“America’s Pain” - Urban & Rural

From the editorial “America’s Pain” by Merrill Goozner in Modern Healthcare on 11/19/16:

“Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs and Health, did a grave disservice to Americans rightfully upset about the rising tide of drug and alcohol dependency in their communities.”

“The report failed to address the root causes of an epidemic that has spread to an estimated 27 million people who abuse prescription opioids or use illicit drugs. Nor did it explain why an estimated 66 million people—1 of every 4 adults and adolescents—engage in binge drinking at least once a month.”

“If drug companies or pain pill mills with uncontrolled prescription pads bore any responsibility for the tide of opioids that swept over some areas of the country, you wouldn’t know it from this report.”

“There was a long section on brain chemistry, though. It validates treating addiction like the disease that it is with both counseling and medication.”

“If John Snow had taken a similar approach to a cholera outbreak in mid-19th century London, he would have counseled drinking beer since local brewers were unaffected (their water was boiled). Instead, he convinced the authorities to remove the handle from the contaminated well, which eventually curbed the epidemic.”

“I did a little creative Googling last week while attending a conference on Health Systems and Addiction sponsored by ECRI. I turned up Medicare’s Part D Opioid Drug Mapping tool, which shows states and counties with opioid prescription rates higher or lower than the national average.”

“I covered its legend on my computer screen before showing it to one of the presenters, an official from the VA. ‘Know what this is?’ I asked. ‘An election map?’ she answered.”

“Close. There were some discrepancies. Florida, Wisconsin, Iowa and a few upper Great Plains states that went for Donald Trump had below-average opioid prescription rates. Washington and Oregon, which voted for Hillary Clinton, had above-average rates. But it was almost perfect correlation.”

“Healthcare officials have turned a blind eye to the social roots of this epidemic largely because they have no tools for addressing them. Joblessness, hopelessness and despair rarely enter into the dialogue.”

“Do all you can with what you have, in the time you have, in the place you are.” Nkosi Johnson (born with HIV; died at age of 12)
“Instead, the discussion of the ‘social determinants’ of the opioid and alcohol abuse epidemics usually focuses on the behavioral health crisis. We have a very real problem with poorly treated depression, schizophrenia and bipolar disorders, which lead to self-medication, substance abuse and addiction.”

“Better-run health systems are developing programs to provide food, shelter and counseling and treatment for some of these patients. The hope is that these unreimbursed efforts will prove to be more cost-effective than simply turning stabilized people back onto the streets.”

“But poorly treated mental health conditions in no way account for the rising number of Americans who needed treatment for their pain, and managed to find willing suppliers within the healthcare system.”

“That aircraft carrier is finally turning. The American Medical Association, which fought restrictions, has joined the battle against overuse.”

“Well over half of doctors are now employed by hospital systems, some of which are beginning to monitor prescribing patterns to identify outliers who still haven’t gotten the message. Integrated delivery systems like Kaiser Permanente and the VA are deploying teams of counselors, social workers and clinicians to take a holistic approach to treating the pain patient’s social, psychic and physical condition, and considering complementary approaches such as massage, biofeedback and acupuncture.”

“Private insurers and employer-financed plans are increasingly open to supporting these approaches thanks to the bipartisan Mental Health Parity and Addiction Equity Act of 2008. We’ll see if the Affordable Care Act’s essential benefits for individual plans, which include services to prevent and treat substance use disorders, survive the next Congress.”

“But the healthcare systems in every community need to do more. Since hospitals are the major employer in almost every community, their leaders are well-positioned to speak out on what’s behind the pain epidemic: the economic marginalization of large swaths of working-class America.”

“Work Worthy of the Moment”

From “Shining a Light on ‘Back Row’ America” by Peggy Noonan in The Wall Street Journal, 12/29/16:

“I want to end this dramatic year writing of a man whose great and constructive work I discovered in 2016. He is the photojournalist Chris Arnade. I follow him on Twitter <http://ow.ly/rvD2307RV67>, where he issues great tweet-storms containing pictures and commentary about America. He has spent the past year traveling through much of the country taking pictures of regular people in challenging circumstances and writing of their lives. He is politically progressive and a week before the election angered his side, and some media folk, by foretelling the victory of Donald Trump. The people he met were voting for him. Many saw the America they’d grown up in slipping away. They wanted a country that was great again. They experienced elite disdain for Trump as evidence he might be the one to turn it around.”

