

Review & Commentary on Health Policy Issues for a Rural Perspective – April 2nd, 2010

Neither Backwater Nor Lake Wobegone

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

For quite a few years, I have been recording myths about rural health care. I think of myths as something easily proven false but too often assumed to be true. My list started when an urban-based executive told me, with a straight face, “Pay them less, they grow their own vegetables.” But it has been over half a century since most rural Wisconsinites lived on a farm.

I have come to recognize “they grow their own vegetables” as “rural as Lake Wobegone” myth. For my friends who never stray off of Fox News to National Public Radio, Lake Wobegone is Garrison Keillor’s fictional hometown where “all the women are strong, all the men are good looking, and all the children are above average.” Not anywhere I’ve seen.

The opposite of an overly idealized version of rural America is the equally extreme view of “rural as backwater.” Unfortunately I hear a lot more of these myths than the possibly less harmful Wobegone variety. A good example is the myth that Wisconsin patients don’t much like the care they receive in rural community hospitals.

The data supports just the opposite view. The most recent results for a national survey of patient experience of care can be found on Wisconsin Hospital Association web site <www.wicheckpoint.org>. In Wisconsin, 69 percent of rural patients surveyed ranked their hospital high, 4 per cent above the score for ALL hospitals nationally. The same web site shows that both rural and urban hospitals in Wisconsin individually score above and below state averages on a variety of other quality measures.

Another false claim that I still hear too often is that rural hospitals are just “Band-aid stations.” Nothing could be further from the truth. Rural hospitals are the backbone of health care delivery in rural communities, and providers of a broad range of services including: emergency services, comprehensive primary and selected in-patient services, in-patient surgery and day surgery, out-patient and diagnostic services, long term care services and an ever more active role in health promotion.

The source of some attitudes that one part of a state can hold about another often can’t be pinpointed but I don’t believe

they arise from bad intentions. I believe it is more about differences in perspectives that come from knowing a place as home versus passing through. And it’s not just about urban misunderstanding rural. The myths can and do go in both directions. To hear some talk, there is a convention of liberals on every Madison street corner.

RWHC Eye On Health



“No. Around here, I’ve never heard of any rural backwater or Lake Wobegone.”

The bottom line is that when you have seen one rural community, you have seen one rural community and need to be careful about making general statements. There is probably as much diversity among rural communities and health care providers as there is between rural and urban.

But what does the data tell us? It tells me that there are challenges that we need to face in our rural communities. On average, rural Americans are older, poorer, have less education and fewer jobs. All of these conditions contribute to poorer health and drive the need for local health care. We do know that rural providers have been historically underpaid for the work they do. We do know that urban-focused academic centers can do much more than they have to date to prepare the next generation of providers for rural health care. The list goes on.

The data and my own experience tells me that rural health in Wisconsin is dominated by hard working, skilled professionals, who continuously go above and beyond the call of duty. I know that we in rural health are realistic about both our strengths and about the challenges we face. I believe we invented “doing more with less.”

We know our job is to preserve what we have, while continuing to improve and celebrate the hard work and success that defines rural health.

WI County Health Rankings Go National

From a *University of Wisconsin Press Release*, 2/24/10:

Where we live matters to our health. A first-of-its-kind report by the **University of Wisconsin Population Health Institute** in collaboration with the Robert Wood Johnson Foundation highlights this fact. The County Health Rankings, a collection of 50 reports—one per state—ranks all counties within each state on their overall health.

The report, new in 49 states, is well-known in Wisconsin. It was here that the Population Health Institute, which is part of the University of Wis-

consin School of Medicine and Public Health (SMPH), developed the County Health Rankings in 2003 and has ranked counties each year since.

Learn more about the County Health Rankings, and how one rural county is using the data to improve its overall health at:

www.med.wisc.edu/news-events/news/juneau-county-wisconsin-partnership-collaboration-featured-in-health-rankings/26565

The Rankings serve as a call to action and help community leaders identify factors that make residents unhealthy and mobilize communities to develop solutions.

“The Rankings help policy-makers understand that a local jurisdiction's overall health isn't determined only by access to health care and individual health behaviors, but also, crucially, by the overall socioeconomic and physical environment in which people live,” said Bevan K. Baker, commissioner of health, City of Milwaukee Health Department.

The 2010 County Health Rankings rank the overall health of the counties in all 50 states—more than 3,000 total—by using a standard formula. The Rankings show how counties measure up within each state in terms of how healthy people are, how long they live, and how important factors affect their health, such as tobacco use, obesity, access to health care, education, community safety, and air quality.

