Rural Can Be Health Care’s Future

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

A lot of people write about the future of rural health care. Typically, there is no shortage of anxiety on the topic. But there is more to the story. We need to understand that rural can be health care’s future.

I know well the list of challenges for rural communities. I don’t deny them but it pays also to look at what we do well and how rural health care can help lead American health care.

Rural health care is part of the change sweeping across the country. The mandate has rightly become to drive quality of care up and costs down while improving the health of the whole community. Rural is and will be part of that “Triple Aim” movement.

The best of rural health has long been place-based and patient-centered. To me, “place-based” means that the values, tradition and economic well being of the community play a key role in major decisions made by the organization. “Patient centered” means that we organize the health care experience around the needs of the patient as opposed solely to the convenience of the provider. These values are deeply embedded in rural health and will be a key driver of success for health care in both rural and urban communities. We do not need to turn rural into a small version or outpost of urban. We do need to build on our natural strengths as we continue to evolve our services to meet the Triple Aim.

Rural health has a strong base upon which to build. In collaboration with the National Rural Health Association (NRHA), iVantage Health Analytics has shown that the cost per rural Medicare beneficiary is 3.7% lower than the average cost per urban beneficiary and that neither rural nor urban dominate on quality measures.

Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute have developed a national report of county health rankings which is updated annually. In general, rural counties are expected to not do as well as urban counties due to lower levels of employment, income and education, among other factors that drive health status.

This year, given these factors, you would expect only 13 of Wisconsin’s rural counties to be in the top half of counties with the best health. In fact 20 are in the top half of the counties with the best health. Quite a few rural communities are doing something right to outperform expectations.

The reality and potential of neighbors caring for neighbors has long been a strength of many rural communities. They more readily bring together di-

“In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.” - Eric Hoffer

RWHC Eye On Health, 9/16/14
verse leaders from throughout the community and region to address multiple determinants of health such as access to local health care, education and jobs.

Rural hospitals in Wisconsin are respected around the country for the quality of the care we provide. The Medicare program (our major payer) should think of us as a demonstration site for how payment policies can evolve to best fit the needs of rural beneficiaries and communities. We remain hopeful that they will come out of Washington, DC, to Wisconsin to learn more about how rural communities and Medicare can become more closely aligned.

NRHA has identified four priorities for moving towards the future of rural health: (1) adapt the current systems to allow payment for preventive health measures and care coordination, (2) support local hospitals and physicians/clinics as a physical and virtual hub of service delivery, (3) maintain flexibility—the ability to adapt to ever changing events and (4) most importantly, to “preserve what we have until we have clarity of where we are going.”

Underlying these priorities is a critical foundation: don’t throw the good out with the bad. We must protect local access to rural health care providers and physicians. We have already seen “health” insurers refusing to contract to provide local rural health care. We must support and defend the right of residents to seek care locally. Access standards must continue to “reflect the usual medical travel times within the community.”

I’d like to sum up what I have been saying with a quote from John McKnight, a long time community organizer and founder of The Asset-Based Community Development Institute at Northwestern University. “The place to look for care is in the dense relationships of neighbors and community. We have a competent community if we care about each other, and about the neighborhood. Together, our care manifests a vision, culture, and commitment that can uniquely assure our sense of well-being and happiness.”

Rural Community of 3,098 Earns Top Honors

The following is from “Big Impact with Few Resources” downloaded from http://www.rwjf.org. Williamson, West Virginia, is one of six communities, rural and urban, awarded this year’s Robert Wood Johnson Foundation (RWJF) Culture of Health Prize.

“Williamson, West Virginia, is repurposing its ingenuity and resources as a former coal town to support and build a community grounded in a vision for health. Say ‘Williamson, West Virginia’ to a crowd and you’re likely to get no more than a few curious facial expressions. Say ‘Hatfields and McCoys’ and most everyone will know exactly who you’re talking about.”

“Resting against the state’s Kentucky border in the heart of coal country, Williamson was home to a feud so famous that it’s now synonymous with the entire concept of feuding—which makes it ironic that a town best known for quarreling has spent the past several years coming together in a shared mission to build a Culture of Health. And in many ways that drive—that sense of community responsibility—has its roots in the industry that once powered the region: Coal. As reliance on coal has declined, however, the corresponding economic decline has also had devastating effects on the people’s health.”

A Shared History, A Sustainable Solution—“Coal has been such a large part of our community. It’s a heritage that many generations have passed on from father to son, grandfather to son to grandson,” said Dino Beckett, DO, CEO of the Williamson Health and Wellness Center and Board Chair of Williamson Re-
development Authority. ‘We’re very proud of that heritage, but we have to discover other opportunities so that we can still raise our families here and have that ability to live here.’ Fortunately for Williamson, their resources as a coal community can also be reimagined to support and build a healthier community.”

