

Rural Health Needs the Right Questions

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

Early this summer I had the opportunity to attend a two-day meeting sponsored by the White House Rural Council. The Council is overseen by the Secretary of Agriculture in collaboration with the Executive Office of the President and includes leadership from over two dozen federal agencies, including the Federal Office of Rural Health.

We began our work at the Eisenhower Executive Office Building and ended up at a nearby historic hotel, The Hay-Adams. I have been to Washington many times but I am always fascinated by the history and promise of our nation's capital, even with today's dysfunctional Congress.

The meeting was useful with a focus on potential opportunities to advance rural health through new partnerships between the private and public sectors, in particular the role of private foundations.

I am still struck by a question from another participant on the first day. I was all the more troubled as the questioner seemed well motivated and totally reasonable. These may not be the exact words, but they convey the sense as I remember it: "What is the 'right model' for rural health care so that we can be sure we are not 'over-investing?'"

"Judge a man by his questions rather than by his answers."—Voltaire
RWHC Eye On Health, 9/5/13

To quote an old friend, "I couldn't have disagreed more" with the assumptions behind that question.

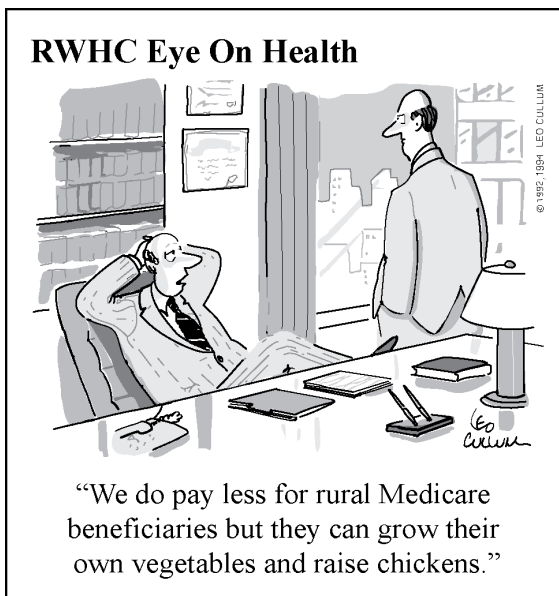
I responded as tactfully as I could by saying, "I couldn't really worry about this until our country got a lot closer to making an equitable investment in rural health." For me the question highlighted a dangerous myth—that we are spending too much on rural health.

The use of scarce dollars for rural health obviously must be done wisely. But given the studies and numbers I have seen, I don't believe we are even close to needing to worry about "over-investing."

Rural can do much better, as can the whole healthcare system. But rural is already doing more with less according to a report issued last December by the federal Department of Health & Human Services' National Advisory Committee on Rural Health and Human Services:

"The people served by rural hospitals are more likely to report a fair to poor health status, suffer from chronic diseases, lack health insurance, and be heavier, older, and poorer than residents of urban areas. Yet overall, the average cost per Medicare beneficiary is 3.7 percent lower in rural areas than in urban areas, and rural hospitals perform better than urban hospitals on three out of the four cost and price efficiency measures on Medicare Cost Reports."

In the same vein, the Alliance for Health Reform, supported by the Robert Wood Johnson Foundation, says,



“Rural residents have rates of chronic disease such as diabetes, heart disease, high blood pressure and obesity that are greater than urban or suburban populations.” So we have much to still accomplish.

It doesn't sound to me that rural health is receiving an unfairly high share quite yet. What about the first half of the question at The Hay Adams—“What is the right rural model?” Simply put, there is no “single” or “right” model for America's diverse array of rural communities, but there are key questions to guide each community in seeking their own answers.

The “model of care” question falls into four buckets:

- (1) How do we provide local patient-centered care that is team based and outcome focused?
- (2) How do we collaborate with regional organizations to emphasize value of care over volume of care?
- (3) How do we partner with others locally and regionally to foster healthy communities?
- (4) How do we adapt urban-based federal models to the unique characteristics of our rural communities?

These are the questions we need to be addressing and I have no doubt that in most communities this is work increasingly under way.

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 in partnerships to make their communities healthier... generates additional revenue by services to non-Members... ongoing use of strategic alliances in pursuit of its Vision. Tim Size, Editor, 880 Independence Lane, Sauk City, WI 53583

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In a key way, I do admit that rural has a real advantage. Rural physicians, clinics and hospitals have the advantage of being able to make change more quickly. There is a depth of passion and dedication when neighbors are quite literally caring for each other.

I have no doubt that we have a hometown advantage in that rural communities want rural providers to succeed and to **keep local care local**.

