Advocating for Collaborative Work: One Perspective, 30 Years in the Making

Tim Size
Executive Director
Rural Wisconsin Health Cooperative
Sauk City

Healthier Wisconsin Partnership Program:
“Collaboration to Improve Rural Health”
6/7/12
Wausau, WI
Presentation Overview

Goal: Share (a) lessons learned from RWHC’s work over last 30+ years, (b) understanding re barriers to change and (c) practical tips to developing collaborative initiatives and advocating for rural health.

Agenda:

I. Context Matters
II. Rural “Myth Busting” & Challenges
III. Barriers to Change
IV. Collaboration Tips
V. Effective Advocacy
I. Context Matters

Our work at RWHC is based in the context of rural health and on the evidence. But like us all—our beliefs, stated purpose, values and economic realities create a complex set of forces that drives that work.

“Yea, you were ‘great.’ But with less ‘all about me’ and more ‘about us,’ we might actually win a game.”
RWHC’s Frame

2012 Wisconsin County Health Rankings Model, University of Wisconsin Population Health Institute
2012 Wisconsin County Health Rankings (Outcomes)

- Top Quartile
- 2nd Quartile
- 3rd Quartile
- Bottom Quartile

- Rural Counties
- Urban Counties
USA Healthcare $$$ Trend Unsustainable

National Health Expenditure as % GNP

Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group
Population by Rural and Farm Residence, Wisconsin: 1850 to 2000

Gary Paul Green, UW-Madison/Extension
Presentation in Mosinee, 1/12-13/06
Wisconsin Providers Compare Favorably

- Ranked #1 in the nation for quality (AHRQ)
- Low rate of uninsured (4th nationally)
- Low cost state in Medicare program
- High level of physician/hospital integration
- Robust adoption of HIT, esp. EHR
- WI has a good tort environment
- Hospitals/systems relatively better finances
Wisconsin Has Some Major Failures

Some say that organized dentistry or the tavern league have no interest in these maps.
RWHC Core Values

We take these values seriously as we work internally as well as when we work with our external strategic partners and customers:

Trust
Collaboration
Creativity
Excellence
Joy

Openness
Personal Development
Productivity
Responsibility
RWHC Mission & Vision

Mission
Rural WI communities will be the healthiest in America.

Vision
RWHC is a strong and innovative cooperative of diversified rural hospitals; it is

1. the “rural advocate of choice” for its Members &
2. develops / manages a variety of services.
RWHC by the Numbers

- Founded 1979.
- Non-profit coop owned by 35 rural hospitals (who have net rev $3/4B; ≈ 2K hospital & LTC beds).
- ≈ $10+ M RWHC budget (≈ 80% member sales/dues; 15% other sales, 5% grants).
- 8 PPS & 27 CAH; 20 freestanding; 15 system affiliated.
RWHC Shared Services*

**Professional Services:** Medical Record Coding, Financial & Legal Services, Negotiation with Health Insurers, Workforce Development, Staffing Rehab Services

**Educational:** Professional Roundtables, Leadership Training, Nurse Residency Program & Preceptor Workshops

**Quality Programs:** Credentials Verification & Peer Review Services, Quality Indicators, Quality Improvement Programs

**Technology Services:** Data Center Services, Electronic Medical Records, Financial Consulting

*Partial List*
RWHC Strategic Partners

Cooperative Network
La Crosse Medical Health Science Consort.
Marquette University
Medical College of WI
MetaStar, Inc.
National Cooperative of Health Networks
National Rural Health Resource Center
National Rural Health Association
UW School of Medicine & Public Health
UW School of Nursing
UW School of Pharmacy
WI Area Health Education Centers
WI Center for Nursing
WI Collaborative for Healthcare Quality
WI Council on Workforce Investment
WI Dept of Health Services
WI Dept of Workforce Development
WI Dept Safety & Professional Services
WI Hospital Association
WI Health & Ed. Facilities Authority
WI Healthcare Data Collaborative
WI Medical Society
WI Office Rural Health
WI Primary Care Association
WI Public Health Association
WI Rural Health Development Council
WI Statewide Health Information Network
Rural Health Care About More Than Health

• Rural insurance premiums and taxes only come back to circulate in the community and create jobs if there are local health care providers there (and people use them) to attract those dollars.

• For every rural primary care physician, another 23 jobs are created (FORHP,’12); a rural hospital closures causes a 4% loss of community income (UNC, ‘06).

