

Review & Commentary on Health Policy Issues for a Rural Perspective – July 1st, 2009

## Fight Recession with Health

by Tim Size, RWHC Executive Director

*Your opposing and/or supporting comments to this editorial are welcomed on the RWHC blog at: [www.ruraladvocate.org/](http://www.ruraladvocate.org/).*

“What is good for General Motors is good for the country.” We used to say that. But now it is more like “What is good for we Baby Boomers is good for the country.” In any event, this huge generation is aging into becoming patients. The tremors of this shift will hit our country for the next twenty years.

I am an aging “cheesehead” and proud of it. I know all too well Wisconsin’s justly famous beer, brats and cheese. But my primary care physician, workplace wellness program and a life event wacked me on the head. I am lucky. This dose of personal health reform has led to overdue lifestyle changes. Hopefully I will stay on track. Multiply my story by millions of fellow cheeseheads and you see the bigger challenge.

Our workforce is getting older. Older workers are more likely to consume more health care as age and habits catch up with us. Poorer health, at any age, makes us less productive at work and increases our

use of sick days. This costs employers more. More cost to employers make them less competitive. Being less competitive means fewer jobs for us and for our kids.

A recent report from the Council of Economic Advisors to President Obama drives this point home. “Slowing the growth in health care spending from 6 percent a year to 4.5 would have enormous benefits for the economy. It would create as many as 500,000 jobs a year and increase annual income for a family of four by \$2,600.”

No amount of “healthcare reform” can fix our own behaviors. We must work to reduce the amount of care our system needs to deliver. We must get serious about doing what we can to get and stay healthy. We need to do this as individuals, workplaces and communities.

We can speed up making healthy lifestyles a Wisconsin

trademark. Rural has an extra challenge. There are 72 counties in Wisconsin. Most urban counties in Wisconsin are among the healthiest counties. Rural counties are often the least healthy. For the last five years, the Governor’s rural health council and the state’s two medical schools supported a Strong Rural Communities Initiative. Hospitals, public health agencies and employers worked together in six rural communities to help employees and their families become healthier. Changes in diet and exercise are encouraging and the work continues.

### RWHC Eye On Health



“I have been receiving reports that you are allowing more than one donut per customer.”

Wisconsin's "Worksite Wellness Resource Kit" is a great free online resource for employers. Use Google to find it. The kit focuses on changing behaviors to reduce chronic diseases. Specific activities relate to health risk appraisals, physical activity, nutrition and tobacco use.

Many workplaces are working to help employees make healthier decisions. Employees are more likely to make healthier choices when workplace policies promote health and reduce risk of disease. Employee wellness committees are key to worksite success. All of us are more likely to respond when we hear clear expectations and are part of deciding how they can be met.

A new approach to workplace wellness is sponsored by Thrive, a collaborative economic development enterprise for 8 counties in southern Wisconsin. Three dozen major healthcare organizations have developed a bold plan to improve the health of the region's workforce. They are starting with themselves.

By 2011, the target is a 10 percent increase with those having formal wellness programs. The 3-year goal is a 10 percent improvement in employees choosing a healthier lifestyle. The goal is to eat enough fruits and vegetables, be physically active, be at low or no-risk regarding alcohol and tobacco use. The 5-year goal is for 60 percent of workforce to be at a healthy weight.

These goals may seem too modest. But they are a

**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

Email: [office@rwhc.com](mailto:office@rwhc.com) Website: [www.rwhc.com](http://www.rwhc.com)

Blog: [www.ruraladvocate.org/](http://www.ruraladvocate.org/)

Email us with *subscribe* as Subject for free e-subscription.

major step towards making our region and our state a healthier place. We have started and hopefully more of Wisconsin will as well.

*Additional information is available at [www.thrivehere.org/](http://www.thrivehere.org/). Search for the "Healthcare Sector Snapshot 2009."*

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## Rural Helps Lead as Incubator for Innovation

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From a press release, "Rural Health Initiatives Incubators for Innovative Policy and Practice" by Grantmakers In Health, 4/2/09:

"Health care challenges facing rural America and innovative solutions to these problems provide valuable insight on how to improve policy and practice, according to the Grantmakers In Health (GIH) *Issue Brief Rural Health Care: Innovations in Policy and Practice*." The complete report is at [www.gih.org/](http://www.gih.org/).

"The report examines how rural challenges and attributes drive innovation and can incubate efforts that inspire newer and even better advancements in health care. For example, because rural health initiatives tend to operate at a smaller scale, there is opportunity to incorporate greater flexibility, enhanced communications, and shared approaches across multiple stakeholders. These promising practices, along with a culture of collaboration and a readiness to be creative, have resulted in superior and cost-effective health care services."