An edited version of the above commentary was published in the Daily Yonder: Keep in Rural on 8/23.

Rural Wisconsin in Washington's Crosshairs

From “Wisconsin would be one of biggest losers from Critical Access Hospital report recommendations” by Tim Stumm in *Wisconsin Health News*, 8/29:

“Wisconsin has more skin in the game than most states when it comes to a recent federal report recommending the Centers for Medicare and Medicaid Services reconsider a permanent exemption for ‘necessary provider’ hospitals that don't meet certain distance requirements for the critical access program.”

“Wisconsin has 58 Critical Access Hospitals and 53 necessary providers, more than all but five states in each category, based on data provided to Wisconsin Health News from the Office of the Inspector General (OIG) at the Department of Health and Human Services. Only Kansas, Iowa, Texas, Minnesota and Nebraska have more critical access hospitals and critical access hospitals certified as necessary providers.”

“Kansas—where HHS Secretary Kathleen Sebelius was governor from 2003 to 2009—leads all states with 83 Critical Access Hospitals, all of which are also necessary providers.”

“Iowa is close behind with 82 hospitals in the critical access program, 100 percent of which are necessary providers. Minnesota and Texas each have 79 Critical Access Hospitals and 71 and 64 necessary providers, respectively. And of Nebraska's 65 Critical Access Hospitals, 55 are necessary providers.”

“Up until 2006, states were able to exempt Critical Access Hospitals from the distance requirement by designating them necessary providers. States can no longer do that, but hospitals labeled necessary providers before then are grandfathered into the program.”

“Meanwhile, federal officials and state hospital leaders disagree on how many Wisconsin hospitals would be impacted by the OIG report’s recommendations.”

“WHA President Steve Brenton said OIG’s updated figure took into account the distance between critical access hospitals when driving on primary or secondary roads, but he said he considers OIG’s new figure wrong. He called the debate over whether the correct number of critical access hospitals is 53 or 42 an ‘academic exercise’ based on the report’s ‘confusing’ language.”

“ ‘OIG is on a fool’s mission,’ he said. ‘They fail to understand what rural health care is all about and they certainly fail to understand how important these necessary provider-designated critical access centers are to their communities.’ ”

Rural is Value & Lifestyle as Much as Place

From the “Findings from a survey of 804 registered voters living in rural communities and small towns” by the Center for Rural Affairs in Lyons, Nebraska, and conducted May 28 - June 3, 2013, that reached 804 registered voters living in rural areas and small towns:

Rural America is an important value and lifestyle, and they want it to survive. “Rural Americans are a proud and diverse group of people. They value their way of life and want to pass those values on to their children. They sadly believe the rural way of life may be fading and they want to stop it, reverse it, and revitalize rural America. They believe they can, and they think the American Dream is more attainable in rural America than it is in bigger cities. Lastly, **they believe they are being ignored by politicians and place blame on government for the state of the rural economy because the government ignores rural Americans.**”

Rural Americans have a lot on their minds—as do Americans in big cities. “And, for the most part, they have the same overall concerns, mainly the rising costs of every day items and the increased costs around health care (this is similar to what we have seen among other Americans). Ironically, they are less stressed about losing their jobs or increased rent and mortgage payments (this is different than data we see among other Americans). Ironically, it is younger rural Americans who worry about saving enough for retirement. Rural women worry most about rising costs of everyday items.”

Rural Americans are frustrated that the economy has grown stagnant, but are optimistic. “They feel they have too little control over their own economic situation and feel worse off now than four years ago. With that said, they are optimistic that things will get better (especially younger rural Americans) but not overwhelmingly convinced that it will. **They want more stability, especially now that they lack control over their own economic situation, and want to be able to count on something at a time right now when there is little to count on.** They believe that the fabric of America is being weakened by the growing gap between the rich and families struggling to make ends meet.”

Rural Americans are divided on the role of government, but neither current ideological perspective (conservatives or progressives) have it right. “On the one hand the language around lower taxes, smaller government, and fewer regulations is attractive (the highest testing message). On the other, policies that call for more job training, increased infrastructure investments, more technology, and better preschool options clearly require a role for government if things are to improve. **It is too simplistic to believe rural America is anti-government and that there is nothing for progressives to say, nor is it possible to say that rural America wants bigger government and more spending.** They want tax breaks but they also support increased loans and grants to help people gain skills and open small businesses. They want more efficient and effective government and view much of public policy as a fairness issue in which rural America has not received fair treatment.”

