A Rural Vision for a Healthier Wisconsin: Place Based & Individual Centered

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Rural Wisconsin Health Cooperative
Sauk City

Conversations for Change
Healthier Wisconsin Partnership Program
Wausau, Wisconsin
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“RWHC Eye On Health

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

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Email: timsize@rwhc.com World Wide Web Site: www.rwhc.com Tweet: www.twitter.com/RWHC  Page 1
Presentation Outline

1. **Advocacy** Beyond Politics
2. Brief **Overview** of Rural Health/Care
3. **Challenges & Opportunities**
4. Reminder: Healthcare **Coverage ≠ Access**
5. **Collaboration**: a Rural Advantage
6. In Summary: **Three Core Principles**

1. Advocacy Beyond Politics

- Advocacy = working for a desired future.
- It can be on behalf of self, a few others, or many others.
- It may be done alone or with others.
- It may be in public or private sectors or both.

Founded in 1979, RWHC is a statewide collaborative of 39 rural hospitals with a twin mission of advocacy and shared services in support of keeping local care local.
RWHC’s Vision for Rural Health/Care

“The best of rural health care has long been place-based and patient-centered, values deeply embedded in rural communities.”

“We do not need to turn rural into a small version or outpost of urban. We do need to build on rural’s natural strengths as we continue to seek the Triple Aim of driving quality of care up and costs down while improving the health of the whole community.”

From “Rural Can Be Health Care’s Future” in RWHC Eye On Health, 10/1/14

Public & Private Policies Impact Rural Health

- Public and private health insurance reform.
- Medicare and Medicaid.
- Federal and State regulations.
- Supply of rural physicians and providers.
- Relationships with regional provider networks & payers.
- The quality improvement movement.
- Workplace and community wellness initiatives.
- Rural community & economic development
2. Brief Overview of Rural Health/Care

*There is an Ongoing Need for Rural “Myth” Busting*

- Rural residents *don’t care about local care.*
- Rural folks are *naturally healthy, need less.*
- Rural health care *costs less* than urban care.
- Or rural health care is *inordinately expensive.*
- Rural quality is lower; urban is better.
- Rural hospitals are just *band-aid stations.*
- Rural hospitals are *poorly managed and governed.*

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RWHC Eye On Health
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“No need to rebuild old rural hospitals when we have perfectly good Army surplus MASH tents.”

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**Wisconsin & Minnesota Leap Off the Map**

*Average Star Ratings by County - Rural and Urban, 2012*

*Legend*

<table>
<thead>
<tr>
<th>Rural Counties Average Star Ratings</th>
<th>Urban Counties Average Star Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data</td>
<td>1.5 stars</td>
</tr>
</tbody>
</table>

2012 Rural Medicare Advantage Quality Ratings
RUPRI Rural Policy Brief, January 2014
Ratings are aggregate measure of clinical outcomes & process, patient experience, & access.
Wisconsin’s Snap Shot as a National Leader

- **13 CAHs** in iVantage top 100 CAH List (2013)
- Relatively **high overall quality**
- Relatively **low rate of uninsured**
- Relatively **low Medicare costs**
- Relatively **strong physician/hospital cooperation**
- Relatively **more stable provider finances**
- **Robust adoption** of electronic health records
- Many **early adopters** of population health

Rural Health Typically Does More With Less

- “The people served by rural hospitals are **more likely to report a fair to poor health status, suffer from chronic diseases, lack health insurance, and be heavier, older, and poorer** than residents of urban areas.”
- Yet overall, the **average cost per Medicare beneficiary is 3.7 percent lower in rural communities** than in urban ones, and rural hospitals perform better than urban hospitals on three out of the four cost and price efficiency measures on Medicare Cost Reports.”

("Implications of Proposed Changes to Rural Hospital Payment Designations Policy Brief," by The National Advisory Committee on Rural Health and Human Services, December, 2012)
Population Health = Health > Health Care

It’s no longer just about what we do during a physician visit or hospital stay but also how we keep a population healthy.

