Winter 2017

IL RURAL HEALTH ASSOCIATION

Illinois Rural Health Association

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IRHA Annual Educational Conference August 9-10th, 2017 Hilton Garden Inn Champaign, IL

Visit www.ilruralhealth.org To register online or to submit a presentation.

Presentation submission deadline is March 17.

Conference registration form and rates on page 16.

IRHA Hosts Rural Health Careers Forum at UIUC

IRHA hosted a **Rural Health Careers Forum** over the fall at the University of Illinois College of Medicine in Urbana. The purpose of the Forum was to give both college students and high school upper classmen insight to the many careers in the rural health arena in addition to the traditional MD and RN. There were three panels consisting of health care administrators, clinicians and grad students/ program directors. Special thanks to AHEC for their sponsorship of this event!

The next Rural Health Careers Forum will be held on Saturday, March 25th, from 10:00 AM to 12:30 PM at SIU Edwardsville. Register at www.ilruralhealth.org. The event is free and includes lunch afterwards.

PICTURED ABOVE: Grad Student/Advisor Panel : 1st Row Seated: Public Health Grad Student Jessica Jackson, U of I Public Health Professor Jan Farner, RMED Pharmacy Student Kourtney Newell

2nd Row Standing: RMED Program Recruiter Mark Meurer, RMED Student Hunter Winstead, U of I Public Health Program Director Dr. Stephen Notaro, and SIU School of Medicine Student Kacey Hamilton.

IRHA President Attends National Rural Health Policy Institute in Washington D.C.

I had the opportunity to represent the Illinois Rural Health Association at the recent National Rural Health Policy Institute in Washington D.C. The policy institute was the largest non-partisan, rural advocacy event in the country to date and provided a full agenda covering significant issues that impact rural needs. The policy institute took place at a pivotal and changing time in Washington. Attendees of the policy institute learned first-hand how important the rural vote was in this election cycle-it is clear that rural perspectives and concerns are now, more than ever, being recognized as having an impact. The importance of rural was also reflected in the unprecedented number of legislators that spoke at this institute. Representatives from CMS and HRSA also presented on how their programs and policies work to support rural interest and ways that they will work to continue to expand programs to support rural needs. One of the timeliest topics covered during the institute was the Affordable Care Act (ACA). Specifically, of interest was the impact that a full repeal of the would have on rural and underserved communities. Advocates of repairing the ACA presented information on how the removal of health insurance for currently covered individuals would be detrimental to not just rural healthcare systems, but on local rural economies. Among presenters, the message was clear that a preferred option to future healthcare policies changes examine ways to better regulate insurance companies, while providing enhanced care opportunities for those who would not have access to care without reform.

Part of the agenda for the institute included a visit to Capitol Hill to meet with Illinois legislators. I would like to thank former IRHA President and current Executive Director of the Illinois Critical Access Hospital Network, Pat Schou, for her leadership in coordinating visits to the Hill. I had the privilege to go to the Hill with Pat and a delegation representing Critical Access Hospitals from across Illinois. On the Hill, we able to inform legislators of our health workforce development programs and services as well as on the important healthcare delivery provided to rural communities. We were also able to provide our perspectives on key issues (opioid prevention, healthcare reform, reimbursement rates and the 340B program, etc.) that were of interest to the legislators in session. For me, witnessing, the tireless commitment passion for serving rural Illinois residents expressed by my colleagues from the Illinois Critical Access Hospital Network delegation in these meetings was personally very inspiring. Although there are uncertain times ahead for rural, I am confident that we can use our current platform to meet challenges by working together through the extensive networks of dedicated Illinois rural health advocates.

Hana Hinkle, MPH
President, Illinois Rural Health Association

SIU TeleHealth Addresses the Seven Misconceptions about Telehealth

My privacy is at risk! Patients and providers alike are concerned about the security of confidential patient information, and we understand that having a secure connection is critical to ensure patient privacy. Virtual clinics, including SIU Telehealth, maintain the same data security, privacy and quality standards just as they would for in-person care. If you are ever concerned about your privacy risk, simply ask your telemedicine provider how their platform ensures 100% data security.

Jim Pollock Technical Video Specialist, SIU Medicine

I can't get a proper visit. Many conditions don't require an in-person visit. A competent physician can accurately make many diagnoses simply by knowing your medical history and symptoms. Telemedicine can also be valuable for simple follow-ups or a post-operation wound check that only requires a visual examination and verbal exchange.

It's just not as good as an in-person visit. When using evidence-based guidelines paired with innovative clinical treatment support software, we can treat a number of conditions safely and consistently using virtual care. At SIU, every doctor providing telehealth follows the same quality standards as they would in their traditional clinics. These services are not meant to replace the traditional interactions between patients and physicians but rather compliment it.

It's expensive! Your cost is often comparable to the cost of a co-pay for a traditional office visit and can be subsequently submitted for flexible spending account (FSA) or health savings account (HAS) reimbursement.

