One Step Closer to Being the Healthiest

RWHC, established in 1979, has a vision that rural Wisconsin communities will be the healthiest in America. The article below, “Officials: Rural Wisconsin Hospitals Among Best in US” is by Shamane Mills on Wisconsin Public Radio on 7/31:

“The quality of health care can depend on where you live. And a new federal report suggests Wisconsin’s small, rural hospitals are better than similar facilities in other states.”

“Wisconsin’s ‘critical access hospitals’ as they are formally known ranked first in the nation on 28 quality measures for the Medicare Beneficiary Quality Improvement Project. The measures include immunization levels, patient satisfaction, care in the emergency department and transfer of patients needing specialized treatment.”

“Wisconsin has 63 critical access hospitals, which are defined as having fewer than 25 beds, said Kelly Court, chief quality officer at the Wisconsin Hospital Association. The federal Health Resources and Services Administration assesses these facilities by analyzing data from Medicare patients before ranking them.”

“‘If Medicare patients are getting a high level of quality of care, we can be confident that those same processes and systems are used for all patients. And so when we see high scores on measures that reflect just Medicare patients, we can confer that same level of care is happening for all patients,’ Court told Wisconsin Public Radio.”

“The Wisconsin Hospital Association, also known as WHA, has been working with rural hospitals on the quality measures to improve performance, Court said.”

“‘Those are actually the measures that WHA worked on with a number of the rural hospitals to improve so that they would have higher performance. For example, when that transfer happens the right care is done in the rural setting and then there’s a really good smooth hand off to the accepting facility,’ Court said.”

“Across the nation, rural hospitals have faced financial difficulties, and many have closed. Court said rural hospitals in Wisconsin are faring better than their counterparts across the country.”

“‘Sometimes their payer mix isn’t as great, but I think in Wisconsin our hospitals tend to be financially healthy. They’re very engaged in working on quality. Many of them are part of bigger (health care) systems,’ Court said. ‘So I would say for the most part, Wisconsin hasn’t had that same issue that we see in some of the other states. Obviously, Medicare reimbursement is a big part of that.’ ”

“Participation in the Medicare Beneficiary Quality Improvement Project is voluntary, and there are financial incentives for the hospitals.”

No memorable quote here this month as it is impossible to top those of the now departed White House Director of Communications.
 ‘There is some federal grant money available, and it’s really a small amount of money each year that is administered by the Wisconsin Office of Rural Health. To be eligible for the grant money you have to collect the data on the measures,’ Court said. ‘But I think what really drives our rural hospitals in the state to collect the data and improve it is their commitment to high quality. So these are measures that are really important to their patient population.’ ”

“Court said this favorable ranking is consistent with other national assessments of Wisconsin health care.”

RWHC assists CAHs in and outside of Wisconsin with their work to improve and maintain quality. 30 Wisconsin CAHs participate in the RWHC QI Program and have for many years. The RWHC QI Program’s web-based tool includes many of the MBQIP quality measures for hospitals to select for participation.

The MBQIP measures are subjected to the same scrutiny as all other measures to assure completion and accuracy. RWHC also provides the data collection tools, reports, and staff to assist with questions about all measures including those relevant to the MBQIP Program requirements. For more information go to http://ow.ly/PMmR30egi7n or contact Janet Wagner, RWHC Quality Services Senior Manager at jwagner@rwhc.com or (608) 644-3258.

Rural Doesn’t Need High-Minded Paternalism

From “Midwest’s rural health crisis is real” by Zachary Michael Jack in the Waterloo, Iowa, Courier, 8/1:

“As lawmakers debate health care in Washington they should bear in mind a recent report by the federal government’s Centers for Disease Control (CDC) showing life expectancy declining for rural Americans. Ruralites, the Center concludes, are more likely to die from the top five causes of death than fellow citizens living in cities and suburbs.”

“The report mentions a litany of potential reasons for the alarming inequity, including poorer access to high-quality hospital care and doctoring, and lifestyle factors such as smoking, obesity, and physical inactivity. While it took the CDC until 2017 to publish these findings, the government has known about the disparity since at least 2011, when similarly disquieting information was quietly distributed to those of us invited to attend a Rural Economic Forum in Peosta.”

