



Spring 2022

IL RURAL HEALTH ASSOCIATION NEWSLETTER

217-280-0206

Staff@ilruralhealth.org

www.ilruralhealth.org

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**2022 IRHA
33rd Annual
Educational
Conference
August 10-11
I-Hotel
Champaign**



**Exhibitor space
going fast!**

**More info on
page 8**

[Register Here](#)

IRHA's Bill to Expand Graduate Loan Repayment to Rural Providers Sent to Governor

SB 3017 passed the House and Senate unanimously and is now waiting Governor Pritzker's signature. The legislation will expand the Underserved Physician Workforce Act to allow Physician Assistants and Advanced Practice Nurses to qualify for loan repayment for their advanced degrees, if they practice in a designated shortage areas for at least two years. The legislation also expands the list of qualifying employers to include privately owned Rural Health Clinics and hospitals, as long as they take Medicaid, Medicare, the State's Children's Health Insurance Program, private insurance and self-pay. Government owned and non-profit facilities already qualified as employers under the current program. See full text of SB 3017 [Illinois General Assembly - Full Text of SB3017 \(ilga.gov\)](#)

The impetus for the bill came out of the Rural OB Shortage Virtual Forum, IRHA hosted for legislators with ICAHN last August, to discuss the challenges and possible solutions to attracting more providers. After additional research by IRHA, we realized that the current loan repayment program in the Underserved Physician Workforce Act, was being implemented in too restrictive of a manner, by not allowing privately owned Rural Health Clinics as well as Mid-Levels to qualify.

IRHA would like to give a special thanks to our sponsors Sen Doris Turner (D-Springfield) and Rep Lance Yednock (D-Ottawa) for spearheading this through the General Assembly and for the overwhelming bi-partisan support we received from legislators statewide, who co-sponsored the bill including Senators Jacqueline Collins (D-Chicago), David Koehler (D-Peoria), John Connor (D-Romeoville), Adriane Johnson (D- Buffalo Grove), Robert Peters (D-Chicago), Dave Syverson (R-Rockford), Sally Turner (R-Bloomington), Karina Villa (D-Aurora), and Laura Murphy (D-Des Plaines) and Representatives Randy Frese (R-Quincy), Dave Severin (R-Benton), Sue Scherer (D-Decatur), Deb Conroy (D-Villa Park), LaToya Greenwood (D-East St. Louis), Dave Vella (D-Rockford) and Barb Hernandez (D-Aurora).



SB 3017's Chief House Sponsor Rep. Lance Yednock (D-Ottawa), IRHA Executive Director Margaret Vaughn, and Chief Senate Sponsor Doris Turner (D-Springfield) at the Statehouse.

Illinois' Contributions to National Rural Health Association Conference in Albuquerque

Diane Potts, IRHA President Elect just returned from the 45th Annual National Rural Health Association's Conference held May 10-13 in Albuquerque, New Mexico. While there were some sessions available for virtual attendees, it was great to have the nation's largest gathering of rural health professionals back together in person. Several of the sessions were presented by Illinois experts.

Presentation: *Programs to Reduce Cardiovascular Disease Risk in Rural Settings*

This session shared and discussed results from the 3-year implementation of programs / two projects funded by HRSA's Federal Office of Rural Health Policy's Health Improvement Special Project (HISP) outreach programs created to address cardiovascular disease (CVD) risk in rural communities.



Pictured:

Manorama Khare, PhD, MS, University of Illinois College of Medicine Rockford, Research Associate Professor

Katherine Lloyd, MPH, Federal Office of Rural Health Policy Public Health Analyst

Donna Norkoli, BS, NCHES, District Health Department #10, Health Planner

Rural Maternal Health

Presentation: *Structured Training for the Rural Enhancement of Community Health in Obstetrics: STRETCH-OB*

Pictured: Karen Liao, MD, Clinical Assistant Professor & Associate Program Director, University of Illinois College of Medicine Rockford

Descriptor: The STRETCH-OB program is a five-year program funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration (USDHHS/HRSA), Primary Care Training and Enhancement-Community Prevention and Maternal Health grant to reduce poor maternal and birth outcomes in rural and underserved areas by increasing the number of family medicine physicians with high-quality, evidence-based obstetrical skills who practice in such areas. *(Continued on page 4.)*



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**Illinois' Participates in National Rural Health Association
Conference in Albuquerque**



Pictured: Attendees from the University of Illinois College of Medicine Rockford

Joseph Garry, MD, Department Head of Family & Community Medicine

Karen Liao, MD, Clinical Assistant Professor & STRETCH-OB Associate Program Director

Dr. Manorama Khare, Research Associate Professor

Vicki Weidenbacher-Hoper, Clinical Associate

**IRHA President-Elect Diane Potts, Associate Director of Curriculum Outreach & Development,
Medical Education & Evaluation**



UIC pharmacists collaborating with prescribers to ADVANCE evidence-based healthcare


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Right outcome**

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Improving Access to Healthcare

Connecting Specialists to Rural Health Care Systems

Welcome to Premier Specialty Network.

“Premier Specialty Network (PSN) is a physician-owned, physician-directed network of medical specialists providing outreach services to hospitals and clinics in rural communities throughout America. Our goal is to improve access to healthcare by partnering

with rural institutions focused on expanding their specialty and primary care services. We believe that all individuals, regardless of physical location, deserve access to healthcare. Physicians should be able to focus on what matters most: providing excellent healthcare to their patients. We pride ourselves on effectively facilitating the delivery of expert medical care to patients all over the country, offering exceptional stability to clients who utilize our services.”

Creating simplicity in a complex system.

**-Robert W. Jackson, D.O., FACOI
PSN President and Founder**

Our Mission



To network with specialists to provide outreach services to hospitals and clinics.



To introduce and maintain the relationship between PSN specialists and the hospitals they serve.



To partner with Academic Medical Centers to provide access to healthcare now and for future generations.



To support the professional needs of PSN specialists and the hospitals providing these services.

