ADVERSE CHILDHOOD EXPERIENCES ARE COMMON ASSOCIATED WITH HEALTH PROBLEMS AS AN ADULT

By Sally McMahon

During the last 20 years, research has shown that there is a direct correlation between childhood trauma and adult illness. This childhood trauma, called Adverse Childhood Experiences (ACEs), can cause academic and behavioral problems. It can also lead to an increased risk for heart disease, depression, cancer, diabetes, obesity and more, if left untreated.

ACEs are very common. According to the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study, of the 17,000 ACE study participants, 64 percent have at least one childhood ACE.

Examples of ACEs include abuse (physical, emotional, sexual), neglect (physical, emotional) and household dysfunction (mental illness, mother treated violently, divorce, incarcerated relative, substance abuse).

ACEs cause toxic stress affecting short-and long-term health, and can impact every part of the body. Possible risk outcomes include certain behaviors (lack of physical activity, smoking, alcoholism, drug use), as well as physical and mental health issues (obesity, diabetes, depression, heart disease, stroke, COPD).

“Science shows the effects of ACEs are not permanent and identifying and treating children with high ACE scores early on is important.”

Local Impact

In Kentucky, nearly 60 percent of residents have experienced at least one ACE. Of those that have experienced at least one ACE, 64 percent have experienced two or more ACEs.

Among those Kentuckians experiencing five or more ACEs compared to those with no ACEs, they are:
- Five times as likely to have an HIV test.
- Almost five times as likely to have depression.
- Over four times as likely to have poor mental health.
- Almost four times as likely to be a current smoker.
- Almost two and a half times as likely to have asthma.

In Kentucky, a review of data from the National Survey of Children’s Health, demonstrates a significantly higher frequency of ACEs for children living at or below the federal poverty level, a rate that decreases dramatically as income rises.

Hope for High ACEs

If programs are developed and implemented to protect and nurture children, these prevalent health problems can be significantly reduced. Science shows the effects of ACEs are not permanent and identifying and treating children with high ACE scores early on is important.

A Louisville program, BOUNCE: Building Resilient Children and Families (formerly the Coalition for Louisville Youth), provides training on ACEs and resiliency to school staff and out-of-school activity providers in Jefferson County Public Schools (JCPS).

This work, funded by a grant from the Foundation for a Healthy Kentucky in 2012, is expected to evolve into a state...
UofL scholars plan to improve health equity in Louisville

The first cohort of the University of Louisville (UofL) Health and Social Justice Scholars (HSJS) is ready to begin implementing strategies to improve health equity in the Louisville community.

The Health Sciences Center students, who began the program last summer, presented project plans to a group of faculty members, program directors and future scholars that include research and action aimed at improving the health of Louisville residents.

Each of the students worked with a faculty or community mentor to develop a plan for a project to be completed over the next two years. Their projects focus on improvements in access to fresh food, community trust in healthcare providers, dental care for HIV patients and diversity in the healthcare workforce.

Eligible participants in the HSJS program are doctoral students in one of the four schools on the UofL Health Science Center campus: School of Dentistry, School of Medicine, School of Nursing and School of Public Health and Information Sciences.

The students are selected based on their commitment to social justice and health equity to engage in a program designed to help them learn techniques for working interprofessionally and with community members to improve the overall health of residents.

Their projects are to include community-based research conducted along with a faculty mentor and a report prepared for scholarly publication. In addition, they participate in community service projects and attend monthly discussions.

Diana Kuo: School of Public Health and Information Sciences

“Examining and Addressing the Effects of Food Systems on Health Outcomes in Louisville”

Neighborhoods with limited access to healthy food, known as food deserts, are associated with reduced health among residents. Several areas in central Louisville have been identified as food deserts. Kuo plans to evaluate whether neighborhood international markets are good sources of fresh food for the community.

Jade Montanez: School of Nursing

“Confronting Health Disparities Through Post-Secondary Health Sciences Degree Attainment”

Montanez hopes to support an increase in the number of underrepresented minorities in nursing by strengthening a program that prepares junior high and high school students for post-secondary education. She anticipates that a more diverse healthcare workforce will benefit not only the students themselves, but also the community through reduced health disparities.

