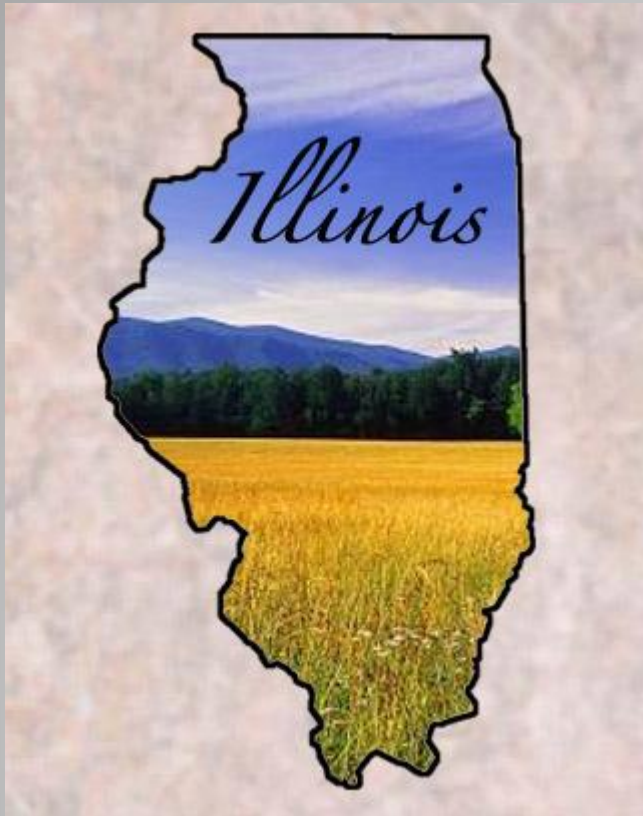


CREATIVE SOLUTIONS:

**Illinois CAH Experience
National Flex Conference 2013**

- What do you know about Illinois?



Illinois – State of Affairs



**Lawmakers won't let pay freeze
rush pension fix**



Illinois – State of Affairs

Rural

- Population = 12,875,255/ 5th largest state
- 13% living in rural areas
- 83 rural counties/102 counties
- 189 Hospitals total
- 51 CAHs – *soon to be 52*
- 221 Rural Health Clinics
- 36 FQHCs cover 521 sites urban/rural

Statistics

- 15.4% poverty in rural/14.8% in urban
- 78% white; 14.8% African-American; 16.2% Hispanic; 4.8% Asian
- 15% Illinoisans lack health insurance
- Illinois – 76,000 farms/80% land
- State – 3rd largest debt!

Illinois Rural



- Flex Grant – Network Development Initiative
- 18 Illinois hospital CEOs had a vision to create its own network to share resources in event state loses grant funding and support
 - Articles of Incorporation filed for 501 (c) (3) non-profit corporation
 - **\$5,000 initial assessment; \$5,000 years/dues**
 - **Member – any IL critical access hospital**
 - 9 member governing board elected April 2003

Illinois Critical Access Hospital Network – 2003



The mission of our organization is to strengthen Illinois critical access hospital through collaboration.

ICAHN will accomplish its mission through core network activities by:

- Ensuring appropriate funding and financial resources
- Continuing efforts to be recognized resource on critical access hospitals in Illinois
- Promoting efficient use of information technology services for the network and members alike
- Maintaining and further developing specific-type user groups, activities and list serves that promote hospital operational efficiencies and connectivity
- Offering on-going educational opportunities and resources
- Developing and offering projects that are self-sustaining and which add value to the organization and its members
- Developing and offering shared services that offer value to members

ICAHN Vision

- Workshops and conferences – planning committees
- User groups – established meetings and list serves
- Group purchasing – insurance, GPO and interim cost report model, Interqual contract
- Information Technology support – video and hardware (one person)
- Physician recruitment services

Early CAH Group Projects

- **5 years later...**
- All 51 CAHs joined network
- Established a Regulatory and Legislative Committee
- Established a quality and benchmarking program
- Added user groups
- Began state discussions for CAH Medicaid cost based reimbursement
- Initiated strategic planning
- Became intentional with relations

CAHs – learn value of group

- RICH in Quality
- RICH in Data
- RICH in Service
- RICH in Voice



**Strategic Plan – Leveraging CAHs
as a Network**

- Each hospital has different needs
 - Some need peer support and connectivity
 - Some need the savings from shared services
 - Some need education and training access
 - Some need CAH information
 - Some need the value of the CAH group voice



Value of the CAH group

- Director of Quality Services – technical assistance; education programs
- Quality Improvement peer group/list serve
- Network Benchmarking Committee
 - CAH group performance goals
 - MBQIP/Office of Rural Health Policy
 - User Group performance
- QHi – multi-state benchmarking program
- Stroke Project – Presented International Conf.
- Credentialing; external peer review
- Quality Certification
- Rural Patient Safety Certification/Missouri joint project

Rich in Quality

- Website – resource center www.icaahn.org
 - CAH Database and Policy Bank (*new*)
- iVantage Hospital Strength Index – option
- Medicaid data files for CAHs
- Financial benchmarking since 2006 /real time

- Slow to develop...

