Finding Common Ground on Population Health

“Can There Be Political Common Ground for Improving Population Health?” by David Kindig in the Milbank Quarterly, March, 2015:

“One of the most critical issues facing us today is finding a political and ideological common ground for improving population health. For nearly 50 years I’ve worked in this policy area, looking at national and state maps that show seemingly unchanging and intractable disparities by geography, race, and socioeconomic status. While absolute levels of many outcomes have improved during this time, relative gaps persist and remain unacceptable.”

“I refuse to join with many people on both the left and the right of the political spectrum who claim the same ideological differences that poison our efforts on hot-button issues like abortion and mainstream issues like managing the economy also must block efforts to improve population health. For example, we seem to have become increasingly unified around the basic goal that our children live as long and with the same quality as their counterparts in other developed countries. Sadly, we have not reached the point that we have matched or exceeded the success of these other nations.”

“Many population health experts tend to approach this issue of common ground through a lens of social justice and principles of fairness. But many of our unhealthier communities are in more politically conservative areas of the nation, whose inhabitants have different assumptions about social programs and population health have affected local, state, and national policy for more than a century. Thus the improvement that many of us seek will not progress without substantial efforts from the citizens and policymakers in these areas. Are there additional value frameworks for these common goals that might make possible creating a coalition for improving population health beyond the relatively small public health community?”

“I have been influenced in my thinking by the work of the moral psychologist Jonathan Haidt. His extensive survey research reveals that while both liberals and conservatives share values like caring, liberty, and fairness, conservatives also tend to embrace others like loyalty, authority, and sanctity. While Haidt’s dichotomy may be overly simplistic because it does not account sufficiently for the many individual differences and for changes in ideology over time), it helps to explain much about the current ideological and policymaking gridlock.”

“One major ideological difference in population health policy is the role of individual responsibility in producing and maintaining health. Although each of us must take personal responsibility for many of our health choices, we also know that making healthy choices is much harder for people with less education and/or fewer economic or social resources. Population health science tells us that health is produced by many determinants, including health care and health behaviors, as well as by social and environmental factors. The widely recognized County Health Rankings model
gives 50% weight to these latter determinants at www.countyhealthrankings.org/our-approach.”

“We now know that education is as important as clinical care in making us healthier, but for many states and communities, the per capita investment in all areas of education, including early childhood, is far behind that of the country’s healthier areas. Action by community organizations and government is needed, beyond individual responsibility, to improve schools, promote economic development, and ensure affordable access to care so that we all can live longer and more productive lives.”

“One common ground political approach to making communities healthier might be to apply those values that conservatives also consider important. An example of this is the recent study by the population health researchers Sarah E. Gollust, Jeff Niederdeppe, and Colleen L. Barry, which examined the effects of messages describing the consequences of public attitudes toward government action to prevent obesity.”

“Messages about health care costs and bullying in schools motivated both liberals and moderates. But messages highlighting the negative impact of obesity on military readiness substantially increased the conservatives’ perceptions of the seriousness of the issue, and this may encourage conservative public policymakers to join forces with progressive or liberal policymakers on the obesity issue.”

“Other aspects of being healthy might also appeal to broader value sets such as workforce productivity. There is considerable evidence that unhealthy workers detract from a company’s bottom line through higher health care costs and reduced work efficiency. Some companies have even based their decisions about plant locations on health costs or health indicators. Other research has also demonstrated that the likelihood of family disruption increases when children suffer poor physical and mental health.”

“Haidt’s research also demonstrates an important nuance between liberals’ and conservatives’ values. While both sides agree on the fairness moral frame, he found that liberals tend to view fairness as equality of outcome and that conservatives are more likely to see it from a perspective of equality of opportunity. Yet much research and advocacy in population health has focused on achieving equality of outcomes by reducing racial and socioeconomic disparities. For example, the County Health Rankings defines such outcomes (ie, lower mortality less disease) as goals, but it also ranks counties on various factors like health care, health behaviors, and the social and physical environment. Although these latter factors influence health outcomes, they are not the outcomes themselves.”

“Could recognizing and building upon different moral views of fairness create common ground for improving health? Might conservatives embrace governmental action that seeks to improve health determinants as opportunities rather explicitly supporting equal outcomes themselves? As the Nobel laureate and economist Amartya Sen noted, ‘A major reason we don’t reduce disparities is the different ideological treatment of outcome.’ The Centers for Disease Control and Prevention defines health equity as ‘when all people have the opportunity to attain their full health potential.’”

