



The Natural Synergy Between Advocacy & Shared Services

Tim Size, updated 2/23/11 from original dated 2/20/04

RWHC Vision (Future we want):

Rural Wisconsin communities will be the healthiest in America.

RWHC Mission (How we do it):

RWHC is a strong and innovative cooperative of diversified rural hospitals.

... is the “rural advocate of choice” for its Members.

... develops and manages a variety of programs and services.

... 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.

RWHC Strategic Priorities

To fulfill its mission and implement its vision, RWHC will:

1. Advocate for Rural Health & Healthy Communities
2. Continue & Expand Shared Services
3. Support Member Interests with Insurers
4. Be a National Rural HIT Leader
5. Drive Improvement with Balanced Score Card
6. Add Members through Board Outreach
7. Assure Excellent Member & External Communication

Seven Reasons Why RWHC Shared Services and Advocacy Agenda Are Reinforce Each Other

1. **External Credibility**—Advocacy is more credible as RWHC is seen not just as a “mouth piece” or as a “trade association” but as a mission driven group not just talking but adding “real” value.
2. **Similar Infrastructure**—Shared services and advocacy require pretty much the same infrastructure of any small to medium sized business. The ability to spread overhead over a broader base has obvious financial advantages. A cooperative of rural hospitals organized for advocacy forms a natural critical mass for shared services and vice versa.

3. **Shared Services Profits Contribute To Operating Margin**—Historically, RWHC membership dues have been subsidized both the advocacy function and provided the cash flow to help develop new programs. Compared to other rural networks nationally, RWHC dues are in the low to mid range.
4. **Shared Services Informs Advocacy**—Through out RWHC history, shared services (including roundtables in that definition) have been a major source of advocacy initiatives: examples include:
 - a. Quality Roundtable, ORYX Quality Program, Coding ⇒ Advocacy re flawed quality metrics
 - b. RWHC Network ⇒ Advocacy with OCI and Health Reform re rural access standards
 - c. Productivity Benchmarks ⇒ Advocacy for rural sensitive Payment Reform Initiatives
 - d. CFO Roundtable ⇒ Advocacy for ongoing Medicare and Medicaid regulatory reforms
 - e. RWHC Information Technology Network ⇒ Advocacy re Meaningful Use
5. **Advocacy Needs To Be Data Driven**—For advocacy to be effective it must be mission and passion driven but also based on the best information available. The Members provide much of that through their governance of RWHC but day to day work requires in-house familiarity and expertise with the broad range of issues faced by the Members: finance, insurance, workforce, quality, HIT, etc..
6. **RWHC “Brand Familiarity” Translates From Advocacy To Services To Non-Members**—Our statewide and national reputation as an effective voice for rural health makes us a credible source for certain services, particularly those with a strong information component such as our ORYX Quality Measures product and Credentialing Verification Service.
7. **Advocacy Is Not Just Political**—Our advocacy is in the public/political arena at both state and federal levels, but it is also in the market place with health plans, media, vendors, etc. This is done through implementation of the strategic plan for RWHC as a whole and in daily responsiveness to individual requests for assistance to senior staff on a broad array of issues. Staff’s highest priority is to meet Members needs, both as a whole and as individuals. This is paid for by dues but is integral to the resources made available to RWHC through its shared service capacity.