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Eye On Health

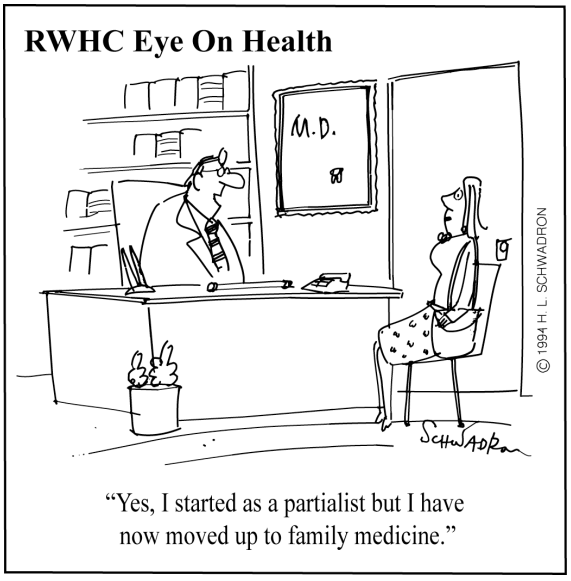
Review & Commentary on Health Policy Issues for a Rural Perspective – September 1st, 2010

Primary Care No Longer Medicine's Stepchild

by Tim Size, RWHC Executive Director

On the way to my office, there is a very busy intersection by our local high school. It has four roads coming together at odd angles. It has no stoplight, just stop signs. In thirty years, I have only seen one fender bender. Somehow the setup works–people figure it out and the traffic keeps moving.

I hope that the health insurance exchanges required by the new federal health reform law will work as well. These virtual market places open for business in 2014. Until then there will be much speculation, pro and con. The promise is that individuals and small businesses will gain access to better health insurance. We do know a fair amount about how they will be set up. We can only guess how individual consumers will react.



"Yes, I started as a partialist but I have now moved up to family medicine."

The hope is that insurance exchanges will offer more people more reasonably priced premiums that vary less year to year. Individuals and small employers will have a choice among health plans on a more level playing field.

Near full participation in these markets is necessary for the exchanges to work. Participation will be "encouraged" through an array of federal subsidies and penalties, that may or may not be strong enough.

But it is a mistake to focus only on the law and the expected regulations. The benefits from this health reform will not come mostly from the government's action but from the decisions of those using the exchanges. In other words, this reform is less about stop and go lights and more about an intersection with stop signs that requires people to make a choice of when and where to go.

So what choices might people make? Thanks to talks with friends in the insurance business, I think we will see a significant emphasis on plans with stronger primary care networks. This is good as it is generally agreed that Americans would be healthier and our care less expense if we used more primary preventative care and less specialty care. Why may this happen?

The exchange rules are intended to make the exchanges fairer for consumers and patients but also to encourage competition to improve the quality and cost of health care. If an insurer offers a product in the exchange, it will no longer be able to adjust the premium based on the health of the insured. (Employers will need to be able to financially incent healthy behaviors by varying the employees' share of the premium so as to encourage the focus on wellness.)

More than before, insurers will have a business interest in attracting more healthy subscribers than their competitors. In the past, health plans were particularly interested in advertising access to a wide array of specialists and large medical centers. They were also able

to charge substantially higher insurance premiums to those more likely to need care, typically much more expensive specialty care. That will no longer be as easy to do.

The insurance exchanges will change what it takes for an insurer and their affiliated provider networks to succeed. Those who offer the most convenient access to primary care physicians, nurse practitioners and physician assistants will attract healthier customers with less of an interest in access to specialty care that they don't expect to use.

This will create a greater demand for already scarce primary care practitioners, driving up their salaries compared to specialists. It will increase their influence on health care and health policy. It will increase the proportion of students choosing this career path. This is good news for those local and regional networks that have already developed local access to robust primary care services. It will create even greater demands on schools of medicine and nursing to educate the right workforce.

It is yet unclear whether the incentives and penalties in the health reform law are strong enough to make the health exchanges work. If they do, you can expect that primary care will no longer be American medicine's stepchild. Ever the optimist, I can even hear medical faculty start to say to bright young medical students, "why would you ever want to be a specialist?"

RWHC 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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The long sought fundamental change in American healthcare may very well come not from the heavy hand of government but the natural self-interest of the market place.

The Midwest Takes Collaboration Seriously

From "Working together, Collaboration buoys Midwest hospitals" by Jean Chenoweth in *Modern Healthcare*, 8/9/10:

Jean Chenoweth is senior vice president of performance improvement and 100 Top Hospitals programs, at Thomson Reuters.

