

Connecting Resources, Strengthening Rural Health Care, Saving Lives

Central Illinois Telehealth Network Member News

Summer 2015



CITN Governance Steering Committee Inaugural Meeting June 30, 2015 Meeting Minutes

Attendees: Dr. Ryan Jennings, Tammy Lett, Peggy Sebastian, James Hildebrandt, Marilyn Sears, Dr. Charles Lucore, Loren Hughes, Diane Genthner, Dr. Gurpreet Mander, David Mortimer, Dr. Margaret Kirkegaard, Meghan Kirkpatrick, Dawn Hamilton, Amy Bulpitt, Nicole Holst

Presenters: David Mortimer, Dawn Hamilton

Purpose and Goals of Governance Committee: This mission-critical committee will work closely with HMA expert consultants and legal counsel to develop bylaws that meet the needs of network members. The goal after 12 months of planning will be formalized bylaws, a board or executive committee. A formalized governance structure will position CITN to apply for a three year HRSA development grant.

Governance and By-Laws Overview

Overview Governance Structure and By-Laws:

- CITN is forming a non-profit corporation
- The Board of Directors will govern the CITN Board; Board seats need to be allocated

Bylaws Update

A few years ago, our telehealth network began with just a handful of members. As interest in collaborations quickly grew, and the Central Illinois Telehealth Network (CITN) was formed, CEOs of the 21-member organization signed a [Memorandum of Understanding](#) (MOU) to plan the network and formalize governance. A \$100,000 HRSA grant, matched with a \$10,000 Hospital Sisters of St. Francis Foundation Innovation Institute grant, is funding this yearlong effort.

The 14-member CITN **Governance Committee** completed two of its first four meetings to draft bylaws with Health Management Associates (HMA) consultant and legal counsel guidance. A draft bylaws document has been distributed to committee members for comment and mark-ups. The next Committee conference calls are scheduled for Sept. 11 and Oct. 6.

When approved by the Committee, the bylaws will be circulated to all 21 CITN members for review and comment. Our goal is to complete bylaws and have a functioning board by May 2016.

Because transparency is a core value, Committee agendas, minutes, and other documents are available in an online repository by clicking [here](#). (A DropBox account is not required to access documents.)

A Message from the Chair

As you well know, we are witnessing sweeping changes in the healthcare landscape. There are new demands upon rural health care: More patients, provider shortages, barriers to patient access to care, reimbursement penalties, and reductions in hospital funding. You may recall our Principal HMA consultant, Dr. Margaret Kirkegaard, terming this "whitewater healthcare."

From day one, this network has been a collaborative strategy built upon transparency. Individual actors came together voluntarily, agreed on a course of action, signed a MOU and began taking action cooperatively.



It's never easy to agree on common goals, let alone a common strategy for achieving those goals. What makes the CITN unique is that many stakeholders freely provide their time, trust, will, resources and skills.

As pioneer Gregory Bonk once noted, "Each network member must have the ability to separate their individual goals from the common goals of the network, and the vision to see the potential benefits of joint action." I am excited to see progress in our Governance Committee, as well as momentum building around common goals in our three CITN Focus Area Committees. Thank you for your support of this endeavor.

-- Gurpreet S. Mander, MD, MBA, CPE, FAAP, CITN Chair (CMO, HSHS St. John's Hospital)

Learning from a Best Practice

On July 6, our CITN team and HMA consultants spoke by conference call with Rena Brewer, RN, MA, to learn about the [Georgia Partnership for TeleHealth](#) (GPT), a mature best practice network that is vertically integrated (i.e. not just hospitals). The call goals were to learn about GPT's governance formation process, board development, and how the network became sustainable after significant startup grant funding. GPT currently has nine board members, is a nonprofit with bylaws, and the network serves 500 members. After much planning, GPT's first clinical encounter was in January 2006. Today it provides a robust menu of telemedicine services to members.

GPT may be a very different model from CITN: It is more of a clearinghouse like a "lending library" or public utility model. It creates value by serving as a kind of brokerage, linking members to services, but leaving the marketing to its members. GPT connects partners to each other and they build their own relationships. Each partner pays about a \$220 monthly network fee for a full menu of services. (Note: With a huge statewide volume of tele-psych ED and OP consults, the GPT model may be of interest to the CITN Tele-Behavioral Health Committee.)



Interoperability is accomplished since all members use the same software tool to exchange digital images. Otherwise, GPT is "agnostic" about equipment. Partners can use any type of their own equipment. Although GPT provides equipment recommendations, members may use their own laptops or applications (Cisco, Polycom, Mozy or Logitech) and most systems are compatible. GPT provides in-house 24/7 IT support.