“The latest study published in JAMA Internal Medicine delivers still more morbid news to those of us living in rural counties that are not considered destinations. As Joel Auchenbach reports in his May 8 article in the Washington Post, ‘A baby born in Summit County, Colorado, has a life expectancy of nearly 87 years, but in some counties the life expectancy is more than 20 years lower.’ ”

“While the latest JAMA study requires a subscription to access, the 2014 data kept by healthdata.org does not. On this site, an interactive map shows more of the same: longevity at nearly 87 years for Summit County, Colorado—a full 10 years above life expectancy in some of the less populated, poorer, more rural counties in the southeast corner of that state. The longevity gap between Oglala Lakota County in South Dakota and Summit County totals a heartbreaking 20 years.”

“In long-lived Iowa, a child born today is likely to live a relatively long life when compared to other states, still the discrepancy in longevity between rural and urban mimics national trends. Comparing Marshall County (average life expectancy 77.3 years) with Johnson County (82.08) reveals a nearly five-year life expectancy gap for a child born today in
counties whose county seats are separated by less than 90 miles as the crow flies.”

“As a seventh generation ruralite who chooses to live on a family farm, I find the CDC’s conclusions both self-evident and heartbreaking. Those of us who make our home far from easily accessible hospitals and specialized clinics are woken up to the grave health disadvantage we face. Granted, we may be more doctor-adverse by age or ideology, and yet the doctors who might treat our maladies are often a 30 or 40-mile drive away—double that if what we suffer from is a mental illness, a psychological disorder or other chronic conditions requiring a specialist.”

“The question of longevity-endowed America’s moral responsibility to its country cousins is an urgent one. And the disparity we feel is not just in health care but in infrastructure, legal services, law enforcement, social services, education and more. As tax dollars shift to places called ‘smart cities’ and ‘techno hubs’ (university and research hospital cities, and affluent suburbs, exurbs and resort communities), rural Americans find ourselves largely bereft of the services we need (and characteristically don’t expect) to lead healthful equitable lives.”

“Rural America is strong of mind and doesn’t need high-minded paternalism from society’s more affluent and healthy ‘winners.’ What we need is an acknowledgement that our health, welfare and well being matter to a nation whose rural citizens are now a conspicuous and little-covered demographic minority (just 15 percent of the U.S. population and falling, according to the Washington Post article cited above.) Now more than ever, caring urbanites and suburbanites living in places where Martin Luther King’s ‘Injustice anywhere is a threat to justice everywhere’ is taken as creed, must heed the health care injustice plaguing Middle America. And we rural Americans need to help our legislators understand, with renewed urgency, that King’s ‘anywhere’ is here, and now.”

Zachary Michael Jack lives in Jones County, is a seventh generation farmer and product of an Iowa Heritage Farm of more than 160 years. He is the author of “Wish You Were Here: Love and Longing in an American Heartland.”

A Multi-Billion Dollar Broadband Investment

From “Good News Sweeps Across the Rural Health Landscape: Multi-billion Dollar Broadband Investment” by Janelle Ali-Dinar in RACmonitor, 8/3:

“Another announcement building sustainability to rural is the expansion of broadband for internet and telehealth access. Rural relies on telehealth to fill access to gaps of care and outreach of care.”

“While telehealth still has its own issues of reimbursements, availability of providers and access to specialists, the biggest barrier is dependable broadband access. This lack prompted Microsoft’s announcement to implement a $10 billion strategy to address 34-million rural and underserved Americans who still do not have high-speed internet access. This great news is that Microsoft plans to use ‘free’ technology as the foundation of its strategy.”

“At this point the only thing not addressed is the role of the rural community in terms of employment opportunities, implementation and support services. The billion-dollar question remains: How will Microsoft’s investment work within rural communities?”

“Microsoft’s focus is to use what is termed as ‘TV white space spectrum,’ which is the unused piece of UHF television bands. According to Microsoft, this powerful bandwidth is within the 600 mHz frequency range and enables wireless signals to travel rural hills and through buildings and even trees.”
“Most people have never heard of this white space except those who have knowledge of its application within public library systems. The application is that no one owns it but everyone has access to it and can share it. This very statement applies to rural in every way.”

“Basically, this unlicensed spectrum is similar to Wi-Fi. It is capable of transmitting data one to two miles away and providing access to healthcare, homes, community centers, playgrounds, parks and shelters.”

“Microsoft estimates that 80 percent of the underserved rural population in its service area live in communities with a population density between 2 and 200 people per square mile.”

“Microsoft’s strategy will rely on business and political cooperation. Thus far these entities have not been attentive in bringing robust solutions to meet the rural technology needs. From infrastructure to innovation, this is exactly what rural communities need. It also could help more rural healthcare entities participate in more quality and population health initiatives linking more opportunities for access to local care.”

