

Bioterrorism Prep Requires Collaboration

The threat of bioterrorism has provoked a mandate in for America's public health and medical/hospital sectors to cooperate with each other. A comprehensive resource to that end is "Medicine & Public Health: The Power of Collaboration" by Roz Lasker and the Committee on Medicine and Public Health, <<http://www.cacsh.org/mph.html>>.

"The power of collaboration derives from having each partner contribute what it does best or more efficiently. Consequently, the collaborative paradigm gives the highest return to the unique perspectives and skills that each sector brings to the table. Working in the context of this paradigm, each health sector maintains its own identity. There is no need for professionals or organizations in medicine or public health to change their mission. Moreover, they do not need to develop expertise in the other sector's knowledge base and skills, or take on responsibilities of the other sector."

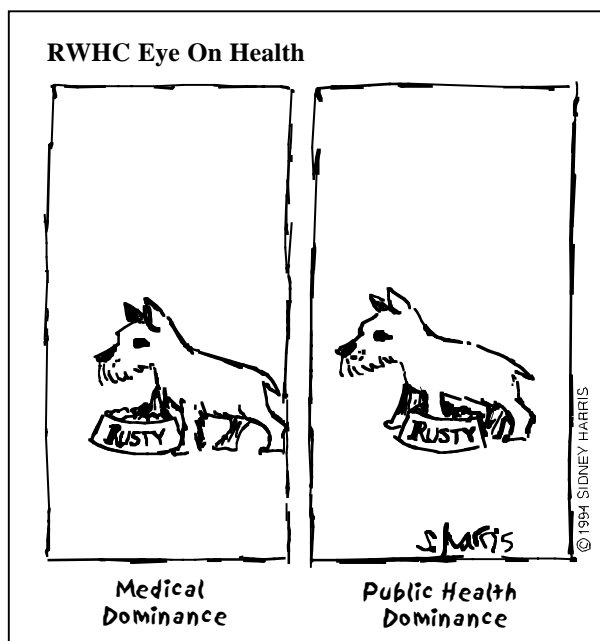
"Although collaboration does not involve a transformation of the two health sectors, it does require them to understand each others' perspectives and to appreciate how their expertise and activities relate to, and can reinforce, each other. In addition, it en-

tails a willingness to work with other partners whose contributions complement their own. Thinking and working in this way represents a striking change in outlook for the medical and public health sectors. On the one hand, it means seeing themselves not as two separate enterprises but as parts of a larger, common health system. On the other hand, it means that professionals and organizations in the two sectors need to relinquish their 'do-it-all-yourself' mentality and become more open to the notion of support."

"The collaborative paradigm acknowledges that the health needs and health problems of individuals and populations are not discontinuous and cannot be neatly categorized or addressed according to the domains of particular specialties, programs, sectors, or institutional settings. In order to integrate the activities of the many specialized components of this health system the health sectors need a structured,

comprehensive framework that allows them to appreciate the diverse resources inherent in the larger health system, as well as the relevance of different aspects of that system to their own mission and activities. This type of framework was shared by leaders in medicine and public health in the 19th century when they worked together around health boards and sanitary reforms. Today, it would include the following:

- a goal that both health sectors can share, such as



maximizing health and minimizing disease, disability, and suffering

- the full range of biological, behavioral, socioeconomic, and environmental determinants of health and disease
- the broad spectrum of people and organizations—in the medical and public health sectors as well as the broader community—that can make an impact on these determinants
- the diverse resources and skills that partners in the health system can contribute
- the types of strategic interventions—health protection, health promotion, treatment, and rehabilitation—that can be mounted”

“Using such a framework enhances the ability of partners to achieve the powerful synergies of cross-sectoral collaboration. It provides a solid basis for identifying the types of problems that can be addressed through collaborative strategies, the different partners that can be included in a collaboration, and the ways that these partners’ resources and skills can be combined. Because the framework explicitly includes a broad spectrum of people and organizations as potential partners, it helps professionals in the two health sectors relate not only to each other but also to the broader community.”

