ICAHN Newsletter ■ July 2018

FUTURE START Momentum

Shown above is the ICAHN office building, under construction, with roundabout and pond in the foreground. The building is located in a beautiful rural setting within the Princeton Tech Park on the east side of town, approximately one mile from ICAHN's current location.

Celebrating 15 years of service

ICAHN looks forward to new home, reflects on past accomplishments

From the formative steps of hospital CEOs huddled together and brainstorming its inception in a Hillsboro pizza parlor to a robust and revered hospital network known to be the definitive source for all that is critical access in the state and even nationally, the Illinois Critical Access Hospital Network (ICAHN) is proud to celebrate 15 years of dedicated service to its membership.

"I have very fond memories of writing a large federal grant in that little pizza parlor to support our ideas that all critical access hospitals in Illinois could work together to share resources, since all CAHs have so many similarities and challenges," said Nancy Newby, CEO, Washington County Hospital. "We did not get that particular grant, but we had experienced such wonderful support from all of the CAH leaders at the time that Pat (Schou, ICAHN executive director) and I decided to try to establish a network of CAHs in the state that could work together, share ideas and solutions on a common listserv, share expenses with group buying, share educational expenses, and just generally, be 'better together.'"

> *"Fifteen years later, the ICAHN network is a model of success for the entire country. We are still a group of small rural hospitals working together to share resources, but now we are strong enough to impact rural legislation, to share education and expertise, and we have certainly attained sustainability as a network."*
>
> **– Nancy Newby, CEO, Washington County Hospital**

Initial goals of that meeting and others to follow were to simply set up a low-cost fee structure to keep the network sustainable and to demonstrate the value of the proposed network to assist cash-strapped CAHs throughout the state. "Fifteen years later, the ICAHN network is a model of success for the entire country. We are still a group of small rural hospitals working together to share resources, but now we are strong enough to impact rural legislation, to share education and expertise, and we have certainly attained sustainability as a network," said Newby. "We have added staff to support numerous projects and serve as ongoing expert resources for education, questions, and programs. We have numerous listservs that are an invaluable resource for our department heads when someone needs to bounce an

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ICAHN
Illinois Critical Access Hospital Network

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- Crawford Memorial Hospital recognized for exceptional patient care – Page 6

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15th Anniversary

idea off or ask for help and advice in a problem area, and most recently, we are proud to be building a new headquarters with the support of members…I can safely say it's evident that we continue to 'be better together.'"

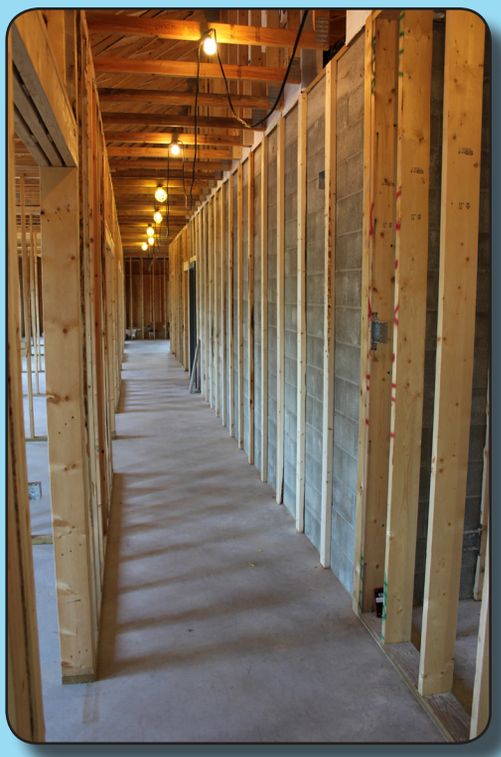
Since 2003, ICAHN's goal has been to support and strengthen newly designated and existing critical access hospitals. ICAHN initially provided information technology services, educational programs, peer network group activities, and administered both the Medicare Rural Hospital Flexibility Grant and the Small Hospital Improvement Performance Grant.

