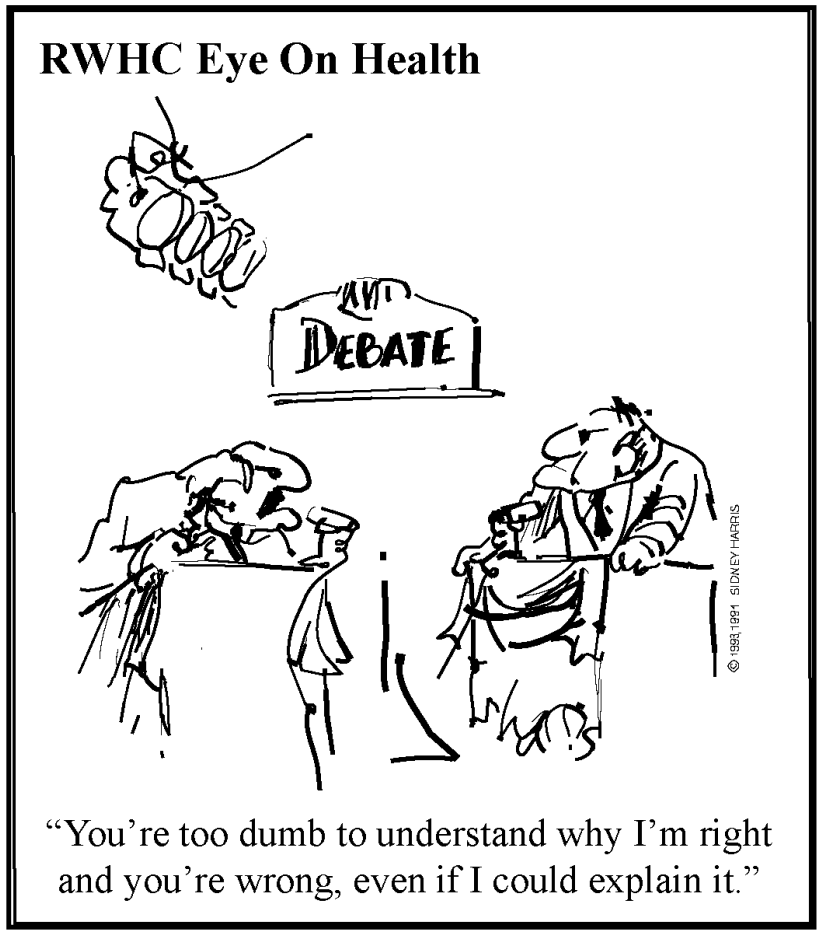
Advocating for Collaborative Work: One Perspective, 30 Years in the Making



Tim Size
Executive Director
Rural Wisconsin Health Cooperative
Sauk City

Healthier Wisconsin Partnership Program: "Collaboration to Improve Rural Health"
6/7/12
Wausau, WI

Presentation Overview

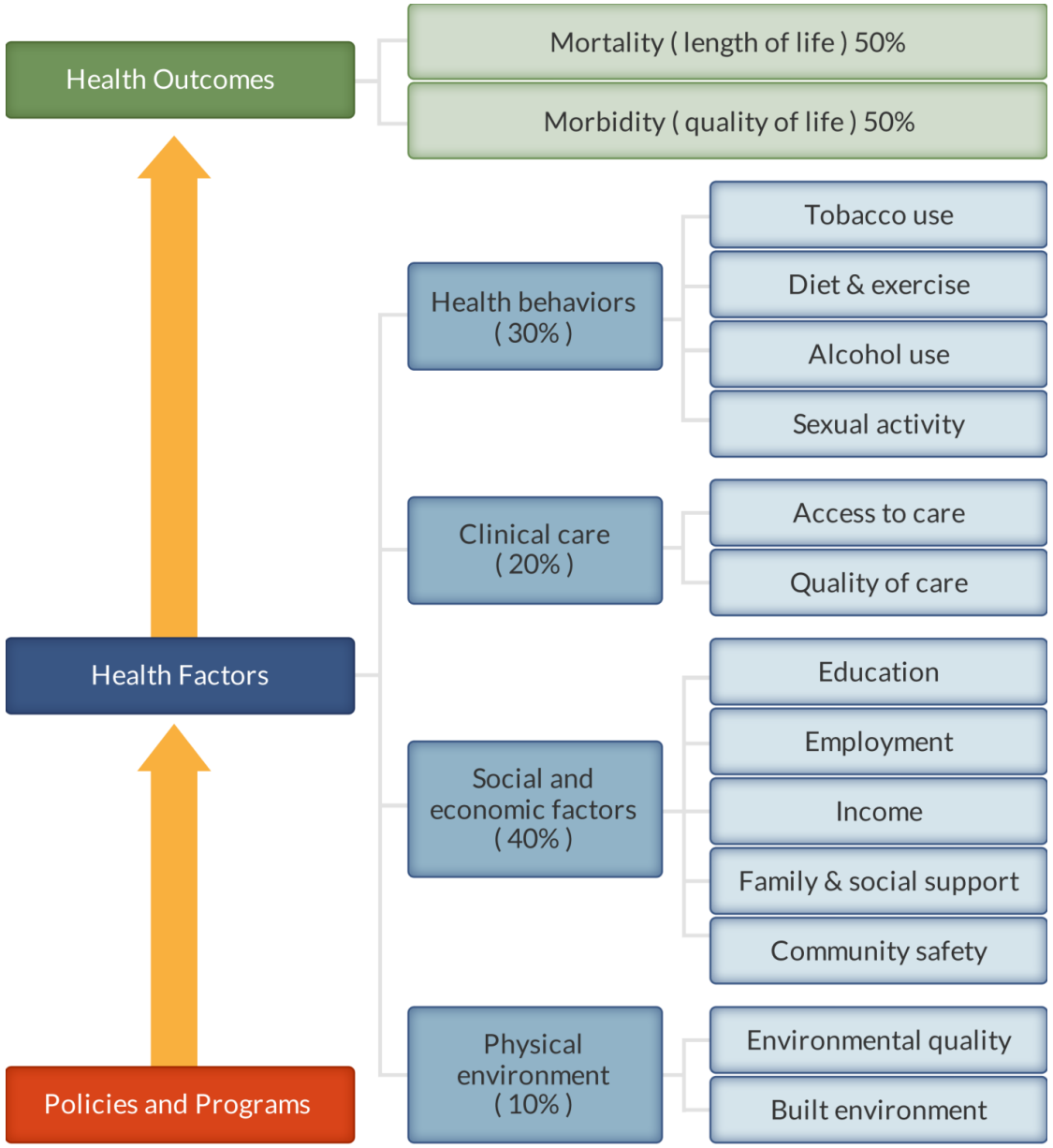
Goal: Share (a) lessons learned from RWHC's work over last 30+ years, (b) understanding re barriers to change and (c) practical tips to developing collaborative initiatives and advocating for rural health.

Agenda:

I. Context Matters
II. Rural "Myth Busting" & Challenges
III. Barriers to Change
IV. Collaboration Tips
V. Effective Advocacy

I. Context Matters

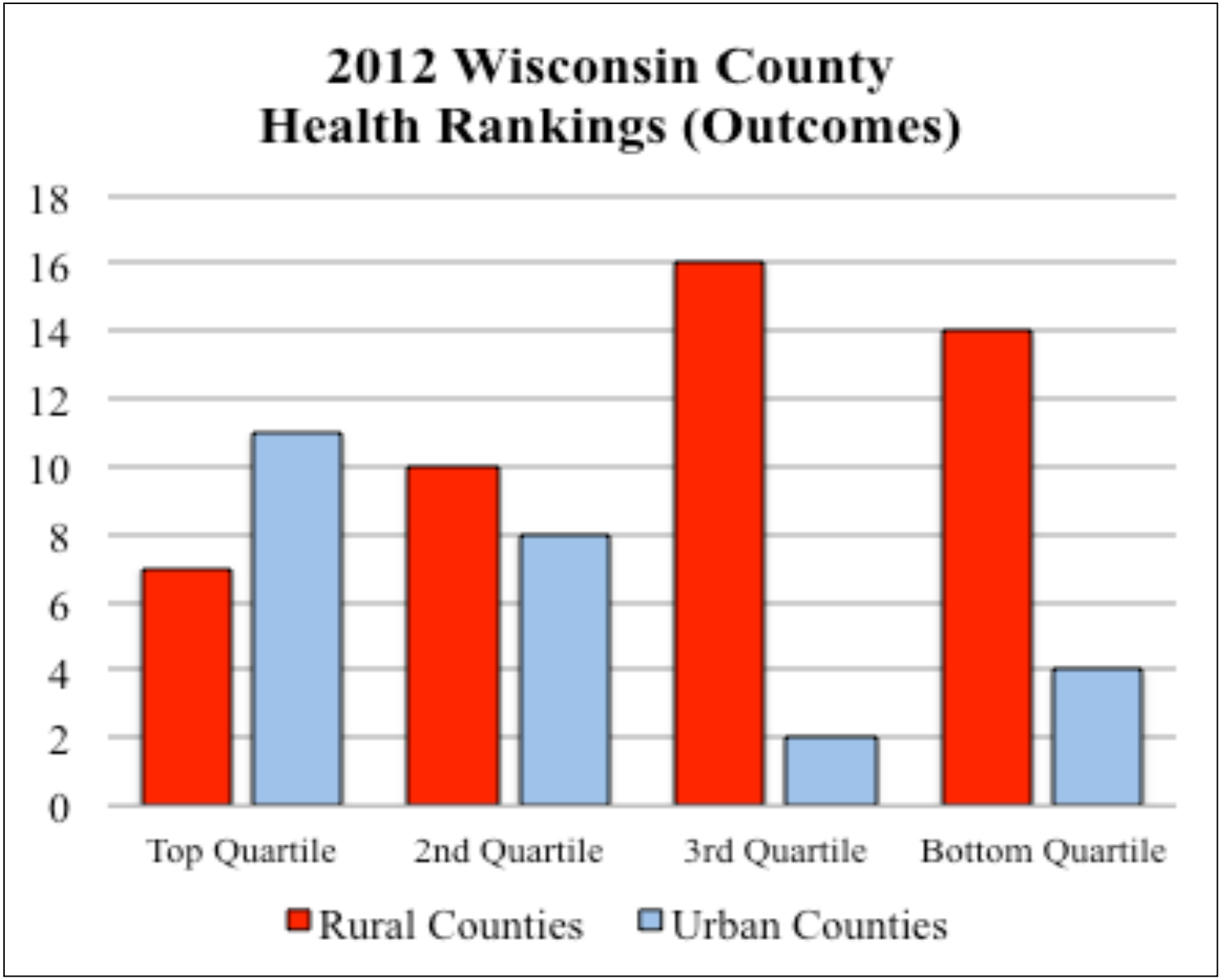
Our work at RWHC is based in the context of rural health and on the evidence. But like us all–our beliefs, stated purpose, values and economic realities create a complex set of forces that drives that work.



