

RHCC  
January 20, 2011

### **Leslie Huntington, Mobile Training Unit, Office of EMS**

At last biennium, a mobile training unit was cut, the other remains in a vulnerable position. The purpose of the MTU's is to provide continuing education to enable EMS agencies to provide care. Failure of EMT's to remain certified puts EMS agencies at risk of closure, causing communities to go without 911 services.

The EMS portion of their budget is fee-funded. The only part of EMS budget coming from general funds, is the MTU program. The trauma registry program is funded exclusively through the general fund. The Conference of Local Health Officials have some influence on budget decisions, although they have little experience with EMS. They are the directors of the local county health departments. They recommended keeping the trauma registry, and saving one MTU for this year. The governor signed off on that.

Concerns about losing the other MTU are regarding the quality of education, and implementation of new technologies. EMT's that are responsible for educating their staff themselves need a standardized level of education to teach from. It becomes like the "telephone game", when an EMT gets trained and goes home to teach what they have learned, and that content gets changed from one level to the next until the downstream recipients may be receiving very different information from the original content.

The cost to maintain one MTU is between \$150-200,000/year, including vehicle costs, travel, staff. This remaining position is funded through June 30, 2011. Some discussion was had by RHCC about whether corporate sponsorship could be helpful. Also, our new governor is a rural emergency doctor who understands the need for EMS in rural Oregon. An ad hoc committee was formed to contact the governor's staff about this issue.

Scott Ekblad – Old Business

### **Apple a Day Campaign**

A sticker is being made to give contributors. Input was sought regarding its design.

### **Federal Grant for State Loan Repayment**

Because it requires a 1:1 match from the site, so they've had some difficulty finding participants. Did not have any participants for the first year. Now, they have three signed contracts.

### **Shellye Dant, introduction**

FLEX coordinator. She is the daughter of a rural doctor, growing up near Corvallis. She works with grants and with CAH's. Replaces Kassie Clarke.

## Scott Ekblad/Bob Duehmig – Legislative Concepts

Numerous legislative concepts were discussed. Most of these have been assigned bill numbers; some of that information not available today. Not sure of committee status of these, but many may not make it to hearings. (see handout attached)

Governor's budget is due out in a few days. Not likely to be detailed in numbers, but more likely discussing structural changes. Around 1800 bills this session, so some pressure to get some budget stuff done. At least three sessions of big cost cuts coming, Oregon has to get employment down to increase revenue for that long before there could be any increase in revenue. Bills that save money or are cost-neutral are more likely to make it.

## Member Reports

Michael Patrick – Board of Pharmacy

Vaccination age lowered to age 11. Pharmacists do a brief assessment of teens, reporting the vaccine to their primary care provider and ALERT.

Susan Forester – Consumer

Visited some clinics with toothbrushes to give to patients. As a result, the Oakridge clinic referred her to Krista Olson, a limited access permit dental hygienist. Susan attended a LAP meeting and reports the LAP's would like to get into communities to provide care. A primary care clinic in Dexter is interested in having dental cleanings.

Andrea Fletcher – Consumer

There is talk about starting and FQHC in Boardman, they are raising money for infrastructure.

Dr. Gary Brooks – Oregon Dental Association

Last November there was a big free dental clinic in Portland at the convention center. Only prerequisite was that they show up, people waited in lines overnight. Had a medical health screening.

Dr. Judy Peabody – Oregon Association of Naturopaths

Trying to see how other rural naturopaths make a living in rural communities. ND students are doing some rural rotations.

Harry Coffman – Consumer

Community health action repose team had its third meeting. Doing some strategic planning, looking at how health care reform will affect county needs. Looking at quality control issues. Several clinics getting together to decide what needs evaluation in a collaborative effort to better meet county needs.

Now that the County clinic (FQHC) is fully staffed, patient census has fallen off, and may need to cut back on staff. Medicare is behind on reimbursing them.

Dr. Bruce Carlson – Oregon Medical Association

Accountable Care Organizations are a feature of the new health care act. The definition is still being worked out. Insurers will provide payment to the organization, similar to HMO's. The difference between them is the intent to reward higher-quality, lower cost care. ACO's must have over 5,000 Medicare patients, and must include a hospital. Be aware.

Distance health learning in Condon, supported by ESD. The teacher gives instruction over televideo to remote communities, on subjects like medical terminology and EMS. Some of her students have looked at medical careers.

Electronic health records are getting set up as silos, not talking to others, no interconnectedness with other local providers. Medical association is discussing a network hub so info can be shared regionally.

Baker City hospital changed affiliation to a hospital group in Idaho. Thinking it's related to the accountable care concept. Must have 5,000 patients to become an ACO.

Condon clinic; as of Jan 1<sup>st</sup>, now being operated by county health district. 1 new PA on site, not yet approved by medical board. Just hired 2<sup>nd</sup> PA to start mid-Feb.

Cmas Valley hired a second provider, who came from their Condon Clinic. Hermiston has a surgeon retiring. Only 2 OB-GYNs. Only FPs at community health centers are delivering. Many new physicians look to be employed instead of private practice.

On behalf of Wayne Endersby – Oregon EMS Assn

Has made some phone calls to insurance companies about sponsoring MTU. Looked into a voluntary contribution from the larger EMS departments to help fund to MTU. Might take a legislative act to apply a tax to larger districts, or to allow sponsorship. It costs \$1,000 for basic EMT training, over 200 hours of class time and ride-alongs to qualify to work as a volunteer. Losing 10% of all EMT's at each re-certification cycle, and the ones lost are the most experienced.

Dann Cutter – Consumer

Looked at construction codes on the coast, concerns about EMS and health care services being prioritized in building ordinances. Suggest a letter to League of Cities urging to emphasize medical centers as a conditional use. Walmart asked for variance that was denied, it would have included a medical clinic. (Oregon statute states that counties develop a comprehensive plan has different requirements for different zones. In some zones, there is allowable use, i.e. in a rural residential zone, you could have certain residential businesses, or in agricultural use, a farm. A conditional use allows for having a different use in a zone. A variance allows other than what's permitted.) The suggestion is that League of Oregon Cities could state that medical centers be an allowable use so they don't have to establish conditional use or variance, making it easier to establish new medical centers in rural areas.

Kathy Moon – ONA rep

ONA is putting energy into bill regarding provider malpractice re-insurance. LUH now has two alternating surgeons. No changes in mental health access. GOBHI is meeting with Dunes Family Health March 7<sup>th</sup> to discuss access to mental health services in Reedsport.