Today, ICAHN offers these same services plus CIO services, community health needs assessments, coding and audit services, an external peer review network, hospital insurance program, professional education services, rural recruitment, information technology services, managed care consulting services, survey solutions, staffing solutions, strong business partnerships and state and national affiliations, quality, wellness and peer network resources, Patient Centered Medical Home information, a Nurse Preceptor Academy, practice management and rural health clinic information, and its own Accountable Care Organization.

"ICAHN has grown tremendously, and I would say, far exceeded any of our expectations," said Steve Tenhouse, CEO, Kirby Medical Center. "I think the reason why is the same reason why we, as CAHs, are able to grow…because we are nimble and can effect change quickly. That was the case early on, and is still the case. I think what we have accomplished is amazing. It's interesting to look back and think of why ICAHN got together and how that dovetails with the idea of ACOs many years later. It's flattering to be a part of that initial stage and an honor to be a part of it now."

ICAHN is expected to officially celebrate its 15th anniversary milestone with an open house, which will be announced at the completion of the new 6,500-square foot office building, which will most likely happen in September of this year. Located at 1945 Van's Way in Princeton, the new building will house 16 private offices, flex and collaborative work spaces, and a large training room with state-of-the-art audio/visual conferencing capabilities. "I can't wait to see what the next 15 years brings," said Schou. "There's no stopping our rural hospitals when we work together. There truly is strength in collaboration." A capital campaign is currently underway, including naming rights opportunities for the conference, training room, and selected areas of the building. Those interested in donating or who have questions are asked to contact Pat Schou, ICAHN Executive Director, at 815.875.2999 or pschou@icahn.org or ICAHN Board President Tracy Bauer at tbauer@midwestmedicalcenter.org.

Structural support



The new training room (above) will be a valuable resource to both ICAHN staff and members. This 900-square foot room will seat 40 occupants for onsite training and will be equipped with an automated A/V and videoconferencing system utilizing two 85-inch 4K Ultra HD monitors, allowing ICAHN to connect with offsite participants. The south hallway framing (right) in the new ICAHN office building also reveals the masonry block wall that makes up the interior storm shelter. Three interior rooms will be surrounded by reinforced concrete, providing a safe place for occupants in the event of a severe storm. The concrete deck above these rooms will serve as the attic storage area in lieu of a basement.

Grassroots advocacy in the fight against opioid misuse

A prime example of best practice as it pertains to creating, sustaining, and maintaining a coalition, the Hancock County Opioid Task Force has diligently worked to promote awareness of opioid misuse, heroin use, and substance abuse plus intervention and treatment in their rural county, organizing several meetings and events plus Narcan education trainings. Recently, Memorial Hospital CEO Ada Bair (second from left) and Task Force Leader Maureen Crawford (third from right) addresssed a crowd of around 175 people, offering insight to their program, at ICAHN's Opioid Crisis Next Door summit, *"Keeping the Momentum: Are We Hitting the Mark?"*

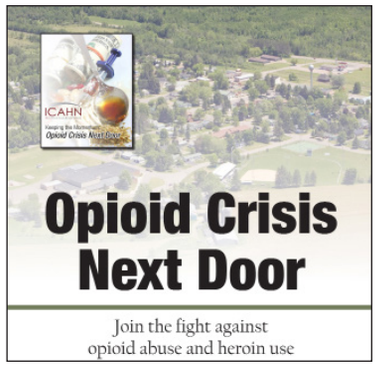
Memorial Hospital spearheads efforts to create, maintain Hancock County Opioid Task Force

When Memorial Hospital CEO Ada Bair takes on a challenge, she creates a movement. This time, that 'movement' was defined in the organization of the Hancock County Opioid Task Force and most importantly, palpable social change.

