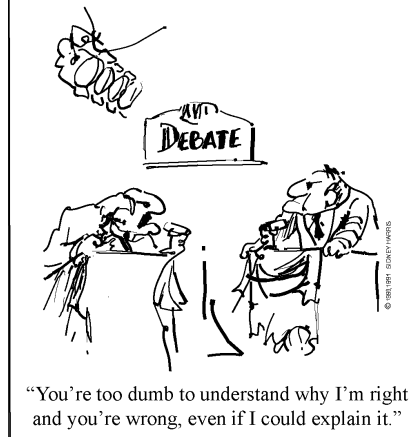


RWHC & Rural Health Advocacy

RWHC Eye On Health



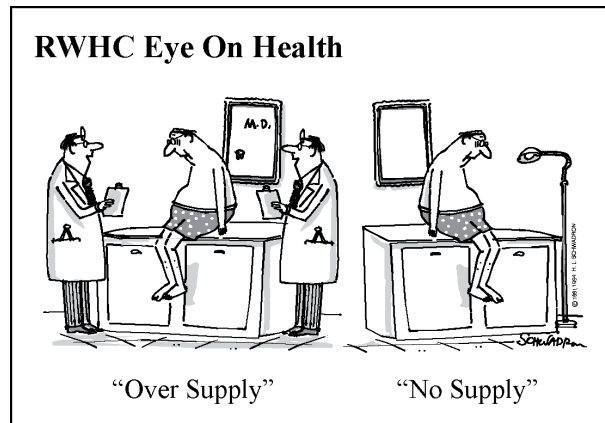
Tim Size
Executive Director
Rural Wisconsin
Health Cooperative
Sauk City

Wisconsin
Medical Society
January 26th, 2013

Presentation Outline: Four Take-Aways

1. RWHC Has a Longstanding "Attitude"
2. Rural Health Requires Myth Busting
3. Rural Health Means Rural Jobs
4. Rural Advocacy: Make the Invisible Visible

1. RWHC Has A Longstanding "Attitude"



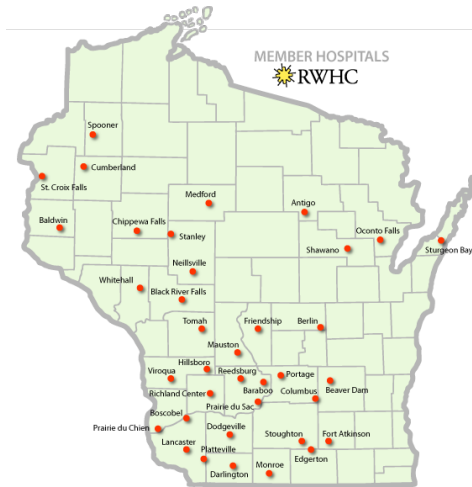
Mission & Vision: RWHC Example

Mission: Rural WI communities will be the healthiest in America.

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.

Financial Drivers: RWHC Example

- Founded in 1979.
- Non-profit coop owned by 37 rural hospitals (with net rev ≈ \$1.4B & 2,000 hospital & LTC beds).
- 8 PPS & 29 CAH;
≈ 23 freestanding and 14 system affiliated.
- ≈ 70 employees (50 FTE).
- ≈ \$11M RWHC budget
(75% member sales,
17% non-member sales,
6% dues & 2% grants).



RWHC Shared Services*

Professional Services

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

Educational

Professional Roundtables & Leadership Training
Nurse Residency Program & 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

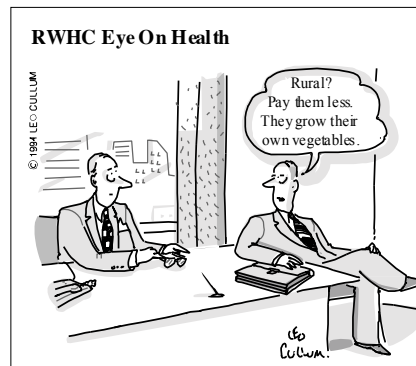
Context Drives RWHC Advocacy Agenda

1. Federal **healthcare reform** that recognizes rural realities.
2. Fair **Medicare and Medicaid** payments to rural providers.
3. **Federal and State regulations** that recognize rural realities.
4. **Retain property tax exemption** for nonprofit hospitals.
5. Solve growing **shortage of rural physicians and providers**.
6. Bring rural voice to **regional provider networks & payers**.
7. Bring a rural voice into the **quality improvement** movement.
8. Continue push for workplace and community **wellness**.
9. Strong link between **economic development** and rural health.

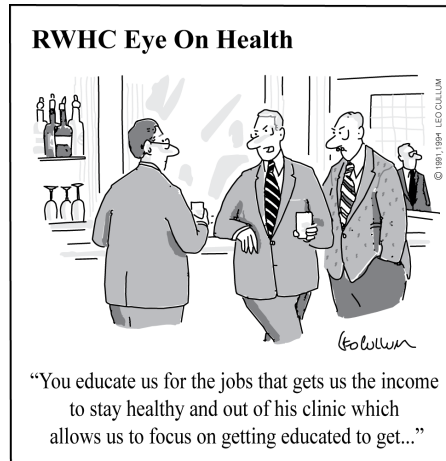
2. Rural Health Requires Myth Busting

** Myth = widely held false belief*

- Rural residents don't want to get care locally.
- Rural folks are naturally healthy, need less.
- Rural health care costs are 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/governed.



