



# BETTER TOGETHER



2018



## PAST BOARD PRESIDENTS

### 2004

Susan Urso, CEO  
Mendota Community Hospital, Mendota

### 2005-2006

Nancy Newby, CEO  
Washington County Hospital, Nashville

### 2007

Randall Dauby, CEO  
Hamilton Memorial Hospital District, McLeansboro

### 2008

Patty Luker, CEO  
Dr. John Warner Hospital, Clinton

### 2009

Steven Tenhouse, CEO  
Kirby Medical Center, Monticello

### 2010

Ada Bair, CEO  
Memorial Hospital, Carthage

### 2011

Susie Campbell, CEO  
Community Memorial Hospital, Staunton

### 2012

Lynn Klein, CEO  
Mendota Community Hospital, Mendota

### 2013

Steve Hayes, CEO  
Memorial Hospital, Chester

### 2014

Greg Starnes, CEO  
Fayette County Hospital, Vandalia

### 2015

Tom Hudgins, CEO  
Pinckneyville Community Hospital District

Mark Rossi, COO,  
Hopedale Medical Complex

### 2016

Mark Rossi, COO  
Hopedale Medical Complex

### 2017

Trina Casner, CEO  
Pana Community Hospital

### 2018

Tracy Bauer, CEO  
Midwest Medical Center



# 2018

## ICAHN CELEBRATES 15 YEARS AND A NEW HEADQUARTERS

ICAHN Executive Director Pat Schou signs the contract to secure the USDA loan for ICAHN's new office building. She is shown with Curt Zimmerman, ICAHN Site Supervisor and Director of Business Services and Development, and Lorali Heintzelman, Area Specialist I Community Programs, Rural Development, USDA.



ICAHN Executive Director Pat Schou (middle) and Board President Tracy Bauer (second from right) celebrate during ICAHN's December Open House with Doug Wilson (left), State Director, USDA; Lorali Heintzelman, Area Specialist I Community Programs, Rural Development, USDA; and Michael Wallace, Community Programs Director, Rural Development, USDA.

Officially opening the doors to ICAHN's new office building were board members Alisa Coleman (left), ICAHN Executive Director Pat Schou, Ollie Smith, ICAHN Board President Tracy Bauer, Ted Rogalski, Kathleen Hull, and Trina Casner.



## OUR MISSION

ICAHN is a not-for-profit 501(c)3 corporation established in 2003 for the purposes of sharing resources, providing education, promoting efficiency and best practices, and improving healthcare services for member critical access and small and rural hospitals and their communities.



## FROM THE ICAHN PRESIDENT AND EXECUTIVE DIRECTOR

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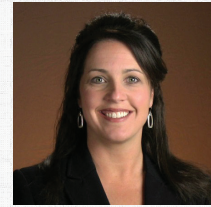
In 2003, 20 critical access hospital (CAH) chief executive officers had a vision for a new rural organization that promoted CAHs sharing resources and best practices, and that by these hospitals working together, they would be stronger and better able to meet the challenges ahead. The 20 ICAHN member hospitals elected a governing board and launched the Illinois Critical Access Hospital Network (ICAHN). Pat Schou was hired as the executive director in the fall of 2003 and initiated ICAHN's first two projects: HIPAA training and video conferencing set-up for member hospitals.

Fifteen years later, ICAHN celebrates a membership of 51 CAHs and five small rural hospitals and an expanded line of 25+ services and educational programs.

In 2018, ICAHN expanded its Survey Solutions program, making tablet and email another option for satisfaction surveys, along with establishing a national consulting program for population health and care management. In addition, ICAHN saw the graduation of its first Rural Health Coaching class at Western Illinois University through the work of Memorial Hospital, Culbertson Memorial Hospital, and former ICAHN staff member, Mary Jane Clark. ICAHN also awarded its first Rural Hospital Lifetime Achievement Award, published a CAH Swing Bed White Paper, and welcomed Crossroads Community Hospital as its 56th member.

Most importantly, ICAHN held more than 125+ educational events (webinars, peer group meetings, conferences, workshops, boot camps, and certification courses) and network conference calls, like the monthly regulatory and legislative calls, and opened the doors to a new building located at 1945 Van's Way, Princeton, IL. ICAHN members, staff, and organizational partners donated and/or pledged \$150,000 in financial contributions for the building. ICAHN is truly blessed to have such wonderful member and organizational friend support.

“



Representing Midwest Medical Center, formerly Galena-Stauss Hospital and one of the original 20 charter ICAHN

members, it has been an honor to have served as president in 2018 to see ICAHN celebrate 15 years and open its own beautiful new building. I see a bright future for ICAHN and believe we have been truly better together, setting the bar for rural statewide networks.

— TRACY BAUER,  
ICAHN BOARD PRESIDENT

“



Serving as ICAHN's first and only executive director has allowed me the privilege of representing 56 outstanding and caring rural health organizations. I have watched how members have supported each other through listservs, mock surveys, and the sharing of policies and program resources. It is obvious that together, ICAHN rural hospitals are better and stronger... I am blessed to have such a fine staff committed to member success and keeping rural healthcare in the forefront by building on yesterday's accomplishments and laying the groundwork for tomorrow's challenges.

