“In response to a proposal to bar Muslims from entering the United States: “This is not conservatism… and more importantly, it’s not what this country stands for.” - Speaker Paul Ryan, December 8th, 2015

RWHC Eye On Health, 12/16/15
it. It’s the trump card of prerogative over needs, over the interests of others. ‘It’s my operating room time.’ ‘I give the orders.’ ‘Only a doctor can.’ ‘Only a nurse can.’ These are habits and beliefs that die very hard, but they’re not needed. They’re in our way.

Recommit to improvement science: For improvement methods to work, you have to use them, and most of us are not. I’m trying to be polite, but I am stunned by the number of organizations I visit today in which no one has studied [W. Edwards] Deming’s work, no one recognizes a process control chart, no one has mastered the power of testing PDSA (plan-do-study-act), Nathaniel’s Method or the route to the top. You can see the proof of concept. This is beyond theory now.

Embrace transparency: The right rule is really clear to me. Anything we know about our work, anything, anything we know about our work, the people and communities we serve can know too, without delay, without cost or smoke screens. What we know, they know, period.

Protect civility: ‘With the self-satisfaction courted by Era 1, with the accusatory posture that’s at the heart of Era 2, civility and, therefore, possibility have been in much too short of supply. I don’t lack a sense of humor, although I may sound like it right now, but in my opinion, jokes about herding cats or green eyeshades or soulless bureaucrats or the surgical personality, or the demanding patient—these are not funny.

Listen. Really listen: These terms—coproduction, patient-centered care, what matters to you—they’re encoding a new balance of power: the authentic transfer of control over people’s lives to the people themselves. That includes, and I have to say this, above all, it has to include the voices of the poor, the disadvantaged, the excluded. They need our mission most.

Reject greed: For whatever reason, we have slipped into a tolerance of greed in our own backyard and it has got to stop… We cannot ask for trust if we tolerate greed. The public is too smart.”

A Vision for Medicare Rural Payment Reform

From “Medicare Value-based Payment Reform: Priorities for Transforming Rural Health Systems” by the Rural Policy Research Institute Health Panel: Keith Mueller, Charles Alfero, Andrew Coburn, Jennifer Lundblad, Clinton MacKinney & Timothy McBride:

“In January 2015, Department of Health and Human Services (HHS) Secretary Burwell announced new goals and timelines for moving Medicare reimbursement from fee-for-service to value-based payment. These payment changes are driving delivery system reforms by making healthcare organizations more accountable for patients’ health as well as population and community health. Payment and delivery system reform, however, is concentrated in urban centers, and Medicare rural payment policies that were designed to strengthen rural health providers and systems are now complicating payment and delivery system reform in rural areas. The inclusion of rural providers in Medicare payment reform is critical for the program and for the 23 percent of Medicare beneficiaries who reside in rural areas. Rural Medicare beneficiaries should have the same opportunity as their urban counterparts to benefit from payment reform’s positive effects, including strengthened primary care, embedded care coordination, and improved clinical quality. In this brief, we describe five recommendations to facilitate rural inclusion in value-based payment and delivery system reform:
1. Organize rural health systems to create integrated care.

2. Build rural system capacity to support integrated care.

3. Facilitate rural participation in value-based payments.

4. Align Medicare payment and performance assessment policies with Medicaid and commercial payers.

5. Develop rural appropriate payment systems.”

“HHS’s goals to shift from FFS payment to alternative payment systems and payment that is based at least in part on quality could well be the ‘tipping point’ that drives nearly all healthcare payment and care delivery toward value, including in rural areas. Rural provider inclusion in payment and delivery system changes is crucial if health equity is to be achieved. We should expect and encourage widespread healthcare delivery system change in response to the new payment paradigms. Facilitating that change through policies that recognize the special circumstances facing rural providers is critical if payment policy changes are to have the intended effect of moving healthcare delivery closer to a high performance rural healthcare system.”

The full paper as well as an executive summary is available at: http://ow.ly/VUYJU

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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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**The Future of Nursing Still in the Future**

From “Assessing Progress on the Institute of Medicine Report, The Future of Nursing,” a Report in Brief from the Institute of Medicine, December, 2015:

“In 2010, the Institute of Medicine (IOM) released a landmark report, The Future of Nursing: Leading Change, Advancing Health, that addressed the crucial role of nurses in a rapidly evolving health care landscape. Shortly after the release of this report, the Robert Wood Johnson Foundation (RWJF), in partnership with AARP, launched the Future of Nursing: Campaign for Action (the Campaign). The Campaign has since worked at the national and state levels to shepherd the report’s recommendations.”

