National Rural Health Day Press Conference

In conjunction with National Rural Health Day on November 20th, IRHA hosted a State House Press Conference to educate the media on the challenges facing rural health providers and solutions we are working towards.

Pictured right to left State Rep. CD Davidsmeyer (R-Jacksonville), Dr. David Hagan, Retired RMED Dean Dale Flach, IRHA Director Margaret Vaughn, Culbertson Memorial Hospital Clinic Operations Manager Robin Allen, Douglas County Health Department Administrator Amanda Minor, Dr. Robert Wesley of SIU School of Medicine and IRHA Board Member, Greg Scott, McLean County Regional EMS System

Join Us at the IRHA Legislative Reception

Meet your legislators at the IRHA Legislative “Luau” Reception
Wednesday, March 11
6:00-8:00 p.m.
Saputos Restaurant
801 E. Monroe
Springfield, IL

RSVP:
Margaret Vaughn
217-670-2862
mvaughn@springnet1.com

SAVE THE DATE

IRHA 26th Annual Educational Conference
August 13-14, 2015
Embassy Suites—East Peoria, IL
Illinois Coalition of Community Blood Centers Working with County Health Departments to Ensure Healthy Communities

At first look it would appear that local, community Blood Centers and County Health Departments have nothing more in common than mandatory reporting of infectious diseases. But I would like to suggest that they have more in common than reporting and should, in fact, have very close relationships. A safe blood supply requires a healthy community and a healthy community requires outreach to prevent disease. So how have and should these very different organizations collaborate? Let’s explore how some of the Illinois Coalition of Community Blood Centers (ICCBC) members and their respective county health departments have already been working together.

In 2009, in preparation for the avian flu, an ICCBC member hosted and staffed a three day first responder vaccination clinic. Utilizing a train-the-trainer program, the county health department trained two of the blood center’s registered nurses in the required documentation and administration of the vaccine. The blood center then trained additional R.N. in the administration of the vaccine and non-R.N. staff in the identification and registration of the first responder. Because the blood center has to meet the FDA requirements for tracking and tracing donors and products, the blood center already had expertise in high volume donor-flow and critical documentation required to augment the health department’s resources. In fact, because of the blood center was in a central location, the three-day vaccination clinic saw the highest number of first-responders.

The county Health Departments can also assist blood centers in maintaining a healthy blood supply. This is most evident in the summer when West Nile Virus is active. Health departments can alert blood centers in real time when pools, sentry chickens or humans are confirmed positive for West Nile Virus eliminating lag-time that occurs when results are posted weekly to the state website. This ensures the blood center increases test sensitivity at the peak of infectivity and not afterwards, when it is less effective.

While these two examples are occurring in some areas, it is really up to both the blood center and the health department to make sure they are in regular communication about the health of the communities they serve. As blood centers add testing for emerging diseases, like Chikungunya and Chagas’ disease, and health departments track and prepare for pandemic communicable diseases, a closer coordinated relationship can have a positive and greater reaching impact on the health of a community and the safety of the blood supply.

IRHA Annual Educational Conference August 13-14th in East Peoria

We would like to invite you to the Illinois Rural Health Association’s 26th Annual Educational Conference, held August 13-14th at the Embassy Suites in East Peoria. There will be nearly 20 educational sessions to choose from, along with exhibitor booths, our Annual Health Care Awards banquets and networking throughout the day and into the night at our Hospitality Suite with trivia contests and prizes. There is also Pre-Conference Welcoming Reception at the hotel on August 12th from 7:30 to 9:00 p.m. sponsored by Principal Financial.

Hospital, RHC, and Public Health Administrators, Rural Clinicians, Health Educators, Mental Health Providers, Academic Researchers and anyone with an interest in improving rural health will benefit from this Conference. On the next page is information on our rates and registration. Registration is also available online at www.ilruralhealth.org. We would love to have you join us.

Embassy Suites has reserved a block of rooms for IRHA at a rate of $124. Use code “RHA.”
IL Rural Health Association’s 26th Annual Educational Conference
August 13-14, 2015
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____ Non-for profit Vendor Booth - $500 - Includes booth, 1 registration, 1 annual membership and program recognition.

