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Eye On Health

Review & Commentary on Health Policy Issues for a Rural Perspective - April 2, 2025

Straight Info re Childhood Vaccinations

Given the major outbreak of measles in Texas it is important to note that Wisconsin kids now have the second-lowest measles vaccination rate in the nation, making Wisconsin vulnerable for a similar outbreak. The below information is from the new administration's Centers for Disease Control on February 27, downloaded from ***https://www.cdc.gov/vaccines-children/****:*

Making the Vaccine Decision: Addressing Common Concerns–"Parents often have questions about the vaccines recommended for their children. Your child's doctor can answer any questions you might have. Most families decide to follow the recommended vaccination schedule."

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"With vaccinations, like much medical advice, it is totally OK to 'trust, but verify.' "

Vaccines protect against diseases–"Different vaccines work in different ways, but every vaccine helps the body's immune system learn how to fight germs. It typically takes a few weeks for protection to develop after vaccination, but that protection can last a lifetime. A few vaccines, such as those for tetanus or seasonal flu, require occasional booster doses to maintain the body's defenses. Vaccines help the body's immune system learn how to fight germs."

Strengthening your baby's immune system–"Immunity is the body's way of preventing disease. Because a baby's immune system is not fully developed at birth, babies face a greater risk of becoming infected and getting seriously ill. Vaccines help teach the immune system to learn how to defend against germs. Vaccination protects your baby by helping build up their natural defenses."

- "Children are exposed to thousands of germs every day. This happens through the food they eat, the air they breathe, and the things they put in their mouth."
- "Babies are born with immune systems that can fight most germs, but some germs cause serious or even deadly diseases a baby can't handle. For those, babies need the help of vaccines."
- "Vaccines use very small amounts of antigens to help your child's immune system recognize and learn to fight serious diseases. Antigens are the parts of a germ that cause the body's immune system to go to work."

Vaccine ingredients–"Today's vaccines use only the ingredients they need to be as safe and effective as possible. A vaccine could include any of these kinds of ingredients:

- **Adjuvants** such as aluminum salts help boost the body's response to a vaccination. (Also found in antacids, antiperspirants, etc.)
- **Stabilizers** such as sugars or gelatin help keep a vaccine effective after it is manufactured.

(Naturally present in the body and found in foods such as Jell-O®.)

- **Formaldehyde** helps prevent bacterial contamination during manufacturing. Formaldehyde is naturally present in the body at levels higher than vaccines. (Also found in the environment, preservatives, and household products.)

- **Thimerosal** is a preservative used in the vaccine manufacturing process. It is no longer used to make any vaccine except multi-dose vials of the flu vaccine. Single dose vials of the flu vaccine are available as an alternative."

Vaccines are safe–"Before a new vaccine is ever given to people, extensive lab testing is done. Once testing in people begins, it can still take years before clinical studies are complete and the vaccine is licensed."

"After a vaccine is licensed, the Food and Drug Administration (FDA), CDC, National Institutes of Health (NIH), and other federal agencies continue routine monitoring and investigate any potential safety concerns."



Wisconsin Healthcare Careers

https://www.wihealthcarecareers.com

"CDC and the FDA take great care to make sure that a vaccine is safe both before it is licensed and after the public begins using it. Making sure that all vaccines are safe is a top priority for CDC."

Mild side effects are expected–"Vaccines, like medicine, can have some side effects. But most people who get vaccinated have only mild side effects or none at all. The most common side effects include fever, tiredness, body aches, and redness, swelling, and tenderness where the shot was given. **Mild reactions usually go away on their own within a few days**. **Serious, long-lasting side effects are extremely rare**. We know they are rare because CDC tracks and investigates reports of serious side effects."

"If you have questions or concerns about a vaccine, talk with your child's doctor. Learn about the safety of each recommended vaccine at:

https://www.cdc.gov/vaccine-safety/

Why your child should get vaccinated–"Vaccines can prevent common diseases that used to seriously harm or even kill infants, children, and adults. Without vaccines, your child is at risk of becoming seriously ill or even dying from childhood diseases such as measles and whooping cough."