Many thanks to Becky Sanders and Jonathan Neufeld from the [Upper Midwest Telehealth Resource Center](#) (UMTRC)—who also serve as CITN Advisors—for facilitating our introduction to GPT and hosting our call.



CITN presented its Telemedicine Pioneer Award to Hillsboro Area Hospital's Rex Brown, CEO, and David Harrison, VP of Patient Care Services and CNO

CITN Telemedicine Pioneer Award

On June 3, Administrative leaders at Hillsboro Area Hospital were presented with the Telemedicine Pioneer Award. The first annual award was announced on June 3 at the CITN CEO and member meeting at the Chiara Center in Springfield, Illinois. The award was accepted on behalf of the hospital by Rex Brown, CEO, and David Harrison, VP of Patient Care Services and CNO.

In presenting the award, Dr. Gurpreet Mander, CITN Chair and CMO of HSHS St. John's Hospital, commended hospital leaders. "This Telemedicine Pioneer Award recognizes ground-breaking work in operationalizing a tele-stroke program, working with credentialing, training emergency department staff, providing radiology access, and learning new protocols for using telemedicine," Dr. Mander said. "After operationalizing our tele-stroke program as a network, Hillsboro Area Hospital was the first rural hospital to request a videoconference neurologist consult for a stroke patient."

Hillsboro Area Hospital requested its first neurologist specialist referral in April 2014 when the network was newly launched—the only tele-stroke referral request that month. Just 12 months later, a dozen hospitals were participating in the mostly rural network with 44 tele-stroke neurology consultation requests for that month.

A CITN Grant Prospect for 2016: HRSA Rural Health Network Development Grant

One possibility to take CITN planning to the next level (after formalizing bylaws and establishing a board) is the HRSA Rural Health Network Development Program. Once announced, this grant opportunity may be approximately \$900,000 over three years. While CITN's current HRSA "Planning" grant is a kind of baby step for network creation, a "Development" grant would allow our network to fund several critical staffing positions identified in the five year strategic plan.

The opportunity is offered every three years and the last funding opportunity announcement (FOA) is available [here](#). (A previous FOA is often a good indicator of the next round of funding and timeline, but Congress sometimes enacts legislative changes.) CITN team leaders have been speaking with and learning from networks that currently have HRSA Development Program grants, and it seems to be a good fit for what our network would like to do.

CITN Grants Summary (\$1 million in funding)

As noted in the CITN Strategic Plan, grant funding alone is not sustainable. However, federal, state and private foundation grants are helpful "accelerators" as our network works to build a sustainable model. As accelerators, grant funding such as the \$1 million below, helps propel our work to accomplish years of work in just a short period of time.

CITN Grant	Amount	Purpose	Duration/Status/Applicant
HRSA Rural Health Network Planning (Year 1)	\$85,000	Conduct a needs assessment and five-year strategic plan for 17 network member hospitals	12 months/Successfully completed May 31, 2015/HSHS St. Francis Hospital (Litchfield)
USDA Distance & Learning Telemedicine (DLT)	\$181,000	To secure telemedicine equipment for Havana, Pana and Shelbyville (to participate in telestroke)	Three years/Equipment delivered & operationalized in April-May 2015 with patient neuro calls/HSHS St. John's Hospital
<i>Connections for Cardiovascular HealthSM</i> A program of the AstraZeneca HealthCare Foundation	\$206,000	Expanding the Tele-Heart Pathway (heart failure remote monitoring) for high risk and fragile patients in 13 underserved rural and urban outpatient settings	12 months/new program pilots launched and enrolling patients/HSHS St. John's Hospital and Prairie Heart Institute
HRSA Rural Health Network Planning (Year 2)	\$100,000	To formalize 21-member network governance and a board, and continue planning in three new telemedicine focus areas	12 months/in progress/HSHS St. Francis Hospital (Litchfield)
USDA Distance & Learning Telemedicine (DLT)	\$154,000	To upgrade telemedicine equipment (three-year lease) for Carrollton, Greenville and Hillsboro for telestroke and teleICU	Three years/Application successfully submitted; Decision anticipated in November/HSHS St. John's Hospital
Hospital Sisters of St. Francis Foundation (HSSFF) Innovation Institute	\$290,000	Cash match commitment to federal and private foundation grant projects (above)	From 1-3 years/Support to all project budgets listed above to advance work plans to advance the Three Aims of better health, better health care, and lower costs
Total:	\$1,016,000		

A Network by Any Other Name...

