



## RURAL HEALTH ADVISORY COMMISSION

NEBRASKA OFFICE OF RURAL HEALTH  
P.O. BOX 95026 • LINCOLN, NE 68509-5026 • PHONE (402) 471-2337 • FAX (402) 471-0180

### MINUTES of the RURAL HEALTH ADVISORY COMMISSION

**Friday, November 20, 2015**  
**Nebraska State Office Building**  
**Lincoln, NE**

Members Present: Brian Buhlke, D.O.; John (Andy) Craig, M.D.; Marty Fattig; Jessye Goertz; Mary Kent; Laeth Nasir, M.D.; Jenifer Roberts-Johnson, J.D.; Roger Wells, P.A.C.

Members Excused: Sheri Dawson, R.N.; Lisa Mlnarik, MSN, APRN, FNP; Noah Piskorski, D.D.S.; Rebecca Schroeder, Ph.D.; Mike Sitorius, M.D.

Guests Present: Courtney Phillips, CEO, NE DHHS; Senator Mark Kolterman, District #24; Dr. Kim Hill, Behavioral Health Education Center of Nebraska, Monroe Meyer Institute; Dennis Berens, Nebraska Times, LLC; Charles Craft, DDS, NE DHHS Office of Oral Health & Dentistry; Dave Palm, UNMC-College of Public Health

Staff Present: Margaret Brockman, Nancy Jo Hansen, Marlene Janssen, Deb Stoltenberg

#### **1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of September 11, 2015, Meeting; Introduce Members and Guests**

Chairman Marty Fattig called the meeting to order at 1:35 p.m. with the following members present: Buhlke, Craig, Fattig, Goertz, Kent, Nasir, Roberts-Johnson, and Wells.

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

Dr. Brian Buhlke moved to approve the agenda as mailed. Dr. Andy Craig seconded the motion. Motion carried. YES: Buhlke, Craig, Fattig, Goertz, Kent, Nasir, Roberts-Johnson, and Wells. NO: None. Excused: Dawson, Mlnarik, Piskorski, Schroeder, and Sitorius.

Roger Wells moved to approve the September 11, 2015, RHAC meeting minutes with the following correction(s):

(1) under item 7, strike the fifth paragraph beginning with “*Marty Fattig asked if we have the cash spending authority...*” and replace it with “*Marty Fattig asked if we have the cash spending authority to do what is proposed. Marlene Janssen replied that the biggest concern is whether or not we have the cash in the cash*”

*fund account to be able to use the cash spending authority. At this time, Ms. Janssen stated that there should be around \$1M left in the cash fund account at the end of FY 2015-16.”*

(2) under item 7, add at the end of paragraph 19 *“Dr. Goodman reported that there is a licensure issue concerning a health professional in one state practicing via telehealth in Nebraska. He also stated that he does not disagree with the legal opinion today but in the future it may make a difference. Dr. Buhlke commented that we do not want to dis-incentivize telehealth but this is not the time to incentivize it with the current rural incentive programs.”* and

(3) under item 9 motion to move the loan repayment applications to the waiting list, change the total amounts of loan repayment (state and local match) to the current maximum amounts being awarded by the commission for the following individuals: *Brady Fickenscher, M.D. - \$120,000; Michael Taylor, P.A. - \$60,000; Jillian Fickenscher, M.D. - \$120,000; Chelsey Salyards, P.T. - \$60,000; and Megan Schuckman, M.D. - \$120,000.*

Dr. Andy Craig seconded the motion. Motion carried. YES: Buhlke, Craig, Fattig, Goertz, Kent, Nasir, and Wells. NO: None. Abstained: Roberts-Johnson. Excused: Dawson, Mlnarik, Piskorski, Schroeder, and Sitorius.

Marty Fattig welcomed new member, Dr. Laeth Nasir, representing Creighton University Medical School. Members and guests introduced themselves.