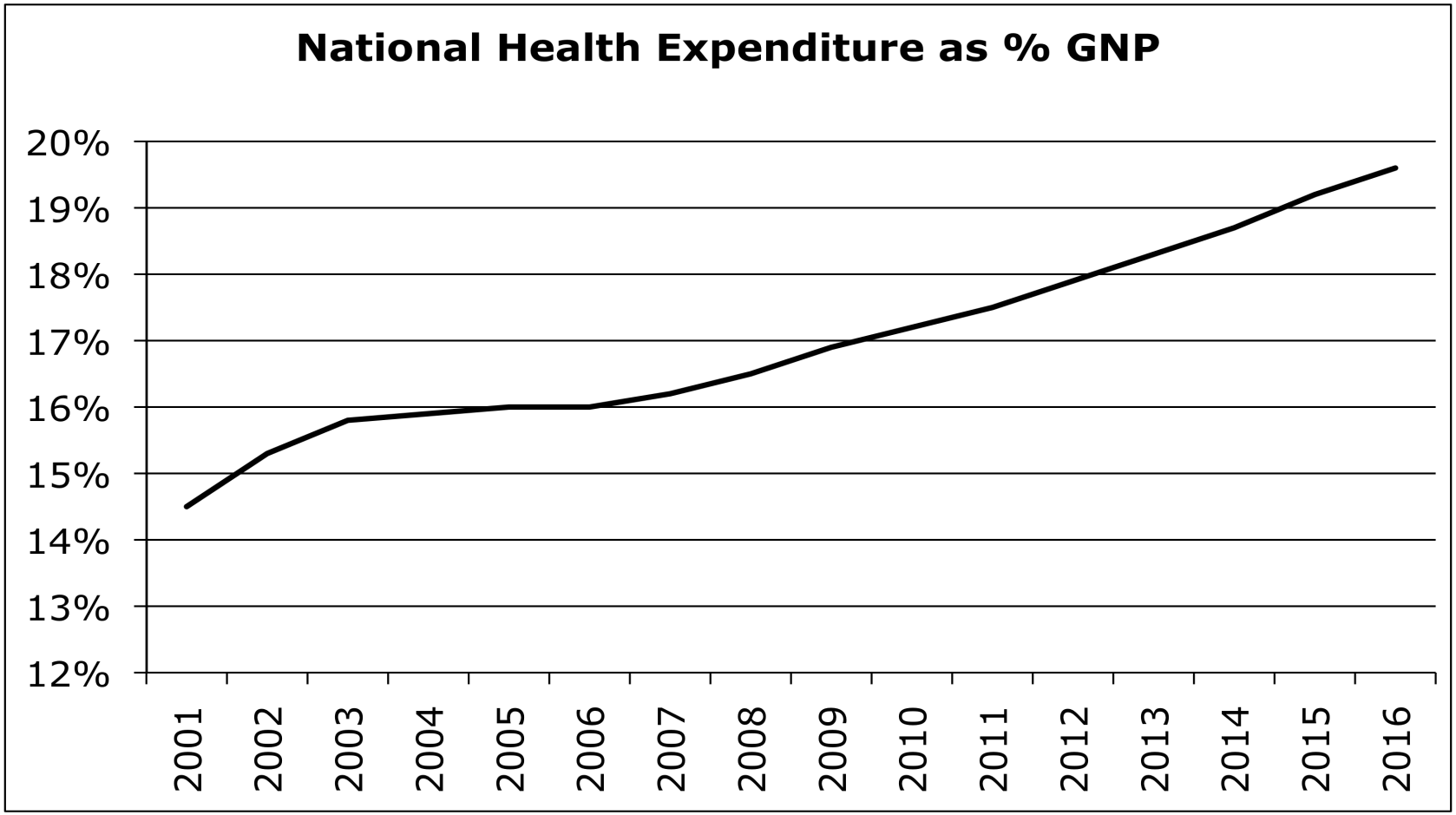
County Health Rankings model ©2012 UWPHI

RWHC's Frame

2012 Wisconsin County Health Rankings Model, University of Wisconsin Population Health Institute

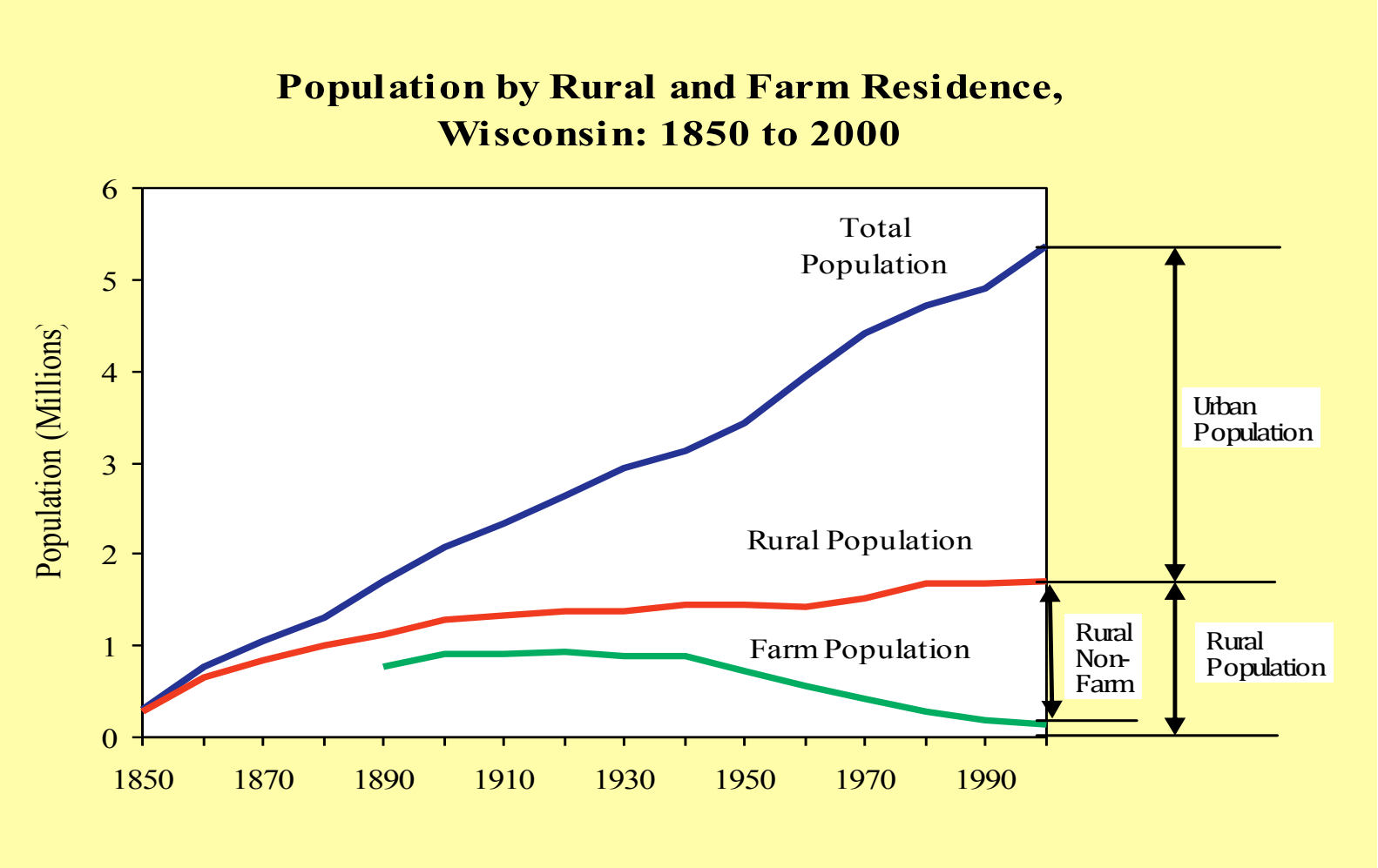

2012 Wisconsin County
Health Rankings (Outcomes)
18
16
14
12
10
8
6
4
2
0
Top Quartile
2nd Quartile
3rd Quartile
Bottom Quartile
Rural Counties
Urban Counties

USA Healthcare $$$ Trend Unsustainable



Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group

USA Less Rural & Rural Farms Less

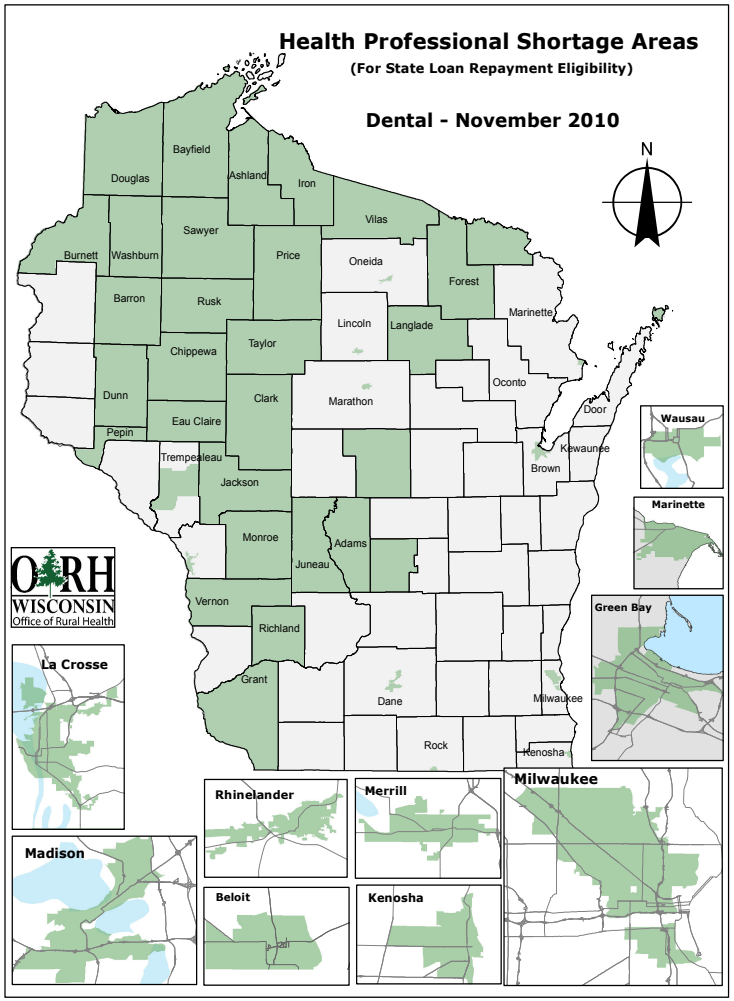


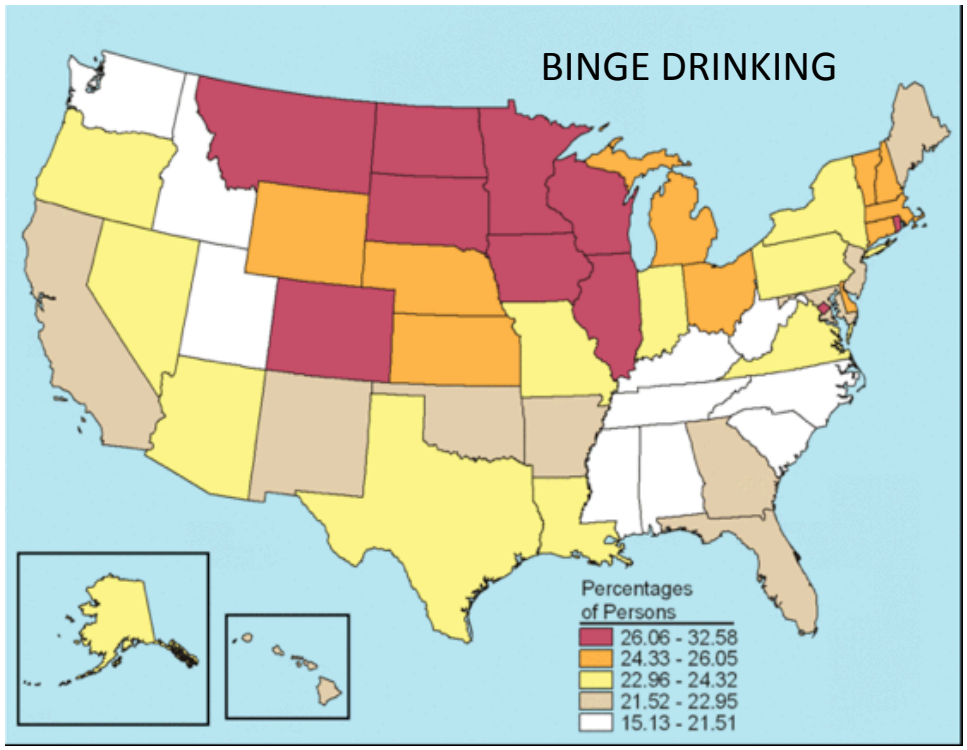
Gary Paul Green, UW-Madison/Extension
Presentation in Mosinee, 1/12-13/06

