



VIRTUAL CARE THROUGH TELEHEALTH



Closing Care Gaps with Telehealth Expansion in Illinois

A global pandemic has accelerated the use of telehealth services to keep patients healthy at home and to protect health care professionals on the front lines. Across the country, academic medical centers like SIU School of Medicine (SIU SOM) are using emergency, temporary rules for telehealth to reach medically underserved populations in small urban and rural areas in need of better health outcomes. Health disparities and care gaps for rural and underserved communities preceded COVID-19 and will remain when the crisis has ended.

It's time to establish a permanent telehealth infrastructure and regulatory framework that helps to close gaps and expand access to care for all. SIU School of Medicine is advocating for the permanent expansion of telehealth services to:

- Require insurance reimbursement for telehealth services at the same rate as in-person visits.
- Eliminate restrictions on patient location and payment for new patient visits.
- Expand list of providers eligible for telehealth reimbursement.
- Expand the definition of telehealth services to include “health care, psychiatry, mental health treatment, substance use disorder treatment, and related services to a patient, regardless of their location, through electronic or telephonic methods”.
- Require health insurers to cover the costs of all telehealth services rendered by in-network providers to deliver any clinically appropriate, medically necessary services and treatments to insurer’s enrollees, and members under each policy, contract, or certificate of health insurance coverage.
- Waive all utilization review requirements and pre-authorizations for telehealth services.
- Limit cost sharing for telehealth services to the same amount required from patients for in-person visits from in-network providers.

As a member of the Illinois Governor’s Rural Affairs Council, SIU Medicine joins its colleagues in advocating for

- Improved access to healthcare by supporting telemedicine and broadband expansion in rural communities through partnerships with local, state and non-government stakeholders.

For more information, contact Laura Hepp Kessel, Director, Office of Telehealth, 618-615-5753 or lkessel21@siumed.edu.



TELEHEALTH

MAKING AN IMPACT

A MATERNAL-FETAL MEDICINE SUCCESS

Autumn Bohac of Effingham was diagnosed with Type 1 Diabetes when she was 16 years old. Now a 29-year-old mother of four, her health care journey reveals the everyday anxiety and pain that rural patients feel.

Autumn lives just a few blocks away from her town's hospital. However, the specialty care teams she has needed to manage her diabetes and four high-risk pregnancies have always been almost two hours away.

With her first two pregnancies, seeing a specialist required 1.5 hours of travel. However, during her 3rd and 4th pregnancies, she was able to use telehealth for appointments with SIU Medicine's Division of Maternal-Fetal Medicine in Springfield.

“I just can't stress how nice it was to be able to have specialty appointments that didn't require that I take an entire day off of work and search for childcare.” Telehealth options connecting Effingham to Springfield was “a huge improvement” to her way of life.

Still, one stressor for Autumn and millions of mothers like her is there were no options to deliver her children at her hometown hospital. With her health history and the lack of a NICU, delivering her babies required that she travel nearly 2 hours to Springfield.

Autumn wants every state and national policymaker talking about rural health to stop long enough to listen to the real-life struggles of people without transportation and access to healthcare that includes specialists and telehealth services. She believes that if they listen to stories like hers, they will quickly realize that this isn't about election politics at all.

“It's about access. It's about the everyday struggle to get the care you need. These are the stories that politicians need to listen to.”



It's now clear that telehealth is a vital part of the healthcare system.

Telehealth has proven to be a safe and effective way to provide some primary and specialty care during the COVID-19 public health emergency. Now, permanent state and federal policy changes are needed so that telehealth to the home can continue to be offered providing increased access to many individuals especially in rural Illinois.

The need for permanent and expanded access to telehealth is more important now than it's ever been and should continue to be an option for citizens across the state of Illinois. "Permanently expanding telehealth coverage can provide care to those most vulnerable in this state that might not have received care otherwise," said Laura Hepp Kessel, Director of Telehealth Services for SIU Medicine.

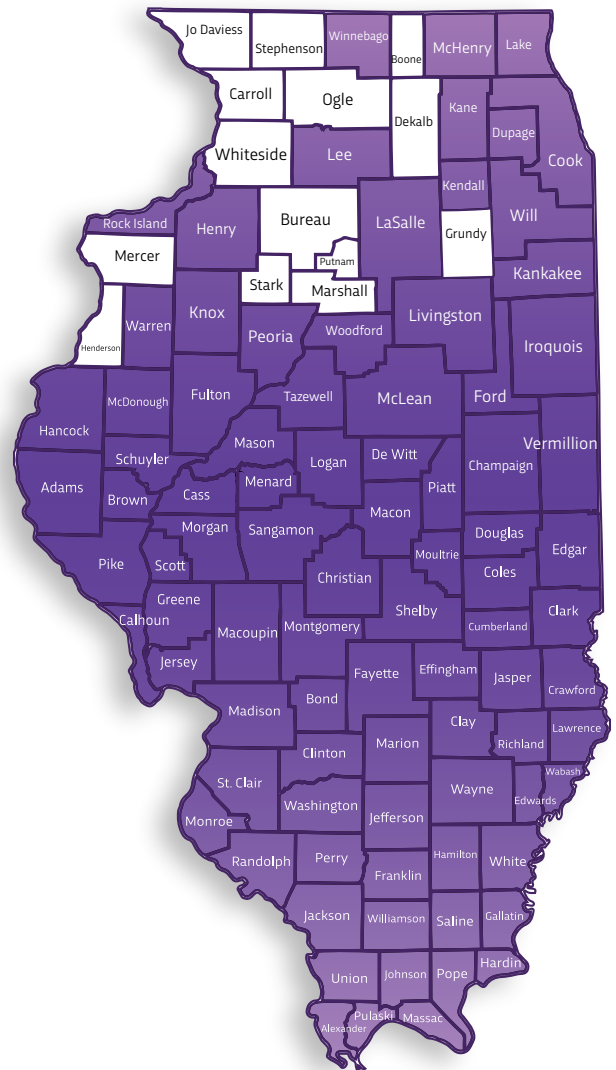
"All across rural Illinois, individuals have the ability to access care that might not have been available to them just six short months ago. Many individuals have access issues due to transportation, time off work, etc. and their home address shouldn't dictate the care they receive."