Ad book: _____$500 Full Page Ad _____$250 Half Page

____ Individual Registration-Member: $185
____ Non-Member: $240.00 (includes annual membership)

Return by Fax 630-908-7311 or mail IRHA 9211 Waterfall Glen Blvd. Darien, IL 60561. Register online at www.ilruralhealth.org.

All sponsors, vendors and attendees are invited to Wednesday evening Pre-Conference Welcoming Reception, Thursday lunch and evening hospitality suite and Friday breakfast. Thursday night awards dinner is an additional $20 for vendors. Contact Margaret Vaughn 217-280-0206.
2014 Annual Educational Conference a Success

We celebrated our 25th Anniversary at the IRHA 25th Annual Educational Conference, which was held August 14-15th at the Keller Convention Center in Effingham. Thanks to everyone who worked so hard to make it a success. There was a record 145 attendees, 30 exhibitors and 20 educational presentations to choose from along with plenty of networking opportunities, including the Pre-Conference Welcoming Reception, Health Care Awards Banquet and Silver Anniversary 80s Hospitality Suite.

Terri Agin, Illinois Health Connect, and Therese Macias, Jersey County Health Department

Hospitality Suite: First row seated—Kim Sandars, Cindy Wise, Margaret Vaughn
Second row standing—Ruth Heitkamp, Caleb Nehring, Ken Ryan, Dr. Mullin, Jeff Franklin, Miriam Link-Mullison, Mary Ellen Fiflis, Cheryl Neumann and Chris Cook,
Thanks to the IRHA 2014 Annual Conference Sponsors and Exhibitors

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Shriners Hospital for Children - St. Louis
Southern Illinois University School of Medicine
Stormwood Technologies
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Tru Bridge
Illinois Rural Health Association Hosts
2015 Video Conference Series

Once again IRHA will once again host a series of video conference lunch workshops at 10 sites statewide aimed at providing educational and networking opportunities for our members. Workshops are free to IRHA members. Non-member rate includes 12-month IRHA memberships and Annual Conference discounts. Registrations will be available on the IRHA website beginning six weeks prior to each workshop: www.ilruralhealth.org.

**Tuesday, March 24th**
10:30 a.m. to 1:00 p.m.
**HIT TRENDS in 2015**
Presented by Lauren Wiseman, Clinical Services Manager, Central Illinois Health Information Exchange
Online registration begins February 6 at www.ilruralhealth.org.

Site locations for March 24th include:

- Egyptian Health Department in Eldorado
- Genesis Health Systems in Aledo
- Hammond Henry Hospital in Geneseo
- Knox County Health Department in Galesburg
- Memorial Hospital in Carthage
- Paris Community Hospital in Paris
- SIU Family Medicine in Quincy
- SIU School of Medicine in Springfield
- St. Anthony’s Hospital in Effingham
- St. Joseph’s Hospital in Highland

**Wednesday, May 27th**
10:30 a.m. to 1:00 p.m.
**PAYMENT FOR QUALITY FOR RURAL HEALTH CLINICS**
Presented by Charles James, CEO, North American Healthcare Management
(locations TBA, online registration begins April 1st.)

**Tuesday, September 22nd**
10:30 to 1:30 p.m.
**PUBLIC HEALTH NURSING:**
Translating the Evidence (NExT) project will promote awareness of and access to resources from the National Library of Medicine and the National Institutes of Health among public health nurses (PHNs) serving throughout the state of Illinois
(locations TBA, online registration begin August 1st)
Increasing Access to Oral Healthcare

Sherri M Lukes, RDH, MS, FAADH
President, Illinois Dental Hygienists’ Association
Associate Professor Emerita
Southern Illinois University Carbondale

Obtaining oral healthcare is especially challenging for all underserved populations in Illinois, and even more so for those in rural areas. Very few dentists accept Medicaid payment making it difficult for those covered to receive care. Many patients in rural areas are required to drive two hours or more to the nearest community health center for oral health services. Patients may also be immobile, as are many senior adults, and not able to access care in the traditional dental setting.

