

Rural Health: Taking the Long View

RWHC Eye On Health



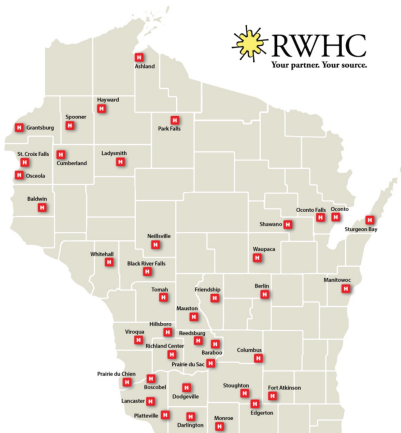
"Rural hospitals show up 24/7, the federal government and health insurers, not so much."

Tim Size
Executive Director
Rural Wisconsin
Health Cooperative
Sauk City

Wisconsin Rural
Health Conference
Wisconsin Dells

June 5, 2025

Rural Wisconsin Health Cooperative



- Founded by 5 rural hospital CEOs in 1979.
- Owned and operated by 40 rural hospitals.
- Vision: Rural Wisconsin is the healthiest place in America.
- Mission: Advocate for rural hospitals and collaborate for local, high-quality, cost-effective care.
- More Info: <http://rwhc.com>

Outline

- Keeping Rural Hospitals Top of Mind
- Rural Workforce Shortages
- Insurers Must Be Held Accountable
- Community Economic Development
- Growing Trust in Healthcare

Keeping Rural Hospitals Top of Mind

RWHC Eye On Health



"Am I mistaken or is 'rural'
just not in your vocabulary?"

Rural Hospital Advocacy: 3 Principles

Decades of underinvestment have left rural America vulnerable, while also showing the way to address long-standing rural health opportunities/challenges.

We must always:

1. Build on Rural Leadership and Assets
2. Include a Local Rural Community Lens
3. Address Rural Disadvantages

"Reimagining Rural Health Equity"
Health Affairs, 6/24

1. Build on Rural Leadership and Assets

- Beyond our challenges, it is necessary to build on our strengths, assets, and opportunities.
- Financial investments need to continue to further empower rural institutions and leaders.
- We must continue to build the political support necessary to influence policy and action, particularly re Medicare & Medicaid funding.

"Reimagining Rural Health Equity"
Health Affairs, 6/24

2. Include a Local Rural Community Lens

- Being rural is a distinct part of healthcare that has too often been ignored or minimized.
- Rural disadvantages stem from both intentional & unintentional biases in favor of larger places.
- Historic, economic, social, policy, and institutional arrangements can adversely shape the dynamics of local rural community health and healthcare.

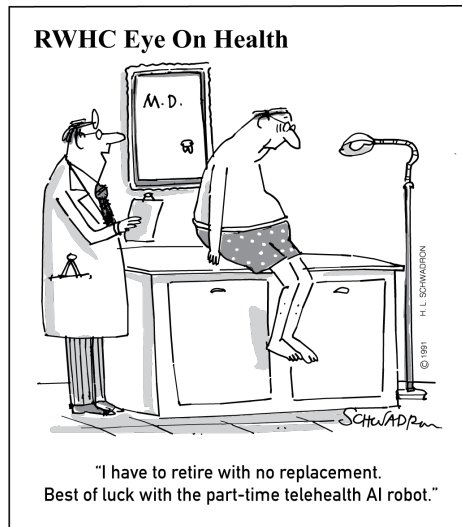
"Reimagining Rural Health Equity"
Health Affairs, 6/24

3. Address Rural Disadvantages

- Routinely ask how policies/practices, not just those with a rural label, help or hurt rural health.
- A sense of rural fair-play is needed in the everyday practices/decisions of stakeholders at the federal, state, regional and local levels.
- Collaborative rural-urban relationships requires addressing rural disadvantages in analysis, policy, and practice.

"Reimagining Rural Health Equity"
Health Affairs, 6/24

Rural Workforce Shortages



The Added Rural Demand for Workforce

- Average vacancy rates higher than urban.
- People in rural areas tend to be older and have higher rates of chronic disease.
- Rural residents have higher rates of cigarette smoking, high blood pressure, and obesity.
- They have higher rates of poverty, less access to healthcare and are more often uninsured.
- Unintentional injury deaths are more common in rural areas than in urban areas.

