Focus & Leadership for Rural Wisconsin

A group of legislators in Wisconsin are “dedicated to making the voice of Rural Wisconsin heard in Madison. They recognize that their districts have unique needs that sometimes aren’t addressed in the day-to-day scrum of politics. To that end, they’ve created an umbrella of legislation that will address specific rural challenges and opportunities.” From www.RuralWisconsinInitiative.com as of 1/13/15:

“The American population has been shifting away from rural areas toward urban and suburban settings for more than 50 years. This trend has been the most pronounced in the plains states, though the upper-Midwest has seen an acceleration in this trend as well.”

“The loss of rural population causes a downward spiral. As the population decreases, local businesses fail because they lose consumers, and new businesses look to locate elsewhere as the available workforce shrinks. School districts that lose population also lose funding, which leads to fewer class offerings, and fewer incentives that would attract young high quality teachers to the district. Shrinking rural communities are less likely to have easy access to health care, causing senior citizens to relocate upon retirement.”

“In order to reverse the trend, rural areas must sustain local businesses and develop new ones that can employ the young people matriculating through the local schools and attract young families to relocate. Once population stability is accomplished, school districts can offer more tools to young people who are looking to enter an expanded workforce.”

“The Rural Wisconsin Initiative will provide focus and leadership to the discussion of how we can build our future in rural Wisconsin. These seven pieces of legislation will be bolstered by other ideas attained from public input.”

“This week, a group of Republican legislators from rural areas across the state came together to announce the Rural Wisconsin Initiative, an initial package of seven pieces of legislation that they hope will jumpstart a conversation on opportunities in outstate Wisconsin. The group is led by Reps. Ed Brooks (Reedsburg), Romaine Quinn (Rice Lake), and Travis Tranel (Cuba City).”

“The plan includes bills that will boost funding for broadband expansion grants, increase available resources for youth apprenticeship grants and tuition reimbursement grants for apprenticeships, create rural opportunity zones, expand a student loan repayment program for rural teachers, encourage expanded STEM education programs, and bolster funding for the Wisconsin Rural Physician Residency Assistance Program (WRPRAP).”

“‘It’s time for rural Wisconsinites to speak with one voice in Madison,’ said Rep. Romaine Quinn, who contributed legislation to the plan. The Rural Wisconsin Initiative will serve as an umbrella to galvanize rural legislators to bring our issues to the capitol and ensure that the issues that affect us every day are ad-

From the movie The Big Short: “It ain’t what you don’t know that gets you into trouble. It’s what you know for sure that just ain’t so.”
- Mark Twain

RWHC Eye On Health, 1/18/16
dressed. We have so much of the same talent and potential: it’s time that rural Wisconsin children had the same opportunities as kids in Milwaukee or Madison.”

Several legislators have joined Reps. Brooks, Quinn, and Tranel in supporting the plan, including Reps. Joan Ballweg (Markesan), Kathy Bernier (Chippewa Falls), Mary Czaja (Irma), James Edming (Glen Fora), Joel Kitchens (Sturgeon Bay), Scott Krug (Nekoosa), Bob Kulp (Stratford), Tom Larson (Colfax), Jeff Mursau (Crivitz), John Murtha (Baldwin), Lee Nerison (Westby), Todd Novak (Dodgeville), Warren Petryk (Eleva), Keith Ripp (Lodi), John Spiros (Marshfield), Rob Swearingen (Rhinelander), Gary Tauchen (Bonnduel), and Nancy VanderMeer (Tomah).

The Rural Wisconsin Initiative includes seven pieces of legislation. While only one of the bills relates directly to rural health, just as rural hospitals provide crucial economic development for rural communities, we believe all of these bills deserve public hearing and positive action in the Legislature to help strengthen Wisconsin’s rural communities.

To view the plan or offer suggestions, please visit www.RuralWisconsinInitiative.com

“Train, Work & Contribute Local”

From “Guest Opinion: Go home, Graduates,” by Duane Ford at SWNews4U.com on 9/5/15:

“Ford, the retired president of Southwest Wisconsin Technical College, made these comments as the elected chair of Platteville Public Schools’ annual meeting on August 24th.”

