Building a Culture of Healthy Communities

by Tim Size, RWHC Executive Director

Health is about more than access to high quality healthcare. The conditions that influence health in our workplaces, our schools and our communities are as important as access to health insurance, a doctor’s office, or a hospital.

This is what we learn from the annual release of the County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Unlike Lake Wobegon where all the children are above average, most rural counties rank below average in health status. I work for a cooperative of rural hospitals and clinics, and at first glance, you might think this data should make rural health care providers defensive. But as Paul Harvey often said, here is the “rest of the story.”

When you look at the factors that determine health status—how long we live, how well we feel—health care is important, but not the only driver. We know that individual behaviors like smoking and exercising matter, and when we look at the data, we see that on average, more adults still smoke in rural communities as compared to suburban and even urban areas. People living in rural communities today have less access to opportunities to exercise.

The Rankings also teach us that education, jobs and income matter to how long and how well people live, and our rural communities tend to have higher rates of unemployment and childhood poverty. The cumulative effect can be, quite literally, deadly.

If you just looked at the ranking of the factors that drive health, you would expect only 13 of Wisconsin’s 47 rural counties to be in the top half of counties with the best health. In fact 20 are in the top half. Quite a few rural counties are doing something right, even in the face of disproportionate challenges.

Does this let rural healthcare providers off the hook? Not at all. It just means we have a large hook with plenty of room for company. No single person or organization can tackle this problem alone. Healthcare reform is part of the answer, but it is not enough to accomplish real health reform.

What we care about most deeply is our health and the health of our family, friends and neighbors. When that caring translates into a priority across the whole community, health improves and medical costs decline.

Across Wisconsin and across the country, communities are using the Rankings to understand the health challenges they face, and create local solutions to address them. The Rankings underscore how important it is to build a culture of health where we work together to make sure that everyone—young and old in rural communities and urban neighborhoods—can have an opportunity to live a long and healthy life.
2014 County Health Rankings

A collaborative project of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the County Health Rankings & Roadmaps, show us that the conditions that impact how well and how long residents live are connected to a multitude of factors beyond medical care. The Rankings allow each state to see how its counties compare on 29 factors including smoking, high school graduation rates, employment, physical inactivity, access to healthy foods, and much more.

The Rankings show us where we live matters to our health. The Rankings can motivate community leaders and citizens to work together in new and creative ways to build a culture of health. The Roadmaps offer communities resources so that moving from awareness to sustainable change is achievable.

Much more at: www.countyhealthrankings.org

Economic & Physical Health Joined at the Hip

From “Leveraging Multi-Sector Investments: New Opportunities to Improve the Health and Vitality of Communities” by Shari Sprong and Laurie Stillman, January 2014:

“The economic and community development sectors share much in common with the public health and medical care sectors. While the focus of their approaches may somewhat differ, overall they mutually aspire to promote the vibrancy and well-being of vulnerable, at-risk communities. These sectors have all come to understand that affordable housing, access to educational opportunities, and jobs that pay a livable wage influence individual health status and societal well-being. Yet, these sectors do not typically collaborate to leverage their financial, human, and institutional knowledge, skills, and resources for maximum impact.”

Vibrant Communities Create Good Health—“In many parts of the world, good health and life expectancy are highly variable. Within the United States, there are striking differences in health among our states, tribal lands, and territories, and among the neighborhoods within them. Widely held assumptions attribute these disparities to the differing quality and availability of medical care.

But research demonstrates that the health of populations is most closely determined by the socioeconomic conditions in which people live, including the distribution of income, goods, services, and opportunities within communities.”

Business Case for Financial Institutions Investing in Community Health—“The U.S. is the third wealthiest country in the world, but, as of 2009, we ranked 27th out of 34 industrialized countries in life expectancy. Yet we pay more per capita for our health care. In addition to the needless suffering and loss of life, the relatively poor health status in the U.S. also seriously affects our economic stability, with skyrocketing medical care costs representing about 18% of our nation’s GDP.”

“These largely preventable costs are draining businesses, governments, and families alike. For example, children who are obese or have uncontrolled asthma are more likely than other children to be absent from school, impeding their ability to learn. Further, our workforce isn’t as productive as other nations when it draws from a population that is less healthy or must care for their sick children.”

