

Review & Commentary on Health Policy Issues for a Rural Perspective - April 2, 2026

## Beyond AI: Empathy & Trust

From an *RWHC Commentary*: by Tim Size, RWHC Executive Director, 2/10/26:

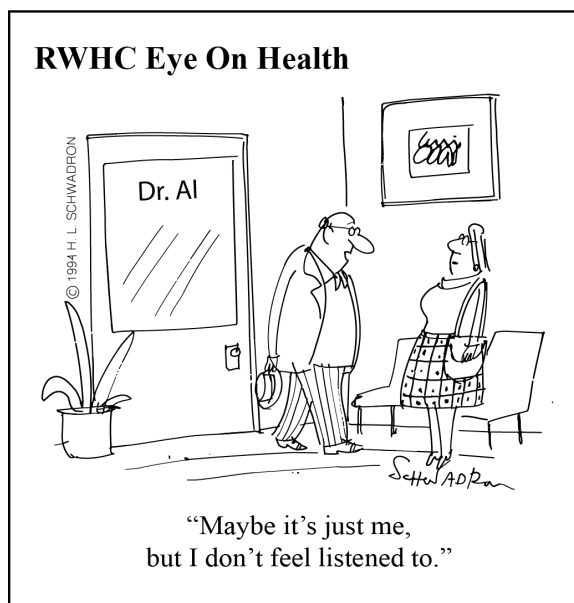
In our March newsletter, we reprinted an Op Ed by Jerry Deschane, Executive Director, League of Wisconsin Municipalities, “Innovation is a People Business.” I would like to share a few thoughts triggered by reading his insightful piece.

Every day, we are reminded of the current new big thing—Artificial Intelligence or just plain old AI. I am working on trying to understand how AI may impact healthcare going forward and in particular its impact on the relatively fragile rural healthcare ecosystem.

AI has its own opinion: as downloaded from Gemini on 1/30/26: “AI is poised to fundamentally transform healthcare through enhanced diagnostics, automated administration, and tailoring treatment to the individual. Key impacts include accelerated drug discovery, real-time patient monitoring via wearables, and AI-powered diagnostic tools that improve accuracy. It will also reduce clinician burnout by handling documentation.”

I had to ask a second time for AI to be a bit more introspective about potential downsides. It responded: “Potential downsides to AI in healthcare

include significant data privacy breaches, algorithmic biases leading to health disparities, and reduced human interaction affecting patient trust. Over-reliance on automation may degrade human judgment, while high implementation costs and unclear legal accountability for errors present major adoption hurdles.”



As we innovate with AI, what do we need to reinforce or re-discover about the role we humans play in caring for the health and wellbeing of each other? How do we continue to put first the importance of the relationships we need to have with each other and our communities?

An example of the unique good humans/people are capable of is our ability to show empathy—to understand and share the feelings of another. One of the best examples I have ever personally experienced was during an extended hospitalization several years ago following an encounter with black ice. I benefited from extraordinary technical care but the moment that I most remember was when, in response to feeling a bit down, a caregiver lightly (and appropriately) touched my arm. It was exactly “what the doctor ordered.”

personally experienced was during an extended hospitalization several years ago following an encounter with black ice. I benefited from extraordinary technical care but the moment that I most remember was when, in response to feeling a bit down, a caregiver lightly (and appropriately) touched my arm. It was exactly “what the doctor ordered.”

I am not arguing that AI is opposed to empathy. I am expressing a concern that if we put all of our eggs (resources) into one tech basket, we risk not prioritizing time available by healthcare providers to build and sustain the relationships that are vital to our health. AI has the potential to “free up” clinician time;

determining the best reuse of that time is a major challenge of the era of transformation driven by AI.

In addition to empathy and supporting patient-clinician relationships is a second major issue: the importance of maintaining and restoring trust in health care. According to the National Library of Medicine, trust in physicians and hospitals combined decreased substantially over the course of the pandemic, from 71.5% in April 2020 to 40.1% in January 2024.