Robert Groszewski
Director, Eastern Division

Office (573)881-0934
Fax (913)712-8270

Email robert.groszewski@psnmo.net
Web www.psnmo.net

UIC Medical Students Address Rural Health Equity with Innovation

In February 2022, ten third-year medical students completed a two-week immersive rural rotation as part of the Equity Innovation in Medicine (EquIMED) curriculum at University of Illinois College of Medicine Peoria. Prior to the rotations completed in Streator and Danville, the students were assigned problem statements provided by community stakeholders specific to their placement sites. The problem statements including topics such as food insecurity, obesity in the pediatric and adult populations, the increase of psychosocial and health related issues in youth, violence in the community and lack of access to dental care. Under the guidance and mentorship of local community members, students worked in pairs to present research summaries, learn from local subject matter experts, identify gaps in care delivery and observe existing processes. At the conclusion of their rotation, innovative digital prototype solutions consisting of new tools or technologies were developed to address health disparities in the service of health equity and presented to a panel of experts. Some of these prototype solutions will be further developed in conjunction with students from Bradley University or University of Illinois.



**Erica Litzsey
Program Coordinator
University of Illinois
College of Medicine
Peoria**

EquIMED is a four-year elective that teaches the tools and techniques of innovation which are required to create sustainable change, improve access to health care, and reduce health disparities in underserved rural communities. The program accepts 8-12 first year medical students through a competitive process. During the first two years of the elective, students experience healthcare delivery and public health from expert practitioners and spend focused time in rural primary care clinics. The third year includes an intensive two-week course involving a variety of classroom and simulation sessions to provide a better understanding of the innovation design process, cultural humility, and clinical care practice in austere settings, followed by the two-week immersive experience. During the fourth year, students are able to leverage the 4 years of expertise and culminate in the design and presentation of their own innovative tool or technology through partnerships with local university student teams with multidisciplinary backgrounds of design, computer science, and engineering.

For more information on the EquIMED program at The University of Illinois College of Medicine, Peoria, please contact Erica Litzsey, EquIMED Program Coordinator at elitzsey@uic.edu.

EquiMED
EQUITY INNOVATION MEDICINE

IRHA 33rd Annual Educational Conference Provides Great Educational and Networking Opportunities

Gain great exposure and network with Illinois' top rural health **leaders and colleagues from across the state at the 33rd Annual Illinois Rural Health Association Annual Educational Conference Aug. 10th-11th at the I-Hotel in Champaign.**

The Conference features over 20 educational sessions over a 2-day period, 35 exhibitors and evening social events. A block of rooms is being reserved under the discount code IRHA2022 for \$139.00 at the I-Hotel in Champaign 217-819-5000 through July 9th or sooner if sold out.

Below is a General Schedule, more detailed information will follow closer to the Conference. Contact IRHA Executive Director Margaret Vaughn staff@ilruralhealth.org or 217-280-0206 for more information.



**Keynote Speaker
Brock Slabach
National Rural
Health Association**

Wednesday, August 10th

10:45 – Check-In and Vendor Visits

Noon – Sit Down Awards Lunch, Annual Meeting, and Opening Session

2:00 – Concurrent Sessions A

3:00 – Concurrent Sessions B

4:00 – Concurrent Sessions C

5:30 – Evening Social

Thursday August 11th

8:00 to 9:00 – Vendor Visits & Breakfast Buffet

9:00 to 9:30 – Raffle Drawing & Vendor Tear Down

9:30 – Federal Rural Health Update by Keynote Speaker Brock Slabach

10:30 – Concurrent Sessions C

11:30 – Concurrent Sessions D

12:15 – Conclusion of Conference



IL RURAL HEALTH ASSOCIATION



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www.ilruralhealth.org 217-280-0206 Fax (630) 357-3059 staff@ilruralhealth.org

IRHA 33rd ANNUAL EDUCATIONAL CONFERENCE

Aug. 10-11th, 2022 I-HOTEL, Champaign*

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____ Gold Sponsor: \$6,000 - Umbrella/Tote Bag Sponsor includes choice of logo on umbrella or tote bag for each participant. Exhibit space, announcement at opening and closing sessions, full page program ad, 5 registrations/5 annual memberships, name on welcoming banner, website/newsletter recognition.

____ Silver Sponsor: \$3,000 - Meal Sponsor includes signage and announcement at meal, exhibit space, 3 conference registrations/3 annual memberships, full page program ad, and website and newsletter recognition.

____ Bronze Sponsor \$1,500 - Break Sponsor includes exhibit space, 3 conference registrations/3 annual memberships, signage at breaks, 1/2 page program ad, and website/newsletter recognition.

____ 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)

____ Individual Registration-Member: \$195

____ Non-Member: \$250 (includes 12 month membership)

____ Student: \$50 (currently enrolled in full-time program)

*A limited block of rooms is being reserved under the discount code IRHA2022 for \$139.00 at the I-Hotel in Champaign 217-819-5000 through July 9th.



Energy Efficiency
PROGRAM

Incentives for Custom Projects Increased by 30%!



The Ameren Illinois Energy Efficiency Program is excited to announce that Custom project incentives have increased by 30% for 2022! That means 30% more added to your bottom line and a much faster payback period. This limited-time incentive offers extra savings for new Custom energy-saving projects that are unique to your business and that were not eligible for other Ameren Illinois incentives.

Both electric and natural gas-saving Custom projects are eligible for the Custom project incentive increases – the more you can reduce your energy use, the more incentive cash you will earn!

Customer Type	\$/kWh	\$/therm
Private Sector Customers	\$0.16	\$1.00
Public Sector Customers and Private Sector Small Businesses*	\$0.24	\$2.00

**Small Businesses are defined by the rate code on their Ameren Illinois bill. The electric delivery rate code is "DS-2" (kWh), and the gas delivery rate code is "GDS-2" (therm). If you do not know your rate code, call 1.866.800.0747.*

One advantage of applying for a Custom incentive is that you can submit multiple projects on one application! This is a great way to bundle projects and limit your paperwork. These increased incentives are available until funds expire or Friday, September 30, 2022 – whichever comes first. Submit a Custom application soon so you don't miss out on these increased incentives!

