



Spring 2020

## IL RURAL HEALTH ASSOCIATION NEWSLETTER

217-280-0206  
Staff@ilruralhealth.org  
www.ilruralhealth.org

**IRHA Awards \$11,000 in Workforce Development Scholarships**  
See page 7 for details.

*Because of  
COVID 19*



**31st Annual  
IRHA  
Educational  
Conference**  
*MOVED to*



**Oct. 6-7th!**  
**I-Hotel in  
Champaign**  
[Register Now!](#)  
**See page 13 for  
more details.**

### Rural Health Compliance During COVID-19

This is an exhausting time to be in healthcare. Our resources, budgets, energy, and morale are being stretched to lengths we never that possible. Our rural health providers are some of the hardest hit by COVID-19. However, we are a resilient bunch of gritty healthcare professionals committed to serving our communities even in the darkest of times.



**Sarah Badahman**  
CEO | Founder  
HIPAAtrek

Resiliency and grit are how we will survive the challenges of COVID-19; but we need to put forth some strategy to ensure we survive it without ongoing preventable issues. Compliance is likely the last thing on your minds right now as you are attempting to navigate dwindling supplies and revenues. However, reduced staff onsite and reduced patient encounters means that addressing your compliance programs now is not only a best use of time but is imperative as your staff is working without their normal access to resources and management oversight.

### TELEHEALTH

Implementing telehealth is a great way to protect your providers, staff, patients, and communities from COVID-19. It also helps to bolster your revenues now that rural health has access to billing for telehealth services. Telehealth has a few compliance caveats you need to consider:

The OCR announced a HIPAA waiver which allows providers to utilize non-compliant technologies to facilitate telehealth services during the public health emergency declaration. If you are choosing to take advantage of this waiver, take extra precautions to protect your patient's privacy and security. You are also required to inform your patients of their risk by consenting to care via a non-HIPAA compliant media. (You can visit HIPAAtrek's COVID-19 website for a free downloadable form to help obtain acknowledgement of the risk.) The telehealth waiver does not extend beyond utilizing non-HIPAA compliant technologies. You must still ensure you are adhering to all other HIPAA privacy and security standards. *(Continued on following page.)*

## **Rural Health Compliance During COVID-19 (Cont.)**

If you are providing sensitive care such as counseling services, sexual health services, or substance use disorder treatments, make sure you are asking your patients if they are in a private location so they can receive the care in the most private manner possible.

Not all telehealth platforms are created equal. Ask your EMR provider which telehealth technologies integrate with their services or provide natively so you are able to fully capture your telehealth encounters. Now that we are able to bill for the service, we need to ensure we are able to fully capture all the necessary requirements for billing.

### **LIMITED PRIVACY WAIVER**

The OCR announced a limited HIPAA Privacy waiver. This waiver only applies for 72 hours from the time you enact your emergency plan during the public health emergency declaration. The waiver also only applies to hospitals. If you are an RHC, long term care facility, or any other entity (other than a hospital) this waiver does not apply to you and you must adhere to all the privacy requirements under HIPAA.

### **The OCR will not seek HIPAA penalties for hospitals during the waiver period for:**

- Not distributing the Notice of Privacy Practices
- Not seeking patient authorization to speak with family members, friends, or others involved in the patient's care
- Not honoring a request to not be listed in the facility directory
- Not honoring a patient's request to privacy restrictions
- Not honoring a patient's request for confidential communication



### **SECURITY**

The Security Rule of HIPAA is still intact; the OCR has not issued and is not expected to release any waivers of the Security Rule. We have seen an influx of cybercrime during COVID-19. Phishing and ransomware are on the rise and is not expected to slow down even after we are out of the COVID-19 emergency.

The increase in cybercrime is in a large part due to the fact that we are distracted from our security programs, we are working remotely, and we are distracted by everything that is going on so we are not paying as close attention to our computing habits as we should be.

A new trend in ransomware has emerged over the past several months called Double Extortion. Attackers are not only launching a traditional ransomware attack to encrypt your data and demand a ransom in return, they have evolved to actually accessing your data and publicly releasing your data via WikiLeaks if you do not pay the ransom. In healthcare, this is a very big concern.

The best defense against a Double Extortion ransomware attack is to train your staff. Ransomware is delivered via a phishing attack approximately 96% of the time. Train your staff and send them frequent security reminders on how to recognize a potential phishing attempt. If possible, run internal phishing tests as a training mechanism.

