

40th Annual Oregon Rural Health Conference

October 11-13, 2023
Sunriver Resort | Sunriver, OR



Wednesday Oct. 11, 2023

8 a.m. – 12 p.m.
Pre-Conference

**Workshop: Providers Clinical Support System Buprenorphine Training
(Included in Conference registration)**

Eleasa Sokolski, OHSU

The Providers Clinical Support System (PCSS) workshop provides an overview of buprenorphine, one of the three medications approved by the FDA for the treatment of opioid use disorder (OUD), along with an overview of prevention, identification, and treatment of substance use disorders emphasizing OUD.

8 a.m. – 1 p.m.
Pre-Conference

AHEC Statewide Advisory Board Meeting

Invitation only

10 a.m. – 11 a.m.
Rural Health Clinics
Pre-Conference

Documented Compliance

Tressa Sacrey, Director, Compliance and Education, Health Services Associates, Inc.

Document what you do, and do what you document. How do you determine if the clinic is following policy? This session will break down the expectations for your policy manual and the difference between collaborative and administrative medical record reviews.

11 a.m. – 12 p.m.
Rural Health Clinics
Pre-Conference

Care Management Services in an RHC

Charles James, North American HMS

This presentation will provide an overview of care management services. We will discuss each type of care management service: Care Management, General Care Management, Behavioral Health Care Management, Psychiatric Collaborative Care Model, Virtual Check-In, and Transitional Care Management, and cover why remote patient monitoring is not an RHC billable service. We will review service requirements and billing examples for each service.

1 p.m. – 2:05 p.m.

Welcome and introductions

Plenary: The CDC's New Office of Rural Health: Purpose and Priorities

Diane Hall, M.S.Ed., Ph.D., Director, Office of Rural Health, CDC

For the first time, the CDC has established an Office of Rural Health. Director Diane Hall will cover the office's priorities for improving rural health in America, as well as the information and support that her office will seek from rural health leaders and providers serving rural communities.

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2:10 p.m. – 3 p.m.

Concurrents

Population Health

Suicide and Rural Areas: Why the Higher Rate?

Debra Darmata, Adult Suicide Prevention Coordinator, OHA

The rate of suicide in rural areas is substantially higher in geographically rural and remote areas. This is not only true in Oregon but also holds true nationally. This is especially true for older men. Why? This workshop will explore some of the factors that may lead to these increased rates and specific strategies aimed at combating this devastating problem. In April of 2023 the first Oregon Adult Suicide Intervention and Prevention Plan was published which has a substantial focus on the intersections of men, older adults (55+) and living in rural areas. Additionally, in September of 2022, OHA was awarded a 5-year grant with a focus on older adults, veterans, those living in rural and remote areas.

Hospitals

Improving Access to Mental Health Treatment in Rural Oregon

Jonathan Betlinski, MD, Director OPAL-A and Public Psychiatry, OHSU

Linda Schmidt, Assistant Professor, OPAL-A

This presentation will increase awareness about mental health consultation services available to providers through OPAL and provide education to primary care providers about the treatment of mental health challenges commonly seen in primary care through the use of case examples. We will provide an overview of the history and development of OPAL-K and OPAL-A and discuss how the OPAL program provides support to medical practices throughout rural Oregon. Data and statistics on OPAL calls from rural providers will be provided and several case studies based on those calls will be discussed and analyzed.

Rural Health Clinics

Behavioral Health Services for RHC

Charles James, North American HMS

There have been changes to the definition of an RHC encounter specifically related to Behavioral Health. In addition, CMS rules expanding providers eligible for general supervision and the Federal Omnibus Spending bill significantly impact RHCs. CMS has issued proposed rules for 2024. This session will explore these changes and provide a timeline for their implementation. We will review the new eligible providers, help define RHC Behavioral Health services, discuss primary care vs. behavioral health services ratios, and provide an overview of where telehealth now fits.