## **2. Administrative Items**

Dr. Brian Buhlke moved to nominate Marty Fattig as Chair and Dr. Rebecca Schroeder as Vice-Chair. Roger Wells seconded the motion on the nominations. Motion approved. YES: Buhlke, Craig, Fattig, Goertz, Kent, Nasir, Roberts-Johnson, and Wells. NO: None. Excused: Dawson, Mlnarik, Piskorski, Schroeder, and Sitorius.

The Commission set the following meeting dates for 2016:

Friday, March 11, 2016; 1:30 p.m., Lincoln, NE  
Friday, June 17, 2016; 1:30 p.m., Lincoln, NE (rural health student loan interviews - morning)  
Friday, September 16, 2016; TBA  
Friday, November 18, 2016; 1:30 p.m. Lincoln, NE

### **▪ Other Announcements**

Marty Fattig asked if there were any other announcements. There were no other announcements.

## **3. Office of Rural Health Updates**

Margaret Brockman, Director – Office of Rural Health Director, reported on Office of Rural Health activities.

- The Office of Rural Health contracted with Dave Palm to facilitate rural stakeholder meetings in five rural communities across Nebraska. Margaret Brockman and Dave Palm met with community leaders and rural health stakeholders to identify challenges, issues,

and recommendations of rural health concerns. These recommendations and challenges will be used to develop a rural health plan and focus of grant funds received through the Office of Rural Health.

- In July, the Office of Rural Health was asked to participate in a video production by the Federal Office of Rural Health. Bryan Network also participated in this video which highlights Health Resources and Services Administration (HRSA) grants.
- ORH is currently working on writing grants including the Small Rural Hospital Improvement grant (SHIP) and State Offices of Rural Health grant (SORH).
- Office of Rural Health staff has been present in a number of conferences recently including the Nebraska Rural Health Conference, the Nebraska Public Health Conference, and the quality assurance workshop for Critical Access Hospitals (CAH). Yesterday (November 19, 2015) was National Rural Health Day. Creighton Dental School held a ‘lunch and learn’ on rural dentistry which was attended by approximately 170 people including students, staff, and alumni. Marlene Janssen added that one of the presenters was a former participant in the Nebraska Loan Repayment Program.
- Ms. Brockman reported that she attended the Millbank Foundation conference for states with multi-payer patient-centered medical homes (PCMH). She also continues to serve on the stakeholders group that Senator Gloor is facilitating.

Senator Kolterman stated that the PCMH is a great concept and he is very supportive of it. Senator Sue Crawford and Senator Kolterman are working together to find someone to champion this concept through the legislature since Senator Gloor will be term-limited out in 2016. Delivery systems all need to be looked at and the PCMH is a very strong delivery system. Senator Kolterman stated that there may be some anti-trust issues so he would support keeping this under the nonpartisan Legislature. Marty Fattig stated that PCMH has been discussed by the LR 422 work group and they recognize that PCMH needs to have a permanent home. When asked if there was anything the RHAC could do, Senator Kolterman replied that it would be good to have the commission’s support for PCMH and to keep it under the Legislature.

#### **4. RHAC – Subcommittee Report**

##### **▪ Rural Health Recommendations**

Marty Fattig referred commission members to the RHAC’s recommendations that will be included in the commission’s annual report to the Legislature, Governor, and Department of Health and Human Services (DHHS) directors. Marlene Janssen stated that at the last commission meeting there was a discussion about many rural areas not having good access or no access to broadband service which is a precursor to telemedicine. Ms. Janssen commented that when she was reviewing the recommendations, there is nothing mentioned about access to broadband service and asked the commission if this is something that should be included in the discussion under telehealth/telemedicine. Roger Wells reported that one of the requirements under the ACA is for providers to be able to communicate with patients electronically and without adequate infrastructure hospitals cannot maintain this level of communication.