“Mr. Arnade received a Ph.D. in physics from Johns Hopkins in 1993 and worked 20 years as a bond trader at Salomon Brothers, through its end as Citigroup. He left Wall Street in 2012 and started taking long treks through New York City, 10 miles and 20. ‘I was a numbers guy,’ he said, a professional who lived on data. Now he wanted to see things. ‘Eventually I started taking pictures and talking to people about their lives,’ he said by phone from his home in upstate New York,
where he lives now with his family. ‘Looking back, for me it was an evolution of trying to . . . stop being that arrogant Ph.D. kid who knew it all.’ What he saw was ‘injustice.’ He wanted to see ‘if what I found in the Bronx was true in other parts of the U.S.’ ”

“In 2016 he traveled 58,000 miles throughout America in his 2006 Honda Odyssey. He went to small towns and cities through the northeast and down South, through the Midwest and the Rust Belt, through forgotten places with boarded up town centers. He met retired welders and drug addicts and valorous families getting by with nothing. He saw modest and embittered people who’d seen the places they grew up in disappear. He met Minnie McDonald and her granddaughter, Madison Walton, visiting the graves of Minnie’s daughters in Montezuma, Ga. Penny Springfield, a middle-aged white woman, met Mr. Arnade in the empty church where she’d buried her son Johny, who died from an overdose.”

“Outside an apartment door in Bristol, Tenn., Mr. Arnade spies ‘the great Triumvirate,’ a pair of brown work boots and, neatly tucked inside, a Bud Light and Marlboro Reds. David Sanders studies the Bible every day in the McDonald’s in Johnson City, Tenn., underlining and annotating. Priscilla in El Paso, Texas, walks twice a week over the bridge from Juarez to clean houses. ‘It is good work–any work is good work.’ He met a black couple with a van full of relatives and friends in Saluda, S.C., who were grabbing a bite at McDonald’s between services on Sunday morning. ‘I asked, ‘Between services?’ ” They said, ‘Yes, we attend 3 churches on Sundays. We do all we can for the Lord.’ ”

“Sometimes Mr. Arnade would sleep in his car. Sometimes he’d stay ‘at hotels that either charge by the hour or the month.’ He’d arrive in a place and ask ‘What’s the place you shouldn’t go, and that’s where I’d go.’ ”

“In his work you see an America that is battered but standing, a society that is atomized–there are lonely people in his pictures–but holding on. Two great and underappreciated institutions play a deep role in holding it together.”

“The first is small churches, often Pentecostal and Evangelical. They’re in a dead strip mall or on a spur off a highway and they give everyone an embrace. ‘Any church that has a sign that says We Welcome Everybody, that’s where I go.’ He looks for the ones ‘that are often literally on the edge of town.’ One in Alabama was a former Kentucky Fried Chicken. ‘It’s clear they don’t have a lot of money. They tend to be more welcoming because they’re used to people walking in off the street.’ Though a stranger he is often hugged. He has been invited to speak from the pulpit. ‘I am a bit of an outcast being a progressive who finds a lot of value in faith beyond just my faith, but faith in others. We progressives, we only seem to celebrate faith among poor blacks, not poor whites.’ ”

“The other institution that helps hold people together is McDonald’s. Mr. Arnade didn’t intend to discover virtue in a mighty corporation, but McDonald’s ‘has great value to community.’ He sees an ethos of patience and respect. ‘McDonald’s is nonjudgmental.’ If you have nowhere to go all day they’ll let you stay, nurse your coffee, read your paper. ‘The bulk of the franchises leave people alone. There’s a friendship that develops between the people who work there and the people who go.’ ‘In Natchitoches, La., there’s a twice-weekly Bible study group,’ that meets at McDonald’s. ‘They also have bingo games.’ ‘There’s the Old Man table, or the Romeo Club, for Retired Old Men Eating Out.’

