# *Leveraging Economies of Scale with a Multi-Stakeholder Rural and Urban Telehealth Network*


INDIANA RURAL HEALTH ASSOCIATION

**Indiana Rural Health Association Conference**
**French Lick Springs Resort & Conference Center, Indiana**
**June 13, 2017**

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***ITN Administrative Director***
Director, Innovation Institute
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# The Problem of Silos

Used with permission, Rep. Bob Kulp, WI Assembly District 69 (R-Stratford)

Illinois Telehealth Network

*Connecting Resources, Strengthening Rural Health Care, Saving Lives*

# Definition

**Telemedicine:** "The practice of medicine over a distance, in which interventions, diagnostic and treatment decisions and recommendations are based on data, documents and other information transmitted through telecommunication systems."

--World Medical Association, "Statement on the Ethics of Telemedicine," 2007

# Network Planning Launched

June 1, 2014

# Network Mission

The Illinois Telehealth Network 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.

[Strategic Plan, p. 6]

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# Network Vision

The Illinois Telehealth Network will connect and share resources, strengthen rural health care and save lives.

[*Strategic Plan*, p. 6]

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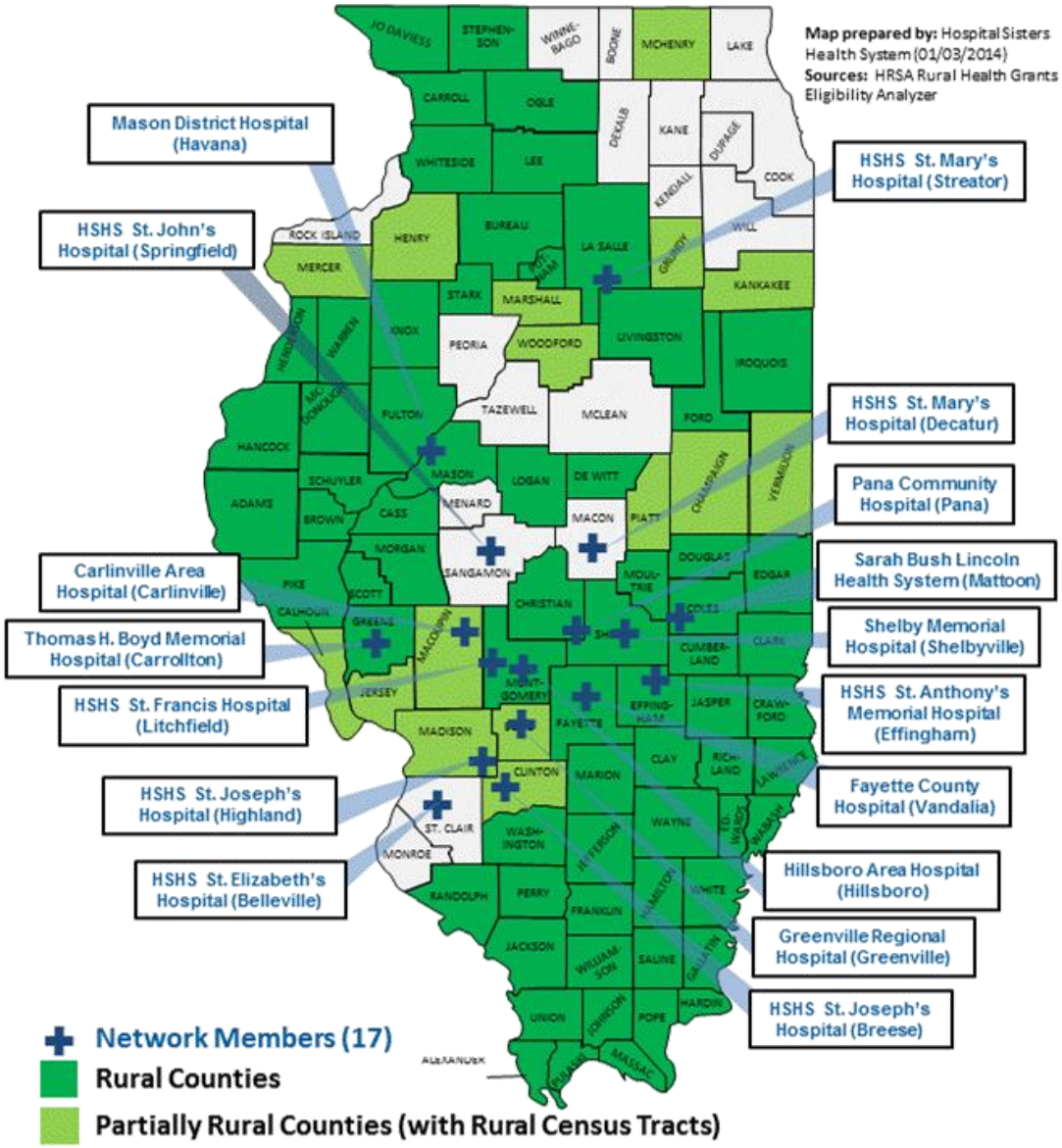
# Illinois Telehealth Network Members (17)

*Rural & Metropolitan Counties with Designated Eligible Rural Census Tracts*




**2014-2015**

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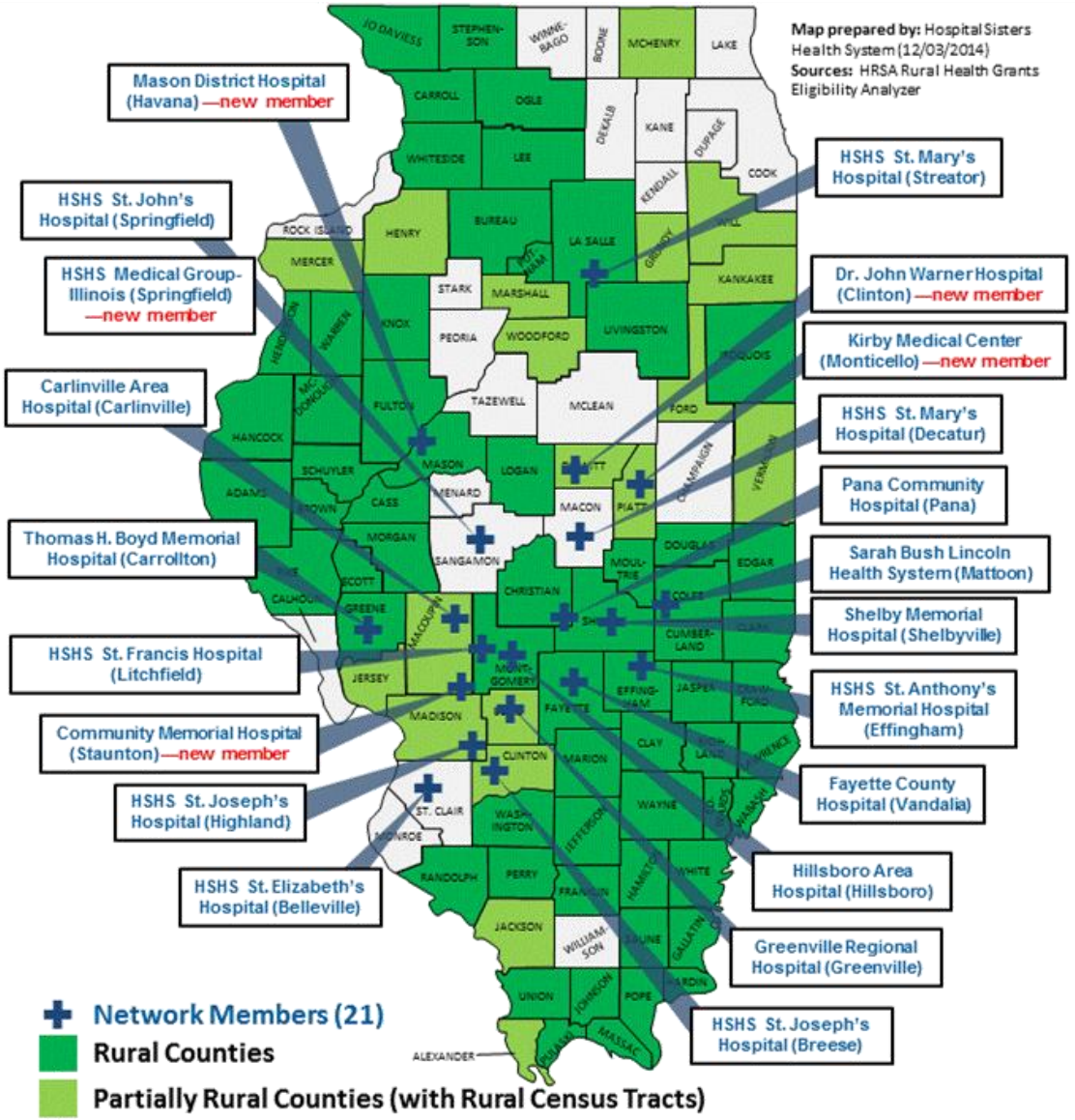
# Illinois Telehealth Network Members (21)

