

Review & Commentary on Health Policy Issues for a Rural Perspective - August 1, 2023

Medical Education in the Right Direction

From ‘The Future of medical care in Northeast Wisconsin’ by Nancy Barthel, *The Business News*, 6/19:

“ ‘Eight years after the Medical College of Wisconsin-Green Bay was established, the region is starting to feel its impact’ . ”

“ ‘The Medical College of Wisconsin-Green Bay (MCW-Green Bay) opened its doors in the summer of 2015—fulfilling a nearly decade-long dream of bringing medical school education closer to central and northern parts of rural Wisconsin. Matthew Jenson was among the 15 medical students in the inaugural graduating class in 2018.’ ”

“After a three-year residency for family medicine in Milwaukee, he returned home to Green Bay to become a partner with his father, Mark Jenson, in family practice at the Dousman Clinic.”

“Having an opportunity to attend medical school in his hometown, Matthew Jenson said, was a dream come true.”

“So, too, was the opening of MCW-Green Bay.”

Making its mark—“The MCW Board of Trustees approved the creation of MCW-Green Bay in June 2012—

“How can I trust someone who I don’t know and who doesn’t know me?” - Anonymous
RWHC Eye On Health, 7/11/23

making it the first medical school built in Wisconsin in more than 100 years.”

“Located on the St. Norbert College campus in De Pere, MCW-Green Bay was the first medical school in the nation to offer a whole campus three-year program through its 134-week ‘discovery’ curriculum.”

“John R. Raymond, Sr., Medical College of Wisconsin (MCW), president and CEO, said though some U.S. medical schools had offered three-year programs before MCW-Green Bay 2015’s launch, they were always offered in addition to a traditional four-year medical school.”

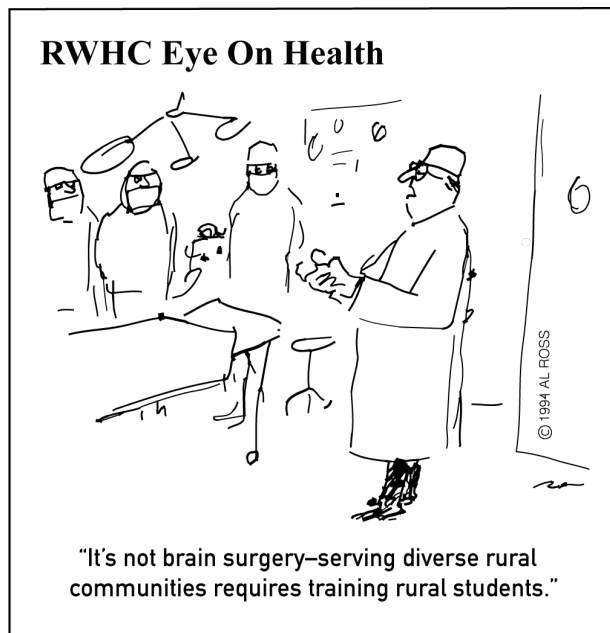
“MCW, which is headquartered in Milwaukee, is home to the four-year curriculum.”

“MCW is one of the largest private medical schools in the country, but Raymond said to simply increase the number of medical students at the Milwaukee campus, ‘we didn’t think would have a meaningful impact.’ ”

“Matthew Hunsaker, dean of MCW-Green Bay, said with the three-year program, ‘what

we were looking for is how to make medical college cost-effective.’ ”

“ ‘While maintaining the quality of our graduates, lowering student debt and allowing them to enter their career a whole year earlier,’ he said.”



“It’s not brain surgery—serving diverse rural communities requires training rural students.”

“With preference given to Wisconsin students, Raymond said the goal of the two MCW regional colleges (MCW-Green Bay and MCW-Central Wisconsin, which was established in Wausau in 2016) is that the new generation of physicians will want to practice in northern and central parts of the state where primary care/family physicians, internists, pediatricians, obstetricians and psychiatrists are needed.”