It is always better to prevent a disease than to treat one after it occurs.

- "Vaccination is a safe, highly effective, and easy way to help keep your family healthy."

- "The recommended vaccination schedule balances when a child is likely to be exposed to a disease and when a vaccine will be most effective."

- "Vaccines are tested to ensure they can be given safely and effectively at the recommended ages."

Eye On Health is the monthly newsletter of the Rural Wisconsin Health Cooperative. Begun in 1979, RWHC has as its **Mission** that rural Wisconsin communities will be the healthiest in America. Our **Vision** is that... RWHC is a strong and innovative cooperative of diversified rural hospitals... it is the "rural advocate of choice" for its Members... it develops and manages a variety of products and services... it assists Members to offer high quality, cost-effective healthcare… assists Members in partnerships to make their communities healthier… generates additional revenue by services to non-Members… ongoing use of strategic alliances in pursuit of its Vision. Tim Size <**timsize@rwhc.com**>, Editor, 880 Independence Lane, Sauk City, WI 53583

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Federal Health Cuts Will Hit Rural Hardest

From "Commentary: If Federal Healthcare Spending is a Target, Then So is Rural America," by Katherine Hempstead in the *Daily Yonder, Keep it Rural*, 2/11/25:

"Underserved communities across rural America would experience outsized negative effects to health outcomes resulting from cuts to cornerstone federal healthcare funding programs."

"While the effects of these proposed cuts would be widespread, rural America will feel the most pain, because Medicaid and the ACA marketplace play a disproportionately important role in the financially fragile health care systems of rural communities. And while Medicaid is important everywhere, in rural America it is a lifeline."

"A new report from Georgetown's Center on Children and Families highlights this point, showing that the nearly 46 million residents of small towns and rural areas are more likely than their metro counterparts to rely on Medicaid for coverage. In six states, at least half of rural children are covered by Medicaid. In fifteen states, Medicaid covers more than one third of non-elderly adults living in rural areas."

"Even these numbers understate how essential Medicaid is in rural counties all over the country, such as Madison Parish, Louisiana, where 71% of children are covered by Medicaid, Sullivan County, New York, where 36% of non-elderly adults rely on Medicaid, or Starr County, Texas, where more than half of older adults rely on Medicaid for home and community-based services and nursing home care."

"The ACA marketplace has also become an important source of coverage for rural America, where many people are self-employed, or work for small employers that don't offer coverage. Many rural areas have high healthcare costs, so the enhanced subsidies make a big difference. A new analysis of Congressional Districts (CDs) shows that districts classified as rural will face the largest median increase in premiums if the enhanced credits are allowed to expire – 58%, as compared with a 28% increase in districts classified as urban. There are more than ten rural CDs where premiums will at least double if the premiums are not renewed. They include a broad cross-section of states including Wyoming, West Virginia, Michigan, North Carolina and Illinois."



National Rural Health Foundation

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"Losing the federal funding that enables affordable coverage puts these gains at risk, and the impact will spread far beyond those who lose their health insurance. The rural healthcare system is financially fragile and highly dependent on federal spending. In rural America, incomes are lower and fewer people have employer-sponsored insurance."

"Rural hospitals face multiple challenges including staff shortages, lack of profitable specialties, and inadequate revenue. More than one hundred rural hospitals have closed in the past decade and hundreds more are at risk for closure. Rural residents are much less likely than their urban counterparts to have access to most kinds of healthcare services, including primary care, maternity care, and oncology. Resultingly, rural and urban disparities in morbidity and mortality are widening."