*Rural & Metropolitan Counties with Designated Eligible Rural Census Tracts*




**2015-2016**

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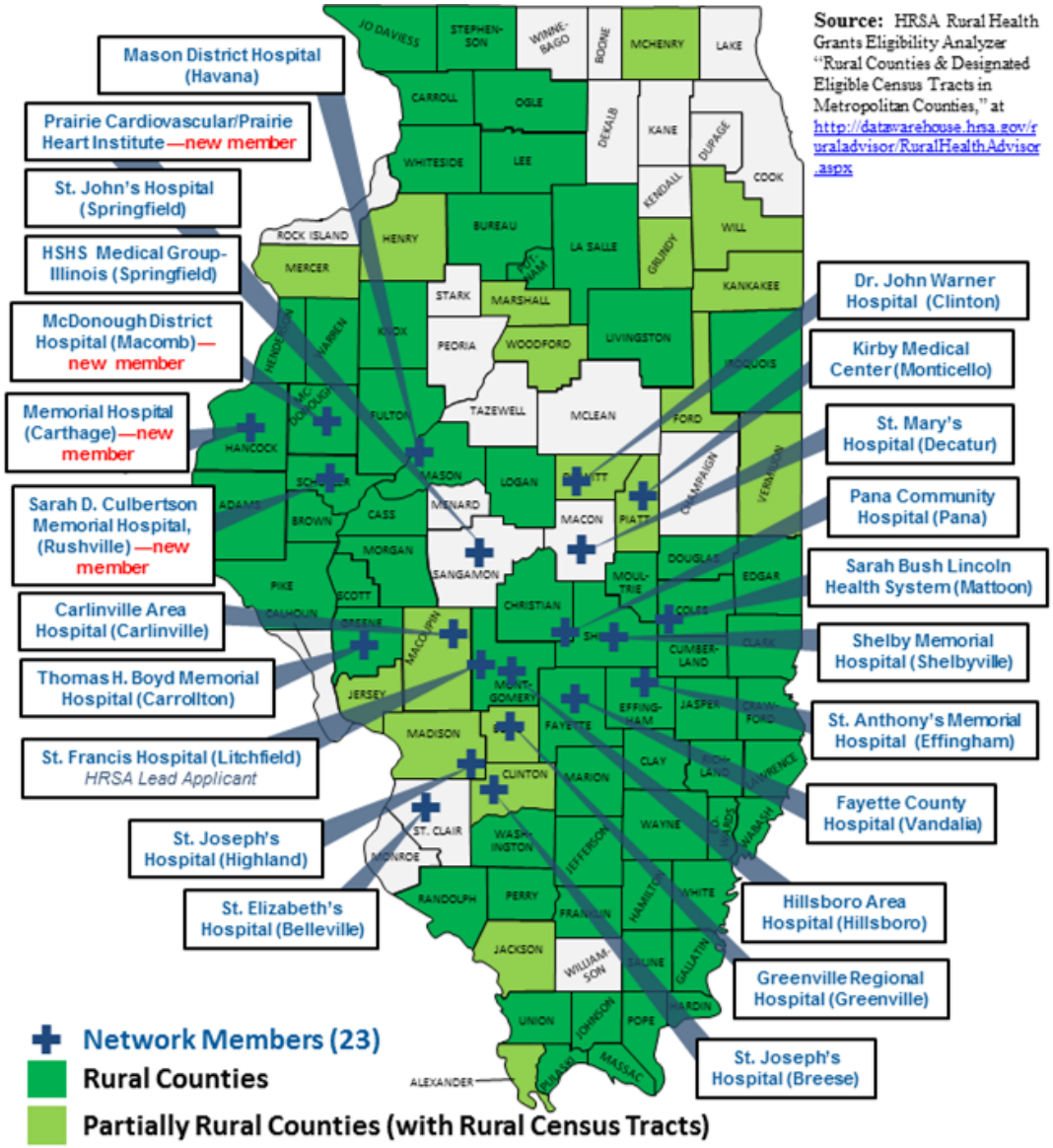
# Illinois Telehealth Network Members (23)

*Rural & Metropolitan Counties with Designated Eligible Rural Census Tracts*




**2016-2017**

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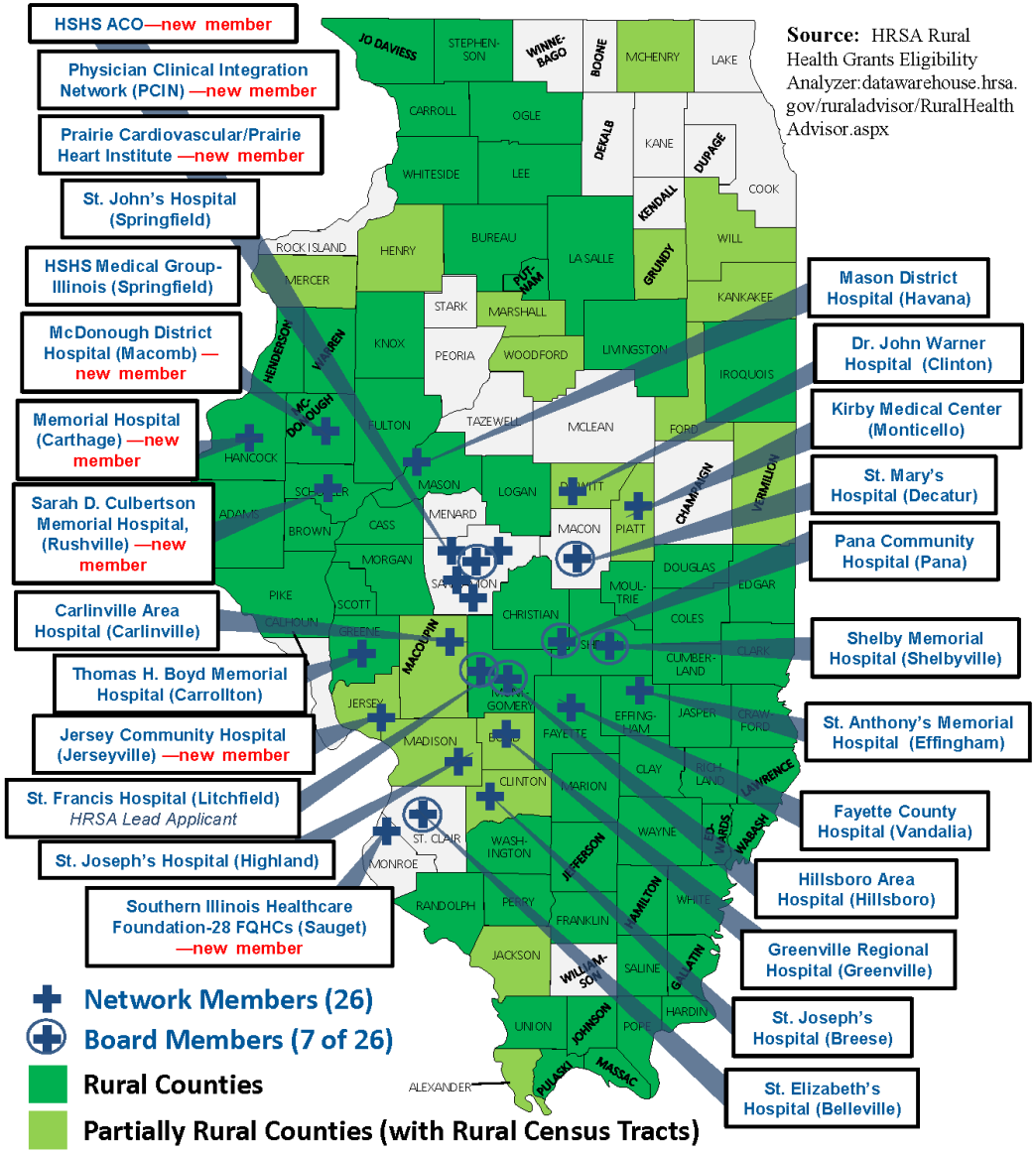
# Illinois Telehealth Network Members (26)

*Rural & Metropolitan Counties with Designated Eligible Rural Census Tracts*




**2017-2018**

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# “A Collaborative Strategy”

“Rural health networking is a collaborative strategy. It requires individual actors to *come together voluntarily, agree on a course of action, and take action cooperatively*. Because the individual goals of the actors may differ, it is not always easy to agree on common goals, let alone a common strategy for achieving goals. Rural health networking is not easy*; it requires time, trust, will, and skills.* Network members 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.”

