

Review & Commentary on Health Policy Issues for a Rural Perspective – June 1st, 2011

America's Rural Hospitals

The following is from "The Opportunities and Challenges for Rural Hospitals in an Era of Health Reform" as part of the American Hospital Association's Trend Watch series. This 16-page report released in April is an excellent up-to-date source of data and commentary about America's rural hospitals. It can be downloaded at:

www.aha.org/aha/trendwatch/

"Seventy-two million Americans live in rural areas and depend upon the hospital serving their community as an important, and often only, source of care. The nation's nearly 2,000 rural community hospitals frequently serve as an anchor for their region's health-related services, providing the structural and financial backbone for physician practice groups, health clinics and post-acute and long-term care services. In addition, these hospitals often provide essential, related services such as social work and other types of community outreach."

"Rural communities rely on their hospitals as critical components of the region's economic and social fabric. These hospitals are typically the largest or second largest employer in the community, and often stand alone in their ability to offer highly-skilled jobs. For every job in a rural community, between

"As we move forward with health care reform, it will be particularly important in rural areas that providers work together to address the scarcity of resources that they face, and to improve the overall efficiency of care throughout the health care continuum." Gerald Wages, Executive Vice President, North Mississippi Health Services, Inc., Tupelo, MS

RWHC Eye On Health



"For rural hospitals, reform isn't about political or market one-upmanship, it's about survival."

0.32 and 0.77 more jobs are created in the local economy, spurred by the spending of either hospitals or their employees. A strong health care network also adds to the attractiveness of a community as a place to settle, locate a business or retire."

"Rural hospitals provide their patients with the highest quality of care while simultaneously tackling challenges due to their often remote geographic location, small size, limited workforce, and constrained financial resources. Rural hospitals' low-patient volumes make it difficult for these organizations to manage the high fixed costs associated with operating a hospital. This in turn makes them particularly vulnerable to policy and market changes, and to Medicare and Medicaid payment cuts. The recent economic downturn put additional pressure on rural hospitals as they already operate with modest bal-

ance sheets and have more difficulty than larger organizations accessing capital to invest in modern equipment or renovate aged facilities. Compounding these challenges, rural Americans are more likely to be uninsured and to have lower incomes, and they are, on average, older and less healthy than Americans living in metropolitan areas.”

“*The Patient Protection and Affordable Care Act of 2010 (ACA)* begins to address some of the urgent issues facing the nation’s health care system, such as lack of access to health insurance coverage, and includes provisions that recognize rural hospitals’ unique circumstances. However, limited financial and workforce resources present significant ACA implementation challenges for rural hospitals. As more rural Americans gain access to health coverage through Medicaid and the commercial markets, rural hospitals will experience greater patient demand that may strain already limited staff and capital resources. Furthermore, additional accommodations must be made so that rural hospitals can benefit fully from ACA programs, demonstrations and pilots.”

Health Insurance Exchanges & Rural Health

The following is from the white paper “Rural Policy Implications for Health Insurance Exchanges” by the National Advisory Committee on Rural Health and Human Services, 3/11. In 2012, the Committee will focus on the rural implications of key provisions from the Patient Protection and Affordable Care Act through a series of white papers with policy recommendations that will be sent to the Secretary of the U.S. Department of Health and Human Services. The complete white paper and information about the Committee is available at:

www.hrsa.gov/advisorycommittees/rural/

“One of the key foundations for improving insurance coverage in the Patient Protection and Affordable Care Act (ACA) rests on the creation and functionality of Health Insurance Exchanges (HIEs) as outlined in Sections 1301-1304 and 1311-1313 of the legislation. This will be particularly true for rural residents given the traditional challenges they have faced in the

individual and small business market. If implemented effectively, exchanges have the potential to make premiums affordable, increase the bargaining power of the many individual and small group purchasers in rural, increase access to services, and decrease the growing number of uninsured rural residents. The Committee recognizes that many legal and regulatory issues have not yet been addressed; however, these recommendations are intended to highlight policy issues of concern, as well as policy choices it believes would protect and benefit rural America.”

