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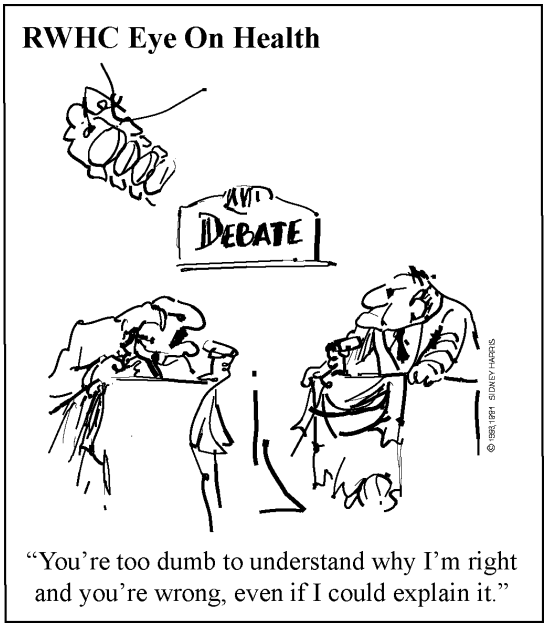
Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective – February 1st, 2011

Why We and Our Country Need Civility

Note from Editor: The following commentary, "Tree of Failure" is by David Brooks in the January 13th issue of *The New York Times* which I personally believe should be read aloud immediately after each reading of the Constitution:

"President Obama gave a wonderful speech in Tucson on Wednesday night. He didn't try to explain the rampage that occurred there. Instead, he used the occasion as a national Sabbath–as a chance to step out of the torrent of events and reflect. He did it with an uplifting spirit. He not only expressed the country's sense of loss but also celebrated the lives of the victims and the possibility for renewal."



"You're too dumb to understand why I'm right and you're wrong, even if I could explain it."

"Of course, even a great speech won't usher in a period of civility. Speeches about civility will be taken to heart most by those people whose good character renders them unnecessary. Meanwhile, those who are inclined to intellectual thuggery and partisan one-sidedness will temporarily resolve to do better but then slip back to old habits the next time their pride feels threatened."

"Civility is a tree with deep roots, and without the roots, it can't last. So what are those roots? They are failure, sin, weakness and ignorance."

"Every sensible person involved in politics and public life knows that their work is laced with failure. Every column, every speech, every piece of legislation and every executive decision has its own humiliating shortcomings. There are always arguments you should have made better, implications you should have anticipated, other points of view you should have taken on board."

"Moreover, even if you are at your best, your efforts will still be laced with failure. The truth is fragmentary and it's impossible to capture all of it. There are competing goods that can never be fully reconciled. The world is more complicated than any human intelligence can comprehend."

"But every sensible person in public life also feels redeemed by others. You may write a mediocre column or make a mediocre speech or propose a mediocre piece of legislation, but others argue with you, correct you and introduce elements you never thought of. Each of these efforts may also be flawed, but together, if the system is working well, they move things gradually forward."

"Each individual step may be imbalanced, but in succession they make the social organism better."

"As a result, every sensible person feels a sense of gratitude for this process. We all get to live lives better than we deserve because our individual shortcomings are transmuted into communal improvement. We find meaning–and can only find meaning–in the role we play in that larger social enterprise."

"So this is where civility comes from–from a sense of personal modesty and from the ensuing gratitude for the political process. Civility is the natural state for people who know how limited their own individual powers are and know, too, that they need the conversation. They are useless without the conversation."

"The problem is that over the past 40 years or so we have gone from a culture that reminds people of their own limitations to a culture that encourages people to think highly of themselves. The nation's founders had a modest but realistic opinion of themselves and of the voters. They erected all sorts of institutional and social restraints to protect Americans from themselves. They admired George Washington because of the way he kept himself in check."

"But over the past few decades, people have lost a sense of their own sinfulness. Children are raised amid a chorus of applause. Politics has become less about institutional restraint and more about giving voters whatever they want at that second. Joe DiMagio didn't ostentatiously admire his own home runs, but now athletes routinely celebrate themselves as part of the self-branding process."