"Collaboration to solve intractable industrywide challenges is common in many highly competitive industries, including automotive, media, pharmaceutical and technology. Collaboration has also been a means for members of an industry to address new problems for which no road map exists. Healthcare reform offers no clear path to success, but the results of the collaborative efforts in the Midwest may be instructive."

"Our most recent Thomson Reuters 100 Top Hospitals studies show that the Midwest is the location of the majority of the 100 Top Hospitals and Top Health Systems. Leaders of these hospitals have guided their organizations to new national levels of performance across quality, post-discharge outcomes, efficiency, patient perception of care and financial stability. The majority of the states with the highest balanced hospital performance are also in the Midwest. The five highest-performing states—Michigan, Ohio, Wisconsin, Minnesota and Iowa—have left previously high-performing states far behind."

"There is no scientifically proven cause for the rapid rise of Midwestern hospital performance. However, we hope to conduct research to learn more about this industry shift. In the meantime, after a review of the data and visits to many of the winning organizations, I can offer a hypothesis for why the Midwest leads: hospital and health system leaders in the five highest-performing states consciously chose to collaborate rather than compete on quality."

"As early as 2002, Midwestern hospital, health system and state hospital association leaders courageously committed to collaborate on transparency and quality improvement to solve two intractable industrywide problems: the prevalence of poor patient safety and unnecessary deaths in hospitals. Since then, these leaders have remained closely involved in and committed to collaboration to improve quality across the region or state as well as within their organizations. By choosing to collaborate rather than compete on quality, the effort to improve quality gained traction quickly. The need to improve quality swiftly led to improved processes and systems, greater efficiency, better outcomes and lower costs."

"If the hypothesis is correct, collaboration among competitors has succeeded far beyond the original expectations. Collaboration may be an equally effective means of addressing some of the unknowns of healthcare reform. Healthcare leaders who have the courage to collaborate will drive far broader success for not only their organizations but also the entire industry. Thomson Reuters is committed to developing the new forms of market and business intelligence to further that success."

"Out of Reach: The rural health care gap"

Wisconsin State Journal reporter David Wahlberg is undertaking a special multi-media reporting project this year, examining challenges in providing health care to rural communities. The whole series, along with the most recent installment, "**Drugs easy to find, but treatment scarce in rural Wisconsin**" is available at:

http://host.madison.com/special-section/rural_health/

The project is partly sponsored by the nonprofit, nonpartisan Kaiser Family Foundation, which awarded a fellowship to Wahlberg.

Small Rural Not Barrier to Quality Surgery

From a press release "Smaller hospitals can provide safe and high-quality surgical care comparable to larger counterparts" in *ScienceDaily*, 8/11/10:

"Smaller, rural hospitals may be quicker and more efficient at implementing surgical safety initiatives than their larger, urban counterparts, and are capable of providing a standard of surgical care that is at par with major hospitals that provide a comprehensive array of care services, according to an 18-month series of studies led by researchers from the University of Louisville Department of Surgery."

" 'The quality and standard of care in rural and small-town America is an important issue that gets a lot of attention in the mainstream media these days, and research efforts to measure and enhance surgical quality have largely omitted smaller town hospitals that care for a very high proportion of the American population,' said Hiram C. Polk, M.D., former chair of the University of Louisville Department of Surgery, and the Ben A. Reid, Sr. Professor of Surgery at UofL. 'These studies sought to address some of these previously unaddressed issues.' "

"The results of these studies were published in the July issue of the *American Journal of Surgery*. The investigators used the safety tool 'the expanded surgical time out' as a template by which to collect their data, Polk said. This is a method by which all participants in a surgical procedure, including, in some cases, the patient, take a moment to clarify critical details about the procedure that is about to take place."

" 'The basic surgical time-out includes identifying the correct patient, correct surgery and correct site,' said Susan Galandiuk, M.D., professor of surgery at UofL and senior investigator on the first study, which served to define the current culture regarding surgical safety and quality initiatives. 'The expanded time-out looks at preoperative timing and choice of antibiotics and discontinuation of postoperative prophylactic antibiotics, additional criteria for diabetics or other ill patients, or factors that come into play if a surgery will last longer than two hours, such as measuring core temperature, monitoring blood glucose level and a clear decision about continuing beta blocker drugs postoperatively if they have been used preoperatively.' "

"The availability of blood for transfusion in a surgery and any special instruments needed also were helpful to include on the checklist, Galandiuk said."

