

Review & Commentary on Health Policy for a Rural Perspective – June 1st, 2007

New Era of Hospital-Physician Collaboration

From a white paper by the American Hospital Association, “Moving Forward on Clinical Integration Guidance” at <<http://www.aha.org/>> :

“The American Hospital Association (AHA), which represents nearly 5,000 hospitals, health systems and other health care organizations as well as 37,000 individual members, is initiating a project to provide better guidance to hospitals and other health care providers on establishing and implementing clinical integration (CI) programs consistent with the antitrust laws. To do so, AHA plans to share the materials noted below with the Federal Trade Commission (‘FTC’), as well as provide a copy to the Department of Justice (DOJ) (collectively the Agencies) and AHA’s members. These materials include: (1) *Proposed Guidance on Establishing Clinical Integration Programs*, which is designed to provide a road map for hospitals and other providers on what they need to consider in establishing a CI program; and (2) *Proposed Legal Analysis* aimed primarily at counsel, which expands on the guidance that the Agencies have furnished and addresses some of the more difficult antitrust issues raised by CI programs.”

“Is it not also true that no physician, in so far as he is a physician, considers or enjoins what is for the physician’s interest, but that all seek the good of their patients? For we have agreed that a physician strictly so called, is a ruler of bodies, and not a maker of money, have we not?” Plato (c. 427–347 B.C.)

RWHC Eye On Health, 5/18/07

“Clinical integration is attractive to health care providers because it is viewed as an effective remedy to fragmentation. In essence, clinical integration involves providers working together in an interdependent fashion so that they can pool infrastructure and resources, and develop, implement and monitor protocols, ‘best practices,’ and various other organized processes that can enable them to furnish higher quality care in a

more efficient manner than they likely could achieve working independently. Such programs can enable primary care physicians (‘PCPs’) and specialists of all kinds to work more closely with each other in a coordinated fashion.”

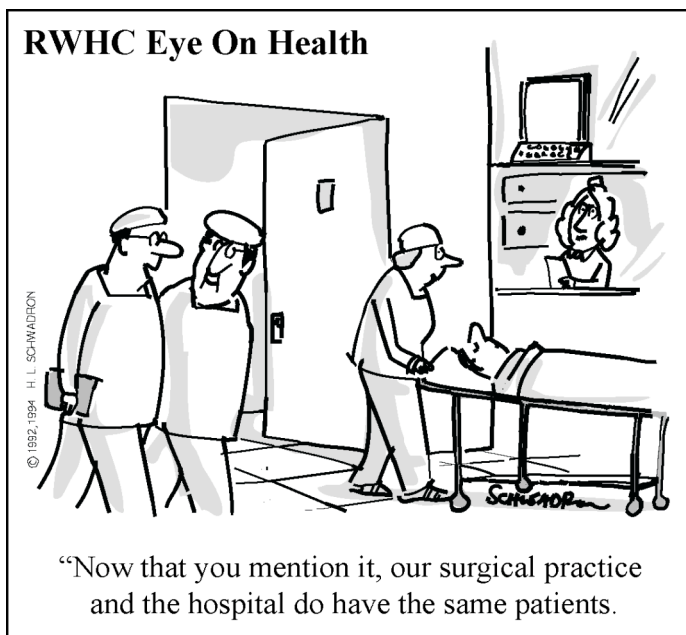
“There are many benefits to a hospital, other providers and patients from implementing a CI program.”

“Foster Collaboration to Improve Quality of Care.

Collaboration is particu-

larly important in health care. Gaps in quality can more effectively be addressed by better coordination among providers. CI programs can allow providers to better align their efforts to improve quality and patient safety in line with the six aims outlined in the IOM’s 2001 report on quality improvement strategies.”

“**Improve Quality and Efficiency for Independent Providers.** Independent providers who wish to continue to work in solo or small group practices, yet



access the infrastructure, staff, economies of scale and scope, and ‘best practices’ that clinically-integrated arrangements can provide, can enable them to significantly improve the quality and efficiency of their practices.”