"So, of course, you get narcissists who believe they or members of their party possess direct access to the truth. Of course you get people who prefer monologue to dialogue. Of course you get people who detest politics because it frustrates their ability to get 100 percent of what they want. Of course you get people who gravitate toward the like-minded and loathe their political opponents. They feel no need for balance and correction."

"Beneath all the other things that have contributed to polarization and the loss of civility, the most important is this: The roots of modesty have been carved away."

"President Obama's speech in Tucson was a good step, but there will have to be a bipartisan project like comprehensive tax reform to get people conversing again. Most of all, there will have to be a return to modesty."

"**In a famous passage, Reinhold Niebuhr put it best: 'Nothing that is worth doing can be achieved in our lifetime; therefore, we must be saved by hope. ... Nothing we do, however virtuous, can be accomplished alone; therefore, we are saved by love. No virtuous act is quite as virtuous from the standpoint of our friend or foe as it is from our standpoint. Therefore, we must be saved by the final form of love, which is forgiveness**.' "

Real Med Schools Do Primary Care Right

From "Primary Care a Compelling Mission For Harvard Medical School Student" by Ishani Ganguli was posted at **www.kaiserhealthnews.org/** on 1/12/11 as part of their occasional series, *First Person*:

Ishani Ganguli is a freelance journalist and a fifth year medical student at Harvard Medical School. She is a member of Primary Care Progress, a Boston-based non-profit organization that promotes innovation in primary care training and delivery.

"Each Tuesday evening, the internal medicine practice at Massachusetts General Hospital lends its facilities to Harvard Medical School's new student-faculty collaborative practice–the Crimson Care Collaborative (CCC). Medical schools across the country have similar student-run clinics, some decades old. More than a chance to play doctor, the clinic is a hands-on lesson

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.

Tim Size, RWHC Executive Director & *EOH* Editor
880 Independence Lane, Sauk City, WI 53583

Website: **www.rwhc.com** Twitter: **http://twitter.com/RWHC**
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in practicing primary care, the sort that forms the cornerstone of the 'accountable care organizations' or 'patient-centered medical homes' encouraged by the federal health overhaul law."

RWHC Social Networking:
The Rural Health Advocate: www.ruraladvocate.org/
Rural Health IT: www.worh.org/hit/

"**This evolving conception of primary care requires doctors and other primary health care providers to work in teams and to be creative about how they deliver care. Lawmakers have come to realize that it is critical for both improving our nation's health and saving our wallets. Now medical training needs to change in kind**."

"My initial regard for primary care when I entered Harvard Medical School has been distorted by frustrations I hear from practicing doctors and the not-so-subtle lure of a 'lifestyle career' alternative, my putative reward for being smart and working hard."

"Yet when I spend time at the Crimson Care Collaborative or at the primary care clinic that occupied my Wednesday afternoons for a year, I am reminded of what draws me to this field–patients like the soft-spoken college student who came to see us at CCC because his volatile digestive tract made it hard for him to go to class, let alone work his two side jobs. The diagnosis was potentially life-altering, and it was our job to piece together his story, to explain what we were thinking, and to arrange for him to get the lab tests and the colonoscopy which ultimately showed (thank goodness) that his condition wouldn't require lengthy hospital stays and could be treated, with close attention, through outpatient visits."

"This is what makes primary care interesting–relationships with patients, the intrigue of new diagnoses, and the challenge of coordinating and optimizing care."

"**We know that the US health care system needs more primary care doctors as the number of practitioners entering and staying in the field dwindles and the number of patients increases**–more than 30 million are expected to get insurance through the new health care law."

"The American Association of Medical Colleges predicted that 'there will be 45,000 too few primary care physicians–and a shortage of 46,000 surgeons and medical specialists–by 2020.' "

"In response, since 2000 nearly two dozen new medical schools have opened or are being planned, for the first time in decades. The health overhaul seeks to entice more medical school graduates to fill these roles by redistributing unused residency training spots to primary care and offering new programs to repay the loans of graduates who work in underserved areas. Researchers at George Washington University School of Medicine and Health Sciences have introduced a new ranking system for medical schools based on fulfilling the so-called 'social mission,' which includes producing a certain number of primary care doctors."

