

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

Health Ain't a Solo Act

From the blog post “Movin’ Down the Road to Health” by Julie Willems Van Dijk, RN, PhD at www.improvingpopulationhealth.org/:

“On April 3rd you received your annual check-up of your community’s health—the 2012 *County Health Rankings*. You’ve had a chance to review what’s going well for your community and where you are lagging behind others. But now what? What can you do to make your community a healthier place?”

“Since the inaugural release of the *County Health Rankings* in 2010, hundreds of people have contacted us to ask these questions and we’ve directed them to our Take Action cycle. It’s a simple and straightforward process. Work with other key partners, because we know solving issues like poor high school graduation rates, unemployment, excessive drinking, unhealthy air, or inadequate health care require the wisdom and resources of people from all walks of life. Gather information. Set priorities.

Find the most effective approaches to address your priorities and then just do it!”

“One day, I was talking with a concerned citizen who wanted to lead an effort to improve health in his lowest ranking county. We turned to a commonly referenced guide and when he saw it was 170 pages long, he decided this process was far too overwhelming to pursue. Like so many simple and straightforward processes, it can be challenging to know where to start and how to

keep going when you get stuck. To help you overcome these obstacles, we’ve created the *Roadmaps to Health Action Center*—tools and consultation to guide you along the journey toward better health for your neighborhood, town, or county.”

What will I find in the Action Center? “For each of the six steps in the cycle—Work Together, Assess Needs & Resources, Focus on What’s Important, Choose Effective Policies & Programs, Act on What’s Important, and Evaluate Actions—you will find key activities and tools. By answering a short list of Getting Started questions, you

will be guided to activities and tools that are matched with your community’s current progress and needs.”

“The Action Center includes resources for those who are thinking about taking action, those who may have just started working together, and those who have some momentum but are looking for ways to enhance their efforts.”



The Rankings & Roadmaps Team Can Assist
www.countyhealthrankings.org/roadmaps/action-center

Web tools are great, but what if I have questions?

“Throughout the site, you will find road signs offering assistance from our team. We know it helps to have someone to consult with who can help you plan your next steps, trouble shoot when you get stuck, and motivate you when you lose energy. Our consultation can be delivered via email or telephone—whichever works best for you.”

How can we learn from other communities? “A new

Take Action webinar series will explore practical ways to implement the cycle with your community members. Each month a different step in the Take Action cycle will be explored. The webinars will include community members from around the nation sharing their stories about what worked well and what didn’t and follow up discussion webinars where participants can share their own lessons learned and challenges with each other.”

Aren’t there lots of websites devoted to health? Why another?

“Yes. The *Roadmaps to Health* Action Center will link you with excellent tools from many different organizations. Our goal is to organize these tools in a way that makes your community’s journey to health improvement a simple and straightforward path, accessible to all.”

“Whether your community is ready for small steps or giant leaps, we are here to support you as you move down the road to health. Visit our web site to work together to build a healthier nation, county by county.”

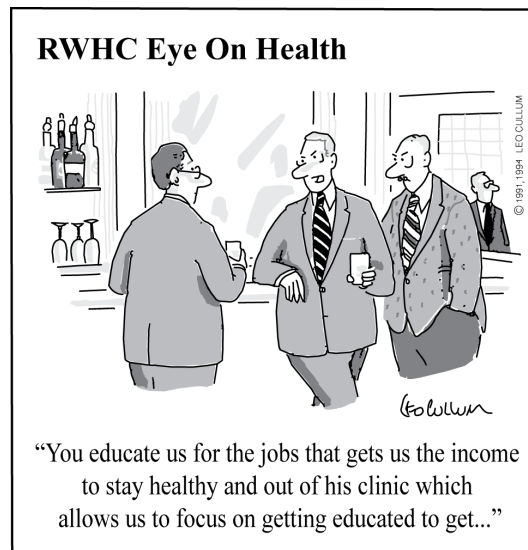
Julie Willems Van Dijk, RN, PhD, is the deputy director of the County Health Roadmaps project at the University of Wisconsin Population Health Institute.

A Rural Look at Health Rankings

Wisconsin’s 2012 County Health Rankings, like in most states, highlights a rural/urban disparity.