“RWJF asked the IOM to convene a committee to examine changes in the field of nursing since the release of The Future of Nursing report and to assess progress made in implementing the report’s recommendations. The resulting report, Assessing Progress on the Institute of Medicine Report The Future of Nursing, offers a blueprint for the Campaign and other stakeholders to accelerate implementation of The Future of Nursing recommendations.”

**Areas of Recommendations:** “In a changing health care culture and landscape, with increasing importance placed on interprofessional collaboration, the Campaign, the field of nursing, and stakeholders in other professions working to improve health care delivery can continue to make significant contributions by addressing challenges in the areas of health care delivery and scope of practice, education, collaboration, leadership, diversity in the nursing profession, and workforce data.”

**Removing Barriers to Practice and Care:** “The 2010 report proposed that Advanced Practice Registered Nurses (APRNs), if practicing to the full extent of their education and training, could help build the workforce necessary to satisfy the health care needs of an increasing number of people with access to health insurance and contribute their unique skills to the delivery of patient-centered health care. Steps have been taken but barriers to expanding APRN scope of practice remain.”
“Collaborative models of practice, in which all health professionals practice to the full extent of their education and training, optimize the efficiency and quality of care for patients and enhance the satisfaction of health care providers. The committee recommends that the Campaign work with other health professions groups, policy makers, and the nursing community to build common ground around removing scope of practice restrictions and increasing interprofessional collaboration to improve health care practice in the interest of patients.”

Collaborating and Leading: “Nurses are needed to lead and participate in ongoing reforms to the health care system, to direct research on evidence-based improvements to care, to translate research findings into practice, to be full partners on the health care team, and to advocate for policy change. Nurses in leadership positions contribute their unique perspective and expertise on issues such as health care delivery, quality, and safety. The committee recommends that the Campaign work to expand efforts and opportunities for interprofessional collaboration and leadership development. The Campaign also should encourage nurses to serve in executive and leadership positions—including those at health care systems, insurance companies, government agencies, and advisory committees—such that they may be involved in the redesign of health care delivery and payment systems.”

Promoting Diversity: “The 2010 report identified lack of diversity as a challenge for the profession and indicated that a more diverse workforce would help better meet current and future health care needs and provide more culturally relevant care. The Campaign has made diversity one of its pillars, and nationwide, many stakeholder organizations in health care, education, and government have taken steps to increase the diversity of the nursing workforce and

Caregivers Bill of Rights

From “Tips for Caregivers” on the Alzheimers Aid Society of Northern California at http://ow.ly/VShDX

I have the right ...

1. To take care of myself! This is not an act of selfishness. It will give me the capability to take better care of my relative.

2. To seek help from others in providing care, even though my relative may object. I recognize the limits of my own endurance and strength.

3. To maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know I do everything I reasonably can for this person, and I have the right to do some things for myself.

4. To occasionally get angry, be depressed, and express other difficult feelings.

5. To reject any attempt by my relative (either consciously or unconsciously) to manipulate me through guilt, anger, or depression.

6. To ask for consideration, affection, and forgiveness from my loved one for what I do, for as long as I offer these qualities in return.

7. To take pride in what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my relative.

8. To protect my individuality and my right to make a life for myself, that will sustain me in the time when my relative no longer needs my full-time help.
that of the health professions more broadly. The committee recommends that the Campaign continue to prioritize diversity and implement a series of actions to promote it.”

Improving Data: “There are major gaps in understanding numbers and types of health professionals, where they are employed, and what roles they fill. Yet this knowledge is critical to support new models of health care delivery and improve patient care. The committee recommends that the Campaign use its strong brand and partnerships to help improve data collection. The Campaign should play a role in convening, supporting, and promoting collaboration among organizations and associations to consider how they might create more robust data sets and how certain data sets can be organized and made available to researchers, policy makers, and planners. The federal government and states also should play a role by expanding existing data collection activities to better measure and monitor the role of nurses in the health care workforce.”

