From Silos to Bridges:

Leveraging Collective Action & Grant Opportunities to Solve Problems and Build Capacity



gpTRAC
Great Plains Telehealth
Resource & Assistance Center

gpTRAC Regional Telehealth Conference
Bloomington, MN
May 24, 2022

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Hospital Sisters Health System
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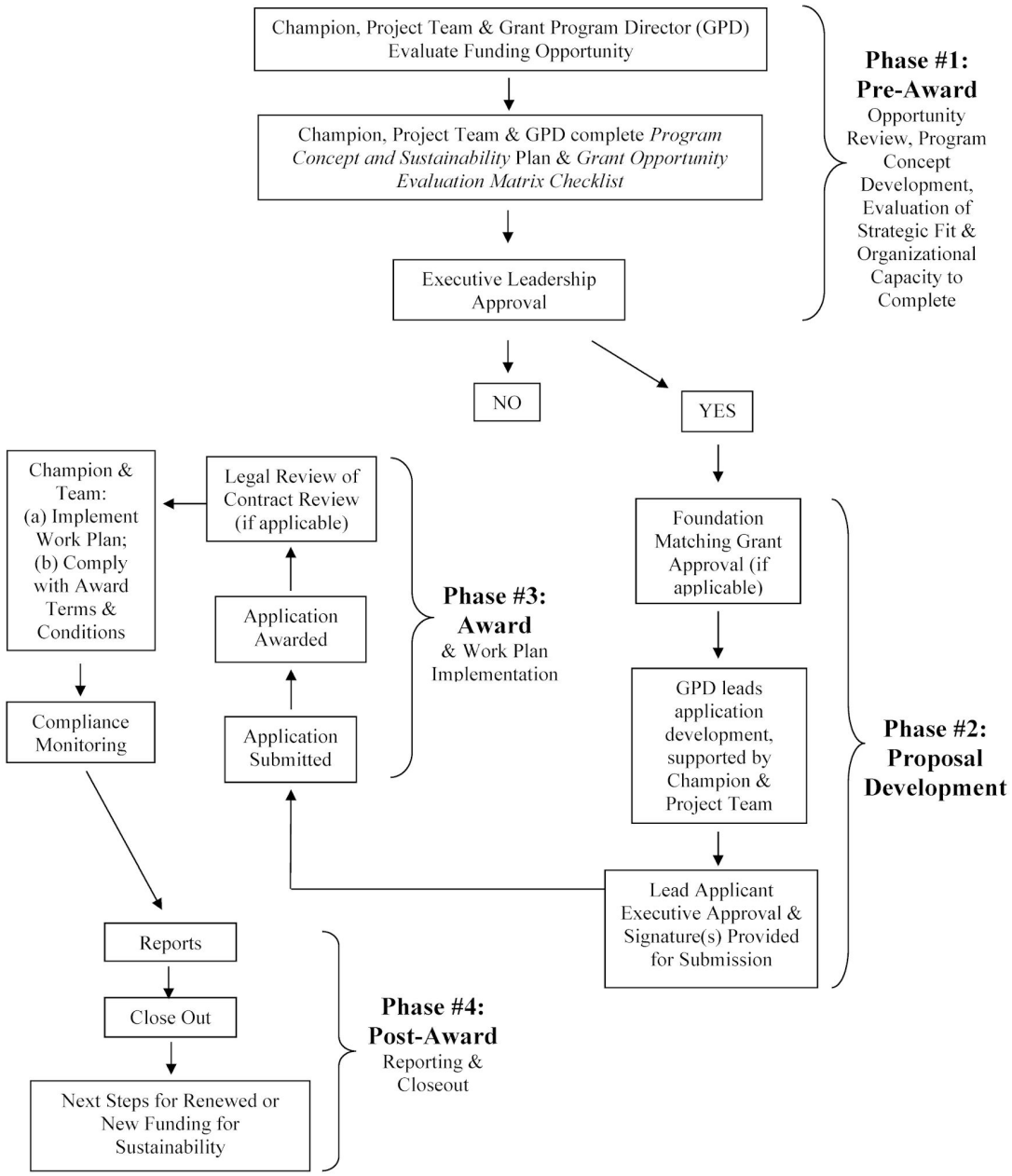
Hospital Sisters
HEALTH SYSTEM





Hospital Sisters
HEALTH SYSTEM

Grants Lifecycle



Hospital Sisters HEALTH SYSTEM

Hospital Sisters Health System Government Grants Portfolio



Illinois & Wisconsin:

- 20 active awards
- $31.9 million

Foundation Leveraging:

- Nearly $10 million in awards have been leveraged by $344,000 in matching grant commitments
- 95% application success rate

GRANTS.GOV

FIND. APPLY. SUCCEED.℠

Hospital Sisters Health System Government Grants Portfolio



Wisconsin:

- Behavioral Health: $15 million for western Wisconsin expansion
- Opioid Crisis: $7 million (nine projects)
- NIH Cancer Research: $6.6 million (six-years)
- Telehealth Equipment & Network Development: $1.1 million (two projects)

Illinois:

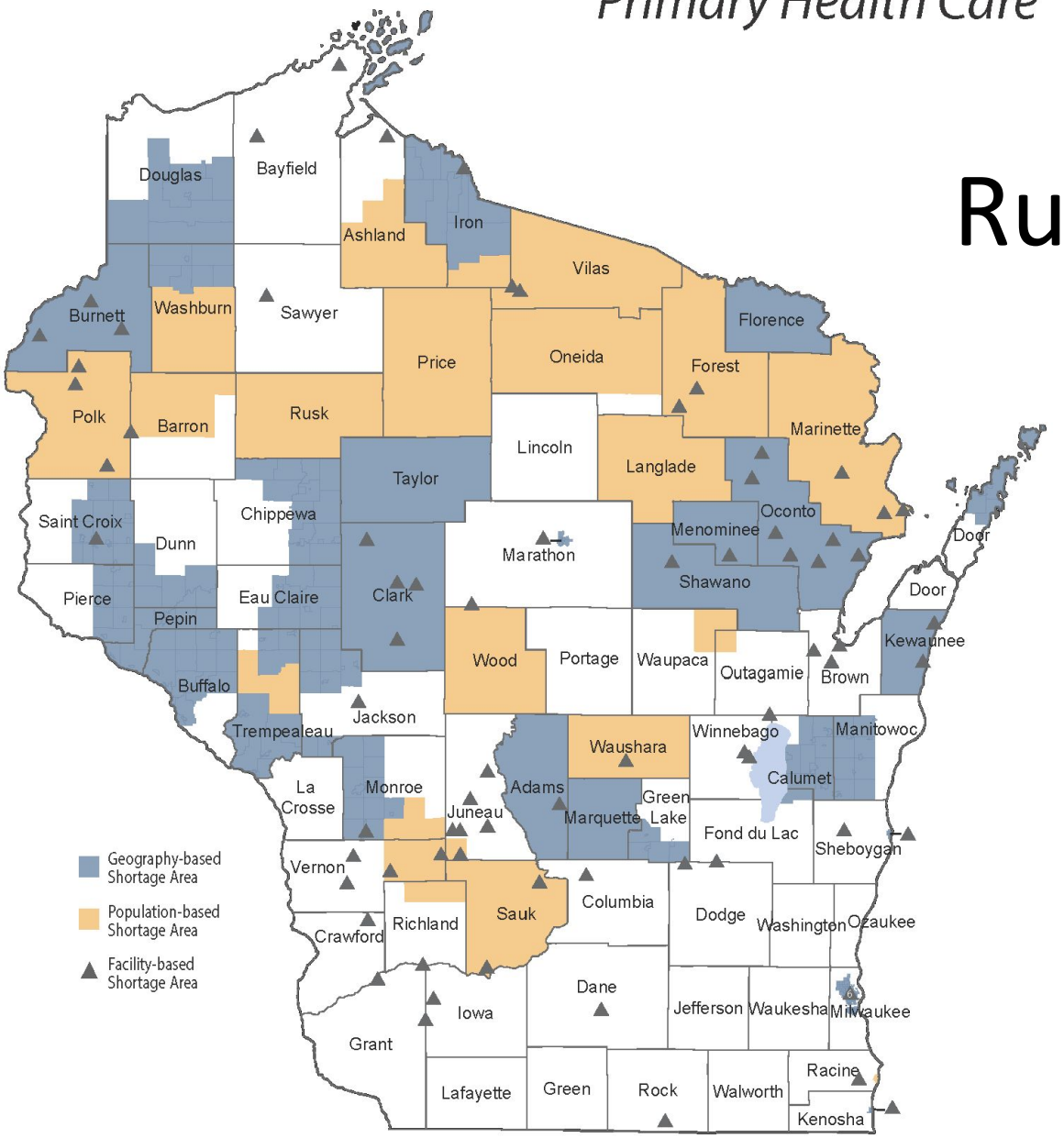
- Telehealth Equipment & Network Development: $2.9 million (four projects)

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Health Professional Shortage Areas

Primary Health Care

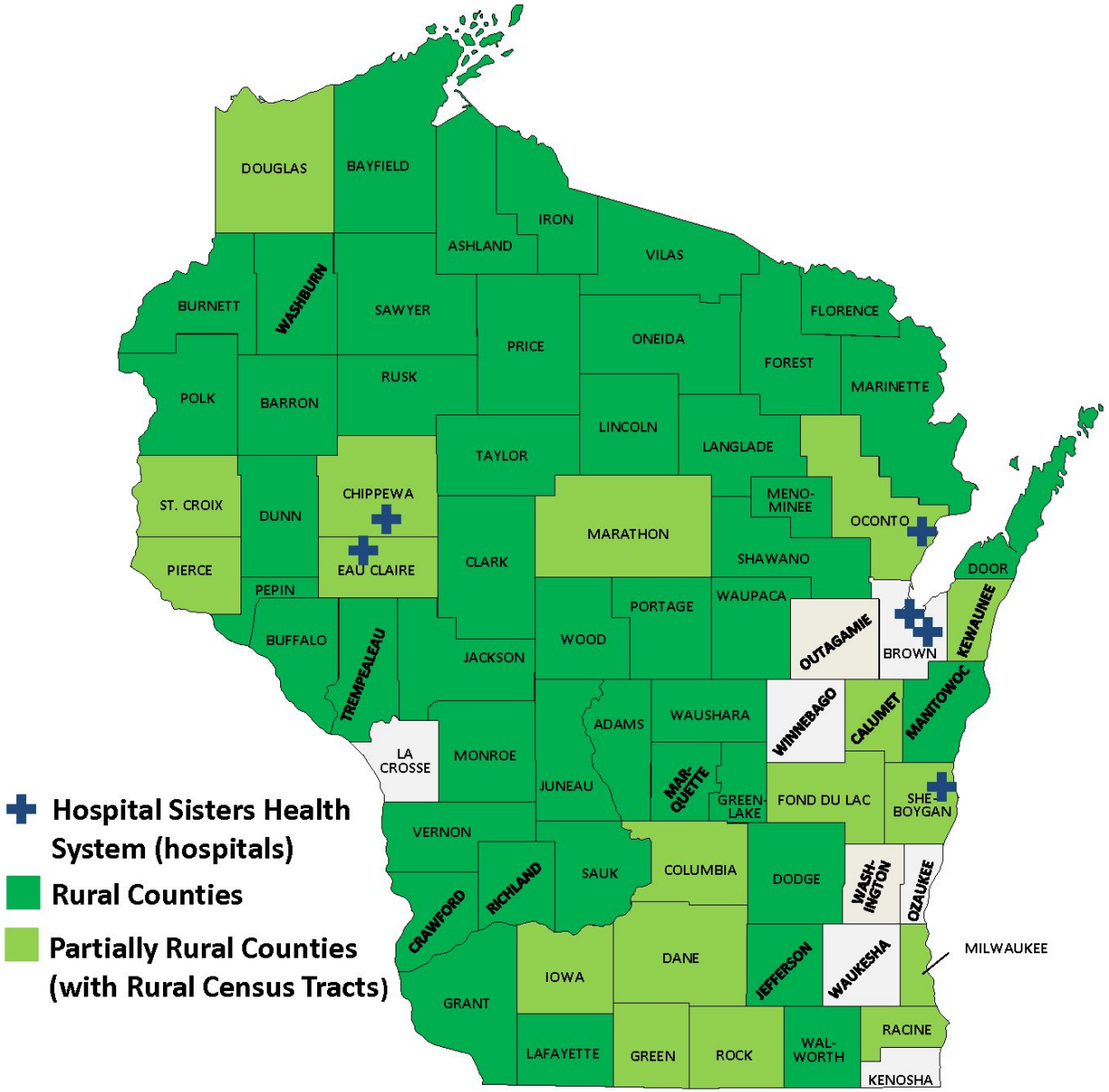


Rural Living

Hospital Sisters HEALTH SYSTEM

Hospital Sisters Health System (HSHS) Hospitals in Wisconsin

Rural Counties and Metropolitan Counties with Designated Eligible Rural Census Tracts



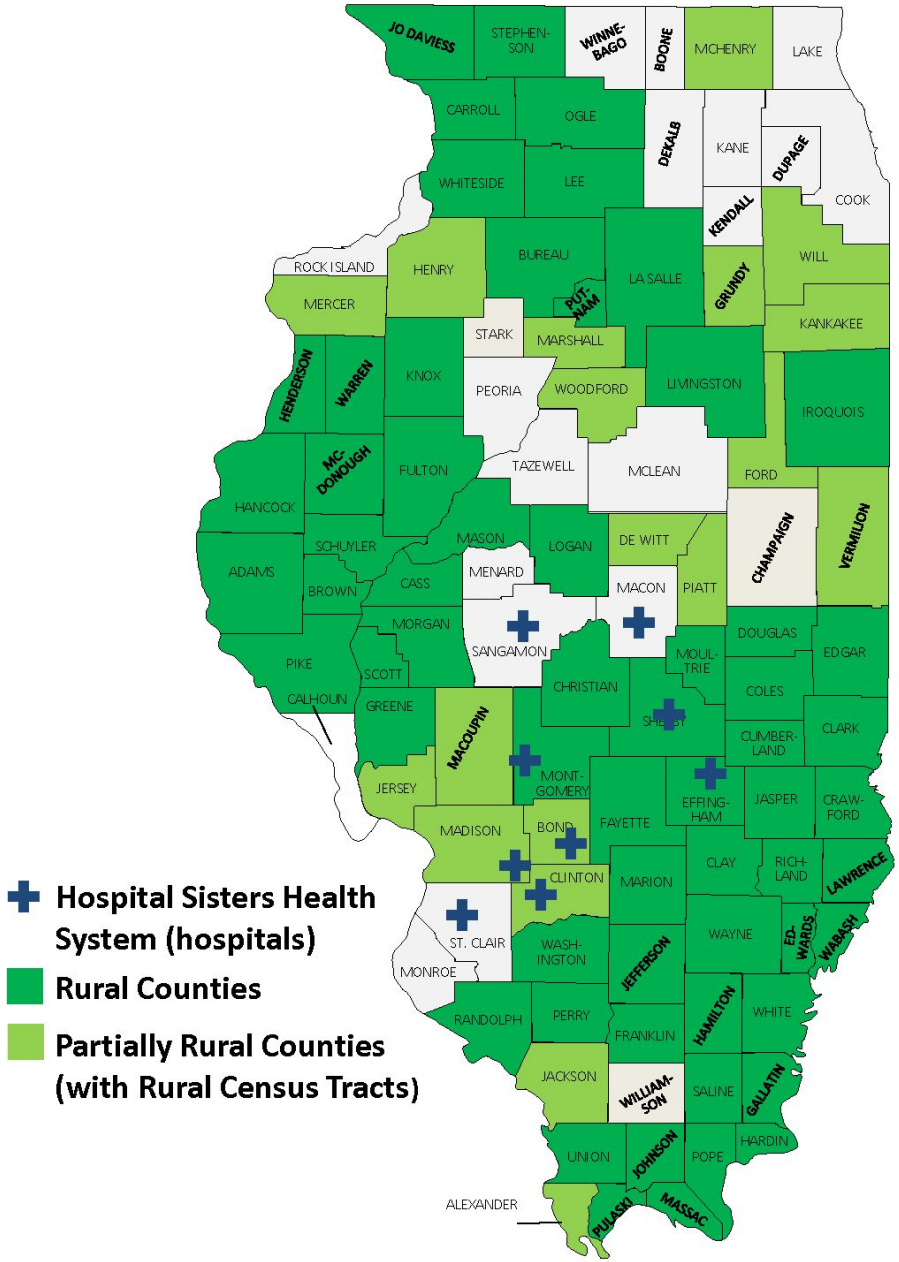
- Hospital Sisters Health System (hospitals)
- Rural Counties
- Partially Rural Counties (with Rural Census Tracts)

The Rural "Penalty"

Hospital Sisters HEALTH SYSTEM

Hospital Sisters Health System (HSHS) Hospitals in Illinois

Rural Counties and Metropolitan Counties with Designated Eligible Rural Census Tracts



- Hospital Sisters Health System (hospitals)
- Rural Counties
- Partially Rural Counties (with Rural Census Tracts)

The Rural "Penalty"

Hospital Sisters HEALTH SYSTEM

Objectives

Participants will:

- Understand that unconventional network relationships, accelerated by grant funding, can solve big problems
- Discover new partner prospects in your own communities
- Identify key elements of network planning and development
- Envision win-win benefits of collective action and resource sharing

Hospital Sisters
HEALTH SYSTEM

From Silos to Bridges:

Leveraging Collective Action & Grant Opportunities to Solve Problems and Build Capacity



CP + GO = Cat

Community Partner(s) + Grant Opportunity = Catalyst (for collective action to solve big problems)

"A Collaborative Strategy"



"Rural health networking is a collaborative strategy. It requires individual actors to *come together voluntarily, agree on a course of action, and take action cooperatively*. Because the individual goals of the actors may differ, it is not always easy to agree on common goals, let alone a common strategy for achieving goals. Rural health networking is not easy*; it requires time, trust, will, and skills.* Network members must have the ability to separate their individual goals from the common goals of the network, and the vision to see the potential benefits of joint action."

