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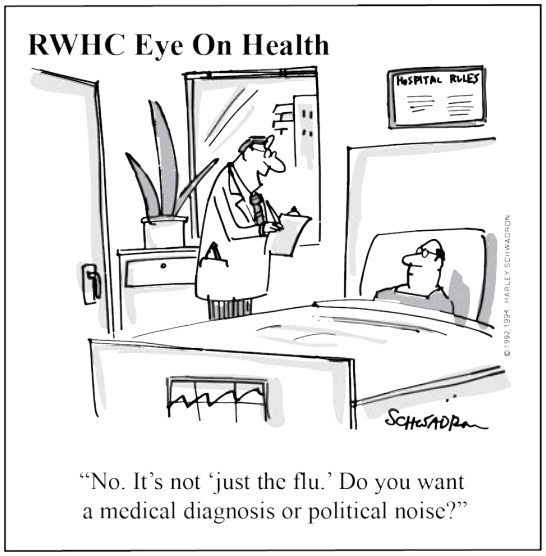
Review & Commentary on Health Policy Issues for a Rural Perspective – April 1, 2020

Rural Hospitals Gowning for the Virus

From "Bracing for coronavirus, cash-strapped rural hospitals buy masks from hardware stores"–by Christopher Rowland, *The Washington Post*, 2/29/20:

"Rural hospitals are removed from virus threat in population centers, but more exposed to supply-chain ripple effects."

"Routine care and elective surgeries–such as knee replacements and gallbladder removal–could be scaled back if the coronavirus spawns a pandemic, hospital executives are warning, delivering economic shocks to the hospital system beyond the immediate challenges of protecting health-care workers and dealing with those stricken with the virus."



"Rural hospitals could bear the early brunt. They sit furthest from international airports and urban hubs where outbreaks are more likely, but they are often at the tail end of supply chains for vital medical goods such as protective masks and gowns."

"In addition to preparing for victims and the demands of protecting health-care workers from infection, fragile hospital networks also are readying for disruptions to the bottom line. If the spreading coronavirus puts heavy demand on health systems, billable work that keeps revenue flowing on a weekly basis to hospitals small and large will be curtailed, executives said."

"Rural facilities, far from medical warehouses, are feeling the effects first as the health systems has begun rationing certain supplies. The likelihood of a coronavirus victim showing up in the emergency room remains low in these places but the possibility of economic ripple effects are real."

" 'Leaders at rural hospitals are anxious in part because their profit margins are already near zero,' said David Ridley, a professor specializing in health sector management at Duke University's Fuqua School of Business. 'A major disruption would put them in the red.' "

"At the national level, the American Hospital Association is warning that budgets of hospitals that operate on extremely thin margins are going to be tested to the limits by the crisis. Curtailing elective surgeries is a big danger, it said. The association sent a letter to House Speaker Nancy Pelosi (D-Calif.) and Senate Majority Leader Mitch McConnell (R-Ky.) calling for speedy approval of emergency funding specifically targeted to bolstering the crisis response for cash-strapped hospitals."

" 'As the shortage of medical supplies grows, extraordinary steps to preserve (protective personal equipment), including canceling elective surgeries and other procedures, may need to occur,' the association said. 'Such cancellations could be devastating to hospitals, physicians and nurses already at financial risk.' "

"Large distributors of critical medical supplies have frozen shipments and supplies are on back order.

Small hospitals in places like Wisconsin and Texas report that their storeroom shelves are emptying of protective masks and gowns. If they run out, the routine business of caring for patients will have to be curtailed, they warned."

"Protective clothing for doctors and staff who perform outpatient surgeries in Baldwin, Wis., will run out in a matter of weeks, said Alison Page, chief executive of Western Wisconsin Health, a 15-bed hospital serving the tiny community off Interstate 94."

"Page's husband brought in spare sterile gowns from a dental office, and another person contributed a batch of gowns donated by a local veterinarian. Once those run out, the hospital may have to curtail elective surgeries, she said. The storeroom is empty of protective N95 masks; what supply the hospital has is in cabinets in individual departments."

