

Strategies to Promote Rural Health Care

Tim Size

Executive Director

Rural Wisconsin

Health Cooperative

Sauk City

WI Rural Health Conference

Appleton

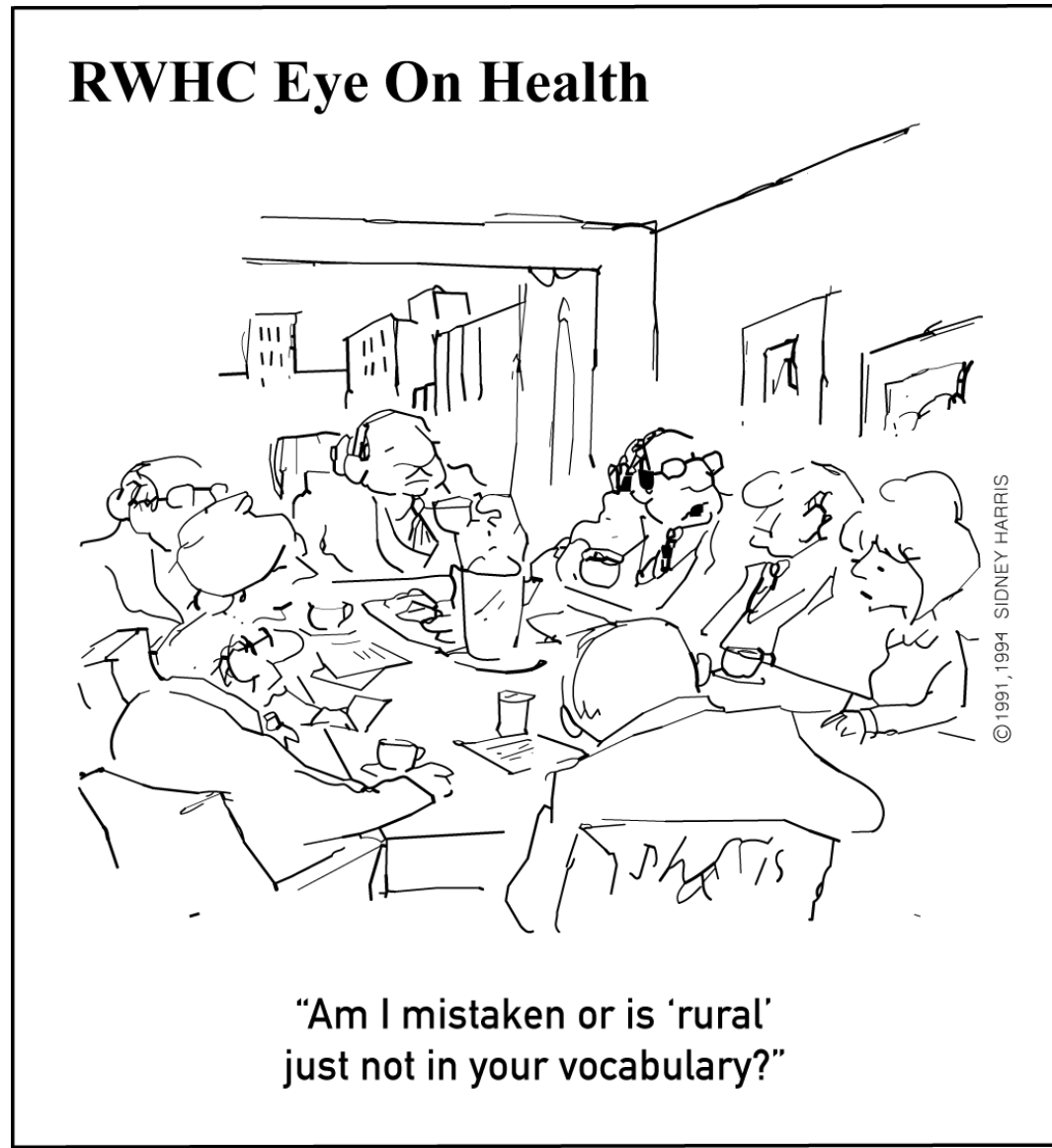
June 20, 2024



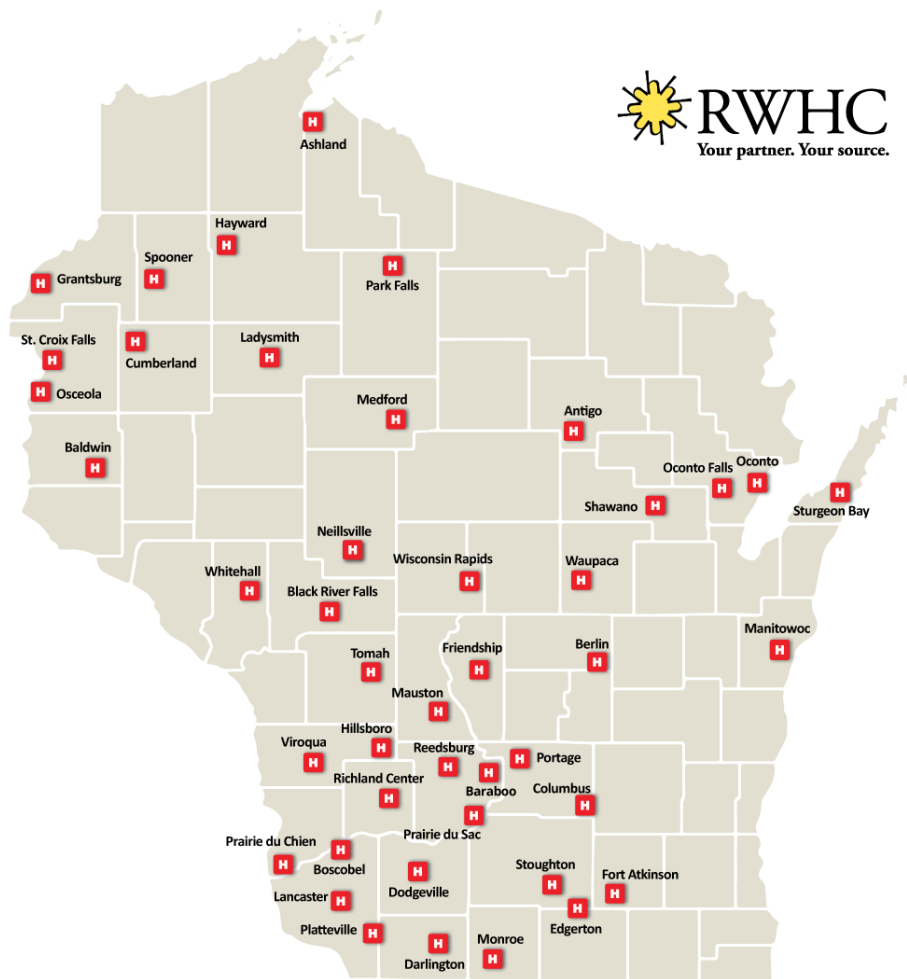
Talk Outline

1. RWHC: “Bigger Isn’t Better, Better is Better”
2. Growing Trust in Healthcare
3. Workforce Shortage Has Consequences
4. Community Economic Development