Don't leave money on the table! You can also earn additional incentive dollars with the **Early Completion Bonus**, **Made in Illinois Bonus**, or the **Summer Break Bonus**!

Some examples of Custom projects include:



Compressed air



Large HVAC



New construction (excludes lighting)



Process heating and cooling system improvements



Waste heat recovery for fuel-fired furnaces



Reduced radiation loss from heating equipment

Don't forget that all Custom projects and applications require pre-approval from the Ameren Illinois Energy Efficiency Program. This offer does not apply to any projects pre-approved prior to March 21, 2022. If you are not sure where to start or have questions regarding a Custom project for your facility, please call **1.866.800.0747**. A Program Ally or an Energy Advisor can assist you. You can also visit AmerenIllinoisSavings.com/Custom to learn more or submit a Custom application.

IRHA Awards 2022 Rural Workforce Development Scholarships

With the shortage of dentists and behavioral health specialists in rural settings, the Illinois Rural Health Association is proud to announce the recipients of the 2022 IRHA Workforce Development Scholarships:

DENTAL SCHOLARSHIP RECIPIENTS \$1500 EACH:



**Daryoush Aberoumand
Tehran, Iran
SUI School of Dental Medicine**



**Meredith Wolf
Harrisburg, IL
SIU School of Dental Medicine**



**Preston Street
Newton, IL
SIU School of Dental Medicine**



Outsource management and delivery of **Good Faith Estimates** with ClaraPrice’s solution in compliance with the No Surprises Act.

With an estimated 20% of ER visits and up to 16% of in-network hospitalizations for non-emergency care resulting in surprise medical bills, it’s more important than ever to give consumers predictability in how much they will be charged for healthcare services prior to their encounter.

Establish a process to avoid out-of-network billing for emergency and in-network facility services – and reduce payment disputes with ClaraPrice’s Good Faith Estimate solution. Easily add patient information and typical costs for anticipated items and services into Good Faith Estimates for direct distribution to consumers across their preferred medium.

Estimates based on patient information & typical costs

Add patient information and typical costs for anticipated items and services to Good Faith Estimates – which can be provided via digital or print (physical) copies.

Reduce administrative burden & complement existing workflows

Automatically generate PDF estimates for download and upload into your EHR. Add notes to estimates and view historical list of events.

Ensure compliance & establish audit trail

Automatically generate required patient disclaimers and disclosure notices. Track various events related to estimates with timestamps to establish audit trail.



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IRHA Awards 2022 Rural Workforce Development Scholarships

With the shortage of dentists and behavioral health specialists in rural settings, the Illinois Rural Health Association is proud to announce the recipients of the 2022 IRHA Workforce Development Scholarships:

BEHAVIORAL HEALTH SCHOLARSHIP RECIPIENTS \$1000 EACH:



**Missi Allinger
Monticello, IL
Master of Social Work
Walden University**



**R. LeeAnn Book
Fairfield, IL
Master of Social Work
University of Missouri-Columbia**



**Dawn Roberts
Carbondale, IL
Social Work
Southern Illinois University Carbondale**

Together we can serve everyone seeking treatment.

Buprenorphine is an effective treatment for opioid use disorder, but Illinois needs more prescribing clinicians to make sure that everyone seeking treatment gets it.

If you are a primary care or emergency medicine clinician, you can start prescribing buprenorphine now with **free and flexible support designed for you.**

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All SUPPORT programming (Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities) is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,706,184 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

IRHA Awards 2022 Rural Workforce Development Scholarships

With the shortage of dentists and behavioral health specialists in rural settings, the Illinois Rural Health Association is proud to announce the recipients of the 2022 IRHA Workforce Development Scholarships:

BEHAVIORAL HEALTH SCHOLARSHIP RECIPIENTS \$1000 EACH:



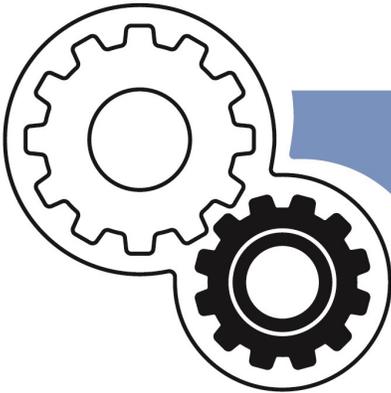
**Heather Shuey
Amboy, IL
Psychiatric Behavioral Health
Nurse Practitioner**



**Meg M. Haggard
Pinckneyville, IL
Social Work
Southern Illinois University Car-**



**Shelby Ludolph
Kickapoo, IL
Eastern Illinois University
Master's in Clinical Mental Health Counseling**



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Stop Cancer Before It Starts: Illinois' Action Plan to Eliminate Vaccine-Preventable Cancer

Fifteen percent of all human cancers may be attributed to viruses. Two of the most common cancer-causing viruses -- Human Papillomavirus (HPV), and Hepatitis B Virus (HBV) – have vaccines that are effective in preventing infection and the development of associated cancers. Despite the safety and availability of these inexpensive preventative vaccines, they are underutilized in Illinois, causing untold suffering.

HPV vaccination prevents cancer-causing infections from the human papillomaviruses. The vaccine helps prevent six types of cancer: cervical, penile, anal, vaginal, and vulvar cancers, as well as throat cancers. Throat cancer diagnoses are increasing 0.8% each year and especially among white men, 50 years of age and older (1.6% per year). By comparison, cervical cancers have been steadily declining and, with greater uptake of the HPV vaccine, may be eliminated in Illinois. In 2020, 61% of adolescents aged 13 to 17 years living outside the City of Chicago were up to date on HPV vaccination, compared to 72.3% of adolescents living in the City of Chicago. This means that nearly 40% of adolescents who live in rural communities are unprotected against HPV-related cancers.