The **Rural Wisconsin Health Cooperative**, begun in 1979, intends to be a catalyst for regional collaboration, an aggressive and creative force on behalf of rural communities and rural health. RWHC promotes the preservation and furthers the development of a coordinated system of rural health care, which provides both quality and efficient care in settings that best meet the needs of rural residents in a manner consistent with their community values.

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The Cooperative Advantage

- By working together, you build critical mass. It’s possible to achieve more than you could by acting independently
- There is strength and reassurance in joining forces
- A collective front can increase your credibility and broaden your market appeal
- Working together reduces the risks of entering the market, because costs and resources are shared
- By sharing skills and experiences, you can achieve synergies that in turn lead to greater export sales
- United skills, experiences and offerings could lead to new opportunities and markets.

Source: Trade New Zealand. 12/02

Boomers Begin To Drive Work Redesign

From “Setting Their Own Schedules, More Boomers Are Fitting Jobs Around Other Pursuits,” by Kirstin Downey in *The Washington Post*, 12/8/02:

“Baby boomers are causing some very curious things to take place in the work world as they march on into old age. Yes, many of them love their jobs and plan to work well into retirement—surveys tell us that. But what’s becoming clear is that they want to continue that work on—what a surprise, coming from the boomers—their own terms, just as the 68 million Americans born between 1946 and 1964 have done with most everything else in the past 30 years.”

“Boomers don’t want to give up the jobs they love. But they do want to cut back on the intensity of their work, to make room for family or leisure or to follow a passion.”

“But ‘it’s not a population that wants to quit working, buy an RV and travel around the country,’ said Linda Barrington, labor economist and director of strategic planning for the Conference Board, a corporate-funded think tank. ‘They have a strong desire to be involved and active, to pursue interests, and to contribute to society.’ ”

“Her group conducted a survey last year of 1,500 workers aged 50 and older at large corporations. More than half said they didn’t plan to retire in the next five years. Those who said they did added that they would work longer if they could work part time.”

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“And a recent survey by AARP (formerly the American Association of Retired Persons) found that about 69 percent of workers 45 and older plan to work into the traditional retirement years; about half said that meant part-time work.”

“What are they planning to do with the rest of their time? The AARP study showed that more than three-quarters want to ‘do something worthwhile,’ ‘learn something new,’ ‘help others’ or ‘pursue something they’ve always wanted to do.’ About 70 percent said they want to find better ways to balance their work with their personal lives, citing concerns about aging parents, ill health and problems with their children.”

“These concerns show maturity and nuanced understanding of where work fits into life, most would argue. ‘A lot of folks go through their career, working hard every day, getting up and doing things,’ said management consultant Sylvester Schieber, director of research at Watson Wyatt Worldwide. ‘They’re successful and they’re well rewarded in the marketplace. But at some point, making additional money isn’t the be-all and end-all, and they find themselves looking for something different that will give them a different sort of fulfillment.’ ”

“ ‘It shows there’s a tremendous demand among midlife-and-beyond workers to have additional work options,’ said John Rother, AARP’s director of policy and strategy. ‘This wasn’t true of our parents’ generation.’ ”

“Flexible Schedules—Many companies are already responding to workers’ cries for more flexibility, offering formal or informal programs that allow workers to tailor their schedules to their own preferences.”

“Miles D. White, chairman and chief executive of Abbott Laboratories Inc., said he began hearing

workers’ pleas for scheduling flexibility years ago, long before he became head of the company. In 1999, when he was named chief executive, he commissioned a survey of the firm’s 40,000 employees to find out what they considered their most pressing needs. A prime concern: scheduling flexibility.”

“ ‘We realized we needed to pay attention to things that were perceived as our shortcomings,’ White said. He added that he began requiring managers to find ways to help workers accommodate their personal time demands, a move he believes has boosted productivity and improved employee morale and loyalty. He said companies that can’t shift out of their traditional management structures will suffer because they will fail ‘to retain talented people.’ ”

“A Brain Drain for Business—If talk of retirement or part-time work makes some boomers a bit nervous, that large group once again holds an ace.”