My doctor won't know me. Telemedicine can actually enhance an existing provider-patient relationship or even create a new one. Typically when you seek specialty care in the traditional setting, you're not paired with physicians that you have not previously had an encounter with.

Telehealth is scary! Truth is, it's quite the opposite. Not only can telehealth provide patients the benefit of staying close to their community, but it save time and money. A convenient benefit to patients. You will reduce the time spend from work and the savings in traveling expenses. No more long waits in waiting rooms.

Your physician doesn't like telehealth. Not only do patients like the benefits and flexibility telehealth offers, but it also provides physicians who may have otherwise left his or her field to continue practicing medicine. For example, a new Mom could have the opportunity to work as a full-time or part-time telehealth physician from a more convenient location enabling her to stay in the field, maintain patients, grow a practice and receive an income.

At SIU Medicine Telehealth are committed to offering full video services for all your Telehealth needs. In the very near future we will be expanding to include services in Maternal-Fetal Medicine and Pediatrics for Telehealth beyond our normal video services. We provide a comprehensive "white glove" treatment for all your video production and conference needs.

Farm Bureau Nurse Practitioner Program Does Double Duty

The Rural Nurse Practitioner Scholarship Program offered by Illinois Farm Bureau does double duty. How so? It assists nurses and rural healthcare alike. It's a win-win for everyone!

Peggy Romba
Program Manager
Illinois Farm Bureau

Twenty percent of the U.S. population lives in rural areas, but only nine percent of physicians practice there. The Rural Nurse Practitioner Scholarship Program (RNPSP), now in its twenty-fourth year, supports nurses who want to become nurse practitioners and serve in rural communities. The scholarship program helps encourage and develop the pool of rural health practitioners to help meet primary health care needs in rural Illinois. Five scholarship grants of $4000 each are awarded to nurse practitioner students who agree to practice for two years in an approved rural area in Illinois.

To be eligible for the scholarship, students must be Illinois residents and be a Registered Nurse accepted or enrolled in an accredited Nurse Practitioner Program. Funding is provided by the Rural Illinois Medical Student Assistance Program. The program is sponsored by the Illinois Farm Bureau ® and the Illinois State Medical Society. The scholarship is paid in two installments directly to the student's college. According to Peggy Romba, who heads up the program for the Illinois Farm Bureau, "This scholarship has helped many qualified applicants hurdle financial need barriers to further their medical education. Dozens of students have benefited from this scholarship program."

Applications are available on the Rural Illinois Medical Student Assistance Program website at www.rimsap.com. You can also contact Peggy Romba at 309-557-2350, or e-mail her at promba@ilfb.org. Applications are due May 1, 2017.

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Illinois Department of Public Health
Center for Rural Health

State Loan Repayment Program

Program Description	**The State Loan Repayment Program (SLRP) is a health provider based program. The program offers educational loan repayment grants to primary care providers throughout the state working in Health Professional Shortage Areas (HPSAs)**
Eligible Professionals	**The eligible providers are:** • Physician (Family Practice) • Physician (Obstetrics/Gynecology) • Physician (Internal Medicine) • Physician (Pediatrics) • Dentist • Advanced Practice Nurse • Physicians Assistant • Psychiatrist • Certified Nurse Midwife
Service Commitment	**Full-Time Employment** Minimum initial 2-year commitment Additional 1-year awards for each additional year of service **Half-time employment** Minimum initial 4-year commitment Additional 2-year awards for every 2 years service
Benefits	Loan repayment assistance for qualified educational debt. The grant monies awarded are non-taxable by the State of Illinois. Grants monies paid by the facility cannot be used as a salary offset.
Application Requirements	• Be licensed in Illinois as a primary care physician (residency trained or board eligible osteopathic or allopathic physicians trained in fam- ily practice, general internal medicine, general pediatrics, internal medicine pediatrics, obstetrics and gynecology; nurse practitioners, physician assistants, nurse midwives; dentists or psychiatrists), or expect to be licensed in Illinois and who is willing to practice at pub- lic or nonprofit, private entities providing primary healthcare services in a federally designated HPSA in Illinois; • Sign a contract with the Illinois Department of Public Health guaran- teeing their minimum commitment of two years of service in a HPSA; • Be indebted to a governmental or commercial lending institution for educational expenses incurred in pursuit of the applicant's degrees or diploma; and • Be a U.S. citizen.

http://dph.illinois.gov/topics-services/life-stages-populations/rural-underserved-populations

CMS Teams with IRHA on Rural Health Stakeholder Meeting

The Centers for Medicare and Medicaid Services Division of Financial Management and Fee for Services Operations reached out to IRHA and asked us to help them coordinate a Rural Providers Stakeholders Discussion to get feedback attendees on the priorities, best practices and challenges impacting rural health care delivery.

The event was held in one of the auditoriums at SIU School of Medicine and more than 100 providers registered to participate.

