

Review & Commentary on Health Policy Issues for a Rural Perspective – July 1<sup>st</sup>, 2010

## Managing the Uncertainty of Health Reform

by Tim Size, Executive Director, Rural Wisconsin Health Cooperative, Sauk City

As someone with a lifetime gladly spent promoting rural health, managing the uncertainty of health care reform has all the appeal of a root canal. Add in the joys of raising teenagers and you begin to get the picture. My hair turned gray helping to raise four teenagers, so I'm not sure what I have left to let go of this time around. But I know I'll soon find out.

Make no mistake, whether or not you call it "reform," health care must and will change in some very basic ways. We, and our country, can't afford not to change. I have yet to meet a healthcare leader who disagrees with this, although I am sure there is someone somewhere. We all know this, regardless of where we stand in the endless political posturing.

The reality is that the Reform Bill and its implementation will and should be scrutinized and, hopefully, improved. This will happen in hundreds of ways over the next decade or so, with or without new faces elected to Congress.

The key question is will we, in our political clumsiness, "throw the baby out with the bathwater?" Will Congress really "repeal reform" and:

- Take away insurance from tens of millions of hard working Americans?
- Again have children lose health insurance because of pre-existing conditions?
- Take away from small businesses tax credits covering up to 50% of employee premiums?
- Again have anyone face a "lifetime cap" on how much healthcare they can receive?

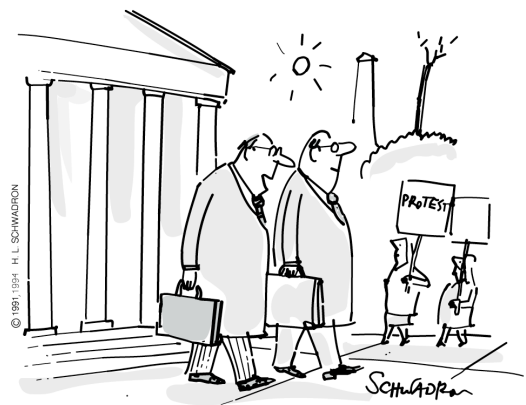
Maybe Congress will. But I doubt it. As a practical matter, it is hard to see how the main threads of

health reform can be removed without the whole thing unraveling. Having said that, I'd be the last person to ever try to predict what Congress will or won't do. Or even less, can I figure out what a worried and divided American public really wants? Pick almost any position and you can probably find a poll that will support it.

So what do I think? I believe rural communities need a Congress that further encourages both public and private sectors to:

- Assure that we have reasonable access to care in local rural communities.
- Stop wasting money on unnecessary procedures with payments driven by the amount of care provided, not the quality of that care.

### RWHC Eye On Health



"As our late friend, Senator Russell Long of Louisiana, was fond of saying: 'Don't change you, don't change me, change that fellow behind the tree.'"

- Stop unjustifiable differences in what Medicare pays for care in one region versus another.
- Incent providers to keep patients healthy and co-ordinate their overall care.

With all apologies to the Alcoholic Anonymous Serenity Prayer, my hope is that “Congress finds the serenity to accept the things they shouldn’t change, the courage to change the things they should, and the wisdom to know the difference.”

---

## East Coast Hears “Tiny Midwest” Grumbles

---

From “Doctors and Hospitals Say Goals on Computerized Records Are Unrealistic” by Robert Pear in the *The New York Times*, 6/7/09:

“In February 2009, as part of legislation to revive the economy, Congress provided tens of billions of dollars to help doctors and hospitals buy equipment to computerize patients’ medical records.”

“But the eligibility criteria proposed by the Obama administration are so strict and so ambitious that hardly any doctors or hospitals can meet them, not even the most technologically advanced providers like Kaiser Permanente and Intermountain Healthcare.”

**RWHC Eye On Health** is the monthly newsletter of the 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

Website: [www.rwhc.com](http://www.rwhc.com) Twitter: <http://twitter.com/RWHC>  
Blogs: [www.ruraladvocate.org/](http://www.ruraladvocate.org/) [www.worh.org/hit/](http://www.worh.org/hit/)

Email [office@rwhc.com](mailto:office@rwhc.com) with *subscribe* on the Subject line for a free e-subscription.