“The potential for the creation of exchanges to drastically increase coverage in rural America is great. **However, without taking into consideration the inherent challenges in rural insurance markets, cultural and broadband barriers, network adequacy and the potential for rural carve outs in drawing geographic rating areas, rural populations may be essentially barred from participation.** The Committee hopes these issues will be addressed in drafting the regulations surrounding the establishment of exchanges so that rural America will be able to take advantage of this new fair, competitive, transparent, and more affordable insurance market.”

Recommendations—“The Committee recommends that the Secretary use the maximum regulatory authority available to encourage early participation in the planning and establishment process.”

“The Committee recommends that States be encouraged and incented to adopt successful models emerging from this process that have demonstrated the ability to provide enrollees with varied choices, while maintaining an easily navigable marketplace.”

“The Committee recommends that the regulations account for differences in broadband access, especially in the individual market.”

“The Committee **recommends that the Secretary adopt standards with respect to provider networks that require insurers to enroll Critical Access Hospitals and other key rural health safety net providers** within a reasonable distance of the individuals they insure such as Sole Community Hospitals, Medicare Dependent Hospitals, Rural Health Clinics and Federally Qualified Health Centers.”

“The Committee **recommends that current Medicare payment levels serve as a floor for payments** by non-public insurers who are required under the ACA to contract with essential community providers but not if those providers do not accept the plan’s ‘generally applicable payment rates.’ ”

Getting Practical About Population Health

Dr. David Kindig’s blog “Improving Population Health” at the University of Wisconsin-Madison has added an “Eye on Population Health” series to “highlight population health improvement efforts with a real-world perspective on people, places, policies, and programs at both local and state levels.” The series will be led by Kirstin Q. Siemering, DrPH, RD who kicks it off with the first post in the series at:

www.improvingpopulationhealth.org/

Population Health Eye on Oklahoma—“Oklahoma is one of the least healthy states in the country. In 2010, it ranked 46 in America’s Health Rankings (AHR), beating out only Nevada (47), Arkansas (48), Louisiana (49), and last place Mississippi (50). Oklahoma has struggled for some time: the state’s age-adjusted mortality rates have been consistently

higher than the national average since 1981. Among Oklahoma’s health challenges, tobacco is arguably one of its most serious. In the 2010 AHR, Oklahoma ranked 49 for smoking prevalence, with only 0.2% separating it from lowest ranked Kentucky.”

“Nationally, smoking prevalence has declined dramatically over the past two decades, from about 30% in 1990 to about 18% in 2010. While many states’ statistics echo this trend, smoking rates in Oklahoma have held relatively steady since the mid 1990s, at about 25%. While these numbers paint a rather grim picture relative to the nation as a whole, Oklahoma’s prevention investments offer hope for a brighter future.”

“Since the 1998 Master Settlement Agreement (MSA), a group of national organizations has reported annually on states’ use of these funds to promote tobacco cessation and prevention. Their most recent report, entitled *A Broken Promise to Our Children: The 1998 State Tobacco Settlement 12 Years Later*, documents a disturbing trend to cut tobacco prevention dollars despite growing tax and settlement revenues. Oklahoma provides a notable exception. Over the past few years, while average state funding for tobacco prevention has declined by 22%, Oklahoma has increased its funding by 52%.”

“This investment is particularly impressive because it comes at a time when states are focused on cost-cutting. In fact, a 2005 case study of six states’ use of Master Settlement Funds revealed a diverse array of allocations beyond health and tobacco prevention, ranging from capital projects to budget shortfalls. North Carolina legislators are considering abolishing two trust funds (the Health and Wellness fund and the Tobacco fund) that receive half of the state’s share of settlement funds.”

