

Illinois Telehealth Network Newsletter



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Committed to the future of rural communities.

Letter from Our Executive Director

**New Federal Grant Award || USDA
Telemedicine Equipment grant supports**

\$504,700 project

I would like to commend our latest federal grant application team for great work in preparing and submitting a successful USDA DLT (Distance Learning and Telemedicine) grant application this past May.

On October 31, 2018, Agriculture Secretary Sonny Perdue announced grant awards: HSHS St. John's Hospital in Springfield, Illinois, received a grant award of \$429,000 for telemedicine equipment at 14 rural sites, in an initiative led by the Illinois Telehealth Network (ITN). This grant supports a three-year \$504,700 project.

This project brings acute emergency room and non-acute telemedicine services to 14 rural spoke sites. The sites will also create ITN's "HOPE (Heroin Opioid Prevention Education) Telehealth Network" pilot with services provided by Locust Street Resource Center (Carlinville, Illinois) and possibly other providers. The service area of this project involves 19 rural Illinois counties serving a population of more than 24,000 lives.

The total project represents an investment of \$504,700 into rural telemedicine equipment. The service areas include the Districts of Members of Congress Darin LaHood and Rodney Davis. State Senator Andy Manar and Rep. Sue Scherer supported the competitive grant application with letters. Senators Dick Durbin and Tammy Duckworth also supported the application with letters.

ITN has a strong Board, an Advisory Board and excellent team in place. With 26 network members, we are well on our way to transforming rural access to quality health care in Illinois. ITN is expanding current (and planning new) telehealth innovations to help members improve patient access to healthcare in rural and underserved communities.

Sincerely,



Member Drawdown Requests (Up to \$4,500/yr.)

During network planning two years ago, ITN members expressed a desire to seek grant opportunities that had the potential to equitably benefit all member organizations, such as helping offset the costs of telemedicine supplies. This need was written into ITN's grant budget and now ITN members in good standing have the option to draw down up to \$4,500 (each year over three years) to reimburse their costs for telemedicine supplies. If ITN is funded for the full three-year duration of the HRSA grant, this means a member could receive up to \$13,500 in reimbursements!

The deadline for Year 1 reimbursement requests has passed. The window for Year 2 is open and ITN members are now eligible to request their Year 2 reimbursement for \$4,500 for telemedicine/telehealth-related expenses incurred between 7/1/2018 and 6/30/2019. Year 2 requests will not be processed until after the Year 2 member dues cycle, but can be submitted at any time between now and 7/15/2019.

Request forms [are available here](#) or may be obtained by emailing Julie at JEdwards@illinoistelehealthnetwork.org.

Members are allowed one request per year, and all reimbursement requests are subject to ITN Executive Director approval. Eligible supplies must be directly related to telemedicine or



3,471 Lives Touched by Telemedicine in first 12 months

According to the U.S. Census, there are approximately 1.7 million lives in the service area of the 26 ITN members, which includes 38 mostly rural counties. In the first year of the HRSA Rural Health Network Development Program, network members provided a total of 3,471 patient and provider telemedicine encounters. Although only a small percentage of the population, it's important to remember that the network's mission is to increase access to specialty health care in rural underserved shortage areas. Many of these areas have sparse rural populations and very small towns, often with no critical access hospital and not even a clinic. In fact, of the 26 Illinois Telehealth Network members:

- 24 are located in Health Professional Shortage Areas (HPSAs)
- 25 are located in mental health provider shortage areas
- 12 are located in Medically Underserved Areas

To help rural network members thrive in a tough business climate, and increase available health care services to strengthen business models, the three goals in the ITN's three-year HRSA grant project, and in just the first year, results have exceeded all expectations:

telehealth. Examples include, but are not limited to:

- Comfortable furnishings or equipment cart in a patient room that facilitates a telemedicine encounter
- Any supplies (including shipping) directly related to expanding a current telehealth service, or planning or piloting a new program
- Noise suppression devices to ensure patient privacy during a telemedicine encounter
- An iPad or PC, monitor, camera, speakers, cart, table or comfortable patient seating to facilitate a patient-provider telemedicine encounter (such as tele-psychiatry or another service)
- LifeNet related emergency department expenses to support 12-lead EKGs from EMS paramedics
- Supplies may include a telehealth application or software or server configuration by a telehealth vendor to support recordkeeping, privacy compliance, or to support reimbursement and sustainability

Members can contact Julie or David with any questions concerning reimbursement eligibility. This ITN reimbursement benefit is made possible by member dues and a matching grant from the Hospital Sisters of St. Francis Foundation to support HRSA project staffing. With staffing in place (a core HRSA program requirement), ITN's HRSA grant budget is able to help support its members' supply costs.