• Bottom line: Rural America is effected by where our health care dollars are spent; rural hurt when analysis and policy just looks statewide.
2004 IOM Committee on Rural Health

“Rural communities must reorient their quality improvement strategies from an exclusively patient- and provider-centric approach to one that also addresses the problems and needs of rural communities and populations.”

<table>
<thead>
<tr>
<th>IOM Quality Aim</th>
<th>Personal Health</th>
<th>Population Health</th>
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<tbody>
<tr>
<td>Safety</td>
<td>Reduce med. errors.</td>
<td>Reduce auto accidents.</td>
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<tr>
<td>Effectiveness</td>
<td>Best practices to care for diabetic patients.</td>
<td>Public school policies reduce obesity/diabetes.</td>
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<tr>
<td>Individual-Centered</td>
<td>Improve provider &amp; patient communication.</td>
<td>Regional networks respect community preferences.</td>
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<tr>
<td>Timeliness</td>
<td>Appointments available within reasonable limits.</td>
<td>Epidemics identified earlier than later.</td>
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<tr>
<td>Efficiency</td>
<td>Electronic health records.</td>
<td>Reporting of population-based health status.</td>
</tr>
<tr>
<td>Equity</td>
<td>Treat all patients with equal respect.</td>
<td>Public policies addressing provider maldistribution.</td>
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II. Rural “Myth* Busting” & Challenges

* Myth = widely held false belief

- Rural residents don’t want to get care locally.
- Rural folks are naturally healthy, need less.
- Rural health care costs are less than urban care.
- AND Rural health care is inordinately expensive.
- Rural quality is lower; urban is better.
- Rural hospitals are just band-aide stations.
- Rural hospitals are poorly managed/governed.
Most bad policy for rural not deliberate but due to unrecognized differences in the rural and urban context.

“Why are rural providers excellent swimmers? They get lots of practice being thrown out with the bath water.”
The clear trend is for private & public sector payers to create incentives for providers to move from emphasis on the volume of care to the quality of care – the “right” care at the “right” time and place.
Rural Healthcare Part of Global Reform

Healthcare Financial Management Association
Workforce Driven By Demographics & Attitude

RWHC Eye On Health

"The 'rurals' have a point, we should just call ourselves a Med school for suburban specialists."

The demographics of baby boomers becoming patients in huge numbers while also no longer being caregivers will likely worsen the maldistribution of the workforce.
Coverage ≠ Access

Workforce shortages hit rural first, harder and longer:

Currently
Primary Care, Dental, Mental Health, Pharmacy & EMS

Coming Our Way
General Surgery & Nursing
Healthcare Reform ≠ Health Reform

“We must provide education and preventive care, help all reach highest potential for health and reverse the trend of avoidable illness. Individuals must achieve healthier lifestyles; take responsibility for health behaviors and choices... and act.”

RWHC Advocacy Agenda is Evolving

1. Federal **Healthcare Reform** that recognizes rural realities.
2. Fair **Medicare & Medicaid** payments to rural providers.
3. **Federal & State regulations** that recognize rural realities.
4. **Retain property tax exemption** for nonprofit hospitals.
5. Solve growing **shortage of rural physicians and providers**.
6. Bring rural voice to **regional provider networks & payers**.
7. Bring a rural voice into the **quality improvement** movement.
8. Continue push for workplace and community **wellness**.
9. Strong link between **economic development** and rural health.
III. Barriers to Change

Observations as illustrated from past issues of RWHC’s monthly newsletter *Eye On Health*

“When the obvious becomes obvious, the time to adjust is limited.”
"Get over the Doc Welby thing, what you do makes a lot more difference to your health than what I do."
The Power of Unexamined Biases

RWHC Eye On Health

“No. Around here, I’ve never heard of any rural backwater or Lake Wobegon.”
Tradition Conceals Important Questions

RWHC Eye On Health

Dental Care Limited

"Why do we try not to chop off infected toes but we routinely pull out ‘bad’ teeth.”
Politics Trump Policy & Research

Both public and private policy makers have constituencies that drive the process more than the best research.

“Tell me again how this works for people to re-elect me.”
Rural Faces Urban Models & Smaller Data Sets

RWHC Eye On Health

One solution to a “small numbers” problem.
Fear Often Trumps Hope

To paraphrase Machiavelli & Thomas Jefferson: reform requires “hope of gain to be greater than the fear of loss.”