"It all started with an ICAHN meeting, 'The Opioid Crisis Next Door,' in June of 2016. This was a wake-up call that the problem of opioid misuse is everywhere, including rural America, and that we all need to get on board and get to work to find a solution," said Task Force Chairman Maureen Crawford, who also serves as Emergency Response Coordinator and Health Educator for the Hancock County Health Department. "Ada was and is the driving force, along with ICAHN. Once she signed a 'call to action' and encouraged others to do the same, there was no stopping her. A coalition was going to be formed."

The Hancock County Opioid Task Force joins at least 10 other new coalitions throughout the state since the ICAHN meeting to bring awareness, especially in small and rural communities, to opioid misuse, heroin use, and other substance use disorders. Since that time ICAHN has worked to help rural communities organize, implement, and maintain coalitions to address opioid and substance abuse; offer education on the initial care and treatment of persons with substance use disorders; offer options for recovery and management of patients with chronic pain; and identify, organize, and activate local resources.

> *"We need to stop seeing addiction as a moral failing and treat it as a chronic disease that can be cured with education, compassion, and dignity. The creation of this task force and its continued work and recruitment is our way of stepping up to the challenge."* **– Maureen Crawford, Chairman, Hancock County Opioid Task Force**



Bair and Crawford, in the meantime, worked with Hancock County MRC Unit 2436 to utilize NACCHO (National Association of County and City Officials) Challenge Grant funding to bring in Tim Ryan, a former addict turned community activist and founder of 'A Man in Recovery,' to all middle and high-school aged students in her county – about 2,000 children – and their parents.

"Tim asked if anyone knew of someone with a substance abuse problem, then whether anyone had a family member with substance abuse issues, and then, whether anyone knew of someone that had died as a result of the disease," said Crawford. "Their answers provided a real eye-opener to all present, including our county sheriff (Scott Bentzinger, now a task force member). Sessions were provided in the

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Hancock County Opioid Task Force

morning and afternoon to the kids, and in the evening, parents were invited to tour the exhibit, 'In Plain Sight,' which provides clues to prescription misuse or illegal drug use right in front of their noses."

Following this, there were meetings to establish a task force, which ultimately is comprised of about 25 individuals, including representation from public health, mental health, hospital professionals, law enforcement, the judicial system, and concerned citizens. Two workgroups were also formed: Education/Prevention, chaired by Crawford; and Intervention/Treatment, chaired by Joe Little, Associate Director of the Mental Health Centers of Western Illinois with Nancy Huls, RN, with the overarching goal of having a better educated population; one with no drug or other substance misuse; and also, one where the population understands how misuse happens, how dangerous it is, and how to keep children from trying this risky behavior.

"We need to stop seeing addiction as a moral failing and treat it as a chronic disease that can be cured with education, compassion and dignity," said Crawford. "The creation of this task force and its continued work and recruitment is our way of stepping up."

With the goal of education and prevention in mind, the Task Force has conducted two Narcan trainings, including the distribution of naloxone. These trainings were made possible through a DASA (Department of Alcohol and Substance Abuse) grant from the Human Resource Center, Peoria, with sub-grantee, UnityPoint Robert Young Center in Rock Island, which covers Hancock County. Narcan kits were also distributed to law enforcement.

In addition to this, the Task Force works in concert with Overdose Lifeline, which is an Indiana-based non-profit designed to help individuals, families, and communities affected by the disease of addiction/substance use disorder through advocacy, education, harm reduction, prevention, resources, and support. "We had so hoped to get ahead of this problem, but unfortunately, in 2017, we did have one person in our county die from an (opioid) overdose," said Crawford. "The Emergency Department continues to see more cases, but to date, we've only suffered one fatality.

"I myself had a brother that was addicted to anything and everything, who died of alcohol at the age of 62. I watched addiction take this wonderful man to someone I couldn't even begin to understand. It was an absolute waste of a life," she continued. "Working on this task force is therapeutic for me for this reason. If we can keep just one person from going down that road, it's important we do so. We can do better…We must do better.

