

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

Rural Health & Long Term COVID-19

From “Rural Areas Must Prepare for Long Term COVID-19” by Eric Hargan, Deputy Secretary of the U.S. Department of Health and Human Services, and Jeff Colyer, a practicing physician, former Governor of Kansas, and Chairman of the National Advisory Committee on Rural Health Care. in *RealClear Health*, 5/22/20:

“Governor Colyer and I are both rural Americans, from families whose roots go back generations in farming country born in small hometown hospitals. When it comes to health care, we know that rural America has experienced its share of unique challenges and triumphs, and it’s why we are bringing special attention to the impact of COVID-19 in rural areas.”

“The pandemic has killed tens of thousands of Americans and wreaked havoc in large urban centers across our great nation. At the same time, clusters of cases have also been reported in rural areas of Minnesota, Nebraska, Tennessee, and Arkansas, and there is certainly a chance we could see additional rural clusters emerge over the next few months.”

“As states begin to reopen their economies, it is imperative that local leaders recognize and confront the challenges posed by COVID-19. Now is the time for rural America to act, before the pandemic causes fur-

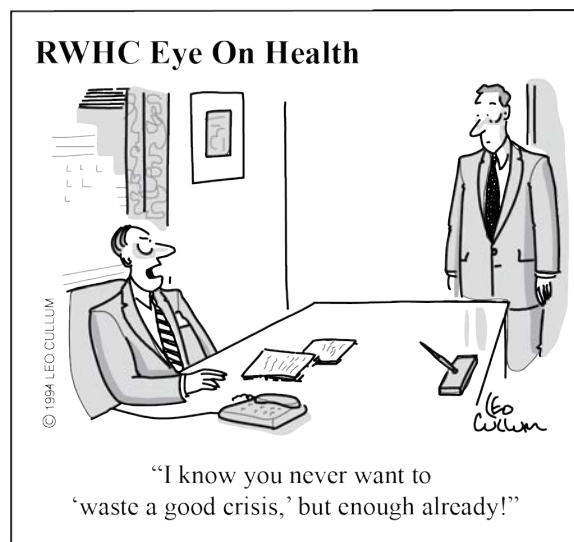
ther harm to already fragile communities and health care providers.”

“For the last three decades, health disparities in rural America have continued to grow. During that time, more than 120 rural hospitals closed and many that remain struggle financially. Rural populations are older and sicker, with higher rates of heart disease, stroke, diabetes, and lung disease that place them at higher risk. Rural nursing homes and tribal facilities are especially vulnerable.”

“Rural hospitals may not be prepared to handle more than a few coronavirus patients. Further, canceling many elective procedures has worsened already precarious situations, threatening more closures and staff furloughs. As rural communities begin to reopen, they

must be prepared for a potential COVID-19 resurgence while balancing the need to bring health services online in a rapid and safe manner.”

“The federal government is mobilizing unprecedented resources to meet this challenge. Under the leadership of President Trump, HHS has disbursed \$10 billion to rural hospitals, rural health clinics, and rural health center sites, in addition to announcing \$400 million to Indian health care facilities. HHS has made over \$100 billion in advance Medicare payments to help with cash-squeezed budgets and awarded more than \$1.3 billion to health centers to help diagnose and treat COVID-19.”



“Telehealth has been expanded significantly, and telehealth.hhs.gov was launched to help providers learn to implement this new technology. Many rural Americans can now access telehealth services through commonly-used apps such as FaceTime or Skype to receive care. This will have tremendous impact for rural patients by making doctor visits more convenient, removing unnecessary travel and reducing wait times.”

“States and rural providers are adapting to the pandemic. In Kansas and Illinois, fourth year medical students are graduating early to volunteer in rural hospitals. Doctors have learned that by keeping patients with respiratory distress due to COVID-19 prone on their stomachs, their patients breathe better, and may remove the need for breathing assistance. Hospital volunteers are sewing personal protective equipment (PPE) gowns, and have even used FEMA plastic sheeting to help make them. Nurses and home health workers are helping with contact tracing. And some rural providers are beginning to accept recovering COVID-19 patients so they can receive care closer to home.”