Dennis Berens commented that Nebraska is perfectly situated to address broadband service because we have a publically owned electric utility system. Mr. Berens suggested that all CAHs come together to form a co-op to work on developing this type of service to rural Nebraska and create a single contract to move broadband to remote rural areas. Policy issues and legislation would be required to work to accomplish this goal. Connectivity is needed and desired. Senator

Kolterman stated that this is not just a western Nebraska issue. He cannot get broadband access in his home which is just outside of Seward. It is recognized that there are “dead zones” in Nebraska and with the current structure of Medicaid we have to be able to reach people in these types of areas. Senator Kolterman suggested that changes to broadband access could be done on the back of rural health care which would give us a valid reason to pursue this issue. This would also require working with the Public Service Commission.

Dennis Berens added that in the State of Nebraska there is no one responsible for emergency medical services. Simply stated anyone can set up a business to provide emergency medical services. If we lose Critical Access Hospitals (CAHs) due to closures there will be more reliance on emergency medical services and they will need broadband support. Jenifer Roberts-Johnson clarified that there is a licensing process for providing emergency medical services.

Roger Wells moved to approve the recommendations with modifications to the telehealth recommendations which will then be emailed to commission members for approval. Dr. Andy Craig seconded the motion. Motion approved. YES: Buhlke, Craig, Fattig, Goertz, Kent, Nasir, Roberts-Johnson, and Wells. NO: None. Excused: Dawson, Mlnarik, Piskorski, Schroeder, and Sitorius.

## **5. Rural Health Advisory Commission’s Annual Report – Rural Incentive Programs**

Marlene Janssen explained that the commission includes their recommendations as an appendix to their annual report. There is also included in the executive summary highlights of the recommendations. Since the commission did not address including highlights of the recommendations in the executive summary, Ms. Janssen stated that she created a list using a couple of the recommendations from each section to include in the executive summary. Marty Fattig commented that this list as presented by Ms. Janssen would essential be the executive summary of the recommendations and anyone interested in learning more could then refer to the recommendations in the Appendix.

Marlene Janssen reported that Marty Fattig had asked her to update the numbers in the 2014 Rural Health Advisory Commission’s Annual Report for the 2015 report. However, Ms. Janssen stated that legislation was passed (LB196) that changed the current rural incentive programs and also created a new rural incentive program. As a result Ms. Janssen added a new section to the annual report to include information about the medical resident loan repayment program.

Marty Fattig stated that the Rural Health Advisory Commission’s Annual Report is distributed to the Legislature, Governor, Lt. Governor, and DHHS directors. We will need to have a motion from the commission to approve the changes, corrections, and distribution of the annual report.

Dr. Andy Craig moved to approve the Rural Health Advisory Commission’s 2015 Annual Report with the following changes: (1) insert the Rural Health Recommendations after the tables and map, (2) add the following recommendation highlights to the Executive Summary:

### **I. Population Health**

- A core set of measures should be developed to track the improvements in personal and community health.
- A statewide health information database that includes all-payer claims data and uniform patient outcomes data from all health care providers should be established.

### **II. Workforce Shortages and Health Professional Incentive Programs**

- The funding for the Nebraska rural health incentive programs (the student loan, loan repayment, and medical resident loan repayment programs) should be expanded.

- Scope of practice barriers for health care workers and new categories of health care workers (e.g., community health workers and community paramedics) should be carefully evaluated.

### III. Behavioral Health Issues

- The interdisciplinary training opportunities between primary care physicians, physician assistants, nurse practitioners, and mental health professionals should be expanded.
- More flexible Medicaid and private insurance reimbursement policies that would address transportation and travel costs need to be developed and implemented. Consideration should also be given to increasing or beginning reimbursement for telehealth/telemedicine services.

### IV. Rural Integrated Health Care Systems

- Develop additional pilot projects to encourage collaboration between state and local health departments and Patient-Centered Medical Home (PCMH) clinics to implement population health programs and activities.
- Both public and private payers should change their reimbursement policies to help PCMHs build the infrastructure (e.g., care coordinators and data analysis) that is necessary to improve patient outcomes.
- Policies and programs should be developed that will assure transparent pricing by all health care public and private providers.
- The LR 422 Workgroup which is responsible for developing an ideal model for health care delivery in the next 15 years should continue to receive financial and staff support.

