

Review & Commentary on Health Policy Issues for a Rural Perspective – August 1<sup>st</sup>, 2013

## Population Health Not New

From “Population Health is Not a New Concept” by John Commins, for *HealthLeaders Media*, 6/26/13:

“For all the media coverage the trendy terms ‘population health’ and ‘community health’ have received in the last few months, it may seem like the idea did not exist before the Patient Protection and Affordable Care Act (PPACA) became law three years ago.”

“It is true that under PPACA healthcare providers are suppose to be weaned away from fee-for-service, volume-based reimbursements and pushed toward value-based, preventative care and shared savings. That will require some significant outreach beyond hospital walls and into the communities that hospitals serve. It is important to remember, however, that hundreds of providers in towns and cities across the country have been doing this outreach for decades before PPACA arrived.”

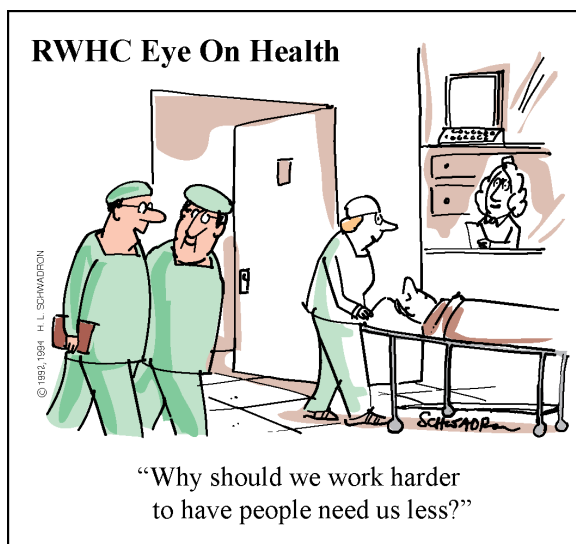
“The American Hospital Association in July presented its annual NOVA award to five hospital-led collaboratives that have improved community health. The winning programs are Bangor Beacon Community in Bangor, ME; Hope Clinic and Pharmacy in Danville, KY; Free Preventive Screenings Program in Vincennes, IN; **Chippewa Health Improvement Partnership in Chippewa Falls, WI**; and Core Health Program of Healthier Communities in Grand Rapids, MI.”

“Rhonda Brown, director of the Chippewa Health Improvement Partnership (CHIP), says the program has flourished since its founding in 1994 because of the ‘collaborative spirit’ within the community. ‘You have to be able to get out and get engaged with the community organizations, the agencies. You need to do that at a really grassroots level. You need to talk to the people that are impacted by the programs that you try to put in place,’ Brown says. ‘We can guess, as professionals, all we want about what it is that people need. But if we don’t ask them, we are not going to be successful.’ ”

“CHIP monitors the health, environmental, social and economic needs of people of all ages. Working on a shoestring budget and with a lot of volunteers and community support, the AHA says that the program ‘has successfully established a federally qualified oral healthcare center, provided automated external defibrillators in public venues and established an open door clinic that offers free medical and mental healthcare.’ ”

“CHIP has successfully improved food security in the area and increased community awareness of sweetened beverages as part of its goal to lower

childhood obesity. CHIP directed a community-wide falls prevention program for the elderly in addition to advance directive education and end of life planning to name a few. CHIP has also been involved with local and international mission activities. St. Joseph’s Hospital is the primary funding source for CHIP although local, state and federal grant monies are actively sought and successfully secured.’ ”



“Brown says CHIP was able to make this happen because it remains focused, inclusive, and structured but not rigid. All of this is accomplished with a budget of around \$150,000 and a tiny staff.”

