The Seven Rural Health Challenges


“The U.S. health care system is undergoing significant transformation as a result of Federal, State, and private payer policies designed to improve access to medical care as well as the value and outcomes of health care while attempting to slow cost growth. Some payment innovations, such as accountable care and other risk-based models, drive organizational and delivery changes that have shown evidence of improved quality, reduced care fragmentation, and lowered costs for certain populations. Yet overall, the entire system has not realized substantial cost savings nor has quality improved for everyone.”

“There continue to be gaps between people who live in areas where progress is being made and those who do not, perhaps reflecting symptoms such as rising health insurance premiums, unstable insurance markets with limited plan choice, large variation in uninsured rates and access to care, and continued health professional shortages. It is clear that more changes are required if real progress is to be made toward lowering total health care system costs, improving access and health care experiences for all individuals, and achieving better population health.”

“This paper examines the progress of health system transformation and the gaps that remain as they affect rural people, places, and providers. The health system transformation activities examined here are not limited to the Patient Protection and Affordable Care Act of 2010 (PPACA), but also touch upon activities undertaken by states, insurance plans, and private and public payers.”

“The paper is organized into seven chapters covering topic areas that have key implications for rural people and the rural health care delivery system. Each chapter begins with a summary of Policy Opportunities, followed by a section on Rural Trends and Challenges that summarizes policy advances and continued gaps.”

The Seven Rural Health Challenges

Medicare—“The disproportionately large and growing elderly population in rural areas underscores the importance of Medicare to rural beneficiaries, providers, and communities. Medicare is the largest health care purchaser in the United States in terms of spending, providing coverage to 58 million Americans, 23 percent of whom live in rural areas; thus, any changes in Medicare payment policy or benefit design have a significant impact on rural access, quality, and outcomes. The transition from ‘volume to value’ in payment pol-

“Physicians practice in rural areas because of who they are and what they want to become.”—Robert C. Bowman, M.D.

RWHC Eye On Health, 1/13/18
icy is particularly challenging for rural providers who, because of lower volumes, less capacity, and poorer patient socio-demographics, have lagged in critical infrastructure investments that are required in a new performance-driven environment.”

Medicaid and CHIP—“Medicaid and Children’s Health Insurance Program (CHIP) are now the largest insurance programs in the United States by coverage, insuring over 74.2 million Americans. Medicaid and CHIP have been vital sources of health coverage and access for rural residents and have significantly reduced rural-urban disparities in coverage, especially for children and young adults. However, gaps in coverage and access remain, affecting both low-income rural individuals and children as well as the providers who deliver their services.”

Insurance Coverage and Affordability—“Access to affordable health insurance coverage has been especially challenging for rural residents as they have had lower coverage rates and less generous health insurance benefits than those in urban areas. Rural insurance markets, too, are challenged by low populations, smaller risk pools, and higher average administrative costs for health plans. Policy proposals must focus on ways to mitigate these challenges by improving insurance market stability and ensuring the affordability of comprehensive health plans to rural populations.”

Quality—“Quality is one of the five foundations of a high performance rural health care system, along with affordability, accessibility, community focus, and patient-centeredness. Elements that contribute to quality are training and technical assistance (TA), quality measurement and transparency, and payment models which incent and reward quality. In today’s rapidly changing payment and care delivery environment, quality is paramount; yet policies and programs often present barriers and challenges to rural provider and community participation in quality improvement initiatives, as well as to appropriately measuring and demonstrating the quality of care delivered in rural areas. Policy action is feasible, and concerted rural health quality efforts in the past have proven to be effective.”

Health Care Finance and System Transformation—“Multiple rural health care policies support rural providers, either through special payments or through exclusion from certain regulations. However, the same policies designed to preserve the rural health care safety net have limited rural provider participation in health care finance and system transformation activities. This chapter examines challenges faced by rural providers and stakeholders in pursuing health care finance and system transformation.”

Workforce—“Rural health worker shortages have made it difficult to sustain a comprehensive health care delivery system in rural areas and have hampered access to essential health services for millions of rural residents. Developing and supporting the requisite health workforce for the twenty-first century delivery system requires that the three issues of supply, distribution, and scope of practice for health workers be considered in policy development to support access to care in rural areas. Policies should focus on these primary components, and pertain to all health care professionals, including dental, nursing, behavioral health, and public/community health practitioners.”

Population Health—“Improving the health of populations is essential to achieving national policy goals of better health and lower overall costs. While popula-
tion health is important regardless of geography, policies that address key indicators of population health affecting rural populations more acutely should be a priority. Further, in order to realize the full potential of high performance rural health systems, the Panel recognizes the importance of system attributes that facilitate integrating population health services into comprehensive approaches to caring for population health needs. Public policies should be structured to encourage integration of clinical and non-clinical support services to best leverage rural resources.”

