In one of the session’s most eagerly awaited decisions, the Supreme Court of the United States held that individuals eligible for tax credits to subsidize their purchase of health insurance may receive such tax credits whether they purchase their policies in a State Exchange or a Federal Exchange. This ruling, which further upholds and protects a key provision of the Affordable Care Act, helps ensure that all insured have equal access to subsidies. The decision was written by Chief Justice John Roberts joined by Justices Kennedy, Ginsburg, Breyer, Sotomayor and Kagan. Justice Scalia wrote the dissent and was joined by Justices Thomas and Alito.

In his decision, Roberts argued that a ruling killing off the subsidies would set the state markets into a death spiral, and that this could not have been the intent of Congress.

The decision is a huge victory for supporters of the Affordable Care Act. Many believe that this second challenge to the ACA would have resulted in destabilization of the individual insurance markets in the 34 states with Federal Exchanges. Many analysts and experts worried that without subsidies, millions of the insured would have dropped their insurance and increased the cost to cover the remaining population. This would damage the intention of the affordable care act and result in less coverage and increased healthcare expenses.

The Court’s decision has little immediate impact on Kentucky, who chose to establish a state-based exchange. According to Lisa Hinkle, partner with McBrayer, McGinnis, Leslie & Kirkland, The Supreme Court’s ruling paves the way for Kentucky to maintain its position as having the most effective health exchange and the most successful Medicaid expansion in the country. Whether health care providers agree or disagree with the ruling, there is now certainty in the health care market place that the ACA is here to stay, which provides a more secure basis for addressing health care needs and planning future health care services.

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“He should start calling this law SCOTUScare,” wrote Scalia, in an unsubtle reference to an earlier decision written by Roberts that declared constitutional the law’s mandate that people buy insurance.

Fellow conservative Justices Samuel Alito and Clarence Thomas joined Scalia’s dissent.

The court’s four liberal justices joined the Roberts opinion, as did Justice Anthony Kennedy, who is often a swing vote on the court.

Roberts had been unusually quiet in the oral arguments over the case, leading many to speculate he would rule in favor of ObamaCare for the second time in three years.

He not only did so, but also authored the majority opinion saving the law from a devastating defeat.

“Congress passed the Affordable Care Act to improve health insurance markets, not to destroy them. If at all possible, we must interpret the Act in a manner consistent with the common sense of its text, structure, and history,” he wrote.

“The argument that the phrase ‘established by the State’ would be superfluous if Congress meant to extend tax credits to both State and Federal Exchanges is unpersuasive.

In a dissent, Justice Antonin Scalia lambasted the Obama administration for what he called the “somersaults of statutory interpretation” in the healthcare law.

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Continued on page 3
Telehealth to link heart failure patients, nurse coaches

Baptist Health Home Care, in concert with Baptist Health Lexington and Baptist Health Richmond, kicked off a new service in June with installation of the equipment in patients’ homes. The interactive system electronically links patients with a nurse who educates the patient on how to stay well.

Monitoring is performed with in-home equipment including weighing scales, a blood pressure cuff and pulse oximetry to measure oxygen levels in the blood. Those readings are taken daily and transmitted to a central monitoring service via telephone lines or an internal cellular modem. If any of the readings are cause for concern, a home health nurse is alerted to contact the patient.

Next, Baptist Health Home Care will extend telehealth services to the Louisville and La Grange communities. Baptist Health Lexington has other telehealth initiatives in the fields of maternal/fetal medicine and diabetes education.

Mental health first aid training available in the tri-state

Interact for Health launched TriState Mental Health First Aid at the end of 2014, an initiative to educate residents how to identify understand and respond to individuals showing signs of a mental illness or substance use. The program is managed and operated by Mental Health America of Northern Kentucky & Southwest Ohio.

Mental Health First Aid (MHFA), a public education program, allows for early detection and intervention by teaching the signs and symptoms of specific illnesses like anxiety, schizophrenia, bipolar disorder, eating disorders, depression and addictions.

Participants are introduced to local mental health resources, national organizations, support groups and online tools for mental health and addictions treatment and support.

Health professionals to train in transgender care

Physicians without formal training in transgender health can be unprepared when a transgender patient needs basic healthcare, or help with a transgender specific issue such as hormonal transition. If the physician is unfamiliar with the typical barriers faced by transgender people in the health-care system or current standards of care, the patient’s health may suffer.

The University of Louisville hosted two events in June at the School of Medicine to close this gap by providing physicians and other healthcare providers with a better understanding of treatment practices and standard of care for transgender patients.

The events are part of a UofL initiative, known as the eQuality Project, established to ensure that individuals who are lesbian, gay, bisexual, transgender (LGBT), gender nonconforming or born with differences of sex development (DSD) receive the best possible healthcare in the community.

People who are LGBT, gender non-conforming or born with DSD often experience challenges when seeking care in doctors’ offices, community clinics, hospitals and emergency rooms. Research shows that these health disparities result in decreased access to care or willingness to seek care, resulting in increased medical morbidity and mortality for LGBT and DSD-affected patients.

Beginning in August, the UofL School of Medicine will serve as the nation’s pilot site for training future physicians on the unique healthcare concerns and issues encountered by LGBT individuals and those who are gender nonconforming or DSD-affected.

The Institute of Medicine, The Joint Commission, the U.S. Department of Health and Human Services, and the Association of American Medical Colleges (AAMC) have all recently highlighted the need for more in-depth provider education on LGBT health.
King v. Burwell - ACA Death Spiral Averted

Continued from cover

Roberts had been unusually quiet in the oral arguments over the case, leading many to speculate he would rule in favor of ObamaCare for the second time in three years.

a way that is consistent with the former, and avoids the latter” he wrote.

The case, King v. Burwell, represented the biggest legal threat to ObamaCare since the Supreme Court ruled the law was constitutional three years ago.

It puts an abrupt end to the years-long challenge from conservatives, led by the Competitive Enterprise Institute, that have levied a half-dozen other lawsuits against the five-year-old law.

The challengers argued that the Affordable Care Act only allowed subsidies to be used in marketplaces “established by the state,” which they said excluded those on the federal marketplace.

The Obama administration argued that conservatives were taking the four-word clause out of context and that those involved in drafting the law had intended the subsidies to be available in all states.

Roberts and the other justices joining his opinion agreed.

In his highly technical explanation that cites from a law dictionary, Roberts writes that the state and federal exchanges were intended to be the same.