-Gregory Bonk, *Principles of Rural Health Network Development and Management* (2000), p. 1.

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Terms

Consortium *(noun)*

Group formed to undertake an enterprise beyond the resources of any one member; a group … formally joined together for some common interest *[Merriam Webster]*

Synonyms include:
alliance, association, coalition, collaborative, cooperative, network, organization, partnership

Collaboration *(noun)*

A mutually beneficial and well-defined relationship entered into by two or more diverse organizations to achieve common goals.
[Mattesich, 2001, Crosby, 2012]

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Collaboration

A Coalition is:

1. United by a common challenge (reducing or preventing a problem, filling a gap)
2. Focused on outcomes (action oriented)
3. Focused on identifying & implementing solutions [Crosby, 2012]

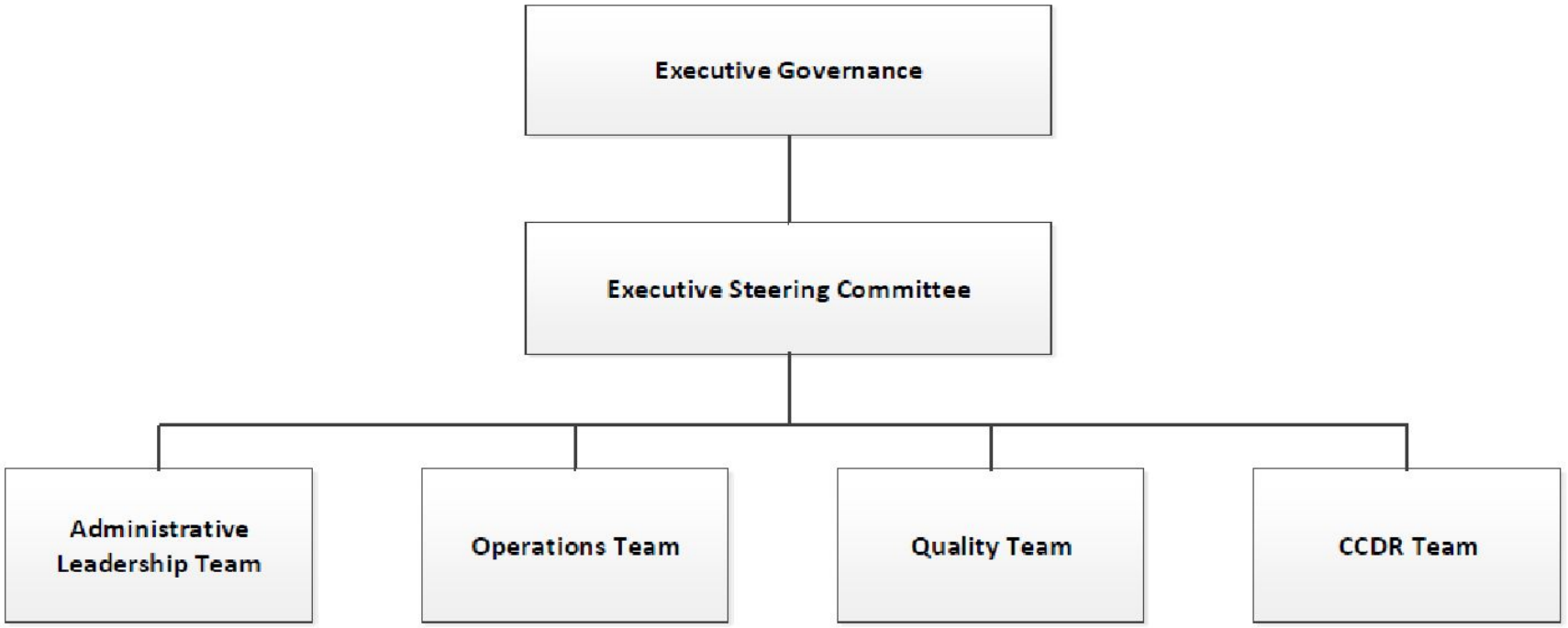
Hospital Sisters HEALTH SYSTEM

#1 Promoting Cancer Research Trials



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CROWN Consortium Governance Structure



Hospital Sisters
HEALTH SYSTEM

#2 Fiber Optic/Application Sharing

Mission: “Through a coordinated regional communication infrastructure position the Chippewa Valley to be innovative, competitive, and economically viable for present and future generations.” –CINC

CINC
Collaborate → Connect → Save

Hospital Sisters
HEALTH SYSTEM

Collaborate→Connect →Save

- **1999:** Y2K CIO monthly “breakfast club”
- **2000:** Discussing IT needs & cost burdens led to collaborations to share infrastructure & applications
- **2009:** St. Joseph’s Hospital’s FCC Rural Health Care Pilot grant created redundant link between Chippewa Falls & Eau Claire
- **2010:** $32M federal BTOP grant (completed on time & under budget)
- **2011:** Became Unincorporated Association (§184 *WI Statutes*)
- **2014:** PSC Grant award presented by Lt. Governor Rebecca Kleefisch (a public-private partnership with Packerland Broadband)

Grants are accelerators to CINC’s sustainable work!

CINC
Collaborate → Connect → Save

Members (1999)

1. CESA 10
2. Chippewa Falls School District
3. Chippewa Valley Technical College
4. City of Eau Claire
5. Eau Claire County
6. Eau Claire Area School District
7. Eau Claire Public Library
8. University of Wisconsin-Eau Claire

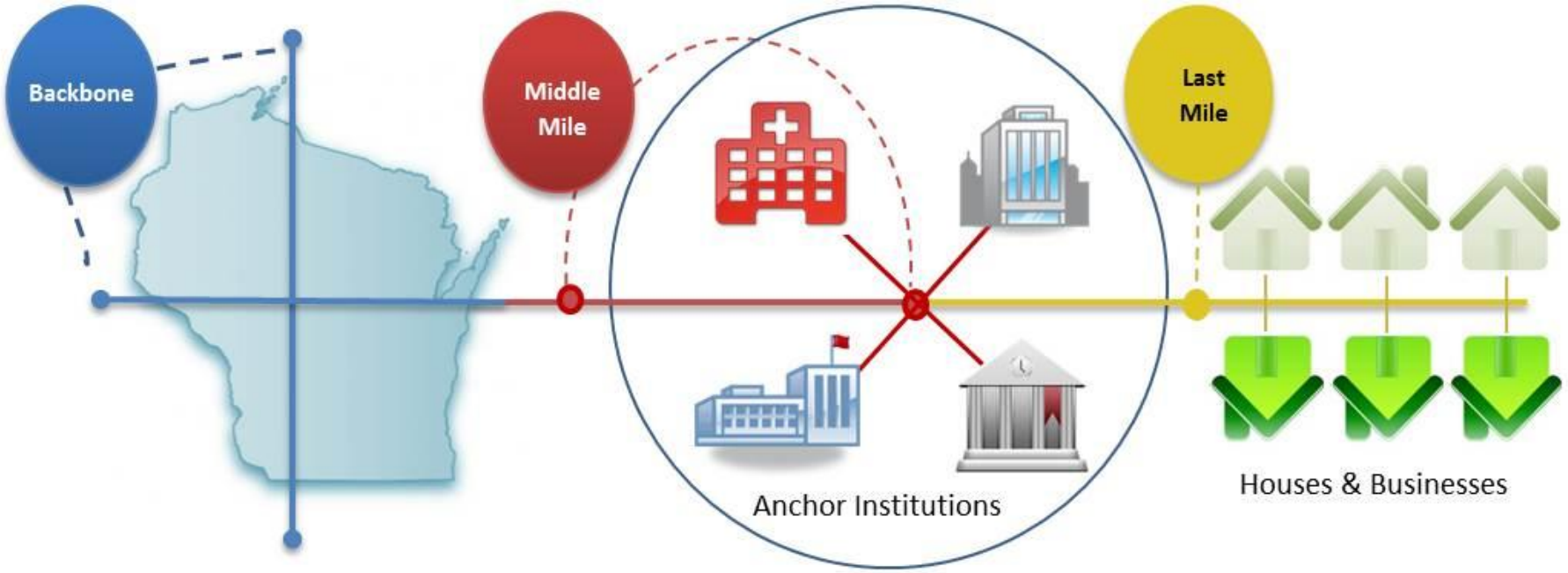
CINC
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Members 15 years later (2014)

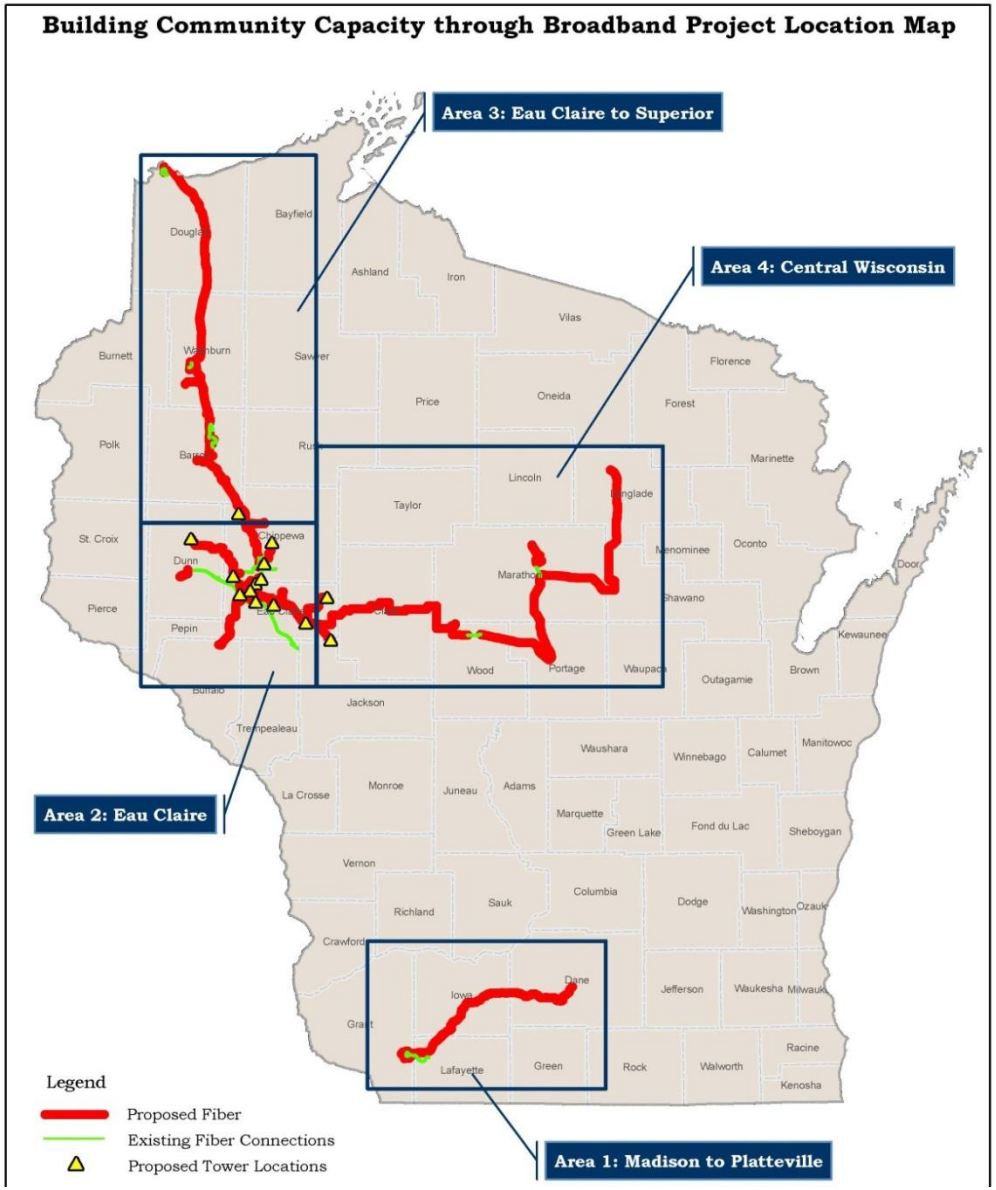
1. Altoona School District
2. Augusta School District
3. Cameron School District
4. Chetek-Weyerhaeuser School District
5. Chippewa County
6. Chippewa Falls Area Unified School District
7. Chippewa Valley Technical College
8. City of Altoona
9. City of Chippewa Falls
10. City of Eau Claire
11. City of Spooner
12. Colfax School District
13. Cooperative Educational Service Agency (CESA) 10
14. Covenant Healthcare, LLC (dba Dove Healthcare)
15. Eau Claire Area School District
16. Eau Claire County
17. Elk Mound School District
18. Fall Creek School District
19. HSHS Sacred Heart Hospital (Eau Claire)
20. HSHS St. Joseph's Hospital (Chippewa Falls)
21. Indianhead Federated Library System
22. Mayo Clinic Health System Eau Claire Clinic, Inc.
23. Mayo Clinic Health System Eau Claire Hospital, Inc.
24. McDonell Area Catholic Schools
25. Menomonie School District
26. Mondovi School District
27. Osseo-Fairchild School District
28. PESI (health care continuing education)
29. Rice Lake Area School District
30. Spooner Area School District
31. Spooner Health System
32. UW-Barron County (Rice Lake)
33. UW-Madison, Department of Family Medicine
34. University of Wisconsin-Eau Claire
35. University of Wisconsin-Stout
36. Washburn County
37. WiscNet
38. Wisconsin Indianhead Technical College (Shell Lake)

CINC
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Community Area Network (CAN)

