MINUTES
of the
RURAL HEALTH ADVISORY COMMISSION
Friday, March 3, 2017
Nebraska State Office Building
301 Centennial Mall South
Lincoln, NE

Members Present: Brian Buhlke, D.O.; Sheri Dawson, R.N.; April Dexter, N.P.; Marty Fattig; Jessye Goertz; Ben Iske, D.D.S.; Mary Kent; Rebecca Schroeder, Ph.D.; Mike Sitorius, M.D.; Roger Wells, P.A.-C.

Members Excused: Laeth Nasir, M.D.; Jenifer Roberts-Johnson, J.D.; family practice resident position open

Staff: Margaret Brockman, Marlene Janssen, Sue Medinger, Tom Rauner, Deb Stoltenberg

Guests: Nancy Glaubke, Valley County Health System; Renuga Vivekanandan, M.D.; John Horne, M.D.; Wayne Mathews; Audra Kennedy, M.D., Lincoln Medical Education Program; Micheal Dwyer; Tim Wilson, DHHS Emergency Health Systems; Alysen Ficklin

1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of November 18, 2016, Meeting; Introduce Members and Guests

Marty Fattig called the meeting to order at 2:33 p.m. with the following members present:
Present: Dawson, Dexter, Fattig, Goertz, Kent, Schroeder, Sitorius, and Wells

Excused: Nasir, Roberts-Johnson, the family practice resident position is currently open. Dr. Brian Buhlke and Dr. Ben Iske arrived late due to their legislative confirmation hearing.

Marty Fattig announced that the Open Meetings Act and Agenda are posted by the door.

Dr. Mike Sitorius moved to approve the agenda. Roger Wells seconded the motion. Motion carried. YES: Dawson, Dexter, Goertz, Kent, Schroeder, Sitorius, and Wells. NO: None. EXCUSED: Buhlke, Iske, Nasir, and Roberts-Johnson.

Roger Wells moved to approve the November 18, 2016, Rural Health Advisory Commission meeting minutes. Mary Kent seconded the motion. Motion carried. YES: Dawson, Dexter, Goertz, Kent, Schroeder, Sitorius, and Wells. NO: None. EXCUSED: Buhlke, Iske, Nasir, and Roberts-Johnson.

Members and staff introduced themselves. Marty Fattig asked if the guests wanted to introduce themselves. Guests introduced themselves.
2. Administrative Items
   - Nominate and vote for Chair and Vice-Chair
   - Other Announcements

Dr. Mike Sitorius moved to nominate and approve Marty Fattig for Chair and Dr. Rebecca Schroeder for Vice-Chair. Roger Wells seconded the motion. Mr. Fattig and Dr. Schroeder agreed to serve and there was no further discussion. Motion carried. YES: Dawso, Dexter, Goertz, Kent, Schroeder, Sitorius, and Wells. NO: None. EXCUSED: Buhlke, Iske, Nasir, and Roberts-Johnson.

There were no other announcements.

3. Antimicrobial Stewardship Presentation – John Horne, M.D. and Renuga Vivekanandan, M.D.

Drs. Horne and Vivekanandan gave a presentation on antimicrobial stewardship. Antimicrobial stewardship is a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics). The purpose of antimicrobial stewardship is to improve patient outcomes, reduce microbial resistance, and decrease the spread of infections caused by multidrug-resistant organisms. In June 2016, the Centers for Medicare and Medicaid Services proposed rule changes for critical access hospitals (CAHs) to participate in Medicare and Medicaid that includes having hospital-wide infection prevention and control and antibiotic stewardship programs for the surveillance, prevention, and control of hospital acquired infections.

Dr. Horne identified that CAHs can save money with antibiotic stewardship through increased good patient outcomes, decreased antibiotic resistance, and decreased costs. The Antimicrobial Stewardship Team is a multidiscipline team consisting of an infectious diseases physician, clinical pharmacist, clinical microbiologist, and infection control professional. CAHs may contract for Antimicrobial Stewardship services. Dr. Horne stated that they charge based on average daily census.

4. Emergency Medical Services (EMS) Presentation – Micheal Dwyer

Micheal Dwyer is an Emergency Medical Technician (EMT) and officer on the State Volunteer Firefighters Association. He provided comments on the RHAC’s Annual Report and stated that there needs to be a sense of urgency for the commission’s EMS recommendations.

Concerning the recommendation on community health workers, Mr. Dwyer commented that perspective community paramedics are emergency responders and that is their priority; this should be kept in mind when discussing community health workers.