Collaborative practice is a service delivery model being implemented all over the country enabling the dental hygienist to provide preventive dental services without requiring a dental examination by the dentist first. The current dental practice act in Illinois restricts access to preventive services by requiring a dental examination by the dentist before preventive services can be delivered by the dental hygienist. The Illinois Public Health Association is introducing legislation which would allow dental hygienists to provide services in public health settings without patients having to first be examined by the dentist. If this legislation passed, the hygienist, per a written collaborative agreement with a dentist, could provide preventive services and then refer the patient to a dentist for the examination and additional treatment. The dentist remains the gatekeeper for overall dental care.

Examples for collaborative practice in public health settings include school based programs, day care centers, community clinics, Head Start centers and nursing homes/assisted living facilities, just to name a few. Another positive aspect of the legislation would be the benefit to health centers who struggle with keeping a dentist staffed. They could continue to utilize their dental hygienist and maintain a flow of patients through their dental clinics by a collaborative agreement with a dentist at another site. More patients would be able to receive services and the health centers can continue a revenue stream in their clinics.

Thirty-six states have various provisions in their dental practice acts for direct access to preventive services from dental hygienists. It is the desire of the Illinois Dental Hygienists’ Association, as well as multiple entities concerned about access to oral health care in Illinois, that the current dental practice act be amended to reflect this change.

Governor Rauner Appoints Dr. Nirav Shah New IDPH Director

Director Nirav D. Shah, M.D., J.D., 37, holds both a medical degree and law degree from the University of Chicago. He served as counsel with attorney with Sidley Austin in Chicago, focusing on the administrative and legal aspects of public health. He works with clients around the world to administer health programs, improving access to quality health care.

Director Shah is also currently a lecturer in global public health at the University of Chicago’s medical school, where he teaches students how to solve public health problems through empirical analysis. Prior to earning his medical and law degrees, Shah worked for the Ministry of Health in Cambodia as a public health economist to address inefficiencies in the system.
Do You See What I See?
(Identifying Perinatal Depression in The Primary Care Setting)

A pregnant mother enters your office. She reports feeling fine and plans to work until her due date. Her pregnancy is proceeding uneventfully. Do you inquire about perinatal depression and anxiety?

A smiling mother and content newborn baby enter your office. Do you inquire about postpartum depression or her labor and delivery experience?

A mother brings her 9 month and 36 month old children in for their well child visits. She is able to present her parenting issues with a sense of humor. Do you inquire about her mental health or her perception of herself as a parent?

These are real life examples of women suffering from debilitating depression, anxiety, post-partum rage and PTSD associated with traumatic delivery. They represent countless women who suffer in silence and wish their physician had asked them about how they were feeling. They tend not to bring up their issues for many reasons including embarrassment. They may initially deny their distress and will need further questioning at future appointments to finally open up.

Perinatal depression and associated disorders often go unrecognized because many of the discomforts of pregnancy and the puerperium are similar to symptoms of depression. (Wagner HR, Burns BJ, Broadhead WE. et al) (Oxman TE, Sengupta A.) However, women are twice as likely as men to experience depression over their lifespan. The incidence of first time perinatal depression, mild or major, is 14.5%. (Gholam, Sahar, Nasrin) If mothers have had a history of depression or anxiety, the risk goes up significantly.

What is the impact of unidentified perinatal depression and associated disorders? For mothers, poor ability to function, susceptibility to poor physical health, increased risk of suicide and homicide (particularly of their children), verbal and physical abuse as victim and abuser, and risk of chronic mental health disorders are some of the problems.
Perinatal depression not only has a negative effect on mother-infant and marital relationships, but also causes depression in husbands (Roberts SL, Bushnell JA, Collings SC, Purdie GL), causes or aggravates marital problems, and even leads to separation or divorce. (Seto M, Cornelius MD, Goldschmidt L, et al.)