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Workforce

Resilience for Retention: Practical Retention Strategies for Rural Health Organizations

Allison Whisenhunt, LCSW, Director of Behavioral Health and Care Management, Columbia Memorial Hospital

Rebecca Larson, MSW, LCSW, Care Management Supervisor, Columbia Memorial Hospital

Front line health care workers in the United States are reporting medical burnout at levels that many consider to be warning signs of this becoming problematic at epidemic proportions. Organizations have a responsibility to reframe resilience through a workplace culture that views the recognition of limitations and openness to support as true professionalism, ensuring quality supervision and professional development opportunities, enables peer relationships, and genuine consultation on policy and practice. This session aims to provide examples of resilience interventions to help reduce burnout and increase retention. The discussion will include topics of diversity, equity and inclusion and how they affect personal resilience and demand consideration in the development of interventions to promote resilience and retention in the workforce.

3:05 p.m. – 3:55 p.m. Concurrents

Population Health

TBA

Hospitals

Health Communications During Crisis, Pandemics and in an Era of Misinformation

Vanessa A. Becker, PIO & Public Health Modernization, Douglas Public Health Network

Communication can always be better -- just ask your family, your coworkers, your staff, your community. Health communication, targeted at changing behavior or even just updating the community on what your organization is doing to address a community health concern requires plain language and targeted messaging on multiple channels. When a crisis hits, communication becomes both a bigger need and a bigger challenge. Add rampant misinformation and disinformation during a crisis and the communication challenge is even more daunting and complex. In this session, we will learn about crisis communications, including lessons learned from both an active shooter event and the COVID pandemic.

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Rural Health Clinics

Federal Policy Update for RHCs

Sarah Hohman, NARHC

The Federal Policy Update for RHCs will cover the latest health policy updates and trends pertaining to the Rural Health Clinic program and day to day operations. From regulatory to legislative updates, this is for RHC leaders seeking the latest information and opportunities to be involved in federal advocacy to shape the future of the RHC program.

Workforce

Northwest Tribal Community Health Provider Programs: Building a Bridge from Community Health Representative to Community Health Practitioner, Behavioral Health Aide Practitioner, Dental Health Aide, or Dental Health Aide Therapist

Carrie Sampson Samuels, NWPAIHB

Kari Ann Kuntzelman, Dental Health Aide Education Specialist, NWPAIHB

Katie Hunsberger, BHA Student Support Coordinator, NWPAIHB

The Tribal Community Health Provider Project (TCHPP), of the Northwest Portland Area Indian Health Board (NPAIHB), builds education pathways and certification infrastructure to expand the tribal behavioral, primary care, and dental public health workforce. This presentation describes a new workforce opportunity with the Community Health Aide Program, which includes a behavioral health, dental health, and medical arm. The goal is that tribal leaders and tribal health programs in the Portland area support long-term sustainable solutions to increasing access to care that build up tribal communities, create opportunities for tribal youth and citizens, educate healers, and train the next generation of the health care workforce. NPAIHB will discuss how these programs can increase the amount of health care workers and decrease health disparities in rural Oregon.

4 p.m. – 4:50 p.m.

Concurrents

Population Health

Health Equity in Our Aging Communities: A Conversation with 3 Rural Providers

Diana Burden, Medical Director, Mosaic Community Health, Prineville

Katie Plumb, Health & Human Services Director, Crook Co. Health Dept.

Maureen (Paulie) Bruns, MD, Medical Director, Samaritan Medical Group, Corvallis.

Moderator: Julia Brown, Community Outreach and Engagement Manager, Age+

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As older adults become 20%-40% of our clients and community members, the nature of our work is changing. Our personal and systemic biases towards ageing can manifest in our planning and practices. Panelists representing 3 views of health care (local public health, rural clinic, and a geriatrics program, specifically) will share how they are educating themselves and their teams to better care for the rising population of older adults who are living longer with more chronic conditions. Individual and environmental barriers create age inequity and decrease wellness. Aging can be reframed as an asset.