"For us, it is an ongoing effort of recruitment and education. We will continue to seek additional funding to increase efforts in our schools, establish the Safe Passage program (an opiate addiction program), and try to find a place to detox patients under medical supervision," Crawford concluded. "We also hope to have our own 'In Plain Sight' display, and we hope to do all this as soon as we possibly can."

Those interested in becoming part of the Hancock County Opioid Task Force can contact Maureen Crawford at 217.357.2171. Those in other parts of the state wishing to start or join an existing coalition are asked to contact Pat Schou, ICAHN Executive Director, at 815.875.2999 or pschou@icahn.org.

Summer 2018 Program and Project Updates

QUALITY

HCAHPS: Illinois continues to be slightly behind national averages in overall HCAHPS scores. Focused efforts during the next year will include discharge information, care transitions, and communication about medications. The most recent release of 3Q17 data can be found on the quality page of the ICAHN portal.

SHIP Projects: We have eight of our hospitals donating funds to create statewide projects. Full announcements and registrations will be coming out in July.
Projects include:

- **Crisis Prevention Intervention Training:** The national CPI center has allowed an exception for our CAHs to provide regional trainers to support ongoing training within each facility without the burden of having a trained staff member. This is a huge win for our hospitals to take advantage of this opportunity. The pooled funds will be utilized to provide the master-trained "train-the-trainer" four-day workshop on September 25-28 at the new ICAHN building, located at 1945 Van's Way, Princeton, IL. These master trainers will be able to host local training events at either their individual hospitals or to a hospital within the region.

Check out the Program overview at the link provided.
http://www.crisisprevention.com/CPI/media/nas-resources/Program-Overview-for-Caregivers.pdf

- **RHC Practice Transformation:** This is a two-fold project to allow RHCs to participate in national benchmarking database made available through the National Organization of State Offices of Rural Health.

  This database in supported with Stroudwater and is referred to as POND (Practice Operations National Database). This database is differentiated by its focus on rural relevant financial, operational, productivity, and compensation factors for which no rural-relevant data sets currently exist. The second objective within this project is enhancing practice transformation with consultant Jamie Martin from SigmaMed Solutions. Jamie will take participants through workflow enhancements utilizing simple lean tools.
- **Sepsis Program:** ICAHN will be the project manager to assist our network hospitals to gain the tools and resources that follow The Joint Commission Sepsis Certification Program. This training will provide clinical care practices through standardized treatment of both patients with sepsis and preventing sepsis; reducing readmissions due to infections; ensuring antibiotic stewardship practices and overall how to differentiate your hospital in the marketplace enhancing the awareness of being Provider of Choice. You will not have to be TJC accredited to participate in the training but if your facility is TJC accredited this will provide the necessary steps to seek certification.
- **Clinical Documentation Improvement:** More to come on this to provide audit reviews and webinar training to enhance overall clinical documentation with our providers.

Comments on Quality

ANGIE CHARLET
ICAHN Director of Quality Services

Upcoming Events:

September 13
Ancillary Peer Network: We are bringing back Steve Thomas, who had overhwhelmingly positive reviews at our Vendor Expo this spring. Watch for leadership topics and reigstration for this event!

September 20
Nursing Retreat: 'Transforming Healthcare Together,' presented by Capstone Leadership Solutions, Inc. The focus of the workshop is geared to 'Nursing Bundle' and 'Changing How We Change', validation tactics, and direct dialogue/feedback.

October 29-30
ICAHN Annual Conference: The ICAHN Annual Conference will be held October 29-30 at the I-Hotel and Conference Center, Champaign, IL.

