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Eye On Health

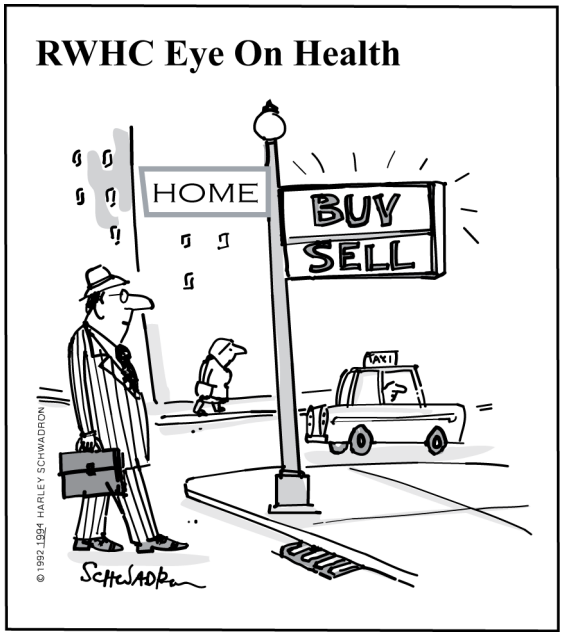
Review & Commentary on Health Policy Issues for a Rural Perspective – August/September, 2011

Balancing the Power of Capital & Place

From "The Hospital of the Future" by Gienna Shaw, for *HealthLeaders Media*, 7/13/11, available at:

www.healthleadersmedia.com/magazine.cfm

"There's no doubt that a decade from now healthcare will look a lot different than it does today. There will be new business models, new government regulations, new reimbursement schemes, and an explosion of data and new technologies to manage. The trick is not just to develop general strategies and tactics to prepare for that future, but to determine which ones are the best fit for your organization, and then take decisive action."



"Healthcare reform, changes to reimbursement, accountable care organizations, medical homes, and other collaborative care models are particularly challenging to forecast. The key is for leaders to strive toward achieving the goals behind the regulations because they are the right thing to do for their organization's future, rather than what may or may not come of government initiatives."

Considering the rural context–"Larger systems have a number of models to choose from and the wiggle room to experiment. For many small and rural hospitals, however, government regulations are like a bag of hand-me-down clothes that don't quite fit."

"Like all healthcare organizations, rural hospitals must become more efficient, improve quality of care, and focus on wellness and prevention, says Tim Size, executive director of the Rural Wisconsin Health Cooperative, a professional services and networking organization that's owned and operated by 34 rural acute and general medical-surgical hospitals."

"But government initiatives must also address the special problems facing rural areas—including an older, poorer, and less healthy population, he says. 'Too many government proposals are designed for urban and suburban settings with little or no attention to the rural context.' The March release by CMS of proposed ACO regulations is just one recent case in point. 'As written, ACOs are unlikely to attract much rural participation. As the model further evolves, rural hospitals need to focus on developing the core competencies related to care coordination and not get distracted by trying to become an early adopter of urban-centric incentives.' "

"Rod Boula, CEO of Elizabethtown (NY) Community Hospital, a 25-staffed-bed hospital that also offers outpatient rehab services, agrees."

"Elizabethtown's parent company does own a variety of properties, including nursing homes, assisted-living facilities, ambulance services, and physician billing services. And the organization works with a sister hospital to provide specialty services to its patients. But while other organizations will expand services to

prepare for an accountable care model, Boula says his organization will stick to its primary care core."

" 'Our niche is primary care. We're not looking to be a surgical unit or perform brain surgery or anything like that. We're looking at excelling in primary care.' "

Balancing the power of capital, the power of place–"The small hospital of the future may not be quite so small, given the recent spike in mergers and acquisitions and the trend toward collaboration, such as with data exchanges. But while some small and rural hospitals welcome the chance to come under the umbrella of large organizations or to share some resources with regional competitors, others are worried about maintaining independence. Luckily, there's still plenty of choice when it comes to business models.

" 'I don't think any one corporate model is inevitable in our country given the value we place on independence, inventiveness, and the underdog,' Size says. 'There are many examples of both free-standing and system hospitals excelling at serving their local communities.' "

"And there are trends that suggest local organizations will remain part of the mix, he says. 'First, all providers are increasingly incented to work collaboratively so the distinction is fading between 'independent' and 'system,' ' Size says. 'Second, advances in telehealth and electronic support services will give local hospitals more choices in where and how they gain assistance in maintaining local care. Third, the imperative and benefits of hospitals working with their communities to create health will definitely favor those with the strongest local connections. And last but not least, health reform will tend to level the playing field between primary care and specialists and their related hospitals. The over-payment of specialty services will be less available to fuel the corporate acquisition and subsidization of rural hospitals. I believe it is likely that we will see a healthier balance between the power of capital and the power of place.' "

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 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.

