Rural Health Coordinating Council
Minutes | April 28, 2023
Virtual Meeting via Webex and Telephone

I. Call to Order

Kim Lovato, Chair, called to order the April 28, 2023, meeting of the Rural Health Coordinating Council (RHCC) at 9:03 am.

a. Roll call, introductions

- *Jennifer Little*
- *Wayne Endersby*
- *Kim Lovato*
- *Donald Benschoter*
- *Kirsten Plunkett*
- *Allison Whisenhunt*
- *Raymond Hino*
- *Eric Wiser*
- *Ana Velasco*
- *John Begert*

Oregon Office of Rural Health (ORH) Staff
Robert Duehmig, Director; Sarah Andersen, Director of Field Services; Laura Potter, Administrative Manager

b. Agenda approval
The draft agenda for the meeting was unanimously approved.

c. Minutes approval
The draft minutes for the January meeting were unanimously approved.

II. ORH Updates

a. NARHHS Committee

National Advisory Community for Rural Health and Human Services advises HHS Secretary; holding meeting this week in Bend. Focus

was home visits and federal support for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program The Committee toured Crook and Jefferson County; discovered that rural communities are not getting federal funding, but rather are piecing together various funding sources to put together home visits for pregnant women and women in first year post-birth. Crook County gets very little in the way of MIECHV Funds and Jefferson County gets none at all. There are positions coming open, and Robert will get out info on requirements for joining committee. Workforce was a significant topic: need RNs, LPNs, etc? Data collection issues as well. Presentations published next week and Robert will share when it becomes available

Website:
https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program

b. Staff retreat

Held in Portland May 19 – 21, for strategic planning for the next three to five years; will hold next spring as well. Big focus on how we collect and use data.

c. OHA Partnership Updates

Field Services team runs three programs funded by our IGA:

Covid test distribution; contract finished in November but continues because OHA is getting out additional supplies that they have on hand;

Long-term care facility testing program: recruiting Rural Health Clinics to visit LTC facilities for covid testing. Ten clinics signed up to do the work, but the need was too great. More successful was covid testing for the uninsured, and financial incentives for RHCs to do that testing.

CDC gave covid funds to OHA with a rural carve-out, to build capacity in rural communities for health equity and public health. We expanded Rural Health Conference to include Public Health track; and we built up Community Health Worker trainees,

working with the Oregon State Extension Service, both current hired and future hires. With CLHO and ORH, they are working to train CHWs and EMS over the next few years. CHWs not reimbursable via Medicare or Medicaid, so challenge is how to pay for them. There are Health Related Services dollars that may assist. With partnerships with providers who have NPI numbers, we may be able to figure out funding via other modalities as well. Online trainings may help with increasing the workforce.

Klamath Community College wants to start a CHW training, and was inspired by the CLHO grant and its staff.

d. Grant updates

SORH grant has been submitted, expect to have it continue as it has

SHIP grant was submitted in November, notice of award received; this provides mini-grants to CAH and small rural hospitals. We have 31 eligible hospitals, of which about 75% participant. Typical award is $10,000 - $12,000 per year. Program has had an onerous process for hospitals, particularly when they choose an independent project; but we are now also offering antibiotic stewardship training standardized project that reduces that burden, as well as a program focusing on CAH finance and administration. Grant year begins June 1.

FLEX grant will be submitted in the near future. Largest grant: quality improvement; financial and operational improvement; EMS improvement; population health and financial improvement. We are going into last of 5 year cycle. We do: quality workshop; provide memberships to MBQIP; quality networking calls for quality directors; support provider-based RHCs by conducting mock surveys to help them prepare for recertification; support them in remedying deficiencies; and will be expanding Forum on Aging so that it is Forum on Population Health; have given small grants to communities seeking to improve population health programming, particularly for communities most in need according to the Areas of Unmet Health Care Needs. We are holding population health webinars as well. EMS: Have our Helping EMS in Rural Oregon grants; providing simulation grants. Partnering with NEOAHEC and ___ AHEC to focus on recruitment for EMS. We were going to hire a

Project Coordinator for EMS, but with our new budget, we could not have sustained that position.