5. Need to Question Insurance Companies

1. RWHC: “Bigger Isn’t Better, Better is Better”



Rural Wisconsin Health Cooperative



- Owned and operated by **44 rural hospitals.**
- Vision: rural WI **will be America's healthiest.**
- Mission: (1) **advocate** for rural health and (2) **collaborate** for local, high-quality, cost-effective care.

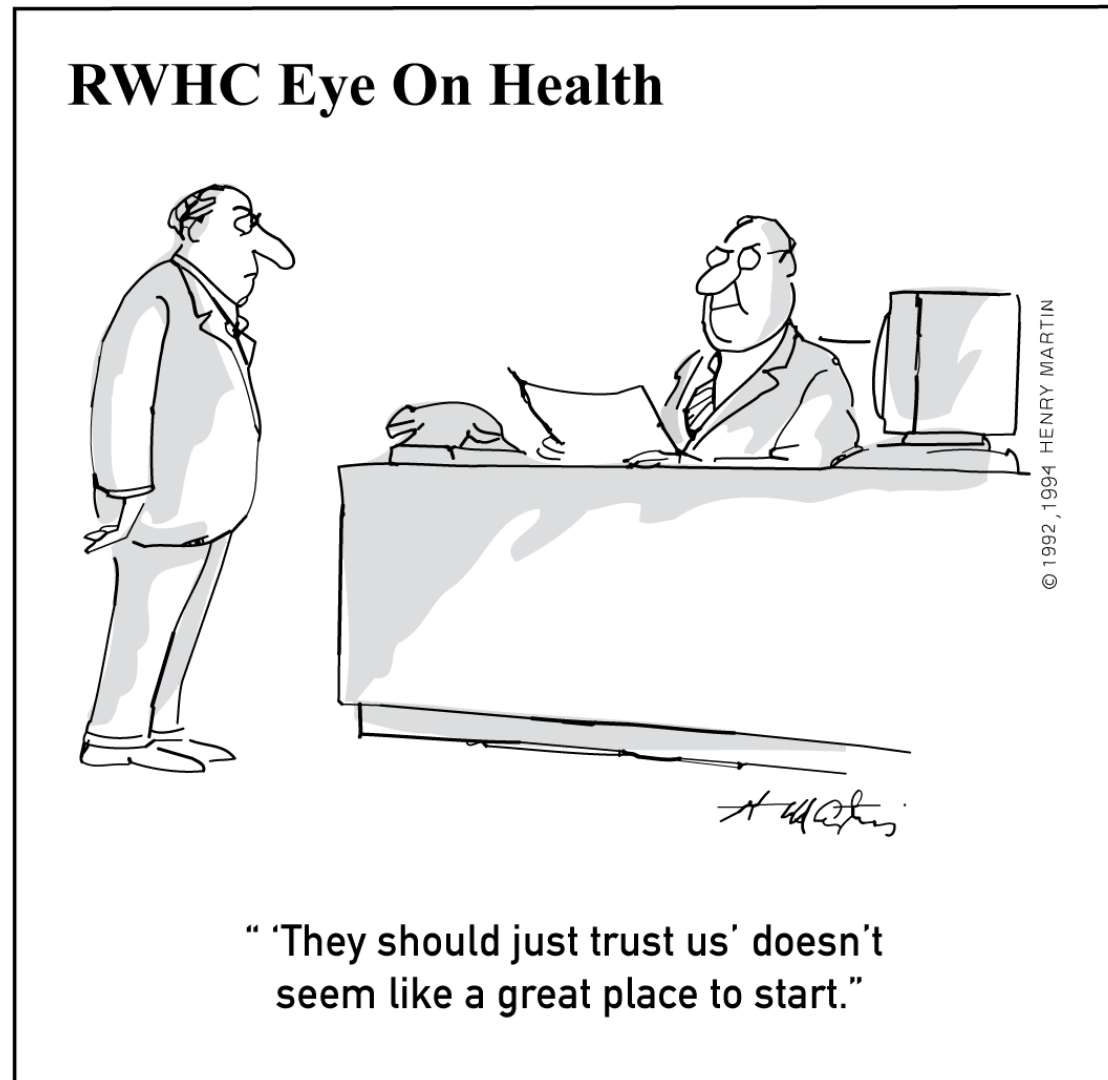
More info at QR code:



2024 Board Priorities: People & Relationships

- Work to keep local care local
- Oppose insurers who don't support rural
- Grow workforce development
- Grow community economic development
- Increase trust in healthcare
- Continue/expand RWHC education offerings

2. Growing Trust in Healthcare



Trust in Healthcare has Been Eroding

“Two in three patients say trust in healthcare has declined in the last two years.

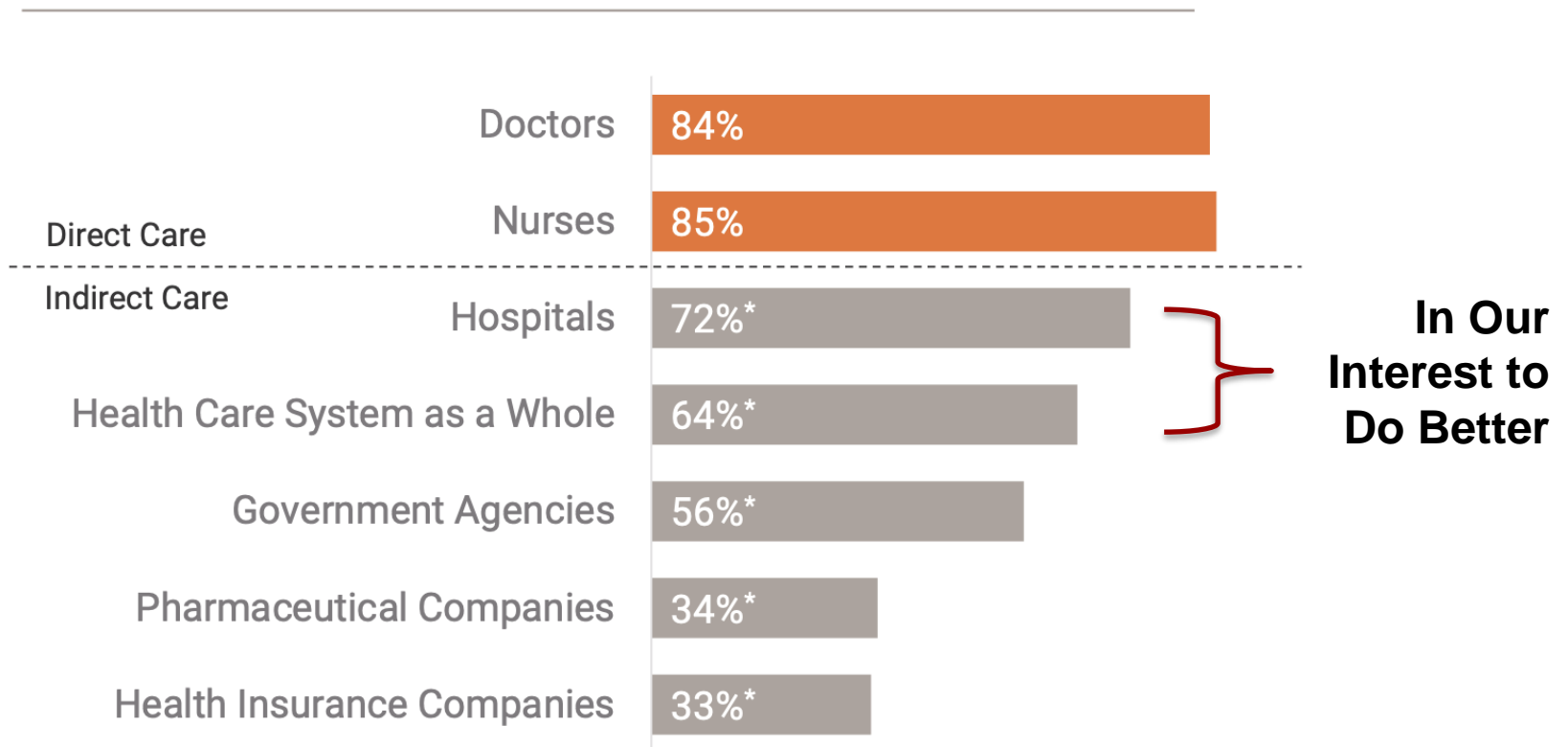
The top reason patients feel trust has eroded is borne from the feeling that the ‘healthcare system acts out of self-interest rather than the patient’s interest.’ ”