“ ‘Having these two regional campuses helped us grow into our name of the Medical College of Wisconsin,’ he said.”

“Raymond said the goal was to think differently about how ‘we can address this maldistribution’ of care problem and to look at the ‘outstanding health systems and doctors’ in the northern and central parts of the state who could partner with MCW to train students and then build residency programs for graduates in order to retain them in rural Wisconsin.”

“ ‘It’s too early to know for sure, but I would say it looks like it’s working,’ he said.”

Homegrown doctors—“Raymond said statistics show that if someone goes to medical school and then does their residency in the same region, there is a 75% likelihood they will practice medicine in that area.”

“MCW-Green Bay has now graduated its sixth class of medical students—22 new physicians came out of the

class of 2023—meaning MCW-Green Bay has now, according to Hunsaker, educated 140 physicians.”

“Some of those first graduates recently completed or are just starting to complete their three- to five-year residency programs, he said.”

“The question is, are these MCW-Green Bay trained physicians returning to this region of Wisconsin to practice? Hunsaker said they won’t be able to quantify the impact of MCW-Green Bay until about 10 years after its opening.”

“Jenson said he estimates 75% of the class of 2018 will be returning to the area.”

“He said he was at a classmate’s wedding recently that served as a ‘mini-reunion’ and ‘out of the 10 of us, there were only two of us that were out of state.’ ”

“He said Green Bay is the right community for training those who want to work in rural Wisconsin.”

“ ‘It worked very well (providing) a different feel obviously than the big city of Milwaukee,’ he said. ‘It’s interesting, as you rotate through different specialties up here, you’ll have patients who come from all over... You’ll see a wide variety of Midwestern people coming to Green Bay. Green Bay is actually the gateway to the north (and) the Upper Peninsula. You get a feel for rural medicine and academic medicine.’ ”

“Tim Size, executive director of the Rural Wisconsin Health Cooperative based in Sauk City, said the MCW campuses in Green Bay and Wausau, along with the Wisconsin Academy for Rural Medicine (WARM), the rural medical education program at the University of Wisconsin School of Medicine and Public Health, are making a difference in Wisconsin.”

“This focus on rural medicine in the state couldn’t have come at a better time, he said.”

“Baby boomers—those born between 1946 and 1964—are now retiring from careers in medical professions across the board, Size said, with the COVID-19 pandemic exacerbating some of those decisions to retire.”

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.

“ ‘Our state is facing a real crisis, and I think we’re already in the early days of it,’ he said. ‘In addition, I don’t think our state is prepared (for the aging population in Wisconsin). We are talking about a big chunk of the Wisconsin population who will be requiring more care.’ ”

“According to the 2023 Health Care Workforce Report, as Wisconsin’s aging population continued to depart the workforce, high job vacancy rates persisted as demand for care grew in 2022, putting further strain on the healthcare workforce to grow at a fast rate.”

“ ‘Wisconsin hospitals are working hard to grow, recruit, retain and support the healthcare workforce necessary to sustain the high-quality healthcare Wisconsin citizens expect and deserve,’ Ann Zenk, WHA senior vice president of workforce and clinical, said. ‘But even with concerted effort, it is unlikely the healthcare workforce can grow fast enough to meet the rising healthcare demand of an aging population.’ ”

“Size said that’s why MCW-Green Bay’s work is so important. ‘By educating and training people in northern Wisconsin, who are being recruited by and large in northern Wisconsin, you’re seeing the new physicians staying in rural Wisconsin,’ he said.”

Future growth areas—“Now, Size said, the goal is to grow residency programs, perhaps doubling the number, in northern and central Wisconsin.”

“ ‘There are historical reasons why there are barriers to residency in rural areas,’ he said.”

“This is, Size said, in part, because federal dollars that support the programs are disbursed more in the north-east part of the United States.”