“Now just what would it take to eliminate the disparity divide of technology completely? The total capital and operating costs to eliminate the rural broadband is $8 to $12 billion, but this estimate is roughly 80 percent less than what it would cost for fiber cables and 50 percent less than the cost of the current model of fixed wireless technology like 4G.”

“Microsoft hasn’t noted any specific outreach efforts to rural America such as meeting with stakeholders or mentioning how it will meet various web-based challenges that rural communities hold as it relates to unincorporated communities, agriculture areas, various terrains, frontier designated areas or tribal nations.”

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“We will see how Microsoft proceeds but this could be the best answer yet for reducing if not eliminating the rural technology divide—if only we could solve the reimbursement, recruitment, retention and policy gaps and needs as easily.”

Register Now for Wisconsin’s Statewide Workforce Summit

This fall, WCMEW* will host a conversation focusing on Wisconsin health workforce issues. At the full-day event on Wednesday, September 27, held in the Wisconsin Dells, participants will engage on topics ranging from public policy to provider retention and training clinicians for evolving models of care delivery. This event is designed to bring stakeholders from Wisconsin’s business, government, and non-profit areas together to recognize the urgent demand for creative and cross-sector solutions to health workforce challenges.

Panels and breakout sessions will feature discussions by Wisconsin leaders including Ann Zenk, Vice President, Workforce and Clinical Practice of the Wisconsin Hospital Association, Bruce Palzkill, Deputy Administrator of the Department of Workforce Development, Jim Wood of Competitive Wisconsin, Representative Mike Rohrkaste (R-Neenah), Peter Sanderson, Medical Director, Informatics and Ambulatory Regulation for Ascension Wisconsin, and Nancy Nankivil, Director, Practice Transformation and Professional Satisfaction of the American Medical Association.

To register, go to http://www.event.com/d/85qxys
For more info, contact George Quinn, Executive Director, *WI Council on Medical Education & Workforce at gquinn@wcmeew.org.

Isolation’s Impact on Health

From “Loneliness may be a greater public health hazard than obesity—and experts say it’s getting worse” by Chris Weller in Business Insider, 8/7:

“As more people opt to live alone, delay or forego marriage, and recede into their smartphones, rates of loneliness are skyrocketing in the United States, according to new research.”

“Julianne Holt-Lunstad, a psychology professor at Brigham Young University, presented findings from two huge meta-analyses at this year’s Annual Convention of the American Psychological Association.”
“Holt-Lunstad’s research shows loneliness could pose an even greater threat to public health than obesity, and other research has found it even rivals the risks of smoking.”

‘Indeed, many nations around the world now suggest we are facing a ‘loneliness epidemic,’ Holt-Lunstad said in a statement. ‘The challenge we face now is what can be done about it.’”

“The first of the two meta-analyses included 148 studies as well as data on more than 300,000 participants. It found a 50% reduction in the risk of early death among people with greater social interaction.”

“The second analysis included data on 3.4 million people from 70 studies and looked at the role social isolation, loneliness, and living alone had on mortality. All three seemed to increase individuals’ risk to similar or greater extents than obesity.”

“Researchers believe loneliness is so deadly because it can lead to a number of issues, including disrupted sleep patterns, high levels of stress hormones, increased inflammation, and worsening immune systems. Any one of those risk factors puts people at a greater risk for disease and life-threatening injury.”

“Based on the evidence, Holt-Lunstad doesn’t think the loneliness problem is going away anytime soon. The latest AARP Loneliness Study found 42.6 million adults over the age of 45 suffer from chronic loneliness. With an aging baby boomer population, that number is expected to rise in the coming decades.”

“People can stave off the risks of loneliness by taking a more proactive approach to socializing, Holt-Lunstad said. Instead of scrolling through Facebook, older Americans can make a point to join social clubs or plan get-togethers with neighbors. Doctors can also play a role in alerting older patients to the risks of loneliness, and offer ways to combat its effects.”

“In some cases, countries that face loneliness epidemics have taken steps broadly to make people feel less alone. In England, lonely seniors can call a hotline, known as the Silver Line, to speak with someone for however long they want, on any topic. The center receives about 10,000 calls a week.”

**Five Top Tips to Beat Loneliness**

From “Loneliness is deadlier than obesity” by Sarah Knapton in The Telegraph, 8/6:

1 “When you meet up with close friends, talk about your feelings not just your jobs or families. Being honest about your life helps people feel closer to you.”

