

Rural Health Coordinating Council

Minutes | January 21, 2022
Virtual Meeting via Webex and Telephone

Call to Order

Wayne Endersby called to order the January, 2022, meeting of the Rural Health Coordinating Council (RHCC) at am.

Roll Call

RHCC Members present

- John Begert
- Wayne Endersby
- Kim Lovato
- Eric Wiser
- Donald Benschoter
- Kirsten Plunkett
- Allison Whisenhunt

Oregon Office of Rural Health (ORH) Staff

Robert Duehmig, Interim Director; Sarah Andersen, Director of Field Services; Laura Potter, Administrative Manager; Stepha Dragoon, Program Manager, Rural Population Health; Sara Mishalanie, Communications Coordinator.

Approval of January Agenda and October Agenda & Minutes

- I. Call to order – Wayne Endersby, Chair 9:05
 - a. Roll call, introductions
 - b. Approval of agenda 9:09
 - c. Approval of October 2021 minutes 9:09

- II. Rural Health Education Programing 9.10 am
 - a. 2022 Forum

May 16 – 18, Seaside, with caveat that pivot to virtual may be needed
Stepha Dragoon, new staff, is focused on social determinants of health and
Forum on Aging in Rural Oregon.

Stepha:

New program manager, has an MSW and MPA from University of Austin,
originally from Portland, has participated in social impact initiatives around
the country. Forum: currently solidifying the agenda and still accepting
proposals; will be opening registration on February 11.

- b. 2022 ORH Conference will be held October 14-16 Sunriver, requests for
proposals will be sent out in February/March.
- c. National Rural Health Day/OR Rural Health Week or Month 2022

III. ORH Updates

9:21

a. Staffing Changes

ORH has been a very stable office, but has had turnover: Stepha's
new/revamped role; Rebecca was SHIP coordinator and EMS
programming, now works for Eric Wiser; we are revamping her position;
SHIP is about \$9000 passthrough grant, and 32 hospitals in Oregon are
eligible; we are looking to subcontracting out the administration of that
process. So revised position would focus more on EMS, which the FLEX
program will support more in the future. We are not applying for the
new FLEX funds focused on Quality Improvement because Oregon EMS
is not there yet, but we will working with EMS players to figure out how
we can best support them.

Stacee Reed moved from OR to be nearer kids, is now a recruiting for
a large HC system near Fresno. Posted the position between Xmas
and New Year's - have a few applications in, but may have to hire for
potential rather than experience.

Sara Mishalanie replaced Eric Jordan but the focus on her job is
different: communications. Eric was ITC, website, tax credits, AV
support. Restructured position, tax credit process to LP under BP; ITC,
communications. Sara: has been with OHSU for 3 years, was working
with OCTRI, community engagement research, and communications

for community research hub. Will be focused on getting our stories out to people via website, social media, events, webinars.

Kate Hubbard who was 50-50 ORH/AHEC and is now the Education Coordinator for AHEC, adding to our ability to work more closely together.

Provost: new provost, Marie Chisholm-Burns, as of July 1, 2022. University of Tennessee Health Sciences. Hope to invite her to October meeting.

Question from Jennifer Little:

Is there a job board where rural communities can post open positions? We are always looking for more places to post our open public health positions--particularly RNs, PharmD, hard to find good places to post. Peers through Council of Local Health Officials (CHLO) would agree. Z

Duehmig response: pandemic has made recruiting harder, and shortages of RNs affects recruiting for others. We may have to change the way we message the benefits of living and working in rural communities, and also the way we work with educators. Schools quality is issue in recruitment. Focus on big picture for what recruitment means in rural.

b. Workforce Updates

We have gotten some additional monies to get out the door – we were able to do loan repayment for 73 mental health providers, and another application round will be closing soon. State has invested \$67 m in supporting mental health, but there are issues about how to spend it rapidly, successfully, effectively. OHA has not done a lot with the money yet, because they are working out how best to spend it. Up to now, we have not been asked to be a part of that conversation.