“In addition, the ‘residency cap’ is a federal law limiting the number of residency positions that can be funded by the Centers for Medicare and Medicaid Services, which Hunsaker said currently means ‘you have a finite number of residency spots in Wisconsin.’ ”

“The ‘target’ per MCW-Green Bay class, Hunsaker said, is about 80% of the students are either Wisconsin residents or have a connection to Wisconsin. ‘Because

we are a workforce program with a specific intention—(to retain physicians in Wisconsin),’ he said.”

Community partners—“Hunsaker said MCW-Green Bay is thankful for its community partners in large health systems to small private practice clinics—located in Green Bay and the Fox Valley, and as far away as Marinette and Fond du Lac—who are helping to train this next generation of physicians in rural medicine.”

“ ‘We now have family doctors, obstetricians (and other specialty physicians) who are teaching students,’ he said. ‘We want (students) to see the variety.’ ”

“The decision to place the MCW regional medical school in Green Bay, Hunsaker said, was ‘strategic and thoughtful’ and was based on the willingness of healthcare systems and healthcare leaders to support the college.”

“ ‘I have a feeling of gratitude to all of our partners, for without those local partners, this innovative model wouldn’t work,’ Raymond said. ‘Northeast Wisconsin loves having their medical school there. They treat the medical students like they are essential... They make them feel very welcome.’ ”

Fixing America’s Doctor Deserts

From “The American doctor deserts—The doctor shortage is already here, but there’s a way to fix it,” by Dylan Scott, *Vox*, 6/23:

“Joslyn Conchas grew up with a single mom in Fresno, slipping in and out of poverty. She became interested in medicine while helping her grandfather pick ticks off their dogs and started dreaming of becoming a vet.”

“Then her grandpa got sick, afflicted by high cholesterol and heart disease, and she began thinking about taking care of people instead. She saw how hard it was for her grandfather, who spoke only Spanish, to communicate with her doctor, who did not speak any.”

“Not long ago, Conchas’s ambitions might have led her far away from the San Joaquin Valley—to college, to

medical school, and to a residency at a teaching hospital in a big city, with no guarantee she would return to the place she came from.”

“But this fall, the 17-year-old will start her pre-med undergraduate education at University of California Merced with a guarantee that, if she graduates, she will have a spot at UC San Francisco’s medical school, the first step toward keeping her closer to home when she’s ready to practice as a full-time physician.”

“Fears of a looming doctor shortage in the United States have been around for a long time and have only heightened since the pandemic. But in hundreds of communities, the doctor shortage isn’t a distant concern; it’s happening. America doesn’t have enough physicians practicing in certain parts of the country and in critical specialties. There are not enough primary care doctors in small towns and poor city neighborhoods alike. There are not enough obstetricians in rural practices. There are not enough psychiatrists almost anywhere.”



“The majority of rural America, 80 percent, is considered by the federal government to be medically underserved. About 20 percent of the US lives in rural communities but only 10 percent of doctors practice there.”

These localized shortages—call them doctor deserts—are not inevitable. They are, in part, the result of policy choices—“Doctors tend to spend their careers near the place they spent their residencies, several additional years of training they undergo after medical school. These residencies are paid for by the federal government, through Medicare, and virtually all are at big, academic medical centers, rather than in the places where people most need care right now.”

“If the US wants more doctors practicing in small towns, then it needs to put residencies there—Given the mechanics of the Medicare program and the paucity of resources in rural hospitals, that has been a challenge—and some leading scholars now consider the program so entrenched that it’s not worth trying to change, an 800-pound gorilla that may never be tamed.”

“Instead, state and local governments are setting up new residency programs outside of the traditional Medicare pipeline.”

“Getting doctors to the places that need them most, many experts have come to believe, will result not from reforming the traditional residency system but from working around it—a pipeline that could eventually begin right out of high school, as it is for Conchas. The efforts might seem small: a doctor here, a doctor there. But for the places that need more health care providers, even a handful of new doctors can make a huge difference.”

“In the end, the search for a solution is ending up

where it began: in the communities where these doctors are needed, with a new generation of practitioners like Conchas.”