### V. Emergency Medical Services (EMS)

- A multi-sector coalition should be formed to develop a state EMS Plan. This coalition should include representatives from state and regional EMS organizations, local ambulance services, hospital administrators, hospital personnel, physicians, state and local public officials, state patrol and other law enforcement agencies.
- The Nebraska Hospital Association should work with the Nebraska Congressional delegation to allow all hospitals that own or manage EMS ambulance units to receive cost-based reimbursement.

### VI. In-Home Care and Long-Term Institutional Care Services

- Pilot projects that assess new models of in-home care, telemedicine, and home monitoring technology should be developed and evaluated.
- The feasibility of providing public transportation at least in some regions of the state should be evaluated.

### VII. Communication and Information Technology Systems

- Standardized protocols for all reporting, transmitting, and the exchange of all health care data should be developed and implemented.

(3) add a new section after the Nebraska Loan Repayment Program about the Medical Resident Loan Repayment Program, and (4) have the Office of Rural Health distribute the report with a cover letter from the commission chair via email to the following individuals/groups: Governor, Lt. Governor, all State Senators, Congressional representatives, and DHHS Directors. Dr. Brian Buhlke seconded motion. Motion approved. YES: Buhlke, Craig, Fattig, Goertz, Kent, Nasir, Roberts-Johnson, and Wells. NO: None. Excused: Dawson, Mlnarik, Piskorski, Schroeder, and Sitorius.

## 6. Federal & State Legislative Updates

Marty Fattig asked Senator Kolterman if he would give an update on current legislative issues. Senator Kolterman stated that he had just been to a legislative retreat where the following topics were discussed: poverty, health care, aging population, property taxes, and security. Medicaid expansion will come up again in the 2016 legislative session. Courtney Phillips and Calder Lynch are working on alternative delivery methods to Medicaid expansion. Governor Ricketts has publically stated that he is opposed to Medicaid expansion. The State of Nebraska is looking at a \$150M short fall. There will be a strong attempt to control spending. Senator Kolterman acknowledged that he is onboard to increase the appropriation for the rural incentive programs due to the passage of LB196; however, the money may not be there. Marty Fattig interjected that he had the opportunity recently to meet with Senator Kolterman and Senator Campbell to

discuss an increase in the appropriation for the rural incentive programs plus fund the medical resident loan repayment program. While it is not likely to pass, Mr. Fattig stated that Senator Kolterman was willing to sponsor a bill so a public hearing could be scheduled and allow members of the Rural Health Advisory Commission to educate the Senators about the rural incentive programs and how the funding is used, i.e. the local match requirement and default provisions, etc.

Senator Kolterman stated he is working on a bill that would provide an alternative payment system for health care called “direct primary care.” This delivery model would take out the middleman, e.g. insurance company. It allows physicians to set up a primary care practice and charge the patient directly a monthly fee for routine care. The patient would then be able to have a lower cost, high-deductible medical insurance plan to cover other health care needs. Senator Kolterman indicated that about seventeen states are practicing this type of system. This “direct primary care” system does not qualify as health insurance under the ACA. The commission discussed the advantages and disadvantages to this system. Advantages include physician clinics do not have to process insurance claims which saves the clinic money and employers can self-insure their employees for primary care and then purchase a high deductible insurance policy which saves employers money. Disadvantages include not everyone can afford “direct primary care” and this type of payment system does not qualify as health insurance under the ACA.

Senator Kolterman reported that he is working on emergency medical systems (EMS) legislation. There is currently a dis-connect in EMS training, examinations, and bureaucratic process. He is trying to streamline the process.