Aubree Thelen, MPH
Cancer Control Strategic
Partnerships Manager
American Cancer Society

HBV vaccination prevents cancer-causing infections from the hepatitis B virus. HBV infection causes up to half of liver cancers. In Illinois, the incidence of liver cancer among men is increasing 5.5% per year. While most infants in Illinois are now vaccinated against HBV, most individuals born before 1991 are not yet vaccinated. It's estimated that only 35% of adults 19 to 49 years of age have been vaccinated against the hepatitis B virus.

How You Can Stop Cancer Before it Starts

Illinois' Action Plan to Eliminate Vaccine-Preventable Cancers

Human Papillomavirus (HPV) and hepatitis B Virus (HBV) vaccination prevent seven types of cancer but are widely underutilized. What can you do to help Illinois eliminate these vaccine-preventable cancers?

Take action by:

1. Improving data collection and reporting
2. Improving partner coordination and program support
3. Advocating for policy improvements
4. Increasing HPV vaccination rates among adolescents
5. Increasing HBV vaccination rates among previously unvaccinated adults
6. Educating new vaccinators
7. Promoting digital innovation and cultivate youth leaders

To get updates from the IL HPV Advisory and learn more about the progress of the action plan and shaping future versions, visit <https://forms.office.com/r/XykNIEP9ZA>



Over the past two years, partners from across Illinois came together to create a plan to eliminate vaccine-preventable cancers, collecting information from stakeholders and key informants through workshops, surveys, and interviews. Seven objectives were identified for the plan: (1) improve data collection and reporting, (2) improve partner coordination and program support, (3) advocate for policy improvements, (4) increase HPV vaccination rates among adolescents, (5) increase HBV vaccination rates among previously unvaccinated adults, (6) educate new vaccinators, and (7) promote digital innovation and cultivate youth leaders. By visiting the plan at [this link](#), stakeholders can learn how their work can contribute to these seven objectives and help eliminate vaccine-preventable cancers.

Health and community partners who are interested in learning more about the progress of the action plan and shaping future updates can [join the mailing list](#) for the Illinois HPV Advisory. I invite you to join this coalition, which I facilitate for the American Cancer Society, and help us identify and address barriers that are specific to rural populations in Illinois. We need your guidance to make meaningful annual updates to the plan. Together we can increase vaccination and eliminate vaccine-preventable cancers.

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Telehealth: Behavioral Health vs Clinical Services

There are many questions percolating in the RHC-FQHC community about telehealth services and what will happen to the flexibilities granted for COVID-19. The Public Health Emergency (PHE) Telehealth Flexibilities allowed in [MLN SE20016](#) have become Standard Operating Procedure.

The terms Distant Site and Originating site had been rendered moot during the Public Health Emergency. We are accustomed to billing G2025 for ALL telehealth services, and NOT being paid the All-Inclusive Rate (G2025 is currently paid at \$97.24). Will these flexibilities remain? Will providers be able to render distant site services to RHC patients post-PE? Which telehealth services will as RHC encounters, and which will not? Recent legislation and CMS rules have provided some answers to these questions.



Charles James
IRHA President

Behavioral Health rendered via Telehealth

Behavioral Health services via Telehealth, rendered by RHC providers on a distant site basis, are now payable at the all-inclusive rate, as RHC encounters. The Medicare Physician Fee Schedule Final Rule made this permanent. See [SE22001](#) for details. There IS an in-person visit requirement for which exceptions MAY be documented. Audio-only visits ARE allowed. Here are the billing guidelines:

Audio-video visits: Use modifier 95 (Telemedicine Service Rendered via Audio and Video)

Audio-only visits: Use new service-level modifier FQ.

As SE22001 says: “These visits are different from telehealth services provided during the Public Health Emergency (PHE). Don’t bill HCPCS code G2025 for a mental health visit you provide via telecommunications.”

Revenue Code	HCPCS Code	Modifiers
0900	90834 (or other Qualifying Mental Health Visit Payment Code)	95 (audio-video) or FQ (audio-only)

Clinical Services Rendered via Telehealth (G2025)

G2025 was created for RHCs to provide distant site services, of any type, during the PHE. According to MLN SE20016, “Any health care practitioner working for you within your scope of practice can provide distant site telehealth services. Practitioners can provide distant site telehealth services.”

The reimbursement amount for G2025 is the national average of all 272 Medicare Physician Fee Schedule services payable when rendered via Telehealth. G2025 is NOT an encounter paid at the AIR.
(Continued on following page.)

Telehealth: Behavioral Health vs Clinical Services (Continued)

Since G2025 services are NON-encounters, they must not be counted on the Cost Report as visits. This is the major distinction: the Behavioral Health services rendered via Telehealth ARE encounters. They ARE included in the cost report as visits. G2025 codes are not counted as visits for cost reporting purposes.

MLN SE20016 (see January 23, 2022 update [here](#)) outlines current G2025 rules as “Telehealth Flexibilities granted to address COVID-19”. According to MLN SE20016, “Effective January 1, 2022, the payment rate for distant site telehealth services is \$97.24.” Here is the claim detail:

Revenue Code	HCPCS Code	Modifiers
052X	G2025	95 (optional)

The recent [Consolidated Appropriations Act of 2022](#) extended current RHC Telehealth flexibilities for 151 days beyond the end of the Public Health Emergency.

2021-2023 IRHA Board

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Telehealth Resources at Your Fingertips



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COVID-19 Updates



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The UMTRC provides a single point of contact for telehealth resources across Illinois, Indiana, Michigan, and Ohio through educational and outreach presentations, individualized technical assistance, facilitation, connection to local or distant providers, and archived resources via our website and staff.