— PAT SCHOU, ICAHN EXECUTIVE DIRECTOR

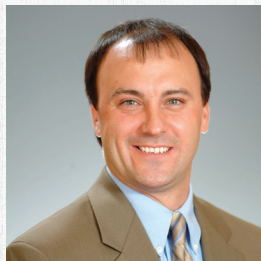


## 2018 BOARD OF DIRECTORS



**TRACY BAUER**  
**PRESIDENT**

Midwest Medical Center,  
Galena



**DOUG FLORKOWSKI**  
**PRESIDENT-ELECT**

Lawrence County  
Memorial Hospital,  
Lawrenceville



**KEN REID**  
**SECRETARY-TREASURER**

Carlinville Area Hospital,  
Carlinville



**TRINA CASNER**  
**PAST PRESIDENT**

Pana Community Hospital,  
Pana



**ALISA COLEMAN**

Ferrell Hospital,  
Eldorado



**JOANN EMGE**

Sparta Community  
Hospital, Sparta



**KATHLEEN HULL**

Illini Community  
Hospital, Pittsfield



**TED ROGALSKI**

Genesis Medical Center,  
Aledo



**OLLIE SMITH**

Horizon Health, Paris

## 2018 STAFF DIRECTORY

**PAT SCHOU**

Executive Director

**BRIAN ASHPOLE**

Data and Grant Project  
Coordinator

**ANGIE CHARLET**

Senior Director -  
Quality & Operations

**SCOTT CIMARUSTI**

IT Consultant

**MARY JANE CLARK**

Grant and Wellness Coordinator

**TRUDI COLBY**

Stroke Coordinator/  
Regional Manager

**GREGG DAVIS, MD**

Chief Medical Officer,  
IRCCO

**STEPHANIE DEMAY**

Communications and  
Media Specialist

**KATHY FAUBLE**

Professional Education Services  
Director

**KRISTA FISCHER**

Regional Manager

**DIANE GARLAND**

Senior Director - Finance & HR

**KIRBY HEWARD**

Administrative Assistant

**PEGGY JONES**

Stroke Community Educator

**JACKIE KING**

Clinical Informatics Director,  
HIM Consultant

**HOLLY LENDY**

Assistant Controller

**TERRY MADSEN**

CHNA Project Consultant

**RYAN MORGAN**

Chief Information  
Security Officer

**FRANK PENROSE**

IT Consultant

**RYAN SIERMAN**

Chief Information Officer

**LESA SCHLATMAN**

Director of Clinical  
Transformation

**LIZ SWANSON**

Professional Education Services  
Assistant Director

**DENNIS TOTH**

IT Services Operations  
Coordinator

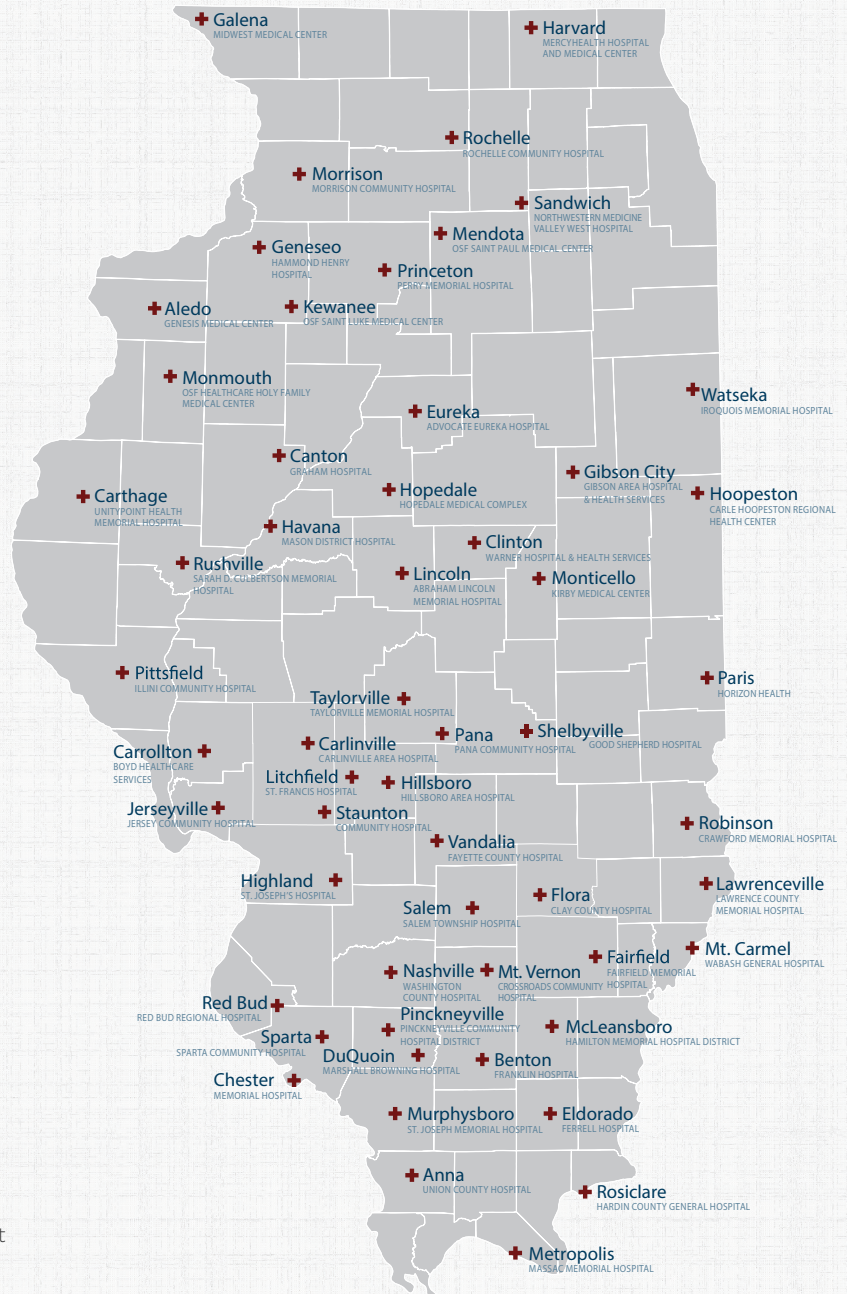
**CURT ZIMMERMAN**

Senior Director - Business  
Services & Development



## MEMBER DIRECTORY

**ALEDO** Genesis Medical Center  
**ANNA** Union County Hospital  
**BENTON** Franklin Hospital  
**CANTON** Graham Hospital  
**CARLINVILLE** Carlinville Area Hospital  
**CARROLLTON** Boyd Healthcare Services  
**CARTHAGE** UnityPoint Health Memorial Hospital  
**CHESTER** Memorial Hospital  
**CLINTON** Warner Hospital & Health Services  
**DUQUOIN** Marshall Browning Hospital  
**ELDORADO** Ferrell Hospital  
**EUREKA** Advocate Eureka Hospital  
**FAIRFIELD** Fairfield Memorial Hospital  
**FLORA** Clay County Hospital  
**GALENA** Midwest Medical Center  
**GENESEO** Hammond-Henry Hospital  
**GIBSON CITY** Gibson Area Hospital & Health Services  
**HARVARD** Mercyhealth Hospital and Medical Center  
**HAVANA** Mason District Hospital  
**HIGHLAND** St. Joseph's Hospital  
**HILLSBORO** Hillsboro Area Hospital  
**HOOPESTON** Carle Hoopeston Regional Health Center  
**HOPEDALE** Hopedale Medical Complex  
**JERSEYVILLE** Jersey Community Hospital  
**KEWANEE** OSF Saint Luke Medical Center  
**LAWRENCEVILLE** Lawrence County Memorial Hospital  
**LINCOLN** Abraham Lincoln Memorial Hospital  
**LITCHFIELD** St. Francis Hospital  
**MCLEANSBORO** Hamilton Memorial Hospital District  
**MENDOTA** OSF Saint Paul Medical Center  
**METROPOLIS** Massac Memorial Hospital  
**MONMOUTH** OSF Holy Family Medical Center  
**MONTICELLO** Kirby Medical Center  
**MORRISON** Morrison Community Hospital  
**MOUNT CARMEL** Wabash General Hospital  
**MOUNT VERNON** Crossroads Community Hospital  
**MURPHYSBORO** St. Joseph Memorial Hospital  
**NASHVILLE** Washington County Hospital  
**PANA** Pana Community Hospital  
**PARIS** Horizon Health  
**PINCKNEYVILLE** Pinckneyville Community Hospital District  
**PITTSFIELD** Illini Community Hospital  
**PRINCETON** Perry Memorial Hospital  
**RED BUD** Red Bud Regional Hospital  
**ROBINSON** Crawford Memorial Hospital  
**ROCHELLE** Rochelle Community Hospital  
**ROSICLARE** Hardin County General Hospital  
**RUSHVILLE** Sarah D. Culbertson Memorial Hospital  
**SALEM** Salem Township Hospital  
**SANDWICH** Northwestern Medicine Valley West Hospital



**SHELBYVILLE** Good Shepherd Hospital  
**SPARTA** Sparta Community Hospital  
**STAUNTON** Community Hospital  
**TAYLORVILLE** Taylorville Memorial Hospital  
**VANDALIA** Fayette County Hospital  
**WATSEKA** Iroquois Memorial Hospital

1999

Thomas H. Boyd Memorial Hospital receives first Illinois CAH designation.

John and Mary E. Kirby Hospital receives second CAH designation.

2000

Galena-Stauss Hospital, Dr. John Warner Hospital, Mercer County Hospital, Community Memorial Hospital, Memorial

Hospital-Carthage, Pinckneyville Community Hospital, and Washington County Hospital receive CAH designation.





## A NEW CHAPTER BEGINS FOR ICAHN

Celebrating 15 years of service to its members, ICAHN moves into the new 6,500 square-foot headquarters in the fall of 2018. The new facility, located within Princeton's Tech Park, houses 16 private offices, along with flex space for additional staff. The state-of-the-art training room is equipped with full A/V resources, which accommodate both on-site and remote training capabilities for ICAHN staff, member hospitals, and other healthcare partners. An environmentally-controlled server room plus backup generator supports ICAHN's internal IT needs and provides infrastructure for IT services provided to member hospitals.

Excavation for concrete began in late March 2018, with full construction taking approximately five months to complete. Financing for the \$1.3M project was provided through the USDA Rural Development program, along with ICAHN cash reserves, and a capital campaign among internal stakeholders which netted around \$150,000. In honor of their generosity, ICAHN hosted a grand opening and open house celebration for members and stakeholders in December.

"USDA Rural Development knows the importance of healthcare services and the challenges faced by rural residents in accessing those services," said Doug Wilson,

USDA Rural Development State Director in Illinois. "We're honored to work with ICAHN to improve healthcare and the quality of life in rural Illinois through their support of all small and rural hospitals with medical resources, services, and education."

“

**The technology utilized in the training center will allow ICAHN staff to connect rural healthcare leaders, visionaries, and partners with members and colleagues throughout Illinois and around the nation.**

— **CURT ZIMMERMAN**  
**SENIOR DIRECTOR OF BUSINESS SERVICES**  
**AND BUILDING PROJECT SITE SUPERVISOR**

**2001**

Eureka Community Hospital, Mendota Community Hospital, Fairfield Memorial Hospital, Rochelle Community Hospital,

Mason District Hospital, Illini Community Hospital, and Hoopeston Community Hospital receive CAH designation.

**2002**

Gibson Area Hospital, Community Medical Center of Western Illinois, Hammond-Henry Hospital,

Paris Community Hospital, and Franklin Hospital receive CAH designation.





ICAHN Executive Director Pat Schou (right), along with Board President Tracy Bauer (far left); Hana Hinkle, Associate Director at the National Center for Rural Health Professions, Rockford; and Robin Rose, Chief Operating and Clinical Officer, and Rob Schmitt, CEO, both of Gibson Area Hospital & Health Services, met with U.S. Congressman Adam Kinzinger in his Washington, D.C. office in February to discuss rural hospital and healthcare issues.



**MARK BATTY, CHAIRMAN**  
Former CEO,  
Rochelle Community Hospital

## REGULATORY AND LEGISLATIVE COMMITTEE REPORT

There is never a dull moment for the Regulatory and Legislative Committee in the current political and regulatory climate. In 2018, rural had good news with the passage of the Consolidated Appropriations Act. This act provided increased funding for many rural programs for the next two years, a permanent fix for Medicare dependent and low volume hospitals, and increased grants for opioid prevention and treatment targeted for rural areas.

While rural programs found funding relief, new rural health concerns surfaced such as a decrease in rural maternity services, threats to 340B funding, and no fixes yet for rural hospital closures. The Centers for Medicare and Medicaid Services (CMS) released its first rural health strategy where all CMS programs are viewed through a rural lens. In addition, CMS released new rules for its accountable care program that moves providers and hospitals to risk within two years and updated the conditions of participation for rural health clinics. For the most part, there have been positive

changes on the federal level, but we need to watch closely to determine impact on rural health providers.

At the state level, proposed rules were released for advanced practice nurse practitioners expanding their scope and prescriptive authority. All Illinois providers are now required to register for the prescription monitoring program, and medical practitioners must have continuing education on opioid prescribing guidelines.

### The state added new regulations requiring:

- 1) Opioid antagonist reporting
- 2) All healthcare employees to receive the flu vaccine unless there are medical or religious objections
- 3) Hospitals to set up individual and/or regional procedures for dealing with sexual assault evaluation and treatment for both adult and pediatric patients

Most significantly, the Illinois Medicaid Program is outsourced to four different Medicaid Managed Care Organizations (MCOs). The new MCO program has created many billing and care management challenges.