3. Rural Health 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.
- But 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

- 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.**

4. Rural Advocacy: Make the Invisible Visible

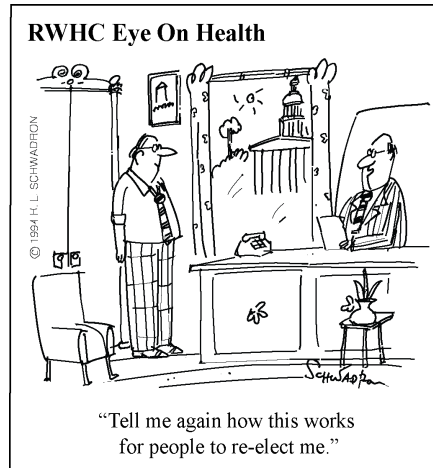
RWHC Eye On Health



"No. Around here, I've never heard of any rural backwater or Lake Wobegon."

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 misinformation and unexamined biases.

The Obvious: Politics Trump Policy & Research

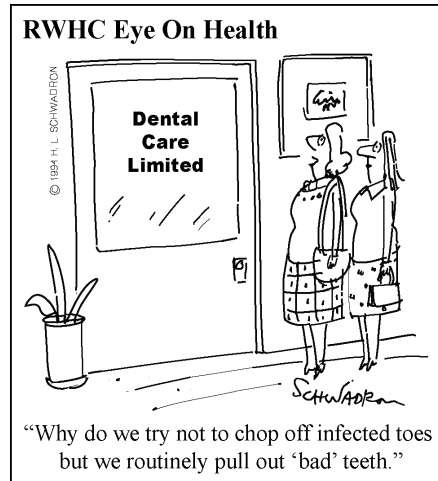


Both public and private policy makers have constituencies that drive the process more than the best research.

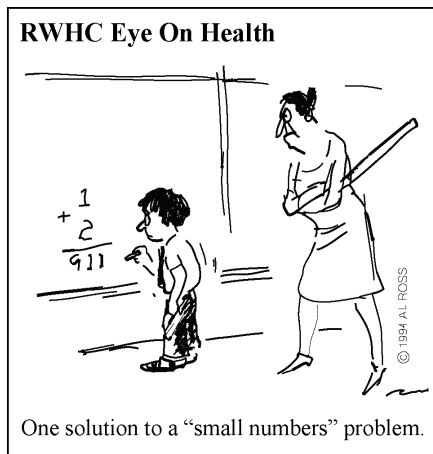
Elected & Appointed Officials Can Be At Odds



Tradition Conceals Important Questions



Outcome Metrics & VBP Often Poor Fit



Quality metrics often have statistical challenge for rural with "small numbers"; adequate risk adjustment is a big issue for rural and urban serving disadvantaged populations.

WMS & RWHC Shared Vision on GME



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.raconline.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/
- **Wisconsin State Journal Special Report: Rural Health:** http://host.madison.com/special-section/rural_health/

Rural GME Goals & Barriers

Tim Size, RWHC Executive Director, 1/18/13

GOALS (paraphrased from www.raconline.org/rtt/about_rtts.php)

- **Sustainable Financing**—Most RTTs still do not receive full GME funding for the rural portion of their programs.
- **Expanded Recruitment of Residents and Faculty**—Over the past decade the number of US medical school graduates choosing family medicine has dropped nearly in half, although there have been recent signs of recovery.
- **Increased Academic Recognition & Support**—Geographically dispersed and separated from their sponsoring urban program or academic medical center, **RTTs often find themselves low in priority for grant-writing, support of teaching faculty, research, and strategic planning**. Often, they are granted an autonomy that is initially welcomed, but this **autonomy unfortunately can evolve into neglect**.

BARRIERS (Joint AAFP Position Paper and NRHA Policy Brief, 7/08)

- **Token Rural Experiences are Insufficient**—Cumulative rural training experience for all medical students and residents with an interest in rural practice should be at least six (6) months in duration.
- **Inadequate GME Funding**—CMS should deliver on congressional intent and, under the rural exemptions granted in the Balanced Budget Act of 1997 and the Balanced Budget Refinement Act of 1999. The lack of an accepted formal definition of an integrated RTT has prevented the CMS from exempting those programs from GME funding restrictions.
- **Too Narrow Definitions of Rural Training**—The NRHA and AAFP further recommend that the waiver of a cap on GME positions for “rural” programs be extended by including in the definition of “rural” any allopathic or osteopathic residency program which can document that over 50% of its graduates in the last three years are practicing in non-metropolitan areas.
- **Academic Support Lacking in Some States**—The NRHA and the AAFP urge academic medical centers and clinical departments to financially support and fully integrate rural faculty who practice in communities remote from the academic institution.

ADDITIONAL BARRIERS: (RWHC 6/13/12 Comments to CMS based on input from RTT Technical Assistance Program’s Randy Longenecker, MD)

- **Inconsistency of Rule Interpretations & Transparency by CMS and Some Sponsoring Institutions**—Rural training track residencies are suffering financially from a lack of transparency by some sponsoring institutions and inconsistency in the interpretation of rules around GME in rural places
- **Caps Need to Recognize the Volatility of Small Numbers**—Some years an RTT could have filled with 4 residents if it had the slots and other years there may be none. The variability also makes it difficult to justify any cap redistributions (to get new slots you have to demonstrate that you filled all slots for the prior several years, and you have to give the slots back if you don't fill them going forward).