Remember that compliance is still a journey! Stay on top of your compliance activities, now more than ever. We will power through and come out the other end of this public health emergency. We may be a bit bruised and worn; however, we will continue to provide superior, compassionate, and compliant patient care. Stay strong, safe, and healthy!

# Helping those who help Illinois' most vulnerable



Hinshaw's health care attorneys help rural hospitals manage day-to-day operations while navigating the challenges presented by the COVID-19 global pandemic, including:

- ◆ Telemedicine
- ◆ Medicare reimbursement
- ◆ Compliance programs
- ◆ Electronic Health Records
- ◆ Employee handbooks
- ◆ Physician recruitment and Compensation
- ◆ Stark Law
- ◆ Medical malpractice
- ◆ HIPAA breaches

To learn how we can help you navigate these issues amidst deregulation resulting from COVID-19, and to talk through financial relief options available, contact **Jesse Placher** at [jplacher@hinshawlaw.com](mailto:jplacher@hinshawlaw.com) or **Stephen Moore** at [smoore@hinshawlaw.com](mailto:smoore@hinshawlaw.com).



[hinshawlaw.com](http://hinshawlaw.com)

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**Nearly half of all American adults - about 103 million people - have high blood pressure.**

## TARGET: BP™



### WHAT CAN HEALTHCARE PROVIDERS EXPECT FROM ENROLLING IN TARGET: BP?

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National recognition is provided on a yearly basis to participating practices and health systems at two levels, Participant and Gold, with recognition specific to each.

Make a difference in your community - register for Target: BP today:

[targetbp.org](http://targetbp.org)

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## Regulatory Rollbacks and Financial Relief Measures for Hospitals in Wake of COVID-19 Pandemic

The global COVID-19 pandemic has created a truly exceptional set of challenges for businesses operating in the healthcare industry. Rural hospitals are no exception. In the wake of these unprecedented circumstances, hospital executives, physician group leaders, and frontline workers have literally redefined the delivery of health care services in the U.S.

The legal landscape in healthcare continues to evolve as well. Lawmakers have coupled deregulation with new financial relief measures to accelerate the fight against the novel coronavirus outbreak. In addition to easing restrictions on patient information sharing, telemedicine, and self-referrals, this legal overhaul is creating financial relief in the form of loans and accelerated Medicare reimbursement, as well as allowing for the deployment of volunteer medical workers to meet staffing shortages. Some of these measures can be summarized as follows:



**Jesse Placher,**  
partner at Hinshaw  
& Culbertson LLP

- Telemedicine.** The Coronavirus Preparedness and Response Supplemental Appropriations Act allows the U.S. Department of Health and Human Services (HHS) to waive or use enforcement discretion regarding certain Medicare telehealth payment requirements, including those previously governing provider origination sites, provider state licensure, prior relationship with patient, and use of allowable technology, among others. The U.S. Drug Enforcement Agency (DEA) has also published guidance regarding its enforcement priorities relating to the prescription of controlled substances via telemedicine.
- Immunity.** The Coronavirus Aid, Relief, and Economic Security (CARES) Act, provides immunity for health care provided by volunteers under certain circumstances. HHS has further provided a declaration that limits liability for companies and providers engaged in specified pandemic countermeasures.
- Financial Relief.** The CARES Act establishes a pathway for advanced Medicare payments for qualified providers through a small business loan program meant to help health care companies with fewer than 500 employees.
- Stark Law.** The Stark Law prohibition on self-referrals has been eased when certain conditions can be met.
- HIPAA.** HIPAA regulatory enforcement has been rolled back for a period of time for hospitals implementing a disaster protocol, and the HIPAA Privacy Rule allows for certain disclosures of Protected Health Information (PHI) in the current environment.

Hinshaw's national Health Care Team is closely monitoring the rapidly evolving developments regarding the pandemic and stand ready to walk beside you during this battle. We have gathered key information relating to these and other historic developments in the laws governing healthcare industry services.

For more complete articles on each of the above topics, and for other COVID-19 pandemic updates, please visit: <https://www.hinshawlaw.com/f-coronavirus-covid-19-updates-resource.html>. Please reach out to Jesse Placher, partner at Hinshaw & Culbertson LLP, at 309.453.2057 or [jplacher@hinshawlaw.com](mailto:jplacher@hinshawlaw.com). Hinshaw's Health Care Team is dedicated to serving rural Illinois hospitals. Visit our website at [www.hinshawlaw.com](http://www.hinshawlaw.com) for more information.