“Nationally, we are conducting over 300,000 tests per day, and rural communities need to be ready to test as states reopen. Through early identification and contact tracing, communities can stop potential outbreaks before they begin. Having mechanisms in place, such as COVID screening protocols for surgical patients and new inpatients, will provide the assurance patients and providers need to resume elective surgeries. Rural

providers should also develop plans for conserving PPE, social distancing, face coverings and hygienic practices, and may even consider preparing alternate care sites for handling new cases, and streamlining coordination with nearby ICUs.”

“In the midst of the COVID-19 pandemic, more rural hospitals must find ways to make themselves sustainable for the communities they serve. Now is the time for them to develop new models to meet this challenge for the benefit of their communities long-term—a goal we have been working toward as part of President Trump’s emphasis on rural health care.”

“We are getting smarter in combating this disease every day, and applying what we are learning is vital as we move forward. We both know, as rural Americans ourselves, that commitment and innovation will save lives and strengthen our rural communities.”

Sometimes a Mask is Just a Mask

From “Face masks becoming a political symbol of the COVID-19 era” by Riley Vetterkind, *Wisconsin State Journal*, 5/20/20:

“As Wisconsin’s economy opens up and more people head out into public, wearing a face mask, already a political symbol in the age of COVID-19, is taking on a new flavor of controversy in the state.”

“In northern Wisconsin, a campground banned face masks, saying it would consider wearing them to be a robbery in progress, and elsewhere a man was arrested for allegedly harassing Asian-American customers at a grocery store for wearing masks.”

“Recent surveys have highlighted the partisanship associated with mask-wearing, showing 75% of Democrats report wearing them in public, while only 53% of Republicans take the precaution.”

“ ‘Attitudes about masks have become politicized,’ said Robert Kahn, a University of St. Thomas Law School professor who has been following the mask

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>, Editor, 880 Independence Lane, Sauk City, WI 53583

www.RWHC.com



Email office@RWHC.com with *subscribe* on the subject line for a free e-subscription.

debate. ‘I don’t think they were always that way, like in, say, March, early on in this.’ ”

“The mask has begun to be seen as a symbol, on the right, of blindly submitting to government authority, and on the left, a sign of compassion.”

“Guidance on mask-wearing from public health experts has at times been confusing. The Centers for Disease Control and Prevention recommends wearing a cloth face mask in public settings in areas with significant community-based transmission where social distancing is hard to maintain, such as grocery stores or pharmacies. The CDC began recommending public mask-wearing after studies showed that COVID-19 can be spread by people showing no symptoms.”

“Cloth face masks are not meant to protect the wearer, but rather to protect others from disease transmission if the wearer has the virus but is asymptomatic. Research on the effectiveness of wearing face masks is limited, but the idea is that wearing a mask helps reduce the transmission of the virus from the wearer to people in proximity through talking, coughing or sneezing. Dr. James Conway, a pediatric infectious disease specialist at the UW-Madison School of Medicine and Public Health, said cloth masks can achieve that quite well.”

“He said they’re minimally protective at preventing the wearer from getting sick, although they may be able to cut down on some large virus-carrying droplets from being inhaled by the wearer. Respirators, such as the N-95, offer more protection than cloth masks if worn properly, but the CDC does not recommend their use by the general public in order to save them for the medical community.”

“The latest Marquette Law School Poll shows Wisconsin Republicans are generally less concerned about COVID-19 than Democrats. Just 29% of Wisconsin Republicans say they are ‘very concerned’ about coronavirus in the U.S., while 73% of Democrats are.”

“Kahn said differences between Republicans and Democrats could be explained by Republicans and tea-party conservatives rejecting government control over their lives, while Democrats and liberals are concerned about community health and security.”

“Kahn said masks can carry both political and non-political symbolism, though that’s not always the intent of the user.”

“ ‘Masking will always be about people’s individual tolerance for risk,’ Kahn said. ‘The mask is a symbol of protecting society from COVID, of being a responsible citizen, of protecting yourself even though masks don’t necessarily do that, politeness.’ ”

“Creating Elder Friendly Health Systems”

From “Creating Age-Friendly Health Systems” by Terry Fulmer, President of the John A. Hartford Foundation for a *Milbank Memorial Fund Blog*, 3/22/20:

“In the 1990s, the notion of ‘elder-friendly’ care began emerging, likely in response to the ‘baby-friendly hospital’ initiative. While it was slow to catch on, about a decade later, the World Health Organization, AARP, and others began in earnest efforts to create designations for age-friendly cities and communities. In such communities, the physical environment, transportation options, housing, and community services are accessible for people of all ages. Today the scope of age-friendliness has expanded far beyond cities to encompass university campuses, businesses, health care systems, public health systems, and entire states. These elements together comprise what we at the John A. Hartford Foundation call an emerging, propitiously timed ‘age-friendly ecosystem.’ ”

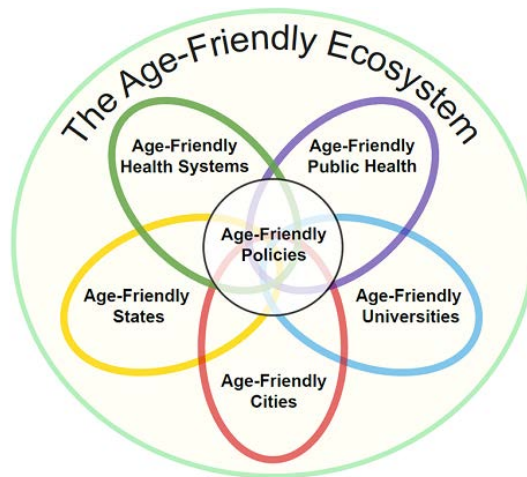
“The idea that age-friendly health systems in particular can be developed has accelerated in the last five years as policymakers and state legislative leaders have engaged in the issue. Age-friendly health systems reliably deliver evidence-based care across all settings, cause no harm, and align all care with what matters to the older adult and their family caregivers. The Age-Friendly Health Systems initiative, funded by The John A. Hartford Foundation and led by the Institute for Healthcare Improvement, has developed a framework called the 4Ms of age-friendly care. This framework involves an essential set of care elements that together improve outcomes for older adults: **What Matters, Medication, Mentation and Mobility.** In

each of these areas, there are evidence-based practices for every older adult.”

“In 2018, Governor Andrew Cuomo of New York State announced that 50% of its health systems would be age-friendly in five years, building on New York’s designation as an age-friendly state. The focus on health systems makes sense in that there can be no age-friendly city or state in the absence of an age-friendly health system. The Age-Friendly Health Systems initiative is partnering with the New York’s health department, the Healthcare Association of New York State, and three other foundations to establish a New York State Age-Friendly Health Systems Action Community, or learning collaborative, in 2020 to help health systems adopt the 4Ms framework.”

“Colorado and Massachusetts are neck and neck with New York when it comes to making progress on becoming more age-friendly. In Colorado, for example, Governor Jared Polis announced ‘Lifelong Colorado’ in 2018 in order to designate Colorado as an AARP Age-Friendly State, and cities such as Colorado Springs have committed to becoming AARP age-friendly communities. Massachusetts, Governor Charlie Baker announced an action plan to make that state not only more age-friendly but also more dementia-friendly. There is a movement to anticipate the needs of older adults advancing across the country.”

“At the federal level, the Health Resources and Services Administration (HRSA) has made adoption of the age-friendly health systems 4Ms approach to care a requirement for the academic health centers, primary care practices, and community-based organizations that partner with 48 Geriatrics Workforce Enhancement Program (GWEP) sites, which are receiving \$35



million annually from HRSA between 2019 and 2024. This support, in turn, has accelerated health care workforce training in age-friendly approaches to care. GWEP sites are training clinicians in how to deprescribe potentially inappropriate medications for older adults, as well as construct mobility plans that enhance strength and decrease the likelihood of falling among older patients.”

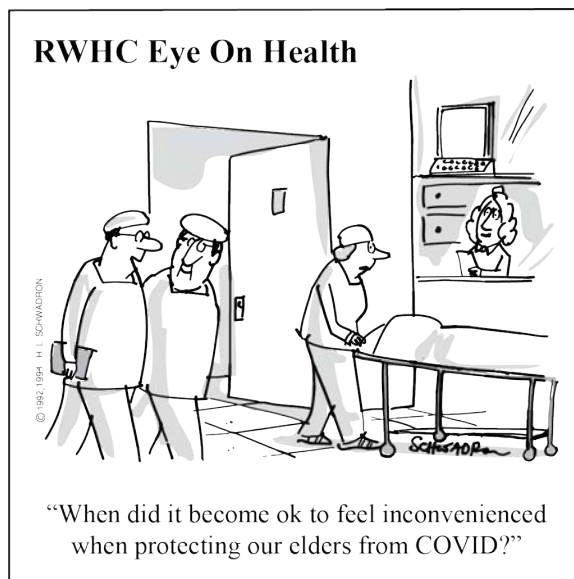
“It has also been heartening to work with the Administration for Community Living and the U.S. Department of Health and Human Services (HHS) as they have advanced their work in health promotion and healthy aging for older adults. The first HHS Healthy Aging Regional Workshop was held in Boston in September 2019. The goal is to hold