Hospitals

Oregon's Health Information Technology Strategic Plan Update

Lisa Parker, Health Information Technology Policy and Programs Manager, OHA
Shannon Cengija, Health IT Policy Analyst, OHA
Hope Peskin-Shepherd, Lead Policy Analyst, OHA

The Oregon Health Authority (OHA) is transforming the health care system, and health information technology (IT) is key to health system transformation. To support the goal of eliminating health inequities by 2030, OHA and the Health Information Technology Oversight Council is developing their Strategic Plan Update for health IT in Oregon for the next five years. This presentation will focus on components of this Strategic Plan Update, which include emerging strategies on community information exchange, health information exchange, electronic health records, and patient access. These strategies are critical in ensuring patients and their care team can access medical and social service data necessary to provide whole person care. Attendees will have the opportunity to comment on health IT strategies and leave with an understanding of the state's role in health system transformation.

Rural Health Clinics

Medicaid's Alternative Payment and Advanced Care Model

Bill Roller, Billing and Administrative Director, Orchid Health
Adrienne Cook, Operations and Policy Analyst, OHA

Medicaid's Alternative Payment and Advanced Care Model (APCM) aligns payment for participating health centers with high quality, efficient provision of patient-centered care. The model incentivizes high-value services and is intended to incent a significant transition in patient-centered care, resulting in a reduction of traditional, billable visits and an increase in non-billable engagement with patients. OHA's Adrienne Cooke will present participation requirements and benefits to participating, including rate setting and reporting requirements. Orchid Health RHC's Bill Roller will share their APCM story as a participating clinic since July 2018.

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Workforce

Boosting the Rural Workforce through Community Health Support

Madison Riethman, Grant Project and Data Manager, Oregon Coalition of Local Health Officials (OR CLHO)

Janessa Wells, Workforce Navigator, OR CLHO

Katie Irvine Minich, THW Doula & Program Director, Doula Training Center

Beck Low, CHW Training HUB Coordinator, Benton County Health Services

Patricia Card, Older Adult Behavioral Health Specialist & Peer Support Coordinator, Klamath Basin Behavioral Health

The Healthy Rural Oregon (HRO) project was established in 2022 with the goal of bolstering the public health and health care workforce, with an emphasis on the role of community health support professionals (including community health workers, doulas, peer support specialists, and more) in addressing rural Oregon's most pressing health priorities. HRO has worked to recruit and support individuals through the training and certification process, as well as identify cross-training opportunities, including health care interpreting and medical assisting. During this session, presenters will provide updates on the progress HRO has made in these objectives and will share ways in which individuals and organizations of all types can benefit from the program. In addition, panelists will share their experience using community health support professionals in a variety of settings, and answer pressing questions on best practices to operationalize and sustain this workforce.

5 p.m. – 7 p.m.

*Great Hall and
Landmark Gallery*

Welcome Cocktail Party

7 p.m. – 8 p.m.

ORHA Board Meeting

Invitation only

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7:30 a.m. – 8:30 a.m. Breakfast, ORHA Annual Meeting (open to all), Announcements

8:30 a.m. – 8:45 a.m. Break

8:45 a.m. – 9:35 a.m. Concurrents

Population Health

Delivering Prenatal Care in a Rural Oregon Health System: An Implementation Case Study to Improve Rural Family Health

Candice Hunter, FNP, Orchid Health

The US ranks last in maternal mortality; 2/3 are preventable. Half of rural US counties are “obstetric deserts” due to inadequate access to delivery centers and prenatal providers. There are few published care models that implement prenatal practices in rural primary care thus, we developed our own. In doing so, our clinic forged collaborative agreements for high-risk referrals and delivery planning, educated staff, developed a marketing campaign, implemented an evidence-based practice policy, and created EHR modifications to integrate ACOG standards of care. We now deliver prenatal care, postpartum support, and increased our pediatric population. We will highlight key components needed to integrate evidence-based prenatal care into rural family clinics, lessons learned and pitfalls, along with future opportunities for partnership and research.