# WORLD-CLASS CANCER CARE IS NOW AVAILABLE TO PATIENTS IN RURAL ILLINOIS



Cancer Treatment Centers of America® (CTCA) in suburban Chicago is now collaborating with rural hospitals like yours to bring personalized oncology care to patients who live in rural Illinois who are seeking more comprehensive treatment options. Through advances in telemedicine using real-time video conferencing for consultations, patients being treated at rural hospitals in Illinois now have access to CTCA® Chicago oncologists and clinicians for regular visits close to home.

This new, coordinated care program provides patients with access to the expertise and personalized cancer care provided by CTCA Chicago in a convenient setting close to home. It also enables rural hospitals to maintain their primary relationship with local patients, fulfilling their mission to enhance the health and well-being of their surrounding communities.

#### **Rural hospital benefits when collaborating with CTCA include:**

- Ability to offer advanced, comprehensive diagnostic and oncology treatment, including radiation, medical, hematologic, gynecologic, surgical and precision cancer treatment options
- Diversity in service offerings and growth in your patient base
- Maintaining your primary relationship with your oncology patients
- Reputation enhancement as an innovative health care leader in your community



CHICAGO

To learn more about the coordinated care program offered by CTCA Chicago, contact Angela Valchine at 248.909.5658 or [angela.valchine@ctca-hope.com](mailto:angela.valchine@ctca-hope.com).

## Iroquois Memorial Hospital and CTCA Collaborate

CTCA Chicago and Iroquois Memorial Hospital (IMH) recently launched a coordinated cancer care program to help meet the needs of cancer patients in Iroquois, Newton and Benton counties.

Through a combination of CTCA on-site offerings and telemedicine visits, IMH is now able to offer more comprehensive treatment options to its patients while reducing their need to travel for care.



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## Energy Efficiency Measures Can Add Thousands to Your Bottom Line

From new treatments and technologies to changing rules and regulations, the landscape of healthcare is always changing. In Illinois, the rising minimum wage represents a pressing challenge for some healthcare providers, particularly small, rural facilities.

Energy efficiency is an easy way to boost the bottom line – before budgets get stretched to the breaking point. Something as simple as upgrading to LED exit signs could save hundreds of dollars a year in energy and maintenance costs.

At Advocate BroMenn Medical Center in Normal, Illinois, new LED lighting upgrades and daylight sensors in the parking garage have reduced annual energy costs by \$32,000 and maintenance costs by \$13,000, while providing a better quality of light. Savings like these speak for themselves — and cash incentives from Ameren Illinois only add to the equation.



**Sharon Conlee**  
**Market Segment Coordinator**  
**Ameren Illinois Energy**  
**Efficiency Program**

### Incentives on Energy-Efficient Upgrades

From individuals to businesses and non-profit organizations, Ameren Illinois is an ally for customers who wish to eliminate energy waste and reduce their monthly power bill. For the healthcare community, Ameren Illinois offers cash incentives that can cover a substantial portion of project costs, including lighting and HVAC equipment upgrades, variable frequency drive (VFD) installation, commercial kitchen equipment upgrades, and custom projects.

In the case of Pekin Hospital, Ameren Illinois incentives covered more than 80 percent of project costs to survey steam traps and replace faulty ones. These measures, combined with new energy-efficient lighting and boiler equipment, are saving the hospital more than \$84,000 every year.

### More Money for Your Mission

Every dollar saved through energy efficiency is a dollar that can be put toward other priorities, such as patient care and new equipment. Energy savings could offset the budgetary impact of the rising minimum wage, or help your organization avoid staffing cuts — maybe even grow your workforce.

Case in point: The non-profit Peoria Production Shop, which trains and employs people with disabilities, partnered with Ameren Illinois for nearly 10 years to reduce energy use by 50 percent. The resulting energy savings made it possible for the nonprofit to more than double its workforce.

### Allies in Efficiency

A team of Ameren Illinois Energy Advisors is available to evaluate your facility and identify opportunities to save. When you're ready to move forward, a statewide network of specially trained local contractors, known as Program Allies, are at your service to help with everything from paperwork to equipment installation.

From new LED lighting to HVAC equipment, the steps you take today will deliver savings for years to come. To learn more, visit [AmerenIllinoisSavings.com/Healthcare](http://AmerenIllinoisSavings.com/Healthcare) or call **1.866.800.0747** to connect with an Energy Advisor or Program Ally in your area.