Telehealth Program Outcomes

- From January 31 to May 31, SIU SOM telehealth visits grew from 171 telehealth visits per month to 12,161 telehealth visits per month (46% of all visits). From March 1 to August 31, SIU SOM telehealth visits totaled more than 41,000 with an average of more than 6,900 visits per month.
- Primary care services saw a jump in telehealth visits with 54% of family medicine visits (5,305) and 81% of General Internal Medicine visits (821) during the month of May.
- Over 95% of psychiatry, 53% of pediatric specialties, and 54% of internal medicine specialty visits were via telehealth during the month of May.
- SIU SOM Psychiatry was able to maintain 96% of normal volumes through tele-psych services with patient satisfaction scores at or better than pre-COVID-19 visits.
- From mid-March to late-May, phone interviews were conducted with 2,295 SIU SOM telehealth patients.
 - Over 70% of telehealth patients surveyed said they would like to continue to see their provider via telehealth after the pandemic.
 - Of the patients surveyed, over 50% of telehealth visits were provided via video conference (primarily using Webex) and 47% were via phone.
 - On a scale of 1-5, 83% of telehealth patients surveyed indicated the highest ranking (5) that they would recommend SIU SOM to others.
- From April to July, SIU SOM patients with home addresses in Cook and the collar counties accessed telehealth services in the following specialties: primary care, psychiatry, plastics, pediatric genetics, neurology, and infectious diseases.

Telehealth Reach in Illinois

"Between March and August 2020, SIU Medicine Telehealth Services has connected patients to care in 88 out of 102 counties in Illinois. This reach demonstrates the power of telehealth services to connect patients to the primary and specialty care they need without regard for distance."



The map above represents the home counties of patients served by telehealth at SIU Medicine for the months of March through August 2020





TELEHEALTH MAKING AN IMPACT

AN EAR, NOSE & THROAT SUCCESS

Instead of renting a wheelchair-accessible vehicle, driving two hours and risking exposure to COVID-19, the Hall family from Tuscola, Illinois jumped at the chance to have a telehealth visit with an SIU Medicine surgeon.

Suffering from multiple sclerosis, Vicki Hall often makes the painful trip to see her various doctors in Central Illinois, including the trek to Springfield to see several of her SIU Medicine doctors. In January 2018, she was also diagnosed with esophageal cancer. After radiation treatments, her cancer is now in remission, but she struggles to swallow. To see if she's a candidate for a procedure to have her esophagus stretched, head and neck surgeon Sandra Ettema, MD, PhD, met with Vicki and her family in a virtual visit.

“Prior to COVID-19, we used telehealth where the patient traveled to their local, often rural, physician’s office and it took a lot of coordination with that clinic for someone to be trained on how to operate the technology, to set everything up for the patient, and then also do basic vitals on the patient for us,” said Dr. Ettema.

When the pandemic began, SIU Medicine clinics turned on a new version of telehealth to reach patients in their homes, in just a few days.

Using video chat technology, Dr. Ettema could talk with Vicki and listen to her describe her swallowing concerns. She then could recommend that Vicki go to her local hospital to do a swallow study – that way Vicki didn't have to travel to Springfield in an uncomfortable car for Dr. Ettema to determine her symptoms and explain that she needed a swallow test. She also didn't have to travel to Springfield to have the test – she completed it closer to home and the results were then sent to Dr. Ettema for review.

“SIU Medicine offers such a specialized group of otolaryngology (ear, nose and throat) surgeons, some of our patients are willing to travel very far distances to have surgery here,” said Dr. Ettema, who focuses on treating disorders of the larynx and voice. “For me to do a post-operative visit using telehealth, I can check on them without asking them to travel so far so soon after a surgery. I can see what they look like. I can hear how their voice sounds and have them cough. There are so many things I can see and hear via telehealth that lets me know if they are recovering well after surgery.”

For the Hall family in Tuscola, it made their lives easier and allowed them to maintain the same high level of care with a very specialized surgeon.

“With four grown children, we all help take Vicki to appointments and care for her,” said Rex Hall, Vicki’s husband. “With the video chat option, we could also have our daughter come over and join us for the visit to hear everything the surgeon said too.”

“We can actually provide a higher level of care because we can check on someone virtually more often, and they aren't waiting in the waiting room if I'm with another patient.”