The second Tuesday of each month at 8 a.m., the Regulatory and Legislative Committee covers legislative and regulatory issues as well as general operational issues. It is critically important for members to stay abreast of changes and to hear from colleagues on how they intend to deal with regulatory and policy changes. We are fortunate to have the Illinois Hospital Association and the Illinois Department of Public Health join our discussions so that we can work together for resolution and implementation of new rules and responsibilities.

It is my privilege to have led the committee and work with such fine colleagues and staff this past year. I anticipate an interesting 2019 as Illinois will have a new governor and Congress has a split House.

2003

In January, the new ICAHN Board of Directors agrees to pursue IRS 501(c)3 designation. In April, the first network membership meeting is held. Bylaws are approved as is the following slate of officers: Susan Urso, Mendota Community Hospital, President; Connie Schroeder, Illini Community Hospital, Vice President; and Harry Wolin, Mason District Hospital, Secretary-Treasurer;

with Gregg Olson, Rochelle Community Hospital; Patty Luker, Dr. John Warner Hospital; Don Brown, Community Medical Center; Margaret Gustafson, Kewanee Hospital; Hervey Davis, Franklin Hospital; and Nancy Newby, Washington County Hospital, serving as board members.



# SNAPSHOTS



## GRANTS

More than \$1.35 million in grant benefits were distributed to critical access and small, rural hospitals as part of ICAHN's distribution of Medicare Rural Hospital Flexibility Program and Small Hospital Improvement Program grants in 2018. Flex program special project grants totaling \$303,000 were awarded for customer service, outpatient, financial and operational improvement, disease management/population health, and EMS STEMI response time projects. SHIP awarded hospitals \$415,438 in project funds for such areas as value-based purchasing, Accountable Care Organization/shared savings, and payment bundling/prospective payment systems. Illinois CAHs also benefited from an additional \$242,266 in educational programming and technical assistance related to quality reporting, stroke preparedness, revenue cycle management, swing beds, and care coordination.

## QUALITY

The Quality Health Indicators (QHI) dashboard provides immediate benchmarking for our hospitals and rural health clinics around quality, financial, and operational measures. ICAHN currently has 41 hospitals and 29 clinics registered to use this site, with 11 hospitals and 17 clinics using the dashboard routinely. Currently, 13 imaging and 20 lab participants provide benchmarking data. All benchmarking is currently free to the network and highly encouraged for comparisons and best practice identification.

## INFORMATION TECHNOLOGY SERVICES

ICAHN's IT Services provided more than 3,000 IT support hours and made 141 IT site visits to our member hospitals in 2018. On the average, we supported about 20 member hospitals each month. Member hospitals contracted with ICAHN to ensure backups are updated and systems are upgraded as needed on a weekly basis. Member hospitals contract with ICAHN to ensure backups are updated and systems are upgraded as needed on a weekly basis.

## COMMUNITY HEALTH NEEDS ASSESSMENTS

ICAHN's Community Health Needs Assessments (CHNAs) provide a comprehensive look into future healthcare trends by organizing community stakeholder focus groups and reporting on their findings. The CHNA and Implementation Strategies give critical access and small, rural hospitals the opportunity to identify and address the area's most pressing healthcare needs.

## CODING SUPPORT SERVICES

ICAHN provides a comprehensive review of Health Information Management (HIM) departmental operations to assist in identifying any areas of risk and providing support and education to implement processes that ensure coding, billing, or documentation improvement projects are completed efficiently and effectively.



2003

Massac Memorial Hospital, Abraham Lincoln Memorial Hospital, Ferrell Hospital, Kewanee Hospital, Hamilton Memorial Hospital,

Wabash General Hospital, Hardin County General Hospital, Morrison Community Hospital, and Hopedale Medical Complex receive CAH designation.

Pat Schou is hired as the first executive director and establishes the ICAHN office in Princeton.

Todd Cooper is contracted by ICAHN to assist CAHs with IT infrastructure and videoconferencing implementation.





## BUSINESS SERVICES

ICAHN Business Solutions offer several practical, cost-effective resources to meet the needs of our members and the financial and operational challenges they face. Our comprehensive and expanding portfolio of services involves many strategic business partners, carefully vetted by the network and each providing unique expertise and services. The network receives important financial support as these services are utilized by our members, keeping ICAHN sustainable and enabling us to better serve the needs of our members and other small, rural healthcare organizations.

## SURVEY SOLUTIONS

Survey Solutions by ICAHN provides efficient and cost-effective patient satisfaction survey solutions dedicated solely to rural hospitals and providers. At the end of 2018, ICAHN had 38 clients for HCAHPS, 24 for ED satisfaction, 11 for physician practice, four for outpatient services, and two for ambulatory surgery. New survey solutions were added to the portfolio in 2018 for provider engagement and Board of Directors engagement, along with ongoing development for outpatient ambulatory surgery and home health.

## EXTERNAL PEER REVIEW NETWORK

ICAHN provides physician and CRNA peer reviews for the network and three outside states. In 2018, 148 peer reviews were provided for our members and partnering states. ICAHN added two additional providers to the panel with continued need for provider interest in supporting the peer review service. New additions to the service included the ability to provide electronic peer review management services for enhanced response times.

## PROFESSIONAL EDUCATION SERVICES

ICAHN Professional Education Services offers in-person and distance learning continuing education and workforce development programs that focus on leadership development and clinical knowledge. The majority of programs presented are in webinar format and available 24/7 through the ICAHN Workforce Academy. In 2018, Professional Education Services developed 31 programs specifically for nurses to receive contact hours, with a total of 1,188 participants involved in those programs. Professional education also offered programs with ACHE qualified education credit, social work credit, clinical psychologist credit, and respiratory credit.



I have very fond memories of our initial network formation steps in the Hillsboro Pizza Parlor, writing a large federal grant to support our idea that all of the CAHs in Illinois could work together to share resources... Fifteen years later, ICAHN 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 have certainly attained sustainability as a network. In my opinion, ICAHN has far exceeded our initial expectations, and we still are 'better together!'

— NANCY NEWBY, FORMER CEO, WASHINGTON COUNTY HOSPITAL

2004

Marshall Browning Hospital, Hillsboro Area Hospital, Sarah D. Culbertson Memorial Hospital, St. Joseph Memorial Hospital, St. Joseph's Hospital,

Mercy Harvard Hospital, Perry Memorial Hospital, Valley West Hospital, Memorial Hospital-Chester, St. Vincent Memorial Hospital (Taylorville), and Pana Community Hospital receive CAH designation.

2005

Union County Hospital, Fayette County Hospital, Lawrence County Memorial Hospital, Crawford Memorial Hospital, Salem Township Hospital,

Carlinville Area Hospital, Red Bud Regional Hospital, Sparta Community Hospital, St. Francis Hospital, and Clay County Hospital receive CAH designation.





**KEN REID, CHAIRMAN**  
Carlinville Area Hospital CEO

## TRAILBLAZER GROUP INITIATIVE

The Trailblazer Group Initiative was conceived as a forward-thinking solution for strengthening critical access hospitals in our rural healthcare markets. The group, comprised of approximately 20 ICAHN member hospitals, has a primary goal to collaborate on workable strategies that will expand or enhance patient access to community-based healthcare services. Strategies explored in 2018 included potential interdependent partnering arrangements and shared clinical and support service opportunities.

With these types of initiatives in mind, rural hospitals will potentially be in a position to achieve greater operational success. Many of the specialty clinic services only available in the larger tertiary facilities can possibly become a part of the rural service delivery models.

For the past several years, this group of ICAHN member hospitals have continued to meet to explore collaboration opportunities using a “Think Tank” approach.

It is our objective that the Trailblazer Group sessions will assist ICAHN hospitals in being better prepared to meet the changing needs of patients, providers, payers, and the communities they serve. I appreciated the chance to serve as chairman of this forward-thinking committee and am proud to announce Pam Pfister as our leader for 2019.

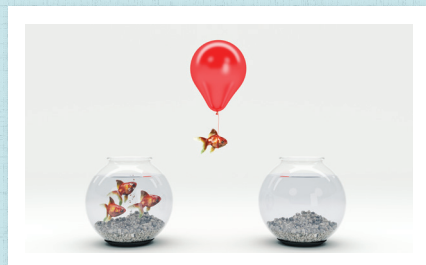
The points the Trailblazer Group Initiative pondered throughout 2018:



**The changing world and opportunity for rural physician recruitment**



**Scientific marketing that delivers patients: Does marketing make a difference?**



**Innovative pricing models: Shopping online for healthcare prices, with a focus on patients with health savings accounts or insurers with high deductibles**

**2005**

ICAHN receives grant from Southern Illinois University School of Medicine to provide videoconferencing equipment.

ICAHN adds quality and special projects consultants and support staff.

**2006**

ICAHN publishes first study on the economic impact of CAH program in Illinois.

Critical Access Recruitment Services (CARS) is established. Board of Directors selects OSF/Amerinet as GPO.





◀ UnityPoint Health Memorial Hospital CEO Ada Bair presented information on “Overdose Lifeline: A Success Story” during the Opioid Crisis Next Door Conference. She is shown here with representatives of her service area’s local coalition.



