



Review & Commentary on Health Policy Issues for a Rural Perspective – January 1<sup>st</sup>, 2008

## Does Healthcare Reform Affect Rural Health?

by Tim Size, RWHC Executive Director

We appear to be about to make another run at healthcare reform. Rural health is at risk with healthcare reform. It is at risk without it. Rural does not drive this train, but we have a voice that must be heard.

Health care in America is neither fair nor can it continue to work just as we have known it. We must continue to make it better. Whether the reform is in small pieces over time or all at once like the birth of Medicare, every approach includes tradeoffs. Different ways, including doing nothing, will affect key interests and goals differently. These goals help and compete with each other, whether they address cost, the uninsured, quality, fairness, benefits, choice or making communities healthy.

Competing proposals will look better or worse depending on your own values and self-interest. But beware of reformers that promise to do it all. It is not much different than those endless emails offering you a deal too good to believe.

Those of us who care about rural health have the same diversity of opinion about healthcare reform as the whole country does. But we must stand united on those issues that hit hard our rural communities, whether or not they are on anyone's reform agenda. These issues include:

- Access to care within the local community?
- Medicare's bias against rural providers?
- Growing workforce shortage hitting rural hardest?
- National quality agenda that ignores rural issues?
- Rural opportunity to model healthy communities?

Rural health's many successes are a testament to the endurance and creativity of rural communities. Reform needs to build on that strength, not weaken it.

Rural health provides care to smaller communities at some distance from larger urban hospitals and clinics. We do so even as patients are attracted or forced out of town. We struggle with the power of huge public and private health care insurers. Federal "anti-trust" laws were written to protect communities against powerful monopolies. Now they seem to help for-profit giants over communities by limiting our ability to cooperate with each other.

Laws have long required insurers to respect the right of people to receive health care locally. These laws will continue to be stretched and tested. Congress is likely to continue its experiment to offer Medicare through for-profit insurers known as Medicare Advantage plans or Medicare HMOs. Protecting access to local care must be a high rural priority.

CMS is the agency that runs Medicare. It has recently begun to actively oppose rural hospitals and clinics that are required to be paid their reasonable costs. CMS is forcing rural hospitals to update older buildings while at the same time stopping them from rebuilding, even in

### RWHC Eye On Health



"It is naive to assume that the potential losers in healthcare reform would simply roll over and accept their fate." Uwe Reinhardt  
RWHC Eye On Health, 12/17/07

their own parking lots. CMS is stopping many rural hospitals from offering new services except at the hospital. CMS is blocking new rural health clinics by not allowing the States to do the required inspection. We don't have the luxury of remaining silent.

The soon to explode retirement of baby boomers will lead to a critical shortage of workers. Our current approach to growing the next generation of doctors, nurses, pharmacists and therapists makes Katrina look well handled. Think Keystone Cops. We don't know where we need to go or how to get there but we look sincere and very busy. Many rural communities already face staff shortages. But when it starts raining in the suburbs, expect a tsunami "outstate."

We must get better at including patients in their own care. Rural providers must respond to demands to "show me the numbers" about their quality and prices. We must be sure that rural relevant measures are developed and used. If information is not provided, people will assume something is being hidden. We must then actively participate in cooperative initiatives designed to drive improvement in our performance, rural and urban alike.

There is an urgent need for agreement about what we measure. Testosterone fueled battles for whose organization has the most expertise must stop. We simply do not have the resources to waste addressing multiple versions of similar demands.

Reform is about people getting the care they need at a cost our country can afford. Equally important, reform must help individuals and communities to become

healthier, to not need as much health care. If the growing need for care is not reduced, costs will explode, whatever the reform.

Unlike Lake Wobegon, two out of every three counties in rural Wisconsin are less healthy than average. This is not because of poor rural health care. It is due to too much smoking, drinking and eating. It is due to too little exercise, education, jobs and income. Reform without the bigger picture will fail.

Healthcare reform must address factors unique to the rural context. And at the very least, it must lay down a road map to make our communities healthy.