“ ‘My ‘staff’ is me, and just recently the hospital was able to give me a half-time staff person,’ Brown says. ‘As much as we hate to think about it, you have to keep sustainability in mind. You have to be creative. You have to create an atmosphere of acceptance. You have to be open to other people’s ideas and to their creativity and allow anybody and everybody who wants to be a part of it. Everybody has a stake in this game.’ ”

“ ‘When I started, my budget was probably \$30,000, which is like next to nothing, but you can do a lot of stuff on a very small budget if you have community support. A lot of it has to do with how your staff is able to communicate with and network with other people. That means establishing good relationships and partnerships with the other agencies and organizations in our community. You have to nurture those relationships and give and take. When someone calls and needs me to be on a committee, I try to do that even if I don’t have any extra time. If I do that, then they are much more likely to help me out.’ Brown says it’s hard to estimate an exact return on investment for the various services CHIP offers. ‘We started providing free mental health services for patients that are at free clinics that we helped found along with their community agencies and individuals,’ she says.”

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**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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“ ‘Since June 2011 we have provided 627 counseling sessions free to people in our community. Those are individuals that probably would not be seen anywhere else. So it is hard to put a price tag on what that has meant for those people but I think it is safe to say that we probably made a pretty huge impact by putting that program together.’ ”

**Good Samaritan Hospital**—“Good Samaritan Hospital in Vincennes, IN, is another NOVA winner and its Community Health Services (CHS) preventive health outreach program offers free health screenings for a 10-county area.”

“ ‘We wanted to make sure that instead of just expecting people to come on the hospital campus to receive preventative health screenings or education as part of the discharge planning process that we actually took the screenings and the information to the communities we serve,’ says Sandra Ruppel Hatton, director of Marketing and Community Health at Good Samaritan.”

“ ‘Since we are a very rural area we wanted to make sure we took it to the areas that were farther away from a healthcare facility where it might be difficult for them to get to healthcare screenings, or healthcare period.’ ”

“AHA noted that Good Samaritan nurses work within the community to provide health-related education and screenings ranging from blood pressure checks to lipid profiles. Collaborative partners provide the space necessary to see patients and include senior and community centers, Goodwill and Salvation Army facilities, housing authorities, churches, farmers markets, parks departments, YMCA and other not-for-profit sites.”

“Ruppel Hatton says CHS could not truly be called a community health program if it didn’t actively go out into the community it serves to understand what care people need and how best to deliver that care. ‘We have said that that is our role as a hospital. We have taken that stance for years—that we should set the standard for healthcare and be the leader in healthcare and set the standard on lifestyle,’ she says. ‘We could not perform these services if we didn’t collaborate with the community centers, libraries, farmers mar-

kets, farm preview shows, Ag Days—those events that people come to in rural communities.”

“Like CHIP, Ruppel Hatton says CHS operates on a shoestring budget, a tiny staff, and a lot of volunteers. Several retired nurses work part-time for the program, using their own vehicles to drive to these screening events. Ruppel Hatton says these nurses are highly motivated because they can see the positive effect they’re having on their fellow citizens.”

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## GME By-Passes Rural America

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From “Researchers Call for Accountability in GME Funding” by Sheri Porter in *AAFP News*, 6/26:

“New research published in *Academic Medicine* strengthens concerns expressed by the AAFP and others that the U.S. medical education system does not produce enough primary care physicians to support America’s health care needs and that a flawed funding mechanism fuels the problem.”

“The study, ‘Toward Graduate Medical Education (GME) Accountability: Measuring the Outcomes of GME Institutions,’ found a **serious shortfall in the percentage of newly minted physicians who have chosen to work in America’s rural and underserved areas.**”

“Researchers from the Washington-based Robert Graham Center for Policy Studies in Family Medicine and Primary Care and the George Washington University School of Public Health and Health Services analyzed data from nearly 9,000 physicians who completed residency between 2006 and 2008 to identify their medical specialty choice three to five years after residency completion.”

“**By the Numbers**—Researchers found that 25.2 percent of physicians included in the study practiced primary care medicine, and 4.8 percent practiced in rural and other underserved areas.”

“Furthermore, of 759 academic health center institutions, the study revealed that:

- 158 produced no primary care graduates,
- 198 produced no rural physicians,
- 479 produced no National Health Service Corps participants and
- 283 produced no physicians who practiced in clinics designated as federally qualified health centers or rural health clinics.”