◀ Gene Allen, Practice Manager, Lawrence County Memorial Hospital, presents “Taking the Next Step: Growing Your Coalition” during the 2018 Opioid Crisis Next Door Conference, held at the Crowne Plaza & Conference Center, Springfield.



**PAUL SKOWRON, CHAIRMAN**  
Warner Hospital & Health  
Services CEO

## ISSUES COMMITTEE

The collective thoughts of ICAHN member hospital CEOs surveyed in January 2018 resulted in the following key issues being identified as top priorities:

- Mental and behavioral health and the need to develop local coalitions
- Hospitalist programs and the need for a benchmarking program within them
- Physician practice management
- Quality and cost issues involved in swing bed/post-acute care
- Care coordination program development
- Payer credentialing and the impact of the new Medicaid MCO program
- Medicaid expedited payment

**In March 2018, the Issues Committee decided that it could be most effective by focusing on areas that could generate the greatest value:**

- 1) Mental and behavioral health, which includes the Opioid Crisis Next Door Conference
- 2) The hospitalist benchmarking program
- 3) The swing bed project

The Issues Committee monitors developments in reimbursement at the state level where the unfolding Medicaid MCO program and Medicaid expedited payment became hot issues as challenges and solutions rose to the legislative level.

### Mental and Behavioral Health:

ICAHN hosted its first statewide mental and behavioral health conference in April, with more than 75 in attendance, and in cooperation with IDPH, IHA and SIU, ICAHN hosted its fifth Opioid Crisis Next Door Conference, “Are We Hitting the Mark?” This year’s conference had 160+ attendees and highlighted the progress of several CAH local coalitions as well as new federal funding sources for local coalitions. Positive feedback has resulted in the Issues Committee recommending a sixth Opioid Crisis Next Door Conference in 2019. In addition, ICAHN hosted a Crisis Prevention Institute “train-the-trainer” event to help members with de-escalation training.

### Swing Bed White Paper:

ICAHN contracted with Northern Illinois University Governmental Affairs and Outreach Division to evaluate the Illinois CAH swing bed program and prepare a White Paper. NIU researcher Melissa Henriksen coordinated the effort and conducted a survey in which 31 of 48 eligible CAHs completed the survey, producing rich data for the final report. The purpose of the White Paper is to document the quality and financial value of CAH swing beds in response to attacks that SNFs are a lower cost. The final White Paper report was finished in time to bring to Washington, D.C. in February 2019, in concert with ICAHN CEOs attending the NRHA policy meeting, and was instrumental in delivering the cost benefit message in private meetings with congressmen and senators.

**2007**

ICAHN receives Cy Pres grant to assist CAHs with IT infrastructure.

Regulatory and Legislative Committee is established. Consultant is added to provide managed care services.

**2008**

ICAHN receives Flex/CAH HIT grant to assist CAHs in implementing electronic health records and to create its own

health information exchange (HIE). Board approves first network strategic plan, and ICAHN hosts its first vendor fair.



# IRCCO TEAM AND ITS REGIONAL MANAGERS POSITION MEMBERSHIP FOR ACO SUCCESS

The Illinois Rural Community Care Organization (IRCCO) entered the first year of its renewed three-year contract with the Medicare Shared Savings Program and the Blue Cross Blue Shield Shared Savings Program in 2018. Currently, IRCCO has a membership of 24 hospitals and their rural health clinics, as well as four independent physician practices.

The IRCCO team consists of an Executive Director, Quality Director, Regional Managers, Chief Medical Officer, Clinical Informatics Director, and a Data Coordinator. Highlighted are the services of IRCCO's Northern and Southern Regional Managers.

## Driving the change from 'volume-to-value'

The goal of ICAHN's Regional Managers is to drive change and guide members through the challenging 'volume-to-value' transition, positioning them for overall success as the business of healthcare continues to change. Their role is to provide the same message and methods to all IRCCO members across the state, despite dealing with so many different locations, disparate EMRs, different resources, and differences in patient populations.

### ICAHN's Regional Managers host ACO meetings and workshops that provide education on a multitude of topics, including:

Enacting the foundational steps of a Patient Centered Medical Home

Performing Medicare Well Visits

Running effective programs of Transitional Care Management and Chronic Care Management

Understanding informatics reports of internal data and quality metrics, in addition to the collection of data

Encouraging provider engagement

Building a strong internal team at each location

In addition to the group meetings, the regional managers also hold site-specific, in-person workshops and webinars on both a routine and ad hoc basis.

"We've seen an improved attention to quality with a deeper understanding of what the ACO needs to do to succeed," said Trudi Colby, Northern Regional Manager, and Krista Fischer, Southern Regional Manager, IRCCO. "The hospital teams are more knowledgeable about ACO expectations, and team engagement has risen. Use of the IRCCO Playbook has helped bolster the link between hospitals and clinics."

The IRCCO Playbook was designed by the ICAHN team and its Regional Managers to document and track member hospital progress in key areas that directly impact patient care and target costs. The Playbook helped structure their efforts and provided a tool for recognizing opportunities and designing action plans to tackle shortfalls.

Together, the Northern and Southern Regional Managers strive to allow each member the opportunity to design processes that work for them locally, while also maintaining consistency, as all work toward the common goal of achieving success as an Accountable Care Organization.

2009

Report on the use of hospitalists in CAHs is published. Director of Business Services and Development is hired. ICAHN conducts HIT readiness survey.

HB 5765 is introduced in the Illinois General Assembly authorizing cost-based reimbursement to CAHs for Medicaid outpatient services.

2010

The rural health clinic user group is initiated. The first Governing Board Manual is published. Second CAH economic impact study is published.

ICAHN partners with IHA to enact PA 96-1382, which authorizes cost-based reimbursement to CAHs for Medicaid outpatient services.

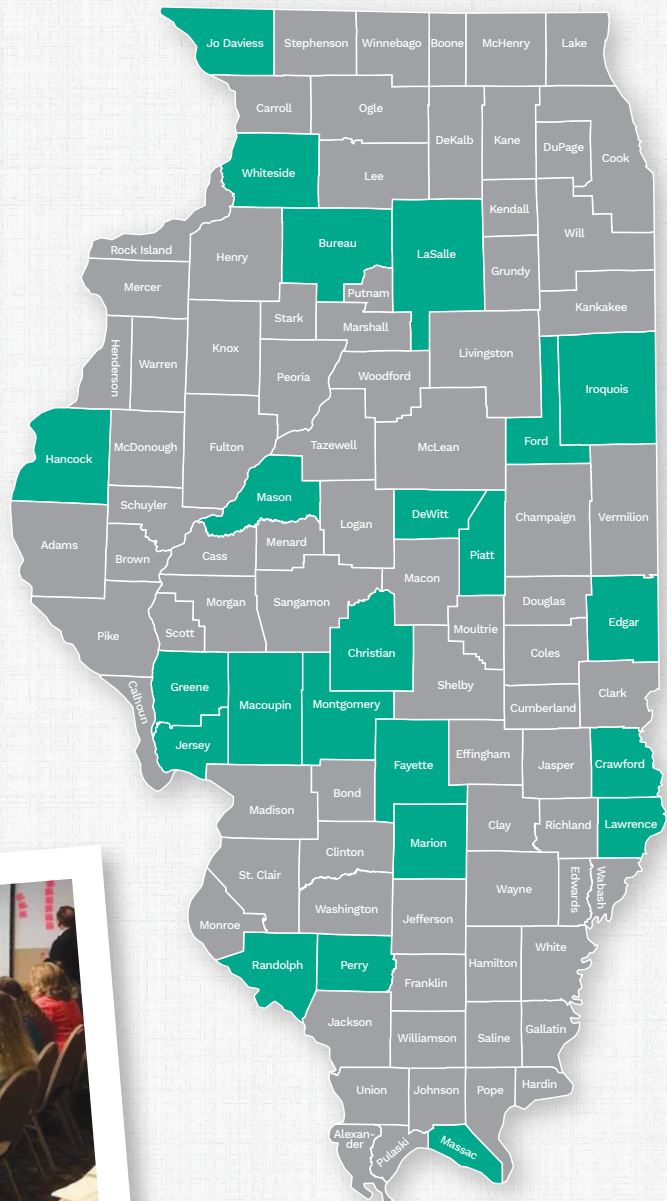




# Illinois Rural Community Care Organization®

- Illinois statewide rural ACO — established 2014  
*Salem Township Hospital was an original member of the 20*
- 24 critical access and rural hospitals
- >40 rural health clinics
- 4 independent physician practices
- >280 medical providers providing care for  
>28,000 medicare beneficiaries
- Medicare Shared Savings Program Year 4
- BCBSIL ACO 2017-2018

[www.iruralhealth.org](http://www.iruralhealth.org)



“

IRCCO has been instrumental in educating our facility on the quality reporting metrics and not only why they are important, but how we can use the information to show our facilities' improvements. IRCCO encourages each facility, and on a monthly basis, shows us our strengths and weaknesses. They are a great team to have for a quality foundation and will continue to help us build excellent care opportunities in the future.

— KATIE MEUSEL, CLINIC MANAGER, MIDWEST MEDICAL CENTER

CAH Vision Paper is published.  
IT Services Division is established.

HRSA Rural Workforce Grant, in collaboration with the University of Illinois College of Medicine at Rockford and Hamilton Memorial Hospital District is received.

2011

Director of Quality and Educational Services is hired.  
Report on Illinois CAHs' quality improvement programs is distributed.