“Several forces lie behind this trend. The COVID-19 pandemic—marked by politicized public health measures and pervasive misinformation—fueled public skepticism. Patients also increasingly perceive the healthcare system as prioritizing self-interest over patient welfare.” (“The Erosion of Trust in Healthcare: Restoring the Patient-Physician Relationship,” *Physician’s Weekly*, 7/10/25)

As reported in *Harvard Business Review* (9/8/22), “mistrust in health care puts health and lives at risk—individuals are (1) less likely to seek healthcare, (2) less open in conversations with clinicians, and (3) less likely to comply with medical advice and prescriptions.” Unfortunately, there is substantial evidence showing that trust continues to be in decline; a decline that didn’t start with the pandemic but was significantly accelerated by it.

There are multiple strategies to increase trust that are frequently cited. They all take more time between a clinician and patient. A few examples include:

- Communicating with clarity and empathy (avoiding jargon, listening actively and acknowledging concerns).
- Empowering patients through shared decision-making (explaining all options, respecting autonomy, collaborating on agreed-to goals).
- Ensuring continuity of care (coordinating care and following up).



Showing empathy and building trust in health care needs to be deliberate and it requires an investment in time. We need to assure that clinicians’ time with patients is a priority and we don’t “throw the baby out with the bathwater,” as more call for the transformation of care in the name of efficiency.

For a visual commentary, I recommend this four minute video from the Cleveland Clinic, “Empathy: The Human Connection to Patient Care,” at [https://www.youtube.com/watch?v=cDDWvj\\_q-o8](https://www.youtube.com/watch?v=cDDWvj_q-o8).

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## AI Avatars—Replacement or Supplement?

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From “Dr. Oz pushes AI avatars as a fix for rural health care. Not so fast, critics say,” by Windsor Johnston on *NPR*, 2/14/26:

“Dr. Mehmet Oz is pitching a controversial fix for America’s rural health care crisis: artificial intelligence. ‘There’s no question about it—whether you want it or not—the best way to help some of these communities is going to be AI-based avatars,’ Oz, the head of the Centers for Medicare and Medicaid Services, said recently at an event focused on addiction

**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 <[timsiz@rwhc.com](mailto:timsiz@rwhc.com)>, Editor, 880 Independence Lane, Sauk City, WI 53583

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and mental health hosted by Action for Progress, a coalition aimed at improving behavioral health care. He said AI could multiply the reach of doctors five-fold—or more—without burning them out.”

“The AI proposal is part of the Trump administration’s \$50 billion plan to modernize health care in rural communities. That includes deploying tools such as digital avatars to conduct basic medical interviews, robotic systems for remote diagnostics, and drones to deliver medication where pharmacies don’t exist.”

“Oz even suggested replacing in-person obstetric care with AI-guided devices.”

“ ‘We can use robots to do ultrasounds on pregnant women,’ Oz said. ‘You take a wand, you don’t even see the image—you just get digitized insights that tell you whether the child’s OK. And frankly, I don’t have to see the image. I just have to know if the image is good enough to tell me the child doesn’t have a problem.’ ”

“In a statement to NPR, the Centers for Medicare and Medicaid Services said Oz was emphasizing the need to ‘responsibly explore tools’ that can extend the reach of licensed clinicians, not replace them altogether. It also said that CMS supports the use of AI-enabled tools when they are evidence-based, patient-centered and used appropriately under clinical oversight.”

“What rural America is already facing—Oz’s comments came as rural hospitals have faced steep cuts under the One Big Beautiful Bill Act that President Trump signed last year, a reconciliation law that cuts federal Medicaid spending by about \$1 trillion over 10 years, heavily impacting rural hospitals.”

