

Review & Commentary on Health Policy Issues for a Rural Perspective – July 1st, 2005

They Should Cost \$100 a Pack

From the “Administrators Column” in the Neillsville, Wisconsin, Memorial Medical Center’s Employee Newsletter by Glen Grady, 4/05:

“A friend of mine died last night. Sandy. We have been friends for over a quarter of a century. Both of our families moved into the same neighborhood about the same time. And both of us had young children so we would see each other at school and community functions from time to time. We would also see Sandy at the restaurant on Friday nights. Sometimes she was working as a hostess and sometimes she was there to eat, so she would join us or we would join her. Her husband, Mike, was a salesman so we didn’t get to see him nearly as often in the early years as we saw Sandy, but we eventually got to know him very well also.”

“One year, my second son, Blaine, and I joined Mike and his son Tommy for a week of rowing and portaging and fishing and swatting flies on a Boundary Waters canoeing vacation. We also joined Mike and Sandy on a little excursion to Biloxi, Mississippi, for golf one spring. The highlight of that trip was a stop in Memphis on the way down to tour Elvis Presley’s home, Graceland. Oh, how Sandy loved Elvis.”

“Sandy and Mike were not only good neighbors but they seemed to share many of the same friends with our family and generally we got along famously. But Sandy and I had a little secret. We liked arguing—both of us liked it—especially with each other. In later years we found out that at least one of our mutual friends would have to pick and chose which one of us to invite to a party or a meal because she

thought Sandy and I didn’t like each other. In truth, Sandy and I loved to be together because we loved the verbal jousting.”

“In over 25 years I don’t think either of us ever gave an inch on anything—we agreed to disagree. Sometimes we would have to talk for quite a while before we could find a topic to disagree on, but then the game was on. I guess it sometimes upset those around us, but we both knew what we were doing—

STRONG RURAL COMMUNITIES

INITIATIVE PROPOSALS DUE JULY 31ST

The Rural Health Development Council, a legislatively appointed advisory group to the State of Wisconsin’s Department of Commerce, is looking for six rural Wisconsin communities to join it in developing the Strong Rural Communities Initiative. The goal of the initiative is for rural communities to improve their health indicators and health status through the development of ongoing, local interventions by coalitions that include (1) the local hospital and representatives of the medical community, (2) the county health department, and (3) representatives of other non-health related local businesses. Involvement of the local business community and the potential to reduce health care costs is a particular emphasis of this initiative.

The Rural Health Development Council will work with three selected rural communities to seek a three year implementation grant from the Wisconsin Partnership Fund for a Healthy Future’s Community Academic Partnership Fund at the University of Wisconsin, and it will work with three additional selected rural communities to seek a three year implementation grant from the Healthier Wisconsin Partnership Program at the Medical College of Wisconsin. It is hoped that each of the selected communities will receive a minimum of \$100,000 over three years as well as the support of an academic partner from the University of Wisconsin or Medical College of Wisconsin. Funding decisions are expected in early 2006.

The complete Request For Proposal and Application Kit is available at <<http://www.rwhc.com/SRCI.html>>.

we were just having fun. Neither of us wanted the other to think that they had gotten the better of us. We are all kind of a huggy group, so when we would part after an evening of food and sharp talk, we would hug, and I'm sure that most people couldn't believe that Sandy would hug me or I would hug Sandy after the way we argued. They just didn't understand how much fun we were having."

"Anyway, Sandy was a dear friend and the longer we lived close by and the older we got, the closer we all became. But she smoked cigarettes—a lot of cigarettes."

"And Sandy is gone now, taken prematurely at age 57, by a disease that could almost be called voluntary. You can choose to get it—by smoking. Lung cancer. I know you can get it without smoking, but smoking will and does increase your chances of developing the disease by leaps and bounds. Cigarettes are the direct cause of a full third of the cancer deaths in the United States annually and a high percentage of the heart and other cardiovascular disease mortalities. That is why the government makes the cigarette companies put that warning label on the packs. That is why you have to be at least 18 to buy them. That is why cigarette ads are banned from television and radio. That is why smoking is restricted in more and more locations every day. That is why smokers pay more than non-smokers for life insurance. That is why some companies are charging employees who smoke a higher premium for their employer-sponsored health insurance. That is why at least one company has given their employees who smoke one year to quit smoking and have told them that they will be terminated if they do not quit."

