

Review & Commentary on Health Policy Issues for a Rural Perspective – May 1st, 2013

The Case for Medicaid to 133% FPL

An RWHC Editorial:

“Don’t Be a Dummy, Save the Money.” This trademarked catchphrase may be the advertising strategy of a national mortgage lender, but it has also become the bombastic rhetoric of some in the debate over the future of Wisconsin’s Medicaid program. The message on just saving money works well for refinancing one’s home mortgage, but it is too simplistic when looking at all the issues surrounding Wisconsin’s next move in our Medicaid program.

Governor Walker’s budget bill includes several very positive health care initiatives, including new funding for Medicaid, medical education and mental health. It should also be noted that Governor Walker’s only two budget bills have infused almost \$2 billion to maintain Wisconsin’s Medicaid program and that his proposal for Medicaid lifts a freeze so that all childless adults living in poverty have access to the State’s Medicaid health care services. This is a good start, but **we can and should do more, and here’s why.**

By leveraging and taking full advantage of federal funding, Wisconsin will be in a stronger position to weather the unprecedented uncertainty surrounding

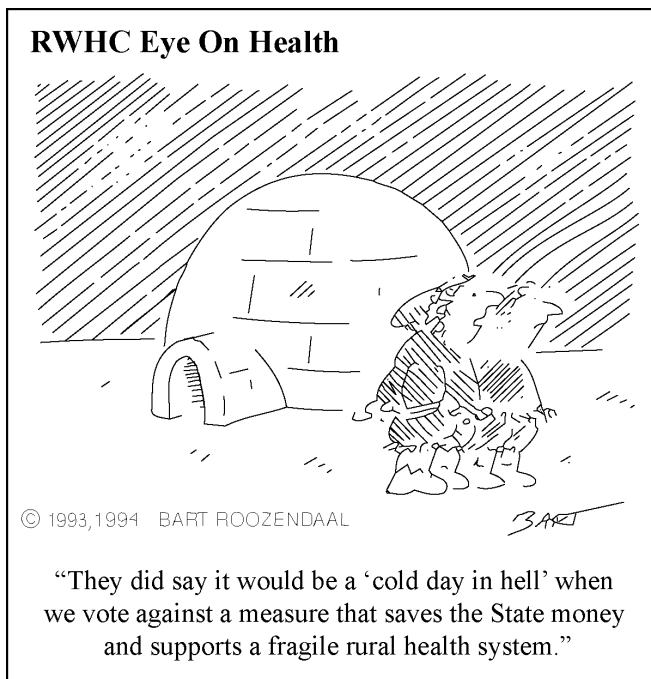
health care financing and delivery—it is essential to ensure stability while pursuing gradual and sound reform. Wisconsin has already seen cuts: \$2.6 billion over 10 years from Obamacare, another 2% in Medicare reimbursement cuts from Sequestration (equaling \$1 billion over 10 years), Wisconsin hospitals providing \$520 million annually in total uncompensated care and the potential for more cuts in funding is present in every single budget that is being proposed and discussed in Washington.

Covering up to 133% federal poverty level (FPL) or \$15,300 per year for low income childless adults, par-

ents and caretakers is better than just up to 100% FPL or only \$11,500 per year. Our current Medicaid program goes twice as high for enrolled beneficiaries. **Our experience tells us that a reduction in the Medicaid eligibility levels at this time will lead to major increases in uncompensated care.** The nonpartisan Legislative Fiscal Bureau estimates that increasing the budget proposal up to 133% would extend Medicaid to an additional 90,000 people and save the State roughly \$100 million in the next budget. **Now is not the time to reject an alternative that**

saves money, improves the State’s budget and provides more health insurance coverage.

We are also concerned about unintended consequence in the current budget proposal that would affect rural hospitals’ participation in the federal Disproportionate



Share Hospital (DSH) program. The DSH program makes adjustment payments to provide additional help to those hospitals that serve a significantly disproportionate number of low-income patients. DSH eligibility also affects these rural hospitals' participation in the 340B Drug Pricing Program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices. The potential to lose access to the 340B would only end up cost shifting the increased price of these drugs to private insurance plans.

We need to call on our elected representatives to accept the federal dollars to set Medicaid coverage up to 133% FPL or \$15,300 per year for low income beneficiaries and provide more certainty for health care in our rural communities. To protect a fragile rural health care delivery system, this is not the time to reject an alternative that saves money, improves the State's budget and provides more health insurance coverage.