Rural Americans remain populist Americans. “They have distrust for big farms, big cities, big banks, and big government. They believe the gap between rich and poor is increasing and harms America. They believe they are being ignored in favor of people in the cities. They think it is easier to make a living in cities compared to rural areas. They think their way of life is fading because these groups are getting ahead and they are not. **They are protective of their way of life, but are also more proactive about it than conventional wisdom would suggest.**”

Rural Americans are entrepreneurial. “Many want to own their own small businesses. They want government structured to help small businesses and first time farms get started. Even then, we must be careful because they have a complicated relationship with the farm bill and farm subsidies. They do not want to see them cut. They may want them better directed and more strategic and focused, but the worst testing language in the poll talked about diverting farm subsidies to other rural priorities. They did, however, support reducing the amount of subsidies going to big and mega farms to pay for increased investments in rural America. This will be a complex path forward.”

Language matters, but values matter more. “Rural Americans tip toward supporting government involvement in some areas when the language is based on values. They tend to tip against government solutions when it goes to spending, and particularly taxes. Rural America is still very tax-sensitive. The strongest message highlights ‘smaller government’ but the next strongest is anchored on ‘investing more’ to bring technology to rural America and getting business started. **They respond to positive, aspirational language more than negative statements.** They want to invest in the future of rural America and to develop a strong rural economy for their children and grandchildren.”

Support NRHA Rural Leadership Development

The National Rural Health Association has launched a permanent endowment **for programs that identify emerging leaders from and for rural communities.** The mission is to provide training and resources to help them play a lead role in ensuring access to quality health care for rural Americans.

Go to <http://ow.ly/ejmLf> to learn more.

AHA Tools for Rural Population Health

From “Addressing Population Health in Rural Communities” by Cynthia Hedges Greising and Thomas Duffy in *Hospital & Health Networks Daily*, 8/29/13:

“The American Hospital Association (AHA) offers tools at <http://ow.ly/otwe7> to help small and rural hospitals develop effective partnerships and meet the challenges of improving population health.”

“Population health management focuses on understanding the health needs of the community, measuring and evaluating health status, and developing collaborative programs that will improve health outcomes. Health care and community leaders are shifting toward population health management by focusing on assessment, prevention, wellness, chronic disease management and other initiatives. Merging the resources and skills of hospitals and health care systems with community partners is essential for the integration and expansion of population health management programs.”

“Some small and rural hospitals already have established strong relationships with their communities—they integrate services with other local organizations and health providers. These relationships will prove advantageous for creating targeted population health management programs. It’s true that small and rural hospitals must overcome challenges not encountered by urban providers, such as more patients with multiple chronic diseases and lower incomes, geographic limitations, and constrained financial resources. But small and rural hospitals and care systems can use their advantages to establish strong community partnerships for effective population health management.”

Developing an Effective Partnership—“If your health care organization has not yet established a successful working relationship with community partners for population health initiatives, start by:

- conducting a community health needs assessment (for more information on conducting this assessment, access the Association for Community Health Improvement’s Assessment Toolkit at <http://www.assesstoolkit.org>);

- working with the community to synthesize the assessment results;
- identifying potential community partners aligned with your health mission or objectives;
- forming one or more partnerships to address health issues in the community.”

“Critical to the success of a population health program is an organized and structured partnership. For those health care organizations that are developing relationships with community partners, a downloadable Population Health Partnership Checklist at <http://ow.ly/oqzL1> developed by the American Hospital Association can provide guidance.”

Building and sustaining a collaborative partnership—“Cheyenne Regional Medical Center is a rural health care system headquartered in Wyoming’s capital. In 2005, Cheyenne Regional helped to establish the Cheyenne Health and Wellness Center. Together the wellness center and the medical center provide a wide range of health care services: primary medical care, immunizations, diagnostic screening, family planning and more.”

“To better engage and treat patients with chronic diseases, Cheyenne Regional established the state’s first safety net, patient-centered medical home in 2011. In two years, this medical home has improved access and health outcomes and has held down costs. For example, the number of female patients who received a Pap test rose to 68 percent from 19 percent. Body mass index has been recorded for 100 percent of patients at the time of their visits.”