workshops in all regions of the country to signal the importance of these initiatives and the opportunities to improve care for older adults.”

“In addition, Trust for America’s Health is leading an initiative focused on improving the capacity of regional public health offices to assess and care for older adults in the community, in partnership with area agencies on aging. With the looming demographics, along with the guarantee of more older individuals with cognitive

impairment and dementia, now is the time to knit together all of our precious resources and become aligned in an age-friendly ecosystem approach to care and support of older adults.”

“As government officials and public health leaders take on this mantle, we can hope the workforce and public-at-large will follow—or maybe lead? We can imagine a time soon where older adults will ask their primary care provider, ‘Do you provide age-friendly care? Can you review my 4Ms with me?’ ”



“We can also imagine a robust set of age-friendly activities in every community that work seamlessly across the continuum of care, as well as the continuum of life for older persons. Technology will have a powerful role to play, particularly to reach older individuals in rural settings, as well as those people who are limited in their mobility or mental capacity.”

“At the same time, to realize this future, we have work to do to uncover the myths that go along with aging. A recent survey conducted by *WebMD* revealed that older adults want to engage in age-friendly health care conversations, but that misconceptions about the aging process are common. For example, the survey found that 40% of older adults reported believing that depression is a normal part of aging, which is not true.”

“In the age-friendly ecosystem that’s being created, older adults and their families will receive a consistent message about the potential for healthy aging, as well as health promotion, disease prevention, and appropriate expectations of health systems in our country.”

Why Primary Care Matters

From “Detailing the Primary Care Imperative—Remembering Barbara Starfield” by James M. Perrin in *The Milbank Quarterly*, 4/23/20:

“Barbara Starfield built the field of primary care research and galvanized research and policy documenting the central importance of primary care in health and health care delivery. Her work spanned decades, showing how primary care improves population health and lowers health care expenditures. The remarkable and comprehensive review that Starfield and her colleagues, Shi and Macinko, published in 2005 in *The Milbank Quarterly* summarized a wealth of US and international studies demonstrating that a) health is better in areas with more primary care physicians, b) people who receive care from primary care physicians are healthier, and c) the main characteristics of primary care are associated with better health.”

“Those studied characteristics are first contact care, holistic person-focused care over time, comprehen-

sive care, and coordinated care, concepts expanded in various primary care medical home criteria at the national and state levels. Better health outcomes are found in communities that distribute health resources equitably, have no or low copayments for health care, have a universal financing mechanism guaranteed by a publicly accountable body (government or government-regulated insurance plans), and have professional incomes for primary care physicians comparable to those for other specialists. Systems with strong primary care orientation and where primary care physicians are identified as the usual source of care are associated with decreased racial and socioeconomic health disparities and with decreased deaths from premature mortality, infant mortality, and overall mortality from chronic pulmonary disease, cardiovascular disease, and heart disease.”

“What progress has the United States made since the 2005 Starfield publication? During this period, the United States has become even more racially and ethnically diverse, especially among younger groups. Many in the health sector—and elsewhere—have recognized the importance of the social determinants of health and the role the health sector can play in addressing those determinants. Growing rates of mental and behavioral health conditions, often coexisting with other chronic health conditions, have spawned progress in integrating mental and behavioral health in primary care teams. Spurred partly in response to the recognition of the multifactorial antecedents of health and the central role of mental health, general and subspecialty clinical practice has increasingly embraced team-based care, including some combination of nurse care coordinators, mental health personnel, and family health workers—a phenomenon that Starfield recognized while pondering how to maintain important personal relationships between patients and providers with the transformation to teams. Much work has gone into training team members in their collaborative efforts and, through such work, emphasizing the importance of maintaining a productive personal relationship with ongoing patients.”