“They must meet the same requirements, perform the same functions and serve the same purposes,” he wrote, adding that the law does not suggest that they would “differ in any meaningful way.”

Roberts also acknowledges the imperfect way that the Affordable Care Act’s language was drafted, in a nod to the plaintiffs’ arguments and the dissenting justices.

Citing the disputed clause in the law that says subsidies should go to exchanges “established by the state,” Roberts acknowledges “that’s a problem.”

But he then continues to defend the ultimate meaning of the law.

“The meaning of that phrase may not be as clear as it appears when read out of context.”

Roberts chose not to apply the framework of “Chevron deference,” which would have permitted an agency’s interpretations of an ambiguous statute, as some lawmakers and court-watchers had expected.
Vasti Broadstone, MD, is an endocrinologist and medical director of the Joslin Diabetes Center Affiliate at Floyd Memorial Hospital & Health Services. Broadstone also serves as chair of the board and medical director at Camp Hendon.

Broadstone won favor from the judges for many reasons, but mostly it was her work at Camp Hendon that set her apart from the other finalists.

Camp Hendon is a one-week, medically supervised Kentucky Diabetes Camp for Children that gives children with diabetes a life changing experience that empowers them to take control of their journey with diabetes.

Broadstone has volunteered as the medical director for the American Diabetes Association (ADA)-sponsored Kentucky juvenile diabetes summer camp since 1985. In 2010, she and five others formed the Kentucky Diabetes Camp for Children after the ADA decided to merge Kentucky, Ohio and West Virginia into one camp. The 2011 first session had nearly 100 children participating.

Impact of MediStar

When asked how winning a MediStar award affected her both professionally and personally, Broadstone replied, “Personally, winning the award gave me the drive to continue the work at Camp Hendon. Professionally, it gave patients a small glimpse of what doctors may do outside the office.”

Broadstone has many interests outside of the office. This native of Rio de Janeiro, Brazil and Floyds Knob, Ind. resident also enjoys sailing and downhill skiing with her husband and three children.

She also is the principal investigator for several clinical studies. Her research interests are in diabetes complications and new treatments.

Broadstone graduated from Rio de Janeiro State University School of Medicine, completed her internal medicine residency at Wright State University in Dayton, Ohio and endocrinology fellowship at the University of Louisville. She held a full time faculty position at the University of Louisville from 1984 until 2001. She was associate professor of medicine and fellowship program director from 1992 to 2001. In July 2001 Broadstone and Sri Prakash Mokshagundam, MD, started a private practice, Southern Indiana Diabetes and Endocrinology Specialists.

Raising Awareness

We asked Broadstone what personal or professional developments have occurred since winning the award and she responded, “The award greatly helped increase awareness of diabetes camp and fund raising.”

Camp Hendon relies on volunteers for staff and donations from companies for medical and treatment supplies. They receive no funding from the ADA or JDRF.

According to the Camp Hendon web site, it is estimated that the true cost per camper with diabetes for a week of residential camp is $2,000, but through donations they are able to reduce that cost to $300-$400.

What sets this camp apart from others?

Some of these children have never met another child with diabetes or may never have been able to attend a summer camp either due to cost restrictions or because of their disease, since most traditional camps are not equipped to handle the medical liability of juvenile diabetes.

Campers at Camp Hendon discover that for one week during the summer they aren’t the only ones in the world who have to prick their fingers, test their blood sugar and count their carbohydrates.

The number one benefit both children and their parents express is the ability to feel part of a group where everyone has diabetes and the feelings of isolation are eliminated and understanding and role-modeling abound.
The Medical Protective Company

MacKenzie Mayes Walter, previously with Dinsmore and Shohl, has joined as an in-house attorney, managing litigation filed against physicians and other healthcare providers.

UK HealthCare’s Gill Heart Institute

Gretchen Wells, MD, was named director of Women’s Heart Health. Wells comes from Wake Forest University in Winston-Salem, North Carolina, where she was most recently medical director of the Cardiac Care Unit and Inpatient Cardiology Services.

UK Markey Cancer Center

Gerhard Hildebrandt, MD, has been named the Division Chief of Hematology and Blood and Marrow Transplantation.

UofL School of Medicine

Toni Ganzel, MD, dean of the medical school, will receive the Tower Award in Science and Health Care. The Tower Awards honor women leaders in their fields and highlight the contributions and talents of these role models to Presentation Academy students and the Louisville community.

Jeffrey “Jeff” Bumpous, MD, has been named chair of the new Department of Otolaryngology-Head and Neck Surgery and Communicative Disorders.

Colon Cancer Prevention Project

Darla Vibbert was appointed screening navigator and will work in the Louisville region to connect residents with life-saving colon cancer screenings.

Frost Brown Todd

Billy Mabry has joined the Louisville office as part of the firm’s regulated business practice with specialization in the area of health law.

Good Samaritan

J.J. Housley, PharmD, previously hospital operations manager, has accepted the position of enterprise director of operations.

Home of the Innocents

State Representative Larry Clark was honored as 2015 Hero for the Home, at an annual fundraising breakfast that honors a leader in the community who has served as an advocate for children’s issues through public service.

KentuckyOne Health

Terrence Deis was named new president of Saint Joseph London. Deis most recently served as president and CEO of UH Parma Medical Center, a 332-bed acute care facility with 2,000 employees located in Parma, Ohio.
Event calendar

**The 2015 CMS Hospital Conditions of Participation**

- **Date:** July 8-9
- **Location:** Hilton Garden Inn Northeast, Louisville, Ky., 40241
- **Info:** A record breaking year of changes in the CMS Hospital Conditions of Participation (CoPs).
- **To register:** Register online at kyha.com/event-calendar. Call (502) 426-6220 for more information.

**Revised CMS Critical Access Hospital (CAH) Conditions of Participation 2015: Ensuring Compliance**

- **Date:** July 9-10
- **Location:** Hilton Garden Inn Northeast, Louisville, Ky., 40241
- **Info:** A third of the CMS critical access manual has been rewritten and CMS issued an advanced 93 page memo in January which discussed these changes with a final manual in April implementing all of these changes.
- **To register:** Register online at secure.kyha.com/meetingregistration.asp. Call (502) 426-6220 for more information.

**Introduction to Standardized Work**

- **Date:** July 14-16
- **Location:** Lexington, KY
- **To register:** Registration fee is $1995, which includes course materials and lunch. For more information, contact Sandra Dunn at (859) 257-4886 or visit lean.uky.edu/standard.