“You have coal miners and engineers that can take items, reconstruct them, and build these massive pieces of equipment that can do amazing things,” said Beckett. Williamson’s efforts capitalize on that spirit of ingenuity to create better health outcomes.”

“Williamson leads West Virginia in categories such as obesity, hypertension and diabetes—and that’s in a state that on the whole usually ranks among the worst in those categories. They’re working hard to empower their residents to turn that around—through everything from health behaviors to entrepreneurism. The catalytic force behind this has been a collaborative effort called Sustainable Williamson.”

“We were working on tourism, we were working on healthy foods, we were working on better housing—these were all being addressed, but they were being addressed independently,” said Beckett. Williamson was able to pool its many distinct efforts together to work toward the same goal under the Sustainable Williamson umbrella.”

“Now a walk through Williamson will expose you to sites unimaginable five years ago, according to Beckett: People running actively, whether in a half-marathon or for the first time in one of Williamson’s monthly 5ks; families taking their children to the Farmer’s Market; and people who once didn’t have the ability to farm or garden, but are now a part of their community garden—stories all captured on the community’s HealthySelfies.org website.”

“One priority is targeting the diabetes epidemic through a comprehensive program that includes identifying and screening those at risk, providing comprehensive clinical care, and deploying community health workers who follow up with patients at home arming them with self-management skills while also addressing social and economic needs. Patients who went through this program experienced a drop in hemoglobin A1c levels by 2.2 percent. ‘That’s huge,’ said Beckett. ‘If you were a drug manufacturer and you were able to drop [A1c levels] by just 0.6 percent, you would have a billion-dollar drug.’ ”

Health and Wellness—“The Health and Wellness Center started as a simple idea. The economic downturn that affected people across the country also underscored the entrenched health disparities that had plagued Williamson for more than a generation, since the coal industry began to wane. Beckett saw an increasing number of residents who were unemployed or without insurance, so they couldn’t afford to go to the doctor’s office. On Good Friday of 2011 they started a free clinic.”

“We didn’t ask them for any money—they came for services,’ he said. ‘We helped them with trying to get medications at a discounted rate or even free from some programs.’ ”

“The clinic grew quickly. What emerged was the Williamson Health and Wellness Center, which was designated as a Federally Qualified Health Center in the fall of 2013. Veteran coal miners, putting in the same dedicated work ethic they honed in the mines, built the center in 90 days, retrofitting a historic building with energy efficient design. The clinic now serves all of Mingo County and Pike County, Kentucky.”
Health Innovation Through Entrepreneurism—
“The Health Innovation Hub is a Williamson event that gives local entrepreneurs the opportunity to present their ideas about new businesses and healthy enterprises to the community, and introduces them to experts who are able to help them develop their plans. One notable Williamson entrepreneur is Debbie Young, a caterer who will soon be opening a healthy restaurant in town.”

“‘Debbie was able to identify a large need in the community,’ said Beckett. ‘We have many restaurants, many fast food restaurants, but there weren’t a lot of healthy restaurants for our citizens. So Debbie was able to put a lot of healthy recipes together and then start her enterprise as a healthy restaurant.’”

“Other entrepreneurial initiatives capitalize on the area’s rich history—some with a focus on cultural tourism based on the Hatfield-McCoy legend, and others tapping into the region’s historic position as a leader in meeting energy demands. On the cultural tourism side, a lodging and campground service has recently opened outside of town, the Hatfield-McCoy Trails will soon also welcome mountain bikers and walkers, and a local man has launched the Hatfield-McCoy Guided Tours. And while Williamson was once known for driving the coal industry, it’s now becoming a leader in sustainable, environmentally-friendly energy sources. As the energy sector diversifies in West Virginia, one local business, Gilliam Solar, is preparing displaced workers with sustainable technology skills.”

Making the Most of Few Resources—“Beckett said perhaps the most important lesson they’ve learned—and the most important lesson other communities can take from Williamson’s successes—is that they were able to accomplish all this with very little money. ‘Call it sustainability or call it market-driven development, the end result is always the same; by linking health and innovation we ensure the long-term resilience of our community.’ These are replicable efforts that other communities can adopt and then adapt to fit their particular needs. Being such strong stewards of the resources they have offers the community great hope for the future.”

“‘I’m very optimistic about the direction that Williamson is heading,’ he said. “We have many obstacles to overcome, but we take those challenges on daily and we’ve been able to address them and push forward and then the overall goal is being achieved. So the ability of Williamson to turn the page and move the needle and become a healthy community—and a community that’s going to be looked upon as an example for other communities to look to for guidance and ideas—is very strong.”