'Get With the Guidelines' Stroke Initiative is implemented. Second three-year strategic plan is developed by the Board of Directors with assistance from Buz Davis, ICAHN's consultant from inception.





# ILLINOIS RANKS AMONG 'TOP 5' NATIONWIDE IN MBQIP MEASURES

Illinois ranks in the “Top 5” nationwide in reporting and participation in the Federal Office of Rural Health Policy (FORHP) Medicare Beneficiary Quality Improvement Program (MBQIP). Ongoing reports demonstrate the quality of care outcomes represented by Illinois’ critical access hospitals.

Below depicts the comparison and exceptional performance of our Illinois CAHs:

## Compared to all other CAHs nationally, Illinois CAHs reported at a rate that was:

- Higher for inpatient measures at 96.1% (*up from 92.2% in 2014*) of CAHs vs. 85.6% nationally
- Higher for outpatient measures at 60.8% (*up from 49% in 2014*) of CAHs vs. 60.2% nationally
- Highest nationally with HCAHPS at 100% (*up from 58.8% in 2014*) of CAHs vs. 84.4% nationally

## Compared to process-of-care scores for all CAHs nationally of 2016 data, Illinois’ CAHs have:

- Significantly better scores on 7 measures
- Significantly worse scores on 1 measure

### Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Significantly higher scores on 7 measures

## Among the 45 states participating in the Flex Program, Illinois CAHs rank:

- #15 (*up from #22 in 2014*) for inpatient measure reporting
- #1 for HCAHPS reporting

## Comparison of National Healthcare Safety Network (NHSN) Annual Facility Survey – New MBQIP in 2016

- Significant increase in 5 of 7 elements from 2016 to 2017 survey data
- Significantly higher than national in all elements (*75% as compared to 58% nationally*)

2011

ICAHN receives grant from Marquette University College of Nursing to develop an Illinois-based residency program for

new RNs at CAHs, which becomes known as the SOAR-RN program.

2012

Community Health Needs Assessment program is established in response to Accountable Care Act requirements placed on non-profit hospitals.

ICAHN hires Communications and Media Specialist and launches its first website. ‘Innovation of the Year’ recognition for CAHs is initiated. Six Sigma training is also initiated for member CAHs.





◀ Angie Charlet (left), Senior Director of Quality and Education, and Lesa Schlatman, Director of Clinical Transformation, presented a training in Minneapolis on care coordination, quality, and building a review process.

◀ Angie Charlet was lauded as one of three “Spirit Award” winners during the Federal Office of Rural Health Policy’s Reverse Site Visit in Washington, DC. She is shown here with fellow winners, Sarah Craig of South Carolina and Stephen Njenga of Missouri.

Inconsistent data reporting on outpatient measures has been the greatest challenge for critical access hospitals. Data samples are too small or do not meet abstraction requirements for data submission. As of 2Q2018 data, a range of 28 to 47 CAHs have reported outpatient quality measures. Illinois remains above national average in all seven measures, with a focus on three measures related to departure from emergency department to admission, either within the CAH or transfer to tertiary care.

New pilot programs in Emergency Department (ED) patient engagement, outpatient services, and clinical transformation have seen growth in 2018 as well.

ICAHN’s clinical transformation work primarily focuses on quality and care coordination and has been successfully implemented in more than 40 states across the nation. Settings, such as critical access hospitals, rural health clinics, healthcare networks, and coalitions worked with qualified ICAHN staff to obtain the information required to meet regulatory compliance specific to their internal initiatives.

## Common educational focuses included:

- Population health services
- Care management/care coordination
- Building a compliant chronic care management program
- Discharge planning/care transitions
- Revenue and funding opportunities for care management programs
- Building collaboration between hospital and clinic staff
- Program sustainability

The education received by these healthcare systems was formatted to meet the individual needs of each setting, and was provided through various modes, including:

- On-site training
- One-on-one coaching calls
- Individual and group webinars
- Presentations and workshops
- Technology-based meeting formats

Overall, ICAHN has provided healthcare systems with valuable information, tools, and resources through a patient-centered and cost-effective approach. This clinical transformation service has enabled hundreds of settings to implement programs and processes that have improved the quality of care delivered to the patients they serve.

Operational benchmarking program is upgraded by joining with more than 200 small, rural hospitals nationwide in use of Kansas Hospital Association’s benchmarking process.

ICAHN becomes a CMS conditionally-approved HCAHPS vendor to accept patient satisfaction reports from member CAHs and eventually, other clients.

**2013**

ICAHN becomes a CMS approved HCAHPS vendor.

ICAHN celebrates its 10th anniversary of operation.





▶ Ryan Morgan (left), ICAHN's Chief Information Security Officer, works with Curt Haar, Systems Administrator, Washington County Hospital, checking VoIP connectivity.

## ICAHN IT SERVICES

In the past year, ICAHN IT Services encountered increasingly sophisticated attacks on our member networks. This is largely due to the success rate of “bad actors” ability to infiltrate and compromise networks worldwide. In an effort to mitigate these threats, ICAHN IT Services has installed a number of next generation firewalls at our member hospitals as well as increasing security, both internally and externally through the performance of vulnerability assessments.

Along with increasing security, we have empowered our members to further educate their users through the use of KnowBe4, an ICAHN partner with a product that trains users on how to spot fake emails and spam. KnowBe4 provides an integrated platform for awareness training combined with simulated phishing attacks. Its mission is to enable employees to make

smarter security decisions, thus providing a more comprehensive mitigation strategy.

Bearing this in mind, ICAHN IT Services provided more than 3,000 hours of IT assistance for our member hospitals in 2018, including more than 140 site visits. A good portion of this time is invested in helping member hospitals with maintaining IT level business continuity during incidences. When hospitals discover a compromised service or system, they contact ICAHN to mitigate and remediate the threat. In addition, ICAHN IT Services performs weekly on-site visits to assist hospital IT staff in their day-to-day projects, performs upgrades to systems, and assists with recruiting of new employees in the event a staff member leaves the organization.

**2013**

CARS adopts new name, ICAHN Rural Recruitment, and expands services.

Mary Ring, Senior Policy Advisor, retires.

**2014**

Five Regional Hospital Governing Board and Medical Staff Summits are held. Rural Hospital Executive Leadership Program is designed.

ICAHN Rural Population Health Panel decides to pursue Medicare Shared Savings Program.



# ICAHN CODING SUPPORT SERVICES

Since introducing the ICAHN Coding Support Services' service line in August of 2017, member response has increased dramatically. In 2018, we provided remote coding services for Memorial Hospital-Chester and Salem Township Hospital.

Eydee Bumgarner, HIM Director, Salem Township Hospital, was our most recent client in 2018. She contracted with ICAHN Remote Coding in December 2018 and has continued utilizing our services into 2019.

"I am very pleased with their responsiveness. It is a great feeling to have that support and know that everyone involved is CAH and RHC-knowledgeable," said Bumgarner. "Just recently we had another emergent need and we were taken care of that

**AAPC and ARHPC-credentialed, ICAHN's coders offer remote coding services in the following specialties:**

Outpatient services  
Observation services  
Inpatient services – critical access hospital (non-DRG)  
Swing bed  
Physical/occupational/speech therapy  
Physician evaluation and management  
Emergency Department professional and facility  
Surgery/anesthesia  
Injection/infusion  
Specialty practices  
Wound care  
Rural health clinics  
Radiology  
Risk adjustment medical coding - HCC

same day. I also actually got to meet and see the individuals working on our encounters, and that was a great personal touch."

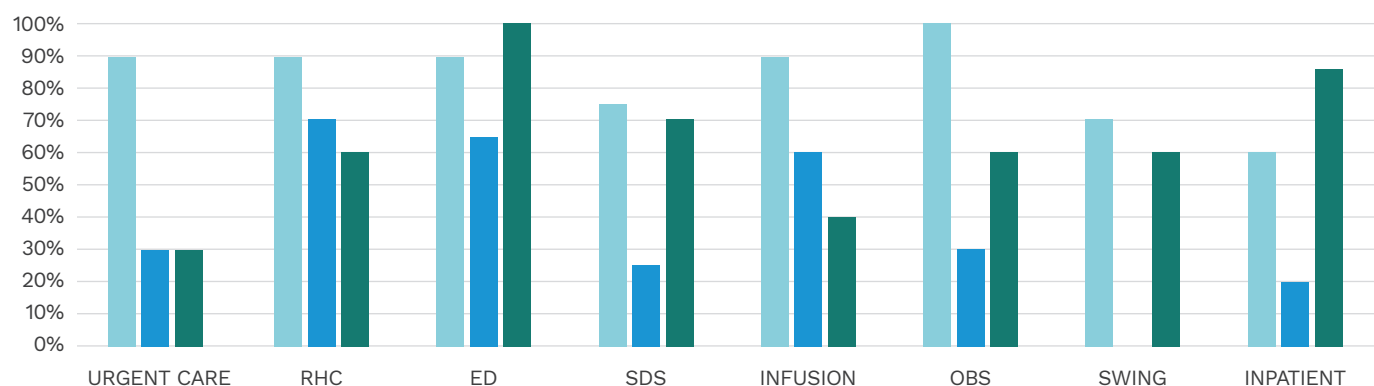
The service is staffed by individual ICAHN member hospitals' experienced coders who provide coverage after hours and on weekends. ICAHN is looking at potentially hiring a coder on a permanent basis if client needs continue to increase beyond capacity.