Hospitals

Case Study: Asymptomatic Bacteriuria Quality Improvement Projects in Critical Access Hospitals

Natalia Martinez-Paz, Program Manager, and **Rupali Jain**, PharmD, Center for Stewardship in Medicine

The UW CSiM team will present the work of a two-year quality improvement project with Critical Access Hospitals on Asymptomatic Bacteriuria and antibiotic prescribing.

Rural Health Clinics

The Best Health Care Includes Good Culture

Jeff Harper, InQuiseek, LLC

The culture at an RHC can have a significant impact on its staff and that culture translates directly to the quality of care that you are able to deliver. We will cover the best practices that can improve your RHC culture.

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Workforce

Novel Strategies for Stabilizing the Pharmacy Technician Pipeline in Central Oregon

Sheila Salido Jordan, Managing Director, workability, LLC

What can be accomplished when workforce education programs remove barriers and meet learners where they are? With a grant from the Central Oregon Health Council, workability LLC sought to address the dire shortage of pharmacy technicians in Central Oregon by providing a quick-start pathway to job-readiness. The program provided learners with a textbook, online coursework, weekly virtual study sessions, and covered the cost of participants' license application fees. Learn about the program's outcomes, and how you can apply this model to address worker shortages for entry-level health care workers statewide.

9:35 a.m. – 10:20 a.m. Networking Break and Refreshments

Great Hall and
the Landmark Gallery

10:25 a.m. – 11:15 a.m. Concurrents

Population Health

Health Promotion and Access for Rural Oregonians with Disabilities

Lindsay Sauve, OHSU

Kelsey Weinstein, Linkage Coordinator, OHSU,

Approximately 26.7% of Oregon adults have a disability, and percentages are often higher in rural areas. The Oregon Office on Disability and Health (OODH) is implementing programs to improve accessibility in SW Oregon, a region underserved in disability public health programming and resources. Further, rural medical and public health agencies are key partners in providing inclusive, accessible information to people with disabilities so they can better prepare for emergencies. This presentation will discuss the need for supporting this population, how to make materials accessible, and highlight resources available through The University Center for Excellence in Developmental Disabilities at OHSU and Central Oregon Disability Support Network.

Hospitals

Improving Access to Subspecialty Pediatric Care

Henry Lin, Attending Physician, OHSU,

Linda Muir, MD, OHSU

Jamie Klapp, OHSU medical student

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Access to pediatric subspecialty care in rural communities is a challenge. The pediatric GI team has longstanding investment to improve access through innovation via embedding providers in communities, partnering with local stakeholders to standardize practice algorithms, and leveraging telemedicine. The presentation will teach how to better partner with rural communities to provide subspecialty care in areas with decreased access. Based on past experiences and a recent survey of rural providers, the main areas for improvement are strategies around ease or quality of follow-up communication and timeliness from referral to consult, as well as alternative approaches when there is a wait time for consultation.

Rural Health Clinics

Understanding the Development of an RHC

Patty Harper, InQuiseek, LLC

How does an RHC begin, and how does it develop into the strongest organization that it can be? This presentation will take us through the lifecycle of an RHC, illustrating pitfalls that can derail the journey and guiding us to best practices to make that journey smooth and successful.

Workforce

Improving Wellbeing and Retention Within the Rural Health Care Workforce

Lisa Ladendorff, Development and Training Program Director, Northeast Oregon Network (NEON)

Designed for direct care staff, supervisors, and administrators concerned about workforce wellbeing and retention, this session will present data that paints a picture of the health care workforce in Oregon. Drawing on state health care workforce assessment data, as well as data from NEON's Resiliency Training Program, NEON will present a national framework about how to support mental health and wellbeing. Interactive activities will focus on practical tools and be targeted to direct care staff, supervisors, and administrators. This session will provide an opportunity to think about not only theory, but application to your site.