“We must help all reach highest potential for health and reverse the trend of avoidable illness.”*


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HEALTH FACTORS

HEALTH BEHAVIORS (30%)
- Tobacco use
- Diet & exercise
- Alcohol use
- Sexual activity

CLINICAL CARE (20%)
- Access to care
- Quality of care

SOCIAL & ECONOMIC FACTORS (40%)
- Education
- Employment
- Income
- Family & social support
- Community safety

PHYSICAL ENVIRONMENT (10%)
- Environmental quality
- Built environment

MORTALITY (LENGTH OF LIFE): 50%
MORBIDITY (QUALITY OF LIFE): 50%

County Health Rankings model © 2012 UWPHI
3. Challenges & Opportunities

Rural Health faces an alignment of forces driving reform to improve individual health care, the health of populations and lower costs (Known as the “Triple Aim”).
Rural WI Counties Predicted to Not Do as Well

Percent of Urban and Percent of Rural Counties in Each Quartile of Factors*

<table>
<thead>
<tr>
<th></th>
<th>Best</th>
<th>Q2</th>
<th>Q3</th>
<th>Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>0%</td>
<td>10%</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>Rural</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
<td>30%</td>
</tr>
</tbody>
</table>

* Factors are determinants of health like income, education and individual behaviors.

Rural Lags But is Doing Better Than Predicted

Percent of Urban and Percent Rural Counties in Each Quartile of Outcomes

<table>
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</table>
What the County Rankings are Teaching Us

- **Where you live matters** to your health.
- There are **many factors that influence health**.
- Improving health is **everyone’s responsibility** and together we need to find solutions.
- **All sectors need each other’s participation** and expertise to make progress.
- While **personal responsibility is important**, it must also be linked to a larger discussion about how **policy changes can make healthy choices easier**.

Source: Karen Timberlake, Director UW Population Health Institute

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Healthcare With/Without “Obama Care”

<table>
<thead>
<tr>
<th>Current State</th>
<th>Future State</th>
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<tbody>
<tr>
<td><strong>Cost:</strong></td>
<td><strong>Future State</strong></td>
</tr>
<tr>
<td>Reduction Viewed as Discrete Projects</td>
<td>Continuous Process Improvement</td>
</tr>
<tr>
<td><strong>Quality:</strong></td>
<td>Drives Reimbursement</td>
</tr>
<tr>
<td>Public Relations/Liability Issue</td>
<td><strong>Drives Value</strong></td>
</tr>
<tr>
<td><strong>Physicians:</strong></td>
<td>Drive Volume</td>
</tr>
<tr>
<td><strong>Physicians:</strong></td>
<td>Drive Value</td>
</tr>
<tr>
<td><strong>Collaboration:</strong></td>
<td>Clinical and Finance Staff Must Work Together</td>
</tr>
<tr>
<td><strong>Limited Amount Required for Financial Success</strong></td>
<td>Revolves Around Utilization of Services Across Continuum</td>
</tr>
<tr>
<td><strong>Financial Risk:</strong></td>
<td>Revolves Around Cost Position</td>
</tr>
</tbody>
</table>

Healthcare Financial Management Association
Questions Rural Providers Needs to Ask

1. How do we provide local patient-centered care that is team based and outcome focused?

2. How do we collaborate with regional organizations to emphasize value of care over volume of care?

3. How do we partner with others locally and regionally to foster healthy communities?

4. How do we adapt urban-based federal models to the unique characteristics of our rural communities?

How Rural Providers Engage Communities?

- Providers and patients can connect to community health resources to improve individual health.
- Providers and the community can “go upstream” to address factors that influence population health.
- In concert with clinical quality and efficiency metrics, rural communities can employ metrics that assess these more global outcomes.
- Rural providers and their communities can partner in creating healthier communities.

“The High Performance Rural Health Care System of the Future,” RUPRI Health Panel, 9/2/11
4. Reminder: Healthcare Coverage ≠ Access

Workforce shortages hit rural first, harder & longer:

Currently
Primary Care, Dental,
Mental Health & EMS
Soon Coming Our Way
General Surgery & Nursing

PROJECTED NEED FOR PHYSICIANS

“By 2020, our nation will face a serious shortage of both primary care and specialist physicians. The shortfall will be most severe on vulnerable and underserved populations. Unless we act now, America will face a shortage of more than 90,000 doctors in 10 years.”

-- Association of American Medical Colleges
June 2010

“Wisconsin will need to add 100 new physicians annually to avoid an expected shortfall of 2,000 by 2030. The need is most urgent in primary care, general surgery and psychiatry – in both rural and underserved urban areas.”

