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Eye On Health

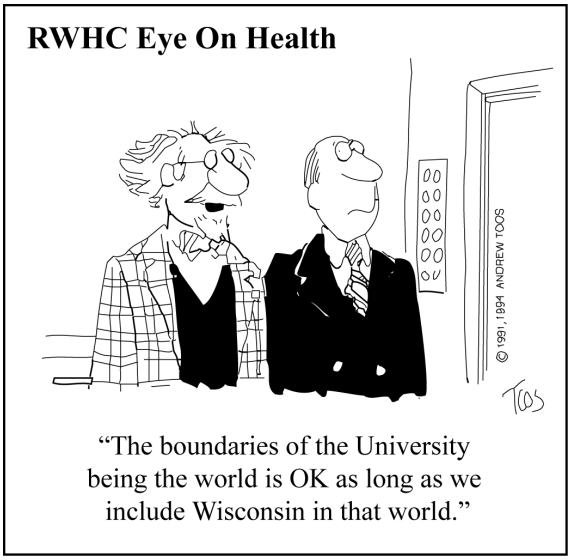
Review & Commentary on Health Policy Issues for a Rural Perspective – June 1st, 2012

Keep Wisconsin in the Wisconsin Idea

From "Wisconsin's Great Idea" by Neil Heinen in the January 2012 issue of *Madison Magazine* at **www.madisonmagazine.com**:

"The philosophy that connects the university with the greater state is now a century old. What does the Idea mean today? And how about in the next hundred years?"

"There is, arguably, no school in America as connected to an underlying philosophical statement of mission as the University of Wisconsin and the Wisconsin Idea. There are likely very few of the hundreds of thousands of living UW alumni who would not be able to recite the most common definition of the Wisconsin Idea as 'the boundaries of the campus [being] the boundaries of the state.' It is deeply rooted in everything from course offerings to faculty and student service, especially on the Madison campus, and it is a foundational piece of the relationship between the citizens of Wisconsin and their land grant university. This year, 2012, marks the 100th anniversary of the Wisconsin Idea, or at least of the publication of the two major books that explored the idea, if not coined the phrase. So it's the perfect time to step back and ask the question: What does the Wisconsin Idea mean today and, perhaps more important, what will it mean for the next 100 years?"



"To be fair, these questions are not new ones. Smart people knew this anniversary was approaching and have been thinking hard about them. I remember perhaps ten years ago, Madison College board member Noel Radomski, then assistant to then chancellor David Ward, talking about the new, global dimensions of the twenty-first century Wisconsin Idea, and how the boundaries of the original institution now include all UW System campuses as well as community colleges and private universities and colleges."

"But to take full advantage of a once-a-century opportunity to take stock of something as important as the vision for one of the world's most important research institutions, it's important to both revisit the Idea in the first place, and think about the context for its continued relevance. As is often the case with intellectual property, there's no universally accepted origin of the term 'Wisconsin Idea.' It was the title of Charles McCarthy's book published in March 1912. But like Frederic C. Howe's book, *Wisconsin: An Experiment in Democracy*, published a month later, which also made the case for this grand vision, the Wisconsin Idea was really an examination of the laws of the day, and the philosophy behind those laws that established Wisconsin as the birthplace of Progressivism and the Progressive movement. Going back a little further, former UW President Charles Van Hise is quoted as saying in a 1904 speech, 'I shall never be content until the beneficent influence of the University reaches every home in the state.' Van Hise is the guy who created the UW Extension so attributing the Wisconsin Idea to him has some merit."

"Regardless of its origin, the Wisconsin Idea 100 years ago had the University playing a pivotal role in helping shape legislation in what was widely seen as a unique experiment in popular government. Among those holding that view was none less than Theodore Roosevelt, who penned the foreword for McCarthy's book. Wisconsin, he writes, 'has become literally a laboratory for wise experimental legislation aiming to secure the social and political betterment of the people as a whole.' Reading on, one is struck by the uncanny, modern relevance of Roosevelt's critique."

