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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – January 1st, 2013

Stress in Healthcare is Not a Life Sentence

by Tim Size, Executive Director, Rural Wisconsin Health Cooperative, Sauk City:

Stress at my age, while not welcomed, is definitely better than the alternative. As I haven't reached my own "sell by date," I am concerned about how we manage the epidemic of stress in healthcare.

We talk a lot about the stress faced by patients and by the uninsured. That is a real and appropriate priority. In this commentary, I want to address the stress those working in healthcare face.

"Stress" means two different things that are often mixed up. It is the pressure we face to change, the "stress" we are under. But it is also how we respond to that pressure, how "stressed out" we become.

On a good day, I am not particularly stressed. Trying to prepare for multiple challenges, definitely. But feeling pain in advance, definitely not. If all turns out well, I've worried for nothing. If it doesn't, I've needlessly doubled my suffering. Once is enough.

We need some stress. It leads to creativity. It leads to the risk taking necessary for individual and corporate growth. It helps us to avoid boredom. If you aren't feeling any stress, you may want to check to see if you have a pulse. But we also know, too much stress is bad for your health.

The Mayo Clinic reminds us "stress symptoms may be affecting our health–like a nagging headache, frequent insomnia or decreased productivity at work."

When you feel under stress, your body releases a burst of hormones to fuel your capacity for a response. Unfortunately, under nonstop stress that alarm system rarely shuts off and the negative effects add up.

A recent much publicized study from Harvard University found that leaders feel less stress than others. The researchers didn't know if the leaders felt less stressed because of their role at work. Or are those who handle stress well more likely to become part of leadership?

For the sake of my colleagues, I hope this research has it right. But I'm not convinced. I look at what is being thrown at everyone in healthcare today and shake my head. I have worked in healthcare for four decades and have never seen these levels of overall stress.

I am not arguing for the "good old days." Today's stress on the healthcare system is in good measure because of key issues too long ignored. Issues such as improving the quality and cost of healthcare have appropriately become a top national priority. Healthcare's success in attracting a large share of our country's resources is causing a push back from both public and private sector payers. Healthcare is facing a critical mass of people saying, "Enough already."

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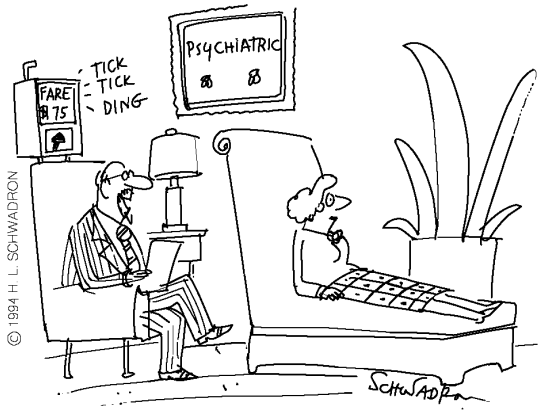

"OK, that's your ten minutes; next week we will work on stress reduction."

Healthcare, for the foreseeable future, will be under substantial stress. Each of us alone can't control all of what is happening to us, but we can choose how we respond to it.

John Ryan is president of the Center for Creative Leadership, a global provider of executive education and a former Navy pilot and retired Vice Admiral. He believes that managing individual stress comes down to these critical elements: "maintaining perspective, exercising, opening up, welcoming feedback, streamlining, and recharging."

But those in leadership positions can go a step further. **As a healthcare system, we need to be in the business of creating health, not adding to illness.** We need to work within our organizations and through the public policies we advocate to reduce the high levels of stress being experienced by those working in the healthcare sector.

We need to start asking how providers, payers and regulators can work together in a healthier way. One strategy that would make a difference has been in play for a few thousand years. The version I was taught growing up is familiar to many of us. "Treat others as you want them to treat you."

Americans are saying in overwhelming numbers that they want to see more collaboration in Washington. A recent Gallup Poll indicates that over two-thirds of Americans say they want both Democrats and Republicans to compromise equally to avoid the Federal Government's year-end "fiscal cliff." Most of us understand and accept that a compromise in government means both sides end up equally dissatisfied.

Maybe, just maybe, if Congress avoids the fiscal cliff, we all will begin to have different conversations around the implementation of Obamacare and the future of Medicare.

No easy answers on a host of differences around healthcare, but saying "yes if, rather than no, because" is a good place to start.

