As the Dust Settles

By Jeremy Levin, RWHC Director of Advocacy

As I sit down to write this commentary the day after the election, I’m trying to understand the message that the electorate was sending. In Wisconsin we saw our statewide offices and races stay or go to the Democrats, while Republicans kept their strong majorities in both legislative houses. On the national level, voters chose to place control of the House in Democratic hands, while the Senate remains in the hands of the GOP. I’m sure for both partisans and independents alike, it may have left them confused.

One of the more prescient opinion pieces I read before the election was by David Brooks, a conservative columnist for the New York Times. His November 1st piece, The Retrenchment Election: Nobody is moving, just settling into place, followed his aptly entitled piece, Time for a Realignment, before the 2016 elections. Both of his pieces correctly identified the shifts and political entrenchment that we are experiencing. I hope the last lines of his recent piece aren’t as prophetic:

“Politics is no longer mainly about disagreeing on issues. It’s about being in entirely separate conversations. The Venn diagram is dead. There’s no overlapping area.”

This sentiment is an overly harsh assessment that needs to be protected against so that the genius that is our American democracy is not in the twilight of its history. However, as I watched the day-after cable news coverage, this pessimistic outlook was apparent with some going so far as wanting to change the rules in our constitution and changing our democracy. Our bicameral Congress, with one house that represents us based on a population apportionment and one house that represents us on an equal federalist representation between the states, works.

While I have been entertained by some of documentary filmmaker Michael Moore’s films, I do not agree with his opinion on changing our Senate to also be based on population. The genius that came out of our Constitutional Convention of 1787 was to find a political system that would unite us, taking agrarian interests and industrial interests and melding them into American interests. Thankfully, we have improved and been enlightened on both what it takes to be represented and gain suffrage in our country and its form of governance; we have struggled, but it has survived more than two centuries.

Wisconsin’s capital is a city named after one of those Constitutional Convention participants and I do trust in our system of governance. While the next two years are likely to be vitriolic with partisan retrenchment, I do hope our policymakers remember that working together will solve our biggest problems and that we are dependent on each other. Those
of us living in urban areas need rural, not the least of which for the produce and natural resources harvested in rural areas to feed, clothe and allow us the energy to work and play. Those of us living in rural areas need the specialty services and infrastructure like broadband that radiate out from urban areas and contribute to a vibrant rural life. Our conversations need to be positive and productive, we have a symbiotic relationship that requires our areas to overlap.

USDA Combats Rural Opioid Crisis

From an op-ed, “USDA combating the opioid crisis in rural America” for the High Plains Journal by Anne Hazlett, Assistant to the Secretary for Rural Development, 11/3/18:

“In small towns from the heartland to the coasts, there is a growing threat to economic prosperity: the misuse of prescription pain medicine, otherwise known as opioids, and other addictive substances. Our nation is in the midst of a crisis.

“As we carry out our core mission of increasing rural prosperity, the opioid epidemic and the broader issue of substance misuse in rural America is more than a health issue; this is a matter of rural prosperity that threatens the economic fabric of small towns across our country.”

“Understanding that no two rural places are the same, we believe the solutions to this crisis lie at the local level. To help rural leaders build an effective local response, we are taking action on three fronts to address prevention, treatment and recovery. First, we are providing resources to build infrastructure; second, we are facilitating partnerships; and third, we are driving innovation in rural communities.”

“Through our telemedicine and community facilities programs, USDA is making critical investments in rural infrastructure to combat the opioid crisis. For example, so far in 2018 we have helped rural leaders in 68 communities access treatment, counseling services and prevention education through remote connections in 33 states. We provided grant assistance for facilities, vehicles and equipment to improve mental and behavioral health care access, and public safety for 85 communities in 22 states. We also used our loan programs to build healthcare and public safety facilities that will serve nearly 8 million rural Americans.”

“Beyond program investments, we developed tools to equip local leaders with information about resources and data to make fact-based decisions. We launched <https://www.usda.gov/topics/opioids> on the USDA website to house information about our programs and provide news updates and links to the resources of our partners. We also created an interactive map that enables viewers to learn about model prevention, treatment and recovery practices by state. USDA also developed a Community Assessment Tool to access opioid impact and socioeconomic data by county. This tool can help local leaders see some of the factors which may be driving the crisis in their communities.”
“With a focus on innovation and infrastructure, we are working closely with our partners at the federal, state and local level to leverage the impact of our resources. We are joining forces with federal partners at the Departments of Health and Human Services, Justice and Transportation to tackle the unique needs of rural areas such as the lack of access to treatment, transition housing and transportation.”

“Beyond those partnerships, we also worked with the Office of National Drug Control Policy to establish a rural interagency work group, which is coordinating existing federal resources for substance misuse in rural communities and identifying gaps for future action.”