“Coupled with the persistence of poverty among young families in the United States—much worse than in other OECD countries—the lack of adequate primary care creates an unhealthy underclass beginning in childhood (or even prenatally) and continuing

to affect health and death over the decades. The persistent rapid growth of US health care expenditures further indicates the lack of systematic work to implement Starfield's findings and recommendations. For example, although the Affordable Care Act included provisions to lower the growth in total health care expenditures, many provisions required upfront funding that Congress declined to provide. This failure reflects a lack of political will to take on a complex and powerful health care industry driven by specialist investigations and interventions, rather than investment in primary care to increase access, promote prevention, improve overall quality of care, and reduce unnecessary and potentially harmful specialist care. The United States has paid the price of increased disability, mortality, and other indicators of poor health along with rising costs, all highlighted by Starfield and her colleagues."

"Are there important points of light? The Centers for Medicare and Medicaid Services have stimulated greater investment in primary care, especially through their State Innovation Models and Primary Care Plus initiative. However, here too strategies have had negligible impact on equitable pay for primary care physicians, with, for example, the resource-based value structure oriented to procedures over cognitive services and, thus, balanced against adequate support for primary care tasks. Several states have worked to increase primary care investment, some through their Medicaid programs and others through broader health policy oversight, including direct calls for identifying and increasing the percent of health care dollars spent on primary care from public and private sources. The National Academies of Science, Engineering, and Medicine recently empaneled a new study on Implementing High Quality Primary Care, the first serious attention to primary care by the Academies in more than a quarter century. We can hope this new attention will lead to stronger political will and policy changes that begin to approximate Starfield's original vision for primary care."

2020 Wipfli-RWHC Cost Champions Awards

The purpose of the Wipfli-RWHC Cost Champions Awards is to encourage and share implemented cost saving ideas suggested by a team or individual employed by a RWHC-member rural hospital. A first-place award of \$1,500 and two honorable mention awards of \$500 each are made possible by the generous support of Wipfli LLP. Wipfli is helping rural hospitals to more effectively understand and manage their resources. This year's award winners are as follows:

First Place—Dan Arndt and Autumn Kumlien, Operations Services and Nutrition Coordinators, Stoughton Hospital, for "Reducing Staffing and Leveraging Community Partnerships." Through partnering with community businesses involved in food preparation, Stoughton Hospital was able to reduce Food and Nutrition Services staffing by 4.5 full-time equivalents resulting in a decrease in department losses by \$27,000 during the first 4-months of implementation. In addition, the department now has three community partners that help Stoughton Hospital provide greater choices in meal options as well as reduced need for direct labor. Stoughton Hospital's next step is to better understand unit cost of all meal choices provided by fully leveraging available software. The end goal

is to understand the costs of each unit provided so that better decisions go into pricing and meal offerings.

Honorable Mention—Judy Dayton, Director of Ancillary Services, Gundersen Boscobel Clinic, for "Restructuring the Lab Status." The lab was originally a CLIA-certified moderately complex laboratory. Status was changed to a waived laboratory; restructuring of some testing to be done at the hospital, and no longer participating in a commercial proficiency testing program resulting in significant savings. All of these changes are saving the lab over \$9,000 by re-



☐ REPUBLICAN
☐ DEMOCRAT
☒ RURAL ADVOCATE

The National Rural Health Association's Foundation believes raising up a new generation of young leaders is critical to the future of rural health and rural communities. We believe leaders are made, not born and that leadership development is a necessary investment.

Can you help?
www.ruralhealthweb.org/donationform

ducing CLIA survey costs, not having to have a physician or pathologist at the lab, and elimination of a service contract on an aging piece of equipment. Future cost savings are estimated at \$55,000 primarily due to reduced equipment cost.

Honorable Mention–Melody Hargis, Director of Inpatient Services, Door County Medical Center, for “Implementing a New Staffing Plan that Called for Two IC Nurses Inhouse 24/7.” In the past, Door County Medical Center flexed the staffing of their ICU nurses based on census, which resulted in high turnover and agency expenses incurred. During July through December 2018, salary expenses for ICU totaled \$487,000 and included \$139,000 in agency staffing expenses. Melody implemented new ICU staffing guidelines, which now require a minimum staffing of two ICU Registered Nurses 24/7. When there is variability in census these nurses can be re-deployed to other areas such as the ER, Med/Surg, Birthing Center, and Surgery. Melody reduced ICU salary expenses to \$418,000 over the same time period in 2019 and has only spent \$21,000 on agency staffing.