" 'If we don't do surgery in this building, then we can't make any money,' Page said, which could mean layoffs. Because of the looming threat of a coronavirus epidemic, large suppliers of masks and gowns are blocking or limiting new provider orders, called 'allocation.' It means they are not able to order any more masks or other gear than they used previously."

"In Clifton, Tex., leaders from the community hospital scoured local hardware stores and scooped up the town's entire supply of N95 protective masks, which can protect health-care workers from airborne virus transmission but also are routinely used in construction and maintenance work."

" 'The hospital having masks, to protect my employees from other sicknesses, is more important than people mowing their yards right now,' said Adam Willmann, chief executive of the 25-bed facility Goodall-Witcher Healthcare. The purchases bolstered a supply of roughly 115 masks with an additional 20, he said."

"He blamed 'mass hysteria' for creating a run on masks: 'We've gotten to the point where there is going to be a shortage and we're trying to do everything we can to get ahead of it.' "



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"Another Texas hospital shut out by its supplier went on Amazon and found the price had spiked from the usual 6 cents per mask to 85 cents, and shipments were back-ordered."

"Many third-party vendors listing N95 masks on Amazon on Friday reported that supplies were not available. One vendor listed five masks for $174.99. Another listed five masks for $189.99."

"Amid the market gyrations, health officials have stressed that **masks should be reserved for health-care workers and people who are infected** with virus. Amazon has advised 'CDC does NOT currently recommend the general public use face masks.' "

Rural Is an Untapped Hotbed of Innovation

From "Are Rural Communities (Untapped) Hotbeds of Innovation?" by Adi Gaskel, *Forbes*, 1/16/20:

"Traditionally, thinking has it that innovation is something concentrated in large, urban areas. The agglomeration effect is a topic I've touched on before, and basically suggests that large populations are great for innovation not only because they bring diverse populations together to create ideas and develop them into products, but the large local market also helps in those incredibly fragile early stages as the idea is taken to market."

"Recent years have also seen a stark social, economic and political divide between these large cities and smaller towns and rural areas, with many such places feeling left behind by both globalization and the political classes. New research from Penn State suggests that this lack of attention is perhaps unwarranted, and indeed rural places may actually be hotbeds of innovation."

"The researchers argue that these hidden innovators bring a wide range of social and economic benefits to not only the local businesses and communities, but also the wider economy. As such, **they urge policy makers to look again at rural communities as potential hubs for innovation**."

" 'The way we traditionally measure innovation is very narrow, and focuses primarily on new products or processes that result in a patent or involve R&D spending. This overlooks another kind of innovation—the incremental improvements that businesses make to their products and processes as a result of information they obtain from outside their firm,' the researchers explain. 'Our measure shows that this latent, or hidden, innovation is at least as important to local income and employment growth as patent-level innovation.' "

Latent innovation–"The researchers built upon previous work that highlighted the crucial role networks played in the success of any innovation, with these networks especially potent in bridging between industries. These connections help innovators find suppliers and customers to help bring their ideas to scale, and traditionally thinkers have believed that large cities are the best place to find such connections."

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"They said we need to innovate, but color inside the lines?"

" 'We know that inter-industry exchanges foster cross-fertilization of ideas, or knowledge spillovers, which in turn seeds innovation,' the researchers explain. 'We wanted to explore these interactions more closely in order to better understand where the opportunities for innovation are greatest, including in rural and urbanized areas that are remote from cities.' "

"**The researchers believe their work marks a clear divergence from the innovation orthodoxy that regards urban centers, with their strong agglomeration effects, as the hubs of innovation**. Indeed, they believe that it might even warrant a shift in policy making strategy against the desire to build extensive innovation ecosystems in these large urban areas and instead try and spread innovation more broadly across the country."

" 'Yes, places like Silicon Valley, Seattle and Boston are home to tech firms that are developing entirely new products and technologies,' they explain. 'But at the same time many non-tech businesses also engage in innovative activity that is less obvious but nonetheless moving their industries forward and, more importantly, keeping them competitive."