-Gregory Bonk, *Principles of Rural Health Network Development and Management* (2000), p. 1.

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# MOU

CEO signatures

# Key Benefits of a Network


## Doing More With Less

- Sharing costs & savings
- Pooling resources
- Providing new, more & better services to rural stakeholders

## Creating Economies of Scale

- Sharing applications, services, staff & equipment
- Leveraging funding & grants
- Leveraging higher volumes for better price points

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# Bylaws

**BYLAWS OF**
**ILLINOIS TELEHEALTH NETWORK**

*Adopted **[DATE]***

**Article I. NAME**

The name of the Corporation shall be the Illinois Telehealth Network (the "Corporation").

**Article II. PURPOSES AND POWERS**

Section 2.01 **Not for Profit**. The Corporation is organized and shall operate as an Illinois not-for-profit corporation, and shall have such powers as are now and may hereafter be granted by the Illinois General Not-for-Profit Corporation Act of 1986, as amended (the "Act").

Section 2.02 **General Purposes**. The Corporation is organized to operate exclusively for the purposes set forth in its Articles of Incorporation.

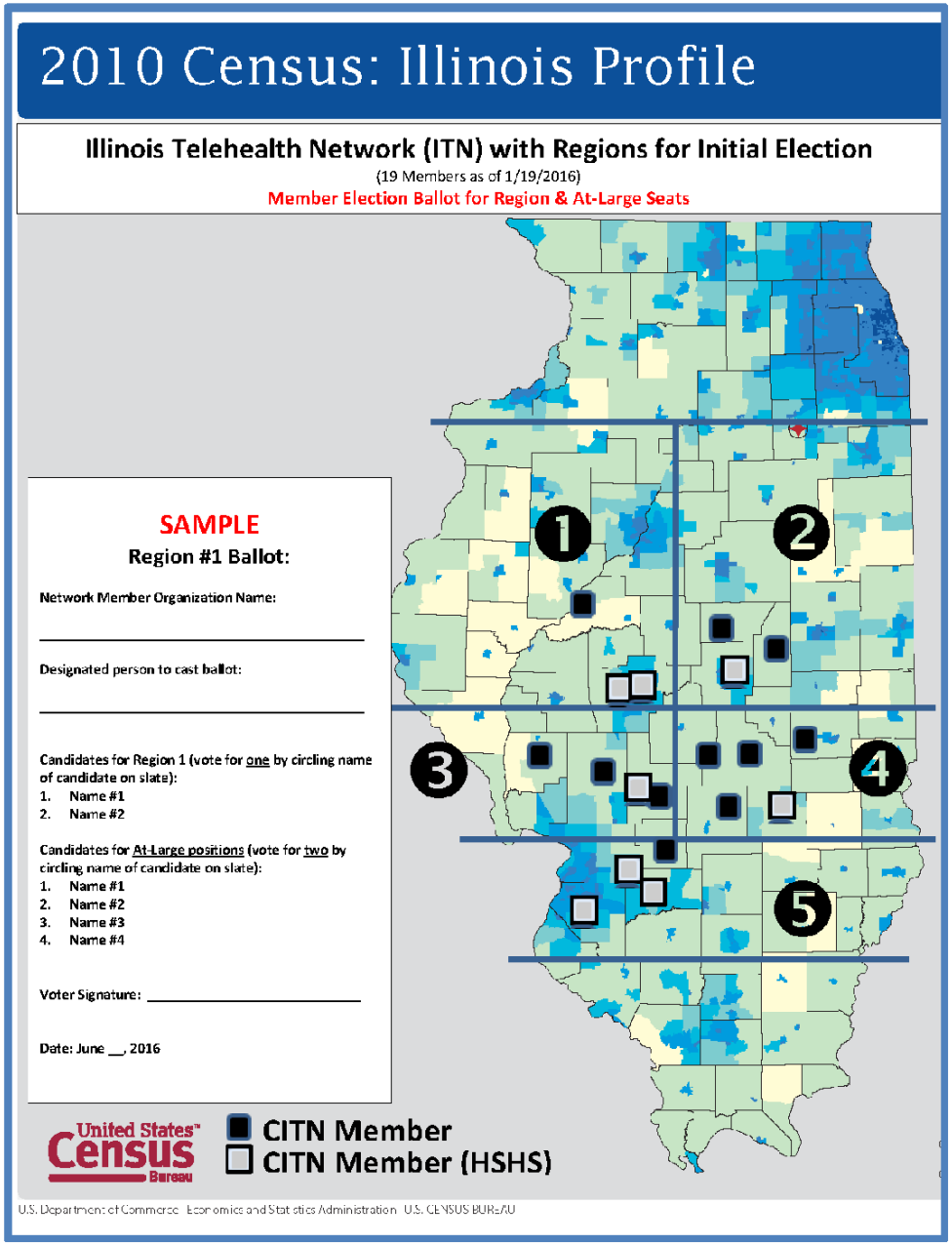
Section 2.03 **Rules**. The Corporation and all persons acting for and on behalf of it shall be conclusively bound by the rules set forth in its Articles of Incorporation and these bylaws.

Section 2.04 **Prohibited Purposes and Acts.**

(a) No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, any of its Directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above.

(b) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office.

(c) Notwithstanding any provision of the Articles of Incorporation of the Corporation or any other provision of these Bylaws, the Corporation shall not carry on any other activities not




# Equity in Rural Representation

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# Inaugural ITN Board

- **Region 1:** Dr. Charles Lucore, CEO, ***HSHS St. John's Hospital*** (Springfield)
- **Region 2:** Daniel Perryman, CEO, ***HSHS St. Mary's Hospital*** (Decatur)
- **Region 3:** David Imler, Board Chair, ***Hillsboro Area Hospital*** (Hillsboro)
- **Region 4:** Meredith Barnes, RN, BSN, Clinical Nurse Specialist, ***Shelby Memorial Hospital*** (Shelbyville)
- **Region 5:** Alison Kennedy, ED Stroke Coordinator, ***HSHS St. Elizabeth's Hospital*** (Belleville)
- **At-Large:** Patricia Fischer, CEO, ***HSHS St. Francis Hospital*** (Litchfield)
- **At-Large:** Trina Casner, CEO, ***Pana Community Hospital*** (Pana)

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# **Network Development:** Key Elements

1. **Compelling need:** The network was formed in response to a *compelling need that was mutually recognized* by members.
2. **Expected benefits:** The network was formed to provide *benefits* to members, the public, or both.
3. **Form and function:** Network *form is determined by expected network functions*.
4. **Key participants and actions:** Network members are *organizations whose resources are essential for success.*

-Gregory Bonk, *Principles of Rural Health Network Development and Management* (2000), p. 3.

| Compelling Need | | Expected Benefits | | Network Composition | | |
|---|---|---|---|---|---|---|
| *Community* | *Network* | *Community* | *Network* | *Form* | *Functions* | *Participants* |
| • Shortage of rural ED specialists<br>• Patient outmigration ("drive-bys) to larger or more competitive hospitals that offer or market telemedicine services<br>• Delays in ED patient treatment & transfer decisions<br>• Inappropriat transfers of that could have stayed at rural hospital (closer to home)<br>• Need to ↓ costs, ↑ efficiency, ↓ duplication, share key resources<br>• Inadequate FFS reimbursement for telemedicine<br>• Telemedicine equipment prohibitively expensive | • Difficult coordi contracts, physician credentialing<br>• No tele-medicine equipment<br>• No clear network infra-structure or relationships<br>• Poor positioning to support Accountable Care Organization (ACO) prepared-ness or Integrated Delivery system (IDS) models<br>• Inability to demonstrate value with outcomes data | • Improved ED outcomes (saved lives & reduced disability)<br>• Faster ED specialist evaluation<br>• Faster transfers<br>• Faster treatments<br>• ↓ inappropriat e transfers<br>• ↑ patient volume<br>• ↑ patient satisfaction<br>• Strengthened and unified marketing & branding to support hospitals in competitive landscape | • ↑ capacity<br>• Better positioning for federal grants<br>• Better ACO & IDS prepared-ness<br>• Demonstrated ROI<br>• Sustainability | • **2010:** HSHS St. John's CONNECT Referral Center launched<br>• **2014:** IL Telehealth Network formed with MOU<br>• **2015**: Governance structure in place with formalized by-laws and dedicated staff | • Streamlined referral process<br>• Equipment leased & deployed<br>• Contracts & credentialing in process<br>• Network planning<br>• Standardized treatment protocols<br>• Expedited transfers<br>• Successful HRSA, USDA & foundation grants | **Current:**<br>• 17 Members<br>• 4 advisors<br>• Network chair & 3 staff<br>• Consultants supporting network planning<br>• HRSA (pending application)<br>• Innovation Institute funding (secured)<br><br>**Future:**<br>• Additional Members<br>• New network staff<br>• Board Members<br>• HRSA resources<br>• Innovation Institute support |