ICAHN seeking speakers for Annual Conference

ICAHN is issuing a 'Call for Presenters' for our Annual Conference on October 29-30, 2018 at the I-Hotel in Champaign, IL. We are looking for timely and relevant breakout presentations delivered by enthusiastic and knowledgeable presenters that address the ever-changing landscape of rural healthcare. This conference is for hospital and rural healthcare CEOs, CFOs, COOs, top management, and board members who are looking for the latest information about issues that impact their hospitals. Breakout sessions will be held on the morning of October 30, and plenary sessions will be held on both days. We are looking for breakout presentations that focus on hospital leadership, financial leadership, quality, hospital operations, wellness, market share, population health, service line quality/profitability, or provider recruitment/retention. Audio and visual equipment will be available. Presentations will be selected based on relevance, interest, and merit; as well as speaker knowledge and experience. Proposals must include a completed application and presentation summary and are due by July 20, 2018. Letters of acceptance will be sent electronically by August 6, 2018.
Presentation expectations include:

- Conference breakout sessions are 50 minutes long and should include time for a question and answer period.
- Sessions may be delivered by a single presenter or as a panel presentation. All speakers must be identified at the time of submission.
- Sales presentations of any kind will not be accepted.

Visit www.icahn.org/professional-education to apply. Transportation, meals, and lodging are the responsibility of each presenter and will not be reimbursed. All submissions must be made online. Please complete the online form that will ask for presentation title, objectives, presentation summary, and presenter expertise. For more information contact Kathy Fauble at kfauble@icahn.org.

ICAHN Employee Spotlight

NAME: Pat Schou

TITLE: Executive Director

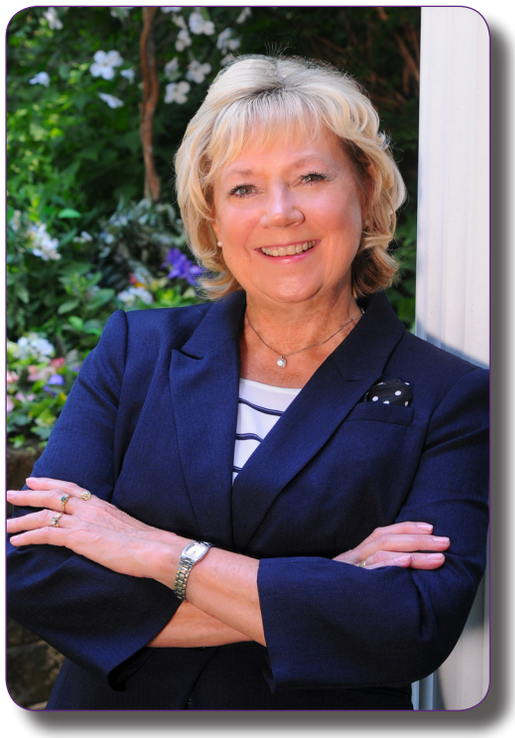
EDUCATION: Bachelor of Science Degree in Nursing from Illinois Wesleyan University and Master of Science Degree from Northern Illinois University.

BACKGROUND AND EXPERIENCE: Pat has more than 35 years of clinical and rural hospital administrative experience, where her last hospital position was as the Vice President for Perry Memorial Hospital, Princeton, for 10 years. She was named a Fellow of the American College of Healthcare Executives and has served as president of the Illinois Rural Health Association, as secretary of the National Rural Health Association, as a member of the NRHA Rural Congress and Government Affairs Council, the Rural Health Quality Workgroup, and the Board of the Accreditation Association for Hospitals/Health Systems.

Pat also served as chair of the Technical Advisory Services Committee for the National Rural Resource Center and served as co-chair of Illinois' State Health Improvement Plan Implementation Coordinating Council from 2010-2015. She currently serves on the National Rural Resource Center Board and has been chair of the Bureau County Health Department Board for the past 25 years.