The ICAHN Coding Support Services offers ICAHN members affordable ICD-10 and CPT coding audit services in a secure, remote environment that includes individual report cards by provider/coder, along with up to an hour of one-on-one training with those staff as needed.

## 2018 AUDIT RESULTS XYZ HOSPITAL

Shown below is a summary audit report for multiple service areas at one member hospital, showing accuracy rates for:

■ Principle ICD-10 ■ Secondary ICD-10 ■ CPT codes



2014

Illinois Rural Community Care Organization, LLC, is established – statewide rural accountable care organization/managed care organization.

Iroquois Memorial Hospital joins ICAHN and seeks CAH status. Shelbyville Memorial Hospital joins ICAHN and seeks CAH status.

ICAHN Hospital Transformation Initiative is established, and the Hospital Readiness Tool for Community Health is created.

Rural Nurse Residency expands to include nurse preceptorship.

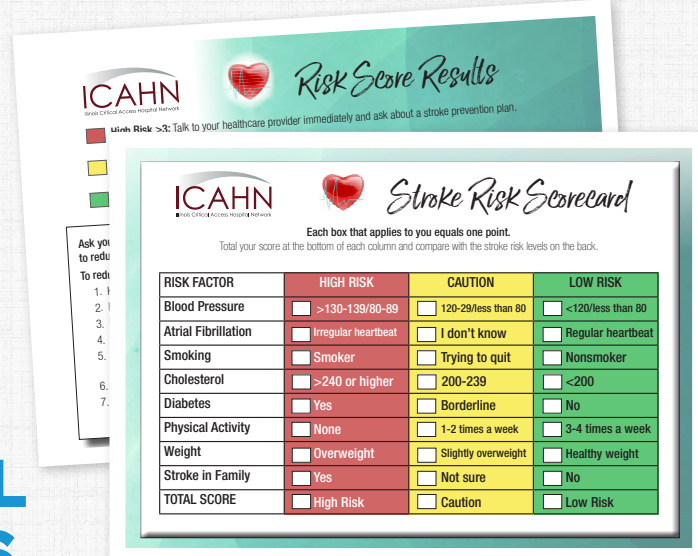




**KATHY FAUBLE,**  
DIRECTOR  
ICAHN Professional  
Education Services

**LIZ SWANSON,**  
ASSISTANT DIRECTOR  
ICAHN Professional  
Education Services

# ICAHN PROFESSIONAL EDUCATION SERVICES



*As the Professional Education Service line of ICAHN, we are committed to providing member hospitals with educational opportunities that will positively impact rural health. We believe in meeting the need for lifelong learning by offering high quality, convenient, and cost-effective options that are designed to promote and enrich health profession education.*

This is our belief statement, and these education options come from ICAHN Professional Education Service's direct connection to member hospitals. Our goal is always to be responsive to our member hospitals' needs so they can better care for and treat their patients. When we plan our yearly schedule we look at requests you have made to us in the areas of clinical education, workforce development, and community health.

Community health took center stage as we were awarded a grant from the Illinois Department of Public Health to address changes in blood pressure

management. For this project, we provided hypertension education to participating hospitals to place in patient discharge packets. This information included a blood pressure control tracking tool, information on using home monitoring devices, and materials on healthy eating, exercise, medication compliance, and risk factors for stroke. The project also encouraged hospitals to offer community screenings. Twenty ICAHN hospitals took this message to heart and offered 38 community screenings, with over 1,000 participants. The importance of these community events cannot be underscored. Overall, the screenings found only 32% of people participating had a normal range of blood pressure. The remaining 68% had elevated, high, or crisis level numbers.

This theme of improving the communities where we live and work continued as we offered our first Behavioral Health Day Conference. This day-long conference in Springfield came about as a result of our nurse planning and education

committees expressing concern about how they could best help patients who struggle with mental health issues and other societal problems that affect health. Speakers from SIU Telehealth, Doc Assist, and the Illinois Department of Health and Human Services learned what is available to rural communities and how they could access these services. Feedback was very positive, and we will offer a similar day in 2019.

Our final highlight of 2018 was our Executive Leadership Series, which consisted of two live sessions, four webinars, and a book reading, John Maxwell's *15 Laws of Invaluable Growth*. We received a lot of positive feedback and those attending expressed to us that their leadership skills grew as a result of the series.

As we look back on 2018, we hope we have made a difference for you! We are here to help you improve what you already do so well. We welcome your comments, ideas, and suggestions and wish you the best in the coming year.

2015

Centers for Medicare & Medicaid Services (CMS) approves IRCCO as a shared savings program, including 21 hospitals. TAG Healthcare Marketing creates and launches a 5-minute video, 'Telling the Rural Story,' featuring Rochelle Community Hospital. Former Western Illinois Area Health Education Center (AHEC) joins ICAHN, and a new professional education services division is launched. Annual Rural Physician Recruitment Survey is initiated.



## ILLINOIS CRITICAL ACCESS HOSPITALS: EXPLORING THE FINANCIAL IMPACTS OF THE SWING BED PROGRAM

To better understand the significance of the swing bed program in Illinois, ICAHN partnered with Northern Illinois University's Center for Governmental Studies to survey Illinois critical access hospitals regarding the importance of their swing bed programs in terms of financial indicators, quality outcomes, and community benefits. Of the 51 CAHs in Illinois, 30 completed an online survey administered between June and August 2018.

### Highlights of the survey results include:

- **Swing bed patient readmission rates have generally been below 5% in recent years.** These readmission rates are significantly lower than the Illinois statewide average rate for skilled nursing facilities.
- **The average length of stay for patients in CAH swing beds is significantly lower than that of stand-alone skilled nursing facilities.** Patients are discharged from swing beds in an average of approximately 10 days, while those in skilled nursing facilities stay for an average of 26 days.
- **Swing bed revenue accounted for over 20% total inpatient revenues at more than one-third of all CAHs (17 out of 48).** In addition, nine CAHs received more than 30% of total inpatient revenues from swing beds.
- **Considering the small margins under which CAHs operate, losing swing bed revenues would cause significant financial distress for these hospitals.** According to a recent national study, a 20% decline in revenue would cause 72% of CAHs to have negative operating margins.
- **CEOs and nursing staff acknowledged that without the Swing Bed Program their hospitals would be forced to cut staff, reduce services, and in some instances, close their doors.** This, in turn, would negatively impact the larger community economically and from an access to local, quality healthcare standpoint.

Overall, the Swing Bed Program yields positive outcomes at both the patient and community levels. Providing post-acute care to patients in rural communities relieves the stress of them having to be transported outside the comfort of their local community and social networks and promotes restorative and transitional care. This approach leads to better patient outcomes – a goal of every healthcare organization.

Research and data show that with a shorter average length of stay and lower readmission rate, patients are receiving quality healthcare with access to specialists, physicians, and high level nursing staff in their own communities. Furthermore, using swing beds to fill vacant hospital beds can arguably help strengthen the critical access hospital's financial stability, which has economic implications for the community and its workforce.

### SWING BED AVERAGE LENGTH OF STAY

	FY15	FY16	FY17
Under \$20M	9.2	8.5	11.9
Over \$20M	10.7	10.2	10.7
All Swing Bed	10.4	9.9	10.9
All SNF	27.2	26.2	Not Yet Released

2016

Graham Hospital joins ICAHN as its first non-critical access hospital member. 'Trailblazers,' an ICAHN Think Tank of member hospital CEOs, is created.

Population Health Consulting Services is launched to other states. HITREC/Medicaid training grant is secured with NIU to provide technical electronic record support to rural hospitals and practices.



# UPDATES ON THE ICAHN STROKE INITIATIVE AND RURAL HEALTH COACHING PROGRAM

With the retirement of Peggy Jones, ICAHN Stroke Consultant, and the departure of Mary Jane Clark, Grant and Wellness Coordinator, now serving as Director of the West Central Illinois Area Health Education Center (AHEC), ICAHN has been transitioning its leadership within these programs. Trudi Colby, RN, BSN, IRCCO Regional Manager, now serves ICAHN as its Stroke Consultant and Brian Ashpole, MPH, has assumed the role of Data and Grant Project Coordinator.

Peggy Jones remains active with the “Pact to Act FAST” stroke education program she developed, and Trudi Colby has been diligently working on updating the stroke library and stroke leader contact information, creating a stroke leader listserv and monthly stroke newsletter, and working to ensure all ICAHN member hospitals attain the Acute Stroke Ready Hospital designation.



▲ Shown are graduate and undergraduate students involved in the Rural Health Coaching Program, organized by ICAHN, UnityPoint Health Memorial Hospital, and Sarah D. Culbertson Memorial Hospital.

“

It has been a wonderful opportunity to work collaboratively with WIU and another area CAH to create a pilot for this amazing program.

— ADA BAIR, CEO, UNITYPOINT HEALTH MEMORIAL HOSPITAL

While Brian Ashpole is handling grants and coordinating ACO data, Mary Jane Clark continues to assist ICAHN member hospitals with the Rural Health Coaching Program. In December 2018, the rural health coaches finished their classroom training and began completing the necessary steps with UnityPoint Health Memorial Hospital and Sarah D. Culbertson Memorial Hospital to see clients.