Mallika Sabharwal: School of Medicine

“Understanding Medical Mistrust in Smoketown”

Mistrust of the medical community can prevent individuals from receiving care and cloud interactions with healthcare providers. Sabharwal plans to survey residents of Smoketown and UofL students and providers to assess mistrust of health professionals. She then will develop tools to improve cultural competency among providers and improve communication between providers and Smoketown residents. She hopes to include a focus group for creative expression by Smoketown residents, providers and students, possibly resulting in a creative project.

Kentucky saves $2.5 million through healthcare initiative

The Kentucky Personnel Cabinet and Secretary Tom Stephens announced $2.5 million in cost of care savings achieved through an innovative health and wellness service.

The “LiveHealth Online Medical + Behavioral Health” initiative, made available to plan participants in June 2015, is a unique program allowing nearly 300,000 health plan members to take advantage of virtual doctor consultations and receive medical care at home and at no cost to plan members.

This creative program allows participants to have access to free web-based medical professionals on-demand and saves the patients time and money. This successful approach is viewed as an industry innovation and will continue to expand services throughout the year through enhanced outreach and marketing. In addition to medical and behavioral specialties, psychiatric virtual visits began in January of 2018.

The cost benefits to Kentucky should continue to improve as people take further advantage of this user-friendly program.

Youths using tobacco products may have greater risk of cigarette smoking

Teens who use e-cigarettes, hookah, chewing tobacco and other cigarette alternatives are almost twice as likely to eventually smoke cigarettes than teens who never use those alternatives. That’s according to a new study in the Journal of the American Medical Association (JAMA).

In Kentucky, a sizable portion of teenagers already smoke cigarettes, according to a state government survey published in 2017. A little more than 14 percent of Kentucky high schoolers reported smoking cigarettes, while about the same percentage reported vaping, which is similar to e-cigarettes.

For the new JAMA study, authors set out to find out if using e-cigarettes and similar products eventually led teens to smoke cigarettes. That’s important because cigarette smoking rates have gone down in teens, which could be seen as a win by health advocates. But for many teenagers, e-cigarettes have taken the place of traditional cigarettes, according to a University of Michigan study from 2014.

UK Transplant Center sets new record for 2017 total transplants

The University of Kentucky Transplant Center performed 208 total transplants in 2017, setting a new record for most transplants performed by any Kentucky medical center in a single year.

In total, UK HealthCare transplant teams performed 101 kidney transplants (including three kidney-pancreas transplants), 43 heart transplants, 41 liver transplants and 23 lung transplants. This milestone cements UK HealthCare’s place in the top 25th percentile of transplant centers nationally based on volume.

In addition to a steady increase in transplant volume over the past few years, UK Transplant Center’s outcome success consistently meets and exceeds national standards.
First-in-nation Medicaid work requirements approved for Kentucky

Kentucky has become the first state in the nation to receive federal approval to impose work requirements as a condition of Medicaid coverage. In a letter sent to Kentucky state officials, the Trump administration said it would approve similar waivers for other states.

Nine other states—Arizona, Arkansas, Indiana, Kansas, Maine, New Hampshire, North Carolina, Utah and Wisconsin—have also applied for the Section 1115 waivers.

Adult beneficiaries in Kentucky between 19 to 64 will be required to complete 80 hours per month of community engagement activities, such as employment, education, job skills training and community service to maintain their Medicaid eligibility.

Former foster care youth, pregnant women, primary caregivers of a dependent, beneficiaries considered medically frail and full-time students are exempt from the new requirements.

Kentucky will lock beneficiaries out of coverage for noncompliance. A person’s coverage can only be reactivated on the first day of the month after they complete 80 hours of community engagement in a 30-day period.

As of October 2017, Kentucky has more than 1.2 million people in Medicaid and the Children’s Health Insurance Program, a net increase of 108 percent since Medicaid expansion under the ACA.