" 'It is no easy matter,' he writes, 'actually to insure, instead of merely talking about, a measurable equality of opportunity for all men. It is no easy matter to secure justice for those who in the past have not received it, and at the same time to see that no injustice is meted out to others in the process. It is no easy matter to keep the balance level and make it evident that we have set our faces like flint against seeing this government turned into either government by a plutocracy, or government by a mob. It is no easy matter to give the public their proper control over corporations and big business, and yet to prevent abuse of that control. Wisconsin has achieved a really remarkable success along each and every one of those lines of difficult endeavor.' "

"It's disheartening to think how that message would be received in today's political climate. Perhaps that's the first task at hand, to reconcile the Wisconsin Idea of 'difficult endeavor,' and the Wisconsin Idea of a university dedicated to public service."

"Howe gets to the Wisconsin Idea in what he called 'The Democratization of Learning.' He described education in America as 'a tripod, of research, of vocation, and of culture.' It remained for Wisconsin, he writes, to develop a fourth function, that of service. McCarthy advances the idea by saying, 'the increasing spirit in Wisconsin demanded that the University should serve the state and all of its people and that it should be an institution for all the people in the state and not merely the few who could send their sons and daughters to Madison.' "

"One hundred years ago the Extension was the outreach vehicle and it served the state well. It still does. But both the state and the world have changed. How does the Wisconsin Idea keep up?"

"Few people have given this as much thought as returning-acting-Chancellor David Ward, who not only anticipated this anniversary during his first term in Bascom Hall, but had an inside look at the conversation nationally as president of the American Council on Education during the intervening ten years. **Ward's assessment of the relevance of the Wisconsin Idea today starts with the boundaries. 'It really is the state's interactions with the rest of the world. So at one time it was sort of UW and the state, now it's UW, the state and the rest of the world.'** "

"But more than just the scale has changed, says Ward. So has technology. 'And this means that our outreach, which was classically with the agricultural sector and then later with the public sector. I think of dairy farms, and then social security and then employment insurance. There's ways in which knowledge in the university gained practical use in society. Now I think it's more in our contributions to the internet and to improve communication as a way of helping Wisconsin be a global player in terms of its industries. Markets have to be global now.' "

"However, there's a third issue in addition to boundaries and technology, and Ward says it is turning out to be quite important: money. As public funds diminish, how do you keep alive a public purpose? 'And the

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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Wisconsin Idea, I think, allows you to think about that. That there's still a continuing obligation to connect with the state, connect with our schools, connect with individuals, particularly in innovative businesses. So I think that we need to keep thinking about it because this public mission is important, and therefore this sense of serving the state, and through the state connecting the state with the world is a very important public purpose. So I value it as an idea that is a framework for our public purpose.' "

"Is there anything of the original Wisconsin Idea to include in its future? The most provocative perspective would be its connection to political philosophy, Wisconsin political philosophy in particular. The Wisconsin Idea was about reform. And, Teddy Roosevelt argues, not just political reform. 'It must accompany economic reform,' he writes in his introduction, 'and economic reform must have a twofold object; first to increase general prosperity, because unless there is such general prosperity no one will be well off; and, second, to secure a fair distribution of this prosperity, so that the man of the people shall share in it.' "

"It's hard to imagine in the current dysfunctional mess that is Wisconsin politics today, but this state was once a leader in integrity, honesty, transparency and courageous political reform. Since our state leaders seem immune from such values, might a new Wisconsin Idea springing from the service mission of the University influence the badly needed transformation of state politics in this century?"

"**The other component of the original Wisconsin Idea that seems relevant today is the scope. Are the boundaries global now? No doubt. But, David Ward suggests, we can't forget our roots.**"

" 'I think, in the short run, if we have a sense of the welfare of the Midwestern region and more particularly of Wisconsin, we have to try to find some… balance. I think **the Wisconsin Idea does remind you not to forget the local and the regional**. **However global you may be, you come back to that original idea.**' "

"There's got to be something local and regional in this, otherwise it's not the Wisconsin Idea.' "

American Cancer Patients Live Longer

From a press release "American Cancer Patients Live Longer Than Those in Europe; Higher-Priced Cancer Treatments in US Offer Better Survival," in *Health Affairs*, April 10th:

"The United States spends more on cancer care than Europe, but a new study published in *Health Affairs* suggests that investment also generates a greater 'value' for US patients, who typically live nearly two years longer than their European counterparts."