Pictured right: Graham Hospital CFO Eric Franz is speaking.

PICTURED ABOVE: Front Row: CMS Accountant Addana Ene, CMS Presidential Management Fellow Dexter Glasgow back row: Kirby Hospital CEO Kirby Medical Center, IRHA Board Member Ken Ryan of the Illinois State Medical Society, CMS Chicago Associate Regional Administrator Jorge Nevarez, and CMS Chief Medical Officer Robert Furno, MD

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Three Ways Telepharmacy Helps Improve the Quality of Life in Rural Illinois

People living in rural and underserved communities are currently experiencing a gap in healthcare. Traveling 25 minutes out of town to pick up an essential prescription is horribly inconvenient, and sometimes the weather can make that trip nearly impossible. Obtaining adequate care in most rural areas is, in short, very hard.

That's where telepharmacy comes into play. A brick-and-mortar telepharmacy operates just like a traditional pharmacy except the pharmacist reviews prescriptions and counsels patients from a remote location, or managing pharmacy. A telepharmacy provides all the care and services of a traditional pharmacy, and can operate in areas where a traditional pharmacy is not feasible.

Gregory Janes, Director of Outreach and Education, TelePharm

Here are three ways telepharmacy helps improve quality of life in rural Illinois.

1. Provides convenient access to a pharmacist

Above all else, local access to a pharmacist is what makes telepharmacy a fantastic solution for rural communities. Telepharmacy allows pharmacists to easily access patients in small towns. Along with local access to a pharmacist comes better patient education and the creation of a strong, patient-pharmacist relationship — a necessary component to improving medication adherence and rural population health. Telepharmacy empowers pharmacists to help improve the lives of patients living in rural communities.

2. Creates a local community health hub

In addition to providing convenient access to critical prescription medication, telepharmacy provides a health and wellness destination where patients can access vitamins, supplements, over-the-counter drugs and more. Pharmacists can schedule on-site days at the telepharmacy and provide vaccinations, arrange blood pressure and cholesterol screenings and offer patients wellness education plans. Additionally, telepharmacies can be located inside of or adjacent to clinics, creating a convenient one-stop shop for health and wellness in the community.

3. Helps drive economic growth

We've seen the same story unfold a number of times — rural businesses are closing and community members are forced to travel out of town to gather the goods, services and medications they need to survive. A brick-and-mortar telepharmacy site helps prevent people from leaving town by providing local access to care in a feasible manner. A telepharmacy can also help revitalize main street in an effort to drive business growth in small, rural communities.

Many Illinois communities like Cambridge, Sheffield and Atwood are all experiencing the benefits of having a local telepharmacy in town. Even so, there are many more opportunities to improve access to care and quality of life in rural Illinois through telepharmacy.

For more information, visit telepharm.com/learn

IRHA Presents 2016 Physician of Excellence Awards

In a tradition started more than 15 years ago by the National Rural Health Association, the IRHA has been honoring physicians who exhibit an extraordinary commitment to rural areas. The awards are presented to the recipients in their communities every fall at a special recognition reception hosted by their local hospital or practice.

Congrats **Dr. Gregg Davis**, 2016 Rural Physician of Excellence Winner.
Reception held at Perry Memorial Hospital in Princeton on October 12th.

Congrats **Dr. Matt Gullone** of Galena, who received the 2016 Physician of Excellence Award surrounded by family, patients and colleagues at the Oct. 6th reception hosted by
Midwest Medical Center.

IRHA Presents 2016 Physician of Excellence Awards

Congrats to **Dr. Colleen Bingham**, who received the 2016 Rural Physician of Excellence Award on National Rural Health Day, Thursday November 17th.

Pictured first row: Phil and Mary Ann Maton (physician's parents), Dr. Bingham and her husband, Dean, and mother-in-law, Darlene Bingham. Second row standing: Brent Todd (SIU School of Medicine), IRHA Board member Cynthia Wise, IRHA Director Margaret Vaughn, IRHA Past-President Ken Ryan, Janice Westendorf (Family Care Associates) and State Rep. John Cavaletto (R-Salem).

Special congrats to our Physician of Excellence Winner **Dr. Sally Salmons** of Carle Foundation Hospital, presented October 4th with IRHA Board Member Amy Rademaker and Executive Director Margaret Vaughn.

IRHA Presents 2016 Physician of Excellence Awards

Congrats **Dr. Christopher Wagoner**, 2016 IL Rural Health Association Physician of Excellence Winner, presented at Illini Rural Health Clinic in Pittsfield 10/05/2016on October 5th.