"Cigarettes cause many personal and social problems and they have no real positive attributes. They do not calm your nerves unless you are addicted to the nicotine—they actually raise your blood pressure. They are dangerously addictive, way too available to the young in their formative and impressionable years, and the long term effects on lung and heart health can be devastating—and, as in Sandy's case, often fatal."

"Our hospital association wants the State Legislature to add a \$1 per pack tax to the price of cigarettes. That would add \$400 million in tax revenue to the State coffers that could be used to fund Medicaid payment

to hospitals and nursing homes. I think it is a good idea—but I hope they take in a lot less in taxes than they are estimating—that would mean that a lot more people quit smoking because of the cost than they expected. In fact I would like to see everyone quit."

"Sandy's premature absence is leaving a huge void in the life of her family and her friends. Darn cigarettes. I think they should cost \$100 a pack. Maybe those sixteen and seventeen year olds out there that think they look cool and more mature if they smoke would have a harder time getting a hold of them and have a much better chance of living as long as they could (should)."

Rural America is More than Cows & Corn

From "Rural America's Emerging Knowledge Economy" by Jason Henderson and Bridget Abraham in *The Main Street Economist* published by the Center for the Study of Rural America, at the Federal Reserve Bank of Kansas City, 5/05; complete text is at:

www.kc.frb.org/RuralCenter/mainstreet/MSE_0505.pdf

"Knowledge is the fuel powering economic growth in the 21st century. By spurring new ideas and innovations, knowledge boosts productivity and creates new products, new firms, new jobs, and new opportunities. However, few rural places have tapped this economic potential. Many are asking where to start."

The **Rural Wisconsin Health Cooperative**,

begun in 1979, is 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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“A variety of factors may be related to knowledge-based growth. Larger rural communities tend to have higher concentrations of high-knowledge occupations because they provide greater opportunities for personal and firm interaction and all the sharing of knowledge. These rural communities tend to have larger pools of labor and existing businesses. Communities with a college or university also had high concentrations of knowledge occupations. Natural amenities also appear to be attractive to knowledge workers.”

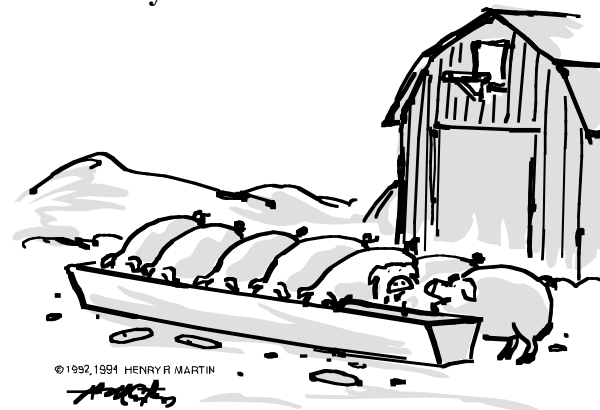
“As a result, rural leaders are using a variety of new strategies to strengthen their own knowledge economy. Some are tapping institutions of higher education for innovations to jump-start their knowledge economy. Others are leveraging local amenities to attract knowledge workers. In some rural communities, building new infrastructures may be crucial to future knowledge economy. But another strategy is perhaps even more essential—fostering innovative, regional, entrepreneurial partnerships of people, businesses, communities, and institutions.”

Need \$2.5 Billion? Get Serious About Diabetes

From a press release “Preventing Diabetes Complications Could Save \$2.5 Billion Annually” by the Agency for Healthcare Research and Quality, 3/1/05:

“A new research synthesis from HHS’ Agency for Healthcare Research and Quality estimates that the nation could save nearly \$2.5 billion a year by preventing hospitalizations due to severe diabetes complications. *Economic and Health Costs of Diabetes* summarizes findings of studies that were based on 2001 data from AHRQ’s Healthcare Cost and Utilization Project.”

RWHC Eye On Health



“Now they want less bacon and more bacon. Pass it on.”