IPSOS, 10/11/22

Huge Variation in Who is Trusted

The Public

For the general public, trust is highest for clinicians—doctors (84%) and nurses (85%)*



* NORC, University of Chicago, , 5/21/21

Why Trust in Healthcare Matters?

“People who mistrust health care put their health and lives at risk—**less likely to** (1) visit a physician, (2) be honest with clinicians, and (3) to comply with medical advice and prescriptions.”

“Mistrust leads to **increased provider burnout.**”

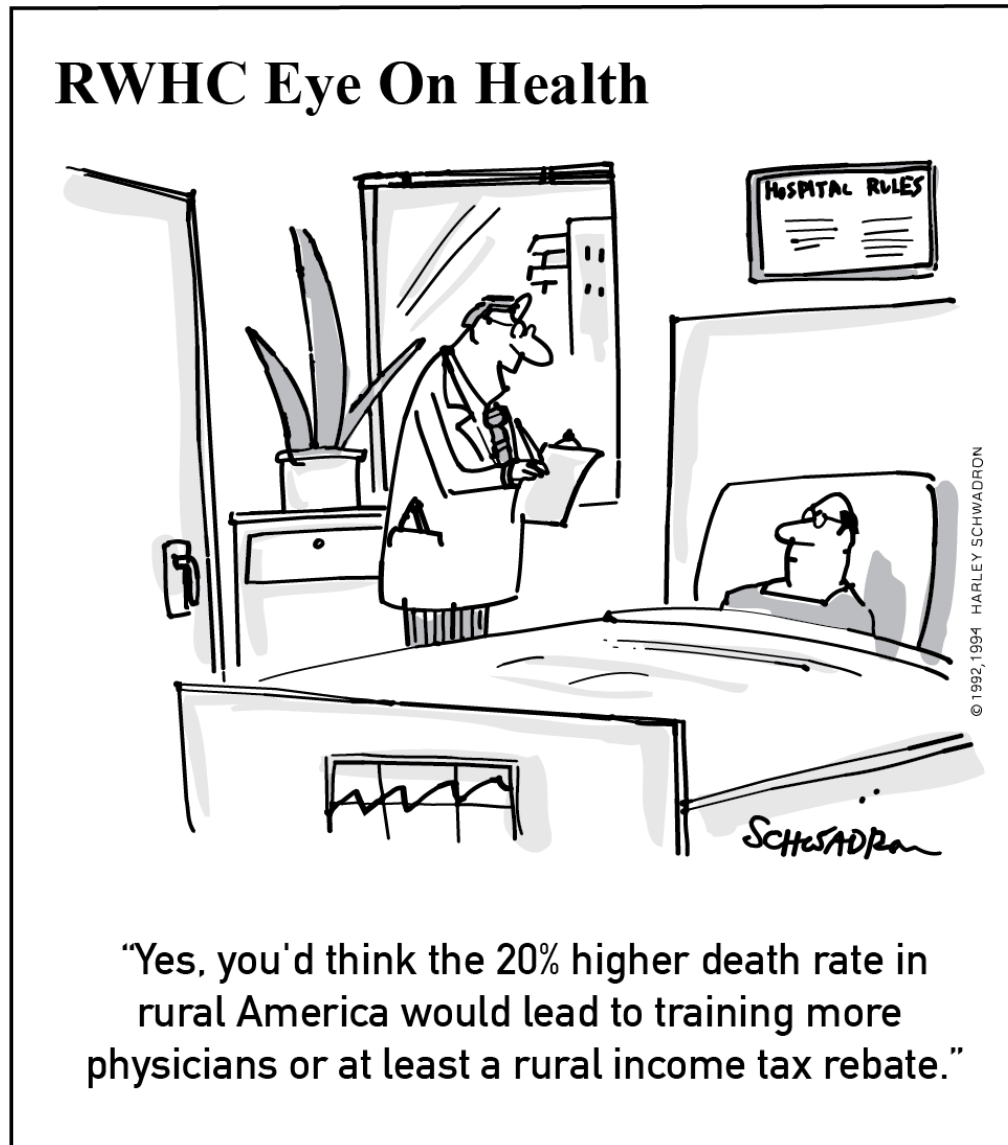
Less Trust Contributes to Worse Rural Health

