Rural Health Policy: One Advocate’s Perspective in Forty Minutes

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Presentation Outline & Six Take-Aways

1. Advocating for Rural Health Policy Matters
2. RWHC Has a Longstanding “Attitude”
3. Rural Health Also Means Rural Jobs
4. Rural Health Requires Myth Busting
5. Rural Advocacy: Make the Invisible Visible
6. Advocacy is Both Art & Science
Advocating for Rural Health Policy Matters

- Rural is bipartisan issue.
- Advocacy is working for a desired future.
- It can be on behalf of self, a few others, the state, nation or world.
- It may be in public or private sectors or both.
- It may be done alone or with others.

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Why Advocacy Is Critical for Rural Health?

- “Policies” are public laws/regulations and private sector rules/traditions that govern many of our clinical and non-clinical actions, and how dollars and resources are allocated.
- Policies are often “urban-centric” but due to bias and misinformation, rarely “anti-rural.”
- Ongoing rural advocacy needed to counter bias and correct the misinformation.
- Strong rural advocacy needs engaged grass roots advocates (not just hired “lobbyists.”)
2. RWHC Has a Longstanding “Attitude”

RWHC Eye On Health

“Over Supply”

“No Supply”

RWHC Mission & Vision

**Mission:** Rural WI communities will be the healthiest in America (long way to go).

**Vision:** RWHC is a strong and innovative cooperative of diversified rural hospitals; it is (1) the “rural advocate of choice” for its Members and (2) develops & manages a variety of products & services.
RWHC at 10,000 Feet

- Founded in 1979; result of outreach from UWHC.
- Non-profit cooperative of 40 rural hospitals; net revenue $1.5M; ≈ 2,000 acute & long term beds.
- 9 PPS & 31 CAH; ≈ 25 independent, 15 affiliated.
- ≈ 70 employees; ≈ 50 FTE.
- Consolidated budget $11M; 75% from members, 17% non-members, 5% dues & 3% grants.

RWHC: High Expectations of a Public University

“However global you may be, you come back to that original idea... There’s got to be something local and regional in this, otherwise it’s not the Wisconsin Idea...”

UW-Madison Interim Chancellor David Ward, January, 2012
RWHC: Cooperation in Order to be Competitive

RWHC Eye On Health

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

RWHC Shared Services*

**Professional Services**
- Financial & Legal Services
- Medical Record Coding
- Negotiation with Health Insurers
- Clinical Services & Recruitment

**Educational**
- Professional Roundtables & Leadership Training
- Nurse Residency Programs & Preceptor Workshops
- Lean Lab (with Lean Six Sigma Master Black Belt)

**Quality Programs**
- Credentials Verification & Peer Review Services
- Quality Indicators & Improvement Programs

**Technology Services**
- Data Center Services
- Electronic Medical Records & Technology Management

*Partial List*
RWHC Strategic Partners

- Cooperative Network
- Federal Office of Rural Health Policy
- La Crosse Med. 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
- Southern WI Immunization Coalition
- 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 Collaborative Rural GME
- 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 Info. Network

Where Wisconsin Is Doing Well

- Quality typically in nation’s top five
- Relatively low rate of uninsured
- Low cost state in Medicare program
- High level of physician/hospital integration
- Robust adoption of EHR
- Good medical malpractice environment
- National population health leadership
Examples Where Wisconsin Less Well

Many would say that changing these maps is not a priority of organized dentistry or the tavern league.

Wisconsin’s Greatest Opportunity

Patients need to be seen as “co-producers of care” and their own health. “Health Literacy”... Institute of Medicine, 2004.

“Helping people change their behavior is the work of our century”... Modern Healthcare, 11/23/13
RWHC’s Multifaceted Agenda

- Federal healthcare reform appropriate for Wisconsin.
- Fair Medicare and Medicaid payments.
- All Federal and State regulations appropriate for Wisconsin.
- Retain property tax exemption for nonprofit hospitals.
- Solve growing shortage of physicians and providers.
- Bring community voice to regional provider networks & payers.
- Bring a community voice to quality improvement movement.
- Continue push for workplace and community wellness.
- Strongly tie economic development and community health.

3. Rural Health Also Means Rural Jobs

Rural health is about rural health and health care but it is necessarily also about rural jobs, rural schools and vice versa.
Rural Health is an Export “Commodity”

- Local rural health = local health care jobs.
- People often know that business relocation decisions are influenced by the cost and quality of health care available locally.
- As or more importantly, rural health has the same economic impact as export commodities like milk, soy beans or rural based manufactured goods because of its ability to bring dollars and jobs into the community.

Jobs in All Sectors Depend on Rural Health

- 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.
4. Rural Health Requires Myth Busting

The Ongoing Need for “Myth” Busting about Rural Communities

- Residents in rural communities don’t want to get care locally.
- Rural folks are naturally healthy, need less.
- Rural health care costs less than urban care.
- AND 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/or governed.