To access a copy online, go to:

www.ahrq.gov/data/hcup/highlight1/high1.htm

“Diabetes, an increasingly common chronic disease, currently affects 18 million Americans, or about 6 percent of the population. Complications from the disease that may require hospitalization include heart disease, stroke, kidney failure,

blindness, as well as nerve and blood circulation problems that can lead to lower limb amputations. Complications can often be prevented or delayed with good primary care and compliance with the advice from providers. According to the research synthesis:

- Reducing hospital admissions for diabetes complications could save the Medicare program \$1.3 billion annually and Medicaid \$386 million a year.
- Nearly one-third of patients with diabetes were hospitalized two or more times in 2001 for diabetes or related conditions, and their costs averaged three times higher than those for patients with single hospital stays—\$23,100 versus \$8,500.
- The risk of hospitalization for cardiovascular disease was two to four times higher in women with diabetes than in those who did not have diabetes.
- African-American, other minority, and poor patients regardless of race or ethnicity were more likely to be hospitalized multiple times for diabetes complications than non-Hispanic white and higher income patients.”

“ ‘These findings highlight the importance of carefully monitoring people with diabetes who have a prior admission for the disease to prevent repeat hospitalizations, improving the care of diabetic patients who also suffer from cardiovascular disease and enhancing treatment for minorities and low-income patients,’ said AHRQ Director Carolyn M. Clancy, M.D.”

Fred Moskol Receives Top National Honor

The National Rural Health Association gave its highest honor, the Louis Gorin Award for Outstanding Achievement in Rural Health Care, to Fred Moskol at its annual meeting in New Orleans.

“This nomination on behalf of Fred Moskol was a cooperative effort from members of the NRHA who believe that it is time for Fred to receive the honor and recognition the award symbolizes. His efforts on behalf of rural health extend beyond his beloved state of Wisconsin and represent lasting accomplishments that will continue long after he retires.”

“Fred Moskol has been dedicated to rural health for more than 30 years, and was instrumental in designing the current structure of the NRHA where he served as President, Board Member and Policy Board member. His dedication and contribution to the Association is evident in his ability to listen, question, contribute and build consensus when dealing with difficult issues. Fred was also instrumental in bringing minority and multicultural issues to the forefront of NRHA’s work that ultimately led to the Minority and Multicultural Rural Health Conference.”

“Fred Moskol has not been working for rural health and rural communities since the Great Flood, it just seems that way. He is part of the first generation of state activists who began to advocate in Washington as well—making rural health a service and policy agenda in its own right. Fred is the one who got many of us to engage in the national rural health community. Any success NRHA and the rest of us may be fortunate to have, stands very much on his shoulders.”

“When Fred heard that he was to receive the Louis Gorin Award to acknowledge his long-term and major contributions, he, as predicted, blushed and let out a flustered “oh jeez,” (his usual involuntary impression of Archie Bunker.) Fred is more than a key colleague—he is a mentor who taught us that more important than finances and policy papers, rural health is about helping people at a point when they are struggling with some of their most critical and private life experiences. Fred always challenged us to think and

work beyond the silos of constituency, geography, profession, class and race.”

“Among his many key accomplishments during his twenty years as Director of the Wisconsin Office of Rural Health, Fred was a founder of the Wisconsin Primary Health Care Association, New Physicians for Wisconsin and the National Rural Recruitment and Retention Network. He led the legislative movement in the late ‘90s, to create the Governor’s Rural Health Development Council and enabled it to start the Health Professions Loan Assistance Program along with linking rural health and rural economic development, long before it was fashionable. Fred was instrumental in the development of the CAH Coalition to assure that the Flex program would be a collaborative enterprise for all key stakeholders.”

“Fred is always alert to the chance to help his colleagues, both rural and urban. An example: Madison. Wisconsin, is blessed with many physicians, unevenly distributed and with many not available to the uninsured; but their numbers precluded Madison’s struggling community health center from being designated a Federally Qualified Health Center. On a CMS Open Door conference being attended by then Secretary Thompson, Fred was able to ‘opportunisticly’ make the link to another issue being discussed and get the Secretary’s attention. Bottom line: Madison’s uninsured now have access to FQHC services. That is Fred in a nut shell, albeit a very large one.”



NRHA President Hilda Heady, Fred Moskol and NRHA President-Elect Bill Sexton in New Orleans.