“ ‘I’ve seen how prevalent health disparities in my community are,’ Conchas said the day before her high school graduation ceremony. ‘I want to be part of the solution. I want to make my community as strong as I can.’ ”

A new path to getting doctors where they’re needed—“It is not exactly news that America’s rural communities don’t have enough doctors. It’s a problem policymakers have been working on for a long time—with limited success.”

“Ideas like repaying the student loans of doctors who practice in rural areas have been around for a long time, but the evidence suggests they have a limited effect. They fail to solve the fundamental problem: People tend to settle down near where they train after school.”

“Putting residencies in rural health care facilities is the most direct path to more doctors practicing in those areas. Medicare funds most residencies in the US, but it is not required that doctors train in a Medicare-funded residency, only an accredited one. States and local groups are making more concerted—and successful—efforts to set up and fund alternatives as the doctor deserts continue to grow.”

“But that is a challenge. Rural hospitals are struggling. It’s hard to start up a residency program at a hospital that may be a few years away from closing.”

“‘I have partners that are worried about their own existence,’ said Kenny Banh, who runs a rural medical training program in Fresno County, California. ‘We’re constantly putting out the fire today while trying to plant the seeds for tomorrow.’ ”

“Prior efforts failed because they lacked sustained funding and political support. That is a hard lesson learned. Wisconsin, for example, attempted to seed a number of rural training programs in the 1990s, but they sputtered out in the 2000s. It took another decade until a renewed effort to launch rural residency programs got going.”

“That program, started in 2014, has proved more stable, helping to launch 75 residency positions across the state while being supported by a tax on rural hospitals in underserved areas that helps draw matching funding from the state Medicaid program. (It is similar to the funding mechanism used in some states for Medicaid expansion: taxing hospitals because the matching funding from the government ultimately brings more money to those hospitals.)”

“The program receives \$750,000 annually right now; its leaders are trying to sell the state legislature on doubling that investment as part of the state budget currently under consideration.”

Support RWHC Healthy Wisconsin



The foundation focuses on community & economic development as well as the healthcare workforce.

Email timsiz@RWHC.com to discuss how you might support this work.

“‘If you don’t have the funding, it’s harder to sustain a program,’ said Lori Rodefled, who provides technical assistance through her role at the Wisconsin Collaborative for Rural Graduate Medical Education (sponsored by RWHC). ‘That’s a lesson learned.’ ”

“Recently, additional federal funding has supported setting

up rural residency programs in states like North Carolina. Policymakers are also becoming more imaginative about where residencies can be hosted; a West Virginia program has been focused on setting up residencies at federally qualified health centers, clinics that receive a special pot of federal funding for operating in medically underserved areas.”

“It all follows from the same principle: Train new doctors where you want them to practice. And states have had to get creative because Medicare’s medical education funding appears almost impossible to change.”

“California in particular has had to be creative about alternative paths for developing and training a medical workforce. It is now putting \$75 million annually into state residency programs, partly supported by a cigarette tax, approved by the voters in 2016, a tenfold increase in the state’s investment.”

“It has also launched a series of programs at individual medical schools, which are offering supplemental classes and on-the-job training to get new practitioners accustomed to working in medically underserved communities. They have now even begun recruiting pre-med students directly out of high school from the communities where they want new doctors to practice.”

“That is the next evolution in this crusade: Pull the next generation of doctors from the cities and towns

where more doctors are needed, rather than hoping doctors will relocate there.”

“Our students are put back in the clinics they are from, the rural clinics they went to as students. They are invested in that clinic’s success,’ Banh, who runs one of these programs in the San Joaquin Valley, told me. ‘That’s how you fix these physician shortages.’ ”

Core Values More Similar Than Recognized

“From “Identical Values Claimed,” *AP*, 6/19:

“Americans on the right and the left have a lot more in common than they might think—including their strong distrust of each other.”

