

2004 Wisconsin Rural Health Conference In Review



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Sponsored by:

Wisconsin Hospital Association
Rural Wisconsin Health Cooperative

Wisconsin Office of Rural Health
Wisconsin Primary Health Care Association

“You are helping people. There is nothing more important than the work that you are doing. The bottom line is there is no more important industry in the nation than health care.”

- Terry Hill, Executive Director, The Rural Health Resource Center

Health care in rural Wisconsin is thriving, as evidenced by the strength of the presentations on programs, policies and the politics of providing care in rural settings.

Keynote speaker Terry Hill, executive director of the Rural Health Resource Center, emphasized the importance of improving the performance and quality of care, but he acknowledged that patient satisfaction scores already indicate that rural hospitals are setting a good pace in the right direction.

“Rurals are doing quite well on quality. Patient satisfaction surveys are higher for rural hospitals than they are for larger hospitals; higher still for Critical Access Hospitals and small hospitals,” Hill said. “I don’t think this is difficult to believe because there is less complexity and more patient-oriented care in rural settings.”

Hill pointed to the “tidal wave” of performance improvement initiatives sweeping the country and congratulated Wisconsin hospitals for being “way ahead of the pack” in terms of quality initiatives.

Hill said the Centers for Medicare and Medicaid Services (CMS) are discussing pay for performance incentives and publicly reporting patient satisfaction. While the people in Washington DC “don’t understand rural medicine, we do, so we need to step forward and not tag along,” Hill urged.

“Policymakers may believe that they have done enough for rural hospitals, but it is important to understand that these hospitals are providing health care services for the most underserved areas in the nation,” Hill noted.

Successful Physician Recruitment Strategies in Rural Settings

Dan Manders, President/CEO, Mile Bluff Medical Center

Mike Jones, Chief Administrative Officer, Ministry Medical Group

What does it take to run a successful physician recruitment program in a rural setting? Mike Jones, chief administrative officer at Ministry Medical Group-Northern Region, Rhinelander, and Dan Manders, president and CEO, Mile Bluff Medical Center in Mauston, shared their successful formulas.



From left: Mike Jones; Bobbe Teigen, Chair, WHA Council on Rural Health; Dan Manders

A good Web site is one way to attract physicians, according to Jones. It should contain information about the physician opportunities, schools, recreation, and community. He said that exhibits at physician conferences are used only occasionally for hard-to-recruit specialties.

Manders said he looks for 100% backing from his medical staff before he hires a new physician. Turnover is disruptive when you are in a family practice model, Manders explained, and it is difficult for both the patients and staff when a physician leaves.

Health Care Reform: A Vision of the 21st Century Health Care System

Frederic Wesbrook, MD, President, Marshfield Clinic



Frederic Wesbrook, MD

Consumers are looking for safe, effective, patient-centered care, according to Frederic Wesbrook, MD, president, Marshfield Clinic, and at the same time, need information on quality and cost that is accessible and readily comparable.

Wesbrook sees a future for health care where the emphasis is on prevention, and integrated information systems will drive the health care delivery system.

“At this time, we are transforming health care away from a cottage industry,” Wesbrook said. “We have essentially a non-system of care, created over decades without specifications, without standards, and without integration.”

The workforce shortage will continue to plague the industry, as projections show 85,000 more physicians will be needed by 2023. Wesbrook said that in 1992, there were 45,000 applications for 16,000 medical school training programs. In 2002, there were 32,000 applications for 16,000 medical school slots.

“We have the same number of slots today as we did a decade ago. We have essentially frozen the supply, so what does that do to prices?” Wesbrook questioned. “It makes them rise.”

Wesbrook approached the question of health care reform with a clear sense of reality. “We need to decide what we want, set the specifications, and abandon all hope for a quick fix.”

Rural Health State of the State

Steve Brenton, President, Wisconsin Hospital Association

Sarah Lewis, Executive Director, Wisconsin Primary Health Care Association

John Sauer, Executive Director, Wisconsin Association of Homes & Services for the Aging

Tim Size, Executive Director, Rural Wisconsin Health Cooperative

WHA President Steve Brenton echoed Frederic Wesbrook’s belief that health care reform must spring from the private sector.



From left: Tim Size; Steve Brenton; Byron Crouse, Associate Dean, Community and Rural Health, UW-Madison; Sarah Lewis; John Sauer

“The private sector includes all of us. We have an obligation and responsibility of being accountable to our communities for what we do in our organizations,” Brenton emphasized. He applauded the rural hospital’s embrace of the CheckPoint public reporting initiative.