“The looming problem ahead for business is what many economists are starting to call the brain drain, as well-educated and highly skilled boomers begin to make plans to retire. Watson Wyatt’s Schieber said that while many boomers—who make up one-third of the workforce—are devising their exit strategy, many employers face being left without key workers.”

“ ‘By 2010, we could have a labor shortage of up to 10 million workers,’ he said. ‘The big challenge for employers will be how to get workers to stay around longer. We believe part of the solution will be phased retirement programs with people working an extra two or three years, part time.’ ”

“ ‘American businesses have been able to replace workers easily in the past five decades because more workers were steadily arriving to replace workers who left or were forced out of work,’ Schieber said.”

“ ‘Companies are finding they can no longer afford to throw out these 45-year-old workers,’ he said. ‘They need to keep them. The influx of young workers isn’t there anymore. These workers used to be expendable and now they are dear.’ ”

Can This Health Insurance System Survive?

From "Health Insurance Gets More Costly" by Joe Manning in the *Milwaukee Journal Sentinel*, 12/5/02:

"For the fourth-straight year, Milwaukee area employers are facing initial health insurance premium increases averaging more than 24%, according to Frank F. Haack & Associates, a Wauwatosa insurance brokerage and consulting firm."

"The survey of 191 Milwaukee area employers shows familiar explanations for the latest round of increases, Haack President James Mueller said. They include:

- More older employees using benefits, and more use of health care in general by employees.
- More advertising directly to consumers of prescription drugs, products and services, which drives up demand and costs.
- Employers locked into union contracts requiring them to provide high levels of benefits.
- Continued underfunding by Medicare for hospitals and physicians, requiring them to shift costs to commercially insured customers."

"The escalation of health care costs poses the greatest threat to smaller businesses, said Wayne Corey, executive director of Wisconsin Independent Businesses in Madison. 'Single-family businesses are taking a tremendous hit,' Corey said."

"Carla Rahn, of Rahn's Refrigeration in Columbus, said health insurance premiums for her three-member family have gone from \$946 a month in 2000 to \$1,898 a month in January. 'How do you handle that? We might not be able to stay in business. If we hired someone, we could not provide

them with health insurance,' Rahn said, adding that the insurance costs may force the second-generation business to close. 'There are a number of businesses we know of that are in the same predicament. We may end up paying out more in health insurance than we make in a year,' she said. 'A lot of people who get insurance through their work have no idea what the cost is to their employers. They don't realize what we are facing,' she said."

"The largest average premium increase, 26.84%, was among employers with 25 to 49 workers, Mueller said. Firms with two to 24 workers were presented with 25.72% increase in premiums from the previous year. Companies employing more than 100 people face an average increase of 25.17%, and companies with 50 to 99 employees have average increases of 20.66%, Mueller said the survey found."

"Mueller said that employers, seeking to hold down the increases, are shifting more costs to workers, requiring them to pay more out-of-pocket expenses when visiting physicians or receiving hospital care. Such shifts will help slow the overall cost of health care because workers will have a greater financial stake in their health care."

"Another approach to cutting costs, Mueller said, is for employers to steer employees to facilities that are not only less expensive but provide the best in quality care. 'We need to focus on costs now, or more and more Americans won't be insured,' Mueller said."

"Bill Smith, director of the National Federation of Independent Businesses in Madison, said the state's small business owners are hoping a small-employer purchasing alliance will become a reality in 2003 under Governor-elect Jim Doyle. Doyle pledged in his campaign to get such a system up and running. Under the plan, employees of small businesses would be pooled into a large group. Average premium costs would be spread across

Average Monthly Budget Family Of Four Madison, Wisconsin	
Income	\$5,560
Living Costs	
FICA & Medicare	\$425
Federal income tax	\$424
State income tax	\$281
Mortgage payment	\$1,000
Real estate taxes	\$375
Utilities, insurance	\$200
Car payment & operating costs	\$781
Food	\$693
Health care	\$204
Entertainment	\$249
Clothing & services	\$315
Charity	\$177
Retirement	\$167
Life Insurance	\$40
Total	\$5,331
Unallocated	\$229

Data: Wisconsin State Journal
Graph: RWHC, 12/02

the group and should result in stabilizing premiums year to year.”