[Ana joins 9:45] Consumer HS A no 3 – new role with Yakima Valley Farmworkers now, in Hermiston.

c. OHA Partnership Updates

Intergovernmental Agreements, or IGAs with OHA – we have two: one to support testing at long-term care facilities via help from clinics, but they don't

have the capacity to do, because they are overwhelmed with omicron. Continuing to work with clinics to supply with tests, which is a challenge because limited amount of testing supplies available – not expecting augmentation of supply any time soon.

d. Grant Updates

Three grants ORH is writing now: Small Hospital Improvement Program (SHIP) submitted in next 2 weeks, \$9000 to each of 32 qualifying hospitals. The FLEX guidance will be out soon, due in May. \$750,000, non-compete year, with a 5 year cycle of grant; SORH grant, base grant that supports our office, 3:1 match. Our match comes from OHSU, legislature. 0,000 goes to salary support for staff salaries,

We can't do some things with federal dollars, like policy institute. RHCC activities come out of matching dollars through SORH grant.

e. Communications Strategic Planning

Sara's position will help us speak in plain language about how we help rural, and long term communication plan, website, social media, facebook, twitter, Instagram, newsletters, yearend report which will be two year 2020-21 yearend report in about March, will help people understand how and why budget went from \$3 m to \$14 m but that will not continue. It was direct passthrough dollars. We want to highlight the RHCC; we have a link on our website that is not as good as it could be; we'd love to have your photos, bio (link to their professional websites), stories for what is happening in your community. And can also get stories out via other means.

IV. Legislature/Policy update

9:55

Feb 1 starts 30 day short session, should not be a lot of policy; used for budget balancing, cleanup legislation to tweak legislation passed during long session. Special session in December did: \$215 m to help support housing, eviction; \$100 m for drought relief packages; 25 m to combat illegal cannabis activity, shops not paying their taxes on their revenues, especially in Southern Oregon. July, legislator days, got their legislative concept drafts done. Representative Prusak is introducing a bill to address the nursing shortage, both long term and short term, looking at ways to nonresident nurses to be licensed, to encourage them to stay; increasing access of nurses to Oregon Wellness Program, which has been focused on doctors; some focus on universal access to primary care. The fees being paid for traveling nurses are very high, and small facilities cannot sustain this. Talk of putting caps on what can be charged, which comes with

risks, of fewer traveling nurses being assigned to Oregon. Economic recovery and prosperity committee looking at governor's proposal to invest \$200 m in all types of workforce in OR, both fed and state dollars. Also looking at Broadband; OR has Office of Broadband, federal government is releasing \$60B nationwide to improve broadband. Robert Duehmig, Sarah Andersen, and Stepha Dragoon met with that office a few weeks ago to talk about importance of broadband to healthcare. We worked with TAO and ORHA to put healthcare rep onto that committee to get telehealth rep and rural provider on that committee.

The Capitol building will be open to the public during the short session; security entrance now, only the floor sessions will be held in person, all committee meetings will be virtual. Full access to the capitol not till 2023 at the earliest. We may be reaching out to you for written or oral testimony.

Leadership changes: Peter Courtney retiring from Senate; Speaker Kotek has resigned so as to be able to fundraise as she runs for governor, Betsy Johnson running as Independent, Nicholas Kristof trying to be in the race; Dan Rayfield from Corvallis will be Speaker.

GENERAL UPDATES

Paxlovid as treatment for covid is coming out, and OHA is distributing via FQHCs for now; in the first round, there were only a few doses to share among the FQHCs. HRSA has not announced how they will be prioritizing distribution.

Upcoming event: NRHA Policy Institute will be virtual again because of covid; we have a few staff who will be attending the programmatic part, and we will be setting up meetings with each member of our delegation, and inviting constituents to meet with our representatives. RD will be asking each RHCC member to attend if possible. Only 10 to 15 minutes in any meeting. Robert Duehmig will talk about structure of meetings, handouts, etc.

