CALIFORNIA RURAL HEALTH POLICY COUNCIL
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California Rural Health Policy Council Public Meeting
November 19, 2009
Directors Summary

Council Directors Present
Stephen W. Mayberg, PhD, Chairperson, Director, Department of Mental Health

David Maxwell-Jolly, PhD, Director, Department of Health Care Services

Steven Tharratt, MD, Director, Emergency Medical Services Authority

Renée Zito, LMSW, CASAC, Director, Department of Alcohol and Drug Programs

Also Present
Janette Lopez (representing Lesley Cummings), Managed Risk Medical Insurance Board

Janet Huston, MPA, (representing Mark B. Horton, MD., MSPH), Department of Public Health

Carol Wagner, Department of Public Health, Licensing and Certification Unit

Robert P. David, (representing David M. Carlisle, MD, PhD), Chief Deputy Director, Office of Statewide Health Planning and Development

RHPC Office Staff Present
Kathleen Maestas, Rural Health Program Administrator

Elvira Chairez, Staff Services Analyst, RHPC

The meeting was called to order by Chairperson Mayberg at 3:00 p.m.

DEPARTMENTAL UPDATES

Stephen W. Mayberg, Department of Mental Health

- Proposition 63, the Mental Health Services Act, is moving forward:
  - It's essential for the DMH to reach out to rural residents who normally don't use DMH resources, possibly due to a mental health stigma or to more serious mental health issues.

- Most important are the early intervention initiatives focusing on suicide prevention and the programs that are being developed locally and also at the statewide level.

- Also critical are disparity issues, regarding issues for people of color, who don't have access to care or to quality of care.

- Equally important are issues regarding stigma and discrimination and dealing with people who don't have access to care because of beliefs or disbeliefs.

- The DMH, on statewide level is focusing on a student mental health initiative, which focuses on preventative measures to reach out to kids as early as possible.

Janette Lopez, Chief Deputy Director, Managed Risk Medical Insurance Board (representing Executive Director Lesley Cummings)

- MRMIB has projects which have grants through the health, dental, and vision plans for additional services beyond the normal scope of benefits for Healthy Families, with grants for all children, including uninsured children. These grants are not limited to just the Healthy Families enrollments:
  - MRMIB currently has 42 grants through health, dental, and vision plans.
  - Focus is on dental mobile vans, diabetes treatment and education, mental health treatment, and education and treatment regarding obesity.
  - Additional funds are unlikely to continue for these grants; however existing funds within the grants are available.
- In-house challenges to keep current caseload running:
  - Allocated dollars are being used wisely and the support continues within areas of concern, such as in the underserved areas.

Janet Huston, Department of Public Health (representing Dr. Mark Horton)

- The swine flu H1N1 continues to be the leading issue within DPH:
  - Focus is on receiving and distributing the H1N1 vaccine throughout California, which currently has 5.9 million doses. This is over ½ a million doses less than what DPH anticipated to have by the end of October.
  - Vaccine production and delivery has been slow.
  - As soon as California has its allotted supply, the local health departments, clinics, and hospitals will receive within a matter of days.

- Discussions regarding the notices for H1N1 clinics for target groups, which includes pregnant women, youths between 6 months to age 24, those with chronic health conditions, healthcare workers, or people caring for infants.

- The primary goal is to get people vaccinated, especially those in one of the priority (target) groups. If not in a priority group, people are being asked to wait, although local facilities will not turn anybody away.

- Major statewide public relations campaign will start which will augment local efforts. Billboards, radio ads, and television PSA's will be utilized.

- A Hotline is currently being used to provide information on the vaccine and H1N1; information is available in multiple languages. The Hotline operates 6 days a week and the phone number is**: (888)-865-0564.**

- Another great resource is the DPH website @ www.cdph.ca.gov.

- DPH also utilizes Twitter, Facebook, and every social media resource available to ensure the information is announced as much as possible.

Robert P. David, Chief Deputy Director, (representing Director David M. Carlisle) Office of Statewide Health Planning and Development

- Programs of interest to rural facilities and rural hospitals are:
  - Seismic Safety Program, under Senate Bill 1838, allows rural hospitals to take advantage of a $50,000 exemption for small plan review projects. Exemption excludes equipment costs; it's intended specifically for construction costs. Visit the Office for an application or mail in the project review. Once received by the Office, construction projects can begin and a building permit will be issued.

  - HAZUS United States Program: OSHPD is currently implementing a new voluntary program to re-evaluate the seismic risk of hospital buildings classified as Structural Performance Category (SPC-1). OSHPD is using HAZARDS U.S. (HAZUS), a state-of-the-art methodology, to reassess the seismic risk of SPC-1 buildings and those that are determined to pose a low seismic risk may be reclassified to SPC-2. The SPC-2 buildings would have until 2030 to comply with the structural seismic safety standards. Rural hospitals can take advantage of this program as most are single story wood frame buildings and can qualify for HAZUS if application was sent in by June 30, 2009. This would allow for a pass for seismic safety through 2030, giving a significant financial savings for rural facilities.

- Healthcare Workforce Division was just granted $2 million in federal stimulus money to support 80 awards to primary care providers in many rural areas that have few primary care providers.

- Cal-Mortgage Program: Throughout the tight credit market the past year (to obtain credit), Cal-Mortgage has continued to provide loan insurance to clinics and small and rural hospitals.

Steven Tharratt, Director, Emergency Medical Services Authority

- The organization of EMSA's Regional Trauma Coordinating Committee was recently completed. This committee will focus on regionalizing the trauma programs throughout the State and in 5 regions within California that correspond to our disaster planning and mutual aid regions.

- The primary goal over the next year will be to have a State trauma plan to be utilized as a system to further the trauma development and research, particularly as it relates around the area of repatriotization.