Marty Fattig reported that rural hospitals had adverse effects with the passage of LB 37, the dispensing of pharmaceuticals from the emergency department when the pharmacy was not open. Through working with the DHHS, this was worked out and will require certification of pharmacy techs. Jenifer Roberts-Johnson clarified that the professional associations interpreted the statute differently than DHHS. This was not an issue for DHHS according to Ms. Roberts-Johnson. Senator Kolterman added that there will be a clean-up bill on this in 2016.

Marty Fattig reported that not much is happening at the federal level in terms of legislative issues because of the election year. Concerning the Information and Technology (IT) meaningful use a senate subcommittee and the American Hospital Association (AMA) are opposed to the Centers for Medicare and Medicaid (CMS) implementation schedule. The AMA has proposed not implementing Stage 3 until 75 percent of hospitals have completed Stage 2. The commission also discussed bundled payments and the negative impact on rural hospitals’ swing beds.

Roger Wells provided a brief summary of the National Rural Health Advisory Committee activities stating that the movement towards population health is focusing on medical wellness. Access to health care is not as significant a predictor of health as is zip code. Twenty percent of the population accounts for eighty percent of health care costs. A patient’s medical wellness is determined 20 percent by access to healthcare providers, 10 percent from physical environment, 40 percent from social and economic environment, and 30 percent from behavioral factors.

Dr. Andy Craig out 3:05 p.m.

Jenifer Roberts-Johnson out 3:09 p.m.

Dr. Andy Craig returned 3:10 p.m.

Marty Fattig announced that Courtney Phillips, DHHS CEO, responded to the RHAC’s request

concerning using the Program 175 cash spending authority and the Rural Health Incentive Cash Fund account for the local match for the National Health Service Program State Loan Repayment Program. According to Ms. Phillips letter using the Rural Health Incentive Cash Fund and creating a separate subprogram for the NHSC SLRP local match cash is acceptable. Marlene Janssen will scan the letter and email it to commission members.

## **7. Nebraska Rural Incentive Programs**

### **▪ Guidelines for Prioritizing Applications**

Marty Fattig stated that this topic will not be discussed because circumstances have changed.

### **▪ Loan Repayment Awards Update**

Marlene Janssen reported that Dr. Michael Eigenberg, whom the commission had approved for loan repayment at the September 2015 meeting, withdrew his application.

### **▪ Accounts Receivable**

Marlene Janssen provided the following accounts receivable report to the commission:

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

Emory Dye, medical student – in-school buyout notified 06/2015, current, Due May 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 – left shortage area for non-shortage area or left Nebraska)

Kim Hafeman, P.A. – rescinded loan repayment contract, left shortage area

Wayne Moss, M.D. – will be leaving Nebraska end of October 2015;

Paul Willette, M.D. (general surgeon) – left Nebraska, default 7/1/2013, Legal staff working on collecting

### **▪ Review Budget**

Marlene Janssen reviewed the current rural incentive program budget explaining that the Legislature appropriates general funds and cash spending authority for the student loan and loan repayment programs. The general funds and some of the cash spending authority are used for the *state* match for loan repayment awards. Cash spending authority is also used for the *local* match for loan repayment. Due to the amount of available funds from contract buyouts and investment interest, cash funds are used for the student loan awards.

If the commission approves the loan repayment applications that will be discussed in closed session, there will be approximately \$11,800 of unobligated funds for FY2015-16. Ms. Janssen explained that since this is the first year of the biennium any appropriation leftover, generally, will carry over to FY2016-17.

In summary, Ms. Janssen stated that the Rural Health Advisory Commission is responsible for approximately \$2.7M in state funding. With these funds the commission has awarded \$220,000 for student loans and approximately \$1.2M in *state* match for loan repayment with an equal amount for the *local* match which requires cash spending authority to spend the local match.

Jenifer Roberts-Johnson returned 3:17 p.m.