The impact on the developing fetus and newborn includes preterm birth, early neurocognitive problems, poor bonding, poor physical health, and mental health disorders. Perinatal depression sets up a lifelong trajectory of mental and physical health effects in parents and child.

What are some red flags in a woman’s presentation to your office? Perinatal depression often presents as a mixture of depression, anxiety, and OCD components such as excessive worry, irritability, obsessive thinking, compulsive need to check on the children, unexplained crying jags and rages, low energy, and persistent somatic complaints.

What is the next step? Perinatal screening at each prenatal visit, and during the first three postpartum visits: 2 weeks, 2 months, and 4 months. The 4 month visit check is critical because mothers should be feeling more energetic and feeling well. It is also important to screen between 9-12 month visits to catch those mothers who have been unable to truthfully answer prior screens. The type of screening tool is not as important as doing the screening as they are all equivalent in picking up depression and several are available at no cost.

The relationships that practitioners have with their patients in primary care settings put them in a unique position to both identify and offer a first point of intervention for maternal mental health problems. Establishing supportive and non-judgmental practices in assessing and responding to maternal mental health needs can eliminate barriers of stigma and reinforce the value that the wellness of every family member is important.

Once a woman has been identified through a positive screen, it is important that follow up is always provided in a personal and private manner during the same visit. Follow up can range from providing reassurance, general psycho-education, or specific referrals depending on the severity of the woman’s symptoms (Ward-Zimmerman & Vendetti; 2014).

Regardless of the level of intervention determined to be necessary, women who screen positively should be provided with support that normalizes and destigmatizes her experience, and offers hope that her perinatal emotional complications are treatable (Postpartum Support International). Promotion of self-care for both mother and baby’s health while taking care to avoid increasing her feelings of guilt is also important. (MotherWoman Training Institute www.motherwoman.org).

A provider can offer normalizing information such as, “Many women who are new or expectant moms experience similar feelings to the ones that you have described on this screening form and it is important for you to know that the way you’re feeling is not your fault”. Asking open ended questions can help to establish trust and “buy-in” to interventions such as, “In your own words, how would you describe how you have been feeling?”, or “What would you say are the biggest problems caused by the way you are feeling?” Lastly, it is important to offer information about the types of treatment that may be available. Hold a discussion about the types of treatment that she will be most comfortable engaging in.

As a primary care provider, it can be overwhelming to deal with perinatal depression, but you are not alone. Illinois DocAssist has added perinatal services to their resources for 2015, and we are available to help you with any question, concern, or need for guidance. Hours of operation are Monday-Friday 9AM-5PM. Contact us at: 1-866-986-2778 or DocAssist@psych.uic.edu.
The Curious Case of Kidney Cancer in Rural Illinois

By Daniel J. Sadowski, MD, M. Phil and Kevin T. McVary, MD-FACS
Southern Illinois University School of Medicine, Division of Urology

Recent research at Southern Illinois University School of Medicine in Springfield, Illinois has found a higher kidney cancer (KCa) death rate for Illinois residents in rural counties compared to urban counterparts. The rates were 4.9 deaths per 100,000 people in rural counties and 4.3 deaths per 100,000 in urban counties for the time period 1990-2010. Rural residents are often found to have limited access to health care and worse health outcomes.

The urology workforce is shrinking. Urology is one of the oldest surgical specialties, with the average age of urologists at 52.5 years, and rural urologists an average 2.2 years older than urban urologists. Rural counties will likely be more affected by this growing shortage of urologists. One study found that younger urologists were three times less likely to work in rural counties than older urologists. Two thirds of rural Illinois counties have no urologist. We also face an increase in demand for urologic services. This is a consequence of the aging population and possibly from more patients with new health insurance through the Affordable Care Act (Obamacare).

The SIU research found that rural residence and fewer urologists were both associated with more kidney cancer deaths in Illinois after accounting for other factors which may influence this cancer risk. This includes accounting for age, cancer incidence, race, income, and education. Moreover, they found higher kidney cancer incidence and death rates in rural Illinois compared to a national sample of rural counties. The investigators at SIU now must explore why this difference exists. Exposure to environmental substances may provide some explanation. Alternatively, there may be a genetic cause for more deadly kidney cancer in the rural population.