“The wellness center implemented several plan-do-study-act cycles to successfully build chronic-disease management programs and to streamline processes,

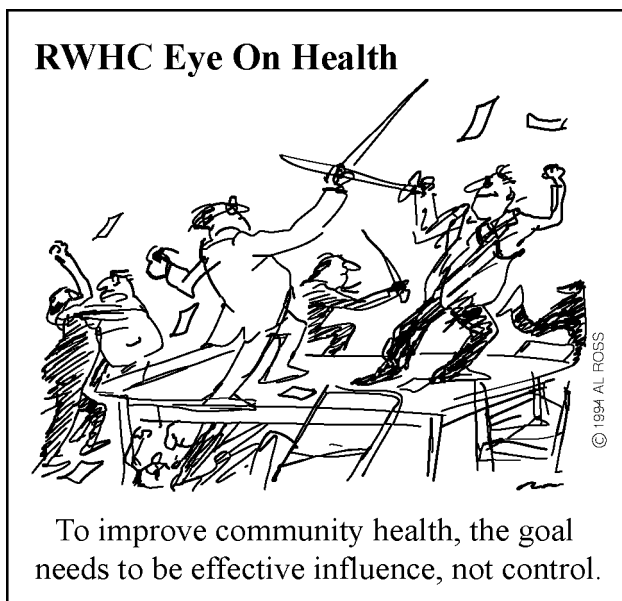
including those for medical referrals. The size of its patient population increased by 17 percent, but the average cost per clinic visit decreased by 20 percent.”

Increasing training and health screenings, and reducing costs—“The community of Wrangell, Alaska, has a population of 2,300 and is accessible only by airplane or boat. This scenic but remote location creates challenges for health care delivery. Wrangell Medical Center, the only hospital in the community and one of its largest employers, includes an eight-bed acute care unit and a 14-bed long-term care unit, along with an emergency department, lab and specialty clinics.”

“To meet Wrangell’s economic and social challenges and to address the need for qualified nursing assistants, the medical center partnered with the local educational system to establish the Rural Health Careers Initiative. This program provides clinical education and training to interested students who receive mentoring and financial assistance for the yearlong course. The medical center prescreens applicants and offers hands-on training to improve students’ educational performance. To date, this program has trained more than 200 students and saved more than \$250,000 in education costs.”

Value of Strong Partnerships—“By managing challenges and leveraging opportunities, small and rural hospitals and care systems can work with their communities to create flexible and customized

population health programs. The impact of these programs can be significant due to the strength of the relationship between the community and hospital or care system. Effective population health management calls for building and sustaining strong partnerships. By marshaling their resources, small and rural hospitals or care systems and partner organizations can establish successful community health initiatives and improve population health.”



*“Cynthia Hedges Greising is a communications specialist and **Thomas Duffy** is a program manager, both at the AHA’s Health Research & Educational*

Trust. For more information and case examples, visit the Hospitals in Pursuit of Excellence website at www.hpoe.org and access the HPOE guide ‘The Role of Small and Rural Hospitals and Care Systems in Effective Population Health Partnerships.’”

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“Rural pharmacies play an integral role in managing and coordinating care for rural residents. In a community with limited health care options, such as com-

munities in many rural or remote areas, the local pharmacist ensures access to important health care services other than dispensing medications. Pharmacists administer important community-based clinical care including medication therapy management, blood pressure checks, diabetes counseling and blood glucose testing, immunizations, and educational classes or participation in health fairs. Additionally, pharmacists often collaborate with one or more health care organizations within the community, serving as a prescription drug dispensary and a consultative contact point for rural residents. Some rural residents also rely on having their medications delivered to their home as a source of access to prescription drugs. Losing a sole community pharmacy may reduce access to prescription drugs and clinical pharmacy services for rural residents, specifically for individuals who are less mobile, such as the elderly.”

Rural Pharmacy Closures

From “Causes and Consequences of Rural Pharmacy Closures: A Multi-Case Study” by Kelli Todd, Katie Westfall, Bill Doucette, Fred Ullrich and Keith Mueller in a *RUPRI Center for Rural Health Policy Analysis Rural Policy Brief*, August, 2013:

“Local rural pharmacies provide essential pharmacy and clinical services to their communities. Pharmacists play a critical role in the continuum of care for rural residents, and the loss of a local pharmacy may impact access to prescription drugs and clinical care. This policy brief identifies factors that contributed to the closing of six pharmacies and describes how the affected communities adapted to losing locally based services.”

Key Findings

- “Five out of six pharmacies studied closed due to retirement and/or difficulties recruiting a successor.
- In five of the six communities, residents now either drive to the nearest pharmacy or use mail-order to receive their prescriptions and, in some instances, receive their prescriptions through a courier service from a pharmacy in a nearby town.
- Access to pharmacy services in these communities is of most concern for individuals with limited mobility and those who lack a support system that can pick up and deliver their prescriptions (e.g., the elderly and people with acute conditions).”

Exercising Your Spiritual Muscle

From “Exercising My Spiritual Muscle” by Bill Bazan on his blog at [Medicine in Search of Meaning](#).