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 Twitter: <http://twitter.com/RWHC>
Blogs: www.ruraladvocate.org/ www.worh.org/hit/

Email office@rwhc.com with *subscribe* on the Subject line for a free e-subscription.

For the first time, every county in every state across the country will be able to compare the many factors that influence health.

“This report shows us that there are big differences in overall health across counties, due to many factors, ranging from individual behavior to quality of health care, to education and jobs, to access to healthy foods, and to quality of the air,” said Dr. Patrick Remington, associate dean for public health at the UW School of Medicine and Public Health.

The online report of the County Rankings at:

www.countyhealthrankings.org/

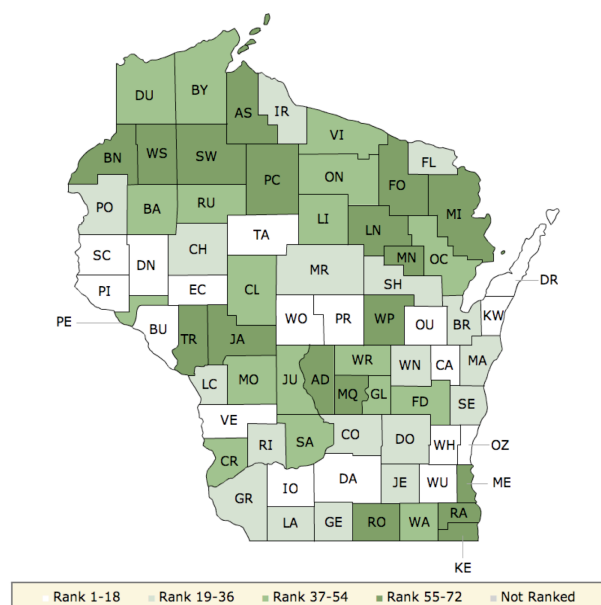
includes a snapshot of each county in each state with a color-coded map (example above; lighter the green, higher the rank) comparing each county's overall health ranking. Researchers used multiple measures to assess the level of overall health or “health outcomes” for each county, including:

- The rate of people dying before age 75
- The percent of people who report being in fair or poor health
- The numbers of days people report being in poor physical and poor mental health
- The rate of low-birthweight infants

The report then looks at a number of factors that affect people's health within four categories:

- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

Among the many factors considered are rates of adult smoking, adult obesity, number of uninsured adults, number of rates of high school graduation and access to healthy foods.



“We need individuals and communities to become healthier, to not need as much health care,” said Tim Size, Rural Wisconsin Health Cooperative executive director. “Grappling with your own county's rankings is a great place to start.”

The Rankings also call attention to the fact that there's more to health than health care.

“The County Health Rankings provide a framework for partnerships between medi-

cine and public health—as well as employers, educators, and community organizations—all with a goal to improve the health of the public,” said Dr. Robert Golden, dean of the UW School of Medicine and Public Health.

Dr. Susan L. Turney, CEO of the Wisconsin Medical Society, says, “As physicians, caring for people is our top priority. By encouraging our patients to quit smoking, eat healthy, exercise regularly and take medications appropriately, we partner with our patients every day to achieve the best possible health outcomes.”

Accountable Care Organizations: Implications for Mental, Physical, and Community Health

Elliott S. Fisher, MD, MPH, Professor of Medicine and Community and Family Medicine at Dartmouth Medical School, spoke on February 25th at the University of Wisconsin School of Medicine and Public Health as part of their Health Innovation Program (HIP) Seminar Series.

A video of his 50 minute presentation is available at <http://videos.med.wisc.edu/event.php?eventid=40>

Dr. Fisher is a nationally recognized health care researcher whose work has had a major impact on current thinking about health care and health care reform. As the Principal Investigator on the Dartmouth Atlas of Health Care, his research has demonstrated that higher spending regions and health systems in the U.S. do not achieve better outcomes or quality. He has served on the National Advisory Council of the Agency for Healthcare Research and Quality (AHRQ) and was recently elected to the Institute of Medicine

"But many factors outside the exam room—things like education, our environment and access to resources—all contribute to good health," she said. "The County Health Rankings provide a valuable tool for physicians and other key stakeholders to pinpoint areas for improvement and develop strategies for achieving healthier communities."

Employers understand the importance of employee health to every aspect of their business success, said Cheryl DeMars, president and CEO of The Alliance, a not-for-profit, employer-owned cooperative that aims to help employers manage health care dollars while positively impacting their employees' health.