---

## One in Five Can't Afford Needed Care

---

From a press release, "Nearly One in Five Americans Say They Can't Afford Needed Health Care" from the Centers for Disease Control, 12/4/07:

"Nearly one in five U.S. adults – more than 40 million people – report they do not have adequate access to the health care they need, according to the annual report on the nation's health released today by the Centers for Disease Control and Prevention (CDC)."

"The report, 'Health, United States, 2007,' is a compilation of more than 150 health tables prepared by CDC's National Center for Health Statistics. The report also contains a special section focusing on access to care, which shows that nearly 20 percent of adults reported that they needed and did not receive one or more of these services in the past year—medical care, prescription medicines, mental health care, dental care, or eyeglasses—because they could not afford them."

*The full report is available at [www.cdc.gov/nchs/](http://www.cdc.gov/nchs/)*

---

## Nursing Faculty Shortage = Nursing Shortage

---

From "Enrollment Growth Slows at U.S. Nursing Colleges and Universities in 2007" from the American Association of Colleges of Nursing. 12/4/07:

**Rural Wisconsin Health Cooperative**, begun in 1979, 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

[office@rwhc.com](mailto:office@rwhc.com)

[www.rwhc.com](http://www.rwhc.com)

Email us with Subject as "Subscribe" for free e-subscription.

**“Though enrollment increased by almost 5% in baccalaureate nursing programs, more than 30,000 qualified applicants were turned away from schools nationwide in 2007.”**

“The American Association of Colleges of Nursing (AACN) released preliminary survey data that show that enrollment in entry-level baccalaureate nursing programs increased by 4.98 percent from 2006 to 2007. While this increase represents a positive trend, AACN is concerned that more than 30,000 qualified applicants were turned away from baccalaureate nursing programs last year due primarily to an intensifying shortage of nurse faculty.”

“ ‘In an environment of diminishing faculty and financial resources, nursing schools nationwide once again managed to expand student capacity in professional nursing programs,’ said AACN President Jeanette Lancaster. ‘Still, with the nation facing a nursing shortage into the foreseeable future, more must be done to ensure that all qualified individuals looking to enter the field are accommodated in baccalaureate and graduate nursing programs.’ ”

“By 2020, the Health Resources and Services Administration (HRSA) projects that more than one million new Registered Nurses will be needed in the U.S. health care system to meet the demand for nursing care. HRSA projects that nursing schools must increase their graduates by 90 percent in order to adequately address the nursing shortage. With preliminary data showing a 7.4 percent increase in graduations from baccalaureate nursing programs this year, schools are falling far short of meeting this target.”



RWHC Eye On Health, 12/17/07

---

## If RAC Can't Tell You, Nobody Can

---

From the press release, “Rural Assistance Center Celebrates 5-Year Anniversary,” 12/10/07:

“In December 2002, the Rural Assistance Center (RAC) launched its fledgling web site and took its first information request by telephone. Five years and 1.5 million web visits later... the Rural Assistance Center (RAC) is a national resource designed to meet the substantial rural health and human services information needs of rural communities.”

“ ‘The Rural Assistance Center has built a national reputation as a leader in both quality and timeliness of information,’ said Kristine Sande, RAC project director. ‘The RAC web site has become a premiere site for access to current information on rural health and human services topics.’ Since its launch in December 2002, RAC’s web site has received over 1.5 million visits, with more than half a million coming in the last year.”

“The knowledgeable and committed staff, coupled with state-of-the-art technical resources, support and extend rural community access to information and resources needed to improve local health care and human services delivery systems,” said Dr. Mary Wakefield, director of the Center for Rural Health at the University of North Dakota. ‘This service saves countless hours for rural stakeholders throughout the nation and ensures they don’t miss important information or opportunities.’ ”

“RAC coordinates and streamlines information, making it available through the use of a comprehensive web site, [www.raconline.org](http://www.raconline.org), including an online clearinghouse of news, documents, maps and success stories; a calendar of events; a directory of rural contacts and organizations; state resource pages; and a searchable database of funding opportunities.”