Special Thanks to Our

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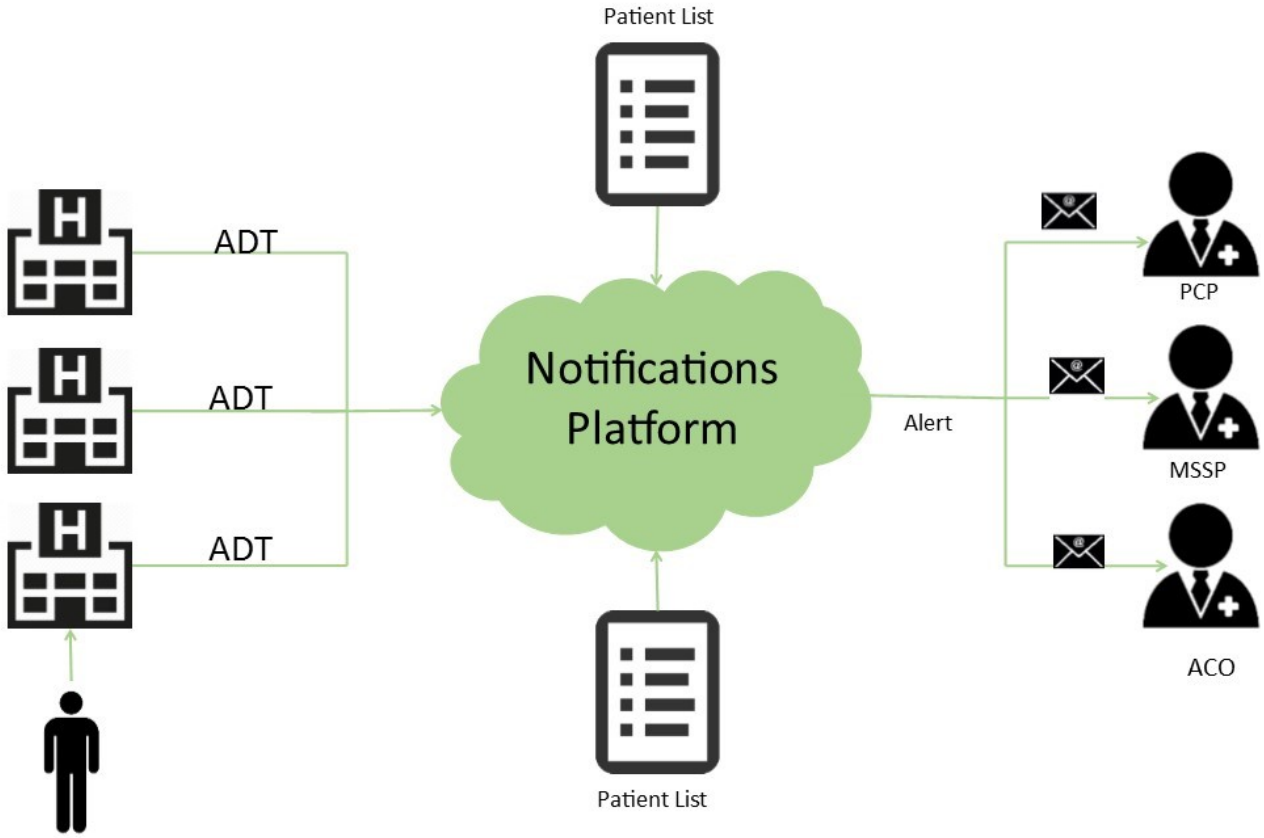
Central Illinois Health Information Exchange Launches $1.7 Million Grant-Funded Statewide Alerts Project

Sharing healthcare information is essential for Care Coordination. One of the most effective and efficient ways to share healthcare information is to leverage a widely used message type already exchanged electronically; ADT. Admissions, Discharges and Transfers (ADT) is a common standard (HL7) message type in use across hospitals in the United States. While not intended for alerting purposes, the messages communicate changes in patient status that have important clinical and care coordination value.

Lauren Wiseman
MSN, RN-BC
Clinical Services Manager, CIHIE

Central Illinois Health Information Exchange (CIHIE) is utilizing ADT messages to build a network that provides alerts to clinical care teams. The effort is funded in part by the Office of the National Coordinator's HIE Advancement Grant. Hospitals provide an ADT feed and subscribers provide a list of patients under their care. The messages are matched against the subscriber list and alert is generated upon an inpatient admission or discharge and emergency department encounters. "The early adopters have reported significant impact to patient care" explained Joy Duling, Executive Director,



Central Illinois Health Information Exchange Launches $1.7 Million Grant-Funded Statewide Alerts Project (Cont.)

CIHIE. "Real-time notifications provide the opportunity for timely interventions" she said "this solution works well for healthcare providers and clinicians of all sizes".

ADT notifications are key to risk sharing and value based programs providing insight and opportunities to decrease costs and increase revenue by 1) ensuring that patients discharged from the hospital or ED complete follow-up with PCP/specialist/therapist and fill/take medication 2) engaging those patients that inappropriately use the Emergency Department; 3) identifying those patients that may be better served in a care coordination program; 4) meeting the Medicare requirement to engage patients with 48 hours, adding reimbursement with Transitional Care Management. The CIHIE service delivers alerts through a Direct message; integrating within the clinician workflow.