RWHC Eye On Health

“We do pay less for rural Medicare beneficiaries but they can grow their own vegetables and raise chickens.”

5. Rural Advocacy: Make the Invisible Visible

As US population is just 19% rural and as government and organizations driving policy are usually urban based, much of rural advocacy is dealing with the myths previously noted.

RWHC Eye On Health

“No. Around here, I’ve never heard of any rural backwater or Lake Wobegon.”
Politics Trump Policy & Research

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

Elected & Appointed Officials Can Be At Odds

“No need to rebuild old rural hospitals when we have perfectly good Army surplus MASH tents.”
Biases Can Be Deeply Ingrained

RWHC Eye On Health

“No need to pay rural more when they have always managed with less.”

Tradition Conceals Important Questions

RWHC Eye On Health

“Why do we try not to chop off infected toes but we routinely pull out ‘bad’ teeth.”
Fear Often Trumps Hope & Delays Change

Machiavelli & Thomas Jefferson both understood that change required “that the hope of gain be greater than the fear of loss.”

Don’t Underestimate Economic Self Interest

“There’s where you’re wrong, we are businessmen first, dentists second.”
5. Advocacy is Both Art & Science

Too many of our elected officials are not models for effective advocacy given the excessive partisanship driven by astronomical campaign expenditures and winner take all redistricting.

Case of Gerrymander Chasing a Squirrel

Fig. 64. Elkanah Tischler’s original Gerrymander, as it appeared in the Boston Gazette, March 30, 1812. (From James Parton, Governing and Other Conquests [New York: Harper and Brothers, 1877], p. 316.)
Advocacy = An Ongoing Process/Cycle

UW Population Health Institute’s “Take Action” cycle or Deming’s widely known Plan-Do-Study & Act (Adjust) cycle work equally well for advocacy.

What Drives Advocacy Cycles (Examples)?

- **Need to Correct Bias** (Critical Access Hospitals)
- **Opportunity to Reframe** (Binge Drinking)
- **Short-term Fix Possible** (Draft Regulations)
- **Broad Coalition Possible** (Workforce Data)
- **Address Core Need** (Physician Supply)
- **Anticipate Problems** (Insurance Exchanges)
- **Can’t Be Avoided** (Healthcare Costs)
- **Long-term Need** (Healthier Communities)
Use a Three Prong Advocacy Strategy

**Make your best case:** Concise, credible and fiscally responsible, but are easy to visualize and grab the heart.

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

**Make it happen:** Use some or all of your advocacy tools – government relations, grassroots and media advocacy.

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Core Principles of Effective Advocacy

With elected or appointed officials or clinic management, whomever:

- **Be Brief**
- **Be Accurate**—NEVER false or misleading info
- **Personalize** Your Message—cite examples
- **Be Prepared**—know your issue
- **Be Aware** Every Issue Has Two Sides - there are always folks on other side of the issue
- **Be Courteous**/Don’t Threaten
- **Be Patient**—long process; be in for long haul

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Adopted from the Wisconsin Hospital Association’s Grass Roots Handbook
Bottom Line: Follow Your Passion

RWHC Eye On Health

“Yes, I’m a generalist. I chose primary care over being a specialist.”

Rural Health Resources

- RWHC Web: http://www.rwhc.com/
- Wisconsin Office of Rural Health: http://worh.org/
- For the free RWHC Eye on Health e-newsletter, email office@rwhc.com with “subscribe” on subject line.
- Rural Assistance Center at www.raonline.org/ is an incredible federally supported information resource.
- The Health Workforce Information Center is RAC’s new “sister” for health workforce programs, funding, data, research & policy www.healthworkforceinfo.org/
Addendum: Advocacy “Do’s”

- Form relationships! Don’t wait until you need something to contact a policymaker.
- Be open to talking to legislative staff.
- Be informed! Know the issue, the system and the key players.
- Give personal examples! They are incredibly powerful.
- Be honest! Do not exaggerate. It’s ok to admit that you don’t know something and that you’ll get back to the legislator with more information later.
- Be concise! Keep all visits, calls, testimonies brief and to the point.
- Practice, practice, practice! Explain your opinion & make your case to family, friends & colleagues before you make your case to policymakers.
- Seek out new partnerships & alliances with others who share your views.
- Be specific! Know what you want your legislator to do, and ask for it!
- Stay active! Maintain communication with policymakers.
- Be patient, persistent and positive.

Adopted from WI Council on Children & Families

Addendum: Advocacy “Don’ts”

- Wait until you need something to contact policymakers.
- Ignore or be disrespectful to legislative or management staff.
- Exaggerate.
- Send form letters or emails—lots and lots of ‘em.
- Make threats.
- Expect the impossible or insist on immediate action.
- Pretend to speak for everyone.
- Bury them with paper.
- Don’t argue—if it’s clear the policymaker will not support your position, just give them the facts and ask him or her to consider your viewpoint. Keep the lines of communication open and think of ways to get others to also talk to the policymaker about that issue.
- Don’t give up!

Adopted from WI Council on Children & Families