"Tomas Philipson, the Daniel Levin Chair in Public Policy at the University of Chicago, and his coauthors found that the cost of cancer treatment in the United States was higher than such care in ten European countries from 1983 to 1999. However, they also found that for most cancer types investigated, US cancer patients lived longer than their European counterparts. Cancer patients diagnosed during 1995-99, on average, lived 11.1 years after diagnosis in the United States, compared to just 9.3 years from diagnosis in Europe."

"The researchers concluded that by standard metrics that value additional years of life in dollar terms, US cancer patients paid more but achieved better results in terms of longevity. Even after considering higher US costs for treatment, their calculations showed the extra longevity was worth an aggregate of $598 billion–an average of $61,000 for an individual cancer patient. The value of additional survival gains was highest for prostate cancer patients ($627 billion) and breast cancer patients ($173 billion)."

"This analysis suggests that the higher-cost US system of cancer care delivery may be worth it in terms of the longer survival it delivered, say the authors, although further research is required to determine what specific tools or treatments are driving improved cancer survival in the United States."

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ABCD: After Breast Cancer Diagnosis

"Being told you have cancer can take your breath away. Aside from the serious medical challenges, it can be a stressful and isolating experience even for those with loyal family and friends. This is particularly true for women who are often in the midst of a busy life, juggling family, profession, elder care and other demands when diagnosed with breast cancer."

"ABCD: After Breast Cancer Diagnosis is a Wisconsin-based nonprofit organization designed by breast cancer survivors to help relieve the anxiety, stress and isolation that can be part of every breast cancer journey. Its work is guided by a respected Medical and Community Advisory Council and is increasingly formally incorporated into patient care protocols, especially now that several accrediting bodies, including the Commission on Cancer, require that complementary services be part of patients' care planning as of initial diagnosis."

"**All of ABCD's services are provided at no cost and via telephone, so they are especially helpful for people living in rural areas.**"

"For over a dozen years, ABCD's approach to personalized information and one-to-one support has included a Breast Cancer Helpline and its signature service, One-to-One Mentoring. ABCD's goal is to complement the clinical care patients receive with customized, appropriate informational and emotional support."

"Primarily, patients learn about ABCD's services through a concerned member of their cancer care team–increasingly health care providers use ABCD's Consent to Contact form–a simple form that allows the patient to consent to receive a call from ABCD to learn more about free support options. Most people who turn to ABCD use the Breast Cancer Helpline or One-to-One Mentor services and, sometimes, they use both."

The Breast Cancer Helpline–"The Helpline can answer questions specific questions about the breast cancer experience and provide resource information or referrals. For example, although ABCD does not provide medical advice, its Helpline team can help patients formulate questions to ask the oncologist or surgeon. ABCD's Helpline commitment is to research a question when the answer is not immediately available so that patients and loved ones can focus on medical appointments and other concerns."

One-to-One Mentoring Support by Telephone–"ABCD's most popular service is personalized support from someone who has already had breast cancer–a trained ABCD volunteer mentor. These breast cancer survivors attend ABCD's specific training classes prior to mentoring others through a breast cancer journey."

"Mentor matches are customized to assure that the concerns now on the table are similar to those the mentor had to deal with herself. Matches are based on similarities in type of breast cancer, treatment plans, and similar life circumstances such as age, marital status, hobbies, etc. Once matched, support is provided via conveniently scheduled telephone calls. These matches are professionally supported by ABCD staff whether they last a few phone calls or many months. The same services are available to Family and Friends of breast cancer patients."