Wisconsin Providers Compare Favorably

- Ranked #1 in the nation for quality (AHRQ)
- Low rate of uninsured (4th nationally)
- Low cost state in Medicare program
- High level of physician/hospital integration
- Robust adoption of HIT, esp. EHR
- WI has a good tort environment
- Hospitals/systems relatively better finances

Wisconsin Has Some Major Failures





Some say that organized dentistry or the tavern league have no interest in these maps.

RWHC Core Values

We take these values seriously as we work internally as well as when we work with our external strategic partners and customers:

Trust
Collaboration
Creativity
Excellence
Joy
Openness
Personal Development
Productivity
Responsibility

RWHC Mission & Vision

Mission

Rural WI communities will be the healthiest in America.

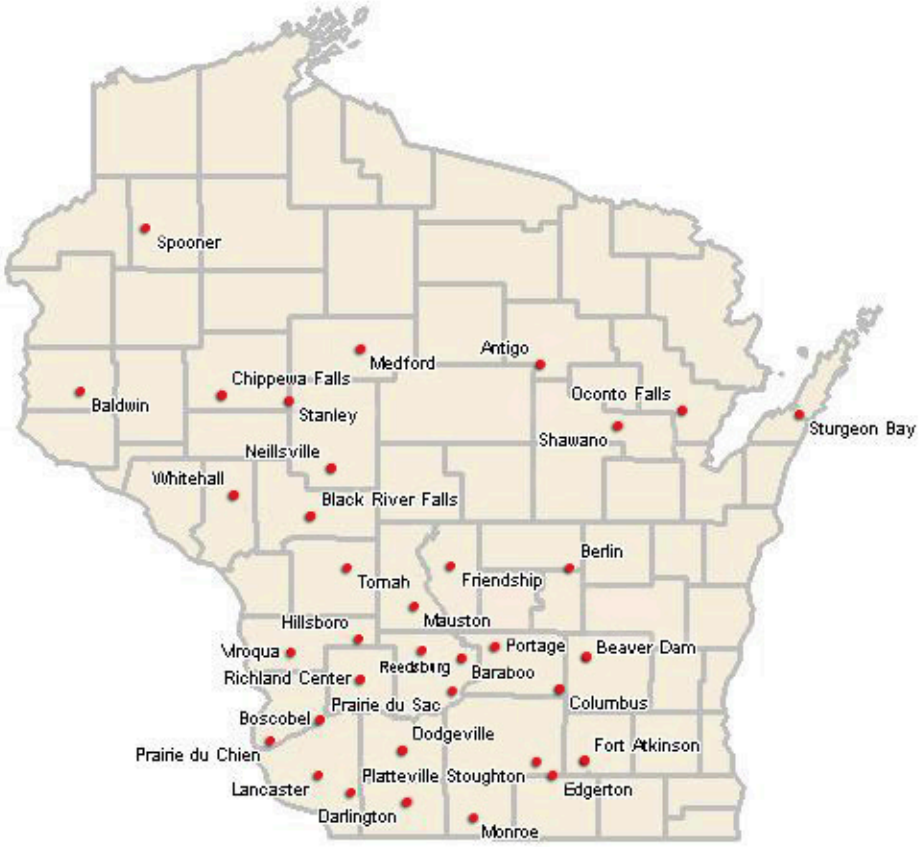
Vision

RWHC is a strong and innovative cooperative of diversified rural hospitals; it is

1. the "rural advocate of choice" for its Members &
2. develops / manages a variety of services.

RWHC by the Numbers

- Founded 1979.
- Non-profit coop owned by 35 rural hospitals (who have net rev ≈ $3/4B; ≈ 2K hospital & LTC beds).
- ≈ $10+ M RWHC budget (≈ 80% member sales/ dues; 15% other sales, 5% grants).
- 8 PPS & 27 CAH; 20 freestanding; 15 system affiliated.



RWHC

RWHC Shared Services*

Professional Services: Medical Record Coding, Financial & Legal Services, Negotiation with Health Insurers, Workforce Development, Staffing Rehab Services

Educational: Professional Roundtables, Leadership Training, Nurse Residency Program & Preceptor Workshops

Quality Programs: Credentials Verification & Peer Review Services, Quality Indicators, Quality Improvement Programs

Technology Services: Data Center Services, Electronic Medical Records, Financial Consulting

**Partial List*

RWHC Strategic Partners

- Cooperative Network
- La Crosse Medical Health Science Consort.
- Marquette University
- Medical College of WI
- MetaStar, Inc.
- National Cooperative of Health Networks
- National Rural Health Resource Center
- National Rural Health Association
- UW School of Medicine & Public Health
- UW School of Nursing
- UW School of Pharmacy
- WI Area Health Education Centers
- WI Center for Nursing
- WI Collaborative for Healthcare Quality
- WI Council on Workforce Investment
- WI Dept of Health Services
- WI Dept of Workforce Development
- WI Dept Safety & Professional Services
- WI Hospital Association
- WI Health & Ed. Facilities Authority
- WI Healthcare Data Collaborative
- WI Medical Society
- WI Office Rural Health
- WI Primary Care Association
- WI Public Health Association
- WI Rural Health Development Council
- WI Statewide Health Information Network

Rural Health Care About More Than Health

- Rural insurance premiums and taxes only come back to circulate in the community and create jobs if there are local health care providers there (and people use them) to attract those dollars.
- For every rural primary care physician, another 23 jobs are created (FORHP,'12); a rural hospital closures causes a 4% loss of community income (UNC, '06).
- **Bottom line: Rural America is effected by <u>where</u> our health care dollars are spent; rural hurt when analysis and policy just looks statewide.**

2004 IOM Committee on Rural Health

"Rural communities must reorient their quality improvement strategies from an exclusively patient- and provider-centric approach to one that also addresses the problems and needs of rural communities and populations."

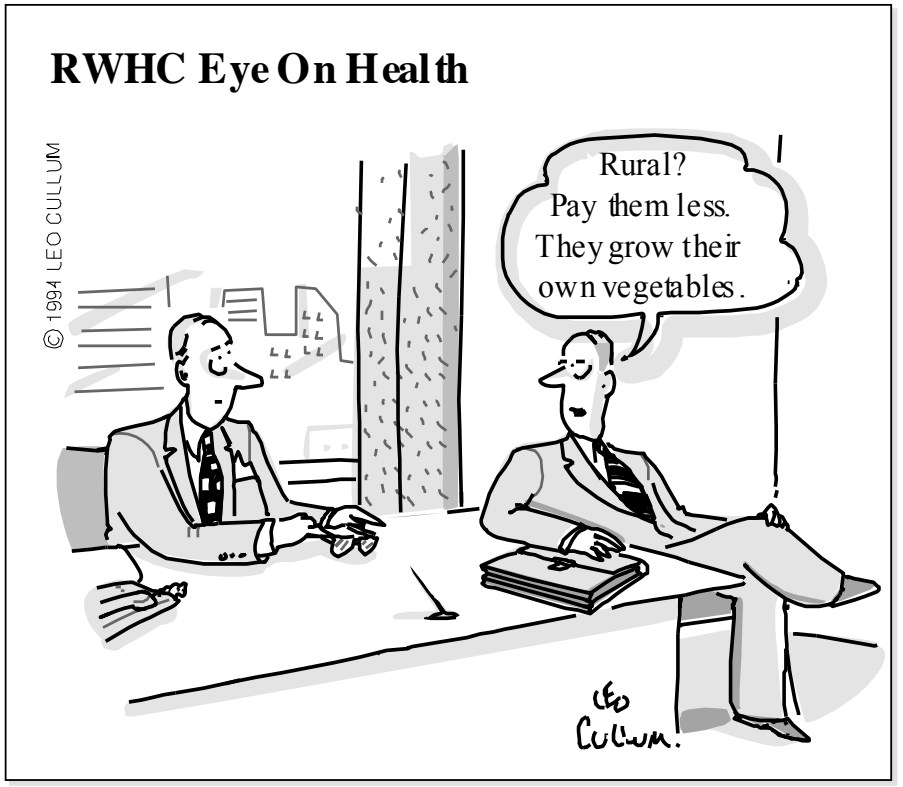
Committee on the Future of Rural Health Care. Quality through collaboration: the future of rural health care; National Academies Press; 2004.

IOM Quality Aim	Personal Health	Population Health
Safety	Reduce med. errors.	Reduce auto accidents.
Effectiveness	Best practices to care for diabetic patients.	Public school policies reduce obesity/diabetes.
Individual-Centered	Improve provider & patient communication.	Regional networks respect community preferences.
Timeliness	Appointments available within reasonable limits.	Epidemics identified earlier than later.
Efficiency	Electronic health records.	Reporting of population-based health status.
Equity	Treat all patients with equal respect.	Public policies addressing provider maldistribution.

II. Rural "Myth* Busting" & Challenges

** Myth = widely held <u>false</u> belief*

- Rural residents don't want to get care locally.
- Rural folks are naturally healthy, need less.
- Rural health care costs are less than urban care.
- AND Rural health care is inordinately expensive.
- Rural quality is lower; urban is better.
- Rural hospitals are just band-aide stations.
- Rural hospitals are poorly managed/governed.