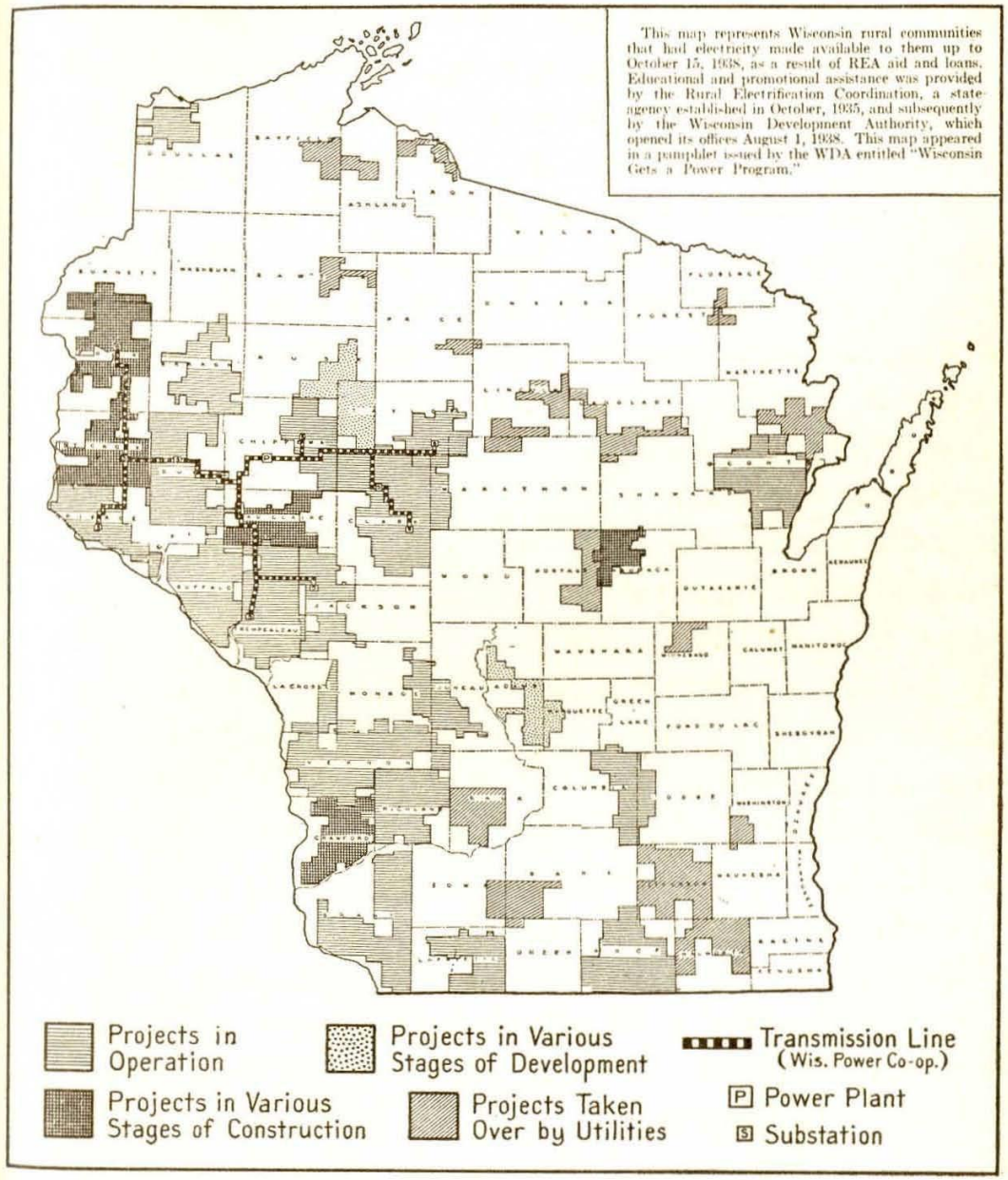


CINC
Collaborate → Connect → Save



BTOP

CINC
Collaborate → Connect → Save



Rural Electrification Administraton (REA)

"Farmers grouped themselves in cooperative associations, varying in size from 150 to 1,500 customers… [By 1938], nineteen local associations with 16,000 members had built over 5,000 miles of power lines" borrowing more than $6 million from the federal government to be paid back within 20 years at 3% interest.

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BTOP Grant



- Cash match from CINC members: **$3.4 m**
- Total grant dollars to CINC region: **$14.7 m**
- Job years created: **160**
- Finished on time and under budget

CINC
Collaborate → Connect → Save



Lycaeides melissa samuelis (Karner Blue Butterfly)

CINC
Collaborate → Connect → Save



Diesel Dresser Installer with Fiber Conduit Spool

CINC
Collaborate → Connect → Save



Connecting:
In the Ground

CINC
Collaborate → Connect → Save



Connecting: In the Air

CINC
Collaborate → Connect → Save



BTOP Grant

- **Before**
  - 96 connections
  - 72 miles of fiber
- **After (2013)**
  - 244 connections
  - 230 miles of fiber
  - 16 towers



CINC
Collaborate → Connect → Save

Saving Lives: 12-Leak EKG



Staff photo by Shane Opatz

Jim Mercer, 52, right, an EMT from Cornell, held a new EKG monitor and defibrillator that transmits EKGs from a patient's home to the hospital. During a trial run, the monitor was attached to Mercer and detected an irregular heart rhythm that could have been fatal. Dr. Erik Dickson, medical director for Chippewa Falls Fire and Emergency Services and Cornell Area Ambulance, was with Mercer when his arrhythmia was discovered.

CINC
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CINC
Collaborate → Connect → Save

Health care providers begin campaign to promote 911 service with the aim of reminding people to make a ...

Life-saving call

By Christena T. O'Brien
Leader-Telegram staff

Beth Hahn of Eau Claire found her father, Leonard Johnson, lying on the ground outside her northside home on Nov. 18.

The 72-year-old's eyes were wide open, but he was unresponsive and didn't appear to be breathing.

Knowing she needed to get him help right away, Hahn ran to the house, grabbed a cordless phone and called 911 as she ran back to his side.

"This was just out of the blue," Hahn said of her health-conscious father's collapse. "But I knew what I needed to do — call 911. It was just instinct."

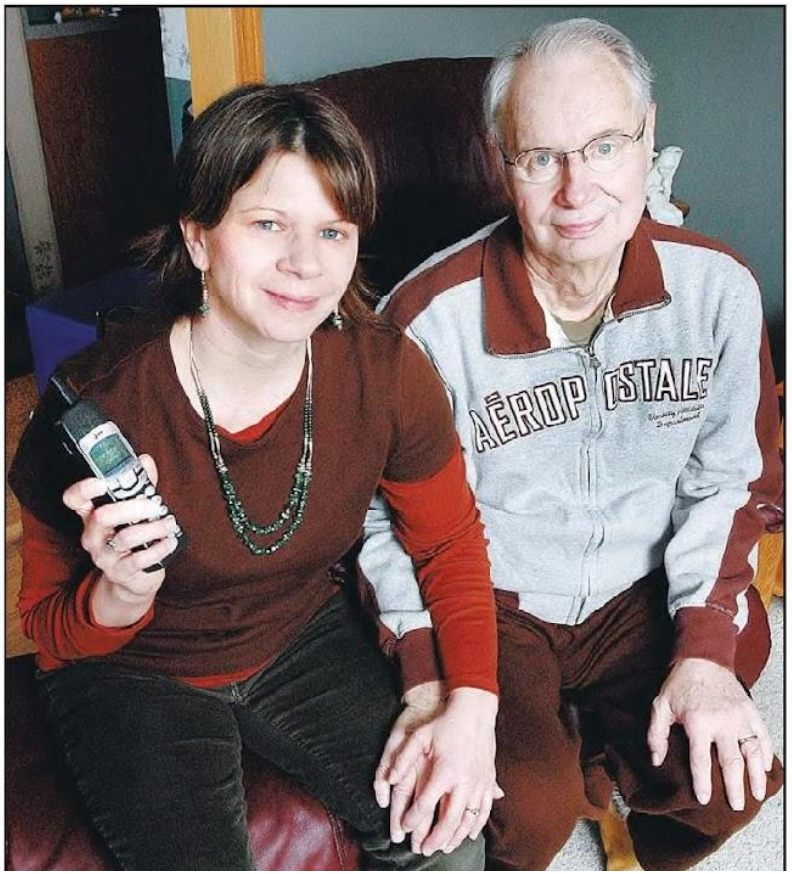
During the next few minutes, a dispatcher talked Hahn — who had learned CPR many years before during a water safety class — through everything from giving her father rescue breaths and chest compressions to sharing their exact location.

■ The Eau Claire Fire Department responded to 6,060 emergency medical service calls in 2008, Deputy Chief Rick Merryfield said. Of those, the vast majority originated with someone calling 911.

Johnson — who doesn't recall the incident, but figures he must have felt fine that day — was transported to Luther Midelfort, where he spent the next 13 days. He underwent a quadruple bypass in January.

"There is no doubt in my mind that I am alive today because my daughter called 911," said Johnson, who, along with his daughter, planned to share their story this morning during the launch of the "Care Begins With the Call" campaign.

In an effort to promote the benefits of call-



Saving Lives

CINC
Collaborate → Connect → Save



Pioneering New Lifesaving Technology

Newly installed Medic 5 Test Camera for a telemedicine link to hospital emergency rooms

CINC
Collaborate → Connect → Save

Saving Lives



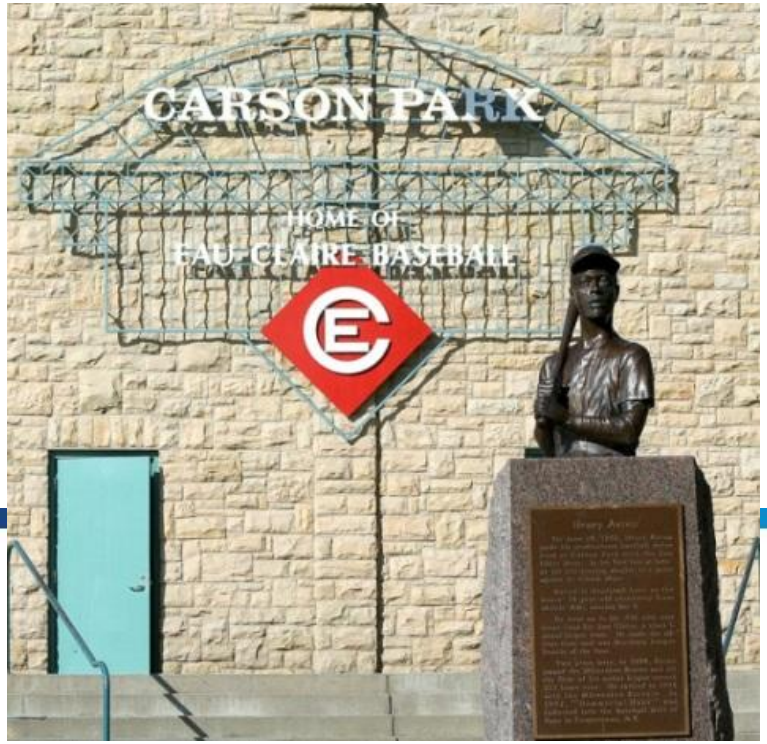


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The Value of Community Area Networks

- Tight Budgets
- More with Less
- Public Expectations
- Visitor Impressions





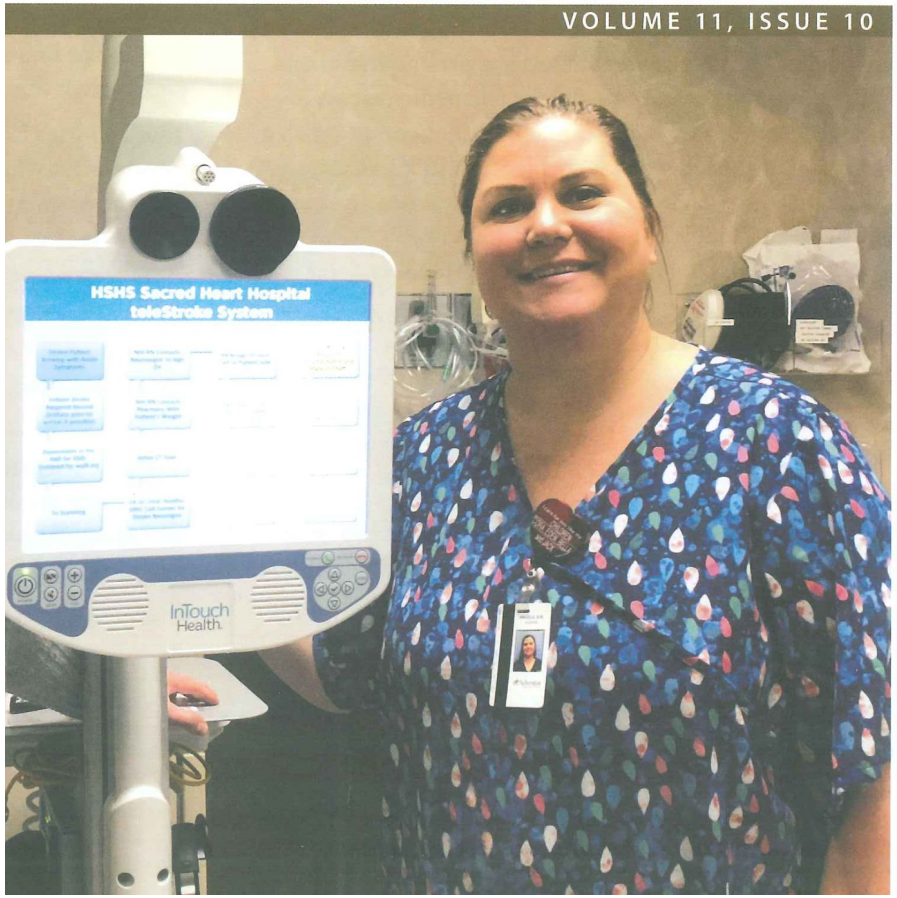
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CONNECT