"**But reducing the primary care shortage to a problem of supply, demand, and geography misses a critical point: that answering the nation's workforce needs means more than mass-producing more doctors and nurses; it requires training practitioners who can deliver the kind of care our country requires**."

"For one thing, the benefits of loan reduction programs are quickly lapped by the margin of hundreds of thousands of dollars in income that specialists gain each year. A better way to encourage medical students to enter primary care is to make it more fulfilling to practice, and not just by adjusting payment structures (though this is important). **The key is to expose future doctors to primary care early and to teach the skills needed by all doctors (but especially those in primary care): teamwork and a dynamic understanding of health care systems**."

RWHC Eye On Health

"Yes, I'm a generalist. I chose primary care over being a partialist."

"Historically, these skills have been given short shrift in medical schools."

"I had little formal exposure to my future health care colleagues throughout medical school; I had no idea, for example, what physician assistants did and how they trained. I only found out when one morning in my third year of medical school I asked a physician assistant joining us for morning rounds because I was curious and frankly, embarrassed by my ignorance."

"As I moved between rotations in surgery, pediatrics, and neurology, my charge was to fit in. So it was hard not to adopt the half-joking superiority over other specialties espoused by some of the residents and senior doctors with whom I worked."

"I'd hear hospitalists deriding hastily written patient notes from emergency medicine doctors, and those emergency doctors griping about primary care doctors who sent their patients to the emergency room without having seen them first. There were perfectly good explanations for brief notes and unscreened referrals (in short, lack of time), but loyalty to my team-of-the-moment had to trump my sympathies with other fields, so I was wary of speaking up. At the same time, while I called the doctors I worked with my 'teammates,' I had little idea how to make the most of these relationships or what to do if they went sour. But as my friends in business school tell me, this may be a teachable skill."

"Doctors need to be taught not only how to manage teams, but when to let others take charge, said Dr. Robert Kocher, former member of the National Economic Council under President Barack Obama and special assistant to Obama on health care. 'We need doctors … who work flawlessly and without ego with nurses, [nurse practitioners], physician assistants …' he said in an interview."

"**We also need to understand the health care system–not just the history of Medicare, but the ins and outs of billing, malpractice, and quality measures–so that we can effectively work within, and on, this system**. Student-run clinics are one way to do this. At the Crimson Care Collaborative, we learned to make real-time improvements in the way we deliver care that would be impossible at a large hospital center. There are plenty of other promising ideas."

"Medical students at the University of Texas Medical Branch partner with physical therapy and nursing students in anatomy lab, early in their training. At the University of Pennsylvania, students visit the Wharton School of Business to learn how car manufacturing standards can be applied to health care. At Tufts and Columbia, medical students can enroll in a primary care track in a rural setting that is dedicated to skills like teamwork and quality improvement. Harvard Medical School's recently announced $30 million Center for Primary Care promises opportunities for students to work with clinicians on practice-improvement projects."

"**As the realities of our flawed health care system are brought to the forefront, primary care is becoming the purview of trainees interested in a broad perspective of this system and the desire to improve it. If we're equipped with the skills to do this, I believe more of us will not only choose primary care, but also will practice it better**."

Americans Accurately Report Excess Weight

From "In U.S., 62% Exceed Ideal Weight, 19% at Their Goal" downloaded from **www.gallup.com/** on 11/24/10:

"**More than 6 in 10 Americans weigh more than they would ideally like to**, while fewer than 2 in 10 are at their ideal weight, according to their self-reports of how much they weigh."