Wisconsin Academy for Rural Medicine

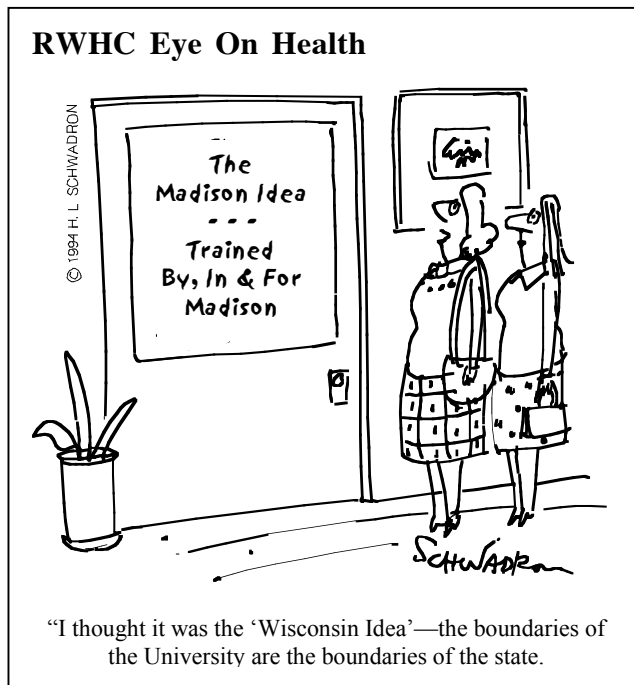
Development of the Wisconsin Academy for Rural Medicine (WARM) at the University of Wisconsin Medical School continues to make steady progress. WARM—a “School within a School” is dedicated to training physicians for rural Wisconsin. Students with roots and plans to practice in rural Wisconsin will be recruited and selected to participate in WARM.

WARM is a four-year medical curriculum and training experience tailored to prepare students for the challenging and rewarding opportunities provided by rural medicine. The foundation will be laid for all medical specialties.

During Years 1 and 2, WARM students will participate in Madison with the existing medical school curriculum and in specific electives designed to promote understanding of community health and develop leadership potential. A new elective focusing on Rural Health Issues will be developed for WARM students and open to all students.

During Years 3 and 4, WARM students will be assigned to a regional UW Medical School campus/education site. The first WARM class will train in and around Marshfield Clinic. The clinical training experience will be rich and varied. Eventually there will be a minimum of 5 students per year per site in each WARM Learning Community. Student services will be provided at regional sites on site, in coordination with the office of the Dean of Students here in Madison. All required courses will be offered at the regional sites and will meet the goals and objectives of the UWMS curricula. Electives will be available in Madison, at regional sites, as well as nationally and globally.

WARM is the University of Wisconsin Medical School’s plan to develop a rural “School within a School” for training physicians for rural Wisconsin. Other states have created similar programs that have successfully impacted on access to healthcare for those living in rural communities. In addition to increasing the size of the medical school class, recruiting students with rural career goals, and providing these students with an outstanding training experience geared to rural medical practice, WARM will promote increased opportunities for rural-based residency training.



WARM will GROW the rural Wisconsin health care workforce! If you are or know a student who may want to be a part of this exciting new program, contact: Byron Crouse, MD, Associate Dean for Rural and Community Health, UW Medical School, 4117 HSLC, 750 Highland Ave., Madison, WI 53705. Email: bjcrouse@wisc.edu

Initial funding for this project is being provided by the UW Medical School from *The Wisconsin Partnership Fund for a Healthy Future*.

Saving 100,000 Lives By June 2006

Seven Wisconsin healthcare organizations have come together as a “node” in the 100,000 Lives Campaign initiated by the Institute for Healthcare Improvement’s (IHI). Organized by MetaStar, the health care quality improvement organization for Wisconsin, the node will disseminate improvement tools and will provide support to healthcare providers throughout Wisconsin as they seek to improve the care provided to Wisconsin patients. Joining MetaStar in the node are the Pharmacy Society of Wisconsin, Rural Wisconsin Health Cooperative, Wisconsin Hospital Association, Wisconsin Medical Society, Wisconsin

Nurses Association, and Wisconsin Organization of Nurse Executives.