1. Expand and scale current telemedicine services (four successfully expanded in first FY—3,044 patients)
2. Plan and launch new telemedicine services (five successfully launched in first FY—427 patients)
3. Support long-term sustainability of all telemedicine services (new reimbursement opportunities for tele-behavioral health in 2019)

For some telemedicine patients, such as stroke patients in rural emergency rooms, lives were saved or disability reduced. For others, the elimination of a two or four-hour round-trip drive to see a specialist made it possible to keep (rather than skip) an important medical specialist follow-up appointment. For maternal/fetal medicine patients, neonatal or pediatric patients, or chronic disease management, telemedicine care can help maintain health, improve outcomes and avoid emergency visits, frequent hospitalizations or re-admissions.

To help continue the network's momentum, directed by a five-year strategic plan, the ITN team and board have finalized a Communications Plan, and are finishing up a Marketing Plan which was built upon feedback from the last member needs assessment survey. These documents will help guide and strengthen the support provided by ITN to its members. They will also help ITN achieve its three goals (noted above).



Expanding Specialty Care Reach

HSHS St. Anthony's Hospital & HSHS Holy Family Hospital Utilizing Telemedicine to Reach Rural Patients

HSHS St. Anthony's Memorial Hospital in Effingham and HSHS Holy Family Hospital in Greenville continue to seek ways for area residents to access specialty care close to home. Both hospitals recently acquired a second telemedicine "robot" to provide direct access to intensivists, board certified physicians who specialize in the care of critically ill patients. This purchase was made possible thanks to donations received from area individuals and businesses to HSHS St. Anthony's Foundation and HSHS Holy Family Foundation, both of which granted \$22,230 to each hospital to acquire the equipment.

Through this new telemedicine cart and monitor located at each hospital, intensivist physicians on staff at HSHS St. Elizabeth's Hospital in O'Fallon are available for consultation 24/7 to physicians and nurses at HSHS St. Anthony's Memorial Hospital. St. Elizabeth's, St. Anthony's and Holy Family are all part of the Southern Illinois Division of Hospital Sisters Health System (HSHS).

Telemedicine has been used at Holy Family Hospital since 2014 and St.

Telemedicine has also been used at St. Anthony's for neonatal consultations with SIU Medicine through HSHS St. John's Hospital since 2016. St. Anthony's also recently launched a partnership with Heartland Human Services in Effingham in January 2018 to fund a telemedicine psychiatrist, and offering nursing support for the program to help meet gaps in behavioral health in the community. Holy Family Hospital also provides a telemedicine psychiatrist for their inpatient behavioral health program to help meet gaps in behavioral health in the community.

Ryan Jennings, M.D., chief medical officer at HSHS St. Anthony's Memorial Hospital, explained why St. Anthony's and Holy Family Hospital are continuing to expand the use of telemedicine. "We are blessed to have excellent physicians on both hospitals' Medical Staff from a variety of specialties, and we continue to recruit more specialties to provide quality care locally. But given the smaller size of our communities, it can be difficult to recruit certain specialties due to the limited number of cases we might have for them, so that is where telemedicine is

Anthony's since 2015, when each hospital began partnering with HSHS St. John's Hospital through their 24/7 tele-stroke program. A telemedicine cart and monitor stationed in each hospital's emergency departments is used by physicians to allow a tele-neurologist to examine a patient suffering a stroke to help expedite treatment decisions, reduce disability, helps many patients avoid unnecessary transfers, and ultimately save lives.

important," he explained. "There are health situations where it is helpful to have another specialist consult on a patient. We used to conduct these consultations over the phone, but that only allowed us to describe the symptoms. With this new advanced technology, the specialist can basically see the patient with their own eyes, see how they are reacting, while viewing their scans at the same time, as if they were in the same room with the patient."



Virtual Coffee with the Network Director

Opportunities for Member Input to Drive Innovation Pilots

ITN now offers periodic "Virtual Coffees," a new series hosted by the ITN Executive Director and Network Director designed to highlight our network advisers and connect members with various resources to assist in their telemedicine initiatives. Recent Virtual Coffees included special guests and ITN network advisers Lia Daniels, Policy Manager, Health Policy & Finance at the Illinois Health and Hospital Association; Dr. Manish Acharya, who serves as Director of Telehealth for Infinity Healthcare; and Becky Sanders, the Director of the Upper Midwest Telehealth Resource Center (UMTRC).

At the October Virtual Coffee, Lia Daniels provided an overview of action taken during this past legislative session, with warm gratitude to Dr. Mander for his testimony before two legislative committees and to the ITN for its legislator education, advocacy support and letters to the Governor. Lia described the five bills that were signed into law and what they will mean to ITN members in 2019. Q&A and discussion followed. Lia gave updates on several Illinois telehealth bills signed into law by the Governor (with Dr. Mander present!). Minutes are linked [here](#).