Gregg Davis MD MBA, Chief Medical Officer of the Illinois Rural Community Care Organization, LLC evaluated the return on investment of a fully deployed care coordination program. The program consisted of Medicare Well Visits, transitional care management, chronic care management, reduction in inappropriate emergency room utilization and closure of gaps in the care of chronically ill patients. The efficacies in care created by this program can drive a ROI of 6:1 at a 5% reduction in patient volume. According to Dr. Davis "An ADT notification system is a key driver of value in an effective care coordination program".

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New Two-dose HPV Vaccination Series Recommendation for 9-14 Year Olds

Kera Beskin, MPH, Rachel Caskey, MD, MAPP

Human Papillomavirus (HPV) is the most common sexually transmitted disease in the United States. According to the CDC, HPV is so common that nearly all sexually active individuals will be infected with at least one type of HPV during their lifetime.[1] Over 79 million Americans (1 in 4) are currently infected and 14 million Americans –including teens- are infected annually.[1]

Rachel Caskey, MD, MAPP

Human Papillomavirus can cause cancer. Annually, 17,600 women and 9,300 men develop some form of cancer caused by HPV (figure 1[2]). The most common cancers caused by HPV are cervical cancer among women and head and neck cancer. In the state of Illinois alone, 500 women were diagnosed with cervical cancer due to HPV last year.[3] In 2009-2013 in Illinois, the incidence rates of cervical cancer and oral cavity/pharynx cancers were higher in rural counties (Table 1 & 2).

HPV-related cancer is preventable. There are three FDA approved HPV vaccinations: Gardasil 9, Gardasil, and Cervarix. All three vaccines protect against the majority of HPV-related cancers, and Gardasil 9 provides additional protection against 5 additional types.[4]

Table 1: 2009-2013 Illinois Counties with the Highest Cervical Cancer Incidence Rates with Confidence Intervals[8,9]

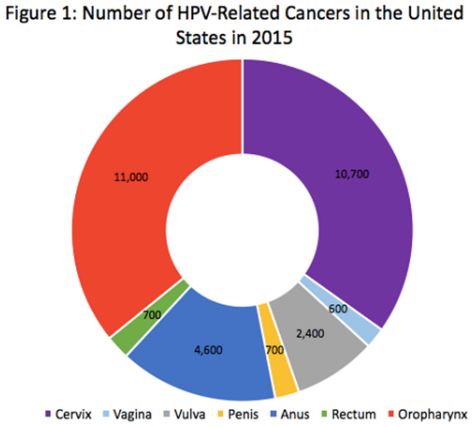
Rural Counties		Urban Counties	
Hardin	22.4 (2.6, 79.6)	Rock Island	9.7 (6.8, 13.5)
Schuler	17.2 (3.2, 51.6)	Vermillion	9.7 (5.9, 15.0)
Clay	15.4 (5.3, 35.1)	Sangamon	9.1 (6.7, 12.1)
Saline	15.3 (6.8, 29.3)	Macon	9.0 (5.7, 13.3)
Pope	14.7 (0.4, 73.3)	Cook	8.9 (8.4, 9.4)

Table 2: 2009-2013 Illinois Counties with the Oral Cavity and Phar-

Rural Counties		Urban Counties	
Cumberland	22.6 (12.7, 37.7)	Macon	15.9 (13.0, 19.2)
Wabash	21.0 (11.0, 36.4)	Tazewell	14.2 (11.7, 17.1)
Montgomery	20.4 (14.5, 28.1)	Vermillion	13.7 (10.6, 17.5)
Monroe	19.6 (14.0, 26.9)	Rock Island	13.5 (11.2, 16.2)
Fayette	18.6 (11.9, 27.8)	Kankakee	13.4 (10.7, 16.6)

*Data includes all oral cavity and pharynx cancer; not strictly HPV-related. Alcohol and tobacco use are additional risk factors for oral cavity and pharynx cancers. [10]

New Two-dose HPV Vaccination Series Recommendation for 9-14 Year Olds (Cont.)



HPV vaccination is approved for adolescents ages 9 through 26, and was historically a three-dose series of vaccines over 6-months. In October 2015, the CDC Advisory Committee on Immunization Practices has announced approval of a **two-dose** HPV vaccination (6-months apart) for females and males who initiate vaccination **before 15 years of age.** The three-dose series is still recommended for those 15 to 26 years.[6] This change is because clinical trials discovered the immune response among 9-14 years olds who received two-doses of the HPV vaccine were equal to those 15-26 years of age who received three doses. Further, a study comparing two-doses with three-doses found similar protection against HPV infection in both groups. Protection appears long-lasting, no decrease in protection has been detected after three-doses and the same is expected for the two-dose series.[6] Finally, the two-dose series is more cost effective and expected to have a similar health impact as the three-dose, for younger adolescents.[6]