10 STATES APPLIED FOR WAIVERS INVOLVING WORK REQUIREMENTS OR COMMUNITY INVOLVEMENT FOR MEDICAID RECIPIENTS.

CHFS, Home of the Innocents partner to provide healthcare to foster youth

Gov. Matt Bevin, First Lady Glenna Bevin and leadership of the Cabinet for Health and Family Services (CHFS) and the Home of the Innocents in Louisville announced a new partnership to provide improved transitional behavioral health services to children in foster care.

As part of a collaboration with CHFS, the Home opened the Children’s Assessment and Transitional Service (CATS) Center this month. The goal of the program is to provide mental and medical health interventions and assessments to help prepare children to transition to the appropriate placement in the least restrictive setting. The CHFS Department of Community Based Services (DCBS) and the Home developed this center to improve outcomes for children entering the state’s custody.
**Community Foundation of Louisville**

Monique Kuykendoll Quarterman was selected as the 2018 Hunger Innovation Fellow for the Community Foundation of Louisville and the Lift a Life Foundation.

**Bluegrass Care Navigators**

Liz Fowler, president and CEO, has been selected as chair of the Kentucky Association of Hospice and Palliative Care.

**Dickinson Wright**

Attorney Emma Wolfe has been elected as a new member to the Lexington office.

**Methodist Hospital**

Randy McCleese, with Henderson, Ky.-based Methodist Hospital, has been named the 2017 John E. Gall Jr. CIO of the year.

**Norton Hospital**

Kelly McCants, M.D., joined Norton Heart Specialists.

**Norton Metro Government**

Lori Caloia, M.D., was named medical director for the Department of Public Health and Wellness.

**ERNST**

Chris Ernst, previously executive director of the Sullivan College of Technology and Design, has been appointed senior vice president of Sullivan University.

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Conversations about leadership and management in the healthcare world
Eric Friedlander, chief resilience officer, Louisville Metro Office of Resilience and Community Services

How did you end up being chief resilience officer in Louisville?
Eric Friedlander:
In early 2017, while serving as the director of the Department for Community Services for Metro Louisville, I attended an agenda setting workshop led by 100 Resilient Cities with a broad range of over 200 stakeholders. I was very intrigued by this experience.

The work of resilience in Louisville seemed like it might have a little different flavor than some of the other cities in the network. The attendees at this workshop identified the expected things like extreme weather and aging infrastructure, but also economic and environmental challenges. It was in these areas that education, health and equality were identified. I was interested in the intersection of these issues and how we might go about addressing them locally. In April 2017, I was appointed by Mayor Greg Fischer as our city’s first chief resilience officer.

What is it like?
EF: I’ve had a lot to learn. This work has, so far, been about the identification of the intersectionality of resilience. I have been involved in discussions around equitable economic development, racial equity, homelessness, sustainability, environment (trees, weather, solar, Air Louisville) and infrastructure (Metropolitan Sewer District in particular).

My primary goal at this point is to get feedback from the community so we can have confidence that we are working on what our community has identified as most important.

A great benefit to being in the 100 Resilient Cities network is that we have the opportunity to bring in leading world experts to help us identify solutions. These solutions should focus not only on the overall community, but must begin with the individual, through the neighborhood, to the larger business and Metro community as a whole.

What has been the most challenging part of your job?
EF: Because resilience is such a broad and all-encompassing concept, I had a lot to learn about those areas where I had less experience. I am the first chief resilience officer who does not have a background in disaster preparedness or city planning. My background is in health and human services. I worked for the Cabinet for Health and Family Services for 30 years. This is a different perspective than most all of my colleagues in the 100 Resilient Cities network. I tend to focus on those chronic stresses in a community that make the inevitable acute shock or disaster worse, as opposed to the disaster revealing the underlying stressors. This has led to some communication and translation challenges that have caused me to take some extra time to gain perspective and understanding of the process outlined for all the 100 Resilient Cities.