"All too often discussions of rural health policy concentrate almost exclusively on the challenges in rural areas: high rates of uninsurance, obesity, smoking, and alcohol use; a shortage of medical staff and facilities; economic decline; rapidly changing demographics as the population ages and new immigrants arrive; and physical and social isolation due to geography, population loss, and weather. But while it is true that rural America has not been immune to the effects of major economic and societal trends, rural areas' responses to these challenges demonstrate that they are often ideal incubators for innovative policies and practices."

“The report also compares similarities in the challenges rural and urban communities face, such as poverty, underfunded school systems, limited employment, and crumbling infrastructure, and the implications of these connections. Investing in rural health access allows health funders the chance to quickly test ideas on a smaller scale and then adapt them in other rural locations and larger metropolitan areas. Additionally, recognizing the rural-urban link can strengthen efforts to expand access and quality of care for all Americans.”

“Over the years, health grantmakers have supported activities that attempt to improve access to health care in rural America, including motivating physicians to work in rural areas, addressing geographic barriers to health care, improving timely access to specialty care, and understanding the consequences of financial barriers to care. The report shares a number of ways for philanthropic investment to effectively support and spread rural health innovations: work regionally, collect local data, encourage collaboration, consider flexible approaches and funding strategies, support system delivery reforms, focus on workforce issues, think creatively about technology, and think beyond health care access.”

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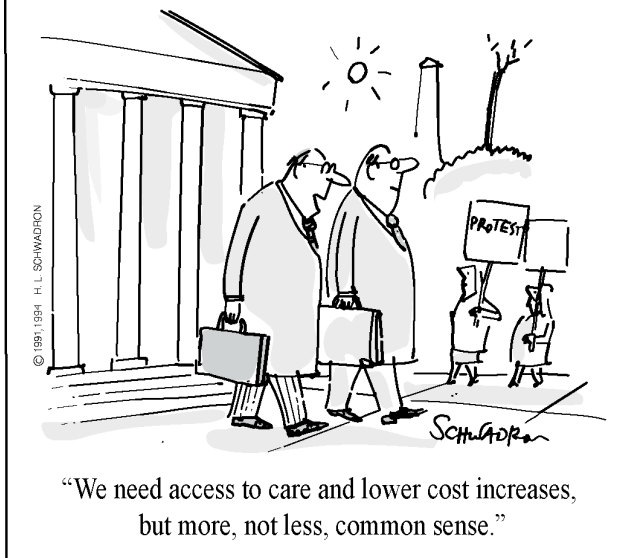
## Rural Kentucky Innovation in World News

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Excerpt from “Small steps: Navigating health care’s labyrinth” in *The Economist*, 6/11/09:

“Rural Kentucky, and particularly eastern Kentucky, is poor and relatively unhealthy. The people who live in the hills and hollows of central Appalachia face high rates of diabetes, heart disease, cancer and respiratory illness. Some of the area’s problems are common across America: many rural Kentuckians are uninsured, for example, which discourages them from

### RWHC Eye On Health



seeking preventive care. Other hazards are distinct to the area. Walking can be a dangerous form of exercise, with oversize log and coal trucks barrelling down the twisty mountain roads. Some people live without running water, or in homes heated by kerosene. In any of these cases, people could do with a local expert to help them navigate the labyrinthine American health-care system.”

“That is the idea behind Kentucky Homeplace, run by the University of Kentucky. The programme employs about 40 ‘lay navigators’ who work in the poorest parts of Kentucky helping people figure out what they need and how to get it. In one case, Homeplace helped a steelworker who broke his arm on a day off. He had no health insurance to begin with and, after the injury, no income. Homeplace workers negotiated the price of the surgery, and persuaded a hospital to lend a free room. ‘You can’t let a man go around with his arm broke,’ explains Fran Feltner, the director of the programme.”

“She describes another case, of an elderly couple. The husband was ill, and relied on his wife to keep his medications sorted. But her eyes were clouded with cataracts, and one day she mixed up his pills. He would have gone to a nursing home, but Homeplace intervened: if the state could arrange for the wife to have her cataracts removed, he could go on living at home. That was better for the couple and, as Ms. Feltner notes, saved the state a bundle in long-term care fees.”

“The pragmatic approach has proved effective. In its 2007-08 budget year, Homeplace served 13,000 clients. According to its data, it helped them get \$26m-worth of free prescription medicines alone: not bad, on a \$2m annual budget. In 2008 the National Rural Health Association recognised Homeplace as the Outstanding Rural Health programme of the year. So its supporters were surprised when the state decided to slash Homeplace’s funding by \$750,000 some

months ago. Kentucky is facing a serious budget shortfall, but the cut halted the programme for about four months. And the timing was bad, because as the economy worsened more people were calling Homeplace for help.”