Despite the effectiveness in prevention of HPV-related cancers, HPV vaccination remains underutilized. The two-dose recommendation for 9-14-year-olds decreases the burden on families and should increase the number of adolescents who complete the vaccine series.[6,7]

References:

[1] Centers for Disease Control and Prevention (CDC). (2016). *Genital hpv infection fact sheet.* Retrieved October 1, 2016 from: http://www.cdc.gov/std/hpv/stdfact-hpv.htm

[2] Centers for Disease Control and Prevention (CDC). (2016) *Hpv and cancer.* Retrieved November 6, 2016 from: http://www.cdc.gov/cancer/hpv/statistics/cases.htm

[3] State of Illinois Cervical Cancer Proclamation (2016). Retrieved October 1, 2016 from: http://dph.illinois.gov/sites/default/files/publications/cervical-cancer-awareness-month-070716.pdf

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[9] Illinois Department of Public Health. (2013.) *Illinois counties by rural/urban classification.* Retrieved January 23, 2017 from: http://www.icahn.org/files/Rural_Health_Clinic/Rural_urban_counties.pdf

[10] American Cancer Society. (2017). *What are the risk factors for oral cavity and oropharynx cancers?* Retrieved January 23, 2017 from: https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-cancer/causes-risks-prevention/risk-factors.html

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RPHARM Graduates Returning to Rural Communities

The Rural Pharmacy Education (RPHARM) Program at the University of Illinois at Chicago College of Pharmacy is meeting their goal of training and graduating pharmacists that practice in rural communities. The path to successful recruitment of pharmacists to rural practice starts well before graduation from pharmacy school.

According to a survey done in 2007, pharmacists who first practiced in rural locations were more likely to view community need, financial aid, community size, near hometown, and being in a rural training program as important. These factors were considered during the development of a four-year interprofessional rural pharmacy training (RPHARM) program at the University of Illinois at Chicago College of Pharmacy in Rockford, IL starting in 2010.

Dr. Heidi Olson, PharmD
RPHARM Director

The RPHARM Program involves classes discussing rural health issues, community outreach activities, and interprofessional field trips to locations throughout Illinois. During the 4th year of this program there is an 18-week rural pharmacy rotation that involves clinical work as a pharmacist and implementation of a community health improvement project in partnership with a rural Illinois community.

Since the start of the RPHARM Program in 2010, 19 rural pharmacy students have graduated. The following are practice outcomes for practicing graduates:

- 70% are working in a rural location
- 70% are working in a Health and Human Services designated health professions shortage area
- 64% are working in a town with populations less than 30,000
- 71% are working in community pharmacies
- 29% are working in rural hospitals

For more information about the University of Illinois at Chicago College of Pharmacy at Rockford RPHARM Program, go to www.rpharm.uic.edu, or contact Rachel Van Den Broek, Recruiter, (815) 395-5749 or e-mail rachelv@uic.edu or Dr. Heidi Olson, PharmD, RPHARM Director at holson6@uic.edu.

IRHA Arranges For Rural Doc to Speak at Midwestern University

In December, Gregg Davis, MD, of Princeton, Illinois ,spoke to Midwestern University's osteopathic students on life as a rural physician. Dr. Davis recently received the IRHA Physician of Excellence Award

Jay Pescatore of the Medical Business Association reached out to IRHA to coordinate the event and we provided lunch for the students who attended.

IL RURAL HEALTH ASSOCIATION

IRHA 2016 Annual Educational Conference Draws More Than 150 Attendees

The 27th Annual Educational Conference "*Sharing Solutions to Success"* was held Aug. 10-11th at the Keller Convention Center in Effingham. We had more than 150 attendees and 30 exhibiters. Attendees could choose from over 25 presentation topics including *Geriatric Medicine, Telehealth, Improving Oral Health, Transitioning from Volume to Value Based Practices, HIPPA Compliance, Communicable Disease Prevention* and much more. There was also specific series of workshops just for Rural Health Clinics administrators. The keynote speaker was Brock Slabach from the National Rural Health Association. Attendees enjoyed after hours fun at social networking reception at the Firefly Grille followed by late night Cosmic Bowling. **Special thanks to our all sponsors and exhibiters who made the Conference and our ability to carry out our mission the rest of the year possible**.

We also hold our annual **Healthcare Awards Luncheon** in conjunction with our Conference. Congratulations to our 2016 winners who go beyond the call of duty every day to improve rural health.

