Draft
Minutes of the
Rural Health Advisory Commission

Friday, June 17, 2005
6th Floor Conference Room Z
State Office Building; Lincoln, Nebraska

Members Present: Dennis Berens (Designee for Nancy Montanez); Steve Dokken, DDS; Bill Brush; Don Frey, M.D.; Pam List, ARNP; Marty Fattig; Jacquelyn Miller, DDS (Designee for Richard Raymond, M.D.); Roger Wells, PA-C; Rebecca Schroeder, Ph.D.; Mike Sitorius, M.D.

Members Absent: Bill Welch; Angela Brennan, M.D.; Michele Mulligan-Witt, M.D.

Guests Present: Thomas F. Pratt; Brendon Polt, NE Health Care Association; Tami Soper, Legislative Aide to Sen. Howard; Senator Gwen Howard

Office of Rural Health Staff Present: Marlene Janssen, Tom Rauner, Deb Stoltenberg, Diane Broyhill

1. Call Meeting to Order; Adopt Agenda; Approve Minutes of February 25, 2005 Meeting; Introduce Members and Guests.

Chairman, Dr. Don Frey, called the meeting to order at 1:35 p.m. Dr. Mike Sitorius moved to adopt the agenda and Roger Wells seconded the motion. The motion carried unanimously.

Marty Fattig moved to approve the minutes of the February 25, 2005 meeting and Dr. Rebecca Schroeder seconded the motion. The minutes were unanimously approved.

Members and guests introduced themselves.

2. Discuss Next Meeting Date

Chairman, Dr. Don Frey announced the next meeting was scheduled for Thursday, September 8, 2005 at 6:30 p.m. at the Holiday Day Inn in Kearney, NE in conjunction with the Rural Health Conference. Marlene Janssen noted that since the Nebraska Rural Health Conference awards dinner is held during that same time, there could be some attendance conflicts. After some discussion, the meeting date was changed to Wednesday, September 7, 2005 at 6:30 p.m. at the Holiday Day Inn in Kearney, NE.

3. Policy Committee Report

Dennis Berens, Pam List, and Dr. Rebecca Schroeder reported on the activities of the Policy Committee. Mr. Berens handed out the vision statement that was used as the basis for the Policy Committee; "*Vision: All rural Nebraskans will have access to a dynamic, integrated health care system that meets their needs and enhances their physical and mental health*."

Mr. Berens also handed out a concept paper, "A New Health Insurance Paradigm for Nebraska." Mr. Berens stated that this concept paper is a proposal for the Commission to think about and provides a possible alternative to the present health insurance model in Nebraska. The idea is to create a single insurance pool for the 1.7 million people in Nebraska through a statewide health care cooperative, with public and private membership.

Pam List reported on the changes to the policy recommendations. These changes include: Recommendation #2 (Integrated Service Delivery and Training Systems) Integrate new local health departments and mental health care systems to make sure they are included; Recommendation #3 (Rural Managed Care and Reimbursement) Emphasize reimbursement to help keep health professionals in shortage areas even after they complete their loan obligations; Recommendation #4 (Rural EMS and Rural Transportation) Expanded to Rural Transportation because it is difficult for the aging population in rural areas to access care; Recommendation #5 (Rural Communication Systems) The Commission strongly encourages the use of telecommunications for consults, education, and electronic health information delivery to and from rural areas; and the addition of Recommendation #6 (Strengthening Rural Health Services by Improving Access to Affordable Health Care).

Bill Brush reported on the pilot project payment model that could be tested with a couple public health districts in north central Nebraska. The model addresses recurring issues by implementing the following strategies: (1) have assessment associations be an insurance carrier, reinsuring catastrophic risks; (2) capitate local practitioners in order to cut down overhead and insurance costs in offices; (3) have surrounding public health care districts help manage more complex and costly cases; and (4) get assistance from the two medical institutions to follow-up on outcome based practices. This pilot project would help provide affordable health care to these 18 counties. Mr. Brush asked the Commission on how to get these ideas started and who has the authority to implement such a plan.