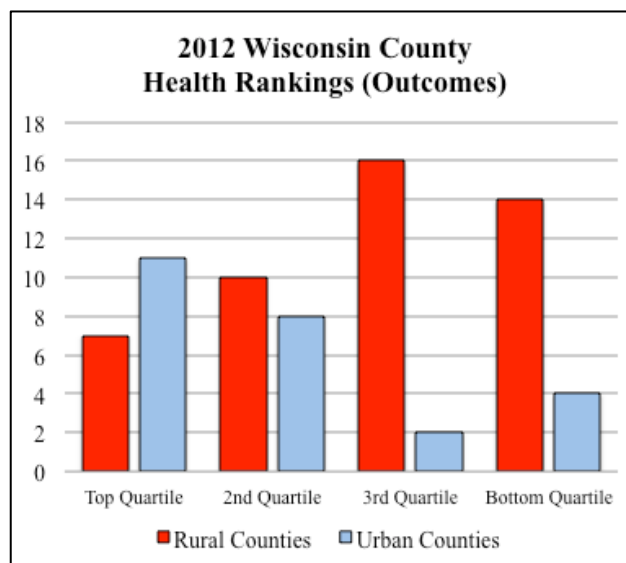
The chart below represents the geographic distribution of the measured outcomes from data available at:

www.countyhealthrankings.org/app/wisconsin/2012



As last year, only 17 (36%) of rural Wisconsin counties were in the top half of the outcome rankings while 30 (64%) were in the bottom half. The corresponding figures for urban Wisconsin counties were that 19 (76%) of urban counties were in the top half and 6 (24%) of urban counties were in the bottom half.

This should not be seen as a failure of those of us working in rural health. The distribution of the counties based on the factors that drive health (health behaviors, clinical care, social & economic factors and the physical environment) is nearly the same. This data is a red flag pointing to the challenges in rural health and the need to “Take Action” using the resources available through the above website.



While by definition, there are more population in urban counties, a geographic analysis matters for those who believe in the value of community and the power of place.


It is the basis for rural advocates to continue to make a claim for action and equitable funding with and from private, state and federal organizations and programs that focus on the underlying determinants of health.





Help him fight measles with the most powerful defense.

Vaccines. Defend him against 14 serious childhood diseases, like measles and whooping cough, with the safe, proven protection of vaccines. Giving him the recommended immunizations by age two is the best way to protect him. For more reasons to vaccinate, talk to your child's doctor or go to <http://www.cdc.gov/vaccines> or call 1-800-CDC-INFO.

Immunization. Power to Protect.

 U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention

 AMERICAN ACADEMY OF FAMILY PHYSICIANS
 STRONG MEDICINE FOR AMERICA

 American Academy of Pediatrics
 COMMITMENT TO THE HEALTH OF ALL CHILDREN

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

**The Southern Wisconsin
 Immunization Consortium
 (SWIC) will host a kickoff
 meeting April 24th at the Iowa
 County Health Department in
 Dodgeville.**

Come at 5:30 pm for dinner and networking. The meeting will begin at 6:30 pm and Dr. Paul Hunter, from the Department of Family Medicine at the University of Wisconsin School of Medicine and Public Health will be speaking on "Personal Conviction Waivers" at 7:00 pm.

Register at no charge by sending an email to:

SWICOffice@rwhc.com

To learn more about SWIC and what you and your community can do to increase rural immunization rates go to

www.rwhc.com/SWIC.aspx

For more information about National Infant Immunization Week:

www.cdc.gov/vaccines/events/niiw/

Demand for Primary Care GME On Way Up

From the American Academy of Family Practice's "2012 Match Summary and Analysis" at www.aafp.org/ :

"Preliminary information available from the 2012 National Resident Matching Program (NRMP) indicates that for family medicine residency programs 2,611 positions filled out of 2,764 positions offered (94.5%). This represents an increase in the number of family medicine residency positions offered and filled through the NRMP over 2011. [Included in this category are family medicine-psychiatry, family medicine-emergency medicine, family medicine-preventive medicine and family medicine-internal medicine programs.] Thirty-five more positions (1.3%) were filled in 2012 compared with 2011."