Chris Wagner, EMT-P, EMS Professional of the Year – HSHS Holy Family Hospital
CEO Steve Tenhouse, Rural Health Administrator of the Year – Kirby Medical Center
Kim Burgess, APN Rural Health Professional of the Year – Mid America Care Associates
Illinois Telehealth Network – Award of Merit

IRHA Executive Director Margaret Vaughn with Keynote Speaker Brock Slabach from the National Rural Health Association and IRHA President-Elect Robin Rose

IRHA 2016 Annual Educational Conference Exhibit Hallway

IRHA 2016 Annual Healthcare Awards

Illinois Telehealth Network – Award of Merit

Gurpreet Mander, MD, ITN Chair; Chief Medical Officer, HSHS St. John's Hospital; David Imler, ITN board member, board chair of Hillsboro Area Hospital; David Mortimer, ITN Administrative Director; Innovation Institute Director, Hospital Sisters of St. Francis Foundation; Chris Schmidt, RN, BSN ITN Network Director; Regional Stroke and Telemedicine Nurse Coord., HSHS St. John's Hospital; Tammy Lett, RN, MBHA, ITN Tele-Behavioral Health Committee Co-Chair, Chief Nursing Officer, HSHS Holy Family Hospital, (Greenville, IL); Margaret Vaughn, Executive Director, IRHA; Ryan Jennings, MD, ITN Tele-Behavioral Health Committee Co-Chair, Chief Medical Officer, HSHS St. Anthony's Memorial Hospital (Effingham, IL)

CEO Steve Tenhouse, Rural Health Administrator of the Year – Kirby Medical Center

Pictured from left: Heidi Apperson, Director of Marketing and Community Relations; Alex Nazarian, CFO, Margaret Vaughn, IRHA Executive Director; CEO Steve Tenhouse; Jennifer Moss, CCO; Mark Fred, COO; Craig Webb, Board Chairman

IRHA 2016 Annual Healthcare Awards

Kim Burgess, APN Rural Health Professional of the Year
Altamont Clinic-Mid America Care Associates

Back row standing: John Opilka, MD, Abigail and Nicholas Burgess, Cynthia Wise and IRHA Executive Director Margaret Vaughn. 1st Row Seated Mark and Kim Burgess, NP

Chris Wagner, EMT-P, EMS Professional of the Year - HSHS Holy Family Hospital

First row seated: Joanne Wagner (wife), Jackson Wagner, EMS Professional of the Year Chris Wagner 2nd Row Standing: Will Wagner, Tammy Lett- CNO for HSHA Holy Family Hospital, IRHA Executive Director Margaret Vaughn and Sam Wagner

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Physician-Hospital Alignment During a Time of Transition from Volume to Value-based Reimbursement

Business as usual? Hardly. The recent introduction of Medicare Access and CHIP Reauthorization Act of 2015 has changed the rules of reimbursement for physicians. Value has replaced volume as the king of revenue. With this change comes the need to realign the relationship between administrators and physicians – a historically strained relationship in which neither side has understood the other.

Gregg Davis MD, MBA, CMO, FAAFP

Physicians and administrators grew up in different cultures. Physicians were trained to act as lone rangers, deriving satisfaction from personal action and assuming total responsibility for the patient's outcome. Administrators, on the other hand, were trained to value team work, deriving satisfaction from team production and holding the team responsible for the work outcome. With their disparate backgrounds, it is clear why physicians and administrators have had frequent disagreements in the past.

To improve communication, both parties must understand the other's position and background. Administrators can capitalize on common principles that motivate physicians. Key physician motivators are purpose of activity, autonomy of function and mastery of process. Problems are effectively addressed by defining the problem and its impact on patient care, and encouraging the physician to develop a plan to solve the problem. The physician's need for mastery can drive the project by creating an environment of competition among physician providers.

Medical education does not address the business skills needed to succeed in today's healthcare environment. Historically, physicians were taught to care for the patient and the "money will take care of itself". Again, the rules have changed. To understand the thoughts and actions of administrators, physicians need a fundamental business education. Administrators can gain physician alignment by providing the educational opportunity to learn business concepts. Discussions on the drivers of value, metrics, marketing, customer service and availability will help physicians view operational problems from a different perspective.

With change comes stress and the resulting resistance to break from the "old ways". Administrators can assist their physician colleagues by: 1) helping them let go of expectations that cannot be met; 2) explaining the economic underpinnings of the change from volume to value; 3) listening to and honoring the physician's resistance to change; and 4) remembering the physician's need for autonomy, purpose and mastery.

Dr. Davis is the Chief Medical Officer of the Illinois Rural Community Care Organization, LLC. He has an independent family medicine practice in Princeton, IL.