America's 2012 Health Rankings
United Health Foundation

Wisconsin is 16th this year–12th in 2011

Strengths

- High rate of high school graduation
- Low rate of uninsured population
- Low prevalence of diabetes

Challenges

- High prevalence of binge drinking
- Low per capita public health funding
- High level of air pollution

Highlights

- Although diabetes remains low at 8.4 percent of the adult population, there are almost 370,000 adults with diabetes in Wisconsin.
- In the past 5 years, the high school graduation rate rose from 85.8 percent to 90.7 percent of incoming ninth graders who graduate within four years.
- In the past year, the incidence of infectious disease increased from 4.8 to 8.0 cases per 100,000 population.
- In the past year, the percentage of children in poverty increased from 12.7 percent to 21.4 percent of persons under age 18.
- In the past 10 years, the rate of preventable hospitalizations dropped 14 percent from 64.5 to 55.3 discharges per 1,000 Medicare enrollees.

Health Disparities

In Wisconsin, obesity is more prevalent among non-Hispanic blacks at 49.4 percent than non-Hispanic whites at 27.2 percent and Hispanics at 19.3 percent; smoking is more prevalent among Hispanics at 29.6 percent than non-Hispanic whites at 17.9 percent; and sedentary lifestyle is more prevalent among non-Hispanic blacks at 35.1 percent than Hispanics at 26.0 percent and non-Hispanic whites at 21.6 percent.

Data for All States: **www.americashealthrankings.org**

Rural Health's Future on the Line

From "Will Congress Save Rural Health Care?" by David Lee, government affairs and policy manager for the National Rural Health Association in the *Daily Yonder*, 12/6/12:

"As legislators wrestle over money, programs key to rural health care hang in the balance. Advocates can't let cuts affecting rural patients, physicians and hospitals offset other federal expenses."

"When newly-elected federal officials are sworn-in in January, the party makeup of Congress and the presidency will be much the same. President Barack Obama, Senate Majority Leader Harry Reid and Speaker of the House John Boehner, in their respective victory speeches, promised more bipartisanship and cooperation to meet the significant challenges facing the nation. But what do these pledges mean for health care providers in rural America? And in January, will Congress remain divided or will promises of unity win the day? In the immediate term, rural providers and patients continue to have much on the line. Three payments for rural hospitals have already expired: the Medicare Dependent Hospital program, the Low-Volume Hospital Adjustment and the 'Section 508' Hospital wage index programs provided millions of dollars in reimbursements to rural hospitals treating specific Medicare populations. Unless these payments are restored, many hospitals will likely have to reduce services and staff to stay afloat. Threats to other rural provider payments, and to appropriations for numerous rural health training, research and provider programs, have also become the norm on Capitol Hill."

"Will Congress have time to address rural concerns? Will legislators use rural health programs as offsets for other spending? These questions remain critical as the end of the year rapidly approaches. In the newly elected Senate will be 53 Democrats, 45 Republicans and two independents. Many of the new Senators come from states with histories of advocacy for rural health care. These new senators will be called on frequently to stand up for rural providers in their states and throughout the country."

"As the campaign season neared its end, President Obama promised that sequestration would not take effect. The administration likely will have to act immediately to avoid mandated spending cuts under sequestration, including the 2 percent cuts to rural Medicare providers. The offsets or 'pay-fors' to avoid this sequestration are unclear. **Now is a key juncture for rural providers, educators, researchers and advocates to educate new and returning members of Congress about the challenges in recruiting and retaining health care providers to rural America."**

"Key rural health problems that now hang in the balance include increased dependence on reimbursements from Medicare, Medicaid, and 'self-payers'; longer distances patients must travel for primary and specialty care; fewer providers per capita, which may lead to long waits for visits in the rural health care delivery system; lack of funding in rural health education; and the need for continued rural health research. **The next two years, indeed the future of rural health care, depends on active engagement, now."**

21st Annual $2,500 Monato Essay

A $2,500 Prize for the Best Rural Health Paper by a University of Wisconsin student. Write on a rural health topic for a regular class and submit by April 15th. Submission info available at **www.RWHC.com**

Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the "rural advocate of choice" for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare… assists Members to partner with others to make their communities healthier… generates additional revenue by services to non-Members… actively uses strategic alliances in pursuit of its Vision.

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Email **office@rwhc.com** with *subscribe* on the subject line for a free e-subscription.