“Enable providers to perform well in Pay-for-Performance and other public reporting initiatives. There is an increasing emphasis on linking payment to performance on various quality and efficiency measures, and to use public reporting mechanisms to identify for patients, employers and health plans those providers who achieve high performance scores. Clinical integration efforts can enable providers to perform better in such initiatives. For hospitals, such programs can enable a hospital to attract more patients and increased reimbursement to reflect their higher quality.”

“Gain experience in forming provider organizations responsible for an entire episode of care or population of patients. There is growing interest in payment systems based on provider organizations taking responsibility for the care of a population of patients, or for an episode of care. Such provider organizations would need to span both hospitals and physicians practicing in a broad range of specialties. Clinically-integrated physician-hospital organizations can provide experience with, and form the basis of, such entities.”

“Provide a vehicle for a hospital to work more closely with members of its medical staff. CI pro-

grams can provide a focal point around which hospitals can more closely associate with their physicians to build an integrated system of care. A CI program also can provide a hospital with many more monitoring and enforcement tools than are available to the hospital through a typical medical staff organization, including the payment of financial incentives for members who actively participate in the program and penalties for those who do not.”

“Provide the means whereby providers can obtain greater reimbursement to cover the added costs of their efforts and which recognize the increased value of the services that they offer. A properly established and implemented CI program can justify joint negotiations by competing providers that would otherwise be unlawful under the antitrust laws. Such joint negotiations also can offer significant efficiencies for both providers and health plans in negotiating and administering contracts.”

“AHA’s goal is to provide guidance to the hospital field on what issues should be considered as CI programs are developed. AHA also hopes to engage in a dialogue with the FTC on some of the more difficult antitrust issues associated with CI programs. AHA believes that it can provide valuable input from hospitals regarding how CI programs can be structured and implemented, outside of the context of ongoing investigations, and contribute to the Agencies’ consideration of how the antitrust laws should be applied to such efforts.”

“In providing its *Proposed Guidance* and *Proposed Legal Analysis*, AHA recognizes that each CI program must be tailored to meet the needs and circumstances of the providers involved and community in which they operate, and that there is therefore no ‘one size fits all’ CI program. Similarly, AHA appreciates that there is no simple checklist that can be followed which will guarantee that a proposed CI program will not raise any antitrust issues.”

“Indeed, these materials are not intended to be definitive legal advice. As organizations begin the process of considering such programs, they should do so in consultation with counsel, bearing in mind that these programs also may implicate other areas of law, including tax exemption and ‘fraud and abuse’ laws. Nor are these materials intended to create a self-

The **Rural Wisconsin Health Cooperative (RWHC)** was begun in 1979 as a catalyst for regional collaboration, an aggressive and creative force on behalf of rural health and communities. RWHC promotes the preservation and furthers the development of a coordinated system of health care, which provides both quality and efficient care in settings that best meet the needs of rural residents in a manner consistent with their community values.

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regulatory scheme or any sort of immunity from anti-trust scrutiny.”

“Instead, these materials are intended to foster discussion with the FTC in the hope of providing useful guidance on what is involved in establishing a CI program – one that offers the benefit of collaboration across providers to ensure better, more coordinated delivery of health care services—and the type and level of antitrust scrutiny that should be applied to certain aspects of such programs. Both AHA and the Agencies can benefit from sharing information and ideas on these issues.”

IRS Approves Hospital-Physician Cooperation

From a *Modern Healthcare* online “Top News Story: IRS will let not-for-profits help subsidize EHRs” by Joseph Conn on May 11th:

“The third shoe has dropped in giving hospitals federal blessing to subsidize the cost of providing electronic health-record systems software and technical support to affiliated physicians as the Internal Revenue Service ruled Friday that HHS-approved IT contributions won’t jeopardize the tax-exempt status of not-for-profit hospitals.”

“In August, HHS and the CMS issued rulings stating that hospital assistance to physicians for IT would be given safe harbor from federal anti-kickback laws, and also would be granted an exemption from Stark laws prohibiting financial inducements for referrals. The IRS decision came in the form of a memorandum from Lois Lerner, director of the exempt organizations division of the IRS, to the directors of the ruling and agreements and the examinations sections of the division.”