FAST FACTS
Hometown: Louisville
Family: My wife, Indigo, three dogs and three cats.
Hobbies: Photography and singing
Your motto: Don’t postpone joy.
Kentucky Nonprofit Day at the Capitol
Info: Provides an opportunity to learn from and educate state government officials and network with nonprofits from across Kentucky. More information can be found at kynonprofits.org/advocate/ky-nonprofit-day.

KORE: The Community’s Role in Addressing the Opioid Crisis
Time: Noon to 1 p.m.
Location: Jessamine County Health Department, 210 East Walnut St., Nicholasville, Ky. 40356
Info: Sponsored by Bluegrass Regional Prevention Centers and the Jessamine County Health Department. Covers the Kentucky Opioid Response Effort (KORE) in Kentucky and how to reduce the toll of opioid misuse in the community.

Kentucky Coalition of Nurse Practitioners & Nurse Mid-Wives Legislative Day
Location: Capitol Annex, 700 Capitol Ave., Frankfort, Ky. 40601
Info: Meet and greet 8:30 a.m.; Presentation by Sheila Schuster, Ph.D., 9 a.m.; Individual or small group meetings with legislators 9:30 a.m. to 1 p.m.

KMA Physicians’ Day at the Capitol
Time: 8 a.m. to 2 p.m.
Location: Kentucky State Capitol Building, 700 Capital Ave., Frankfort, Ky. 40601
Info: Physicians from across the Commonwealth will gather in Frankfort in support of issues of importance to the medical community. Includes a legislative briefing and visits with state legislators, in addition to lunch and a feedback session.

The 2018 Minority Pre-Health Symposium: Changing the Face of Healthcare
Time: 9 a.m. to 4 p.m.
Location: Clinical Translational Research Building, 505 S. Hancock St., Louisville, Ky. 40202
Info: Sponsored by the UofL Health Sciences Center Office of Diversity and Inclusion. Providing high school, community college and university students with the information necessary to succeed in the professional and graduate school admissions process.

Enhancing Substance Use Disorder Treatment Responsiveness for LGBT Clients
Time: Presentation 9 a.m.; Workshop 10 to 11:30 a.m.
Location: University of Louisville Health Sciences Center, Kornhauser Library Auditorium, 500 S. Preston St., Louisville, Ky. 40202
Info: This is the morning session of the LGBT Healthcare Summit sponsored by Humana. Training will review best practices to engage and retain LGBT clients in substance use disorder care.

UK HealthCare Recruitment Fair
Time: 4 to 8 p.m.
Location: UK HealthCare, 1000 S. Limestone, Pavilion A, Lexington, Ky. 40517
Info: Meet with patient care managers, service directors, physicians and staff at UK HealthCare and Eastern State Hospital. Recruiters will be available to answer questions about employment opportunities.

45th Dr. McMillan National Conference on the Black Family in America
Location: Louisville Central Community Center, 1300 W. Muhammad Ali Blvd., Louisville, Ky. 40203
Info: “Elevating the Health and Safety of the Black Family and Community.” Educate families to become more empowered, engaged, equipped and able to elevate every member to maximize their quality of life. Visit louisville.edu/culturalcenter/bfc for more information.

The American Society of Addiction Medicine (ASAM) Treatment of Opioid Use Disorder
Time: 9 a.m. to 1:15 p.m.
Location: Bluegrass.org Board Room, Building 2, 1351 Newtown Pike, Lexington, Ky. 40511
Info: Hosted by the Kentucky Opioid Response Effort (KORE), Department for Behavioral Health, Developmental and Intellectual Disabilities This course covers all medications and treatments for opioid use disorder, and provides the required education needed to obtain the waiver to prescribe buprenorphine. Visit elearning.asam.org/p/Bluegrass for more information.

Midwest Post-Acute Executive Leadership Summit
Location: Belterra Casino Resort, 777 Belterra Dr., Florence, Ind. 47020
Info: Sponsored by the American College of Health Care Administrators - District 3. Brings together key executives, industry experts, thought leaders and future professionals representing the post-acute industry in the Midwest, for extensive training, skills enhancement and networking in an informal setting. Visit achcad3.org for more information.