**The Stark Truth to an Imperfect World**

- **Date:** July 15
- **Time:** 7:30 – 8 a.m. registration and networking; 8 – 10 a.m. program
- **Info:** Featuring Barak Richman PhD, JD, Edgar P. and Elizabeth C. Barlett Professor of Law and Business Administration, Duke University and Rene Savarise JD, shareholder, Hall Render Killian Heath & Lyman.
- **To register:** Register@HealthEnterprisesNetwork.com or (502) 625-0149

**Practice Administration Professional Loss Prevention Seminar**

- **Date:** July 24
- **Time:** 10 a.m. - noon
- **Location:** Marriott Griffin Gate, 1800 Newtown Pike, Lexington, Ky 40511
- **Info:** Covers medical professional liability concerns and use of patient portals integrated with electronic record systems.
- **To register:** Register online at proassurance.com/seminars. Call (844) 223-9648 for more information.

**Stand Up! For Recovery 2015 Conference**

- **Date:** August 7
- **Location:** Hotel Louisville!
- **Info:** Sponsored by Passport Health Plan. Conference focuses on “The Power of Stories...A Seven Counties Story Slam TAKE 2” with special mentor Keith McGill, best known for his repeat performances at the Laughing Derby.
UK receives grant

CREEEK project examines risk factors related to respiratory disease in Appalachia.

By Sarah Noble

Researchers in the University of Kentucky College of Public Health were recently awarded a $2.5 million grant to investigate respiratory health inequities in Appalachia from the National Institutes of Health’s National Institute of Environmental Health Sciences.

During the five-year project titled “Community-Engaged Research and Action to Reduce Respiratory Disease in Appalachia,” public health researchers will work with Kentucky’s Appalachian communities to develop strategies for improving respiratory and environmental public health. The project calls for the creation of a Community Response to Environmental Exposures in Eastern Kentucky (CREEEK).

Residents of Kentucky’s central Appalachian counties experience the highest rates of serious respiratory illness and disease of any region in the nation. Adults in Appalachian Kentucky are 50 percent more likely to develop asthma or chronic obstructive pulmonary disease (COPD) than the overall U.S. population. As many as one in five adults in the region have received a diagnosis of asthma and rates of COPD are nearly two-and-a-half fold the incidence of the disease in other parts of the country.

Studies suggest associations between respiratory health inequities and environmental contaminants. However, data on this topic has not included individual-level assessments or accounted for behavioral risk factors frequently observed in the area, such as smoking, poor diet and insufficient physical activity, or social determinants such as socioeconomic status or occupation. The CREEEK Project strives to holistically examine factors that contribute to this elevated risk.

To address the need for a reduction in respiratory health disparities, the project will involve three interrelated steps. The first step will be a community-based assessment designed to identify the relationships between indoor air pollutants, behavioral and social determinants and the effects these factors have on risk of respiratory disease. The project will involve community members in the collection of information and contaminants.

As a second step, the information collected from the community-based assessment will be shared with local stakeholders in an effort to increase understanding of the environmental exposures present in the region. The dissemination of information will take place through reports, community forums and meetings of a community advisory board (CAB).

Finally, the project will implement an environmental public health action strategy (EPHAS) and will evaluate that strategy’s ability to impact short- and long-term outcomes for respiratory health. The goal of the EPHAS is to inform, consult and collaborate with the community in reaching the goal of improved respiratory health. Specific outcomes that will be measured include improvement in pulmonary function, reduction of respiratory symptoms, increased knowledge of respiratory illness and healthcare availability, improved quality of life, and the extent and satisfaction of community participation.

The interdisciplinary research team is led by Steven Browning, associate professor of epidemiology, and Nancy Schoenberg, Marion Pearsall Professor in the Department of Behavioral Science in the College of Medicine and associate dean for research in the College of Public Health.

Sarah Noble is with the College of Public Health at the University of Kentucky.
Keeping pace with new immigration policies

Healthcare companies may find foreign workers on H-1B visas a great resource, but must know new rules.

By Sherry Neal

Recently the US Citizenship and Immigration (USCIS) issued a new policy for companies who employ foreign workers on H-1B visas. The policy impacts healthcare companies, especially staffing companies, who transfer H-1B employees across geographic locations. Under the new policy, an employer must obtain a wage certification from the Department of Labor, file a petition with USCIS for approval of the worksite change and adjust the salary to meet the prevailing wage in the new location.

The USCIS policy, a reaction from a recent case by its administrative appeals board, is a major change from years of prior USCIS policy and practice. Previously, an employer had to get a wage certification from the Department of Labor and pay the prevailing wage of the new location, but did not have to obtain another approval from USCIS. Now that an employer must obtain a new approval from USCIS, companies will incur additional costs and delay in employee relocations.

The new policy requires a company to file an amended petition before the company relocates an employee. On the bright side, an employee can begin work at the new location after the H-1B amendment is filed, rather than waiting several months for the approval of the petition.

The new policy also applies retroactively to changes in worksite. Thus, any previous relocations of current employees must comply with the new requirement. The USCIS has set a deadline of August 19, 2015 for companies to file amended petitions for any previous worksite changes.

Fortunately, the law remains constant in that not all work at a different location is considered a worksite. For example, it’s not considered a new worksite if the new location is within the normal commuting distance of the original location or if the new location is for employee developmental activity, such as management conferences or seminars.

Also, there is an exception for short-term placements. Under certain circumstances, an employer may transfer an H-1B worker outside the normal commuting distance but still avoid the new policy for an amended petition. However, the short-term exception is limited to a visit of no more than 30 days (or 60 days if the employee maintains worksite and residence in the same city as the original location). As a practical matter, any company that employs H-1B workers should take the following action:
- Confirm the current worksite locations of all H-1B employees and determine if the current worksite is different than the location in the original petition. If the location is different, prepare to file an amended petition before August 19, 2015.
- Inform sales and related deployment teams that any future change in worksite location may take at least 10 days to prepare and file with USCIS.
- Monitor all employee assignments that will last more than 30 days at a different location to avoid exceeding the limited short-term exception.
- Budget the costs of an H-1B amendment into each employee relocation. Sherry Neal is a partner with Hammond Law Group in Cincinnati, Ohio.
Meet R. Wayne Estopinal, president of TEG Architects.

Each month, Medical News catches up with a hospital or health system leader to learn about their organization, interests, favorite pieces of advice and healthcare issues that ruffle their feathers most.

