The Leadership Issue

Medical News’ exclusive interviews with Kentucky healthcare leaders.

By Sally McMahon

Each year, Medical News selects healthcare leaders from throughout our regions to discuss issues that affect the industry, their companies and the people they serve. This year, we selected leaders from a variety of companies and backgrounds to examine the past year in healthcare and the impact critical decisions have made in Kentucky and Southern Indiana.

Where Do Leaders Agree?

All leaders agree on the importance of providing the highest quality care at the lowest possible cost. Strategies for how to achieve this goal vary from leader to leader, but most believe that consolidation of healthcare systems and increased collaboration work best. Not only will it enhance care for people in Kentucky, it will also avoid duplication of services, thus lowering costs. There is more emphasis placed on providing value in healthcare; implementing evidence based treatment programs, increasing transparency and being held accountable. The trend is having more coordinated and integrated forms of care provision, replacing the fragmented delivery of health and social services.

Today’s healthcare environment is constantly evolving, posing challenges for leaders. Mark Shugarman of Floyd Memorial said, “It is difficult to predict what will happen with reform over the next two years, as there are a lot of variables.” Many other leaders agree. Healthcare legislation passed in 2010 requires healthcare companies to follow new rules and regulations regarding how to carry out that legislation. David Laird of Jewish Hospital and St. Mary’s Healthcare said, “It is difficult to anticipate how to play by the rules when you don’t know what the rules will be.”

Most of the leaders were optimistic and expressed pride in advances made. Tony Zipple of Seven Counties Services said, “I see a bright future in which we can be nationally known for best clinical interventions, best access, best outcomes, and best management of healthcare services.” B. Mark Evers from UK HealthCare agreed, “Our continued success reassures Kentuckians that they do not have to leave the state to obtain outstanding cancer care.”

Medical News appreciates the insights shared by these leaders. If you or someone you know would like to be selected for the 2012 issue, or if you have additional comments regarding these interviews, email News@IGEMedia.com.

Common Themes

- High quality care at low cost.
- Consolidate healthcare systems.
- Evidence based programs.
- Increased transparency and accountability.
- Integrated care.

LEED for Healthcare

Last month’s article discussed the USGBC’s new LEED for Healthcare rating system. This follow-up article offers strategies for reducing the legal risks associated with green healthcare construction and also identifies alternative approaches for greening a healthcare facility.

Read more on page 20.

Kentucky company develops Ouchless Needle

BellaNovus Development Company, LLC, a medical design and manufacturing company, launched the Ouchless Needle Collection. The devices provide doctors and other clinicians an innovative alternative to numbing creams and ice currently used to minimize localized pain resulting from cosmetic injectables.

Read more on page 24.

MediStar Winners: Where are they now?

The MediStar Awards were established in 2007 as the region’s premier venue for recognizing excellence in the business of healthcare. Medical News decided to check-in with former award recipient, Hieu T. Tran, Pharm.D., to see how winning a MediStar has impacted his life.

Read more on page 25.

Serving Kentucky and Southern Indiana
Improving the business of healthcare

Our healthcare landscape is constantly changing. It takes strong leadership to ensure that we are providing the best healthcare for our patients while making sure we are using our healthcare dollars effectively. While we do not always get it right, our region is clearly taking steps in the right direction. As the interviews in this issue will show, our region has made some significant changes in the healthcare sector.

First and foremost, Kentucky implemented managed care to help manage the expanding costs of the Medicaid program. While this is certainly a good effort in controlling the budget, it will be important to make sure that both the patients and providers are treated equitably. There are plenty of ways to spend healthcare dollars effectively, while making sure patients have access to the care they deserve. In addition, our physicians should not bear the brunt of the costs of implementing managed care.

Kentucky has also implanted a few programs that should help decrease healthcare costs down the road. One such program, the daycare requirement for immunizations, does not have a huge up front cost, but will help keep our children healthy in the long run. In addition, smoking cessation programs will help make sure people address preventive, long-term diseases.

Our healthcare leaders have made significant efforts to improve the business of healthcare in Kentucky, but there is always room for improvement. We welcome feedback from our readers on their thoughts about how we can make the business of healthcare better in our region. Please send me your thoughts and comments (ben@igemedia.com) and we will share them in upcoming publications.

Sincerely yours,

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Medical News is distributed throughout the healthcare industry in Kentucky and Southern Indiana.

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Seven Counties Services honored for achievements

Seven County Services received recognition for excellence in the field of mental health by Mental Health America - Kentucky, Chief of Adult Psychiatry Dr. Robert Caudill and the Seven Counties Training Institute, along with its director Igor Dizdarevic, were recognized at the MHA-KY annual dinner. Dr. Robert Caudill will receive the Gaines Professional Award, which recognizes professional’s support of mental health issues.

Clark Memorial Hospital considered for national award

Clark Memorial Hospital is one of six hospitals nationwide that participated in a site visit from the Malcolm Baldrige National Quality Award last week. The National Quality Award is the nation’s highest recognition organizations can receive for having processes and results that prove excellence in quality. The award is given each year by the President of the United States to businesses, educational institutions, healthcare organizations and nonprofit firms that are judged to be outstanding in those seven areas.

VNA Nazareth Home Care recognized by HomeCare Elite

VNA Nazareth Home Care has been named one of the top 500 home health agencies in the country. The HomeCare Elite™ identifies the top 25 percent of home health agencies in the United States and further highlights the top 100 and top 500 agencies overall. Winners are ranked by an analysis of performance measures in quality outcomes, quality improvement, and financial performance. The 2011 HomeCare Elite is the only performance recognition of its kind in the home health industry.

Kindred acquires home health firm in Massachusetts

Louisville-based Kindred (NYSE: KND) has acquired the assets of Synergy Home Health Care Inc. in Massachusetts for an undisclosed amount, using cash from operations and proceeds from its revolving credit facility to finance the transaction. Synergy offers home-health services in the Boston area that generate about $5 million in annual revenue.

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Foundation for a Healthy Kentucky announces grants

The Foundation for a Healthy Kentucky announced five Social Innovation Fund grants totaling nearly $675,000. These grants are focused on improving access to health services, reducing health risks and disparities, and promoting health equity in Kentucky communities. The projects are expected to serve more than 10,000 people across the commonwealth in the next year. The five grant recipients are: Meade Activity Center, Inc., King’s Daughters Medical Center, Oldham County Health Department, St. Elizabeth Healthcare and Norton Healthcare Centers for Prevention and Wellness, in partnership with the Norton Healthcare Foundation.

UK’s first LEED Gold certified building

The new LEED Gold certified Davis Marksbury building on UK’s campus was dedicated in October. This building is the university’s first LEED certified academic facility, and is home to the UK Center for Visualization and Virtual Environments, as well as the departments of Computer Science and Electrical and Computer Engineering. It was declared LEED Gold certified by the U.S. Green Building Council (USGBC).

Humana and Pfizer form research partnership

Humana Inc. and Pfizer Inc. announced a five-year research partnership to explore new ideas and ways to improve the quality, outcomes and costs of the healthcare delivery system for senior citizens and other populations. Humana and Pfizer will bring together researchers and healthcare experts from both organizations to study key issues and deliver interventions to reduce inefficiencies in the management of chronic conditions.

Norton Suburban Hospital certified

Norton Suburban Hospital has earned The Joint Commission’s Gold Seal of Approval for certification as a Primary Stroke Center after undergoing an on-site evaluation and demonstrating compliance with nationally developed standards for stroke care. Norton Healthcare is the only health-care system in the region to receive Primary Stroke Center certification at all its adult-service facilities.

Child Development Centers of the Bluegrass new facility at UK

Construction has begun on a new facility for the Child Development Centers (CDC) of the Bluegrass located on the campus of the University of Kentucky. The facility, set to open in August 2012, will more than triple the number of children being provided services.

The new center will have a capacity for 166 children from six weeks to five years old and outpatient therapy programs serving additional children.

Do Your Patients Know About RADON?

There is sufficient evidence that radon is a cause of lung cancer. —World Health Organization Handbook on Indoor Radon, 2009

INFORM:
Share information about radon. Ask about our brochures.

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Write a prescription for radon home testing. Ask about our prescription pads.

ENCOURAGE:
Encourage your patients to test for radon and mitigate if above EPA action level of 4 pCi/L.