"The County Health Rankings help identify areas where improvement can be made that will favorably impact the health and wellbeing of the current and future workforce," DeMars said.

First Juneau County-Now The Nation

From a *Wisconsin State Journal* editorial, 2/19/10:

"It would be a wonderful thing if counties all across the United States responded the same way leaders in Juneau County did four years ago when they found themselves ranked last among the state's 72 counties in a health status evaluation done by the UW School of Medicine and Public Health."

"Sure, folks in Juneau County were disappointed, even angry, about showing up last on a list of 72 counties for an index that considers things such as premature death, dental visits, smoking rates, high school graduation rates and water and air quality."

"But rather than rail on the ratings or the rating system, Juneau County responded to the challenge. Now there's a dental clinic for the poor. There's more prenatal care offered to more women. There's healthy mentoring to children, and there's generally an increased awareness of public health issues."

"Bravo to the doctors, nurses, public health educators and leaders of all stripes in Juneau County for the positive response to the UW medical school's

Population Health Institute rankings. And now, thanks to a grant from the Robert Wood Johnson Foundation, similar county-by-county rankings will be done on a nationwide basis."

"The idea is not to poke fingers or assess blame. 'We consider this a Polaroid snapshot of each county,' said Pat Remington, an associate dean at the UW medical school. And like family snapshots, the pictures can reveal things we don't see on a day-to-day basis."

"Ideally, counties all across the country will take their 'snapshot' from the UW rankings and use it to make positive changes in matters of public health. As for Juneau County? Change takes time, of course, and Juneau hasn't moved from last to first. But Juneau County has climbed the health status ladder—this year the county is ranked 52nd in current health and 66th for factors that predict future health."

"That's not stunning change, but it is progress. More important than the numbers, though, is the community awareness the rankings have created."

Health Care Shouldn't Be Out of Reach

From a *Wisconsin State Journal* editorial, 3/12/10:

"Gaps in rural health care aren't as far away as you think. Imagine this: You and your family are out for a Sunday drive, talking and catching up on the week while heading to a restaurant for breakfast."

"Out of nowhere, another car broadsides yours. A couple of you are seriously hurt. Now imagine having to wait more than four hours to reach a trauma center fully equipped to handle your injuries."

"Thankfully, many of us can't picture this. It seems unlikely through an urban or suburban lens. But such gaps in health care—in critical areas such as emergency treatment, delivering babies and pharmacy services—are a reality for millions of rural Americans."

"On Sunday, reporter David Wahlberg highlighted some of those shortcomings in the first part of a special Wisconsin State Journal project on rural health

care undertaken this year, called “Out of Reach: the rural health care gap.” Joining him in the project is photographer Craig Schreiner.”

“The example of a four-hour delay, which factors in ambulance trips from and back to the trauma center, is not uncommon in Park Falls, a North Woods city some 250 miles northwest of Madison. But there are other serious health-care challenges closer to Madison, in places such as Friendship, Darlington and Boscobel.”

“These areas have committed, qualified health care providers, but they face huge hurdles. And admittedly, there is no single answer for financially strapped hospitals and residents who tend to be older, poorer and less likely to have insurance.”

“Some programs are making a difference, including measures that try to recruit more doctors, promote telemedicine technology and subsidize remote dental clinics. One of the most important strategies has been boosting Medicare payments to ‘critical access’ rural hospitals, of which Wisconsin has 59 – the sixth highest number in the U.S. Rural hospitals want a new tax to help counter a state cut in Medicaid. That deserves consideration but also scrutiny, given these tight times.”

“Wahlberg’s project so far shows there is still much room for creative solutions to bridge the rural health care divide.”

Follow the WSJ Rural Health Report as it unfolds at:

http://host.madison.com/special-section/rural_health/

Health Reform... Tiresome and So Familiar

The following commentary was written for “Eye on Health” by Thomas E. Hoyer, Jr., Federal Center for Medicare and Medicaid Services, retired.