“I am a great believer that meaning and purpose will find me each and every day whenever I am ready to receive its message. No matter what challenges me, no matter what happens to me, and no matter what experiences I am currently engaged in... all events provide a scenario wherein meaning and purpose can be discovered, or better yet ‘uncovered.’ Allow me to share a story with you that you have probably heard many times over your lifetime. This story will illustrate clearly that it is not the experience itself that provides meaning and purpose, but what I am able to bring to that experience. In other words, what I bring to the table of my life today will determine how the day evolves, either enhancing a sense of meaning or diminishing my inner spirit.”

For the “rest of the story” and related resources, go to <http://medicineinsearchofmeaning.blogspot.com>.

Bill Bazan is a widely respected and long time friend of RWHC, first at the Wisconsin Catholic Health Association and then after he joined the Wisconsin Hospital Association in 1997 as Vice President for Metro Milwaukee, a position from which he “retired” in 2011. He is more active than ever helping provider networks implement his “Medicine in Search of Meaning” (MISM) Program. **For more information about the MISM program, contact Bill at bbazan@wi.rr.com or 414-906-1832.**

Leadership Insights: “Practicing Patience”

The following is from the most recent issue of RWHC’s *Leadership Insights* newsletter by Jo Anne Preston, RWHC Organizational Development Manager. Go to www.RWHC.com for back issues.

“I am that person who repeatedly hits the elevator button when the door doesn’t open immediately. I re-click web links if they take more than a second to open. As I was standing in a checkout line recently thinking of ideas for this newsletter, I found myself steaming up at the person ahead of me slowly counting exact change (though I’m happy to report I caught myself and had a good laugh at my own expense).”

“We tell people it’s a personality trait, and it feels like hardwired identity. But saying ‘I have no patience’ makes it sound like it’s something I could go get but choose not to—and that is really quite accurate. **Impatience is a choice and a behavior; therefore, we can choose differently if we want to.**”

Why should a leader become more patient?

- **For your health.** “The cost of impatience is mostly to those who are impatient. The upshot of three reports in the last 10 years on the impact of impatience from the *Journal of Biosocial Science*, the *Journal of American Medical Association*, and *Science Daily* was summed up by an NPR story as ‘**Impatience makes us tense, fat and broke.**’ ”
- **For your employees.** “We want the best performance from people. We can get compliance (‘I’ll do it’) when we pass on our pressure, but can we get engagement (‘I’ll do it with commitment, excellence and passion’)? Do you motivate with a nudge? ‘I believe you can do this, you can dig a little deeper; I’m in your corner.’ Or does it feel more like impatient pressure to the employee? ‘I’ve got my doubts about you; you might not be fast enough or good enough.’ ”

“Want to work at lengthening your fuse?”

Be an actor. “Put yourself in situations that you know will make you impatient and ACT like a patient person. There is science behind ‘fake it till you make it’ as a change strategy. (Learn more here about how this works from a video on TED by Amy Cuddy at <http://ow.ly/opEO6>). Find the longest line at the grocery store and wait in it. While waiting, focus on breathing calmly, making a mental list of people who helped you that day, whose lives you have impacted that day, something good about each of your employees.”

RWHC Eye On Health



“I think you must admit that I have got better at being patient with my impatience.”

Tell a new story. “Our actions when impatient (sighing, fidgeting, getting red in the face, feeling irritated, holding our breath) are not as automatic as we might think. Just like conflict situations, impatient behaviors originate in the stories we tell in our heads. ‘Don’t these people know what they are doing? This computer is a piece of &^:+\$#@! Nothing ever works out for me!’ What might be an alternate back story that could change your perspective?”

Ask what matters most right now. “Is it really most important to get the work done fast/your way, or is there more value in gaining your employee’s trust that you are for them? Sometimes quickest does matter most, but if that is always your demeanor, employees will feel only pressure and not support.”



Start by being patient with yourself. “Or not. Impatience is not *all* negative, but if you are feeling ill effects from it—or your employees are—it may be time to ask if the personal costs of your impatient drive are outweighing the benefits and make a course correction.”

Does your behavior serve you? “Once you decide what matters most, look at your actions to determine if your behaviors match that. At any given moment ask yourself if what you are thinking or doing is serving you and/or your employees to achieve what matters most.”

Patience does not mean passivity. “Being more patient doesn’t mean lowering your standards, giving someone 1,000 chances, or forgoing deadlines. It’s more about the ‘how’ than the ‘what’ of the work we do and ask others to do. Sometimes feeling impatient with someone indicates we have not been as clear or direct as we need to be. Maybe in an effort to appear patient, we communicated with less urgency, but inadvertently left them in the dark as to the real needs.”

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For Info re the RWHC Leadership Series 2013 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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