Contact us for free radon awareness materials!
UK Center for Pharmaceutical Research and Innovation opens

The University of Kentucky College of Pharmacy has created the Center for Pharmaceutical Research and Innovation (CPRI), recruiting Jon Thorson to serve as CPRI’s inaugural director. CPRI will help enhance the competitiveness of UK faculty in securing federal research funding in the area of drug discovery and development, while building upon the College’s strong tradition of educating high-quality graduate students and postdoctoral fellows for careers in drug discovery and development.

Central Baptist Hospital named top hospital

Central Kentucky women have ranked Central Baptist Hospital number one in Lexington for patient experience. WomenCertified recognized Central Baptist Hospital as one of the country’s Top 100 Hospitals for Patient Experience. No other Lexington hospital was named to the list, and CBH is among only six Kentucky hospitals recognized. Hospitals are selected for this prestigious annual list based on a proprietary scoring process that incorporates Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores along with a higher level of analysis that weighs criteria identified as the most important to women for patient satisfaction.

Seven Counties opening new child and family center

Seven Counties is opening a new south side Louisville center for children with severe emotional and behavioral issues and their families. The new facility will provide many new services, including a case management team, an in-home services team and a state of the art observation area. It is projected to serve up to 125 young people and their families each day.

University of Louisville School of Dentistry completes renovation

The ribbon cutting ceremony marks the completion of a two-year renovation. The $45 million project added more than 20,000 sq. feet and renovated another 211,000 sq. feet. The school had received few updates since it moved from Brook and Broadway to Preston Street in 1970. Enhancements include updates to infrastructure, operatory equipment and clinical education support. Other features include new digital radiography, incorporation of an electronic health records system and state-of-the-art classroom technology. Improvements in patient waiting rooms and clinical space include new chairs, lighting, cabinetry and touch screen computer terminals.

Kentucky’s Passport Health Plan is a national leader in asthma care

Passport Health Plan, a local Kentucky Medicaid health plan, is the nation’s fourth highest rated for the appropriate use of asthma controller medications among children ages 5 to 11. According to Healthy Kentuckians 2010, over 220,000 Kentuckians are affected by asthma. Of these, 72 percent are persons under age 45, and the number increases in all ages - especially children. Passport Health Plan has an average of 8,000 asthma members. Members with persistent asthma (i.e. those who require daily asthma controller medications) work one-on-one with a disease manager, receive home visits, health coaching and care coordination through a special Asthma Program. The program gives members the personalized attention they need to improve their asthma and stay healthy.

UofL turns engineering innovations into medical solutions

University of Louisville bioengineering researchers will use a $3.33 million award from the Wallace H. Coulter Foundation to help commercialize promising academic innovations into medical solutions to benefit patients. The Coulter Foundation will form a working partnership with UofL’s bioengineering department to promote translational research. The key UofL partners will be J.B. Speed School of Engineering, the School of Medicine, and the Office of Technology Transfer.

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Raising awareness of radon

UK program offers educational materials and test kits.

By Heather Robertson
Clean Indoor Air Partnership and Radon Policy Research Program, University of Kentucky

Prescription for Radon is a packet of educational materials designed to increase public awareness and encourage home radon testing. Many people do not know about radon and few test their homes. The materials were developed by the Radon Policy Research Program at the University of Kentucky College of Nursing.

Radon-222 is a radioactive gas released during the natural decay of thorium and uranium, which are common, naturally occurring elements found in varying amounts in rock and soil. Odorless, invisible, and tasteless, radon cannot be detected with the human senses. Radon-222 decays into radioactive elements which damage lung tissue and can cause lung cancer.

The World Health Organization, the U.S. Surgeon General, and the President’s Cancer Panel agree that radon is the second leading cause of lung cancer. Yet, many people do not know what radon is or how it harms their health. Kentucky is classified by the U.S. Environmental Protection Agency (EPA) as a Zone 1 state, meaning it has the highest potential for radon exposure.

The risk of radon exposure is higher in Zone 1 states due to the likelihood of karst geology.

One in five homes in Kentucky have indoor radon levels equal to or greater than 4 pCi/L, which is designated as the “action level” by the EPA. Living in a home with a radon level of 4 pCi/L or greater highly increases the risk for lung cancer. Individuals whose homes test at 4 pCi/L or greater are advised to have their home mitigated by a certified radon professional to reduce their risk.

There is a synergistic effect between smoking and radon, increasing the chance of developing lung cancer. Individuals exposed to both tobacco smoke and radon have an increased chance of lung cancer because radon attaches to secondhand smoke particles, making it easier to inhale the radon and easier for the particles to attach to the lungs. The secondhand smoke and radon particles together cause DNA damage which increases the risk for lung cancer.

Since radon is colorless, odorless, and tasteless, the only way to know if radon is in the home is by testing. Radon test kits are provided at no cost through the local health departments or the state radon program. Home testing for radon is simple and typically only takes three days. If the results are above the U.S. EPA action level of 4 pCi/L, it is recommended that a certified radon professional install a mitigation system. Anytime major renovation of the home occurs, it is important to test the home again to ensure that the home is still radon-free.

Prescription for Radon consists of brochures for both the patient and the healthcare professional. The activity books and patient brochures are designed to be shared directly with patients or placed in lobbies and/or waiting rooms. Healthcare providers play an essential role in educating the community about radon.

To receive the free Prescription for Radon packet for your practice, please contact the Radon Policy Research Program at (859) 323-1396 and visit the website at www.radon.uky.edu for more information.
Mark Carter sees need for transformational change

It's a harsh truth, but we have seen only incremental gains in the practice of medicine over the past twenty years. Sure, treatments have advanced and today we have new technologies like robots. Many medical staffs have implemented evidenced-based medicine techniques to improve results and lower costs. But even conceding that, people in our region are overweight, we still have more smokers on average than the rest of the country and more folks are living in or near the poverty line; all of which are a recipe for unacceptably poor health status, higher incidences of chronic diseases and acute episodes and inexorably rising costs.

One of the concerns raised over the past 12 months is the potential shortage of physicians in our regions. Are there things we can do to make our region more attractive to physicians?

Our society faces the same baby boomer issues with physicians as we do with engineers, lawyers and other professionals. We are losing an incomprehensible level of talent and expertise to retirements. I think the key here is training more physicians, specifically more primary care physicians. With all of the debate about the hospital merger, one thing that has been missed by the general public is the need for a healthy School of Medicine at the University of Louisville. No matter what the outcome of the merger, we have to step up to the challenge of appropriately supporting our medical school. That means funding the University’s efforts and providing a place for the faculty to practice.

It is clear that political leaders are pushing for changes in our healthcare system. What changes do you think will happen in the next two years? What changes should happen quickly?

The movement toward accountable care organizations is a step in the right direction and should be continued whatever the outcome of the debate about reform. But, that’s just another incremental step. The system is mind-numbingly complex and nothing short of transformational change will bring about better access, higher quality outcomes and lower cost. Unfortunately, absent a crisis, our political system cannot deliver transformational change.

As a community, what can we do to help our region be a better place for businesses that work in, and support the healthcare system? What suggestions would you make to our leaders in order to make Kentucky a better place for people working in the business of healthcare?

Businesses need to invest in health and wellness programs for the employees and their families. And, they need to provide meaningful financial incentives for employees to exercise, lose weight, access preventive medicine…generally manage their individual health. If Metro Government can do something along those lines for its employees and citizens who don’t have access to those services, great.

Although Passport Health Plans has largely been successful for the Medicaid population in Louisville, it faced many challenges in the past year. How has the organization changed and how will continue to evolve?

Passport Health Plan is stronger today as a result of the challenges it faced last year. Governance has been completely restructured. The Plan is now managed locally and its employees are focused on working with the Department of Medicaid Services and our providers who take care of our members. Despite the controversy, Passport limited administrative costs to less than seven percent while actually improving its national ranking from 15th to 13th best Medicaid Health Plan in the country according to the NCQA. We believe this model is preferable to the model being used throughout the rest of the state, where out of state companies will transfer much of the savings they achieve away from medical care to fund administrative costs such as marketing, as well as provide a return for shareholders. We intend to evolve into an accountable care organization for Medicaid…with savings to be shared with the Commonwealth and our providers in order to increase access to care and improve quality.

As the managed care model roles out throughout the state, do you feel the model will be successful in the rest of Kentucky? How will the increase in the number of managed care companies in Kentucky affect the model?