## **IRHA Awards Workforce Development Scholarships for Spring Semester 2020**

Because of the great shortage of **dental providers and mental health professionals** in rural areas, coupled with the growing demand for **Medical Billing & Coding experts**, the **IL Rural Health Association** awarded **\$11,000 in scholarships** in these various disciplines for the spring semester 2020 to students with a strong interest and intent in working in a rural area. **Special thanks to Gibson Area Hospital for their financial support of the Medical Billing & Coding Scholarships.**

### **Dental Scholarship Recipients**



**Adam Falasz**  
Southern Illinois University  
School of Dental Medicine



**Samantha Gross**  
Southern Illinois University  
School of Dental Medicine



**Miranda Richards**  
Southern Illinois University  
School of Dental Medicine



**Chelsea Schultz**  
University of Illinois  
College of Dentistry

**IRHA Awards Workforce Development Scholarships for  
Spring Semester 2020**

**Medical Coding and Billing Scholarship Recipients**



**Carissa A. Flanagan**  
Kaskaskia Community College



**Heidi Miller**  
Lake Land Community College



**Cassie Sellers**  
Kaskaskia College



**Teresa Gonzalez**  
Lake Land College

**IRHA Awards Workforce Development Scholarships for  
Spring Semester 2020**

**Behavioral Health Scholarship Recipients**



**Amber Beyke**  
Southern Illinois University,  
Carbondale  
MSW- Health/Mental Health



**Jessica Cash**  
Judson University - Rockford  
Campus  
Master of Arts



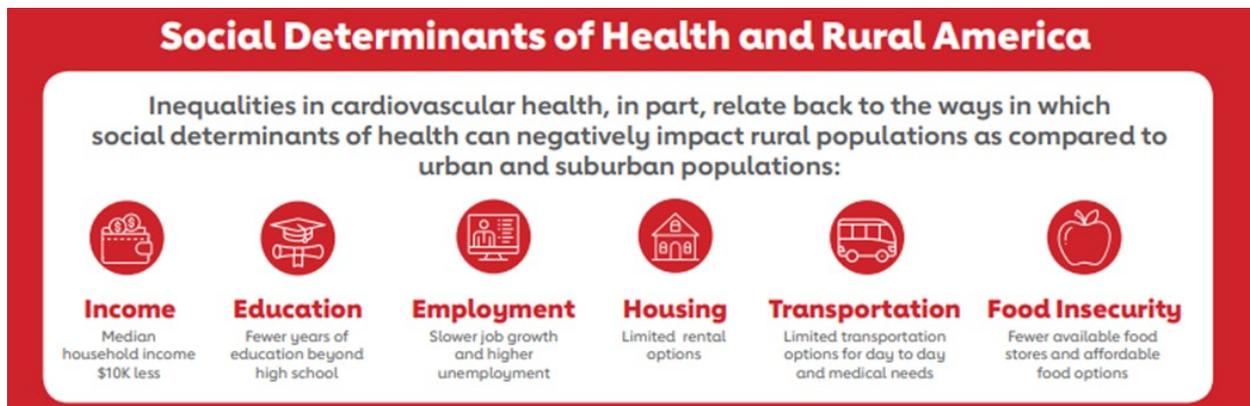
**Mary Adams**  
University of Illinois at Urbana-Champaign  
Master of Social Work

## Call to Action: Rural Health A Presidential Advisory from the American Heart Association and American Stroke Association

On Feb. 10th, the American Heart Association published an advisory in the journal *Circulation* that summarizes the latest data on rural health and health care, examines the factors contributing to urban-rural disparities in health outcomes and proposes solutions spanning health system innovation, policy and research.

The advisory includes a call to action for the Association and other stakeholders to make rural populations a priority in programming, research and policy.

Understanding and addressing the unique health needs of people residing in rural America is critical to the American Heart Association's pursuit of a world with longer, healthier lives.



**The American Heart Association is committed to working with strategic partners to develop solutions to improve rural health in American. We pledge to work with stakeholders across the ecosystem in support of our collective goals. Examples of focus areas include:**

- Virtual expansion of quality improvement that have traditionally been facility-based.
- Advocacy in support of policy priorities that support an affordable, accessible and adequate system of care for all residents of the United States.
- Application of technologies to address health equity and drive a more accessible model in health care for all
- Development of the evidence base in support of approaches to address the needs of rural population.
- Examination and testing of emerging approaches in cardiovascular care that are particularly relevant to rural areas.
- Identification and support of the training needs of the variety of health care professionals.
- Facilitating the spread and coverage of new models.
- Extending reaching of education initiatives to rural consumers.
- Improving awareness of rural health challenges among lawmakers and policymakers.