Call 414.977.1780 or 800.977.4121 to learn more about ABCD or get support, contact: or visit www.abcdbreastcancersupport.org.

Children at Risk as "Herd Immunity" Drops

From "Measles cases reached 15-year high in 2011: CDC" by David Beasley for Reuters, 4/20/12:

"Measles cases in the U.S. hit a 15-year high in 2011, with 90 percent of the cases traced to other countries with lower immunization rates, the Centers for Disease Control and Prevention reported. There were 222 cases of measles in the United States last year, more than triple the usual number, the CDC said."

"The agency said in 2000 that home-grown measles had been eliminated, but cases continued to arrive in the U.S. from abroad. There have been more than 25 measles cases reported so far in 2012, most of them

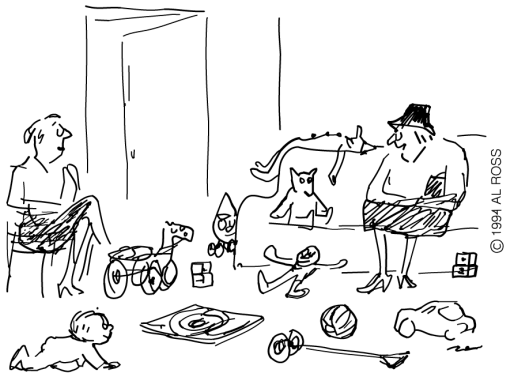
imported, the CDC said. The virus can easily enter the country through foreign visitors or Americans traveling abroad who bring the disease back with them. Measles is highly contagious and is transmitted when an infected person breaths, coughs or sneezes, Schuchat said. The disease can be spread even before an infected person has developed the rash from the virus."

" 'You can catch measles just by being in a room where a person with measles has been even after that person has left the room,' Schuchat said on Thursday. Measles cases were found in 31 states in 2011. All but 22 of the 222 cases last year involved patients who had been infected overseas or caught the virus from someone who had been abroad, the CDC said. The source of the other 22 cases could not be determined."

"Many of the cases were traced to Europe, where in some countries immunization rates are lower than in the U.S. Europe suffered an outbreak of the disease in 2011, reporting more than 37,000 measles cases. France, Italy and Spain, popular destinations for U.S. tourists, were among the hardest hit, said Schuchat. 'It's very important for travelers heading off to Europe to make sure they are up to date on their immunizations and that their children are too,' she said."

"Those who have already had measles or have been inoculated are not considered at risk of contracting the virus, the CDC said. The CDC recommends children receive two doses of measles, mumps and rubella vaccine starting at 12-15 months of age. More than 90 percent of U.S. children have been vaccinated against measles, the CDC said. 'We don't have to have this much measles,' Schuchat said. 'Measles is preventable. Unvaccinated people put themselves and other people at risk for measles and its complications.' "

RWHC Eye On Health



"I don't get it. You don't believe he needs to be immunized, particularly when everyone else is. But what happens when everyone thinks that way?"

Raising Childhood Immunization Rates

RECAP: "Raising Childhood Immunization Rates: Working Together to Cut Through the Barriers"

On April 24th, the Southern Wisconsin Immunization Consortium (SWIC) held a Kick-Off event at the Iowa County Health and Human Services building in Dodgeville, Wisconsin. Fifty members of allied health fields attended, from school nurses, pharmacists, physicians, public health professionals, and rural health advocates. Members of the consortium opened the evening with an introduction on SWIC, including some history on the formation of group and some identified best practices that are already being implemented in the area. SWIC also shared some next steps: a widening partner base; collecting and sharing best practices with the private clinic sector; and developing a unified media message campaign to target the public and practitioners.

The keynote speaker for the event was Dr. Paul Hunter. Dr. Paul Hunter is an Assistant Professor in the Department of Family Medicine at the UW School of Medicine and Public Health and Associate Medical Director, City of Milwaukee Health Department. Dr. Hunter completed medical school in Madison and a family practice residency in Eau Claire. Dr. Hunter has a strong background in community health and immunizations, as indeed he has worked with underserved patients at Community Health Centers, volunteered at free clinics and advise the Milwaukee Health Department on immunizations and other public health issues.

