



January 2016 Newsletter

Oregon Rural Health Conference — Call for Presentations

The Oregon Office of Rural Health is seeking [Letters of Interest \(LOI\)](#) for presentations at the 34th Annual Oregon Rural Health Conference, September 28 – 30, 2016, at the Doubletree Hotel, Portland, OR. Interested presenters are encouraged to submit a LOI to the Office of Rural Health by February 19, 2016. Invitations for full presentation submission will be made by March 4, 2016. All correspondence, including acknowledgement of receipt of submission, will be conducted electronically.

Creating a Blueprint for Rural Health in Oregon

What minimum level of health care services should rural Oregonians reasonably expect in their community, given the size and location of their community? Where do we fall short in ensuring those basics are available to local residents? The Oregon Office of Rural Health, Oregon Association of Hospitals & Health Systems and the Oregon Medical Association are frequently asked exactly those questions, by legislators and other policy makers. We are creating a blueprint to help them – and us – understand where the fabric of health care is most threadbare.

One of the highlights of our recent annual Oregon Rural Health Conference was a plenary session kicking off a project we're calling Creating a Blueprint for Rural Health in Oregon. The session outlined a process for reaching agreement on what minimum levels of health care service should be for different size rural communities throughout the state. We then asked for volunteers to actively participate in that process. More than 50 people offered to participate in eight monthly webinars, from February through September.

This first version of a blueprint will be limited to the following service areas: primary care, surgical services, oral health, behavioral health, emergency medical services, care coordination and public health services. Once we have reached agreement on minimum levels of service in different size communities, we will compare it to what currently exists and see which communities are in greatest need.

If you are interested in participating in this process, or simply want to stay informed of it, please contact Scott Ekblad at ekblads@ohsu.edu [□](#).

The Telehealth Alliance of Oregon (TAO) has released the Oregon Telehealth Services Inventory Portal

In partnership with the Oregon Health Authority, the Telehealth Alliance of Oregon (TAO) announced the launch of the [Oregon Telehealth Services Inventory Portal](#) [□](#). This portal allows providers of telehealth services in Oregon to enter information about the services they offer. The information is then available online to anyone who wants to find a telehealth service in their area. The portal is searchable by provider, service type, geographic region, and reimbursement method. It also allows the user to refine the search to meet specific needs.

“We are very excited about this,” says Cathy Britain, Project Manager with TAO. “The interest in telehealth is growing so quickly. We believe this will allow both providers and consumers a single location to find out what services are available. It is a living portal. It will be continually updated.”

“Oregon is leading the way in showing states how they can share telehealth information,” says Jeff Caulley, Strategic Planning and Business Development Analyst at Asante Health, and the current Chair of the TAO Board. “Telehealth is not the answer to everything, but it offers so many opportunities and we think it is important that this information be shared statewide, ensuring all Oregonians can benefit.”

ORH Director Scott Ekblad Featured in Rural Health Monitor



ORH Director Scott Ekblad was interviewed about his work at the ORH and what he sees as the challenges facing the health of our rural communities. Read the entire interview [here!](#) [□](#)

Join the Rural Health Coordinating Council — ORH's Advisory Body

The Oregon Office of Rural Health is advised by a statutorily mandated body, the Rural Health Coordinating Council (RHCC). The RHCC is composed of 18 members total: 13 organizational representatives and 5 consumer members. The RHCC currently has several vacancies. Please consider joining the RHCC or passing this invitation along to someone else who may be interested.

The following consumer positions are available:

- Resident of Health Service Area #1 (Clatsop, Columbia, Tillamook, Washington and Clackamas Counties)
- Resident of Health Service Area #2 (Yamhill, Polk, Marion, Lincoln, Benton, Linn, Lane, Coos, Douglas, Curry, Josephine and Jackson Counties)
- Resident of Health Service Area #3 (Eastern Oregon – Hood River, Wasco, Jefferson, Deschutes, Klamath and all counties east)
- Resident of a community of fewer than 3,500 people.

Consumer members must be appointed by the Governor. To apply, go to [the Governor's website](#) , download and complete the Interest Form and return as directed. If the application is approved, Governor Brown's office will let us know.

The following organizational representative slots are currently vacant. If you are a member of one of these organizations, and would like to be appointed to serve on the RHCC, please contact that organization and let them know of your interest.