If the goal is to limit the rate of increase in costs incurred by the state, then yes, I do think it will be successful in the short run. However, if the goal is to improve access and quality, then I have my doubts based upon the experience in other states. And, nothing in that model address then tendency of Kentuckians to be sedentary, overweight, smoke and abuse drugs and alcohol. But, the Commonwealth faced a daunting budget challenge, so a focus on costs probably is what was needed right now.
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Jewish Hospital & St. Mary’s Healthcare views merger as part of national trend

Medical News is celebrating its 20th anniversary of covering the Business of Healthcare in Kentucky and Southern Indiana. Briefly, how has the healthcare system transformed the practice of medicine for an institution like Jewish Hospital & St. Mary’s Healthcare?

Pending healthcare legislation will alter the economic factors for all providers – hospitals and physicians. Reimbursements per test and per procedure continue to shrink even more than in the past and we have to document clinical outcomes to show improvement over time. We also have to participate with greater transparency for regulatory agencies.

We now perform 60 percent of our procedures in outpatient facilities.

It is clear that political leaders are pushing for changes in our healthcare system. What changes do you think will happen in the next two years? What changes should happen quickly?

The first phase of the Affordable Care Act, which was passed in March of last year, was one of the major pieces of legislation ever passed in this country. Changes will become apparent as the rules and regulations regarding how to carry out that legislation are written. Meaningful use was defined for phase 1 in June and had 26 rules, but we don’t know how many more phases there will be. It is difficult to anticipate how to play by the rules when you don’t know what the rules will be. For healthcare providers, if the Supreme Court renders it void, the rules will become more complex.

We want to provide access for more people, but how can we afford it? Attempts have been made to address the issue and there are rules to make access better, but with costs escalating, it is difficult to figure out how to support expanded services.

As a community, what can we do to help our region be a better place for businesses that work in, and support the healthcare system? What suggestions would you make to our leaders in order to make Kentucky a better place for people working in the business of healthcare?

Kenton is in the top 10 for heart disease, cancer and obesity. Most Kentuckians live sedentary lifestyles, use tobacco products and maintain bad diets – none of which is conducive to healthy living. We have improved our air and water, inoculated our citizens against diseases, have a good public health system and provide Level I trauma services that can keep people alive, but the general population doesn’t do enough to keep itself healthy. We need to practice better living and get out and exercise more.

Healthcare System mergers is the popular story in 2011. Is this a trend that will continue in Kentucky? What affect, if any, will it have on our healthcare system?

Mergers are a trend nationally as well as locally. Jewish Hospital & St. Mary’s HealthCare merged with Catholic Health Initiatives (CHI) six years ago. Consolidations reduce costs. Norton Healthcare merged with Methodist Evangelical Hospital in the 80s. Baptist Healthcare, Community Health, LifePoint have all had mergers for good economic reasons. If we are being paid less and less for procedures, we need to reduce costs. Mergers help to avoid needless duplications of services.

What do you expect to be the hot topics in your industry in 2012? Do you see any significant shifts in healthcare business models?

I will have to credit Hank Wagner, former CEO of Jewish Hospital HealthCare Services, who saw the trend toward treating increasing numbers of patients in the outpatient setting back 30 years ago and built Jewish Hospital’s Outpatient Care Center in the mid-1980s. Ten years ago, we probably performed 10 percent of our procedures in outpatient facilities and now that figure is in the 60 percent range. JHSMH has aggressively converted its services to outpatient and reduced costs in that way. Our network outpatient facilities continue Hank’s vision.

What challenges face the healthcare industry in Kentucky? Are there opportunities to make the system more hospitable for healthcare companies?

There has been a long history of healthcare executives competing aggressively with one another. That will no doubt continue, but we have also made decisions in the past several years that reflect our commitment to do what is best for the community – even if it benefits our competitors. Two cases in point: JHSMH sold Norton Healthcare some property the organization owned in northeast Jefferson County because Norton wanted to build a children’s hospital there and JHSMH was aware of the need for such a facility in that area. Secondly: When Norton Healthcare relocated its Southwest Hospital, JHSMH stepped in to provide a continuation of emergency and diagnostic services there for residents of southwest Jefferson County.

From a prevention standpoint, are there programs that you have seen outside of our region that you would like to implement in Kentucky?

Preventive screenings are important. Prevention is education and screenings can provide a less costly outcome. Pap smears and hemoccult tests can diagnose diseases quickly and economically. Colonoscopies for African-Americans under 40 and whites over 50 save lives. Women are encouraged to do monthly self-breast exams and to be cognizant of any changes they might find. Prevention does not guarantee that you are OK, but screenings are an inexpensive way to find out if a more thorough exam is warranted. The more you know about your own medical history and hereditary factors you can share with your doctor, the better off you will be.
The mental and behavioral health community is caught between two intersecting trends. First, we have made great advances in the development of evidence-based interventions and treatment algorithms. We now know that with our best treatment, even the most severe mental illnesses can have quite good outcomes. Unfortunately, practice has been slow to catch up with our best knowledge and we still have limited availability of some of our most effective interventions (manifold cognitive behavioral interventions, for example) relative to our use of medications and inpatient treatment. Second, we are experiencing constant downward pressure on revenue. This makes it imperative that the community identify and prioritize the most cost-effective interventions.

Seven Counties Services has been recognized on a national level for their position on prescribing Xanax. How do you see your decision affecting the healthcare field?

Dr. Scott Hedges, our Chief Medical Officer, and his team deserve all of the credit for the Xanax decision and for implementation of the policy. It is a great example of using the best clinical evidence to develop policy and drive practice in the interest of our community and our patients. We should hold firm on well thought out policies that protect the interests of patients even if it means developing and enforcing policies that limit treatment options that are not effective or, in some cases, have high iatrogenic effects relative to their benefit. It is hard for any practitioner to be fully current on medical research. We need far more clinical decision support in medicine today and more willingness to say no as a matter of policy to outdated thinking and interventions. The Xanax decision is one example of this kind of policy.

What role do you feel that the government has in our healthcare system? Where is their involvement more detrimental?

I am a supporter of government involvement in healthcare. We spend almost twice as much on healthcare as any other nation with, for the price, disappointing outcomes and coverage for our citizens. It is shameful that almost one in six Americans have no health insurance and more than another one in six have only limited coverage. We can’t manage costs, provide universal coverage, and improve outcomes without stronger central government leadership in healthcare. That being said, government can bog down in its own problems with bureaucracy, inadequate funding, and political gridlock.

What do you expect to be the hot topics in your industry in 2012? Do you see any significant shifts in healthcare business models?

Everything in 2012 will revolve around cash, control, integration, and partnerships. For example, the effort to carve behavioral health into the general state Medicaid plan is ambitious and has great potential. It will push us towards less use of inpatient services and more creativity in our outpatient options. It will require new partnerships and leveraging the expertise of the partners. That being said, we need to know a lot more about access issues, reimbursement strategies, and the array of covered services before we will know how well the carve-in will work.

From a prevention standpoint, are there programs that you have seen outside of our region that you would like to implement in Kentucky?

In behavioral health we need to get smarter about prevention at all levels. There is wonderful work being done in Great Britain and in pockets across the US in reducing the impact of psychotic disorders through early intervention using psycho-educational interventions, cognitive behavioral treatment, supported employment services, supported education, and so on. There are great examples of strategies to prevent early mortality in people with serious mental illnesses (now 25 years earlier than the general population) by reducing smoking and metabolic issues.

What has the evolution of healthcare looked like in our region? What do you see for the future?

I see a bright future in which we can be nationally known for best clinical interventions, best access, best outcomes, and best management of healthcare services. We have tremendous indigenous advantages and impressive existing capacity. We live in times that are both exciting and anxiety provoking but we live in times with opportunities to find new and better structures for healthcare delivery. If we have a shared vision, are smart and collaborative in approaching the challenges, and if we can continue to build on our advantages, Kentucky can be a real leader in the evolution of healthcare.
Nancy O’Brien on File Management Pros

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UofL president believes hospital merger will strengthen state

Medical News is celebrating its 20th anniversary of covering the Business of Healthcare in Kentucky and Southern Indiana. Briefly, how has the healthcare system transformed through the eyes of the University of Louisville and UofL Healthcare?