2 “Plan holidays or birthdays well in advance so that you are never lonely at times when it really matters.”

3 “Invite out a new person–someone you’ve met in the last month. Take them to a play, film, or out for supper.”

4 “If you have feelings of loneliness at work, fill your lunch hour with an enjoyable activity: listen to a play on your iPad or start learning a language.”

5 “Give yourself permission to say no to events where you can’t take a plus one–I finally realized this after an agonizing wedding party last summer.”

6 “Don’t wait for someone to call or email–contact them. If they’re busy it doesn’t mean they are rejecting you. Try again.”

**3rd Annual Community Engagement Awards**

From the press release “Sauk Prairie Healthcare and Edgerton Hospital & Health System Win Quarles & Brady and Rural Wisconsin Health Cooperative Community Engagement Award” by Quarles & Brady, 8/2:

The national law firm of Quarles & Brady LLP today announced the winners of the third annual Quarles & Brady and RWHC Community Engagement Award. The winner of the $2,500 grant is **Sauk Prairie Healthcare** in Prairie du Sac, Wis. The se-
Second place award of $500 was given to Edgerton Hospital & Health Services in Edgerton, WI. The awards are provided by Quarles & Brady.”

“RWHC is a cooperative of 40 rural acute, general medical-surgical hospitals throughout Wisconsin. The award recognizes two RWHC Member Hospitals demonstrating excellence in strengthening community health and wellness partnerships. Past honorees include Fort HealthCare, Southwest Health Center, Upland Hills Health, and Columbus Community Hospital.”

“Rural hospitals in Wisconsin are at the forefront of partnering with their communities to improve health outside the walls of the clinic and hospital,” said Tim Size, executive director of RWHC. “It is a true privilege to once again honor these grassroots efforts, which are so much a part of what makes rural Wisconsin such a great place to live and work.”

“Sauk Prairie Healthcare was recognized for ‘Project SEARCH’ (PS), a partnership between Sauk Prairie Healthcare, area school districts— including the Sauk Prairie, Lodi, and Baraboo school districts—local businesses, and local agencies to provide internship experiences for students ages 18 to 21 with significant disabilities. Each program lasts one year and offers three internship rotations to learn skills that can lead to employment. Now in its second year, nearly all of the interns have employment commitments.”

“Edgerton Hospital & Health Services has been working to combat childhood obesity and encourage activity among its young residents. In addition to implementing a Fitbit program at the middle school, the hospital established a ‘Fitness Zone’ in the local elementary schools. The Fitness Zone allows hospital staff to attend recesses and coordinate activities to get kids moving. While the program has been successful, a lack of funding makes it difficult to expand. The hospital plans to enhance the program by using its award money to purchase equipment, which will enable more children to participate.

“Quarles & Brady is honored to help RWHC recognize these amazing organizations that work to improve the lives of the tight-knit communities they serve,” said Sarah Coyne, a partner in the firm’s Madison office and chair of the Health Law Practice Group. ‘We enjoy watching these initiatives succeed and look forward to year four.’ The organizations will receive their awards at the RWHC board of directors meeting in October.”

About Rural Wisconsin Health Cooperative (RWHC)—RWHC has been providing affordable and effective services to healthcare organizations since 1979. The Cooperative’s emphasis on developing a collaborative network among both freestanding and system-affiliated rural hospitals distinguishes itself from alternative approaches. RWHC offers a variety of services to its members, as well as other clients across the nation.

Wisconsin Partners Seeks a Community Builder (.5 FTE)

Organization Description—Wisconsin Partners is a statewide “association of associations” whose goal is to be an effective community building network. Info at http://ow.ly/9hvZ30ei0s9

Position Description—This individual will use strategic community building and organizing techniques to engage stakeholders in community and neighborhood improvement in two geographical regions of the state: Fox Valley/Green Bay corridor; and South-central/Southwest corridor. The incumbent will also support the efforts of the statewide organization’s development. See the complete description at http://ow.ly/6zZf30ei29D

Salary and Benefits—The Community Builder will be employed by the Rural Wisconsin Health Cooperative (RWHC) and contracted to work for Wisconsin Partners. It is anticipated that the Community Builder will spend much of their time meeting with community partners, and will find it most convenient to work remotely/out of his or her home, however, an office space and support is offered by RWHC in Sauk City.