"In this year's NRMP Match, 2,611 individuals chose to become family physicians. These are individuals who have chosen to provide care to children and adults, women and men, throughout the continuum of the life cycle. They will provide care in rural and urban settings. These future family physicians will provide a personal medical home for their patients, reflecting one-quarter of the visits to all physicians in the U.S."

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.

Tim Size, RWHC Executive Director & EOH Editor
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Blogs: www.ruraladvocate.org/ www.worh.org/hit/

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

"Increasing student interest in family medicine is the 'pipeline' to creating and sustaining the family physician workforce of the future. In September 2008, the AAFP Board of Directors reviewed a comprehensive student interest initiative plan and approved an enhanced student interest project. The Board approved and funded four regional Stakeholder Collaboration Workshops which were conducted in 2010-2011. The Workshops brought together all of the stakeholders in family medicine workforce development: students, residents, residency directors, medical school faculty, state chapters, Area Health Education Centers (AHECs), Family Medicine department chairs, practicing physicians, premedical advisors and Family Medicine Interest Group (FMIG) faculty advisors. The goals were to improve communication among the different stakeholders, and to develop infrastructure that will facilitate continued local collaboration around student interest."

"The Society of Teachers of Family Medicine (STFM), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), the North American Primary Care Group (NAPCRG), and the AAFP Foundation join the AAFP in continuing efforts to communicate the message of family medicine to medical students. The family medicine organizations also continue student interest efforts in four defined evidence-based areas of focus: 1) identification and preparation of inspiring and competent family physician mentors and role models, 2) focus on medical school admission characteristics of students likely to choose family medicine, which includes identifying and inspiring the pipeline for future medical students, 3) effective communication about the image of family medicine to medical students and to the broader community, and 4) effective education of medical students about the family medicine model of care."

"A strong family medicine workforce is dependent on at least three factors: recruitment of students to the specialty, comprehensive training of family medicine residents to provide patient-centered care within the framework of a medical home, and support for practicing family doctors who provide the kind of care that the nation says it wants and needs."

"The challenge is to clearly communicate with policymakers, educators, medical students, and the public that a well-trained, adequately equipped, and equitably distributed family physician workforce is the key to health care in the United States."

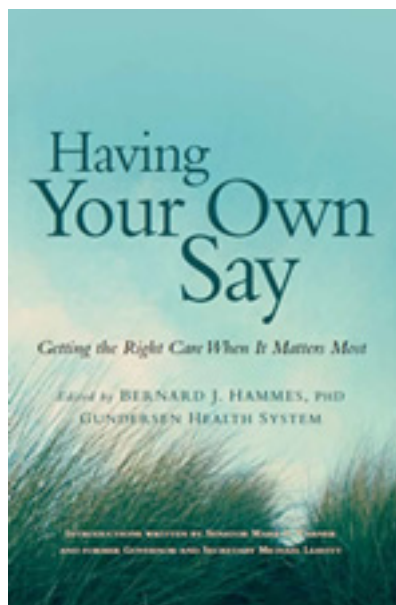
Beyond the Lie of the So Called Death Panels

From the 3/19 press release: "Gundersen Health System Book Highlights Need For New Model of Advanced Care—*Having Your Own Say* shows how proven models give people the care they want."

" 'As the original provider of patient-centered, palliative care, hospice providers have found that high-quality care—delivered in all settings—begins with a conversation with the patient and their loved ones. This collection of articles demonstrates the essential character of knowing and then honoring the goals and desires of the patient as we provide interdisciplinary care that treats the whole person and not just the illness.'—Don Schumacher, president, National Hospice and Palliative Care Organization."

"The book highlights innovative, proven models of person-centered care from around the United States and Australia that empower people with advanced illness to receive the quality care they want, with greater patient and family satisfaction and, while not the goal, lower costs."

" 'Getting the care we wish to receive that fits within our individual goals and values is what every American wants when faced with an advanced illness, such as cancer, Alzheimer's disease or heart disease. Our new book shows how this can be done in diverse regions of the United States and other parts of the world,' says Bernard Hammes, Ph.D, editor of *Having Your Own Say* and director of Medical Humanities and Re-



specting Choices® at Gundersen Health System."