“Lerner noted the decisions by HHS and the CMS, and that ‘some hospitals believe that their medical staff physicians need a financial incentive to acquire and implement EHR software that would allow the physicians to connect to the hospitals’ EHR systems.’ IRS spokeswoman Nancy Mathis said the memo was a ‘field directive,’ an internal document directing officials within the IRS how to carry out agency busi-

ness. When it comes to the IT issue, ‘I think it is our final answer,’ Mathis said. Tom Hyatt, a healthcare attorney with the Washington firm of Ober Kaler, said the ruling will be good news for some hospital leaders.”

“ ‘I’ve got several systems that have contacted me periodically saying, ‘Has the IRS said anything yet?’ They’ve really been waiting for this to come down,’ Hyatt said.”

Once Again, Real Life Stranger Than Fiction

From the press release “Wealthy Dentist Survey: Dentists Opposed to Greater Independence for Dental Hygienists” at <<http://www.thewealthydentist.com>> :

“Four out of five dentists are opposed to expanding the role of dental hygienists as independent practitioners. In a recent survey by The Wealthy Dentist, a full 81% of dentists felt that many of these proposed changes could harm dental practices and offer patients a lower standard of care. Only 19% opined that granting dental hygienists greater autonomy would improve access to care for patients across the country.”

“ ‘When four out of five dentists agree on something, it’s worth taking notice,’ commented The Wealthy Dentist founder Jim Du Molin. ‘Dentists are a diverse group, and that makes them especially interesting to study. You’ll find a dentist in virtually every American community. Each month, dental providers see over 30 million Americans. Dentists are remarkably in touch with the average American. This survey shows that dentists don’t completely trust anyone else to safeguard the dental health of their patients.’”

“The Wealthy Dentist is a dental marketing and practice management resource featuring dental consultant Jim Du Molin. The site’s weekly surveys and dental newsletters are viewed by thousands of dentists across the USA and Canada. The Wealthy Dentist is a sister company of the Internet Dental Alliance, Inc. (<http://www.internetdentalalliance.com>) . IDA is the largest provider of dental internet marketing websites, email patient newsletters and dental directories in North America.”

RWHC Eye On Health



“Why risk all this by opening up our trade guild?”

Win \$5,000 for Your Disruptive Innovation

From a press release “New Competition Seeks Disruptive Innovations in Health and Health Care” by the Robert Wood Johnson Foundation, 5/7/07:

“A competition has been launched to find disruptive innovations that could dramatically reshape the health and health care marketplace. The online competition, ‘Disruptive Innovations in Health and Health Care-Solutions People Want,’ is sponsored by the Pioneer Portfolio of the Robert Wood Johnson Foundation (RWJF) and uses a unique open source competition model developed by Changemakers, an initiative of that promotes enterprising solutions to social problems. For competition details go to <<http://www.changemakers.net>>.”

“The ‘Disruptive Innovations’ competition, which runs through July 18, expects to attract entrepreneurs from within and outside of the health care field whose ideas might lead to new services, tools and choices that consumers want but are currently out of reach because of cost, complexity, or because the right idea hasn’t surfaced. Examples of disruptive innovations that are already transforming health

care are home glucose monitors that give diabetics the ability and convenience to get blood glucose readings in seconds in the convenience and comfort of their own homes; and walk-in health clinics in retail stores that enable patients to quickly see skilled nurse practitioners and physician assistants, who diagnose and treat common conditions at lower costs than typical doctor visits.”

“Twelve competition finalists will be selected by a distinguished panel of judges. Changemakers’s global network of social entrepreneurs then will vote for three winners, who each will receive a \$5,000 cash prize from Changemakers. In addition, RWJF’s Pioneer Portfolio will review competition entries and may award up to \$5 million to support projects with potential for the greatest impact.”