“I’ve written of the great divide in America as between the protected and the unprotected–those who more or less govern versus the governed, the facts of whose lives the protected are almost wholly unaware. Mr. Arnade sees the divide as between the front row
kids at school waving their hands to be called on, and the back-row kids, quiet and less advantaged. The front row, he says, needs to learn two things. ‘One is how much the rest of the country is hurting. It’s not just economic pain, it’s a deep feeling of meaninglessness, of humiliation, of not being wanted.’ Their fears and anxieties are justified. ‘They have been excluded from participating in the great wealth of this country economically, socially and culturally.’ Second, ‘The front-row kids need humility. They need to look in the mirror, ‘We messed this up, we’ve been in charge 30 years and haven’t delivered much.’ ‘They need to take stock of what has happened.’ ”

“Of those falling behind: ‘They’re not lazy and weak, they’re dealing with bad stuff. Both conservative and progressive intellectuals say Trump voters are racist, dumb. When a conservative looks at a minority community and says, ‘They’re lazy,’ the left answers, ‘Wait a minute, let’s look at the larger context, the availability of jobs, structural injustice.’ But the left looks at white working-class poverty and feels free to judge and dismiss.’ ”

“I asked how he describes his work. I see it as an effort to help America better understand itself. He said he was trying to show that ‘Everybody is kind of working in the same direction, trying to get by, get a life that provides them with dignity.’ In this, he suggests, we are more united than we know.”

“May we do work worthy of the moment.”

The Aging Out of Unpaid Caregivers

From “Daughter, student, caregiver, nurse: Unpaid caregivers are finding their place in the healthcare system. Helping healthcare’s hidden labor force” in *Modern Healthcare* by Elizabeth Whitman, 12/11/16:

“U.S. providers and policymakers are facing growing calls to formally recognize home-based caregivers’ vital role in healthcare and to integrate them into care-coordination processes. Researchers, policymakers and healthcare providers are slowly recognizing that with training and education, these caregivers will be better equipped to handle the increasingly complex medical tasks being asked of them, less likely to make mistakes or cause or suffer injuries, and more likely to detect potential problems, such as the early signs of an infection.”

“There are an estimated 43.5 million unpaid caregivers in the U.S., many taking care of ‘high need’ older adults with multiple chronic conditions. Initiatives are under way to provide more training and better integrate them into the healthcare system.”

“For anyone paying for healthcare, family caregivers have financial appeal, too. Home is a far less expensive place for a patient to recuperate than a nursing home or other long-term-care institution.”

“Initiatives are underway to provide caregivers with training and resources. But caregivers are far from being fully integrated into care processes. Experts say this oversight exacts a heavy and worsening toll on caregivers and hinders efforts to keep patients out of the hospital or nursing home.”

“‘We’re missing an opportunity to improve care,’ said Jennifer Wolff, associate professor at Johns Hopkins University in Baltimore who studies family caregiving. ‘The family member is often the person who’s responsible for helping the most complex, most costly patients after they leave the four walls of the hospital.’ ”

“Caregiving & You, a community-based organization, offers financial and material assistance, support groups, and practical advice. It has also produced TV, radio and internet programming geared to caregivers.”

“The sheer scope of the issue, however, leaves groups such as Caregiving & You confronting an ocean of need. There were an estimated 43.5 million unpaid caregivers in the U.S. in 2011, over 40% of whom took care of a family member 65 or older, according to a report published this year by the National Academies Press. Roughly 8.5 million of them looked after ‘high-
need’ older adults, who have at least three chronic diseases and a limited ability to handle daily tasks.”

“Traditionally, caregiving involved helping a person with basic daily activities. But the work has grown more demanding. According to the AARP, more than three-quarters of caregivers help loved ones to fill and manage medications that often require juggling varying dosages for pills that can appear identical. They perform routine nursing work such as draining catheters. Caregivers also help loved ones navigate the healthcare system.”