“Outside of government, we are convening rural partners to break down silos and build new relationships. Each month, USDA hosts a partners meeting that provides a forum for rural stakeholders, like the Farm Bureau and National Rural Health Association, who are helping small towns share information and collaborate on solutions. Importantly, our focus on partnerships have extended well beyond Washington and into the front lines of the battle where our state directors, like Kansas director Lynne Hinrichsen, are coordinating with state agency leaders, local officials and rural interests on the ground to maximize the impact of USDA’s resources.”

“We are driving innovation through the identification of model practices. USDA has hosted or co-led rural roundtable discussions in 15 states, from Utah to Maine, to learn about the needs of rural communities and the kinds of effective actions local rural leaders are taking to fight the epidemic. In Ohio, for example, we learned about the ‘Got Your Back’ prevention campaign led by several county Farm Bureau organizations, 4-H and FFA to educate local youth about the dangers of misusing prescription drugs.”

“To empower local leaders, we are sharing the information through our opioids webpage that’s been gleaned from these constructive roundtables. We are expanding our reach by compiling and making available a community action guide in the coming year.”

“At USDA, we believe in rural America and in the promise of small towns and the people who call them home. With a passion for our mission, we are committed to being a strong partner to local leaders to help defeat the opioid epidemic.”

“Together, we can build healthy and prosperous rural communities now, and for generations to come.”

Rural Quality Not a Backwater

“The Drive to Quality and Access in Rural Health”—This Blog from Health Affairs (10/17/18) is by Shantanu Agrawal, MD, MPhil, president and CEO of the National Quality Forum (NQF) and Brock Slabach, Senior vice president for member services at NRHA (Brock Slabach served on the NQF Committee described below and is a longtime friend of and advisor to RWHC):

“More than 59 million people live in rural parts of the United States. Data show that rural residents are more likely to be in poor health and have higher mortality rates for chronic conditions. These challenges are in part a result of the poor access to care compared to urban and suburban communities.”

“On top of that, health care providers serving in rural areas face many challenges in reporting quality measurement data and implementing care improvement efforts. Due to geographic isolation or small practice size, rural providers often have limited time, staff, and infrastructure for internal quality improvement efforts or effective participation in performance reporting and value-based purchasing programs.”
“The result: Rural health is often left out of the quality measurement and improvement discussion. This continues to be a persistent challenge for the US health care system.”

**Measure Applications Partnership Rural Health Workgroup**—“To address this challenge, the National Quality Forum (NQF) established the Measure Applications Partnership (MAP) Rural Health Workgroup to make recommendations to the Centers for Medicare and Medicaid Services (CMS). This group provided the perspectives of stakeholders most affected by, and most knowledgeable about, quality challenges and potential solutions for rural communities.”

“The MAP Rural Health Workgroup was composed of leading rural health organizations, including the National Rural Health Association. To further the work of this group, the NQF recently released a report: A Core Set of Rural-Relevant Measures and Improving Access to Care. The report highlights challenges and offers solutions for both quality measurement and access issues particular to rural health care.”


**Quality Measurement**—“The report identifies a core set of the 20 best available quality measures that can be used for inpatient and outpatient settings such as hospital outpatient departments and clinician offices. This set of core measures will help address the unique needs of rural residents and providers.”

“More specifically, these measures in the core set are resistant to low case volume, address transitions in care, and focus on the most pressing health needs of the rural population. For example, many rural providers, including critical access hospitals and small clinician practices, may not have enough patients for a meaningful sample size. This means that often they would not be able to achieve reliable and valid results for many measures, particularly those that focus on specific conditions or services that are critical in rural areas such as mental health, substance abuse, and diabetes.”

“Our hope is that this smaller list of measures will drive improvement, is meaningful to rural residents, will minimize reporting burden, and above all can be used by providers across hospital and ambulatory care settings to improve care. Similar to other MAP efforts, the core set also promotes alignment between public and private programs by bringing together different stakeholder groups and experts for the explicit purpose of providing input to CMS on the selection of performance measures.”

“Furthermore, this work is foundational to meaningful rural innovation models being tested by the Center for Medicare and Medicaid Innovation such as the Pennsylvania global budget program. Since pay linked to performance can be a critical component of any innovation program, a meaningful measurement of quality should be based on the work being done in these rural facilities.”

“Although many rural health providers have been precluded from participating in federal quality reporting and payment programs because of relatively...
small size and low patient volume, we know that they remain committed to improving quality in their communities. We need a different approach. Using a core set of measures is one way to move forward.”

“It is important to note that this measure set is a work in progress. It needs to be continually refined and should be aligned across programs. However, we encourage CMS to implement the recommendations.”

Access—“The report identifies access to care as one of the key issues facing rural residents and providers. Access is intertwined with quality and difficult to de-link. While access does not equal quality, it is often a strong determinant of quality.”

“To provide concrete recommendations, the report focuses on three aspects of access: availability, accessibility, and affordability. There are immense challenges in each of these categories. For example, there is a shortage of clinicians in rural areas, specialty care is often not available in the local vicinity, long distances and transportation needs make it difficult to take necessary trips, and lack of insurance or underinsurance makes care unaffordable.”

