Rural Health’s Mission: Embrace Disruption

Tim Size, Executive Director, Rural Wisconsin Health Cooperative

The Triple Aim first described by Don Berwick at the Institute for Healthcare Improvement is rightly at the heart of the values that now drives our best health care—improving the health of populations, enhancing the experience of care for individuals, and reducing the per capita cost of health care. While many people would add various Fourth Aims such as equity or job satisfaction, it is impossible to achieve the Triple Aim without achieving both of these aims as well.

But what about the increasing talk of the galactic disruptors on healthcare’s horizon? “Anyone who continues to think of Amazon as just a very big digital retailer needs to think again. From an online bookstore, to an online everything store, to a leader in cloud computing, to a provider of in-home services, to a brick-and-mortar food purveyor—over the course of its existence, Amazon has continued to expand on its original business model. The company has repeatedly shown that it has the capabilities, the patience and the deep pockets to disrupt industry after industry. Healthcare is no exception.” (Executive Insights, L.E.K. Consulting, 3/22/18)

A wise friend of mine once warned me about the dangers for rural healthcare providers of getting between fighting elephants. Good advice back in the day of the early wars amongst competing health plans and good advice today as giants like Amazon, J.P. Morgan and Berkshire Hathaway gear up to disrupt American healthcare. Even with our rural home court advantage and the ability to be nimble, local rural healthcare providers will be challenged and need to continue adapting.

Rural healthcare may or may not be low hanging fruit and the target of the first wave of disruptors; but we can’t afford to ignore the threat. I love the price and convenience of Amazon but I am not ready to turn over my health to an anonymous lowest bidder. If like other sectors before us, we fail to take this challenge seriously, the cost will be high.

Yes, we non-profit “legacy providers” could be driven out of business. But more to the point, it is our communities that will bear the real cost of fragmented patient care, boutique health care for the healthiest and most affluent patients but declining access and rising costs for the rest, and an inevitable decline in the over-all health of the community.

A lot of the much publicized hype about Millennials driving the opportunity for disruptors pivots on their well-known preference for and comfort with technology. But there is more to the story; a story that I believe will help rural providers channel disruption to our
community’s advantage. And I don’t mean that we need to start blocking the still limited broadband into our rural communities. Beyond the oft mentioned affinity for smart phones, many ascribe the following attributes to our soon to be largest generation:

- Millennials expect a good experience, responsive to individual needs.
- They take wellness more seriously than prior generations.
- They distrust large businesses and their impact on society.

For me, this points to clear opportunities for rural healthcare as both caregivers and employers:

Personal care close to home has long been a strength of rural health; now is the time to double down and make sure that our local care systems are more patient-centric than provider-centric—an ongoing process of discovering and becoming responsive to individual needs and expectations.

Many rural healthcare centers are well on their way to being and being seen as an anchor of wellness initiatives for their community, well beyond their traditional role as hospital, emergency room and clinic. This is a smart strategy to gain the trust of a generation before most will need our core services.

Local healthcare providers have a homecourt advantage if they truly live their role as champions for the health of their neighbors. The same technology that makes community providers vulnerable to Amazon gives us the opportunity to show that we put our patients, our communities and employees above profit and global expansion.

The bonus to a rural strategy that takes into account Millennials, is that it will lead us to better serve all generations, including this front line Baby Boomer. Millennials are indeed giving for-profit corporate disruptors an opportunity to make money in new ways, but those of us on the ground in America’s smaller communities have many opportunities to serve and work with all generations.

There is an interesting footnote in the 2018 Report on Consumer Engagement in Health (EBRI): “It is an open question whether the way Millennials engage with the health care system changes as they age…”

Like all previous generations, youth ages and our need for health care changes. In the meantime, we healthcare providers have a growing wave of consumer conscious Baby-Boomer patients who will challenge us for quite a few years yet.

---

**Partners Keep Local Care Local**

From “The future of health care is already here” by Michael Wagner in the Boston Globe, 7/30/18:

“We have learned that our national health care system is so beyond broken that it will require not one, but three billionaires and a world-renowned doctor to fix it. The venture–formed by investor Warren Buffett, Amazon’s Jeff Bezos, and JPMorgan Chase CEO Jamie Dimon and led by Boston surgeon and author Atul Gawande–will get to work on solving what ails us all.”

“Besides deep pockets, the business leaders have a serious motivation to fix the system–their companies have more than 1 million employees; health care spending in 2016 made up 17.9 percent of the economy and more than $10,348 per person, according to the US Centers for Medicare & Medicaid Services. That’s a $10 billion health care price tag.”