LLEY HOSPITAL NEWSLETTER

"Start thinking wellness, not illness."
— Kate Allatt, Stroke Survivor

VOLUME 11, ISSUE 10

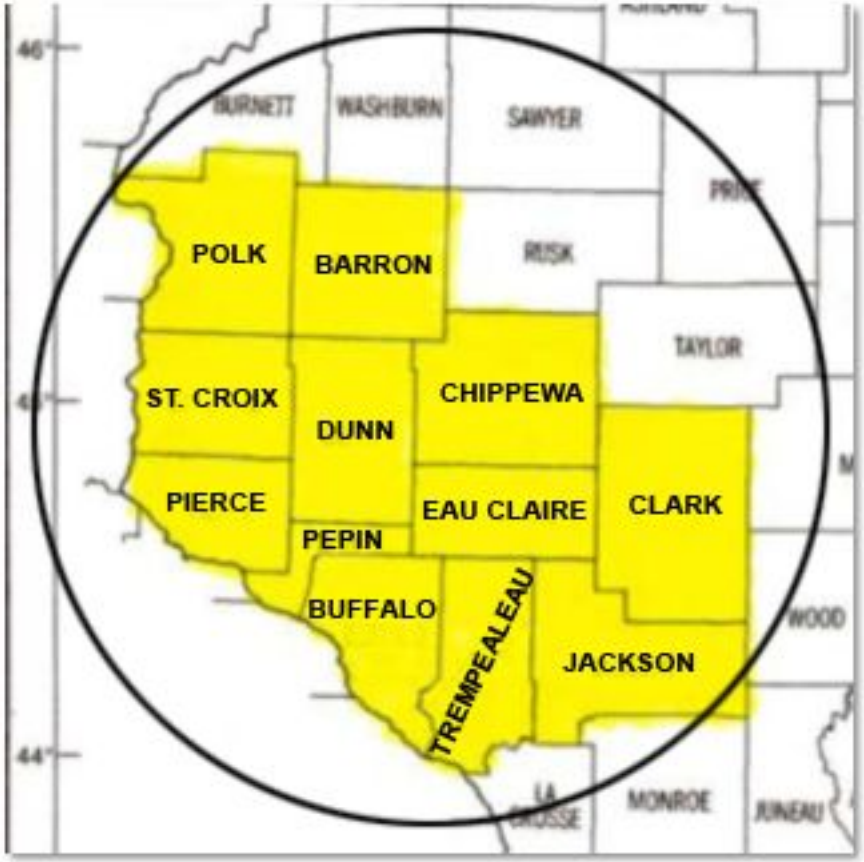


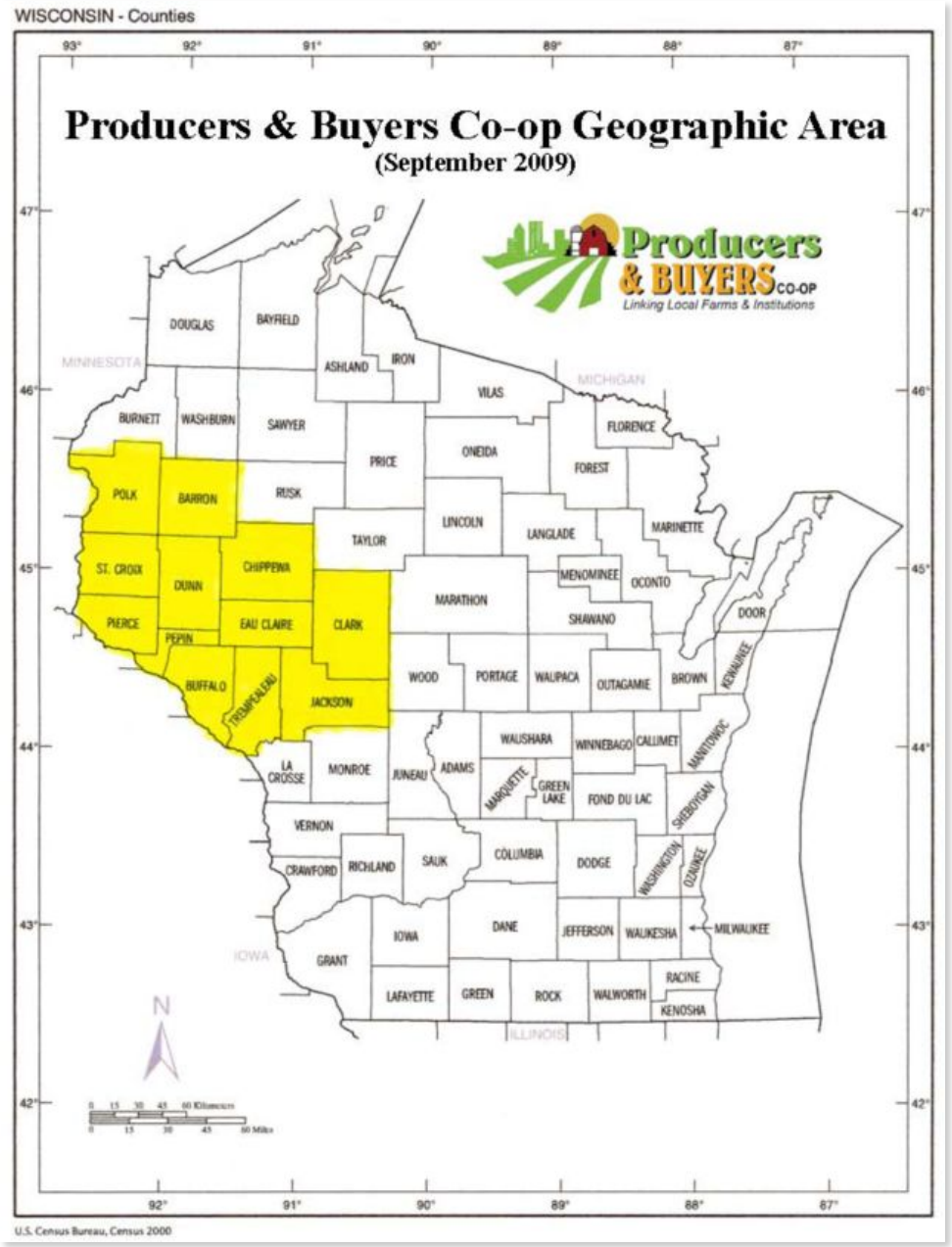
Tele-Stroke (Durand & Cumberland, WI)

#3 Sourcing Local Food






BURNETT
WASHBURN
SAWYER
RUSK
TAYLOR
WOOD
MONROE
JUNEAU
POLK
BARRON
ST. CROIX
DUNN
CHIPPEWA
PIERCE
PEPIN
EAU CLAIRE
CLARK
BUFFALO
TREMPEALEAU
JACKSON


WISCONSIN - Counties
Producers & Buyers Co-op Geographic Area
(September 2009)
Producers & BUYERS CO-OP
Linking Local Farms & Institutions
MINNESOTA
MICHIGAN
IOWA
ILLINOIS
DOUGLAS
BAYFIELD
ASHLAND
IRON
VILAS
FLORENCE
ONEIDA
FOREST
PRICE
LINCOLN
LANGLADE
MARINETTE
MENOMINEE
OCONTO
MARATHON
SHAWANO
DOOR
KEWAUNEE
WOOD
PORTAGE
WAUPACA
OUTAGAMIE
BROWN
MANITOWOC
WAUSHARA
WINNEBAGO
CALUMET
SHEBOYGAN
ADAMS
JUNEAU
MARQUETTE
GREEN LAKE
FOND DU LAC
WASHINGTON
OZAUKEE
MILWAUKEE
WAUKESHA
JEFFERSON
DODGE
COLUMBIA
SAUK
DANE
IOWA
GRANT
LAFAYETTE
GREEN
ROCK
WALWORTH
RACINE
KENOSHA
VERNON
CRAWFORD
RICHLAND
LA CROSSE
MONROE
N
U.S. Census Bureau, Census 2000



What is Room Service?

Sacred Heart Hospital's Room Service program gives you a broad selection of menu choices, meal times and the ability to speak with a Room Service representative about your meal. There is no extra charge for this service.

How do I order?

Simply look over the menu, decide what you would like to eat and call our Room Service representatives by dialing 4237. Call down times are from 7 am to 6 pm. Breakfast is available all day. Lunch and Dinner meals available from 10:30 am to 6 pm. If you cannot place your own order, please ask a family member or a nurse to help.

When ordering, it is important that you consult with your nurse so you can coordinate food selections with your treatment therapy and medication. If you are on a restricted diet, your Room Service representative will help you make your choices.

When can I expect my meal?

Your Room Service representative will make arrangements for meal delivery. Our goal is to deliver your meal within 45 minutes after your call.

Should I order more than one meal at a time?

one meal at a time.

A Regional Leader

Bringing Locally-Produced Fresh & Nutritional Food to You

Because we're committed to provide you the freshest, most nutritional, and best-tasting food, Sacred Heart Hospital pledges more than 10% of its food budget to purchasing products from local farms. These local products include beef, pork, chicken, buffalo, fish, cheese, ice cream, breads, jams, chocolates, strawberries and apples. Our local producers and processors include:

Angel Acres (Mason)
Augusta Meats (Augusta)
Blue Collar Café Jams (Hixton)
Bullfrog Fish Farm (Menomonie)
Castle Rock Organic Farms (Osseo)
Coon Creek Family Farm (Mondovi)
Crescent Meats & Catering (Cadott)
Deutsch Family Farm (Arcadia)
Ewes Rule the Farm (Cornell)
Gunderson's Meats (Mondovi)
HCH Farm (Ettrick)
Indee Locker (Independence)
Ledebuhr's Meats (Winona MN)
Lo Fam Farm (Chippewa Falls)
Lorcrest Farms (Blair)
Matthew Buvala (Pepin)
Out to Pasture Beef (Fall Creek)
Pat's Country Market (Arcadia)
Promise Farm Buffalo (Menomonie)
RiverWinds Farm (Boyd)
Romar Greenhouse (Augusta)
SunnySide Meadows (Dorchester)
Tschanz Farms (Blair)
West Road Farm (Ettrick)

Producers & BUYERS CO-OP
Linking Local Farms & Institutions

A Franciscan commitment to our agricultural community & local economy

Local food is good medicine for our patients and our community. Because of this, Sacred Heart Hospital has led the local food effort in western Wisconsin and partnered with River Country RC&D to create the Producers & Buyers Co-op. As a partner in this innovative project, we're helping open doors for other institutions (hospitals, universities, schools, nursing homes) to also purchase local food. Thanks to the Co-op, our patients and cafeteria patron and Meals-on-Wheels customers enjoy fresh local food products with greater nutrition and better taste. Leading the way for oth to purchase local food is just one way Sacred Heart Hospital is committed to its community. It's a part of our historic Francisc mission to benefit and support local family farms and our loc economy. For a brochure or member information on the Co-o please call (715) 834-9672.

Sharing with hospitals nationwide:

Feature article in *Modern Healthcare* magazine



Special Report

Gregg Blesch

A fresh approach

GREGG BLESCH PHOTOS

Wisconsin hospital gives a big boost to local farm co-op as facilities nationwide look to nearby sources in search of a higher-quality food supply

Darrel Lorch is a good-natured grouser, and that's how he starts when he recounts how it has been to help out with a new cooperative set up to allow small local farms to sell food to Sacred Heart Hospital in Eau Claire, Wis.—and eventually other hospitals, nursing homes and schools.

"Of course, my first response really was, 'Oh my God, do you think we can do this?' " Lorch says, steering his truck up a steep incline on his farm to get a look at one of his herds. "I said, 'Well, we'll give it shot,' " he recalls. "The last two years have been very, very complicated at best."

Lorch raises cattle in Blair, Wis., about 50 miles south of Sacred Heart, which pledged to spend $200,000 a year on local food. But just because Sacred Heart wanted to buy didn't mean the small-scale producers and processors could immediately deliver what the 223-bed hospital needed in the right volumes, forms, packaging and flow.

Lorch rattles through a number of hurdles that have been solved or potentially solved over the course of many meetings in Eau Claire. The list includes administrative and legal hoops, insufficient processing and distribution infrastructure, and communication between a buyer and sellers not accustomed to doing business together.

Mary Anderson is helping Sacred Heart Hospital understand how small-scale food production works while helping producers understand what the hospital needs.

By the time Lorch parks his pickup back at the farmhouse he lets on that, even though he has yet to be paid a dime for chairing the ad hoc board of what has become officially incorporated as the Producers & Buyers Co-op, he thinks it's working, that it's good for everyone involved and that it will grow. "I believe in one thing," Lorch says. "If something's going to happen, somebody is going to have to pick up the ball and run with it. If no one does anything, the ball will lie there and rot."

Bypassing the industrial food-supply chain is no small feat, and the challenges Lorch cites might easily knock the wind out of good intentions. That system allows hospitals and other institutions to order exactly what they want in any quantity, size, shape and packaging and have a truck drop it off the next day. The scale and speed of the production, processing and distribution make the prices and convenience impossible to match.

But it's also a system that Sacred Heart CEO Stephen Ronstrom blames for much of the chronic illness driving healthcare costs, meanwhile sending the hospital's money around the country and beyond to truck in food that can be grown and raised better by

By Marc Eisen

Illustration by Devon Bowman

Not Just Jell-O Anymore: *Local Food Now Served on the Hospital Tray*



HOSPITAL FOOD: THE VERY term conjures up the most bland and unappetizing images. But that's changing in Eau Claire, Wisconsin, population 65,000. Sacred Heart, the smaller of Eau Claire's two hospitals, has committed to spending 10 percent of its food budget on tasty local produce and meat. By big-city standards, this does not amount to much—about $200,000 a year. But cracking the institutional market is one of the trickier challenges facing food system reformers, and this 334-bed hospital in western Wisconsin is showing the way.

By its nature, institutional food service is cost conscious and lends itself to the efficient, standardized approach of mass production. If you have hundreds, if not thousands, to feed daily, purveyors like Sysco, Aramark, and Sodexo are experts at delivering food product in the perfect portion size.

"We were used to placing an order and having everything come in the door exactly how we wanted it," says Rick Beckler, Sacred Heart's director of hospitality services. "We didn't have a clue where it was produced or who grew it. We didn't know even what continent it came from."

Sacred Heart's kitchen now serves greens from Pam Herdrich's Flower Farm south of Eau Claire, meatloaf made of hamburger from Vic and Mary Price's Out to Pasture Beef in Fall Creek, chicken from Eileen McCutchen's Angel Acres in Mason, pork from Jim and Alison Deutsch's Family Farm near Osseo, and lots of other locally sourced items.

That menu has been a struggle to build but a success

Marc Eisen is a freelance writer in Madison, Wisconsin.

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#4 Addressing Opioid Crisis (northeastern and northwestern WI)



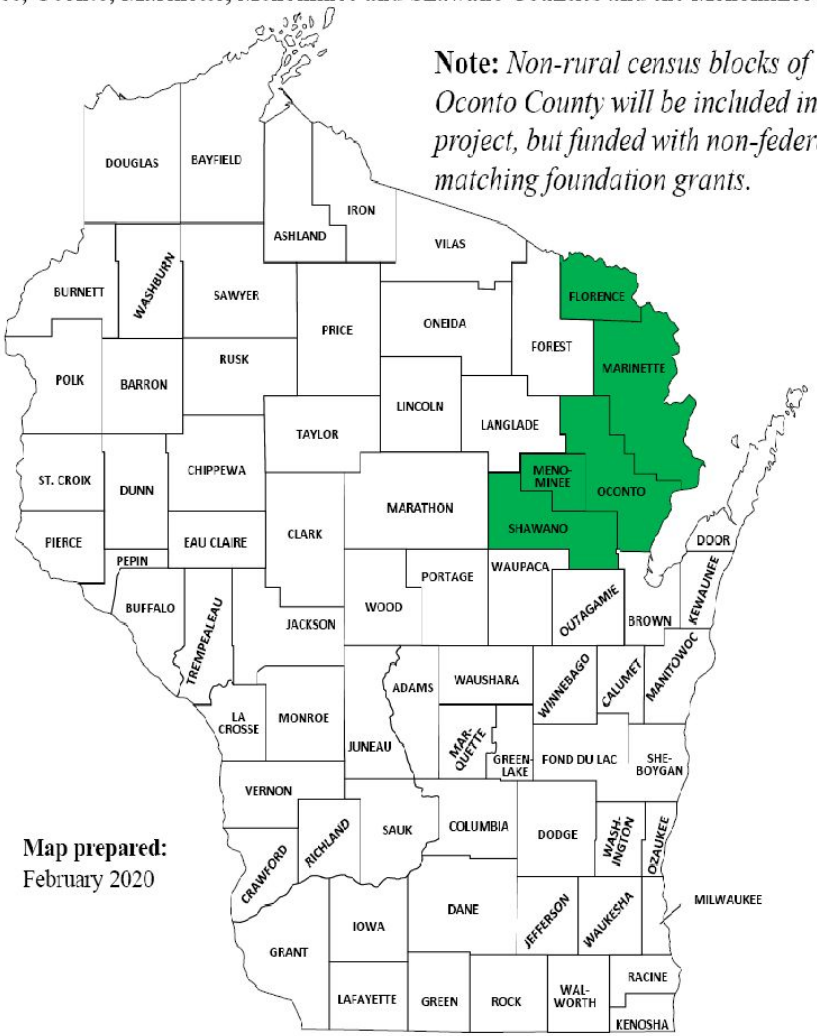


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Northeast Wisconsin Heroin Opioid Prevention Education (NEW HOPE) Coalition: RCORP-Implementation Project

Geographic Focus Areas and Populations:

Florence, Oconto, Marinette, Menominee and Shawano Counties and the Menominee Tribe



Note: *Non-rural census blocks of Oconto County will be included in this project, but funded with non-federal matching foundation grants.*

Map prepared:
February 2020

RCORP-Implementation Project Geographic Focus Areas
(Note: this area is the same focus area of RCORP-Planning project)

Hospital Sisters HEALTH SYSTEM

Prevalence or incidence of SUD in target rural population by type is not publicly reported data. As a proxy measure, we have listed Opioid related hospitalizations per 100,000.