Federal Office of Rural Health Turns 25

From a U.S. Department of Health and Human Services (HHS) *Press Release*, 11/16/12:

"The U.S. Department of Health and Human Services (HHS) today observes National Rural Health Day and celebrates the 25th anniversary of the establishment of the Office of Rural Health Policy (ORHP). Created in 1987 under the Social Security Act, ORHP advises the Secretary on HHS policies impacting rural health and works with state and local partners to enhance delivery of services to 62 million residents living in rural communities."

" 'The Office of Rural Health Policy is the voice of rural America within HHS,' said Secretary Kathleen Sebelius. 'Their relationship with officials and providers within these communities offers us a better understanding of needs on the ground and informs the decisions we make at the Federal level.' "

"Housed within the Health Resources and Services Administration (HRSA), ORHP provides grants to 50 State Offices of Rural Health and community-based programs, and provides technical assistance to small rural hospitals. In addition to practical tools that rural communities can use to improve their health systems, ORHP supports research and analysis of key policy issues at the local level."

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"If it's from Tom Morris, you can trust it, but what is this nonsense about the East Carolina Pirates?"

" 'There are so many challenges in rural communities,' said HRSA Administrator Mary K. Wakefield, PhD, RN. 'With an aging population suffering from a greater number of chronic conditions and larger percentages of under- and uninsured citizens than urban areas, access to vital health care services and health care providers is a critical issue in these areas.' "

"The Affordable Care Act expands access to health insurance for uninsured rural populations through better access to Medicaid and tax credits to help pay for insurance. Last year, the President initiated the White House Rural Council to ensure that Cabinet-level Departments work across government to strengthen rural communities and promote economic growth."

" 'In many cases, rural hospitals are the economic foundation of their communities in addition to being the primary providers of care,' said Tom Morris, Associate Administrator of the Office of Rural Health Policy. 'It's our mission to help them keep their doors open and provide quality care to their communities.' Recent developments and achievements:

- **Improving Rural Health Care Initiative**–Implemented by the White House in 2010, the initiative aims to improve coordination of rural health activities across HHS and other Federal Departments and broaden use of best practices through the Rural Assistance Center.

- **Economic Impact Analysis Tool**–Created by the Rural Assistance Center with support from ORHP, the tool aids spending decisions at the local level by calculating the impact of healthcare investments on local economies.

- **Medicare Beneficiary Quality Improvement Project**–Voluntary participation of more than 80% of Critical Access Hospitals to improve quality reporting and identify best practice solutions that improve quality outcomes."

Support NRHA's New Rural Health Foundation

The National Rural Health Association has launched a foundation that will build a permanent endowment **to support programs that identify emerging leaders from and for rural communities** and will provide them with training and resources to play a lead role in ensuring access to quality health care for rural Americans. Go to **http://ow.ly/ejmLf** to watch a short video from some of the Foundation's founders or to make a donation to NRHA's foundation today.

Rural Hospitals. Healthy Communities.

A Look at RWHC's Member Hospitals impact…

Incorporated in 1979 as the Rural Wisconsin Hospital Cooperative, RWHC has received national recognition as one of the country's earliest and most successful models for networking among rural hospitals. The National Rural Health Association, the National Cooperative of Health Networks and the Wisconsin Hospital Association have given RWHC their top award available to an organization or program. Today, the work continues as the renamed Rural Wisconsin Health Cooperative responds to rural hospitals' increasingly diverse role in their communities.

In addition to providing quality health care, RWHC Member Hospitals also contribute to the local economy by supporting other local businesses through "multiplier effects" that are generated in three ways:

- The hospital's purchases create industry revenues for local businesses and "indirect" jobs and income for their employees.
- Employee purchases generate "induced" income and jobs for other businesses in the community.
- Wages and salaries are subject to federal, state and local taxes.

What are the RWHC Member Hospitals Impact on Wisconsin?

- ***Provides jobs for 13,714 hospital workers and supports an additional 8,431 jobs created indirectly for a total of 22,145 jobs.***
- ***Accounts for $2,545,292,044 in economic activity. The direct effect of RWHC Hospitals is $1,652,186,896.***
- ***Contributes $1,218,987,441 in total income to the community.***
- ***Provides $112,853,002 in total uncompensated care.***

The Vision of RWHC is that rural Wisconsin communities will be the healthiest in America. We believe that rural hospitals can help make healthy lifestyles a trademark of their communities–improving health status, reducing avoidable health care utilization and helping to attract and retain jobs. Rural Wisconsin has extra challenges. Rural counties are typically the least healthy in a state, particularly compared to suburban communities and small cities. We believe that hospitals, clinics, public health agencies and employers working together in rural communities can help employees, their families and their communities become healthier.

