Rural Health in Wisconsin: Nimble & Evolving

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Highlights of What I’m Seeing

1. Quality Strong in Rural Wisconsin
2. Rural Hospitals Continuing in Key Role
3. Rural GME Partnerships Growing
4. Health Care Major Driver of Rural Jobs
5. Increasing Community Engagement
6. Rural Advocacy Built on Trust
1. Quality Strong in Rural Wisconsin

Of the 251 five star hospitals on CMS’s Hospital Compare, 25 are in Wisconsin and 22 are rural.

Of the top 100 CAHs named by iVantage Health Analytics, 11 are in Wisconsin (two and a half times more than our proportional share).

Source: “2015 RURAL HEALTH: VULNERABILITY TO VALUE” by Wantage Health Analytics
In recent years, the majority of the enrollment in PFFS plans has shifted to PPO plans in rural areas. The ACA created quality-based bonus payments for MA plans with ratings of 4.0 stars or higher. Using this rating level as a dividing line, a higher proportion of urban MA enrollees (36.0% compared to 31.6% in rural areas) are enrolled in an MA plan that receives a bonus payment. However, nearly all MA enrollees both in rural areas (91.9%) and in urban areas (94.4%) are in plans with a quality rating of 3.0 stars or higher (Figure 2), qualifying them for bonus payments under the current demonstration program. Nearly one-half (49.8%) of rural HMO enrollment is in a plan with a 4.0-star or higher rating, while only 24.7% of rural PPO enrollment is in such a plan. The majority (73.6%) of rural PPO enrollment is in plans with an average quality rating of 3 or 3.5 stars. Many rural Medicare beneficiaries have limited access to MA plans and in some areas do not have an HMO option available to them, leaving them with PPO plans as their only option.

The quality rating of rural MA plans varies significantly across the country, with the highest quality ratings in rural areas in Minnesota, Iowa, Wisconsin, Oregon, Pennsylvania, and Maine (Figure 3). MA beneficiaries in southern and some central midwestern rural areas are, in general, enrolled in MA plans with lower quality.

Public Reporting Shows Rural Strengths

Rural makes strong showing on WHA’s Checkpoint reports of 3 star ratings:

- ★★★ Patient Satisfaction: 53% of CAHs (n=58) Higher than the average for all hospitals.
- ★★★ Hip Surgery: 93% of CAHs (n=27)
- ★★★ Knee Surgery: 94% of CAHs (n=35)
A Key Rural Advantage: Patient Satisfaction

HCAHPS Survey of Patients’ Perspectives (Average +3%)
- Communication with Nurses: +3%
- Communication with Doctors: +4%
- Responsiveness of Hospital Staff: +7%
- Pain Management: +2%
- Communication About Medicines: +4%
- Cleanliness of Hospital Environment: +5%
- HCAHPS: Quietness of Hospital Environment: +5%
- Discharge Information: Even
- Care Transition: Even
- Overall Rating of Hospital: Even

http://www.hcahpsonline.org/
July 2013 – June 2014 discharges
Average Patient Response = Always

WHA & RWHC Know We Can Do Even Better

- WHA’s Hospital Engagement Network: 57 CAHs have engaged with strong improvements in areas like:
  ✔ Decreasing Readmissions
  ✔ Decreasing Infections
  ✔ Preventing Blood Clots
  ✔ Improving Care Transitions

- WHA-RWHC Wisconsin Quality Residency Program (24 CAHs currently participating)

- Upcoming: WHA-RWHC Partnership to Improve Stroke Care & Best Practices re Patients with Sepsis
2. Rural Hospitals Continuing in Key Role

<1% annual closure rate deserves attention but it isn’t a tsunami and we have been here before

2,300+ Rural Hospitals Still Matter

Location of Short-Term, Urban and Rural, Acute Care U.S. Hospitals Serving the General Population (2012-13)
Minimum CAH Distance Idea Losing Steam

Distance Distribution of CAHs

19% < 15 miles  66% 15–35 miles  15% > 35 miles
(n = 257 CAHs)  (n = 874 CAHs)  (n = 201 CAHs)

“CAHs located <15 miles of another hospital are larger, provide better quality, and are financially stronger compared to other CAHs. Returning to PPS would have considerable negative impacts on CAHs that are located near another hospital. A minimum-distance requirement generates modest cost savings for CMS.”

WISC CAHs in Top Tier of Financial Health

Wisconsin CAHs’ median total margins amongst highest in the country.

