



# 2005 Wisconsin Rural Health Conference In Review

*June 22-24, 2005, Kalahari Resort, Wisconsin Dells*

## **Kaiser Challenge to Rural Health Leaders: “Design, Delegate, Do”**

*“Innovation has nothing to do with size.”*

In his introduction of health care futurist Leland Kaiser, Bill Bruce, chair of the WHA Council on Rural Health and CEO of St. Joseph’s Community Health Services in Hillsboro referred to Kaiser as a “pioneer in health care programming.”

In his keynote address to more than 300 people, Kaiser said the job of top management is designing -- design, delegate, do -- “because if the design is not adequate, no amount of doing it will get you there and without a good design, there is no way to be innovative. Innovation has nothing to do with the size of the organization,” he added, noting that rural hospitals are well positioned to drive change.



*Byron Crouse, Leland Kaiser, Steve Brenton, Bill Bruce*

“Health care spending will go past 22 percent of Gross National Product soon,” Kaiser said. “What should it be? What better way is there to spend money? We deal with the only product you can’t live without—and there is no limit on the amount of money you can spend on health. There is no limit to advances in medical technology.”

## **Sen. Schultz Says of Proposed State Budget: “Our Compassion is Real”**



*Steve Brenton, Sen. Dale Schultz, Tim Size*

It is being called one of the toughest state budget sessions ever, but Sen. Dale Schultz (R-Richland Center) said he is proud of the Medicaid budget that emerged from the Joint Finance Committee on a 16-0 vote.

“We began this budget on the principle that we would take care of the poor and disabled first,” according to Schultz, who is the Senate Majority Leader. “This budget shows that our heart is large and our compassion real. That is what I offer you as proof that the legislature got the message.”

Schultz reminded his audience that for legislators, it is not enough to be a “blind advocate for your own district.”

“We have to remember that even if we have improved reimbursement in one area (outpatient care), there are urban hospitals receiving \$.55 on the dollar for Medicaid,” he said. “It is important to remember if we don’t pay attention to folks in that setting, too, the entire health care system could tumble down.”

WHA President Steve Brenton presented a synopsis of the issues that he believes are the ones to watch for rural hospitals. Top on his list was the threat that misguided proposals from CMS, like the construction ban, have to the future of the Critical Access Hospital program. Others include workforce issues, Medicaid’s “hidden tax,” and public reporting of patient quality and safety measures.

Tim Size, executive director of the Rural Wisconsin Health Cooperative, agreed with Brenton, and added employers’ concern with health care costs to the list.

“The reality is that we are challenged. Wisconsin employers say their health care costs have made it difficult for them to compete with other countries,” Size observed. “What we call an ‘investment’ in health, they see as ‘cost.’ We have to do a better job of working with employers to ensure that they are getting the best value for their investment in a healthy workforce and community.”

## Wisconsin Rural Health Conference Breakout Sessions



George Quinn and Bob Fale

**The Community Benefits of Rural Hospitals**, presented by **George Quinn, Wisconsin Hospital Association, and Bob Fale, Agnesian HealthCare**. Is the line blurring between not-for-profit and for-profit hospitals? The environment that hospitals are operating in has changed due to legal, local and legislative scrutiny. Quinn and Fale encouraged trustees and CEOs to review policies related to hospital billing and collection. They described activities that WHA is currently working on to help hospitals collect and communicate the benefits that they can bring to a community.



Rob Schile, CPA

**Does your hospital measure up to Critical Access Hospital gold standard performance?** That is the question that **Rob Schile from Larson, Allen Weishair & Co, LLP** asked. Hospitals had an opportunity to compare themselves to other CAHs throughout the midwest as Schile reviewed a report that included financial and statistical data, and characteristics that some of the most successful CAH have in common.



Andrew Taylor, MD

**Andrew J. Taylor, MD, from the University of Wisconsin Medical School**, provided insight on **Technology Trends that Improve Access to Health Care**. Taylor said new technologies are improving access to health care in Wisconsin. Among them is the CT colonography or “virtual colonoscopy,” which is becoming a widespread practice in rural hospitals.



Bruce Deadman

In a session aimed at hospital trustees, **Bruce Deadman from Virchow, Krause & Co.** shared **Current Trends in Senior Leadership Recruitment and Retention**. Deadman cited several positive trends in executive compensation practices, including greater transparency, focus on succession planning, and pay for performance. Deadman underscored the movement away from short-term incentive compensation toward long-term plans focusing on retention.