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info@umtrc.org

This resource was made possible by grant numbers G22RH30351 and GA5RH37466 from the Office for Advancement of Telehealth, Health Resource and Services Administration, DHHS. This information or content and conclusions are those of the UMTRC and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Not All Coalitions Are Created Equal

We all know that a “membership” is only as good of an investment as the effort one puts into it. And the Northwest IL Preparedness and Response Coalition (NIPARC) Allied Provider Group (APG) is demonstrating efficiencies through their member initiative.

Even before the onset of the pandemic, this group of non-hospital CMS healthcare providers was having highly productive quarterly meetings. At those meetings, they discussed IDPH survey results, planning and preparedness efforts, interaction and reliance on each other (as provider types) for day-to-day service provision, and, through the contacts of their coordinator, they received CE credit for trainings, workshops, and exercises for LNHA, RN and LCSW licensees.

It turns out that a great advantage to their membership is something that we in Emergency Management reiterated on a regular basis – it is FAR better to have a relationship BEFORE the onset of the incident. And good golly did we see that in practice on March 16, 2020 when the regional EOC held the first stakeholder meeting and briefing. And then as multiple facilities struggled with staff shortages and internal outbreaks leading to temporary relocation of their resident populations. And as we scaled up all levels of response, mitigation and after-action of each of the various operational periods.

Additionally, our bylaws allow a LNHA or designee to serve as our coordination and Board representative. The fact that our coordinator is not a staff member in a healthcare organization allows her to serve as a spokesperson, sometimes with a strident voice for change and equity, without fear of impacts from speaking plainly. Both in local meetings and in representing to the state and Federal agencies. Indeed, she is directly responsible for putting the incredibly conflicted regulations in front of the current FEMA Administrator along with a request for that agency to work at their level to DE-conflict regulations.

And that coordination and support shows clearly in the ongoing survey results. While state surveyors report that most organization tag with up to 20 deficiencies, NIPARC APG members tag an average of FOUR. And even at that, they seem to struggle to find something, anything to tag. We are hoping to put those surveyors “out of business” by our preparedness efforts.

If you haven’t yet, we highly recommend that you join your Regional Healthcare Coalition. And if they don’t have a similar, non-hospital group that allows the other 15 provider types to have a local voice, reach out to NIPARC APG. We will be happy to support your efforts to collaborate locally!



**Diane Logsdon, IPEM
President & CEO
The Logsdon Group**



Award

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Gibson Area Hospital
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OBSTETRICS
2022

Our Vision...

To be the model of excellence in
community-based healthcare.

www.gibsonhospital.org

Keeping Care Local: Leveraging Data to Reduce Outmigration

It's no secret that outmigration is a substantial challenge for rural providers, but it's no easy feat to measure it. Anecdotal evidence can only get you so far, and information can be hard to come by. However, by arming yourself with the right data, you can not only determine which facilities patients are traveling to and what services they are receiving, but also identify the financial impact of outmigration.

From perception issues to a lack of knowledge of services, patients travel for care for many reasons. Regardless of why, data allows you to accurately measure the volume of outmigrating cases and identify physicians referring patients out of your market. Focusing on reducing outmigration is a great place to start when looking to increase your volumes, as proximity is a strategic advantage many rural providers have.

Leveraging claims, discharge and demographic data, you can track migration across county and state lines, determine which service lines are growing, and spot growth opportunities based on demand. Identifying which investments would have the biggest impact for your community is key. Using financial data, you can quantify the impact of outmigration and determine which procedures to focus on recapturing.

Combating outmigration is a group effort. From marketing to business development and executive leadership, a cohesive gameplan will give you the best opportunity for success. Through balancing local needs with the strategic priorities of your organization, you can create a targeted approach to reduce outmigration.

Here are three things that you can do today to get a head start:

Inform your community on the services you offer with targeted multi-channel marketing campaigns and community outreach. People don't always know what services you provide, and mass media campaigns are a great way to build large-scale awareness and inform your community. Community engagement strategies could include hosting health seminars on common diseases, pitching ideas featuring providers to your local news media, spotlighting staff members on your website and social media pages, and launching pay-per-click advertising on Google.

Identify and seek out conversations with physicians in your area that are referring patients elsewhere. Determine the reasons why they are sending patients to other facilities and use the information you gather to craft service recovery strategies to overcome concerns or inform providers on your capabilities. Communicate the changes you're making to increase and strengthen public perception.

Refine recruitment efforts and identify physicians that would be a good fit based on community needs.



Adam Tiedt
VP of Business
Development, Intellimed



A Path to Pursue at Every Stage of a Nursing Career

Nursing is a journey that fulfills many dreams. The routes nurses take to personal fulfillment and professional advancement are varied, but all involve a continuum of learning and the building of professional credentials.

The rapid and continuing expansion of the healthcare industry has created unprecedented demand for nurses at every level of experience. From prospective nurses seeking entry into the field to experienced nurses seeking industry-relevant skills and specializations to advance their careers, education holds the key to career success.



An education partnership with Herzing University can help maintain the continuity of your nursing staff. Our Nursing Degree Pathway offers highly regarded diplomas, degrees and post-master's certificate programs designed to strengthen your team from within.

- **Diploma in Practical Nursing** – Students can complete this program in as few as 12 months and take the National Council Licensing Examination for Practical Nurses exam (NCLEX-PN) to become a licensed practical nurse.
- **Associate in Nursing** – Graduates of our associate nursing program are prepared to take the National Council Licensing Examination for Registered Nurses exam (NCLEX-RN) and become a licensed registered nurse.
- **Bachelor of Science in Nursing** – Students who earn their BSN degree at Herzing can sit for RN licensure and accelerate into graduate nursing programs and onto advanced practice, management and nursing faculty positions.