11:20 a.m. – 11:50 a.m. Break

12 p.m. – 1:30 p.m. Awards Luncheon and Community Conversations

1:30 p.m. – 2:30 p.m. Dessert Great Hall and Student Poster Presentations

Great Hall and
the Landmark Gallery

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2:35 p.m. – 3:25 p.m. Concurrents

Population Health

Addressing Substance Use Disorder and Overdoses in Lincoln County

JoAnn Miller, Director of Community Health Promotion, Samaritan, and
Shelagh Baird, MPH, Community Health Improvement Specialist

In 2018, Samaritan North Lincoln Hospital (SNLH), through the Coast to Cascades Community Wellness Network (CCCWN), was awarded a one-year HRSA RCORP Planning grant to develop a comprehensive plan to address Opioid Use Disorder (OUD) in Lincoln County. Pursuant to utilizing these federal funds to conduct a needs assessment, identify and formalize strong partnerships, and develop workforce, service delivery, and sustainability plans, SNLH secured a three-year RCORP Implementation I grant to work with partners to implement strategies to reduce morbidity and mortality related to OUD. To continue implementing activities from the strategic plan in Lincoln County, local providers have leveraged federal RCORP IV Implementation grant funds, Oregon Measure 110 funds, and local opioid settlement dollars to coordinate services for people in treatment and recovery with SUD/OUD.

Hospitals

Making Your Quality Program Stick

Angie Charlet, VP Education & Development, Canopy Associates

This session will allow participants to evaluate their current QAPI program and identify opportunities for improvement, hardwiring their quality programs into the hospital's daily culture without feeling burdened. We will include a roundtable discussion on QAPI, Compliance and Departmental Reporting.

Rural Health Clinics

Strategies for Ongoing RHC Compliance

Kate Hill, The Compliance Team

We will cover how to keep your clinic survey-ready at all times, covering the compliance basics and commonly seen deficiencies. Most importantly, we'll cover how to avoid those deficiencies altogether.

Workforce

Giving It Our Best Shot: How EMS Can Play a Significant Role in Public Health in Rural Communities

Hailey Palmore, Director of Public Health Services, Mist-Birkenfeld Rural Fire Protection District

EMS providers and agencies are often overlooked when it comes to assisting with public health issues and emergencies, especially in rural

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areas. There are thousands of licensed, capable EMS providers spread throughout the State of Oregon that have too long been underutilized outside of matters of emergency response. This presentation seeks to challenge common practices of solely utilizing clinics or hospitals to be points of care for public health needs and expand beyond to meet Rural Oregonians in places that are comfortable, safe and convenient for them. EMS has a unique ability to function dynamically and meet individuals where it's safe and convenient for them. This session aims to discuss our process and considerations for how EMS could continue to play a significant role in public health in rural communities.

3:30 p.m. – 4:20 p.m. Concurrents

Population Health

VA Health Care Use and Decision Making: Rural Aging Veteran Perspectives

Traben Pleasant, Qualitative Researcher, Portland, Veterans Affairs

Few studies examine what influences rural aging Veteran health care decisions or seeks to support and leverage those perspectives. The presentation examines rural aging Veteran perspectives on their VA and non-VA health care use and discusses how those perspectives influence their decisions and future trajectories.

Hospitals

Screening for Disease: Collaboration for Rapid Results

Durinda Haukap, Administrative Director CMH/OHSU Knight Cancer Collaborative

Chris Laman, VP of Strategy, Columbia Memorial Hospital

Julian Dillon, Executive Director, American Lung Association

The pandemic has caused a delay in people being screened for health conditions, including for cancers. This session will focus on how one community reached out to its members to address a growing health crisis, and will describe how a collaboration jumpstarted change.

Rural Health Clinics

The State of Rural Health Care: Looking Forward

Katie Jo Raebel, Wipfli

Eric Volk, Wipfli

RHCs are ever expanding the breadth and depth of services provided to the communities they serve, but choosing how to do that can be a daunting task. In this session, we will cover the new strategies that are emerging as well as ways to implement them while meeting the financial and operational challenges they present.