Providing the infrastructure–"In a previous article I explored some of the ways in which rural innovation can be supported, with networking support especially potent. Some countries, such as Switzerland, have managed to foster rural innovation successfully, but it isn't a case of transplanting policies from urban areas into the countryside."

"What is often lacking, however, is the kind of technical infrastructure that city dwellers take for granted. For instance, despite strong evidence supporting the role broadband connectivity plays in the economic vibrancy of an area, connectivity remains variable."

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 <tim-size@rwhc.com>, Editor, 880 Independence Lane, Sauk City, WI 53583

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"As a new business in a rural area, you've often got to overcome a range of technological hurdles to your solution, which is one extra thing to worry about on top of the usual worries entrepreneurs face,' Andrew Martin CEO at Retail Financial Consulting Limited says. '**If you look at countries in Scandinavia, the broadband coverage is exceptional across the country, but it required a government-led approach to achieve this.**' "

"While there is evidence to show that broadband availability is no panacea, it's one of a range of things that can go into supporting rural entrepreneurs that are currently lacking. Historically there has perhaps been a perception that rural areas simply weren't innovative, but **there is a growing body of research highlighting the potential of rural areas, and hopefully, if nothing else, it will force a shift in mindset among policy makers so that their gradual decline is not seen as inevitable**.

Rural Needs Proactive Medical Schools

From "Attracting the next generation of physicians to rural medicine," Peter Jaret, *AAMC News* (American Association of Medical Colleges), 2/3/20:

"Of the more than 7,200 federally designated health professional shortage areas, 3 out of 5 are in rural regions. And while 20% of the U.S. population lives in rural communities, only 11% of physicians practice in such areas."

"The lack of physicians is deeply worrisome. That's in part because rural residents are more likely to die from health issues like cardiovascular disease, unintentional injury, and chronic lung disease than city-dwellers. Rural residents also tend to be diagnosed with cancer later and have worse outcomes."

"What's more, the situation likely will worsen. As many rural physicians near retirement, nearly a quarter fewer may be practicing by 2030. Equally troubling, medical school matriculants from rural areas–who are most likely to practice in such regions–declined 28% between 2002 and 2017, reports a 2019 study led by Scott Shipman, MD, AAMC director of primary care initiatives and clinical innovations. And that decline came at a time when the overall number of matriculants increased by 30%. In addition, in 2016 and 2017, **students from rural backgrounds made up just 4.3% of the incoming medical student body**."

"Encouraging young doctors to take up rural practice is challenging for several reasons. Rural areas offer fewer opportunities for working spouses, and schools in rural communities may have fewer resources. Young doctors also may worry that they will earn less, which is a serious concern for those with major student debt. In addition, subtle messages sometimes dissuade students from rural medicine. '**The culture that most medical students train in values specialization and diminishes the intellectual challenge or importance of family medicine and rural practice**,' says Randall Longenecker, MD, assistant dean for rural and underserved programs at Ohio University Heritage College of Osteopathic Medicine."

"To counter all these forces, a growing number of medical schools–more than 40 by the latest count–have created rural training tracks. Using extensive outreach and significant supports, these programs strive to attract students likely to take up rural practice and then carefully prepare them for success."

Reaching out–"Medical students who grow up in small communities far from urban centers are much more likely to return to them to practice, research shows. So, many medical schools aim to identify potential candidates from rural communities and encourage them to take up medicine."

" 'As part of our effort, we go out to community colleges and four-year colleges in rural parts of the state to connect with students who already have an interest in the health care professions,' says Debbie Melton, director of undergraduate medical education at Oregon Health & Science University (OHSU) School of Medicine. 'We provide guidance on navigating through the medical school application process and information on financial aid resources. Probably just as important, we help them see that going into medicine is a do-able and realistic goal for them.' OSHU representatives attend high school career days in rural areas to attract students who might never have considered medicine."