## 8. CLOSED Session

Dr. Andy Craig moved to go to closed session at 3:18 p.m. Dr. Laeth Nasir seconded the motion. Motion approved. YES: Buhlke, Craig, Fattig, Goertz, Kent, Nasir, Roberts-Johnson, and Wells.

NO: None. Excused: Dawson, Mlnarik, Piskorski, Schroeder, and Sitorius.

Marty Fattig announced that the RHAC would go into Closed Session at 3:19 p.m. to review the loan repayment applications. Mr. Fattig asked guests to please wait outside the room.

## 9. OPEN Session

Dr. Laeth Nasir moved to go to Open Session at 3:26 p.m. Dr. Brian Buhlke seconded the motion. Motion approved. YES: Buhlke, Craig, Fattig, Goertz, Kent, Nasir, Roberts-Johnson, and Wells. NO: None. Excused: Dawson, Mlnarik, Piskorski, Schroeder, and Sitorius.

### ▪ Motion(s) on Closed Session Discussion

Dr. Andy Craig moved to approve the following loan repayment applications with estimated loan repayment start dates and loan repayment amounts as indicated or as determined by the Office of Rural Health staff based on issuance of license and/or loan documentation and if cash funds are available for the *state* match as determined by the Office of Rural Health:

Applicant's Name	Loan Repayment Start Date	Specialty	County (Town) of Practice	Total LR Amt. State & Local
Borrenpohl, Jessica (student loan obl. Ends 1/31/16)	02/01/2016	P.A. (FP)	Jefferson Co. (Fairbury)	\$60,000.00
Vogel, Abigail	01/01/2016	N.P. (FP)	Box Butte & Grant Cos. (Alliance)	\$11,159.00
Anderson, Derrick (0.8 FTE) NHSC or SLRP?	01/01/2016	M.D. (FP)	Lancaster County (People's CHC)	\$50,779.00
Taylor, Michael	01/01/2016	P.A. (FP)	Harlan & Furnas Cos. (Alma)	\$60,000.00
Conaway (Albert), Angie NHSC or SLRP?	01/01/2016	N.P. (Psyc)	Thayer County (Hebron)	\$60,000.00
Salyards, Chelsey	01/01/2016	P.T.	Morrill County (Bridgeport)	\$60,000.00
Schuckman, Megan SLRP?	01/01/2016	M.D. (FP)	Dawes County (Chadron)	\$120,000.00
Dieckmann, Traci SLRP?	03/01/2016	M.D. (FP)	Merrick County (Central City)	\$120,000.00
Rystrom, Katherine	03/01/2016	N.P. (FP)	Polk County (Osceola)	\$38,617.00

and move the following loan repayment application(s) to the waiting list:

Applicant's Name	Estimated Loan Repayment Start Date	Specialty	County (Town) of Practice	Total LR Amt. State & Local
Hansen, Theresa (Pending License)	03/01/2016	N.P. (FP)	Knox County (Creighton)	\$60,000.00

Janifer Roberts-Johnson seconded motion. Motion carried. YES: Craig, Fattig, Goertz, Kent, Nasir, Roberts-Johnson, and Wells. NO: None. Abstained: Buhlke. Excused: Dawson, Mlnarik, Piskorski, Schroeder, and Sitorius.

## 10. Other Business

- **National Rural Health Day Activities**

Marlene Janssen reported that the Office of Rural Health participated in the Governor's proclamation recognizing rural health. Within DHHS, the Office of Rural Health sponsored a booth for Program-to-Program to promote what rural health is all about and what we do.

- **Other**

Marty Fattig announce that Bruce Rieker resigned from the Nebraska Hospital Association. Mr. Rieker was the lobbyist for the hospital association.

## 11. Adjourn

Dr. Andy Craig moved to adjourn at 3:30 p.m. (no second necessary – vote on immediately). Motion approved. YES: Buhlke, Craig, Fattig, Goertz, Kent, Nasir, Roberts-Johnson, and Wells. NO: None. Excused: Dawson, Mlnarik, Piskorski, Schroeder, Sitorius.