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Workforce

The Employment of Physician Associates and Nurse Practitioners in Oregon Rural Hospitals

Roderick S. Hooker, *Rural Health Consultant, OHSU*

Critical Access Hospitals (CAHs) and Indian/Tribal Clinics (ITCs) are entities essential to the health, social well-being, and economic stability of increasingly diverse rural communities nationwide. Despite decades of legislative attempts to improve health care in rural America, access, cost, quality, and clinician turnover remain ongoing challenges that the COVID-19 pandemic has only exacerbated. Physician associate (PA) and nurse practitioner (NP) employment in rural settings is cost-efficient; however, analyses of the role of these clinicians in such settings exist only at a descriptive macro level. Critical questions arise about how and to what extent PAs and NPs are used in these settings. Using a mixed-methods approach, the presentation addresses the critical knowledge gap of utilization and integration of PAs and NPs in CAHs and ITCs, using Oregon as a proxy for the rurality of the North American continent.

4:20 p.m. – 5:30 p.m. Happy Hour with ORH

Homestead Gallery
and Lawn (weather
permitting)

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8 a.m. – 9:15 a.m.

Breakfast and Plenary: Breakfast Brings Benefits: and Other Nutritional Strategies in Community Health

Erin Fredericks, MScN, *FAMILIAR Foods*

Nutrition has profound implications for public health and our own personal health, but few of us were taught how our bodies work, or how we use food to build energy and strength, muscle or fat storage, immune and cognitive function. From Obesity to Alzheimer's Disease, nearly every chronic condition is associated and amplified with metabolic dysfunction, yet many of us lack the knowledge or means to address the problem. Over a healthy, high protein breakfast, we'll hear about some basic nutritional principles like maintaining muscle, balancing blood sugar, optimizing fat balance, and the practical food and lifestyle strategies we can apply to advance our personal and ultimately, public health interests.

9:15 a.m. – 9:30 a.m. **Break**

9:30 a.m. – 10:20 a.m. **Concurrents**

Population Health

Creating Health Equity for Klamath County's Hispanic Population Through Community Partnerships

Oscar Herrera, Chair, *Healthy Klamath Coalition's Hispanic Health Committee*

The Healthy Klamath Coalition's Hispanic Health Committee is a group of Latinx leaders and supporters working to create improved health and wellbeing for the Hispanic population of Klamath County. Supported largely through Public Health Modernization funding, the committee is made up of community partners from sectors such as health, human services and education. Since its kickoff meeting in early 2022, the committee has experienced remarkable growth in membership and depth of projects. The committee has elected a six-person leadership team, established a three-year work plan, held two successful in-person networking events, participated in outreach events and organized the Mexican Consulate Visit and Health Fair. Another exciting new project is the launch of a Spanish-language streaming radio station, a partnership between the county health department and a local broadcaster.

Hospitals

Data-Driven Rural Health Care: Identifying Barriers and Access Needs

Brent DeMoe, Director, *Polk County Family & Community Outreach*

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Dave Guile, *President, Sounds of Silence Inc.*

The overall goal of the Polk County Family Community Outreach Department is: All People are Empowered and Healthy. The department has implemented strategies that rely on data-driven processes to identify barriers that rural residents encounter in accessing a variety of services including health care. In fall 2022, they conducted a health care access and barriers survey in a rural section of the county. This presentation illustrates the processes utilized, data gathered and key recommendations. Partners involved in the effort include the Willamette Health Council, OHSU School of Nursing (WOU) interns, local service integration teams, county, city and school leaders and our school-based health mental health staff.

Other

School-Based Rural Clinics

Clayton Ipsen, *President, HealthForce*

Learn what a school based rural health clinic can do for a community, and understand the opportunities for expanded care to the communities you serve and how to build strong and long-lasting relationships with patients, families and school districts. This presentation will describe the ins and outs of building a slightly different model of rural health clinic that can raise the health of key segments of our communities.