Factors such as educational attainment, income, access to healthy food, and the safety of a neighborhood tend to correlate with individual health outcomes in that neighborhood. Because these factors are linked to economic health as well as physical health, health care professionals and community development organizations are seeing new opportunities for cooperation in low-income communities.”

Ben Bernanke, former Chairman, Federal Reserve Board of Governors at the Federal Reserve System Community Affairs Research Conference, Washington, D.C., April 12, 2013
“When so many U.S. adults are afflicted by preventable chronic illnesses such as heart disease, arthritis and diabetes, their unaffordable health care bills and insurance premiums result in stresses on our society and its economic viability.”

“Housing foreclosures, unstable neighborhoods, and unproductive students and workers all result from capital being drained from our economy to support an unaffordable health care system burdened by expensive chronic diseases.”

“For the first time in two centuries, this generation of our children in America may live shorter lives than their parents.”

“Promoting ways to prevent illness can reduce the financial burden of disease, in addition to improving the length and quality of people’s lives. Prevention policies and programs often are cost-effective, reduce health care expenditures, and improve productivity.

For example, annual health care spending is $1,400 higher for people who are obese and $6,600 higher for those who have diabetes. Indeed, a one percent reduction in weight, blood pressure, glucose, and cholesterol risk factors would save an estimated $83 to $103 annually in medical costs per person.”

“In its report, entitled Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities, Trust for America’s Health concluded that an investment of $10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than $16 billion annually within five years. This is a return of $5 for every $1.”

Download the full paper at http://ow.ly/vDzEu

Most Important Pro-Rural Proposal in Years

From “Should Provider Performance Measures Be Risk-Adjusted for Socio-demographic Factors?” by Christine K. Cassel, President and CEO of the National Quality Forum, in Health Affairs Blog, 3/27/14:

“The National Quality Forum released draft recommendations on March 18 to change the way we assess the care that doctors and hospitals provide, and they are sure to cause a buzz in and beyond the health care community. That’s a good thing, because reflection and conversation are vital pieces of ‘getting it right’ when determining how measures can be used to gauge healthcare performance.”

“The recommendations come from a panel of 26 national experts convened by NQF at the request of the federal government. The question before them: Should the measures we use to assess providers’ performance be risk-adjusted to account for patients who are poor, homeless, illiterate, uneducated, or have other indicators of lower socioeconomic status?”

The Issue: “NQF-endorsed measures are used to indicate strengths and weaknesses in the quality of care provided by clinicians and hospitals. NQF’s policy recommends adjusting some performance measures for clinical factors such as a patient’s severity of illness, recognizing that a patient who is sicker and has multiple conditions and comorbidities has a higher likelihood of worse outcomes, regardless of the care provided.”

23rd Annual $2,500 Monato Essay Prize
A $2,500 Prize for the Best Rural Health Paper by a University of Wisconsin student or recent graduate. Write on a rural health topic for a class and submit by June 1st. Submission info available at www.RWHC.com
Increasingly, policymakers and researchers who study disparities have raised the question of whether performance measures would be even more accurate if they were adjusted for socio-demographic factors as well. Indeed, there is a growing understanding that social determinants significantly influence a person’s health. Factors far outside the control of a doctor or hospital—patients’ income, housing, education, even race—can significantly affect patient health, healthcare, and providers’ performance scores.”

“NQF’s current policy does not accept adjusting performance measures for any socio-demographic factors. We’ve always wanted to shine a light on disparities in performance not attributable to health status because many believed it motivated providers to improve the care they delivered to disadvantaged populations.”

“But most of our expert panelists suggest otherwise. A wide majority feel that not adjusting for patients’ socio-demographic factors might actually harm patients, exacerbate disparities in care, and produce misleading performance scores for a variety of providers, which means that no one has accurate information to use for comparison. They say that the effects of inaccurate assessments of quality are intensified when used in pay-for-performance programs.”

“As providers’ pay is based more on the quality of their care, they believe some will avoid serving disadvantaged populations altogether, which will then worsen access to care for the most vulnerable patients. They posit that performance-based payment incentives will shift from those who serve the disadvantaged to those who serve the affluent. Safety net providers may then have fewer resources to care for vulnerable populations and the array of additional services that they need.”