The Human Genome Project has dramatically changed all of medicine and has given communities such as Louisville and institutions such as the University of Louisville the opportunity to define market niches where it can literally be a leader, not just nationally but internationally. So it is with the Brown Cancer Center at the University of Louisville, the heart program that is a collaboration between the University of Louisville and Jewish Hospital, and our spinal cord injury program. It is important to develop partnerships to provide the following in rural areas: specialty care, expanded medical education and residency programs, and specific initiatives to train physicians.

One of the concerns raised over the past 12 months is the potential shortage of physicians in our regions. Are there things we can do to make our region more attractive to physicians?

The physician shortage is a national issue, not one unique to our state. The biggest physician problem in Kentucky continues to be in the rural areas. A recent study has indicated that over 50 percent of Kentucky is underserved.

It is clear that political leaders are pushing for changes in our healthcare system. What changes do you think will happen in the next two years?

Within the next two years the merger among University Hospital, Jewish Hospital & St. Mary’s HealthCare and Saint Joseph Health System will be fully implemented. This will result in enhanced access to high quality healthcare throughout our region, as well as throughout the state. More people throughout the Commonwealth will be able to receive the most advanced care possible closer to their homes because of the strengthened relationship of the academic medical center with the excellent community health care locations already in existence.

What benefits will the physician community recognize from the proposed merger between University of Louisville Hospital, Jewish Hospital and St. Mary’s Healthcare and the Catholic Health Initiatives?

The merger is about enhancing healthcare for the people of Kentucky. Community physicians’ patients will have better access to the advanced care available at the academic health center. Additionally, these patients will have better access to clinical trials that are exploring the newest treatments and preventions possible.

What do you expect to be the hot topics in your industry in 2012? Do you see any significant shifts in healthcare business models?

As is always the case, meeting patients’ needs with the highest quality healthcare always is the hottest topic in healthcare. There will be a continuing focus on quality, evidence-based management and changes in reimbursement rates as well as the way providers are paid. The healthcare issues we face within Kentucky, combined with the fact that more than half the state is classified as under-served and needing additional physicians, on top of the anticipated influx of new demand for services by the newly covered patients as a result of the Affordable Care Act, create significant issues for how we will meet the needs.

Kentucky is growing as a hot spot for biotechnology companies. Why is this industry important to Kentucky and what is the University of Louisville doing to support the companies and research being developed?

Kentucky has lost nearly 100,000 manufacturing jobs since the recession began. That hurts. But Louisville is becoming known as a growing city for life sciences. UofL, Nucleus, MetaCyte and the Office for Research and Innovation have had a direct impact on making that happen. We have worked with the City of Louisville to attract biotechnology firms from outside Louisville, as well as to create an environment where companies resulting from discoveries at the University of Louisville remain here. The collaboration among these companies and the University of Louisville faculty, as well as the entire downtown medical center, create an environment of excitement and growth because of the shared interests and the quest for creating new knowledge that drives the UofL Health Sciences Center. The importance of the biotechnology industry should not be underestimated. And these are well-paying jobs that will have significant economic impact on Louisville and our region.
Medical News is celebrating its 20th anniversary of covering the Business of Healthcare in Kentucky and Southern Indiana. Briefly, how has the healthcare system transformed the way companies like Kindred provide care?

Kindred has had to look for ways to become more efficient and effective in the care we deliver so that we can fulfill our mission to promote healing, provide hope, preserve dignity and produce value for each patient, resident, family member, customer, employee and shareholder we serve. From an IT perspective, we have built a highly scalable IT infrastructure to support our expansion across all post acute care settings, automate our referral/admission processes, improve clinical care and billing processes and deliver real-time enterprise level management and financial reporting.

It is clear that political leaders are pushing for changes in our healthcare system. What changes do you think will happen in the next two years? What changes should happen quickly?

There’s a strong push for integrated care and integrated payment systems. To address this, Kindred’s “Continue the Care” strategy offers services across the post-acute continuum through our long-term acute care (LTAC) hospitals and nursing and rehab centers, allowing our patients to recover to the fullest extent by providing care in the proper care setting.

As a community, what can we do to help our region be a better place for businesses that work in, and support the healthcare system? What suggestions would you make to our leaders in order to make Kentucky a better place for people working in the business of healthcare?

Having an organization like Health Enterprises Network affords us the opportunity to learn from nationally-renowned speakers on healthcare policy and delivery, some of which live and work right here in Louisville! At Kindred, we have been working hard to earn regional and national awards that our employees can be proud of! Kindred has been ranked one of Fortune magazine’s Most Admired Healthcare Companies in 2009, 2010 and 2011, and our IT organization has been recognized on the InformationWeek 500 for the past 12 years!
signature healthcare focuses on innovative ways to care for seniors

as far as actual space is concerned, we're seeing a lot of innovation around this right now, because the nursing homes that were built a few decades ago weren't designed as a clinical model. But it's probably unrealistic to think about building $30 million replacement facilities, given the lack of liquidity as lenders have tightened their purse strings during the last few years. To that end, i think we're going to continue to see more multipurpose creative uses of space, such as intergenerational learning programs and adult day care services offered in "nursing homes." i also think we'll see increased use of modular buildings and, again, technology will lessen the need for physical space.

with 1.6 million beds and more than 70 million baby boomers, there isn't nearly enough space to accommodate them all, but i don't see any incentive to make the industry bigger if you're a government official. instead, to drive down nursing home utilization, i think policy makers are going to shift policy towards funding home modifications and home-and-community-based services.

signature healthcare has taken a leadership role in forming the institute for long term care innovation. what do you feel is the role of innovation in the business of aging?

we need to have an approach and an attitude that is collaborative and open-sourced, and we need to make shared bets that are industry-wide to mitigate risk. social science and research are also vital to innovation. we should applaud the city of louisville and mayors fischer and abramson for supporting the nucleus of aging and addressing vital issues. our hope is to draw attention to the area, and therefore attract more funding for research and development, which will accelerate innovation for all players. we want louisville to be the global hub for the development, packaging and distribution of sustainable, scalable and disruptive products and services which intersect technologies and accelerate healthcare sector integration in the global marketplace.

what do you expect to be the hot topics in your industry in 2012? do you see any significant shifts in healthcare business models?

nursing home operators will continue to fight for funding with all the state and federal cuts that are taking place. this could also accelerate the rate of consolidation among nursing homes, with more 'mom-and-pop' facilities disappearing and chains expanding. we also could see some facility obsolescence, with some homes simply ceasing operations. we will also see more discussion around culture change in nursing homes, and more health care operators will look at less-conventional organizational structures due to streamlining of costs.

because of finite resources, we should also see nursing home utilization continue to decline with more care around telemedicine and home-based services. we see this as right in line with our specialized approach to identifying new innovation through applied research, for example, to improve diagnoses, offer targeted treatment, and therefore, improve clinical outcomes.

what has the evolution of healthcare looked like in our region? what do you see for the future?

right now there seems to be a mega-merger movement, with kindred acquiring rehabcare, omnicare potentially acquiring pharmerica, and the deal between u of l and jewish hospital & st. mary's healthcare. and unless the ftc blocks them, i don't see mega-mergers slowing.

our hope is to draw attention to the area, and therefore attract more funding for research and development, which will accelerate innovation for all players.

the mega-merger world makes big winners and losers, sometimes at catastrophic levels, and sometimes resulting in massive job losses. we don't want to be on the losing end of the merger equation. city and state leaders need to understand the risk of that and develop plans to become the first responder for the laid-off worker. the question becomes, 'how do we engage those workers whose jobs were lost to merger or attrition?' or 'what is our social responsibility to the knowledgeable worker who has something value-based to contribute?'

it's important for us to take collective risks, and with projects like nucleus and this fund, we can take these knowledge-based workers who might lose their jobs to attrition, and put them in a position that's motivating and exciting.

this is again where we will begin to see more innovation and specialized products and boutique services based on chronic disease management, geographic migrations between rural and urban populations, for example based on the current economic climate, demographic shifts in new demands, and finite resources.
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**Floyd Memorial promotes a healthy community**

The advent of new technologies and treatments has spurred shifts in how care is delivered and we are seeing a growth in outpatient care/procedures. As a healthcare provider, we are constantly being challenged to provide the best level of care to our patients more efficiently and new technologies are allowing us to do just that. Additionally, we continually strive to ensure that we never lose sight of personal, patient-centered care.