FLEX conference will be held in June in Sante Fe, NM, and Ray will be on a CEO panel at that conference.

Census Bureau changed some criteria that affects how a clinic can qualify to become an RHC.

See this link

e. Communication

i. Year End Report – link on website

ii. Unmet Healthcare Need Report – also available

iii. Provider stories in your community – we are reaching out to providers to do interviews and publicize that on our social media and our newsletter, to emphasize the positive aspects of working in rural. If RHC members have suggestions for people working in health care, please send that to Bob.

iv. National Rural Health Day, November 17th
Regional approach to celebration this year? Please reach out if you have ideas or need assistance.

III. Events

a. Forum on Aging

The Forum on Aging will take place from May 15 – 17 in Seaside. We have 120 attendees so far for the Forum. Age-friendly communities, CHWs for the aging population, death doula session.

b. The Hospital Quality Workshop will be collocated at the Seaside Convention Center and held at the same time. We have 47 registrants so far and are expecting about 50, including 17 speakers. Scholarships via FLEX for some attendees.

c. Rural Health Conference: we received 83 proposals for the conference and 6 additional proposals specific to the RHC track, and we will be choosing sessions and soliciting additional, targeted sessions by the end of May. Hope to get the new Director of the Office of Rural Health at the CDC as our plenary speaker.

d. Community Conversations: Find additional information here.

e. Webinars: Find additional information here.

IV. Legislature/Policy

a. Legislative Calendar

Went from 2800 to 1500 bills; May 19, 2023 is the next point at which the number of bills will be reduced again; Republicans in both House and Senate have demanded that all bills be read in their entirety, so it takes a long time; in the House, have withdrawn that demand because they were going to have to hold weekend sessions. Senate may have to have night or weekend sessions.

Controversial bills slowing things down: gun control; reproductive and trans health; constitutional amendments proposed for some of those issues.

May 17 is the date for the revenue forecast; expected to be fairly decent; when the economy slows, and we are impacted in our income tax revenue, Oregon doesn't recovery as fast as states funded via consumption taxes. Legislature is reluctant to invest in new programs, rather than supporting existing programs. Workforce, public health, perhaps dental programs may be supported. Tax credit bills are in the revenue committee, and will be affected by revenue forecast. Bob is not expecting change.

Hospital staffing bill has had high interest from OMA and ONA and SEIU, and the compromise language has included some exemptions for rural. Allison: curious about nursing education provisions; in Oregon, nurses are not required to have CEUs.

Focus may be more on funds for community colleges to reduce faculty shortage.

b. Rural Policy Topics

RN to BSN degrees at community colleges – not all community colleges are enthusiastic about this bill. Will not solve faculty or clinical placement problems.

Oregon Medical Coordination Center operated out of OHSU that coordinates beds throughout the state; helpful during covid; some talk of extending that for the future.

Housing has been a significant topic affecting health care;

SB 608 – pharmacy dispensing costs and fees

HB 2555 – naturopathic parity bill; is in the Ways and Means committee now, has bipartisan support.

Bill to continue mobile health, has been focused on FQHCs, hoping to extend to RHCs as well.

Bill re pathways in dentistry workforce

Nurse education incentives, OAHHS looking at

House passed bill that dental assistants don't have to pass their tests to move into the workforce; may be moving too quickly to solve one problem and thereby creating another

SB 490: Eric Wiser discussing; from UW program to increase the number of family medicine residents throughout Washington. Residencies require a heavy investment up front, very difficult for rural to sustain; but most providers stay in the area where they complete their residencies. SB 490 would provide $5m to fund residencies, faculty development, and future expansion. May be housed at AHEC because OMB did not have the staffing.

Governor's healthcare advisor and Bob met recently, encourages folks to invite the Governor to their

communities in conjunction with her stated desire to visit every Oregon community this year.

V. RHCC member reports

Jennifer Little: Coalition of Local Health Officials, looking for further funding, nurse home visit funding, public health modernization funding.