“A new survey found that when asked about core values including fairness, compassion and personal responsibility, about 9 in 10 Democrats and Republicans agreed they were very or extremely important. Yet only about a third of either group said they believed the same was true for the opposing party.”

“The results of the poll, conducted by NORC at the University of Chicago and the nonprofit group Starts With Us, reveal a stark truth at the source of the polarization that has a powerful grip on American politics: While most Americans agree on the core principles underlying American democracy, they no longer recognize that the other side also holds those values.”

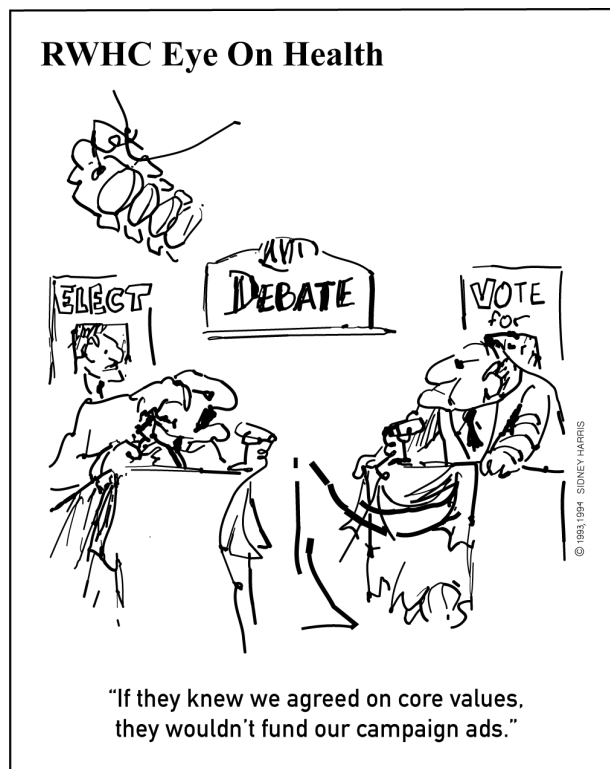
“ ‘This is a hidden opportunity for Americans to reestablish a sense of shared values,’ said Tom Fishman, chief executive at Starts With Us, a nonpartisan organization that works to bridge political polarization.”

“Americans have a long tradition of quarrelsome politics, dating back to before the Boston Tea Party. But with the notable exception of the Civil War, a sense of unity has kept those forces of division at bay. Experts who study partisanship and trust say polarization can become a significant problem when it’s exploited by political parties or when one party no longer views the other as legitimate opposition but as an enemy.”

“A number of factors are cited as possible causes for an increase in division, including the decline and fragmentation of legitimate news sources, politicians who stoke distrust, and social media platforms that spread misinformation while sorting users into echo chambers.”

“This loss of unity is tied to growing distrust in the media, government, science and public health while political anger has sometimes boiled over into hate speech or violence.”

“ ‘When you get worried is when polarization turns into dehumanization—a sense that the other is somehow less than human, or evil, or unable to share your decent human values,’ said Nealin Parker, executive director of Common Ground USA, a group that works to resolve conflict by building trust among Americans.”



“In the survey, respondents were asked to rate the importance of six principles: personal responsibility, fair enforcement of the law, representative government, government accountability, compassion and respect across differences, and learning from the past. In each case, about 90% of both Democrats and Republicans rated these values as very or extremely important.”

“When asked if members of the opposing party thought those values were very or extremely important, however, about two-thirds of respondents said no.”

“For example, while 91% of Republicans said they think it’s very or extremely important that citizens should learn from the past to improve the country, only about a third of Democrats said they believed that to be true of GOP voters. And while only 31% of Republicans say Democrats believe government accountability is very or extremely important, 90% of Democratic respondents said they do.”

Leadership Insights: “CEOs Advice Belongs”

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

I listened to this year’s Leadership Residency CEO Panel with an ear to messages of belonging. Some of their best pieces of advice fit perfectly with this theme.

