

**Minnesota Rural Health Association
Board of Director's
Retreat and Board Meeting
October 24, 2008
Maple Grove, MN.
9AM to 3PM**

Attending: Jack Geller, Liz Quam, Kathy Huntley, Duane Nelson, Jill Meyer, Karla Weng, Jenni Schlagenhaft, Tim Stratton, Mark Schoenbaum, Darrell Carter, Maddy Forsberg, Judy Neppel, and Ray Christensen by phone,
Excused: David Borgert, Nancy Franke-Wilson, Jenni Lohse, Barbara Muesing, Robin Weis, Tiffany Yen
Ex Officio: Marnie Moore

Preparation: A brief discussion of policy priorities occurred prior to Representative Paul Thissen's arrival. The potential priorities include the following issues: Medicaid Waiver from CMS (farm families), Interpreter Bill, Phase in Guarantee Issue in the Individual Market (start with children), Allowance for virtual networks for baskets of care (to protect against rural resident fence-in), Quality Measurement Options for Low Volume Providers, Protection of Fragile, Rural Health Delivery System During Transformation Phases, Recruitment/Retention of Healthcare Labor Force, Medical Home. Conversation focused around vocabulary changes occurring but the principles remaining timeless.

Introduction: Representative Paul Thissen, was introduced by President Geller. He is an attorney. He represents Minneapolis 63A. His committee assignments are as follows: Health and Human Services (Chair), Health Care and Human Services Finance Division, Rules and Legislative Administration, Biosciences and Emerging Technology, Finance, Telecommunications Regulation and Infrastructure Division.

Dialogue: Representative Thissen, and his Committee, have been holding hearings around the state to hear the concerns of the constituents and he has been out with candidates currently running for office to listen to the people. He recognizes that we need to start on a more sustainable path to educate our publics. He discussed the shortages of mental health care, the shortages of primary care physicians and nurses in rural hospitals (while also needing some specialists). He's been impressed with the healthcare building going on and recognizes the need to do so to attract the physicians and others to rural. He knows that long term care is fragile particularly in some rural parts of the state and recognizes the infrastructure needs and concerns and the worry about small institutions being left behind. He knows there's need for more discussion on the

funding model for long term care. He talked about the need for more thoughtful discussion on a payment model with a focus perhaps on bundling or a basket of services.

When asked about the upcoming legislative session he talked about the importance of educating our constituents, medical homes implementation, licensing issues, long term care, transportation, and affordability of services. When asked about the Medicaid waiver from CMS he said that had been tentatively denied but needed to be looked at again.

He went back to discussing the upcoming state budget issues which will be difficult given the shortfall projected. Certainly if education is held harmless, there will be significant cuts to health and human services. The Governor is asking for 5% reductions in the budgets being prepared by the Health and Human Services Department. All of that could lead to significant reductions in funding to long term care, hospitals etc. That's one of the reasons for looking at licensure because it may reduce costs and would require investment. Money will need to be spent differently with a focus on empowering those at the local level to make those decisions that best suits their individual needs. If the Federal stimulus to the states comes through that could be very helpful.

Representative Thissen then looked back to the list of potential legislative priorities MRHA had prepared and considered/remarked on each as follows:

- Aging In Place . of critical importance
- Interpreter Bill . this is a tough issue. It's about the money and who's responsible to pay. Kathy Huntley is on the interpreter's stakeholders group and said that a registry has been initiated and it's a good start but it's only a list. Training in rural MN is a huge problem. With the training that has taken place, evidence shows that the newly trained interpreters leave for the metro where the money is. Further, she said that the interpreter issue is important to the schools, courts, and others so there could be a collaborative interpreter service. Dr. Carter said that an understanding of the culture is a critical piece in the interpreter work and isn't here currently. The impact of a lack of the understanding of the culture and the interpreter service on quality care is significant and needs to be addressed. Where mental health is concerned the care is a de facto kind of care occurring in rural in primary care and is an issue with the training needed at that level to include physician extenders. There is a need to bolster up/shore up the mental health services currently being delivered.

Representative Thissen agreed and recognized the need for increasing the numbers of institutionalized beds for mental health patients. He believes there needs to be a statewide network to identify beds and cited

situations where the only mental health beds for children were 100 miles from their home.

President Geller asked what the focus of the upcoming legislative session will be from Representative Thissen's view. He said that work on cost neutral issues would be important and discussed the Licensing Subcommittee becoming a Standing Committee to look at licensing issues to see if there's a way to standardize and to look at who's trained to deliver services and not focus on exclusions. Schoenbaum discussed a work group that's been formed as a result of last year's reform bill. The workgroup is taking a bottom up approach as a place to start. The point was made that a bottom up and top down approach would be needed to deliberate the issue. Dr. Carter spoke of redefining education and training physicians and others to be rural team leaders. He discussed the importance of the loan repayment issue as being critical to supporting the number of physicians needed in rural to replace those retiring and/or aging. He said that it's both reimbursement and a loan repayment issue.

- Guarantee Issue . exemption of preexisting conditions must be addressed
- Medical Home . the Department of Health has been charged with developing a plan and is working feverishly now to meet the timelines. RFPs are starting to come out. Representative Thissen said that he is hearing from groups such as disability groups, Planned Parenthood groups, etc from the health care home perspective. The Legislature believes they've set the issue in motion and that the Dept of Health is developing the plan and implementation. The payments will likely go to the public entities first and the standards will be applicable across the system in time. Dr. Christensen said that the family physician is the team leader in the home concept but he's disappointed because the bill seems to focus on the bureaucratic rather than implementation principles. He discussed the costs of the medical home and saw it to be very expensive. Representative Thissen said that what's needed is a separate stream of money to support primary care and that education to support that is critical. Dr. Christensen questioned the sustainability and wondered about the Federal plans impact on the implementation.
- Waiver . Representative Thissen said it will be difficult to pass given budget shortfall.