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# ITN Focus Areas (2014-2018)

1. Tele-Stroke
2. Tele-intensive care ED consults
3. Tele-NICU
4. Tele-Pediatrics
5. Heart Failure Remote Monitoring Telehealth (Post-acute & outpatient settings)
6. Virtual Urgent Care
7. Tele-Behavioral Health (OP and IP, and eventually ED)
8. Tele-Cardiology
9. Tele-Hospitalist and others

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# ITN Member Benefits

- Collaborative support for telehealth service development
- Opportunities for group purchasing
- Shared resources such as job descriptions, workflows, billing and payment protocols
- No requirement for “exclusive participation” (members can participate in other telehealth initiatives as desired)
- Access to grant funding

# $1m Grant Support Secured (2014-2016)
# $1.3m in Requests Pending (2017-2020)

USDA Rural Development

**Distance Learning & Telemedicine** $336k awarded; new request being considered

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

$185k awarded; $900k requested (pending) for $1.3 project

Hospital Sisters
OF ST. FRANCIS FOUNDATION
Innovation Institute

$310k awarded (matching);
$150k match pending

AstraZeneca HealthCare Foundation
*Connections for Cardiovascular Health℠*

$206k awarded

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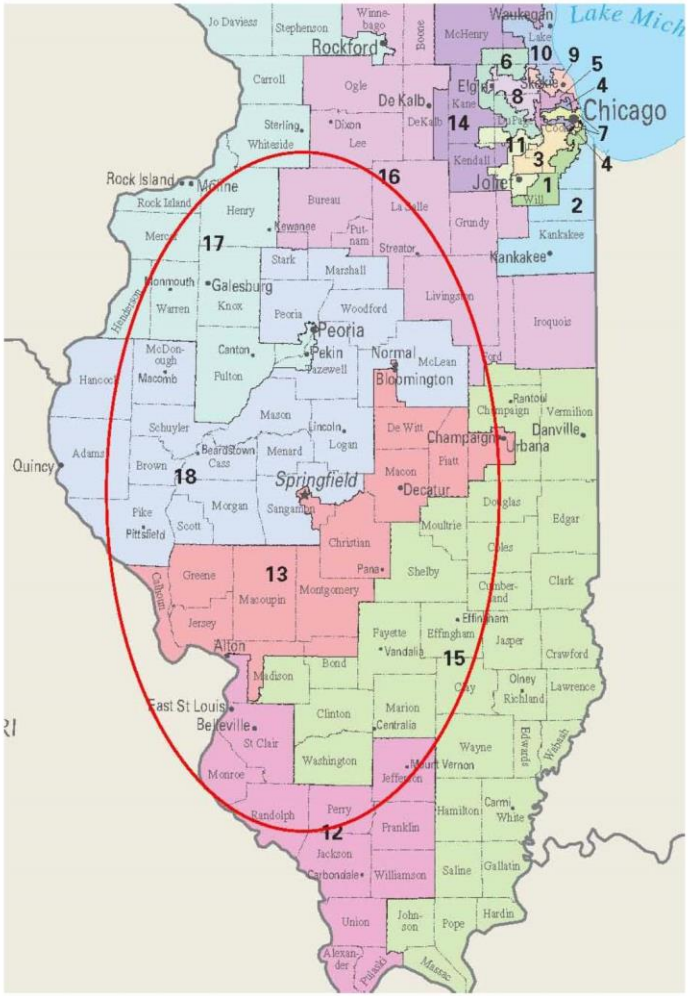
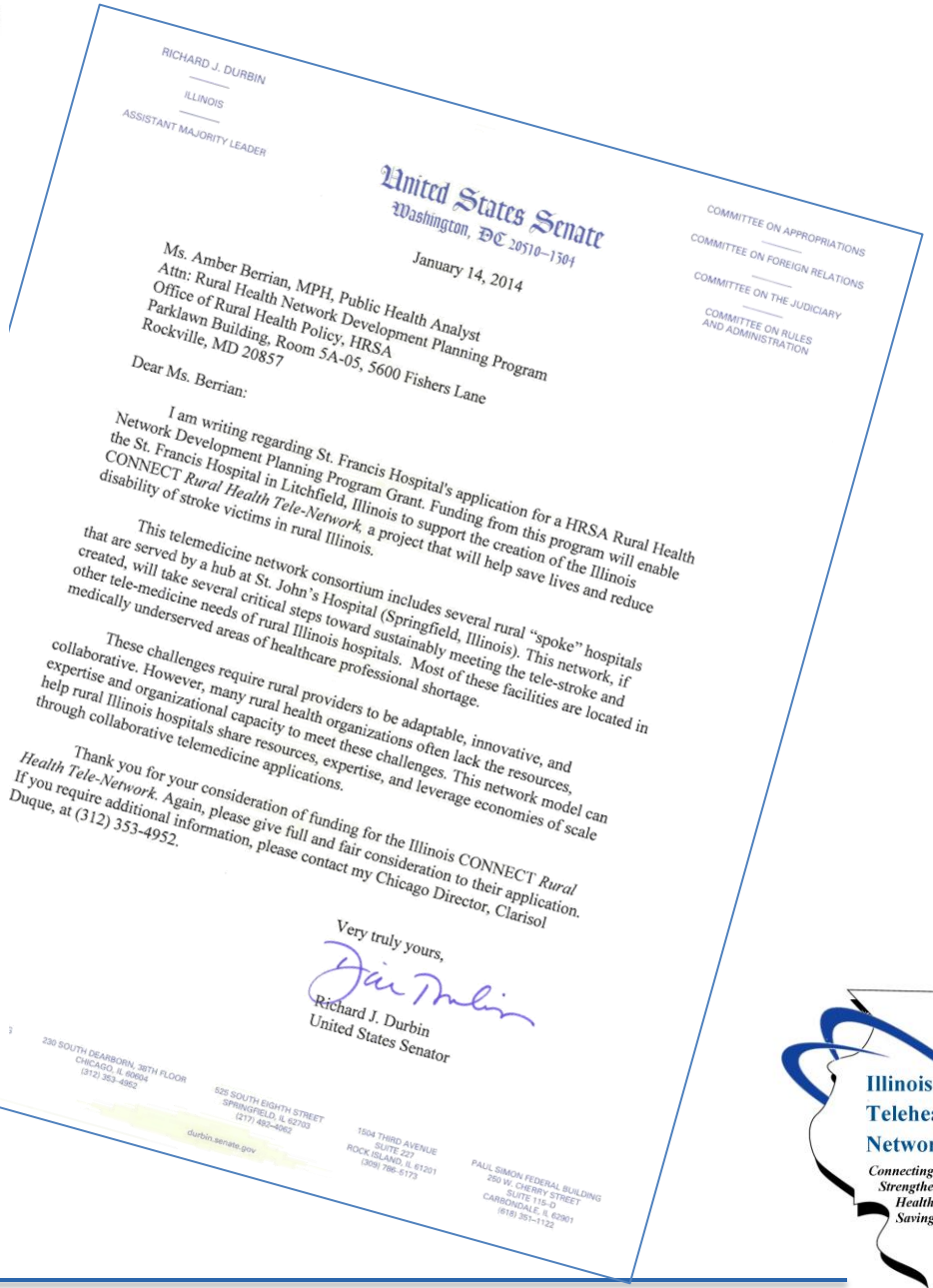
***Program/Project Congressional Districts: 12, 13, 15, 16, 17 and 18***

*(Source: NationalAtlas.gov Map for the 113th Congress)*



RICHARD J. DURBIN
ILLINOIS
ASSISTANT MAJORITY LEADER

COMMITTEE ON APPROPRIATIONS
COMMITTEE ON FOREIGN RELATIONS
COMMITTEE ON THE JUDICIARY
COMMITTEE ON RULES AND ADMINISTRATION

United States Senate
Washington, DC 20510–1304

January 14, 2014

Ms. Amber Berrian, MPH, Public Health Analyst
Attn: Rural Health Network Development Planning Program
Office of Rural Health Policy, HRSA
Parklawn Building, Room 5A-05, 5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Berrian:

I am writing regarding St. Francis Hospital's application for a HRSA Rural Health Network Development Planning Program Grant. Funding from this program will enable the St. Francis Hospital in Litchfield, Illinois to support the creation of the Illinois CONNECT *Rural Health Tele-Network*, a project that will help save lives and reduce disability of stroke victims in rural Illinois.