“Research authors pointed to flaws in the GME funding mechanism that supports the training of the country’s physician workforce. For example, they found that GME funding provided more support to subspecialty residency programs than to primary care programs.”

“In the release, study co-author Andrew Bazemore, M.D., M.P.H., director of the Robert Graham Center,

### Phase 3 of MBQIP is Coming: Are You Ready?

Phase 3 reporting for MBQIP (Medicare Beneficiary Quality Improvement Program) is to begin September 1, 2013. By reporting your data, you help to define the quality benchmarks for Critical Access Hospitals.

RWHC has over 20 years of experience in quality data collection and reporting. We know how small hospitals work, and we can assist you with your participation in this important program!

#### Phase 3 Measures:

- **Pharmacist CPOE/Verification of Medication Orders w/in 24 hours**
- **Outpatient ED Transfer Communication (Seven Elements)**

Your data will be entered into our web-based system, in a secured environment with minimal computer system requirements.

RWHC has developed clear, concise, at-a-glance and on demand reports so that you and your stakeholders can easily identify areas of strong performance as well as opportunities for improvement.

RWHC is also a vendor for MBQIP Phases 1 and 2! If you need assistance getting started, let us know!

For more information on MBQIP services or the RWHC Quality Indicators Program, contact Beth Dibbert at [bdibbert@rwhc.com](mailto:bdibbert@rwhc.com) or 1-800-225-2531.

said the study results highlight the challenges of producing the necessary physician workforce. **‘National calls for more primary care physicians, general surgeons, psychiatrists and providers in rural and urban underserved areas are thwarted by federal funding that continues to support training programs without requiring measurement of, much less accountability for, what they produce,’** he said.”

**“Analyzing the Data**—In an interview with *AAFP News Now*, corresponding author Candice Chen, M.D., M.P.H., pointed out that the Council on Graduate Medical Education set the U.S. primary care workforce bar at 40 percent of all physicians but that the current physician workforce was only about one-third primary care.”

“ ‘When you weigh those numbers against what our workforce currently looks like and what we know we need, it is shocking,’ said Chen.”

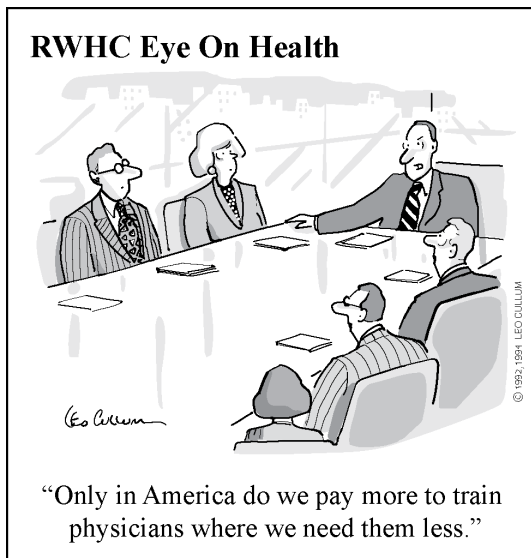
“Ditto for the difference among programs in the number of primary care physicians they produce and the percentage of those physicians who practice in rural and other underserved areas. ‘It’s very concerning that some of our larger programs—some of our better-known programs—aren’t meeting those needs,’ said Chen.”

“The challenge is in the way the current system pays for GME by essentially turning over those funds to hospitals, who in turn, address their own needs, said Chen. ‘And that’s why we get a workforce that looks like it should be staffing the hospitals of America and not the primary care practices of America,’ she said.”

“Chen, a senior research fellow at the National Institute for Minority Health and Health Disparities, and an assistant research professor at George Washington University, said taxpayers may not understand that their dollars support GME. ‘They don’t realize that the distribution of residency positions between specialties defines the specialty distribution of our physician workforce,’ said Chen.”

“ ‘I think it’s fair to ask if we’re getting what we really need and maximizing the public investment in our medical education system,’ she added.”