Rich in Data



Medicare Beneficiary Quality Improvement Project (MBQIP): Improving Care Through Information

State Performance

Reporting Period: Fourth Quarter 2011 through Third Quarter 2012 Discharges

IL								
Measure	MBQIP Quality Measure	4Q2011	1Q2012	2Q2012	3Q2012	Aggregate Rate for All Four Quarters	State Average Current Quarter	National Average Current Quarter
HF-1	Discharge Instructions	92.35% of 196 patients	85.5% of 200 patients	84.08% of 201 patients	84.66% of 176 patients	86.68% of 773 patients	84.66%	81.96%
HF-2	Evaluation of LVS Function	94.32% of 317 patients	88.95% of 362 patients	91.1% of 326 patients	91.92% of 260 patients	91.46% of 1265 patients	91.92%	85.48%
HF-3	ACEI or ARB for LVSD	84.27% of 89 patients	79.73% of 74 patients	88.14% of 59 patients	80.36% of 56 patients	83.09% of 278 patients	80.36%	87%
HF-4	Adult Smoking Cessation Advice/Counseling	95.24% of 42 patients	N/A	N/A	N/A	95.24% of 42 patients	N/A	N/A
PN-2	Pneumococcal Vaccination	90.54% of 465 patients	N/A	N/A	N/A	90.54% of 465 patients	N/A	N/A
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	92.69% of 424 patients	96.45% of 535 patients	95.93% of 369 patients	95.21% of 292 patients	95.12% of 1620 patients	95.21%	94.65%
PN-4	Adult Smoking Cessation Advice/Counseling	93.33% of 120 patients	N/A	N/A	N/A	93.33% of 120 patients	N/A	N/A
PN-5c	Initial Antibiotic Received Within 6 Hours Of Hospital Arrival	96.07% of 382 patients	N/A	N/A	N/A	96.07% of 382 patients	N/A	N/A
PN-6	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	87.92% of 356 patients	85.33% of 443 patients	90.11% of 263 patients	91.22% of 205 patients	88% of 1267 patients	91.22%	88%
PN-7	Influenza Vaccination	89.84% of 561 patients	N/A	N/A	N/A	89.84% of 561 patients	N/A	N/A

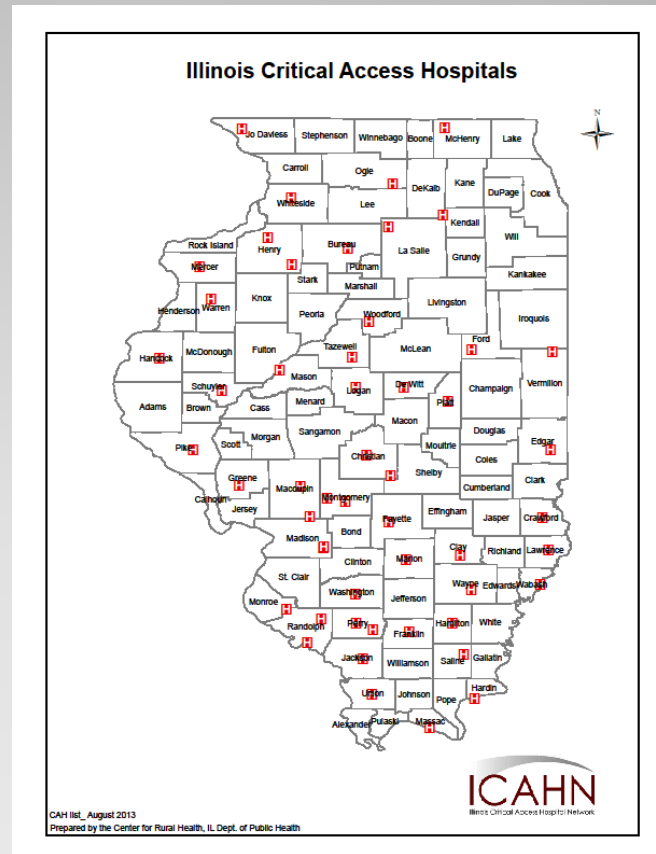
- Basic thread – peer groups (16 now)
- Expanded shared purchasing services
- Lean and Six Sigma Training/customer service offerings
- Physician recruitment – expanded to rural recruitment, locum tenums, director search
- Information Technology Division; M/U support
- Grants – 11 different projects
- Practice management boot camps
- Rural Health Clinic workshops
- Insurance and will add multiple benefit plan
- Education, education, education