“These hospitals already had been grappling with financial pressures. According to the nonpartisan research organization KFF, more than 190 rural hospitals have shut down between 2005 and early 2024—about 10% of all rural hospitals in the country—because of budget shortfalls and related challenges. Some communities

have lost their only hospital, leaving residents having to drive long distances for basic and emergency medical treatment—or skip it altogether.”

“Across the United States, people living in rural counties are more likely to die early from five leading causes—heart disease, cancer, chronic lower respiratory disease, stroke and unintentional injuries—than those in urban areas, according to a report published by the Centers for Disease Control and Prevention in 2024. Many of those deaths are preventable with timely, quality care, according to the report.”

“The CDC research pointed to several culprits: limited access to providers, longer travel times, fewer emergency services, higher poverty rates and lower insurance coverage.”



**A health care system with fewer people?**—“Carrie Henning-Smith, associate professor at the University of Minnesota and co-director of its Rural Health Research Center, says the use of AI avatars would strip away something essential: human connection.”

“ ‘Health care has always been about humanity and relationship,’ she said. ‘If your first and only provider is an avatar, we’re removing trust, comfort, and continuity.’ Henning-Smith also raised concerns about testing unproven technology on already underserved populations.”

“ ‘I don’t like the idea of rural populations being treated as guinea pigs,’ she said. ‘If this is where we’re testing AI in health care, there’s a lot that could go wrong.’ ”

“She also pointed to logistical concerns such as unreliable broadband, low health literacy and fragile transportation systems. If AI systems can’t function without a stable digital backbone, she said, they could deepen existing gaps.”

**Supporters say AI could help expand access**—“But some health tech leaders argue that AI tools could

help rural communities—not by replacing doctors, but by taking on administrative burdens that keep clinicians from seeing patients.”

“Matt Faustman is the co-founder and CEO of Honey Health, a company that develops AI tools designed to automate tasks for providers—including managing fax inboxes, processing prior authorizations and retrieving patient records.”

“Many providers are overwhelmed by paperwork, Faustman said, and the burden is especially heavy in rural settings where clinics may not have large administrative teams.”

“ ‘Thirty to forty percent of physician or provider time can really get absorbed with administrative work,’ he said. Faustman said automating those tasks could free up clinicians to focus on patient care—and allow small hospitals and clinics to scale faster without hiring more back-office staffing.”

“He also said AI could play a role on the patient-facing side, especially in areas where the right provider is not immediately available.”

“ ‘It can serve as an initial triage or even an early access opportunity for those patients to then get diverted to the right providers,’ he said.”

**Can AI really replicate a human clinician?**—Henning-Smith argues that even if AI tools can handle basic tasks, they can’t replicate the core of what health care requires.”

“ ‘AI can’t read facial expressions, tone of voice, or body language,’ she said. ‘And those things matter. That’s where the relationship between a patient and provider is built—in the nuance.’ ”

“Even when AI tools are accurate, she said, they can’t offer the reassurance or cultural sensitivity that comes from a trusted clinician. And in communities where trust in the medical system is already fragile, that loss could be especially damaging.”

“Henning-Smith also raised concerns about the economic consequences of replacing local jobs with AI technology.”

“ ‘When a nurse or doctor is employed in a rural town, their salary stays there,’ she said. ‘But when you replace that job with an AI tool built in Silicon Valley, that money leaves.’ ”

**Public backlash**—“Online reaction to Oz’s comments was swift. ‘You think rural communities want AI doctors? They’re still trying to get reliable internet,’ one user wrote on X.”

“ Another added, ‘Dr. Oz: ‘We replaced your nurse with a cartoon. You’re welcome.’ ”

“Still, a few voices defended the idea, noting that some care is better than no care at all.”

“ ‘It’s not ideal,’ one post read, ‘but it’s better than nothing.’ ”

“Oz has not offered a full implementation plan, and CMS has not confirmed whether AI avatars will become a formal part of the agency’s rural health strategy. But Henning-Smith hopes the conversation doesn’t end with cost savings.”