State of America's Hospitals Act just introduced in the House; they are working to get a companion bill introduced on the Senate side. It would make permanent some of the telehealth reimbursement rates, and affect the FLEX program authorization which expires at the end of this fiscal year; this will not affect FLEX programming that has been planned and approved. But this is our opportunity to expand what can be done via FLEX. The risk we run is that the program won't be reauthorized, which would make it easy for Congress to cut the budget. Reauthorizing never guarantees funding, however. We will start to work with members to pull out sections so that they will pass.

RHCC member reports 10:30

KIM LOVATO:

Expecting shifts in the PA world this year, some of which have already begun. On Jan 5, 7 parts of the PA Modernization Act went into effect. Transition from physician supervision to clinic and community standards, and the PA's education. There have been clinics who would love to hire PA, but the supervision requirement has limited their willingness to hire PAs. Hospitals can refuse privileges to PAs but only on the same criteria as for everyone else. Insurers may not refuse to pay on the basis that a PA authorized the payment. On July 15, other provisions will take effect, which are being worked out with the Oregon Medical Board. Any PA with fewer than 2000 hours of post licensure clinical experience must have a plan with MD, DO, DPM, for getting that experience. At 2000 hours, no carte blanche, but the possibility of being able to serve patients independently, as long as other criteria are met.

Robert Duehmig: so we need to figure out how ORH can explain the differences to clinics, so that they understand the changes. Conference session, perhaps, with Kim, OMB representation, doc representation, or virtual sessions, or involving recruiters to help them understand why PAs are recruitable.

There are restrictions for RNs on Home Health Care and Hospice; CMS has made it ok for PAs to write orders for home health orders.

Despite the pandemic, the class of 2021 had a 100% pass rate for their boards.

They have one behavioral health fellowship in progress now, to help with shortage for mental health shortages.

ERIC WISER:

Staffing changes at AHEC and CRH: CRH has three locations throughout the state, and had been without a manager for a few years; Linda Martin-Stanger had been the Education Coordinator, and has become the Program Manager for the CRH. At the same time, our newish Program Manager for AHEC wanted to move back to the Midwest. Rebecca Dobert took on the Program Manager position, and will be doing the HRSA reporting, which is about half of that role. Kate Hubbard who has been working more and more with the AHEC Scholars

over the last couple of years, and is certified to teach MHFA along with Americorps staff, so she has taken on the Education Coordinator role for AHEC. For contracts and grants, they put in an AHEC SIM grant as part of the American Rescue Plan, but were not selected. Applied for Education Resiliency grant, but were not awarded that either. Have been working on IGA on vaccinator training with OHA, and that has started as of three weeks ago. There are many rural areas where there are not enough vaccinators at mass vaccination sites. Also partnered with ORPRN which runs ECHO and got a grant through OHA for five year funding for three ECHOs: diabetes education in rural Oregon; infectious diseases starting with long covid; mental health.

AHEC is funded by a five year grant, with a 1:1 match, and the matching funds coming from OHSU and OHA. The last one started the AHEC Scholars program. HRSA released the grant application and guidance two weeks ago, no big programmatic changes; they can spend no more than 10% of the federal monies on K-12 pipeline work; added some stipulations about public health and CHWs.

OHSU is asking for additional funding from the legislature, because the federal government is not funding as much as it used to, which is causing gaps in the pipeline process for high school students. The AHEC centers are collaborating more, but it is difficult when the federal restrictions are problematic. Instruction has been virtual. NEOAHEC did a summer camp on EO University campus and it went very well.

Eric has been working with all of the AHECs on programming and sees a real increase in AHECs' ability to serve its constituents in the future. They are working hard on building resiliency in healthcare workers.