“Gawande’s work will undoubtedly be exciting and probably fruitful, but companies across the country don’t have to wait for the next big idea to start fixing our medical system. There are actions that we can take immediately that will create significant savings and health improvements. It will just require a new way of thinking and spending.”

“The first isn’t sexy, but it is real. More care needs to be delivered in the community. As the former CEO of an academic medical center, I know the importance of academic centers for clinical care, research, and teaching. But I also know that too much care is delivered unnecessarily in these halls.”
“In 2016, more than a third of all commercial payments to acute-care hospitals went to academic centers, according to the Center for Health Information and Analysis’ 2018 Relative Price report. Much of that care didn’t need to happen in Boston at Boston prices. And if it had stayed in the community, the savings would have been significant. For example, a service priced $8,900 at MelroseWakefield Hospital would be $13,800 at Massachusetts General, according to the same CHIA study. That’s a nearly $5,000 difference. These differences add up. In Massachusetts alone, if more care were delivered in the right place, our state, businesses, and patients could save millions.”

“Yes, lowering costs starts with keeping care close to home. But to do this leaders and employers like Warren Buffett, Jeff Bezos, Dimon, and Gawande will need to use their influence to change the mindset that local care isn’t as good as in the big city hospitals. Specialists in my health system, Wellforce, have successfully increased the number of patients and the severity of illnesses able to stay in the community. And we have academic specialists working with community specialists to perform neurosurgery in suburbs, not just in Boston. Complex care in the community is not only a possibility but a reality. It just requires us to deal in facts rather than outmoded perception.”

“It also requires us to think about spending our dollars differently. In the race to create worthwhile wellness programs, convenient urgent care centers, and the like, a critical fact has been overlooked: Five percent of the population generates 50 percent of health care spending. Addressing this means offering focused, coordinated care for the chronically and seriously ill by a team of providers who can help with everything from prescriptions to food stamps. This will become ever more important as the world’s population ages. According to the World Health Organization, by 2050 the world’s population aged 60 years and older is expected to total 2 billion, up from 900 million in 2015. Today, 125 million people are age 80 or older.”

“We need to expand the role of health care to encompass the social determinants of health, like housing, food insecurity, and poverty. Late last year, Boston Medical Center announced it’s investing $6.5 million in affordable housing to improve community health and patient outcomes while also reducing costs. Hebrew Senior Life has been a pioneer in providing affordable housing to improve the health of the elderly. In other countries, for every $1 spent on medical care, $2 is spent on social care. In the United States it’s the opposite. For every $1 we spend on medical care, we spend a mere 55 cents on social health. Entrepreneurs like Buffett and Bezos know spending to avoid a problem is smarter than paying to fix it.”

“To transform the health care system, we need patients, physicians, and employers to think differently about the benefits of seeking care close to home. Insurance plans will need to incentivize people to do so. Academic medical centers must see the sickest patients and partner with local providers to keep care in the community. Primary care physicians will need to focus on cases that require the most coordination. Patients will get to know nurse practitioners, social workers, and other medical professionals in nonemergency situations.”

“The community care argument makes complete sense, but convincing people that local health care is high quality, more affordable, and accessible will take time. Backing the argument through the support of billionaires and thought leaders might finally make the idea stick.”
“Rural hospitals in Wisconsin are partnering with their communities to improve health care 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 a great place to live and work.”

Mile Bluff Medical Center was honored for its Substance Abuse Free Environment (SAFE) in Juneau County Coalition. Juneau County’s top health concern is substance abuse, and it can be especially hard to combat in rural communities because of limited resources for prevention, treatment, and recovery. In 2017, Juneau County was designated a Tier 1 Priority High Need Region by the Wisconsin Department of Health Services (DHS) due to its high opioid death rates, hospitalizations, and emergency medical service runs. SAFE in Juneau County and Mile Bluff Medical Center have partnered to attack the issue on several fronts, including bringing a Medication Assisted Treatment Hub and Spoke model to Juneau County; providing free medication lock boxes to patients; and training all prescribing staff in the CDC recommendations for opioid prescriptions and is enforcing a new policy for chronic pain management with opioids.

Stoughton Hospital is being recognized for the work it is doing to the mental health of seniors through its Geriatric Psychiatry Program in partnership with several local organizations, including the Aging Disability Resource Center of Dane County, the Alzheimer’s & Dementia Alliance of Wisconsin, and the Stoughton

“According to the Organization for Economic Cooperation and Development, the United States spends a greater percentage of its GDP—16.4%—on health care than any other OECD country. What this statistic misses is the role that social spending plays in determining health. Social programs that address issues such as poverty, nutrition, substance abuse, and the environment have a dramatic effect on the need for health care spending. This slide shows that when you combine traditional health care spending with social spending, the U.S., far from being profligate, is close to the middle of the pack. Health care arguably serves as a less than efficient surrogate to make up for gaps in social services in many communities across the U.S., distorting the perception of how much this country spends on health care relative to other developed nations.”