*(Continued on following page.)*

## IL RURAL HEALTH ASSOCIATION

### Urgent Need to Address Health in Rural America

People in rural areas **live 3 fewer years** than people in urban areas, with **rural areas having higher death rates for heart disease and stroke.**



Rural women face **higher maternal mortality rates**

Rural residents face **higher rates of tobacco use, physical inactivity, obesity, diabetes and high blood pressure**



Rural populations face greater challenges with **mental and behavioral health** and have **limited access to mental health care.**

Rural hospitals are closing or facing the possibility of closing  
+  
Increasing shortages of clinicians



Long distances and lack of transportation make it difficult to access emergency, specialty and preventive care.



Rural populations are more likely to be **uninsured and have fewer affordable health insurance options** than in suburban and urban areas.

**Mission: Lifeline** is bringing together rural communities to help advance systems of care and determine the needs specific to those areas. Stakeholders from both receiving and referring centers, along with EMS are helping to improve health outcomes on a regional level.

Please visit our Quality Improvement page for information on how to get involved! Please contact Sarah Donnelly, Quality and Systems Improvement Director, [Sarah.donnelly@heart.org](mailto:Sarah.donnelly@heart.org).

## RIMSAP Helps Future Doctors. RIMSAP Helps Rural Communities.

Whether you are a future medical student or a resident of rural Illinois, RIMSAP can help.

The Program helps qualified applicants, who agree to practice medicine in rural Illinois, hurdle financial needs and academic barriers at the University of Illinois College of Medicine.

So it's a win-win all around.

*If you have a vision of becoming a doctor, see how RIMSAP can help you.*

**Applications are due by Nov. 1.**

[www.rimsap.com](http://www.rimsap.com)

Rural Illinois  
Medical Student  
Assistance Program





## Services We Provide

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### **Wellness Programs**

We support organizations looking to create a health-conscious workplace and increase value on investment by addressing health behaviors that prevent disease and improve quality of life.

**Biometric screening with health coaching  
Lunch and Learn**

**Wellness Workshops  
Group Sessions**

### **Health Coaching**

By fostering positive behavior change, our Health Coaches help raise awareness and motivation for healthy lifestyle practices that leads to healthier communities. Our Coaches work with clients to support, guide, and help create solutions to overcome obstacles that inhibit their path to health and wellness. We offer one-on-one coaching in person and telephonically.

### **Care Management**

Our Care Managers excel at health risk reduction and long-term management of chronic health conditions by assessing the patients medical, social, and financial needs. They provide weekly, bi-weekly or monthly home visits.

**Personal support and advocacy  
Facilitating/reminding of appointments**

**Pre/post-hospitalization care coordination  
Education and behavior change coaching**

### **Chronic Care Management**

Connecting healthcare with seamless clinical support and collaboration between your practice, your patients and their support systems.

**Address barriers to healthcare  
Coaching and education  
Monitor adherence and progress**

**Streamline revenue management  
Connecting technology and care coordination  
Reduce unnecessary hospital or ER visits**

### **Remote Patient Monitoring**

Delivering healthcare through proven technology that enables monitoring of your patients in their home to proactively detect condition deterioration and guide patient behavior with outcomes-based clinical pathways. Reduces readmission rates, increases return on investment, and improves patient satisfaction.

### **Medication Therapy Management**

Providing ongoing monitoring and assistance to help improve medication use and adherence for your patients living with chronic conditions. A comprehensive medication review is completed by a pharmacist or qualified healthcare professional annually with quarterly follow-ups to help prevent medication discrepancies or adverse drug interactions.



**9211 Waterfall Glen Blvd.**

**Darien, IL 60561**

**[www.ilruralhealth.org](http://www.ilruralhealth.org) 217-280-0206 Fax (630) 357-3059**

**IRHA 31<sup>th</sup> ANNUAL EDUCATIONAL CONFERENCE Oct. 6-7th, 2020**

**I-HOTEL in CHAMPAIGN**

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\_\_\_\_\_ **For Profit -Exhibitor: \$800** - Includes exhibit space and up to 2 registrations, 2 annual memberships, program/website/newsletter recognition.

\_\_\_\_\_ **Non-For Profit Exhibitor - \$600** - Includes exhibit space, 1 registration, 1 annual membership and program/website/newsletter recognition.

\_\_\_\_\_ **Full Page Program Ad** - \$500 (includes one registration/membership)

\_\_\_\_\_ **1/2 Page Program ad** - \$250

\_\_\_\_\_ **Individual Registration-Member:** \$195

\_\_\_\_\_ **Non-Member:** \$250 (includes 12-month membership) \_\_\_\_\_ **Student:** \$50

**I-Hotel in Champaign 217-819-5000 has block of rooms reserved under "Rural2020" for a rate of \$139 through Sept 5<sup>th</sup>.**

## **Fourth-Generation Grower Returns to Farm with AgrAbility**

For decades, the Colvis family orchard, store and roadside produce stands were known for miles around Southwestern Illinois. Now, a fourth generation of Colvises has taken over as stewards of the land, living their philosophy of faith, family and farming.