Rural GME Collaborative Picking Up Speed

The Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME or Collaborative) has been making great strides in expanding rural GME. To date relationships have been built with 10 hospital or clinic

sites in 9 different communities. Of these sites, two have committed to developing RTT's (Monroe, Portage), at least eleven new rural rotations have been created, and two rural fellowships (Monroe) have almost completed development.

In March, the Collaborative became a Macro Sponsor at the bronze level of the newly organized national RTT Collaborative. The RTT Collaborative is a 501(c)(3) organization whose mission is "sustaining quality medical education in rural places." Some of the benefits to sponsors include participation in the annual RTT Conclave, national RTT list serve, and assistance with accreditation appeal of adverse actions by the accrediting body. Stuart Hannah, MD, Program Director of the Baraboo RTT and WCRGME member is an inaugural board member of the RTT Collaborative.

In order to publicize the rural GME experiences to more residents, the Collaborative will have booths at both the AAFP National Conference of Family Medicine Residents and Students in August and the Family Medicine Midwest Conference in October. In addition Rotation Information Sheets and a website are under development.

Also under development for this fall is a Faculty Development full-day conference aimed at preceptors of residents, medical students and allied health professionals. Listed below are the rural GME sites and a brief summary of their GME track.

Baraboo (House of Wellness Clinic)—This Ho-Chunk Nation clinic has become a rural rotation site for the Baraboo RTT and UW Madison Family Medicine Residency and plans to offer them to other residencies in Wisconsin and in the Midwest.

Baraboo (St. Clare Hospital)—Already a participating site for the Baraboo RTT, St. Clare Hospital has now made available its Hospitalist and ER rotations to other residencies.

Berlin (Community Health Network) has become a rural rotation site for the UW Fox Valley Family Medicine Residency. An AAFP RPS Consultant recently visited the site to investigate the feasibility of becoming a future RTT.

Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the "rural advocate of choice" for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare... assists Members in partnerships to make their communities healthier... generates additional revenue by services to non-Members... ongoing use of strategic alliances in pursuit of its Vision. Tim Size, Editor, 880 Independence Lane, Sauk City, WI 53583

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Chilton (Calumet Medical Center) has also become a rural rotation site for the UW Fox Valley Family Medicine Residency. They plan to offer rotations in General Surgery and an Individualized Rural Rotation to UW Fox Valley Family Medicine Residents and statewide.

Dodgeville (Upland Hills Health) has already hosted a small number of UW Madison Family Medicine Residents for Individualized Rural Rotations. They are planning to add additional rotations in General Surgery and OB/Gyn and open those opportunities up to other Wisconsin residencies.

Lancaster (Grant Region Health Center) has become a rural rotation site offering Individualized Rural Rotations in Wisconsin and potentially nationwide. Lancaster recently hosted consultant Dr. Dave Schmitz, Associate Director of Rural Family Medicine from the Family Medicine Residency of Idaho.

Monroe (Monroe Clinic)—Monroe’s main focus is finalizing and marketing their new Hospitalist and

Emergency Medicine Fellowships. They already provide Individualized Rural, ER, and Surgery Rotations for UW Madison Family Medicine residents and have recently added an OB Rotation with plans to expand those offerings statewide and into the Midwest. They are also developing relationships and the infrastructure for a future RTT.

Oconto (Bellin Health)—With the future expansion of the Medical College of Wisconsin within 45 minutes of Oconto, it has strong administrative interest in becoming a rotation site and possibly an RTT. An informational meeting to the leadership at Bellin Health with Dr. Jim Damos, Assistant Program Director of the Baraboo RTT and Kara Traxler, Development and Support Manager for Rural GME presenting is scheduled for late April.

Portage (Divine Savior Healthcare & Dean Clinic-Portage)—Divine Savior Healthcare administration and family physicians and Dean Clinic-Portage family physicians have agreed to work together to develop an RTT. Divine Savior Healthcare recently hired an Education Coordinator and will be scheduling an American Academy of Family Physicians (AAFP) Residency Program Solutions (RPS) Financial Consultation.

Ripon (Ripon Medical Center)—A newcomer to the Collaborative, Ripon is learning more about becoming a rural rotation site for the UW Family Medicine Residency Fox Valley with a possible future expansion to other residencies statewide.