- ↑ **Rural age-adjusted natural cause mortality rates in U.S. were 20 percent higher than urban in 2019.** (USDA, 3/24)
- ↑ **Rural cumulative COVID death rate in U.S. was 39% higher than urban** (*Daily Yonder*, 3/27/24)
- ↓ **WI MMR vaccination rate** (WI DHS, 3/27/24)
- ↓ **WI Influenza Vaccination rate** (WI DHS, 10/23)

“Trust Arrives on Foot and Leaves on Horseback”

- Earn trust; build relationships; listen deeply.
- Actively, consciously work to build trust with patients and the community.
- Be reliable; do what you say you’ll do.
- Participate actively in initiatives that show you care about the community.
- Engaged staff leads to engaged patients.

3. Workforce Shortage Has Consequences



20% Across the Board Shortfall by 2035

Summary Wisconsin Healthcare Workforce Deficit	Total FTEs
SUPPLY	
Projected supply, 2035	98,613
Total Change, 2020-2035	-2,078
% change, 2020-2035	-2%
DEMAND	
Projected demand, 2035	124,055
Total change, 2020-2035	23,171
% change, 2020-2035	19%
NET	
Supply minus Demand	-25,442

Statewide Workforce Action Needed/Started

1. Create Awareness and Engage More Stakeholders
2. Promote Healthcare Careers And Recruit Healthcare Professionals
3. Invest in Our Workforce Pipeline
4. Retain Providers/Workers
5. Accelerate Care Redesign

Examples Rural Hospital–College Partnerships

- **Start the Path to a Rewarding Career** on-the-job training program is a Door County Medical Center partnership with Tech College **to increase the number of individuals entering college for nursing.**
- **The Need for Nurses Sponsorship Program** by Tech College with hospitals in Boscobel, Darlington, Lancaster, Platteville, Prairie du Chien and Richland Center allows SWTC Associate Degree Nursing **students to start in both Fall & Spring semesters.**