Since 2018, Brad Colvis and his wife Natalie have grown small fruits and vegetables. Like all small farmers, the Colvises face challenges – weather, growing a client base, fluctuating market prices. Brad was also diagnosed with polymyositis in 2010, a rare autoimmune disorder that attacked his muscles and left him unable to walk for several years.

After he got sick, Brad left his job in California and Natalie and their five children moved to Missouri to live in and run a three-story historic bed and breakfast.

He slowly gained his strength back, eventually could walk, first with the aid of a walker and then a walking stick. The Colvises began eating organic foods and Brad reduced his dosages.

They started making the half hour drive across the Mississippi River to the family farm to grow their own produce, working with Brad’s father Bernie, to enhance the soil with cover crops and use succession plantings.

The work of growing was challenging, but the physicality helped him recover.

“At the end of the day, I’m tired but it’s a good tired, you can rest in your labors and appreciate the aesthetic of it as well as the energy that was put into it,” Brad said.

As the Colvises started to make the shift into farming full-time, they knew they would have to find ways to adapt so Brad could safely farm.

A few years ago, Bernie was at a farm conference looking for a tractor Brad could use with an elevator lift. That’s when he got in touch with Robert “Chip” Petrea, the client services manager for Illinois AgrAbility Unlimited.

Now, the Colvis farm has several problem-solving pieces of equipment and tools that make work easier. Brad uses an electric wheelbarrow to transport items. Impact gloves make handling the weed eater less painful. And a wheelchair transport cart – a scooter with a flat deck – makes it easier to get around the farm.

“AgrAbility was a godsend,” Natalie said. “They made it possible to live the dream.”

The Colvises are growing and learning every day. Brad’s health has improved immensely, but he tires quickly. “Our intent is to let it unfold and see what we’re able to do and what our kids are interested in,” Brad said. Maybe the future has room for a fifth generation of Colvis farmers.

For more information, visit [agrabilityunlimited.org](http://agrabilityunlimited.org) or on Facebook at [www.facebook.com/AgrAbilityIllinois](https://www.facebook.com/AgrAbilityIllinois).



**Emily Steele**  
**Copy Writer & Content Specialist**  
**AgrAbility**



## The Value of Patient Centered Medical Home (PCMH) Accreditation

*“Operational excellence leads to clinical excellence.”*

*“Simplification leads to clarity and clarity allows the provider to focus on what matters most to the patient!”*

*-Sandy Canally, Founder and CEO of The Compliance Team*

Patient engagement is at the heart of PCMH. Becoming PCMH accredited demonstrates that you are taking extra steps to recognize the importance of patient-centered care through improved coordination, data, quality and access.

Quality care begins at the point of contact, is nurtured in the exam room, cultivated by care coordinators and harvested with quality measures for patient satisfaction. Focused patient engagement is key to promoting better health by identifying what matters most to the individual resulting in care plans that deliver better outcomes and lower costs for both patient and clinic through quality improvement.

The PCMH model focuses on the patient with emphasis on assessable services, quality and safety. The results are outstanding.



**Kate Hill, VP of  
Clinical Services  
The Compliance Team**

## Benefits of PCMH



Some clinics are reluctant to embrace PCMH for fear that the program will be expensive, rigid, overwhelming and labor intensive. Many of the PCMH standards of practice may already be in place and implementation of others actually allow providers more time to interact with their patients by streamlining processes that lead to a higher level of quality care.

The Compliance Team’s PCMH Accreditation Program focuses on getting back to patient care by looking at day to day operations and ensuring a Win/Win/Win for patient, providers and payors.

PCMH is a value-based strategy and is a very powerful step you can make to align with CMS’ move to a quality vs quantity reimbursement fee structure. PCMH provides incentives for better processes and better outcomes.

Examples of PCMH patient care improvements:

- Same day appointments for urgent illness and expanded appointment hours
- A specific plan to handle all types of patient communication
- After-hours triage service and phone access to an on-call provider
- Implementation of a team-based approach to coordinated care
- Assigned care coordinator who develops relationships with patients and provides direct access to the care team *(Continued on following page.)*

## The Value of Patient Centered Medical Home (PCMH) Accreditation *(Continued from previous page.)*

Health plans need and want clinicians in rural areas to care for the 20% of the US population who live there. The Compliance Team has developed a simplified, yet complete, PCMH program for rural clinics and small practices. This offers clinics the opportunity to profit more through quality and savings and allows clinics to focus on population health measures that are specific to their practices. . RHCs can now participate in an APM (advanced payment model). Most, if not all, will require PCMH accreditation.