What one thing piqued your interest in architecture specializing in healthcare construction?
I've always had an interest in medicine, even as a kid. And this interest was increased while working on a project for Humana and a staff member from the design and construction department approached me. My interest was further inspired by the idea that healthcare architecture actually helps people.

I enjoy the fact that our projects help patients, their families and everyone connected to the delivery of healthcare. It is gratifying to know that the architecture we create is helping someone regain wellness, cope with a tragedy or bring a new life into the world.

What do you consider your greatest talent or skill?
Being an innovator. My approach to healthcare facility problem solving is the same whether designing a new medical center or a small clinical area. I really strive to design while looking for every possible opportunity to design with TEG’s innovative Efficient Design+Productive Care strategies.

What one piece of advice you remember most clearly?
Work hard and good things will eventually happen.

Hobbies: Running and exercise – primarily to keep my sanity. I have run 30 marathons, of which my favorite was Chicago, and least favorite, Disney. Soccer. Minority owner of Orlando City SC in the MLS and Louisville City FC of the USL.

What one thing piqued your interest in architecture specializing in healthcare construction?
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Hometown: Easy one, Jeffersonville, Indiana.
But, when traveling, I just say Louisville, I spend half my life in both cities.

Family: Wife, Thresa. Two great adult kids, Ashley, 28 with a masters in environmental genetics and Andrew, 24, progressing on his bachelors in marketing/communications. Both are great young people with wonderful futures.

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JUST THE FACTS

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What do you consider your greatest achievement at TEG so far?
TEG has helped many architects across the country learn about high-performance healthcare planning and design while part of our team.

My approach to healthcare facility problem solving is the same whether designing a new medical center or a small clinical area.

Tell us about the culture you’re trying to foster at TEG?
We have created a culture of studio collaboration. There are many talented members on our TEG team whom share ideas, review design solutions at every level, jointly solve problems and constantly focus on internal evidence-based design research – which is what allows us to be innovative.

Any feedback you’ve gotten over the years about your leadership style that made you think: “Fair point. I’m going to make an adjustment.”
Yes, many years ago one of my staff said, “Wayne you work too hard and it intimidates people.” So, I make it very clear that I don’t expect the TEG team to work like I do. I work 95 percent of the weekends and tend to be the only person in the office, which is excellent as I get a lot accomplished and the staff stays fresh. (I’m 5’-9” – so it was difficult to understand how I was intimidating!)

What advice do you give to graduating college students?
Do things that give you energy and inspire you.

Yes, many years ago one of my staff said, “Wayne you work too hard and it intimidates people.” So, I make it very clear that I don’t expect the TEG team to work like I do.

What are you currently reading?
I’m reading a book titled, “Creative Confidence,” by Tom Kelly. So far it is a good book on innovation and creativity. But honestly, I haven’t gotten very far into the book due to a very busy few months getting Louisville City FC up and running. We have had a good start to the pro soccer season, so maybe I’ll be able to finish the book as things calm down.

How do you revitalize yourself?
Get some quality sleep, and then go for a good long run. That does it every time.
KentuckyOne Health launches non-invasive program for reversing heart disease

KentuckyOne Health is now offering Dr. Ornish's Program for Reversing Heart Disease (the Ornish Reversal Program), the first program scientifically proven to not only prevent heart disease and other chronic conditions, but also to undo it.

The Ornish Reversal Program is grounded in more than three decades of peer-reviewed studies by Dr. Ornish and others. It uses lifestyle changes to make its impact, altering the way participants eat, move, manage stress, and find emotional support to improve overall well-being.

It is delivered in 18 four-hour group sessions over a nine-week period in cohorts of up to 15 people, with a focus on improvement in fitness, stress management, group support and nutritional education. The first site to offer the Ornish Reversal Program is KentuckyOne’s Healthy Lifestyle Center at Medical Center Jewish Northeast off Old Henry Road beginning July 7. Saint Joseph Hospital in Lexington will open the second location in late 2015.

The Ornish Reversal Program is facilitated by a dedicated six-person team that includes a medical director, program leader, nurse case manager and experts in stress management, behavioral health, fitness and nutrition.

The Ornish Reversal Program is reimbursed by Medicare, Anthem and other commercial payers for individuals with qualifying heart conditions (acute myocardial infarction within the preceding 12 months, coronary artery bypass surgery, stable angina, heart valve repair or replacement, percutaneous transluminal coronary angioplasty or coronary stenting, and heart or heart-lung transplant). In addition, there is a discounted rate for individuals who choose to pay out-of-pocket.

Four grants in six months for Sanders-Brown researcher

A researcher from UK’s Sanders-Brown Center on Aging has received four different grants in six months to explore both disease processes and potential treatments for Alzheimer’s and related diseases.

Since January of 2015, Joe Abisambra, PhD, assistant professor in the department of physiology and Sanders-Brown Center on Aging, has been awarded grants totaling more than $1.3 million from the Department of Defense, UK’s Center for Clinical and Translational Science, GlaxoSmithKline, and UK’s Center for Biomedical Excellence.

Abisambra’s work exemplifies the collaborative research culture at the University of Kentucky, with contributors from the Sanders-Brown Center on Aging (Chris Norris, PhD), the Cardiovascular Imaging Research Team (Moriel Vandsburger, PhD), the Spinal Cord and Brain Injury Repair Center (Kathy Saatman, PhD), the Epilepsy Center (Bret Smith, PhD), Department of Anatomy and Neurobiology (Brian Gold, PhD), and the MRI Spectroscopy Core.

The four grants are:
- A two-year grant from GlaxoSmithKline to study the impact of a novel compound on the treatment of Alzheimer’s tauopathy in mice.
- A three-year grant from the Department of Defense to explore and dissociate the link between traumatic brain injury and the risk for Alzheimer’s.
- An 18-month Innovation and High Impact Award from the UK Center for Clinical and Translational Science to develop a novel and sophisticated MRI application for detection of early neuronal damage before signs of pathology in the brain. This would be crucial for preclinical signs of dementia and provide opportunity for early intervention.
- A two-year grant from the University of Kentucky Center for Biomedical Research Excellence to characterize the role of the protein PERK immediately after brain injury in mice, providing opportunity for future therapeutic targeting.