“Shawano–Community Health Improvement”

A video of RWHC’s Hospital to Hospital (H2H) site visit on March 15 at Shawano Medical Center is now available at:

<http://ow.ly/k5CtM>

Shawano Medical Center highlights their work with the community to improve its health, with presentations of both the Rural Health Initiative (RHI) and the work of ThedaCare’s Community Health Action Team (CHAT).

RHI is a “non-profit program designed to address growing concerns regarding the health and safety issues facing today’s farm families. At the center of this program is a Rural Health professional who makes “house” calls to interested farm families to provide health screening, information, education, and referrals to area services and, most importantly, lends a trusted ear to listen and keep in confidence concerns and issues these families face today. A concept we like to call ‘kitchen wellness’.” More info at: www.wiruralhealth.org

ThedaCare’s CHAT “brings together diverse groups of people to study problems first-hand through “plunges,” which are day-long events that gather people most affected by or involved in solving an issue. Whether we’re attempting to reduce poverty or improve senior health, community members share knowledge, learn from those at the heart of the issue, and develop solutions for change.” More info at: <http://ow.ly/k5CFW>

Alcohol Abuse Costs Wisconsin \$6.8B a Year

From Press Release, “Report Reveals Excessive Alcohol Consumption Costs Wisconsin \$6.8 Billion a Year” from Health First Wisconsin, 3/16/13:

“The Burden of Excessive Alcohol Use in Wisconsin report estimates that excessive alcohol use costs \$6.8 billion a year in Wisconsin, or approximately \$1,200 a person. To put it in context, the \$6.8 billion in costs from excessive alcohol consumption eclipses the state’s Department of Public Instruction budget (\$6.2 billion). Public health advocates, law enforcement offi-

cials, medical professionals, business owners and others joined Health First Wisconsin in announcing the report findings at events in Madison, Milwaukee, Green Bay, Wausau, and La Crosse.”

“ ‘We’ve always known that Wisconsin has a serious problem with alcohol, but until today, most of us could only guess about the scale of the problem and the cost we all pay,’ Maureen Busalacchi, executive director of Health First Wisconsin, said. ‘The results of the report are staggering. Excessive alcohol use costs us \$6.8 billion and results in 1,500 deaths a year. Overconsumption of alcohol is a serious problem in Wisconsin that demands serious action.’ ”

“The report finds that the high costs of excessive alcohol use in Wisconsin are largely shouldered by taxpayers, who pick up more than 40 percent of the costs, or approximately \$2.9 billion a year.”

“Wisconsin has the highest binge drinking rates in the nation—defined by consuming five or more drinks on an occasion for men, four or more drinks for women. **Overall, alcohol consumption in Wisconsin is nearly 30 percent higher than the national average.** Excessive and dangerous drinking behaviors led to high costs, notably in lost productivity (\$2.9 billion), premature death (\$1.9 billion), health care (\$749 million), the criminal justice system (\$649 million) and motor vehicle crashes (\$418 million). The costs place a huge burden on the state’s businesses, health care system and law enforcement and criminal justice systems.”

“ ‘Excessive alcohol use is taking a huge toll on our communities in terms of health, public safety, and economic vibrancy,’ said Dr. Richard L. Brown, family physician and professor at the University of Wisconsin School of Medicine and Public Health. ‘Moderate drinking can be healthy, but Wisconsin

leads the nation in unhealthy and harmful drinking patterns. **We’re not just talking about health. We’re talking about negative impacts on every aspect of life in our state with a \$6.8 billion price tag that our taxpayers and businesses simply cannot afford.’ ”**

“ ‘I believe we all can agree that we want Wisconsin to be a place where everyone can feel safe and pursue their health and aspirations,’ said Chris Fitzgerald,

Barron County Sheriff. ‘Unfortunately, we devote far too many resources toward addressing alcohol-fueled violence and crime. Promoting public safety isn’t just about writing traffic tickets or chasing down criminals—it’s about making sure we prevent crime before it starts. Addressing our dangerous and costly alcohol culture is critical to the safety and health of all Wisconsin communities.’ ”