"The studies looked at how quickly the smaller hospitals—four in Kentucky and one in Indiana–adopted quality improvement measures, as evidenced by the implementation of surgical time-out; whether surgical

specialists were committed to accepting the quality and safety parameters outlined in the expanded surgical time-out checklist; and how the payment structure may affect quality and safety measures."

"Major surgeries examined included hip and knee replacements, hysterectomy, colon resections, and hernia repairs. In all, 2,300 surgeries were examined. The researchers found that all specialties had extremely high rates of adherence to timely administration of prophylactic antibiotics within the recommended one hour before surgery."

" 'We also found that, although almost one quarter to one third of patients were awake during the surgical time-out, surgical time-out was implemented in more than 97 percent of all cases among the different subspecialties,' Polk said."

"The researchers also found that all specialties successfully avoided hypothermia in most cases, and gynecologists, especially, made appropriate choices regarding antibiotics in a majority of cases."

" 'Our research showed that clinicians in these rural hospitals showed an extremely high standard of care to their patients, equal to that given at urban and tertiary counterparts,' Polk said. 'The hospitals' willingness to commit to participating in these studies with the goal of better patient care should be commended as well.' "

"Approximately 40 percent of Americans get their surgical care in centers that are not large, urban or tertiary care facilities and the willingness and ability of these institutions to implement quality and safety measures is incredibly important, Polk said."

" 'These studies, looking at representative sites in Kentucky and Indiana demonstrated that these facilities can have the resources necessary, human and otherwise, to provide high quality, safe surgical care, and the commitment to doing so,' he said."

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"We may not be primary care, but as part of the rural safety net, we rock."

Promoting Health Through Relationships

From "Country Doctor Goes the Way of the Farmer?" by Michael Fine, M.D. at **www.dailyyonder.com**, 7/14/10:

"Small town doctors, it turns out, had a more complex understanding of 'health' than scientific medicine acknowledged. Is it too late to bring back that kind of care?"

"New England country doctors are about to follow small farmers into obscurity, pushed out by changes in technology and markets, changes which seem to be more powerful than democracy in configuring our lives."

"As cotton makes a more comfortable fabric than wool, scientific medicine, which came in just after 1910 and really got rolling in the 1940s–just after the discovery of penicillin–was more effective than country doctors were at saving lives and preventing disability, and at letting families bring up healthy children."

"There is now evidence that countries that use country or neighborhood doctors–old style but recently trained, who know the science but leverage the relationships that happen in small places–actually do better than scientific medicine at helping people live long and recover faster. It turns out that in other countries, countries as diverse as Holland, Spain and Cuba, the best health outcomes are achieved not by having lots of fancy hospitals or corporate practices that live in office buildings in shopping plazas but by having lots of country doctors, people who practice in their own homes and care for their friends and neighbors."

"Well, look at how the downturn in the economy impacted the rural economy. As Bill Bishop has pointed out a number of times on the *Daily Yonder*, rural areas lost fewer jobs in the downturn, and stocks of rural companies rebounded faster. Strangely, I think what is

going on in health care is very much like what is going on economically in rural America."

"When we industrialize, when we focus our attention on making widgets instead of maintaining the relationships in communities, we are putting all our eggs into one basket. We may increase short-term profit but we quickly increase long-term risk, too, because circumstances change, competition is everywhere, and centralization and oversimplification attract those who put profits before people. (If you're an egg-eating snake, you want to find the basket with all the eggs in it.)"

"Why do Holland and Spain and Cuba do better by relying on country doctors than we do with our medical industrial complex? Because there is little profit in the complexity of real people's health problems and because lots of resilience is built into the interlacing of lives and ideas that one country doctor working with one community or neighborhood brings us."

"Twenty years ago, Wendell Berry defined community as 'a neighborhood of humans in a place, plus the place itself: its soil, its water, its air, and all the families and tribes of the nonhuman creatures that belong to it.' Berry had it just right. If we are going to be able to survive, and succeed, as a place, as counties, as states and as a nation, we are going to have to learn to understand the resilience that comes from interdependence. You can lift a sheep (or an elephant, for that matter) with a net or with one strong rope. If you cut one strand of the net, the sheep will stay aloft. But if you cut the one strong rope, make sure you're not standing below."

"Only if we build our counties, our states, our regions and our nation as communities of communities, all tied together in many different ways, will the whole continue to be stronger and better than the sum of the parts. We're going to have to balance our need for independence, our desire for privacy, and our rightful caution about big government, big corporations and even big ideas, so that we choose technologies and policies that promote the complex relationships of small places. That's where our health begins."