Wayne Endersby: Baker County has four ambulance services areas, some of which with no ambulance, therefore covered by other service areas or for-profit ambulances. Baker City hospital has no ICU now; Ontario also closed; closest hospital either Idaho or La Grande; it's a long trip that takes them out of commission, and the slack has to be taken up by other ambulance services. Allison: any thought about community campaign for memberships to LifeFlight? Metro West has been helpful in getting fentanyl and morphine to the county EMS crews.

Kristen Plunkett: In Southern Oregon, very short on primary care providers, so very hard for Medicare and Medicaid patients to get established with a provider; and there is high turnover among physicians, which does not help. Naturopathic physicians get half the pay of MDs and DOs, but she has been able to add a provider to her staff and the tax credit program made all the difference. Hoping to add NDs to tax credit program. Also testifying in support of HB 5355 and SB 450, both to improve access to Naloxone. Lots of fentanyl overdoses in Southern Oregon.

Don Benschoter: In Umatilla County, same staffing issues with nurses and losing a couple of physicians by the end of the year.

John Begert: OAR 855 covers the work that pharmacists do; one proposed change is to collaborative drug therapy management agreements, or CDTMs. This eases the burden on providers of chronic conditions. Proposed language change would get rid of this, and include it under larger term, Clinical Pharmacy Agreement. OSHP works with the Oregon Board of Pharmacy, and the elimination of the language may create unintended consequences. OMB and payers recognize the CDTMs. Companies are now providing incentives to pharmacists to move to rural, such as moving expenses and signing bonuses.

Allison Whisenhunt: Health Service Area 1, Clatsop, Columbia, Washington Counties: Local CCO through OHA has asked them to screen for SDOH, so the question arises how they refer people to resources once they do the screening. Lots of CCO dollars are going to resilience-building

programs, to get upstream of problems. Community planning process work underway to be part of a program to create emergency beds in areas where there are none; and in Astoria, the bus system has been completely suspended for lack of funding. Tremendous impact on staff and patients. Last, lack of gender-affirming care is having a serious impact on teens especially.

Ray Hino: New OAHHS representative member. Hospitals are struggling to emerge from the pandemic; last year was one of the worst years financially for hospitals. Manpower shortages, using agency and traveling nurses at very high cost of up to $200 per hour; some hospitals became quite dependent on this source of labor. Bay Area Hospital lost $60m last year. They are now looking for ways to reduce costs and improve profitability. Nurse Staffing Ratio bill would have made the situation much worse; additional beds would have had to be closed in order to be compliant with staffing ratios. In Bandon, bed shortage has been a huge issue. They could not transfer patients anywhere in Oregon, but rather, out of state. Transfer rate has now gone down. Covid funding really saved Southern Coos, and now they are moving forward to move forward without that funding.

Eric Wiser: recruiting for next AHEC Scholars cohort; last year, were at 90, very optimistic about this year's enrollees. Simulation centers are going up at McMinnville, COCC, Idanha, Clatskanie. Currently writing Health Careers Opportunity grant in conjunction with OHSU's On Track program. The programs are showing that there is a real effect on students' interest in rural. They did an AHEC Scholars ECHO course to develop preceptors across the state. Also focusing on tribal health, to create a program parallel to the AHEC Scholars program, as in a Tribal Health Scholars program, and a person could potentially be enrolled in both simultaneously. Cultural humility will be part of the training. Kodiak Alaska Native Association contacted Eric, because the UW participants were not staying. Eric and Katie Martin will be visiting Kodiak to see about OHSU students involved instead. Podcast with Eric, highly recommended by Allison: https://healthpodcastnetwork.com/episodes/the-most-important-medicine/episode-6-the-ultimate-cold-open-with-dr-eric-wiser-on-rural-medicine/

VI. **Old Business**

VII. **New business/public input** **11:25 am**

Robert: we have been meeting with the Governor's office on their new process and on using their system as they require, focusing on expiration dates for board terms. We will be reaching out over the next three to six months. Ray: there are a lot of questions on health equity in the questionnaire.

We are hoping that the Governor's healthcare advisor may be able to join us at our next meeting. If we can make that line up, we'll want to have good attendance, so we might tweak the date to try to maximize attendance. No meeting place yet.

VIII. Meeting adjourned **11:30 am**