Dr. Frey responded that the Commission, traditionally, has focused on getting more providers in rural Nebraska. However, the environment is changing and it's not enough to just get providers to practice in rural Nebraska. We need to look at the system for sustaining providers of which the reimbursement system is a significant factor. Dr. Frey praised the Policy Committee for bringing these proposals to the table.

Marty Fattig reported on issues related to the quality of rural health care. A report by the Institute of Medicine identified six areas for quality improvement. This report states that health care should be safe, effective, patient-centered, timely, efficient, and equitable. Mr. Fattig stated that the quality of rural health care can be demonstrated through efforts to improve provider performance and patient safety. Electronic health records, computerized physician order entry, and smart IV pumps are all ways to improve the quality of rural health care and demonstrate to rural residents that there is accessible quality health care in rural areas.

Dr. Rebecca Schroeder reported on the integration of mental and medical health care. The idea of integration is for health care to be synonymous with all health care services including medical, mental/behavioral, oral, and allied health. Treatment for individuals would be on a holistic level. Dr. Schroeder stated that integration begins at the training level and extends through recruitment, retention, and quality assurance in rural areas.

Roger Wells reported on the Policy Committee's first attempt at developing priority strategies. Mr. Wells stated that the Commission can identify rural health policy issues but we also need to prioritize these policies and develop an action plan for implementation. The Policy Committee's prioritized strategies are (1) enhance the number of rural mental health providers; (2) create a priority and strategy to address the needs of rural health professionals; (3) explore options for a Medicaid Managed Care Model using health care networks that utilize the case management model; (4) Emergency Medical Services; (5) evaluate non-emergent transportation needs for medical care in rural communities; (6) rural communications and health care; and (7) strengthen rural health services.

Pam List moved that the Commission accepts the policy recommendations as revised and Roger Wells seconded the motion. The motioned carried unanimously.

Pam List moved that the Commission adopt the 7 priority strategies and develop an action plan with the understanding that the purpose of the action plan is to follow-up on the policy recommendations and priority strategies. Roger seconded the motion.

The floor was opened for discussion. Dr. Sitorius asked, what happens after the action plan is developed? Roger Wells responded that the purpose of the action plan is to provide feedback to the Commission on the policy recommendations and identify the resource, person, or office responsible for following up on the recommendation. In effect it makes it necessary for actions to be reported on and it provides feedback as to whether or not a recommendation was successful or not and why. Dr. Sitoruis stated that there are too many priority strategies for this Commission to effectively address. Roger Wells suggested that the action plan be limited to three items for the Commission to identify, work and report on and the remaining strategies monitored.

Dr. Frey called for a vote on the motion. All members present, except Dr. Sitorius, voted to approve the motion. Dr. Sitorius opposed the motion because he does not see the priority strategies as an action plan. Motion carried.

Bill Brush asked if the Commission could identify two or three of the priority strategies for an action plan now? Dr. Frey, chairman allotted five minutes for the Commission to identify two or three of the priority strategies for development of an action plan to be discussed and voted on at the next meeting. Marlene Janssen suggested that policy recommendations, strategies, and action plan be included in the annual report to the governor, legislation, and Health and Human Services Policy Cabinet.

Bill Brush suggested that the top priority for the action plan should be policy issue #6 - Strengthening Rural Health Services by Improving Access to Affordable Health Care perhaps focusing on a pilot project. (Policy issue #6 is identified within the Priority Strategies under item #7.) Mr. Brush then suggested that the second priority for the action plan be policy issue #3 - Rural Managed Care and Reimbursement which is also item #3 on the Priority Strategies.

Dennis Berens noted that the Office of Rural Health does not have the staff to focus enough effort on a pilot project and that in order for it to succeed it would need at least one person's full attention. A pilot project would need to be a collaborative effort between the Office of Rural and other interested entities and parties.