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The A.O. Sullivan Award for Excellence in Education
Presented to organization that takes creative approaches to developing and implementing programs, which enhance the level of knowledge, education and career opportunity in healthcare.
- Digenis Plastic Surgery Institute
- Health Enterprises Network
- UofL School of Medicine, LGBT Health Curriculum
- Louisville VA Hospital Wound Care Unit
- Norton Healthcare Office of Workforce Development
- Pediatric Residency Program, Department of Pediatrics, UofL School of Medicine
- Signature HealthCARE
- UK Kentucky Regional Extension Center

The Hall Render Leadership in Healthcare Award
Presented to a progressive and entrepreneurial individual who is not afraid to take risks and whose job performance is considered exemplary by providers, patients and peers.
- Sheila Carter, president, Heartsong Memory Care
- David Dunn, MD, PhD, executive vice president for Health Affairs, University of Louisville
- Kendra Grubb, MD, cardiovascular surgeon, UofL Physicians
- Daniel Eichenberger, MD, interim CEO and chief medical officer, Floyd Memorial Hospital
- Mary Haynes, president/CEO, Nazareth Home
- Jerry Hoganson, president, Wesley Manor Retirement Community
- Isaac Myers II, MD, chief health integration officer, Baptist Health
- Helen Overfield, director, American Diabetes Association
- Anthony Zipple, CEO, Seven Counties Services

The Seven Counties Services Healthcare Advocacy Award
Presented to an individual or organization that has worked to raise awareness of health challenges in our region and worked to affect change.
- Melissa Currie, MD, medical director, Kosair Charities Division of Pediatric Forensic Medicine, UofL School of Medicine
- Rob Edwards, chief external affairs officer, UK HealthCare
- Marta Miranda, chief empowerment officer, Center for Women and Families

The Kentucky Life Science Council Healthcare Innovation Award
Presented to an organization that has developed a new procedure, device, service, program or treatment that improves the delivery of care.
- Advanced Solutions
- Anthem Blue Cross and Blue Shield, Enhanced Personal Health Care Program
- KentuckyOne Health, University of Louisville and Cardiovascular Innovation Institute, Islet Auto-transplantation Program
- KentuckyOne Health and University of Louisville, Percutaneous Valve Program
- Louisville Metro EMS
- Morrland Holdings
- Norton Healthcare
- Signature HealthCARE
- UK Kentucky Regional Extension Center
- Union Springs Integrative Medicine
- UofL Departments of Cardiovascular and Thoracic Surgery and Bioengineering

The BOK Financial Aging Care Award
Presented to an organization that has advanced the level of care for the senior community through innovative methods resulting in reduced costs and improved quality of life.
- ElderServe
- Hospice of the Bluegrass
- KentuckyOne Health and University of Louisville MD2U
- UofL Division of Geriatrics
- Wesley Manor Retirement Community

The Facility Design Award
Presented to an architectural firm that demonstrated functional or innovative design in a new or renovated healthcare facility, which improves the delivery of care.
- UK HealthCare, Gill Heart Institute New Inpatient Unit Designed by GBBN Architects
- Family Health Centers – East Broadway Designed by JRA Architects
- Seven Counties Services – Center One
- Owensboro Health Regional Hospital Designed by HGA

The Nurse of the Year Award
Presented to a nurse who has gone above and beyond their normal responsibilities to improve best practices and contribute to patient education.
- Carl Helvie, founder and president, Carl O. Helvie Holistic Cancer Foundation
- Kim Hobson, director of nursing, Nazareth Home
- Whitney Nash, PhD, associate dean of practice and service, UofL School of Nursing
- Deanna Young, vice president of nursing, Wesley Manor Retirement Community

The Physician of the Year Award
Presented to a physician who has shown outstanding leadership and vision and has contributed to their workplace leaving a lasting legacy.
- Pukar Patel, chief medical officer, Children's Services, Seven Counties Services
- Gregory Postel, MD, CEO, UofL Physicians
- Neal Richmond, MD, CEO, Louisville Metro EMS
- Bart Rydzewski, MD, treasurer, Diagnostic X-Ray Physicians (DXP)
- Joern Soltan, MD, Eye Specialists, UofL Physicians

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The Ninth Annual MediStar Awards
Tuesday, September 1 • 4:30 – 7:00 p.m. • Hyatt Regency Louisville
Louisville ranks low in air quality

Air quality is known to contribute to the factors that cause asthma, lung disease and heart disease.

By Kelsie Smithson

At the corner of Fourth and Liberty Streets in Louisville, Ky., passersby will find a large orange structure dedicated to visualizing air quality in the city. Six sensors throughout the Louisville Metro area generate data that is processed and shown on AirBare’s interactive digital screen. While there are many purposes for the structure’s presence, one is to allow citizens to see the particulate matter (also known as particle pollution, or PM) around them in real-time and lend a hand to raising awareness about the ways that air quality affects our daily lives.

The necessity of public tools like AirBare become apparent when considering that, according to Robert Wood Johnson Foundation’s County Health Rankings, Louisville ranks 17th of 17 peer cities in air quality. Having the lowest rank among peers shows that there is significant work to be done to increase the level of attention and action given to improving Louisville’s air.

Harmful Effects

The indicator that the ranking above is based on is air pollution-particulate matter (PM), a mixture of fine solids and liquids in the air, much of which is invisible to the naked eye. This can be made up of particles from construction sites, unpaved roads, and fires, however, the vast majority of the matter is generated from the emissions from sources such as power plants and cars. The harmful effects are especially relevant in the summer months when high PM and high ozone levels contribute to harmful breathing conditions for citizens.

Louisville’s rank in overall Physical Environment is 9th of 17, putting us in the middle of the pack among peers. This measure considers how well Louisville does in both air and water quality (in water quality, Louisville ranks 2nd of 17 peer cities). As organizations continue to work toward changing our rank in air quality, it is important to view it through the lens of health and how it continues to be impacted by the modern world. For example, one approach to moving the needle toward better air quality is by planting more trees. Louisville ranks 10th of 17 peer cities in tree canopy.

Local organizations including the Air, Water and Soil Institute and the Louisville Sustainability Council use this information to dedicate time and resources to awareness raising campaigns about the current state of Louisville’s air quality and to leading initiatives to lessen the impact of poor air quality on citizens. With significant effects on a person’s health, air quality is known to contribute to the factors that cause asthma, lung disease and heart disease. Having tools that illustrate this allow all citizens to stay informed about the air that they breathe and how it impacts their lives and families.

Health Issues

A more complete story is told when looking at the ways in which health issues caused by air impact other key components that make a city desirable. A day with particularly poor air quality can impact the amount of students who are able to perform well in school, the amount of adults taking sick days, and the quality of the city’s natural environment. The status of the air can deplete nutrients in soil causing harmful effects to the food being grown locally. The negative impact increases exponentially for what are considered vulnerable populations such as older adults, small children, and any individual with a chronic health condition.