The Compliance Team's program encourages clinics and staff to work at the top of their licenses - from MD to MA. Early adoption of PCMH allows a relaxed learning curve and monetary incentives to help defray costs once you achieve PCMH status. You can begin the PCMH process now and proceed at your own pace or you can wait until you are forced to change under more aggressive regulatory timelines.

The Compliance Team is sponsoring a free, live introductory PCMH webinar in May 2020, where you can get all your questions answered. Click on the link to sign up for the webinar. You will be contacted once the date and time is set. <https://thecomplianceteam.org/our-accreditation-programs/patient-centered-medical-home-pcmh/>



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- Expert-led implementation
- Customizable

Click anywhere on this ad to sign up for a FREE webinar in May: *"Introduction to Patient-Centered Medical Home,"* run by Kate Hill, VP of Clinical Services at The Compliance Team.

  
*The Compliance Team*™

For more information: **215 654 9110** or visit:  
**TheComplianceTeam.org**

## **2017 IRHA HIT Scholarship Recipient Putting Her Expertise to Work for Rochelle Community Hospital**

Stefanie Roberts, RHIA, has her Health Information Management degree from Illinois State University (2005) and recently received her Master's Degree in Health informatics from the University of San Diego in May 2018, when she was 6 months pregnant with her twin girls. In the spring semester of 2017 Stephanie received a HIT scholarship from the Illinois Rural Health Association to help defray the cost of her graduate work. Stephanie serves as the Health Information Management Manager and the Privacy Officer for Rochelle Community Hospital.

“I am so grateful for the scholarship and the support the Illinois Health Association gave me towards my schooling. I love working in a rural community and hospital. It is truly is a privilege and it is an honor. I love what I do every day,” said Stephanie.



**Stefanie with her husband, Matthew, son Jamison and twin daughters Ainsley (right) and Kinsley (left).**



## National Rural Health Association DC Policy Institute

February 11-13, 2020

February 2020 seems like an age ago for all of us. Just prior to COVID making the news, I was fortunate to attend the National Rural Health Association in Washington DC on behalf of the IRHA. The 2020 Policy Institute focused on rural hospital closures in the U.S. In retrospect, this was prescient.

Rural Hospital closures are a significant threat to the health and well-being of Rural America. Over 120 hospital have closed since 2010. These closures have a significant impact on their community and the region. Rural Americans are more likely to die from the four leading causes of death (heart disease, cancer, stroke, and chronic respiratory diseases). Rural suicide rates are twice as high as urban/suburban areas. Mortality rates are 6% higher after a rural hospital closure vs NO

impact in urban/suburban areas. The economic and health impacts of hospital closures are significant.



**IRHA President-Elect Charles James with Director of CMS Administrator Seema Varma**



**US Surgeon General Dr. Jerome Adams**

Crawford Memorial Hospital), Trina Casner (Pana Community Hospital), Larry Spour (CFO – Lawrence County Memorial Hospital), and Heather Whetsell (Administrative Director SIU School of Medicine).

Our main “ask” during our Legislative visits was to support the “Save Rural Hospitals Act” and the “RHC Modernization Act.” We always get a great response from our visits. Of course, legislative priorities have been totally upended in the intervening weeks. Many of our concerns are now painfully highlighted during this crisis.

Please stay safe and healthy! We hope to see you soon – virtually or in-person!

The Policy Institute had a raft of excellent speakers: Pat Schou (Current NRHA President), Senator Richard Durbin, CMS Administrator Seema Varma, U.S. Surgeon General Jerome Adams, Senator Tina Smith, Senator Cory Gardner, and many other worthy speakers.

The highlight of the trip are our Hill visits, which offer a one-on-one opportunity with legislators and their aids. Among the members of our Illinois Legislative junket were Pat Schou, Michelle Rathman (Rural Matters podcast), Doug Florkowski (CEO –



## **What Coronavirus Reveals About Women's Health in Rural Communities**

The coronavirus pandemic has revealed insufficiencies in our healthcare system, from inadequate supply chains to physician shortages. Concern over physician shortages is not new, as analysts have for years pointed to the rapidly expanding aging population as posing an increasing burden on U.S. healthcare.