“This summer my oldest brother and I both retired; he after 30 years in farming and me after 30 years in higher education.”

“We made comfortable livings. We raised families. He ran a successful business. I contributed to the public good. We individually deem our careers successful.”

“But if you consider our careers from the vantage point of the hometown we grew up in—the hometown that invested time and money in our upbringing and education—the calculus changes. Which brother’s career provided the biggest return on our hometown’s investment?”

“I went to college and later found a career outside my hometown. I have returned nothing to the community I grew up in. The taxpayers, teachers, counselors, friends, and neighbors who contributed to my upbringing and education have realized a zero return on their investment.”

“My brother went to college and later returned to farm. He ran a business, raised a family, served on the school and village boards, donated time and money, and otherwise made significant contributions to the community’s welfare. The return on investment in my brother’s upbringing and education has been huge.”

“One of the biggest challenges for rural communities is the out-migration of our children. Do communities and citizens do enough to promote work, entrepreneurship, and career opportunities in our own hometowns? How often do we say or imply that the lights are brighter or the grass is greener somewhere else? How many of us know the job, entrepreneurial, and career opportunities available in our hometown and how often do we speak of these opportunities to young people?”

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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“Not long ago local leaders asked Richland County citizens to identify their community’s biggest challenges. The out-migration of talented young people was identified. Citizens blamed the loss on a lack of good jobs in Richland County. The same leaders asked local employers why there were no jobs, only to find out there are many jobs available in Richland County. Indeed, employers complained they cannot find enough talented applicants.”

“If small rural communities are to survive and thrive, I believe many things, but at least the following five, need to be accomplished.”

“First, we need to know what job, entrepreneurial, and career opportunities exist in our hometowns. And by ‘we’ I mean all citizens, but particularly parents; teachers and professors: guidance counselors and advisers; school, college, and university administrators; friends and neighbors. Local business professionals and others ‘in the know’ need to educate their fellow citizens about the available opportunities.”

“Second, we need to talk early and often to young people about the education, job, entrepreneurial, and career opportunities in our hometowns. Of course, they won’t all pursue those opportunities, but don’t we owe it to our communities, to ourselves, and to our children to at least make them aware of the local possibilities? That’s what’s happening now in Richland County.”

“Third, we need to make certain that local schools, colleges, and universities that receive taxpayer funding invest in and offer robust programming tied to local workforce, entrepreneurial, and career opportunities. They also should develop accountability measures and periodically report how well they are serving their community’s workforce and entrepreneurial needs. This is a bit tricky because UW Platteville serves communities across the entire state, Southwest Wisconsin Technical College serves communities in a five-county region, and Platteville Public Schools serves a very local district. Nevertheless, we taxpayers invest heavily in the education and training of our children and we deserve to know what retention of young people is not and cannot be the sole responsibility of schools, colleges, and universities. Parents, family members, employers, and all community members need to be part of the solution.”

“Fourth, we need to realize that the local community is receiving on that investment.”

“Fifth, we must stop or at least question explicit or implied judgments about the value of different kinds of work or where the ‘grass might be greener.’ Three cheers for engineers who design bridges and the universities which train them, but let’s also give three cheers for the concrete and steel workers who build those bridges as well as for the schools and colleges which train them. Three cheers for the kid who goes off to a ‘big name’ university and then works in some suburb, but let’s also gives three cheers for the kid who sooner or later finds work and a career in his or her hometown.”

“If our rural communities are to survive and thrive, we need young people to replace those of us who are no longer in the workforce or no longer creating wealth and jobs through entrepreneurship. Our best bet is to do what we can to promote opportunities to train local, work local, and contribute local. Our hometowns need more people like my brother and fewer like me.”