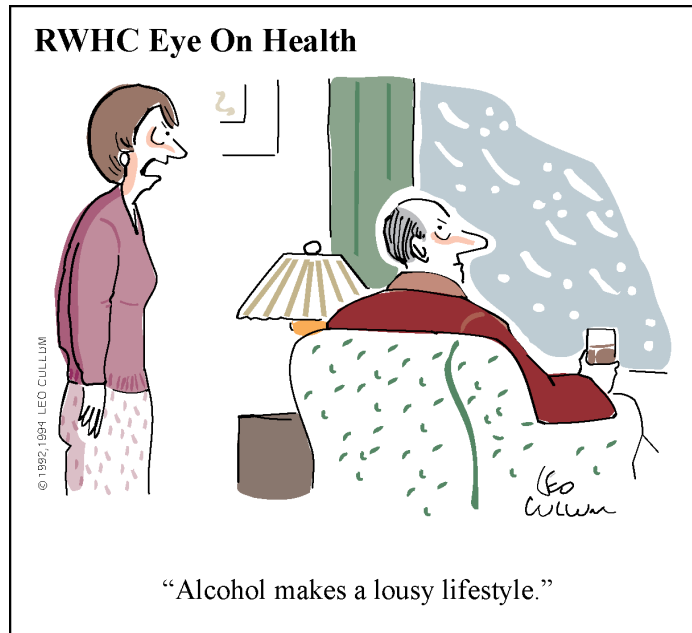
“Busalacchi added that addressing these costs will require a comprehensive

approach to change Wisconsin’s alcohol culture. ‘We have a daunting problem and as we hope we demonstrated today, the costs of excessive alcohol use are taking a toll on our communities. Fortunately, we know what kind of policies would make a difference at the state and local level.’ ”

“The 2010 Alcohol, Culture and Environment Workgroup Recommendations detail state and local policy changes that would improve Wisconsin’s alcohol culture. The report, released by the State Council on Alcohol and Other Drug Abuse is available at:

<http://scaoda.state.wi.us/docs/ace/ACE2011reprint.pdf>

“The policies detailed in the report would help move Wisconsin toward a more moderate and safe alcohol culture. Strong athletic codes to prevent underage drinking, alcohol density policies, and social host ordinances are several local-level policies that have proven to be effective in reducing alcohol abuse. On the state level, making 21 the consistent drinking age at all bars



and restaurants, allowing law enforcement agencies to use sobriety checkpoints as they do in 38 other states, and generating more resources for prevention and treatment by increasing our paltry alcohol tax, are policies that would prevent excessive alcohol consumption and move Wisconsin toward a safer alcohol culture.”

To view the summary sheets, county data, and the full report, visit: healthfirstwi.org/alcohol/resources.php

Wipfli/RWHC 2013 Cost Champions

Wipfli LLP has announced the winners of the second annual Wipfli LLP-RWHC Cost Champion awards. The first-place award went to nurse managers at Boscobel Area Health Care for patient care process changes resulting in reduced nurse staffing costs.

The purpose of the Wipfli-RWHC Cost Champions awards is to encourage and share implemented cost saving ideas suggested by a team or individual employed by a RWHC-member hospital.

Steve Thompson, partner in charge of Wipfli’s health care practice noted, “As a firm that has worked with the health care industry for over 83 years, Wipfli is proud to support and promote best practices that can improve health care organizations’ performance and the value they deliver to their patients. The efforts of **this year’s winners and other nominees demonstrate that each individual in a health care organization can make a difference in his or her organization’s success.**” The 2013 award winners are:

First Place: Boscobel Area Health Care, Theresa Braudt, Assistant Administrator of Patient Care Services and Katy Tomten, Med/Surg Director—Based on information provided by nursing management, nursing staff determined that the current process for scheduling nursing time resulted in an unacceptable amount of overtime payments to staff. The staff agreed to changes in the scheduling process that they felt were fair to them and resulted in reduced overtime payments. Cost savings to the facility for the eight months of 2012 impacted by the change was about \$33,000. Since the change in scheduling, the staff has also fo-

cused on other savings from staffing changes, such as putting aides on call when not needed, and use of per diem nurses. The cost savings are only one aspect of this change, which also demonstrated the belief that the nurses have in the work that they are doing, and their commitment to the organization.

Honorable Mention: Stoughton Hospital, Public Relations Department—The hospital produced three newsletters covering different topics. Ideally each of these newsletters was to be produced twice each year. Due to financial and other constraints, they were not produced twice each year. The public relations department decided to consolidate the three newsletters into one quarterly in-house publication with fewer lengthy articles; and more photos, testimonials, health and community education topics. These changes resulted in annual savings of over \$25,000, and a better overall newsletter.