The Power of Prescribing: Addiction Consequences of Opioid Rx
Time: 5 to 8:30 p.m.
Location: Clark County Extension Office, 1400 Fortune Dr., Winchester, Ky. 40291
Info: Sponsored by the Northeast Kentucky Area Health Education Center. Visit kypca.net for more information.

HAVE AN EVENT FOR OUR PRINT OR ENEWS CALENDAR?
Email news@igemedia.com
HAND-IN-HAND, WE HEAL THE HEART

What happens when you combine the expertise of one of the country’s best children’s hospitals with the #1 hospital in Kentucky? Life-saving heart care for Kentucky children, close-to-home. That’s exactly what we’ve done.

See how, together, we’re bringing world-class pediatric heart care to Kentucky families.

ukhealthcare.com/kidshearts
Adverse Childhood Experiences associated with health problems as an adult

model for addressing ACEs. Currently there are five BOUNCE schools within the JCPS district. BOUNCE is closely tracking student, staff and parent outcomes, which to date have shown considerable progress.

BOUNCE
Building Resilient Children and Families

Louisville’s BOUNCE Coalition will serve as the lead agency to take the next steps to continue the community dialogue, convene stakeholders and provide training so that Louisville is more effective in preventing, identifying, and responding to ACEs.

Why is resiliency important? Resiliency is the ability to thrive, adapt, and cope despite tough and stressful times. Resilience is a natural counter-weight to ACEs. The more resilient children are, the more likely they are to deal with negative situations in a healthy way that won’t have prolonged and unfavorable outcomes.

In Kentucky, nearly 60 percent of residents have experienced at least one ACE.

Healthcare Setting
This success within the school system has built the framework for the BOUNCE Coalition’s next phase: serving as the catalyst for fostering trauma informed systems and organizations across the Commonwealth, specifically into medical schools and in the healthcare setting.

Data suggest that ACEs should be addressed during routine healthcare visits, and many individuals and organizations are beginning to implement trauma-informed, resilience-building practices. However, for many physicians, addressing exposure to traumatic events with their patients is seen as difficult for a number of reasons, including lack of time, complexity of the topics, limited referral resources and discomfort.

It’s understandable, considering how health centers struggle to address every need of the patient in a short window of time. Why would a health center ask a patient for more, seemingly non-health related information?

Norton University, an internal educational program at Norton Healthcare, recently trained key members of its education team in the BOUNCE curriculum for implementation in the healthcare system.

According to Mary Jo Bean, senior vice president of planning and business analysis, Norton Healthcare is aware of the impact of social determinants on the health of those that they serve, both in the pediatric, as well as the adult population.

Further, Bean explained, Kentucky is a state that has a shortage of behavioral health providers and social workers. Given those variables, Norton felt it would be valuable to increase education around ACEs, focusing on how to react, respond and provide resources to build resiliency skills for patients and caregivers.

The Norton University leadership team attended a pilot program, called Bouncing Back, conducted by the BOUNCE Coalition to establish a baseline program and develop modifications to meet the healthcare environment. There are plans to make it available to internal Norton staff and external parties in the community, region and state.

Reimbursement Concerns
There are concerns that investing in children and families with high ACE scores is difficult because of reimbursement policies. Bean explained that high ACE scores tend to indicate high risk for chronic conditions so this is information helps the healthcare provider work with the family to identify chronic conditions at an earlier stage and make care plan recommendations to help them prevent the onset or manage those conditions more effectively.

Currently the reimbursement system for healthcare offers limited reimbursement for integrated services. However, Norton currently has Licensed Clinical Social Workers in a number of their practices to clinically assist patients and help them get connected to resources in the community.

Bouncing back in healthcare

In Kentucky, nearly 60 percent of residents have experienced at least one ACE.
10,400+ Doctors
15,400+ Specialists
125+ Hospitals

Working together for you
and a healthier Kentucky

www.passporthealthplan.com
Owensboro Health joins Markey Affiliate Network

Owensboro Health has joined the UK Markey Cancer Center Affiliate Network, enhancing cancer care available to patients in Western Kentucky and Southern Indiana and allowing them to stay closer to home and their support systems for most treatments. Markey is the only National Cancer Institute-designated cancer center in Kentucky.