The 100,000 Lives Campaign, sponsored by the Institute for Healthcare Improvement, an international leader in healthcare quality improvement, aims to enlist thousands of hospitals across the country in a commitment to prevent unnecessary deaths through the implementation of six changes in health care. These changes include: Deployment of Rapid Response Teams; Delivery of Reliable, Evidence-Based Care for Acute Myocardial Infarction; Prevention of Central Line Infections; Prevention of Surgical Site Infections and Prevention of Ventilator-Associated Pneumonia. The challenge by IHI is to implement these changes in 18 months, from December 2005 to June 2006, to prevent 100,000 avoidable deaths.

The Wisconsin node members have joined together to do their part in achieving this goal. The node will connect with the hospitals in the state that have signed on to the campaign informing them of the node formation and the support it will provide them in their improvement efforts. The node also will encourage other hospitals to join the campaign and to participate in improvement efforts associated with the campaign.

The node will provide opportunities for hospitals to connect and share with one another through monthly conference calls and other activities. Technical assistance on quality improvement activities will be provided and supported by node members. MetaStar will provide interventions in support of AMI Care, Prevention of Surgical Site Infections, Prevention of Ventilator-Associated Pneumonia and Prevention of Central Line Infections. The Pharmacy Society of Wisconsin and the Wisconsin Hospital Association are conducting a Medication Reconciliation project, while Wisconsin Organization of Nurse Executives is taking a leadership role in a Rapid Response Team Initiative. Through the Rural Wisconsin Health Cooperative Roundtables, hospitals will have an opportunity to discuss interventions in various areas of the campaign.

Additionally, the node will act as a communication point between the hospitals in the campaign and the national campaign; they will respond to emerging issues during the course of the campaign; and will track and support hospitals in tracking campaign progress.

“The health care organizations that join this campaign are not only demonstrating their commitment to improvement but their determination to put proven, life-saving improvement techniques into action,” said Dr. Donald Berwick, President and CEO of the Institute for Healthcare Improvement (IHI). The Wisconsin node is committed to helping hospitals in Wisconsin put those techniques into action to do their part in saving 100,000 lives.” More info is at:

www.metastar.com/professional/IHI100kLives.asp

Make Use of the Rural Assistance Center

“The Rural Assistance Center is a product of the U.S. Department of Health and Human Services’ Rural Initiative, the Rural Assistance Center (RAC) was established in December 2002 as a rural health and human services ‘information portal.’ RAC helps rural communities and other rural stakeholders access the full range of available programs, funding, and research that can enable them to provide quality health and human services to rural residents. RAC offers many services to help inform decisions affecting rural health and human services. All services are provided free of charge.”

“RAC maintains a clearinghouse of rural health and human services resources. Our information specialists provide free customized assistance including:

- Identify potential funding opportunities
- Locate appropriate federal or state agency contacts
- Find print and electronic documents
- Locate statistics, data sources and maps
- Connect you to organizations, experts, and colleagues”

“By putting callers with rural concerns in contact with appropriate U.S. Department of Health and Human Services contacts, the Rural Assistance Center also serves as a single point of entry into the Department. For service, phone: 1-800-270-1898 or go to <http://www.raconline.org/>; click on ‘Contact-Us’.”

RWHC 2005 Rural Health Ambassadors

The Rural Health Ambassador Award recognizes health care employees at Rural Wisconsin Health Cooperative member hospitals who have gone above the call of duty in promoting their respective organizations, while making significant contributions to rural health. Eighteen individuals from across the state received awards this year. Each recipient demonstrates a history of fostering positive communication and relations within the hospital's respective service area by: serving on community boards/service organizations; taking advantage of volunteer or public speaking opportunities; and supporting community health activities beyond the scope of the hospital.

The 2005 RWHC Rural Health Ambassadors are:

Baraboo - James Damos, MD
Columbus - Carol Smith
Dodgeville - Wendell Hamlin
Hillsboro - Alice Sebranek
Medford - Clem Johnson
Prairie du Sac - Marilyn Sprecher
Reedsburg - Stan Sukup
Richland Center - Sherry Cooper
Stoughton - Polly Schnese
Tomah - Toby Freier
Viroqua - Jane Gaskell
Whitehall - Shirley Melby

2005 Monato Essay Prize Winner

The 2005 Monato Essay Prize went to Briana Calore, a fourth year medical student at the University of Wisconsin for her essay, "Reflections on a Primary Care Clerkship," which is available at:

<http://www.rwhc.com/Papers/BrianaCalore2005.pdf>

"I don't know if it was the quiet rural setting or the personal coaching and attention that my preceptor provided or maybe it was just getting to see patients on a regular basis, which helped me remember why I wanted to be a doctor. In the end, from a place that I had so reluctantly arrived, I left with a certain, new-found optimism and interest about what the future might hold."