“Another factor pushing more care into home settings is the ongoing shift to reward healthcare providers for the quality of care, including patient satisfaction and outcomes, and not its quantity. Providers are increasingly steering patients toward settings where they will heal from surgeries and treatments in comfort, with as little risk as possible—and for the least amount of money.”

“Often, instead of hospitals or post-acute care institutions, that place is home. And someone, typically a family member who is unpaid and usually female, has to be there to help.”

“For these individuals, caregiving can require substantial financial sacrifice. Conservative estimates by the insurer MetLife suggest a female caregiver loses $324,044 in wages and Social Security benefits while the typical male caregiver loses $283,716 over the course of a working life. The economic value of caregiving, which ranges from short-term post-acute assistance to long-term care, was estimated at $470 billion in 2013. In 2011, the Congressional Budget Office estimated, family members provided 55% of the value of long-term elderly care services, or $234 billion a year.”

“Despite the value of their work, these unpaid caregivers often lack the skills and support needed to properly care for their loved ones. And as the medical complexity of patient cases escalates, so do concerns about safety.”

“If family caregivers are trained, supported and educated, advocates say, dangerous mistakes such as giving the wrong medicine or overlooking a sign of infection could be prevented.”

“The National Academies report, issued prior to the November elections, called for the next administration to ‘develop and execute a National Family Caregiver Strategy that, administratively or through new federal legislation, explicitly and systematically addresses and supports the essential role of family caregivers to older adults.’ It pointed out that by 2030, 72.8 million Americans will be 65 or older.”

“This demographic shift is one the healthcare system and long-term services are not prepared for—and caregivers tend to agree. ‘We’re not treated as part of the team,’ said Suzanne Mintz, president and co-founder of the National Family Caregivers Association. She has cared for her husband, who is wheelchair-bound, since his diagnosis of multiple sclerosis in 1974.”

“‘If you think about it, who is spending the most time with the patient? It’s the person who’s caring for them, not their multiple doctors,’ Mintz said. ‘What we see on a regular basis is very important to be able to share.’ ”

“Caregivers expressed concerns that without training, they would accidentally mix up medications, hurt themselves trying to lift a patient, or miss critical signs that something was wrong. ‘Untrained family members are automatically assumed to be able to do

25th 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
this kind of work,’ said Carol Levine, director of the Families and Health Care Project for the not-for-profit United Hospital Fund in New York City.”

“Integrating them into healthcare system processes may hold the key to overcoming these problems. Research has shown that when caregivers are included in hospital discharge process, lengths of stay are shortened and readmissions decrease, according to the National Academies report.”

“Although online advice for caregivers abounds, this wealth of information may be excessive, experts say, because not all of it is useful or relevant. It is hard for caregivers to gauge the value before clicking.”

“The United Hospital Fund has Next Step in Care, a website with guides, checklists and videos—in four languages—covering care transitions. The AARP recently piloted an interactive website called CareConnection that provides caregivers with detailed answers to common questions.”

“‘They search the web and get lost,’ said Sanjay Khurana, vice president of caregiving products and services at AARP. ‘The solutions are not tailored well, or they’re not taking caregiver needs into account.’ ”

“Caregivers are already vital to efforts to improve quality and patient safety, advocates say. But if they are formally recognized as such and integrated into the care-coordination process, they could be even more effective. Efforts to achieve this are underway in a variety of areas.”

“Some healthcare systems have experimented with integrating family caregivers into formal care processes. Meanwhile, 35 states have enacted versions of the AARP-drafted Caregiver Advise, Record, Enable (CARE) Act, most recently Ohio. Both chambers of its Republican-controlled Legislature voted unanimously to pass a version of the bill on Dec. 12. Under the CARE Act, hospitals must record the caregiver’s name on a patient’s medical record if the patient requests, inform caregivers when that patient is discharged, and instruct caregivers in relevant medical tasks.”