Figure 1: *Opioid related hospitalizations (per 100,000)*

	2010	2011	2012	2013	2014	2015	2016	2017	2018
WI	302	322	335	332	356	414	470	459	390
Northeast WI	220	233	237	232	245	300	331	297	245
Florence	136	114	NA	NA	112	157	NA	293	**249**
Marinette	**304**	**338**	**393**	**283**	**253**	281	**467**	**421**	**320**
Menominee	**425**	**258**	**422**	**399**	**530**	**988**	**1174**	**1302**	**1141**
Oconto	191	220	167	159	184	226	237	219	171
Shawano	**229**	**299**	223	222	193	286	**363**	**306**	**262**

Source: Wisconsin Interactive Statistics on Health (WISH) Query Opioid related hospital encounters, accessed March 2020.

Key:

Higher than regional rate

Higher than state and regional rate

Hospital Sisters HEALTH SYSTEM



A RCORP-Planning videoconference meeting of rural NEW HOPE Coalition members in Oconto Falls, Wisconsin, on February 6, 2020.

Hospital Sisters
HEALTH SYSTEM

Organizational Chart (May 2020)

Board & Executive Leaders

BOARD OF DIRECTORS
HSHS St. Vincent Hospital and HSHS St. Mary's Hospital Medical Center (Green Bay, WI)

HSHS St.Vincent St.Mary's

- Andy Bagnall, President and CEO, HSHS-Wisconsin
- Brian Charlier, President and CEO, HSHS St. Vincent Hospital and HSHS St. Mary's Hospital Medical Center (Green Bay, WI)

Oversight

OUD/SUD Treatment Center

Libertas Treatment Center (Marinette, WI), licensed as a satellite hospital for chemical dependency treatment, and organized as a department of HSHS St. Vincent Hospital (Green Bay, WI)

Libertas

Oversight

Proposed Staff & Advisory Council Steering Committee

Northeastern Wisconsin Heroin Opioid Prevention Education (NEW HOPE) Coalition, to implement HRSA RCORP-Implementation Project "Overall Goal" and "Core Activities."



RCORP-Implementation Executive Project Director (EPD)
(Jeff Stumbras, LCSW, LMFT, SAC-IT)

Project Staff:

- Project Director (PD)
- Clinical Coordinator (CC)
- Data Coordinator (DC)
- School Coordinator (SC)
- Recovery Coordinator and Advocate (RC)
- Administrative Assistant (AA)

Advisory Council Steering Committee Members (*Attachment 2 & 3*):

1. *HSHS St. Vincent Hospital (Green Bay) & Libertas Treatment Center (Marinette)*
2. *HSHS St. Clare Memorial Hospital d/b/a Prevea Health*
3. *Menominee Tribal Clinic, Menominee Indian Tribe of Wisconsin*
4. *Menominee County Human Service Department*
5. *Florence County Human Services*
6. *M&M Area Community Foundation*
7. *Provident Health Foundation (affiliated with Aurora Medical Center–Bay Area)*
8. *Oconto County Department of Health and Human Services*
9. *Shawano and Menominee Counties Health Department*

Committees

Task Force Committees, each with a Chair (meeting separately or together), and including community stakeholders

- **SUD/OUD Prevention** Service Delivery Committee
- **SUD/OUD Treatment** Service Delivery Committee
- **SUD/OUD Recovery** Service Delivery Committee
- Health Care (Hospitals & Clinics) Committee
- Counties, Municipalities & Law Enforcement Committee
- OUD/SUD Data & Evaluation Committee
- Grants, Philanthropy & Sustainability Committee

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A “breakout” focus group at an RCORP-Planning meeting of NEW HOPE Coalition members in Oconto Falls, Wisconsin, on February 6, 2020, led by Jeff Stumbras (standing, left) and Jane Lehman (sitting, right).

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#5 Rural Telehealth



Mission: The Illinois Telehealth Network promotes the capacity of Members to improve access to health care, in rural, underserved and disadvantaged communities, through the application of telehealth and telemedicine solutions.

[Strategic Plan, p. 6]

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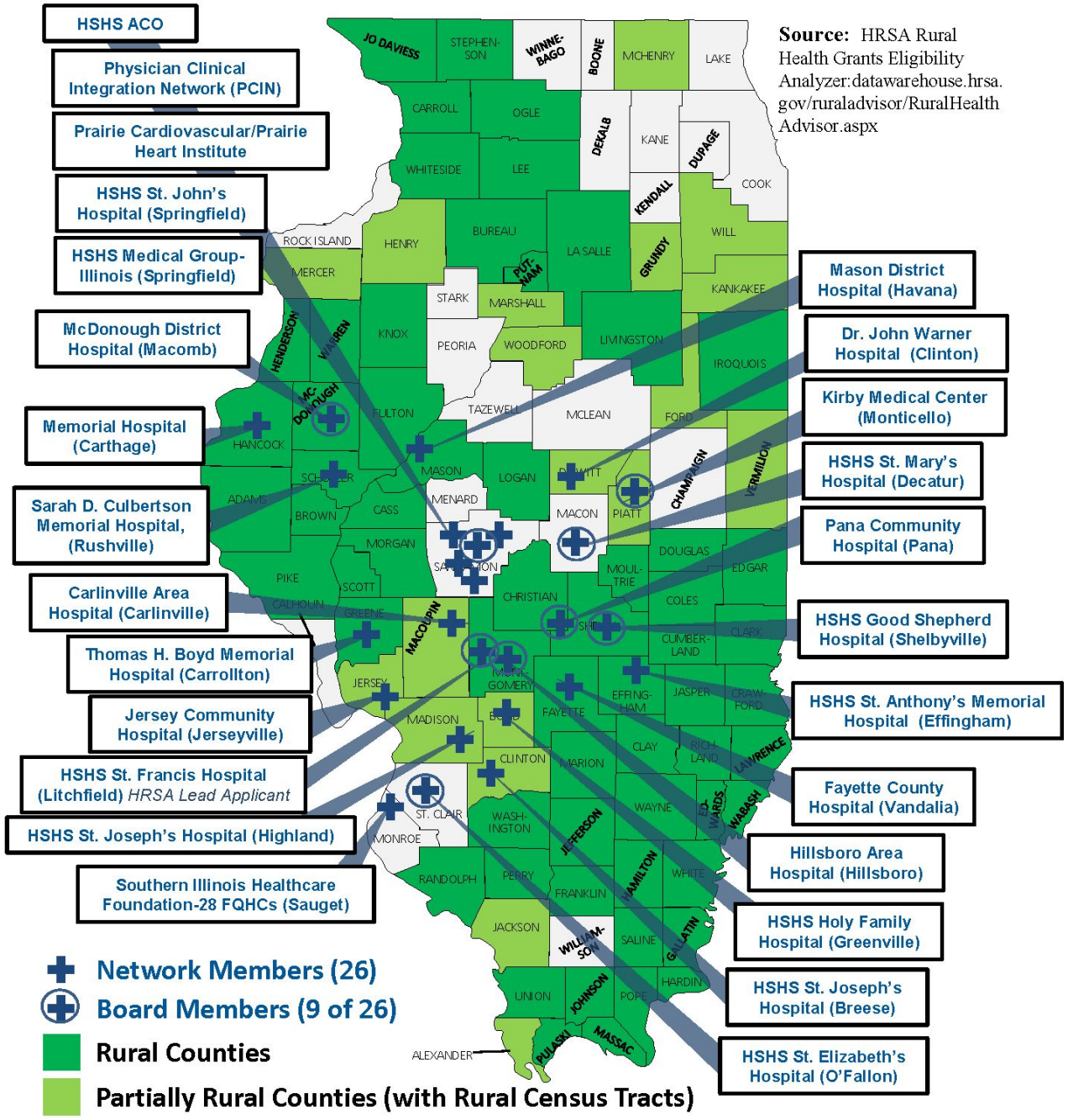
Definition & Purpose

Telemedicine: "The practice of medicine over a distance, in which interventions, diagnostic and treatment decisions and recommendations are based on data, documents and other information transmitted through telecommunication systems."

--World Medical Association, "Statement on the Ethics of Telemedicine," 2007

Rural Objective: To create an eco-system of care that is *not facility specific*, and to increase rural access to care via telemedicine to see all clinically appropriate patients.

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Removing the Barrier of Distance with

Tele-Medicine



Network Planning (2014-2016)

- Illinois Telehealth Network began with 16 member organizations
- Members signed Memorandums of Understanding for collaboration
- Received federal and private grant funding for network planning

MOU

Attachment 4: Memorandum of Understanding (MOU)

HSHS St. Francis Hospital

Illinois Telehealth Network

Member Discussion Draft

Memorandum of Understanding (MOU)

Illinois Telehealth Network (ITN) Members committed to a HRSA Rural Health Network Development (RHND) project led by HSHS St. Francis Hospital, Litchfield, Illinois

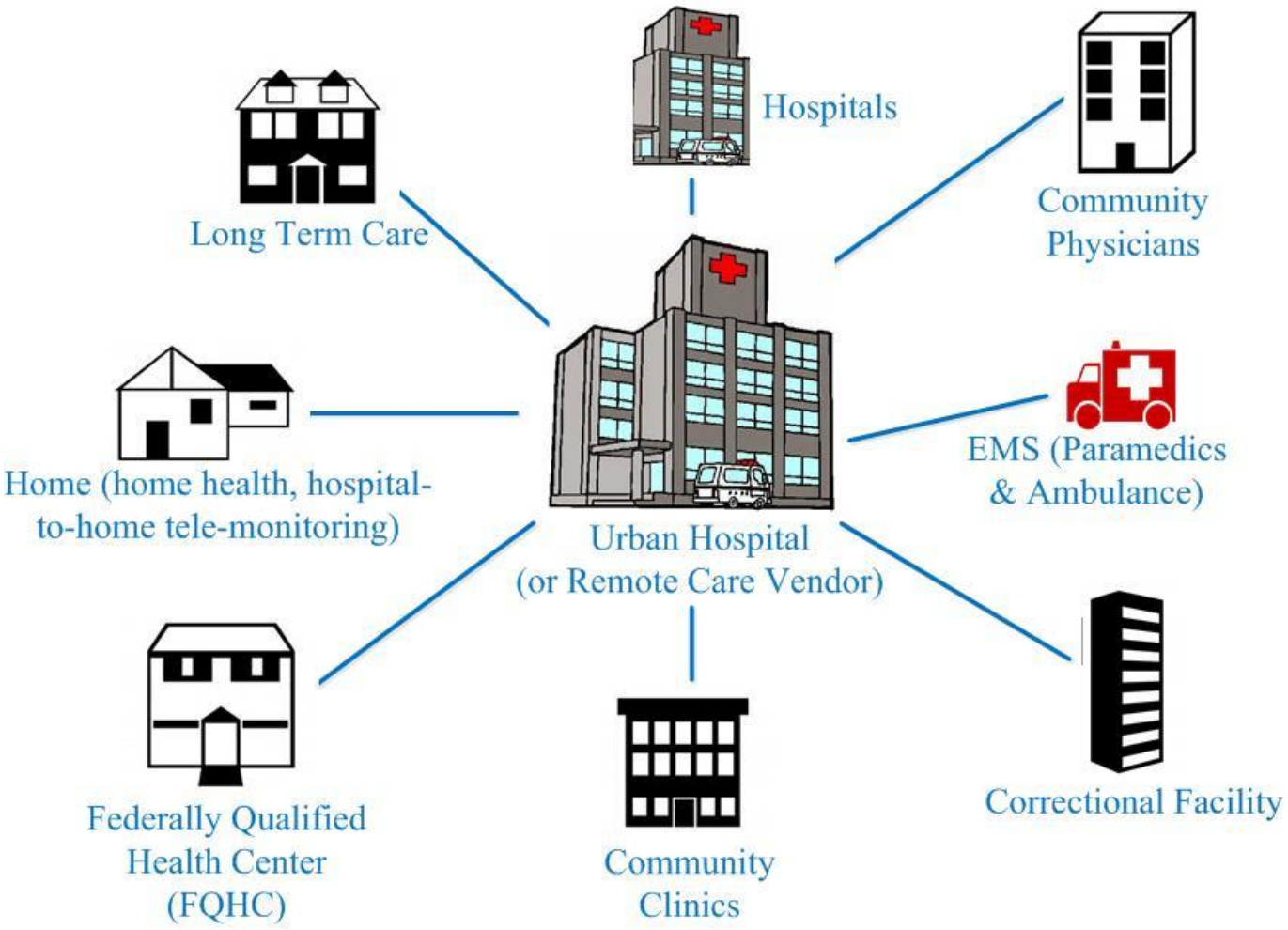
Period: July 1, 2020 through June 30, 2023 (three years)

I. General Purpose

Network Development to Address the Problem: In February 2010, several provider partners recognized the widespread problems of provider shortages in rural areas and barriers to rural access to health care, and began to collaborate on various solutions as a consortium. Through a comprehensive Member needs assessment, stakeholders defined and quantified the problems of a lack of rural patient access to essential specialty and emergency health care, and disparities in rural provider capacity in their rural service areas. Interest in this consortium grew and 16 founding Members signed a MOU to create a telehealth network beginning June 1, 2014. The network received a 2014-2015 HRSA Rural Health Network Planning grant around the areas of Tele-ICU, Tele-NICU, Tele-Pediatrics and Tele-Emergency Department (ED) Consults. The network expanded to 21 Members and received a 2015-2016 HRSA Rural Health Network Planning grant to formalize governance and develop the areas of Tele-Psychiatry, Virtual Urgent Care, and Outpatient Telehealth Remote Monitoring of fragile and high-risk heart failure patients in their homes. In 2016,

Illinois Telehealth Network

Network Models



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Tele-Stroke



Illinois Telehealth Network

Connecting Resources, Strengthening Rural Health Care, Saving Lives

Patient Story:





LifeNet (Litchfield, IL)

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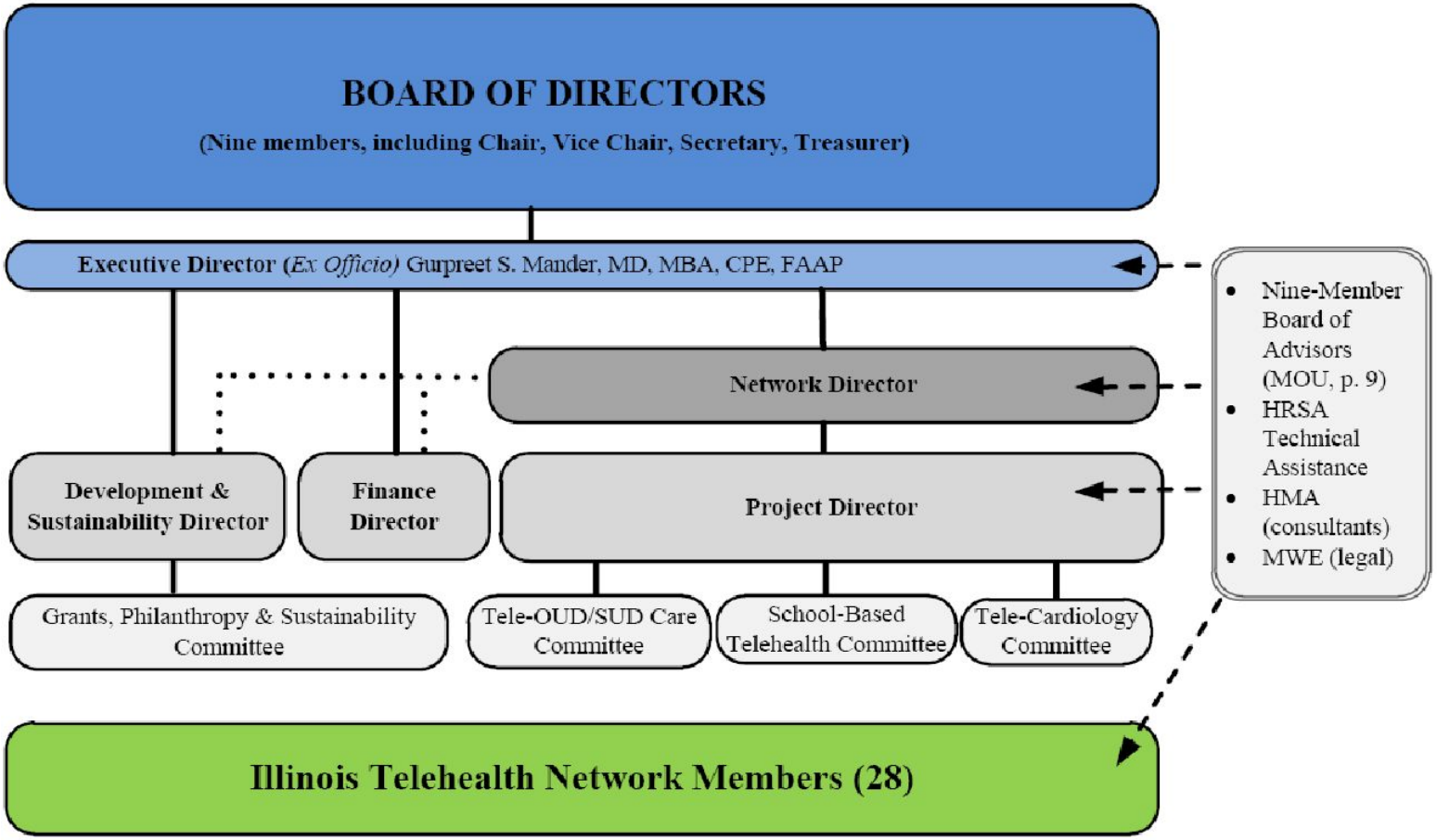
Inaugural ITN Board (2016)