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Blogs: **www.ruraladvocate.org/ www.worh.org/hit/**

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Healthy Hospitals Critical to Rural Prosperity

The following is from "Critical Access Hospital Program: Economic and Community Impact in Illinois" by Norman Walzer, Melissa Henriksen, & Brian Harger at the Center for Governmental Studies, Northern Illinois University, May, 2011. Funding for this study was made available through the Medicare Rural Hospital Flexibility Grant Program and coordinated by the Illinois Critical Access Hospital Network. The complete 31 page report is available at **www.icahn.org/** :

Editor's Note: this report is about Critical Access Hospitals (CAHs) in one state but the message is equally valid for all states.

"Financially healthy CAHs are essential to the future prosperity of rural Illinois because they provide services that residents consider essential to quality of life, and because they are major economic engines in their regions. The impact of CAHs as major employers is well documented both in terms of operating expenditures and construction activities. CAHs face significant challenges as they struggle with a down economy, changing demographics, and costs associated with implementing technological changes."

"While the Medicare Rural Hospital Flexibility Grant Program has enabled CAHs to remain financially sound, a comparison of financial trends in recent years suggests that these hospitals are vulnerable to changes in reimbursement programs. This is especial-

ly true for CAHs in smaller markets. Thus, it is important for policymakers to consider the impacts of health care reforms and regulatory mandates on rural areas where CAHs are the main health care delivery mechanism. Continued demographic changes are likely to increase the importance of these hospitals in the future so efforts will be needed to strengthen their finances and their abilities to continue delivering high quality health care."

"Three quarters of Illinois CAHs are in counties with populations between 10,000 and 49,999; the 2009 median gross revenue of all Illinois CAHs was $38 million. CAHs have important impacts on their region, in terms of both community and economic health."

"In 2009, the Illinois CAHs, collectively had combined gross revenues (output) of $2.1 billion; employed 10,241 people; and had employee compensation of approximately $576 million."

"The expenditures by CAHs generate additional jobs in their communities, resulting in: an additional 7,769 jobs in other business sectors; statewide, for every 10 people employed by the CAHs, an additional 7.6 jobs were created in their respective communities; and an additional $241.5 million in wages and benefits paid to employees in other business sectors."

"CAHs face several interrelated financial issues. First, populations decreased in many rural counties due to outmigration of young families, leaving an even higher proportion of elderly residents with greater needs for medical and health services. Second, elderly residents often are less able to afford health care without supplemental revenues. Third, reimbursements may not always meet the full cost of providing services or when payments are delayed they create financial problems for CAHs. Fourth, the current recession, with continued high unemployment, increased the amount of charity care that hospitals must manage, reducing their profitability."

"In addition to responding to current fiscal conditions and the challenges already mentioned, CAHs also address broader challenges including attraction/ recruitment and retention of staff, development of new service delivery approaches, and technology implementation. There are many positive examples of how CAHs have addressed budget deficits, maintained necessary services, and adapted to various challenges."

No One Cause to Dental Health Crisis

The 19th annual Monato Essay Prize of $2,000 was awarded by RWHC to Jeyanthi Bhaheetharan for her essay on "Dental Health Care Access in Rural Communities." Jeyanthi was born and raised in Madison, Wisconsin, graduating in May from UW Madison with a degree in Biology and Medical Microbiology & Immunology. This fall she plans to attend Indiana University-Purdue University Indianapolis for a Master's in Public Health. She then plans to further her interests in oral health. The following is from the complete essay available at **www.RWHC.com** :

Introduction–"Many social and environmental factors interact to determine the access, delivery, and quality of dental health care. While the delivery of quality dental care is important, access to oral health care is a more immediate concern for rural residents. If residents cannot access care, the delivery and quality of care becomes irrelevant. Rural populations can experience greater dental caries, poverty, smoking use, transportation barriers, and lower water fluoridation. Adults in rural areas are more likely to have untreated dental decay, permanent loss of teeth and engage in smoking and tobacco use, increasing the likelihood of oral cancers, periodontal disease and dental caries. For children in the United States, tooth decay is the most common chronic disease. Due to dental-related illness, children lose over 51 million school hours each year."