One of the concerns raised over the past 12 months is the potential shortage of physicians in our regions. Are there things we can do to make our region more attractive to physicians?

Southern Indiana is a terrific location to recruit a physician and his/her family. We are just minutes away from a multitude of options for arts, fine dining and activities for families. As a community, we have much to offer. As a society we need to address tort reform. There should be reasonable limits on damages that patients can receive, which should help to reduce malpractice premiums.

As a community, what can we do to help our region be a better place for people working in the business of healthcare?

As a community, the number one thing businesses can do is to understand the challenging work that clinical staff and physicians perform every day. In addition, businesses need to provide a work environment that is conducive to supporting a healthy workforce.

Healthcare providers will need to seek additional ways to collaborate in order to succeed in this new world.

Healthcare System mergers is the popular story in 2011. Is this a trend that will continue in our region? What affect, if any, will it have on our healthcare system?

We will likely see a further acceleration in the consolidation trend among providers as 1) hospitals and health systems work towards becoming Accountable Care Organizations, 2) the new bundle payments, aimed at improving care coordinator between providers, are in place, and 3) financial pressures on providers increase.

It is clear that political leaders are pushing for changes in our healthcare system. What changes do you think will happen in the next two years? What changes should happen quickly?

Obviously, healthcare reform is still top on the political agenda. It is difficult to predict what will happen with reform over the next two years as there are a lot of variables. There will be an increased emphasis on providing value in healthcare. Providers will and should be held accountable for providing the best quality of care to a patient at a reasonable cost.

What do you expect to be the hot topics in your industry in 2012? Do you see any significant shifts in healthcare business models?

For many years, Floyd Memorial Hospital has made it part of our mission to promote a healthy community. Floyd Memorial’s Healthy Community Initiative is a program that provides free health education and screenings to the communities we serve. As we look at the health needs of the community in 2012, we will continue to plan appropriate programs to ensure that the people we serve have access to the care they need. And as a non-profit organization we want to make sure we are being fiscally responsible, therefore the programs we support must directly align with the strategic mission of the hospital and the health needs of the community.

**Healthy Community Initiative**

Twenty years ago, Seven Counties Services, Inc. was entering its thirteenth year as the region’s primary provider of behavioral healthcare and developmental services. We are proud of our role in ensuring that first-rate behavioral healthcare is available, regardless of ability to pay.

How will Floyd Memorial work with the patients, physicians and payors to create a healthier community while maintaining financial stability?

**Mark Shugarman**

President and CEO

Floyd Memorial Hospital

**Medical News**

**The business of healthcare**

www.MedicalNews.md
Kindred Healthcare understands that when people are discharged from a traditional hospital, they often need continued care in order to recover completely. That's where we come in.

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- CONTRACT THERAPY SERVICES
- HOME CARE
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Medical News is celebrating its 20th anniversary of covering the Business of Healthcare in Kentucky and Southern Indiana. Briefly, how has the healthcare system transformed the practice of medicine for an institution like Clark Memorial Hospital?

The advent of new technologies and trends from the hospital perspective there is more of a focus on quality and the outcomes of patients leaving the hospital after treatment. The focus is on the processes of how patients are cared for ensuring patients receive treatments according to protocol.

One of the concerns raised over the past 12 months is the potential shortage of physicians in our regions. Are there things we can do to make our region more attractive to physicians?

There is a potential for a physician shortage around the county; however, Clark Memorial is very fortunate to have working relationships with IU, UL and UK and their physician residency programs. Several of our active medical staff physicians work with the universities to host residency students in their office and at our hospital. This allows the residency students to see firsthand what it would be like to practice medicine in the southern Indiana area.

As far as making changes to the region, I would include the building and ongoing maintenance of bridges and roadways to the list. Many of our physicians practice and see patients in hospitals on both sides of the river. Anything that can be done to lighten or improve their commute time will enhance patient care.

Healthcare System mergers is the popular story in 2011. Is this a trend that will continue in our region? What affect, if any, will it have on our healthcare system?

Yes, I believe it is a trend we will see continue in our area. The good news it, the mergers won’t affect the patients’ quality of care. A great example of this is a portable medical record for patients who have to go from one hospital to another. The electronic medical records system will allow facilities to share a patient’s medical history quickly and efficiently with the touch of a button.

What do you expect to be the hot topics in your industry in 2012? Do you see any significant shifts in healthcare business models?

One of the continued areas of focus will be the electronic medical records process. Clark Memorial started on the process in 2009 and is continuing to implement more and more pieces of the process through the spring of 2012. It is a huge undertaking that has many facets and features along the way. Ultimately the process is an improvement for both the hospital and the patient.
Markey Cancer strives to be leading cancer center in Kentucky

One of the concerns raised over the past 12 months is the potential shortage of physicians in our regions. Are there things we can do to make our region more attractive to physicians?

Actually, the Lexington and central Kentucky area in general are quite attractive to physicians and their families. However, just getting physicians to come and look at medical positions in central Kentucky can be a challenge. But once physicians come and see the city and the region, they are pleasantly surprised in regards to what Kentucky offers both professionally and from a family perspective. In addition, this is a beautiful part of the country which is easily accessible to a large percentage of the U.S. population. The local economy in Lexington has not taken the hit noted in other regions of the country.

Survival rates for liver, ovarian, brain and lung cancers exceed the national averages. This is quite important and provides for reassurance to all Kentuckians that they do not have to leave the state to obtain outstanding cancer care.

As a community, what can we do to help our region be a better place for businesses that work in, and support the healthcare system? What suggestions would you make to our leaders in order to make Kentucky a better place for people working in the business of healthcare?

Kentucky already has a mechanism of assisting small businesses and startup companies that obtain small business innovation research (SBIR) awards from the NIH, which essentially provides matching funds for these awards. Our Kentucky leaders need to allocate more state funds for cancer research and prevention, particularly in the cancers with the highest incidence in Kentucky, such as lung and colorectal. Increased research funding should be allocated to provide cancer centers such as Markey, both to help identify potential treatments and develop prevention studies, which will reach out to rural Eastern Kentucky where the cancer incidence and mortality is highest.

UK’s Markey Cancer Center has an aggressive plan to be the leading cancer center in Central Kentucky. What does the future of the Cancer Center look like and what impact will it have on Kentucky’s citizens?

The Markey Cancer Center has a very aggressive plan to not only be the leading cancer center in Central Kentucky, but the entire state of Kentucky. We have been working toward submitting our application in September 2012 for a National Cancer Institute designation by recruiting some of the top research and clinical talent in the country, expanding our research and clinical space, and investing in state-of-the-art equipment to allow for cutting-edge clinical care.

This will provide all Kentuckians with a premiere cancer center easily accessible to the entire population of Kentucky and the surrounding region and will ensure the Markey Cancer Center will always have access to the most innovative clinical trials and newest treatment options available in the country.

What do you see as the role of UK HealthCare in Kentucky?

Increasingly, UK HealthCare is becoming the premiere health system where all citizens of Kentucky can come for complicated and tertiary care. UK HealthCare has become the location for complicated referrals for advanced subspecialty medical care and high-end procedures such as organ transplantation, bone marrow transplantation and complicated cancer operations. Because of the central location, there is no need for citizens to go outside the state for comparable treatment.

From a prevention standpoint, are there programs that you have seen outside of our region that you would like to implement in Kentucky?

Actually, our Cancer Prevention and Control Program at Markey has been a model for other programs across the country. This has allowed innovative strategies and prevention programs to reach the rural, underserved populations in eastern Kentucky, where the cancer incidence is quite high.
LEED for healthcare

How healthcare facilities can “Go Green.”

By Angela Stephens and Lauran Sturm
Stites & Harbison

Last month’s article discussed the USGBC’s new LEED for Healthcare rating system. This follow-up article offers strategies for reducing the legal risks associated with green healthcare construction and also identifies alternative approaches for greening a healthcare facility.

Reducing Risks in Green Healthcare Construction

Green construction projects raise unique legal issues for all parties involved, including sureties, insurance companies, banks, owners, design professionals, contractors, subcontractors, material suppliers, vendors and their respective employees. In an effort to help minimize or reduce the risk of disputes which may arise on your next healthcare project, you should consider some of the following tips:

• Select an experienced green building project team and consider inserting clauses in team members’ contracts affirming that the contractor and/or subcontractor has read, understands, and will comply with the LEED for Healthcare or other green requirements for the project.