- **Region 1:** ***HSHS St. John's Hospital*** (Springfield)
- **Region 2:** ***HSHS St. Mary's Hospital*** (Decatur)
- **Region 3:** ***Hillsboro Area Hospital*** (Hillsboro)
- **Region 4:** ***Shelby Memorial Hospital*** (Shelbyville)
- **Region 5:** ***St. Elizabeth's Hospital*** (Belleville)
- **At-Large:** ***HSHS St. Francis Hospital*** (Litchfield)
- **At-Large:** ***Pana Community Hospital*** (Pana)



Illinois Telehealth Network

ITN ORGANIZATIONAL CHART (JULY 2020)



Innovators Pioneer Award

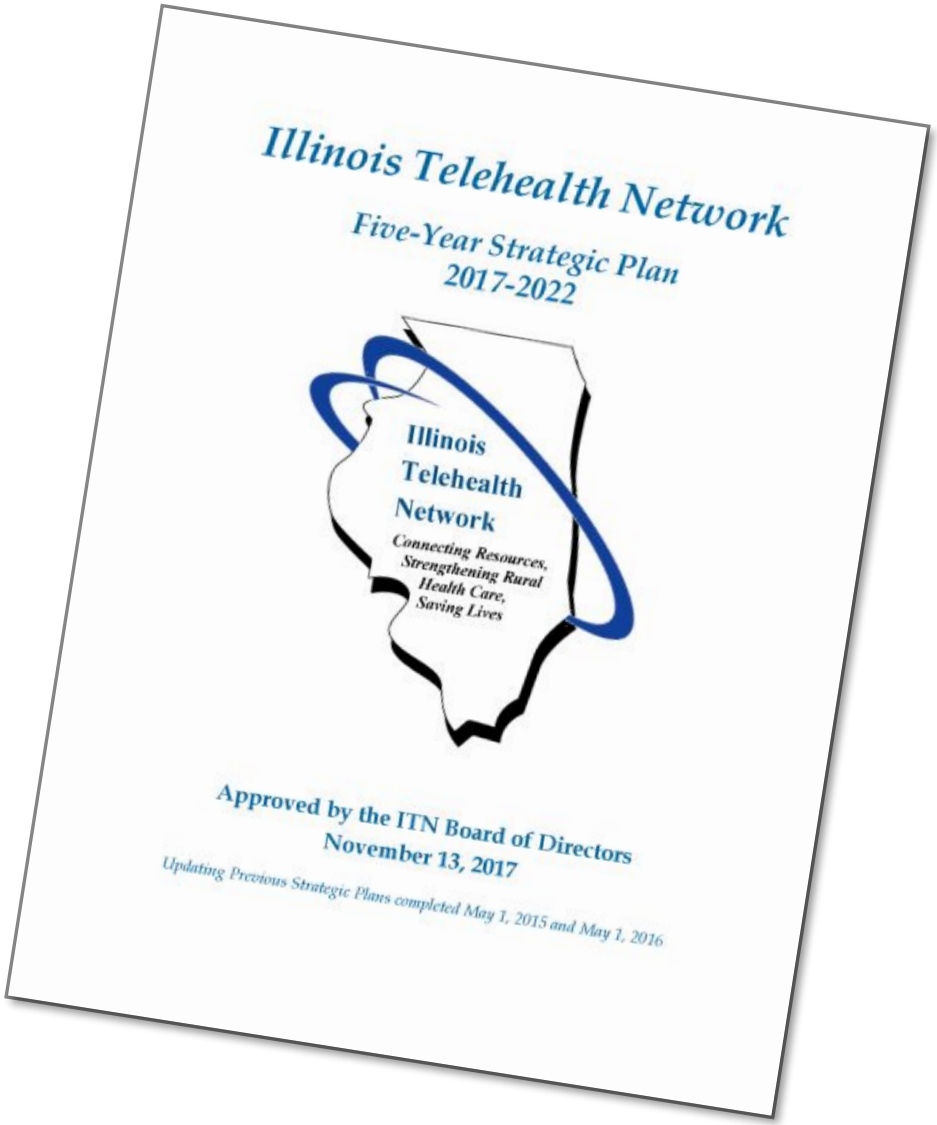


- This award is a reproduction of the April 1924 cover of *Radio News* magazine pictures a drawing of a physician "viewing" his patient over the radio, which included a television screen, a stethoscope, and a printer.
- Television, however, was not even invented until 1929, five years later, and true telemedicine was not actually practiced until the 1950s in the United States.

Illinois Telehealth Network

Connecting Resources, Strengthening Rural Health Care, Saving Lives

Strategic Plan



ANNUAL NEEDS ASSESSMENT SURVEY

As a component of strategic planning over three years, ITN has conducted several member needs assessments and focus groups to identify local health needs and provider shortages that reduce patient access to care. Findings over the last 4 years identified the following barriers and challenges to telehealth operations:

- Lack of adequate telehealth reimbursements and high costs
- High risk in ongoing capital and operational expenses without demonstrated sustainability
- Uncertain physician buy-in, leadership and involvement, and adoption of telehealth
- Challenge of patient acceptance, adoption and perception of quality of care
- Capacity to implement telehealth programs
- Uncertain return on investment (ROI) of telehealth applications
- Challenge of provider credentialing at multiple sites with various medical staff bylaws
- Access to latest telehealth resources and information

MEMORANDUM OF UNDERSTANDING (MOU)

The most recent grant funding received by ITN is a HRSA Rural Health Network Development grant led by HSHS Good Shepherd Hospital for the period of July 1, 2020-June 30, 2023 (three years)

28 ITN network member CEOs signed an MOU committing to participation and collaboration on the HRSA grant

The grant provides $900,000 in federal funds, matched by a $45,000 grant from the Hospital Sisters of St. Francis Foundation

Attachment 3: Letter of Commitment

March 20, 2020

Dr. Benoit "Ben" M. Mirindi, PhD, MPH, MPA, Senior Public Health Analyst
Division of Grants Management Operations, OFAM
Health Resources and Services Administration (HRSA)
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857

Re: Letter of Commitment for HRSA RCORP-Implementation Application *(Attachment 3)*

Dear Dr. Mirindi,

As required by the *HRSA-20-031* Notice of Funding Opportunity (NOFO), this signed letter describes the commitment, expertise, role, responsibility of each Northeast Wisconsin Heroin Opioid Prevention Education (NEW HOPE) Coalition Member in a HRSA RCORP-Implementation project application that is focused on northeastern Wisconsin. This letter will be submitted as *Attachment 3* in our grant application.

The legal name of the lead applicant (and the first signer of this letter) is St. Vincent Hospital of the Hospital Sisters of the Third Order of St. Francis d/b/a/ HSHS St. Vincent Hospital, d/b/a Libertas Treatment Center of Marinette, Wisconsin ("Libertas"). Per requirements of the NOFO, this commitment letter includes:

I. Background and Formation of NEW HOPE Coalition
II. Overall Goal and Period of Performance
III. Service Area: Five Rural Counties and One Tribe in NE Wisconsin
IV. Core Activities
V. Project Staffing
VI. Governing Structure
VII. Coalition Member Roles and Responsibilities
VIII. Frequency of Meetings
IX. Termination and Nonparticipation
X. Member Commitment Authorization (Signatures)

We wish to thank you and the RCORP-Implementation reviewers for your consideration.

I. Background and Formation of NEW HOPE Coalition

The NEW HOPE Coalition was formed in 2015 to collaborate and coordinate to address opioid and substance use disorder (OUD/SUD) prevention, treatment and recovery in northeastern Wisconsin:

- In 2015, Libertas Treatment Center of Marinette, Wisconsin ("Libertas"), with physician partner Prevea Health and HSHS St. Vincent Hospital, received a five-year grant from the Wisconsin Department of Health Services to establish an opioid methamphetamine treatment center.
- In March 2018, Libertas, Florence County Human Services, the Menominee Tribal Clinic serving the Menominee Indian Tribe of Wisconsin, HSHS St. Vincent Hospital, Prevea Health and HSHS St. Clare Memorial Hospital signed a MOU to plan and deploy OUD/SUD telemedicine at 10 rural sites, with a

Hospital Sisters HEALTH SYSTEM

mission "to improve access to health care, in rural, underserved and disadvantaged communities through the application of telehealth solutions" and a vision that "distance should never be a barrier to the best possible OUD/SUD prevention, treatment and recovery care."

- In December 2018, seven Coalition Members led by Libertas signed a MOU to formalize an expanded **NEW Heroin Opioid Prevention Education (NEW HOPE) Coalition** and was awarded a HRSA Rural Communities Opioid Response Program-Planning (RCORP-Planning) grant to conduct OUD/SUD prevention, treatment and recovery planning in a rural five-county area of northeastern Wisconsin. The project's goal was to reduce the morbidity and mortality associated with opioid overdoses in high-risk rural communities by strengthening organizational and infrastructural capacity. The project, ending May 31, 2020, continues to be successfully deployed with the completion of a needs assessment and gap analysis; strategic, workforce and sustainability plan.



- If funded by a HRSA RCORP-Implementation project grant, the undersigned in this Commitment Letter represent an expanded NEW HOPE Coalition that will support project staff with input and guidance to accomplish an Overall Goal and Core Activities.

II. Overall Goal and Period of Performance

In alignment with the 2017 *HHS Five-Point Strategy to Combat Opioid Abuse, Misuse and Overdose*, the 2020 *Rural Community Action Guide Building Stronger Healthy, Drug-Free Rural Communities*, and *Healthy People 2020*, the overall NEW HOPE Coalition RCORP-Implementation Project goal is to strengthen and expand OUD/SUD prevention, treatment, and recovery services to enhance rural residents' ability to access treatment and move towards recovery. The anticipated period of performance is September 1, 2020 through August 31, 2023 (3 years).

III. Service Area: Five Rural Counties and One Tribe in NE Wisconsin

RCORP-Implementation Project efforts will be focused on the rural counties of Florence, Marinette, Menominee and Shawano, and the seven eligible rural census blocks of Oconto County in northeastern Wisconsin. (Coverage of non-rural census blocks of Oconto County will be provided with private foundation funding, and no federal grant dollars will be spent on non-rural census blocks.) This service area includes tribal area and members of the Menominee Nation.

IV. Core Activities

Core Activities will be grounded in evidence-based or promising practice models and will be tailored to meet the unique needs of the target populations (described in III. above) as identified by a comprehensive 2019 needs assessment and gap analysis. Over three years, the NEW HOPE Coalition will implement the following required RCORP-Implementation Core Activities to support OUD/SUD prevention, treatment and recovery. ***(Coalition member project roles, responsibilities and activities are included in VII. Below with added specifics with each signature below.)***

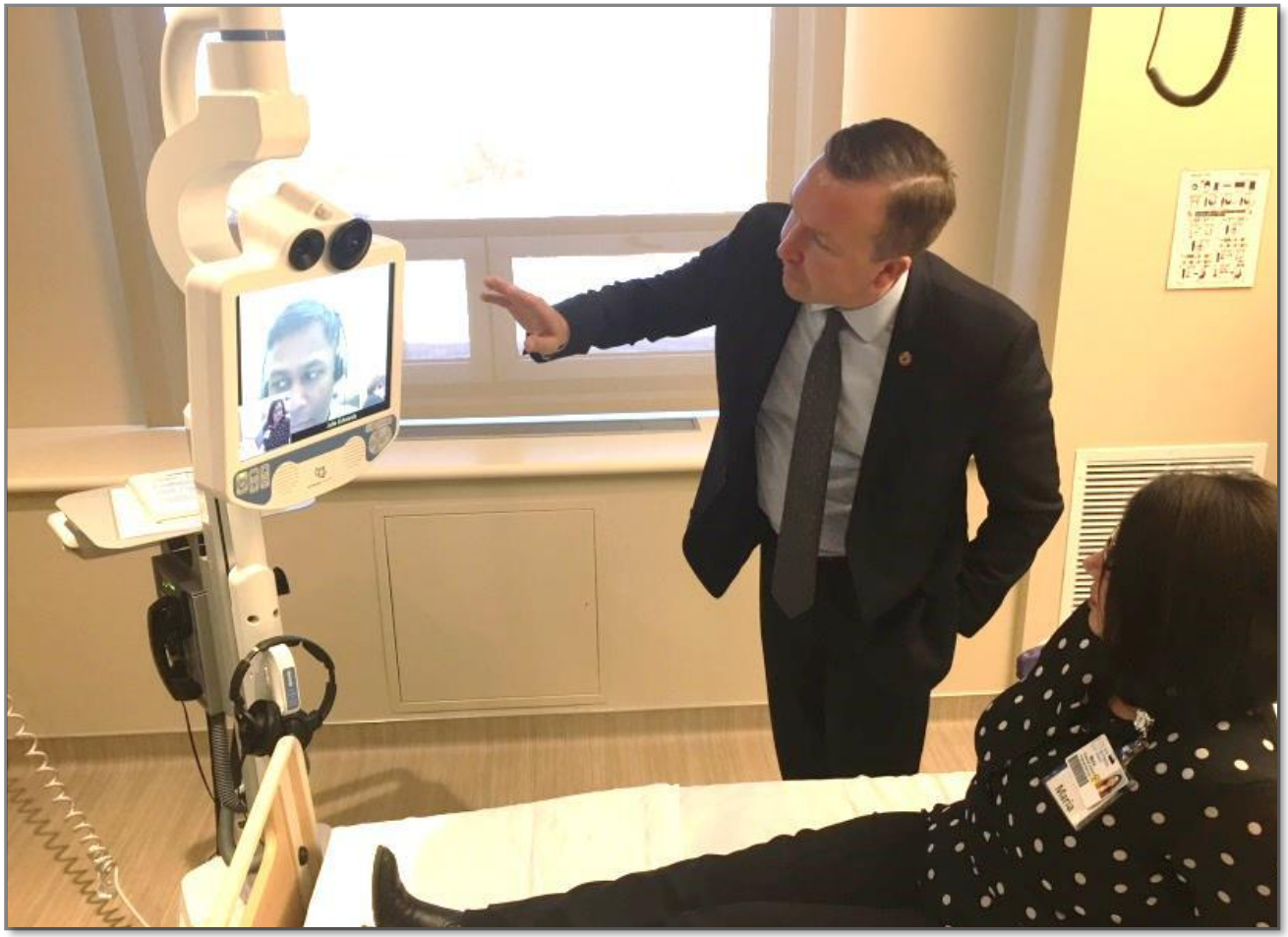
A. Prevention Core Activities

1. Provide culturally and linguistically appropriate education to improve family members', caregivers', and the public's understanding of evidence-based prevention, treatment, and recovery strategies for OUD/SUD, and to reduce stigma associated with the disease.