"Oral health disparities demonstrate inefficiencies within the current dental health care system. This paper will explore why dental health care access is a public health problem for rural communities in the United States. Recognizing multiple interacting causes of barriers to accessing oral health care can aid interventions on the level of patients, community, dental providers, and system."

Consequences of Limited or No Access to Dental Health Care–"Limited access to dental health care can have physical and psychological consequences

for individuals in addition to economic costs to society. The consequences of inadequate access to oral health care in rural communities tend to be long-term. Without access to dental services, residents defer curative services and may delay diagnosis of oral health problems, preventative measures and improvements to oral hygiene habits. Children suffering from oral diseases who lack treatment often experience systemic health problems, significant pain, and an annual loss of 51 million school hours. Rural children from Maine had a greater prevalence of untreated tooth decay compared to children from urban Boston. Further research is needed to establish the oral health status of rural children in America."

"Moreover, oral diseases can produce undesired physical manifestations, intolerable pain, and have subsequent interference with basic functions such as eating and speech. Oral illness can result in a reduced quality of life, social interaction, as well as negative self-esteem. Chronic oral infections have also been associated with chronic diseases such as diabetes and heart disease."

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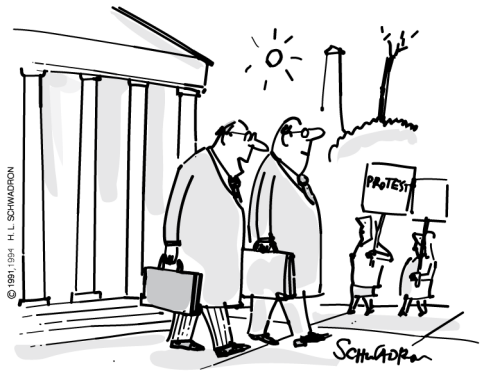

"No doubt the kids with chronic dental pain will smile because they know they helped balance the federal budget."

"Delaying diagnosis and preventative measures can also contribute to increased emergency room visits by rural residents with associated costs to society. For patients who lack access to regular dental care, federally funded emergency rooms may serve as a primary source of care, since patients cannot be denied evaluation. Estimated costs for the U.S.'s dental health services in 1998 amounted to $53.8 billion dollars, 4.7% of the U.S.'s total health expenditures. While these numbers are not solely derived from rural populations, several social conditions surrounding rural areas increase the challenges to accessing dental health care."

"Overall, the rural implications of these findings are limited. Higher rates of chronic diseases, disability, dental caries, and unhealthy behaviors such as smoking present in rural populations coupled with reduced dental workforce and dental health service utilization might propose greater oral heath consequences for rural communities. However, these factors only suggest that there are inadequacies in the current oral health system and that further investigation is needed to identify oral and systemic health consequences in rural areas."

Causes of Limited or No Access to Dental Health Care–"Limited access to dental health care can be accounted for on the level of the patient, community, dental provider, and system. Individual knowledge, perceptions of one's need for oral health care, financial concerns, and cultural preferences can influence patients' pursuit of oral health care. Geographic obstacles and availability of transportation as well as patient perception of travel obstacles also determine access to dental health services."

"The ability to pay for dental health services can affect access to care on the level of patient, provider, and system. As rural populations may experience greater poverty, it is not a large surprise that they experience lower rates of private insurance dental coverage, increasing their dependence on publically available insurance. For dental providers, the reimbursement rate from both public and private insurances is typically lower in rural areas. In Chippewa County in rural Wisconsin, as a result of rural dentists feeling they were unfairly reimbursed, dentists decreased their participation in Wisconsin's Medicaid program. Over a ten-year period, Chippewa County gained no new dentists. Furthermore, of the twenty dentists still practicing in the area at the time, most were trying to sell their dental practices."

"Insurance reimbursement rates and the quantity of dental providers accepting Medicaid or Children's Health Insurance Program further limits the distribution of dental providers in rural areas. The distribution of the dental workforce can be influenced by geographical obstacles in rural areas, distance between dental practices and rural residents, as well as personal preferences for dental providers. In the United

States, approximately 47 million people live in Dental Health Professional Shortage Areas (D-HPSA), with the majority residing in rural areas. After adjusting data for population density and income, a study comparing the rural area distribution of dental providers to larger metropolitan areas, found most rural counties to have 29 dentists per 100,000 population in comparison to the 62 dentists per 100,000 population noted in large metropolitan areas."

Conclusion–"In rural populations, barriers to accessing dental health care may exacerbate oral health problems by delaying preventative and curative dental health services, leading to greater health concerns and societal costs. Multiple causes exist and simultaneously interact to influence uneven or limited access to dental health care services. Likewise, continual assessment and modification should occur at all levels contributing to dental health care access. Without a doubt, each rural community will vary in its culture, health behaviors, oral health, and access to dental health care."