Examples of Promoting Healthcare Careers



**SO Many
OPTIONS**

Wisconsin Healthcare Careers

<https://www.wihealthcarecareers.com>



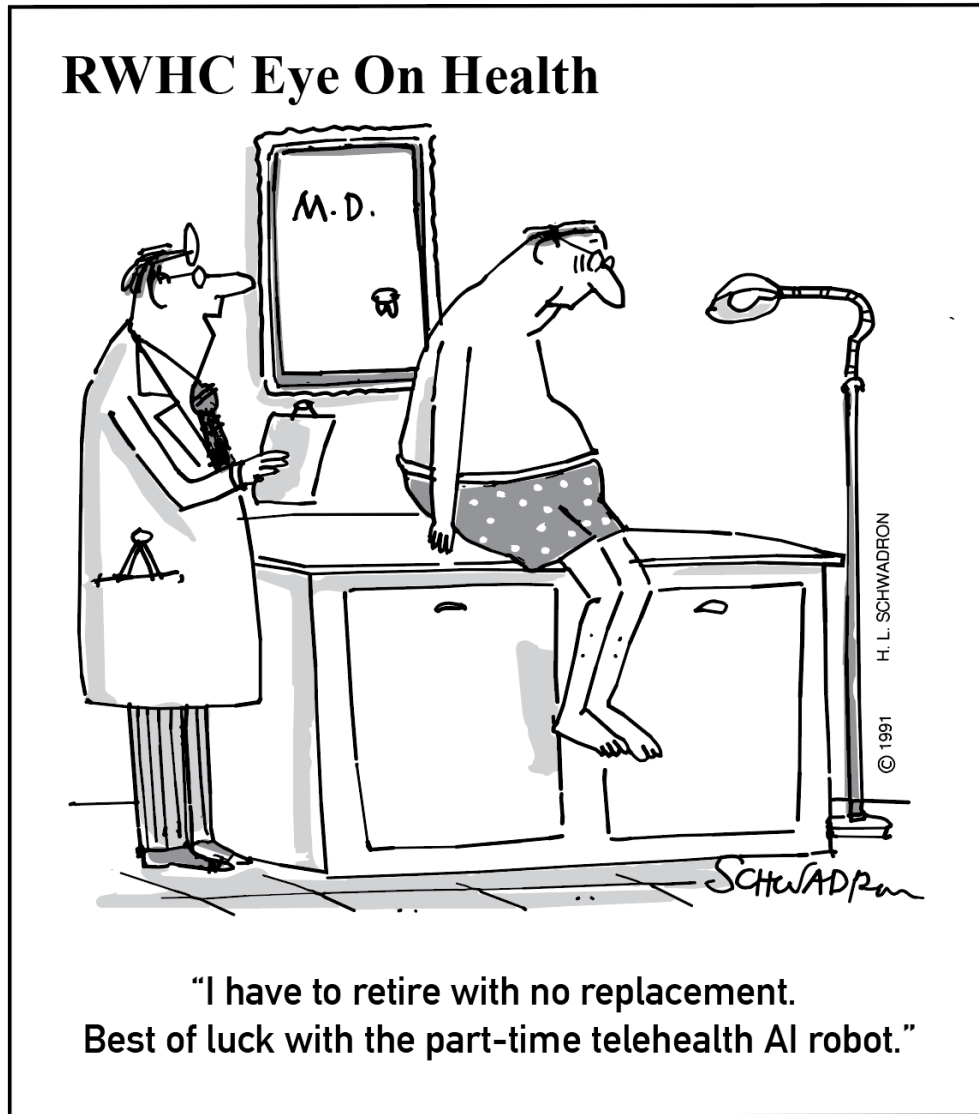
Wisconsin AHEC
Area Health Education Centers



hosa future
health
professionals
Wisconsin



A Word of Special Thanks



Just want to take a moment to publicly thank the longstanding and tireless work of:

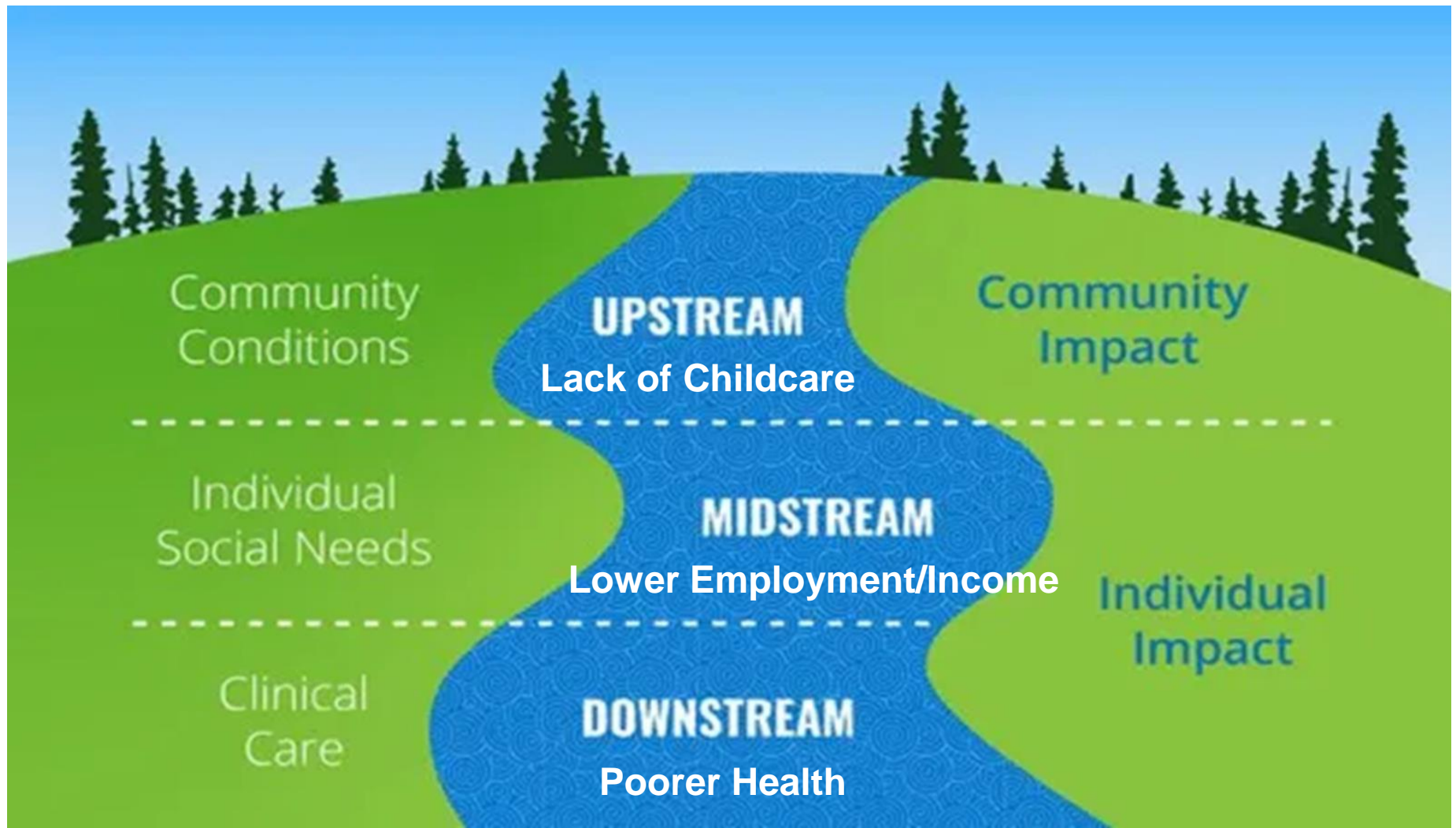
WHA's Ann Zenk

&

WCMEW's George Quinn

4. Community Economic Development

One of Many Examples



Marie Barry, RWHC Director
Community Economic Development

Community Conditions & Hospital Sustainability

Connecting the Dots

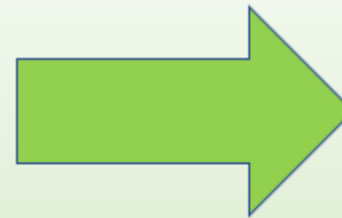
Community Characteristics

Aging

Higher Utilization
More Chronic
Illness
More Medicare

Rising Cost of Living

Workforce
Housing is Limited
Childcare is
Unavailable/
Unaffordable



Outcomes

Less Workforce /
Economic Activity

More Open Jobs / Less
Service Revenue

Continued / Growing
Medicare % of Patients

Marie Barry, RWHC Director
Community Economic Development

Threats/Opportunities Outside Hospital Walls

The strongest rural health care organizations are playing an expanded role in their communities and thinking further upstream about not only drivers of health outcomes but also drivers of financial stability for their hospital.

Upstream Examples: childcare, housing, and attracting working age population

Midstream Examples

Preventable early deaths from the 5 leading causes* are more common among people living in rural communities†

Clinicians can help prevent premature deaths:



Screen patients for high blood pressure



Increase cancer prevention and early detection



Encourage physical activity and healthy eating



Treat opioid use disorder



Help patients quit smoking



*Heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke

†Compared to Americans who live in urban areas, National Vital Statistics System mortality data, 2010–2022