Workforce

Oregon Recruitment and Retention Efforts: A 5-Year Review and Look to the Future

Jill Boyd, *Health Care Provider Incentives Project Coordinator, OHA*

Leah Festa, *MPA, Health Care Provider Incentives Coordinator*

Bill Pfunder, *Incentives Program Manager, Oregon Office of Rural Health*

The Oregon Health Authority has invested millions of dollars toward supporting health care workforce recruitment and retention, with a focus on job placement in rural and medically underserved areas. This presentation will discuss the OHA's Health Care Provider Incentive Program, review workforce outreach, evaluate the current programs, and describe future incentive opportunities that have passed during the Legislative Session.

10:30 a.m. – 11:20 a.m. Concurrents

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Population Health

Mental Health Crisis Assessment and Stabilization Facilities in Rural Oregon: A Case Study

Brianna Manfrass, Associate Principal, Pinnacle Architecture

Adam Goggins, Crisis Program Manager, Deschutes County Health Services

Although the demand for behavioral health services is similar in urban and rural areas, studies show that people living in rural areas are less likely to receive behavioral health care. Additionally, the suicide rate in rural communities is nearly twice that of large urban communities. Join us in discussing how some of Oregon's rural communities are combating these statistics with Stabilization Centers' facilities where those in mental health crisis can voluntarily admit themselves for evaluation, observation, and support. Leveraging the perspective of a provider who manages a successful stabilization center that opened in 2020 and the architectural project manager and health care design expert that led the project to success, this presentation will address the goals and metrics of the stabilization center, staffing, funding, programming, trauma-informed design, and law enforcement coordination.

Hospitals

From Chaos to Clarity: A Lean Culture Transformation in Rural America

Brian Patrick, VP of Nursing, Good Shepherd Health Care System

Devin Goldman, Director of Quality Management, Good Shepherd Health Care System

Good Shepherd Health Care System is using organizational transformation to meet the needs of its rural community. Learn how Good Shepherd moved from a culture of chaos to a culture of improvement through the science of lean operations. This presentation promotes the utilization of data and analytics to demonstrate the value of work and correlate improvements at the point of care to how they influence the executive level strategies and targets. It will describe how the Executive Team operationalized the strategic plan with a focus on the alignment of goals, the implementation of a top-quality management system, and the optimization of processes to improve patient outcomes.

Other

Promoting Access to Care for Rural LGBTQ+ Patients

Bari Laskow, MD, Full Circle Idaho

Camille Evans, LCSW, Cornerstore Whole Health Care Organization

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The Pride in Idaho Care Neighborhoods Project was founded four years ago to develop insights into the unique opportunities to create appropriate and affirming care communities for LGBTQ+ patients living in rural areas. Implementation sites have included RHCs, CAHs, rural residencies, and private clinics. All of these sites have generated unique contributions to the development of strategies to address the capacity of rural health providers to support LGBTQ+ patients. The presenters will share lessons learned from this work, along with ongoing initiatives related to community engagement, clinical practices, and workforce development.

Workforce

Barriers and Solutions to Nursing Workforce Retention and Attraction in Rural Areas

Rick Allgeyer, Research Director

Dawne Schoenthal, Program Director, Oregon Center for Nursing

Oregon's rural health care options face barriers extending beyond the pandemic's toll, impacting access to quality care. Complex factors systemically perpetuate a maldistribution of the nursing workforce, impacting access to care in rural areas, especially in non-hospital settings. How can rural health care organizations compete with wage wars, urban magnets, and resources beyond their means? Join the Oregon Center for Nursing in discussing what the research says about the determinants of attrition and the barriers to workforce entry specific to rural parts of the state and explore guided targeted strategies to sustain and support the nursing workforce through evidence-based approaches to increase rural labor strength.

11:20 a.m. – 11:40 a.m. Break

11:40 a.m. – 12:15 p.m. Plenary closing, speaker TBA, and prizes

12:15 p.m. Adjourn