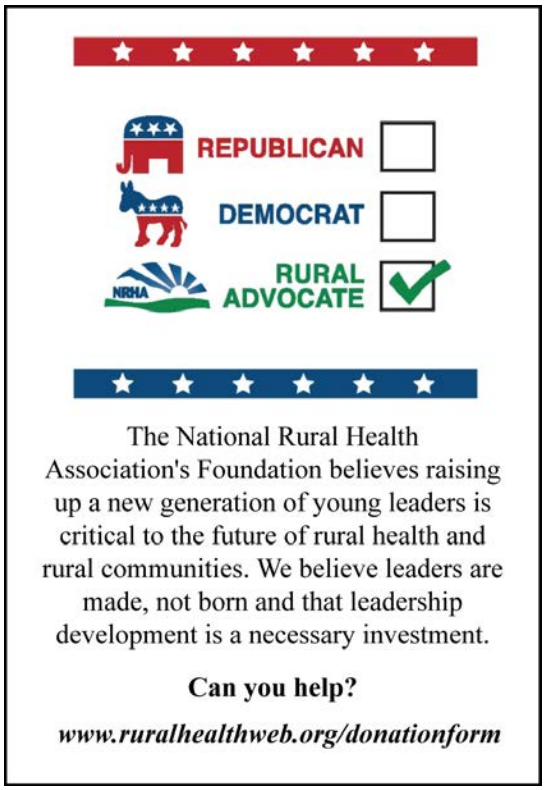
"And in an ambitious new effort, OHSU and the University of California, Davis, School of Medicine have joined forces to create COMPADRE–California Oregon Medical Partnership to Address Disparities in Rural Education and Health–to place more physicians in rural and underserved communities."

" 'We're turning to rural and underserved communities to help us identify good candidates, and then we support them through medical school, and finally link them to one of 31 residency programs we're partnering with that will allow them to continue their work in rural and other underserved communities,' explains Paul Gorman, MD, assistant dean of rural medical education at OHSU. That's particularly important because more than half of residents nationwide end up practicing in the state where they trained."

"Explaining the inspiration behind the program, Gorman describes visiting a small town in Oregon and seeing a framed newspaper article about a local student getting into medical school. 'That's the kind of student we want to support with the COMPADRE program. Who knows better than local communities who those candidates are likely to be?' "

Boots on the ground–"The hallmark of nearly all rural training programs is the opportunity to pursue clerkships in rural communities. These rotations provide hands-on experience, including the scope of practice required of a primary care physician in a community where there may be no OB/GYN or general surgeon, for example."

"Some leaders in the field, in fact, are convinced that rural rotations should be part of every medical school curriculum–as they now are at OHSU and a number of other medical colleges. A required rural rotation would introduce all medical students to a career path that some may never have considered, advocates argue. "



"Hadley Pope, MD, who graduated from the University of New Mexico (UNM) School of Medicine's Rural and Underserved Populations (RUUP) program last year, grew up in Albuquerque and attended a leading Midwestern liberal arts college. 'I didn't really have any particular interest in a rural practice until I got to the University of New Mexico,' she says. In her first year, though, she was selected to join RUUP, where she learned more about the opportunities of family practice. 'You get to do everything–work in the ER, deliver babies, work in the clinic and in the hospital.' "

Fostering a sense of community–"Given that some students are hesitant about pursuing rural medicine, many programs work hard to foster a sense of community among their rural track students."

"For example, medical students in UNM's RUUP program form their own learning community to support and encourage one another. They also get to participate in special seminars on various underserved populations and the roles of different specialties working with those groups."

"The University of Colorado School of Medicine's rural track cultivates a sense of community even before medical school begins. Incoming students are invited to participate in a weeklong interdisciplinary rural immersion experience during the summer before classes start. What's more, mutual support is maintained long after medical students have left the program. 'We keep in touch with all our graduates, some of whom have gone on to become rural preceptors for our program,' explains Mark Deutchman, MD, director of the rural track program."

Signs of success–"The growing number of rural training track programs alone won't solve the crisis in rural health care, experts say. For example, additional government funding for rural residencies is essential, notes Shipman. Still, there are signs that the programs are making a real difference."