"In separate Daily polling, Gallup tracks Americans' self-reported height and weight, and computes body mass index (BMI) scores, as part of the Gallup-Healthways Well-Being Index. These BMI calculations find that 62.6% of Americans are either overweight or obese (36% are

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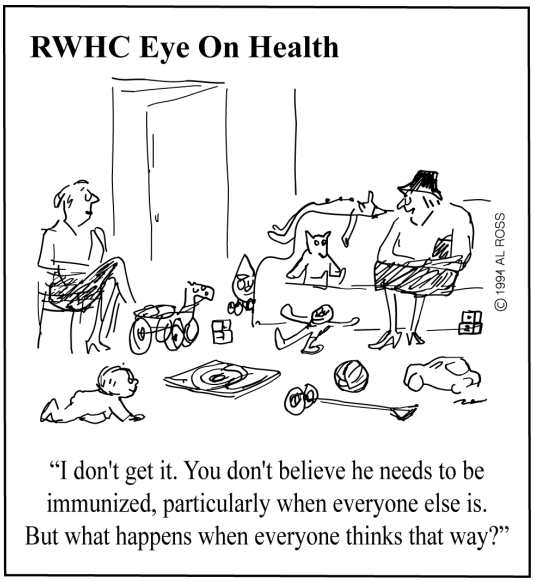
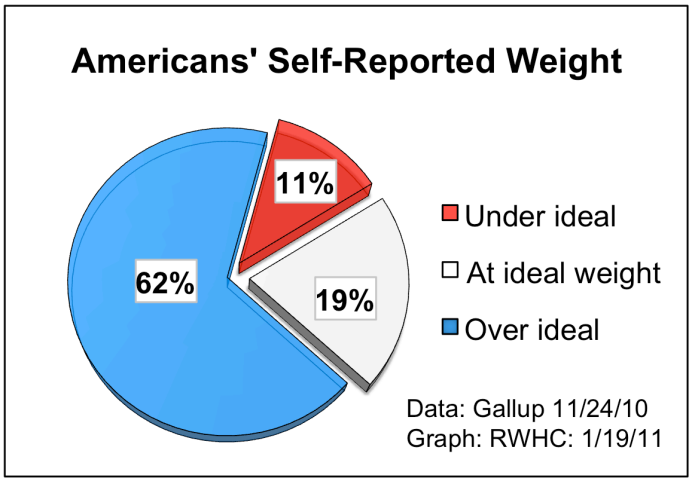
overweight and 26.6% are obese)–essentially matching the 62% who are overweight, according to self-reports of actual versus ideal weight."

"While the majority of Americans weigh more than their ideal and say they would like to lose weight, a minority report that they are seriously trying to drop pounds. Historically, far more Americans have reported being over their ideal weight than have said they are making a serious attempt to lose weight. This perpetual disconnect underscores the difficulties many Americans face in trying to slim down. It also highlights one of the key problems in reducing obesity nationwide: **Although many Americans are aware that they weigh more than they should, most are not taking action to make a change**."





Wisconsin Children Not Being Vaccinated

In cooperation with Dean Health Plan (DHP) and Unity Health Insurance, **the Rural Wisconsin Health Cooperative (RWHC) has identified a considerable discrepancy between the childhood immunization rates in rural and urban areas**. A task force of RWHC members and the health plans has vetted both the measures and numbers and found them to be credible. We all know that completely and timely immunizing every child is important for the health of our communities. RWHC is asking primary care physicians, clinics, schools and public health departments for their assistance in closing the gap.

Health plan data shows the Childhood Immunization Status rate for urban Dane County was 18 percentage points higher than the combined rate in the six rural counties studied (assumed to be a typical sample of rural Wisconsin counties). Health plan members in Dane had a rate of 81% and the average in the rural counties was 63%. (The average rural on-time immunization rate using county health department data showed similar results.) These rates were measured using specifications outlined by the Healthcare Effectiveness Data and Information Set (HEDIS). **Rates in all counties were well below the 90th percentile–the frequently cited national Healthy People 2010 target**.

We understand this issue is multi-faceted and there are a number of barriers in play. Unity and DHP are dedicated to conducting outreach to health plan members to educate them about the importance of immunizing their children and remind them to schedule appointments for their immunizations and other regular care. RWHC has asked for everyone's help to assist and encourage parents to be sure all of their children's immunizations are kept up to date.