DON BENSCHOTER

Dentists can become vaccinators and have done so to help with Covid vaccinations; they have been attending national classes. Umatilla County, vaccination rate 70%, but in the last few weeks, cases have been going up at the rate of 300 per day. ICUs badly strained, and they have had to send patients out of state. The place of telemedicine has changed a lot: the doctors are really liking them, and people have adjusted to video meetings.

ALLISON WHISENHUNT

Beds mostly full, so they are transferring people from the Canadian border to So Cal and Idaho. Insurers are being more difficult than ever, and refusing to reimburse for transferring patients, or for housing patients while they are awaiting transfer. Healthcare resiliency is at a low; Allison has heard of some suicides on

the part of healthcare workers, not at her facility, but still very distressing. Dialysis patient on a waitlist cannot go home or he will get bumped off the waitlist, so they keep them in the hospital till they can get into a dialysis center, and insurance refuses to pay.

Re expanding behavioral health: there are many clinical social workers, would love to have students working with them; also NPs or psychiatric providers of some sort.

KRISTEN PLUNKETT

Working on educating the public on the education that NDs receive, and tend to excel at chronic conditions, like diabetes, where patients aren't getting what they need from going to a MD, PA, RN. Still working on their pay parity bill, since they get 40% less, and NPs had a similar bill to address pay parity. Difficult for clinics to hire NDs because of the amount of money that they bring in, or don't. HB 4008 for the short session, which would cause only a .01 increase in cost. With Covid, it's been difficult to maintain office staff, so she had to make the decision to go out of network with all health care plans this year, just to stay afloat. Huge outbreak – 836 cases in JoCo, and the hospitals are now turning away sick people who are unvaccinated. Would like it if people could reach out to help support HB 4008.

JOHN BEGERT

Pacific U getting ready to review their next slate of AHEC scholars; have had some good vaccination events in the past, and have booster clinics coming up for students and faculty. Pharmacists are getting trained up on how to counsel on the new antivirals that will be distributed soon. There have been staff shortages at pharmacies and also closures of some pharmacies, such as Bi-Mart pharmacies. Oregon Board of Pharmacy would like pharmacist to respond to the impact of these closures. On a personal note, started rural track this semester, and getting some real interest. Kristen says that when Bi-Mart closed in CP, everyone went to Walgreens, had to wait 3 hours in drive through lane to find out whether their scrip could even get filled.

Bad cycle at Walgreens - they are so busy that it's awful to work there so it hard for them to hire.

ANA VELASCO

They will have the new medications available in the near future; just made an offer to a second pharmacist, who is coming to them from Walgreens in Tricities across the river. Testing delays, testing supplies limited, so they are having to be

very cautious on who they test. 50% of her providers are seeing covid patients even though they are not urgent care. They are trying to hire a PA, Ana will email her info.

WAYNE ENDERSBY:

In the EMS world, especially with small all-volunteer EMS corps, they are really struggling. Huntington has no transporting ambulance, but is bordered by Baker City and Treasure Valley and has to rely on them when they need transportation. If the ambulance is busy, the delays are severe. The county is working hard to try to solve the problem, but has had no success for several years. Ontario, 86 miles from Baker, is the next available transportation. Hoping to train some first responders and allow them to transport them to the nearest ambulance service so that that service can take over, in a relay.

Halfway Oxbow, during the day, has no response capacity; they just lost 2 EMTs for health reasons, and the remaining EMTs are working. State stepped in and hired 2 EMTs to live in Halfway for a month, but that month is over. So Eagle Valley ambulance, bordering Halfway, picks up their calls on mutual aid cases.

LP Q: covid pts too? Call volume 77 per year; probably 15 covid pts. Sometimes hospital just says no, we'd just send them home. Plus they have to do deep clean of the ambulance.

- V. Old Business - Wayne 11.30 – 11.40
 - a. RHCC discussion

RD – new process for State in tracking – no by-law review yet – RD will reach out re continued service, interest in serving as chair or vice chair

- By-law review
- b. Officer elections

Hoping for in-person meeting in April

VI. New business/public input
No new business

11.33