“So what did Oklahoma do differently? In 2000, they created the Oklahoma Tobacco Settlement Endowment Trust (TSET) through a constitutional amendment that requires available funds be used exclusively for supporting the health of Oklahomans. Three-fourths of all new MSA funds are preserved in trust, which has grown from \$500,000 in 2003 to \$18.5 million currently. TSET has adopted a broad and expanding health portfolio that includes but is not limited to comprehensive tobacco prevention. Nearly \$5 million

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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has been allocated to the new ‘Shape Your Future’ campaign, which aims to reduce preventable deaths through social marketing, policy development and enforcement, and a focus on child health. TSET has recently increased its reach to community-based nutrition and fitness initiatives, and this month will award about \$10 million to 10 programs across the state.”

“The 2010-2014 Oklahoma Health Improvement Plan acknowledges the enormity of the challenge in the document’s first line: ‘Oklahoma ranks near the bottom in multiple key health status indicators.’ But this is not a state that has accepted the status quo. We hope Oklahoma’s strategic and democratic coup that created TSET and protected the MSA funding will result in the implementation of evidence-based programs and policies that will address many of Oklahoma’s health challenges and serve as a population health improvement model for other places.”

Health Policy: Evidence & Dialogue Matter

From the web site “Evidence-Based Health Policy Project (EBHPP): Research. Analysis. Education. Dialogue.” at <http://uwphi.pophealth.wisc.edu>

“The UW School of Medicine & Public Health’s Population Health Institute and the La Follette School of Public Affairs, in partnership with the Wisconsin Legislative Council, have joined together under the school’s stated intent to accelerate the public health transformational processes and expedite programmatic development across sectors.”

“The EBHPP connects lawmakers’ researchers, and others in the public and private sector to advance Wisconsin’s health through two goals:

- Provide policymakers, in both the public and private sectors, with timely, non-partisan, high-quality information for evidence-based decision-making.
- Increase the involvement of UW faculty research and teaching activities in topical issues of state public policy.”

“The project includes four methods by which to provide public and private sector policy makers with timely, non-partisan, high quality information for evidence-based decision-making:

- Issue-specific invitation-based forums for off-the-record safe harbor dialogue;
- Speaker/Panel Symposiums;
- Just-in-Time topic briefings of legislative committees; and
- Methods exchange meetings between policy makers and researchers.”

Core Principles

“The EBHPP is based on the premise that, in order to make research more applicable to real world circumstances, researchers need to interact with persons who are involved with the provision and funding of health programs and services. This will promote work that is more relevant, timely, and presented in formats that are useful for policy and practice.”

- “Honest broker: Scientifically and intellectually rigorous research, analysis and education.”
- “Balanced, nonpartisan, accessible information: Analysis of the full range of policy options.”
- “Safe harbor: Neutral venues that promote candor and honest exchange, with off-the-record dialogue.”

Partnership and Participants

- “Bridges medicine and health policy, research and practice, health science with other elements of the UW campus, and positions UW to link in a meaningful way in service to government and the Wisconsin Legislature.”
- “Draws on the leadership and talent of academic, government, and industry experts, who review and consider the available evidence and then discuss the merits of various policy alternatives within a non-partisan safe harbor.”

- “Stimulates dialogue and familiarity among persons from differing arenas who might not have otherwise have crossed paths; they then have opportunity to consider promising arenas for collaborative research and/or advancement of public policy.”

- “Public sector participants in the program include members of the Wisconsin State Legislature, high-ranking officials of state agencies, members of the Governor's staff, and academics. From the private sector, this project engages industry executives, physicians, hospitals, insurers, and advocates.”

RWHC Eye On Health



“You probably hit the sweet spot when you take heat for being both too negative and too positive.”

for feature picture stories at last month's Wisconsin News Photographers Association Pictures of the Year contest and best photo essay or series by the Milwaukee Press Club.”

“The Society of Professional Journalists (SPJ) judges chose the winners from over 1,400 entries in categories covering print, radio, television and online. The awards recognize outstanding work published or broadcast in 2010.”

“Dating back to 1932, the awards originally honored six

individuals for contributions to journalism. The current program began in 1939, when the Society granted the first Distinguished Service Awards. The honors later became the Sigma Delta Chi Awards.”