“RUPRI provides unbiased analysis and information on the challenges, needs, and opportunities facing rural America.” Read more at www.rupri.org.

Rural Red Redux?

By Jeremy Levin, RWHC Director of Advocacy

I often say that odd-numbered years are dominated by budgets and even-numbered years are consumed with campaigns in my profession. It is not hyperbole to say 2018 is shaping up to be a year consumed with political campaigns, and this comes on the heels of a wild 2016 campaign that flummoxed political scientist and pundits alike. So as my title to this commentary alludes, will rural Wisconsin, and rural America for that matter, paint the political map red again or is a blue wave, as many are predicting, going to whiplash the political structures back to the left?

Obviously much of the result will depend on how rural voters view this past year and this coming year in terms to the accomplishments and direction of President Trump and a Republican Congress are taking towards rural issues. I would posit, like all voters, rural voters will make their judgments on how they feel and believe they’ve been “listened to” and will vote accordingly. Wisconsin rural voters might get a chance to unexpectedly shake things up again, as they did in 2016 when they disproportionately supported Trump and turned Wisconsin from blue to red for the first time in more than a generation. Will rural voters believe President Trump and a Republican Congress are doing enough to change “the system” or are they just continuing to be part of the problem? Pretty well-established political history says that a President’s political party will lose seats in Congress in the mid-term election and this conventional thinking seems to be even more conventional and likely to be expressed in 2018. However, I would argue that Wisconsin’s Congressional Districts have been apportioned as to maintain their political party representation and only in a tidal wave might cause a couple of districts to actually flip.

A campaign focus in civic life isn’t all bad. The space between the 2016 and 2018 campaigns has seen an increase in attention to rural issues: the GOP Legislature rolled out the second version of their Rural Wisconsin Initiative; Governor Walker has a Rural Agenda that includes broadband expansion and has more recently drawn attention for his support of legislation to increase sparsity aid and low revenue ceiling Increase for rural schools; and President Trump became the first president in a quarter-century to address the American Farm Bureau Federation’s annual convention this year and reviewed ways he’s helped rural America, even at a time when some in the agriculture community worry about revamping of free trade deals.

All this attention on rural America I do believe can have a positive effect in supporting rural America. However, I do have some worries on how these two campaigns and this attention might impact rural communities themselves.

In preparing this commentary, I found an article in Politico Magazine by Michael Kruse entitled “The Wall That Trump Actually Built: A year ago, people in bucolic Pepin County, Wisconsin, discovered that deep political fissures ran through their community. They’ve only got-
ten deeper.” While well-done and interesting, this story portrayed a very sad description of neighbors in rural western Wisconsin and their community interaction, so much so that a resident “characterized Pepin County as a Venn diagram with two circles that no longer touch.”

While this comment conjured up memories of my college logic course, it worries me that if communities allow their fissures to fester and continue to expand, that all the attention the rural Wisconsin and America might receive in upcoming budgets and campaigns, that they will be unable to overcome the challenges their communities face if they can’t face those challenges as a community.

A Call to Reinvest in Rural Infrastructure

From “America’s forgotten towns: Can they be saved or should people just leave?” by Heather Long in The Washington Post, 1/2/18:

“One of the great debates in American politics and economics in 2018 is likely to be how to help the country’s forgotten towns, the former coal-mining and manufacturing hubs with quaint Main Streets that haven’t changed much since the 1950s and ‘60s. Many of these places turned out heavily to vote for Donald Trump.”

“Traditional economics says people living in these struggling towns should just move. Many of the United States’ urban areas are booming. Economics 101 suggests it’s time for a big migration west from the Rust Belt to the Boom Belt. Trump appeared to endorse this solution over the summer when he said Americans are ‘going to have to start moving’ from places such as Upstate New York to areas where they can get jobs.”

“I’m going to explain you can leave. It’s okay,” he said in July. But the reality is Americans have become homebodies. People in the United States are moving at about half the rate that they did in the 1970s and ‘80s, according to census data, and no one really understands why. It’s expensive and risky to leave a place your family has been living in for generations, and there’s no guarantee the job you move for will still exist in a few years.”

“Among economists, a major rethink is underway about how to help people in these towns, and it’s starting to filter into policy debates in Washington. The mentality is shifting from ‘let’s get these people to move’ to ‘let’s get new jobs to these towns.’”

“Nobel Prize-winning economist Joseph Stiglitz is advocating for totally transforming what these towns are known for, taking them from blue collar to green collar–or even high-tech hoodie. Stiglitz points to Pittsburgh as the true American success story, a place that evolved from a steel city into a tech and health-care hub. But Pittsburgh can go only so far as a model for other places in the Rust Belt. Few small towns have those kinds of resources, meaning they will probably be much more dependent on some government help.”