This telemedicine network consortium includes several rural "spoke" hospitals that are served by a hub at St. John's Hospital (Springfield, Illinois). This network, if created, will take several critical steps toward sustainably meeting the tele-stroke and other tele-medicine needs of rural Illinois hospitals. Most of these facilities are located in medically underserved areas of healthcare professional shortage.

These challenges require rural providers to be adaptable, innovative, and collaborative. However, many rural health organizations often lack the resources, expertise and organizational capacity to meet these challenges. This network model can help rural Illinois hospitals share resources, expertise, and leverage economies of scale through collaborative telemedicine applications.

Thank you for your consideration of funding for the Illinois CONNECT *Rural Health Tele-Network*. Again, please give full and fair consideration to their application. If you require additional information, please contact my Chicago Director, Clarisol Duque, at (312) 353-4952.

Very truly yours,

Richard J. Durbin
United States Senator

230 SOUTH DEARBORN, 38TH FLOOR
CHICAGO, IL 60604
(312) 353-4952

525 SOUTH EIGHTH STREET
SPRINGFIELD, IL 62703
(217) 492-4062

durbin.senate.gov

1504 THIRD AVENUE
SUITE 227
ROCK ISLAND, IL 61201
(309) 786-5173

PAUL SIMON FEDERAL BUILDING
250 W. CHERRY STREET
SUITE 115-D
CARBONDALE, IL 62901
(618) 351-1122

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# ITN Accomplishments (first three years)

- Network began with 16 hospitals in 2014 and grew to 26 members
- Member Needs Assessments
- Launched pilots (tele-stroke, remote monitoring telehealth, virtual urgent care, tele-psychiatry and others)
- Secured USDA telemedicine equipment funding for six rural hospital members
- Awarded more than $1 million in active grant funding for network projects
- Completed five-year strategic plan
- Elected 7-member board
- Formalized bylaws
- Began incorporation as 501(c)(3)


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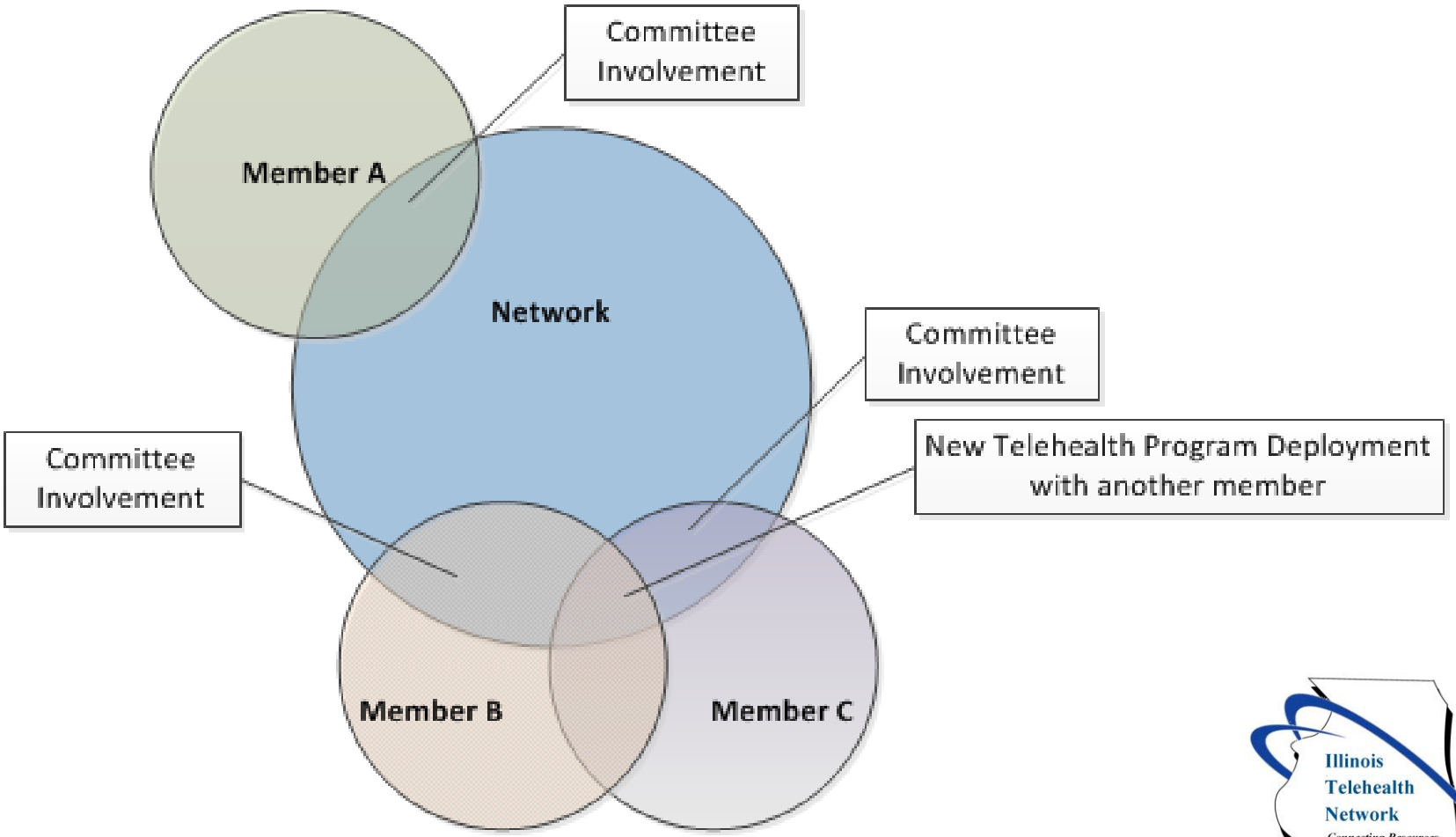
# ITN Levels of Involvement

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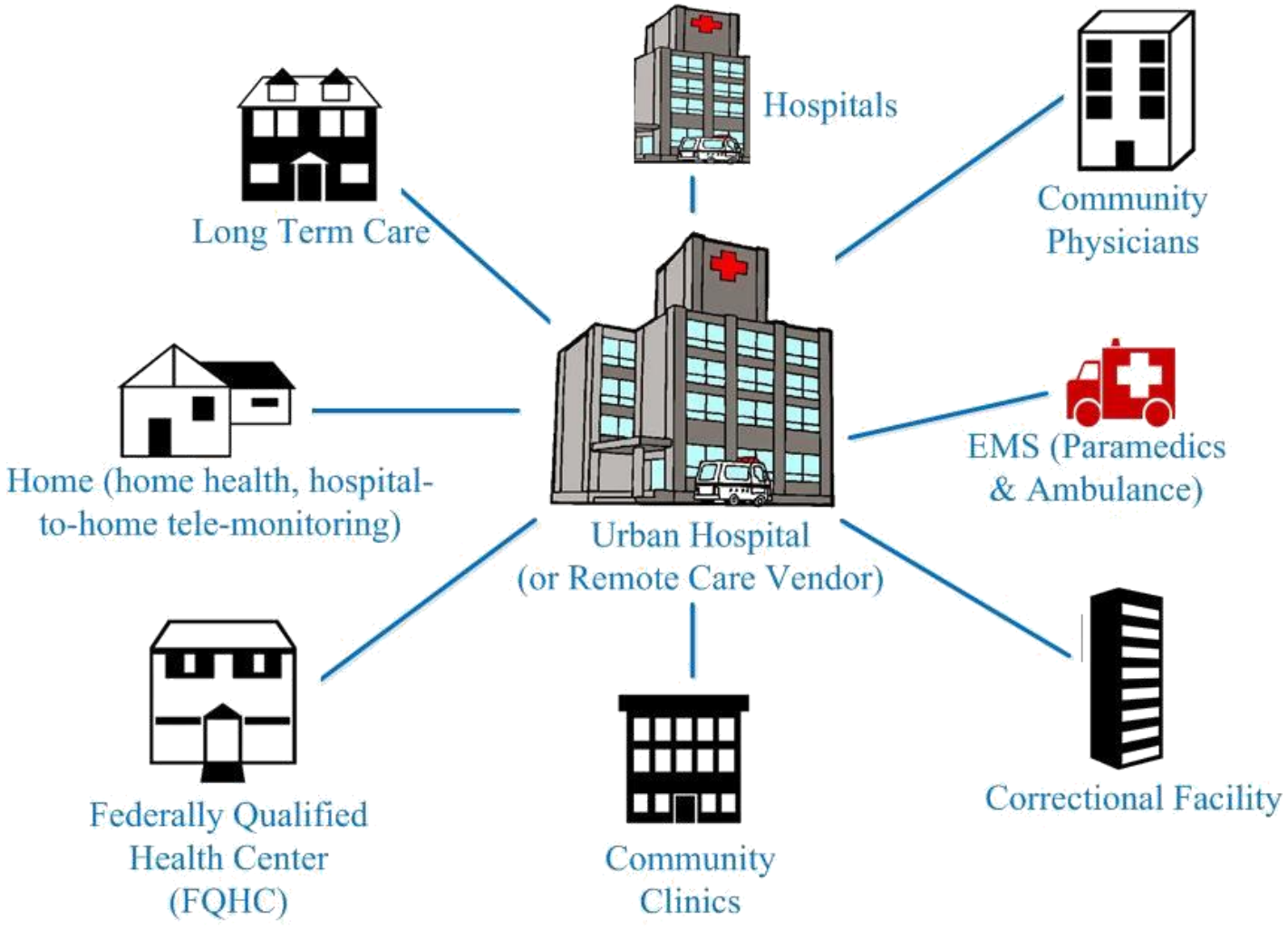
# From Horizontal to Vertical Network