About the Culture of Health Prize—Building a Culture of Health means building a society where getting healthy and staying healthy is a fundamental and guiding social value that helps define American culture. The RWJF Culture of Health Prize honors communities which place a high priority on health and bring partners together to drive local change. Six communities, selected from more than 250 across the nation, received a no-strings attached $25,000 cash prize in recognition of their accomplishments. The application is available at: www.countyhealthrankings.org/roadmaps/prize

It Takes a Community to Conquer Diabetes

The following is from “Diabetes Management in Rural Areas Takes Holistic, Community Approaches” by Candi Helseth in The Rural Monitor, August 20th. The Rural Monitor is a publication of the Rural Assistance Center funded by the Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services. Their website at www.raonline.org is a respected, wide ranging resource for rural health providers and advocates.

“Uncontrolled diabetes leads to serious and costly complications such as heart disease, stroke, blindness, kidney failure and lower limb amputations. The diabetes program at Heartland Rural Health Network (HRHN) in Avon, Fla, and Kentucky’s KIPDA Rural Diabetes Coalition (KRDC) are among federally funded grant programs with the purpose of helping people
prevent development of diabetes and helping already diagnosed diabetics help themselves.”

‘People who are able to effectively control their diabetes over time have fewer strokes, fewer hospitalizations and less blindness and kidney failure,’ asserts Dr. Ed Shahady, a co-founder and current medical director of the Diabetes Master Clinician Program (DMCP). ‘Diabetes is not taken care of in a one-time office visit. It requires an ongoing relationship between providers and their patients. There is excellent, evidence-based data that shows if you get patients’ A1C under control, their chances of going blind are minimal. And when you don’t, their chances of kidney failure get higher.”

**Home Management Bridges Rural Gaps**–“HRHN Executive Director Kelly Johnson says their diabetes program helps bridge the gaps in a region where there are long distances between healthcare facilities, no public transportation and large populations of elderly, low-income residents that often have no personal transportation. While there is little data establishing reasons for the higher diabetes rates among rural populations, the situation Johnson cites is common in many rural areas and negatively impacts patient access.”

“Community Health Workers (CHWs) who live in communities where they work are HRHN’s key link between clients and providers. CHWs see patients in their home to assess and assist them with home management practices, and confer regularly with providers about the patients.”

**Care Models Require Big Picture Approach**–“Diabetes education and prevention efforts have been steadily increasing over the past decade. However, diagnosed cases of diabetes continue to rise. Jane Bolin, director of Texas A&M’s Southwest Rural Health Research Center, says some experts attribute increased diagnoses to increased awareness.”

“If you treat weight gain and obesity, you go a long way toward preventing or treating diabetes. If you treat diabetes, you go a long way toward preventing cardiovascular disease. Improved nutrition goes a long way toward preventing chronic disease. Poor nutrition is primarily a matter of lack of education. In rural areas, access to healthy, affordable foods is also limited. All of these go hand in hand. To be successful, health care needs to also address the root causes of chronic disease.’ ”

“Preventative care is the first step, Shahady concurred. ‘If we offer preventative care, people with diabetes live healthier and enjoy life more. And the healthcare industry saves money doing it.’ ”

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**Supporting Older Adults in Rural Homes**

From “Aging in Every Place: Supportive Service Programs for High and Low Density Communities” by Janet Viveiros and Maya Brennan, March, 2014:

“Older adults living in single-family homes dispersed across a county, often in rural communities, face similar challenges to aging in place as do older adults living in single-family or multifamily homes clustered in a neighborhood. However, rural residents may face even greater barriers to accessing health and other services because they live at much greater distances from health facilities, community centers, grocery stores, and other amenities. Additionally, the programs that serve them do not benefit from a concentration of older adults and the efficiencies that can be realized from serving older adults in a centralized location.”

**Pulteney Aging in Place Project**–“In 2009, upon receiving grants from the New York State Office for Aging and philanthropic organizations, Steuben County assessed the needs of older adults in the county, as well as the services that existed to meet those needs. To address the gaps between needs and existing services, the Steuben County Office for Aging collaborated with the Steuben Senior Services Fund, in consultation with county residents, to launch the Pulteney Aging in Place Project. Designed to bring supportive services to older adults living in single-family homes dispersed across the county.”
adults aging in their homes in the rural county, the program is funded by the Steuben County Office for Aging and a grant from the Keuka Area Fund.”

Guided by the Preferences of Older Adults—“Based on feedback from surveys of the county’s older adults, and discussions with older adults sitting on the project advisory board, the program developed an array of services based in Pulteney township that consists of:

- Delivered meals
- A quarterly newsletter to notify older adults of health and social services available
- Assistance with minor home repairs
- Transportation to health centers
- Referrals for health services”

“Local volunteers provide many of the services, particularly transportation and meal delivery.”