"Small town doctors, it turns out, had a more complex understanding of 'health' than scientific medicine acknowledged. Is it too late to bring back that kind of care?"

Engaging Patients in Their Healthcare

From a press release "Consortium Releases Evaluation on Ask Me 3™ Pilot Program," 7/28/10:

"A consortium of organizations working to improve the quality of healthcare in Wisconsin has released a report on the Ask Me 3™ pilot program. The pilot tested the effectiveness of an education program designed to improve patient-provider communication, help patients understand health instructions and engage patients in their own health care."

" 'Research indicates that the ability to read, understand and use health information is the strongest predictor of an individual's health status—more than age, income, education level, race or ethnicity, or employment status,' said consortium member Karen Timberlake, Secretary of the Department of Health Services. 'This pilot program tested an approach aimed at **helping patients and clinicians improve their communication skills by encouraging patients to ask questions**.' "

" 'Good communication between doctors and patients is critical to improving health care,' said Christopher Queram, president and CEO of the Wisconsin Collaborative for Healthcare Quality (WCHQ), one of the members of the consortium."

"As part of the program, known as Ask Me 3™, patients are encouraged to ask their health care providers three simple, but essential questions at every visit and providers are encouraged to assist their patients in understanding the answers to these three questions:

1. **What is my main problem?**
2. **What do I need to do?**
3. **Why is it important for me to do this?"**

"Studies show that people who understand health instructions make fewer mistakes when they take their medicine or prepare for a medical procedure. They may also get well sooner or be able to better manage a chronic health condition."

"The pilot program compared two different implementation approaches among racially and ethnically di-

verse, low-income patient populations in six community health centers in Beloit, Marshfield, Milwaukee, Racine, and Wausau. Orientation sessions for staff at each center were held prior to launching the program. Ask Me 3™ program materials such as brochures and fact sheets were placed in easily accessible places throughout the community health centers. A four-minute DVD played in the main waiting areas emphasizing the importance of patients asking their care provider questions and demonstrating how individuals might use the questions in their visit."

" 'These centers, who serve many minority and low-income individuals, were excellent partners,' said Timberlake. 'The evaluation found that patients and providers thought that Ask Me 3™ was a good tool, but by itself was not enough to get patients to ask their health care provider questions. Findings also suggest that having someone speak directly to the patients about the importance of understanding what their doctor is telling them is helpful.' "

" 'The second part of the process is getting clinicians to encourage their patients to ask questions to try to make sure that they understand their health condition and needed treatment,' said Queram. 'But clinic schedules are tight and providers have limited time to spend with patients—to listen to them, to draw them into a discussion.' "

"The pilot project was financially supported by the Wisconsin Department of Health Services and *Aligning Forces for Quality*, an initiative of the Robert Wood Johnson Foundation."

More info: ***http://www.wchq.org/about/askme3.php***

Has the Nursing Shortage Disappeared?

From "Has the Nursing Shortage Disappeared?" by Rebecca Hendren at **www.healthleadersmedia.com**, 8/10/10:

"It's that time of year again. Graduating nursing students are preparing to take the NCLEX and are looking for their first jobs. This year, many are finding those first jobs in short supply."

"Reports are rampant of new graduates being unable to find open positions in their specialty of choice, and even more shockingly, many are finding it tough to find any openings at all."

"These new RNs entered school with the promise that nursing is a recession-proof career. They were told the nursing shortage would guarantee them employment whenever and wherever they wanted."

"So what happened? Has the nursing shortage—that we've heard about incessantly for years—suddenly gone away?"

"The short term answer is clearly yes, although in the long term, unfortunately, the shortage will still be there."

"The recession has brought a temporary reprieve to the shortage. Nurses who were close to retirement have seen their 401(k) portfolios fall and potential retirement income decline. They are postponing retirement a few years until the economy—and their portfolios—pick up."

"Many nurses have seen their spouses and partners lose their jobs and have increased their hours to make ends meet for their families. Some who left the profession to care for children or for other reasons have rejoined the workforce for similar reasons."

"In addition, many hospitals are not hiring. The recession brought hiring freezes to healthcare facilities across the country, and many are still in effect. Help wanted ads for healthcare professionals dropped by 18,400 listings in July, even as the overall economy saw a modest increase of 139,200 in online listings."

"Organizations that are hiring may simply have positions for fewer new grads than in the past. This leads

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"You may need to remind me
you are half of the medical team."

to fears that new grads will accept positions simply to have a job, and then jump ship when something better comes along. The chief nursing officer of a Kansas City hospital told me her organization is trying to protect against that by taking extra care when screening new graduates."