• Bring both the construction manager and design professional together early at the beginning of the design process. This may require some revisions to your current contracts or moving toward a new contract which addresses either the Construction Manager-at-Risk, Integrated Project Delivery or Design-Build Delivery methods.

• Investigate the tax incentives which may be available if you choose to build a green healthcare facility, and work with the project team on methods to obtain those tax incentives.

• Talk with your insurance company about whether you or your project team should purchase special insurance coverage for your green project.

Insurance companies are still evaluating whether special coverage is needed on sustainable design and construction projects; currently, only a few companies are offering specialized coverage for “green” projects.

• Identify the roles and responsibilities of each member of the project team, and add this document to your contract as an addendum. Many disciplines are involved in achieving a project’s sustainable goals. On most sustainable construction projects, no one party is in control of obtaining all of the points or goals. The parties must collaborate and work together in order to obtain the project’s goals, but most importantly, the parties must understand who is responsible for all of the aspects of meeting the project’s goals. The addendum will help define those responsibilities, and define the parties which are responsible if a sustainable design or construction goal is not met.

Reduce, Reuse, Recycle?

Reduce:

• Reduce use of mercury by purchasing mercury free thermometers and medical equipment.

• Reduce the amount of paper used by printing double sided.

• Use plastic cups for patients and staff which can be washed out rather than thrown away after a single use.

• Install light sensors in individual patient restrooms which will turn off lights when the restroom is not in use to reduce the amount of energy used.

• Install low flow fixtures (such as toilets and faucets) to reduce the amount of water used.

Reuse:

• Use reusable sharps container programs.

Recycle:

• Recycle the patients’ plastic water containers when possible.

• Offer recycling bins which can be used by staff and patients in order to recycle paper, cans and plastic.

• Recycle cardboard, batteries, fluorescent lamps and toner and printer cartridges.

Leadership in Energy and Environmental Design (LEED) is an internationally recognized green building certification system, providing third-party verification that a building or community was designed and built using strategies intended to improve performance in metrics such as energy savings, water efficiency, CO₂ emissions reduction, improved indoor environmental quality, and stewardship of resources and sensitivity to their impacts.

Great news for us. Better news for our patients.

The results are in. Floyd Memorial Hospital has been rated a “Best Regional Hospital” by U.S. News and World Report, including recognition in five specialty areas – Heart and Heart Surgery, Gastroenterology, Kidney, Pulmonary and Geriatrics.

As the only Southern Indiana hospital to make the list, this honor is great for us, but even better news for our patients. Our Best Regional Hospital award proves once again that you don’t have to go out-of-town to get the best healthcare possible – it’s right here in Southern Indiana.
Kentucky Voices for Health fosters collaboration to change healthcare landscape of state

The healthcare landscape is dynamic and changes will hopefully lead to greater access to healthcare and the creation of healthier communities. The most extensive changes started last year and will continue to occur in the next ten years with the implementation of the Affordable Care Act. The elimination of pre-existing condition denials will enable 920,000 Kentuckians to stay insured. Allowing young adults under the age of 26 to stay on their parents’ health insurance will keep 16,800 of Kentucky’s young “invincibles” from being uninsured. Small businesses will be able to take advantage of tax credits to purchase coverage for employees which is not only good for businesses but good for KY workers. Health insurance exchanges will provide for a more consumer-friendly shopping experience for individuals looking to purchase health insurance.

**Medical News** is celebrating its 20th anniversary of covering the Business of Healthcare in Kentucky and Southern Indiana. Briefly, how is the Kentucky healthcare landscape changing as it relates to access to care?

Cost containment should not jeopardize patient care nor create hurdles for the provider/patient relationship.

What do you see as the major priorities for health advocates as Kentucky’s healthcare landscape evolves?

We are all health advocates given that we are all consumers of healthcare services and we are all affected adversely by growing health care costs. Kentucky Voices for Health fosters collaboration among organizations and individuals around common areas for improvement including access, prevention, efficiency and effectiveness of the delivery system, and children’s health. These four priority areas are directly involved with the changing landscape of healthcare in Kentucky through the implementation of health reform, the transition to Medicaid managed care, greater need and focus on transparency, and maintaining a focus on prevention.

How do you think the implementation of managed care will change the practice of medicine for Kentucky’s Medicaid population?

The implementation of Medicaid managed care is a cause of great apprehension by 540,000 Medicaid members affected by the statewide implementation and by those advocating on their behalf. As Medicaid managed care is launched this month, it is important that access to care, quality of care, and efficiency and effectiveness in the system are maintained. Continuity of care and network adequacy, as well as access to pharmaceutical treatments have been areas of focus as the managed care organizations go live in Kentucky. Thorough case management and greater care coordination as well as working with Medicaid members to promote healthy behaviors and lifestyles, managed care can hold great promise if implemented appropriately and effectively.

As a community, what can we do to ensure that patients do not suffer as payors continue to look for cost savings measures?

Cost containment should not jeopardize patient care nor create hurdles for the provider/patient relationship. I think that we need to correct the term payors in the context of this question. Insurance companies have commonly been referred to as payors. However, in actuality, individuals and employers are the payors not insurance companies. They reimburse providers with the premium dollars that individuals/employers pay into the plans. Protections should be implemented to assure that services and treatments are not denied in order to conserve costs. Quality of care should not be compromised through cost containment.

With the release of the National Quality Strategy, what opportunities do you see for improvement in the health of Kentuckians?

Kentucky Voices for Health convened a Kentucky Health Quality Collaborative Conference in August to discuss how all stakeholders can work together to improve care through the aims of the National Roadmap including patient safety, care coordination, patient and family engagement, affordable care, and effective prevention and treatment. We look forward to working with other Kentucky stakeholders to build a collaborative effort for Kentucky mirroring some of the best practices implemented in other Aligning Forces for Quality communities.

From a prevention standpoint, are there programs that you have seen outside of our region that you would like to implement in Kentucky?

Kentucky Voices for Health is focusing attention on efforts toward a smoke-free Kentucky, expanding worksite wellness programs, and the coordination of care for chronic conditions. Comprehensive tobacco prevention and smoking cessation program should be promoted and supported to address many of the serious public health problems in Kentucky. Coordination of care will increase by promoting the use of health information technology, integration of mental, dental, and vision care with overall physical health, and reforming the delivery of long-term care.
Norton Healthcare is prepared for substantive, transformational change in healthcare over the remainder of this decade

Our nation’s healthcare system is beginning to be transformed. It has historically been a cottage industry of disparate, independent components paid through an uncoordinated financial system which pays in a variety of forms but mostly based on volume of encounters of service. Over the remainder of this decade, we will move towards being paid more on value (outcomes) which mandates, and provides financial incentive, for providers to coordinate their services to gain both efficiencies and better clinical outcomes.

One of the concerns raised over the past 12 months is the potential shortage of physicians in our regions. Are there things we can do to make our region more attractive to physicians?

Under the current healthcare reform plan, more than 30 million additional people will gain some level of insurance coverage over the next few years. That will certainly increase the need for more providers, especially in primary care, in most states. We’ve known for decades that the best way to meet Kentucky’s sustained workforce needs is to “grow our own.” I have been an advocate for many years of Kentucky developing a long range plan to better facilitate our medical schools and other educational institutions of higher learning for medical workforce to train more of what we will need and less of what we won’t need (meaning those who come to Kentucky for their training and then leave). There are many other incentive programs we can develop, as well as strengthening the alignment opportunities between physicians and hospitals/health systems to make it more attractive to practice medicine in Kentucky.

It is clear that political leaders are pushing for changes in our healthcare system. What changes do you think will happen in the next two years? What changes should happen quickly?

At this point, given the national political landscape at the federal level and the Medicaid challenges in most states, it’s highly risky to predict just what will happen in just the next year or two. But most in the healthcare sector believe we will have substantive, transformational change over the remainder of this decade. Simply put, our nation’s economy simply cannot sustain the continued trajectory of the healthcare costs as a percentage of GNP. We’re at over seventeen percent and still increasing annually, but we aren’t getting the value from those expenditures, measured by the health status of population, compared to other industrialized nations, and healthcare costs are stifling small and large businesses alike across the nation.

As a community, what can we do to help our region be a better place for businesses that work in, and support the healthcare system? What suggestions would you make to our leaders in order to make Kentucky a better place for people working in the business of healthcare?