- **RN to BSN** – For nurses who already hold an active RN license, Herzing's RN to BSN option is designed to apply practical nursing challenges to their current roles as registered nurses.
- **Master of Science in Nursing** – Herzing University's online MSN programs empower career-focused nurses to pursue an advanced degree and a role of responsibility in specialized areas of the field: family nurse practitioner, nurse educator, nursing leader or psychiatric mental health nurse practitioner.
- **Accelerated RN to MSN** – Our RN to MSN degree options are tailored for registered nurses with an associate degree (ADN/ASN/AASN) in nursing looking for the shortest path to earning an MSN.
- **Post Master's Certificates** – Herzing's online post master's certificate programs provide current nursing professionals with a path w to expand their role within your organization and help you achieve your institutional goals.

i'm ready
to talk



Questions or interested in
learning more? Contact

Lisa Carr

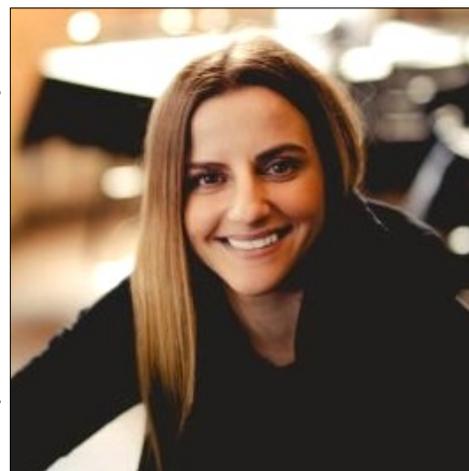
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[Herzing.edu/partnerships](https://www.herzing.edu/partnerships)

Illinois Vaccinates Against COVID-19 (I-VAC)

COVID-19 is here to stay and ensuring Illinoisans have improved protection against severe illness, death, long-COVID and other complications is possible through vaccination. Illinois Vaccinates Against COVID-19 (I-VAC) is working to ensure COVID-19 vaccines are available as part of routine patient care across the state by supporting healthcare organizations, primary care clinicians, and non-medical staff involved in COVID-19 vaccine programs.

Making COVID-19 vaccines available during other healthcare visits is an issue of health equity and caring for those who need it most during this pandemic. Some organizations are not yet offering COVID-19 vaccines, while other organizations have yet to streamline vaccine integration, or increase efforts to build vaccine confidence. Luckily, there are fewer obstacles to being a COVID-19 vaccination site now than when vaccines first became available, such as, not needing ultra-cold storage and being able to prioritize vaccinations over fear of vaccine waste. Since clinicians and organizations are familiar with flu vaccine scheduling and administration, I-VAC is confident access to



**Stephanie Atella,
MPH, CHES**
Project Director - Immunizations
Illinois Chapter, American
Academy of Pediatrics

vaccines in primary care and hospital settings is manageable. COVID-19 vaccine administration is no different than other routine vaccinations, and with a shift in delivery, hopefully vaccine uptake will continue to rise.

Over twenty-five doctors and nurse practitioners are serving as peer coaches and implementation resources through I-VAC. Foundational training on how to start a COVID-19 vaccine program to increase vaccine uptake at a local level is offered through this program. Opportunities to engage with subject matter experts and peers about the practical issues and real-world barriers to COVID-19 vaccine implementation are available through regularly scheduled learning collaborative sessions. I-VAC is also launching a podcast called *Beyond the Needle* later this spring.

I-VAC will help to ensure clinicians are able to make strong recommendations to all

(Continued on following page.)



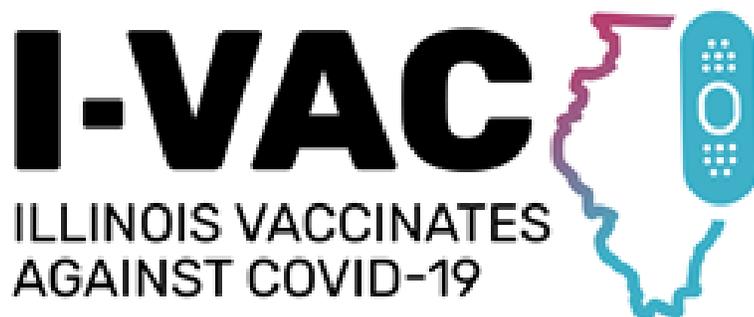
Illinois Vaccinates Against COVID-19 (I-VAC)

(Continued)

eligible patients and their families to get vaccinated and stay up to date with their COVID-19 vaccinations. Soon younger children may be eligible for vaccines and pharmacies won't be able to assist with vaccinating children under three. Therefore, clinical sites will need to be available to accommodate these children.

Getting all recommended COVID-19 vaccines is the most impactful thing someone can do to protect themselves and those they love from COVID-19. COVID-19 vaccines are effective – even if someone gets infected – because they reduce spread and prevent serious illness and death. COVID-19 vaccinations and boosters are not going away. Making sure people know how to navigate recommendations and can get vaccinated with as few obstacles as possible, is important to the future health of our state.

Learn more at: www.illinoisvaccinates.com/



2022 Annual Conference

Public Health Rising: Renew + Recharge

 September 22, 2022

Join the Illinois Public Health Association for our 2022 Annual Conference and hit the reset button. This one-day virtual retreat will focus on the tools you need to move forward during these challenging times, promote healthy work relationships, and develop leadership skills.

Registration coming soon! Check www.ipha.com for updates.

Save the date!

I-VAC

ILLINOIS VACCINATES AGAINST COVID-19

The fight against COVID-19 has entered a more hopeful and productive phase due to the availability and efficacy of COVID-19 vaccines. Primary care providers and hospitals are essential in continuing the vaccination effort in Illinois. If you or your organization is not already vaccinating, please consider starting.

- !** Currently, pharmacy providers are not authorized to administer vaccines to children younger than three years of age. We need to ensure there is the capacity to vaccinate other age groups.
- \$** Reimbursement for COVID-19 vaccine administration is \$42.14 per dose*
- 🌡️** You do not need an ultra cold freezer to store vaccines.

Illinois Vaccinates Against COVID-19, or I-VAC, is here to support you in signing up to vaccinate and increasing vaccine uptake. Participation is free and includes educational credits.