“Doctors and hospital executives, who have expressed their frustration in meetings with White House and Medicare officials, said the issue offered a cautionary tale of what could happen when good intentions meet the reality of America’s fragmented health care system.”

“The goal of the law is to provide financial incentives, through Medicare and Medicaid, to encourage doctors and hospitals to adopt and use electronic health records. When the bill was passed, the Congressional Budget Office estimated that the incentive payments would total \$34 billion.”

“It is no surprise that tiny hospitals in the Midwest and doctors practicing by themselves would grumble about the White House proposals.”

“But elite institutions have similar concerns. Among those expressing deep reservations about the proposals are pioneers in the use of health information technology like Kaiser, Intermountain, the Mayo Clinic and Partners HealthCare System in Boston, which includes Brigham and Women’s Hospital and Massachusetts General Hospital.”

“One of most revealing assessments came from Dr. Thomas H. Lee, president of the physician network at Partners HealthCare.”

“ ‘Effective use of electronic health records will greatly improve patient safety, quality and efficiency,’ Dr. Lee said in a letter to Medicare officials. But he said the approach taken by the administration was based on ‘unrealistic expectations’ and ‘unachievable timelines.’ ”

“ ‘We are very concerned about the requirement that hospitals and eligible professionals must meet each and every one of the objectives to demonstrate meaningful use and thereby qualify for incentive payments,’ Dr. Lee said.”

“In meetings at the White House, doctors and hospital executives have conveyed the same message: the president’s all-or-nothing approach could discourage efforts to adopt electronic health records because some of the proposed standards are impossibly high and the risk of failure is great. They pleaded with the administration to take a more gradual approach and reward incremental

gradual approach and reward incremental progress.”

“At least 27 senators and 245 House members echoed those concerns in letters to the administration.”

“Administration officials said they took the concerns seriously, but refused to say whether they would relax the proposed requirements.”

“ ‘We want to strike a balance,’ said Jonathan D. Blum, deputy administrator of the Centers for Medicare and Medicaid Services. ‘We will provide flexibility for doctors and hospitals, but push them to elevate their performance. Final rules will be out in early summer.’ ”

---

## “Surgical Deserts in the US”

---

From “Surgical Deserts in the US: Places Without Surgeons” by Daniel Belsky; Thomas Ricketts, PhD; Stephanie Poley; Katie Gaul; Erin Fraher, PhD; George Sheldon, MD, in the American College of Surgeons Health Policy Institute newsletter, 7/09:

“Like all physicians, surgeons are distributed unevenly across the United States, with more located in urban centers and fewer in rural communities. In 2006, thirty percent (925) of the 3,107 US counties lacked a single surgeon and nearly 9.5 million Americans lived in those counties.”

### **Geographic Distribution—**

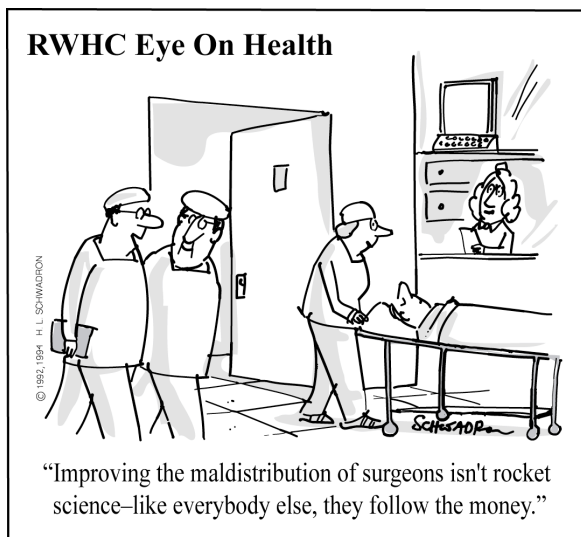
“Counties without surgeons are concentrated in the rural parts of the country; ninety-five percent of the 925 counties without a surgeon in 2006 were classified as nonmetropolitan by the Office of Management and Budget (OMB). Places without surgeons are also unevenly distributed regionally; just under one third of counties nationally and about that proportion in the Midwest, South, and West lacked a surgeon in 2006, while only 4% of counties in the Northeast did not have a surgeon in that year.”

“Most counties without surgeons are recognized as being underserved for primary care by the Bureau of Primary Health Care’s health professional shortage area (HPSA) designations. Of the 925 counties without a surgeon in 2006, eighty-four percent were classified as either a whole or part-county primary care HPSA.”