"For example, 2 out of 3 graduates of the Rural Physician Associate Program at the University of Minnesota Medical School have gone on to practice in that state, and 40% of them practice in rural locations. Of the 127 doctors who have graduated from the University of Colorado Medical School's rural track since it began in 2005, 35% are practicing in communities that are considered rural or frontier."

" 'In a small community, you get to know patients in the context of their community and their families,' says Susan Anderson, MD, dean of rural medicine at the USD Sanford School of Medicine. 'You take care of the whole family and in some cases multiple generations of families. Birth, death, trauma, you see your patients through it all. There's a continuity of care and a kind of gratification that's very hard to find in any other kind of practice.' "

"Indeed, in the rural areas they serve, many doctors do more for the health of the community than simply practice medicine. 'One of our graduates developed a program that gets people who are abusing opioids into treatment promptly, as soon as they are first seen,' Deutchman explains. Other alumni are working on projects like promoting firearm safety and improving health screenings. 'One of the many rewards of rural medicine is that that you can make a difference not only to individuals, but to the community.' "

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"How many unanswered 911 calls before rural EMS is seen as an essential public service?"

"It's not surprising, perhaps, that a recent study in South Dakota found that the rate of burnout is significantly lower among family practice physicians in rural settings than among urban practitioners."

"Medical students intuitively sense that, says Longenecker. 'They see what life is like for too many family physicians in an urban setting, who may have a very limited scope of practice and possibly less continuity of care with patients. **By participating in a rural track program, they discover an opportunity to practice medicine in a very different way–a way that may ultimately offer them more access to the rewards and joys of practicing medicine**.' "

Who Rescues the Rural Rescuers?

From 'What Happens When Rural EMS Systems Need to Be Rescued?' by Kris Mamula, *Pittsburgh Post-Gazette*, 2/24/20:

"The first responders' biggest fear was realized one night in December when someone called 911 for help in rural Erie County and nobody came. The first dispatch went to Union City Fire Co. When Union City couldn't crew its ambulance, the call rolled over to neighboring Waterford Volunteer Fire Department. Waterford couldn't raise an ambulance crew either, so the call went to nearby Mill Village Volunteer Fire Department. Again, no answer."

"Fifty-one minutes later, the county 911 center canceled the alarm, saying the caller went to the hospital in a private vehicle. 'It's here,' a somber Union City Fire Chief Isaiah Edwards told his firefighters a week later at a station meeting. 'We're dropping a ton of calls. It's going to be a mess. I don't have answers.' "

"Problems recruiting first responders, rising operating costs and Medicare reimbursement that hasn't kept pace with expenses are stressing emergency medical services throughout rural Pennsylvania."

"Horse-drawn wagons driven by police officers and volunteers once delivered the ill and injured to doctors' offices. Later, hospitals, fire companies and funeral homes operated the transport vehicles. During the 1970s and '80s, emergency medicine rendered by trained personnel from rolling intensive care units became a standard of care in saving lives."

"Seeds of the recent crisis were sown as insurers' payments for emergency care began to lag behind the rising EMS operational expenses. 'The financial situation of the state's EMS agencies is a key reason for the ongoing declining number of agencies,' a 2018 state Senate report concluded. Outside of bigger cities like Pittsburgh, emergency medical service is not supported by municipal tax money. That leaves the vast majority of nonprofit ambulance services reliant upon billing for care to keep their trucks on the road and staffed around the clock."

"Medicare pays ambulances and other medical providers according to a set payment list, said Dom Pascucci, health insurance specialist at the Wexford offices of broker Emerson Reid. 'Most ambulance services don't even negotiate with commercial carriers,' Pascucci said. 'It's take it or leave it. And if you accept Medicare, you can't balance-bill' or ask the patient to pay an amount not covered by Medicare."

"Because Medicare payments haven't kept up for ambulances, some experts say tax support may be the only solution to guarantee first responders show up when someone dials 911. 'People need to treat EMS more like they do water, sewage and garbage,' said Eric Henry, owner of Meadville Area Ambulance Service and newly elected Crawford County commissioner. 'Nobody pays for EMS.' "

Leadership Insights: "Kind Leaders"

The *Leadership Insights* series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at **www.RWHC.com**.