Honorable Mention: The Richland Hospital, Jim Summwalt, Power Plant Operator—Plant operations staff at the hospital reviewed the procedures in place

RWHC Newest Corporate Sponsors

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for maintaining the hospital boiler system. The procedures included minimal use of chemical treatments and alternating use between two boilers where the boiler not in use was shut down. These procedures were changed to monitor chemical levels daily and alternating boiler use every eight hours without a shut down. These changes resulted in decreased pipe, boiler, and connection repairs; and also a decrease in metal fatigue for the boilers themselves which will add at least five years to the life of a \$200,000 boiler. Net savings to the facility as a result of these changes are about \$18,000 per year.

Nominations for the Wipfli-RWHC award are collected from RWHC member CEOs. An RWHC panel of healthcare experts and peers chooses the award winners. The first-place winner is awarded \$1,500; the two honorable mentions were each awarded \$500.

Wipfli, the sponsor of this award, helps hospitals improve operational performance by leveraging process costing and other business intelligence tools that allow clients to more effectively understand and manage the delivery of care. For more information on Wipfli's health care services practice, go to www.wipfli.com/healthcare

Leadership Insights: "Culture Rules"

The following is from the March issue of RWHC's *Leadership Insights* newsletter by Jo Anne Preston. Back issues are available at:

www.RWHC.com/News/RWHCLeadershipNewsletter.aspx

"The best leaders confirm that culture matters, and many even say it trumps strategy. But how do you get your arms around making an impact as an individual on this vague thing called culture? Two starting points to consider:

1. **You already ARE making an impact.** Just by being in a leadership role, you influence your environment and most often, leaders underestimate this influence. Everything you say and do—words, body language, what you write—all these messages shape

the culture more than you might realize. There is value in self examination here: what kinds of messages are you already sending?

2. **Culture is formed 'one handshake at a time.'** You can't shake hands with a culture, you do so with individuals. Those individual connections, relationships, 'deposits' over time can mobilize a group to help you turn a Titanic away from the threat of the hidden icebergs of low morale, undermining and poor engagement."

"Following are some little things that can make a big difference to create thriving, engaged and desirable work culture."

- **Eat with different people.** "Push yourself to eat with different people on a regular basis. One of the ways silos are broken down in organizations is as simple as this: eat with people in other departments. You might have to invite yourself to join a group who always eats together, but when you do, you make yourself more approachable. When a problem does come up, people will feel more comfortable coming directly to you to discuss it, and that is a much more desirable culture than one where people grumble amongst themselves."
- **Become known for a phrase that you can live by.** "Your phrase will become part of the definition of the culture. A manager I had 25 years ago regularly used a phrase with me that to this day, pops up in my head when I face a difficult conversation. After coaching me on a sticky employee issue, he would walk me to the door and say, 'remember, be courageous.' He was creating a courageous culture. *What is your phrase?*"
- **Go first on the challenges.** "Spooner Health System CEO Mike Schafer supported his employees and the local community by sponsoring health club memberships for all hospital employees for their wellness initiative. He was among the first to do the heavy lifting of exercising, losing weight and getting fit! When you ask others to consider a higher commitment, *walking the talk* speaks volumes."
- **Interview new hires.** "Ask them after the first few weeks on the job what they notice about the cul-

ture, both positive and not so positive. You might be surprised on what new eyes have picked up on about the environment.”

- **Describe the ideal culture.** “We may think we know what culture we are striving for, but it’s kind of like car shopping when you have only narrowed down that you need a new car: you may end up with something you really don’t want. Grab some flip chart paper and markers, meet with your team ask and record the answers to:

- ✓ *How would you describe the ideal workplace culture?*
- ✓ On another sheet, write their responses to ‘*how would you describe our current workplace culture?*’ (Or use your employee opinion survey results as a starting point for this list).
- ✓ Then ask, ‘*What are your ideas for getting from where we are now to where we want to be?*’ (Brainstorm ideas and facilitate a discussion to prioritize one or two places to start that can have the most impact and some quick wins).”

- **Delegate, don’t abdicate.** “It’s tempting to completely surrender your authority when a responsibility is uncomfortable (i.e., you hate scheduling conflicts). Be careful though that a negative sub-culture doesn’t develop in that vacuum for others



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to take authority, creating staff power struggles that you may not even be aware of. Delegating properly keeps the accountability with you while sharing the work load.”