“While keeping overall health outcomes in mind, could we all embrace opportunity policies like education and economic development, which produce health along with other benefits? Nobel Laureate and economist James Heckman observed that ‘it is a rare public policy initiative that promotes fairness and social justice and, at the same time, promotes productivity in the econo-

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**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 in partnerships to make their communities healthier... generates additional revenue by services to non-Members... ongoing use of strategic alliances in pursuit of its Vision. Tim Size, Editor, 880 Independence Lane, Sauk City, WI 53583

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my and in society at large. Investing in disadvantaged young children is such a policy. Many business leaders realize this and acknowledge the importance of such a policy for current and future workforce productivity and for their company’s profitability.”

“To improve health, how can we identify and promote more inclusive moral frameworks and imperatives that incentivize military readiness, economic productivity, and marriage stability? It would be unrealistic to think that we will ever have complete equality of health or shared values, but is there a compelling reason that we can’t build coalitions among persons who embrace competing ideologies to accelerate community well-being and national economic security?”

“Whether you are inclined to reply in the affirmative or not, red or blue, right or left to that query, the reality is that our nation simply cannot accept yes as an answer.”

Editors note: If you have the chance, wish Dave a very happy 75th birthday!

RWHC 2015 Kristi Hund Award Winners

Tim Size, RWHC Executive Director along with Cella Janisch-Hartline, RWHC Nurse Consultant, recently announced the recipients of the 2015 Kristi Hund Awards in recognition of their contribution to the high quality nursing practice provided in hospitals serving rural communities. The Awards were established by Kristi Hund’s peers to honor her extraordinary career as the CNO at Stoughton Hospital.

The Awards recognize nurses in community hospital settings who are well educated, well rounded at clinical practice, and have the ability to respond to a variety of age groups, diagnoses, and patient emergen-
services to ‘normal business hours.’ Sue leads with honesty, respect, and integrity. She provides her staff with candid feedback on their work. At times these are difficult conversations but in the end her compassionate guidance improves our nursing practice. She practices with integrity by being a transparent leader. She allows her staff and other departments to have voice in the quality projects within AMHC and encourages others to lead quality initiatives. Medical staff respect Sue’s consistent means of addressing concerns. Frequently she is approached by members of the medical staff for her insight and fair guidance to resolution of issues.”

From Kristi’s nomination… “Ms. Dobson has honorably served patients at Black River Memorial Hospital (BRMH) for over 15 years. During this time, her dedication to teamwork, role versatility and clinical knowledge have exceeded the standards of care. Her successful achievement of Medical-Surgical certification reflects her dedication to professional improvement and verifies her extensive clinical knowledge. These attributes have allowed Ms. Dobson to excel as a staff nurse, and effortlessly fulfill the role of Medical-Surgical Patient Care Coordinator.”

“The dynamic influence of Ms. Dobson is undeniable in her ability to role model excellence as a professional nurse. Moreover, her positive attitude, caring demeanor, patience and promotion of teamwork create a positive working culture. Ms. Dobson generously acts as a formal and informal resource for staff members by providing critical insights on the delivery of care to patients inside and outside BRMH. Her calm approach to difficult situations allows her peers to approach her without hesitation. According to her colleagues, she is consistently going ‘beyond normal duties to be positive, friendly, and helpful.’ ”

RWHC Receives Distinguished Service Award

Each year, the Wisconsin Health Information Management Association (WHIMA) recognizes excellence in the health information profession and service to the association. Award categories recognize both individuals as well as organizations that have made a significant and long standing contribution through service to WHIMA members. This year, Rural Wisconsin Health Cooperative was awarded the Distinguished Service Award for their contributions to HIM individuals at RWHC and non-RWHC hospitals. Roundtable networking, Coding Consulting, Physician and Reimbursement Credentialing, Quality Indicator and HCAPS vendor and other various educational opportunities have made RWHC stand out as a leader as these services support the association through special efforts and expertise which allow HIM members to accomplish their hospital and personal goals.

For more info about WHIMA go to www.whima.org.

Wisconsin Collaborative for Rural GME

From “Models and Innovations” at the Rural Assistance Center, http://www.raconline.org/:

Summary

- **Need:** “Shortage of family physicians in the rural areas of Wisconsin. This includes counties that have been classified as urban, but have rural
communities within them that have physician shortages.”

**Intervention:** “A collaborative that provides leadership, development, vision, and support for expanding rural graduate medical education (GME).”