“Founded in 1909 as Sigma Delta Chi, SPJ promotes the free flow of information vital to a well-informed citizenry; works to inspire and educate the next generation of journalists; and protects First Amendment guarantees of freedom of speech and press.”

WI Rural Health Series Receives Top Award

From the Wisconsin State Journal and Sigma Delta Chi websites on 5/11/11:

“The *Wisconsin State Journal* series ‘Out of reach: The rural health care gap’ won a first place award in the national Society for Professional Journalists’ Sigma Delta Chi Awards. Reporter David Wahlberg won for non-deadline reporting among papers with a daily circulation of 50,000 to 100,000.”

“Wahlberg also received an honorable mention last month in the community newspapers division of the Association of Health Care Journalists’ Awards for Excellence in Health Care Journalism. The series has also garnered awards from the Wisconsin Newspaper Association, the Milwaukee Press Club, the Wisconsin Dental Association and the Wisconsin Public Health Association.”

“Available at go.madison.com/ruralhealth, the series features photography and video by Craig Schreiner. His work on the project took top honors

Leading with Heart

The following is from the January Issue of RWHC’s Leadership Insights newsletter by Jo Anne Preston. Back issues are available at:

www.rwhc.com/News/RWHCLeadershipNewsletter.aspx

“At a recent workshop I taught on ‘Performance Reviews,’ a participant encouraged his fellow leaders to be courageous in delivering the ‘hard to deliver’ news. He openly shared his experience of hearing a tough message about his own performance in the past. Because *his manager shared his concerns openly and honestly*, it urged him to go back to school and to work on his self-development. He admitted it was tough to hear, but as a result, he achieved things he may not have been nudged to attempt had his manager

worried more about hurting his feelings and held back from giving him honest feedback.”

“I know many managers lay awake at night and worry about giving constructive feedback, worrying that the recipient will be hurt, defensive or angry. As a leader, it helps to find a way to transform that worrying (an energy waster) to this ‘leading with heart’ statement: *‘I want so much for you to be successful that I will be honest with you when I see you doing things that get in your own way or if I have ideas that can help you grow.’* A few things that might help you make this transformation:

Be intentional. Specifically, make up your mind that you are entering into these coaching or review sessions with the *purpose* of your employee’s success. You can even tell your employee that in all that you discuss with them your intent is to help them be successful and that is something you both want.

Remember that **tears are not fatal**. Worrying that someone will cry is no reason to hold back information that will ultimately help them. When you approach them in a caring and honest way, you can’t guarantee it won’t hurt a little. But we grow when we feel that tension, not when things are completely comfortable.

Work only as hard as your employee works (on their success). I learned this from a therapist I once supervised who said he only worked as hard as his patients did on their problems. If they gave it 100%, so did he. If they gave it 50%, so did he. When your heart is in it more than theirs it can lead to you feeling frustrated and resentful. At the end of the day, we each are responsible to make something of our life and no one can do it for us.

Think of giving feedback as **holding up a mirror**. For example, say you need to tell someone that their habit of heavy sighing and mumbling under their breath while they work is having an effect on the team. *Say what you see* (the sighing and mumbling) rather than stating what you think is the reason or conclusion (that they are negative or have a bad atti-

RWHC SOCIAL NETWORKING RESOURCES

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Blog: Rural Health Advocate: www.ruraladvocate.org/
Blog: Rural Health IT: www.worh.org/hit/

tude—both of which are judgments that can be argued). Sometimes people really are unaware of these kinds of behaviors. Other times they know they do the behaviors but they don’t realize the impact it has on others.

It’s ok to be tender hearted. That doesn’t mean you can’t become skilled at giving constructive feedback. It probably shouldn’t ever be so easy to deliver tough news that we don’t stop to consider how it will feel hearing it. Leading with heart means that sometimes your heart may feel a little heavy—but that is not a permanent condition (thank goodness). It also means that you might want to...

Practice your delivery of the difficult feedback with a peer or your own manager. It is likely that they are having—or have had—the same scenario. Support each other in holding these conversations so that you can build confidence and skill.”