“The workgroup explored different ways to address these challenges. Some of the recommendations include implementing public policy strategies that invest in the rural workforce and changes in payment policies that encourage clinicians to work in rural areas. In addition, referral relationships need to be improved by establishing or strengthening partnerships and agreements between rural providers and specialty care so rural residents have more options when it is time to seek specialized care.”

“To address the distance and transportation barriers, telehealth has tremendous potential. Moreover, the expansion of remote access technology such as cell phone applications and blood glucose monitors can improve communication with patients.”

“We recognize that there are barriers to implementing the recommendations made in the report. Some insurance programs do not cover telehealth or emerging technology treatments. Lack of public transportation means patients cannot reach their local facility. Workforce staff is particularly hard to recruit in rural areas, especially when there already exists a prevalent shortage of specialists. However, we need to try new and innovative strategies to address access issues because doing nothing is not an option.”

“Although this report represents an important step forward in efforts to improve the health and access to services for rural Americans, it is just a first step. There is still much more work to be done, and we will continue to focus on this important topic.”

“We are confident that by working together we can overcome the challenges. It is essential for rural providers to be on a pathway to quality reporting and improvement to make care meaningfully better for the millions of rural Americans.”

UW-Madison Seeks Associate Dean for Public Health and Community Engagement

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“This important role encompasses leadership in interfacing with rural, urban, and tribal constituencies and programs throughout the state as well as in catalyzing the continued integration of population health and community connection into all aspects of education and research within the medical school. Candidates must have a MD, PhD, ScD, DrPH, or other relevant doctoral or terminal level professional degrees.” The deadline to apply is December 3rd.

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“ ‘Life is difficult.’ ”

“This first line of the classic, long-running bestseller by Scott Peck, The Road Less Traveled, has stayed with me for over 20 years since I read the book. It is still the truth. You would have to be living under a rock to miss the angst we are currently experiencing as a nation. The point in remembering that life is difficult is to understand that while it is important to look and strive for the best, expecting things to always be easy and smooth can set us up for struggle.”

“As a leader, you can vouch for things not always going according to plan. In those moments, how do we rise above the difficulties when disappointments and challenges are inevitable? You have to be a good coach to yourself as well as your team. There are many roads. Following are a few ways to build in daily coaching ‘pep talks’ to yourself to boost your personal leadership and manage what is difficult for you.”

Know your values. “Decisions become much less difficult when we know what matters most. Do an online search for a values list. Circle all the ones that fit you. Then narrow it down to ten, then to five. Prioritize those top five. Post them somewhere you can see them. Daily pep talk: Today I will focus on the value of ______. One thing I will do to reveal how important this value is to me and help me to feel I am walking my talk is ______.”

Practice. “If you ever learned a musical instrument, your first attempt to play likely didn’t sound great. You had to practice. So remember, when we call something a practice, it means to practice, not be perfect at it. For example, a meditation practice means to give it some effort. Instead of insisting that you can’t meditate because you tried once in 2010 and couldn’t do it, try practicing it again. And then again. Over time, meditative breathing becomes a way to course-correct throughout the days when difficulties arise. Daily pep talk: Today I am going to practice ______ (e.g. meditation, five grounding breaths, mindful eating, relaxing my shoulders every time I wash my hands, etc.)”

Identify your bright lights. “Who are the touchstones, the go-to sources of comfort and support in your life? We all need them, and we all have the opportunity to BE them for someone else. Daily pep talk: Today I am going to look out for someone who makes me laugh and someone who makes me think. I will stop what I am doing and let their energy boost me. I will turn around and give that energy to someone else who needs it.”

Nature restores. “Don’t wait for spring to get outside and get some fresh air. Stale air, stale thoughts.
Literally, breathe new life into solutions for your challenges. Nature is the antidote to our online addiction. Take a break from the news and noise and push yourself out into the open air. Daily pep talk: Today I will find opportunities to move outside and notice the nature around me. I will have at least one ten-minute walking meeting/discussion with a colleague.”

Use the buddy system. “Who could give you a new take on your perspective? Seek out the person who can nudge you to see things differently rather than the person who you know will just agree with you. Daily pep talk: Today I will pause to talk with someone who sees things differently than I do and seek out their perspective. I will ask them to push back on my statements and ask me for supporting data for my perceptions.”

Keep it simple. “Every day, do one good thing for your body. Read something uplifting for your soul. Get rid of one thing that clutters your life. Laugh and make someone else laugh. Stimulate your mind with a book, conversation or daydream. Daily pep talk: Today I will do one thing on my ‘keep it simple’ list!’ ”

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.

Dr. Byron Crouse Receives the 2018 John Renner “Wisconsin Idea” Award

“Established in 2000, by the University of Wisconsin Department of Family Medicine and Community Health, this prestigious award recognizes a citizen of the State of Wisconsin who has demonstrated exemplary commitment to family medicine and the health needs of the people of Wisconsin ... the recipient must have demonstrated a long-standing commitment to facilitating provision of care by family physicians, especially in underserved areas of Wisconsin.”

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