I've long since stopped reading the details of negotiations on the health care bill; even stopped reading the outraged articles about who got paid off with what inclusion or exclusion. It's all so tiresome

National Rural Health Association 33rd Annual Conference—May 19th-21st

Savannah, Georgia

Register online at: www.nrharural.org

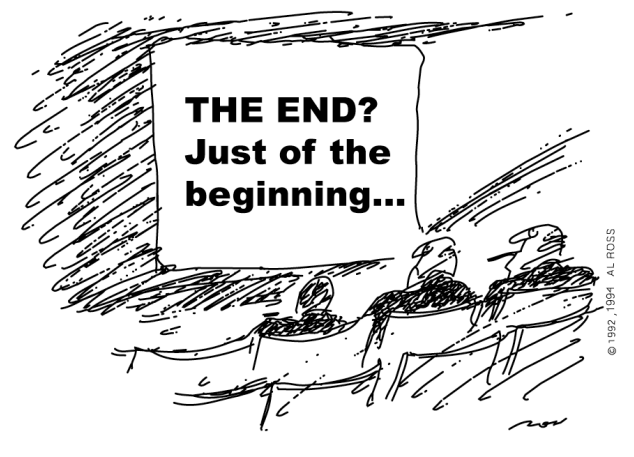
and so familiar. In my long Medicare life, I worked on our Christian Science Sanatorium benefit, a little known benefit enjoyed for decades by twenty odd Christian Science Sanatoria because some senators who were Christian Scientists had votes LBJ needed for Medicare.

I spent years working on hospital cost limits and then prospective payment, not to mention medical review, to deal with the going-in offer: cost payments. I even worked on the RBRVS that finally replaced Medicare's initial offer to pay physicians whatever the "customary charge" was where they practiced. I spent some time working with Medicare's subsidy to medical education, the labor-union based pre-payment plans, and other concessions on the bill.

I worked for more than five years to get nursing home standards in place, and an enforcement system that would really enforce them, to roll back our going in position on “substantial compliance” and our tolerance for eternal plans of correction. More than forty years later, Medicare is lumbering towards maturity, still weighed down by ornaments bestowed by a Congress designed to operate on the competition among interests.

Here's what I know. Getting this bill, like getting to Medicare, will be a process of making concessions in

RWHC Eye On Health



the interests of a majority. **Implementing it and operating the program will be an exercise in inching forward, bit by bit, driven in no small part by the fiscal threats that the implementing concessions embedded in the structure.** This is America; that's how it works. So, I say, bring it on. Let's get started.



RURAL HEALTH CAREERS
WISCONSIN

this situation/person, but I am going to ask that we not go there. That's how I would want (the person being gossiped about) to show respect for me if the shoe was on the other foot," or, 'Let's not do this. It's not helpful, it just feeds the fire; let's talk instead about how to address the situation directly with (the person) to work on a better relationship and trust with them.' "

Work Place Conflict–What If We...

From the RWHC newsletter *Leadership Insights* by Jo Anne Preston, RWHC Workforce & Organizational Development Manager, 3/10:

“CONFLICT–What if we . . .

1. Assumed good intent?–When we react to what someone else does or says, and immediately jump to our own conclusion that they meant to roadblock us or interfere, it's helpful to be aware that we could be WRONG about their intent. *What if we started with the assumption that the intent of their behavior or comment was for the greater good?* It may be so!! One way to learn is to REFLECT (on what you saw, heard or felt) and ASK (for clarification and understanding). EXAMPLE: *'You say that this project won't ever work and I want to understand your point of view...can you walk me through your thinking on this?'* This approach is more effective (and trust building) than either walking away telling others, “they are so negative!” or getting into an argument with them about who is right and just defending your position.”

2. Completely avoided gossip?–It's like eating potato chips; if I just don't even start, it is a lot easier! Once I start, well, you know how that goes. Now there may be a place in an ‘all things in moderation’ lifestyle for potato chips once in a while, but there is never a place for gossip. What feels like ‘venting’ momentarily plants a poison in the relationship, even with the person with whom you are gossiping. They may think, ‘I wonder if he gossips about ME when I'M not around?’ When confronted with juicy comments or questions, some helpful responses might be, *“I know it's tempting to talk about*

3. Kept a supply of olive branches handy?–Extending the handshake, literally or figuratively, that indicates, *‘Let's work this out’* is a well developed talent with people who are skillful at the relationship aspect of work. And let's face it, you can get everything else right but if you don't have the relationships, no one is going to *‘help you row.’* It's important for a leader to be able to say that they were or even may have been wrong, or part of the problem, and ask, *‘can we start again?’* It's just plain stubbornness that often will not allow us to make the first move. Ok, be stubborn, or be effective. Think about what you want in the long run, and the fact that the olive branch can ease the path

To Increase Trust and Strengthen Relationships: “Think of someone you know who does these things well. Observe them, ask them to mentor you as you work on developing these skills.”

for reconciliation and re-building trust. It's an insightful leader who can acknowledge that he or she may be part of the problem. This doesn't mean to pull out the whip on yourself; it just means honest self reflection and openness to the possibility.