The group at SIU is beginning a program of telemedicine as a way to improve access to urologic care for rural Illinois. The field of telemedicine is broad and includes real-time, interactive videoconferencing as well as access to online resources. The videoconferencing can be patient-to-doctor interaction or between members of the healthcare team. This is termed “remote care.” The online resources can provide information for patients and healthcare workers regarding management of urologic diseases. A study evaluating non-urologic telemedicine in rural communities in Norway found an improvement in patient care and a decrease in wait time for health care services. Another study found patient satisfaction was not affected between telemedicine vs. face-to-face interaction. SIU already has a robust telemedicine program in operation. This established system will be used to provide remote urologic consultations that are technologically feasible, effective, inexpensive, and satisfactory for patients.

References
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A recent study done at the National Center for Rural Health Professions located at the University Of Illinois College Of Medicine at Rockford examined the current and future health profession needs among Illinois Critical Access Hospital Network (ICAHN) member organizations. ICAHN is a network that consists of all 51 critical access hospitals and 2 additional hospitals seeking certification as a Critical Access Hospital (CAH) in Illinois. Critical Access Hospital is a federal designation that indicates the hospital meets certain criteria, such as being at least 35 miles from another provider by a primary access road (or 15 miles by secondary access roads), having 25 or less inpatient beds and maintaining an average length of stay of 96 hours or less. Many studies suggest a major need for providers and other health care professionals in rural hospitals and this recent study sought to quantify those needs in a subset of rural Illinois hospitals.

An on-line survey was sent to both Chief Executive Officers and Human Resources Directors from the 53 ICHAN member hospitals, with an approximately 70% response rate. The professions and specialties reported as the greatest needs by the ICAHN hospitals were unsurprising. Topping the list were Registered Nurses (RNs), Certified Nursing Assistants (CNAs), Family Medicine doctors, Advanced Practice Nurses (APNs) and General Internal Medicine doctors. These professions were consistently ranked among the greatest needs in both the current and in five years time categories.

Initially, the findings of this study appear to contradict the existence of a rural healthcare profession shortage, with only roughly 1.5 RNs and less than one physician (n = 0.91) per hospital reported as the current need. However, when estimates were made for the total number of professionals needed by all ICAHN members, it becomes evident that there are a considerable number of providers and other healthcare professionals that are needed in rural ICAHN hospitals. Among all ICHAN hospitals there is an estimated current need for approximately 86 RNs, 60 CNAs, 44 Family Medicine doctors, 34 APNs and 29 General Internal Medicine doctors. Estimates provided for future needs in this study show that these numbers are expected to roughly double in the next five to ten years. Barriers to the recruitment and retention of rural health professions workforce continues to remain a challenge, this study further demonstrates the need for implementation of specific strategies to meet the current and future workforce demands.

For additional information or a copy of the full report please contact Hana Hinkle, MPH, at e-mail hhinkle1@uic.edu or phone 815-395-5784.
Cloud Diagnostics (DX) Inc., NY – a leader in telehealth devices and cloud diagnostic software - is putting together a telehealth/remote patient monitoring pilot to help validate new telehealth reimbursement codes from the Centers for Medicare and Medicaid (CMS). A key qualifier for these new reimbursement codes is that the patient must have 2 (or more) chronic conditions. Cloud DX is looking to engage with as many as 1,000 physicians across the US that may want to get involved starting between January 1, 2015 and February 28, 2015 (although the pilot will extend beyond these dates), and as many of their patients that would benefit from having their heart rate, heart rate variability, heart beat anomalies as well as blood pressure taken daily. These physicians and patients can come from a variety of sectors including: hospitals, home health agencies, physician practices, urgent care centers, clinics, employers. On October 31, 2014, CMS made a final rule to expand telehealth reimbursements by adding several new current procedural terminology (CPT) codes. Included in the final rule are provisions that cover remote chronic care management. These new codes begin for reimbursement on January 1, 2015. Benefits of remote patient monitoring technologies include improving patient care and patient outcomes. This particular pilot will also address the major cost barriers of engaging in telehealth by offering a way to implement telehealth services with no upfront costs to the provider or the patient that has hindered the adoption of telehealth across all sectors of healthcare.