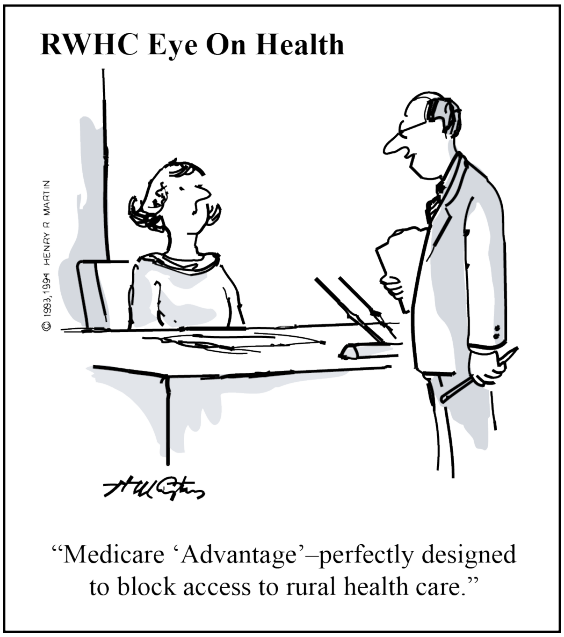
"People and communities will suffer if these proposed cuts become policy. Pulling federal dollars out of coverage programs will further starve rural healthcare providers, worsen access, and deepen the rural health disadvantage. Healthcare is not just a business, it is a critical pillar of any community. But when the supply of healthcare becomes truly inadequate to the needs of residents, communities cannot thrive, and perhaps some cannot survive. Rural communities have much at stake in the current hunt for federal spending cuts."

Medicare's Rural Disadvantage Plans

From "New AHA Report Shows Growing Pressure of Medicare Advantage on Rural Hospitals' Ability to Care for Communities," *American Hospital Association Blog*, 2/20:

"Meaningful Medicare Advantage reforms are needed to ensure patients can access the prescribed care they need in a timely manner."

"The American Hospital Association (AHA) has released a report that found rural hospitals face mounting challenges related to certain Medicare Advantage (MA) insurance plans that are affecting patient care and their sustainability as a critical health care provider."



"Medicare 'Advantage'–perfectly designed to block access to rural health care."

"Over 100 rural hospitals have closed or converted to other provider types in the last decade, and according to Dobson DaVanzo & Associates, 429 rural hospitals are at a high financial risk. **One of the emerging pressures has been increased enrollment in MA plans, many of which reimburse hospitals below cost, delay or deny crucial payments, and impose onerous and unnecessary administrative burdens that prevent or delay patients from receiving needed care or being discharged to appropriate post-acute care settings**."

" 'With MA plans accounting for more than half of total Medicare enrollment and growing, it's more important than ever that the program works for patients and the providers who care for them,' said AHA President Rick Pollack. **'It is critical for policymakers to address the harmful impact of Medicare Advantage's low reimbursements and excessive administrative burdens to help ensure rural hospitals can continue to provide care to their patients and communities**.' "

"The AHA report, 'The Growing Impact of Medicare Advantage on Rural Hospitals Across America,' found that the program impacts rural hospitals in three significant ways: reimbursement; access to care and quality; and administrative and care costs.'

"MA plans **reimburse rural providers on average 10% less** than Traditional Medicare, relative to costs. Rural hospitals with special designations, such as **Medicare Dependent Hospitals and Low-Volume Hospitals, receive 15% less**. Even critical access hospitals (CAHs), which are reimbursed by Traditional Medicare based on the cost of care, **received only 95% of Traditional Medicare rates from MA plans**, according to industry benchmark data provided by Strata Decision Technology, LLC. This can result in effectively undermining the intent of the CAH program."

"**MA patients stay nearly 10% longer in rural hospitals** before discharge to medically necessary post-acute care settings compared to clinically similar Traditional Medicare patients because of policies or inadequate networks that delay discharge to appropriate settings of care."

"Nearly **4 in 5 rural clinicians report significant increases in administrative tasks, such as prior authorizations,** over the past five years, with **86% reporting negative patient impacts.** The **24% growth in MA prior authorization requests** from 2019 to 2023 is delaying and in some cases denying patients the medically necessary, timely care their providers prescribed."