The hardest thing I ever did was the best thing I ever did.” One CEO told a story about how a difficult situation made them a stronger leader from the experience. *How are you coaching employees who are going through a challenging situation? Can you facilitate “perspective taking?”* Be that person who can help people see things from a different angle. Don’t make light of their struggle, but do help them make meaning out of it. Share your stories of dark moments before the dawn.

Be quick, be smart, and be gone.” This one made us laugh at first. But when it comes down to it, sometimes as a leader you foster more belonging—and self-efficacy—by getting out of the way. You can risk others’ development of accomplishment when you try to do for them what they can and need to do for themselves. Be present, be a good resource, then let people wrestle through the experiences that will help them grow.


Seek feedback and listen to it. Ask your employees, “*What would you like me to start, continue, or stop doing to support your sense of belonging here?*” Listen carefully to what is said and what is not said. When you show over time that you are listening, people begin to trust you and that trust makes room for a lot of grace when you miss the mark.


Be YOU. When we show up authentically, it invites others to do so as well. Think of the people you can be yourself with and what a relief that is! We don’t have to “act” to fit in. **Sometimes people will push back on this, saying, “So, anything goes then??”** No. Being authentic does not mean throwing expectations and standards aside. I may cuss up a storm at home, but that doesn’t mean I can cuss at work and say, “Hey, just keeping it real.” Unless swearing is the only thing that makes me “me” (let’s hope not), I have something to contribute. I show my true self when I ask for help when I need it, admit a mistake and try to make it right, help someone who is struggling, laugh at myself and help you do so as well, let you know if I don’t know the answer to something, state my preference when you ask me for it, etc. *Where do you show the real you?* My own personal favorite definition of leadership is Ken Cushman’s, “**Authentic self-expression that adds value.**” My cussing doesn’t add value (usually), but those other behaviors do.


“Seek out mentors. These are significant relationships in our lives – those who lend a hand, lift us up, and help point the way. They may not fall into your life; look around and ask. Your request can foster belonging because knowing that we are needed is one way to feel like we are supposed to be here. *Who might you ask to mentor you?*”

Be intentional. Think about what drives your decisions. What do you truly want for yourself? For your team? Decide to create a sense of belonging among your team and act in ways that show what you intend. Don’t just hope that people will pick up on what your

★ ★ ★ ★ ★

 **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

intentions are. State them, and then make sure that your actions match.

Develop situational awareness and become willing and able to flex. You have your plans and agendas ready to go, but it's important to learn to read the audience. Find opportunities to practice checking in with people before jumping in to the work. Invite questions. Ask for a rating scale of their day or their comfort level with going forward with a project. Leading a team is a balance of maintaining focus and meeting the team's needs. Be willing to back up and attend to belonging. You'll go farther faster if people feel connected and your flexibility can impact that.

Get out of your office. Presence builds connection. Whether it's face-to-face or screen, leaders go first to put yourself out there. This will be a little more tiring for some of you than others, but it is a job requirement if you want to increase the likelihood of keeping your employees.

Get coaching for yourself. Everyone has something to learn and if we are not growing, we're becoming obsolete. We'd love to be part of your

leadership journey. Contact me to connect with our team of leadership coaches!

Thank you to 2023's CEO panel: Kelly Macken-Marble, Osceola Medical Center; Julie Bieber, Bellin-Oconto; Shawn Lerch, Sauk Prairie Healthcare; Derek Daly, Tomah Health; Chris Brabant, HSHS Oconto Falls

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.

Upcoming RWHC Leadership Programs

- 8/10 & 11 - **Preceptor Training Program** (2-day)
- 8/15 - **At the Heart of the Matter: Engaging Your Workforce** *
- 9/7 - **Hiring for the Right Fit: Behavior Based Interviewing** *
- 9/14 - **Finding Your Way in the Move to Leadership** *

*Virtual. Non-Members Welcome. Register & other events:
www.RWHC.com/Services.aspx

“Space Intentionally Left Blank For Mailing