"Further investigation can identify shared characteristics for developing and implementing effective, cost-efficient interventions generalizable to rural communities. Acknowledging social causes and distributing accountability allows the diverse participation of constituencies, strengthening efforts to address health inequalities in rural areas. Oral health has the potential to be forgotten beside other health needs. However, its contribution to overall health reinforces the importance of oral health. Access to care strategies can occur on the local, state, and national level. By working with communities, rather than simply for communities, interventions can lead to sustainable oral health improvement."

Stress Is What We Make of It

The following is from the July/August Issue of RWHC's Leadership Insights newsletter by Jo Anne Preston. Back issues are available at:

www.rwhc.com/News/RWHCLeadershipNewsletter.aspx

"I worked for 20 years in the field of alcohol and drug abuse prevention and treatment. As I have taught leadership development the last several years, I've been amazed how many times the things I learned working in substance abuse parallel the stressful challenges in leadership and organizational development."

"Case in point, the Serenity Prayer used in 12 step recovery meetings asks a higher power to '**grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference**.' Whether it is addiction or managing work stress, the same prayer applies!"

"And like this straightforward prayer, the answers to stress management are simple, not complex. Not always easy to get ourselves to cooperate though is it? In general we know what we need to do but a couple of things get in the way."

"**First**, we are so ***habituated to our unhelpful and unhealthy responses*** (eating, drinking, sleeping, fighting, complaining, agonizing, etc.). We act unconsciously, our behaviors a well worn path to nowhere."

"**Second**, we secretly ***wish that the stress would just go away*** and we'll be happy all the time. We know this is unrealistic but we kind of wish it anyway. The first step (not of the famous 12 steps…) is becoming aware of what we do. Then we can *proactively choose* something else."

"**SERENITY**: ***What is your path to it?****"*

"However you get there, serenity is a place where we *let go of negative thoughts which create negative feelings*. We can't change other people or often the situation and trying to do so creates more stress. Ask yourself:

- What am I telling myself about this situation? (And how could I begin to talk differently to myself, to look for the positives, the opportunities)?
- What do I need to let go of? (Usually it's trying to control someone else or a situation or being right).

- What can I do to soothe myself? (What are healthy ways I make myself feel better, maybe some I haven't done in a while. Make a plan for doing them)."

"What are the things I need to do to build my self confidence? (Confidence comes from achieving goals that are within your reach. Think about something that would make you feel more confident and set a goal for it. Focus on that instead of the things or people you can't control)."

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"Your 'Honey Do List' is beginning to interfere with my search for Serenity."

"**COURAGE**: ***What is within our power to change?****"*

"When it comes to stress, most of us have control over our muscles but we don't think about them. Often when we are stressed we have tightness somewhere in our bodies that we don't even realize. Pay attention to what is happening in your body. *Right now, are you tensing your muscles?"*

- Notice your jaws, hands, forehead, shoulders, any part of your body that is holding tension.

- See what happens when you consciously 'soften' any tense part of your body, even for only a moment.

- Set your timer for 30 minutes and check again–if you find the same tightness as before, soften again. Try this every half hour for one day to be more self-aware of what you *can* control in your own stress response. This act itself doesn't require a lot of courage, but making a commitment to it does."

"Most of us also have control over our breathing. Under stress, most people breathe shallowly. **Breathing deeply is no small thing**. Minimizing how important it is to get oxygen to the brain is giving up something on which you can take immediate-and effective-action. *How are you breathing right now?"*

"**WISDOM**: ***Do I know the difference between what is within my ability to change and what is not?****"*

"One of the most memorable reminders about wisdom from those substance abuse treatment days is *"never let yourself get too hungry, angry, lonely or tired,"* also known as the **H.A.L.T.** reminder for preventing relapse—and it's perfect advice for stress management, too. Self-assess the following:

Hungry: *Am I feeding myself junk? Am I numbing myself with food? Am I not eating because of stress?*

- Just for today, consciously eat delicious and healthy foods to nourish and care for yourself in this way because you deserve healthy food.

- Go back to the notes above, take a deep breath and soften your muscles before you start to eat.

- You don't put contaminated gas in your car and you can't run it on empty. Take a break at work and **refuel yourself**."

"**Angry**: *Am I irritable? Is there hurt underneath that anger? Do I need to assertively ask for something from people in my life? Am I doing for others what they could be doing for themselves?*

- At work learn to delegate. It helps you and it grows your people.