“ ‘We are challenging enterprising thinkers to consider how shifts or changes in the marketplace can help consumers manage their health and health care how they want to, where they want to, when they want to,’ said RWJF Senior Program Officer Nancy Barrand. ‘Changemakers’ open-source competition model provides RWJF with a transparent, interactive way to engage a vast network of entrepreneurs in finding solutions that make sense to consumers and respond to what they value.’ ”

“This is the second in a series of idea competitions co-sponsored by RWJF and Changemakers. The unique competition model attracts solutions from social entrepreneurs from the U.S. and around the globe. Innovators submit their ideas online and the Changemakers community provides feedback on the problem and proposed solutions throughout the life of the competition. This interactive process is designed not only to catalyze action on important issues but also to connect participants’ solutions with key decision-makers, investors, and health and social service providers.”

“ ‘RWJF is leading the way in using the Changemakers platform as a tool for surfacing diverse approaches that can point toward comprehensive health care solutions,’ according to Charlie Brown, Changemakers’s executive director. ‘Our collaborative series of competitions promises to forge wider, stronger communities of practice that will take solutions to scale at unprecedented rates.’ ”

“ ‘Disruptive innovation,’ is a term coined by Harvard Business School Professor Clayton Christensen and describes a technology, process, or business model that enables more consumers in the market to afford and/or have the ability to use a product or service. The change caused by such an innovation is so big that it eventually replaces, or disrupts, the established approach to providing that product or service.”

“In the health and health care arena, services historically have been designed and delivered with providers’ needs in mind. They also tend to be procedure-oriented, treating patients more as passive recipients than engaged participants in the care process. Recasting patients as consumers puts them in an active role and challenges the system to meet consumers’ interests in managing their health and health care in ways that are more affordable, more accessible, simpler, and more convenient.”

“The Disruptive Innovations competition is the second in a series of three competitions the Pioneer Portfolio is undertaking with Changemakers to find cutting-edge solutions to some of the most pressing health and health care challenges in the U.S. The first competition on ending domestic violence attracted nearly 250 submissions. The third competition begins in June and looks to stimulate innovations in how computer and video gaming can improve health and health care.”

Living Wills Need a Life of Their Own

From “Narrative Matters: Thy Will Be Done” by Victoria Sweet in *Health Affairs*, May/June, 2007:

Preface from *Health Affairs*: “*Death is the proverbial 900-pound gorilla in all of our lives. We generally prefer not to think or talk about it, which isn’t a problem—except when death visits us. To what used to be a natural or, at least, a minimally manipulable event, contemporary medical science has added a variety of life-extending options, many of which cause prolonged oblivion, pain, family disruption, and expense. In response to the advent of life-extending technologies, instruments known generically as an ‘advance directive’ (or ‘living will’)* have been developed, al-

lowing us to express our wishes about our deaths, including the rigor of interventions and who should make decisions if we cannot. Despite the presence of such documents, all is not well.”

“At my hospital, starting about fifteen years ago, we made a concerted effort to establish advance directives as soon as patients were admitted. There were conferences and journal clubs for doctors and nurses, certified nursing assistants, and activity therapists. In the admitting history, we inserted a paragraph that requires a patient to state some desires or feelings about resuscitation, tube feeding, and curative versus palliative care. And we made it a policy to revisit those wishes regularly with patients. It took us years, but eventually we had a ‘culture of attention’ to patients’ wishes, to their quality of life, and, especially, to their personal style. Today we have many fewer futile code blues and many fewer curled-up and constricted tube-fed bodies.”

“But we still have quite a number, for two interlinked reasons. First, too many people, by the time they come to us, can’t understand the concepts—the difference between treatment and resuscitation or between palliative and curative care, or what it means to end up as a tube-fed body. And second, because those for whom we have no evidence of what they would want do get a feeding tube, the cultural presumption being—don’t ask me why—that absent some directive to the contrary, you would want to be tied down, restrained, and force-fed, virtually indefinitely.”

“Since it might be a long time until that default policy is changed, let me end by telling you, what I have done. I got one of those forms under one of the names they go by (durable power of attorney for health care, living will, advance directive), and I filled it out; you can believe I checked the box about no feeding tube, as well as the Do Not Resuscitate box. But that’s not all I did. I also talked with my family about those checkmarked boxes and discovered that not everyone understood why I wouldn’t want to be kept alive as long as possible. I took the names of those family members off the form. Last, I wrote a letter about what I want and, especially, about what I don’t want. Personal is best. You can type yours or dictate it, videotape it, or even scribble it, but document what you want in your own words, with your own images, and in your own spirit.”