Dr. Hunter gave an informative presentation on immunization rates in Wisconsin and the U.S., tools to use for increasing immunization rates, and personal conviction waivers. In Wisconsin, in addition to religion and health-based immunization waivers for schoolchildren, parents can fill out a personal conviction waiver to exclude their child from school vaccinations. The rate of personal conviction waiver use in Wisconsin has risen greatly in the past decade. In addition to educating attendees on the personal conviction waiver,

Dr. Hunter also discussed the "Decision Not to Vaccinate." A parent's decision not to vaccinate can be based on a myriad of different reasons. Consortium members brainstormed different ways to handle this discussion with parents.

To become involved with SWIC, please email Kristen Audet at: **SWICOffice@rwhc.com**. SWIC meets the third Wednesday of the month at RWHC in Sauk City, from 9:00-11:00 am. Find more information at: **http://www.rwhc.com/SWIC.aspx**

RWHC 2012 Nurse Excellence Award

This year the RWHC nurse executives decided to solely honor the memory of their esteemed colleague Kristi Hund with the 2012 Nurse Excellence Award. The award was presented to Stoughton Hospital and Kristi's loving family on May 4th, 2012.

Kristi completed her earthly journey on December 2, 2011. Over her leadership tenure Kristi's contributions to the healthcare industry were numerous. She will be remembered by her colleagues for her innovative, inspirational and visionary influence. Kristi brought great insight and keen wisdom to each situation she found herself in.

Kristi's fun-loving, humorous spirit filled the room when she was present. She was a role model for the profession of nursing. Her strong personal characteristics and the professionalism she demonstrated day in and day out made being a leader look easy. Mentoring others came naturally to her. Kristi vested herself into relationships with each individual she worked with or met along her travels. She touched many, many lives in her leadership tenure.

Kristi's commitment, sacrifice and vision for the profession of nursing have been honored through loving memory with the 2012 Nurse Excellence Award.

RWHC Quality Indicators Program

What are you doing to improve quality at your hospital? Whether your hospital is designated by Medicare as "PPS" or "Critical Access," RWHC can help you design a group of measures that meet your participation requirement for Medicare, The Joint Commission, or other public-reporting agencies. We help make sure you "get it right."

RWHC submits your Core Measures, Non-Core Measures, and your ICD Population and Sampling reports for you in plenty of time so that any last minute changes or edits can be done without a panic.

We offer a secured environment with minimal computer system requirements. Our web tools are easy to use and meet CMS and The Joint Commission's requirements. We can work with your EHR system to import demographic and clinical data directly into our database, reducing your abstraction time and increasing accuracy. Our re-abstraction service complements your abstractor training programs and data validity needs.

RWHC has developed clear, concise, at-a-glance and on demand reports so that you and your stakeholders can easily identify areas of strong performance as well as opportunities for improvement.

RWHC knows Rural. We've been working for smaller hospitals since 1979. We know that "ease of use" is paramount to getting the job done in a timely and efficient manner. Our QI and Patient Satisfaction services are designed with you in mind!

By partnering RWHC's Core Measures service with our Stage One Meaningful Use solution, we can offer a state of the art product at a competitive price. Let us maximize your investment dollars by building a total quality reporting package, tailored to your unique needs.

For more information on RWHC Quality Indicators Program, contact Beth Dibbert at bdibbert@rwhc.com or 1-800-225-2531.

Blind Spots

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

www.RWHC.com/News/RWHCLeadershipNewsletter.aspx

"It's time for my performance review and I wonder if I see myself at all accurately. One good thing about data (such as customer ratings, revenue generated or number of programs delivered compared to goal) is that it provides an objective, impersonal metric–and a good case for setting SMART goals so you can know if you reached them."