Job Impact of *RWHC Member Hospitals*	
Direct Jobs	13,714
Indirect/Induced Jobs	8,431
Total Jobs	**22,145**
Impact of *RWHC Member Hospitals* on Wisconsin Economy	
Revenue (Gross Income)	
Direct Impact	$1,652,186,896
Indirect/Induced Impact	$893,105,148
Total Impact	**$2,545,292,044**
Labor Income (Wages & Benefits)	
Direct Impact	$652,298,112
Indirect/Induced Impact	$257,307,599
Total Impact	**$909,605,711**
Total Income (Labor Income + Net Income)	
Direct Impact	$740,666,394
Indirect/Induced Impact	$478,321,047
Total Impact	**$1,218,987,441**

Data: **www.wha.org/economic-impact.aspx**

Update Re Wisconsin Rural GME Initiative

From the Wisconsin Rural Physician Residency Assistance Program at ***www.fammed.wisc.edu***:

"The Annual Report to the Wisconsin State Legislature establishes the background, purpose and need recognized by the Joint Finance Committee in establishing funding for the Wisconsin Rural Physician Residency Assistance Program (WRPRAP). It summarizes activities and progress achieved in 2012 toward the long-range goals of creating more Graduate Medical Education (residency) training positions in small community settings to build the future medical workforce in underserved rural areas."

"In addition to reporting on mandated questions, it details WRPRAP accomplishments granting awards to programs seeking to enhance residency education quantity or quality; outlines technical assistance offered to grantees and to other stakeholder groups to support their early development in GME; demonstrates expanded outreach to primary care subspecialties beyond family medicine; and indicates intended future development efforts."

"In brief, WRPRAP awarded seven new grants for the 2011-12 fiscal year and one thus far for the 2012-13 fiscal year, with more interest and activity anticipated. Grants were issued in support of development of new rotation sites, fellowship programs and feasibility studies to determine the viability and sustainability of one GME model or another, and in one case, to organize and nurture a coalition of organizations embarking on new GME initiatives."

"The coalition organized informally as the Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME or 'the Collaborative'). Membership consists of WRPRAP grantees and those organizations that have been active in the Collaborative, usually because they are also contemplating future residency training in their communities with WRPRAP support."

"The Collaborative is housed at the Rural Wisconsin Health Cooperative (RWHC) in Sauk City. Collaborative members benefit considerably from the expertise and attention of the Manager for Rural GME Development and Support hired by RWHC with WRPRAP funding to guide and mentor each partner through its development process."

"WRPRAP has provided technical assistance directly to members of the Collaborative through regular educational workshops about many aspects of GME process, regulations, accreditation, funding, faculty development, etc. and by contracting for consulting services from national rural residency experts both collectively in common meetings and through individual consultations at their respective sites. The support provided by the Manager and also paid consultants has proved crucial in giving Collaborative members the confidence to that they have the capacity to succeed as resident training sites in their rural communities."

"Outreach efforts have continued to identify organizations, programs and individuals who potentially have the interest and capability to contribute to rural residency training in Wisconsin. WRPRAP has deliberately pursued national networks and connections to those engaged in rural GME in other states to learn and share information, contribute to the national dialogue and raise awareness about the effort that will be needed to create the medical workforce future generations will require, especially among currently underserved populations."

"Outreach this year has also extended directly to the full range of physician specialties eligible for WRPRAP funding. While GME development for family medicine physicians–our early focus–is undoubtedly the greatest need in terms of total numbers of physicians needed to eliminate shortages in small communities, it is also important to increase the numbers of other primary care physicians in those communities in order to make adequate care accessible outside large urban centers. Act 190 identifies family medicine, internal medicine, OB/GYN, pediatrics, general surgery and psychiatry specialties as eligible grantees."

"In an effort to lay the groundwork for an education pipeline that will supply the current and future medical care needs of rural communities, WRPRAP has entertained proposals for educational innovation for residents through unsolicited RFPs as well as specifically defined grant options. In this way, we have identified

potential growth areas that are uniquely suited to the needs and strengths of particular communities."

Leadership Insights: *"Inspire Someone"*

The following is from the December issue of RWHC's *Leadership Insights* newsletter by Jo Anne Preston. Back issues are available at:

www.RWHC.com/News/RWHCLeadershipNewsletter.aspx

"**The girls' volleyball team in the rural town of Manawa, WI, has turned out 10 nurse practitioners and an additional 1-2 registered nurses every year since 1985.** Thank you, Tina Bettin, DNP, MSN, rural WI nurse practitioner, and girls' volleyball coach. When she shared this at a recent statewide summit to explore solutions to the primary care shortage, she got a round of spontaneous and inspired applause. It was one of those sweet moments, looking out over the crowd, when the whole room realized that this woman just upped the ante for all of us as leaders."

