

2007 Wisconsin Rural Health Conference - In Review

June 27-29, 2007
Kalahari Resort, Wisconsin Dells

There is good news in Wisconsin's rural health care community. Thanks to dedicated health care professionals, access to high quality, safe care remains high and the commitment to maintaining those standards is strong. Efforts are moving forward to attract and train health care professionals who show a high interest in establishing a practice in a rural area.

Byron Crouse, MD, associate dean for community and rural health for the Wisconsin Office of Rural Health, said the Wisconsin Academy for Rural Medicine (WARM), a program that Crouse along with the Wisconsin School of Medicine and Public Health, and the Wisconsin Council on Medical Education and Workforce (WCMEW) helped initiate, is designed to recruit students to medical school who are from rural areas and are likely to return to those areas to establish a medical practice. Crouse said the first students accepted to the WARM program would start medical school this fall.



Bill Bruce, Karen Vernal, Byron Crouse

WHA Rural Council Chair Bill Bruce said attendance at this year's Rural Health Conference was up 33 percent over last year, with 61 hospitals represented. He recognized all the sponsors of the rural conference, which includes:



Astonishing Our Patients: Astonishing Ourselves

Jay Kaplan, MD



Jay Kaplan, MD, Bill Bruce, Paul Merline

“We live in a service economy,” and “We all believe we give great service.” Truth is...it is ALL about service. One of the key pillars of a hospital's mission is service, according to Jay Kaplan, MD. Kaplan organizes the mission of a hospital around five pillars: service, quality, people, finance and growth.

Kaplan maintains that an individualized patient care plan can reduce patient anxiety, improve the patient's perception of care, increase efficiency, improve communication, provide a clear pain management focus, and increase teamwork.

He gave an example of a hospital that utilizes follow-up calls with patients to make sure they understood their discharge instructions, knew how to take their meds, and ensure that they were getting better and did not require any further hospitalization. In one survey of 400 patients, 76 (10 percent) had adverse events after discharge.

That kind of attention to detail is fostered by creating a great work environment, according to Kaplan. “If you create a great workplace, you create great patient satisfaction,” he concluded.

Moving Relationships from Good to Great

Karen Vernal, president, Vernal Management

Karen Vernal's enthusiasm for her subject proved contagious at the 2007 Rural Health Conference as she presented strategies that help infuse creativity and commitment into the workplace. One of the insights she shared is the impact of emotional intelligence, which is defined as: *(continued on next page)*

- The ability to effectively perceive, manage and use one’s emotions
- The ability to effectively manage emotional connections with those around us

Emotional intelligence has been deemed more powerful than IQ in determining who emerges as a leader. It is necessary for success and can be learned, and it hinges on controlling impulsive responses to situations and people, causing what Vernal calls an “emotional hijack.”

“We judge ourselves by our intentions. However, we judge others by the impact their behavior has on us rather than on their intentions. Others judge us by the impact of behavior rather than our intentions, too,” according to Vernal. “Assume good intent on the part of others. When something doesn’t go as planned, we need to assess what our contribution was to the situation, rather than find blame,” she added.

New Education Tracks Prove Popular at Rural Conference

For the first time, attendees could select programming at the Rural Health Conference specifically designed to meet their unique educational needs.

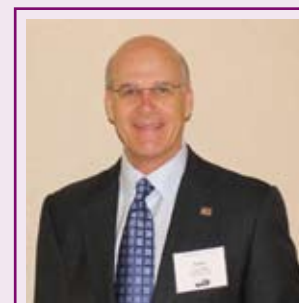
Hospital/Trustee Relationships



Steve Brenton

WHA President Steve Brenton started the trustee education with a breakfast presentation that focused on the major issues that hospitals are facing statewide, which include issues associated with billing and collections along with the proposed hospital tax and other legislative proposals.

Larry Walker, president of The Walker Company, presented Tough Leadership for Tough Times: Governing Through Change. Walker presented trustee leaders with several scenarios, ranging from handling a pandemic flu outbreak, to consumer-driven health care products and retail-based clinics, and the impact these are having on hospital reimbursement.



Larry Walker

Later in the day, Walker led a session that prompted trustees to consider the role they play in building constructive relationships between the hospital and physicians.



George Johnson and Terri Potter

Terri Potter, former CEO of Meriter hospital who is now head of his own consulting company, described community relations best practices and encouraged hospital trustees to be visible in the community and support the CEO in community leadership roles, and importantly, to “tell the hospital story” out in the community.

Hospital/Physician Relationships

The relationship between hospitals and physicians continues to evolve and by no means are there simple answers to how to manage this critical relationship. Physicians are participating in joint ventures that compete with hospitals for

cardiac and orthopedic services, imaging and medical tests. **Kurt Mosley**, vice president, MHA Group, makes his living recruiting physicians. He said the number of physicians who are employed by a hospital is increasing, not because hospitals are pursuing docs, but doctors are pursuing hospitals.

“New physicians are telling us they know how to be a doc, but they don’t know the business aspect. It is desirable for them to be employed by a hospital,” according to Mosley. More physicians now respond to openings to be an employed doc than non-employed, he added.



