

RHCC Meeting Minutes
April 26, 2012

Apple a Day grants:

\$300 per volunteer EMS awards. NEOAHEC donated \$90,000 for a parallel grant for EMS agencies. 16K left to award to volunteers and 36K left for agencies. Individuals and agencies across the state have already been awarded.

EMS has not been discussed in talks about CCO's. ORH is looking for a "rural person" to seek out corporate sponsors of the Apple a Day program.

Elections:

Angela Fletcher was elected Chair and Wayne Endersby (EMS representative) elected vice-chair. They will serve a 2 year term.

Housekeeping:

Discussed date for October meeting, will do 10/4. Discussed holding at a different location maybe once a year. For example, we could use the facility at COMP in Lebanon, and would have a chance to see their new medical school. There are sometimes other places that we might want to visit, like a model clinic or health system.

Staff Reports:

These were submitted by report.

Legislative Report, Bob Deuhmig:

Watch emails regarding RHC and CAH programs and whether there are changes, with Fed HC reform.

State: Klamath Co some politics about who is supporting which CCO. Some legis was passed at recent session.

The PCPCH concept will be supported by an institute to help rural practices, remains to be seen who is given the grant. Assistance tech support will be offered statewide, peer education model.

Rural provider tax credit still available. Sunsets next year. Rural Health Assn looking at that at 4/27 meeting. Likely will need to be prepared for changes, not sure how it will be changed. Maybe definition of rural needs to be more specific, maybe amounts need to vary by service area.

Malpractice insurance program also needs to be addressed. CCO business plan includes task force to look at malpractice costs, the idea that this may be dealt with as part of CCO plan.

Income tax credit, federal loan repayment, medical malpractice reinsurance, SLURP (fed \$ but requires matching from site).

General questions about rural health needs: does anyone know how many unfilled HC positions there are? What is the actual unmet need? The answer is there isn't any one place that tracks this info. Rural Health looked into how many rural providers were out there, and found their data was more accurate than licensure data. Dr. Carlson is counted three times by OMA because he practices in three clinics.

New Business:

MTU's: ORH currently two in operation, funded. At one time one was cut and the other on the chopping block. Now they're funded by OMMP fees. 2nd MTU is now going to be based in Portland. Lost another head of EMS office, OHA and HDS had committed to cut middle management position season there now, there is an interim. Coverage NW, Gorge, parts of central and eastern OR. Other South central and central. Question about why ORH doesn't take on the MTU's.

Consumer member terms: RHCC is comprised of 18 organization representatives, elected by the organizations, and 5 consumer members. Governor Kitzhaber has been requested term limits on committees. Several community members' terms are expiring this year. Question about asking Governor to reappoint members. We need the seniority and knowledge base of our community members to continue on this council.

RHCC Member Reports:

Dan Cutter, Consumer, Lincoln County:

Setting up Rural Health Advisory group in his county (Lincoln), engaging community college.

Andrea Fletcher, Consumer:

Having discussions Health and Wellness summit with businesses to community planning, partnership with businesses and health care providers. Relationship evolving, coordination and communication improving.

Last meeting reported on a veteran's admin telehealth clinic in Boardman, up and running in Sept, some transition of personnel, and not sure if that clinic is up and running at this time.

Susan Forester, Consumer:

Approaching family in Eugene to get funds, they own Salishan, for EMS program.

Out of 1,000 toothbrushes she obtained last year, 200 left. The rest into the community, getting lessons from hygienists in bathrooms at school.

Was asked by a provider who was going to lose her practice regarding extended licensed hygienists, discussed with Monnes-Anderson. Bill language locations vs. populations.

Oakridge and upper Mackenzie bill 738...said locations, rule committee meeting as ODA trying to work out this issue. The issue has been solved according to Beryl, ODA. Rule hearing May 30th. Legislative Counsel sometimes changes a word that makes a big difference in an issue, unintentionally.