Rich in Services

- Clearinghouse of CAH and rural information
- CAH group voice within hospital association and other rural organizations
- CAH group voice with state agencies
- CAH group voice in sharing ideas (White Papers)
 - Win – Illinois Medicaid CAH Cost Based Reimbursement for outpatient services
 - Win – State agency recognition of CAHs/ICAHN and carved into new programs, grants and decision making

Rich in Voice

- Located across the state



Map of Illinois CAHs

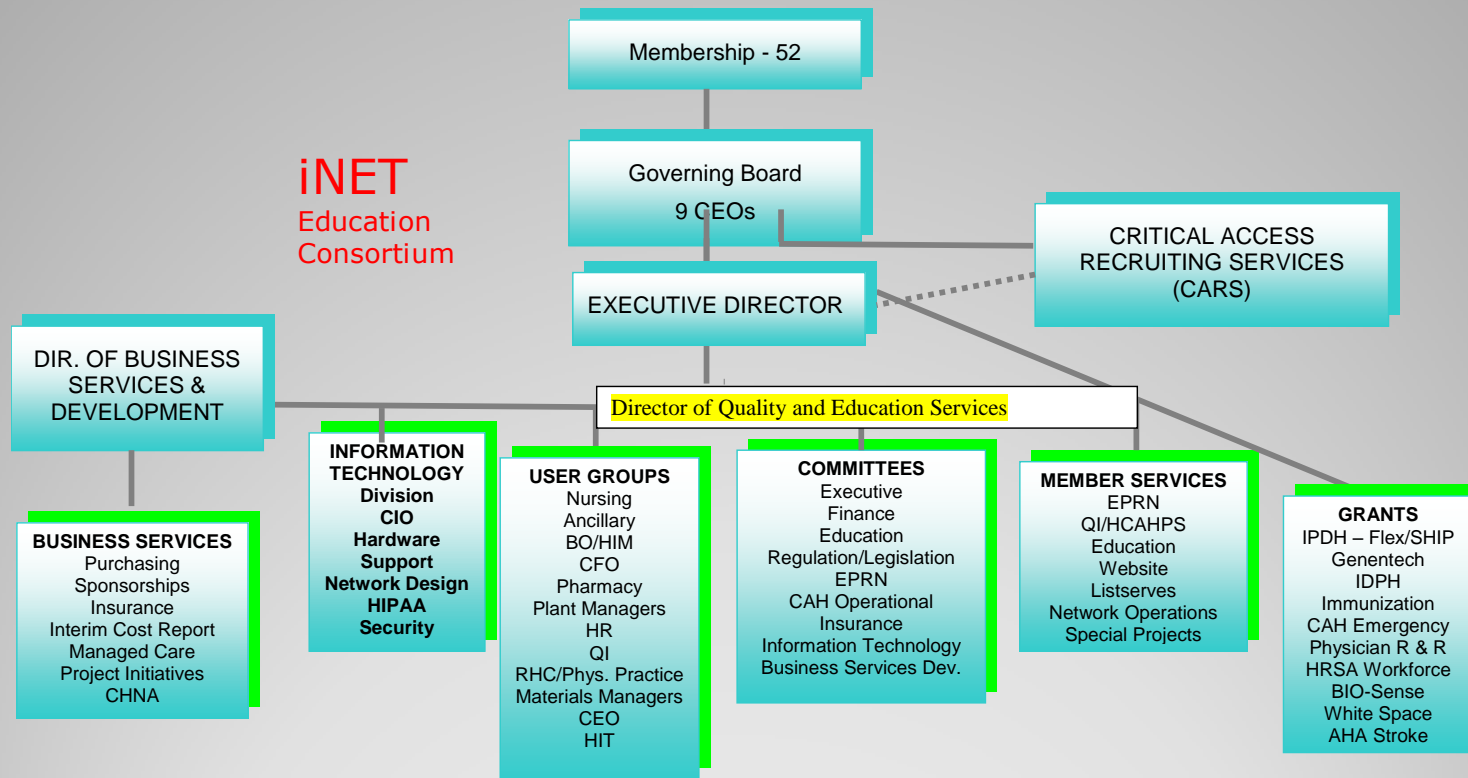
- CAH as a group – 52 hospitals
 - 1300 beds
 - 1.14 million residents
 - 2.3 million operating revenues
 - 12,000 employees