**Small and Disadvantaged Counties**—“Counties without hospitals are unlikely to have surgeons, particularly general surgeons, as their services depend on technology and staff that are associated with hospitals. Yet, 50% of counties without surgeons (467) do have hospitals, the majority of which are Critical Access Hospitals. Critical Access Hospitals (CAHs) are small rural hospitals in relatively isolated areas that provide inpatient and 24-hour emergency services and receive enhanced reimbursement from Medicare and Medicaid in many states.”

“The distribution of surgeons is also tied to population, maintenance of a surgical practice depends on a minimum patient volume and the economic activity necessary to support a hospital or surgical center. Counties without surgeons are one-tenth the size of those with one or more surgeons, on average (mean population 10,247 as compared to 132,856). Some larger communities lacked surgeons as well; fifty-seven counties without surgeons (6%) had populations of 25,000 or more, the largest of which contained 54,476 persons.”

### **RWHC Eye On Health**



**Discussion**—“The supply of surgeons in the United States is very uneven and this creates potential problems with access to surgical services. Many Americans must travel to the next county or beyond to receive necessary or life-saving surgical treatment.”

“A substantial portion of our country can be characterized as surgically underserved, despite several programs designed to help sustain health care services in underserved communities through enhanced reimbursement. For many places, these initiatives may not be sufficient to supplement a surgical practice. Un-

derstanding characteristics of these communities and the dynamics of their local healthcare systems is important in considering new policies to increase local their surgical workforce or develop alternatives to satisfy unmet surgical needs.”

RWHC Social Networking:  
The Rural Health Advocate: [www.ruraladvocate.org/](http://www.ruraladvocate.org/)  
Rural Health IT: [www.worh.org/hit/](http://www.worh.org/hit/)

weight loss and weight maintenance.”

“In regards to the right foods, we see in study after

study after study that eating the healthy carbs, the healthy fats, and the healthy proteins naturally builds in the two essential facets for achieving lasting success with body weight, namely appetite control and maintaining a robust metabolism. As an invaluable bonus, we also know that the right foods provide profound and sweeping protection from our most common and deadly chronic diseases.”

---

## Managing Weight at Work

---

From “Managing Weight at Work: Dr. Ann Kulze Weighs In on the Topic of Losing Weight and Living Better” by the Wellness Council of America (WELCOA) at [www.welcoa.org](http://www.welcoa.org) on 6/11/10:

**“How many people who diet will actually lose weight and keep it off? KULZE:** The data is very clear—long term success with ‘diets’ is abysmal. For the majority of people ‘diets’ do not lead to sustained weight loss or health benefits. Studies show that about 50% of dieters typically regain all of their lost weight within two to three years. In summary, not only do diets fail in the long run, they appear to be a demonstrable risk factor for future weight gain.”

**“Why don’t diets work? K:** Diets don’t work because they are a temporary solution to a long-term problem. Sustainable weight loss is only achieved with *permanent* changes in diet and lifestyle. Typical weight loss diets fail for three fundamental reasons. First, they are difficult to adhere to; they can be unpalatable; leave people feeling deprived; expensive; and may not fit well into family or work life. Second, they fail to address the behavioral or emotional side of eating, and third, they don’t position the essentiality of physical activity and exercise in the scheme of success.”

**“What must an individual do, nutritionally, to lose weight? As a physician, what do you recommend? K:** To lose weight and keep it off, individuals must adhere to life-long changes in the way they eat. On the ‘calories in’ side of the body weight equation, I think the most important practices are restricting high-risk foods, controlling portions, and maintaining laser focus on eating the right, i.e. healthy foods. I feel very strongly that portion control must transcend all eating behavior if one wants to have success with

**“Are you optimistic about the nation’s chances of trimming down? K:** Although we have a very, very tough road ahead of us, I am optimistic that we can have some success. Frankly, we have to if we want to remain a productive and competitive society. I feel confident that we can stem the tide of the burgeoning obesity epidemic. Our success will hinge on education and wholesale environmental changes.”