Conclusion: “No single profession, working alone, can meet the complex needs of patients and communities. Nurses should continue to develop skills and competencies in leadership and innovation and collaborate with other professionals in health care delivery and health system redesign. To continue progress on the implementation of The Future of Nursing recommendations and to effect change in an evolving health care landscape, the nursing community, including the Campaign, must build and strengthen coalitions with stakeholders both within and outside of nursing.”

The full report is at: http://ow.ly/VSbuj

Financing for Non-Profit Capital Projects

The following is a Guest Commentary by Dennis Reilly, Executive Director of the Wisconsin Health and Educational Facilities Authority (WHEFA):

When reviewing financing options, non-profit organizations should consider all available options before deciding how to finance or refinance their building and equipment, improvement and expansion needs.

Numerous federally sponsored financing options are available to organizations. However there is one federal subsidy that midsize to larger non-profits should not overlook when evaluating their options for financing—federally tax exempt revenue bonds.

The principal advantage of borrowing with federally tax exempt revenue bonds is the low interest cost. Because investors in tax-exempt bonds do not pay Federal income tax on interest payments received on the bonds, these investors are willing to accept an interest rate lower than the interest rate on comparable taxable bonds, the interest on which is subject to Federal income taxation. In addition, some states exempt the interest on tax-exempt bonds from state income taxes, thus magnifying the benefit of tax-exempt financing.

Today, non-profits have many choices when deciding on the best financing option for their particular capital project. Tax-exempt financing is a great tool for midsize to larger non-profits to have in their financial toolbox for projects in excess of $1.5 million. This extremely valuable federal subsidy sometimes gets lost in the shuffle when discussing available financing options.

Driven primarily by low interest rates and a continued strong appetite by banks to purchase bonds, tax-exempt financing remains an extremely effective fi-
nancing tool for midsize to larger non-profits. Tax-exempt financing will not always be the best plan of finance for a particular project, but it should be considered. When evaluating financing options, the pros and cons of each should be reviewed and the focus should not be solely on the interest rate. No one in an organization will remember in five years that a slightly lower interest rate was secured on a loan, but they will remember if their organization is restricted from growing and expanding due to the covenants and collateral required in existing loan documentation. All organizations grow and evolve over time and it is important to maintain as much flexibility as possible with all borrowings.

Non-profit organizations must be resourceful to grow and prosper, particularly in this economy. Tax-exempt revenue bonds can provide midsize to larger non-profits with projects in excess of $1.5 million with a cost effective alternative to conventional loans and other federal programs with user friendly terms and conditions.

Dennis Reilly is the Executive Director of the Wisconsin Health and Educational Facilities Authority (WHEFA), a conduit issuer of tax exempt bonds for all Wisconsin non-profit organizations.

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“FCI helped the Wisconsin Food Hub Cooperative (WFHC) get off the ground so farmers would have better access to the market for their local food. FCI support in the startup years was important, as they gave us a line of credit critical to getting us off the ground.” Sarah Lloyd, Director of Development, Wisconsin Food Hub Cooperative

“We worked with Forward Community Investments on our remodeling and relocation project from the start. Then, in the last few months, FCI approached us about refinancing our debt. FCI reduced our interest rate by 1.5% and adjusted the terms of the loan—a move that will save us more than $20,000 in 2016.” Harold Vanselow, general manager, Chequamegon Food Co-op, Ashland

“Without Forward Community Investments’ support, the construction of the Southwest CAP Mary Baker Building AHC Dodgeville Dental Clinic Expansion may not have been a reality. The space allowed for the addition of dentists, dental assistants, and a dental hygienist to serve adults as well as children. Within a year, the dental clinic was booked solid.” Joe M. Weier, Project Manager, City of Dodgeville

FCI loans help finance the community solutions that make people and communities stronger and healthier. Their workshops, consultative services and financial advice build upon each other to help growing a financially sound and sustainable statewide nonprofit community—one nonprofit at a time.

Individuals, organizations, companies, faith-based groups, financial institutions and others provide the capital used for these loans. For over 20 years FCI has been steadily growing by providing loans to nonprofits and others working to transform communities. The trend continues as 2014 was a banner year for FCI with over $12 million in loans.

I don’t know about your mailbox, but come December, end of year charitable requests arrive with some frequency. Many of us respond and do so as part of a belief in “paying it forward”—having been helped by others, we “repay” the kindness or help to others instead of to the original benefactor.

To expand on that idea, let me share what I have recently learned about a long-standing and respected Wisconsin non-profit that offers opportunities to “invest it forward.”