“Fans clamoured for funding to be restored, and in May the *Louisville Courier-Journal* ran a long article about the problem. Days later, the state announced it would come up with the money for the rest of the year. That is good news for some of Kentucky’s poorest people.”

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## Meaningful HIT Use Blocked by Definition

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*Below are excerpts from RWHC’s comments to the Office of the National Coordinator for Health Information Technology (HIT), Department of Health and Human Services in response to a preliminary definition of how the Federal Government may define “meaningful use” of health information technology:*

As an organization with significant experience with rural electronic health records (EHR or EMR for electronic medical record) implementation, we believe that the meaningful use definition, as drafted, will make it impossible for the average small rural hospital, including critical access hospitals (CAHs), to meet the meaningful use standard.

The result will be that the vast majority of an entire sector of providers will be excluded from receiving Federal incentive funds and, consequently, will lack the tools required to engage the challenges of healthcare reform.

In the HIT Policy Committee Meaningful Use Workgroup Presentation, the three part phasing (2011, 2013, 2015) of meaningful EHR use is characterized as a balance between on the one hand: (1) currently available EHR capabilities, (2) the time needed to implement, and (3) the implementation challenges associated with small practices (and presumably small hospitals?); and on the other hand: (1) the urgent need for health reform, and (2) the desire to substantively improve health outcomes.

According to the HIT Policy Committee presentation, the proposed Meaningful Use Matrix achieves this balance by providing escalating capabilities that will meet the need of reform and yet be feasible and achievable for providers to attain.

We disagree with this assessment. Please consider the following factors:

- The 2011 meaningful use draft requirements roughly correspond to reaching stage 4 of the 7 stage HIMSS EMR Adoption model.
- CAHs and rural hospitals average 1.2 on HIMSS EMR Adoption Scale, whereas general medical surgical hospitals average 2.5
- A “reasonable” time required for any hospital to implement from stage 1 to stage 4 (considering what is required for appropriate vendor selection, workflow assessment, education, and implementation) is 3-5 years.
- Many CAHs and rural hospitals will be required to essentially start from scratch after determining that their existing vendors will not position them to become meaningful users; and this will add to the “reasonable” time required.
- Many CAHs and rural hospitals will need to address critical network infrastructure and HIT staff expertise challenges that will also add to the “reasonable” time required.

If the above factors are granted, then average CAHs and rural hospitals that begin their implementation process now will not be able to achieve the 2011 requirements until 2013 or later and as a result will receive no reimbursement. They next will be faced with the daunting challenge of reaching roughly stage 5.5 on the HIMSS adoption scale in literally no time and with little to no incentive dollars to assist the process.

**One question is at the core of our concerns: If the Meaningful Use Matrix is aggressive yet achievable for hospitals that average 2.5 on the HIMSS adoption scale, how can it also be achievable for a hospital that averages 1.2 or 0?** Given that achievability is one of the tenants of the HIT Policy Committee, we

believe that the Committee needs to adjust the definition for hospitals currently lower on the scale.

**We believe it would be reasonable to move CAHs and small rural hospitals to above stage 2 in 2011; then above stage 3 in 2013; and then to roughly stage 4 in 2015.** While it is outside the scope of the word allotment to go into the requirements point by point, we would like to call attention to our own meaningful use recommendations, which identify an attainable (yet still aggressive) rural-focused phase-in of meaningful use: [www.rwhc.com/Meaningful.pdf](http://www.rwhc.com/Meaningful.pdf).

Relating to the Meaningful Use Matrix requirements for 2011, two areas of particular concern are the requirement for CPOE and patient portals, both of which are advanced applications that are traditionally (and for good reason) implemented as capstone applications after dozens of other applications (such as ancillary systems that feed the data repository, physician EMR portals) are implemented. To rush these in as part of the 2011 phase, even if achievable, which we dispute, would likely lead to a high risk of implementation failure, as well as an increase in the errors the legislation is designed to prevent.

