

Rural Health Coordinating Council (RHCC)

July 17, 2014, 8699 SW Sun Place, Wilsonville, OR

Roll Call & Introductions

Andrea Fletcher, Chair, began the meeting at 10 AM.

Members in attendance: Bruce Carlson, Andrea Fletcher, Ted Molinari, Mike Patrick, Judy Peabody, and David Robinson

Oregon Office of Rural Health (ORH) Staff: Scott Ekblad, Robert Duehmig, Meredith Guardino, Eric Jordan, and Maeve Trick

Guest: Diane Lund-Muzikant

Q = Question, A = Answer, C = Comment

Field Services Team Update

Meredith Guardino, Director of Field Services, presented the updated ORH Field Services work plan. Members provided feedback on where they could use assistance in their communities.

Dr. Carlson asked for telehealth assistance for clinics (determining clinic needs, mental health, more specialty care, cardiology, etc.).

Mr. Molinari suggested a call with Senator Steiner Hayward to see if the Future of Public Health Task Force is meeting its intended goals. Mr. Ekblad suggested that we would first need to know what smaller, more remote local health departments feel are concerns with the task force's proposals, and added that he and Ms. Guardino would meet to discuss how to go about getting that information.

Approval of July Agenda

The April 2014 Agenda was moved and approved, with one change: the Field Services update (above) was moved to the top of the agenda.

Approval of April Minutes

The April 2014 Minutes were moved and approved as written.

Old Business

Mobile Training Unit (MTU) Funds Inquiry

Mr. Ekblad spoke with Dr. Selover on the phone and by email, but has not gotten a written response to the letter we wrote asking about how unspent MTU funds were used.

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Clinic Technical Assistance Specialist Search

Justin has left and the hunt is on for his replacement. An offer is on the table with a candidate.

Oregon Rural Practitioner Tax Credit Policy Revision - Telehealth

ORH is not authorized to promulgate administrative rules for the legislatively mandated programs we administer, so procedures are documented in Oregon Health and Science University (OHSU) Policies. With the recently legislated changes to the Oregon Rural Practitioner Tax Credit, we need to update the OHSU Policy to reflect these changes. At the same time, we are considering allowing eligible rural telemedicine and locum tenens providers to claim the credit and would like to discuss this program revision with this Council.

Mr. Ekblad reiterated the work the Healthcare Workforce Incentive Program Work Group is doing and how that group includes both advocates for workforce incentive programs and others (including legislators) who still do not understand the relevance and/or importance of these programs.

Q: Is there data that shows how the tax credits have brought in and retained practitioners?

A: There is data that we have made available to them showing how the workforce has grown and remained in rural settings over time, as well as qualitative data from recipients stating that if the tax credit was no longer in place, a great many of them would begin looking elsewhere to practice.

Q: With all of the emphasis on quality of healthcare, how can they ignore this data?

A: They either forget that it exists, or they just do not believe it. It should be noted however that I feel their questions are legitimate. These programs certainly need to be evaluated on a regular basis. We are advocating for a separate entity, the Oregon Healthcare Workforce Institute, to do just this type of evaluation, on an ongoing basis.

Mr. Ekblad asked the Council to weigh in on allowing telehealth and locum tenens providers to qualify for the Rural Practitioner Tax Credit. The assembled members were in agreement to allow them, as long as they and their practices meet all of the program's eligibility requirements.

Apple A Day (AAD) Donations

- A. Glow-CX held a fundraising race and donated the proceeds to the AAD Campaign. They hope to raise even more for AAD next year.
- B. An unsolicited citizen out of Redmond has mailed checks to AAD two months in a row, and states that they will continue on a monthly basis. This campaign has become one of her three charitable giving priorities.

ORH Staff Reports

Mr. Ekblad highlighted the latest updates from the ORH staff. Of note:

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- Linda Pepler was tremendously helpful with the office's move into its new space. And even though she has gone down to half-time with the office, she is still working above and beyond what is reported here.
- Robert Duehmig is now ORH's Deputy Director.
- Emerson Ong published the new Unmet Need Report and is working with Maeve Trick on the viability of a new poverty variable to that report.
- Hillary Henderson is working with OHA on the Medicaid Primary Care Loan Repayment Program awards.
- Julie Hoffer has developed marketing materials for the Workforce team.

Member Reports

Michael E. Patrick, Oregon State Board of Pharmacy

Tramadol will become a scheduled drug, effective Aug 18. It looks like hydrocodone will become a Schedule 2 drug. Record keeping will grow as a result of this.

An uptick in flu vaccinations was reported by the Oregon Board of Pharmacy. The pharmacy rate was higher in rural than in urban.

Andrea Fletcher, Consumer - Eastern Oregon HSA #3

The Morrow County Community Health Improvement Partnership & our local Coordinated Care Organization (CCO) are beginning to address mental health screening and youth health integration. This is creating a very exciting opportunity for the partners and community involved.

Bruce Carlson, MD, Oregon Medical Association

Eastern Oregon Coordinated Care Organization (EOCCO)

The EOCCO put out transformation grants (transportation, mental health, co-locating services, etc.). The state has made this money available to all CCOs. We are still trying to get care coordinators into our communities.

Our actuary reported on those that accumulated more than \$25,000 in medical bills. It was less than 3% of the population in the Oregon Health Plan, but they totaled about 29% in outlay costs. A very common category was pregnancies.

Christmas Valley

North Lake Clinic is now a Tier 3 patient-centered medical home.

Hermiston

We are recruiting for a Physician Assistant (PA), as our out-going PA needs to keep the family closer to home. The loan repayment pool is so competitive that we might not qualify for the Medicaid/Medicare component. Another provider/Internist is going to emergency medicine full-time.

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I lose money on seeing Medicaid/Medicare patients in Hermiston, so if I stop seeing them and stop claiming the tax credit (seeing Medicaid/Medicare patients being a new rule for the program), I actually make more money. I won't do that, but I hear there are some offices thinking along those lines.

New Business

Mr. Ekblad asked the RHCC, "Should we forego the summer meeting?"

Q: Would it be dropped, or can we have it as a conference call?

A: These meetings don't lend themselves to conference calls, as they run long and there is so much informal chatter among the attendees. I'm afraid the attention of someone on the phone would wane after an hour or so.

Q: Can we have an abridged meeting that is a call? Forego the staff and member reports and stick to the administrative functions?

Q: Do you feel we need to have a summer meeting, or should it be dropped to 3 meetings a year?

A: We're asking this question as the summer meetings are always poorly attended and there is a fair amount of effort involved with holding them. We're just trying to see how the council members feel about it. Perhaps we should revisit this again next year and if we start getting declination notices in advance of the summer meeting, we can let the rest know that they need not attend.

Adjourn