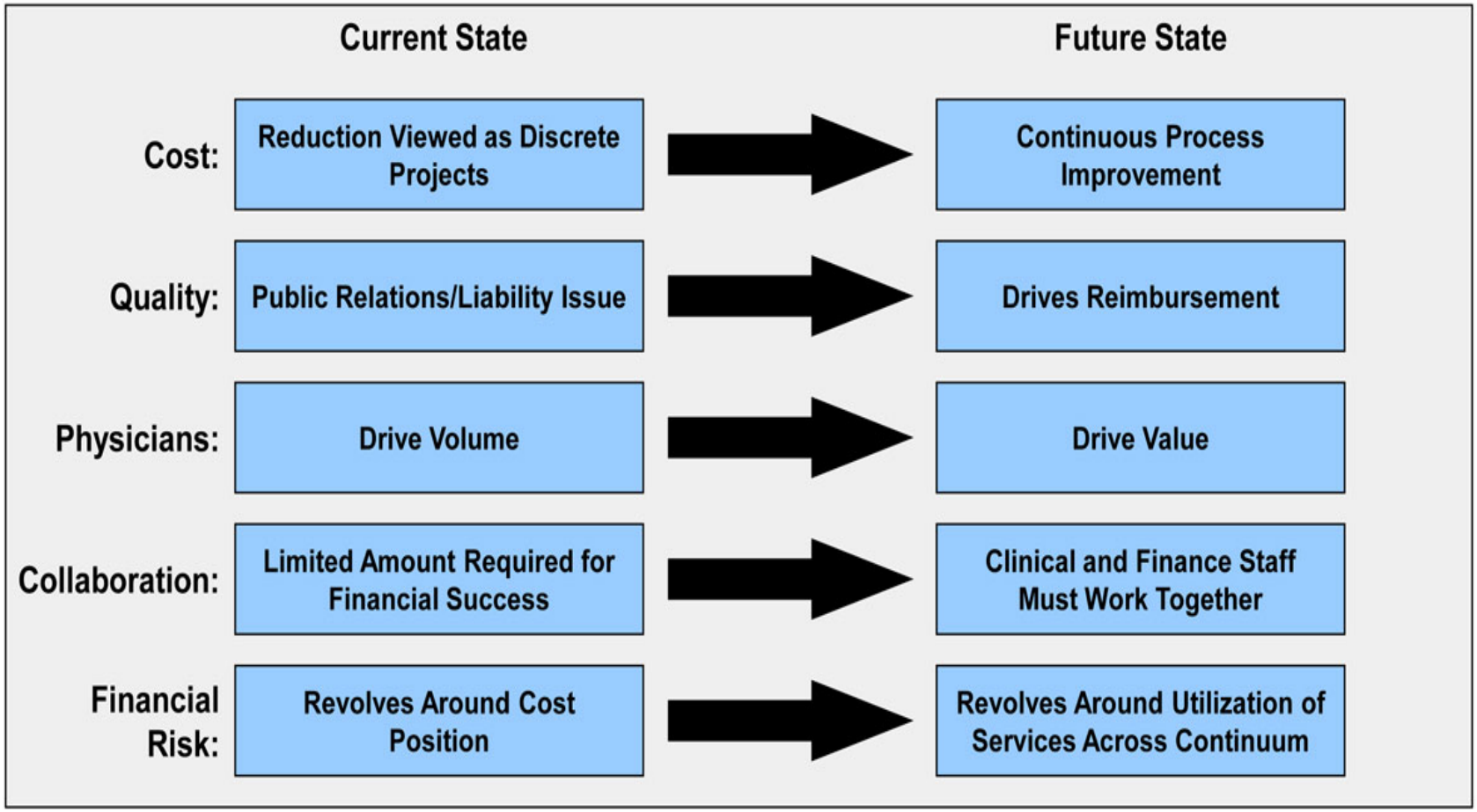
Rural Context Often Over Looked

Most bad policy for rural not deliberate but due to unrecognized differences in the rural and urban context.

Trend to "Value Based Purchasing"

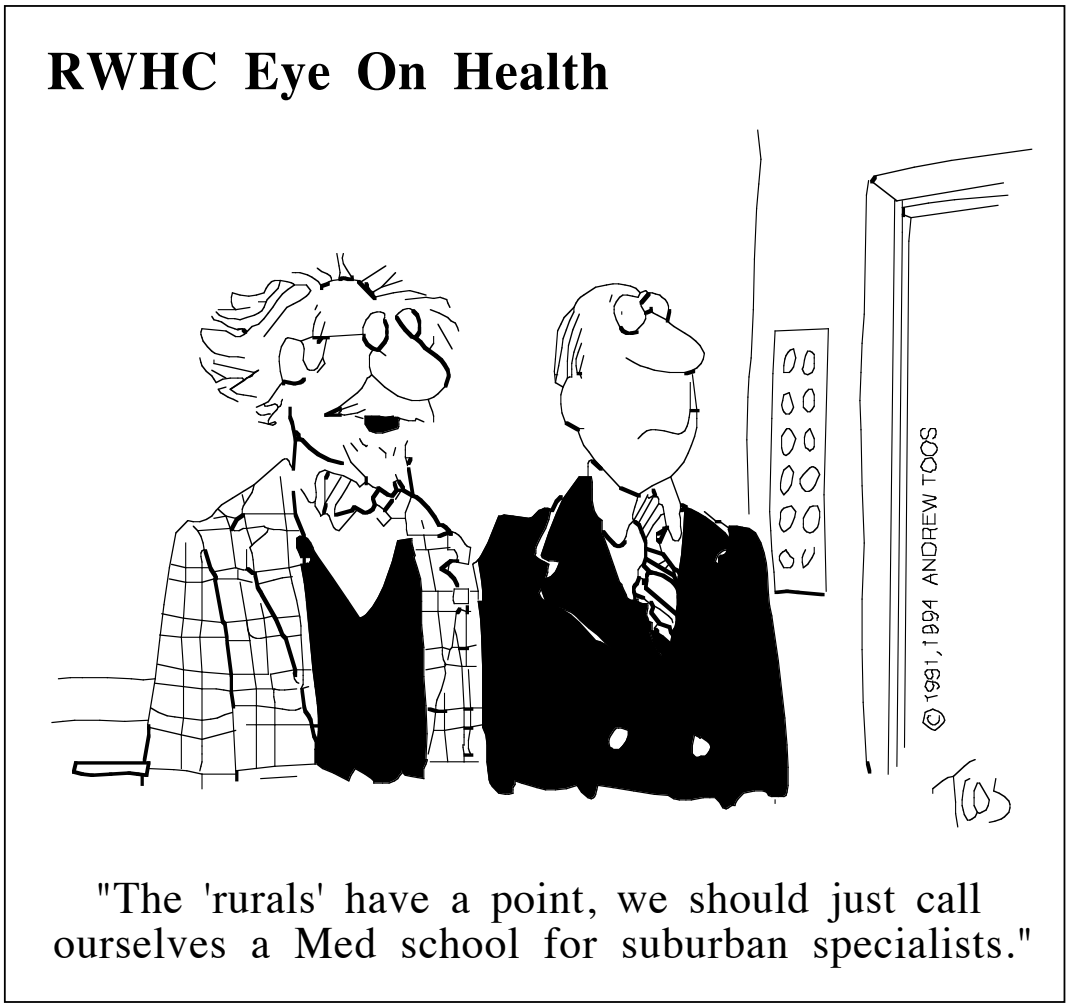
The clear trend is for private & public sector payers to create incentives for providers to move from emphasis on the volume of care to the quality of care – the "right" care at the "right" time and place.

Rural Healthcare Part of Global Reform



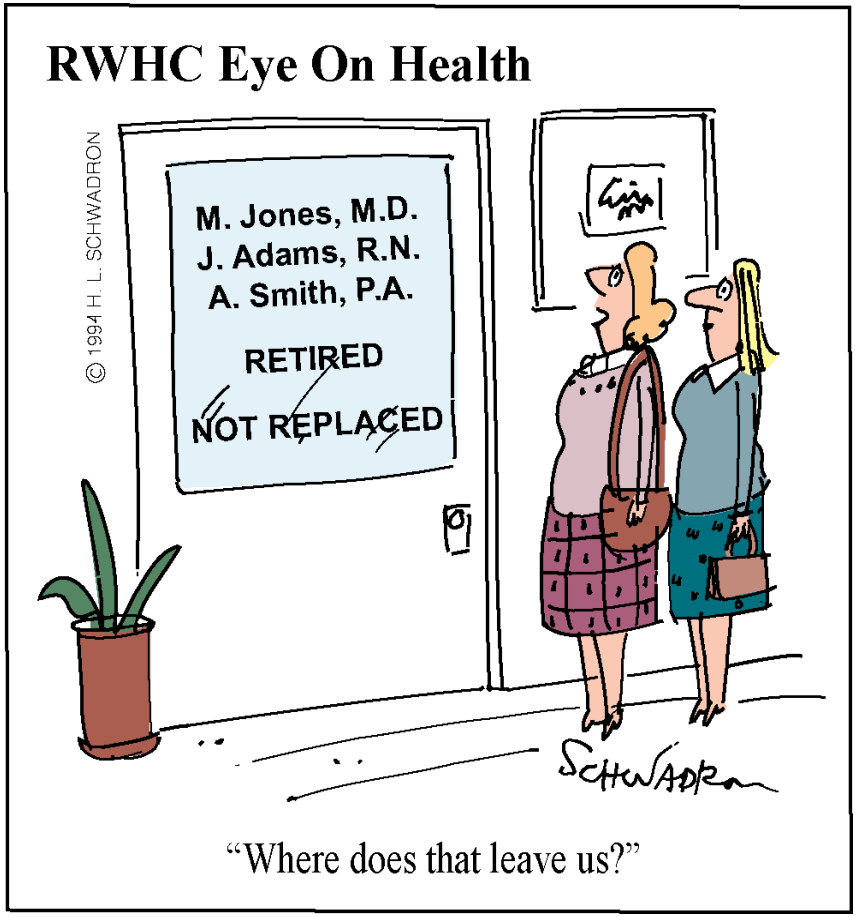
Healthcare Financial Management Association

Workforce Driven By Demographics & Attitude



The demographics of baby boomers becoming patients in huge numbers while also no longer being care givers will likely worsen the maldistribution of the workforce.