“At the same time, the purchasing alliance could seek volume discounts from drug manufacturers and hospitals, Smith said.”

“ ‘The way it is now, renewals are way up and have been going on for years. It is at the breaking point. We are going to see more people uninsured who will turn to state-run tax-supported programs such as BadgerCare for their health insurance,’ Smith said.”

“Corey, of Wisconsin Independent Businesses, predicted that 2003 would be a ‘defining year’ for the future of the health insurance industry in Wisconsin. ‘You cannot have people paying \$2,000 a month for health insurance and have the system survive.’ ”

Rural Wisconsin Staff Recruitment Initiated

The RWHC Board has identified two areas where cooperation and collaboration are imperative: information technology and staff recruitment. Continuing workforce shortages and intense competition have pushed healthcare providers to consider any and all options for recruiting and retaining staff. With this in mind, the RWHC staff came up with three alternatives for the Members’ recruitment needs: hiring a full-time recruiter, group contracting with an established agency, or partnering with another organization that has a proven track record of recruiting healthcare workers.

It was readily apparent that the best partner for this endeavor would be the University of Wisconsin’s Office of Rural Health (WORH), which has been managing a successful recruitment program focusing on physicians for several years. After soliciting feedback from our member HR managers, RWHC approached

RWHC Eye On Health



“Yea, it was the beginning of the end once they found out we weren't assuring health but insolvency,”

WORH about applying their recruiting model to other disciplines, specifically: nurses, radiology technicians, laboratory technicians, pharmacists, CRNAs, and various therapists.

WORH noted a sense of urgency and quickly crafted a program that would focus on the needs of RWHC members exclusively. Rather than having individual hospitals compete for the same pool of prospects, the WORH recruiter will concentrate on attracting workers to rural Wisconsin from surrounding urban areas (Milwaukee, Minneapolis, Chicago, etc.) Once a candidate expresses a preference for specific

position or community, WORH will forward those names on to the respective hospital for follow-up. WORH will also provide training in the areas of internal recruitment and contract negotiation for those hospitals that request it, but they will not recruit on behalf of an individual facility – the emphasis will be on all 28 RWHC hospitals as a group.

RWHC has signed an 18 month contract with WORH that includes a flat fee for the salary/benefits of a recruiter and advertising costs, including professional journals/associations, employment exchanges, newspapers, job fairs, direct mail and the Internet. Individual hospitals will not be charged a placement fee if an acceptable candidate is referred. Each RWHC hospital will initially partake in an opportunity profile/assessment and receive monthly summaries and quarterly reports that will help all partners evaluate the success of the program.

Rural IT Requires Collaboration & Funding

RWHC’s Wide Area Network & Data Center is up and growing, notwithstanding our appeal to the FCC for having been denied access to Universal Service Fund support for rural providers and consortia. (See <www.rwhc.com> for updates on both topics.) The

following is from the California HealthCare Foundation's description of their 12/03/02 report, *Rural Health Care Delivery: Connecting Communities Through Technology*. It does an unusually good job describing the critical importance of both collaboration and alternative funding sources to the future of rural communities being able to access information technologies (IT). The complete report is available at <www.chcf.org/>.

“*Connecting Communities Through Technology* highlights the technology available to connect providers to specialists and other resources with the rural communities they serve. The report also cites case examples of technology solutions and addresses implementation issues such as provider collaboration, regulations, and funding.”

“ ‘With the growing usage of PCs and the Internet by providers and patients, programs are increasingly being developed to support the needs of rural health providers, remote diagnosis, care delivery, communication, and education,’ according to Fran Turisco, report co-author, First Consulting Group.”

“Case studies examined technology uses in rural settings in the United States and internationally. They include: a Department of Veterans Affairs Medical Center in Iron Mountain, MI, that combines remote diagnostic services with real-time remote specialist visits in Milwaukee and Chicago; a medical center in Spokane, WA, that built a technology infrastructure which supports two dozen hospitals serving small farming communities; and a radiology services provider in Australia that offers night coverage for rural hospitals and providers in the United States.”

