goal of 75 – 100. This year, they recruited 89 scholars. To support them, they have a program whereby they can provide up to \$1000 year for housing. Since things have gone virtual, they have gotten much better at curating online education opportunities, and there are some really good ones out there. AHEC had two staff retire, so it is recruiting a new program

manager. OHSU has a requirement that med students spend four weeks in rural Oregon, but when clinical rotations were suspended, 8 students who could not do it. AHEC created an online version so they could graduate, working with the Campus for Rural Health and OAFP to create a one-month virtual rural curriculum. This has worked really well – better than its urban counterparts. The rural preceptors have done wonderful job.

Bruce Carlson:

His clinic is doing testing, and is moving into a new facility in Hermiston this weekend. He is proud to have served on the RHCC for many years, but will be stepping down after this meeting. OMA will be appointing a new representative.

Kim Lovato:

She is working on a graduate fellowship for PA s in behavioral health. She has just completed a day-long conference on chronic pain in rural geriatric populations, with concomitant opioid SUDs. They talked about access to alternative pain methods, like acupuncture, massage, physical therapy, exercise therapy, that are hard to find in rural areas. The PA class of 2020 finally graduated! And the virtual OSPA conference in October went well.

Don Beschoter:

HB 2220 allows dentists to do any vaccination; so far, 200 dentists have been trained, and Don expects 60 more by the end of the year. ODA is also lobbying to be included in the rural tax credit program, in order to improve rural dental care availability. Private practices are having a terrible time finding N95 masks and other PPE because hospitals are gobbling it up. The Pendleton hospital has seen as many COVID patients in the last month as they saw in the previous nine months. Don still sees people not wearing masks in the community.

Wayne Endersby:

Wayne has 10 people on his EMT service, and most are in their 60s or 70s, some with underlying conditions, so having an in-person training carries the risk of having to shut down the agency for a while. Silverton Fire did a training for 20 volunteer firefighters, and the next day one tested positive. Now the other 19 are probably quarantining. The State has done a really good job of putting on virtual EMS conferences. When things were slow in Baker County, they were able to meet, but now that they are having a surge, they cannot. There has been no mobile training in 2 years.

Old business:

No old business.

New business:

Fridays are better than Thursdays for most people, and January, April, July, October, make sense to all present.

Meeting adjourned at 11:17 am

DRAFT