Further discussion regarding the medical home ensued. Drs Christensen and Carter expressed their concern for the start up costs, some patients being home+patients and others not and the effect that has on the efficiencies of an office, starting the home for public payers when the thoughts are that it should be the same for all. The question about how Specialists fit in the medical home model and how they will be reimbursed, is not known at this time. The MMA and the Academy of Family Physicians see the medical home to be a central piece to

quality care. The MN and National Academy are working to be supportive. The University of MN medical residency program is trying to figure out a way to include medical homes in the training, while there are no others known at this time.

Representative Thissen thanked MRHA for inviting him and said that he found the discussion helpful. He said that the Dept of Health and Mark Schoenbaum could be a great resource to the group. Again, he stated that he thought more could be done to advance policy development this year. Discussions on how medical homes could be made to work in the state should be a great discussion that MRHA could help with. He asked that we keep the lines of communication open and has appreciated the work that MRHA has done in the past.

Representative Thissen left the meeting at 11:45AM.

President Geller asked how do we move forward? Dr. Christensen expressed his appreciation to Quam for inviting Representative Thissen and Schoenbaum for his work on these issues. Dr. Christensen pointed out that MRHA is grateful to have a legislator so interested in rural health issues and one that gets it. Dr. Carter said that having a Champion is so important.

There was an ongoing dialogue about the medical home concept. Some of important ideas were discussed included points made by Schlagenhaft that long term care uses the medical home model currently. Weekly, the healthcare team, including those from several disciplines, reviews a patient's status and makes decisions about their care plan. Stratton talked about the Aiken model in long term care where a physician that practiced in that community for 32 years is now retired and practices the medical home model daily in that facility.

Schoenbaum said that what is known is that MN is going to make fast moves on the medical home plan between now and next summer. models or not.

President Geller asked what's MRHA's advocacy agenda going to be? What do we want to work on? How do we stay aware and keep rural at the level of awareness important to the future? There was a discussion about the reform related RFPs that are coming out and the importance of making certain that rural is included. There was more discussion about the Dept of Health and Human Services efforts to conduct a work group process that will lead to recommendations for the standards of certification for medical homes. The role of MRHA in this process could be to identify people who can be a part of the work groups or follow their work carefully to insure that rural is being heard. Representative Thissen invited conversation and MRHA needs a proactive approach to make that possible. How structurally do we work? Should we solicit the support of our membership, Board, what?

The Board identified principles that MRHA will advance to the healthcare reform committee and work groups.

The Principles are as follows:

- There will be rural representation
- Access to meetings is important to participation (electronic access to out-state locations)
- Quality benchmarks are endorsed, but should be rurally-relevant
- Workgroup recommendations will have a rural impact statement
- Unique implications for rural should be considered all work

President Geller asked what policy initiatives MRHA should support in this upcoming year? After much discussion the following policy initiative suggestions are:

1. MRHA strongly supports the Medicare Waiver
2. MRHA supports the universal/uniform coverage for all, with children supported first, focused on the uninsured and underinsured
3. MRHA continues to support the ROA
4. MRHA recognizes the essential nature of long term care organization in rural communities and considers many fragile
5. MRHA endorses the Intrepreter Report
6. MRHA endorses the %aging in place+initiatives

AGENDA

- 1. Review of Past Year:** President Geller discussed the good things that happened in MRHA this past year, including, the membership number increase, the rural health forum, the rural health conference attendance increase, the collaboration with the Vital Aging Network, the Area Agencies on Aging, the Area Health Education Centers, the National Rural Health Association relationship, the grant request submitted to Bremer, the grant request to NRHA and others.
Quam made a motion to send a letter of thanks to the University of Minnesota Crookston. Stratton seconded the motion. The motion passed unanimously.
President Geller thanked the new Board members for agreeing to serve and asked for their suggestions for improvement.
- 2. Rural Forum:** President Geller spoke of the importance of the rural policy forum and requested that a committee be established to plan, design, and engineer the forum for the upcoming conference. Volunteers: Marnie Moore was suggested along with Ray Christensen. President Geller asked for those who are interested to let him know.

3. Board Engagement: President Geller asked how we could engage the Board in the work that needs to be done recognizing that everyone is busy in their work. There was much discussion about the strengths of the Board and who might help with individual tasks. Weng said she understood measurement and improvement and could work with others to deliver messages to the Legislature as she's not comfortable doing that alone at this time. Nelson said there's been a struggle to develop membership and he's willing to work at that, Schlagenhaft said she could assist with press releases and grants but felt she needed a better Board orientation to be very helpful. Myers said that as a new Board member she was unsure of the expectations and needed an orientation as well. MRHA has a complementary mission to the Office of Rural Health and Primary Care and finding a fit will be important if we are to accomplish our shared vision. Carter said he has a passion for rural health care quality and education and he's learning his fit given his passion and the MRHA's mission. He said he could be a liaison to Providers particularly in critical and emergency areas. He also has a passion for medical/legal implications in rural health so he could help there as well. Huntley spoke of her need for more MRHA history information. She can help with the Interpreter Report/Bill. She understands the importance of communication in advocacy and the need for education in both areas. She supports the policy forum recognizing that it is the voice of rural health. She's willing to assist others in the advocacy mission.

4. Adjournment: 3:10PM

Respectfully submitted:

Judith Neppel
MRHA Board Secretary