The agenda that communities and states do for general economic development are also applicable to the healthcare sector. Workforce (in the case of healthcare, we’re talking about physicians, nursing, allied health professionals, as well as other technical professionals like information systems) is the number one ingredient for outstanding healthcare. So anything a community does to better develop, recruit, and retain a healthcare workforce is extremely important.

Healthcare in Kentucky faces most of the same challenges as providers across the nation, especially in regards to the implications of national healthcare system reform.

Healthcare System mergers is the popular story in 2011. Is this a trend that will continue in Kentucky? What affect, if any, will it have on our healthcare system?

Yes, for the reasons stated above, our future healthcare financing system will incent more coordination among providers, and when we being to be paid on more of a “bundled” basis, it will further drive consolidations and other vehicles of alignment among providers.

How will Norton Healthcare work with the patients, physicians and payors to create a healthier community while maintaining financial stability?

We are among the first healthcare systems in the nation to begin developing new models of patient care and financing. We were chosen by Brookings Institute and Dartmouth College to be a pilot for such development, in partnership with Humana, and in coordination with the federal CMS (Center for Medicare and Medicaid Services).
LEADERSHIP

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to uncertainty and lack of control. What we do control as physicians: our choice of a liability partner. I selected ProAssurance because they stand behind my good medicine. In spite of the maelstrom, I am protected, respected, and heard. I believe in fair treatment—and I get it.

As physicians, we have so many unknowns coming our way...

One thing I am certain about is my malpractice protection.”

The business of healthcare Services). As the healthcare financing system changes, providers will transition to be paid based on keeping defined population groups healthy rather than on a “fee for service” basis for each episode of care. Therefore, there will be financial incentives and much emphasis on prevention, screenings and early interventions. At Norton, we already do a lot of that through our many outreach programs, such as our Mobile Cancer Center through our Center for Prevention and Screening and through our Church and Health Ministries parish nursing and other services.

What do you expect to be the hot topics in your industry in 2012? Do you see any significant shifts in healthcare business models?

The hot topics for 2012 nationally will be how the healthcare reform agenda continues to roll out (or perhaps be repealed in part) and whether Medicare payment rates to providers will be further cut. At the state level, the focus will be mostly on Medicaid, and how the states begin to prepare for the “state insurance exchanges” mandate of last year’s federal reforms. I don’t expect to see a lot of new “healthcare business models” in 2012, but they can be expected during the course of the next few years; we will see some changes by 2014-15.

What challenges face your industry in Kentucky? Are there opportunities to make the system more hospitable for healthcare companies?

Healthcare in Kentucky faces most of the same challenges as providers across the nation, especially in regards to the implications of national healthcare system reform. Specific to Kentucky, the state’s implementation just this month of Medicaid managed care across the state will be an area of major focus over the next year or two, as the inevitable implementation issues get addressed. Given the large percentage of Kentuckians on Medicaid, this is an important issue for Kentucky providers. As to other overall opportunities to make Kentucky more hospitable for healthcare companies, I would defer to my response above in question four.

From a prevention standpoint, are there programs that you have seen outside of our region that you would like to implement in Kentucky?

There are lots of great programs out there, but the problem is that our nation’s healthcare financing system, for the most part, does not pay for prevention programs. We’re dependent on philanthropy now, or providing such programs at a financial loss, out of patient service operations. But when we begin to be paid to keep a designated population healthy, via capitation or whatever, the “prevention agenda” will change.

What has the evolution of healthcare looked like in our region? What do you see for the future?

That’s a pretty broad question. In my nearly 40 years in healthcare administration in Kentucky, we’ve seen huge strides in the access to and quality of state of the art healthcare available in the Commonwealth. But we have huge challenges and needs as a state. We rank near the bottom in so many metrics of health status of our citizens: in cancer, heart disease, stroke, obesity and diabetes, and on and on. There is much work to be done. That translates to opportunities to make huge improvements in the coming years.

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Kentucky company develops Ouchless Needle

Provides less painful way to administer cosmetic injectables.

By Peter Resnik

BellaNovus Development Company, LLC, a medical design and manufacturing company, launched the Ouchless Needle Collection. The devices provide doctors and other clinicians an innovative alternative to numbing creams and ice currently used to minimize localized pain resulting from cosmetic injectables, such as Botox and dermal fillers. Offered in three models, the Ouchless Needle is a disposable syringe-attachable dispenser that delivers an instant topical refrigerant to the skin just prior to needle insertion.

The popularity of minimally-invasive cosmetic procedures has been steadily rising, with Botulinum Toxin Type A and soft tissue filler procedures seeing a 584 percent and 172 percent increase, respectively, during the past decade, according to the American Society of Plastic Surgeons.

Developed by Louisville aesthetic plastic surgery innovator Dr. Marc J. Salzman, MD, FACS, and manufactured by Occam Design, a division of CreoSalus, Inc., the Ouchless Needle Collection eliminates waiting time, works to instantly reduce the pain associated with having injections, minimizes post-injection numbness, swelling and bruising, and provides patients a far superior wrinkle treatment experience. While numbing creams can take up to 40 minutes to work and may cause face discoloration, the Ouchless Needle delivers a short spray of FDA-compliant blend of vapocoolant onto the skin before the skin is pierced. The vapocoolant spray immediately refrigerates the skin, thereby reducing the feeling of needle penetration and making the injection more comfortable.

“I hated to see how painful it was for patients to receive dermal fillers or neurotoxin injections,” commented Salzman. “The early response we’ve received from both patients and doctors for Ouchless Needle has been remarkable. With the Collection’s expansion to accommodate a wider range of common syringe styles and brand names, now more people can experience this revolution in administering cosmetic injectables.”

BellaNovus received an investment in part from the Kentucky Enterprise Fund for the development and commercialization of the Ouchless Needle Collection. Administered by the non-profit organization Kentucky Science and Technology Corporation (KSTC), the Kentucky Enterprise Fund provides early-stage capital to small and medium-sized Kentucky science and technology companies with promising potential.

Ouchless Needle disposable devices come individually packaged and can be quickly removed from the syringe and snapped onto additional syringes multiple times, with the cost comparable to that of numbing creams. The product, available in Sapphire, Topaz and Emerald models, is available in boxes of fifteen devices or in sample boxes of four. Ouchless Needle is available to clinicians only directly online and through distributors in select markets.

BellaNovus Development Company, LLC, is a medical device start-up company based in Louisville, Kentucky. The company is managed by Blue Equity, LLC, an independent, private equity firm investing both growth capital and business expertise in enterprises with solid development potential. Blue Equity forms strategic partnerships with existing management teams, leveraging expertise and relationships to stabilize, strengthen and grow lasting value. Investment efforts and managerial expertise are focused on the operation of a global and diversified portfolio of business enterprises. Blue Equity is dedicated to helping businesses grow by accelerating opportunity and driving innovation to the marketplace.
The MediStar Awards were established in 2007 as the region’s premier venue for recognizing excellence in the business of healthcare. Medical News decided to check-in with former award recipients.

Hieu Tran, Pharm.D.,
Founding Dean and Professor, College of Pharmacy, Sullivan University
Leadership in Healthcare Award 2009

How did winning a MediStar Award affect you either professionally, personally or both?

Personally, this award heightened my sense of awareness that I am a mentor and role model for the faculty, staff and students at the College of Pharmacy. Professionally, it was a confirmation of my abilities to be able to provide leadership in the development of a new Doctor of Pharmacy program as well as a reward which affirmed my belief that what I had been striving to accomplish was right.

What personal or professional developments have occurred since you won your MediStar?

