

Southern Illinois Telemedicine Initiative

Background

In January 2015, Southern Illinois Healthcare, based in Carbondale, was awarded an 18-month USDA Rural Development grant for more than \$450,000 to create the Southern Illinois Telemedicine Initiative. The goal is to improve access and quality of care to seven rural hospitals, including four critical access hospitals.

The Southern Illinois Telemedicine Initiative includes Southern Illinois Healthcare's three hospitals—Herrin Hospital in Herrin, Memorial Hospital in Carbondale and St. Joseph Memorial Hospital in Murphysboro—as well as Union County Hospital in Anna; Marshall Browning Hospital in Du Quoin; and Harrisburg Medical Center and Hamilton County Hospital in McLeansboro. The network also includes the Southern Illinois University School of Medicine, Illinois Hospital Association, and Connect SI, a nonprofit organization working to improve broadband access to rural locations.

Interventions

Southern Illinois Healthcare's three hospitals and clinics serve 16 counties and treat more than 300,000 individuals near the Illinois border with Missouri and Tennessee. The organization's telehealth program is currently focusing on two services because of unmet demand: neurology (stroke) and behavioral health services. A long-term goal is to expand into family medicine. Southern Illinois Healthcare began offering services to Harrisburg Medical Center in May 2015 and to Marshall Browning Hospital, Union County Hospital and Hamilton County Hospital in late 2015. Each of these hospital is designated as a critical access hospital.

Results

Since the program has recently launched, metrics are not yet available. Catherin Hungate, R.N., telemedicine coordinator at Herrin Hospital, expects that wait times in the emergency department will decrease, along with reductions in left-without-being-seen and length-of-stay rates and overall ED usage.

Benefits of the program include improved access and patient-centered care. Improved access in a timely manner results in better outcomes, Hungate emphasizes. Many of the patients that this initiative targets have never had access to some of the specialists participating in the telehealth program. When patients did have access, it required expensive and time-consuming travel, which was often beyond the patient's ability. Hungate predicts that patients suffering from serious conditions such as epilepsy or stroke will receive the specialized care they need. Patients with epilepsy have different types of seizures that call for different types of treatments, and those patients now will receive the best care for their condition, Hungate explains.

Lessons Learned

Reimbursement has been a challenge and created a serious roadblock. Eligible technologies, eligible providers, patient settings and geographic restrictions are different for each state. Hungate questions if this initiative would be possible without a grant. Hungate says the biggest surprise after implementing the telehealth program was how quickly physicians became comfortable with the technology. According to Hungate, providers in rural locations became more confident about the treatment patients were receiving after consulting with a specialist, realized this benefit and quickly adopted the technology. ED

physicians are now more willing to send patients home instead of admitting them to the hospital, since they are confident of the diagnosis. The telehealth program is about providing the appropriate care at the right time in the right place, Hungate adds.

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