Mr. Dwyer stated that LB 578 would allow services to expand how they bill for Medicaid services. According to Mr. Dwyer, if we can reduce the paperwork for volunteer EMS services that would help along with having volunteer EMS providers be reimbursed by Medicaid.

Mr. Dwyer commented that there is no entity in Nebraska responsible for EMS. A solution from stakeholders in Nebraska needs to be presented to the Legislature.

Electronic medical records (EMR) has been a difficult area for volunteer EMS providers. After a run it takes 45 – 75 minutes to complete. For systems that don’t have very many runs, the EMR reporting takes an arduous amount of time. We need to have a system in the field that focuses on key medical information for the patient’s care. In addition, the pressures of running a small business in a rural community makes it difficult for employers to take off or have employees take off to respond to an emergency.
Behavioral health issues are also a concern for volunteer EMS providers. With the collapse of the regional centers, if a person in a small rural community is struggling with a mental health issue they will eventually call 911. EMTs are not trained in mental health and neither are law enforcement personnel. Shari Dawson asked what would the training opportunities look like for EMT behavioral health? Mr. Dwyer stated that online, on-request training would be ideal for rural communities so providers could log on and do the training when they are available even if it’s late at night.

As a final comment, Mr. Dwyer stated that there is disparity in leadership and leadership training and lack of coordination for EMTs.

Dr. Buhlke, when he returned from his Legislative confirmation hearing, reported that Merrick County is down to 6 emergency medical providers from around 20 five years ago. Central City is the hub for medical care in the surrounding counties. Not having a mechanism or funding to pay these providers for being on-call, has allowed other services to take emergency cases out of the local system. Through the use of helicopter transport in emergency situations, these groups have created a demand from the local population to call for expensive services and be treated at a distant facility.

Margaret Brockman stated that Medicaid does not pay for helicopter transport if other transportation is available, i.e. ambulance. According to the regulation, in emergency situations the most appropriate, least costly mode of transportation to meet the client’s medical needs is to be used. Dr. Buhlke stated that it’s the mechanism of action that caused the injury not the injury itself that warrants the payment for the mode of transportation and this is how helicopter transport is billing and getting paid.

5. State-Designated Shortage Areas
   - Requests from Heartland Health Center, Inc. (FQHC Grand Island) and Midtown Health Center (FQHC Norfolk) – Family Practice & General Dentistry
   - Request from Lincoln County – Psychiatry/Mental Health

Marlene Janssen reported that Heartland Health Center and Midtown Health Center submitted requests for designation as state-designated family practice and general dentistry shortage areas. Lincoln County submitted a request to be designated a state-designated psychiatry/mental health shortage area. Ms. Janssen stated that the requests are included in the commission members’ packets and that the information submitted by Lincoln County was confirmed with the UNMC Health Professions Tracking Services.

Dr. Mike Sitorius moved to approve Heartland Health Center (FQHC Grand Island) and Midtown Health Center (FQHC Norfolk) as state-designated family practice and general dentistry shortage areas and Lincoln County as a state-designated psychiatry/mental health shortage area. Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Dawson, Dexter, Goertz, Kent, Schroeder, Sitorius, and Wells. NO: None. EXCUSED: Buhlke, Iske, Nasir, and Roberts-Johnson.

6. Telepharmacy

Roger Wells reported that there is a lot of discussion on telepharmacy. Some individuals and groups would like to see laws changed to allow telepharmacy but this may be beyond the scope of the RHAC at this time to make any recommendations. In many rural communities once the pharmacy closes in the evening the only option for an individual is to go through the emergency department. CAH are not reimbursed for the prescriptions given in the ED. Some companies are creating dispensary pharmacies where prescriptions are dispensed in a vending machine but this requires legislation.

Roger Wells suggested that the commission invite the pharmacist association to come to a commission
meeting to discuss this issue and come up with some possible solutions.

Mr. Wells stressed that patients are caught in the middle and patients may get hurt in the future. Marty Fattig stated that he and Mr. Wells will discuss this further.

7. Rural Health Systems and Professional Incentive Act
   - Updates on Student Loan/Loan Repayment Recipients
   - Accounts Receivable
   - Review Budget
   - Student Loan Interviews/Interviewers

Marlene Janssen reported that at the June 2016 meeting the Rural Health Advisory Commission approved a request from Jessie Johnson, a mental health student loan recipient, to extend the time period to complete her master’s degree with the stipulation that she provide a progress report on or about December 31, 2016. The Commission set her anticipated graduation date to May 2017. According to Ms. Johnson’s email to Marlene Janssen, she probably won’t graduate until December 2017 because she works full-time and is having difficulty getting her internship hours. Drs. Schroeder and Sitorius both indicated that Jessie Johnson needs to pursue her internship hours full-time and complete her degree in May 2017, which may mean she needs to not work full-time. After further discussion, the commission advised the Office of Rural Health to send Ms. Johnson a letter stating that if she does not graduate in May, she may be in default of her Nebraska Rural Health Student Loan Program contract.