Kurt Mosley and Matthew Stanford



Laura Nelson, Chuck Shabino, MD, and Virginia Snyder

Advanced practice providers are playing important roles in rural hospitals that have successfully incorporated them into the medical care delivery model. **Virginia Snyder**, PhD, PA-C, interim program director, UW-Madison PA Program, said there are 1,324 physician assistants (PAs) licensed to practice in Wisconsin as of July 2005, and Wisconsin currently graduates about 80 students per year. The large majority of these graduates stay in Wisconsin. The PA's education and experience, state law, facility policy and physician delegation define the PA scope of practice.

Laura Nelson, MD, MBA, division medical director at the Marshfield Clinic, said the successful integration of a PA into a clinic requires a good understanding on the part of the entire department on how to utilize their skills. Physician assistants are well-liked by patients because they can spend more time on activities related to education and follow up, which in turn frees physicians up to spend more time with patients who have more complex health problems.

Aligning physician compensation with the mission and vision of the hospital is fundamental to any compensation plan, according to **Arthur Saunders**, Wipfli Health Care Practice. The physician compensation plan should be easy to understand and administer, align with marketplace demands, be sustainable over time, and contain attainable goals for participants. And with physician shortages already occurring nationwide, the plan should have a positive impact on physician recruitment and retention.



Art Saunders and Chuck Shabino, MD

Hospital/Community Relationships



Moderator John Eich, director, Wisconsin Office of Rural Health

With funding assistance from the "Strong Rural Communities Initiative," six rural hospitals developed worksite wellness programs. One program, the Jackson County proactive Wellness Initiative, designed two unique wellness programs. A manufacturing site and the local school district were chosen as business partners and they were prominently engaged in the design, implementation and evaluation of the program. A third site, Hart Tie & Lumber, operated as the control in the project.

According to **Liz Lund**, business development manager, Black River Memorial Hospital worked closely with the Jackson County Public Health Department, which provided expertise for the health risk assessments, screenings, and programming sessions. Lund said employers realized the benefits of having a healthier workforce, which in turn can lower their health care costs, improve productivity, and reduce turnover and lost work days due to chronic illness and fatigue.



Panelists from left: Liz Lund; Randi Arneson, BSN, RN, school district nurse, Black River Falls; Patricia Harrington, health officer, Saywer County Health & Human Services, Hayward; Eric Gass, operations manager, Center for Healthy Communities, Medical College of Wisconsin



Jon Braddock and Frederick Bounds

Fred Bounds, executive vice president of Kunkel, Bounds and Associates, provided rural hospitals a perspective as "employer" and "provider." As one of the largest employers in most communities, hospitals can steer their own employees "home" for health care. Do your employees have their lab tests done in their own hospital? Do they buy prescriptions down the street when the medications are available in the hospital pharmacy? Bounds described how some hospitals are providing incentives for their employees to choose the community hospital for care.



Paul Merline, Mike Scherbel, and Greg Britton

The “village” concept is often cited in education, but residents in a northern Illinois community are experiencing a health care village, thanks to a project just completed by Beloit Memorial Hospital. In addition to health care, the healthy village includes an aquatic center, medical based fitness, assisted living, and retail space. According to Beloit Memorial Hospital CEO **Greg Britton**, the North Point project provided an opportunity to design a health care village from the ground up, meeting the community’s desire for health care services close to home that provides personalized, cost effective care.

Michael Scherbel, Plunkett Raysich Architects, said many

steps must be considered in the planning phase, but in the end it comes down to asking the community what they want...and then giving it to them.

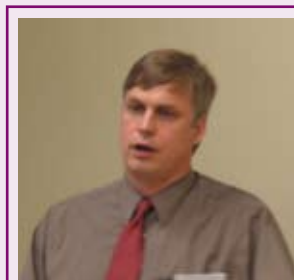
Hospital/Technology Relationships

The eHealth Care Quality and Patient Safety Board was created to ensure health information is available at the point to care to reduce medical errors and duplication, improve coordination of care, further health care research, and engage consumers in their health care. **Kathleen Farnsworth**, chief of staff for the Wisconsin eHealth Initiative at the Department of Health and Family Services, said the group has started with projects that build infrastructure, similar to their support of the Milwaukee Emergency Department Linking Project that was announced earlier in the month. The next eHealth action steps are to transition from planning to implementation, address privacy concerns, and to help enable a major transformation in the Medicaid program.



Kathleen Farnsworth

The transformation to a paperless medical records environment has its proponents. But, the technology is costly and should be implemented to address organizational goals, not for its own sake according to **Louis Wenzlow**, Rural Wisconsin Health Cooperative’s IT director. Wenzlow recommends engaging physicians early in the transition to gain their input and to develop grassroots buy in and to do a complete needs assessment, which among other important considerations, includes evaluating clinicians ability to input data into a paperless system.



Louis Wenzlow

Making Sense of Performance Transformation Methodologies

Special Session presented by: Wisconsin Chapter of ACHE

June 29, 2007



Marguerite Powell, senior consultant, GE Healthcare Performance Solutions; Jayme Daniell, CHE, AVP of laboratory services, Wheaton Franciscan & Midwest Clinical Laboratories, Wauwatosa; Karen Kiel Rosser, VP of quality and managed care, Agnesian HealthCare, Fond du Lac; and Bill Schmidt, CEO, New London Family Medical Center