With the COVID-19 outbreak, we are seeing a surge in people's reliance on their primary care providers as they grapple with what to do when symptoms associated with the virus arise. Unfortunately, the physician shortage appears particularly grave in primary care, with the Association of American Medical Colleges reporting that the U.S. was already short 20,000 primary care physicians by 2016. According to the National Resident Matching Program, the primary care provider shortage is only set to increase, given the record-breaking lows in 2019 in the amount of newly trained physicians choosing to pursue careers in primary care.

For women, this problem is exacerbated by the fact OB-GYNs too are headed toward a shortage while many women use their OB-GYNs as their primary care providers. OB-GYNs, for instance, order mammograms, screen for cervical cancer, and recommend colonoscopies. New research has shown that whereas 35% of OB-GYNs are at least 55 years old, less than 20% are under 40. Additionally, given that OB-GYNs earn the lowest salaries of any surgical specialty, medical students are losing interest in OB-GYN careers.

Women in rural communities - where only 11% of our nation's physicians choose to practice - may represent one of the hardest hit groups if the growing physician shortages are not successfully addressed. What, then, can we do to improve our ability to promote the future health of rural women? The most important thing is to enhance access for these women to quality care.

Providing incentives for physicians to practice in rural areas is one strategy to increase healthcare provider access to women in these parts of the country. There is, for instance, currently a House Bill headed to the Senate that would provide a \$25,000 tax credit to doctors in Oklahoma who start a practice in a rural community.

A controversial but potentially valuable solution for mitigating the physician shortage across the country is allowing advanced practice registered nurses (APRNs) full practice authority (FPA) so that they can practice without physician oversight. While 14 states have granted this FPA, Illinois is one of 14 others that allow APRNs to earn FPA after a certain number of hours of practice.

Regardless of the mechanism, it is important that we ensure that women in rural communities have access to healthcare. Coronavirus has shown us that healthcare needs can change almost instantly, and we need to be prepared.



**Andre Creese, MD, FACEP**  
**Chief Executive Officer**  
**OPYS**



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## **Why Chronic Care Management is the Right Choice for Rural America**

Chronic Care Management (CCM) is defined as the non-face-to-face services provided to Medicare beneficiaries who have multiple (two or more), significant chronic conditions. In addition to office visits and other face-to face encounters, these services include communication with the patient and other treating health professionals for care coordination (both electronically and by phone), medication management, and being accessible 24 hours a day to patients and any care providers (physicians or other clinical staff).

This is very beneficial for patients and doctors in rural areas because of the following reasons:

Due to the evolving community spread of the respiratory illness caused by the novel coronavirus (COVID-19), healthcare providers are providing and recommending that patients change their office appointment into a telephone appointment.

Primary care doctors and other type of specialists and providers are overworked and overwhelmed.

Patients in rural areas access to care remains difficult and face numerous challenges such as fewer local doctors contribute to the lack of access to care.

Lengthy commutes to see a primary care doctor is another factor. In some cases, patients have decided to forego seeing a doctor.

Improved clinical outcomes

Improved health and safety status.

Chronic Care Management (CCM) reduces the limitations of the shortage of local physicians. Also, reduces inequalities in access to healthcare.



**Necie Edwards**  
**Wellness Strategic**  
**Partners**  
**Assistant Project Mgr.**  
**Integrative Nutrition**  
**Health Coach**

[A 2017 study from the National Center for Health Statistics](#) shows that rural residents have a higher elderly population and higher rates of multiple chronic conditions than urban residents:

High cholesterol – 3.6% ↑

Hypertension – 5.5% ↑

Diabetes – 1.6% ↑

Arthritis – 6% ↑

Under Chronic Care Management (CCM) Patients will receive a better coordinated team of healthcare professionals to help them stay healthy, a comprehensive care plan to set and track progress towards health goals, and support between regular face-to-face visits.

This care coordination may also improve practice efficiency, and patient compliance and satisfaction.

### **Revenue**

The 2019 payment rate for the CCM program in RHCs and FQHCs is \$67.03. Accredited clinicians can manage a group of 200 chronic patients per month and introduce over \$160,000 in new revenue per year for their clinics. *(Continued on following page.)*

## Why Chronic Care Management is the Right Choice for Rural America *(Continued from previous page.)*

### Contact Us:

Here at Wellness Strategic Partners our Chronic Care Management team is focused on bringing the best patient engagement services to help you drive clinical and financial performance. Contact us today for a complimentary CCM strategy session for your practice.

For additional information about our services we can be reached at the following:

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