In an online member survey this past spring, the most favored name for our network was the "Illinois Telehealth Network." The "Central Illinois Telehealth Network" ranked second, with the "Southern and Central Illinois Telehealth network" ranking third. (Most feedback thought this name was too long.)

The "Illinois Telehealth Network" name will be reserved with the Illinois Secretary of State to ensure it is available when the network's bylaws are formalized and incorporation takes place. The logo and branding will be adjusted to reflect the final name.

The network's tagline, "Connecting resources, strengthening rural health care, saving lives" is a reference to the network's mission and vision articulated in the five year strategic plan.

Strategic Plan & Map

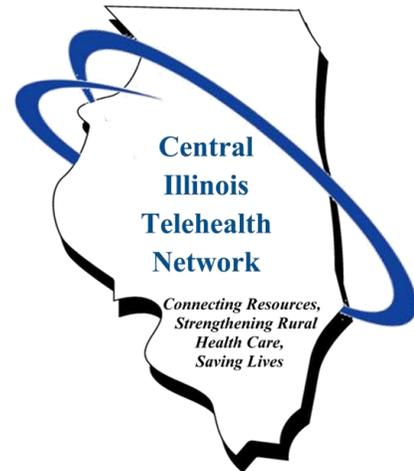
A full copy of the CITN Five-Year Strategic Plan may be found [here](#).

An executive summary of the strategic plan may be found [here](#).

A Member Map may be found [here](#).

Your CITN Team

- Gurpreet Mander, MD, CITN Chair; Chief Medical Officer, HSHS St. John's Hospital (Springfield, IL) Gurpreet.Mander@hshs.org
- Michelle Oliver, CITN Director, VP of Operations—Patient Satisfaction, Hospital Sisters Health System - Central Illinois Division (Springfield IL) Michelle.Oliver@hshs.org
- Chris Schmidt, CITN Member, Regional Stroke and Telemedicine Nurse Coord., HSHS St. John's Hospital (Springfield IL) Chris.Schmidt@hshs.org
- Julie Edwards, CITN Outreach Director, CONNECT Outreach Representative, HSHS St. John's Hospital (Springfield, IL) Julie.Edwards@hshs.org
- David Mortimer, CITN Administrative Director, Delivery Innovation Grant Program Manager, Hospital Sisters Health System (Springfield, IL) David.Mortimer@HSHS.org cell: 217.381.5483
- HMA Team (providing expertise on CITN Governance/Bylaws/Board Development):
 - Dawn Hamilton, JD, MHA, Senior Consultant dhamilton@healthmanagement.com
 - Margaret Kirkegaard, MD, MPH, Principal, mkirkegaard@healthmanagement.com
 - Meghan Kirkpatrick, Senior Consultant, mkirkpatrick@healthmanagement.com



The above illustration is the current draft logo and name in current use. When the nonprofit network's bylaws are formalized, the board will likely have a professionally designed logo represent the organization.

Telestroke Growth & Stellar Response Times! Tele-ICU Launched

Over the past 13 months (ending June 30), the telestroke program led by CITN member HSHS St. John's Hospital saw 341 telemedicine neurology calls. Neuro response times to consult requests have been less than 7 minutes!

Hillsboro Area Hospital marked the telestroke program's first neurologist specialist telemedicine referral consult in April 2014. Today the telestroke network has 12 active sites. Using the same InTouch equipment for telestroke in emergency departments, Tele-ICU has just been launched at three sites: Greenville Regional Hospital, HSHS St. Francis Hospital (Litchfield) and Boyd Memorial Hospital (Carrollton).

"Because many rural communities often have no physicians with specialty stroke training, tele-stroke programs can extend specialist neurologist expertise to rural hospitals," said Dr. Mander. He added, "Our network allows rural hospitals to have 24/7 emergency department access to stroke specialists, and we will someday use the same technology to provide other 24/7 specialty services that are unavailable in rural areas."

Stroke is a leading cause of death and disability, but in rural emergency departments, tele-stroke can save lives by providing rapid videoconference access to stroke specialists. These specialists maybe hundreds of miles away, but they can evaluate patients for tPA, a clot-busting drug that can reduce death and disability from stroke (tPA must be administered within a few hours after stroke symptoms begin). Computed tomography (CT) scans and other tests are also shared electronically in a tele-stroke consultation.

Using the same InTouch equipment..., Tele-ICU has just been launched at Greenville Regional Hospital, HSHS St. Francis Hospital (Litchfield) and Boyd Memorial Hospital (Carrollton).