Growing Workforce Gaps (Rural & Urban)

- RN Forecast Shortages from WI DWD

	2022	2025	2030	2035	2040
Supply	72,882	72,499	76,568	79,554	81,732
Demand	76,016	81,862	86,989	91,126	93,578
Gap	-3,134	-9,364	-10,421	-11,572	-11,846
% Gap	-4.3%	-12.9%	-13.6%	-14.5%	-14.5%

- WCMEW projected in 2020 a shortfall of 3,125 physicians by 2035—we need to be adding 200 physicians each year more than we have been doing; **but to date the supply remains stagnant.***

"WI RN Supply & Demand Forecast," DWD, 1/25

*WCMEW Newsletter, 4/25

Workforce—Some Solutions

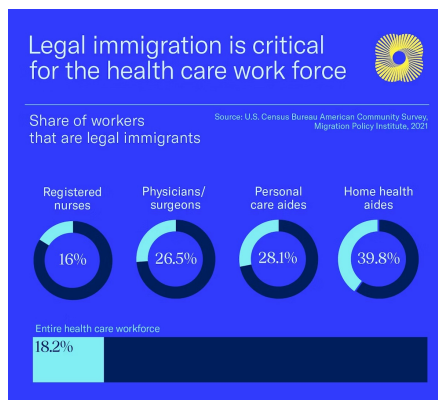
- Expand educational and occupational pathways.
- Break down administrative and regulatory barriers.
- Use technology to further support workforce.
- Expand retention initiatives & new delivery models.*
- Reduce chronic illness & its related demand.*
- Address childcare challenges.*
- Streamline visa processes.*
- Attract workforce into WI with financial incentives.**
- Advertise Wisconsin's strengths.**

Ann Zenk, WHA, 5/19/25

*AI Google Download, 5/28/25

** Forward Analytics 5/7/25

Footnote: Dependency on Legal Immigration



The U.S. State Department has paused scheduling interviews for new J-1 visas as it develops expanded "social media screening."

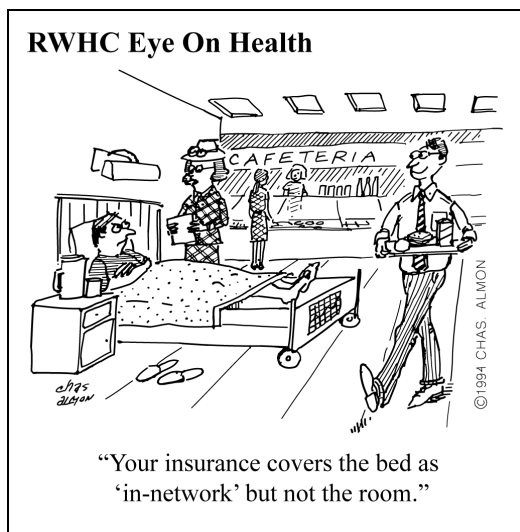
Impact this year not known; if pause goes into 2026, it could impact 6,000 IMG-1/6 of that year's new residents.*

U.S. Chamber of Commerce, 1/29/24

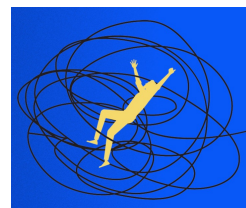
Politico 5/28/25

*Commission for Foreign Medical Graduates, 3/18/24

Insurers Must Be Held Accountable



Thanks to the Healthy WI Alliance "Stuck in the Middle" Campaign



<https://stuckinthemiddle.info>

Examples Insurer/Middlemen Issues

- Large health insurers too often block fair hospital contracts, undermining healthcare remaining local.
- Employers are challenged by continual price increases from already high profit health insurers.
- Insurers abuse prior authorizations, continue to block timely care and waste scarce provider time.
- Medicare Advantage net reimbursement to CAHs is often lower than traditional Medicare.

Challenge Insurers re Access to Local Care

- **Does the insurer include all qualified local providers in their network?** *Example: An insurance company may include the rural hospital in its network, but not the doctors who admit to that hospital.*
- **Is the insurer abusing "prior approvals"—how many requests are denied and then overturned?** *In '21, Medicare Advantage plans denied 2.1 million requests with decisions later overturned in 82% of appealed cases.**

*JAMA (Journal of the American Medical Association), March '24

Challenge Insurer Contracting Practices

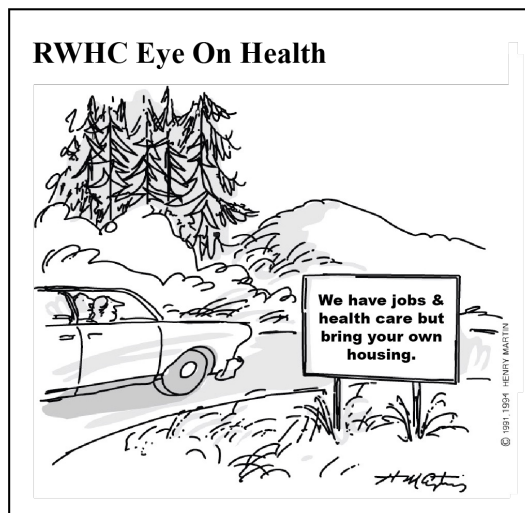
- **How does the insurer's profit margin compare with the typical rural hospital?**
- **Does the insurer engage in good faith contracting with rural hospitals?** Example: *One-sided insurer contract language restricts providers having 60 days to dispute a payment; insurers have forever.*
- **Does the insurer recognize the actual cost of delivering rural health care?** Example: *It costs a rural provider \$400 for a medication and the insurer's "standard" fee schedule payment was \$75.*