"When hospitals and healthcare systems adopt the models described in the book, patients receive better, more compassionate care that is consistent with their wishes. Too often, people with advanced illness are not made aware of all of their options."

" 'The ultimate aim of the healthcare models highlighted in the book is making sure patients receive the treatment they want based on truly informed decisions and avoiding over- or under-treatment. It's about quality of living as defined by each individual and, for families, it's about making sure their loved ones' wishes are known and followed. The cost savings that have been noted in places where effective planning has been implemented are an unintended benefit,' Dr. Hammes comments."

"Estimating national savings from these models is challenging. However, research shows that if proven advanced care interventions were provided to the 5 percent of the U.S. population that currently accounts for 50 percent of all healthcare costs, about \$25 billion could be saved."

"Having Your Own Say is a collaborative effort between Gundersen and healthcare groups including Aetna, Amedisys, Sutter Health, Honoring Choices Minnesota, Respecting Patient Choices in Australia and more."

Having Your Own Say may be purchased at:

www.havingyourownsay.org

RWHC Eye On Health



"You're not saying what I don't know you know because if I knew you knew, I'd be worried?"

First Annual Wipfli-RWHC Cost Champions

The purpose of the Wipfli-RWHC Cost Champions Awards, which were established this year, is to encourage and share implemented cost saving ideas suggested by a team or individual employed by a RWHC-member rural hospital. A first-place award of \$1,500 and two honorable mention awards of \$500 each are made possible by the generous support of Wipfli LLP. Wipfli is helping rural hospitals to more effectively understand and manage process costs through the use of tools such as *Express View*® cost modeling and *Qlikview* business intelligence capabilities. This year's award winners are as follows:

First Place: CRNAs at Reedsburg Area Medical Center for "Reductions in Anesthesia Gas Use & Flow Rates." CRNAs in the department began monitoring the flow rate for the inhalational agents used in the surgical setting and adjusted them during surgical cases to minimize waste. By implementing low-flow anesthesia, they were able to cut usage by one-third. During the maintenance phase of anesthesia of a surgical case, they were able to cut the flow rate in half with no impact on patient care.

Honorable Mention: Kelli McKee, Medical Transcriptionist, and April Laufenberg, MLS (ASCP), Medical Laboratory Scientist, at Prairie du Chien Hospital for "Elimination of Unnecessary Paper Reports." A project team, "Stop Feeding the Shredder," formed as part of a Lean Leader training series, documented and reviewed current process flow in the laboratory and worked to eliminate processes and printing that did not add value.

Honorable Mention: Monica Fry, RHIT, Director, Health Information Management, and Jerry Cooper, Director, IT Services, at The Richland Hospital for "Reduction in Cost of Digital Record Keeping." Records previously stored on an off-site hosted document imaging system are now being downloaded to onsite storage at the hospital where they will remain retrievable and require no physical storage space at a much lower cost.

By January 31st, RWHC member CEOs are invited to make one nomination of a hospital team or an individual employee's cost saving idea implemented in the prior calendar year.

RWHC Service to Non-Members

Are you taking the pulse of your Patient's satisfaction?—If your Hospital is exploring options for participation in HCAHPS reporting, it is important to consider all of the issues when choosing a vendor. RWHC is owned and operated by 35 rural Med/Surgical hospitals in Wisconsin, so we understand how rolling out a new program can be a challenge, and we make every effort to ensure the transition is as worry free as possible.

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 HCAHPS and QI services are designed with you in mind! Contact us to learn more about our HCAHPS, Outpatient, ED, or other satisfaction surveys.

- Upload files at your convenience (daily, weekly, or monthly)
- All functions occur on a secure website; no software to purchase or maintain
- Surveys are mailed daily, so you don't have to wait for your information
- No hidden fees for technical assistance, education, reports or follow-up mailings

Reports are updated daily and available online, 24/7 including; benchmarks, trending data, response rate, and more

Before making a choice about which vendor you will utilize, make sure you understand how the vendor will support you during this process. RWHC has highly trained expert staff ready to provide the highest level of customer service available! Give us a call so we can help you get started today!

For HCAHPS & Patient Satisfaction, contact Mary Jon Hauge at 800-225-2531.

Who's Next?