Important Dates

- CITN Member Conference Call (with Committee Updates)..... Aug. 5 (3-4 pm CT)
- CITN Tele-Behavioral Health Committee call #1.....Aug. 10 (11-12 noon CT)
- IL rural Health Association Annual Conference (East Peoria, IL) with Tele-Behavioral Health Workshop with CITN Advisor Dr. Jonathan Neufeld, UMTRC.....Aug. 13-14
- CITN Virtual Technologies/Virtual Urgent Care Committee (call #1).....Aug. 14 (3-4 pm CT)
- CITN Governance Steering Committee call #3Sept. 11 (10-11:30 am CT)
- CITN Virtual Technologies/Virtual Urgent Care Committee (call #2)Sept. 16 (1-2 pm CT)
- CITN Governance Steering Committee call #4.....Oct. 6 (10:30-11:30 am CT)
- Illinois Hospital Association Innovation Forum presentation by CITN Advisor, Dr. Mark Stampehl on Tele-Heart Pathway (heart failure remote monitoring telehealth)..... Nov. 5

August 2015

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September 2015

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October 2015

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Technical Assistance

To ensure the success of grantees, HRSA provides Technical Assistance (TA) at no cost. This TA is provided by experts in network planning and development. Our TA is provided through monthly webinars led [Rural Health Innovations](#), based in Duluth, Minnesota.

TA services are provided to rural health networks across the country through education, training and guidance that includes webinars, site visits, consultations, resources, tools, support in creating sourcebooks, and guidance in self-assessment, evaluation and strategic planning. Any CITN member is welcome to join these TA calls (please email David.Mortimer@HSHS.org to be added to the email distribution list to receive calendar invites).



HRSA Grant Announced

As members know, CITN's funding is currently funded by a Health Resources and Services Administration (HRSA) Rural Health Network Planning Program grant (June 1, 2015 through May 31, 2016). This project is guided by a MOU signed by 21 hospital CEOs that may be found [here](#). At the June 3 CITN meeting at the Chiara Center in Springfield, representatives from Congressmen John Shimkus (IL-15th) and Rodney Davis (IL-13th) announced the new \$100,000 federal grant to HSHS St. Francis Hospital (Litchfield) which will be used by the CITN to increase rural access to specialty care.



The grant supports further development of a rural hospital telehealth network made up of 21 Illinois hospitals (including HSHS Medical Group). Funding from the grant program will be used to promote the planning of healthcare networks to achieve efficiencies, expand access to, coordinate, and improve the quality of essential health care services through the use of telehealth technology. Of the 52 CITN attendees at the CITN meeting on June 3, 13 were CEOs and 13 were other c-suite level representatives of their organizations.

PHOTO: From left to right: David Mortimer, CITN Administrative Director, HSHS; Dr. Gurpreet Mander, CITN Chair, CMO HSHS St. John's Hospital; Mary Starman-Harrison, President and CEO, HSHS; Deb Detmers, Office of Congressman Shimkus; Philip Lasseigne, Office of Congressman Rodney Davis.

Support from Elected Representatives

In July, HSHS St. John's Hospital submitted a USDA Distance & Learning Telemedicine (DLT) grant application requesting \$154,000 to upgrade telemedicine equipment for Boyd Memorial Hospital (Carrollton), Greenville Regional Hospital (Greenville) and Hillsboro Area Hospital (Hillsboro). If funded, this new leased equipment will continue providing telestroke services and can be used to expand to tele-ICU and other services. (A decision is expected by November.) CITN received grant support letters for the DLT proposal from **U.S. Senators Dick Durbin** and **Mark Kirk**, and from **Members of Congress Rodney Davis** (13th District) and **John Shimkus** (15th District). The letters may be found [here](#).

"...this program will enable HSHS St. John's Hospital to obtain telemedicine equipment, which would help save lives and reduce the disability of stroke victims in rural Illinois hospitals. It would also help expand patient access to advanced medical care."



-Senator Dick Durbin (CITN support [letter](#))

"By increasing access to stroke neurologists..., we can also increase the likelihood that stroke victims receive tPA, the only FDA approved treatment for an ischemic stroke... tPA helped save my life and I want others to have the same opportunity."



-Senator Mark Kirk (CITN support [letter](#))

Meet Our HMA Consultants

Thanks to HRSA grant funding, CITN has the expertise of a high-powered consulting group by the name of [Health Management Associates](#) (HMA). Currently, the HMA team is providing expertise and guidance on the development of CITN Governance (Bylaws) and the development of a board. Our HMA colleagues are:

- Dawn Hamilton, JD, MHA, Senior Consultant
- Margaret Kirkegaard, MD, MPH, Principal
- Meghan Kirkpatrick, Senior Consultant



HMA is a consulting firm (with 15 offices around the country) specializing in the fields of health system restructuring, health care program development, health economics and finance, program evaluation, and data analysis. HMA has clients across the country, including the major safety net health systems, private sector providers, and local, state, and federal governments. HMA is widely regarded as a leader in providing technical and analytical services to health care purchasers, payers, and providers, with a special concentration on those who address the needs of the medically indigent and underserved.