“**Collaboration Is Key to Success**—The report finds the common denominator in successful rural technology programs is collaboration among individual providers and institutional players including rural health associations, vendors, government agencies, federal and state associations, advocacy groups, hospitals, and existing telemedicine programs.”

“According to Thomas Lee, M.D., M.B.A., senior program officer at CHCF, ‘California has a number of programs that are already up and running to help bridge providers to partners for health technology solutions. One of the country’s largest is the Center

for Health and Technology (CHT) at UC Davis. The center provides a variety of education, information access, and medical care services.’ ”

“Turisco notes, ‘The availability of funding sources, changes in regulations for services reimbursement, and other payment options have opened the doors for rural organizations and providers ready to use technology.’ The report provides sources that help fund and maintain technology-based programs, including examples of type of projects funded and an appendix of potential funding sources.”

“Costs for technology tools have been decreasing. ‘Tools are becoming more powerful, smaller, and less expensive,’ said Lee. ‘Workstations that cost \$5,000 five years ago are now less than \$1,000. Advanced video conferencing workstations that filled a room and cost \$80,000 per unit several years back now have a price tag around \$40,000 and are becoming small enough to be truly portable.’ ”

“With dropping technology costs, more user-friendly IT tools and available innovative financing, rural health care providers are increasingly able to adopt IT solutions that were not possible even a few years ago. Couple those factors with newly emerging health care collaboratives that encourage technology transfer and sharing, and there’s never been a more promising time for adoption of IT solutions in rural health care.”

One Person Can Make A Difference

A periodic Eye On Health feature are excerpts of letters from Dr. Linnea Smith from the Yanamono Medical Clinic in the remote Amazon basin of north-eastern Peru. The clinic operates with grass roots support from family and friends and many others. Donations are welcomed c/o: Amazon Medical Project, Inc., 106 Brodhead St., Mazomanie, WI 53560. AMP is a non-profit, tax-exempt organization.

“We have been busy, partly due to a variety of illnesses, partly due to a big effort at vaccination. I took off one afternoon to go up to Ceiba Tops, Explorama’s elegant lodge (air-conditioned rooms, hot

showers, electric lights—all of which you could get in any North American hotel and which don't impress me much—and a swimming pool with a small water slide, which is an indecent amount of fun and does impress me a lot). It never ceases to amaze me that grown adults here are just as frightened of vaccines as are their children. I mean, no one likes needles, at least not when they're aimed at oneself. But a tiny prick seems a small price to pay in order to avoid potentially fatal diseases. Nonetheless, it is almost as difficult to corral the grown-ups as it is to get them to bring in their children for vaccination.”

“But, thanks to a very efficient administrator at Ceiba Tops, who rounded everyone up and browbeat them into holding out their arms, and who transformed himself into an able medical assistant as well, filling the syringes as I used them up, we managed to vaccinate 38 people against yellow fever (36 Explorama employees at Ceiba, plus a couple of North American tourists who felt that a free vaccine beat the price they'd have to pay for it back home).”

“Then I came back to Yanamono and the next day, we held our monthly clinic Vaccine Day, nailing another 48 persons for everything from yellow fever to measles to tetanus to tuberculosis to polio. The morning went pretty smoothly, with fewer than our usual number of recipients. Then, the afternoon picked up, with three or four entire families (minus the fathers, of course, since vaccines are a women-and-kids thing, and anyway if the men came, some excuse might be found to stick them ...) in the waiting room when we arrived.”

“I must tell you a bit about Dr. James Flores, as well. I have spoken of him before; he is the young, Iquitos-born, -bred, and -trained physician whom we have signed on for this year. I have raved about him before, but every day I appreciate him more. When he had agreed to begin working with the clinic in April, when I was in the States, I was relieved to have him as back-up for Juvencio and Edemita. Not only is he a very good physician, he is also a very nice person. In fact, he is so good on both counts that even Edemita approves of him (and she is a tough critic), and our patients love him – and they are equally tough; they have gotten used to me and don't like to have other doctors substituted for their doctora.”