Getting Honest About Aging

As your editor continues to grow less young, you probably will be seeing more articles like this one from “Everyone should be allowed to age as gracefully as Downton’s Lady Crawley—Infantilizing older people stops them leading a fulfilling end to their lives” by Sonia Sodha in The Guardian, 1/3/16:

“Farewell then, Downton Abbey—and with it, Lady Violet Crawley, the purveyor of some of TV’s best one-liners. Whether conspiring to disguise her granddaughter’s out-of-wedlock pregnancy, rekindling old
flames with Russian princes or doling out advice to ‘frenemy’ Isobel Crawley, Maggie Smith’s character has always been defined by personality, not age. That this remains worth commenting on is symptomatic of the ageist stereotyping of TV characters in their 70s and 80s that, save a few notable exceptions, remains far too common.”

“It’s not just TV: ageism is prevalent in the wider public debate about ageing. To the extent that we have such a debate, it is about baby-boomers getting a better deal at the expense of the younger generation. Yet there are real issues around ageing that we barely talk about.”

“There is worrying evidence of ageism in the workplace: one study found six in 10 managers rated employees aged over 50 as having low potential to progress, despite scoring them higher on knowledge and skills. Once older people begin the process of physical and cognitive decline, many are absorbed into a system that too often provides highly institutionalized care catering to physical, but not emotional, needs and infantilizes them by minimizing risk of physical harm at the expense of supporting them to live a fun, rich and fulfilling end to their life.”

“Yes, there are policy questions at play: the care system is underfunded and despite a rising state pension age, government has done too little to address age discrimination in the workplace. But these are symptoms of a deeper malaise: a casual ageism far more pervasive than we admit.”

“It is frightening to contemplate one’s own mortality and the irreversible process of decline that precedes it. It is harrowing to think of our loved ones living with dementia: losing memories, their ability to recognize people and their sense of self. The consequences of this fear are profound. It doesn’t just feed a huge industry aimed at making us look younger: it bleeds into attitudes that affect how we live alongside, and, ultimately care for, older people.”

“We often romanticize the respect for elders attributed to some Asian cultures. But the reality is perhaps more mixed than cultural stereotypes allow. In societies where family care has been the predominant model of caring for older people, caring is highly gendered, done by women who don’t work. In Japan, there have been high-profile cases of serious abuse of older people by families resentful of their caring responsibilities. The cultural norm that the parental duty of care to children reverses later in life can leave older people vulnerable to infantilization by even the most well-meaning offspring.”

“How can we make care less about tasks such as feeding and bathing and more about supporting the capacity to lead flourishing lives? What’s the right balance of responsibilities between family and state? How should we address age discrimination in the workplace? It is striking how far behind these debates are compared with those about childcare or gender discrimination. Unless we can be more honest in confronting our everyday ageism, this is unlikely to change.”

Rural Rivals Can Collaborate

From “Rural Rivals Team Up to Coordinate Care” by John Commins in HealthLeaders Media, 11/4/15:

“In a small North Dakota community, a community health center and a Critical Access Hospital (CAH) have found a way to work together in what they’re calling a patient-centered medical neighborhood.”

“I’ve been writing a lot lately about the evolving role of rural providers in this new age of value-based reimbursements.”
“Health policy think tanks, rural health advocates, state hospital associations, and local providers are trying to find more efficient delivery models that create optimum use of scarce resources for remote populations.”

“One success story can be found in Beulah, ND, pop. 3,152 or so, located about 77 miles northwest of Bismarck, and whose town motto is ‘Small town appeal... Big city looks.’ ”

“For years Coal Country Community Health Center (CCCH), a federally qualified health center in Beulah, was locked in a struggle with rival Sakakawea Medical Center, a 25-bed critical access hospital in nearby Hazen.”

“‘We were the poster child for competition and conflict,’ says Darrold Bertsch, CEO of SMC since 2009. ‘It was most evident in the duplication of primary care and ancillary services. Each of those was done to protect the market and to protect each other’s turf. It resulted in a waste of resources and a duplication of services.’ ”

“The competition proved particularly detrimental for CCCHC, which in 2011 found itself in financial straits and with a leadership vacuum. ‘The health center reached out to the hospital through the encouragement of the health center’s medical director, to see if I might provide some interim leadership to find out what was going on with some of the revenue cycle and cash flow issues, and what we could do to stabilize staff and improve morale,’ Bertsch says.”

“He accepted the job, but not a salary. He is considered a health center employee under a joint administrative services agreement that sells services back to the hospital. That helped assuage local fears that SMC was taking over CCCHC.”