-- Wisconsin Hospital Association
November 2011

“If students complete both their medical education and residency training in Wisconsin, nearly 70% will remain in the state to practice medicine.”

-- AAMC State Physician Workforce Data Book
December 2011

* The green shaded areas denote federally-designated rural and urban locations where there are significant shortages of primary care physicians

Worst Shortages: Dentistry & Mental Health

5. Collaboration: a Rural Advantage

**Collaboration neither easy or “natural”** (e.g. current low levels of civil discourse.)

But rural health has long benefited from **bi-partisan support**.

Collaboration needed both **within** and **between organizations** and **sectors**.

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Collaboratives Address Diverse Rural Issues

- Health Plan Contracting Networks (RWHC)
- EHR Networks (RWHC)
- Immunization Consortium (RWHC)
- WI Collaborative Rural GME (RWHC)
- Behavioral Telehealth Network (RWHC)
- WI Collaborative Medical Education & Workforce
- Advanced Directive Campaigns (La Crosse, WI)
- CMS’s “Partnership for Patients” (WHA)
- Strong Communities (RWJF Building Culture of Health)

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 in partnership have been mapped?
- Partnership encourages participation in and sustainability of its work?
- Partnership actively recruits new members?
- Defined governance model?
- Effective leadership?
- 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
Tip #1: Partnership Proposals Must Be Authentic

- A good proposal is same as good “business” plan.
- Start with an idea about which there is passion and you would do with your own money, if you had it.
- Need a clear “public purpose” for requested use of any public/foundation funds.
- If successful, real value added—justifying the funder’s investment and reviewers time.
- A core tension in proposal writing: bold/Innovative is good and characteristic of strong proposals but reviewers as a whole can be conservative.

Tip #2: Not Every Group Is a Partnership

- A partnership has a written agreement that defines its purpose, member roles and responsibilities.
- A partnership works according to an explicit strategic plan that includes accountability.
- A partnership is not dominated by one entity.
Tip #3: It’s About Social Entrepreneurship

- Network development is an **entrepreneurial activity** and as such **success is not certain**.
- The **odds can be increased** if all participants **understand that networks are “businesses,”** albeit typically “non-profit businesses.”
- A **key responsibility is to NOT become a small business startup that fails after running through its initial capital** (aka grant).
- **Sustainability must be a priority from Day #1** and not one just an annoying question to be bluffed through a grant application.

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: Collaboration is Art & Science

**Collaborative Strategies** use both the *art* and *science* of employing the *political*, *economic* and *psychological forces* of a group to afford the maximum support to *adopted policies*.

Loosely adopted and expanded from Merriam-Webster

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Tip #6: Balanced Portfolio

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<thead>
<tr>
<th>Risk</th>
<th>Value Added</th>
</tr>
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<td>H</td>
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**Green:** “High Value - Low Risk”: *Rare but can occur.*

**Red (Orange):** “Low Value - High Risk”: *Non-starter.*

**Yellow:** “Low Value - Low Risk”: *Maybe helpful in short run.*

**Yellow:** “High Value - High Risk”: *Most significant initiatives.*
Tip #7: Seeking the Win-Win is Necessary

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

*Anne Woodbury,
Chief Health Advocate
for Newt Gingrich’s
Center for Health Transformation

6. In Summary: Vision Matters

“I knew I was going to take the wrong train, so I left early.” (Yogi Berra)
Passion Matters

RWHC Eye On Health

“Yes, I'm a generalist. I chose primary care over being a partialist.”

Cooperation Matters

RWHC Eye On Health

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

- **RWHC Web**: [www.RWHC.com](http://www.RWHC.com)
- Free **RWHC Eye on Health e-newsletter**: email [office@rwhc.com](mailto:office@rwhc.com) with “subscribe” on subject line.
- **Wisconsin Office of Rural Health**: [http://WORH.org](http://WORH.org)
- **County Health Rankings & Roadmaps**: [www2.countyhealthrankings.org](http://www2.countyhealthrankings.org)
- **Nation Rural Health Resource Center**: [www.ruralcenter.org](http://www.ruralcenter.org)
- **Rural Assistance Center** at [www.raconline.org/](http://www.raconline.org/) is an incredible federally supported information resource.
- **The Health Workforce Information Center**: [www.healthworkforceinfo.org/](http://www.healthworkforceinfo.org/)