- Along with the DPH, EMSA has also been assisting in the H1N1 announcements regarding the vaccination program and H1N1 information.

- In conjunction with the local public health officer, paramedics who are trained to give intramuscular injections will be able to administer both the seasonal influenza and the H1N1 vaccine through July 2010. Twenty-one counties have taken advantage of this, including a large number in rural areas.

- The Disaster Healthcare Volunteer System, which includes nearly 10,000 healthcare volunteers throughout California, is still active. These volunteers are being utilized in the vaccination program as well.

- Update on the EMT 2010 project: This is a Statewide registry regarding the standardization of certification and background checks for EMT-1s. The project is moving forward and the final regulatory package of 5 sets of regulations and a set of model disciplinary orders will be considered by the EMSA Commission on EMS on December 3, 2009.

David Maxwell-Jolly, Director, Department of Health Care Services

- Expansion and incentive program under Health Information Technology:
  - The American Recovery and Reinvestment Act (ARRA), provided a significant amount of support for IT development in physician practices throughout the State, particularly Medicare and Medicaid providers.

- Incentive Grants:
  - DHCS should start issuing grants in 2011; investment opportunities for IT infrastructure in the health sector.
  - Opportunity for local practices to be automated and have better coordination of information throughout the State.
- Federal investment:
  - Efforts to renew existing 1115 waiver, which focuses on hospital finance, is in order to expand the scope of waiver for improving the delivery of healthcare to our Medicaid beneficiaries, along with justifying the investment of additional federal dollars in the Medicaid system.
  - Waiver renewal link on DHCS website at www.dhcs.ca.gov, will provide information on preparation for the waiver.
  - We are moving forward for improving care management in rural areas, as well as in our traditionally organized managed care areas and DHCS encourages input and feedback from the public.

PUBLIC TESTIMONY

John Moore, Dinuba Medical Clinic

- When will rural clinics receive the H1N1 vaccines? Will DPH work with the counties to ensure rural communities receive the vaccine as well?
- Blue Cross subcontracted with IPA's in Fresno and Tulare Counties and did not give the IPA's adequate funding and contracted with the Safety Net Providers. We need help with this issue and somebody to discuss this with Blue Cross to get this straightened out.

Rachel Farrell, PAC, LM, Harmony Health Medical Clinic

- Regarding Licensing & Certifications regulation change; we have a for profit rural health clinic and we're adding an alternative birthing center and need to know what process to follow regarding State regulations which require that 2 attendants must be at each birth and 1 of them must be a Physician/Surgeon or Certified Nurse Midwife. How do we change a regulation like this to include other categories which would be qualified to provide them the services?

Elizabeth Mitchell-Collord, Community Health Plan of the Siskiyous

- Given the fact that we see a higher proportion of health conditions in the rural areas and that we have a struggle in provider retention, I'd like to make a couple of recommendations about the wrap-around funding that encourages the clinics and recommend that it be extended to providers so that we can secure that safety net system that serves all players in rural communities.

- One way would be to look at transportation systems, in addition to the pipeline programs that are sending providers to residents out into communities. Even attracting a pipeline resident or a team for patients up in our area is challenging. Are there additional low-cost methods we are looking at to connect patients in rural care to specialty services and to improve their reimbursement environment for rural providers?

Dean Germano, Shasta Community Health Center, Redding, California

- Regarding the early release of prisoners, at a recent meeting in Redding with members of the parole, mental health, social service agencies, medical care providers, and our homeless program, there was a lot of hostility and anger, not so much because prisoners are being released, but about how poorly coordinated the releases are being handled.

- There are approximately 40,000 prisoners scheduled to be granted early releases and many will be released into the rural communities. Anywhere from 40% to 50% of prisoners have serious mental health illness issues, for example, and they are going to tax the system to one extent or another.

- We need help in working with parole to handle these releases successfully and preferably not have prisoners released on a late Friday evening without any communication between parole officials and the community officials.

Herrmann Spetzler, Open Door Clinic in Arcata, California

- We were thankful that the Healthy Families program was saved, but were astounded to discover that it did suffer severe cuts. In our area, all of the Pediatricians have chosen to leave Healthy Families, both Pediatricians and Dentists, and since the demand for them is so great, once we lose these professionals from rural areas, it's nearly impossible to get them back. Is there some type of rural reprieve that can be looked at for rural communities?

Gail Nickerson, California Association of Rural Health Clinics, Granite Bay, California

- What is the plan to implement the requirement that became law last year for Licensing and Certification to collect information about hospital-based clinics? I want to make sure since it goes into law on January 1st and we need to ensure that we will be ready.

Gayle Lee Ulshafer, California Association of Nurse Anesthetists (CANA)

- In July 2009, Governor Schwarzeneegger contacted the Centers for Medicare & Medicaid Services (CMS) to request that California ''opt out'' of the 'Condition of Participation' of CRNA supervision governing facility reimbursement under Medicare Part A and Medi-Cal. As of July 17, 2009, California joined Washington and Oregon, and became the 15th State in the United States to be exempted from CRNA supervision since 2001 by CMS. The 'opt-out' supports access to specialty services, especially in California's rural communities. It allows hospitals and surgery centers to receive Part A federal reimbursement dollars without being encumbered by unnecessary rules, or the costs of obtaining a supervising MD for the nurse anesthetists who are administering the anesthesia.

- The primary message today is to thank the RHA and the hospital administrators who have supported us in this process and to say that The California Association of Nurse Anesthetists supports this action, and firmly believes that CRNA's are part of the solution to healthcare reform in California. The rural health policy stance on this issue should be to protect, and remain in full support of the opt-out, especially as healthcare reform seeks to provide improved access to high quality, cost-effective healthcare and services for all citizens.

Meeting adjourned at 4:20 p.m.