**Results:** “Expanded rural GME rotations, residencies, and fellowship opportunities for training rural family physicians.”

Description

“The shortage of family physicians in rural areas is an ongoing problem. To address this shortage, rural healthcare organizations in Wisconsin came together to develop a solution that would provide rural training opportunities for physician residents, increasing their exposure to rural communities and increasing their experience level in rural practice. What began as the Wisconsin Rural Training Track Collaborative in 2012 soon was renamed the Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME).”

“While WCRGME does not have a formal membership, they collaborate with many organizations from multiple communities. At the beginning of WCRGME, nine healthcare organizations from Wisconsin came together to promote the development of Rural Training Tracks (RTTs) in Wisconsin. Two consultants were hired to help assess GME opportunities at seven inaugural sites. They shared general information regarding the development of rural GME training experiences and next steps in the process of establishing these rural experiences.”

“Currently 29 different organizations from 23 communities are working with WCRGME, all of which are at varying stages of rural GME development, from initial interest to fully functioning rural sites and tracks. WCRGME provides new opportunities that will go a long way in establishing more sustainable rural GME programs, thus more rural physicians.”

“WCRGME members meet regularly via teleconferencing in order to discuss needs and challenges, share ideas and resources, brainstorm collaborative solutions, and provide support for new initiatives.

Staff from WCRGME provide members with infrastructure, procedural, accreditation, and strategic support.”

“In 2012 the Rural Wisconsin Health Cooperative received a three-year $150,000 start-up grant from the Wisconsin Rural Physician Residency Assistance Program (WRPRAP) that allowed for the development of WCRGME. WRPRAP is funded by the Wisconsin state legislature through the passage of Wisconsin Act 190 in 2010. The initial grant came to an end this year and is in the process of being renewed. Most of the initial organizations that worked with WCRGME also received separate grant funding from WRPRAP to either explore or develop their rural training opportunities.”

Services offered

- “Initial assessments for sites
- Informational presentations
- Assistance with GME funding questions
- Communication through newsletters
- Development of statewide rural GME directory and website
- Rural education coordinators training
- Assist with accreditation and administrative tasks
- Resources for best practices
- Conferences for faculty development
- Marketing the Collaborative’s rural rotation opportunities at national and regional conferences including the Family Medicine Midwest Conference and the American Academy of Family Physicians National Conference”

Results through 2014

- “RTT residency slots increased from two to four
- The number of preceptors recruited to train medical students, residents, and/or fellows has increased 30% from 76 to 109
- Continued growth with number of residents completing rural rotations going from 54 to 76
- Number of weeks residents spent in rural rotations increased from 161 to 191
- Increased interest from urban partners wanting to offer rural experiences to their residents”
Barriers

- “Even when a healthcare facility has the desire to start an RTT, there may not be anyone on staff who is familiar with starting or running a residency. Also, a rural hospital wanting to develop an RTT needs to find a family medicine program willing to sponsor them.

- Quickly, the WCRGME realized that each of its members was in a different place with regards to organizational capacity, interest, and expertise. This resulted in the need to tailor presentations and training to different experience and interest levels.

- Centers for Medicare & Medicaid Services (CMS) reimbursement for GME is complicated, but essential to learn.”

Replication

“A centralized organization that can meet the needs and provide technical assistance for rural sites is a great model. Rural healthcare facilities often have the desire and interest to become sites for rural GME, but not necessarily the experience or resources.”

WCRGME was selected as a “2015 Top Rural Development Initiative” honoree of Wisconsin Rural Partners (WRP). The award was presented on April 23 at the Heidel House Resort in Green Lake as part of the Wisconsin Rural Partners annual Rural Summit. The award was presented by Don Sidlowski, WRP, to Kara Traxler (l) and Jennifer Crubel (r). For more information contact Kara Traxler, Director of Rural GME Development & Support, at 608.643.1060 or kttraxler@RWHC.com.

RWHC Quality Indicators Program

As the rapidly changing landscape of quality data reporting continues to become more daunting, RWHC can help you find the way. In spite of changing measures and methodologies, RWHC is equipped with friendly, knowledgeable staff and the latest reporting technologies to ensure your data is delivered in a timely and accurate manner.

Whether your hospital is PPS or Critical Access, RWHC can help you design a group of measures that meet your participation requirement for Medicare, The Joint Commission*, or other public-reporting agencies. We help make sure you “get it right.”