Coverage ≠ Access



Workforce shortages hit rural first, harder and longer:

<u>Currently</u>

Primary Care, Dental, Mental Health, Pharmacy & EMS

<u>Coming Our Way</u>

General Surgery & Nursing

Healthcare Reform ≠ Health Reform

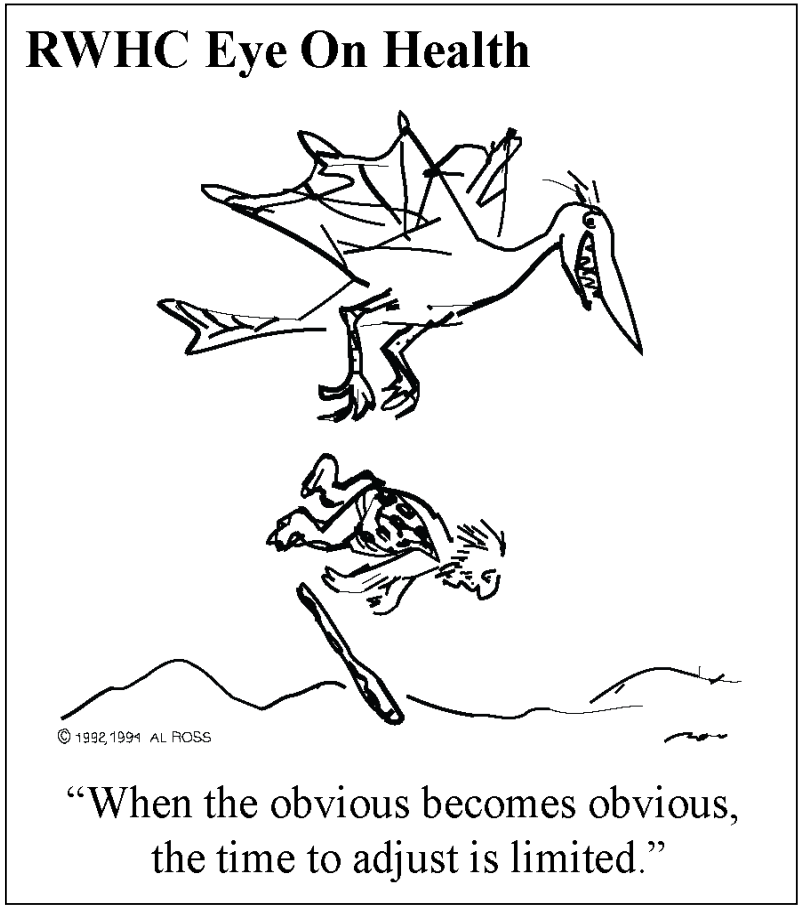
"We must provide education and preventive care, help all reach highest potential for health and reverse the trend of avoidable illness. Individuals must achieve healthier lifestyles; take responsibility for health behaviors and choices… and act."

American Hospital Association's "Health for Life, Better Health, Better Health Care" August, 2007

RWHC Advocacy Agenda is Evolving

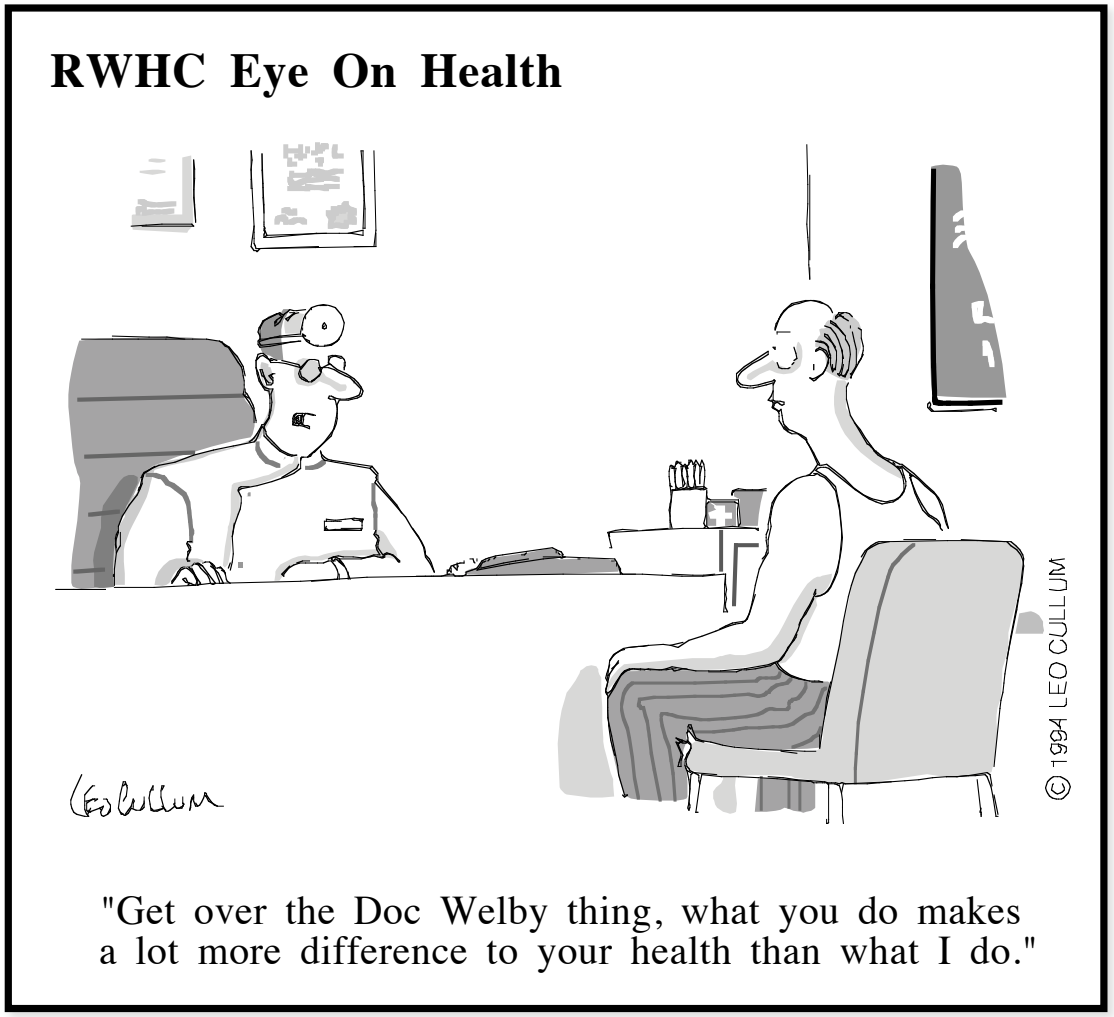
1. Federal **Healthcare Reform** that recognizes rural realities.
2. Fair **Medicare & Medicaid** payments to rural providers.
3. **Federal & State regulations** that recognize rural realities.
4. **Retain property tax exemption** for nonprofit hospitals.
5. Solve growing **shortage of rural physicians and providers**.
6. Bring rural voice to **regional provider networks & payers**.
7. Bring a rural voice into the **quality improvement** movement.
8. Continue push for workplace and community **wellness**.
9. Strong link between **economic development** and rural health.

III. Barriers to Change

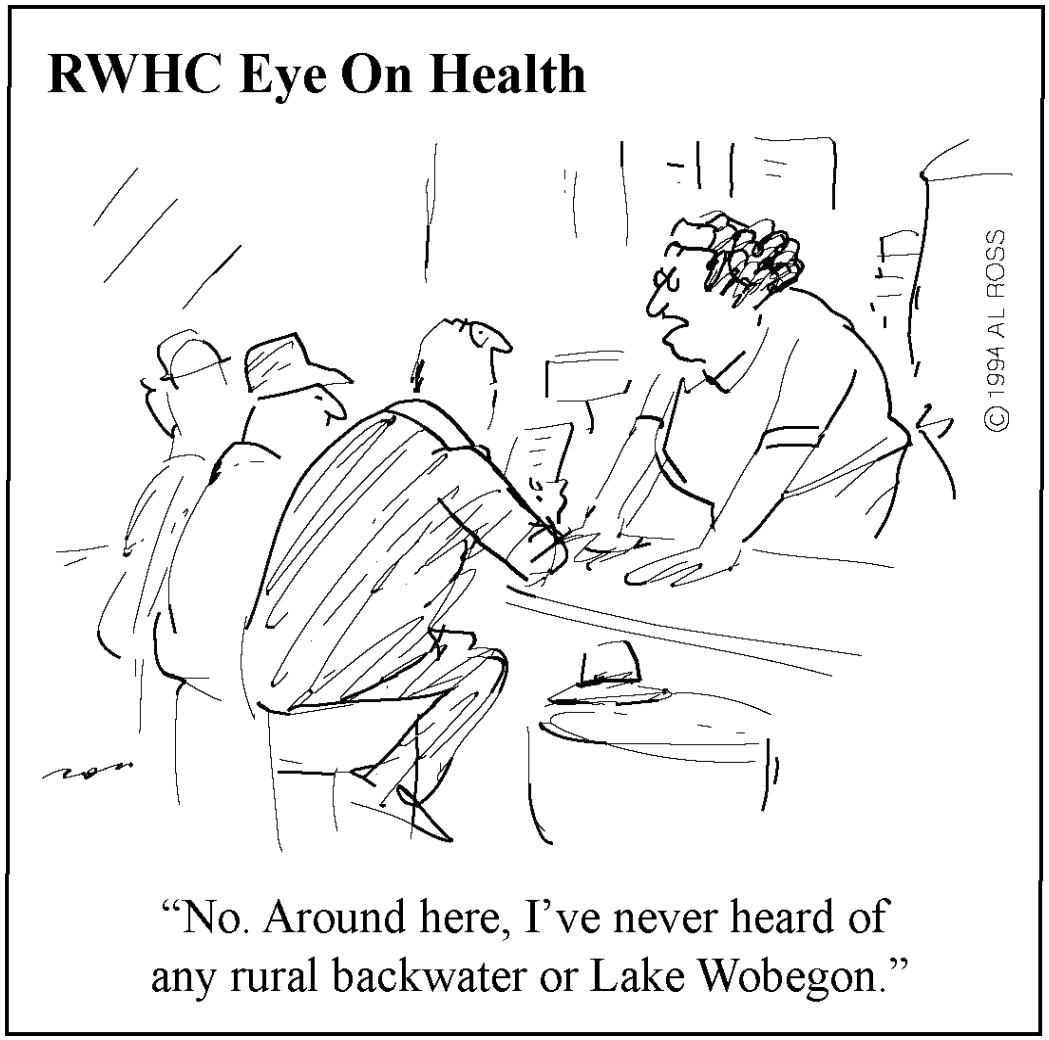


Observations as illustrated from past issues of RWHC's monthly newsletter *Eye On Health*