“Every year 200,000 individuals in the US die prematurely as a result of exposure to air pollution, losing an average of 8-10 years off of their lives,” said Aruni Bhatnagar, MD of the Environmental Cardiology Department at University of Louisville. “Simple, sensible measures to minimize exposure can go a long way in preventing the harmful effects of low air quality.”

Taking a holistic approach to change can help Louisville in striving to rank higher than 17th of 17 in air quality in the future. Practitioners, government officials and community health advocates can all play a role in advancing Louisville to the top tier in this area.

Kelsie Smithson is operations manager with the Greater Louisville Project.
A holistic approach to mental health

Successful partnership offers integrated care and improves health outcomes.

By Ramona Johnson

Many members (clients) at Bridgehaven, a private, not profit mental health agency in Louisville, Ky., that provides psychiatric rehabilitation, recovery and community reintegration services to mentally ill adults, have serious health problems such as diabetes, high blood pressure, heart disease and obesity in addition to mental illness. Statistically they belong to a group of people who die 25 years sooner than the rest of the population.

In an effort to improve the health status of members, Bridgehaven and The Humana Foundation have partnered for two years to provide healthcare services integrated into the mental health setting. The Humana Foundation funds the Bridges to Health Wellness Assessment Center and health outcomes are improving for members through this evidence based approach of integrated care.

The integrated care program is creative in motivating members to explore new foods and learn ways to exercise that don’t feel cumbersome.

An RN provides daily ongoing health assessment, intervention and education. A Peer Support Specialist (a mental health consumer in recovery trained and certified to assist other consumers in the recovery process) serves as a healthcare advocate. She accompanies members to healthcare appointments, helps them understand diagnoses and self-care instructions and facilitates communication between members and their primary or specialty care providers. She also models self-advocacy and assists members to assume responsibility for managing their own health. Last year 226 people used the Wellness Assessment Center and a variety of associated wellness activities with some outstanding results.

- Average blood pressure decreased from 177/109 to 122/80. Some participants had initial blood pressure readings as high as 240/140.
- Blood sugar decreased from an average of 246 to 111. Some individuals had blood sugar readings as high as 362.
- Body Mass Index (BMI) was reduced an average of 13 points for participants in a healthy eating and exercise program. 67 percent of participants reduced BMI, 22 percent had an increase in BMI and 11 percent maintained BMI.
- 50 percent of participants in the exercise program improved their endurance after walking a measured course. Improved endurance was determined using the Rate of Perceived Exertion Scale.

The integrated care program is creative in motivating members to explore new foods and learn ways to exercise that don’t feel cumbersome. Using a group approach and making the experience fun decreases the isolation members experience and they respond well to accomplishing a goal together. For example one group walked to San Francisco from May to October. Another group grew basil in the garden and used the fresh herb to make pesto, a new food for most participants.

The partnership will continue into 2016 with a goal of improving health status and quality of life, and ultimately reducing premature deaths from lifestyle related diseases.

Ramona Johnson is president and CEO of Bridgehaven Mental Health Services.

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With all of the recent data breaches, the nervous jitters among those who have spent time ordering new credit cards or signing up for credit monitoring are no surprise. The possibilities of what might happen seem overwhelming and with no easy cure, action perhaps seems too daunting.

The threats are unnerving because we have for too long relied on others to make our on-line experiences safe. At home we might not see the need to install anti-virus software, use encryption or set-up a secure WiFi network. At work, we assume these are just issues for the information technology department.

What we fail to recognize is that the most significant threat is people making bad decisions because they have little knowledge about data security. Our collective reliance on someone else plus a defeatist attitude predicts failure. If we don’t think about security at home, then the burden of security protections seems unnecessary at work.

Take Action

We all need to do a self-assessment. Start with your passwords. Don’t use the same password or variations for multiple accounts. For mobile devices, choose six character passwords. For laptops or desktops, use a pass-phrase, which is akin to a complete sentence.

The trick is to think of a quote from a movie, a line from a song, or pick random sentences from a book that you carry, or keep in your desk or on your bookshelf. Every password should change on a 90-day cycle.

Business Owners, Be Proactive

- Understand your legal obligations to protect company information—identify what you have, know where it is kept and determine who has access.
- Document your security strategy.
- Train your employees so they understand their roles.
- Develop a breach response plan identifying your first responders—those you will call on when a laptop is lost, a virus shuts down your servers, a terminated employee walks out the door with a gigabyte of data or a cybercriminal hacks your system.

Our advice—be proactive. Educate yourself and your employees about what steps each person can take to secure data. Start small like discussing proper passwords and identifying suspicious emails. Work with your employees expecting that a breach will occur and practice your plan on a regular basis making it more than just words on a page.

Ian Ramsey is a member and Sarah Cronan Spurlock is an attorney, both with Stites & Harbison.
Issues facing behavioral health providers

Kentucky working toward providing rehab services for addicted individuals through reformation, expansion of existing system.

By Lisa English Hinkle

Kentucky seems to be losing physicians who treat opioid addicted patients with buprenorphine therapy as tough new standards for prescribing the medication have been enacted by the Kentucky Board of Medical Licensure (KBML). At the same time, Kentucky’s Cabinet for Health and Family Services has created new types of providers that can offer behavioral health and substance disorder services, and, the Department of Medicaid Services (DMS) has eliminated the ability of physicians to provide medication assisted therapy to Medicaid patients in a cash only practice.

Physicians facing increased regulations must be vigilant about compliance with these new regulatory hurdles, but may also find opportunity in providing the same services through a provider other than a private practice.

New Regulations

The Kentucky Board of Medical Licensure (KBML) recently enacted new regulations directed to physicians that prescribe buprenorphine or buprenorphine combined with Naloxone, better known as the synthetic opiate Subutex and Suboxone. The KBML previously issued guidance in this area as an opinion, but its opinions were policy documents without the full effect of the law.

The latest regulations, however, establish very detailed standards and specifications that physicians must abide by when providing opioid addiction treatment using these medications.

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Old rules invalidated

New 340B regulations including civil monetary penalties for charges above 340B ceiling price.

By Todd Nova

On Wednesday, June 17, 2015, the Department of Health and Human Services (HHS) released an important 340B Drug Discount Program (340B Program) proposed rule (Proposed Rule) that, if finalized, would result in the first formal regulations governing the 340B Program. Prior 340B Program regulations related to orphan drugs were finalized on July 23, 2013. However, these regulations were subsequently invalidated by a United States District Court decision, withdrawn by the Health Resources and Services Administration Office of Pharmacy Affairs (HRSA OPA) and reissued as interpretive guidance.