“These experts also say that consumers and payers will avoid providers who serve disadvantaged populations because they are labeled poor performers, which may not accurately reflect the actual quality of their care. Panel members say that even with an adjustment for socio-demographic criteria, poor performance would still be transparent. An adjustment would enable all providers to be compared equally, with true gaps in quality made apparent.”

Download the full draft report at http://ow.ly/vDDpE

Refusing Vaccines Puts Community at Risk

From “Our View: Refusing vaccines puts community at risk from diseases” in the Merced Star, 4/7/14:

“As people have become distrusting or fearful of government, doctors and drug companies, a sizable fraction have started refusing to allow their children to be vaccinated. It’s easy to see why when those parents are presented the worst-case scenario documents they must sign before the vaccination is given. Scary stuff.”

“But you know what’s scarier? Measles. Most people think of red spots. They should also think of brain inflammation, blindness, deafness or death. There is one chance in 1,000 that any child who gets measles will also get encephalitis; and two of every 1,000 who get encephalitis die, according to the Centers for Disease Control and Prevention. Worldwide, 164,000 people die from measles each year.”

“Before the vaccine was developed in the 1950s, around 48,000 Americans required hospitalization for measles every year and roughly 500 died. The vaccine changed all that. It was so effective that the disease was thought to have been eliminated in the United States in 2000.”

“The vaccinations worked then and will continue to work, if parents allow their children to be vaccinated.”
“Unfortunately, many parents prefer taking a high-stakes gamble with their children’s health. Some parents prefer a ‘natural immunity’ to vaccine-acquired immunity; others believe vaccines overload a child’s immune system; others say we shouldn’t worry about diseases that have ‘disappeared.’ A former Playboy model has convinced some parents that vaccines cause autism. The one study that linked the measles-mumps-rubella vaccine to autism, by British doctor Andrew Wakefield in 1998, has been discredited as fraudulent, and the published paper was retracted. Autism rates are the same in vaccinated and unvaccinated children.”

“One unvaccinated child might not get a vaccine-preventable disease. But that child can expose vulnerable populations to illness – including infants who haven’t been vaccinated and individuals who have compromised immune systems. If too many people opt out, a community’s immunity can collapse. Need proof? Two new cases in Berkeley and another 49 elsewhere in California this year.”

“Bioethicist Arthur Caplan of New York University states the moral issue starkly: ‘If you infect my newborn or my grandmom because you put your liberty over your duty to help protect the weak... then you are responsible for the harm you do and you ought to be liable for it.’ Vaccinations protect your children and everyone else’s at the same time.”

2014 Wipfli-RWHC Cost Champion Awards

Wipfli LLP (Wipfli) is pleased to announce the winner of the 2014 Wipfli-RWHC Cost Champion Awards. The first-place award went to Terri Bullock, Jessica Bjerkos and Lynn Taylor of Vernon Memorial Healthcare for improving the hospital’s processing for accounts payable.

The purpose of the Wipfli-RWHC Cost Champions Awards is to encourage and share implemented cost-saving ideas suggested by a team or individual employed by a RWHC-member hospital.

Steve Thompson, partner-in-charge of Wipfli’s health care practice said, “Wipfli is very committed to working with health care organizations to streamline their processes, reduce costs and improve profitability. We are thrilled to support these awards that promote best practices for improving performance. The award winner and nominees are great examples of the success that can be achieved when everyone focuses on ways operations can be improved.”

For the first-place award, Bullock, Bjerkos and Taylor worked together to implement a new accounts payable system for Vernon Memorial Healthcare, which included working with Comdata, Healthcare Management Systems (HMS), and documentation of policies and procedures. Prior to the implementation of the new system, all vendors were paid with regular checks, which were processed using the hospital’s accounts payable system in their hospital information system, HMS. The group worked to implement the use of credit card payments for vendors who agreed to accept the card for payment of invoices. The benefit was the reduced processing costs for those vendors since checks would not need to be generated and mailed, and a rebate would be received from Comdata (the credit card company) based on the volume of purchases made with the vendors enrolled in the program. Since the implementation in 2013, the Accounting Department has generated $47,393 in new revenue for the hospital, and saved approximately $3,660 for the hospital.

