The Rural “State of the State” in Wisconsin

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Wisconsin Rural Health Conference
Elkhart Lake, WI
June 28, 2018

Wonder Lake, Alaska
Conflict of Interest Disclosure

Tim Size has no real or apparent financial relationships to report.
Outline

1. Brief Overview of RWHC
2. Not New: No Shortage of Rural Challenges
3. Whose Values Count in the Volume to Value (V2V) Transition?
4. Moving Forward
1. Brief Overview of RWHC

**RWHC Mission** (Future We Seek): Rural WI communities will be the **healthiest** in America.

**RWHC Vision** (How We Do It): 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 **services**.
RWHC at 10,000 Feet

- Founded in 1979 by rural hospital CEOs in several southwestern counties.
- Non-profit cooperative of **40 rural hospitals** with ≈ $3.5 B Total Gross Patient Revenue; ≈ **14,000** (full and part time) **employees**.
- **8 PPS & 32 CAH**; ≈ 19 independent, ≈ 21 affiliated.
- RWHC: all employees ≈ **70**.
- RWHC: all budgets ≈ **$18 M**; 75% member services, 15% non-members, 6% dues & 4% grants.
Top RWHC Issues

1. Equitable Medicare/Medicaid Funding
2. Health Plan Network Adequacy
3. Rural Relevant “Volume to Value” Incentives
4. Avoiding Rural Collateral Damage as Giants Battle
5. The Needed Statewide Workforce
6. Physician/Staff Engagement/Retention
7. The Effective Use of All Caregivers
8. Rural Economic & Community Growth
Beyond Advocacy, RWHC Shared Services*

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

**RWHC Educational Services**  
Professional Roundtables & Leadership Training  
Nurse & Leadership Residency Programs & Preceptor Workshops

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

**RWHC Technology & Other Services**  
Behavioral Telehealth Network; Data Center Services  
EMR Support Services; Workers Comp. Captive Insurance Company

* Partial List
2. Not New: No Shortage of Rural Challenges

Our work has **always** been **challenging**.

**CAH’s 20th anniversary** is a useful reminder.

Then many thought **rural didn’t matter**—that we didn’t need local rural healthcare.

Reminder: speaking with a **unified voice** matters.
Two “Wisconsin”s

Wisconsin Metro Area vs. Rural Job Growth

Index: 2008=100

Metro includes all WI counties that are part of an MSA (26 of 72 WI Counties).


Source: Quarterly Census of Employment and Wages (QCEW), Bureau of Labor Statistics
Rural is Older, Poorer, and Sicker

“Americans living in rural communities are more likely to die prematurely from the top five causes of death (heart disease, accidents, stroke, cancer, and respiratory disease), than are their urban counterparts.”

“Healthy People 2020’s five self-reported health-related behaviors are lower in rural counties (sufficient sleep, current nonsmoking, nondrinking or moderate drinking, maintaining normal body weight, and meeting aerobic leisure time physical activity recommendations).”

CDC Morbidity and Mortality Weekly Report (MMWR) Rural Health Series, 2017
2018 WI County Health Outcome Rankings

[Map of Wisconsin counties showing health outcome rankings]
WI Healthy Communities Designation

- Boost WI communities’ health improvement efforts
- Requires community members (e.g., prominent local figures, community organizers, passionate residents, etc.) to join together in the process
- Designation criteria based off of RWJF’s Culture of Health Prize
- 2018 Designations to be announced in August
Rural-Urban Gap Needs Bridging

RWHC Eye On Health

Rural as Seen by Urban

Urban as Seen by Rural
3. Whose Values Count in V2V Transition?

- The “Volume to Value” (V2V) mantra is to improve patients’ outcomes and experiences while minimizing associated costs.
- But whose values are we counting?
- How does V2V align with the values of our rural patients and communities?
Asking Questions Isn’t to Be Against Change

- Not against change; against “throwing the rural baby out with the bathwater.”
- The most extreme V2V advocates seem to say that “unreformed” providers don’t offer value and only care about billing as many patients for as many procedures as possible.
- As we transition to V2V, what we include in its calculation and what we exclude will define the future of American healthcare and health.
Rural V2V Issues (1 of 4)

- Do we appropriately *value* systems that provide **care close to home**; do we count the additional **time/cost** of **driving** out of town or **missing work**?

- Is the accelerating **decline in job satisfaction** of physicians, nurses and other clinicians just “whining” that we should ignore as inevitable with change or a symptom of the misapplication of **manufacturing models** to a **relationship-based** mission?
Rural V2V Issues (2 of 4)

- Is there a contradiction in saying that a successful bending of the health care cost curve requires on the ground, locally empowered leadership to promote healthy communities, when at the same time we are encouraging the transfer of decisions out of our communities?
- How do we organize ourselves to maximize support for local health care?
- Is the centralization and corporatization of health care the only way to develop higher value care?
How do we encourage providers to maximize outreach to patients who are 65 and eligible for a “Welcome to Medicare” visit followed by an annual wellness visit?

How do we encourage health insurers to offer locally available quality and cost-effective care?

To accelerate the rate of change in quality improvement, will payers in a region begin to collaborate to use the same set of measures in their individual quality improvement programs?
Given current federal initiatives, what are the most effective models for pooling the risk of smaller organizations together to assess their collective effort toward V2V?

The question of whose values we promote in V2V is too important of a question to be left to anyone but our communities. It is the responsibilities of providers and payers to engage communities in this critical conversation.
4. Moving Forward

- Know your core values.
- Speak up.
- Emphasize what we have in common, not where we differ.
RWHC Campaign to Support Local Care
RWHC Campaign’s Message

This campaign’s theme allows us to look into the character, passion, courage, dedication and mastery of Wisconsin care providers. The theme:

- Elevates the provider
- Informs residents about the quality care in their community hospital
- Instills pride in and loyalty to their hospital
RWHC Campaign Primary Objectives

- **Foster loyalty**—among residents and businesses for their local provider.

- **Educate area residents**—about the health care available in their communities.

- **Dispel misperceptions**—set the record straight about the quality of local Wisconsin care. (Wisconsin as a national leader.)
RWHC Campaign Strategy

- **Counteract urban bias**—the tendency of people to think that bigger is better.

- **Build confidence**—in the exceptional talent and technology available to residents at their local hospital.

- **Create internal and external advocates**—we want to instill pride in staff, physicians, donors, board members and volunteers, as well as residents and businesses in their community hospital.
Polychrome Mountains, AK