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# Tele-Heart Pathway

Post-Acute Launched (1999)

# The Burden of Cardiac Disease

Heart Failure (HF):

- Has the highest number of Medicare readmissions of all DRGs4
- Has been the top condition for hospital readmission rates
- Has been the largest total spending on readmissions of all other DRGs
- Has been responsible for an very high 30-day readmission rate in Illinois

- Advanced heart failure is a progressive condition that results in a poor quality of life and shortened life expectancy.
- Hospital admissions and readmissions can often be avoided.

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# Program Background


In 1999, HSHS St. John's Hospital (Springfield, Illinois) was one of the first pioneers in the nation to manage a long-distance post-acute rural Heart Failure population with a tele-scale.

HSHS St. John's Hospital

Prairie HEART INSTITUTE of Illinois

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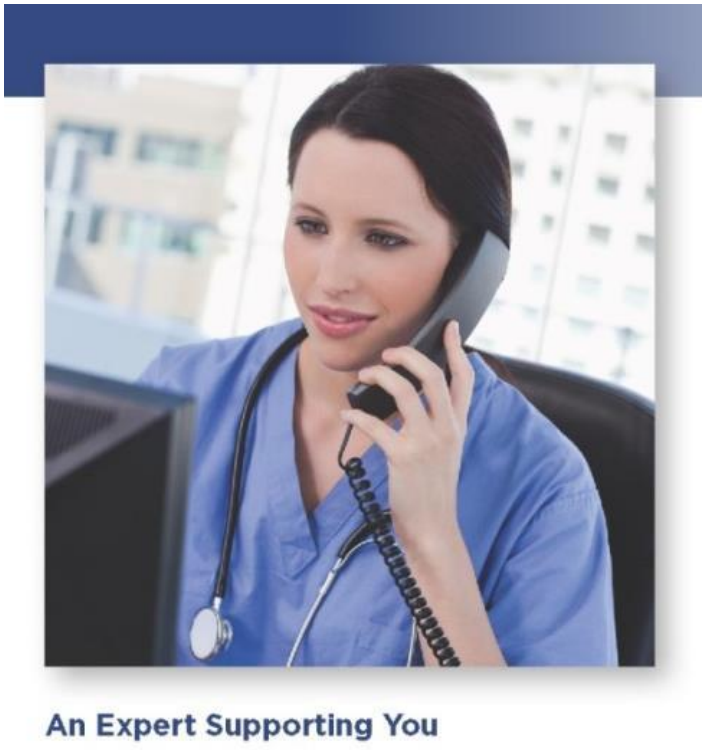
# How it Works




Built on a simple premise: The best HF patient education is <u>targeted guidance by Certified Heart Failure RNs</u> given at the precise time it's needed at home.

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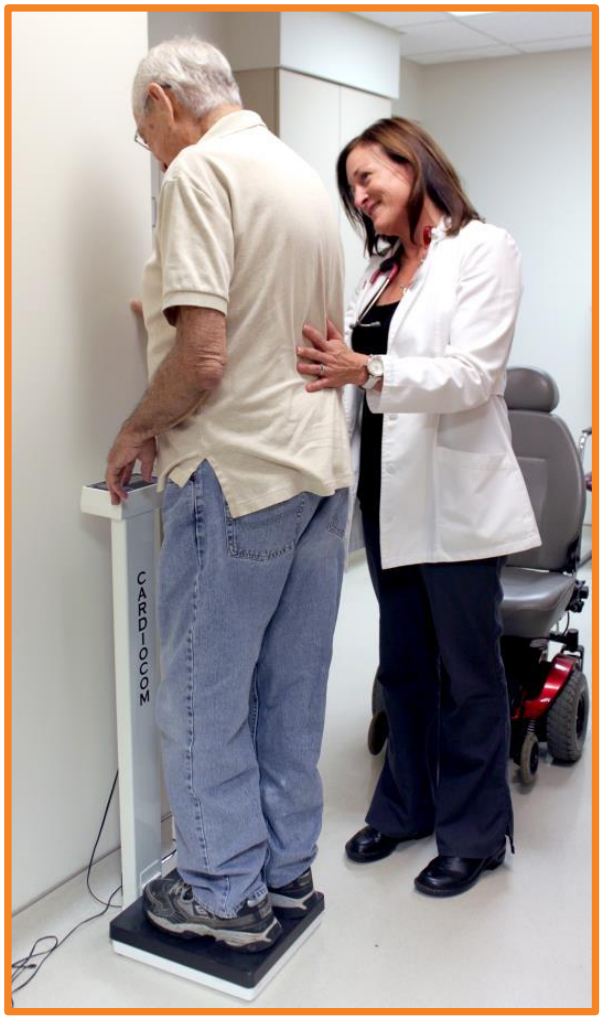
# How it Works




RN Engages Patients with

- Teachable Moments
- Education When it's Most Needed

HF patients and their caregivers are given tools and empowered to support independence and self-management.

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# Outcomes: Better Care & Less Cost

In 2013, the HRSA program demonstrated:

1. Exceptional clinical outcomes and significantly reduced readmissions (with 844 recently discharged HF patients): **Patients had an all-cause, 30-day unplanned readmission rate of 12.9%** (compared to a 24.7% all-cause readmission rate national average for the same period)
2. Unplanned 30-day readmission of 4.3% (HF only)
3. Patients reported better understanding of HF self-management and symptom awareness:
   - **94% reported making changes in self-care;**
   - **97% reported increased symptom awareness due to remote monitoring and targeted education received from CHFRNs**

# Tele-Stroke Launched

April 1, 2014

# Tele-Stroke Launched

April 1, 2014

**1,500th patient by April 1, 2017**

***(Less than 3-minute Neuro Response Times)***

HSHS St. Elizabeth's Hospital

# Tele-Stroke Benefits

1) Patients
2) Physician
3) Hospital
4) Community

St. John's HOSPITAL SPRINGFIELD, ILLINOIS | CONNECT

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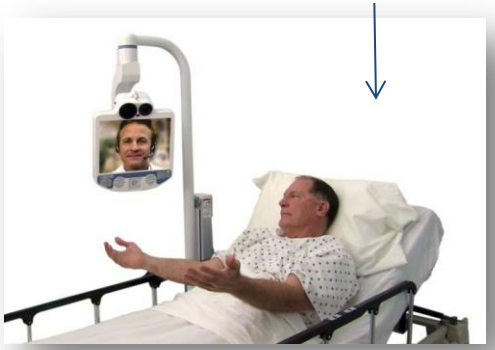
# The Remote Consult Process

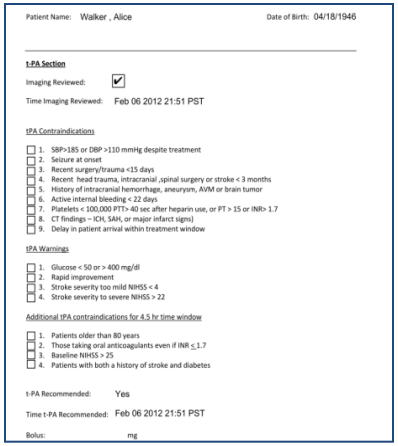
ED Physician determines that a Neuro consult is needed