Forward Community Investments (FCI), certified by the US Department of the Treasury, delivers below-market rate loan capital and expert advisory services to Wisconsin non-profit organizations that engage in the development of affordable housing and community facilities and the promotion of economic sustainability.

“Invest It Forward”

by Tim Size, RWHC Executive Director

Help Grow Next Generation of Rural Health Leaders

The National Rural Health Association Foundations needs your contribution to help develop the next generation of rural health leadership.

Go to www.ruralhealthweb.org/go/top/donate to learn more.
Thanks to their investors, FCI has provided almost $55 million in loans across Wisconsin.

If you have money in a CD you may be earning 1%. That’s it. Not much. And while your money isn’t actually snoring, it is doing very little. When in fact, it could and should be, working to support the very values, mission and vision that drive you to give of your time and talent. Community investing provides socially-minded investors with the opportunity to align money and values to create social impact. It’s about putting investment capital to work towards the creation of a more just, sustainable, and healthy society.

You may invest as little as $1,000 for one year and receive a 2% rate of return. As loans are repaid, the funds are recycled to create new loans to help other organizations achieve their missions. It is a self-propelling cycle that gives organizations access to the resources they need to grow, thrive and create change.

For more information or a prospectus, go to www.forwardci.org

Leadership Insights: “Older… Wiser”

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

“Older…Wiser. There is not always an ‘and’ in between these two words. Not only are there some incredibly wise young people, there are definitely some older people who do not wizen with age. Smart is one thing, but wise goes further. Do you aspire to be a wise leader?”

“I think of Nelson Mandela. The Dalai Lama. Eleanor Roosevelt. My mom and dad. A diverse list with some common threads, one in particular: they were all forgiving even when it was not easy. Who comes to mind when you think of a wise person? Perhaps someone who is:

Thoughtful and reflective. Wise people take life’s experiences and reflect on what the lesson is in the long view. There is something to be learned from every experience, and their reflections can help others see things differently too. Can you quiet the stressful brain noise so that there is room for lessons to be learned? You don’t have to have candles and spa music. Taking a walk or immersing yourself into an activity that focuses you can allow wisdom the space to bubble up. Develop a habit of asking yourself the bedtime question: what did I learn today? Use the rule of ten to gain perspective: what impact will this event/problem/decision have in ten minutes? Ten weeks? Ten months? Ten years?

Responsible. ‘We are made wise not by the recollection of our past, but by the responsibility for our future.’ George Bernard Shaw offers a different take, that while wisdom grows from reflection on the past, we don’t rest on that reflection. Wisdom is about taking action and doing what needs to be done, even when, and maybe even especially when, we are not the direct beneficiaries. Are you invested in a cause bigger than your day-to-day life? What is important enough to you to go broader and deeper in your leadership?

Compassionate. Compassion is essential to wisdom. It is the ability to put yourself in someone else’s shoes and the willingness to act to address suffering. If you are able but do not act to lighten the load of others, ego overrules wisdom. Wisdom is not sedentary. The compassion required for it is like a muscle that atrophies if we get lazy. Increase your compassion with the practices in ‘A Guide to Cultivating Compassion in Your Life, With 7 Practices’ available at: http://ow.ly/VFmQT

Humble. ‘Humility is not thinking less of yourself, it is thinking of yourself less,’ C. S. Lewis. If you
say you are wise, are you? Wise is a high bar, and we are probably not as wise as we can get until the day we die. Do you have opportunities to defer decisions to others rather than always needing to be in control? Do you have a habit of gratitude? Are there opportunities you miss to show appreciation for what others do that make it possible for you to do what you do?

**Genuine and Imperfect.** Wise people don’t try to fool others, and they will admit they are sometimes foolish. We are awed when children say incredibly wise things, and part of how their wisdom shines through is the genuineness of their communication. They are not doing ‘impression management,’ trying to make people see them as wise. They immerse their whole selves into figuring things out. Listening well allows wisdom to come through more than worrying about how we will be perceived or trying to be perfect. Admitting our imperfections makes us human, approachable and real.

**Able to read people.** This requires emotional intelligence, the ability to scan a situation and sense the emotional temperature while maintaining one’s own balance. An irony to this skill is that you have to give up your pre-conceived notions of what you already think about people to truly observe. Practice setting aside what you believe about someone, and just noting objectively what their body language, tone of voice and facial expressions might be saying.”

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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