“Trump and top Republican leaders in Congress are debating their next move after their triumph in passing a large tax overhaul bill. They are eyeing major changes to social programs, including Social Security and Medicare, and aiming for a large infrastructure spending plan. There’s also a call from the White House to tackle the opioid crisis, although a concrete policy has yet to materialize for that. **Drug overdoses in rural areas are about 50 percent higher than in urban areas**, according to the Centers for Disease Control and Prevention.”

“In many of these struggling towns where few, if any, major corporations remain, the tax cut is unlikely to do much to transform them. But the next steps Re-
publicans take could have a deeper reach. Scaling back welfare, especially Medicaid, Social Security Disability Insurance and housing subsidies might force people to move. ‘There’s a lot of progress that can be made reconnecting working-age people to the workforce,’ Kevin Hassett, Trump’s top economist, said in an interview just before the holidays. ‘We’re certainly thinking about policies to help with that.’

“While unemployment is at a 17-year low nationally, looking at the data by county shows a glaring trend in ‘Trump country’: Much of the Rust Belt and parts of the Deep South are still above 6 percent unemployment. There remains a disconnect between where job seekers are and where the help-wanted signs are out.”

“A vast infrastructure spending project could bring much-needed jobs and better highways—physical and cyber—to parts of the rural United States. But with the national debt over $20 trillion, some Republicans are balking at the idea of government spending on infrastructure. Instead of government money, the idea has morphed into relying heavily on public-private partnerships. But it’s unclear whether private money would go to places that have been neglected for years.”

“Stiglitz and Trump are about as far apart on the political spectrum as you can get, but they agree that these towns were clearly hurt by globalization and new technologies. They differ on the solutions—and how much government funding should be involved.”

“Stiglitz is calling for a massive government spending program with money for roads and infrastructure in these towns, as well as a ‘whole variety of public services’ to restart businesses and cultural assets.”

“ ‘You have to change the business model of the community… not just attract one assembly plant that creates 100 jobs,’ he said. ‘You really need a concept of where the town is going.’ In his new book, ‘Globalization and Its Discontents Revisited: Anti-Globalization in the Era of Trump,’ Stiglitz argues that economists missed something important about these towns: They have social capital.”

“Trust is what you might call the ‘magic fairy dust’ that helps economies thrive. When people trust each other, they work better and harder and they tend to live happier lives, as Harvard professor Robert Putnam’s research has shown. Overall, trust has eroded substantially in the United States in recent years as fewer and fewer people have a bond with their neighbors, let alone the government, businesses or civic institutions.”

“But trust still exists in many of these smaller towns where people talk to and watch out for each other. That can be harnessed to transform the town for the 21st century, Stiglitz says.”

“ ‘Economists have traditionally said we care about people but not places,’ Stiglitz said. ‘Therefore, so what if Appalachia dies? Or if Detroit dies? There is another city being created. I think that view is fundamentally wrong.’”

Life as a Rural Psychiatrist

Following is an interview with Martha Karlstad, MD, a psychiatrist in the Hirsch Clinic at Vernon Memorial Healthcare in Viroqua, Wisconsin.
1. What led you to become a psychiatrist and to be board certified in both General Psychiatry and Child and Adolescent Psychiatry?

When I entered medical school, my plan was to go into pediatrics or family medicine and do service work around the world. During my required clerkship in psychiatry, in the middle of the third year, it was clear by the end of the first week that my plans had changed. I was assigned to the Douglas County Mental Health Clinic and realized that we have plenty of work to do here with the most vulnerable and impoverished patients.

2. What attracted you to Viroqua? What do you find most rewarding about working and living in a rural community?

The short answer is: my parents (I moved here with a 2-year-old and pregnant). I love the pace and the land here, too. But I really enjoy working with rural family medicine physicians. They are some of the smartest, hardest working, and authentic people I know and it’s great to be able to be of service to them as well.

3. What do you find different about practicing in a rural community compared to your prior work in urban communities?

The dual role (professional me / actual me) is much less delineated in a rural practice, which is difficult in mental health where professional boundaries are tantamount—both for the objective and ethical practice of psychiatry and for my own mental health. Psychiatry is emotionally demanding and requires recuperative time for me to be able to be therapeutic.

4. Please talk about the opportunities you see for a psychiatrist to collaborate with other clinicians in their rural community to best serve their patients?

How much space do we have? The opportunities are as long as your imagination and administration will allow! There are great models out there with solid outcome data—both financially and patient care outcomes. IMPACT is the model that Medicaid used for reimbursement for care management.

The State of Wisconsin (in partnership with the Medical College of Wisconsin) is spearheading the Child Psychiatry Consultation Program initiative (CPCP). More information is available at: http://goo.gl/gV29ub.