“Why is this so important? Because times change, medical technologies change, and ways of prolonging your existence will also, doubtless, change. Today’s check-boxes about resuscitation and feeding tubes might not be relevant by the time your living will comes to be read. What will be relevant will be some indication of who you were, how you lived your life, and how you weighed freedom against security, mental anguish against physical suffering, change against stability. Leave us a sense of you, a flavor, a melody, so that in those decades to come when those who knew you are gone and you yourself are unreachable, we still can intuit what you would have wanted. That’s how to make a living will.”

Victoria Sweet is a physician and an associate clinical professor of medicine at the University of California, San Francisco.

Asleep May Be Our Most Productive Time

From “Sleep—a Big Part of Memory and Learning” in *Medical Research News*, 4/22/07:

“Now a new study demonstrates that relational memory—the ability to make logical ‘big picture’ inferences from disparate pieces of information, is dependent on taking a break from studies and learning, and even more important, getting a good night’s sleep.”

“Led by researchers at Beth Israel Deaconess Medical Center (BIDMC) and Brigham and Women’s Hospital (BWH), the findings appear on-line in today’s Early Edition of the Proceedings of the National Academy of Sciences (PNAS).”



“ ‘Relational memory is a bit like solving a jigsaw puzzle,’ explains senior author Matthew Walker, PhD, Director of the Sleep and Neuroimaging Laboratory at BIDMC and Assistant Professor of Psychology at Harvard Medical School (HMS). ‘It’s not enough to have all the puzzle pieces, you also have to understand how they fit together.’ ”

“Adds lead author Jeffrey Ellenbogen, MD, a post-doctoral fellow at HMS and sleep neurologist at

BWH, ‘People often assume that we know all of what we know because we learned it directly. In fact, that’s only partly true. We actually learn individual bits of information and then apply them in novel, flexible ways.’ ”

“For instance, if a person learns that A is greater than B and B is greater than C, then he or she knows those two facts. But embedded within those is a third fact, A is greater than C, which can be deduced by a process called transitive inference, the type of relational memory that the researchers examined in this study.”

“Earlier research by Walker and colleagues had shown that sleep actively improves task-oriented ‘procedural memory’, for example, learning to talk, to coordinate limbs, musicianship, or to play sports. Because relational memory is fundamental to knowledge and learning, Walker and Ellenbogen decided to explore how and when this ‘inferential’ knowledge emerges, hypothesizing that it develops during ‘off-line’ periods and that, like procedural memory, would be enhanced following a period of sleep.”

“So, the researchers tested 56 healthy college students, each of whom was shown five pairs of unfamiliar abstract patterns, colorful oval shapes resembling Faberge’ eggs. The students were then told that some of the patterns were ‘correct’ while others were ‘incorrect,’ for example, Shape A wins over Shape B, Shape B wins over Shape C, and so on. All of the

students learned the individual pairs but were not told that there was a hidden ‘hierarchy’ linking all five of the pairs together.”

“After a 30-minute study period, the students were separated into three groups to test their understanding of the larger ‘big picture’ relationship between the individual patterns: Group One was tested after a period of 20 minutes; Group Two was tested after a 12-hour period; and Group Three was tested after a 24-hour time span. In addition, approximately half of the students in Group Two slept during the 12-hour period, while the other half remained awake. All of the students in Group Three had a full night’s sleep.”

“The test results showed striking differences among the three groups, especially between the students who had a period of sleep and those who remained awake.”

“ ‘Group One, the students who were tested soon after their initial learning period, performed the worst,’ says Walker. ‘While they were able to learn and recall the component pieces [for example, Shape A is greater than Shape B, Shape B is greater than Shape C] they could not discern the hierarchical relationships between the pieces [Shape A is greater than Shape C], they couldn’t yet see ‘the big picture.’ ”

“Groups Two and Three, on the other hand, demonstrated a clear understanding of the interrelationship between the pairs of shapes.”