COVID-19 Vaccine Bootcamps

Topics include foundational knowledge and skills on COVID-19 vaccine enrollment, storage and administration, vaccine hesitancy, and more.



Learning Collaborative Sessions

A forum for healthcare providers to engage with peers and subject matter experts to help solve challenges related to COVID-19 testing, mitigation, vaccination and management. Sessions are tailored to providers serving different patient populations: children and adolescents, adults, and pregnant women.



One on One I-CARE Enrollment Support

I-CARE enrollment is required to administer COVID-19 vaccines.



Vaccine Resources

Peer coaching, vaccine outreach materials, do-it-yourself toolkit, I-VAC podcast

Get Started. Get Support. Get Informed.
BE A HERO TO THOSE AROUND YOU.



SIGN UP

www.IllinoisVaccinates.com



*Per the IL Medicaid Rate

Funding for I-VAC is provided by the Office of Disease Control, through the Illinois Department of Public Health.

Keeping Patients Local, Hospitals Sustainable via Tele-Nephrology

We have read the current headlines about rural hospital closures. Rural hospitals were losing money on patient services prior to the pandemic. What to do? You have two options; either cut expenses or grow your service lines based on community need.

One CAH in Globe, Arizona took the path of growing their service line by adding inpatient dialysis services. Eleven percent (11%) of the U.S. population has Chronic Kidney Disease (CKD) or 37 million people. Two percent (2%) of the population has End-Stage Renal Disease (ESRD), a condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life. Fifty percent (50%) are over 65 years old and transport dependent. Total annual cost for transportation of ESRD patients is \$3B or over \$3,000 per person.

Access to care is critical for people with kidney disease and recent studies have found people with chronic kidney disease in rural areas suffer worse health outcomes than those in urban areas. One factor impacting care in the rural market is that there are fewer nephrology fellow graduates each year and most of the nephrologist reside in urban markets.

For dialysis patients in Globe, AZ that had an emergency, they had to travel 90 miles to Phoenix, AZ. "Traveling back and forth to Phoenix was really very burdensome on them" said Rhonda Mason, CNO of Cobre Valley. "To be able to provide inpatient dialysis here, where their families are close and they can come in, I really think it's made a huge difference." The average ESRD patient goes to the ER about two (2) times a year.

By keeping emergency dialysis procedures local, provides a financial boost to Cobre Valley and could do the same for other rural hospitals facing financial crises. Dialysis patients frequently have other medical needs, and now that they are staying in Globe, CEO Neal Jensen said, so does the other medical services they require.

The solution that enabled Cobre Valley to provide inpatient dialysis services was tele-nephrology. This partnership was made possible by TeleNeph's CMO, Dr. Sahani, who worked with Rhonda Mason to train the staff at Cobre Valley and provide the service via a tele-nephrology platform. Initially, they said, there was apprehension to adopt the new treatment. But over time, they developed trust and confidence and the clinical team at Cobre Valley saw 125 patients in the first year of service.

"They may need surgical intervention; they may need cardiac intervention and so those service lines are doing better because we're more efficient." "It makes a lot of sense," Jensen said. "It's actually far more successful than we ever dreamed of."



Ron Kubit
CEO
TeleNeph, LLC



WE ALL NEED SOMEONE WE CAN TALK TO

CALL OR TEXT
1-833-FARMSOS
(833-327-6767)

EMAIL
FarmFamilyResourceHelpline@mhsil.com

VISIT
siumed.org/farm for more resources

Additional telehealth counseling sessions with SIU Medicine counselors are available for those in need of additional support. Up to six individual, couple or group sessions are available at no cost to the farmer or farm family member with the support of grant funding.

Someone is always here to listen. Anytime. Anywhere. We know the struggles of farming and are here to help.



SIU Medicine | Farm Family Resource Initiative

Over the past few years, the topic of mental health has become more prevalent in our daily lives. Constant change and stress, compounded by the pandemic, has left many people feeling depressed or anxious – to the point it affects their health. Farmers and those involved in agriculture are not immune to these challenges.

Help is here and it's only a phone call away. SIU Medicine has new programs to assist farmers and their families, and to train medical professionals to understand the specific needs for those in rural areas.

The Farm Family Resource Initiative (FFRI) is a network of support and resources for farmers and their families, including a free helpline (1-833-FARM-SOS). The 24/7 helpline connects you to health professionals who specialize in ag-related stress.

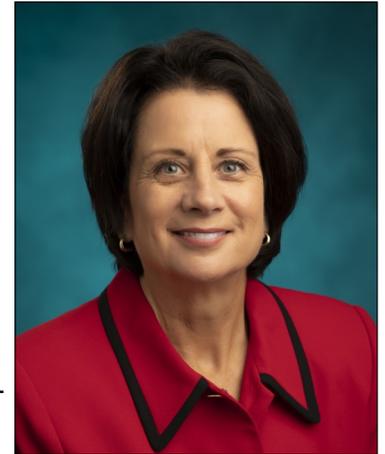
This means you are talking to medical professionals living in Illinois who can relate to the local economy, weather, COVID statistics, and other daily stressors specific to our region.

In addition to text, email and website services, telehealth counseling sessions are available for those in need of additional support. Up to six individual, couple or group sessions are available at no cost to the farmer or farm family member with the support of grant funding.

FFRI Ag Resource Specialist Karen Stallman lives on a farm in southern Illinois and understands the challenges farm families may encounter.

“COVID continues to affect us and put strains on relationship and economics,” Stallman says. “Going into spring planting, the stress from input costs and availability of supplies, equipment, and parts can make things difficult. But it is not insurmountable.”

FFRI also provides opportunities for health care professionals to learn more about farming-related issues and earn CME credits through its Rural Community Mental Health program. The virtual training illuminates how mental and physical health issues can impact those working in farming and agriculture. To learn more, visit: siumed.edu/cpd.