“We don’t have to tackle healthcare reform until voters’ hope of gain outweighs their fear of loss.”
Don’t Underestimate Economic Self Interest

RWHC Eye On Health

“That’s where you’re wrong, we are businessmen first, dentists second.”
Elected & Appointed Officials Can Be At Odds

RWHC Eye On Health

“No need to rebuild old rural hospitals when we have perfectly good Army surplus MASH tents.”
Collective Denial Trumps Data

RWHC Eye On Health

Medicare Hospital Insurance Trust Fund

“No problem, it isn’t bankrupt for a good ten years.”
Stated Policy & Underlying Intent May Differ

RWHC Eye On Health

“It’s just good business; we offload Medicare to the insurers and the whiners can fend for themselves.”
IV. Collaboration Tips

Caveat:
Collaboration needed both within and between organizations and sectors.

“...You educate us for the jobs that gets us the income to stay healthy and out of his clinic which allows us to focus on getting educated to get...”
### How Far Are You Ready To Go?

<table>
<thead>
<tr>
<th>Network</th>
<th>Coordinate</th>
<th>Cooperate</th>
<th>Collaborate</th>
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<tbody>
<tr>
<td>Exchange Information</td>
<td>Exchange Information AND Harmonize Activities</td>
<td>Exchange Information AND Harmonize Activities AND Share Resources</td>
<td>Exchange Information AND Harmonize Activities AND Share Resources AND Enhance Partner’s Capacity</td>
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The Collaboration Primer by Gretchen Williams Torres and Frances Margolin
Collaboratives Address Diverse Rural Issues

- EHR Networks (RWHC)
- Health Plan Contracting Networks (RWHC)
- Baby Friendly Hospitals (RWHC)
- Immunization Consortiums (SWIC)
- GME Collaboratives (WCRGME)
- Rural Telestroke Networks (Illinois)
- Advanced Directive Campaigns (La Crosse, WI)
- CMS’s “Partnership for Patients” with an emphasis on Care Transitions (WHA)
- Community Collaboratives (New Roadmaps Prize)
A Checklist for Successful Collaborating

- Host organization ready?
- The right partners involved?
- Shared vision unifies partners?
- Partners aware what is expected?
- Partners know partnership goals and objectives?
- People to do the work have been identified, staffed and made accountable?
- “Best practices have been researched and shared?
- Assets residing within the partnership have been mapped?
- Partnership encourages participation in and sustainability of its work?
- Partnership actively recruits new members?
- Defined governance model?
- Leadership is effective?
- Communication/outreach plan?
- Financial needs known and addressed?
- Work evaluated/revised?
- Partnership knows challenges that it faces?

“The Collaboration Primer” by Gretchen Williams Torres and Frances Margolin
Some Next Steps: Local Community

- Devote a periodic Board meeting or a portion of every Board meeting to review available population health indicators.
- Add Board members with specific interest in population health measurement and improvement.
- Create a “population health” subcommittee of the Board to seek community partnerships.
- Consider employees as a “community” and develop interventions to improve employee health. Then, expand the experience to the larger community.

Some Next Steps: State

• Advocate for improved population health measurement techniques and increased population health improvement valuation.

• Assist hospitals and clinics, and other stakeholders, to begin to link the mission of community health improvement to budget, operations, and performance measurement.

• Partner with academic institutions to design research projects around provider performance improvement and population health measurement.

Tip #1: Partnership Proposals Must Be Authentic

1. Good grants are good “business” plans.
2. They start with an idea about which there is passion and that you all would do with your own organizations money, if you had it.
3. There needs to be a clear “public purpose” for the requested use of public/foundation funds.
4. If successful, real value added—justifying the funder’s investment and reviewers time.
5. Bold/Innovative is good and characteristic of funded grant. But reviewers as a whole can be conservative.
Tip #2: Not Every Group Is a Partnership

1. A partnership has a written agreement that defines its purpose, member roles and responsibilities.

2. A partnership works according to an explicit strategic plan that includes accountability.

3. A partnership is not dominated by one entity.
Tip #3: It’s About Social Entrepreneurship

1. Network development is an entrepreneurial activity and as such success is not certain.

2. The odds can be increased if all participants understand that networks are businesses, albeit typically “non-profit.”

3. A key responsibility is to NOT become a small business startup that fails after running through its initial capital (aka grant).