“ ‘I’d be curious if Dr. Oz would want an avatar treating his own family,’ she said. ‘This feels like a two-tiered system—one for those with resources, and another for those without. And I don’t think we should be okay with that.’ ”

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## Outrage Cycles Amplified by Technology

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From “What Star Trek Understood About Division—and Why We Keep Falling for It” by Joe Palaggi, *Fulcrum*, *Leveraging Our Differences*, 2/5/26:

“The more divided we become, the more absurd it all starts to look. Not because the problems aren’t real—they are—but because the patterns are. The outrage cycles.”

“The villains rotate. The language escalates. And yet the outcomes remain stubbornly the same: more anger, less trust and very little that resembles progress.”

“This isn’t a new problem. It’s an old one we’ve dressed up with better technology.”

“Gene Roddenberry understood this more than half a century ago. In the 1968 ‘Star Trek’ episode ‘Day of the Dove,’ the Federation and the Klingons find themselves trapped in a relentless conflict aboard the Enterprise. Each side is convinced the other is irredeemably hostile. Every insult escalates. Every clash justifies the next. Cooperation feels not only impossible, but immoral.”

“Then comes the reveal: An alien entity is feeding on their hatred. The fighting isn’t the point — it’s the fuel. As long as anger flows, the creature thrives.”

“The moment the crews stop fighting, it weakens. When they refuse to escalate, it dies.”

“Roddenberry wasn’t writing about aliens. He was writing about us.”

“Modern America doesn’t suffer from a shortage of disagreement. We suffer from a surplus of amplification—much of it built into the incentives of modern media, politics and online life, regardless of ideology. Our divisions are constantly nudged, magnified, monetized and weaponized by systems that profit from keeping us emotionally engaged and perpetually agitated.”

“Politics has become performance. The media has become incentive engineering. Social platforms reward outrage with visibility and punish restraint with obscurity. The result is a population that feels constantly under threat—yet oddly unable to name who actually benefits from the chaos.”

“Most people don’t wake up wanting conflict. They want stability, dignity and a sense that the rules still matter. But outrage is contagious. Once it becomes habitual, it starts to feel like principle. **We mistake**

## RWHC Eye On Health



Stop feeding the hate and it dies on its own.

**emotional intensity for moral clarity. We confuse tribal loyalty with conviction.”**

“And so we fight each other—over symbols, language and exaggerated caricatures—while the underlying structures that profit from dysfunction remain largely untouched.”

“Like the crews in ‘Day of the Dove,’ we are encouraged to believe that standing down is weakness. Refusing to escalate is surrender. That restraint

is betrayal. The system depends on that belief. It cannot function if too many people pause long enough to ask a simple question: Who benefits from this never-ending fight?”

“Roddenberry’s answer wasn’t forced unity or naïve consensus. It was something far more unsettling: withdrawal.”

“The refusal to be endlessly provoked.”

“The refusal to let every disagreement become an existential crisis.”

“The refusal to confuse outrage with agency.”

“When the characters aboard the Enterprise stop feeding the conflict, the parasite starves. No speeches. No grand reforms. Just the quiet realization that rage, once denied reinforcement, loses its power.”

“That lesson hasn’t aged a day. We don’t need fewer opinions.”

“We need fewer systems that profit from turning disagreement into identity warfare. Until then, we will keep mistaking noise for truth and combat for courage—convinced we’re fighting each other, while something else quietly feeds.”

“Roddenberry warned us. We just forgot the episode.”

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## Walking the Talk of the Wisconsin Idea

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From “Building Stronger Rural Communities Through Healthy Aging Programs” by Sheri Hall, downloaded on 2/12/26 from <https://www.wisconsin.edu/>:

“In the rolling hills and tight-knit communities of rural Wisconsin, the nearest hospital may be an hour’s drive away, making it difficult for everyone from expectant parents to older people managing chronic conditions to get the care they need. As the state’s demographics shift and the average age of the population increases, this lack of medical services in rural communities may impact the well-being of older adults.”