Dr. Don Frey suggested changing the term "managed care" in policy issue #3 to "Medicaid Practice and Compensation Model." According to Dr. Frey, "managed care" has a negative connotation to some physicians. Dr. Rebecca Schroeder noted that the policy recommendations are interrelated and connected and as our primary focus we need providers before we can provide care.

4. Program Committee Report

Dr. Mike Sitorius reported on the Program Committee's conference call on May 26, 2005. The Program Committee discussed the state rural incentive programs and proposed several remedies including possible legislation. Dr. Sitorius stated that the state rural incentive programs need to be more competitive. Students, specifically medical students, have other loan options that are more attractive than the rural practice obligation and significant interest attached to the Nebraska Student Loan Program. The number of medical students applying for the student loan program has significantly declined over the past few years. In fact, only two medical students were interviewed today for student loans.

At the other end of the spectrum is the Nebraska Loan Repayment Program, available to health professionals. Loan repayment has not kept pace with the increasing debt load that medical and dental students have when they complete their training. The National Health Service Corps (NHSC) loan repayment programs are much more attractive to health care professionals seeking to practice in shortage areas.

Dr. Sitorius stated that the Program Committee is presenting several options for the Commission to discuss. These options, provided in a handout to members, include (1) increase the maximum amount of loan repayment to health professionals; (2) allow participation in both the student loan and loan repayment programs at the same time; (3) eliminate the state tax liability on loan repayment which would require legislation; (4) increase funding for the incentive programs; and (5) request that the state legislature pass a resolution to advocate to congress to exempt state-funded loan repayment program from taxation at the federal level like the National Health Service Corps loan repayment programs without having to meet the Public Health Service Act guidelines.

Roger Wells agreed that the Commission should propose an increase in the maximum amounts for loan repayment and increase the amount of student loans if funds are available. Currently the maximum amount of a student loan in statute is $20,000 but the appropriation does not allow the Commission to award student loans at this level.

Dr. Don Frey noted that because funding and the maximum level of loan repayment have not kept up with the rising educational debt that qualified health professionals should be allowed to take advantage of both programs.

Pam List stated that students have to find a shortage match and fulfill their commitment in a rural area. Permitting students to use both programs would not be considered a 'give away'.

Senator Gwen Howard suggested getting in touch with the chairman of the Health and Human Services Committee, Senator Jensen, or his aide on how to best address the legislature with the loan incentive options.

Marlene Janssen reminded the members that NHSC participants cannot participate in the Nebraska Loan Repayment Program and vice versa. The Legislative Evaluation Committee, in 1998, discouraged the participation in both state incentive programs at the same time but also noted the statutes do not prohibit such activity.

After some additional discussion the Commission asked the Office of Rural Health staff to research the issue of participation in both the student loan and loan repayment programs at the same time and report back to the Commission at the next meeting.

Ms. Janssen requested a motion from the Commission to present a legislative proposal to the Health and Human Services System Policy Cabinet because proposals are due July 7, 2005.

Based on the Program Committee's suggestions, this proposal would include raising the maximum amount of loan repayment, requesting an increase in the appropriation for the incentive programs of $500,000, and requesting a state income tax exemption for loan repayment.

Senator Gwen Howard noted that the Legislature would probably not be receptive to any state tax exemption for loan repayment. She suggested that the Commission focus on increasing the appropriation for the incentive programs and increasing the maximum amount of loan repayment.

Dr. Mike Sitorius moved to have the Office of Rural Health follow-up on a legislative proposal to increase the maximum amount of loan repayment and increase the general fund appropriation for the incentive programs. Pam List seconded the motion. The motion carried unanimously.