Tom Molinari, Consumer:

Asher clinic has new PA and now dental care. New PT, replaced one that retired.

Charles Wardle, Oregon Optometry Association:

Optometry participate in stand-alone vision plans, VSP around 100,000,000 in US. About 2/3 Kaiser use VSP. Vision care plans not included in HC exchanges. People who get care under a medical plan do not utilize eye care the same as those with SAP's.

Kathy Moon, ONA:

DFHC in Reedsport going through some challenges this year: adopting EPIC in October, losing two providers, becoming PCPCH, and selling clinic to hospital.

We have been approached by GOBHI about becoming a PCPCH. The main concern is how we can do more than we already do. Some of our docs are already so stretched for time. There are more things that need to be done. RL did an assessment and we will meet many of the stage 1 requirements.

LUH has been notified by three different entities that they're applying for CCO for our area: DCIPA, GOBHI and DOCS. GOBHI is holding community meetings to talk to constituents about CCO's. They met last night in Reedsport.

LUH was approached by Peace Health regarding telehealth services. Specifically, psychiatry. They're looking to be able to fill a need as consultants, not taking patients, but helping problem-solve. They can arrange these visits on a variety of devices, even some smartphones. Sounds like the role will be mostly for acute ER patients. There is still difficulty getting acute inpatient admits.

Douglas Co. has hired a PMHNP, Rick Morris, who is seeing patients at DFHC once a month. We have two counselors PT, and two PT skills trainers. Still two psychiatrists in Coos Bay, who are both full.

Bruce Carlson, OMA:

A law revising PA practice went into law. Now, a PA can apply for a license prior to having a job commitment. Once they have a job, their supervising MD certifies the position and their scope of practice.

ZoomCare legislation was passed allowing PA's to dispense non-narcotic medications in their clinics. This requires BOP oversight.

It is thought that CCO's will have little impact on RHC's. Not sure if it will impact type A and B hospitals. Rural clinics may send billing to a different party, and can wrap-around excess costs. A/B hospitals receive cost-based reimbursement. In 2014 the bill will be re-examined to see if there is a need to maintain type A and B status. Some concern that designations may dissolve. Perhaps we'll still need type A hospitals. Bob Deuhmig believes hospitals need to anticipate the impact of losing their designation and plan for that now.

In Pendleton, there are no internal medicine docs accepting Medicaid patients. There is already a shortage of primary care in the area, with 5 family docs in a population of 15,000 residents. 11 organizations have applied for CCO status in Umatilla. A private MRI business closed due to retirement.

In Hermiston they have 1 MD at the Community Health Center. Three PA/NP's. Not sure how long that clinic can remain viable.

At the Umatilla Army Depot, all nerve gas has now been removed. There is concern about toxicity at the site. A committee is looking at future use.

The pharmacy in Boardman closed. It was operating as pharmacy/hardware store/liqueur store, but could not remain open. The hospital in Hermiston is going to open a pharmacy in a grocery store in Boardman.

In Condon the health district assumed the clinic 1/2012, hired 2 PA's now have 24/7 coverage. In 2 weeks a PA is leaving and the 24/7 coverage idea is being abandoned.

Christmas Valley now has fiber optic line at 10 MPS. The Telehealth Alliance would like to start mental health there, but funding is locked up through GOBHI (Greater Oregon Behavioral Health). But they are looking at other specialties, i.e. cardiology, dermatology.

Conference of Local Health Officials:
Concerned about what role counties will play in CCO system.

Thinking about Tribal Health accreditation in some counties. Right now is voluntary, maybe later required. Thought to standardize and raise quality of care. Process is expensive and requires a lot of preparation. Takes 12-18 months to file an app.

HIV test funds have been cut; seven largest counties with increased incidence have lost all funding for it. Not sure how this will be paid for.

Beryl, Oregon Dental Association:
"First Tooth" program for kids 0-3 years old is a workforce grant that closes in August. They are putting together websites that will provide educational materials with training for primary care providers by sometime this summer.