- Achieved the Master Level in Martial Arts in Tae Kwon Do, which involves not only a testing of techniques, but also a testing of leadership, mental strength and spiritual abilities.
- Involved in role modeling and teaching of the Asian youth group at the Vietnamese Buddhist Association in downtown Louisville by offering volunteer cultural, physical and mental development through martial arts every Sunday.
- Involved in the establishment of the PharmD/MBA program, which has been very much welcomed by the students not only here, but from other institutions; involved with the propagation and implementation of this program on a regular basis.
- The College of Pharmacy developed and held the Grand Opening for the InterNational Center for Advanced Pharmacy Services (INCAPS), which was established to provide safe and effective use of medication management for the community through pharmacist monitoring of patient medication.
- The Grand Opening for the Drug Information Center (DIC) was held in October 2010. The mission of the DIC is to provide unbiased and accurate drug information and health monitoring to underserved and far-away populations within the Commonwealth of Kentucky.
- The Center for Nanotechnology Education, Research and Applications (CENTERA) was developed to foster future economic readiness for the 21st century by providing nanotechnology education and drug development in Louisville.
- The First Annual “Louisville’s Prescription for Wellness” Health Fair was sponsored by CVS and held at the College of Pharmacy. The Health Fair provided health information and health screenings to the public. The event was a resounding success and will be held again this year.
- The College of Pharmacy will receive a visit from the Accreditation Council for Pharmacy Education (ACPE) in April 2011 in order to evaluate the program for Full Accreditation status.
- The College of Pharmacy’s first class of 75 students, the Inaugural Class of 2011, will graduate in June 2011.
- The 92 students of the Class of 2013 began their Doctor of Pharmacy studies in July 2010.
Appealances matter
How everything affects your brand.

By Allen Howie

Every business — including every medical practice, every hospital and every medical service provider — has a brand. At its most basic, it’s the perception customers or patients have of you. Everything they see and experience affects that perception for better or worse.

Questions to Ask

Start with that first call to your office. How long did it take to get through? How friendly and professional was the staff person who took the call? Did they genuinely seem to care about the caller? This is where the brand begins.

Or maybe it begins earlier. Did this patient or customer go to your website first? What did they find there? Does the site look current and appealing? How does it compare to the other, mostly retail, websites they visit? Was it easy to navigate? Could they find what they were looking for with very few clicks? Maybe most important, did it convey anything at all about you, your business and your brand, or is it very generic and nondescript?

A smile costs nothing, and says that yours is a practice where patients are truly welcome.

Now they arrive at your office. Try seeing it the way a first-time visitor does. How does the parking lot and landscaping look? Is the building clearly marked as yours? What shape is the exterior in? Does it look great, or is it in need of some maintenance? Before they even get in the door, patients are forming an opinion of the care they’ll receive based on what they’ve seen so far.

Now step inside and take a look around. Are the floors or carpeting clean and in good shape? What about the furniture in the waiting room? Is the lighting too dim or too bright? Are the magazines current or from last year?

All of this sets a level of expectation. If things are clean, neat, current and in good repair, it conveys the message that your practice pays attention to the details and cares about patients. If not, the bar is set lower, along with the patient’s confidence in the care he or she can expect.

Once Inside, Real Test Begins

Now the real test begins, and it’s all about your staff. How is that new patient greeted when they come in? Does someone acknowledge them as soon as they come in, or do they make it all the way to the registration window without any sign that someone knows they’re there? More important, do they get a smile when they walk in? That one thing, small as it may seem, is huge in the mind of the patient, and especially the new patient. Yet it’s the one thing that’s routinely ignored. A smile costs nothing, and says that yours is a practice where patients are truly welcome. The fact that it’s so rare makes it all the more precious.

What are the first words they hear? Is it a question, like, “What’s your name?” An order, like “Sign in”? Or is it a genuine greeting — a simple “Hi” or “How are you this morning?” delivered with that all-important smile. That one act sets the tone for the rest of the visit.

Pay attention to everything that happens next. How long does the new patient sit in the waiting room before being called back? When that call comes, is it accompanied with a smile? As the patient is weighed or walked back to an exam room, is there any casual conversation? What are they seeing? Are hallways clean and nicely maintained, or are there boxes stacked against a wall?

Same question for the exam room. How does it look? Is it comfortable? Are they given some indication of how long it will be before someone sees them? If it takes longer, does someone come in to let them know?

During the exam, do they feel as though they have your undivided attention, or does everything seem rushed? Again, are the small courtesies like a smile and a question about their day included? Do they feel like they have all your attention?

According to a 2010 Office of Inspector General (OIG) report, one in seven hospitalizations result in medical harm. You may say this is overstated, but a week later similar results were published by a study in the New England Journal of Medicine.

The Centers for Medicare and Medicaid (CMS) require that hospitals have a Governing Body or a Board that is “legally responsible for the conduct of the hospital as an institution”. The Board hires and may fire the CEO and medical staff. As reported by the OIG “Medicare places the responsibility for quality in hospitals squarely on the shoulders of the Boards;” so does the Joint Commission, the major accrediting body of acute care facilities.

Hospital Boards need to be fully engaged on quality. Recent studies have shown a direct correlation between hospital performance and Board engagement.

Of concern is a 2009 report, by Jha and Epstein, published in Health Affairs that studied non-profit Boards and found that less than half identified “quality” as a top priority in Board responsibility or in judging the CEO’s performance. There was also a twofold difference between the top and bottom performing institutions in utilizing quality as a measure of the CEO’s performance and a 30 percentage point spread in having quality as a top priority for Board oversight.

All Board members should have formal training in quality assurance by an outside independent source. The Institute for Healthcare Improvement (IHI) is one of the driving forces behind this education with their “Getting Boards on Board” initiative. At a minimum, at least 25 percent of the meeting should be spent on quality issues.

Each Board meeting should start with a presentation of a patient harmed at the institution. Some Boards even have a presentation by the patient. Many authorities recommend this. Periodically, an in-depth case study should be presented by the CEO and hospital administrators of a patient harmed at the institution. These studies should include an interview with the patient and should be no less than one hour in length.

Boards should conduct random chart reviews of at least 20 patient charts for medical errors and injury, using a Board appointed team of clinicians and a mechanism such as the IHI Global Trigger Tool.

A dashboard of data regarding quality needs to be available at each Board meeting. What is on this dashboard is important. For example, comparisons should be made to the national average and to facilities above the top quartile, and not just to facilities within the corporation.

How many cases of Hospital Acquired Conditions as defined by the CMS services were there? How may Serious Reportable Events as defined by the National Quality Form were there? How many cases of the superbugs, MRSA and Clostridium Difficile, were there? How many Stage III and IV bed ulcers were there?

Statistics are nice, but real numbers are also needed. For example: Vascular Catheter Infections should be close to zero. One should be considered a rate too high. Every patient counts, they are not just a statistic.

Some or a portion of your meetings may be held in “Executive Session”, meeting alone without the CEO. For example: If major problems exist in your facility, you may want to talk to staff and quality assurance personnel privately.

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Leadership: Kathy Markham

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One of the concerns raised over the past 12 months is the potential shortage of both physicians and space for our ageing community. How will technology help address our future healthcare needs?

We do share the concern regarding physician shortage. Kindred is working to recruit and retain great physicians by enhancing our EMRs and providing Clinical Data Repositories, and providing secure ways to access patient data remotely via smartphones, iPads and other new mobile devices.

Kindred Healthcare has been a leader in the Health IT space. How do you see policy, specifically as it relates to technology, affect the long term care industry?

Unfortunately, the regulators did not include Post Acute Care in the HiTech funding for implementing EHRs. However, having all the Post Acute providers incented to make these investments will only serve to further Health Information Exchange (the transmission of patient data between our organizations), improving the patient’s experience when transferring from one setting to another and affording the caregivers a more complete view of their history and current conditions and medications.

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What happens when the exam is over? Is the area where they take care of payment or their next appointment private, or is all that done within earshot of other patients? Does anyone thank them for coming in? Do they leave feeling that they’ll be welcomed back?

The point is that there are a hundred little things that make up your brand, the perception patients have of you and your practice. And those perceptions are what they share with others — not the reality, but the reality they experienced. Focus on getting all those details right and the brand begins to take care of itself. In this economy, that’s money in the bank.

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Often important information about the functioning of an institution comes from members of the community and employees, other sources than official channels. Board members should also remember that there is no “I” in Board. It is a consensus organization. Once a decision is made, there is no room for dissent or individual action.

The Board also needs to make decisions on tough issues such as public reporting and full disclosure of medical errors to both the family and the community. Although controversial, multiple studies have shown this does not increase liability costs.

One needs to remember that if you are a member of a non-profit institution, your primary fiduciary responsibility (loyalty) is to charitable purposes and the community.

No excuses. “I only see what they provide” will not fly. You are the Governing Body, the boss. Some Boards even provide financial incentives for CEO’s to meet certain quality milestones. For example, having a central line infection rate of zero.

Through proper training and engagement, Boards can become a key component for assuring high-quality healthcare in our communities.

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