A great source of information is *The Parents' Guide to Childhood Vaccinations* booklet from the Centers for Disease Control and Prevention (CDC) at:

www.cdc.gov/vaccines/pubs/parents-guide/default.htm

RWHC knows how busy everyone is but hopes all of us will again review what we can do to reduce the number of children who are not being protected. RWHC welcomes suggestions as to how Wisconsin may better support outreach in rural communities to ensure all children are fully immunized.

Home Care Co-ops Bridge Rural Isolation

From the flyer, "A New Player in the Rural Health Network: Home Care Cooperatives" by the Cooperative Development Foundation, received 1/13/11:

The Cooperative Development Foundation (CDF), based in Arlington, Va, is part of the larger American cooperative movement, performing as a charitable foundation "that raises funds to provide community developers with the hardest money to get- the first dollar in."

"CDF has received a grant from the U.S. Department of Agriculture–Rural Development that will allow CDF to raise public awareness and stimulate the development of sustainable cooperatives that will meet the needs of senior citizens living in rural communities. The goal is to introduce cooperative models that will give seniors choices and the means to age in place. The initial focus will be on introducing the example of the cooperative home care model to cooperative developers, senior advocates, direct care workforce members, and those responsible for developing and implementing public policy related to long term care. There also will be an emphasis on developing capacity in the cooperative development community to successfully organize new and sustainable home care cooperatives."

"A rural health care delivery system that includes viable home care cooperatives has the potential to bring about long term care cost savings, enable thousands of senior citizens to enjoy independent living with quality care/services, create a stabile and trained workforce, and empower working men and women to earn a living wage as member/owners of home care cooperatives. It also will contribute substantially to sustaining viable rural communities that are so important to our American heritage."

The Challenges Confronting the Direct Care Workforce–"The U.S. Census Bureau reports that, between 2006 and 2016, direct care work will be one of the fastest-growing occupations in the nation, with the demand for personal and home care aides expected to grow by approximately 50 percent. Aging 'baby boomers,' along with adults that are living longer, account for much of the increased demand for services. Direct care services that have been available have been fraught with problems brought on by a high-turnover workforce that is inconsistent in its delivery of care. Low wages, worker isolation, lack of peer support, lack of benefits, and lack of opportunities for career advancement all contribute to exceptionally high turnover rates in the direct care workforce."

"Today's direct care workers also are more likely than other workers to live in poverty, to lack health insurance and to rely on food stamps. The challenge is to build stability and quality care into the direct care workforce and to make direct care jobs an attractive alternative. Much of that can be achieved through effective recruitment and training, but consideration should also be given to a more innovative model for the direct care business itself: a worker-owned or multi-stakeholder home care cooperative."

Home Care Cooperatives–An Innovative Solution–"What sets home care cooperatives apart from other providers of home care is their focus on the workers–their training, their compensation, their peer relationships, their relationships with their clients, and their role in the governance of the business. The home care cooperative provides a dependable, mutually supportive and stable workforce to meet the home care needs of its clients and it empowers its caregivers (mostly lower-income women) by giving them a voice in how their business is run. In a field that, historically, has been plagued with low wages, inconsistent quality of care and an unstable workforce, the home care cooperative provides a stark contrast. It is a business model in which the employees are involved in ownership and management of the business, participating on the democratic basis of 'one person, one vote.' "

"Rather than being independent contractors providing home care services in an isolated setting, members of a home care cooperative have a peer group, a role in decision making, opportunities for training and professional interaction with fellow members, a benefits package, workers compensation coverage, patronage refunds and a living wage. There are several models of home care cooperatives. In addition to the more traditional worker-owned business model, we are

most interested in testing the feasibility of a multi-stakeholder cooperative in which members of the co-operative could include care givers, recipients of care, family members or patient advocates, and organizations that already are members of the rural health care delivery system."

SO WHAT you have to make a presentation!