Karen Stallman
Program Coordinator
Ag Resource Specialist
SIU Medicine



In addition, the AgriSafe Nurse Scholar Program is available to rural nurses through on-demand webinars. These lessons will increase knowledge in prevention, identification and assessment of diseases related to agricultural work exposures. You can learn more at: learning.agrisafe.org/nurse-scholar-program.

Many stressful issues confront those in agriculture. Please check on friends, family members, and neighbors throughout this season. Spread the word about the Farm Family Resource Initiative and encourage others to reach out and talk to someone. It's free, it's confidential, and it may save the life of you or someone you know! Find out more at siumed.edu/farm.



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How Public Health Dental Hygienists Can Help Fill Gap to Preventative Oral Care in Rural Illinois

With a recent reduction of active dental (dentist) providers enrolled in the Medicaid program, Illinois' Access to Care gap may be widening. However, Public Health Dental Hygienists may be the answer to providing preventive care to underserved Illinoisians.

How can a Public Health Dental Hygienist (PHDH) close the access to care gap in rural Illinois? To answer this question, first, let's clarify exactly how a PHDH is defined. The Illinois Dental Practice Act, <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1296&ChapterID=24> states: a

"Public health dental hygienist" means a hygienist who holds a valid license to practice in the State, has 2 years of full-time clinical experience or an equivalent of 4,000 hours of clinical experience and has completed at least 42 clock hours of additional structured courses in dental education in advanced areas specific to public health dentistry."

One may wonder about the difference between a PHDH and a registered dental hygienist. The distinction is a *"licensed dentist has a written public health supervision agreement with a public health dental hygienist while working in an approved facility or program that allows the public health dental hygienist to treat patients, without a dentist first examining the patient and being present in the facility during treatment."*

Furthermore, the IL DPA states *"a public health dental hygienist may operate in a public health setting that meets the requirements of Section 18.1 with a dentist who is working in or has contracted with a local or State government agency or institution or who is providing services as part of a certified school-based program or school-based oral health program."*

The data of this relatively new dental team member indicates the positive impact on the community since the training was implemented in 2020. In 2021, the first full year of activity, 628 service visits were provided by eight PHDHs working in FQHCs. Several rural counties have PHDHs actively providing preventive care with a collaborative agreement with the dentist including Bond, Edgar, Henderson and Knox.

The IDHA previously initiated legislation to increase the permitted settings to include prisons and long-term care facilities without success. This year, these settings were added to another bill and if signed by the Governor, will allow PHDHs to provide preventive care for these underserved target populations. Some PHDHs are exploring the correlation between diabetes health status and the level of oral health.

Please contact IDHA at publichealthidha@gmail.com for more information about how PHDHs can work with a Medicaid dentist in your area. To sign up for the PHDH review and exam, go to <https://www.idha.net/PHDH> for guidance.



**Laura Scully CDA, RDH,
PHDH, MS
IDHA Access to Care
Committee Chair**



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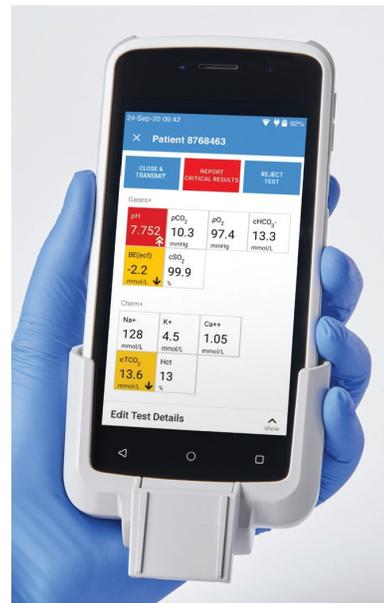
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SIU Asthma ECHO aims to improve asthma management for patients by providing healthcare providers, administrators, and executives insights on reducing hospital admissions and readmissions for asthma and creating a network of providers in the region working together to improve care for patients with asthma.

Project ECHO® (Extension for Community Healthcare Outcomes) is a movement to demonopolize knowledge and amplify the capacity to provide best-practice care for underserved people all over the world through three tenets:

- 1. MULTIPOINT VIDEOCONFERENCING 2. BEST PRACTICES PROTOCOL 3. CASE-BASED LEARNING**

GOALS OF ASTHMA ECHO

- To master clinically essential topics that will enhance the practitioner’s ability to identify and establish a care plans for asthma patients accurately and more effectively control asthma; and
- To better build professional healthcare teams that implement asthma strategies to reduce morbidity and mortality, address social determinants of health and improve linkage and coordination of care and environmental policies.

ASTHMA CURRICULUM OUTLINE 2022

- June 1 - Reducing Hospitalizations and Healthcare Costs
- June 15 - Quality Improvement and Analyzing Claims
- June 29 - Asthma Management Strategies for Healthcare Teams - Reducing Morbidity and Mortality
- July 13 - Asthma Management Strategies for Healthcare Teams - Social Determinants of Health
- July 27- -Focused Update to Asthma Management Guidelines: Treating Children
- August 10 - Focused Update to Asthma Management Guidelines: Treating Patients 12 Years and Older

CONTINUING EDUCATION

As a participant, you will receive 6 (1 hour) sessions at no cost to you or your organization. Each session will include a short didactic on a specific issue related to asthma, a presentation of a case from a participant, and a discussion and recommendations on the case. ACCREDITATION: Southern Illinois University is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. CREDIT: The Southern Illinois University School of Medicine designates this live activity for a maximum of 6.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with their participation in the activity. SIU School of Medicine is preapproved as a continuing nursing education provider according to Section 1300.130, subsection c), 1), B) and P) of the Illinois Department of Financial and Professional Regulation Nurse Practice Act. Nurses may receive a maximum of 6.0 contact hours for completing this activity. SIU School of Medicine is licensed by the Illinois Department of Financial and Professional Regulation as a provider of continuing education for social workers (license #159-000106) and clinical psychologists (license #268- 000008). This program offers a maximum of 6.0 CE hours.

FOR MORE INFORMATION, EMAIL: ECHO@SIUMED.EDU