Owensboro Health’s Mitchell Memorial Cancer Center (MMCC) serves the health system’s coverage area, a population of nearly 400,000 people across 14 counties in Western Kentucky and Southern Indiana. More than 1,000 patients are treated at the center annually. Last year, Owensboro Health also joined Markey’s Research Network, which allows MMCC to run many of Markey’s clinical trials on-site.

Moving forward, the UK Markey Cancer Center is working toward the next tier of designation – an NCI-designated Comprehensive Cancer Center. Currently, 45 of the 69 NCI-designated cancer centers in the country hold a comprehensive cancer center status. The UK Markey Cancer Center Affiliate Network will play a large role in bringing that next level of cancer funding to Kentucky.

The affiliate network was created in 2006 and is made up of 20 hospitals across the Commonwealth of Kentucky.

Because an Ounce of Prevention...

In the always complex world of health care and health insurance law, Bingham Greenebaum Doll LLP is uniquely equipped to assist health care companies, practices and providers with strategic initiatives, daily operations and regulatory matters. We continually monitor emerging market trends, new technologies, and the changing laws that impact all phases of your health care business. Find out how BGD can help your business stay healthy by calling 800.436.3644, or visiting BGDlegal.com.

Healing Place expands

The Healing Place, a nonprofit, long-term social model recovery program based in Louisville, Kentucky, is expanding the Men’s Campus in downtown Louisville, Ky.

Phase one of the $29 million project was completed in December 2017 and clients moved into the first wing of the new facility. Phase two of the building has begun, which will add nearly 200 beds to the program. Work is expected to be complete in January 2019. Once construction is complete, 426 beds will be available.

Kentucky agencies provide employment, training to SNAP recipients

Kentuckians who receive Supplemental Nutrition Assistance Program (SNAP) benefits and are eligible for the federally funded Employment and Training (E&T) program will now receive assistance from Kentucky Career Centers to meet education and employment training needs.

To better serve the people of Kentucky, several agencies in the state government created a new system for SNAP recipients to access locally available training opportunities and find open jobs.

This new system became available in January, thanks to this collaboration between the Cabinet for Health and Family Services (CHFS), which administers the SNAP program through the Department for Community Based Services (DCBS), the Kentucky Education and Workforce Development Cabinet’s Department of Workforce Investment (DWI) and the 10 local workforce development boards.

Kentucky Career Centers are led in each of the Commonwealth’s 10 workforce development areas by local workforce development boards. This gives each board the ability to work directly with employers, and to determine the job availability and training needs on a local level. Some services provided by the Career Centers include skills assessments, resume building and interview preparation.

Currently, SNAP recipients can receive services through this collaboration in the following 20 Kentucky counties: Anderson, Bullitt, Calloway, Campbell, Daviess, Fayette, Franklin, Hardin, Henderson, Henry, Jefferson, Jessamine, Logan, Oldham, Owen, Shelby, Simpson, Spencer, Warren and Woodford.

However, throughout 2018, the program will expand to 112 counties. The remaining eight counties in eastern Kentucky, which are part of the Paths 2 Promise program, will not be affected. Approximately 35,421 individuals in Kentucky are eligible to participate.

The 1996 federal welfare reform law required that able-bodied adults ages 18-49 who do not have dependents must meet work, skills training, or community engagement requirements of 20 hours per week in order to remain eligible for SNAP (formerly known as food stamp) benefits. The requirement was waived in 2008 to 2015 due to the economic recession, but never scaled back up as the economy improved.
Safeguarding healthcare

Lexington lawyers discuss their experience fighting healthcare fraud at U.S. Attorney’s Office.

By Ben Keeton

Healthcare fraud costs the United States tens of billions of dollars each year. Healthcare fraud schemes continue to grow in complexity and seriousness.