“The University of Wisconsin–Madison School of Nursing’s Center for Aging Research and Education (CARE) provides essential support to this growing population of older adults by educating the next generation of caregivers and engaging with communities to support healthy aging in place.”

“Established in 2011, CARE has become a leading resource for advancing geriatric care by combining ground-breaking research with community-based solutions. CARE’s Boards of Older Adult Advisors (BOAAs) bring the voices and experiences of older adults to inform research priorities and ongoing studies. CARE U workshops provide much-needed continuing education to direct care staff. And CARE’s Healthy Aging in Rural Towns (HeART) program helped coalitions in three rural communities support aging-in-place.”

“Maybe most importantly, CARE focuses on how aging affects the

body and helps to build evidence-based programs that provide for older adults’ unique needs, explained CARE Manager Diane Farsetta, PhD.”

“ ‘As we age, our bodies and our priorities change,’ Farsetta said. ‘You metabolize drugs differently. Your strength, balance and sensory acuity change, and they

play into your ability to maintain a quality of life. Older adult care—and especially if you’re trying to support preventative, health-promoting behaviors—you really have to look at complex systems and understand how things work differently.’ ”

“Understanding the unique needs of older adults is essential as Wisconsin’s population ages. A report by the nonpartisan research group Forward Analytics found the number of Wisconsinites age

75 and older will increase by nearly 75% over the next two decades, and the state will need to add nearly 10,000 registered nurses, certified nursing assistants, and home health aides to care for this growing segment of the population. CARE is positioned to help by training new and existing caregivers to better understand the needs of older adults and creating programs that address those needs, especially in rural communities with fewer resources.”

“CARE embodies ‘The Wisconsin Idea’—a long-standing principle at the University of Wisconsin–Madison that emphasizes the university’s responsibility to positively impact all citizens of Wisconsin, said Tim Size, executive director of Rural Wisconsin Health Cooperative and one of the founding advisory committee members of CARE. ‘It is a two-way interchange that helps the mission of the university, but also the lives of people out here,’ he said. ‘CARE has really nailed implementing that concept in real time for real people.’ ”



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### RWHC Eye On Health



“Be worried, very worried,  
as Silent Generation deference morphs  
into Baby Boomer service demands.”

“One of CARE’s first projects was offering workshops on the special needs of older adults, explained Barbara J. Bowers, PhD, RN, FAAN, professor emerita and founder of CARE.”

“ ‘In any long-term care or home-care nursing setting, there’s minimal opportunity for continuing education that relates to older adults,’ she said. ‘So, we conducted these workshops all around Wisconsin on topic areas that CNAs and personal care workers would face on a daily basis. We included depression, mobility, continence, end of life, and more. We had a huge turnout and many participants said it was the only education they had beyond the minimal training when they were certified.’ ”

“Today, that idea lives on through CARE U, which offers free workshops for direct care staff on seven topics including pain, emergency preparedness, and nutrition.”

“As the population of older adults grows, advancing research to help health care providers better understand aging is more important than ever. And yet, older adults are often underrepresented in health research, even in studies about issues that affect them.”

“To increase older adults’ engagements in research, CARE created, organizes, and supports two Boards of Older Adult Advisors, or BOAAs. The boards are made up of 10 older adults, many of whom have served as a caregiver for someone experiencing age-related health changes. Most are also involved in supporting older adults through local organizations.”

“The BOAAs exemplify CARE’s overall goals—to develop systems and services that work for everyone, Farsetta said. ‘We’re making sure that our students, practicing health care providers, and our researchers are prepared to meet the needs of their patients,’ she said. ‘Historically, we have not always done a good job of that. But CARE is working to change that.’ ”

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## Leadership Insights: “Pearls of Wisdom”

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The *Leadership Insights* series is by Corrie Searles, RWHC Leadership Development Educator. You can find back issues at [www.RWHC.com](http://www.RWHC.com).