**Federal HIT incentives, if properly structured, have the potential to profoundly increase all provider HIT adoption and care quality. But by setting the bar at a place within reach of the average large facility yet out of reach of the average small facility, we will effectively exclude the providers that serve predominantly rural areas. This will have a severely negative impact on rural providers, as well as on the rural communities and the 15 million rural residents that rely on them for healthcare. Please reconsider this course of action.**

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## Rural Assistance Center an Info Gold Mine

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The Rural Assistance Center (RAC) is a particularly useful and still too unknown free resource for information on rural data and issues that many in rural health have bookmarked on their computer browser and use weekly. RAC is an information resource with a range of products and services addressing rural health and human services issues funded by the

Federal Office of Rural Health Policy within the Federal Health Resources and Services Administration:

*Funding Information:* “The RAC web site ([www.raconline.org](http://www.raconline.org)) has a searchable database of funding opportunities. Anyone who has a project in mind to benefit a rural community can request an in-depth search for funding specific to their project and location.”

*Guides on Rural Topics:* “The RAC web site has information guides on over 70 topics such as dental health, domestic violence, tribal health, and grant-writing.”

*Online Clearinghouse:* “The RAC web site includes news on rural issues taken daily from the Federal Register, U.S. Department of Health and Human Services press releases, and other sources.”

*Research and statistics:* “Librarians staff the RAC toll-free phone (1-800-270-1898) and email reference service ([info@raconline.org](mailto:info@raconline.org)) and offer free search services to support rural health and human services. RAC can do literature searches, funding searches, help find statistics, and connect users to experts within the federal government and research communities.”

*State Resources:* “Each State Resource page features an overview of the state and its rural health and human services environment.”

*Twice Monthly Email Updates:* “Sign up on the RAC web site for twice-monthly email notices of rural news, funding opportunities, events and publications.”

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## Workforce Collaborative Faces Forecast Gap

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Wisconsin Department of Workforce Development (DWD) Secretary Roberta Gassman has announced that a unique collaborative of major Wisconsin health organizations has been awarded one of only three Impact Awards made this year by the Medical College of Wisconsin’s (MCW) Healthier Partnership Program. The \$300,000 three-year grant will address the state’s health care labor shortages and related data analysis needs.



The collaboration was spearheaded by DWD's Select Committee on Health Care Workforce, which is comprised of over 30 top regional and statewide educational, labor, employer and government organizations committed to growing Wisconsin's skilled health care labor force.

In a state with increasingly limited funds for education and training, effective planning is necessary to gain needed private and public sector support. Effective health workforce planning and development requires the ongoing collection and analysis of supply, demand and distribution data. This work necessitates a public-private partnership.

"One of Governor Doyle's top priorities is ensuring that we address labor shortages, especially in high-need fields such as health care," DWD Secretary Gassman said. "Our thanks to the Medical College of Wisconsin for funding this excellent collaboration that will enable all of us to better project and address our future Wisconsin healthcare workforce needs."

"Wisconsin faces shortages in most health care occupations," DHS Secretary Karen Timberlake said. "This funding will help us analyze our workforce and ensure Wisconsin residents continue to have access to health care providers."

Effective health care workforce planning and policy development require ongoing collection and analysis of labor force supply, demand and distribution data. State health care training programs work to determine numbers of prospective students to admit based on future workforce projections. Health care employers and students seek workforce data and labor market projections for business and career planning purposes.

"The health of Wisconsin's citizens depends upon an adequate supply of personnel in all health settings," said Dr. Peter Layde of the Medical College of Wisconsin. "With increasingly limited resources for education and training, effective planning and development is critical to gain needed private and public sector support. To achieve this requires ongoing collection and analysis of health care workforce data. The Medical College of Wisconsin is pleased to contribute to this unique collaborative that will move us in the right direction."

*This project is funded in part by the Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin.*

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## 2009 Monato Prize Essay on Rural HIV/AIDS

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A \$2,000 Prize for the Best Rural Health Paper by a University of Wisconsin student is given annually by RWHC's Hermes Monato, Jr. Memorial Fund. **Entries are typically written as part of a regular class with submissions due each year by April 15th.**

The 2009 Award went to Elizabeth Larsen, a political science major at the University of Wisconsin-Madison for "Rural Health System: Healthcare and Education." Elizabeth's hometown is Lancaster and after graduation she hopes to attend law school and pursue a career dealing with human rights. The complete essay and information about the annual award is available at [www.rwhc.com](http://www.rwhc.com); below is an abstract of the essay:

"Meeting the healthcare needs of rural Americans presents unique challenges, often unfamiliar in scope and nature when contrasted with the provision of healthcare in more urbanized settings. Research shows the HIV/AIDS infection rate is increasing both within the United States and Wisconsin with 407 new cases of HIV infection reported in Wisconsin in 2007."

"It is alarming that this disease is continuing to grow but improving the quality of our HIV/AIDS curriculum in middle and high school health classes could help to open discussion on the disease and get life saving facts to Wisconsin's youth population. Students do not possess the knowledge they need in order to make informed decisions and protect themselves from disease and disability. Efforts to bring important information regarding HIV/AIDS to our high school and middle school students may need to come from a source other than schools."