Cloud DX is the manufacturer and distributor of the Pulsewave Health Monitor, a multi-function medical device and cloud diagnostics application that is FDA cleared to measure heart rate, blood pressure and heart anomalies. The Pulsewave Health Monitor records up to 4,000 data points and transmits the raw pulse signal to Cloud DX servers and displays nearly instant results to the patient and physician/nurse/care manager to a PC or tablet. The Pulsewave device will be used in this pilot.

Additionally, on August 27, 2014 Team Cloud DX was confirmed as a finalist in the Qualcomm Tricorder XPRIZE. Culled from 330 entries, Cloud DX was selected by a distinguished panel of judges as a top 10 finalist to compete with its Vitaliti Platform for the Qualcomm XPRIZE $7 million first prize.

To find out more about Cloud DX and how to get involved with the pilot, please contact Larry Steinberg, EVP/Co-Founder Cloud DX at larry.steinberg@clouddx.com.
The Illinois Rural Health Association extends its sincere gratitude for the generosity of our 2014 Physician of Excellence Award Sponsors.

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Illinois State Medical Society
IRHA Presents 2014 Physician of Excellence Awards

Once again, in a tradition started ten years ago by the National Rural Health Association, the Illinois Rural Health Association has been honoring physicians who exhibit a special commitment to rural healthcare. This year, rather than presenting the awards in Springfield, IRHA is presenting them at special ceremonies in each of the winner’s communities.

Dr. Jerry Beguelin

September 16 Ceremony at St. Mary’s Hospital Auditorium
Pictured from left to right: Bruce Merrell, President, St. Mary’s Hospital; Dr. Kirit Sheth; Dr. Jerry Beguelin; Dr. Balavittal Varanasi; Margaret Vaughn, IRHA; Virginia Telford, VP of Patient Care Services, St. Mary’s Hospital

Dr. Jennifer Maneja

September 16th Ceremony at Clay County Health Department
Pictured from left to right: Clay County Health Dept Homecare Director Barb Tackitt, Clay County Health Dept Administrator Jeff Workman, Dr. Jennifer Maneja, IRHA Executive Director Margaret Vaughn and State Rep. David Reis.
IRHA Presents 2014 Physician of Excellence Awards

Dr. Dirk Rosenberg

September 25th Ceremony at Richland Country Club
Pictured from left to right: IRHA Board member Abigail Radcliffe, Mrs. Rosenberg, Dr. Rosenberg, IRHA Director Margaret Vaughn, Richland Memorial Hospital CEO Dave Allen

Dr. Edward McKenney

November 6th Ceremony at Lake of the Hills Winery
Pictured left to right: Memorial Hospital CEO Ada Bair, State Rep. Jill Tracy (R-Macomb), Dr. McKenney, Physician Assistant Jeff Leon, and IRHA Executive Director Margaret Vaughn
IRHA Presents 2014 Physician of Excellence Awards

Dr. Richard Foellner

November 10th Ceremony at Railside Golf Club Gibson City
1st row: Marietta Foellner, Dr. Richard Foellner
2nd row standing: Gibson City Area Hospital CEO Rob Schmitt,
IRHA Executive Director Margaret Vaughn, and Gibson Area Hospital COO Robin Rose

Dr. Kurt Crowe

November 11th Ceremony at KSB Clinic, Amboy
Pictured left to right: 1st row – Mrs. Crowe, Dr. Crowe, Dr. Michael Glasser,
National Center for Rural Health Professions, 2nd Row KSB Hospital VP Kevin Marx, IRHA Director
Margaret Vaughn, State Rep. Tom Demmer (R-Dixon), IRHA President Ken Ryan
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Wendy White-Mitter, Partner Relations Coordinator for Saving Sight, now serves the central Illinois and eastern Missouri regions to help more people receive the precious gift of sight through eye donation. In this role, Wendy facilitates positive working relationships with Saving Sight’s partners, which includes hospitals, corneal surgeons, organ procurement organizations, funeral homes, and hospices. Hospital staff can look to Wendy as a valuable resource for internal staff education, data collection, presentations, and collaboration on community events.