**“Moving Forward**—According to Chen, the new research proves that it’s possible to gather data on residency program outcomes and that doing so ‘means that we can start looking at how to build accountability into the system to get it aligned with the country’s workforce needs.’ ”



“As for family medicine residency programs, ‘Those programs are out there fighting the hard fight and, oftentimes, receiving less Medicare GME money per resident than some of the larger programs,’ said Chen. Further complicating matters is the fact that family medicine programs ‘often are the ones that are producing our primary care physicians and training the people who are going into underserved areas,’ she added.”

“ ‘My hope is that this research will highlight some of those programs that don’t often get a lot of attention and give them the ability to say, ‘Hey, look at what we’ve been doing; we’re really producing the physicians that American needs,’ said Chen.”

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## Alcohol Abuse Costs WI \$6.8 Billion a Year

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From “The Burden of Excessive Alcohol Use in Wisconsin” by Penny Black at the Improving Population Health blog at <http://ow.ly/mPrkV> on 5/17:

“Excessive alcohol use\* is not a new, inconsequential, or geographically-isolated problem. In 2010, approximately 17% of US adults reported binge drinking, 5% reported heavy drinking, 7.6% reported drinking while pregnant, and 39% of youth under the age of 21 reported drinking. A report released in 2011 estimates the economic costs of excessive alcohol consumption in the US is approximately \$223 billion each year.”



“Excessive alcohol consumption is one of Wisconsin’s biggest public health issues. Excessive alcohol consumption is associated with many negative health and social consequences, which come at a great economic cost. Everyone who lives and works in Wisconsin is affected by these consequences and associated economic costs of excessive alcohol consumption, regardless of his or her personal drinking behavior.”

“Released in March 2013, *The Burden of Excessive Alcohol Use in Wisconsin* outlines these costs at <http://ow.ly/mPsvQ>. The report states that excessive alcohol use in Wisconsin led to approximately 1,529 deaths, 48,578 hospitalizations, 46,583 treatment admissions, 60,221 arrests, and 5,751 motor vehicle crashes in 2011 and estimates an annual economic cost of \$6.8 billion.”

“These costs are borne by everyone, not just the excessive drinkers, through higher insurance rates, diverted government spending to address substance abuse-related crimes and consequences, lost economic output, and higher healthcare costs. The report describes what Wisconsinites are paying for and who’s paying what and includes county-level estimates.”

“Economic costs are broken into three large cost categories: healthcare, lost productivity (includes premature death), and ‘other,’ which includes costs to the criminal justice system and motor vehicle crashes. \$6.8 billion breaks down into these categories as such:

- Healthcare costs: \$749 million
- Lost productivity costs: \$4.9 billion
- Other costs: \$1.1 billion”

“Payers of these economic costs are also broken into three categories: government (includes local, state, and federal), excessive drinkers and their families, and ‘others in society,’ which includes, but is not limited to, private health insurers, employers, and crime victims. These payers bear the \$6.8 billion as follows:

- Government: \$2.9 billion

- Excessive drinkers and their families: \$2.8 billion
- Others in society: \$1.1 billion”

“The report has garnered much media attention and advocates are hoping it will lead to policy change in the state. Specifically, Health First Wisconsin is hoping to generate support for the following policies:



**21 is 21:** This policy would enforce the minimum legal drinking age in bars and restaurants. Parents could no longer buy alcohol for their underage children.

**Increase alcohol tax:** This policy would increase the excise tax on beer, wine, and spirits. The beer tax was last raised in 1969 and is second lowest in the nation.

**Sobriety checkpoints:** This policy would allow local jurisdictions to implement sobriety checkpoints. Thirty-eight states

allow them and research shows they can reduce alcohol-related crashes by 20%.

\* “Excessive alcohol consumption is defined by the Centers for Disease Control and Prevention as binge drinking ( $\geq 4$  drinks per occasion for a woman, and  $\geq 5$  drinks per occasion for a man); heavy drinking ( $> 1$  drink per day for a woman, and  $> 2$  drinks per day on average for a man); any alcohol consumption by youth aged  $< 21$  years; and any alcohol consumption by pregnant women.”

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### 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.

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## What is Nursing?