Honorable mention award winners are Rita Kazda and Tara Ringler of Prairie du Chien Memorial Hospital and Tara Yunker and Anita Lundquist of St. Croix Regional Medical Center.

Kazda and Ringler earned an honorable mention for revisions they made to surgical patients’ meals at Prairie du Chien Memorial Hospital. Following patient surgeries, nurses often ordered standard meals that post-operative patients did not eat either because they were not hungry or they could not eat such a heavy meal. The nurses then ordered a second lighter meal later. As the food services supervisor and the dietician for the hospital, Kazda and Ringler worked with the nursing department to create small standard meals for all surgical patients. The new smaller meals are sent to all patients following their surgeries. These changes resulted in annual savings of over $1,625. The benefits beyond cost and time savings include increased patient satisfaction and less waste.
Yunker and Lundquist of St. Croix Regional Medical Center (SCRMC) also earned an honorable mention for expanding the medical center’s 340B drug program. SCRMC’s employee health plan included an incentive for participants to purchase drugs through the health plan’s mail order pharmacy. Utilization of this program was less than 10% of total pharmacy purchases. In 2012, SCRMC offered an alternate mail order pharmacy, which combined incentives to use SCRMC’s medical staff and pharmacists to have their pharmacy purchases qualify for 340B pricing. The employer saved $161,685 versus what the cost would have been had it been filled by a retail pharmacy. The employer saved $19,736 in pharmacy benefit management fees added onto the self-funded billings from the health plan. The employees saved $197,152 in costs through reduced deductibles and coinsurance.

The first-place winner was awarded $1,500, while the two honorable mentions were each awarded $500. Wipfli, the sponsor of this award, helps hospitals improve operational performance by leveraging process costing and other business intelligence tools that allow clients to more effectively understand and manage the delivery of care. For more information on Wipfli go to www.wipfli.com/healthcare.

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Local Cancer Data Missing-In-Action

The following was written for Eye On Health by the Wisconsin Cancer Reporting System:

**What are the most common cancers in my county?**
**How many people were diagnosed with breast cancer here last year?**
**How many people died of lung cancer?**

These questions are addressed by the Wisconsin Cancer Reporting System (WCRS) a population-based registry required by state law to collect, manage and analyze all cancer cases for Wisconsin residents.

The WCRS collects cancer incidence data on Wisconsin residents newly diagnosed with pre-invasive and invasive cancers. In compliance with state law, hospitals, physicians and clinics report cancer cases to the WCRS, in the Division of Public Health, Wisconsin Department of Health Services. This information is used by health care providers, planners and researchers for cancer control and prevention and to develop new treatments and methods to improve patient care and outcomes.

These data are also critically important to efforts to improve health at the local level. For example, the January 2014 Eye on Health included a story on how Adams County health care leaders used WCRS data to launch a county-wide effort to prevent cancer and save lives.

These data are also the foundation of the county Cancer Fact Sheets prepared by the Wisconsin Comprehensive Cancer Control Program and University of Wisconsin Carbone Cancer Center.

*You can access WCRS data at:*
www.dhs.wisconsin.gov/WISH/cancer/

*You can access WI County Cancer Fact Sheets at:*
www.wicancer.org/countymaps.cfm

WCRS also offers a web query system that provides cancer data for Wisconsin counties displayed in maps, tables and graphs at www.cancer-rates.info/wi.

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RWHC Corporate Member Spotlight: Quadax

Quadax became a Corporate Partner of RWHC in 2011, and has had great success in working with our member hospitals to improve cash flow. Xpeditor, Five Series, is Quadax’s powerful system for processing electronic healthcare transactions. At its heart is a Claims Management system that gives your busi-
Hospitals and medical practices using Xpeditor have found it to be a valuable tool for maximizing productivity, reducing dependence on paper processing, and increasing cash flow.

But the healthcare business office cannot live by claims alone, and so this premier system now extends its value into areas across your revenue cycle. Xpeditor is available for enterprise environments (installed on-site) or hosted at Quadax, securely accessed via the Internet.

The following comments were shared about a recent “go-live” process at one of the member hospitals:

- A very smooth and easy transition
- The system is very user friendly and so easy to work with!
- My billing staff is happy—that makes me happy.