5. What are the benefits to a rural hospital of recruiting a psychiatrist into the community?

It improves access for patients, not just in seeing a psychiatrist directly, but in their Primary Care Practitioners (PCPs) having access to indirect consultation (curbside consults). It improves mental health outcomes (WHO predicts depression will overtake heart disease as the number one cause of morbidity and mortality in the US in the next 20 years), and it improves PCP job satisfaction.

6. Is there anything you would like to share about how a rural community can work to prevent alcohol and drug abuse?

This may be a little less geared towards prevention, but I think the single most useful action that could be taken to help improve addiction treatment would be for every healthcare organization to coordinate training in Motivational Interviewing for all primary care staff. (Motivational interviewing is a psychotherapeutic approach that attempts to move an individual away from a state of indecision towards finding motivation to making positive decisions and accomplishing established goals.)

7. How can we best use tele-behavioral health to expand rural access to mental health services?

Start in your emergency rooms. They are becoming the front line in mental health care and are often the first point of contact for patients.

8. What challenges have you faced as a rural community’s only psychiatrist and how have you managed them? How do you protect yourself and your ability to serve your community from “burnout?”

Any psychiatrist in rural health needs to be very good at setting boundaries and saying, “no.” I am fortunate to work in a system that allows me a good deal of autonomy in setting my schedule, tri-
aging referrals, and saying “no” when appropriate. I work very hard to be available and helpful in the system I am in, while also taking care of myself. There is no way I can serve the entire mental health need of my community. I cannot provide urgent psychiatric care or be on-call 24/7. So, I need my system’s emergency services and PCPs to be my backup. Good communication and relationship building with my colleagues has been essential.

9. How do we encourage physicians to go into psychiatry and choose to serve rural communities?

- Work to reduce the stigma of psychiatric illness in general.
- Talk about your psychiatric colleagues with respect.
- Flexible loan repayment with terms that do not result in “golden handcuffs.”

10. What is your favorite part of living in a rural area?

Being in the woods with my kids, especially when it’s syrup season.

Leadership Insights: “Wisconsin BEER”


“To deliver effective feedback you could start by sharing a BEER. Not the beverage! Rather, a method of feedback that focuses on specific Behaviors, their Effect, what Expectations you have going forward and the Result you are aiming for. Many people struggle with this communication skill. Often, feedback is:

- Vague, hoping the receiver will know what we mean without having to be specific—and then being disappointed when they did not understand
- Given to a group instead of the individual who needs to hear it, often leaving the person who needs to hear it clueless, and high performing members of the team feeling like they got in trouble”

“While the BEER tool works for giving positive feedback, too, it’s the corrective or conflict conversation that is more of a struggle. BEER is a tool to frame what you want to say in a way that is easier to hear.”

B–Behavior. “What do you see, hear, observe, or notice? Typically, we use vague or judgment words to describe a concern: disorganized, not a team player, negative, poor attitude, inconsiderate, need to ‘step it up,’ etc. But these judgments don’t describe what a person can change. They are also arguable. It’s tougher to argue specific behaviors. Work At Getting Better At Describing Specific Behaviors. You might start with ‘I notice…”

- That when we are looking for help with team projects or picking up extra shifts, you have not volunteered for months.
- When you come to meetings you frequently do not have materials you need and have to leave to go get things that you forgot.
- Your perfume fills up the workspace we share.’ ”

E–Effect. “The behavior you just described has an effect or there would be no point in bringing it up. State the effect. The other person may not be aware that their behavior even has an impact on others. Continuing with the three unique examples above, ‘The effect is…”

- I’m concerned that the team will feel that you do not care to help them out and they may be reluctant to help you if you need it.
- When you have to leave to make extra trips, we start late and get behind on the project.
- I am getting headaches from the perfume due to my allergies.’ ”
E–Expectation. “What do you expect going forward? Don’t let the word expectation throw you off. What is the hope, need, desire that you have for the future? Being specific prevents misunderstandings and it opens the door if the hope is more of an opportunity for negotiation. ‘I am asking…

- That you pick up at least one extra shift a month, and that you join one project team.
- You to be on time for meetings with all the required materials on hand.
- If we could talk about some alternatives to your use of perfume.’ ”

R–Result. “What will be the result if the other party does make the change? Describe it in positive terms that can work for both of you. Because then…

- The team and I will both see your commitment as well as get you help when you need it.
- Our meeting time will be more productive and efficient and your team members will have more confidence in your dedication to the work.

- We can both feel honored for our individuality and needs in making this a good work space for both of us.”

“Follow up a BEER with: ‘What do you think?’ This allows dialogue and both parties can listen and learn.”

“It takes courage to give honest feedback. Consider your intention before you share it and share your intention before you give it—to be helpful, to support the other person’s success, to honor the relationship.”

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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