"They also offer a nursing residency program that helps bridge the gap between school and practice and provides the mentoring and support needed to thrive at the organization."

"In rural areas, hospitals worry that recent graduates who can't find a job will move away. Some organizations take the view that it's better to get new grads into the system in some capacity, even if not a perfect fit, and then accept internal turnover as positions come along. This allows the organization to nurture the new nurses and build their engagement by focusing on their professional development and proving they are committed to their growth within the organization."

"Once the economy improves, many of these issues will go away and new grads will once again have their pick of opportunities. And in the not-too-distant-future, the aging population will prove that the nursing shortage never really went away."

RWHC Leadership Series 2010-2011

The July Issue of RWHC's "Leadership Insights" newsletter is a video presentation by Jo Preston on "Where Does the Time Go" available online at:

www.rwhc.com/News/RWHCLeadershipNewsletter.aspx

Enrollment is now also available in the RWHC Leadership Series 2010-2011, an innovative leadership development series for both new and experienced healthcare managers. Along with the workshops, the leadership topics are available for On-Site Training. RWHC offers a range of Organizational Development Services. **The series will begin in Fall 2010 and is open to both RWHC members and non-members.**

*To access the RWHC Leadership Series 2010-2011 and a catalog of what is available, go to **www.rwhc.com** and click on "Services" or contact RWHC Education Coordinator, Carrie Ballweg at 608-643-2343 or **cballweg@rwhc.com** or Jo Preston at 608-644-3261 or **jpreston@rwhc.com.***

Free Clinic a Cooperative Effort

"Eye On Health" regularly showcases a RWHC member story from the Wisconsin Hospital Associations' annual Community Benefits Report. Wisconsin hospitals provide over $1.6 billion in community benefits; twice that if you include Medicare shortfalls and bad debt. This month's feature is from Richland Center:

"The Richland Community Free Clinic stemmed from the growing need for individuals in the Richland County area to have access to health care services regardless of their ability to pay. Dr. Neil Bard is a family practice physician and volunteers at the free clinic."

" 'Everyone needing care is eligible to receive care at the free clinic the first time,' he said. 'Follow-up visit eligibility is determined with help from Richland County's Health and Human Services.' Patients using the clinic usually fall into one of three categories:

- Some do not know about or do not understand how to apply for government programs for which they are eligible. With help from Richland County Health and Human Services, papers are filled out and benefits begin.

- Some individuals work two or three jobs to make ends meet, but none of the jobs offer health insurance. They make just enough to be ineligible for government programs, but not enough to purchase health insurance.

- Some are on a fixed income and have to choose between spending their money on prescriptions for one member of the family or the other. For example, 'I can't afford to buy my insulin, because we have to buy my wife's heart medicine.' "

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

"Wisconsin State Senator Dale Schultz spoke highly of the Free Clinic. He said that the way the clinic is being provided is terrific. 'I like the fact that you are doing it efficiently here without any stigma being attached to those who come here to receive care.' "

"The clinic's success is due in large part to the efforts of the Richland County Health and Human Services, Richland Hospital, Richland Medical Center, and locally-owned pharmacies. The Richland Medical Center provides supplies, staff and space. The Richland Hospital donates multiple services including laboratory, x-ray, and in some cases surgical procedures."

Rural Wisconsin Battles EMS Shortage

By Steve Roisum, Wisconsin Public Radio, 7/30/10:

"Rural areas of Wisconsin often depend on local, medically-trained volunteers to tend to the injured before an ambulance arrives. That kind of help is getting harder to find."

"The UW School of Medicine and Public Health says there are around 18,000 emergency medical services personnel in Wisconsin. That includes trained volunteers who help stabilize a patient until the ambulance arrives, or rides along with the ambulance. The number willing to do work for free is going down, says John Eich of the Wisconsin Office of Rural Health. He says 'as times get tighter, more recently in the recession, people can't afford to jeopardize their job because they must leave their job to go on a call. If they have extra time to do a second job, they might want to do that for money.' "

"The UW School of Medicine and Public Health also says there are about 300 first responder organizations in the state, these are neighbors and community members who help victims until an ambulance arrives. But, some of those groups are folding. At least two have in Monroe County. Sparta area ambulance owner Bob Hess says it's hard to bring in new talent. He says young people may not work in the community they live, they may commute, and just simply logistics are getting harder.' Hess says most of the first responder organizations that he knows of don't consist of many young people, Instead members have been around for 20 or 30 years."

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