bit.ly/ss7302a1

MAY 2, 2024

MMWR

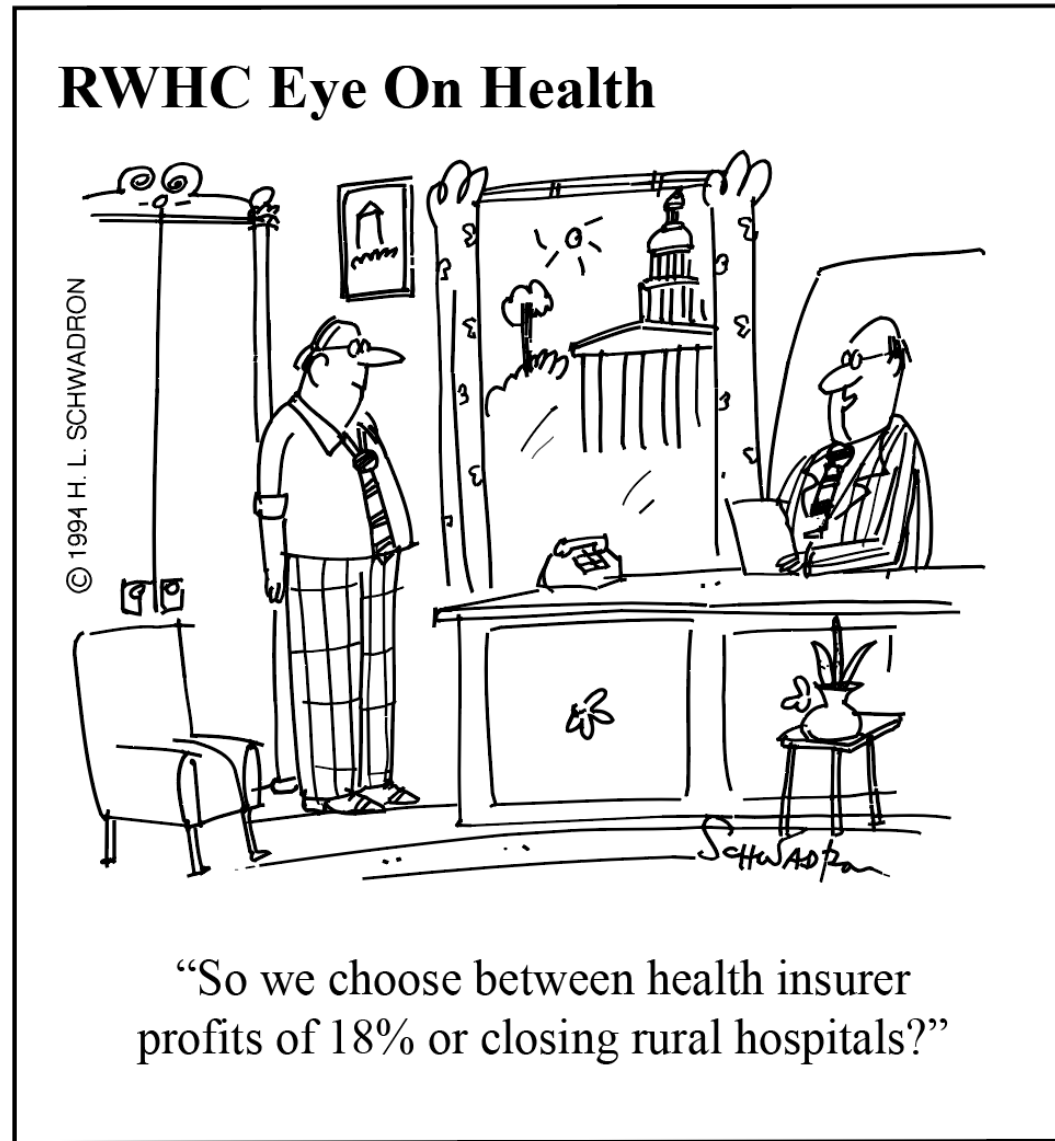
Two RWHC Midstream Programs

Cardiovascular Disease (CVD): Implementing and evaluating evidence-based strategies contributing to the prevention and management of CVD

Cancer Prevention Taskforce: Work to increase cancer screening rates, reduce screening disparities, improve project participant quality measure for cancer screening, and decrease target population cancer mortality rates

Cheryl DeVault, MS, BSN, RN, AMB-BC
RWHC/Primary Care Program Manager

5. Need to Question Insurance Companies



Focus: Medicare Dis-Advantage Plans

“Between 2019 and 2023, Rural MA enrollment in USA increased 48%.”

“MA net reimbursement to CAHs is often lower for similar services. MA may not cover all traditional Medicare services, including swing beds, often a strong source of revenue stability for rural hospitals.”

“Unrelenting Pressure Pushes Rural Safety
Net Crisis into Uncharted Territory”
Chartis, Feb '24

Community Partnerships Needed for Success

1. Hospitals and clinics are challenged by health insurers when we try to establish fair contracts to ensure high quality care remains local.
2. Employers are challenged by health insurance companies' continual price increases.
3. All of us must more strongly question insurance companies' behaviors that undermine keeping care local and affordable.

Sample Questions re Access to Local Care

- Ask if insurer includes all local providers in their network? Example: *An insurance company may include the local hospital in its network, but not the doctors who admit to that hospital.*
- Ask insurer to provide info re “prior approval” delays for care—how many requests are denied and then overturned? *In ‘21, Medicare Advantage plans denied approx. 2.1 million prior authorization requests with the decisions later overturned in 82% of appealed cases. (“JAMA” March ‘24)*

Sample Questions re Contracting

- Ask how insurer profit margins compare with your non-profit hospital? *Use your hospital's data.*
- Ask about good faith contracting with local providers? Example: *Oppose insurer contract language that is one-sided like when providers have 60 days to dispute a payment; insurers forever.*
- Ask if they recognize the actual cost of delivering rural health care? Example: *It costs a rural provider \$423 for a medication and the insurer's "standard" fee schedule payment is \$75.*

Questions re Support for Local Community

- Ask if they support local providers in improving health of the community? *Is the insurer making investments in the local community to help address upstream drivers of health?*
- Ask if they acknowledge the critical economic impact of local care? *An average rural hospital closure reduces community wages, salaries and benefits by \$5.3m; increases poverty and unemployment levels.*

The Importance of Consumer Choice

When a business or individual chooses a health insurer, we are asking them to learn (1) how the insurer will impact their ability to get care locally and (2) how the insurer is working to keep their community strong.

In Summary

It is a privilege to work with rural health leaders across Wisconsin.

Every day I am inspired by the “can do” spirit, creativity and energy I see.

Rural health faces many challenges, but there is absolutely no doubt that we will prevail.

Contact Info: timsiz@rwhc.com