This regulation provides that any manufacturer that charges a covered entity more than the 340B ceiling price may be subject to a $5,000 penalty for each instance of knowing and intentional overcharging.

The Proposed Rule implements two major regulations related to the 340B Program. The first regulation governs the imposition of civil monetary penalties (CMPs) against manufacturers that charge 340B Program participating entities (each a Covered Entity) more than the 340B ceiling price.

The second regulation clarifies the 340B drug ceiling price calculation process, including implementation of the longstanding HRSA OPA penny pricing policy for drugs that would otherwise be priced at or below zero dollars and calculation of pricing for new drugs.

Penalties

The most eagerly anticipated of these regulations deals with CMPs. This regulation provides that any manufacturer that charges a covered entity more than the 340B ceiling price may be subject to a $5,000 penalty for each instance of knowing and intentional overcharging. Notably, the Proposed Rule does not address whether or not access to 340B-priced drugs must be made available in the first place, what evidence must or might be presented in order to establish that overcharging has occurred or other key questions.

The Proposed Rule also addresses re-implementation of certain key 340B Program term definitions, including covered outpatient drug. Unfortunately, neither the Proposed Rule discussion nor the proposed regulatory definition provides any new insight into this term.

HHS asks that interested parties including both manufacturers and covered entities submit written comments on the Proposed Rule on or before August 17, 2015. Entities that could be impacted by the implementation of this rule or that have questions about unique circumstances should consider submitting comments before the deadline.

Manufacturer Civil Monetary Penalties

The Proposed Rule provides that “any manufacturer...that knowingly and intentionally charges a covered entity more than the ceiling price...may be subject to a civil monetary penalty not to exceed $5,000 for each instance of overcharging a covered entity.”

HHS goes on to define an “instance of overcharging” as “any order for a certain covered outpatient drug...which results in the covered entity paying more than the ceiling price.” Notably, each order for a National Drug Code (NDC) will therefore constitute a single instance of overcharging, regardless of how many units of each NDC are in that order.

Interestingly, HHS indicates that it believes the imposition of CMPs will be rare; this is due to the fact that the overcharge must be “knowing and intentional” and to the fact that HHS understands manufacturers and 340B Covered Entities typically resolve any related disputes amicably.

Distribution System Considerations

The Proposed Rule notes that “all requirements for offering the 340B ceiling price to covered entities apply regardless of the distribution system.” HHS goes on to state that “specialty distribution, regardless of the justification, must ensure that 340B covered entities purchase covered outpatient drugs at or below the ceiling price.” Though relatively straightforward on its face, this language does not directly address how limited distribution systems might reasonably be implemented in a manner that complies with this expectation.

Additionally, since manufacturers commonly use wholesalers to distribute drugs, this Proposed Rule clarifies that manufacturers have an obligation to ensure that their wholesalers are providing covered outpatient drugs to covered entities at or below ceiling price. Again, the Proposed Rule does not discuss allocation of either limited distribution or shortage drugs.

Though relatively straightforward on its face, this language does not directly address how limited distribution systems might reasonably be implemented in a manner that complies with this expectation.

Penny Pricing and New Drug Prices

The Proposed Rule would codify the longstanding HRSA OPA position that manufacturers not be required to charge below $0.01 per unit of measure for any 340B-priced drug, irrespective of the ceiling price calculation.

The Proposed Rule would also clarify longstanding policy toward New Drug Price Estimates. Specifically, manufacturers would estimate the 340B ceiling price for the first three calendar quarters the drug is available for sale. At the beginning of the fourth quarter the drug is available for sale, the manufacturer would then be required to calculate the actual 340B ceiling price for the first three quarters the drug was available for sale and refund or credit covered entities that purchased the covered outpatient drug above the calculated 340B ceiling price no later than the end of the fourth quarter after the drug is available for sale.

Todd Nova is a shareholder in the Milwaukee office of Hall, Render, Killian, Heath & Lyman.
Celebrating excellence in healthcare innovation

A closer look at past winners.

By Sally McMahon

Since 2007, IGE Media, publisher of Medical News and producer of the MediStar Awards, has recognized excellence in the business of healthcare, specifically in healthcare innovation.

The Institute of Molecular Cardiology (IMC) at the University of Louisville was the recipient of the innovation award in 2014, which is presented to an organization that has developed a new procedure, device, service, program or treatment that improves the delivery of care.

The IMC stood out, not only because of programs or technologies developed by the organization, but also because of how these developments impacted our region’s healthcare community and positively impacted healthcare delivery costs.

Under Dr. Roberto Bolli’s leadership, the IMC is making significant contributions in ischemic heart disease, heart failure, and, most recently, stem cell therapy for cardiac repair. In addition, the IMC houses the Diabetes and Obesity Center with research focused on the effect of diabetes and obesity as well as the environment on cardiovascular health.

In 2013 the Cardiovascular Innovation Institute (CII) was honored with the MediStar award for innovation. The CII is a non-profit research, development and translational collaboration between the University of Louisville and Jewish Hospital, part of KentuckyOne Health. At CII, investigators utilize state-of-the-art equipment and technologies to reduce cardiovascular disease’s impact on healthcare costs and improve and extend the lives of individuals with cardiovascular disease.

Every day is an innovative day at the CII where you might find Dr. Stu Williams, division chief of Bioficial Heart, using cells from a person’s fat and a 3D printer to build a fully functioning heart. Or you may find the team pioneering an experimental therapy that uses a patient’s own fat to stave off rejection after hand transplants.

In 2012 the Kentucky Health Information Exchange (KHIE) was honored with the innovation award. KHIE provides the technical infrastructure to allow for data exchange with healthcare facilities, provider electronic health records, and existing or emerging Regional Health Information Organizations (RHIOs) across the state.

The core components of the statewide KHIE include: a master patient/person index; record locator service; security; provider/user authentication; logging and audits; and alerts. The system supports electronic prescribing, patient demographics, laboratory and imaging reports, past medical diagnoses, dates of services, hospital stays, immunization and cancer registry, syndromic surveillance and a provider portal.

IGE Media is proud to support and celebrate healthcare innovation each year at the MediStar Awards.

