HOOPESTON REGIONAL HEALTH CENTER
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Statement
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Illinois Hospital Transformation Review Committee

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Chicago and Springfield, Illinois

Members of the committee, thank you for inviting me to provide testimony on the state of healthcare transformation within the State of Illinois. I started my career as a respiratory therapist at St. Mary Medical Center in Hobart, Indiana 25 years ago.

My passion for improved access to medical services is driven by personal experience. My brother was in a motorcycle accident in 1989 and suffered a traumatic brain injury. This introduced me to healthcare and changed my life. At the time, there were no advance life support ambulance units in my town and only a volunteer staff. The community hospital was 45 minutes away with limited access to resources and specialists.

For 50 years, Hoopeston Regional Health Center has been committed to improving quality of life in the communities we serve. Our integration with the Carle health system on November 1, 2012, is our most recent commitment to bring more medical services to the area. With the Carle integration, patients have even more specialty care options and the latest technology close to home.

Since 2008, I have been the CEO of Carle Hoopeston Regional Health Center in Hoopeston, Illinois. It is a 24-bed critical access hospital that had been struggling to survive. But with transformation, it is now a provider of services in multiple communities.

I have also served as Chairperson of the Illinois Health and Hospital Association Small and Rural Constituency Committee, and have been actively engaged in Illinois and nationally on the process of Healthcare Transformation through Collaboration.

Current Platform for Rural Medicine

There are many critical elements that are the foundation to help drive healthcare transformation in rural communities. At Carle Hoopeston, they include:

- Having a strong primary care physician base.
- Increasing the use of Nurse Practitioners in smaller towns throughout our service area to help ensure that travel is not a barrier to care.

- Providing a first-dose medication program in rural health clinics to assure medicines are started in a timely manner.

- Partnering with local pharmacies to deliver medicines directly to the homes of patients who are unable to travel.

- Developing regionalized same day walk-in clinics.

- Partnering with a leading tertiary center in our area to introduce evidenced-based medicine to our rural hospital and emergency room.

- Having a specialist from our tertiary provider partner visit weekly in rural health clinics.

Where Transformation Is Leading Us Today

Building on that foundation for transformation in our rural communities, Carle Hoopeston is now working to launch new initiatives and identify needed next steps, including:

- Para-medicine programs have the ability to follow up on recently discharged patients in their homes and provide additional education and safety net to reduce re-admissions to hospitals.

- New technologies that allow tele-medicine visits on patients' phones or tablets.

- Additional training and fellowship programs for nurse practitioners and physician assistants. Such programs will lead to increased skill sets for NPs and PAs, allowing them to provide care in our rural communities, while their physician partners remain at collaborating sites. This reduces the competition for skilled physicians in markets, helping to mitigate physician shortage concerns.

- A movement to out-patient based medicine, with an emphasis on chronic disease management.

- Need for advanced data and analytics.

- Behavioral health services to be embedded into the primary care office for better access and timely intervention.

- Collaborations/Partnerships with other community organizations to address insecurities around housing and food needs of patients.

Why Transform

The current path of fee-for-service medicine is unsustainable, yet most rural hospitals continue to focus on inpatient services that are declining in Illinois and nationally. It is time to transition from this platform, to one that balances the value of services in the equation.

It is not enough to provide services. We need to better manage outcomes and be accountable to our communities for the resources we invest in new buildings and equipment. We should avoid duplication of services elsewhere that lead to higher overall costs.

We also need to move toward more population health centered care plans for our communities, to engage our patients in their care, including addressing potential barriers to care because of personal choices.

Rural hospitals are poised to be partners in the movement to value-based medicine, by nature of their size. They know most community members and are nimbly able to respond more rapidly to patient needs.

Challenges

Today's reimbursement models for rural medicine do not create alignment around the goal of making patients healthier, engaging them in care, and reducing costs. Each hospital is seen as an independent and competitive business unit, with collaborations leading to concerns about autonomy. This is in direct contrast to the goals of a national framework to improve the healthcare delivery system -- known as the Triple Aim -- Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs.

We need your help -- legislation to align these new and innovative care models with the goals of better care and outcomes.

Closing

In closing, I would like to thank the committee for all their work in passing the new Hospital Assessment Program, to assure that dollars from that program follow where those patients are being cared for in our State.

I encourage the committee to stay engaged in the transformation of healthcare at all levels of government, including support for the proposed Federal Rural Emergency Medical Center Act of 2018, which provides options for maintaining necessary medical services in our rural communities, creates better alignment of scarce resources and reduces costs.