ED Physician accesses SJS Connect 24/7 for Neurologist/Surgeon on-call

ED Physician is connected with specialist for Telestroke evaluation



Comprehensive evaluation is performed by neurology physician specialist including history, lab, imaging, physical, and review of data



Patient Name: Walker , Alice  Date of Birth: 04/18/1946

t-PA Section

Imaging Reviewed: ☑

Time Imaging Reviewed: Feb 06 2012 21:51 PST

tPA Contraindications

1. SBP>185 or DBP >110 mmHg despite treatment
2. Seizure at onset
3. Recent surgery/trauma <15 days
4. Recent head trauma, intracranial ,spinal surgery or stroke < 3 months
5. History of intracranial hemorrhage, aneurysm, AVM or brain tumor
6. Active internal bleeding < 22 days
7. Platelets < 100,000 PTT> 40 sec after heparin use, or PT > 15 or INR> 1.7
8. CT findings – ICH, SAH, or major infarct signs)
9. Delay in patient arrival within treatment window

tPA Warnings

1. Glucose < 50 or > 400 mg/dl
2. Rapid improvement
3. Stroke severity too mild NIHSS < 4
4. Stroke severity to severe NIHSS > 22

Additional tPA contraindications for 4.5 hr time window

1. Patients older than 80 years
2. Those taking oral anticoagulants even if INR ≤1.7
3. Baseline NIHSS > 25
4. Patients with both a history of stroke and diabetes

t-PA Recommended: Yes

Time t-PA Recommended: Feb 06 2012 21:51 PST

Bolus: mg

Consult note transmitted promptly to nurses station using data-capture application

Patient is treated and remains in community hospital under the care of attending physician or transferred to facility of choice

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# Tele-Stroke Benefits:
# To Patients & Families

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# Tele-Stroke Benefits:
# To Patients & Families

1) Greater access to specialty physicians

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# Tele-Stroke Benefits: To Patients & Families

1) Greater access to specialty physicians
2) Stellar average 3-minute response times

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# Tele-Stroke Benefits: To Patients & Families

1) Greater access to specialty physicians
2) Stellar average 3-minute response times
3) Improved outcomes

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# Tele-Stroke Benefits: To Patients & Families

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4) Real-time face-to-face Communication

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5) Helps avoid unnecessary transfers

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# Tele-Stroke Benefits: To Patients & Families

1) Greater access to specialty physicians
2) Stellar average 3-minute response times
3) Improved outcomes
4) Real-time face-to-face Communication
5) Helps avoid unnecessary transfers
6) Provides greater opportunity for patient to remain at the local hospital

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# Tele-Stroke Benefits for Physicians & Rural Hospitals


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# Tele-Stroke Benefits for Physicians & Rural Hospitals

1) Immediate access to sub-specialists for management of acute care patient needs


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# Tele-Stroke Benefits for Physicians & Rural Hospitals

1) Immediate access to sub-specialists for management of acute care patient needs
2) Increased efficiency due to reduced travel time


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# Tele-Stroke Benefits for Physicians & Rural Hospitals

1) Immediate access to sub-specialists for management of acute care patient needs
2) Increased efficiency due to reduced travel time
3) Improved the doctor-patient and doctor-staff relationships


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# Tele-Stroke Benefits for Physicians & Rural Hospitals

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4) Collaboration to improve patient safety and quality of care


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4) Collaboration to improve patient safety and quality of care
5) May allow patient to remain at local hospital, close to family and friends, for care and treatment


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# Tele-Stroke Benefits for Physicians & Rural Hospitals

1) Immediate access to sub-specialists for management of acute care patient needs
2) Increased efficiency due to reduced travel time
3) Improved the doctor-patient and doctor-staff relationships
4) Collaboration to improve patient safety and quality of care
5) May allow patient to remain at local hospital, close to family and friends, for care and treatment
6) New access to advanced treatment options


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# Tele-Stroke Benefits to the Local Economy

1) Keeps dollars in the local community
2) Increases clinician retention and recruitment
3) Increases utility and marketability of current medical support staff


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# Program Expansion:

1) Tele-NICU
2) Pediatric intensive care consults
3) Maternal-Fetal Medicine
4) Round & Respond

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# Virtual Urgent Care

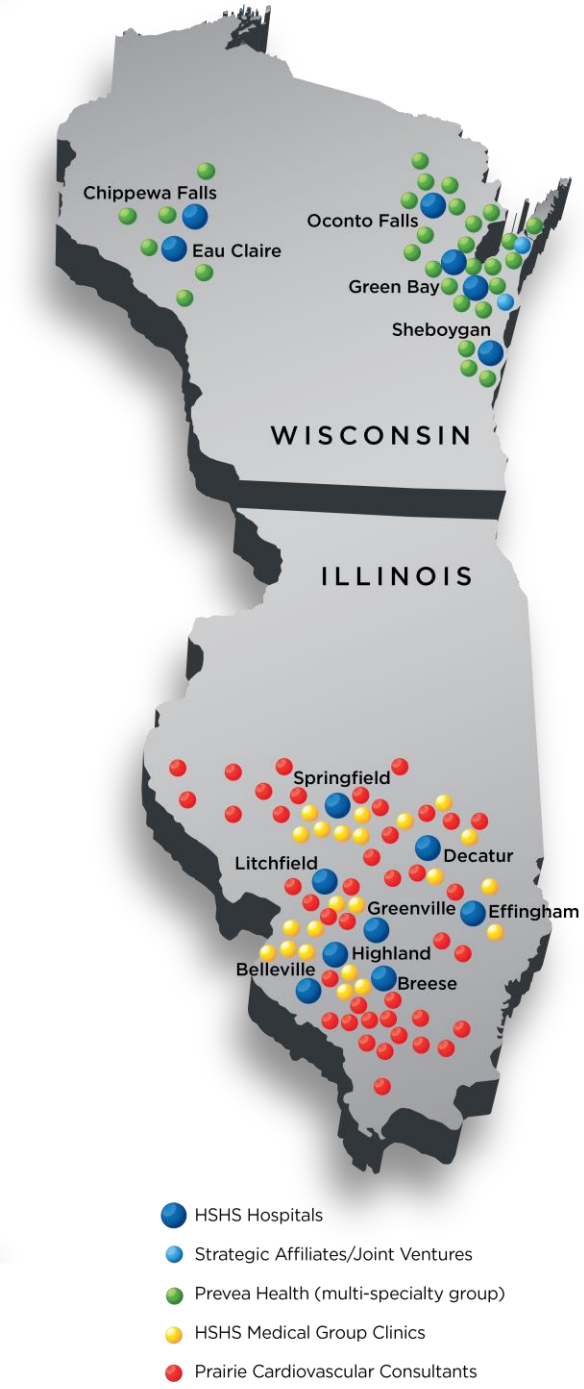
Launched May 5, 2015

HSHS Medical Group

- Healthcare network includes 16 hospitals and 1,500 aligned physicians
- HSHS Medical Group includes 350 providers in central and southern Illinois (yellow dots)

## ANYTIME CARE

- Public virtual clinic offered to Illinois residents within PSA and SSA
- HSHS employee plan enrollees have dedicated access
- Employer program access



# Virtual Urgent Care

HSHS Anytime Care

***Available in the App Store***

https://anytimecare.com

- Launched by HSHS Medical Group
- Providers adhere to consistent practice guidelines
- Clinician manages follow-up care and PCP selection (if requested)

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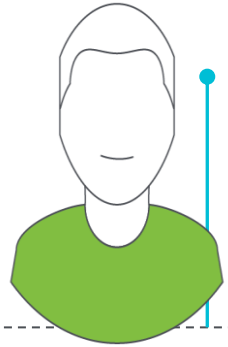
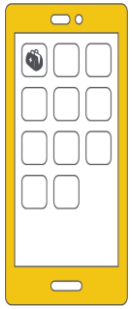
# How AnytimeCare.com works

Digital and traditional marketing

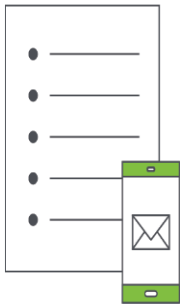
Virtual care delivered via telephone or video*