"Implementing a more advanced and comprehensive HIV/AIDS lesson plan in middle and high schools throughout rural Wisconsin is imperative to our community as a whole. This can be achieved through utilizing knowledgeable rural health em-

ployees, including doctors, nurses, and public health officials who have studied HIV/AIDS or have experience treating the disease. Accurate information could change the behavior of the students as teenagers and adults, ultimately decreasing the prevalence of the disease.”

“In rural areas, in particular, people seem to have a great deal of respect for their physicians and health care providers. Sex education in our schools has become highly politicized. Healthcare education is a function of health. We trust our healthcare providers to promote our health. They may hold the power to assure our young people make sound choices in protecting their own health. Rural health care has been very good at doing what it does. Is there room to grow and evolve from the current roles? Can our rural health systems become true leaders in both healthcare and education?”

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## RWHC 2009 Nurse Excellence Awards

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RWHC has announced its 2009 Nurse Excellence Awards. Linda Tyler-Doudna, Richland Hospital, was recognized for Excellence in Nursing Management, and Melanie Breunig, Sauk Prairie Memorial Hospital, received the award for Excellence as a Staff Nurse.

Linda Tyler-Doudna has demonstrated excellence as a nurse manager for twenty-four years. She is an active member of several committees and task forces at the Richland Hospital, focusing on competency, disaster planning, ethics, trauma, ED nursing, and IV access. Tyler-Doudna has achieved success by stressing leadership development and ongoing education/mentoring with her colleagues and staff. She is a longtime member of the American Trauma Society where she has served as the “rural voice” on such topics

### RWHC Eye On Health



as trauma standards and first responder services.

The Staff Nurse Award Winner—Melanie Breunig—has been a registered nurse for thirteen years. Eleven of those years have been devoted to Sauk Prairie Memorial Hospital where Breunig works as an ICU and wound care nurse with advanced practice capabilities in diabetes, heart failure, and ostomy care. She has played a critical role in developing new and

innovative guidelines, protocols, documentation procedures, disease management, and patient education techniques. Breunig was cited for her professionalism, motivation, initiative, and caring touch with patients. In addition, she promotes the nursing profession by serving as a preceptor and getting involved with various scholarship/health career programs.

Also nominated for the Nursing Management Award were Jill Baxter of Sauk Prairie Memorial Hospital & Clinics; Pamela Garvin of Berlin Memorial Hospital; Terri Langer from Reedsburg Area Medical Center; Beth Martinka from Sauk Prairie Memorial Hospital & Clinics; Pamela Mork from Berlin Memorial Hospital; and Carla Stadel from Monroe Clinic. Staff Nurse Award nominees include Barb Ingebritsen from Monroe Clinic; Janet Kahler of Reedsburg Area Medical Center; Robin Labeots of Sauk Prairie Memorial Hospital & Clinics; Ellie Moyer from the Monroe Clinic; Connie Tracy from Richland Hospital; and Cindy VanBeek from Divine Savior Healthcare.

The Nurse Excellence Awards were initiated to recognize high quality nursing practice provided by the hospitals serving rural communities. 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.



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## RWHC 2009 Health Ambassador Awards

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RWHC established the Rural Health Ambassador Award to recognize employees at member hospitals who have gone above the call of duty to promote their respective organizations, and made significant contributions to rural health care in general. The award criteria do not necessarily emphasize job performance or years of service—although these may be used as secondary factors in your internal selection process.

Any organization that is a current member of RWHC is encouraged to select one employee to receive this annual award. The ideal candidate should demonstrate a history of fostering positive communication and relations within the hospital's respective service area - and beyond. *The 2009 RWHC Rural Health Ambassadors are:*

Antigo – **Sister Dolores Demulling**

Baraboo – **Dr. Daniel Trotter**

Black River Falls – **Sue Nordahl**

Columbus – **Sandy Waugh**

Friendship – **Maureen Bruce**

Dodgeville – **Steven McCarthy**

Hillsboro – **Bill Bruce**

Mauston – **Sharon Rosine**

Neillsville – **Harriet Weaver**

Platteville – **Sandra Andrews**

Prairie du Chien – **Debbie Morovits**

Reedsburg – **Tammy Koenecke**

Richland Center – **Dick Lee**

Ripon – **Jean Surguy**

Stoughton – **Dorothy Peterson**

Tomah – **LaVonne Smith**

Viroqua – **Angie Dahl**

Whitehall – **Rita Hove**

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