**“Where do you see the consequences of the obesity epidemic 20 years from now? K:** In one word: catastrophic. From a scientific and medical standpoint I am very familiar with the well-documented and ominous consequences of obesity, like type 2 diabetes, heart disease, and many cancers, etc. I feel certain we’re going to see a meteoric uptick in what are already epidemic levels of obesity-related chronic diseases. There are at least 30 diseases in which obesity puts you at an increased risk. Aside from the unfathomable levels of human suffering the obesity epidemic has generated, we have the economic fallout. I just read a report that said rates of type 2 diabetes are expected to double over the next 25 years—largely as a result of our ever-expanding waistlines. Costs for treating those affected are expected to triple over the same period of time to the tune of \$336 billion a year.”

**“What are the top three things that worksites can do to help their employees lose weight? K:** The first is education. Employers must educate their employees about the basics of healthy eating. It is completely unrealistic to expect anyone to passively exist in our culture and maintain optimal health and body weight without knowing the right way to eat. On this point—a recent, landmark report confirmed that the precipitous increase in obesity that commenced in the



early 80's is virtually all due to eating too much. People are overweight because they are eating too much—period, the end. Successfully navigating through our toxic food landscape requires that people be armed with the knowledge necessary to make the right choices. Nutrition education is the essential first step for worksites that want to help employees lose weight and get healthy.”

“The second is making the necessary environmental changes that are consistent with the healthy eating and healthy living message you are hoping to convey. On the food side of things, there are several simple steps that foster this, like removing junk food from the vending machines, making sure that the foods provided in the cafeteria are healthy, or ensuring that there is nutritious fare at corporate gatherings. On the lifestyle side of things, it's critical to provide opportunities for employees to move more, especially those that are the most sedentary. It can be as simple as putting in a few treadmills in an unused room, creating an outside path on or near the premises where people could enjoy group walks, or subsidizing fitness center memberships, etc.”

“The third thing would be to initiate a group weight loss challenge. We know that competition ramps up behavior change. Working as a team towards a common goal engenders camaraderie, builds in a support group, and creates a sense of togetherness that safeguards against individuals feeling singled out. Be creative and make it fun. I've seen companies do this with great success and a minimal investment.”

**“In your opinion, how important is exercising to losing weight?”** K: For three key reasons, exercise is invaluable for weight loss. First, it helps burn calories. Second, it helps preserve muscle mass, which is paramount to maintaining a robust metabolism. And third, and most importantly, exercise improves the action and effectiveness of the hormone insulin. Insulin is the CEO of fuel management and metabolism in the body. When it doesn't work properly, a syndrome we call insulin resistance ensues. Insulin resistance

turns fat cells into fat magnets leading to stubborn obesity and markedly increases the risk of heart disease, type 2 diabetes, and metabolic syndrome. Currently, about half of the adults in America have some degree of insulin resistance. For both health and body weight, this is cause for great alarm—from my standpoint true panic. Exercise is one of the most effective and quickest means of jump-starting and improving the action of insulin. People cannot lose weight unless their insulin is functioning.”

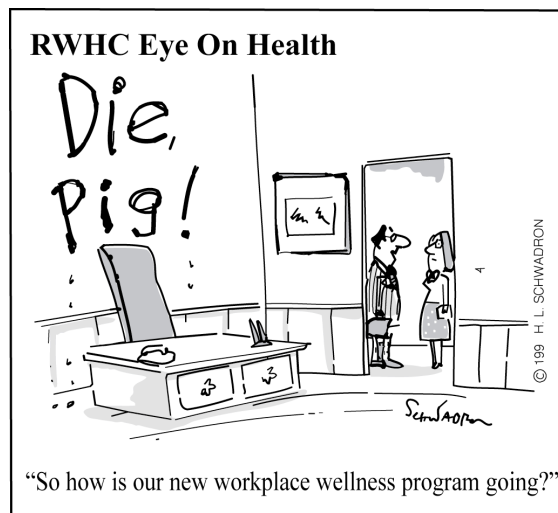
“Regarding exercise, I really think we have the wrong mindset in America. Everyone thinks, ‘Oh I feel great about myself. I exercised today.’ That's the wrong mindset. The mindset should be, ‘Oh my gosh. I sat at a desk eight hours today. I've just literally made myself sick!’ I think sitting at a desk for 8 hours straight is the single greatest occupational health hazard we face. The verdict is now in—movement is required for

life. If you don't get a certain amount of threshold activity most days of the week, you are guaranteed to lose your health. And without regular exercise you don't have a prayer when it comes to sustainable weight loss because, if you don't move, your insulin doesn't work and if your insulin doesn't work, you can't burn fat.”