Wendy is a registered nurse with a background as a staff nurse and manager in oncology, stem cell transplant, and hospice. She has also worked as a community educator for over 10 years, bringing health and wellness education as well as disease prevention and management to audiences ranging from school-age children to the senior population. As a community educator, Wendy has collaborated with rural and community hospitals throughout Illinois to bring education to their staff and communities.

In addition to supporting eye donation in hospitals, Wendy also works directly with corneal surgeons, ensuring that they receive the corneal tissue needed to enhance and restore sight in their patients. Additionally, she will act as a liaison to funeral homes and hospices in her region to facilitate flawless recovery of ocular tissues.

Wendy is passionate about eye, organ, and tissue donation, and she’s excited to engage with Saving Sight’s partners in central Illinois! She can be contacted at 217-679-2987 or wwmitter@saving-sight.org.
YOU’RE INVITED
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5) Screening tool guidance on which is most appropriate with your patients
Telepsychiatry Can Help Increase Access to Psychiatric Care in Rural Illinois

Illinois, like many other states across the country, struggles to serve the psychiatric needs of its citizens because of a huge shortage of psychiatric prescribers, particularly in rural and underserved areas.

In addressing this issue, I challenge Illinois to consider innovative solutions like telemedicine to alleviate some of the problems associated low psychiatric capacity in rural area.

Telepsychiatry, or psychiatric care provided through real-time videoconferencing, is a widely used medium for bringing psychiatric care into locations with limited access to mental health professionals. It allows for a psychiatrist or other mental health professional to see, evaluate, diagnose and treat patients without having to be in the same physical space.

Telepsychiatry is an application of telemedicine, a rapidly growing industry that incorporates technology into healthcare delivery to enable remote assessment and treatment. Scores of clinical research have shown the effectiveness of telepsychiatry in nearly all settings and populations.

Telepsychiatry is a way to increase access to Illinois-licensed providers who may live across the country. It is also a way to better leverage the time of existing Illinois-based psychiatric prescribers who could seamlessly transition between appointments at different facilities without having to physically travel, as many of them now do.

**Telepsychiatry providers could be used in several ways in Illinois:**

1) **In hospital emergency departments:** By incorporating 24-hour on-demand telepsychiatry programs, hospitals could have timely access to psychiatric providers for commitment and treatment decisions. Experienced psychiatric nurse practitioners and psychiatrists consistently assess risk with a high degree of certainty and therefore can significantly reduce unnecessary admissions, which frees up beds for those who need them and sends home those who don’t. While telepsychiatry is not able to create hospital beds, it is an advantageous way to bring psychiatric care where it is not readily available.

2) **In inpatient units or psychiatric hospitals:** Illinois could use telepsychiatry within inpatient units or the two state psychiatric hospitals to increase their psychiatric capacity and more quickly and appropriately treat mentally ill patients.

3) **In community-based facilities:** Other settings can benefit from improved access to psychiatric providers including correctional facilities, outpatient facilities, schools, primary care offices, urgent care centers and FQHCs. By increasing the psychiatric capacity of community-based programs it is less likely for a person to reach psychiatric crisis that requires hospitalization.

I urge Illinois to consider this medium of care as they work to improve their psychiatric services in rural areas.

**About the author:**

Dr. Jim Varrell is a child and adolescent psychiatrist with over 15 years of telepsychiatry experience. Dr. Varrell is an active advocate for telemedicine and teaches clinical best practices for telepsychiatry to providers and organizations. In addition to his work as an industry thought-leader, Dr. Varrell still sees a large caseload of patients via telepsychiatry every day. Dr. Varrell has presented on telepsychiatry to the National Rural Health Association, The Metropolitan Chicago Healthcare Council, The Illinois Association of Nurse Leaders and many other groups throughout the country.
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