Sarah Lewis, executive director of the Wisconsin Primary Health Care Association, said from their point of view, access is critical to both the health of the people and to the health of the community. Lewis said her

organization would continue to work with hospitals to reduce inappropriate use of the emergency departments.

John Sauer, executive director of the Wisconsin Association of Homes & Services for the Aging, indicated that long-term care reform must balance quality, cost effectiveness, and consumer preference. “All three must receive equal weight as we redesign our long term care solution,” according to Sauer.

Looking to the future, Tim Size, executive director of the Rural Wisconsin Health Cooperative, said he is looking forward to the creation of a “school-within-a-school” to train physicians specifically for practice in rural areas. This will begin, he said, to address the growing issue of a maldistribution of physicians in Wisconsin.

Using Quality Data to Improve Patient Care in Rural Areas

Dana Richardson, Vice President, WHA Quality Initiatives

Kay Wipperfurth, Vice President, Patient Services, Fort HealthCare, Fort Atkinson

Diane Knox, RN, Fort HealthCare, Fort Atkinson

Shelly Egstad, Risk Management Coordinator, Tomah Memorial Hospital

Vicki Becker, Coordinator, Quality Services, Southwest Health Center, Platteville



From left: Vicki Becker; Kay Wipperfurth; Diane Knox; Shelly Egstad; Dana Richardson

CheckPointsm, the WHA public reporting initiative, launched just a few short months ago, but it is already working its way through the purchaser community, according to Dana Richardson, WHA vice president, quality initiatives.

“We are seeing employers include CheckPoint as a resource in their employee benefit enrollment packets. As we continue to add measures and expand the program, we can expect even greater participation among employers,” Richardson added.

Three rural hospitals shared their experiences in quality improvement projects.

Fort HealthCare. Kay Wipperfurth and Diane Knox explained Fort’s new program for patients with congestive health failure to reduce readmissions and improve outcomes for this population, while improving the patient’s satisfaction with their care.

Tomah Memorial Hospital. Shelly Egstad said Tomah is focused on building a culture of patient safety within the hospital. By starting a staff education program, they reduced their medication errors to ensure that the right patient receives the right medications at the right time. Patient involvement is encouraged while they are in the hospital.

Southwest Health Center. Vicki Becker pointed out that a lot has changed in the area of quality, “Now we are told what to measure and how to measure it.” She said they have worked diligently on removing the use of dangerous abbreviations. For those not in health care, it might seem like a simple task, but after receiving years of medical training, deleting the use of those abbreviations for medical professionals isn’t easy.

“One physician commented that it took him a year to learn all those abbreviations and now we are taking them away,” Becker related. “We have made remarkable progress in eliminating the use of abbreviations, but we, like others, still have a way to go.”

Rural Health Conference Breakout Sessions

Trustee Track: Governance Quality in Rural Wisconsin



*William Henry, President,
ForeSight Strategy Associates*

Legal Issues for Rural Providers



*Lori Wink, JD, Attorney, von
Briesen & Roper, s.c.*

Taking Full Benefit of Your Critical Access Hospital Status



*Gregg Redfield, Manager-
Health Care Consulting, RSM
McGladrey, Inc.*

The Pros and Cons of Creating Your Own Health Care Foundation



Hank Techentin

Hospital Professional Liability & the Status of Medical Malpractice Coverage in Wisconsin



*Jon Braddock, Sr. VP, WHA Financial
Solutions; Carla Borda, Executive VP,
Fitzgerald, Clayton, James & Kasten*

Trustee Track: Learning and Sharing with Rural Hospital Trustee Peers



From left: Sharyn Richardson, Secretary, Board of Trustees, St. Joseph's Community Health Services, Hillsboro; Joan Ballweg, President, Board of Trustees, Waupun Memorial Hospital; Steve Brenton, WHA President; Paul Ginkel, VP, Board of Trustees, Prairie du Chien Memorial Hospital; David Huff, President, Board of Trustees, Prairie du Chien Memorial Hospital

"Issues relating to payment adequacy, managing healthcare workforce challenges and addressing community accountability will continue to shape our rural health advocacy agenda."

- Steve Brenton, President, WHA



*Phil Stuart, CEO, and Toby Freier, CFO,
Tomah Memorial Hospital*



Leaders from Flambeau Hospital, Park Falls, had an opportunity to ask Frederic Wesbrook a few questions following his presentation. Pictured: Jim Braun, CFO; David Grundstrom, CEO; Dr. Wesbrook; and Flambeau Board Members Jim Solinsky and Sam Pritzl.



*Shelly Egstad, RN, Risk Management, and
Evie Chapman, RN, Director of Nursing,
Tomah Memorial Hospital*