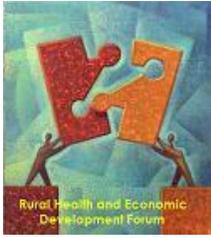


Rural Health Development Council Meeting Notes



Thursday, March 14, 2013

10:00 a.m. – 2:00 p.m.

WI Department of Agriculture, Trade and

Consumer Protection

Madison, WI

Present:

Margaret Bau, *USDA Rural Development*

Joel Davidson, *South Central WI AHEC*

Anne Dopp, *WI Division of Public Health*

John Eich, *WI Office of Rural Health*

Sarah Grosshuesch, *Adams County Public Health*

Kevin Jacobson, *WI Office of Rural Health*

Wilda Nilsestuen, *UW Department of Family Medicine*

Jeremy Normington-Slay, *Moundview Memorial Hospital & Clinics*

Brian Potter, *WI Hospital Association*

Kathy Schmitt, *WI Department of Agriculture, Trade and Consumer Protection*

Tim Size, *Rural WI Health Cooperative*

Jackie Szehner, *Community Care of Central Wisconsin*

Gail Towers-MacAskill, *WI Economic Development Corporation*

Tom Walsh, *WI Department of Workforce Development*

John Eich convened the meeting at 10:10

Tim Size provided a brief review of Council history. Rural health stakeholders saw need to have a forum for discussion of rural issues in the 1980s. It was unusual at the time to create a forum devoted to rural hospitals and healthcare. Out of stakeholder discussion developed a desire to develop a formal forum with the blessing of the state government, with members appointed by the Governor. The Council was established in the Department of Commerce to explore the link between rural health care and economic development and to find ways to make these links more evident. That interest in Commerce ebbed and flowed over the years. Gail Towers-MacAskill added that there was a view that health care jobs were permanent and didn't really grow. Commerce's funding was closely linked to job creation so they didn't have a significant interest in hospitals. Now there's a realization that these jobs are much more portable. Anne Dopp reminded the Council that at the same time there were a number of rural hospital closings.

Tim continued that the Council found a willing partner and a good fit with the Office of Rural Health. The Council has worked on projects with the Office, like the Strong Rural Communities Initiative, fostering the link between employers, rural health and the workforce. The Council was talking about the important of primary care long before others did. Additional areas where the Council was instrumental was engaging both Medical Schools in seeing their responsibility to the state as a whole and pursuing Medicare and Medicaid reimbursement equitability between rural and urban. John Eich added that the Council was responsible for pursuing legislation including oral

health in the loan assistance program. He said that the Council didn't always understand Commerce's reluctance to engage in some discussions and projects outside of the Loan Repayment duties.

Jeremy Normington said in the past the Council discussed creating white papers. Does that conflict with the Council and some members' ability to lobby? Tim Size replied that the Council can't lobby as a group and public agency members are restricted from lobbying, but we can have policy discussions. Those members who can lobby can do that. There are no restrictions in statute on making recommendations and there are no limitations on what we can recommend.

John Eich said that after review of the recently edited applicable statutes, the Council's statutory authority limits it to advising the UW Board of Regents on the Health Professions Loan Assistance Program. Tim Size pointed out that the statute says they *shall* advise on loan repayment, not that they can't do other things. Tim and Anne Dopp added that the original statutory language discussed the links between rural health and economic development. John asked the group what do we do as a Council, beyond what it says in statute? Anne said, if the Council makes recommendations to a government body, it could put some people from public agencies in a difficult position.