"But when asked to self-assess on more subjective qualities (like commitment to excellence, interpersonal influence, positive impact on culture), it makes me wonder if many of us might have ***blind spots***. Maybe we get a little too puffed up about our strengths, or the opposite, are too hard on ourselves to see the value that we bring."

RWHC Eye On Health

"Strong leaders seek honest feedback."

"Many arrive in the manager role as a result of a series of **successes**. It has been said that those who have experienced much success can often struggle the most when they do fail or fall short. Unaccustomed to missing the mark, it isn't always handled well when we do. It is easy to either get defensive or take feedback personally and feel hurt. And sometimes we are the last to know that these reactions get in our way of being perceived as an effective leader. But it's **in our best interest to have our blind spots revealed so that we can continue to learn**. Consider the following to see yourself more clearly."

"**Set an intention**. *Before* your performance review or feedback session begins, think of a **guiding intention**, a statement that focuses you and helps you to manage your emotions should they rise up. Some examples:

- There is something I can learn from all feedback
- I will maintain an open mind
- I choose to hear all perspectives
- Information is just that–information
- Q-TIP: Quit Taking It Personally"

"Write your intention on a post-it note and keep it in front of you during the meeting. If you start to feel hurt or defensive in the review, look at your intention as a reminder of what is in your own best interest."

"**Do an assessment of yourself** by using such tools as 'Strength Finders 2.0' by Tom Rath to reveal your top 5 leadership strengths and learn new ways to maximize them. This tool reinforces that diversity is a good thing and **none of us can do everything well**. We don't necessarily change what our weaknesses are, but we can learn ways to manage them better, get more mileage out of our strong suit and keep our perspective."

"**Seek 360 degree feedback**, even if it is not part of your organization's performance review process. Ask a mix of employees to fill out a few questions about your performance. Have them sign their name to these, even sit down with you after writing their responses to share them with you face to face. Some might argue that this approach takes away the ability to be anonymous and therefore more honest."

"But thinking ahead, strive for a culture where a person could say to his manager, for example, *'It is hard for me to hold people accountable for customer service behaviors like smiling and greeting people when I see you with a frown a lot of the time.' "*

"NOTE: If you do offer a 360 opportunity, be RIGOROUSLY non-defensive when hearing feedback. Resist the urge to explain away any negative feedback and find blame or you will do more harm than good."

"**Listen reflectively**. Say your manager shares feedback like this in your performance review: *'As we have discussed throughout the year, I am concerned about your follow through on coaching with your em-*

ployees. Things get better for a while but I notice them slipping back into old behaviors. When that happens, generally I am the one bringing it to your attention, and I would like to see you being more proactive about this.' Whether you take this feedback personally and start to feel bad, or start to get defensive and want to tell your manager all the efforts you have made that she isn't even aware of, you can **choose to pause** and act differently."

"**Reflective listening slows down defensive responses** and opens a window for you to see potential blind spots about yourself. **Show you are listening by saying**, *'It sounds like you do see things improve when I coach employees on issues, but you are concerned that I am not keeping you up to date on challenges they are facing, and you would like me to bring this to you without waiting for you to ask about it; is that right?'* Be willing to be corrected if you haven't captured it accurately, and this will lead you both to a much clearer understanding."

"**Use thoughtful inquiry**. Another response to the feedback above might be, *'I may have some blind spots in seeing myself accurately on this; **can you tell me more to help me understand** how you came to this observation, and what you would like to see instead?' "*

*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.*

Statewide Collaborative Education & Practice Among Health Care Professionals

Monday, June 4, 2012, 8:00 AM - 4:00 PM in the Wisconsin Dells. Sponsored by the Wisconsin Center for Nursing, Future of Nursing™ Campaign for Action, Wisconsin Action Coalition, the Wisconsin Nurses Association and the Rural Wisconsin Health Cooperative.

Featured Speaker: Alan Morgan, MPA, Chief Executive Officer–National Rural Health Association.

Nurses, health care leaders, practitioners, educators, researchers, policy makers and students are encouraged to attend.

Register: www.wisconsincenterfornursing.org/

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