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By Cella Janisch-Hartline, RWHC Nurse Consultant:

The profession of nursing is very diversified, offering multiple opportunities and varying positions. This flexibility allows one to choose the type of nursing which would best suit their need. However, despite what type of nursing is chosen, there tends to be several common denominators for choosing a career in nursing. Wanting to help others or the need to make a difference in a life seems to be the primary driving force behind a career choice in nursing. So what exactly does it mean to be a nurse?

Nursing means being on duty 24 hours a day, as one does not stop nursing when punching off the time clock. Our caring nature continues and expands beyond the walls of our facilities. Nursing is providing for our community in a variety of situations. People consistently look to nurses for advice, knowledge and understanding, whether we are on or off duty. Nurses are called at home to help a friend, family or their neighbor, as well as being available 24 hours a day for a crisis or disastrous situation that may occur at any given time.

The nurse is a vital part of the “caring” profession. Nursing is caring for and about others. The concept of caring tends to be downplayed at times, but it is truly what nursing is all about. Caring is the interactive process by which the nurse and patient help each other grow, actualize and transform toward higher levels of well-being. Caring is achieved by a conscious and intuitive opening of one’s self to another by purposefully trusting and sharing energy, experiences, ideas, techniques and knowledge.

Caring takes courage and self awareness of one’s attitudes and beliefs. By sincerely caring about our patients and by respecting their ways of life, we, as nurses strengthen the patient’s feelings of self-respect and dignity. Nursing is about getting to know our patients. In a caring relationship, knowing a person means acknowledging this person as an individual with different needs. As nurses it is important to recognize that each client is an individual, a family

member and a community member. Each patient requires varying amounts of psychological, emotional, spiritual and physical support to achieve optimal health status or a peaceful death. Nursing is about helping others in the most vulnerable moments of their lives.

Nursing means living and practicing by the Golden Rule, treat others as you wish to be treated.

Nursing involves feeling and understanding an experience with our patients, stepping inside the patients’ shoes and seeing the world through their eyes. In other words, expressing empathy.

Nursing means constantly communicating, even when not saying a word. Touching is one of the most natural human activities. Communication techniques, in whatever form, is one of nursing’s most valuable resources. Nursing is the constant interaction between the nurse and patient, with the expression of both verbal and non-verbal communication.

Nursing means being in the constant state of learning. The educational process does not stop when school ends. In the rural health setting, nurses are called on to provide care in not just one area, but need to function in several different departments. This requires education specific to the area of expertise. Our nurses must keep abreast of the latest nursing information,

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### ANNOUNCING: RWHC Leadership Book Club

Join Jo Preston at RWHC for the First Quarterly  
Leadership Book Club Webinar

Wednesday, August 7<sup>th</sup>, 12:00-12:45 p.m.

**No Charge**, but limited to 25 lines. Join as a group!

**The 1<sup>st</sup> Book: *Leadership and Self Deception*** is by the Arbin Institute. Read it. Dial in. We’ll discuss the applications to your work, case studies, coaching tips and your questions!

**Future Dates** (books to be announced): the first Wednesday of every 3rd month: August 7, November 6, February 5, and May 7, 12:00-12:45 p.m.

**Register:** email [office@rwhc.com](mailto:office@rwhc.com) with “Leadership Book Club August 7<sup>th</sup> Registration” on the subject line.

the evolving standards of care and practice, all of which takes a significant time investment. Rapidly evolving technology also requires us to be ever changing.

Nursing means being a patient advocate by making our patients and their families our first and foremost priority.

Nursing's primary function is for the provision of continuous individualized, high quality care for patients and their families. The diversity of the profession offers unlimited options. The common denominator of all choices within the profession is the ability to exercise the heart muscle through caring and sharing, which is the food of the soul. The personal and professional growth that accompanies this profession choice is profound. Today, as in everyday, I am proud to say that I am a nurse.



RURAL HEALTH CAREERS  
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- All frequently accompanied by, 'Don't tell them that I talked to you about this!' "

"You've just gotten yourself into a trap. You might ask yourself **why** this keeps happening. What am I getting out of this? (*Feeling needed? Avoiding the difficult conversations myself?*) What role am I playing in this drama? (*Savior?*) Have I really accepted my leader role or do I feel torn between being part of the team and being a leader? (*Feeling rejected?*) So how do you get out, or better yet, avoid the trap in the first place?"