“The two providers also worked with the Health Services and Resources Administration, which oversees funding for FQHCs, to gain approval of the interim relationship that began formally in March, 2011. HRSA generally frowns upon hospital, municipality, or 501(c)(3) ownership of a FCHC. They make exceptions, however, if the health center has its own independent board of directors.”

“After familiarizing himself with the health center’s operations, Bertsch says he hired consultants to determine how the goals of the boards of directors for both providers meshed with the reality on the ground and how they could move forward together. ‘We wanted a fresh, independent set of eyes come in to take a look at our situation and they provided some recommendations, some of which we had already implemented, and others that we implanted afterwards.’ ”

“‘We ended up eliminating some of the duplication in ancillary and primary care between the two organizations,’ he says. ‘We placed two reciprocating board members, meaning that there are two board members from the hospital board that sit on the health center board, and vice versa so that there is total transparency with the CEO. And me, as the CEO, I report independently to each board and have responsibility to each board of directors for each organization.’ ”

“Bertsch says the partnership has avoided conflicts of interest or collusion largely by making patient need a priority. ‘My point always was that if you put patients’ needs to the forefront and you have vision to optimize the programmatic benefits of the critical access hospital program and the federally qualified health center program, the conflicts of interest should not be that prevalent,’ he says. ‘That is all fine and dandy to say, but it has truly worked for us here.’ ”
“That spirit of cooperation and coordination has spilled over to include other providers to take part in the community needs assessment.”

“The Patient-centered Neighborhood—Many times organizations do their community needs assessments because it’s a programmatic or IRS requirement,’ Bertsch says. ‘We truly took it to the extent that ‘let’s get all of the local providers, the hospital, the health center, the ambulance provider, the nursing home, public health’ and we all came together to do the community health needs assessment. When we had the results of that, we also developed a collaborative strategic plan. And now we have a collaborative community health improvement plan. We have our individual responsibilities as organizations, but we also have the responsibilities of the group as a whole and we meet quarterly to review those goals.’”

‘By working together in what I call the patient-centered medical neighborhood, we know that we are able to provide care in a better, more organized and coordinated way because we are doing care coordination with the clinic and the hospital,’ he says. ‘We’ve also improved the financial position of both organizations. They both have a better bottom line because of our collaboration. We are no longer fighting for the resources in the area. Like all areas, the workforce is limited and the market share is limited, but we are optimizing the programs for the betterment of the patient.’”

“What was once a poster child for harmful competition has evolved into a model for cooperation, and the success has not gone unnoticed.”

“Last spring the National Rural Health Association took the unusual step of naming the two providers its winner of the Outstanding Rural Health Organization award. ‘In a healthcare culture where the need for healthcare organizations to collaborate and cooperate is often discussed, this critical access hospital and community health center serving patients in rural North Dakota have combined efforts resulting in a higher quality of care and improved financial gains,’ NRHA said of the co-winners. ‘This success story demonstrates what can come from strong leadership, innovation and collaboration.’”

“Guidelines for Future Collaborators—For any providers looking to emulate the Coal Country/Sakakawea collaborative, Bertsch says a few things need to be in place:

‘First of all, there needs to be collaborative assessment of the healthcare needs of the area,’ he says. ‘All too often I hear independently that the hospital has done their health assessment and the health center has done theirs and they are not sitting at the table doing it together so they learn more about the role each other plays in those needs. Just as importantly, they need to use that information to create a collaborative strategic plan.’”

“He also recommends transparency in the process.”

‘‘Granted, not every community will have a shared CEO and it’s not the right model for everybody,’ he says. ‘It was the right one for this community, but what can be in place is transparency in governance. To have reciprocating governance where the same information is shared with each organization helps provide more of a unified vision in this particular community.’”

“While understanding that all healthcare delivery is local, Bertsch says he would not be surprised if more rural providers develop similar cooperative models.”

“There are more that need to be developed, but sometimes personalities and other reasons get in the way,’ he says. ‘As we’re all shifting from volume to value, we are going to need to work together. Here, we feel so blessed because of the relationship we have between these two organizations.’”