Evolved to Serve a Wide Range of Needs—“The supportive service program served 1,200 individuals in its first two years. After two years, there was a significant increase in awareness among older adults of available transportation and community services. The Steuben County Office for Aging estimates that nearly 30 percent of the county’s older adults receiving services in their home, through the Pulteney Aging in Place Project and other programs, would be living in a nursing facility if in-home services were not available. The ability to serve these older residents in their homes has saved approximately $3 million a year due to the cost-effectiveness of in-home care.”

Built Upon Partnerships with Service Providers and Community Stakeholders—“The program is administered by the Steuben County Office for Aging in conjunction with the Pulteney Aging in Place advisory board, which is made up of community members, local church groups, and local volunteer groups and service providers in the region. The partners are not only integral to providing services to program participants, but also to publicizing the services available to older adults in a variety of settings.”

The 16 page brochure by the Center for Housing Policy at the National Housing Conference is available at: www.nhc.org/media/AgingInEveryPlace.pdf

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Register for the November 12th “Building a Culture for Patient-Centered Team Based Care” conference sponsored by the Wisconsin Council on Medical Education and Workforce (WCMEW). Our purpose is to showcase successful health care teams with dialogue about how cooperation among health professionals leads to continuous improvement of patient care. Will be at the Glacier Canyon Lodge located in Wisconsin Dells; register at http://ow.ly/Ad583.
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For more information, please contact Bonnie Laffey at blaffey@RWHC.com or 1-800-225-2531.

Leadership Insights: “Power”

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

“People are weird about power, often quite uncomfortable with it. Many people I know will say things like, ‘I just don’t think I am that powerful.’ While humility is a fine quality, you are probably wrong. It is likely that you have more power than you think you do, but you also may not be taking full advantage of it to make things happen.”

“When a judge slams the gavel down, it is a powerful and effective request for order. The ability to punish others, along with a judge’s formal position of authority are examples of two of the five power sources described in social psychologists French and Ravens research of the topic of power—the two sources of power that probably make most people uncomfortable with the whole topic. However, the other three identified sources of power in French and Ravens’ model are fruitful ones to cultivate for employee engagement. Build power that comes from:

- The respect others have for you (earned by your actions of integrity over time)
- The ability to reward others (even if you can’t give people a raise, there are many ways to reward and recognize)
- Your expertise (through those three words, ‘In my experience…’)"

“Unexamined power has consequences. We miss seeing how our behavior undermines others’ efforts and can hurt relationships, but we also miss opportunities to support growth and change. The higher your position, the more you are noticed and like it or not, your presence has power. Explore using your power intentionally.”

Are you too self-conscious to claim it? “I have noticed that often workshop participants will fold their program evaluations so that others can’t see what was written. People are generally self-conscious. We don’t want to be judged as lacking in some way. As you grow in leadership, remember that the awareness of your power is connected to your self-confidence. What are you confident about? Do you see others following your lead even if you haven’t directly asked them to? Would you be surprised if others said that you do have power? What opportunities do you have to take a risk to speak up, step up to a new task or advocate? What might you be able to achieve if your belief in your power was greater?”

The wisdom to know the difference. “We reduce suffering when we discern what we have power over, and what we don’t. We may influence others through coaching or nudging them, but ultimately we don’t have the power over what they will do. What are the things that are within your power when it comes to other people’s behavior and decisions? Are there things you need to give yourself permission to act on or decide? Conversely, are there things you are trying to force?”

“Hello power, I’d like you to meet my ego.” “Fear of abuse of power could be why some people resist claiming the
power that is rightfully theirs. In other cases, ego may be operating without explicit permission. Positional power (we are the boss) becomes destructive when we lose perspective, when we do things just because we can. *Who keeps you in check? Are there relationships you have with people who will ground you, who will tell you when you have gone too far? Cultivate a relationship like this for your own balance.*

**Power doesn’t have to be loud and “out front.”**

“Think of different people you respect who are able to make things happen. Notice that there are many styles to power that can be effective and one secret is to make the best use of your natural preferences and style. *What are your personality strengths? Ask a trusted colleague, ‘In what ways do you think I could more effectively make use of my strengths? Are there things I do or say that minimize my power?’ “

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**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](http://www.RWHC.com)

Intentionally making use of your power is not manipulation. “Both power and manipulation move people or things artfully, but manipulation has the element of unfair advantage. Using your power in a fair way lies in the way we communicate, and *communication is fundamentally about power.* More on that in next month’s newsletter!”

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

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- **October 22:** Coaching for Performance

To register or see other upcoming events: [www.RWHC.com/Services.aspx](http://www.RWHC.com/Services.aspx)

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