- **"Refuse to listen to one side privately.** It does color our view of the whole situation unfairly. When a conversation starts going down this road, ask to bring the other person into the discussion immediately."
- **"Be very cautious about allowing venting.** Venting steam from frustrations of a busy day is one thing. A complaint session about a particular individual is not venting, it is gossip and allowing it says we think it is ok. If a concern is labeled 'venting,' use it as a teachable moment that venting is a way of having a negative *influence*. Ask them to move to a problem solving mode to be a positive influence."
- **"It is not enough to tell employees, 'You just have to go talk to the person yourself.'** It is akin to telling a non-clinical person, 'You just have to go put that I.V. in the patient,' because it is what is needed. We have to teach people the skills. Think of how hard it is for most of us to have these difficult conversations even *with* training!"
- **"Resist the urge to 'collude' with the complainer.** You may feel just as frustrated with the other individual as they do. The 'complainer' may be your friend. All the more reason to set clear boundaries by refusing to team up with one of your employees against another. Pay attention to subtle ways of doing this too. It's not just our words that speak, right?"
- **"Increase your presence.** Sometimes we get our head down and miss what is going on under our

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## Leadership Insights: "FAQ"

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The following is from RWHC's *Leadership Insights* newsletter by Jo Anne Preston, RWHC Organizational Development Manager. Back issues are available at: [www.RWHC.com/](http://www.RWHC.com/):

[www.RWHC.com/News/RWHCLeadershipNewsletter.aspx](http://www.RWHC.com/News/RWHCLeadershipNewsletter.aspx)

"The most Frequently Asked Question (FAQ) I hear in leadership workshops is, '*How do I help the employee who comes to me with a problem that they are having with a co-worker and expects me to solve it? I feel like I am stuck in the middle, especially when they refuse to talk to that co-worker about it.*' "

"There is usually a list of justifications for that refusal:

- 'I couldn't talk to them; they'd blow up at me and make my life miserable with others on the team.'
- 'I've tried and it didn't work.'
- 'They are like this with everyone; no one else is willing to come to tell you about it.'
- 'Isn't this your job as the manager?'

noses. Look up and notice the interactions. Coach to reinforce behaviors you want to see. Make sure your team doesn't have to come to you with job performance problems that are under your watch, not theirs."

- **"Have a discussion with your whole team.** In your own words, something like this: "I am committed to helping you sort out issues that come up on the team. To best help you, when you have a concern about a co-worker, here's what I will expect:
  - ✓ 'That you first try to work it out between the two of you if you can.'
  - ✓ 'If you can't work it out, or don't know how to say what you want to say, you can come to me for coaching practice. I will expect you to leave our discussion and talk to the individual yourself as practiced. **I will check back with you** to make sure you have held the discussion.'
  - ✓ 'If this doesn't seem possible for you, ask me to set up a meeting with you and your co-worker

so that I can facilitate a discussion with the two of you present. My goal will be to help you both get your message through to each other and come up with a workable plan. **I will follow up with both of you** after this discussion to make sure that you are taking action on your plan.'

- ✓ 'I ask that you not come to me with problems that you don't intend to follow through on. This may sound to you like I am not willing to help. That is not the case. When I am put in the middle, it is unfair to the person you are concerned with, it ties my hands by not allowing me to give specific feedback to help them, and it damages trust in our team. I am fully committed to helping you in the ways I have described here which avoids anyone talking behind someone else's back.' "

*Contact Jo Anne Preston for individual or group coaching at [jpreston@RWHC.com](mailto:jpreston@RWHC.com) or 608-644-3261. For Info re the RWHC Leadership Series 2013 go to [www.RWHC.com](http://www.RWHC.com) and click on "Services" or contact RWHC Education Coordinator Carrie Ballweg at [cballweg@RWHC.com](mailto:cballweg@RWHC.com) or 608-643-2343."*

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