Honoring Choices: Video Worth a 1000 Words

From the Wisconsin Medical Society:

“Honoring Choices Wisconsin is a major initiative to build system change, advocacy and education around advance care planning. Through Honoring Choices Wisconsin, the Society serves as convener, coordinator and catalyst to build clinical improvements combined with outreach in communities across the state.”
“Participating organizations are offering facilitated advance care planning conversations to patients under the guidance of the Respecting Choices® First Steps® program, a pioneering approach developed in La Crosse, Wisconsin. These systems have agreed to embrace a common emphasis on improving the conversation across health systems; use patient-tested forms and informational materials; share lessons learned formally and informally; and support community outreach.”

Honoring Choices Wisconsin is also engaging Wisconsinites through faith communities, media, multicultural organizations, support networks and other avenues.

“With funds from the Wisconsin Office of Rural Health, Honoring Choices Wisconsin has produced a new video in collaboration with Wisconsin Public Television on the topic of advance care planning.” The video in 3 or 10 minute versions is free and available online at http://ow.ly/TWUIW.

Leadership Insights: “Ratings Game”

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

“Picture an employee you would consider competent, and think of rating them on a 1-5 scale. Are you:

- **A tough rater?** No one gets a 5 from you because there is always something that could be better.

- **An average rater?** Yes, this person is good but so are others, and no one is perfect, so let’s just go with a 3.

- **A high rater?** 5+++++! Exuberance!”

This is the problem with rating, and one of the reasons managers procrastinate doing performance reviews. Opinion-based ratings are hard to defend and rater bias exists in all of us. Subjective rating scales are agonizing for a number of reasons:

- They offer no actionable feedback for improvement.

- When your number is different from the employee’s self-rating, it quickly becomes uncomfortable.

- Numbers mean different things to different people, leading to lots of ambiguity.

- It is easy to tie one’s self esteem to a number and suffer needlessly from a perceived low score or fail to strive due to a high score.”

Make rating scales count by doing the work to clarify what the numbers mean. “Let’s take a common target like ‘teamwork’ as an example. FIRST STEP: Define terms. We all know what teamwork looks like, right?? Maybe not. Find an existing definition: Teamwork is ‘When a group of people work together cohesively, towards a common goal, creating a positive working atmosphere, and supporting each other to combine individual strengths to enhance team performance,’ See the ‘Happy Manager Teamwork Definition’ at http://ow.ly/WIHZU. Discuss in your team, tweak it for your organization, and once you agree on a definition you can go to STEP TWO: Define the behaviors.”

**Behaviors are different than intentions.** “A person may think of themselves as skillful, but the proof is in the actions that show evidence of the skill being rated. It’s not that hard to get specific, just think of someone who is your ‘poster child’ for the skill you are rating and identify what behaviors cause you to think of them that way. For example, the list for teamwork probably looks like this:

- Consistently attends team meetings
- Raises their hand when volunteers are needed
- Covers for others when there is a need

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Go to www.ruralhealthweb.org/go/top/donate to learn more.
✓ Shows up on time and with commitments met
✓ Suggests improvements that benefit the greater good not just the individual
✓ Takes actions on behalf of the team that leads to increased business or improvements
✓ Is sought out by others to lead team actions
✓ Others nominate them for involvement in new projects because of past positive experience
✓ Initiates or organizes team celebration events
✓ Recognizes others on the team for their contributions so that they feel appreciated
✓ Speaks up when in conflict in a respectful way so that conflict gets resolved
✓ Avoids speaking about other team members behind their back
✓ Suggests team decision making approaches that fit the situation (consensus, majority vote, leader decision, etc.)”

STEP THREE: Decide how to assign ranking. “To make it simple, someone who consistently does all of these is your high performer, a 5. Doing none or few of these are your low performers, 1’s and 2’s. 3’s do about half of these, 4’s more than half and with more consistency than 3’s.”

“This process doesn’t remove all the subjectivity, but it makes your dialogue in coaching and performance review discussions—sharing specific examples of times when you did or did not see the behaviors—much more conducive to improvement going forward.”

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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