At the November Virtual Coffee, ITN adviser Dr. Manish Acharya provided insight on how telemedicine is being used in the Emergency Room setting, giving an overview of various program models currently in use to address provider shortages for rural and underserved emergency departments in Illinois and Wisconsin. He shared stories of how telemedicine is being used to support the provision of emergency medicine and leverage provider resources as well as first-hand feedback about patient satisfaction with ED telemedicine use.

ITN Adviser Becky Sanders gave a high-level overview of the newly released CMS 2019 physician fee schedule and what it means for telemedicine. She discussed new codes and changes to the regulations allowing for more telemedicine reimbursement on the federal level and how these changes will impact telemedicine programs throughout Midwest region. She included a handout, [which is provided here](#) for member reference.

During the recent Virtual Coffee, participants expressed interest in learning more about reimbursement, contracts, provider documentation requirements and other legal topics related to telemedicine. The next Virtual Coffee will be scheduled for after the holidays, so we would like our members' input as we plan. If there is a topic of interest or benefit about which you would like to get more information or if you are interested in presenting a topic, please take [our survey](#) and share your thoughts with us!



Annual Member Dues

Invoices emailed in December; Dues match federal grant & foundation dollars

One of the commitments that 26 CEOs made in signing onto the network [MOU](#) two years ago, was to commit to paying \$3,000 in annual member dues for three years. These member dues are part of a match to leverage a federal HRSA grant to support ITN staffing to help members:

1. Expand current telemedicine services (particularly to rural areas)
2. Develop new telemedicine services (particularly in rural areas)
3. Support telemedicine program sustainability

Full-time ITN colleagues will support ITN members by leading innovation pilots, sharing best practices, and equipping members in seeking grants and other philanthropy. Pilots will help member organizations improve the access, coordination, quality and delivery of telemedicine services for patients.

What tangible value do members receive in return for annual dues? [See FAQ](#)

Holding Down Costs: ITN member dues were kept as low as possible, since ITN is an exceptionally rural network: Members include 28 FQHCs, 19 members in rural areas, 14 critical access hospitals (24 in Primary Care Health Professional Shortage Areas and 12 in Medically Underserved Areas).

CEOs will receive email invoices in December (due 2/28/19).



Other happenings in your

network!

Annual Member Survey

Member primary contacts will soon receive a survey link to share updated needs from the last survey 12 months ago.

- **Survey Purpose:** To help ITN staff and board members understand individual network member needs and barriers to using telemedicine. This information helps ITN focus its resources in meeting member needs (and in focusing on new grant opportunities). This is an opportunity to share pains, gains and future opportunities.
- **Confidentiality:** Your responses will be confidential, shared only with ITN staff and the board, and results of this survey will be shared with ITN members without any identifiers.
- **Estimated time:** Average completion of the survey will take 10-15 minutes. This survey was carefully designed to only elicit information that will be used by ITN in 2019 to better meet your needs.

New Network Communications Plan

In 2018, the ITN board approved newly drafted Communications Plan. This plan supports the updated Five-Year Strategic Plan (2017-2022) and is the prelude to a network Marketing Plan. The Communications Plan helps ITN communicate with its various stakeholder groups (including members, board members, Advisors, prospective members, the public in local communities, vendor providers, and elected officials). The marketing plan help guide ITN staff in focusing on and addressing member needs in the coming years, and helps the network support its own sustainability. The Communications Plan is linked [here](#) (it is not necessary to create a DropBox account to download). As with all ITN documents (strategic plan, bylaws, etc.), the board has felt it necessary to make core network documents available to the public, both for transparency and to support other emerging rural telehealth networks.



Upcoming Events

- **December 12, 2019 @ 12:00 PM Eastern** ||
UMTRC [Lunch & Learn: Telehealth 101](#)
([Teleconference](#))
- **December 12-December 13, 2018** || *SCTRC*
[Telemedicine Technology Summit](#) (New Orleans, LA)
- **TBD 2019** || *ITN Virtual Coffee (Teleconference)*
- **January 30, 2019** || *Missouri Telehealth Summit (Jefferson City, MO)*

- **January 30-February 1, 2019** // [World Congress 7th Annual Remote Patient Monitoring & Telehealth Track](#) (Atlanta, GA)
- **February 11-February 15, 2019** // [HIMSS19](#) (Orlando, FL)
- **April 14-April 16, 2019** // *American Telemedicine Association ATA 2019* (New Orleans, LA) [REGISTER NOW](#)
- **July 23, 2019** // [UMTRC Inaugural Annual Conference](#) (Gillespie, IN)



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