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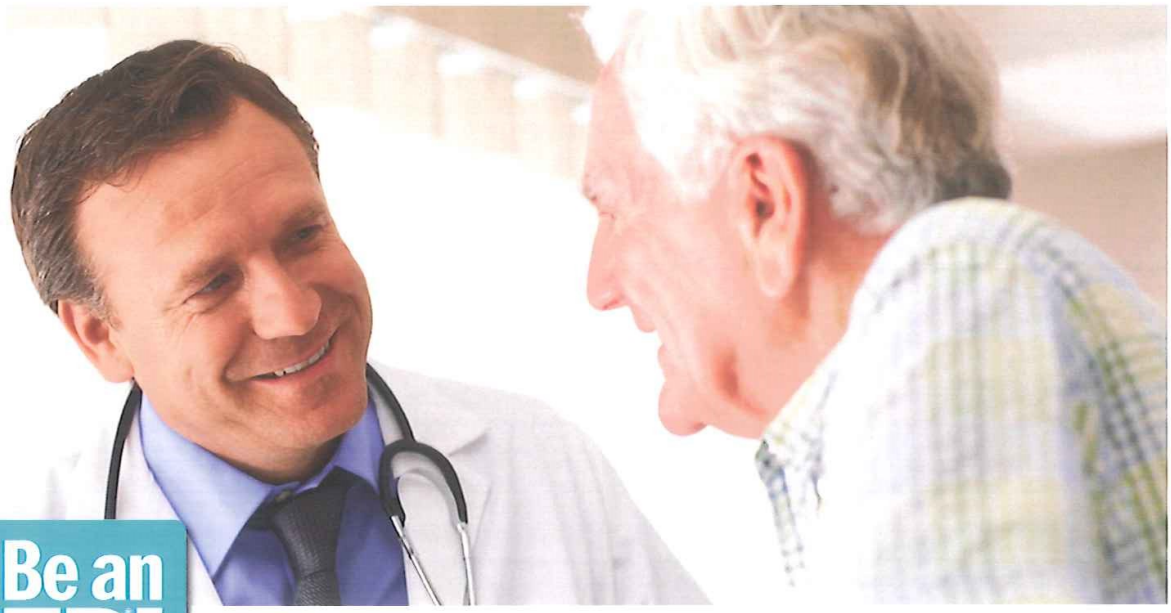

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The Growing Demand for Telenutrition

Have you started to wonder how Telehealth might play a role in your current Nutrition Services? As we are seeing the emerging influence technology has within various healthcare settings, Telenutrition is one area of Telehealth that is proving to be valuable to both patients and providers.

According to the Center for Connected Health Policy, Telehealth is a collection of means or methods for enhancing healthcare, public health, and health education delivery and support using telecommunications technologies. The purpose of using Telehealth in today's healthcare includes but is not limited to, health promotion, disease prevention, diagnosis, consultation, and therapy through web-based video-conferencing, email, fax lines, smart phones, and other electronic methods of remote communication. While Telehealth is not a new concept, as physicians and various other clinicians have already been using these electronic methods to connect with their patients, Telenutrition is a newly emerging aspect of Telehealth being implemented in healthcare facilities across the U.S. Per the Academy of Nutrition and Dietetics, Telenutrition involves the interactive use, by a Registered Dietitian, of electronic information and telecommunications technologies to implement the Nutrition Care Process (nutrition assessment, nutrition diagnosis, nutrition intervention/plan of care, and nutrition monitoring and evaluation) with patients or clients at a remote location, within the provisions of their state licensure as applicable.

Jenny Cutler,
MS, RD, LDN
Regional Manager
Nutrition Care Systems, Inc.

The most common way Registered Dietitians provide nutrition guidance is through counseling patients, family, and/or staff within a hospital or other clinical setting, as well as one's own private practice. With Telenutrition, Dietitians are able to provide nutrition counseling to patients from their own home, business, or at a remote healthcare facility. This benefits patients that live in remote areas, have limited means of transportation, travel frequently throughout the week, or patients with needs that require immediate attention. Telenutrition also benefits patients within a healthcare facility that does not have a Dietitian regularly on staff. Many rural health clinics and critical access hospitals are soaking up the advantages of Telenutrition by implementing remote consultations for outpatient nutrition education from a Dietitian, as well as utilizing faxed assessment referrals for high risk patients. Providing real time consultation to both staff and patients, Telenutrition allows Dietitians to complete nutrition assessments on high priority consults and provide diet education to patients within facilities or following discharge in effort to reduce re-hospitalization rates.

While the standards and regulations for Telehealth are still in development, we continue to see Telenutrition to be an expanding trend. The benefits Telenutrition brings for both patients and providers are evident, and brings us one step closer to improving the care we provide to our patients.

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Congratulations to 2017 IRHA Scholarships Recipients

The Illinois Rural Health Association recognizes the great demand for trained medical coding and billing experts, as well as health informatics specialists in rural areas. IRHA awarded a total of ten $1000 scholarships for the spring 2017 semester to the following students.

Health Informatics Scholarship Recipients

Angela Campbell
SIUE

Marcie Wright
UIC

Stephanie Roberts
University of San Diego

Tamera Schumer
SIUE

Beth Barrier
SIUE

Congratulations to 2017 IRHA Scholarships Recipients (Cont.)

Medical Billing & Coding Program Scholarship Recipients

Melissa Morgan
Rend Lake College

Scott Mighell
Lake Land College

Cynthia Carter
Kiswaukee College

Jennifer Thomason
Frontier College

Staci Ard
Lake Land College

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