Kim Hawthorne and Margo Francisco

**Changing Community Perceptions About Rural Hospitals** can be an issue if misperceptions are not addressed. **Margo Francisco from The Roberts Group, Inc.**, outlined for her audience how those views can be challenged -- and changed -- while strengthening the role of the community hospital. Francisco encouraged members of the audience to think inside out first. Start by finding out what hospital trustees, physicians, employees and volunteers think about the hospital -- both strengths and weaknesses -- then compare the perceptions of internal vs. community stakeholders. She encouraged developing a culture where everyone plays a role in managing community perception.

## Wisconsin Rural Health Conference Breakout Sessions



*George Quinn, Rich Donkle, Tim Size*

### **Surviving the Brave New World of Medicare**

**Advantage.** The Bush Administration, with support from Congress, has made Medicare Advantage a major Medicare reform strategy. **Rich Donkle and Tim Size from the Rural Wisconsin Health Cooperative, joined WHA's George Quinn** in evaluating the impact that Medicare Advantage will have on the delivery of health care in rural Wisconsin.



*Rhonda Kroll, RN*

It's a situation that many Wisconsin communities have in common -- a disproportionate percentage of the population is elderly. **Rhonda Kroll, RN, from Northern Health Centers, Inc.,** discussed **Community Health in Rural Populations**, highlighting public health efforts in the rural, largely elderly, community of Lakewood.



*Nina Antoniotti, PhD, Marshfield Clinic, and Char White of the Office of Rural Health*

**Nina Antoniotti, RN, MBA, PhD, from the Marshfield Clinic TeleHealth Network** describes telehealth as **A New Paradigm for Rural Health Care.** Antoniotti said telehealth removes the barrier of time and distance in rural health care delivery and it extends specialty care where it is otherwise not feasible.

**The Connection Between Leadership Structure and Quality Improvement** in health care is clear, according to the results of a national survey that found that support and direction from senior management has a strong, positive influence over quality improvement efforts. **Dana Richardson from the Wisconsin Hospital Association** said that the study revealed three key leadership characteristics of the highest



*Carolyn Coffey and Dana Richardson*

performing hospitals when the study results were correlated to a quality of care index. These three characteristics include: hospital trustees spend more than 25 percent of their meeting time on quality issues, board members interact with physicians on quality strategy, and senior executive compensation is tied to quality performance indicators.

MetaStar is working with rural and critical access hospitals on the 8<sup>th</sup> Scope of Work, which includes new performance measures that are appropriate for small hospitals. **Carolyn Coffey from MetaStar** said under this scope of work, they will provide support for health information technology implementation in both critical access and rural hospitals. The 8<sup>th</sup> Scope of Work will also support cultural change around safety issues. Coffey informed the attendees that unlike prior scopes of work that provided equal support to all participating hospitals, the Rural Organizational Safety Culture Change project will be limited to 25 hospitals. Hospitals that are interested in creating a culture of safety in their hospital will need to apply and be selected by MetaStar to take part in this project.

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## The Critical Access Hospital Coalition Meeting



*Rich Donkle, Maureen Kartheiser, George Quinn, Char White, Tim Size*

The Centers for Medicare and Medicaid Services recent move to ban CAHs from building replacement hospitals, unless they are located on the same campus as the old hospital, is in Tim Size's words, "one of the worst proposals we have ever seen from CMS."

"It serves to simply reaffirm CMS resistance to rural hospitals' decades-long fight for reimbursement equity," according to Size.

WHA's George Quinn, and the Office of Rural Health's (ORH) Director Maureen Kartheiser and Char White joined Size at the CAH Coalition Meeting.

Kartheiser announced that a council is being formed to provide advice and guidance to the ORH's Flex Program. This program provides grants to assist hospitals in activities related to community development, improvements in emergency medical services, and in professional staff development programs. She also said the ORH is interested in Identifying the interest in and need for developing rural health leadership programs to help ensure a successful transition when people in leadership positions retire or relocate.

Rich Donkle, CPA, Rural Wisconsin Health Cooperative, reviewed a statewide survey that showed the overall financial health of rural hospitals has dramatically improved because of the CAH program.

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*Richard Range (right) stopped to talk to vendors at the conference.*