Like all hospitals, we have clear financial challenges but we come at that from a place of relatively higher strength compared to rural hospitals elsewhere.

“Geographic Variation in the Profitability of Critical Access Hospitals,” NC Rural Health Research Program, 9/13
Rural Wisconsin Gets The Future (1 of 2)

- “Rural hospitals are well positioned to meet the Triple Aim of better care, better health and lower costs.”

- “There is no ‘one size fits all’ model for rural health systems-‘place-based policies’ will tailor health systems to the needs of each community, ideally with high levels of community ownership of the system.”

- “Innovative models of care delivery and providers will be outcome driven. Form follows finance: providers will conform to ‘how the money flows...’”

_The Future of Rural Health, NRHA Policy Brief, 2013_

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Rural Wisconsin Gets The Future (2 of 2)

- “We need organized methods by which providers can share models that produce desired results on patient care and financial sustainability.”

- We need to “balance present concerns with future needs: recognizing the need to provide a transition strategy from current systems of care to seamless patient-centered care.”

- “Appropriate relationship of rural to urban health care systems that support strong local care.”

_The Future of Rural Health, NRHA Policy Brief, 2013_
3. Rural GME Partnerships Growing

WI Council Medical Education & Workforce (WHA, WMS, RWHC)
Wisconsin GME Grant Program (DHS)
WI Rural Physician Residency Assistance Program (UW)
WI Collaborative for Rural GME (RWHC)

Why Rural GME?

“...medical residents who train in rural settings are two to three times more likely to practice in a rural area; especially those who participate in rural training tracks.” ¹

...and better prepared to practice in a rural context.” ²

1-2 Rural Training Tracks Increasing

Source: Personal communication from Randall Longenecker, MD, Senior Project Advisor, RTT Technical Assistance Program, 4/2/15

Rural Wisconsin Is Supporting GME Growth

Sites currently, investigating, or developing rural GME with the Wisconsin Collaborative for Rural GME
4. Health Care Major Driver of Rural Jobs

Rural health is also about the whole community.

Income drives health status as much or more than access to healthcare.

Rural Health is an Export “Commodity”

- People often know that **business retention and relocation decisions are influenced by the cost and quality of health care** available locally.

- But as or more importantly, rural health has the **same economic impact as export commodities like milk, soybeans or rural manufactured goods because of its own ability to bring dollars and jobs into the community.**
Jobs in All Sectors Depend on Rural 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 2 jobs created (or lost) in rural health care, the number of jobs in other local businesses increase (or decrease) by 1+ jobs.

- The rural economy is very dependent on where its health care dollars are spent.

5. Increasing Community Engagement

The best of rural health has long been patient-centered and place-based.

“Place-based” means that the values, tradition and the economic well-being of the community play a key role in major institutional decisions.
Rural Hospitals Are Engaging Across Sectors

- **Community health metrics in hospital dashboard**
- Hospital leadership **serving on school board or local economic development** initiatives
- Developing **community wellness centers** and/or **workplace wellness** initiatives
- Supporting **“buy local”** and healthy food initiatives
- Encouraging **local youth into health careers** and **develop rural Graduate Medical Education**
- Sponsoring **childcare and transportation** options
- Assisting in **Health Insurance Exchange enrollment**

Evidence of New Momentum in Wisconsin

- **July 1st** “Investing in Healthy Rural Communities” **Summit by Federal Reserve Bank** at UW-Platteville
- **Healthy Rural Community Designation initiative** being developed by RWHC with the UW.
- **2 dozen diverse State Association Leaders** have come together to support their members identifying local **community development opportunities**
- **RWJF’s national Culture of Health $25,000 Prizes County Health Rankings** based in Wisconsin
- Both **WHA & RWHC Community Engagement Awards** attracting increasing attention and participation
6. Rural Advocacy Built on Trust

“The place to look for care is in the relationships of neighbors and community.”

John McKnight

Keep Quality Local Care Local

- Fight **Medicare/Medicaid Cuts** to Core Funding
- Create Rural Relevant “**Volume to Value**” Incentives
- Assure Needed **Statewide Workforce**
- Include **Local Providers in Insurance Networks**
- Enhance **Physician Engagement/Satisfaction**
- Most Effective **Use of All Care-Givers**
- Support Rural **Economic & Community Growth**
- Avoid Rural **Collateral Damage** as Giants Battle