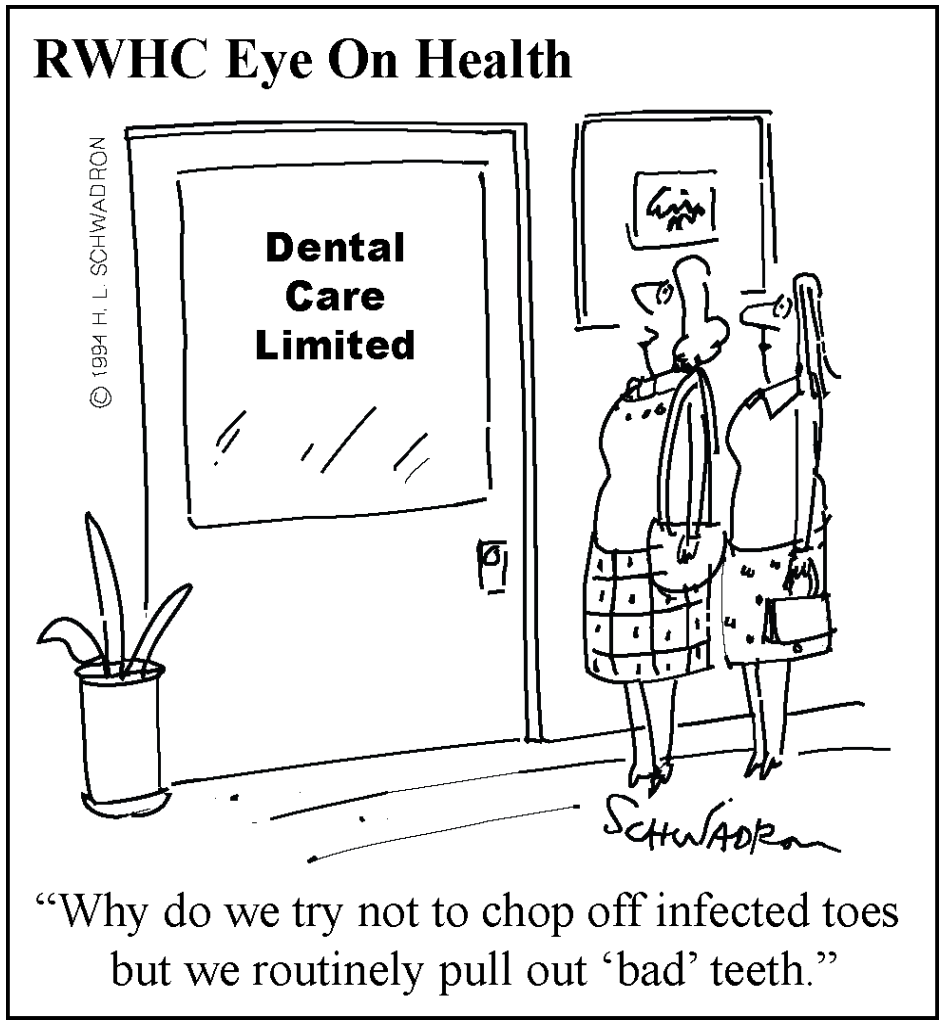
Expecting Others to Fix Our Health



The Power of Unexamined Biases



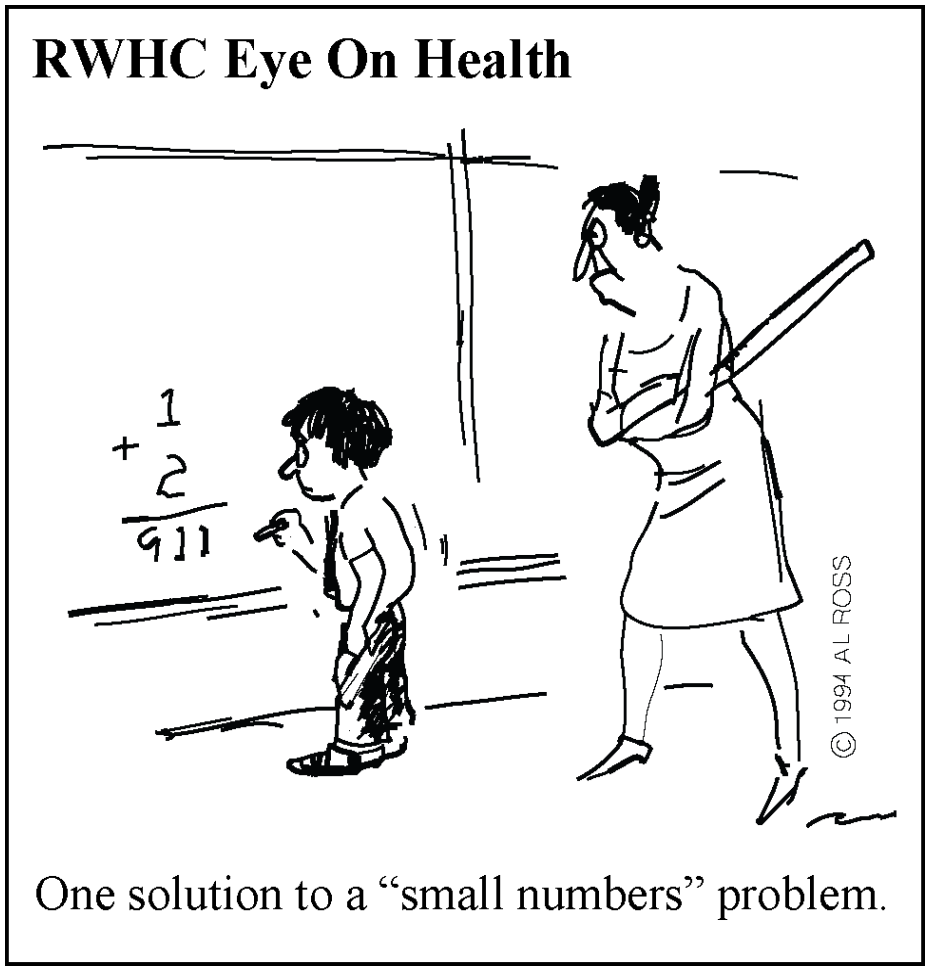
Tradition Conceals Important Questions



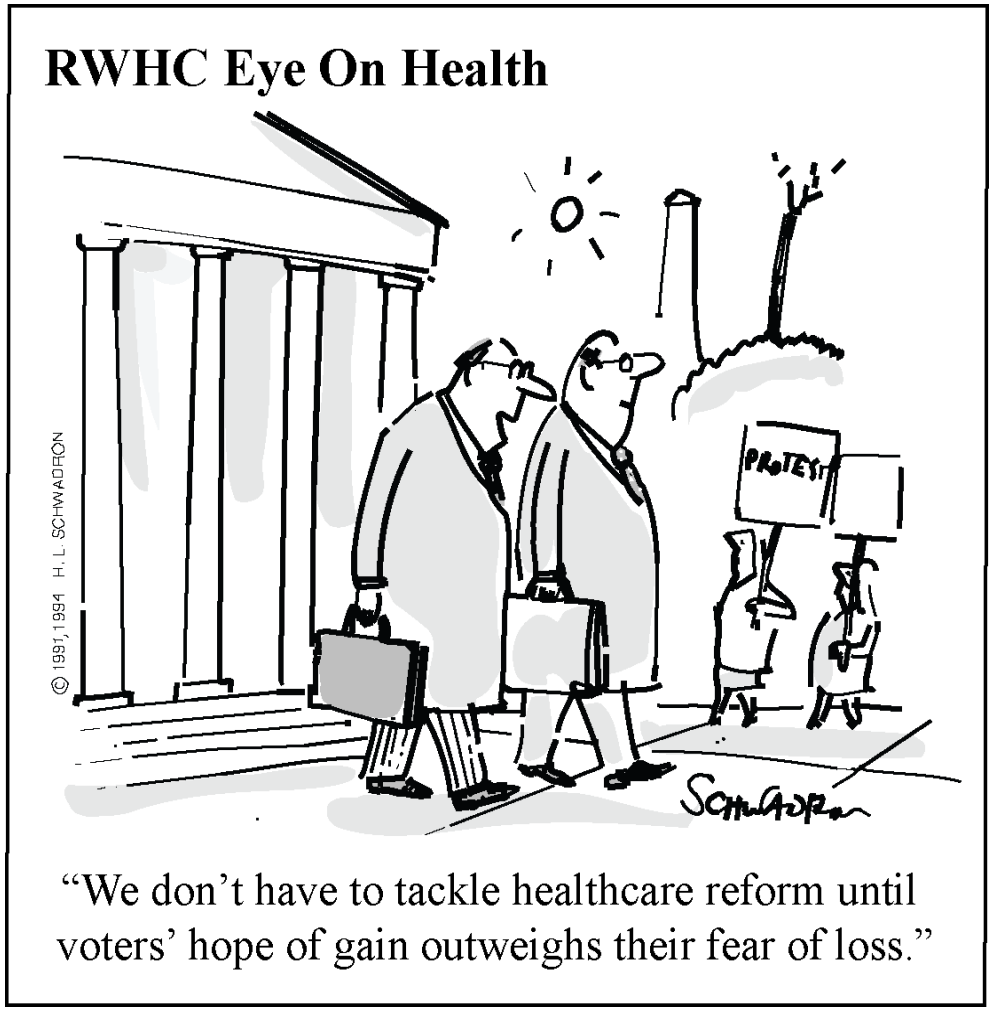
Politics Trump Policy & Research

Both public and private policy makers have constituencies that drive the process more than the best research.

Rural Faces Urban Models & Smaller Data Sets



Fear Often Trumps Hope

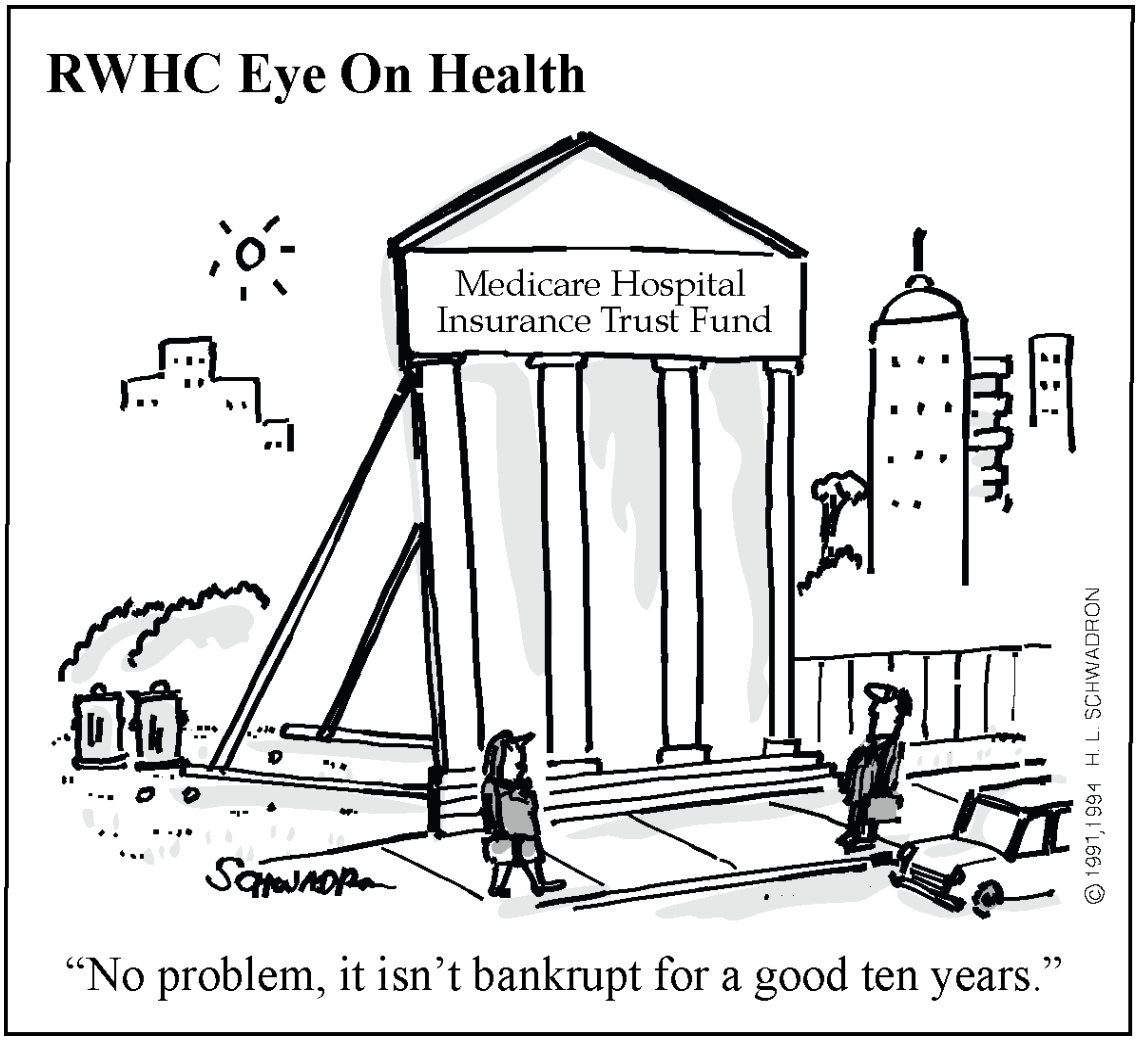


To paraphrase Machiavelli & Thomas Jefferson: reform requires "hope of gain to be greater than the fear of loss."