Innovation Institute Support

Four of CITN's grant projects have had the support of the [Hospital Sisters of St. Francis Foundation](#)'s Innovation Institute, which was created thanks to Dr. Frank Mikell's foresight. (Before his retirement, Dr. Mikell served as Chief Physician Executive for HSHS and he now serves on the Foundation Board.)

In CITN welcome comments to members and CEOs on June 3, Mary Starmann-Harrison, President and CEO, Hospital Sisters Health System, described the Innovation Institute:

"The 'without walls' nature of the Innovation Institute helps accelerate critical Wisconsin and Illinois projects in telemedicine, telehealth and network development. It helps advance our efforts of better health, better health care, and lower costs through improved quality—the Three Aims articulated by Dr. Donald Berwick."



As a result, \$280,000 of Institute funding has leveraged \$665,000 in external federal, state and private foundation grant support over four years.

Media

A July 15 *Illinois Times* [article](#) by a reporter that interviewed CITN Chair Dr. Gurpreet Mander highlights several Illinois telemedicine programs and mentions the following CITN projects:

- Dr. Mark Stampehl's new Prairie Heart Institute at HSHS St. John's Hospital Tele-Heart Pathway outpatient telehealth remote monitoring program (for fragile and high risk heart failure patients)
- The *Connections for Cardiovascular HealthSM* A program of the AstraZeneca HealthCare Foundation grant project
- The Hospital Sisters of St. Francis Foundation Innovation Institute support (top of page four)



IRHA Telehealth Panel (Aug. 13) Includes CITN Advisor from UMTRC

The Illinois Rural Health Association (IRHA) will hold its annual educational conference in East Peoria on August 13 and 14 at the Embassy Suites Riverfront Conference Center. For more information, conference brochure or to register online, go to www.ilruralhealth.org. On August 13, IRHA will host a telehealth panel discussion, "Building a Successful Telehealth Program in a Rural Community" at 11:35 a.m. Panelists include:

- Jonathan Neufeld, PhD, [Upper Midwest Telehealth Resource Center](#) (UMTRC). Jonathan, together with Becky Sanders, serves as a CITN Advisor in our HRSA Network Planning project
- Chad Morris, BS, Insight Telepsychiatry, Marlton, NJ
- Trilok Shah, MD, In Touch Physicians, Chicago, IL
- Greg Janes, TelePharm Iowa City, IA

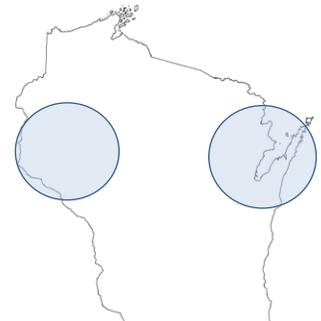
Panelists will discuss the financial and quality motivations driving providers into telehealth and provide a foundation for providers to explore and implement expansion. We will go over the several types of telehealth programs (with examples), financial models that support sustainability, and the technical and administrative requirements for success. Participants will learn about the free consultation and technical assistance resources available through the federal Telehealth Resource Center program. Special focus will be given to the best practices in establishing successful tele-pharmacy and tele-psychiatry programs in rural communities from both a clinical and financial perspective.



Supporting Telehealth Networks in Other States

CITN members are supporting other networks:

- The CITN Administrative Director has shared a status update with members on the [UMTRC Illinois](#) Stakeholder meeting. CITN support of and engagement with UMTRC also helps support telehealth efforts in **Indiana, Michigan, and Ohio**.
- CITN telestroke program development support to two emerging telestroke networks in western and eastern **Wisconsin** is being provided by CITN Director Michelle Oliver (VP of Operations—Patient Satisfaction, HSHS Central Illinois Division) and CITN Member Chris Schmidt (Regional Stroke and Telemedicine Nurse Coordinator, HSHS St. John's Hospital).



Several CITN members are supporting the planning and development of two telestroke networks in Wisconsin

Network Mission & Vision

The mission and vision are articulated in the CITN [Strategic Plan](#):

Mission: CITN promotes the capacity of Members to improve access to health care, in rural, underserved and disadvantaged communities, through the application of telehealth and telemedicine solutions.

Vision: CITN will connect and share resources, strengthen rural health care and save lives.