“Lastly, if you're looking for a magic bullet to guard and protect your health, then it's

physical activity. As a nutrition expert, it steals a bit of my thunder, but the reality is there's no food, no combination of foods, there's no long-term pattern of eating that can provide what exercise can in terms of broad-spectrum disease protection. And it doesn't have to be hard. Just 30 minutes of moderate aerobic activity, like a brisk walk, most days of the week can do the trick.”

**“What would be the most important piece of advice you would give to someone who wants to lose weight?”** K: Dieting is not the answer. Get educated on the basics of optimal nutrition. Focus on positive, healthy changes in your diet and don't forget that losing weight and keeping it off also require regular physical activity. The changes must be sustainable



and permanent, so implement them at a pace that is in harmony with your personality and life context.”

---

## Sauk Prairie’s Health Trip

---

*“Eye On Health” regularly showcases a RWHC member story from the Wisconsin Hospital Associations’ annual Community Benefits Report. Wisconsin hospitals provide over \$1.6 billion in community benefits; twice that if you include Medicare shortfalls and bad debt. This month’s feature is from Sauk Prairie:*

“Health Trip, a community-wide exercise program engaging young and old, gets the Sauk Prairie community moving during the cold days of winter. The 16-week program, which runs from January to May, annually offers structure, support and information to nearly 600 adult and 600 school age participants.”

“Health Trip kicks off every year in January and works to get people into an exercise routine following the holidays, said Community Relations manager Amy Ryan at Sauk Prairie Memorial Hospital & Clinics (SPMHC). The hospital is a major sponsor of the event, along with the Sauk Prairie Community Center and a few area businesses.”

“SPMHC has been involved with Health Trip since inception more than a decade ago, according to Ryan. ‘We partnered with the Community Center to get it going as a wellness initiative, and it’s been so successful, we’ve seen similar programs start up in other communities,’ she said.”

“During Health Trip, participants are challenged to complete 48 hours of exercise, 36 hours for those over 55 years old or with special health limitations. ‘For the 48-hour trip, it takes three hours of exercise per week to stay on track,’ Ryan said.”

“They are also encouraged, rewarded and educated along

the way. In January, the exercise program kicks off with a health fair in which SPMHC provides free cholesterol, blood pressure and glucose testing, along with massages and nutrition information.”

“Several free passes are provided to participants to use the Sauk Prairie High School pool, and SPMHC offers a special three-month membership to its wellness center. Additionally, local schools are open for walking and running.”

“At three points during the course of the 16-week Health Trip, participants turn in their exercise times and are rewarded with prizes for reaching milestones. A picnic in May allows all participants to celebrate their accomplishments together, while enjoying door prizes and a healthy dinner.”

“ ‘Over the years, we’ve expanded the program into the grade schools,’ said Ryan. ‘It gets youth out and exercising during recess.’ The students record their activities and encourage their family members to become part of a family team.”

---

## High Functioning Leadership

---

From the RWHC newsletter *Leadership Insights* by Jo Anne Preston, RWHC Workforce & Organizational Development Manager, 5/10:

### RWHC Eye On Health



“After the Golden Rule there isn’t much more to say.”

*The five concepts in this newsletter are based on the book *The Five Dysfunctions of a Team*, by Patrick Lencioni. It has some excellent ideas for turning a team around.*

**First, the bad news:** There is no quick fix for a broken team. There is no one magic “play” in the play book that will take your team to the equivalent of a state championship title. What matters most is the quality of the team relationships which come down to TRUST, which:

- probably matters more than anything to a team (and to your organization)
- can be hard to establish
- can be even harder to repair once it's broken

**The good news:** You can develop high functioning teams when you work hard on the following *five team building skills*:

**① Vulnerability based trust**—This means leaders who are willing to be genuinely real, human and who have weaknesses just like everyone else and are willing to talk honestly about them. It means knowing that you struggle too. When it comes to showing vulnerability, “you go first” applies to the leader of a team—you **set the tone** and you make it safe for others to do so as well. This doesn't require a group hug or divulging deeply personal information—it just means being real, admitting mistakes, saying you don't know when you don't and honoring others by asking for help when you need it.