RWHC submits your Core Measures, Non-Core Measures, and your ICD Population and Sampling reports for you, in plenty of time so that any last-minute changes or edits can be done without a panic.

We offer a secured environment with minimal computer system requirements. Our web tools are easy to use, and meet CMS and The Joint Commission’s requirements. We can work with your EHR system to import demographic and clinical data directly into our database, reducing your abstraction time and increasing accuracy. Our re-abstraction service complements your abstractor training programs and data validity needs.

RWHC has developed clear, concise, at-a-glance and on demand reports so that you and your stakeholders can easily identify areas of strong performance as well as opportunities for improvement. By partnering RWHC’s Core Measures Service with our Meaningful Use Solutions, we can offer a state of the art product at a competitive price. Let us maximize your investment dollars by building a total quality reporting package tailored to your unique needs.

* RWHC has met the criteria for inclusion in the accreditation process and is included on The Joint Commission’s list of acceptable vendors. RWHC is committed to meeting future criteria established by The Joint Commission.
Taking Action to Have Your Choices Honored

The Wisconsin Medical Society (Society) has launched Honoring Choices Wisconsin, a major project to build system change, advocacy and education around advance care planning. “Modeled after Honoring Choices Minnesota, a project of the Twin Cities Medical Society, the Society is serving as convener, coordinator and catalyst to build clinical pilot projects based on proven concepts, methodologies, training systems and materials, combined with outreach in communities across the state.”

“Too often in our health care system, patients do not receive the care they wish for as they approach their last days. Starting a conversation about end-of-life care is difficult for all of us, whether we are physicians, patients, family members, religious and community leaders or health care providers. It is, however, imperative that these conversations happen. And once they occur, it is equally critical that patients’ choices are honored by those who care for them.”


Leadership Insights: “Turn Off the Water”

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

“‘Turn off the water while you are brushing your teeth.’ Really? Aren’t we supposed to focus on the work of managing and leading healthcare, topics like financial viability, productivity, growth, facility initiatives, quality and performance accountability? Yes, and…

“About 10 years ago my healthcare system employer kicked off a leadership meeting with a video that showed areas of the world where people do not have adequate drinking water. I remember feeling a little guilty for the pitcher of it sitting right in front of me. Big world problems seem so… well… BIG and a little overwhelming to be able to impact. It was suggested that one of the things we can do as individuals to reduce wasting of our own resources was to stop running water while we brush our teeth.”

“I remember thinking, ok, I care about all people having safe drinking water but wasn’t this discussion kind of ‘out there’ for a business meeting of leaders with pressing agendas? This ‘out there’ discussion however turned out to be a lasting reminder about the breadth of leadership responsibility. It’s about…”

Stewardship. “Leaders guide the preservation of resources. The narrow view of that is just to look at work operations directly under our authority. The broader view is to be a steward of RESOURCES, whatever that may mean. It’s about seeing waste and caring about it, even when we have abundance.”

And even little things matter. “Look around; beyond the leaking in inefficient processes, where do you see waste in your everyday behaviors?”

Integrity. “One definition of integrity is doing the right thing even when no one is looking. As a leader, our personal habits matter too. We have integrity when we are good stewards of resources both on and off stage. It’s about increasing our awareness and adapting accordingly.”
Leading, not just managing. “Management is important; it’s like the zoom lens of the camera, crisp and focused in on the day to day details. Leadership is the wide-angle lens, the bigger picture, the long view. Like the plaque on the desk of my colleague, Cella Janisch Hartline, that says, ‘Leadership is in your ACTIONS not your POSITION,’ it goes beyond the walls of your organization out into your community.”

Developing an eye for where there is waste and eliminating it. “A key concept of lean and six sigma is looking for waste, finding efficiencies. Why take 100 steps when if we redesign our work we can do it in 20? Our brain loves things to stay the way they are so it takes some work to see beyond the obvious. Trade work with someone for an hour. Ask questions, ‘Why do you do it this way?’ Or maybe even, ‘Why do you do this at all?’ Use new employees as fresh eyes and ask them, your patients, or your other customers what they notice about how resources are used.”

“I felt wasteful that I ran the water while I brushed my teeth. It served no purpose, but as long as there was no awareness that it might make a difference (as they are certainly aware right now in California), it wasn’t on my radar to care or adapt. Adapting need not be urgent to be important.”

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For Info re the RWHC Leadership Series go to www.RWHC.com/Services.aspx or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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