HONORS AND AWARDS: She received the National Rural Health Association's highest award, the President's Award in 2015. She also received the Calico Rural Leadership Award in 2013 in recognition of her role in improving the quality of healthcare in rural America, which was sponsored by the National Rural Health Research Center; was named the 2014 Rural Health Hero by the National Center for Rural Health Professions; was named among the Top 25 Women in Leadership for Central Illinois by WEEK-TV Channel 25; and was among the roster of the 2013 Women of Distinction in the Illinois Valley area, sponsored by the Bureau County Republican newspaper. Formerly employed by the Illinois Department of Public Health, Pat was named ICAHN's Flex Program Coordinator in June of 2003, ICAHN's inception, and was promoted in November of that same year to serve as ICAHN's first and only Executive Director.

JOB RESPONSIBILITIES: As Executive Director, Pat has the overall accountability and responsibility for the organization and its subsidiaries and reports directly to the ICAHN Board of Directors. She also represents the organization and its members and serves as Chief Executive Officer.



THOUGHTS ABOUT WORKING FOR ICAHN: "It has been an honor these past 15 years to work with such fine, dedicated hospitals and their staff who are committed to providing quality healthcare for their rural communities. If ICAHN can help members be successful, then we have done our part."

PERSONAL INFO: I love to golf, garden, swim, and play the piano. I am an avid sports fan and enjoy spending time with my two granddaughters. My favorite show is 'Dancing with the Stars!'

Crawford Memorial Hospital earns three awards for patient care

Crawford Memorial Hospital has earned three of the prestigious 'Excellence in Patient Care' awards from Studer Group, a Huron Solution. CMH was the only hospital nationwide to win in three categories. Specifically, CMH was honored for demonstrating outstanding performance in patient care in ambulatory surgery, in post-acute patient care (home health), and during care transitions (when a patient is transferred from department to department within a hospital or when a patient is transferred from an acute care to a longer-term care setting).

"Within the healthcare industry, Studer Group is universally recognized as a leader. It's really a tremendous achievement to be honored three times," stated CMH CEO Doug Florkowski. "The community can be proud that its hospital's staff is ranked among the best in the business."
The awards will be formally presented to CMH at the 16th Annual What's Right in Health Care conference in August. The conference attracts administrative and clinical healthcare professionals from the US, Canada, and Australia. "It takes dedication from every individual to provide

2018
EXCELLENCE IN PATIENT CARE
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excellent care and this award should be celebrated by all those who work daily to make a difference," stated Debbie Ritchie, president of Studer Group. "They are what's right in healthcare." CMH has earned the 'Excellence in Patient Care' award three times previously.

How is medical necessity factored along with the nature of the presenting problem?

BY LORI CARLIN
CPC, COC, CPCO
Director, Pinnacle Integrated Coding Solutions

Do you wish CMS would streamline the Evaluation and Management (E/M) guidelines so that everything is black and white? If so, you are not alone. The E/M guidelines are just that, GUIDELINES! They serve as a resource when determining the level of care provided for visit. However, they are not the only source to consider in leveling an E/M Current Procedural Terminology' (CPT) code. Additional resources include, but are not limited to:

- **AMA CPT book section and category notes**
  - *Nature of the presenting problem:* The E/M codes recognize five types of presenting problems (minimal, self-limited, or minor, low severity, moderate severity and high severity).
  - Under each E/M CPT, there is a description of the presenting problem severity level.
    Example: 99213 – *"usually the presenting problem(s) are of low to moderate severity". Whereas, CPT code 99214 states, "the presenting problem(s) are of moderate to high severity."*
  - Clinical Examples, Appendix C
    99213 – *"follow up established patient office visit for stable cirrhosis of the liver in a 62-year-old patient."*
    99214 – *"established patient office visit for a 32-year-old with new complaint of right lower quadrant pain."*
- **Medicare Claims Processing Manual** (Pub 100-04), chapter 12, section 30.6.1, Selection of Level of Evaluation and Management Service states: *"Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code. It would not be medically necessary or appropriate to bill a higher level of evaluation and management service when a lower level of service is warranted. The volume of documentation should not be the primary influence upon which a specific level of service is billed."*

Keep in mind...Medicare will deny or downcode services exceeding the patient's documented medical need!