To learn more about the Xpeditor, Five Series, or Quadax, Inc, please contact Rick Albertini, 440-777-6305, ext. 2281 or visit www.quadax.com

**Leadership Insights: “S.M.A.R.T.er Goals”**

The Leadership Insights series is by Jo Anne Preston, RWHC Organizational Development Manager. Back issues available at www.RWHC.com.

Most leaders know the difference between a generally stated goal such as, “I want to make things better in my department,” and a S.M.A.R.T. goal, “I will increase our department’s employee satisfaction score from the 60th percentile to the 70th percentile in the next 12 months, by implementing monthly employee rounding with all my employees.” It is S.M.A.R.T. because it is:

**Specific**—states WHAT you will do  
**Measurable**—by HOW MUCH  
**Attainable**—it’s WITHIN YOUR POWER to achieve it, and it’s a stretch but reachable  
**Relevant**—ALIGNED with your organization or personal vision  
**Timely**—by WHEN

That’s a good start, but there’s more to it. First: *IS YOUR HEART IN IT?* You need to have passion to see you through the challenges that will get in your way. Care about your goal and it sparks the continuous motivation to work on a long term outcome. Your goal doesn’t tell you the specifics of your daily to-do list. In the example above it doesn’t state the detailed plan for your rounding. But it does drive your decisions as you plan and conduct your rounding, prioritize your other work and decide what you say yes/no to. Your long term goal is your target and focus.

**Dismissing the importance of the heart of a goal isn’t good risk management.** You may still move forward without it, but you will be just that much more distractible in a world full of ready distractions. Just ask anyone who has missed doing rounding because of schedule conflicts or to avoid certain employees or situations.

**The second checkpoint is: HOW MANY GOALS ARE REASONABLE?** There is no magic number, but the best recommended practice is that 3-5 is a sweet spot. More than 5 goals and it’s quite possible you will achieve less, not more.

Warren Buffett, wildly successful bazillionaire, is credited for the following idea:

- Write down 25 things you want to achieve in the next one to two years.  
- Circle the top five. That’s what you work on, or even create one S.M.A.R.T. goal for each of the five.  
- The rest of the list becomes your “avoid at all costs” list.

Really? Cross off a quality or customer service goal this year for the sake of employee engagement, finance and efficiency? In healthcare we can’t ignore any of these key components, but we have to learn somehow to manage the larger organizational picture, and still manage our work, still make progress. **Too many goals water down your focus and you won’t achieve what matters most.** Hey, if it works for Warren…

**You have to pick.** Someone I know and love set her goal very young to be a nun. Having second thoughts about foregoing having her own family about a year into it, she discussed the hard decision of leaving the
convent, asking, “If it doesn’t work out, then I could just come back, right?” A wise leader said, “No, you must pick; then be where you are. If you are both places, you are in neither place.”

Having ambivalent commitment to goals along with too many of them keeps us from doing our best. Again quoting The Four Agreements, a philosophy book by Don Miguel Ruiz, goal setting is one way to **do your best**. Do your best, not “Do everything.”

What we pick to focus on gives us the opportunity to stretch and achieve. “Picking and sticking” also means that you don’t waste energy either continuing to decide (instead of working) or just falling back on what seems easier.

**Are they all goals?** If you have more than 5, ask yourself if they might not all be goals, but rather actions to take TOWARD your bigger goal. Remember that strategies are your action steps toward the goal, but the goal is the end result.

**Are your fates tied?** Set goals with your larger team. Consider that if you are successful in your goal only if someone else isn’t, what will this mean for your organization’s overall success? Having skin in someone else’s game increases accountability, breaks down “silo thinking” and keeps you focused on the bigger picture when resources are scarce.

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For Info re the RWHC Leadership Series 2013 go to www.RWHC.com and click on “Services” or contact RWHC Education Coordinator Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.”

**Upcoming RWHC Leadership Programs**

May 5: **Hiring the Right Person for the Job** (in St. Croix Falls)
May 22: **Refueling the Heart: Are You Running on Empty?**
June 27: **Teams: Building Blocks and Facilitation Tools**
To register or see other upcoming events, go to: [www.RWHC.com/Services.aspx](http://www.RWHC.com/Services.aspx)