Harold L. Paz is Executive Vice President and Chief Medical Officer for Aetna and Professor Adjunct of Internal Medicine, Yale University School of Medicine.
Area Senior Center. The hospital reached its goal to become a dementia-friendly facility in part by expanding and supporting programs in collaboration with local senior facilities, churches, and the city recreation department. The hospital then took its learnings to the community, hosting educational sessions for businesses, nonprofits, government entities, and other organizations to discuss making Stoughton dementia friendly. Future initiatives include quarterly Dementia Live events and continuing to expand the number of businesses that are dementia trained.

Sarah Coyne, a partner with Quarles & Brady and a member of the Health Law Group in the firm’s Madison office, is delighted to partner with RWHC to offer this recognition for community engagement. “We enjoy watching these initiatives succeed and can’t wait to see what next year brings.”

Brown, who is also associate professor of family medicine and community health at UW School of Medicine and Public Health, says while the focus will be on acute care for the patient in the doctor’s office, the addiction specialists will also provide advice for longer-term care and follow-up. The service will provide counsel about the full range of addictions, including alcohol, opioids, stimulants, marijuana, and synthetics.

UW Health provides operational support for the effort, and Brown’s team is also working closely with the Rural Wisconsin Health Cooperative and the Wisconsin Society of Addiction Medicine to launch the program.

We Can Relearn to Talk with Each Other

From “What Duluth Can Teach America About Declining Political Civility” by Gerald F. Seib in The Wall Street Journal, 7/30/18:

“More than a decade ago, city’s rancorous politics prompted call for more civilized discourse that has endured to today.”

“The decline of civility in political debate was alarming. Harsh rhetoric was getting in the way of resolving bitter disputes.”

“Worse yet, the nasty tenor of political discourse was so turning off young people that they were walking away from it, saying they didn’t want to get involved in such a nasty process.”

“Sounds like Washington today, right? Actually, it was Duluth, Minn., more than a decade ago as tensions rose over local budget strains. Then, as now on the national political stage, nastiness was becoming the norm, preventing well-intentioned people from coming together to solve problems.”

“The difference is that the leaders of Duluth decided to do something about it. Civic leaders launched something called Speak Your Peace: The Civility Project. They drew up a list of nine guidelines for civilized debate so simple they could and did fit on a wallet card.”

Addiction Hotline for Wisconsin Providers

With a grant from the Wisconsin Department of Health Services, the University of Wisconsin Addiction Consultation Hotline has established daily on-call help to providers who seek support and direction to deal with patients with substance-abuse problems.

**The hotline is available weekdays from 8 a.m. to 5 p.m. Providers outside of Madison should call the UW Health Access Center toll-free: 800-472-0111.**

Randy Brown, MD, PhD, who oversees the service, says “that research shows that appropriate care for these patients can be effectively delivered in primary-care practice settings.” But 70 percent of Wisconsin’s rural counties lack even a single provider who is certified to provide medication-assisted treatment for opioid-use disorders.

“The goal of this project is to offer real-time support and expertise from specialists in addiction medicine, addiction psychiatry, psychology and AODA counseling. I am confident that we can reduce the enormous suffering substance abuse produces in this state.”
“Then, a funny thing happened. People took the idea to heart. All six major units of regional government—city and county boards and school districts—adopted the guidelines. As debate improved, so did the process of addressing problems. Today, Duluth’s mayor, Emily Larson, credits the civility project for helping the city work through an emotional, two-year debate over a new ordinance adopted in May requiring employers to offer paid sick leave.”

“Is it naive to think that the experience of a city of 86,000 can be useful on a national scale? Perhaps. But something like this is needed on a national scale. It is a sign of the declining tenor of national debate that people can’t even agree on when the slide into true nastiness began. Republicans like to say it started with the trashing of Supreme Court nominee Robert Bork in the 1980s. Democrats like to say it started with the televised jihad back-bencher Newt Gingrich launched against Democratic House of Representatives leaders shortly thereafter.”

“Now Trump appointees are being verbally accosted in public places, and the press covering President Trump was treated so rudely by the crowd at a Veterans of Foreign Wars convention last week that the VFW felt the need to publicly disavow the behavior. We haven’t reached the point of mob violence, but sometimes it doesn’t seem far off.”

“So Duluth’s experience is worth a look, if only because it shows that such a slide is neither inevitable nor unstoppable. The city’s problems, as is so often the case, were rooted in economic anxiety. At the turn into the new millennium, the region was feeling the same decline that was affecting the nation’s Rust Belt. A steel plant had closed. The arrival of immigrants had exacerbated tensions between old-timers and newcomers.”