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Advocacy & Education

Tele-Stroke Demonstrations at Litchfield hospital emergency department



Illinois Telehealth Network

Advocacy & Education

Illinois Senate Bill 3049 Advocacy & Legislative Testimony

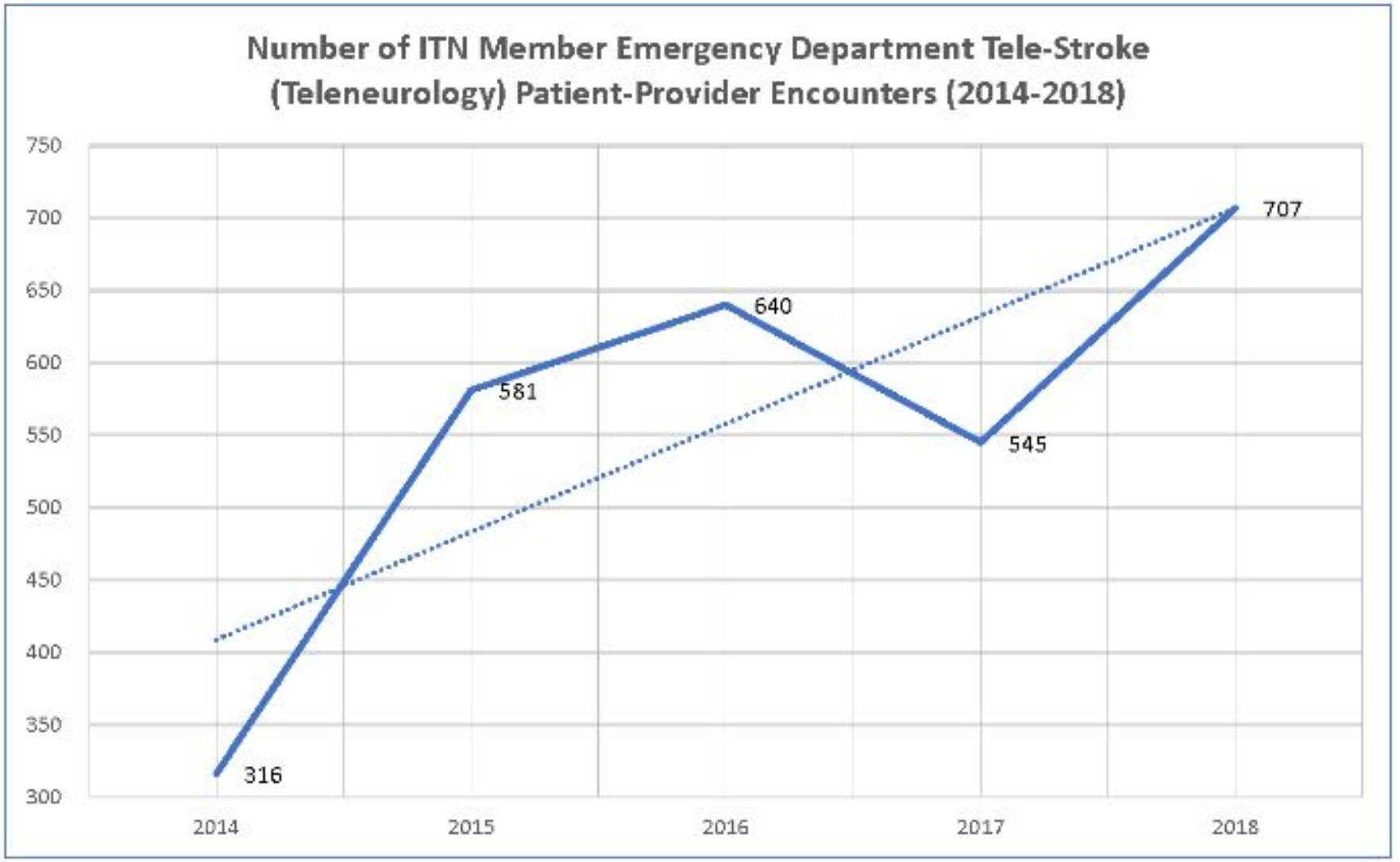


Advocacy & Education

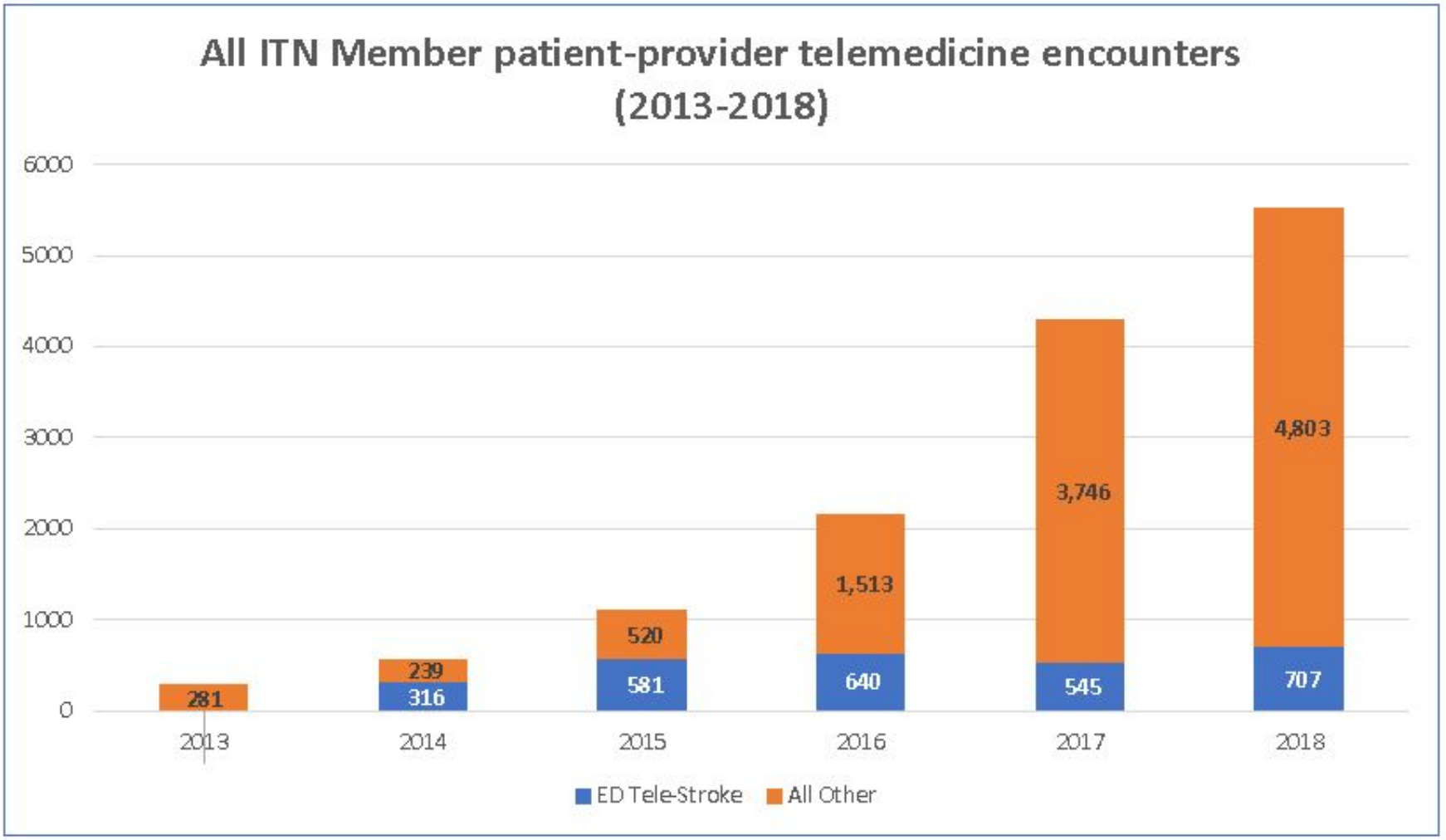


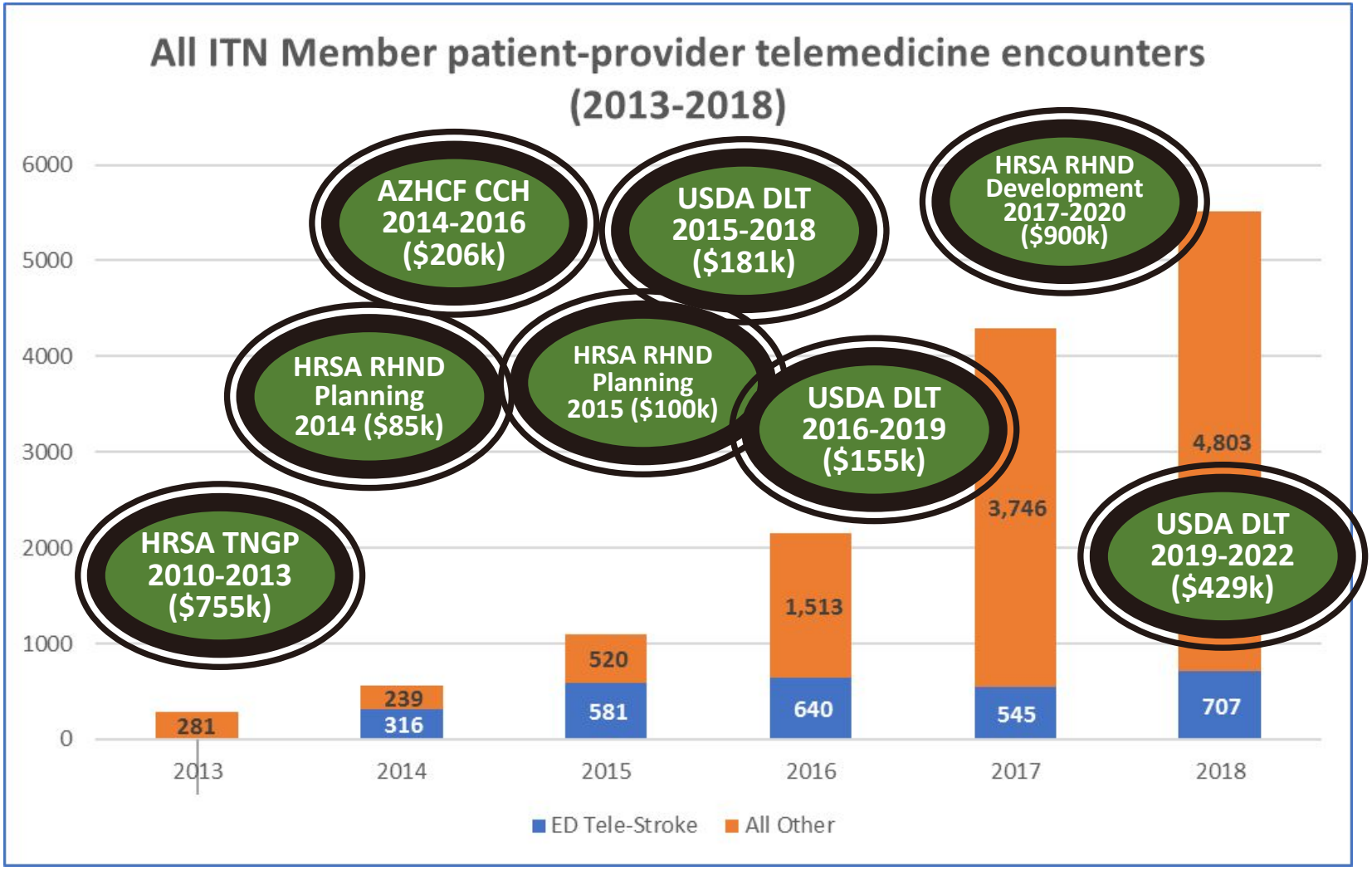
Illinois Senate Bill 3049 signed into law by the Governor (August 22, 2018)

Patient-Provider Tele-Stroke Encounters (14 Sites)



Network Member Telemedicine Patient-Provider Encounters




All ITN Member patient-provider telemedicine encounters (2013-2018)
6000
5000
4000
3000
2000
1000
0
AZHCF CCH 2014-2016 ($206k)
USDA DLT 2015-2018 ($181k)
HRSA RHND Development 2017-2020 ($900k)
HRSA RHND Planning 2014 ($85k)
HRSA RHND Planning 2015 ($100k)
USDA DLT 2016-2019 ($155k)
HRSA TNGP 2010-2013 ($755k)
USDA DLT 2019-2022 ($429k)
281
239
316
520
581
1,513
640
3,746
545
4,803
707
2013
2014
2015
2016
2017
2018
ED Tele-Stroke
All Other

Key Benefits of a Network/Coalition



Doing More With Less

- Sharing costs & savings
- Pooling resources
- Providing new, more & better services (i.e. urban member may help rural stakeholders)

Creating Economies of Scale

- Sharing applications, services, staff & equipment
- Leveraging funding & grants
- Leveraging higher volumes for better price points

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Network Development: Key Elements

1. The network was formed in response to a *compelling need that was mutually recognized* by members.
2. The network was formed to provide *benefits* to members, the public, or both.
3. Network *form is determined by expected network functions*.
4. Network members are *organizations whose resources are essential for success.*

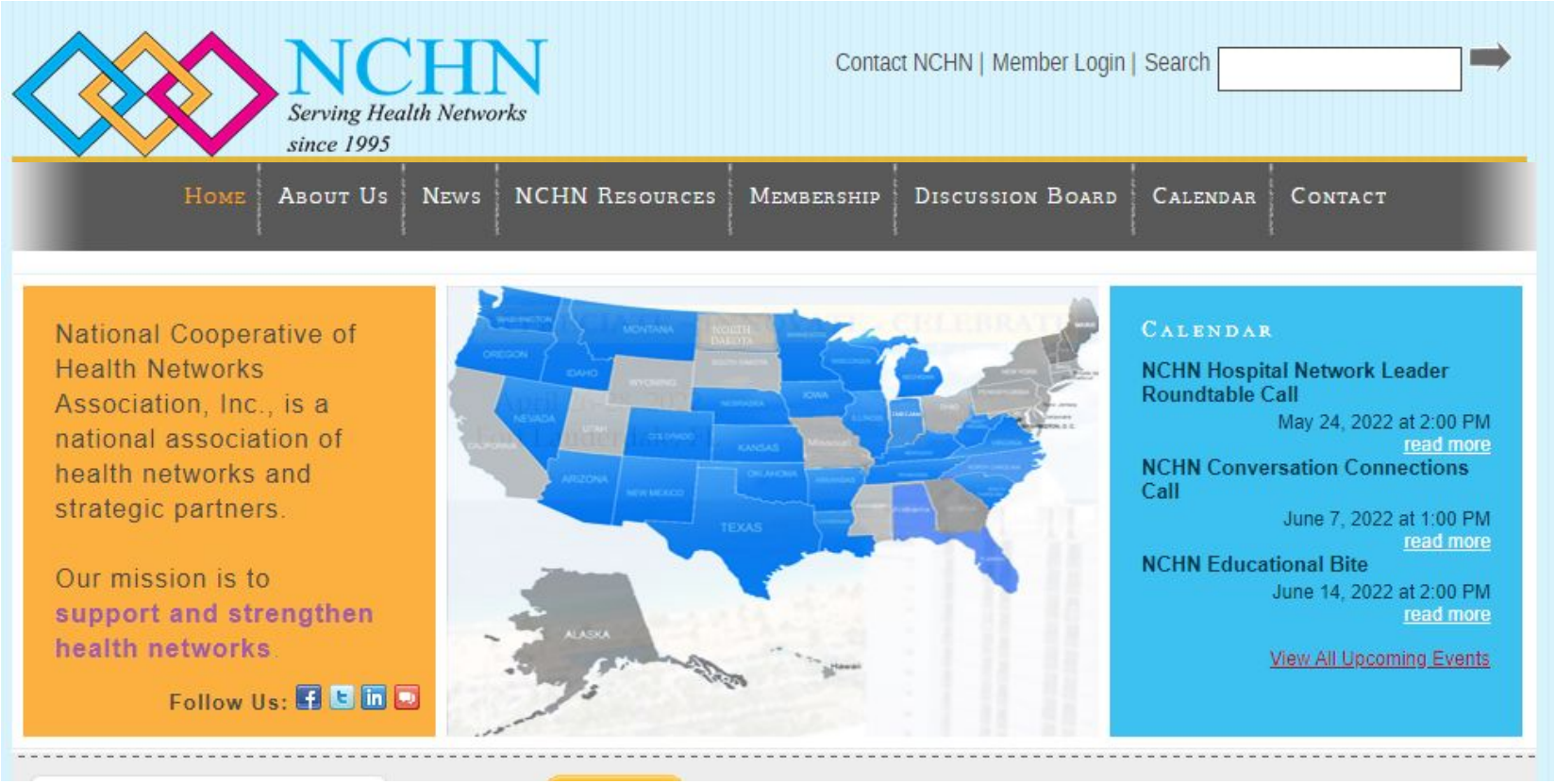
-Gregory Bonk, *Principles of Rural Health Network Development and Management* (2000), p. 3.