“Also available on the web site are Information Guides, which provide in-depth information focusing on rural aspects of an issue or topic. RAC’s electronic updates on rural health and human services keep more than 5,000 subscribers abreast of new information and resources. RAC also provides free cus-

tomized assistance on topics related to rural health or human services.”

*To request customized assistance from RAC’s information specialists contact RAC at 1-800-270-1898 or [info@raconline.org](mailto:info@raconline.org)*

**National Rural Health Association  
Annual Policy Institute—January 28-30<sup>th</sup>, 2008**

Participants get direct access to members of Congress, key public health officials, and nationally known health care experts. Participants hear first-hand about new federal policies and the impact on rural communities.

Capital Hilton, 1001 16th Street NW, Washington, DC

Register online at: [www.nrharural.org](http://www.nrharural.org)

there, I strolled the four main blocks without seeing another person, not one, on my side of the street, coming toward me or behind me. Some cars went by, a few pedestrians were walking down side streets, and at the bottom of the hill on the

other side there was some activity. Otherwise it was pleasantly desolate in an odd sort of way.”

---

## How Do We Build or Rebuild Real Towns?

---

From “Speak Your Piece: Walking Downtown Danville, Looking for a Future” by John Borden in the *Daily Yonder* ([www.dailyyonder.com](http://www.dailyyonder.com)), 11/29/07:

“Everything is in place in Danville, Virginia—the cool buildings and brick warehouses—but all the people are across the river at the mall. What’s possible in a small town filled with old buildings?”

“ ‘Revitalization’ is the word most often associated with downtown Danville, Virginia, in the pages of the local newspaper. From afar, that sounds hopeful, and talk of outside investors picking up structurally impressive buildings in the warehouse district as well as a few small businesses around town doesn’t sound bad either.”

“Driving through the four blocks of downtown Main Street, ancillary streets on either side, and the warehouse district street, the downtown can look like an undiscovered investment opportunity. Wide well laid out streets, good sidewalks and everything tidy and orderly. There are gems of buildings interspersed with the mundane but solid, and only one clear Katrina-like ‘60s style hotel eyesore that a positive eye would view as something soon to be dealt with. Revitalization is just around the corner?”

“Walking through the downtown and taking it in, step by step, gives a more tenuous impression, especially perhaps to the eyes of someone who came of age there in the ‘50s, ‘60’s and early ‘70’s when downtown was the center of activity, commercial and to some extent social. On a recent Saturday afternoon, 1:30 pm, I walked the length of Main Street to downtown. Once

“The main reason for the downtown’s existence today seems to be courthouse and bank support. There are at least three Danville-sized bank office buildings, the courthouse and jail, and many law offices scattered around. So a weekend would not necessarily be busy, and it was not. In the overall downtown area, a conservative estimate by this walker is that at least 50 percent of the commercial space is vacant.”

“Of the businesses that existed in the downtown’s heyday, only three were found—an upscale women’s clothing and shoe store that seems in fine shape, a mid-range men’s clothing store that also looks active, and the run-down army and navy store. Apart from that there are at least six barber shops, three hair salons, the largest wig shop that I have ever seen and a good sized competitor across the street. Courts, lawyers, banks and hair—downtown Danville today.”

“There are two small and current looking coffee shops that weren’t open on that Saturday, and one exceptional new sandwich and bagel shop opened by some metro New Yorkers in the last year. That was the activity at the bottom of the hill on the other, and sunny, side of the street.”

“The much discussed historic warehouse district does have one new over-age-55 apartment building, a newly built loft style condo development and another one just under construction in the handsome old structures that are being renovated. There is, however, no one on the street and no retail whatsoever in the immediate area of the new housing.”

“That’s the picture. The infrastructure for a downtown is in place, the buildings are available, it’s clean looking, but people are not there. Everyone seems to be in their cars just across the river at the mall, not



too busy most of the time but with three department stores and fifteen or so chain specialty stores, and a Walmart, K-Mart, Value City and multiple other parking lotted businesses and chain fast food and dining, even a Starbucks.”