"The shortage is real. An anecdote from a recent workforce meeting: there were currently nine enrolled lab tech students in a geographic area with over 260 lab tech openings. You need every advantage to recruit and retain employees. It turns out there is a really simple, and solidly researched skill that will help you: kindness. It matters for a lot of reasons. Consider this the 'soft stuff' at your own risk. Think about:

- Leaders you would describe as *unkind*. What is their impact on their employees, teamwork and the culture they create? In what ways are you like them, or not?

- Leaders who exude warmth, and those who do not. Which ones attract and retain an engaged workforce? Who do you want to spend your time with?"

Be kind to yourself first–"Give yourself a **boost in mood**–Across over 200 different studies over several decades it has been found that doing an act of kindness is the most reliable way to *immediately and lastingly* increase your well-being. When we are kind the pleasure centers of the brain actually light up. **Try it. Right now**. Walk about, look around and do some small act to kindly assist. Notice what happens to YOU, not so much the person for whom you do it (though our moods measurably benefit by giving, receiving and even observing these acts). Small acts of kindness are perfect. They are low effort/high return, easy, cheap and rewarding."

Be happier–"The research of Sonja Lyubomirsky, Psychology Professor at the University of California, Riverside and author of the bestseller *The How of Happiness: A Scientific Approach to Getting the Life You Want*, reveals that our happiness is derived only 10% by the conditions going on in our lives; 50% by our genetic make-up; and a whopping 40% by the choices we make about what we do. When what we do involves acts of kindness, we are simply happier."

Resilience–"To bounce back from stress, there is no quicker remedy than committing a kindness. Bryan Sexton, PhD, Director of the Duke Center for Healthcare Safety and Quality, Duke University Health System hosted a research webinar on "Survival of the Kindest." In it he shared a number of studies in neurobiology and social science that prove kindness makes us more resilient. Burnout has a high cost and kindness is a simple strategy for you first, much like putting on your own oxygen mask before assisting others."

Ease your self-created burden–"While healthcare tends to draw kind and good hearted people to do the work of caring, they can be awfully hard on themselves. Caregivers forgive others their fumbles and

often pick up the pieces for colleagues and patients to the point of self-neglect. The guilt caregivers take on when they take time to refuel often starts with that inner voice of "I shouldn't." Your inner voice can be unpleasant. Insist that it speak to you more kindly!"

Be kind to others–"For your employees, consider that **kind is not the same as nice**. Being nice is more of a decision to avoid offending and it can even get in the way of being kind. Kindness sometimes requires courage and strength to be vulnerable and humble. Kind leaders are willing to stick their neck out and to care which always means there is a risk of rejection."

Being clear is kind–"In Kim Scott's book *Radical Candor*, she describes that style of feedback as *caring deeply and challenging directly*. In other words **tell the truth with kindness**. If a leader tries to be "nice" they may hold back honest feedback just to be agreeable and avoid an uncomfortable situation. No one grows from that avoidance."

Don't over-plan it. "It turns out that if we try too hard to deliver out the "best kind act ever," the effort can backfire on both the giver and the receiver. There is a reason that the concept of random acts of kindness has spread rather than "elaborate and highly choreographed displays" of kindness. When we do for others that which they can and need to do for themselves we rob them of their agency and that has the opposite effect of kindness. Think of the pride you feel in accomplishing something challenging. Be careful not to take that away from others. "

"Bring kindness into your communication by keeping this acronym handy; is it: **T** (TRUE) **H** (HELPFUL) **I** (INSPIRING) **N** (NECESSARY) **K** (**KIND**)?"

*Contact Jo Anne Preston for individual or group coaching at **jpreston@RWHC.com** or 608-644-3261. For info re the RWHC Leadership Series go to **www.RWHC.com/Services.aspx** or contact Carrie Ballweg at **cballweg@RWHC.com** or 608-643-2343.*

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