"In response to the findings, the AHA report identifies six ways to improve MA: (1) streamline the **prior authorization** process, (2) require MA plans to offer **cost-based reimbursement** to critical access hospitals, (3) deliver **prompt payment**, (4) provide **transparency in coverage denials**, (5) improve data collection to ensure **adequate oversight**, and (6) ensure health plans have **enough care providers participating in their networks** to meet the needs of their communities."

UnitedHealth Faces New Investigations

From "DOJ Investigates Medicare Billing Practices at UnitedHealth" by Christopher Weaver and Anna Wilde Mathews, *The Wall Street Journal*, 2/21/25:

"The Justice Department has launched an investigation into UnitedHealth Group's Medicare billing practices in recent months, people familiar with the matter say."

"The new civil fraud investigation is examining the company's practices for recording diagnoses that trigger extra payments to its Medicare Advantage plans, including at physician groups the insurance giant owns."

"A series of articles in *The Wall Street Journal* last year showed that Medicare paid UnitedHealth billions of dollars for questionable diagnoses. Attorneys with the Justice Department as recently as Jan. 31 interviewed medical providers named in the articles."

"In the Medicare Advantage system, insurers get lump-sum payments from the federal government to oversee enrollees' Medicare benefits. When patients have certain diagnoses, the payments go up, creating an incentive to diagnose more diseases."

"Shares in UnitedHealth fell more than 8% in early trading Friday, weighing on the Dow Jones Industrial Average."

"The Medicare billing investigation adds to the scrutiny on UnitedHealth, the $400 billion company that owns the largest U.S. health insurer and a sprawling network of other health industry assets including its doctor practices, a large pharmacy-benefit manager and data and technology operations."

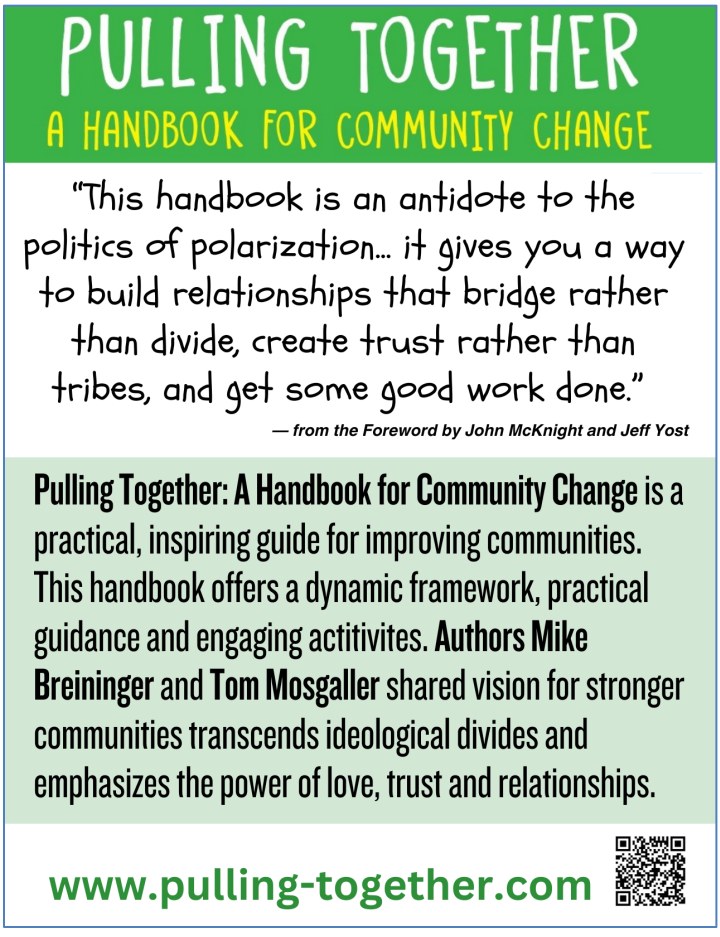
"In December, the *Journal* reported that its analysis of billions of Medicare records showed that patients examined by UnitedHealth-employed doctors had huge increases in lucrative diagnoses after joining the company's Medicare Advantage plans."