“A walking impression of this area is impossible. Coming soon to this riverside area are a Target, Dick’s Sporting Goods, Home Depot and lots of others in two new shopping complexes. For an economically challenged area, the grandiosity of this new investment seems amazing. The economic rationale must be that Danville, the largest town in the immediate area of several rural counties, will become the regional shopping center. Its central location, city services, and a population willing to take minimum wage jobs must be the rationale. It is estimated that the new stores will add around 900 new jobs of this type in the next year.”

“This leaves our subject, downtown Danville, even more challenged. ‘Revitalization’ as a mainstream shopping area seems unlikely. A restaurant, boutique, crafts and antiques center might seem just the ticket in an area with more wealth, but feels like a pipe dream here at the moment. Can enough retirees, educated urban refugees, millennium gen non-conformists, dedicated and creative entrepreneurs like the sandwich and bagel shop folks, and even constructive transients be attracted to the downtown area and gel into something interesting? Is the current walking picture of downtown Danville signaling the perfect time to invest and create, or an inevitable demise despite good efforts and intentions?”

“The question is perhaps broader. Can Danville as a whole rebuild its economic life and energize its educational and social life after seeing its textile and tobacco town identity definitively become part of the historic past? Is there a unique next chapter? If not, does this mean that the city over time becomes just another distribution center of the national consumer culture, helping to deliver what the focus groups say is good to every corner of our country.”

“Will people finally speak ‘proper’ English and then have nothing to say? Don’t count on that.”

*John Borden grew up and graduated from high school in Danville, where his father still lives. Borden lives in New York. He writes the blog [eyesnotsold](#).*



---

## Piranhas Leave Clean Bite

---

*A periodic Eye On Health feature are excerpts of letters from Dr. Linnea Smith from the Yanamono Medical Clinic in the remote Amazon basin of northeastern Peru. The clinic operates with grassroot support from family and friends and many others. Donations are welcomed c/o: Amazon*

*Medical Project, Inc., PO Box 194, Mazomanie, WI 53560. AMP is a non-profit, tax-exempt organization.*

“While I was in Wisconsin, the Clinic had the usual cases of diarrhea, a lot of respiratory illnesses mostly in little kids, but also a few in adults, a few abscesses (some spectacular), several lacerations, and batches of children for our Well Child Care program.”

“On my return, as I was looking over the clinic registers, one diagnosis caught my eye: hydrocarbon intoxication. What happened this time, I asked? It seems that there had been a fiesta, so his mom had sent out for some of the sugar cane rum that keeps all our parties lively. Since the ‘rum factory’ doesn’t bottle its products, people bring their own containers, and mom had used a soda bottle to collect her rum. She had also, however, purchased some kerosene for the lamps, and this too had been stored in a recycled soda bottle.”

“Yup, you guessed it—when the little guy woke up after the party with a cough, his mom thought to give him a dose of rum, except that in the middle of the night she picked up the wrong bottle. She realized her error as soon as the poor child began sputtering and coughing. There is little to be done for such inhalations, except for supportive care, which Dr. Yuri pro-

vided, and the tyke did recover. But I'm sure we'll be seeing him again."

"A 21 year old male came in from one of the villages on the island across from us, with a pleural effusion—fluid between his lung and his chest wall. In this country, the most likely cause of this problem is tuberculosis, so Yuri sent him on to the TB program upriver at the government clinic in Indiana. They will provide the medicines he needs for free, although whether or not he takes them is another question. When I first came to Peru, people who were diagnosed with TB were forcibly hospitalized for the first month of treatment, which assured that they received the medicines as prescribed. They do not do this nowadays, however, so while some patients take all their medications, others do not."