Between the two hospitals, 11 Western Illinois University students will be meeting weekly with clients. These students are both graduate and undergraduate students in the Department of Health Sciences and Social Work or Department of Kinesiology.

2016

ICAHN receives \$2.4 million in funding from CMS to expand IRCCO, its rural ACO.

ICAHN launches first statewide rural summit, ‘The Opioid Crisis Next Door,’ with its organizational partners.

2017

Jerseyville Community Hospital joins ICAHN. Coding Audits and Remote Coding Services is launched.

New Health Coaching Program with WIU, University of Illinois AHEC, UnityPoint Health Memorial Hospital-Carthage and Sarah D. Culbertson Memorial Hospital is launched.



# COMMUNITY HEALTH NEEDS ASSESSMENTS

In an effort to help member hospitals fulfill mandates of the Patient Protection and Affordable Care Act, ICAHN developed a Community Health Needs Assessment program to assist critical access hospitals in gaining compliance. Terry Madsen, an attorney with experience in community development, communications, and organizational development, leads the assessments as an exclusive consultant to ICAHN and its members.

Working with several hundred individuals including community leaders, government officials, and healthcare professionals and partners, Terry has facilitated numerous focus group discussions in rural Illinois communities through these engagements. The process provides member and small rural hospitals with ready-to-publish CHNAs containing summaries of findings specific to the hospital's service area and secondary data in their communities.

The Community Health Needs Assessment serves as a guide for planning and implementation of local healthcare initiatives that allow hospitals and their partners to better serve the emerging health needs of their service areas.



When we started these projects, many of the CEOs were uncertain about how the hospitals were going to benefit. Today, it seems clear that most CEOs embrace this opportunity to engage their communities and work collaboratively with local partners and the community to address issues impacting health issues and the delivery of health services both within and outside of the hospital.

— TERRY MADSEN,  
ICAHN CHNA CONSULTANT



## Community Health Needs Assessment Process

### IDENTIFICATION, ORGANIZATION, AND PLANNING PROCESS

- Initial planning meeting
- Define scope/timeline
- Discuss partnerships
- Discuss data sources
- Determine key contacts

### PROJECT PROCESS

- Prepare secondary summary
- Schedule focus group
- Define community/target population
- Define scope of inquiry/health needs
- Personalize outlines
- Conduct focus groups
- Merge primary and secondary data
- Identify prioritization group
- Identify and prioritize health needs

### IMPLEMENTATION PLAN PROCESS

- Identify key staff to participate in developing a plan to address prioritized health needs
- Have planning group review draft CHNA
- Define scope of inquiry/health needs
- Conduct an on-site facilitated planning process

### PREPARE FINAL REPORT

- A draft report is shared with hospital leadership and board for review
- Appropriate changes are made before the final report is printed and delivered
- Electronic and printed copies are printed and delivered upon approval

2017

Members approve new ICAHN building in May.  
ICAHN receives \$1 million USDA loan for new building in November.

Medical Staff Bylaws Template to show cost savings is designed for rural hospitals.



# MEMBER PROGRAMS AND SERVICES

INNOVATIVE SOLUTIONS FOR RURAL HEALTHCARE

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## STRATEGIC LEADERSHIP

- Board consulting and education
- Executive leadership and mentoring
- Physician coaching and conflict resolution
- Physician-hospital alignment
- Provider coaching and conflict resolution
- Rural healthcare regulatory and legislative support
- Strategic planning assistance

## PROFESSIONAL SERVICES

- Grant management
- Group health, life and disability solutions – **Consociate**
- Healthcare staffing solution – **Medefis**
- HIM consulting
- Lean training
- Member Listservs and peer networking
- Online Workforce Academy
- Preceptor training
- Professional Education Services and CEUs
- Rural Nurse Residency Program
- Executive, physician, advanced practitioners, and allied health professional placement
- **Adkisson Search Consultants**

## QUALITY SERVICES

- External peer review – physician and advanced practice
- Hospital and clinics quality program consultant
- Meaningful use training and compliance readiness
- Mock surveys – hospital and clinic surveys
- Survey Solutions: patient, physician, board and employee surveys – **CAHPS-approved vendor**
- Quality database and benchmarking

## POPULATION HEALTH AND WELLNESS

- Accountable Care Organization management
- Care management services and consulting
- Community Health Needs Assessment
- Managed care consulting – **Managed Care Partners**
- Patient Centered Medical Home
- Population health management (IRPHA)
- Stroke and STEMI consulting
- Wellness coaching and training programs

## INFORMATION TECHNOLOGY SERVICES

- Cybersecurity and network monitoring solutions
- HIPAA and PCI security compliance
- HIPAA risk and business impact assessments
- Internal and external vulnerability assessments
- Network support, firewall, VPN, and switch configuration
- Project management services
- Server management, email, and connectivity support
- Strategic IT staffing assessments and CIO services

## REVENUE CYCLE MANAGEMENT

- Remote coding support services/coding audits
- Patient responsibility estimator
- Revenue cycle networking and consulting
- **efficientC / Magnet Solutions**

## SUPPLY CHAIN / RISK MANAGEMENT

- Energy supply management – **Midwest Energy**
- Group purchasing program – **Intalere GPO**
- Property, casualty, professional liability, and medical malpractice – **Consociate**
- Regulated medical and pharmacy waste management
- **Stericycle / Heritage**

2018

ICAHN launches Rural Population Health Institute (consulting services) and expands to 45 states.  
ICAHN partners with AdCo to expand rural hospital survey program, Survey Solutions, with mail, tablets, and email options.

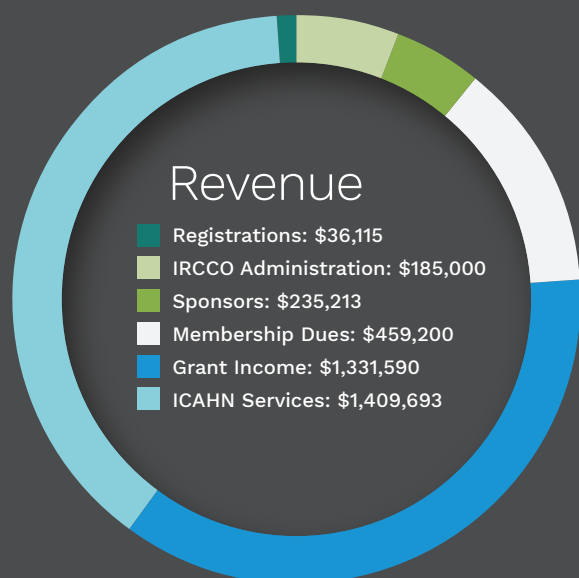
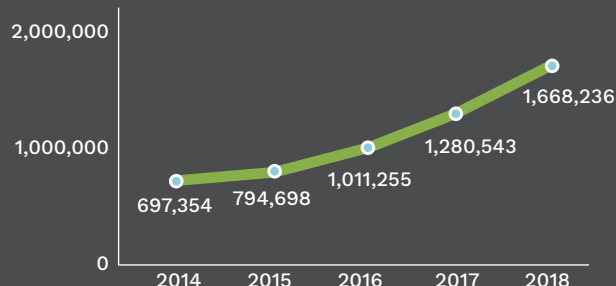
ICAHN and organizational partners host the fifth 'Opioid Crisis Next Door' rural statewide conference.  
ICAHN expands staff to 21 members. ICAHN building is finished in September. ICAHN celebrates 15 years of service at Annual Conference in November. Crossroads Community Hospital joins ICAHN.



# 2018 FINANCIAL REVIEW

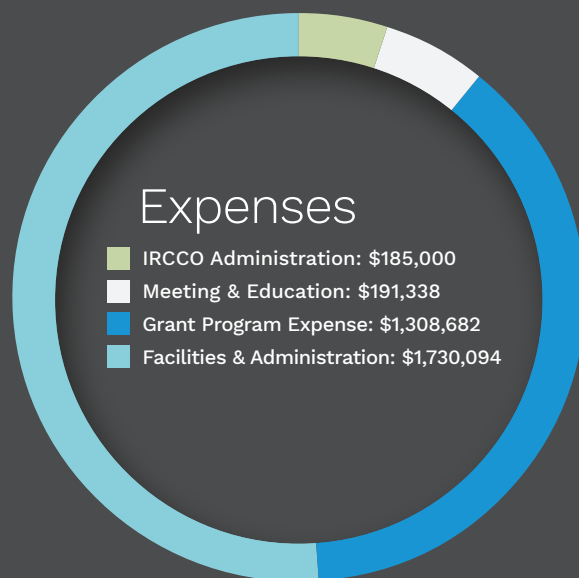
ICAHN has demonstrated stable growth over the last several years with the addition of new service lines as well as the growth of existing services. This continued financial growth provides the member organizations with more resources by allowing ICAHN to offer a greater variety of educational and training programs based on member needs. The increase in equity provides ICAHN an established foundation for further growth through the creation and development of value added programs to support our membership.

## Total Equity



ICAHN had total revenue in 2018 of \$3,656,811.

The revenue primarily consisted of grant income and services provided by ICAHN. The majority of grant revenue is received from the Medicare Rural Hospital Flexibility Program (FLEX) and the Small Rural Hospital Improvement Grant Program (SHIP). The other main portion of revenue comes from services provided by ICAHN such as IT support, Survey Solutions (HCAHPS reporting), along with managed care consulting and ICAHN's insurance program.



ICAHN had total expenses in 2018 of \$3,415,114.