"Doctors said UnitedHealth, based in the Minneapolis area, trained them to document revenue-generating diagnoses, including some they felt were obscure or irrelevant. The company also used software to suggest conditions and paid bonuses for considering the suggestions, among other tactics, according to the doctors."

"Last summer, the *Journal* also reported that UnitedHealth added diagnoses to patients' records for conditions that no doctor treated, which triggered an extra $8.7 billion in federal payments in 2021. The untreated diagnoses stemmed from sources including in-home visits by nurses working for the company's HouseCalls unit. Each visit by the UnitedHealth-employed nurses was worth an average of $2,735 in additional federal payments, a *Journal* analysis of Medicare data spanning 2019 to 2021 found."

"In a press release published on its website on Dec. 30, UnitedHealth said the *Journal's* articles 'rely on often incomplete and inaccurate data to conduct flawed studies through a murky government agreement'."

"The *Journal's* analyses used data UnitedHealth and other Medicare Advantage insurers themselves



submitted to the federal government for payment purposes. Reporters accessed the data under a standard research agreement with the agency overseeing Medicare."

"UnitedHealth has faced investigations of its diagnosis-documenting practices before, and its Medicare payments have been examined in health department inspector general reports. The Justice Department took over an earlier lawsuit by a former UnitedHealth employee alleging the company failed to retract inaccurate diagnoses added to patients' records. UnitedHealth has disputed the allegations against it in that continuing case."

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" 'Too big to fail' or too big to be held accountable?"

COVID's Assist to Social Security Trust Fund

"So many Americans died from COVID, it's boosting Social Security to the tune of $205 billion" by Alicia Adamczyk, *Fortune*, 2/19/25:

"As the U.S. approaches the fifth anniversary of the official start of the COVID-19 pandemic, new research finds so many Americans died from the virus that the nation's Social Security trust fund will see a net increase of hundreds of billions of dollars as a result of retirement benefits that will not be paid out."

"The working paper from the National Bureau of Economic Research finds that approximately 1.7 million excess deaths among Americans 25 and older occurred between 2020 and 2023 related to the pandemic. Premature deaths related to COVID mean Social Security will not make retirement payments to those individuals in the future, reducing payments by about $294 billion, the researchers found."

"At the same time, some of that gain is offset by the lost tax revenue from those individuals, as well as increased survivor benefits to spouses and children of the deceased, resulting in an estimated $205 billion less in future outlays."

"Many of the people who died were seniors older than 65 who were already drawing retirement benefits or would soon, and had paid into the system for many years. While most of the excess deaths were white Americans, Black and Hispanic populations saw the highest excess deaths per capita, as did those with lower educational attainment."

"Of course, while excess death is one measure of how COVID continues to impact Social Security, there are other ways that the study notes it does not account for–long COVID survivors, for example, are more likely to drop out of the workforce, which could lead to paying less into Social Security over time and possibly needing to tap the safety net's disability benefits."

" 'Our analysis suggests a slight improvement in Social Security's financial health due to excess deaths, driven primarily by the premature death of people who would have received retirement benefits,' the report reads."

"The authors–including research scientists from the University of Southern California and an economist from the University of Illinois Urbana-Champaign–note that the savings are 'modest.' Social Security is expected to pay out $1.6 trillion in benefits this year, meaning $205 billion is a couple months' worth of payments."

Leadership Insights: "Thinking Ahead"

The *Leadership Insights* series is by Corrie Searles, RWHC Leadership Development Educator. You can find back issues at **www.RWHC.com**.

The answer to this question is obvious: *Which is more effective—to perform preventative screenings that*

may catch pathology in its early stages, allowing effective resolution of the disease…or to delay testing until a body begins revealing outward symptoms of failure and then try to get in front of a disease that's now affecting multiple systems? Modern medicine preaches the benefits of prevention. We've learned how it positively impacts overall health, increases quality of life, and decreases cost of care.