- If your anger is coming out "sideways" in sarcasm, it won't get you what you want in the long run. Explore the origin of your sarcasm and then you can find a real solution."

"**Lonely**: *Am I isolating myself? Could I reach out more to others?"*

"Focusing on others can be one of the best antidotes to our own troubles and it keeps us from thinking we

are the only one dealing with challenges. For leaders struggling with challenging management situations, reach out to your peers. They are going through some of the same struggles and you can help each other."

RWHC Social Networking Resources

Website: **www.rwhc.com** : **RWHC** : **RWHC**
Blog: **Rural Health Advocate**: **www.ruraladvocate.org/**
Blog: **Rural Health IT**: **www.worh.org/hit/**

"**Tired**: *Do I have unused vacation? Do I use good sleep hygiene habits (reducing caffeine, pets in their own beds, regular sleep times, turning off electronically, etc.)?"*

"Imagine what it would be like to be fully rested. The next time you are laying awake worrying, promise yourself that you will allow yourself to worry when the sun comes up. Put it all on a shelf for the night; the mind is capable of believing what you tell it!"

"When the discomfort of the stress becomes bigger than our resistance to making a change in our old habits, that's when we can start to make different choices. **In the meantime, try one thing**."

Contact Jo Anne Preston for individual or group coaching at 608-644-3261 or ***jpreston@rwhc.com.*** *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 608-643-2343 or* ***cballweg@rwhc.com***.

RWHC 2011 Nurse Excellence Awards

RWHC recently announced the recipients of the 2011 Nurse Excellence Awards. Vicki Coffey from Monroe Clinic in Monroe was recognized for Excellence in Nursing Leadership. Pam Lugo from Memorial Health Center in Medford received the award for Excellence as a Staff Nurse.

Vicki Coffey has worked in a leadership position at Monroe Clinic for 20 years. Soon to complete her Masters Degree in Nursing, Vicki is viewed as a hospital leader who inspires and empowers others. Committed to using data and evidence-based nursing practice, Vicki has helped to develop and implement bedside reporting, a pressure ulcer prevention program, minimal engagement criteria for all staff, and standards for sustaining a healthy work environment. In addition to being a member of the Nursing Leadership Team, Vicki is a member of the Pharmacy and Therapeutics Committee, the Critical Care Committee, the Pain Committee, and the Regulatory Readiness Task Force. She is also an active participant in meetings of the Primary Care Department, OB/GYN Department, and Hospitalist Department. Vicki alongside her peers in Monroe helped to design a replacement hospital that will open in February 2012.

Pam Lugo has worked as a nurse for 20 years at Memorial Health Center. In 2010 Pam received professional certification in Oncology nursing. In addition to being a highly respected clinician, Pam is very active serving on the Policy Review committee, Nursing Peer Review Committee, chairing the Clinical Advancement Board, serving as Vice Chair and Chair of the Professional Practice Council and contributing to the success of Memorial Health Center in numerous other ways. In the words of her colleagues, "Pam is a super nurse. She implants critical thinking in everyone she works with although I do not believe she realizes it. She helps change the way you view your work, how you see your patients to make you a better nurse."

Also nominated for the Nursing Leadership Award was Julie Stenbroten, Stoughton Hospital, Stoughton.

Staff Nurse Award nominees included Pam Dunwald from Tomah Memorial Hospital in Tomah; Joy Pfeffer and Pam Schreiner from Sauk Prairie Memorial Hospital and Clinics in Prairie du Sac; and Erica Wand from Monroe Clinic in Monroe.

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 2011 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 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. Awardees demonstrate a history of fostering positive communication and relations within the hospital's respective service area–and beyond.

RWHC's 2011 Rural Health Ambassadors are:

Danny R. Sessler, MD–Baraboo
Stephanie Wanek, RN, BSN, MHA–Boscobel
Mary Crowley, RN–Mauston
Lora Wagner–Neillsville
Linda Stadler, RN MSN–Richland Center
Lois Oswald, RN–Sauk Prairie
Kathy Dreyer, RN–Stoughton
Tim Kortbein, PT–Tomah
Bonnie Anderson, CES, RCEP–Viroqua
Deb Whitelaw-Gorski–Sturgeon Bay
Brad Vamstad, LAT–Dodgeville

Hold the Date: **WHA Care Transitions Connection**
November 2nd. A NOT TO MISS forum with national experts for hospitals, long-term care and home care. Additional information and online registration will be available in early September. (Kalahari Resort, Wisconsin Dells)

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