- Oregon Dental Association
- Conference of Local Health Officials
- Oregon Association of Hospitals and Health Systems
- Osteopathic Physicians and Surgeons of Oregon

The Rural Health Coordinating Council meets four times per year, in Wilsonville. Consumer members receive reimbursement for travel expenses, as do organizational members who are not reimbursed by their professional organization. For further information, contact Scott Ekblad at ekblads@ohsu.edu .

Don't Miss Your Chance to Get Health Insurance

You only have a few days left to sign up for health insurance through [HealthCare.gov](#) ☐. **The last day to sign up, renew, or change plans for 2016 is Jan. 31, 2016.**

If you don't get covered before the deadline, you could go a year without insurance. You could also pay a significant penalty when you file your 2016 taxes. The penalty for not having insurance in 2016 is the **higher** of these two numbers: 2.5 percent of your yearly household income or \$695 for every adult in your family plus \$347.50 for every child under 18.

If you already have health insurance, this is your last chance to change plans. You might be able to find a plan that better matches your needs and budget on [HealthCare.gov](#) ☐. Last year, consumers who shopped and switched plans saved nearly \$400.

Financial help is available for many people if they enroll through HealthCare.gov. Depending on your income, you may qualify for tax credits to help pay your monthly premium and/or help with out-of-pocket costs such as deductibles and co-pays. 3 out of 4 Oregonians who used HealthCare.gov last year received tax credits averaging \$199 per month.

Oregon has a network of certified insurance agents and community organizations ready to help you enroll, free of charge. [Click here](#) ☐ to find someone in your area or call **1-855-268-3767** (toll-free).

Oregon also has 24 drop-in enrollment centers where you can get free help in-person. The enrollment centers will be open through Jan. 31. [Find one near you.](#) ☐

To start shopping for plans, visit [HealthCare.gov](#) ☐ or call **1-800-318-2596** (toll-free) (TTY: 1-855-889-4325).

Here are 5 facts you should know about the fee for not having health coverage when you can afford it:

1. ***The fee is calculated one of two different ways, depending on your situation.*** The fee for not having health insurance if you can afford it is calculated either as a percentage of your annual household income or a set amount for each person in your household who does not have coverage. When you file your federal income taxes, if you are uninsured for more than three months despite having access to affordable coverage, you'll be required to pay whichever amount is higher. Resources on HealthCare.gov will help you estimate the fee you'll have to pay if you don't have health insurance based on your own situation.
2. ***The fee is increasing for 2016.*** For 2015, the fee for not having health insurance if affordable insurance is available to you and you don't qualify for an exemption is \$325 per person or 2 percent of your annual household income – whichever is higher. For 2016, the fee you'll have to pay if you choose to go without health insurance will increase to \$695 or 2.5 percent of your income – whichever is higher. For many people, that's more than the yearly cost of affordable plans they can find on the

Marketplace. Generally, the higher your income, the higher the fee you will have to pay.

3. **Every month without coverage counts.** The fee is calculated based on the number of months you, your spouse, or your tax dependents went without qualifying coverage, such as an employer-sponsored health plan, Medicare, Medicaid or coverage through HealthCare.gov. The more months you go without health coverage, the higher the fee you will have to pay, up to the maximum.
4. **For some people, exemptions from the fee are available.** People with very low incomes and individuals who meet other specific conditions can receive an exemption from the requirement to have health insurance and will not have to pay the fee. Additional information about exemptions and a tool that helps you determine if you qualify for an exemption is available on [HealthCare.gov](https://www.healthcare.gov) .
5. **If you need health coverage and want to avoid the fee for 2016, enroll in a plan by January 31.**

It's important to remember that the final deadline to sign up for 2016 coverage through [HealthCare.gov](https://www.healthcare.gov) is January 31. A Special Enrollment Period around the April 15 tax filing deadline will not be offered this year. If you don't enroll by then, you could have to wait another year to get coverage and may have to pay the fee when you file your 2016 income taxes.

Adventures in Medicine — A Workforce Resource

The ORH Workforce team wants you to know about a resource available to help you understand how [Oregon employers compare nationally in the eyes of medical residents.](#)

[Adventures in Medicine \(AIM\)](#) provides online and print career planning resources for medical residents & physicians, residency programs, employers, and service providers. We think employers will find the AIM website useful in understanding the competition and planning your recruitment and retention strategies around our state's strengths and challenges.