Marlene Janssen reported to the Commission that LB 256, the Clinical Nurse Specialist Practice Act and Advanced Practice Registered Nurse Licensure Act, is likely to pass. This act creates one licensure category for nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists. Each of these specialists would be certified in their individual areas of expertise and licensed as Advance Practice Registered Nurses (APRNs). Since the reference to APRNs in the rural incentive act is not being updated under this legislation, this could expand the loan repayment program.

Pam List stated that this legislation changes the definition of APRN to include nurse practitioners, nurse anesthetists, nurse midwives, and clinical nurse specialists, however, each category of APRN must be certified and licensed within their specialty or scope of practice. Ms. List said she did not feel any change in regulations was necessary at this time because any loan repayment applicant must be trained in one of the primary specialties as defined to qualify for loan repayment.

Ms. Janssen asked the Commission for their direction on this issue. After some additional discussion, the Commission members agreed that the new "umbrella" term APRN would not have a significant impact on the loan repayment program since applicants must still be practicing one of the primary care specialties. If in the future this is a problem, the Commission will address it at that time.

Dennis Berens asked the Program Committee to keep in mind and, if it has not been discussed, to discuss the impact of telehealth/telemedicine on the loan repayment program.

5. Primary Care Office Report

From the Primary Care Office, Tom Rauner reported that the Office of Rural Health did submit to Dr. Raymond, Director HHS Regulation & Licensure, a proposal for applying for the NHSC State Loan Repayment Program. Recipients under the NHSC State Loan Repayment Program must practice in a federally designated shortage area. The advantage to this program would be to maximize state dollars by providing loan repayment applicants practicing in federal shortage areas the opportunity to received loan repayment through the NHSC State Loan Repayment Program. The grant would be for two years and does not cover any administrative costs. According to Mr. Rauner, Dr. Raymond informed us that there were not any funds for additional staff. Marlene Janssen added that the NHSC program is tax-exempt and our Nebraska program is not.

Mr. Rauner reported that it is very likely that two of the Nebraska Loan Repayment Program applicants will be receiving loan repayment through the National Health Service Corps. Jacqueline Esch, M.D. and Erin Wetzel, DDS are employed at the Charles Drew Community Health Center in Omaha. The Commission put these applicants on the waiting list for the Nebraska Loan Repayment Program to allow time for the NHSC to respond.

Mr. Rauner stated that he has just completed analyzing the Medicaid dental services data for designation of federal dental shortage areas. There are 17 counties without a dentist and another 47 counties that meet the federal guidelines based on Medicaid data for shortage area designation. This means that 64 counties could be designated as federal dental Health Professional Shortage Areas (HPSA) by the end of the year.

Dennis Berens brought up for discussion the issue of creating and placing "mid-level" dentists, a dental hygienist with additional training or master's level, mid-level practitioner, in dental shortage areas. These mid-level practitioners would be under the supervision of dentists, not necessarily direct supervision but maybe through telehealth. Dr. Sitorius noted that dental students would not be in favor of this. Dr. Frey added that if the dental profession does not address this need and start producing more dentists that this is likely to happen.

Tom Pratt, a student loan recipient and guest, noted there is in fact much opposition to the idea of "mid-level dental practitioners" by the American Dental Association and the American Student Dental Association. The main concerns are the quality of care and distraction the mid-level dental practitioners would take away from dentists.

Dr. Frey responded to Mr. Pratt's comments by stating that the focus needs to be on solutions. Any organization that opposes adapting to the changing needs will fail. Dr. Frey stated that "quality" in the past was a nebulous term. Now quality is defined as outcomes. Dr. Frey said that if anyone states that something is poor quality they must also state why. Quality can not be defined by the level of education a health professional has but must focus on the outcomes. The need will drive the solution.

Dr. Steve Dokken commented that one of the solutions that has been proposed in Nebraska is independent hygiene practice. So far this concept has not gone anywhere. Dr. Dokken stated that Colorado has gone to an independent hygiene practice but it has not had an impact on the delivery of care. One of the reasons is the cost of setting up a dental office. This is difficult enough for a dentist let alone a hygienist.