“ ‘These individuals were able to make leaps of inferential judgment just by letting the brain have time to unconsciously mull things over,’ he says. But, perhaps most notable, he adds, when the inferences were particularly difficult, the students who had had periods of sleep in between learning and testing significantly outperformed the other groups.”

“ ‘This strongly implies that sleep is actively engaged in the cognitive processing of our memories,’ notes Ellenbogen. ‘Knowledge appears to expand both over time and with sleep.’ ”

“Concludes Walker, ‘These findings point to an important benefit [of sleep] that we had not previously considered. Sleep not only strengthens a person’s individual memories, it appears to actually knit them together and help realize how they are associated

with one another. And this may, in fact, turn out to be the primary goal of sleep: You go to bed with pieces of the memory puzzle, and awaken with the jigsaw completed.’ ”

RWHC Nursing Excellence Award Winners

Tim Size, executive director of the Rural Wisconsin Health Cooperative (RWHC), recently announced the recipients of the 2007 Nurse Excellence Awards. Jeanie Jundt from Stoughton Hospital in Stoughton, Wisconsin, was recognized for Excellence in Nursing Management, and Carol Addison of Grant Regional Health Center in Lancaster, Wisconsin, received the award for Excellence as a Staff Nurse.

Jeanie Jundt is employed as Director of Senior Services and Allied Health at Stoughton Hospital. In her role, she provides leadership for the Geriatric Psychiatry Unit, Complementary Medicine Program, and Geriatric Services. Jeanie is recognized as a leader throughout her organization and is especially appreciated for her clinical excellence and outstanding written and verbal communication skills. She was also instrumental in developing the psychiatric program at Stoughton Hospital.

Jeanie not only assures quality in the programs she is responsible for leading, but is often sought out in her role on the hospital administrative leadership team. She has taken the lead in defining hospital standards of behavior and is a role model for professionalism and assertiveness. As chairperson of the Hospital Ethics committee, she provides a strong and consistent voice for patient care. She has been described as a strong, kind, and compassionate leader with a great sense of humor and greatly deserves this recognition.

The Clinical Excellence Award Winner, Carol Addison, began her employment at Grant Regional Health Center in August of 1978 and has consistently proven her compassion and loyalty in the organization since. She demonstrates special skills in education and has used them in the role of obstetrical coordinator, team supervisor, and Lamaze educator. Carol has held many roles along the nursing continuum working over her career in Emergency Room, Medi-

cal/Surgical, Peri-Operative, and Outpatient areas. She serves as the facility's diabetic educator. On the award nomination form, Carol was described as a dependable, resourceful, and compassionate, teacher with exemplary critical thinking skills.

Also nominated for the Excellence in Nursing Management Award were Tamara Keenlance, Ripon Medical Center; Kelly Schmude, Berlin Memorial Hospital; Sue McVey, Langlade Memorial Hospital; and Debra Witman, Langlade Memorial Hospital. Staff Nurse Award nominees include Marla Heisz, Vernon Memorial Hospital; Mary Hrovat, Langlade Memorial Hospital; Laura Meverden, Langlade Memorial Hospital; Julie Stenbrotten, Stoughton Hospital; and Ellen Wiedmann, Langlade Memorial Hospital.

Nurses in community hospital settings must be well educated, well rounded at clinical practice, and have the ability to respond to a variety of age groups, diagnoses, and patient emergencies. Establishment of this award is public recognition that excellence in nursing practice is a valuable asset to rural communities and the state of Wisconsin.



RURAL HEALTH CAREERS
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How to Connect with Community?

From "Where Do We Go from Here? The Hospital Leader's Role in Community Engagement" from The Health Research and Educational Trust available at <<http://www.hret.org>> :

"Building on a longstanding collaboration around improving hospitals' connections with their communities, the W.K. Kellogg Foundation (WKKF) approached the Health Research and Educational Trust (HRET) with a request: Help us understand how hospitals can take the next step in improving community health and engaging with their communities. HRET brought together leaders from hospitals and health systems around the country that were exemplars of what both WKKF and HRET wanted to see—health care providers able to really connect with their communities, to affect both public and private policy, to improve the health of their constituents. America's hospitals today are making a concerted effort to reconnect with their communities, in ways large and small."

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