“Here are several additional culture improvement strategies that I think are worth making explicit: Say a genuine good morning. Hold people accountable to a high standard at the same time you forgive honest mistakes. Give short speeches. Frequently demonstrate and speak that we do whatever it takes to serve our customers. Speak about what you are learning. Take an interest in people. Never gossip. Thank people and create venues for people to thank each other or share ‘wins.’ Explain WHY you are doing what you are doing. Address cultural under-performers, particularly leaders who report to you. Redirect complaining about other departments into problem solving discussions. Hire for cultural fit.”

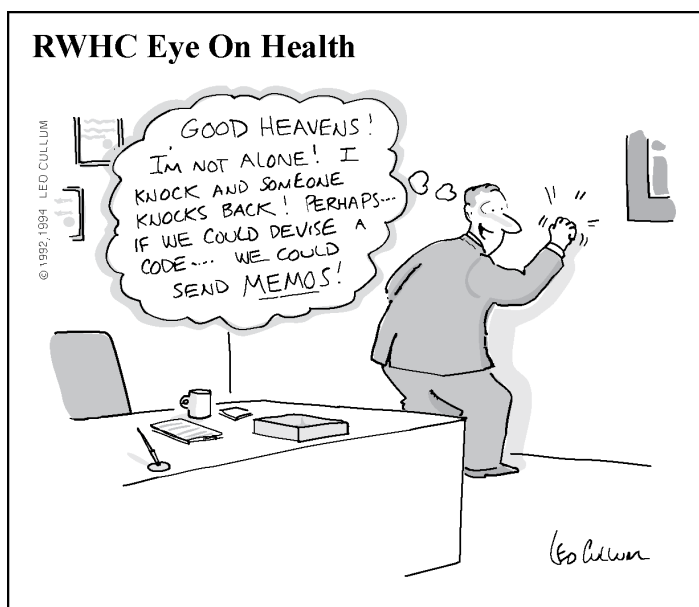
Contact Jo Anne Preston for individual or group coaching at jpreston@rwhc.com or 608-644-3261. For Info re the RWHC Leadership Series 2011-2012 go to www.rwhc.com and click on “Services” or contact RWHC Education Coordinator Carrie Ballweg at cballweg@rwhc.com or 608-643-2343.”

UW DVD to Reduce Rural Girl B-Ball Injuries

By Jill Thein-Nissenbaum

Sports-related knee and ankle injuries are common and more severe in adolescent females as compared to males. This may result in decreased adolescent physical activity, which may result in less adult physical activity. Utilization of a supervised injury prevention program decreases lower extremity injury rates; however, supervision is not always feasible in rural areas.

Through a grant funded by the Wisconsin Partnership Program, RWHC partnered with Jill Thein-Nissenbaum, PT, DSc, SCS, ATC and M. Alison Brooks, MD, MPH, from the University of Wisconsin-Madison, to determine if a DVD-based lower ex-



tremity injury prevention program is feasible to do in rural Wisconsin.

Thein-Nissenbaum and Brooks, who also work for UW Athletics as the staff physical therapist and team physician, respectively, created an instructional DVD for rural female high school basketball players. The injury prevention program progresses the females through three progressively hard phases, all of which include strength, balance, and plyometric (jumping) activities. Each phase has three different programs that were designed to eliminate boredom; total program time is 12-15 minutes.

Schools were invited to participate in a study to determine if implementing an at-home, DVD-based, sports-related injury prevention program to reduce sports-related knee and ankle injuries in high school female athletes in rural Wisconsin was feasible. Nine schools (approximately 70 female athletes) participated. Female basketball players were pre-tested in

their jumping and balance skills, then instructed in video use. The girls were encouraged to complete the program 3x/week for 8 weeks prior to the start of basketball season. Post-testing of the jumping and balance skills occurred at the end of the 8 weeks.

We were also hoping to compare injury rates to girls who performed the exercises to girls who did not. Because we did not have enough girls complete the program, we were unable to determine if the program was effective in decreasing the lower extremity injury rate during basketball season.

On a positive note, many of the high school coaches saw the DVD and were impressed by it. They felt it was something they could (and would) implement into their warm-up drills. As such, although home-based injury prevention was proven to not be feasible in rural Wisconsin, the DVD s may be used in rural Wisconsin by coaches as part of warm-up drill, or strength and conditioning drills.

Support NRHA Rural Leadership Development

The National Rural Health Association has launched a permanent endowment **for programs that identify emerging leaders from and for rural communities**. The mission is to provide training and resources to help them play a lead role in ensuring access to quality health care for rural Americans.

Go to <http://ow.ly/ejmLf> to learn more.

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