"Workforce development and recruitment responsibilities, like customer service, are not somebody else's department. **Being an active leader includes taking accountability to help recruit the next generation of professionals."**

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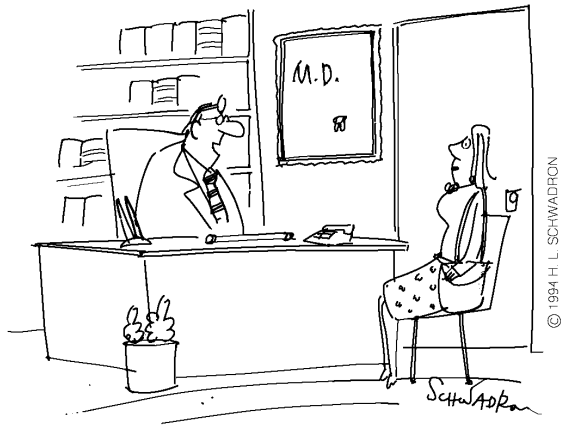

"Rural health professionals don't fall from the sky; they are home grown from the ground up."

"This matters in all health care areas, not just direct patient care *(what teenager knows what coding is if they don't know someone who does it?)*. Young people need to be exposed to health care careers to even consider them."

"You may have noticed that the youth who spend the most time in the dentist office often go into that field. Those who have been to physical therapist for an injury, or with a family member, get interested in therapy careers. 'Goodwill' is not the only reason colleges host summer camps for high school kids."

"When they are welcomed on campus as a young person, students are more likely to choose that college when it is time to pick where to go to school. The initial exposure creates awareness, then the invitation and encouragement comes from the personal connection."

"Everyone is busy. Not all of us have the talent or opportunity to coach a volleyball team, but there are other ways you can inspire young people toward a health care career:

- 1-2 hour commitment: Volunteer to talk to school classes about your career–and it can be as young as kindergarten. It is never too early to begin! Call the school counselor to inquire and prepare a brief 15-30 minute age-appropriate presentation with an age group you are most comfortable with. Once set up, you could do this annually.

- Another 1-2 hour commitment: Rather than going to the school, invite a group of local students in for a field trip to your department.

- Get your whole department involved (which doubles as a team building effort). Have them plan for student visits. Encourage speaking opportunities for staff who would enjoy it and be good at it as a way to develop them.

- Need help with how to make it age-appropriate and hands-on? Go to **www.worh.org/ClubScrub** for a free tool kit. Club Scrub (a program of the Wisconsin Office of Rural Health and the Rural Wisconsin Health Cooperative) exposes youth to a variety of health care careers. Hospitals and schools participate together to bring students in to

multiple hospital departments for experiential career learning. Even without starting an actual club, the curriculum can easily be used to stimulate ideas for how to engage students in activities that simulate real work.

- Where are youth already in your life? Look at your church, fitness center, the local library, community gardening, your friends' kids, etc. As Tina Bettin shared, ***'Just ask. Ask any kid what their future plans are, and show an interest.'***

- Offer to speak at local Boys and Girls Clubs, YMCA programs, and school-sponsored clubs. Even these once-only presentations MAKE A DIFFERENCE. And who knows? It may spark your interest to get more involved.

- Go for it like Tina Bettin does. Inspire young people by being a team coach, and serve as an ongoing role model and mentor."

"Tips for talking with students:

- Talk about why and how you chose your career. They are trying to decide; your decision-making process will be of keen interest.

- Share what they can be doing right now that will help them in a future health care career.

- Just show an interest. You don't have to be or act young or even know how to text (though they can teach you)."

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"What's in it for you? First, a workforce to take care of us as we age! Second, you'll get as much from it as the kids do. It's a little like exercising; you might not always feel like it, but when it is done you feel so energized."

Contact Jo Anne Preston for individual or group coaching at ***jpreston@rwhc.com*** *or 608-644-3261. For Info re the RWHC Leadership Series 2011-2012 go to* ***www.rwhc.com*** *and click on "Services" or contact RWHC Education Coordinator Carrie Ballweg at* ***cballweg@rwhc.com*** *or 608-643-2343.*"

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