“Economic trouble landed the city on precarious financial terrain. There was talk of bankruptcy. Most immediately, a generous lifetime health-insurance plan for city workers seemed unsustainable.”

“The debate over whether and how to end that insurance plan and take other belt-tightening measures turned rancorous, including nasty exchanges at open public meetings. ‘Rather than working on solutions we started fighting with each other,’ says Rob Karwath, former executive editor of the Duluth News Tribune.’ ”

“The incivility threatened to actually drive people away from the area, some feared. So a regional development group, the Duluth Superior Area Community Foundation, stepped in to try to calm the waters.”
“It convened a group of local leaders who came up with nine core principles that it declared should prevail in public debate. They are so simple they are easy to list: Pay attention, listen, be inclusive, don’t gossip, show respect, be agreeable, apologize, give constructive criticism, take responsibility.”

“Those ideas grew into a broader civility program, now 15 years old, that has spread around the country. The goal, local leaders say, is decidedly not to stifle debate. ‘This is not a campaign to end disagreements,’ says the Speak Your Peace website. ‘It is a campaign to improve public discourse by simply reminding ourselves of the very basic principles of respect.’ ”

“In fact, Larson says the key effect may not even lie in how people talk. ‘To me,’ she says, ‘civility is about truly listening.’ By actually listening, she says, people discover they have some common ground, which ‘lays the groundwork for the next conversation.’ ”

“It isn’t nirvana; a recent visit by Mr. Trump to Duluth proved divisive in the community. Still, as the tenor of debate improved, so did Duluth’s prospects and finances.”

Leadership Insights: “Feeding the Feedback”

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

“You want people to trust that you would keep their information confidential, too, if they were ever being coached, so this is a good opportunity to role model that: ‘I want you to trust that any concerns that have been brought to my attention are taken seriously. I can’t share information about any con-

versations I might be having with other employees, any more than I would if you and I were having confidential conversations.’ ”

“ Asking people for their trust is the first step. Making a statement about not sharing confidential information is the second. But then we have to make sure that evidence of our coaching is coming to fruition. When it comes to trusting that you are following up on concerns, your high performers need to see either:

One: The problem performance is evidently getting better or fixed, OR Two: The low performer is moving on.”

“Allowing poor performance to continue destroys your credibility for holding anyone on your team accountable which negatively impacts morale, commitment to the team and the culture. But let’s say you are coaching someone to make a change and it’s taking some time, with ups and downs along the way. This is where the long view of trust makes a difference. Over the course of time, if your team sees people being held accountable, they will understand that some changes don’t happen overnight but they do happen.”

“If, however, you have been coaching someone with no consistent progress, you have to ask yourself if the problem employee performance is starting to reflect on you and your credibility. Hope is not a performance improvement strategy (on its own anyway!) There is no magic amount of time for coaching, and we generally like to give people ample opportunity to improve. But do set yourself a time-frame and then ask yourself these questions about the employee you are coaching:

1. Have you really been as clear as you can possibly be about what needs to change?

2. Are you negotiating the non-negotiable? (If something is required, are you talking about it like it is optional? If so, it is time to take a stand.)

3. Do you have stated deadlines for specific improvements?

4. Can the employee articulate back to you what is expected?
5. What would tip the scale one way or another to cut your losses or continue coaching? What is the deal breaker either way?

6. Does this employee exemplify what you want your team to stand for? If not, why is this employee still working for your organization? If you are defending them because they are a hard to fill position, you may want to reconsider. A warm body is not better than nobody.

“Typically, these sticky situations are not about technical skill deficits, but if they are, you can help the employee by encouraging them to share with some of their team members that they are struggling and to ask them for help. Coach them on how to seek mentorship effectively, and support your team in creating a mentoring environment by recognizing when you see those behaviors. This way the employee themselves is sharing their own progress with the team.”

“If a situation results in a termination of employment, you can’t tell people why an individual was fired but you can bet that it will cause anxiety in others. Employees start wondering, ‘What would get me fired? Am I at risk and don’t even know it?’ Address those concerns proactively: ‘When someone leaves abruptly, I know it can cause people to feel anxious. While I will not discuss confidential information about any particular situation, I will address any general questions you have about what is expected of all of us and how we can all be successful working together as a team going forward.’”

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.

Upcoming RWHC Leadership Programs
9/14 - Refueling the Heart: Are You Running on Empty?
9/17 - Leading Change When Change is Hard
10/19 - CPI Nonviolent Crisis Intervention (Members only)
10/29 - Mind Matters: How Perceptions Impact Success
    Non-Members Welcome. Register & other events at: www.RWHC.com/Services.aspx