Marlene Janssen reported that the commission awarded Kendall Mauer, P.A. loan repayment. She was sent a contract in October 2016 but has not signed it. Ms. Janssen stated she has followed up with Ms. Mauer and the local entity but Ms. Mauer has been reluctant to sign. In addition, York County is no longer a state-designated family practice shortage area so if this contract is not signed she cannot reapply to practice in York County.

Dr. Mike Sitorius moved to withdraw the loan repayment offer to Kendall Mauer, P.A. due to lack of action on signing the loan repayment contract sent to her in October 2016. She may reapply for the Nebraska Loan Repayment Program if she meets the eligibility requirements. Roger Wells seconded the motion. Motion carried. YES: Dawson, Dexter, Goertz, Kent, Schroeder, Sitorius, and Wells. NO: None. EXCUSED: Buhlke, Iske, Nasir, and Roberts-Johnson.

Marlene Janssen gave the following Accounts Receivable report:

**Student Loan Update** (Contract Buyout and Defaults)

- Kelsey Koll, P.A. – non-primary care specialty; payments current
- Kimberly Schroeder, LIMHP – PAID-IN-FULL as of 2/1/2017
- Andria Simons, med student – court judgment; continues making payments
- Nick Woodward, DDS Ped – (left Nebraska after graduating…moved back to Nebraska and is now practicing in the Omaha metro area), payments current

**Loan Repayment** (Defaults)

- Kevin Harriger, NP – left shortage area for non-shortage area, payments current
- Paul Willette, M.D. (general surgeon) – left Nebraska, default 7/1/2013, Legal staff working on collecting
Marlene Janssen reviewed the rural incentive budget. Ms. Janssen stated that in her lifetime at the Department of Health and Human Services the budget has never been reduced once it has been approved but this year general funds are being cut from $787,086 to $755,603. As a result of this cut, funding for some of the state match for loan repayment will come from the cash account using cash spending authority for the current obligations. The proposed biennium budget for FY2017-18 and FY2018-19 cuts general funds by ten percent (10%) to $708,286 per year. We still have cash funds along with cash spending authority that can be used to cover current and future obligations if maintained at the current level.

Marlene Janssen stated that the commission needs to decide whether or not to offer new and/or continuation student loans in 2017. There are 28 loan repayment applications that are on or will be on the waiting list by the end of this meeting. Marty Fattig stated that student loans are paid out of the cash fund and once the cash is spent it is not replenished except by defaults. In addition, there is only $60,000 that could potentially be used for new student loans. In terms of health professionals, that means three (3) new medical or dental students.

Dr. Mike Sitorius moved to not offer any new student loans for FY2017-18. Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Dawson, Dexter, Goertz, Kent, Schroeder, Sitorius, and Wells. NO: None. EXCUSED: Buhlke, Iske, Nasir, and Roberts-Johnson.

8. Closed Session
   • Review Loan Repayment Applications

Marty Fattig stated that there was no reason to go to closed session to review loan repayment applications because there is no money available to approve them at this time. Commission members agreed.

9. Open Session
   • Motion on Loan Repayment Applications

Roger Wells moved to place the following loan repayment applications on the waiting list:

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
<th>Estimated LR Start Date, if funding is available</th>
<th>Specialty</th>
<th>County (Town) of Practice</th>
<th>Total LR Amt. State &amp; Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iske, Ben</td>
<td>7/1/2017</td>
<td>D.D.S.(Genl)</td>
<td>Morrill County (Bridgeport)</td>
<td>$120,000</td>
</tr>
<tr>
<td>Bauder, Krista</td>
<td>7/1/2017</td>
<td>P.A. (FP)</td>
<td>Howard County (St. Paul), Greeley, Sherman</td>
<td>$36,875</td>
</tr>
<tr>
<td>Cameron, Brienna</td>
<td>7/1/2017</td>
<td>P.A. (FP)</td>
<td>Garfield County (Burwell)</td>
<td>$60,000</td>
</tr>
<tr>
<td>Delaney, Chelsey</td>
<td>7/1/2017</td>
<td>Pharmacist</td>
<td>Cherry County (Valentine)</td>
<td>$60,000</td>
</tr>
<tr>
<td>Amroliwalla, Serozan</td>
<td>10/1/2017</td>
<td>M.D. (G-IM)</td>
<td>Scotts Bluff Co. (Scottsbluff)</td>
<td>$120,000</td>
</tr>
<tr>
<td>Watt, Jacelyn (part-time)</td>
<td>7/1/2017</td>
<td>Pharmacist</td>
<td>Valley Co. (Ord)</td>
<td>$54,000</td>
</tr>
<tr>
<td>Ferguson, Kristin</td>
<td>7/1/2017</td>
<td>N.P. (FP)</td>
<td>Box Butte Co. (Alliance)</td>
<td>$22,801</td>
</tr>
<tr>
<td>Carranza, Eric</td>
<td>8/1/2017</td>
<td>D.D.S.(PED)</td>
<td>Buffalo Co (Kearney), Dawson</td>
<td>$120,000</td>
</tr>
<tr>
<td>Brooks, Jason</td>
<td>7/1/2017</td>
<td>P.A. (FP)</td>
<td>Custer Co. (Broken Bow), Valley</td>
<td>$60,000</td>
</tr>
<tr>
<td>Ramirez, Rafaila</td>
<td>8/1/2017</td>
<td>D.D.S. (Genl)</td>
<td>Hall Co. (Heartland CHC)</td>
<td>$60,000</td>
</tr>
</tbody>
</table>
Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Dawson, Dexter, Goertz, Kent, Schroeder, Sitorius, and Wells. NO: None. EXCUSED: Buhlke, Iske, Nasir, and Roberts-Johnson.

10. Office of Rural Health Updates

Margaret Brockman reported that the Office of Rural Health held a workshop January 17, 2017 in conjunction with HRSA, USDA, and Helmsley about funding for providers. Approximately 60-70 people attended in-person plus about 20 online participants.

ORH staff are currently working on grants. The Small Hospital Improvement Program (SHIP) grant was approved for $575,000. These funds go out to small hospitals for improvement projects.

ORH is also working on some pilot programs like the antimicrobial stewardship, opioid addiction, outmigration of health professionals and patients, medical management through telehealth at some of the Critical Access Hospitals (CAH), and community health needs assessments. Ms. Brockman explained that a CAH is willing to provide telehealth services for opioid withdrawal and use of swing beds as a pilot project.

To address the outmigration of health professionals and patients, Margaret Brockman stated work is being done mostly through informal conversations to look at how to get communities, not just hospitals, to buy into the local health system and share health professionals, services, and have a referral system.

The ORH retreat scheduled later in March to review strategic plan from 2016 review accomplishments and plan for the next year.

Tom Rauner stated the HRSA Shortage Area Branch approved the “governor-designated” shortage areas. This is a federal shortage area designation.

Margaret Brockman added that ORH will be receiving $300,000 in funding for FY2017-18 through the National Health Service Corps State Loan Repayment Program (SLRP) grant.

Drs. Brian Buhlke and Ben Iske arrived at 3:54 p.m. from the Legislative confirmation hearing.

11. Other Business

Roger Wells reported on the Rural Health Policy Institute he attended in Washington, D.C. in January 2017. Discussions focused on congregational health, the impact of community health workers, meaningful use in electronic medical records, rural health obstetrics, and treating the opioid epidemic in rural America. Recommendations and policies are passed on to Congress through the National Rural Health Association.

Mr. Wells stated that the Congressional Affairs Committee, which he is a member, discussed the National Rural Health Association’s legislative agenda and regulatory efforts. There were deliberations concerning rural hospital closure issues and recommendations to Congress, the impact of the Affordable Healthcare Act on rural America, and recruitment and retention of health care providers in rural America over the past ten years. Rural health is now a focus of many of the policymakers in Washington, D.C.

Marty Fattig asked Drs. Brian Buhlke and Ben Iske how the Legislative confirmation hearing went. Dr. Buhlke stated it went very well and he did a lot of talking about rural health issues. Dr. Buhlke asked to comment on agenda item 4 concerning EMS. His comments are under item 4 above.

Rebecca Schroeder left at 4:15 p.m.
12. Adjourn

Roger Wells moved to adjourn at 4:21 p.m. Motion carried. YES: Buhlke, Dawson, Dexter, Goertz, Iske, Kent, Sitorius, and Wells. NO: None. EXCUSED: Nasir, Roberts-Johnson, and Schroeder.