"A few days after that, a 45 year old woman came in with a heart rate of 240 beats per minute for the previous twelve hours, associated with inaudible blood pressure, absent pulses in her extremities, and hands and feet which were turning blue from lack of circulation. We don't have an electrocardiogram machine, but Yuri suspected ventricular tachycardia, and wondered about the possibility of a heart attack. That would be fairly unusual here, but we are seeing more and more people with high blood pressure and with diabetes, which are risk factors for such problems. At any rate, he gave her intravenous amiodarone, which brought her pulse down to around 140."

"She and her husband had come from the government medical center in the village where they lived, a pretty long way downriver, and the patient was very lucky in that her husband had been able to rent a small boat, with a small motor (15 hp), and he even had enough gasoline to get all the way to Iquitos, a trip which took three hours. Yuri went along, keeping the amiodarone running during the journey. Once in the city, at the Hospital Regional, she was found to be in atrial fibrillation, which at least carries a better prognosis than ventricular tachycardia."

"There was an outbreak of chickenpox in the Yagua village across the stream from my house. In the U.S. and other developed countries, chickenpox is going the way of measles, which is to say that children are now vaccinated against it and it is disappearing from the countryside. The vaccine program here cannot

afford the luxury of that vaccine, so we have periodic outbreaks. Thus, we saw several little ones broken out in itchy, miserable, feverish vesicular rashes. Happily, all recovered without complications."

"Oh, and the 14 year old son of one of the clinic's neighbors developed an infection following a piranha bite. People usually do not bother to come to the clinic for piranha bites; there is a piece of meat taken out, period. You cannot suture the edges back together, so you just wait for the tissues to grow in and fill the gap. I have not seen such a bite become infected before, but hey, anything can happen."

---

## FCC to Help RWHC HIT Initiatives

---

The Federal Communications Commission has launched an initiative to increase access to health care in rural America through broadband telehealth services. RWHC was one of two grantees in Wisconsin, receiving a FCC's Rural Healthcare Pilot Program award for up to \$1.6 million over 3 years. The dollars are restricted to telecommunications related uses and will be used to benefit as many as 17 RWHC WAN participants, including RWHC ITN members. FCC awarded \$417 million for the construction of 69 state-wide or regional broadband telehealth networks.

*For more information, please contact RWHC Director of HIT, Louis Wenzlow at [lwenzlow@rwhc.com](mailto:lwenzlow@rwhc.com)*

---

## Rural Hospitals & Their Larger Community

---

*Each Month, "Eye On Health" will showcase a RWHC Hospital story from the Wisconsin Hospital Associations' annual Community Benefits Report. Wisconsin hospitals provide \$1.6 Billion in community benefit; twice that if you include Medicare shortfalls and bad debt. This month's feature is from Divine Savior Healthcare, Portage, "Personal assistance makes the difference at Divine Savior Healthcare":*

"At Divine Savior Healthcare, we know our patients, their families and our community in general struggle

with dozens of questions about the health care system, and many simply don't know where to start."

"While personal assistance has always been the foundation of customer service at Divine Savior, we continue to ramp up efforts to assist patients with and clarify the complex health care delivery system that we know today."

"Tested by the Medicare Maze 'Renee' had been struggling to get answers and assistance with her mother's medical bills for a year and a half."

"After raising their children in the Portage area and operating a successful business in Milwaukee, Renee's parents were able to retire comfortably in Arizona about nine years ago. In 2005, Renee's father passed away unexpectedly, and her mother, Nancy, cannot live by herself due to health conditions."

" 'Suddenly we were faced with some big decisions,' Renee relates. 'We brought Mom home to Portage for an extended visit to see how things worked out.' "

"During her visit, Nancy, 81, experienced health complications and spent a night at Divine Savior Healthcare. Because she was technically still an Arizona resident, problems quickly surfaced with Medicare and other insurance coverage. Unfamiliar with the territory, Renee inadvertently signed documents that she thought would benefit her mother's case. To the contrary, the problems increased 10-fold."

" 'Medicare, insurance, the many supplemental plans—I was overwhelmed, and I unfortunately made a wrong decision,' Renee says. That's when Aleatha Bonifas, Concierge at Divine Savior Healthcare, rose to the challenge."