Contact Information—Please send cover letter and resume to wisconsinpartners@gmail.com by 9/1/2017.
About Quarles & Brady LLP—Quarles & Brady is a full-service AmLaw 200 firm with 500 attorneys offering an array of legal services to corporate and individual clients that range from small entrepreneurial businesses to Fortune 100 companies, with practice focuses in health care and life sciences, business law, labor and employment, real estate, data privacy and security, and complex litigation. The firm has offices in Chicago; Indianapolis; Madison; Milwaukee; Naples, Florida; Phoenix; Scottsdale; Tampa; Tucson; and Washington, D.C. Additional information can be found online at quarles.com, as well as on Twitter, LinkedIn, and Facebook.

Leadership Insights: “Thinking Strategically”

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

“Strategic planning is important, but the annual event is not going to bear fruit if you don’t develop the skill and habit of anticipating. How do you start to think more like a futurist and lift your head up above the tangled, gnarly problems of the moment that can quickly trap us into a reactive mode?”

Question the way it is. “Appoint someone on your leadership team to be the weekly challenger to the status quo. ‘Why do we do it this way? What would happen if we tried x instead? We are good but our competition is better—what might they have that we are missing? What is the actual impact on the patient of the way we always do things?’ Taking turns in this role keeps this skill top of mind for everyone and prevents the questioner from being dismissed as just being negative or provocative.”

Compare and contrast seemingly unrelated situations. “Identify a success such as recent increase in market share, improved patient satisfaction or quality numbers, etc. Pick it apart by identifying the list of things that helped to make it a win. Then identify something not so successful, i.e., recent frequent staff turnover, higher medication errors, a stalled project. Dissect it similarly, without blame, to explore what went wrong. Compare the two lists, which may not have any obvious connection to each other. Ask, ‘Where do these two diverse situations intersect? What can we learn from these to apply to our future work to be more ready for the potential challenges?’”

Get out of your zone. “Talk—and listen—to people who work in different areas than you. You don’t have to cross train to do their work; just stay curious about their current issues. Picture yourself: you are in an interdepartmental meeting where others’ updates are a tempting moment to just check your phone for your ‘real’ work. Resist the temptation. In lists of desired leadership qualities, strategic thinking tops technical skill. Listening intentionally, you may discover common themes and shared concerns from which solutions can arise. Push yourself to be a real contributing member to a team beyond your area of expertise.”

Occasionally actually look at your mission and vision statements. “Give five minutes of thought to what you are doing that is helping you achieve it. Ask as a team meeting starter, ‘What are we focused on this week that is propelling us toward our vision?’ When you see someone taking action on something, start up a dialogue asking, ‘How do you think this (action/project) will impact our organization’s mission and vision in the future?’”

Rural Health Leadership Radio™

#54: A Conversation with Tim Size, 8/1/17
http://ow.ly/XXYa30e8XAX

“Rural Health Leadership Radio™ (RHLR) is the very first radio show of its kind! RHLR is a weekly podcast featuring leaders working in rural health; leaders of hospitals, clinics, networks, companies and communities.”

“If there was ever a need for strong leadership, that time is now. RHLR’s mission is to provide a forum to have conversations with rural health leaders to discuss and share ideas about what is working, what is not working, lessons learned, success stories, strategies, things to avoid and anything else you want to talk and hear about. RHLR provides a forum that is absolutely free to anyone who wants to tune in and listen. RHLR provides a voice for rural health. The only investment is your time, and our goal is to make sure you receive a huge return on your investment.”
Make strategic thinking a habit. “Put 15 minutes a week on your calendar to ask yourself a few questions. Here are some to get you started:

- Who is doing what I do better than I am doing it? How are they doing that?
- What challenges are my colleagues in other departments facing? Where do their challenges intersect with those of my department?
- What did I learn last week? How am I communicating that with others?
- What is a challenge I anticipate in the next week or month? What could my team and I do that would be proactive rather than reactive to it?
- Is how our team is spending its time and energy on track with where we want to be a year from now?”

“Making a question that probes into where you want to be next year implies that you have identified that destination. That’s where strategic planning fits in. Strategic thinking and planning go hand in hand.”

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261 and for the Leadership Series, Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

Upcoming RWHC Leadership Programs

- **9/22** - Teams: Building Blocks & Facilitation Tools
- **11/8** - Developing Public Speaking and Presentation Skills
- **11/15** - Performance Reviews (being held in St. Croix Falls)

Non-Members Welcome. Register & other events at: [www.RWHC.com/Services.aspx](http://www.RWHC.com/Services.aspx)