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The foundation focuses on community & economic development as well as the healthcare workforce.

Email timsize@RWHC.com to discuss how you might support this work.

What if we were to apply this concept to our staffing pipeline? Too often in the midst of today's healthcare climate, where steadying today's staffing levels is–at best–a struggle, considering tomorrow's needs takes a back seat. It can be hard to dedicate time to secure the stability of the future when the present isn't on solid ground. While the difficulty is understandable, by postponing the preparations until the time of need, it creates *more* work (and cost), not less, when the time comes.

By developing a staffing pipeline, I mean that we should be diligent about preparing tomorrow's workforce today. There are three key ways this happens:

1. **Routinely scouting for the next new employee.** I worked with a VP of HR who was fantastic at this. Any time an opening came up within her team, she already had in mind 2-3 individuals who might be great to fill the void. She was constantly networking, planting seeds, taking inventory of the strengths of individuals everywhere she went–even at sporting events! Rarely were openings on her team left open more than a few weeks. Her groundwork saved recruitment efforts and lost work…and prevented burnout on her team through shortened absences of key team roles. *Look around you–in your facility, your community, your network. Who demonstrates the character and has skills that would be useful for your team or organization?*

2. **Building bench strengths.** Take inventory of those skills or activities that are critical to the function of your team's work. Deliberately create skill development opportunities and cross-training, purposefully molding staff as back-ups (even 2-3 layers deep). Others can then step in to cover the critical needs in the absence of the primary individual responsible. This minimizes coverage crises in unexpected leaves of absence, emergency situations, or employment termination. *Could you focus on cross-training one key practice each month?*

3. **Investing in succession efforts.** It takes only about two days as a new leader to realize the learning for effective leadership is a long road. Don't wait until someone announces their intention for retirement, accepts a promotion, or vacates a leadership position to be preparing the next person for the role. If you don't already have a capable person in mind to step into each leadership role within your organization, there's work to do. Begin now building fundamental leadership skills for your emerging leaders, developing your next senior leaders, and engaging your next CEO. Often your future greatness is built upon your current goodness. *Where does the potential lie within the environment around you?*

Here's why laying the foundation in these ways now saves you time, cost, and effort:

- **It promotes retention.** Research shows today's workforce has increased engagement and loyalty to organizations who put intentional investment in its development. You want to retain your top talent…*yes?* How better to demonstrate your appreciation of their value and hard work than to commit to their ongoing growth in tangible ways. If these top talent individuals aren't reassured of development opportunities, they will look elsewhere to find it. Let them see the path you envision for their future. Then begin the foundational effort that initiates preparation along that path.

- **It lowers lost transition time.** If you previously have folks identified and readying for positions, the lost time required to transition into their new role is dramatically diminished. A typical new employee, fresh to an organization and unfamiliar to a role, is said to take 8+ months to achieve full productivity. When you fill roles from within your walls, you know the character you're getting and have confidence they have a solid grasp on organizational mission and culture. If you've then also begun the orientation to the work *before* the transition is needed, you could cut the transition time by 50% or greater!

- **It reduces recruitment costs.** There's no surprise that recruiting new employees for any role is expensive. And the more senior the role, the greater the expense. If you've already primed your next CEO, senior leader, and middle manager roles, you may end up needing recruitment at more of entry-level roles, where you may have a broader applicant pool for a smaller fee.

It pays to be thinking ahead. The time to prepare is when you least think it's necessary.

"An ounce of prevention is worth a pound of cure."
Benjamin Franklin

Contact me to explore how RWHC can help: **csearles@rwhc.com**. Or consider attending one of these workshops to strengthen your efforts. To learn more, visit the **RWHC Leadership Series Workshops** at **bit.ly/41jwZnC**:

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- *Emerging Leaders: Preparing for Tomorrow's Future Leaders*

- *Stepping into Supervision: Finding Your Way in the Move to Management and Leadership*

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