Dennis Berens reported that the two telehealth dental workshops have been very successful in Alliance. One of the proposals Mr. Berens is working on is to move a rural dental practice into a hospital and use the video system to connect with specialists. Mr. Berens stated that he is really interested in developing rural training sites for dental students and using the video system to connect with the training facility.

Tom Rauner reported that LB208, passed by the Nebraska Legislature, provides $50,000 to existing Community Health Centers in FY2005-06 and $75,000 in FY2006-07. Community health centers saw a 20-30 percent increase in uninsured patients during the past year or two and this legislation was passed to address the financial needs of the centers in serving the uninsured.

Tom Rauner also reported that the Primary Care Office is working with Norfolk to establish a new community health center.

6. State Designated Shortage Areas

Marlene Janssen reported that Valley County has submitted a request to be designated as a state-designated, family practice shortage. Ms. Janssen stated that Valley County, based on the information they provided, meets the guidelines for a family practice shortage area.

Dr. Mike Sitorius moved to designated Valley County as a state-designated family practice shortage area effective July 1, 2005. Marty Fattig seconded the motion. The motion carried unanimously.

7. State Incentive Programs Update

Marlene Janssen, referring to the 2 budget scenarios in the members' packets, reported that the student loan program cash fund balance is now almost $1.2 million. This is the result of collecting nearly $300,000 since January 2005 from student loan contract buyouts. Ms. Janssen stated that the first budget sheet shows the budget if the Commission awards student loans at $15,000 for doctorate-level students and $7,500 for full-time master's level students. The second budget sheet shows the budget if the Commission awards student loans at $17,500 for doctorate-level students and $8,750 for full-time master's level students. Both scenarios will work.

Dennis Berens voiced a concern that even though we have more cash funds it is due to the fact that some of the health professionals are not practicing in shortage areas. Mr. Berens stated that we need providers and therefore these funds need to be reallocated as soon as possible.

Marlene Janssen reported that the Office of Rural Health will be receiving approximately $25,000 from the University of Nebraska Medical Center's Rural Health Opportunities Program (RHOP). These RHOP funds are from the collection of student loans given in years past through RHOP. In 1998, legislation was passed to have RHOP pay the state funds collected into the rural incentive program cash fund.

Marlene Janssen reported on the rural incentive programs accounts receivable. Ms. Janssen stated that the Office of the Attorney General has transferred authority to HHSS legal staff for collection of these accounts receivable.

<u>Loan Repayment</u>

Kristal Dowse, RP - leaving Wayne moving to Kearney will be paying back
Denise Freidel, M.D. (Saunders Co.) - current
Reba Glidewell, Ph.D. (Adams Co.) - Litigation
Michael Karel, P.A. (Nuckolls Co.) - current
Krista Krebs, Ph.D. (Adams Co.) - Litigation
J. Lynn Williams, M.D. (Colorado) - Litigation/collection action

<u>Student Loan</u>

Amy Badberg, M.D. (Iowa) - Paid-in-Full 3/2005
Theresa Buck - current
Nancy Miller-Davis, M.D. - Judgement; pursuing payment; found in Oklahoma
David Kershner, P.A. - received payment that was due in Nov '03 in January '04, legal action to collect full amount
Les Veskrna, M.D. - current
Dorisa Polk, M.D. (OB/Gyn) - Paid-in-Full 4/2005
Brett Studley, M.D. (FP) - Paid-in-Full 5/2005 (left Ord moved to Beatrice)

8. Closed Session

Dr. Mike Sitorius moved to go to closed session. Roger Wells seconded the motion. The motion carried unanimously.

9. Open Session

Dr. Mike Sitorius moved to go to open session. Pam List seconded the motion. Motion carried unanimously.