Don’t Underestimate Economic Self Interest

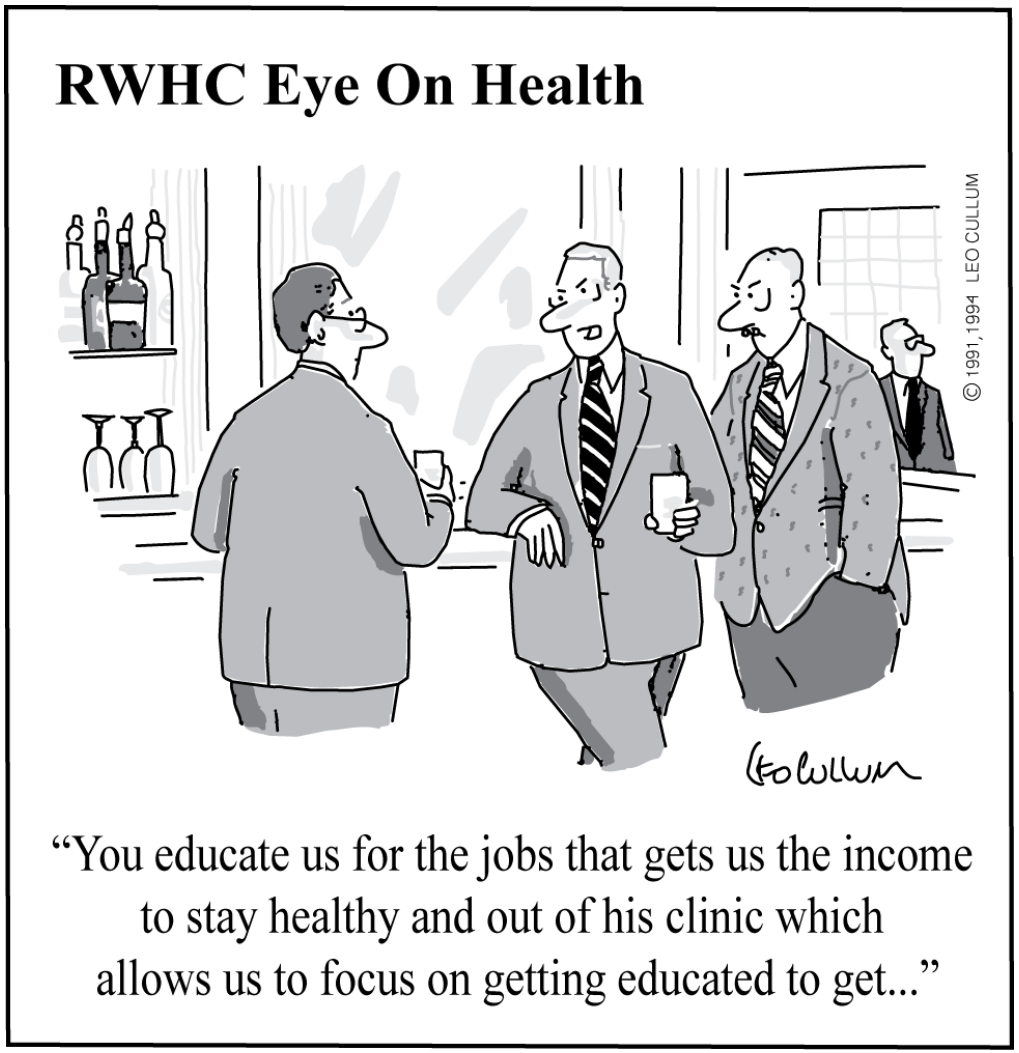
Elected & Appointed Officials Can Be At Odds

Collective Denial Trumps Data



Stated Policy & Underlying Intent May Differ

IV. Collaboration Tips



Caveat:

Collaboration needed both within and between organizations and sectors.

How Far Are You Ready To Go?

Network →	Coordinate →	Cooperate →	Collaborate
Exchange Information	Exchange Information AND Harmonize Activities	Exchange Information AND Harmonize Activities AND Share Resources	Exchange Information AND Harmonize Activities AND Share Resources AND Enhance Partner's Capacity

The Collaboration Primer by Gretchen Williams Torres and Frances Margolin

Collaboratives Address Diverse Rural Issues

- EHR Networks (RWHC)
- Health Plan Contracting Networks (RWHC)
- Baby Friendly Hospitals (RWHC)
- Immunization Consortiums (SWIC)
- GME Collaboratives (WCRGME)
- Rural Telestroke Networks (Illinois)
- Advanced Directive Campaigns (La Crosse, WI)
- CMS's "Partnership for Patients" with an emphasis on Care Transitions (WHA)
- Community Collaboratives (New Roadmaps Prize)

A Checklist for Successful Collaborating

- ❑ Host organization ready?
- ❑ The right partners involved?
- ❑ Shared vision unifies partners?
- ❑ Partners aware what is expected?
- ❑ Partners know partnership goals and objectives?
- ❑ People to do the work have been identified, staffed and made accountable?
- ❑ "Best practices have been researched and shared?
- ❑ Assets residing within the partnership have been mapped?
- ❑ Partnership encourages participation in and sustainability of its work?
- ❑ Partnership actively recruits new members?
- ❑ Defined governance model?
- ❑ Leadership is effective?
- ❑ Communication/outreach plan?
- ❑ Financial needs known and addressed?
- ❑ Work evaluated/revised?
- ❑ Partnership knows challenges that it faces?

"The Collaboration Primer" by Gretchen Williams Torres and Frances Margolin

Some Next Steps: Local Community

- Devote a periodic Board meeting or a portion of every Board meeting to review available population health indicators.
- Add Board members with specific interest in population health measurement and improvement.
- Create a "population health" subcommittee of the Board to seek community partnerships.
- Consider employees as a "community" and develop interventions to improve employee health. Then, expand the experience to the larger community.

"Population Health Improvement & Rural Hospital Balanced Scorecards,"
Tim Size, David Kindig & Clint MacKinney, *Journal Rural Health*, Spring,; 2006

Some Next Steps: State

- Advocate for improved population health measurement techniques and increased population health improvement valuation.
- Assist hospitals and clinics, and other stakeholders, to begin to link the mission of community health improvement to budget, operations, and performance measurement.
- Partner with academic institutions to design research projects around provider performance improvement and population health measurement.

"Population Health Improvement & Rural Hospital Balanced Scorecards,"
Tim Size, David Kindig & Clint MacKinney, *Journal Rural Health*, Spring,; 2006

Tip #1: Partnership Proposals Must Be Authentic

1. Good grants are good "business" plans.
2. They start with an idea about which there is passion and that you all would do with your own organizations money, if you had it.
3. There needs to be a clear "public purpose" for the requested use of public/foundation funds.
4. If successful, real value added–justifying the funder's investment and reviewers time.
5. Bold/Innovative is good and characteristic of funded grant. But reviewers as a whole can be conservative.

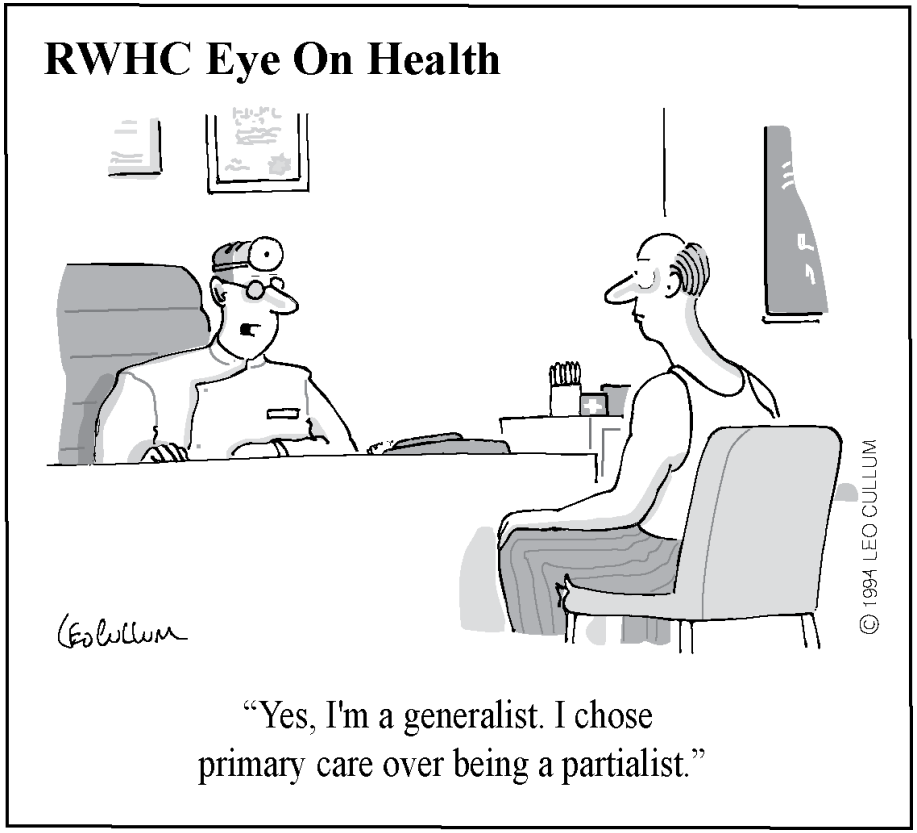
Tip #2: Not Every Group Is a Partnership

1. A partnership has a written agreement that defines its purpose, member roles and responsibilities.
2. A partnership works according to an explicit strategic plan that includes accountability.
3. A partnership is not dominated by one entity.

Tip #3: It's About Social Entrepreneurship

1. Network development is an entrepreneurial activity and as such success is not certain.
2. The odds can be increased if all participants understand that networks are businesses, albeit typically "non-profit."
3. A key responsibility is to NOT become a small business startup that fails after running through its initial capital (aka grant).
4. Sustainability is too often thought of as just one of those annoying questions one has to answer at the end of the applications about "life after the grant."