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

www.rwhc.com/News/RWHCLeadershipNewsletter.aspx

"A needle poke in the eye…or public speaking. Which would *you* prefer? It is likely true that public speaking is one of the most common fears. However, to be effective as a leader you can't avoid it. If you dread speaking in front of others, take a few minutes to answer the following questions:

1. What specifically is it about public speaking that makes you uncomfortable? Write down all the answers you can think of to this question.

2. For each answer you gave to #1, follow it up with the question, ***'So what?'*** For example if one thing you dislike is that you are afraid you will look stupid, ask yourself, '*So what* if I look stupid?' One possible answer, 'some people might think less of me.' And for each answer, again ask, '*So what* if some people might think less of me?'

3. Continue with the 'so what' question-you may be surprised at what you learn about yourself, what does-and does not-matter, and what you can start letting go of."

"Assuming you have prepared your material in advance, here are 10 tips I have learned over time:

1. **Stop preparing and start connecting**. Put your notes away as people come into the room and start greeting people. Usually we want to obsess over our notes in last minute preparation, but really it's too late for that then! Instead, connect with the audience personally. Say hello, welcome them, and interact to see how they are doing and what is on their minds. This makes you real to your audience, not some distant figure in the front of the room they can ignore.

2. Remember, **TELLING is not TEACHING**. If you are just going to *tell*, give your information to people to read and save yourself the stress of presenting and save them the boredom. Reading to your audience only works if they are 5 or younger.

3. **Give the group a question** related to your topic to discuss in groups of 3-4 people early on. It gets them involved and primed to learn. It's been said that the more talking the audience does, the higher they rate the presenter.

4. **Ask**, *'What would you most like to learn in this presentation?'* Use the group's list as your list of what to cover. People will feel responded to. If their wishes include things you don't know about, that's ok; just let them know you'll get back to them with an answer at a later time.

5. **Acknowledge a boring or uncomfortable topic right up front.** You might start with, *'I know I may be the only person on the planet interested in this topic! Please bear with me; you will have your chance to torture me after I get through this.'* Then find some way to connect what you have to share with what matters to them (otherwise, why *are* you sharing it?)

6. **Whatever your worst fear is, GET OVER IT.** You *will* do all the following at some point: misspeak, bungle words, lose your place, not know the answers to questions, spill coffee on your shirt right before you go on, etc., and IT DOESN'T REALLY BOTHER ANYONE ELSE BUT YOU. Almost everyone has these same fears about *themselves*, but almost *no one* cares if you do them.

7. **Laugh at yourself**. You will probably live longer! Most of us are funny by accident, like the time I was recording a customer service presentation and instead

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of saying 'If you are going to be a ditch digger, be the best ditch digger you can be,' I said 'bitch digger.' That mistake and my blush were real crowd pleasers.

8. "**Do one thing every day that you think you cannot do**." It's one of my favorite quotes about continually adapting to change. If you don't like speaking in front of people, *do it MORE*. It will become less painful, and this tip trumps most of the rest of this list, especially if you are introverted by nature. Comfort zones are really overrated if you want to succeed.

9. **Don't fill all the spaces**. It's really ok to pause. It actually gives the group time to think and they may come up with questions and ideas of their own.

10. **Tell people you are working on your speaking skills**. Ask for feedback by simply asking what went well and what will make it better next time."

"A helpful book on dealing with fears in general is, *Feel the Fear and Do It Anyway*, by Susan Jeffers."

Contact Jo Anne Preston for individual or group coaching at 608-644-3261 or ***jpreston@rwhc.com.***

For Info re the RWHC Leadership Series 2010-2011 go to ***www.rwhc.com*** *and click on "Services" or contact RWHC Education Coordinator, Carrie Ballweg at 608-643-2343 or* ***cballweg@rwhc.com***.

Wisconsin Expanding Rural MD Residencies

Section 36.63 of 2009 Wisconsin Act 190 was passed and funded by the state legislature to address the growing need to prepare rural physicians in rural Wisconsin for rural Wisconsin. The legislation allocates $750,000 annually to a new 'rural physician residency assistance program' and charged the University of Wisconsin Department of Family Medicine to administer these funds. Information is available online at:

www.fammed.wisc.edu/wi-rural-physician-program

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