4. Sustainability is too often thought of as just one of those annoying questions one has to answer at the end of the applications about “life after the grant.”
Tip #4: Communication is Core Competency

- Everyone Participates, No One Person Dominates
- Listen As An Ally—Work To Understand Before Evaluating
- An Individual’s Silence Will Be Interpreted As Agreement

RWHC Meeting Guidelines from Tercon, Inc.
Tip #5: Strategy is Both Art & Science

Strategy is both the **art** and **science** of employing the **political**, **economic** and **psychological** forces of a group to afford the maximum support to adopted policies.”
Tip #6: Balanced Portfolio

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<tr>
<th>Risk</th>
<th>Value Added</th>
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**Green:** “Low Risk - High Value Added” **Do it!**

**Red:** “High Risk - Low Value Added” **Non-starter.**

**Yellow:** “Low Risk - Low Value Added” **helpful in short run** and “High Risk - High Value Added” **provides real value over the long run.**
Tip #7: Seeking the Win-Win is Necessary

"OK. I understand a lot is going to change. But how do I stay the same?"

“Try Saying ‘Yes, if ...’ rather than ‘No, because...’”

*Anne Woodbury, Chief Health Advocate for Newt Gingrich's Center for Health Transformation
V. Effective Advocacy

Our legislatures and congress are not models of effective advocacy given excessive partisanship driven by astronomical amounts of campaign dollars & gerrymandered redistricting.

“I could agree with your position, if I wasn’t raising money for reelection.”
What is Advocacy?

• It is not restricted to or mostly lobbying.
• Advocacy is working for a desired future.
• It can be on behalf of self, one or two others, or the state, nation or world.
• It may be in public or private sectors or both.
• It may be done alone or with others.
Advocacy & Collaboration Use Similar Steps

**TAKE ACTION**

- Evaluate Actions
- Work Together
- Assess Needs & Resources
- Act on What’s Important
- Focus on What’s Important
- Choose Effective Policies & Programs

Source: Roadmaps to Health Action Center

Link at end of this PPT
Examples of What Drives Advocacy

• Need to Correct Bias – Critical Access Hospitals
• Opportunity to Reframe – Binge Drinking
• Short-term Fix Possible – Provider Payments
• Broad Coalition Possible – Workforce Data
• Address Core Need – Physician Supply
• Anticipate Problems – Medicare Managed Care
• Can’t Be Avoided – Rising Healthcare Costs
• Long-term Significance – Healthier Communities
Strategic Barriers to Getting Involved

• **Resources.** Providers struggling to address traditional responsibilities with tight budgets are not looking for new roles “that no one will pay us to do.”

• **Tradition.** The role of providers has been seen as treating individual patients. Population health seen as the job of public health departments.

• **Values.** The discomfort that most of us feel when talking about individual behaviors—other people’s choices and their freedom to make those choices.

“Population Health Improvement & Rural Hospital Balanced Scorecards,” *Journal Rural Health*, Spring, 2006
Your Advocacy Behaviors Matter

• Be **Brief**
• Be Accurate - **NEVER false** or misleading info
• **Personalize** Your Message - cite examples
• Be **Prepared** - know your issue
• Be **Courteous**/Don’t Threaten
• Be Patient - long process; be in for **long haul**

Wisconsin Hospital Association’s Grass Roots Handbook
Three Prong Advocacy Strategy

Make your best case: Develop concise, credible, persuasive, fiscally responsible, but emotive arguments.

Make friends and form alliances: Find elected champions, develop agency contacts, form alliances with a diverse set of groups.

Make it happen: Use all of your advocacy tools—government relations, grassroots and media.

Jennifer Friedman, VP Government Affairs and Policy
National Rural Health Association
Bottom Line: Follow Your Passion

RWHC Eye On Health

“I like it, but ‘Thou Shall Not Fail To Cooperate When Resources Are Scarce’ makes eleven.”
Rural Health On-line Resources

• RWHC Web: http://www.rwhc.com/ For the free RWHC Eye on Health e-newsletter, email office@rwhc.com with “subscribe” on subject line.

• Wisconsin Office of Rural Health: http://worh.org/

• Rural Assistance Center at www.raconline.org/ is an incredible federally supported information resource.

• Health Workforce Information Center www.healthworkforceinfo.org/

• The Rankings & Roadmaps Team www.countyhealthrankings.org/roadmaps/action-center

• Association for Community Health Improvement www.communityhlth.org/