Challenge Insurers to Support Communities

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

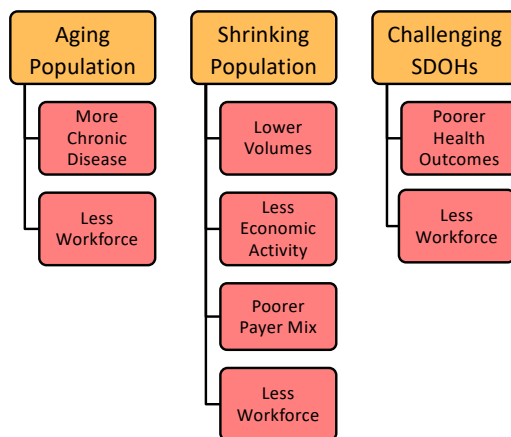
**Marie Barry, RWHC Director of
Community & Economic Development*

Community Economic Development



Community Economic Development – WHY?

If your community struggles, your hospital, will too.



Rural Hospitals are Anchor Institutions

- Anchor institutions are less mobile and so have a long-term interest in their community.
 - Rural hospitals can use what they already are doing to create stronger local communities.
- Anchor institution strategies: (1) grow their own workforce, (2) purchase locally, (3) invest locally.



Characteristics of Hospitals Leading the Pack

- A WILLINGNESS TO BE UNCOMFORTABLE!
- Invest locally; leveraging both hard and soft assets for local impact.
- Clearly understand and take action on their own workforce's social needs (e.g. childcare, housing).
- Their Community Health Needs Assessment, community relations and economic development are integrated into hospital's strategic plan.

"A New Vision of Rural Hospital Leadership"

- "Economic development is population health. Rural is about relationships." Kristie McCoic, Gundersen St. Joseph's Hospital & Clinics
- "If a community is struggling, oftentimes their hospital is struggling." Marie Barry, RWHC
- "We are now realizing that access to individual clinical care is not enough to create thriving communities." Ruth Thomas-Squance, Build Healthy Places Network

"Economic Development is Population Health": A New Vision for Rural Hospital, Brendan Stermer, RHIhub, 4/24/24



Growing Trust in Healthcare

RWHC Eye On Health

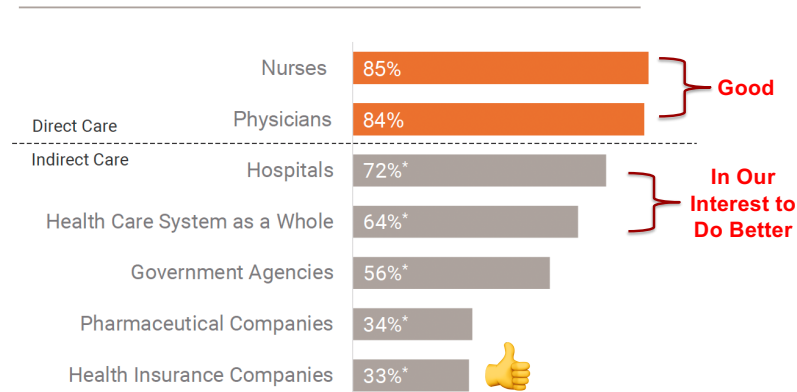


"Trust arrives on foot but leaves on horseback."

An old Dutch proverb.

Public Barometer of Trust

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



NORC, University of Chicago, 5/21/21

Evidence for Further Loss of Trust in WI

- In rural USA, the **cumulative death rate from COVID was 39% higher than urban**, with tens of thousands preventable (WI rate was 33%)
- **WI MMR rate has fallen to 85%** (US at 93%)—with many rural counties much lower—higher risk for measles, mumps and rubella as seen in Texas*
- **WI Flu Vaccinations rapid fell in last 3 years** from near the USA rate (47%) to 35%.**

Daily Yonder, 3/27/24

* WI DHS, 10/17/24

** WI DHS, 12/23/24

Trust in Healthcare Matters

"People who mistrust health care put their health and lives at risk—they 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."

"Mistrust leads to deteriorating patient outcomes and increased clinician burnout."

Harvard Business Review, 9/8/22

Strategies to Improve Trust in Healthcare

- 1) Communicate with clarity & empathy:** Avoid jargon. Listen actively. Acknowledge concerns.
- 2) Ensure a welcoming environment:** Design inclusive spaces. Train all staff. Focus on first impressions.
- 3) Build cultural awareness to improve patient outcomes:** Learn about diverse perspectives. Incorporate inclusive practices.

Quality Interactions, 1/31/25

Strategies to Improve Trust in Healthcare

- 4) Empower patients through shared decision-making:** Explain all options. Respect autonomy. Collaborate on goals.
- 5) Ensure continuity of care:** Follow up. Coordinate care. Leverage technology.
- 6) Prioritize staff training to improve trust-building skills:** Investing in staff training.

Quality Interactions, 1/31/25

We Have Challenges; But We Have Strength

RWHC Eye On Health



"The proposed Medicaid cuts may lower taxes but more rural hospitals will close—like an operation that was a 'success,' but the patient died."

Rural health has long been defined by its commitment, innovation and resiliency.

We have challenges, but there is no doubt that we will prevail.

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