Illinois Telehealth Network

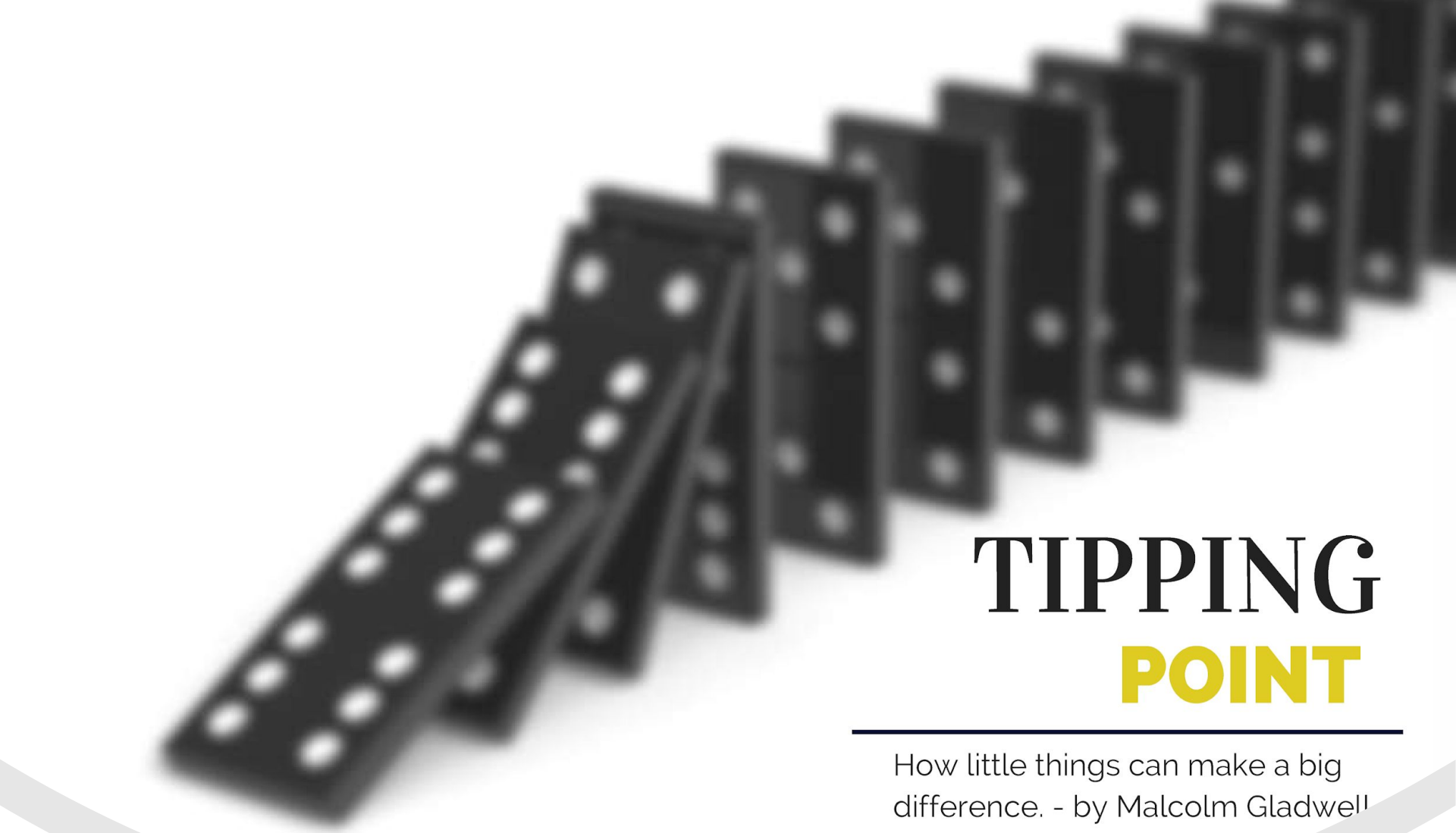
National Cooperative of Health Networks

https://www.nchn.org/





Chasmology:
The study of yawning

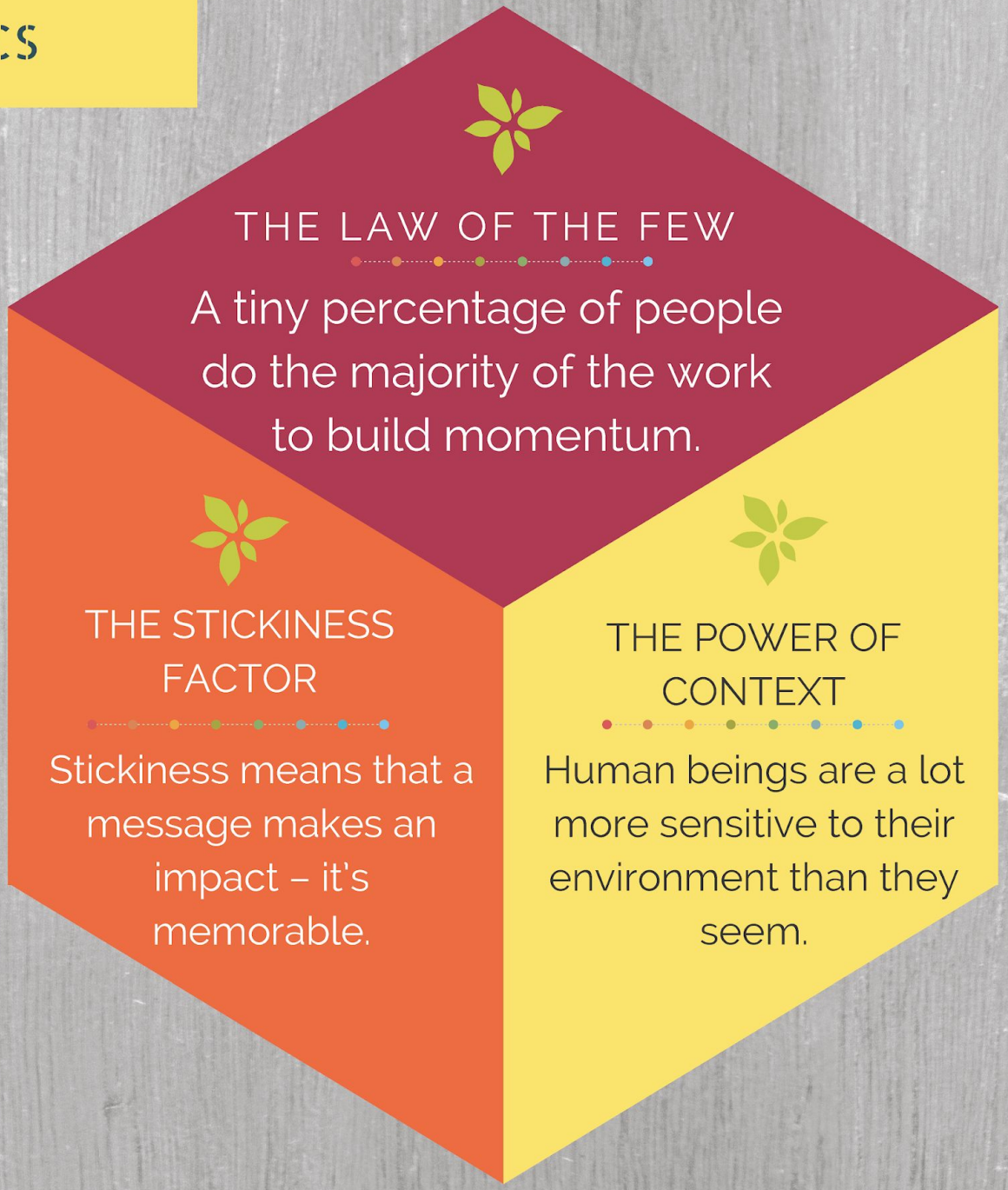


TIPPING POINT

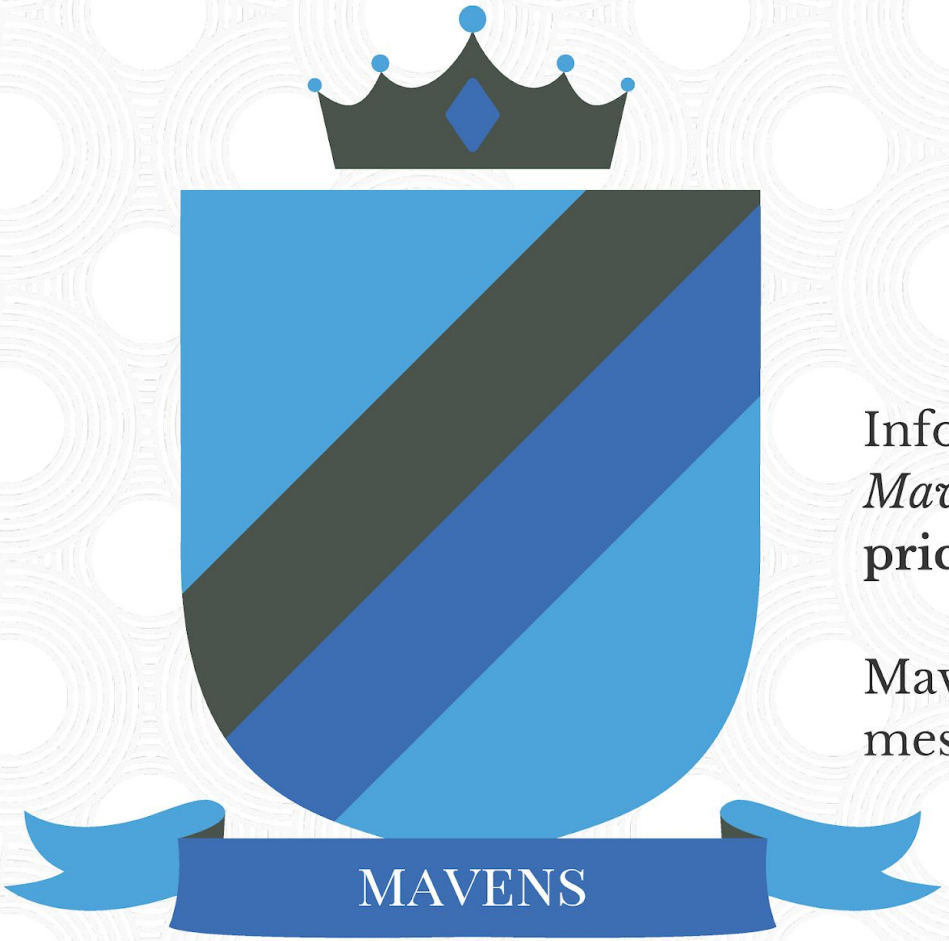
How little things can make a big difference. - by Malcolm Gladwell

Published by Little Brown in 2000

RULES OF EPIDEMICS



THE LAW OF THE FEW

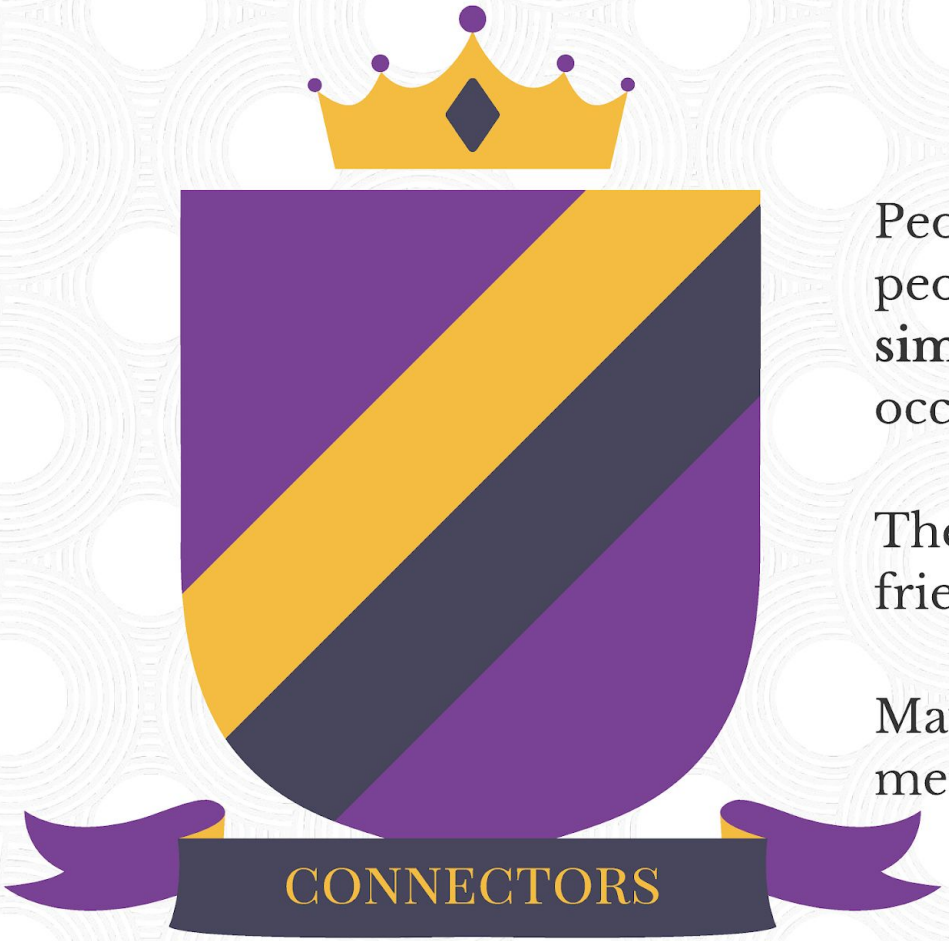




Information specialists or *"Market Mavens"* often pay close attention to **price/quality differences** in products.

Mavens are *data banks* – they provide the message.

THE LAW OF THE FEW





People with a *special gift* for bringing the people together. **Proximity overpowers similarity**; we associate with those who occupy the same spaces we do.

The acquaintance /"weak tie" – is a friendly but **casual social connection**.

Mavens are like **social glue** - they spread messages.

THE LAW OF THE FEW





Those with the **skills to persuade** us when we are unconvinced of what we are hearing.

On some level, salesmen c*annot be resisted*.

Questions & Discussion

References

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