The Essay Prize, established in 1993, is open to anyone who has been a student at the University of Wisconsin within the preceding year (all campuses, programs, graduate, under graduate, part-time, nondegree included.) The competition was established to honor the memory of Hermes Monato, Jr., a December 1990 graduate, as well as to highlight the importance of rural health. Hermes worked at the Rural Wisconsin Health Cooperative for only a few years but his infectious spirit and creative mind left rural health an enduring legacy.

The writer of the winning essay receives a check for \$1,000 paid from a trust fund established at the University by RWHC, family and friends of Hermes.

Wisconsin Rural Partners Worth a Look

One resource for rural communities in Wisconsin that deserves more notice is Wisconsin Rural Partners, Inc., a 501(c)(3) tax-exempt non-profit organization, chartered to pursue an educational mission dedicated to building collaborative partnerships across the public and private sectors for the benefit of rural Wisconsin. WRP's mission is 'to engage rural partners to identify issues, and through collaborative actions, enhance rural community life.' It builds, trains and supports public-private collaborative partnerships to create and implement strategies that improve rural community life across Wisconsin. WRP is Wisconsin's official, federally-recognized State Rural Development Council in the National Rural Development Partnership.

Membership information is available at:

<http://www.wirural.org>

A Wisconsin Boy Tells His Story

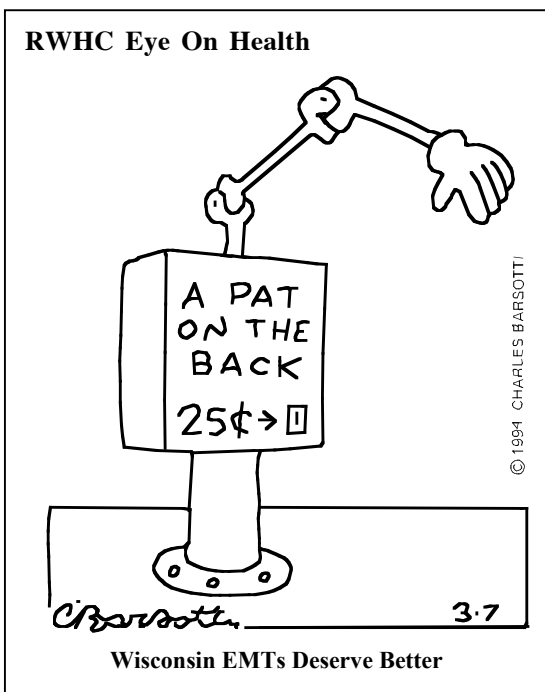
The following is from the book jacket of *Population: 485, Meeting Your Neighbors One Siren at a Time* by Michael Perry.

“Michael Perry was raised on a small farm in northwestern Wisconsin, where he remains a resident today. A registered nurse by training, Perry has been an active emergency medical technician since 1988 and a volunteer firefighter since 1955. He serves on a volunteer basis with two rural rescue services and one fire department.”

“Review from Dennis Smith, author of *Report from Ground Zero*: ‘I have been waiting for thirty years for a fresh and talented voice to rise out of the vol-

unteer fire service in America, and finally it has arrived in Michael Perry’s *Population: 485*. Perry is a firefighter/EMT and he makes you feel you are responding right along with him to fires, auto wrecks, even suicides, and his hard work is told with the thoughtfulness and gracefulness of a first responder

who cares about people, his town, our country, and the world we live in. But this is more than a book about a small-town fire department. It is a literary venture told on the cusp of service to his community—all written with a soft human touch by an intuitive writer with a distinctive and refined American style. Firefighters and EMTs will be talking about this book for a long time to come. And so will all readers who have a love for American literature. This is a small-town story in the big tradition of Sherwood Anderson and James Agee.’ ”



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