Tip #4: Communication is Core Competency



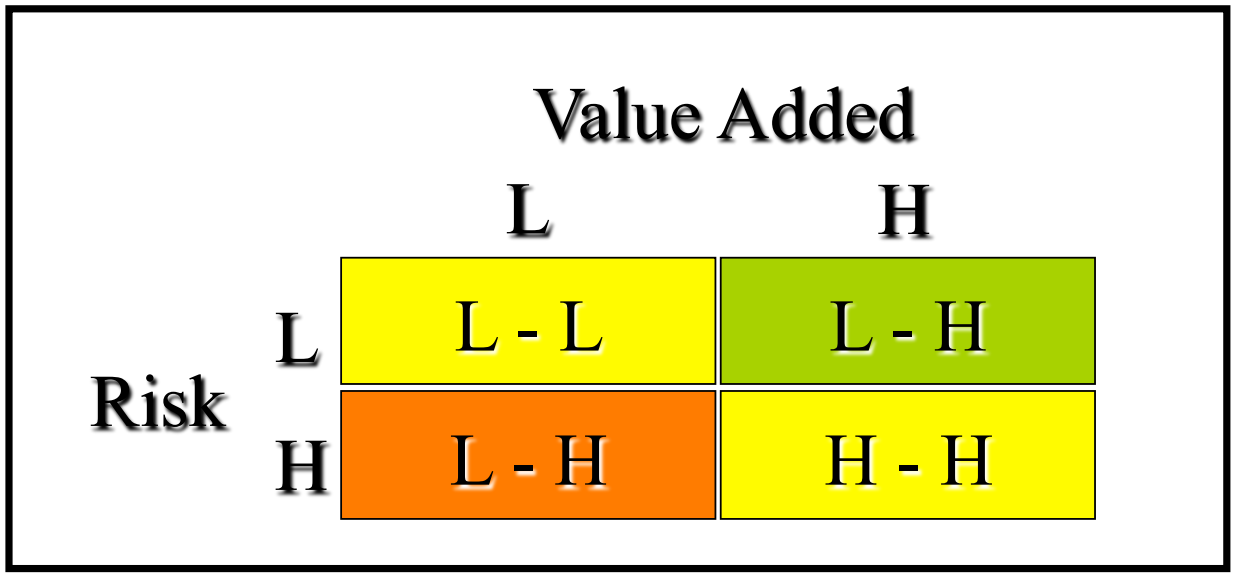
- Everyone Participates, No One Person Dominates
- Listen As An Ally–Work To Understand Before Evaluating
- An Individual's Silence Will Be Interpreted As Agreement

RWHC Meeting Guidelines from Tercon, Inc.

Tip #5: Strategy is Both Art & Science

Strategy is both the art and science of employing the political, economic and psychological forces of a group to afford the maximum support to adopted policies."

Tip #6: Balanced Portfolio



Green: "Low Risk - High Value Added" **Do it!**

Red: "High Risk - Low Value Added" **Non-starter.**

Yellow: "Low Risk - Low Value Added" **helpful in short run** and "High Risk - High Value Added" **provides real value over the long run**.

Tip #7: Seeking the Win-Win is Necessary

"Try Saying

'Yes, if …'

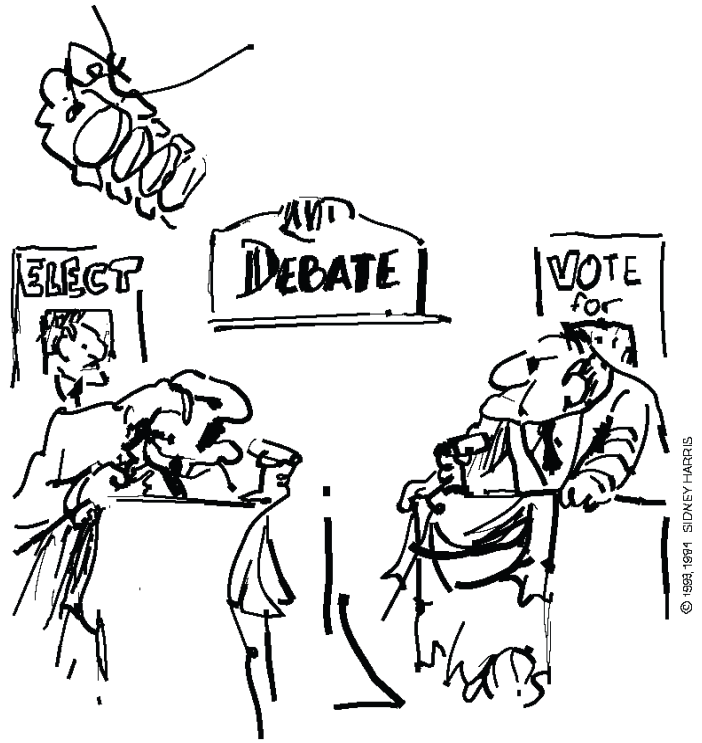
rather than

'No, because…' "

*Anne Woodbury,
Chief Health Advocate
for Newt Gingrich's
Center for Health Transformation

V. Effective Advocacy

RWHC Eye On Health



"I could agree with your position, if I wasn't raising money for reelection."

Our legislatures and congress are not models of effective advocacy given excessive partisanship driven by astronomical amounts of campaign dollars & gerrymandered redistricting.

What is Advocacy?

- It is not restricted to or mostly lobbying.
- Advocacy is working for a desired future.
- It can be on behalf of self, one or two others, or the state, nation or world.
- It may be in public or private sectors or both.
- It may be done alone or with others.

Advocacy & Collaboration Use Similar Steps

Source: Roadmaps to Health Action Center

Link at end of this PPT

Examples of What Drives Advocacy

- Need to Correct Bias – Critical Access Hospitals
- Opportunity to Reframe – Binge Drinking
- Short-term Fix Possible – Provider Payments
- Broad Coalition Possible – Workforce Data
- Address Core Need – Physician Supply
- Anticipate Problems – Medicare Managed Care
- Can't Be Avoided – Rising Healthcare Costs
- Long-term Significance – Healthier Communities

Strategic Barriers to Getting Involved

- Resources. Providers struggling to address traditional responsibilities with tight budgets are not looking for new roles "that no one will pay us to do."
- Tradition. The role of providers has been seen as treating individual patients. Population health seen as the job of public health departments.
- Values. The discomfort that most of us feel when talking about individual behaviors–other people's choices and their freedom to make those choices.

"Population Health Improvement & Rural Hospital Balanced Scorecards," *Journal Rural Health*, Spring, 2006

Your Advocacy Behaviors Matter

- Be **Brief**
- Be Accurate - **NEVER false** or misleading info
- **Personalize** Your Message - cite examples
- Be **Prepared** - know your issue
- Be Aware Every Issue Has **Two Sides** - there are voters on other side
- Be **Courteous**/Don't Threaten
- Be Patient - long process; be in for **long haul**

Wisconsin Hospital Association's Grass Roots Handbook

Three Prong Advocacy Strategy

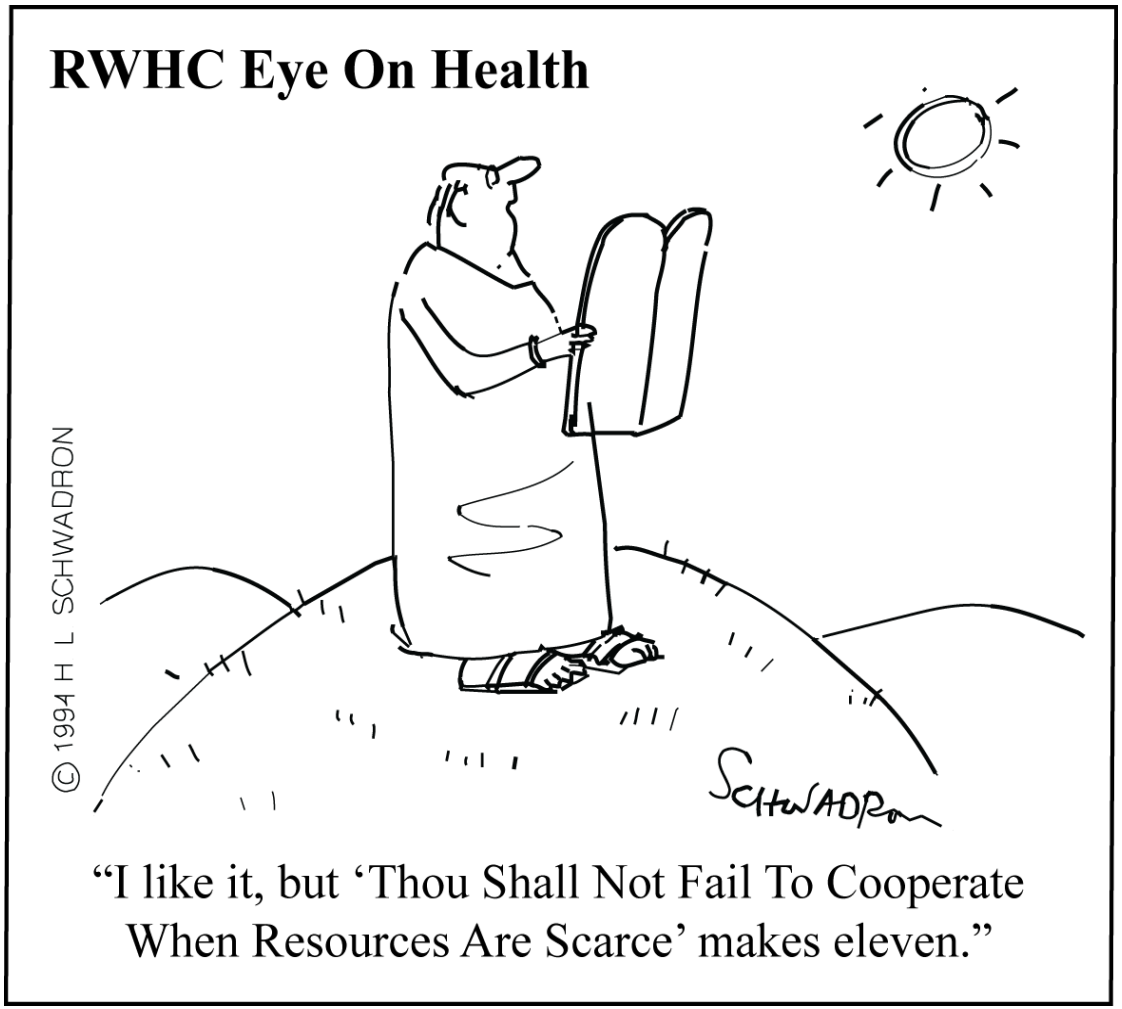
Make your best case: Develop concise, credible, persuasive, fiscally responsible, but emotive arguments.

Make friends and form alliances: Find elected champions, develop agency contacts, form alliances with a diverse set of groups.

Make it happen: Use all of your advocacy tools– government relations, grassroots and media.

Jennifer Friedman, VP Government Affairs and Policy
National Rural Health Association

Bottom Line: Follow Your Passion



Rural Health On-line Resources

- **RWHC Web**: **http://www.rwhc.com/** For the free **RWHC Eye on Health e-newsletter**, email **office@rwhc.com** with "subscribe" on subject line.
- **Wisconsin Office of Rural Health**: **http://worh.org/**
- **Rural Assistance Center** at **www.raconline.org/** is an incredible federally supported information resource.
- **Health Workforce Information Center www.healthworkforceinfo.org/**
- **The Rankings & Roadmaps Team www.countyhealthrankings.org/roadmaps/action-center**
- **Association for Community Health Improvement www.communityhlth.org/**
- **Wisconsin State Journal Special Report: "Rural Health" http://host.madison.com/special-section/rural_health/**