Tim Size suggested that the Council draft a charter. John Eich said that while the Council is statutorily responsible for advising on the loan repayment program, we engage in discussions on health and economic development and will occasionally make recommendation on those issues. Joel Davidson said that he was a little uncomfortable with the conversation and asked if we have the right to go beyond the statute and if so why wasn't that put into the statute? Tim said he didn't think we need legislative approval to have conversations about rural health; it doesn't need to be put into statute. Gail Towers-MacAskill added that any white papers or policy positions would have to be taken back to state agencies. If they didn't agree with the papers recommendation, they would probably take the position that while we don't agree, we recognize that it represents the view of the Council. Maybe what we're looking for is an executive order from the Governor. That wouldn't require legislative action. It would give the Council permission to take actions. John Eich said that one danger of opening up the Council for such a small statutory or executive order change is that this opening could open up very large changes to loan repayment. He recommended that we start with the charter process, beginning with outlining what we do now. Tim shared some of the language from the original statute [see separate documents]. John suggested that the language was changed in the transition from the Department of Commerce to the University. A charter could be based on this original language and Don Percy's work with the Rural Health and Economic Development Forum from several years ago.

Regarding open Council positions, Sarah Grosshuesch and Wilda Nilsestuen have or will apply to the Governor's office, for rural public health and rural citizen positions, respectively. Council members acknowledged that while in person meetings can be difficult for some members to make, calling in has been a challenge in the past. Gail Towers-MacAskill suggested using some of WEDC's facilities around the state for remote participation.

Kevin Jacobson provided an overview of the Health Professions Loan Assistance Program (HPLAP), including its history and current status. Health care providers can receive up to \$50,000 for education loan debt repayment, in return for working three years in a rural or urban federally designated shortage area. Historically this was a competitive program, with more applicants than available state and federal funds. The Council has always advised the Department of Commerce (previously) and now the Office of Rural Health on the Program. Council members also served on

an application review committee, ranking applicants based on several criteria for award selection. However, due to changes in the National Health Service Corps several years ago, the Office began receiving fewer applications than available funds. With Council approval, the program moved to a first come, first served basis of making awards to eligible applicants. Over the past year the Corps has made additional changes which have resulted in more applicants to HPLAP. The result in 2012-2013 was more applicants than current funding; although all eligible applicants have received awards, made with unawarded carryover funds from prior years. Two years ago the State implemented a supplemental program for rural physicians, awarding them up to \$50,000 if they work in a rural community regardless of shortage area status. He reviewed the selection criteria, which include shortage area (HPSA) score, applicant's loan balance and percentage of patients they will see on medical assistance. Council members suggested that "medical assistance" should be Medicaid/Badgercare, not Medicare. They also suggested looking at employer's recruitment/retention plan to address the likelihood of the provider to stay in the community criteria. Kevin presented several changes to HPLAP:

- Reinststate an annual application deadline
- Convene a review committee
- Establish selection criteria for the physician supplement award, e.g., distance from city of 20,000 +

Other suggestions included:

- Tim Size: Change the qualifications, guaranteeing an award to a provider seeking employment in a site with a specific need, as opposed to having to apply and then wait to see if they're selected for an award.
- Gail Towers-MacAskill: WEDC could see HPLAP as a competitive advantage compared to other states and possibly fill the gap in award funds for providers who meet a need but didn't make the cut for awards in any given year.
- Brian Potter: Create a "preferred status" for a provider who applied but was not awarded; they would rank higher in a subsequent year.

Council agreed to continue this discussion at the June meeting.

Member updates:

- Anne Dopp: DHS will host four webinars on provider recruitment and retention this summer.
- Kathy Schmitt: Tuberculosis is becoming an issue in the rural workforce, e.g. dairy farms, because it can transmit between cows and humans. This could ruin an industry.
- Sarah Grosshuesch: Adams County received a WI Partnership Program grant for community health. Also received a federal planning grant to improve school success, with a major health component including mental health.

The Council discussed the results of the survey of potential meeting future topics. Tim Size suggested that health insurance exchanges are more of an issue for rural than Accountable Care Organizations. He said the he and Brian Potter could talk about this at a future meeting. Sarah Grosshuesch suggested health navigators, because the State probably won't be providing those. The Council agreed to continue the HPLAP discussion and discuss insurance exchanges at the next meeting.

Adjourned at 2:00.