Medical Decision Making (MDM) is not necessarily a required key component for established patient visits (99212-99215) or subsequent hospital visits (99231-99233), since these levels of service only require two of the three key components (history, exam, medical decision-making). Some practices and organizations set internal protocols requiring medical decision making as a mandatory component for all E/Ms. While using the MDM as a required element in leveling the E/M is not required, the protocol provides a more direct approach for providers and coders when selecting the E/M level.

Using this protocol as a standard also allows the organization's coder/auditors to follow the same requirement for consistency in monitoring for compliance with clear expectations. Keep in mind, however, if an organization does implement such a requirement, it may miss revenue opportunities if the visit could be appropriately supported by the history and exam elements. Alternately, they could offset the lost revenue by reducing the larger risk of overcoding levels inappropriately.

With the implementation of savvy Electronic Health Record Systems (EHRs), overdocumentation can easily be an issue. Templates, copy and paste, or copy forward techniques can cause headaches for the coder/auditor when MDM is not one of the organizations' two of three required key components.

When coding and/or auditing, it helps to keep these core questions in mind:

- What truly happened at the visit today?
- Is the information documented in the subjective paragraph's 'Past Medical History' or 'History of Present Illness'?
- What information is truly pertinent to today's visit?

Medicare and its contractors have adopted Program Integrity Practices to address vulnerabilities in EHRs. For example, copy-pasting information from visit to visit results in repetitious information over time. Not all the information may be needed or correct or even applicable to the current visit. Over time, notes can result in making it difficult or impossible to identify the unique information on the date of service. When payors review supporting documentation and identify this documentation (note cloning patterns), the organization could see denials or additional audits questioning the medical necessity of many visits. Often, information carried forward, especially if the user fails to update it or ensure its accuracy, shows conflicting information and results in even more risk to everyone.

Overdocumentation is another example of EHR vulnerability. EHRs can auto-populate fields when using time-saving templates. They can generate unnecessary documentation from a single click. Such features can produce information suggesting the provider performed elements that they did not, a more comprehensive service than was performed, or what would even be deemed

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Salem Township Hospital names Kendra Taylor as new CEO

Kendra Taylor, MSN, RN, has been named as Salem Township Hospital's new Chief Executive Officer.

Kendra has 22 years of healthcare experience including her role as Chief Nursing Officer since January 2017. She has a Masters of Nursing Administration from McKendree University.

Kendra was appointed as Interim CEO by the Salem Township Hospital Governing Board after the departure of John Kessler in March of 2018.

Salem Township Hospital is committed to make this transition as seamless as possible and is looking forward to her leadership and experience and welcomes her in this role.

"I recognize the critical role that hospitals play to ensure the health and well-being of their local communities," said Taylor. "Salem Township Hospital has several great providers to serve your needs, and I, as everyone else here, am committed to giving patients the quality of care they deserve."

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Pinnacle Enterprise Risk Consulting

medically necessary if the claim fell under scrutiny. To safeguard against assigning a level of service higher than what may be deemed medically necessary, implement policies and procedures surrounding EHR functionalities, such as:

- o Templates cueing users for information without prepopulating
- o Responsible use of copy and paste, or prohibiting its use
- o Requiring MDM drive all E/M levels
- o Identifying and validating the nature of the presenting problem supports all E/M levels assigned

2. Develop an auditing and monitoring program to review documentation and code assignment
3. Utilize resources such as Bell Curve Analysis and/or CMS data reports to track trends for all providers. For more information, contact LCarlin@AskPHC.com.

Save the Date

The **2018 ICAHN Annual Conference** is slated for Monday-Tuesday, October 29-30 at the I-Hotel and Conference Center, 1900 S. First Street, Champaign. Registration for attendees and exhibitors will be made available soon.

A special thanks to our 2018 Preferred and Blue Star Partners

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