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 QI Program Nationally Certified

RWHC’s Quality Indicators Program has just become one of the first in the nation certified as an EHR Module for Stage One Meaningful Use (MU). For more information is available at:

www.rwhc.com/Services/QualityPrograms.aspx

Participating in the Centers for Medicare & Medicaid Services Electronic Health Record (EHR) Incentive Program requires reporting performance data on 15 clinical quality measures (Stroke, VTE, and ED Throughput). Hospitals, regardless of EHR systems or level of implementation can use RWHC’s

Quality Indicators Program to meet this very important piece of the puzzle.

RWHC's MU v11.1 has received EHR modular certification deeming our software capable of enabling hospitals to meet the Stage 1 Meaningful Use requirements to qualify for funding under the American Recovery and Reinvestment Act (ARRA). Tested and certified under the Drummond Group's Electronic Health Records Office on the National Coordinator Authorized Testing and Certification Body (ONC-ATCB) program, the EHR software is 2011/2012 compliant in accordance with the criteria adopted by the Secretary of Health and Human Services.

RWHC has developed automation tools to allow demographic and clinical data from many EHR systems to integrate into our database. Hospitals using this import are maximizing staff time, efficiency, and data accuracy. By partnering our Core Measures service with our Meaningful Use solution, we offer a state of the art product at a competitive price. Let us maximize your incentive dollars by building a total quality reporting package, tailored to your unique needs.

For more information contact Beth Dibbert at bdibbert@rwhc.com, or 1-800-225-2531.

RWHC 2011 Nurse Excellence Awardees

RWHC is proud to announce the recipients of the 2011 Nurse Excellence Awards. Vicki Coffey from Monroe Clinic 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 stand-

ards 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."

The Nurse Excellence Awards recognize high quality nursing practices 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.

Stoughton Free Clinic Offers Holistic Care

The Wisconsin Hospital Association (WHA) annual survey shows in 2010 that state hospitals provided nearly \$1.18 billion in community benefits and more than 735 patients per day received their hospital care free of charge. The Association's excellent website, www.wiServePoint.org is designed to familiarize the

user with the services, programs and assistance that hospitals offer at or below cost. One story is “Free clinic offers holistic care” from Stoughton Hospital:

“Rather than a typical 15-minute medical appointment, those who utilize the free Shalom Holistic Health Clinic can expect to spend a couple of hours with care providers. Founders of the free clinic in Stoughton did not want to offer a ‘quick fix’ but rather a holistic or whole person approach to providing health care—including services for the body, mind and soul.”

“This holistic approach is uncommon in clinics that provide care to the uninsured. ‘Often when we think of health, we get too stuck on disease,’ says Dorothy Petersen, a registered nurse at Stoughton Hospital who was a driving force behind founding the clinic. ‘We pretty much deal with the physical component and a lot of the rest is lost. We forget the other components of health—the emotional, social, and spiritual components.’ As such, the clinic is staffed not only by the typical volunteer physician and nurse, but also a mental health provider or counselor and a clergy member.”

“The Shalom Clinic grew out of the START program—or Stoughton Area Resource Team—based at the United Methodist Church since 1999. Over the years, START expanded into an interfaith organization involving many Stoughton churches and other civic organizations. Organizers continually raise funds to support the free clinic—primarily from local churches, community organizations, and individual donations. However, fundraising is an ongoing challenge.”

“Skaalen Retirement Services, the adjacent nursing home that owns the house in which the clinic is located, offered use of the building. The local McGlynn Pharmacy and Stoughton Hospital provides discounts to clinic patients for medications and services such as lab tests and X-rays.”

“ ‘Shalom,’ a Hebrew word that means peace and well-being, speaks to what the clinic hopes to provide. ‘If you don’t treat the whole person, you can give them all the drugs in the world but you’re really not fixing the problem,’ says Brenda Dottl, a registered nurse at Stoughton Hospital who’s on the clinic’s board. ‘We want to go beyond the Band-Aid to treat the real cause and improve people’s lives.’ ”

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