

Does Healthcare Reform Affect Rural Health?

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

We appear to be about to make another run at health-care reform. Rural health is at risk with healthcare reform. It is at risk without it. Rural does not drive this train, but we have a voice that must be heard.

Health care in America is neither fair nor can it continue to work just as we have known it. We must continue to make it better. Whether the reform is in small pieces over time or all at once like the birth of Medicare, every approach includes tradeoffs. Different ways, including doing nothing, will affect key interests and goals differently. These goals help and compete with each other, whether they address cost, the uninsured, quality, fairness, benefits, choice or making communities healthy.

Competing proposals will look better or worse depending on your own values and self-interest. But beware of reformers that promise to do it all. It is not much different than those endless emails offering you a deal too good to believe.

Those of us who care about rural health have the same diversity of opinion about healthcare reform as the whole country does. But we must stand united on those issues that hit hard our rural communities, whether or not they are on anyone's reform agenda. These issues include:

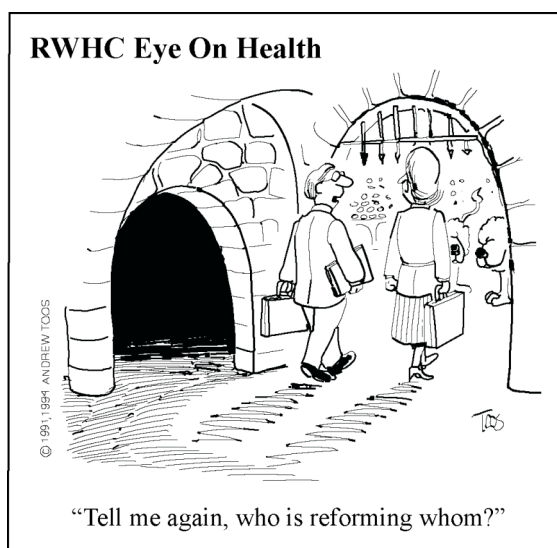
- Access to care within the local community?
- Medicare's bias against rural providers?
- Growing workforce shortage hitting rural hardest?
- National quality agenda that ignores rural issues?
- Rural opportunity to model healthy communities?

Rural health's many successes are a testament to the endurance and creativity of rural communities. Reform needs to build on that strength, not weaken it.

Rural health provides care to smaller communities at some distance from larger urban hospitals and clinics. We do so even as patients are attracted or forced out of town. We struggle with the power of huge public and private health care insurers. Federal "anti-trust" laws were written to protect communities against powerful monopolies. Now they seem to help for-profit giants over communities by limiting our ability to cooperate with each other.

Laws have long required insurers to respect the right of people to receive health care locally. These laws will continue to be stretched and tested. Congress is likely to continue its experiment to offer Medicare through for-profit insurers known as Medicare Advantage plans or Medicare HMOs. Protecting access to local care must be a high rural priority.

CMS is the agency that runs Medicare. It has recently begun to actively oppose rural hospitals and clinics that are required to be paid their reasonable costs. CMS is forcing rural hospitals to update older buildings while at the same time stopping them from rebuilding, even in their own parking lots. CMS is stopping many rural hospitals from offering new services except at the hospital. CMS is blocking



new rural health clinics by not allowing the States to do the required inspection. We don't have the luxury of remaining silent.

The soon to explode retirement of baby boomers will lead to a critical shortage of workers. Our current approach to growing the next generation of doctors, nurses, pharmacists and therapists makes Katrina look well handled. Think Keystone Cops. We don't know where we need to go or how to get there but we look sincere and very busy. Many rural communities already face staff shortages. But when it starts raining in the suburbs, expect a tsunami "outstate."

We must get better at including patients in their own care. Rural providers must respond to demands to "show me the numbers" about their quality and prices. We must be sure that rural relevant measures are developed and used. If information is not provided, people will assume something is being hidden. We must then actively participate in cooperative initiatives designed to drive improvement in our performance, rural and urban alike.

There is an urgent need for agreement about what we measure. Testosterone fueled battles for whose organization has the most expertise must stop. We simply do not have the resources to waste addressing multiple versions of similar demands.

Reform is about people getting the care they need at a cost our country can afford. Equally important, reform must help individuals and communities to become healthier, to not need as much health care. If the growing need for care is not reduced, costs will explode, whatever the reform.

Unlike Lake Wobegon, two out of every three counties in rural Wisconsin are less healthy than average. This is not because of poor rural health care. It is due to too much smoking, drinking and eating. It is due to too little exercise, education, jobs and income. Reform without the bigger picture will fail.

Healthcare reform must address factors unique to the rural context. And at the very least, it must lay down a road map to make our communities healthy.