"Divine Savior provides community members assistance in a variety of areas, including Medicare, medical bills and confusing insurance plans. In Nancy's case, Aleatha provided one-on-one education about the different payment options, as well as the various assistance programs available. Through her extensive

network with supplemental insurance carriers and Medicare resources, Aleatha helped Renee resolve the billing discrepancies."

" 'Aleatha went those extra mini miles to help us,' Renee recalls. 'She was fantastic.' Since February, Nancy is an official Wisconsin resident and lives with Renee and family in Portage."

"Now more than ever, patients are involved and proactive in selecting their health care services, based on both quality and affordability. 'It's truly rewarding to go home each day knowing that I've helped people in my community,' says Aleatha. 'I'm thrilled that we provide that personal touch and go the extra steps every day at Divine Savior.' "

---

## Our Loss, As a Wry Rural Voice Moves On

---

This is from "My Last Writes" by Glen Grady, administrator emeritus, Memorial Medical Center, Neillsville, in Memorial's employee newsletter, 12/07:

### Write for the 16<sup>th</sup> Annual Monato Essay Prize

A \$1,000 Prize for the Best Rural Health Paper by a University of Wisconsin student is given annually by RWHC's Hermes Monato, Jr. Memorial Fund. Write on a rural health topic for a regular class and submit a copy by April 15th. Info re submission is available at

[www.rwhc.com/Awards/MonatoPrize.aspx](http://www.rwhc.com/Awards/MonatoPrize.aspx)

"I have been doing this column for 23 years. I started with a short eulogy when one of our nursing home residents, who we all loved, died suddenly in November of

1984. I didn't sign it, but some staff asked the editor who wrote it. A few of them talked to me and encouraged me to become a regular contributor to Pill-O-Talk. This was just the ego stroke I needed and starting in January of 1985, I penned an article for every monthly issue, except one. That was the November 1993 article that our son Blaine wrote. He was a high school student and a CNA. It was a reflection on the value of the nursing home residents that so many of us are missing. Pretty good stuff."

"Anyway (over the years I have used a lot of 'anyway's in my articles); so anyway this will be the last article I will contribute and soon you will not see me around here very often at all. But although I will no longer be coaching on the sidelines, I will still be a rabid fan, in the crowd, cheering wildly for Memo-

rial—knowing that it has some of the best players and coaches anywhere, and that you will continue to give it your all for our patients, our community, and each other.”



chance to find out if I have other interests and skills, or I can sit back in an easy chair and relax. Not many people get this kind of opportunity, and I know how lucky I am to be afforded it.”

“Some have asked me why I decided to retire at an age that is considered relatively young by many standards. Well the answer to that is a lot more complicated than you might think. It is many things. I have long felt that we needed new ideas and maybe a renewed passion in our leadership at Memorial. Every job is a self portrait of the person who does it, and I want to be able to look back and say that, although there are some very obvious warts and wrinkles, I am reasonably happy with the way that self portrait turned out. I didn’t want it to get any uglier.”

“I have a very good friend that retired from a similar job at the ripe old age of 52, fourteen years ago, who told me I would know when it was time. He was right. I really know that it is time.”

“I am leaving the job in extremely capable hands. That is really gratifying to know. And I have a

“Cheryl, our two oldest and I moved to Neillsville 29 years ago this month. Our last two children were born right here at Memorial, and, except for the first three months of kindergarten for our oldest, all four boys’ grade and high school years were spent in the Neillsville school system. We feel very fortunate to have found Neillsville and have often wondered why we were so blessed.”

“So while you will not read any more of my sometimes not too enlightening and, at other times, less than inspiring words, please understand that I appreciate the opportunity you have given me to write them.”

“I leave you with the signature farewell that Garrison Keillor uses every weekday morning at about 8:50 at the conclusion of his Writers Almanac vignette: ‘Be well, do good work, and keep in touch.’ ”

Space Intentionally Left Blank For Mailing