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 or 608-644-3261.

RWHC Corporate Partner: ADP

For more information on this featured corporate partner or to inquire about our corporate membership program, visit www.rwhc.com, or contact Dave Johnson: 608.633.3227 or djohnson@rwhc.com.

ADP has been a Corporate Partner of RWHC for the last two years. Specializing in assisting customers with managing the back office functions of HR and payroll administration, ADP has assisted other members in achieving a new level of service to employees while keeping operating costs down. According to www.adp.com, “regardless of the size of your need, ADP offers a full complement of services that can assist you in managing your business processes.”

Automatic Data Processing, Inc. (NASDAQ: ADP), with nearly \$9 billion in revenues and about 570,000 clients, is one of the world's largest providers of business outsourcing solutions. Leveraging 60 years of experience, ADP offers the widest range of HR, payroll, tax and benefits administration solutions from a single source. ADP's easy-to-use solutions for employers provide superior value to companies of all types and sizes. To learn more about ADP services, contact Becky Choroszy 608.985.8656 or becky_choroszy@adp.com.

Southwest Receives Press Ganey Top Award

Press Ganey, a leading healthcare performance improvement company, recognized the hospital for achieving and sustaining inpatient satisfaction measurements above the 95th percentile nationally over three consecutive years. According to Press Ganey, the Summit Award is the most prestigious designation it confers on hospitals, and it is also the most challenging to attain “This is recognition of the remarkable reliability with which our physicians and staff deliver outstanding patient care,” says President and CEO Anne Klawiter. “We are honored that our patients so consistently value the care we provide.”

As other hospitals do, the Health Center measures the satisfaction of its patients through a survey system administered by the Press Ganey organization. Only 32 hospitals out of more than 1,300 nationally have achieved this level of inpatient satisfaction. Klawiter notes the recognition comes on the heels of a *One of America's Most Customer Friendly Hospitals* designation received last year, offering assurance to area residents that they have in their

backyard a hospital that is among the nation's best in customer satisfaction.

“I'm sure our physicians and staff would say it's not about winning awards,” says Klawiter. “It's the rewards of making our patients feel good about their care. But, it's nice that their work is recognized this way.”

From Desperation to Relief

We regularly showcase a RWHC member from the Wisconsin Hospital Associations' annual Community Benefits Report. Wisconsin hospitals provide over \$1.4 billion in community benefits; nearly twice that if you include Medicare shortfalls and bad debt. This month's story is from the Grant Regional Health Center in Lancaster:

“Alice knows the true value of support from her friends... and her local hospital. A year ago, Alice found herself in a situation she could never imagine. She was having major health issues and her friends were urging her to move back to Lancaster and away from an abusive relationship. She feels it was the stress of her relationship with her boyfriend that caused her health to deteriorate. Her biggest fear was the thought of being homeless, so she continued to stay in the relationship. She remembers the day everything changed—she was in a great deal of pain in her stomach and lower back and she just couldn't take it anymore. Her friends from two hours away in Lancaster drove to get her and helped her move back. She was taken to Grant Regional's ER for treatment.”

“Her pain turned out to be a condition diagnosed as ulcerative colitis. Without insurance, she had no way to pay her hospital bill. She shared her concern about her inability to pay for the services she desperately needed with the hospital staff.”

“Alice was relieved to learn that she was eligible for assistance through Grant Regional's Community Responsibility Program, which wrote off her entire ER bill totaling close to \$3,000. The charges resulting from recent hospital visits totaled close to \$2,000 were also written off.”

“Alice feels that this experience marks a new beginning for her. Even now dealing with fibromyalgia and continuing to learn about living with colitis, she knows she is taking better care of herself and is on the right track to improve her overall health and wellbeing. Her health conditions prevent her from working full-time, but she is determined to work as much she can and avoid disability. She is now working four hours a day at a local grocery store bakery and is glad to be back in a community where she received such great support from friends and her local hospital.”



Outside Waihola, New Zealand

Rural Health Travelogue: One Cemetery

This is the first in a RWHC occasional “Rural Health Travelogue” series. As you travel in the rural places of America, or elsewhere, please send us a photo and brief description of what you saw.

“This particular sign was posted on the way into a small town south of Dunedin, on the south island. It was part of a series to get people to slow down on a busy two lane road (almost all the roads on the south island are two lanes only, no shoulder, with one-lane bridges).” Nancy A. Sugden, Director of the Wisconsin AHEC Program

Space Intentionally Left Blank For Mailing