I had an opportunity to hear four respected leaders from different RWHC hospitals speak at our recent Emerging Leaders program. They were prompted to share their leadership lessons and advice to developing leaders. What they offered were truly **PEARLS OF WISDOM** of which we all need reminding. They allowed me permission to share these jewels with you. *Which of these resonate with you most?*

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**PEARL #1: Approach Leadership with the mindset of “The Staff are My Patients”**—*Offered by Lance Ritola, the Director of Nursing with Tamarack Health*

Much like clinical approach to care, it’s important for leaders to check in daily to assess the current and evolving needs of the “patient” (i.e., the employees). Consider the service we offer in response to seeing things from their perspective.

That paradigm shift helps us meet them where they are, right now, in this moment. Understand the pain points, make available necessary resources and guidance, and provide clear direction about expectations of actions that will help improve their condition. (*Echoing the quote, “Clear is kind” by Brené Brown from Dare to Lead*).

**PEARL #2: The Team is What Gives You This Job**—*Shared by Victoria Roop, Laboratory Manager at Door County Medical Center*

Remind yourself routinely that it’s the team you’re serving. Without them, your role would not be needed. Show the value they bring by willingly sharing the credit for their contributions, inviting and using their ideas as experts of the process, and being clear about

your intentions (explain the why and how decisions are made). Recognize that it's this team—and the relationships you build both within your direct team and across the teams of the organization—that proves the worth of your role as a leader.

**PEARL #3: Energy is Contagious...and...Don't Expect Yourself from Other People**—Given by *Bethany Clemenson, Director of Education with Spooner Health*

The energy you bring to your role is contagious. How you show up matters. Others are watching and are following your lead, even if you don't realize it. The stories we tell ourselves—accurate or misguided—will influence our actions. Leadership then requires a tremendous amount of self-awareness, humility, and vulnerability. Possessing those skills, in turn, breeds tremendous amounts of trust with your team.

Knowing yourself first and seeking to understand the individuality of others allows us to adapt our approach in effective ways as we seek to work together. We must not be frustrated or disappointed when others behave differently than we might (*don't expect yourself from other people*). They ARE different and will have their own perspective. See them for who they are. Instead of seeking “right” or “wrong,” lead with curiosity to explore the unique viewpoints of others.

**PEARL #4: Make Sure Your Presence is Not a Novelty**—Shared by *Jen Hinkel, the Director of Ancillary Services at Western Wisconsin Health*

One of the best things you can do as a leader is to simply be present. Make your presence so routine that employees don't even bat an eye as you walk through their work area. Set up intentional and common rounding with each person on your team to open the door for their input and feedback. Get to know them. This promotes the type of relationship that grows comfort to bring the tough stuff forward and keeps secrets from hiding in the shadows. When concerns do arise, go to the source, ask the questions, and listen to understand before making any final assessments. If you've built the trusting relationship through regular touch points, people won't be intimidated by your presence and will share unguarded thoughts and information so better decisions can be made.

I am so grateful to know our member hospitals are served by such courageous, servant-minded leaders. If you bump into Lance, Victoria, Bethany, or Jen, be sure to pat them on the back. I know I thank them for taking the time to share their *pearls* with the Emerging Leader group. Thank also THEIR leaders for putting them in their positions to be great leaders for others.

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*Wisdom is not the product of schooling but of the lifelong attempt to acquire it.” – Albert Einstein*

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Consider these workshops and programs by RWHC to broaden the leadership skills of individuals on your teams who are still developing them:

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*About the Author: Corrie Searles, MPT, Leadership Development Educator. In Corrie's role as Leadership Development Educator at RWHC, her aim is to empower leaders—formal and informal—to create positive influence that enables others to serve well.*