Administration and grant expenses make up the largest share of the expenses incurred. Administration expenses include all overhead for maintaining the organization, along with the cost for services provided by the organization.

In 2018, ICAHN had a net income of \$241,667.

The net income includes interest and investment activity of (\$15,996).

ICAHN also manages Illinois Rural Community Care Organization (IRCCO). IRCCO ended 2018 with a net income of \$428,787 and has a total equity at 12/31/18 of \$776,869.





# 2018 BOARD MEMBER RECOGNITION AND HOSPITAL LEADERSHIP AWARDS



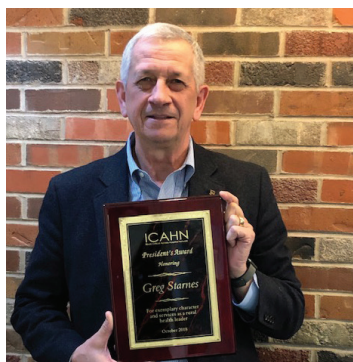
## THE RURAL HOSPITAL LIFETIME ACHIEVEMENT AWARD

**Jay Purvis, President and CEO, Wabash General Hospital**, received the inaugural “Rural Hospital Lifetime Achievement Award” during ICAHN’s 15th Anniversary Annual Conference celebration, held in October at the I-Hotel and Conference Center, Champaign. In addition to offering more than 50 years of dedicated service in rural healthcare, Jay ensured Wabash General was one of the first to be named a critical access hospital. Jay also helped lead the implementation of the ICAHN insurance program as well as the development of its governing board summit program. Additionally, Wabash General Hospital received MBQIP Awards for quality of care, top performance, and its HCAHPS “5-Star” Rating, the highest rating available, under Jay’s leadership in 2018.



## EXEMPLARY LEADERSHIP AWARD

**Tracy Bauer, CEO, Midwest Medical Center**, was honored during the 2018 Annual Conference for her dedicated service as President of the Board of Directors for the state hospital network. Tracy had previously served as ICAHN’s President-Elect and Secretary/Treasurer. Tracy is pictured left receiving her award from ICAHN Executive Director Pat Schou, while handing the gavel over to new Board President Doug Florkowski.



## PRESIDENT'S AWARD

**Greg Starnes, CEO, Fayette County Hospital**, received the President’s Award for exemplary character and services as a rural health leader. Greg had previously served as ICAHN’s President of the Board and as chairman of ICAHN’s Regulatory and Legislative Committee as well as its Issues Committee. He also served as a member of the Vision Committee that produced a White Paper suggesting future delivery models and new healthcare programs for rural communities.



## THE SPECIAL PARTNER AWARD

**Julie Casper, Center for Rural Health, Illinois Department of Public Health, Springfield**, was granted the “Special Partner Award,” ICAHN’s highest award for leadership and ongoing service commitment to rural healthcare. Julie has served as Primary Care Director, Project Director of the State Office of Rural Health, Project Director for the HRSA Small Hospital Improvement Program, Project Director for the Medicare Rural Hospital Flexibility Program, and Project Director for the State Loan Repayment Program.





## EXCELLENCE IN INNOVATION AWARD WINNERS

**Wabash General Hospital** was among the winners of the 'Excellence in Innovation' Awards for its Joint Program. Pictured are Jay Purvis (middle), CEO and President, Wabash General Hospital, with Tamara Gould (far left), VP of Clinical Services; Karissa Turner, Executive VP of Hospital Operations; Andrew Kleinschmidt, Director of Orthopaedics and Rehabilitation; and Kim Pearson, Director of Quality and Risk Management. Wabash General Hospital was also awarded MBQIP's Quality of Care, Top Performance, and the HCAHPS "5-Star" Rating Award for exceptional hospitals.

**Jersey Community Hospital** was among the winners of the 'Excellence in Innovation' Awards for reducing readmission. Pictured accepting the award are Michael McNear (right), Chief Medical Officer; Jeannie Webster, Quality Nurse Manager; and John Giertz, VP of Physician Services.

**Northwestern Medicine Valley West Hospital** was among the winners of the 'Excellence in Innovation' Awards for its Breastfeeding Center. Pictured is Melissa Hilt, MSN, RNC-OB, Maternity Suites and Surgical Services Manager.



## THE 2018 '4 UNDER 40' LEADERSHIP WINNERS

### RAIGAN BROWN

**Director of Emergency, Outpatient and Inpatient Departments, UnityPoint Health Memorial Hospital**  
Raigan Brown is pictured with Ada Bair, CEO, UnityPoint Health Memorial Hospital.

### HEIDI APPERSON

**Director of Marketing and Community Relations, Kirby Medical Center**  
Heidi Apperson is pictured with Steve Tenhouse, Kirby Medical Center CEO.

### TANNA MCCULLOUGH

**Nurse Practitioner, Lawrence County Memorial Hospital**  
Tanna McCullough is shown with Don Robbins (left), CEO, and Gene Allen, Clinic Manager, Lawrence County Memorial Hospital.

### REBECCA HUTCHINSON

**Quality and Risk Manager, Hammond-Henry Hospital**  
Rebecca Hutchinson (left) is shown with Lisa DeKezel (middle), Vice President of Physician and Outpatient Services; Laura Domino, Vice President of Patient Care Services; and Mark Kuhn, CEO, Hammond Henry Hospital.



# PREFERRED PARTNERS

## SINCEREST THANKS TO OUR PARTNERS AND SPONSORS.



Consociate Health provides insurance, benefits, and consulting services to employers in 48 states, specializing in asset protection and cost containment - proactively identifying and controlling risks. Consociate Health has 70 employees, and with offices in Decatur and Peoria, is centrally located to serve the needs of the ICAHN member hospitals. Consociate Health prides itself on meeting in person with its clients regularly, and participates in employee enrollment meetings, health fairs, and corporate level plan reviews and discussions.



Founded on the principles of empowering employees and valuing clients equally, OS inc./ efficientC has provided A/R analysis, staffing expertise, and education for over 20 years to clients throughout the Midwest. Built out of necessity for a claims system which combined cost-effectiveness with a high level of performance for rural health, critical access hospitals, and healthcare organizations, efficientC technology was developed by OS inc. in 2009 and is proud to serve members of ICAHN including Midwest Medical Center, Sparta Community Hospital, Community Hospital, Kirby Medical Center, and more.



A sophisticated and experienced law firm, Heyl Royster partners with its healthcare clients to generate innovative strategies designed to achieve client goals. Heyl Royster's attorneys have the experience and expertise to handle matters arising in the operation of hospitals, ambulatory surgery centers, long-term care facilities, and individual and group physician practices throughout Illinois. Its Healthcare Practice Group frequently collaborates and shares knowledge with its Employment Law and Professional Liability Practice Groups to serve specific client needs.



Intalere's mission focuses on elevating the operational health of America's healthcare providers by designing tailored, smart solutions that deliver optimal cost, quality, and clinical outcomes. Intalere strives to be the essential partner for operational excellence in healthcare through customized solutions that address customers' individual needs. Intalere assists its customers in managing their entire non-labor spend, providing innovative technologies, products and services, and leveraging the best practices of a provider-led model.



Midwest Energy combines its expertise and knowledge of the energy market and energy contracts with the ability to leverage preferred pricing from suppliers on behalf of hospitals. This combination allows Midwest Energy to provide low-cost electricity and natural gas supply to its more than 700 clients, including several critical access hospitals throughout Illinois. Midwest Energy serves as an advocate and resource for all energy needs of a healthcare provider and helps customers choose the lowest utility distribution rates while also offering tax saving strategies, utility rebates programs, and utility incentive programs - all value-added services provided to customers at no cost.

## ORGANIZATION SPONSORS





# BLUE STAR PARTNERS



For over 50 years, Anders has delivered full service accounting, tax, audit, and advisory services to growth-oriented closely-held companies, organizations, and individuals.



AthenaHealth, Inc. partners with hospital and ambulatory clients to drive clinical and financial results. AthenaHealth offers medical record, revenue cycle, patient engagement, care coordination, and population health services.



The Compliance Team is the only nationally recognized healthcare accreditation organization to offer customizable, product-line and service-specific accreditation programs that feature the industry's first plain language quality standards.



HIPAAtrek's industry leading platform is a comprehensive and intuitive compliance solution designed to serve organizations of any size. HIPAAtrek's dashboard allows you to instantly know where the company stands.



Magnet Solutions is based in western Nebraska and serves the 501(r) compliant self-pay needs of critical access hospitals to medium-sized providers.



Pinnacle Healthcare Consulting provides clients with focused resources in strategy, service line planning, transaction support – compensation/valuation, supply chain, feasibility analysis, medical staff planning, physician compensation planning, telemedicine, and operations.



Since its inception in 1989, Stericycle's mission has been and is to combine integrated solutions with superior customer service to promote safety, compliance, and risk management for its customers.



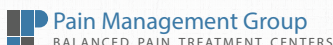
UltraGroup Healthcare is a behavioral health management corporation that specializes in the delivery of behavioral services dedicated to our elderly population.



Vizient develops pooled employee benefit solutions for both Vizient and non-Vizient hospitals.



Since 1930, Wipfli's audit and consulting practice focused on critical access and small, rural hospitals. Wipfli's healthcare practice combines 18 partners and 100 associates who have not only an understanding of this market, but a depth of specialized expertise across the healthcare continuum.







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