“One avenue for integrating caregivers into the formal healthcare system is through electronic health records. In 2013, Geisinger Health System, an integrated system in central Pennsylvania, began looking into granting caregivers shared access to physicians’ visit notes via the online portal OpenNotes. Wolff, of Johns Hopkins, studied the effectiveness of this approach and found that caregivers reported better communication with providers after using it.”

“But even as experts laud these efforts, they emphasize just how much further supporting and integrating caregivers have to go. ‘People want to get paid,’ Levine said. According to her, that issue is a priority for caregivers. A handful of policy proposals—paid leave, Social Security credit and tax credits for caregiving—would mitigate the financial strain of caregiving, but only modestly, Levine said. At the federal level, these ideas remain proposals, not policies. (In some cases, family caregivers can seek caregiving-related tax credits by claiming relatives as dependents or by claiming medical expenses.)”

“In some states, Medicaid may pay family members to care for beneficiaries. Cash & Counseling, a grant program in 15 states, gives people with severe disabilities a budget to hire personal-care workers. Medicare does not pay for long-term, community-based care, and few homebound elderly have private long-term-care insurance policies, which vary in what they’ll cover.”

“‘Policies and practices have to become much more open about, ‘Yes, we’re depending on you, so we owe you something,’ ‘ Levine said.”

Ask the 3 Questions Key to Your Healthcare

From “Clear Answers are Key to Improving Health Outcomes” by the Wisconsin Institute on Healthy Aging at: https://wihealthyaging.org/

“Have you ever been to the doctor ... and left the office without any idea what he said?”
“Have you ever read the instructions on your prescription ... and still not understood how to take it?”

“Have you ever avoided asking your doctor to repeat an instruction ... because you were afraid she would question your memory?”

“Are you too embarrassed to admit that these things have happened to you? Don’t be!”

“What can you do? Asking questions is key—even if it feels uncomfortable.”

“Prepare carefully for your healthcare. Know ALL:

- Your medications
- Your health conditions
- Important procedures you have had, and when you had them”

“Use the Ask3 framework for your questions:

- What is my problem?
- What do I do?
- Why is it important? (Remember, understanding why is as important as knowing how, because knowing the reason for an action motivates you to stick to your health care plan.)”

“DON’T GIVE UP if you still don’t understand!

- Don’t be shy about asking - and repeating - questions!
- It isn’t your fault! Researchers have consistently found that almost all health care information is written and given in ways that most people can’t easily understand and follow.”

Leadership Insights: “Leading? GO!”

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

Leadership starts this minute. “Yes, it must be seen as a long view proposition, involving strategic think-
to take action. **Begin.** Talk to the person you need to talk to. Write down the first three actions you need to take to start the daunting project. By breaking it down into doable action steps that you can take, you will build confidence and motivation which builds self-esteem.

**Your reputation:** Leave your phone behind at meetings today. Like it or not, when you are using your phone during meetings, it says to the people present, “You are not very important to me.” Is that the message you want to send?

**Your health** (so that you will still be around when the long view arrives): **DON’T** “start an exercise and healthy eating program.” The problem with programs is that they usually start in the future. Just get up and move NOW. Walk around the building for 10 minutes. If someone asks to talk to you for a few minutes, walk and talk at the same time. Make your next food choice a vegetable. Leave all the good parking places for someone else and park the furthest spot away from the entrance everywhere you drive today.

**The environment:** Do better than recycle: refuse. Role model stewardship by being plastic-free today. Drink water from the tap out of a reusable glass, without a straw. For this day, do not contribute to the mountain of water bottles in landfills.

**Team morale:** Thank someone. Surely someone on your team has done something you appreciate, and you might not have thought it deserved attention, but a little thank you pays dividends when you next need to ask someone for their help.”

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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<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/14</td>
<td>Conflict: Building Trust through Conversations</td>
</tr>
<tr>
<td>2/23-24</td>
<td>Preceptor Training Program</td>
</tr>
<tr>
<td>3/28</td>
<td>Hiring the Right Person for the Job</td>
</tr>
</tbody>
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