Celebrating excellence in healthcare innovation

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2015 Nominees for the Kentucky Life Science Council Healthcare Innovation Award

- Advanced Solutions
- Anthem Blue Cross and Blue Shield, Enhanced Personal Health Care Program
- KentuckyOne Health, UofL and CII, Islet Auto-transplantation Program
- KentuckyOne Health and UofL, Percutaneous Valve Program
- Louisville Metro EMS
- Morrland Holdings
- Norton Healthcare
- Signature HealthCARE
- UK Kentucky Regional Extension Center
- Union Springs Integrative Medicine
- UofL Departments of Cardiovascular and Thoracic Surgery and Bioengineering
Kentucky ranks 48th for senior health for second year

Health concerns must be addressed now.

By Julie Daftari, MD

If we believe the saying that 60 is the new 40, then our parents and grandparents should be enjoying quite an extended prime of life. And while many older Americans are in good health and making smart choices to live well as they age, too many seniors are not – including many here in Kentucky.

With America’s senior population set to double by 2050, it is imperative that we address health concerns now so that we can sustain services provided to all seniors over the long run. Especially concerning are behavioral and lifestyle-related measures that – left unchanged – will lead to even higher rates of chronic disease and more dependence on medical care.

Kentucky ranks 48th among all 50 states in senior health, according to United Health Foundation’s America’s Health Rankings Senior Report. Physical inactivity, in particular, continues to plague seniors statewide and nationally. More than 40 percent of Kentucky seniors are physically inactive, which is defined as doing no physical activity or exercise (such as running, calisthenics, golf, gardening or walking) other than their regular job in the last 30 days. Nationally, one-third of seniors were physically inactive in 2015, worsening after improvements last year.

Unhealthy lifestyles pose long-term challenges for seniors, including obesity (26.7 percent nationally) and increased risk of chronic conditions; this year’s report shows 37.6 percent of seniors have four or more chronic conditions. In Kentucky, that number is slightly worse, at 41.6 percent, ranking it 45th in the nation. Other challenges for Kentucky seniors include smoking, low percentage of dental visits and a high premature death rate.

These numbers are troubling; however, it is up to us – individuals, as communities, and as a state – to improve them. Fifty percent of a person’s health status is a result of behavior – choices made each day with respect to physical and emotional well-being. And the collective result of changing daily behaviors can bring about big changes to our overall health.

The report identifies health challenges in our communities, but it is more than a snapshot. It is a call to action. The full report is available at americashealthrankings.org/senior, along with state-by-state rankings and a full resource library with web sites and articles offering information and actions we can take to address health problems.

Fifty percent of a person’s health status is a result of behavior – choices made each day with respect to physical and emotional well-being.

Issues facing behavioral health providers

treatments, the KBML and Kentucky’s Medicaid system is clearly sending a message to providers that it demands greater physician accountability and expects better patient outcomes.

The KBML’s new regulations in 201 KAR 9:270 set forth detailed professional standards for prescribing or dispensing the drugs for medically-supervised withdrawal or the treatment of opioid dependency. Except for the transdermal delivery of Buprenorphine-Mono-Product for the treatment of pain, Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone shall only be prescribed or dispensed for medically-supervised withdrawal or as a maintenance treatment for a patient diagnosed with opioid dependence.

The regulation provides that Buprenorphine-Mono-Product shall not be prescribed or dispensed except to a pregnant patient, to a patient with demonstrated hypersensitivity to naloxone, or as an injectable treatment in a physician’s office or other healthcare facility.

With a narrow exception for treating a patient to address an extraordinary and acute medical need not to exceed 30 days, the medications may not be prescribed or dispensed to a patient who is also being prescribed benzodiazepines, other sedative hypnotics, stimulants or other opioids without consulting a physician who is certified by an addiction medicine board.

Therapy Requirements

Like the administrative regulations resulting from House Bill 1, which regulate the prescribing of controlled substances for the treatment of pain, 201 KAR 9:270 sets forth detailed requirements for initiating treatment with suboxone therapy. Guidelines are as follows:

- Prior to beginning treatment, physicians must document extensive information about the patient and his or her medical history, perform certain tests, obtain KASPER reports, perform a physical exam, diagnose a patient to be in opioid withdrawal, educate the patient about treatment, and obtain extensive consent to treatment.
- After the initial administration of the drug, the physician must then develop and implement a treatment plan of objective behavioral modification and a series of follow-up examinations at graduated intervals.
KentuckyOne Health was first in Kentucky to perform open heart surgery, first with transcatheter aortic valve replacement, first with ventricular assist devices, first with MitraClip procedure. We perform the most technologically advanced heart procedures in the region, because with each new first, we give more people a second chance at life. See all of our firsts at KentuckyOneHealth.org/Heart.
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LEXINGTON, Ky. (Jan. 24, 2014) — Chang-Guo Zhan, professor in the University of Kentucky College of Pharmacy’s Department of Pharmaceutical Sciences, received a three-year, $1.8 million National Institutes of Health (NIH) grant to develop a therapeutic treatment for cocaine overdose.

The development of an anti-cocaine medication for the treatment of cocaine overdose has challenged the scientific community for years. In fact, there is no current FDA-approved anti-cocaine overdose medication on the market.

“According to federal data, cocaine is the No. 1 illicit drug responsible for drug overdose related emergency department visits,” Zhan said. “More than half a million people visit emergency rooms across the country each year due to cocaine overdose.”

This new grant is the fourth in a series of investigator-initiated research project (R01) awards that Zhan has received from the NIH to continue to discover and develop a cocaine abuse therapy. In previous work, Zhan has developed unique computational design approaches to generate high activity variants of butyrylcholinesterase (BChE), a naturally occurring human enzyme that rapidly transforms cocaine into biologically inactive metabolites.

Zhan and his collaborators have improved BChE catalytic activity specifically against cocaine by 4,000 times. The focus of this new grant is to optimize and stabilize these high-activity BChE variants. The hope is that at the end of this grant, this therapy will be ready for clinical development.

“Dr. Zhan’s lab is at the leading-edge of cocaine overdose therapy,” said Linda Dwoskin, associate dean for research at the UK College of Pharmacy. “This grant is the culmination of the pre-clinical, innovative and groundbreaking work that has been taking place in Dr. Zhan’s laboratory for many years. The next step will be to move this potential therapy into clinical use and make it available to those who need it.”

ZHANDTSTAND”, BRONZE BY TUSKA, LEXINGTON, KY. A DECEASED UK FINE ARTS PROFESSOR, TUSKA WAS FASCINATED WITH THE BEAUTY AND ATHLETICISM OF THE HUMAN FORM.