Find out what AIM says about Oregon

AIM has compiled specific data for each state including:

- an employer directory
- physician compensation
- cost of living calculator
- state taxes

ORH teams up with [AIM](#) and [3RNet](#) to help you succeed in your recruitment and retention needs. If you have questions about AIM, 3Rnet or other workforce services through the ORH, contact us at 503-

494-4450. Or email Julie Hoffer at hoffer@ohsu.edu ☐.

The OHSU Knight Cancer Institute's Community Partnership Program

The OHSU Knight Cancer Institute is pleased to announce that applications to the latest funding cycle for Community Partnership Grants are now being accepted.

[Grants are available in three tiers](#) to meet the differing needs of communities: early stage (Tier 1) grants of up to \$10,000, developmental (Tier 2) grants of up to \$25,000 and program development (Tier 3) grants of up to \$50,000. The multiple tiers of funding offer a method for organizations to take an initial idea and move through the funding tiers to develop a robust program. All funded projects will have access to webinars, professional development and other networking opportunities.

For this cycle only, the Community Partnership Program is also issuing a [one-time special call](#) ☐ for specific Tier 3 proposals with the aim of addressing obesity at the community level. This is a unique opportunity to implement one of the following two evidence-based approaches:

- Improving healthy food offerings at corner stores
- Promotion of physical activity in communities directed toward meeting the guidelines set by [Step It Up! the Surgeon General's Call to Action to Promote Walking and Walkable Communities](#)

Funding resulting from this special call would provide grantees with support, specialized training and technical assistance to assist communities in adapting, implementing and evaluating their chosen intervention.

The program's Intent to Apply form and the request for proposals (RFP) document are available on the [OHSU Knight Cancer Institute's website](#). **Intent to Apply forms are due on February 10, 2016; full proposals will be due by noon on March 9, 2016.**

Please contact the Community Partnership Program team at (503) 494-1617 (option 6) or email KnightCancerCRO@ohsu.edu ☐ with any questions about the program or application process.

Are you interested in mental health and addiction issues? Want to help make a difference?

The Addictions and Mental Health Planning and Advisory Council (AMHPAC) is [accepting applications](#) □ for:

- Young Adult in Transition in recovery from a behavioral health disorder
- Adult in recovery from a mental health disorder
- Adult in recovery from a substance use disorder
- Family member of a child/children with a serious emotional disorder
- Military Member Representative

Morning CME

Are you looking for additional CME without all the travel? The University of Washington and Virginia Mason Medical Center are offering physician CME with AMA Category 1 credits. Classes can be done on your personal computer or you can arrange for a group at your site. Courses are offered each Tuesday morning, beginning March 1, 2016.

For more information on classes, contact [Melissa Neighbors](#) □, Program & Academic Specialist.

AgriSafe — Protecting the People who Feed America

[The AgriSafe Network](#) □ is a non-profit national membership organization that represents health professionals and educators who are concerned about the health and safety of farm families. AgriSafe trains health and safety professionals so they are prepared to serve the unique health care needs of farmers.

AgriSafe utilizes innovative webinars to deliver the best trainings by experts in the field. If you or your practice wants information on how you can participate in [AgriSafe trainings](#) □, check out the website. You can sign up for trainings, notifications and see what upcoming events are planned.

Rural Health Information Hub - RHHub

The Rural Assistance Center has changed its name and look. It is now the [Rural Health Information Hub \(RHlhub\)](#). RHlhub is a nationwide clearinghouse for rural health information and a one-stop-shop for information, opportunities and resources for rural health, all available for free. The resources available to help plan and develop rural health programs and include: Online library; Topic and State Guides; and the Rural Community Gateway.

Rural America at a Glance — 2015 Edition

The Economic Research Service at the U.S. Department of Agriculture (USDA) has released its [2015 edition of the report](#) that examines indicators of social and economic conditions in rural areas, including economy, employment, population, poverty trends and educational attainment.

Upcoming Events

NHSC and State Incentive Program Update Webinar

Oregon Office of Rural Health & the Oregon Primary Care Office

January 27, 2016

10.00 – 11.00 am

[Event listing](#)

9th Annual Telehealth Alliance of Oregon Summit

March 3 – 4, 2016

Hotel Eastland, Portland OR

[Event Listing](#)

33rd Annual Oregon Rural Health Conference

September 28 – 30, 2016

Doubletree Hotel

Portland, OR

[Event Listing](#)

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