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

“Succession planning is a hot topic in management, especially with a swell of baby boomers approaching retirement in the next few years. *Who is going to be ready to do our work when we retire?* There is risk to an organization when a wealth of expertise and knowledge leaves in the form of a long time leader. Recruitment for a ready replacement is challenging, and for all the advantages of ‘fresh eyes’ in a new hire, it is often far from the smooth transition it could have been had some planning taken place.”

“Generational differences can be barriers, if you are thinking, *‘Hey I had to figure it out on my own to get where I did, they will too.’* That view is not going to be in the best interest of your generation X or Y replacement. Or, we procrastinate and suddenly we regret we *‘didn’t quite get around to mentoring anyone!’* ”

“If you can identify someone you want to groom, here are some simple approaches:

1. When you discuss delegated assignments, set up some **regular debriefing** questions, such as:
 - a. What did you learn about yourself?
 - b. What did you observe about teamwork? Did teamwork apply in this situation?
 - c. In the future, what might you do differently?
 - d. What did you communicate well in this assignment? How could you improve your communication?
 - e. Is there anyone you need to thank?
2. Ask them to **come to your meetings with 2 questions**. This gets them thinking in advance, and the level of their questions also helps you gauge what they know and what they don't know.
3. Take them to a professional **conference** with you. It provides an opportunity for them to learn and net-

work with the people who would be peers in a new role. If budgets are a hindrance, call the conference coordinators and ask if you can bring someone you are mentoring at a reduced or student rate.

4. **Set the stage for feedback:** *‘I am going to be giving you feedback as we go along. I’ll tell you when you do a great job, and I’ll also be sharing feedback where I see opportunities for correction or growth. I will do this so that you can grow and to help you. Know that your best interests are my goal in sharing this feedback.’* The great thing about this set up is that when you do have to give the tough feedback, it can take the sting out of it.

5. **Be willing to let go.** One of the reasons we don't get this done is that we struggle to give up control. We know we could do something quicker and probably better ourselves than to allow someone else to have a learning experience. It takes patience, and the payoff is not immediate, but it *is* there for the organization (and for you if you get charged up about seeing people grow).”

“If there is no one in the ‘wings’ that you can mentor, there are still some things you can do. **Thinking ahead...**

1. Make a list of the top ten **risks to your organization** if you were to suddenly leave with no one to fill your place for an indefinite period of time. This will help your organization prepare for worst case scenarios until a replacement is up to speed.
2. What kinds of **qualities** will be important in the person doing your job **in the coming years**? These may or may not be the same qualities you bring.
3. List the **critical partnerships** that need to be in place for someone in your role to be successful. If you can't prepare a potential replacement, how could you prepare any of those partners to be ready to work with someone new in your role?
4. **Seek out an intern.** The path of ‘intern to employee’ can be a win-win and people who are actively learning can reinvigorate you!”

“Key bottom line: **START EARLY**. This makes the transition as smooth as possible and helps to ensure we all benefit from a qualified future workforce.”

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.

Prairie du Chien Hospital’s Helping Hand

The Wisconsin Hospital Association (WHA) annually surveys its member hospitals and asks them to describe and quantify the programs, services and activities that they provide at or below cost, solely because those programs fulfill a health need in the community. Wisconsin hospitals typically provide over a billion dollars in community benefits; the 2011 Report is available at www.wha.org/communityBenefits.aspx. The following is one of many stories from the report:

“When a woman in her mid-forties survived a life-altering heart event, but didn’t have the means to pay for the rehabilitation and care she needed, Prairie du Chien Memorial Hospital’s Charity Care program was a second chance at life. Having no insurance and enduring what seemed be a long chain of hardships, the possibility of obtaining free care almost seemed too good to be true for this woman.”

“Prairie du Chien Memorial Hospital provided health care services, dietary counseling and 20 cardiac rehabilitation sessions totaling more than \$20,000, at no cost to this patient. The woman desperately wanted to get back to a healthy lifestyle and return to her job to get back on her feet financially. Charity Care allowed her to recover without the stress of the medical bills, which would have compounded the strain on her finances.”

“The woman was able to return to work and was so grateful for the assistance she was given. She was especially appreciative to the providers at Prairie du Chien Memorial Hospital whose foremost concern was her health and encouraged her to apply for the program.”

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