“The clinic, and my house, were built in 1993 by the Rotarians. That means that for over nine years (and for the couple of years before that when I lived here but did not yet have my own house), I have gone to bed every single night knowing that I might not be allowed to sleep till dawn. Every night, I set out clothes suitable for traversing the muddy paths and the buffalo pasture, in case I had to walk to the clinic at midnight. Every night, I made sure that there were decent batteries in my flashlight. Every night, as I sat at the Bar Tahuampa writing letters before dinner, I kept a wary eye out – if I spotted a light bobbing up the path, I peered intently to see if it was bright white (a guide, or a tourist, or an Explorama employee), or dim and yellowish: someone coming looking for me. Every time I heard footsteps crossing the bridge during dinner, or saw a Peruvian face in the doorway of the Tahuampa, I braced myself, knowing it was probably a call for me.”

“Every Sunday, every holiday, even though the clinic is closed in the afternoons on those days, I kept an eye out for people approaching the house hesitantly, and every night as I slept, I kept half an ear open for footsteps on the front stairs. I know the difference between the night watchman's flashlight sweeping through the curtains from the direction of the lodge, and the flickering shadows cast inside my roof by the kerosene-filled lantern of a supplicant on my front step. I have lain awake countless hours, listening to boats passing on the river. Is that one turning into the stream? No, it's going past ... no, wait, it's turning in ... no, it's going on When the water is high, especially, sounds carry sometimes in strange ways, causing me to lie awake until the boat was halfway to Iquitos, before I could be convinced that it was in fact not turning into our stream -- and there is little reason for a boat to enter our stream at night, except to seek out the doctor. I would awake to footsteps on the path and listen carefully, attentive to whether the accompanying conversations sounded drunk (a good sign, meaning someone was going home) or subdued and serious, which meant they were coming for me.”

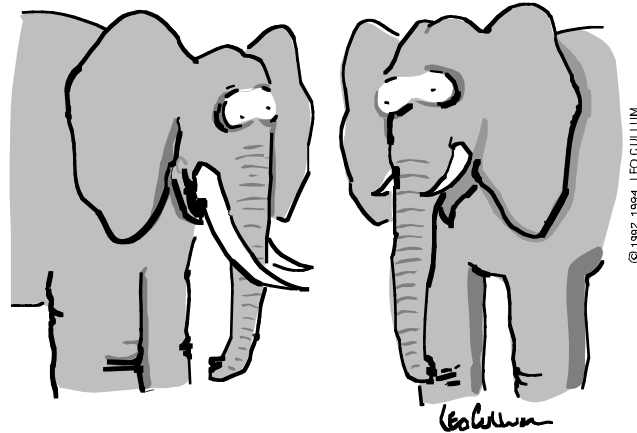
“So James has been worth his weight in gold. I can even do a watercolor on Sunday afternoon now, without wondering whether someone will be sitting on my front steps when I return to the house. I love it. We'll have to see about keeping James for another year. Or two, or”

Cooperatives Mimic Slime Mold

Abstract from "Solving the Freeloaders Paradox" by Leticia Avilés, Leticia in the *Proceedings of the National Academy of Sciences*, 10/29/2002:

"One of the enduring problems in the study of social evolution has been to understand how cooperation can be maintained in the presence of freeloaders, individuals that take advantage of the cooperative members of groups they are eager to join. The freeloader problem has been particularly troublesome when groups consist of non-relatives, and no benefits accrue to individuals that contribute more heavily to communal activities. These theoretical difficulties, however, are not mirrored by the numerous examples of cooperative or even altruistic behaviors exhibited by groups in nature (e.g., many human groups, communally nesting bees, multiple queen-founding ants, cellular slime molds, and social bacteria). Using a model in which cooperation and grouping tendencies are modeled as coevolving dynamical variables, I show that the freeloader problem can be addressed

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"It seems like we could at least stampede in the same direction."

when group-size effects on fitness are considered explicitly. I show that freeloaders, whose presence is reflected in the development of linkage disequilibrium between grouping and cooperation, increase in frequency when rare, but are selected against when common due to the reduced productivity of the groups they overburden with their presence."

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