**② Fight it out-Constructive Conflict**—Fairly and honestly, bring your thoughts to the table and deal with conflict to INCREASE productivity. Often we are too afraid of conflict and keep quiet/give in, (and complain about it to others) or we are too blustery and overpower others. And tension is not the same as conflict! Leaders can create an environment where people will speak up for the good of the team. When we don't go **through** the conflict constructively, there are long lasting repercussions instead of short term discomfort.

**③ On great teams everyone feels heard**—This is not the same as consensus. Tell the truth, make your points for the good of the team, and when you feel **heard** you can support something that may not have been your first choice. Most people just really want to be heard, and as a leader, this is something you can work on.

**④ Call members on behaviors that hurt the team-accountability**—Easier said than done. Having ground-rules and agreements helps. When employees are frustrated by different standards for different groups, (i.e., “Why do we have to fill out these forms, none of the other departments have to use them”), it is a **direct result** of leaders not making a commitment to common goals.

Following through on agreed upon **RURAL HEALTH CAREERS**



commitments with your leadership team strengthens morale among the rest of the employees of the organization.

**⑤ Focus on results**—Make goals public; it's not enough just to “do good things”. Team goals override individual ego in high functioning teams. Strong teams declare “**we will**” rather than “we will try”.

*Information on the 2009-10 RWHC Leadership Education Series as well as past issues of “Leadership Insight” are available at <<http://www.rwhc.com>>. Jo Preston can be contacted at [JPreston@rwhc.com](mailto:JPreston@rwhc.com) or 608-644-3261.*

### The Rural Assistance Center Updates Its On-Line Leadership Information Guide

"We cannot solve our problems with the same thinking we used when we created them." Albert Einstein

Leadership can mean different things to different people, but fundamentally it is about making things happen that would not happen otherwise. Ordinary people in real-life situations willing to step forward, with the ability to learn and adapt, a commitment to excellence and quality, and able to acknowledge the strength of the local workforce, are so critically needed. Ensuring quality services, good schools, healthy economies and a strong workforce in our communities in the future takes quality leadership today.

[http://www.raonline.org/info\\_guides/leadership/](http://www.raonline.org/info_guides/leadership/)

### RWHC Partner: WHA Financial Solutions

*For more information on the featured corporate member or to inquire about our corporate membership program, please visit [www.rwhc.com](http://www.rwhc.com), or contact Dave Johnson: 608-644-3227 or [djohnson@rwhc.com](mailto:djohnson@rwhc.com)*

RWHC Corporate Partner *WHA Financial Solutions* has been providing financial and insurance products to rural health entities for nearly 30 years. For more information on how WHA Financial can assist you, please contact John Braddock at 800-362-7121 or [jbraddock@whafs.com](mailto:jbraddock@whafs.com) or go to [www.whafs.com](http://www.whafs.com)

Established in 1981, WHA Financial Solutions' problem-solving expertise, along with their unique collection of skills, ideas, industry experience, and technological resources means they deliver first-class employee benefit, corporate insurance, retirement, and business solutions to you.

Powered by the strength of NFP Benefits Partners, a national corporate benefits organization, WHA Financial Solutions is able to provide you with access to greater solutions, greater insight, and greater support - so you can become faster, control costs, work smarter, offer more, and make the benefits decisions that best fit the unique needs of your workforce.

---

### RWHC 2010 Health Ambassador Awards

---

RWHC established the Rural Health Ambassador Award in 2004 to recognize member hospital employees 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 sec-

ondary 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. Awardees demonstrate a history of fostering positive communication and relations within the hospital's respective service area - and beyond. *RWHC's 2010 Rural Health Ambassadors are:*

**Kristen M. Wells, MD—Baraboo**

**Gretchen Graham, RN—Boscobel**

**Chris DeLapp—Columbus**

**Martha Airth-Kindree—Mauston**

**Ann Raabe, MS, CCC-A—Mauston**

**Karen King, RN—Neillsville**

**Carolyn Anderson RN, BSN—Richland**

**Julie Stenbrotten, RN—Stoughton**

**Shelly Egstad, RN BSN—Tomah**

**Garith Steiner—Viroqua**

**Doug Severson—Whitehall**

Space Intentionally Left Blank For Mailing