Dr. Mike Sitorius moved to accept the following new student loan applicants:
DeeLynne Bednar (master's level mental health)
Christina Cassel (medical)
Timothy Davis (dental)
Randall Goldfish (medical)
Clint Jordan (dental)
Megan Lebeau (master's level mental health)
Beth Oswald (master's level mental health)
JoDee Pendergast (master's level mental health)
Stacy Schmitz (dental)
Ryan Smith (master's level mental health)
Nicole Witthuhn (master's level mental health).
Dr. Rebecca Schroeder seconded the motion. Motion carried unanimously.

Dr. Mike Sitorius moved to accept the following continuation student loan applicants:
Benjamin Anderson (dental)
Elizabeth Barlow-Munch (dental)
Michelle Bargen (dental)
Kelcey Berg (dental)
Michelle Choutka (medical)
Leasa Hlavinka (dental)
Kallie Krugman (dental)
Jody Lieske (psychology)
L. Janeen Miller (master's level mental health)
Thomas Pratt (dental)
Rhonda Turner (psychology)
Kristen Ryan (dental)
Sarah Wald (master's level mental health)
Nicholas Woodward (dental)
Joan Yekel (master's level mental health)
Rebecca Schroeder seconded the motion. Motion carried unanimously.

Pam List moved to accept the following loan repayment applications:
(Expected start dates for loan repayment are shown in parenthesis)
Melissa Nygren, Pharm. D., Boone County (July 1, 2005)
Jeffrey Damme, M.D., Johnson County (August 1, 2005)
Matthew Winkelbauer, M.D., Holt County (November 1, 2005)
Angela Pruden, M.D., Custer County (August 1, 2005)
Brant Luebbe, M.D., Hall County (July 1, 2005)
Erin Wetzel, DDS, Douglas County-Charles Drew, (July 1, 2005)
Katie Watt, P.A., Dundy and Hitchcock Counties, (July 1, 2005)
Katrina Trimble, P.A., Custer County (July 1, 2005)
Bryan Hubl, M.D., Thayer County (August 1, 2005)
Robert Sherwood, M.D., Adams County (July 1, 2005)
Karen Lauer-Silva, M.D., Dodge County (August 1, 2005)
Shelly Herrington, APRN, Holt County (July 1, 2005)
Teresa Frahm, APRN, Nuckolls and Clay Counties (July 1, 2005)
Melissa Kulhanek, Pharm. D., York County (July 1, 2005)

Bradley Adams, P.A., Webster County (July 1, 2005)
Dr. Mike Sitorius seconded the motion. Motion carried unanimously.

Pam List moved to set the amount for the doctorate-level student loans at $17,500 and at $8,750 for full-time master's level students. Marty Fattig seconded the motion. Motion carried unanimously.

10. Other Business

Dr. Jacqueline Miller reported on legislation that impacts rural health. LB189 passed. This bill provides an exemption for the licensure requirement for Nebraska dentists. It allows temporary permits in Nebraska for out-of-state dentists. The period of the temporary permit can not exceed 3 months in a 12-month time period. The bill becomes effective September 4, 2005.

Dr. Miller, did not state the bill number, but reported that legislation passed that provides that any limitation placed by a supervising physician on prescribing authority of a physician assistant be recorded on the physician assistant's scope of practice agreement. This legislation becomes effective in September 2005.

LB 246 changes provisions related to health care facilities and nursing home administrators. Administrators can serve in more than one nursing home simultaneously. This legislation becomes effective in September 2005.

Marlene Janssen noted that LB146 the nursing faculty student loan act passed and money is being collected through the license fee. Administration of this program will be by the nursing division within HHS Regulation and Licensure.

Dennis Berens inquired about nursing home concerns. Pam List responded that we have some nursing homes with empty beds but the assisted living beds are full. There's an issue about what are they doing in assisted living. Are they going beyond their scope of practice? Are there people in assisted living facilities whose level of care exceeds what is meant in statute? Families do not want to pay the high expenses for the long-term care when there is assisted living available.

Dr. Mike Sitorius moved to adjourn. Motion carried unanimously.