By January 31 of each year, RWHC member CEOs are invited to make one nomination of a hospital team or employee’s cost saving idea implemented in the prior calendar year. The awards are made annually and distributed by Wipfli to the nominating hospital for the nominated employee(s) as a cash award or in a manner consistent with hospital policy.

More info about Wipfli at <https://www.wipfli.com>

Leadership Insights: Hindsight Will Be 2020

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

“I was just listening ‘Years’ <https://bit.ly/2AmrqfJ> which has the line, ‘I thought about years, how they take so long, and they go so fast.’ Fitting for 2020.”

“No matter the outcome of current events, what will we see more clearly in our own rearview mirror at the

end of this unsettling year? I hope I see more evidence of my meaningful, creative days than my discouraged, sloth-like days, but hope will only be part of what gets me there. Conversations with others indicate I am not alone in needing a mid-year course-correction.”

Written goals or hopes are more likely to become reality. “I can’t explain this magic trick, but the setting of an intention through the act of writing bears fruit for what otherwise is more likely to become fizzled wishful thinking.”

“In the spirit of, ‘It’s never too late—or too early—for a New Year’s resolution,’ consider the bold suggestions below recently shared with me by leaders at the Institute for Zen Leadership <<https://bit.ly/3fcEx1T>>. Building upon their words, I created this list-making opportunity for us to reboot:

- **Listen so hard it makes you sweat.** My new favorite phrase, and just in time for hot weather. Throw away what you think you know about listening, even if you have learned some of it from me! Just stop all the *trying* to be a good listener and actually do it. Relentlessly, vigorously, aerobically listen. Bring all of your attention, energy, and heart to the act. To do so is to learn, and learning may indeed be what we are here for. **List the people** who you want to have looking back on this year reporting that you listened with all your heart and that it mattered to them that you did so.
- **CHOOSE this time to contribute.** Just for fun, what if you looked at this year as if you actually chose this time to be alive in the world? Yeah, plop me down from the heavens NOW, not during some future time of relative peace and prosperity (and restaurants, concerts, parties, etc.) for all. From this perspective, look at the world right now and take stock of what you have to contribute to making things better. **We might be doing our best, but what if we did 10% better/more today? List the outcomes** you want to see in your hindsight. World peace? Great. Then, **list the gifts that you uniquely possess** to identify where they might lead towards those outcomes. (Don’t know what your gifts are? Ask a colleague, mentor or friend. Or, contact us and we’ll help you explore this through coaching).

- **Become the other, and go from there.** Let me explain what I believe is a key to unraveling the great divide that we are currently and painfully experiencing, in a relatively simple (but not easy) **mind-set shift**. Pick any current issue, and it seems most of us are caught up in who is with us and who is against us. As a leader, go first to ‘get into the skin of the other.’ Call to mind who represents ‘other’ for you; someone who thinks, believes, acts differently than you. Explore the needs that may be present in them (to be safe, feel valued and cared for, to win, etc.) Feel what that is like, and connect to your own needs (to be safe, feel valued and cared for, to win, etc.) If you dig deeply enough, you will find a place to relate at this common denominator. Doing this brings us to an awareness that we are not as separate as we might think. **List the bridges you could build** starting with this exercise so that when you look back on 2020, you will have moved the dial in closing the divide as opportunities present themselves to you.
- **Take it personally.** If you have read my past writing, you have likely read, ‘Don’t take things personally.’ There is a place for that phrase, in not al-

lowing others’ comments or actions to wreak havoc with our sense of self-worth. But to solve the monumental problems of 2020, we must take them personally. We can’t look back on this year with a sense of achievement if we only look at the challenges from a distance, as if they are happening to someone else. What affects you affects me. The great divide and the many issues that underlie it are my personal responsibility to solve. And yours. And everyone else’s. **List a cause that seems like it belongs to someone else.** When you reflect on this year, what do you want to be able to say that you took personally when it might have been easier to step back? How will your team state that they saw you engage in change that might have been uncomfortable, but that showed your courage and integrity?”

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.

Space Intentionally Left Blank For Mailing