New long-term relationships

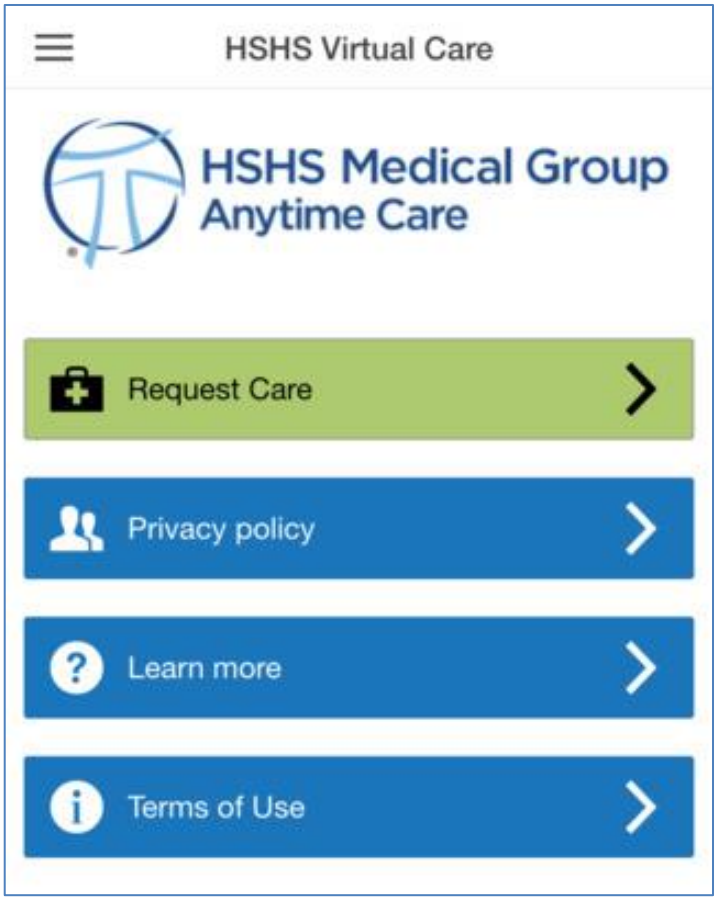


Virtual clinic platform for access, triage, and payment



Follow-up workflow

# Virtual Urgent Care: Value




- Allows patients to conveniently access healthcare providers 24/7 anywhere
- Expands service area and reach
- Serves new patients with no PCP
- Reduces operating costs
- Helps keep non-acute patients out of ED

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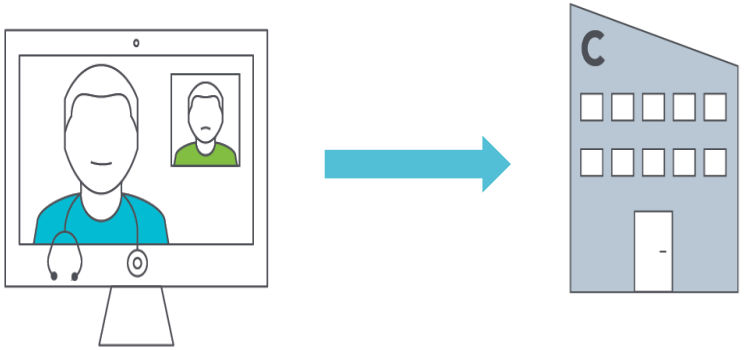
# Linking Patients to a PCP



Scripted phone or email outreach, completed by dedicated staff member

Connected to PCP schedules and availability

Helps consumer select PCP

**MAKING AN INTRODUCTION, NOT COMPLETING A TRANSACTION**

**83%**

of Anytime Care patients do not have an HSHS Medical Group PCP

**100%**

of Anytime Care patients do not have an HSHS Medical Group PCP within one employer population

# Making a big system work better for individuals

**63%**

**OF ANYTIME CARE PATIENTS**

Complete virtual visits outside of urgent care business hours

**12**

**MIN WAIT**

Virtual visits offered when wait times rise in urgent care facilities

**20**

**MIN VISIT**

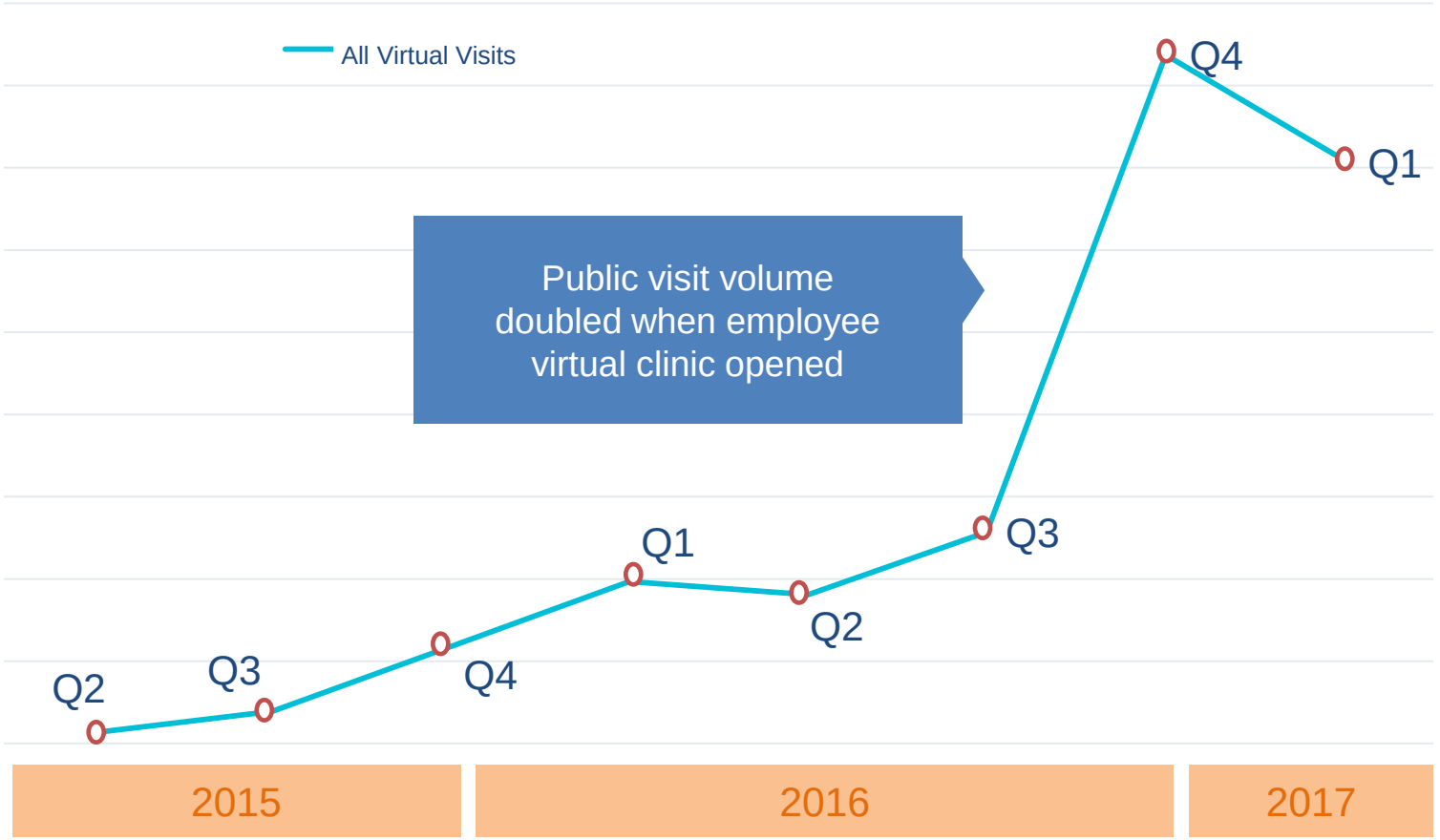
Provider encounter time is close to 2X wait time

**96%**

**ADHERENCE**

Clinician adherence to evidence-based virtual practice guidelines

# Patient Volumes

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# Questions & Discussion

# Executive Summary

**Overview:** *Panelists will detail the strategies and opportunities of the Illinois Telehealth Network (ITN), a collaborative consortium model that requires collective action to be conducted by the resource users themselves. Launched with a diverse grant portfolio and Hospital Sisters of St. Francis Foundation Innovation Institute support, ITN is supported by more than $1m in active grants and is comprised of 26 mostly rural stakeholders to explore, plan and launch applications like ED telestroke, heart failure telehealth remote monitoring, virtual urgent care and others. Presentation will share how this model coordinates care, creates economies of scale to reduce costs, uses shared clinical protocols to achieve efficiencies, and expands access to specialist care for patients in underserved rural areas.*