- 15,000 emails/year through list serves
- Strength in relationship with peers
- Hospitals see the possibilities

ICAHN – 10 Years Later

ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK
Organizational Chart
03/13



ICAHN - 2013

- New Services
 - HCAHPS/Patient Satisfaction Survey
 - Community Health Needs Assessment
 - Expanding IT – interface development; CPSI programs
 - Tele-psychiatry offering
 - Regional hospital board member summits
- Projects under development
 - Coding Services
 - Rural Health Clinic group
 - EMS Alliance management
 - Community Care Organization/evaluation

ICAHN – Where we are Today

- Preparing for change/healthcare reform
 - What will be the impact on the CAH program?
 - Keeping CAHs viable
- Should ICAHN CAHs become a community care organization?
- Extend the value of the group to other rural providers?
- Articulate concerns of CAH community?

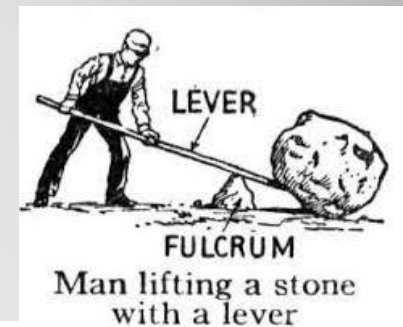
ICAHN - CAH Future



- Grant Funding - \$16 million/10 years
 - Workforce, IT, Stroke, Flex, SHIP, SOAR RN
- CAH group recognition – as a voice and increased Medicaid reimbursement
- Savings – 50% reduction capital purchase as a group
 - Digital Mammography; Managed care pricing 50% cut
- Billings and Reimbursement Issues – Attack issues such as therapy caps, 340 B, MAC edits
- Response from 52 CAHs...signatures/support

Success Stories – Leveraging the Group

- State Physician Licensure issues
- Maintaining tax exemption
- Purchasing power – services and programs
 - ICAHN serves as “Angie’s List”
- New service models and delivery
 - Transitional care track; wound care example
- Care coordination – OP setting/physician practice
- Building relationships with other groups – physicians, long term care, other states



Leveraging the Group

- Agree not all members of the group must participate
- Keeping it fresh and members engaged/matching interests
- Impact on other state groups/avoiding duplication
- Communication and connectivity – a must
- As the group influence, stakes are greater...
- Not every program works

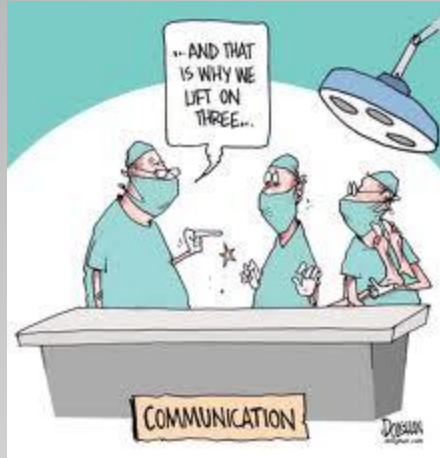


Challenges - Barriers

- Critical Access Hospital Networks may not work for every state particularly because of the formal infrastructure ; yet, states can leverage for:
 - Education...webinars, national conference
 - Shared Projects such as ICD 10 Training
 - Peer group meetings
 - Clearinghouse CAH and rural information
 - Partnerships with other state programs

Assess Needs – Start with Interested/Engaged Advisory Group

- Ongoing - Planned



Communication is Key

Makes the Impossible – Possible!

★ 2012 ICAHN INNOVATION OF THE YEAR AWARDS ★



Marshall Browning Hospital - First Place
Laurie Kelleman and Edwin Gast of MBH, DuQuoin,
with Susan Campbell, Community Memorial Hospital, Staunton

2012 Innovation of the Year Award Winners
Randall Dauby and Bradley Futrell of Hamilton Memorial Hospital District, Honorable
Mention; Dana Taylor and Susan Devoy of Fairfield Memorial Hospital, Honorable
Mention; and Laurie Kelleman and Edwin Gast of Marshall Browning Hospital, First Place

Hamilton Memorial Hospital District
Bradley Futrell and Randall Dauby of HMHD, McLeansboro,
with Susan Campbell, Community Memorial Hospital, Staunton



Fairfield Memorial Hospital
Susan Devoy of FMH, Fairfield,
with Susan Campbell, Community Memorial
Hospital, Staunton

ICAHN
Health Care Access Network

Value of the Group

- Thank you.
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 - **Princeton, IL 61356**
 - **Phone: 815-875-2999**
 - **Email: pschou@icahn.org**



Questions?