Kerry Harvey and Andrew Sparks, with Dickinson Wright in Lexington, Ky., have a long history of fighting healthcare fraud. Before joining Dickinson Wright, they were with the U.S. Attorney’s Office in the eastern district of Kentucky.

When Harvey started, he correctly assumed there would be an abundance of work to do in the healthcare space. He created a new, separate white-collar fraud division and chose Andrew Sparks as the chief of that division. Harvey and Sparks sat down with me to discuss the fraud unit. Below are highlights.

Medical News: Why was the fraud unit created?

Kerry Harvey: The U.S. Attorney’s Office needed to do more white-collar, financial crime and false claims work on the civil side because it wasn’t being done by the federal government. The State’s Commonwealth Attorney was doing a great job prosecuting street crime, but they didn’t have the resources or the skill-set to prosecute complex financial crimes.

It turned out to be a huge success, mostly because of Sparks’ initiative and ability. We did cases that were unprecedented in Eastern Kentucky, with a number of cases drawing national attention.

KM: What was the day-to-day work like in the fraud unit?

Andrew Sparks: We used affirmative civil enforcement, false claims act cases and criminal prosecutions of individuals. We were good at parallel procedures. For example, if an organization committed a fraud, then the organization returned the money to taxpayers. In the same way, we held individuals accountable for their criminal conduct by recovering the money or assigning jail time.

The clearest way to measure our success of dual enforcement was the amount of money recovered. We recovered more than $100 million dollars. The money taken from Medicare and Medicaid programs was returned to the taxpayers.

SN: Can you give an example of a case you worked on?

KH: We began to see an uptick in unnecessary procedures. For example, healthcare providers were performing unnecessary, interventional procedures. There are physicians, specifically cardiologists, who have been convicted of criminal conduct for placing unnecessary stents.

There are many schemes meant to cash in on the opioid epidemic. For example, there was an increase in urine toxicology screens and lab work. There is an evolution of pill mills. Instead of taking cash for prescriptions, healthcare providers give prescriptions, complete unnecessary tasks and charge the government.

AS: People used to visit pill mills in strip malls and pay with cash. We succeeded in shutting those down. Providers then began doing tests during office visits and falsifying the medical records by upcoding it. I’d prosecute providers seeing up to 150 people per day at a level three-to-four office visit.

It’s difficult to determine fraudulence just by the medical records. In fact, if you just look at the medical record, it often looks appropriate. You need to take a deep dive. Fraud that is educated and complex is very difficult to prosecute and get a recovery from.

SN: What government resources are needed in a large fraud department?

KH: There wasn’t a long history of doing sophisticated healthcare fraud work in this district. You need a vast supply of investigative resources, which the federal government was short of. The U.S. Department of Health and Human Services (HHS) and the Office of Inspector General (OIG) are great organizations, but there are only four agents for the state of Kentucky. The FBI is great, but healthcare fraud is only a small sliver of what they do.

We built a self-contained unit to develop, investigate and prosecute our own leads. The best advance was the use of data mining. We had access to all the federal payor data, in almost real time.

We also employed auditors and investigators who could slice and dice the data anyway you’d want it and we had access to experts at the Department of Justice in Washington DC who analyzed the data. We could easily see the outliers.

We hired good people, such as auditors, retired federal agents from the Secret Service, retired postal inspectors who were skilled at investigations. We built a self-contained unit taking cases from A-Z, working in a space comparable to much bigger districts.

AS: We were fortunate to have talented FBI and Health & Human Services agents who were willing to dig in with the prosecutors. Kerry gave us freedom to go deep on these cases, which could take months, sometimes years, to bring to fruition.

SN: Did people commit crimes knowingly or accidentally?

KH: I’d say about 99 percent of people working in healthcare are decent and honest. There is a small percent that are criminals every day. For example, they bill for services that were never provided or they have the sham durable medical equipment stores.

There is a more common defendant, which is the one who did not intend, at the outset, to break the law. Slowly, they would get closer to the line, driven by the desire to maximize their revenue. One day they realize they are on the other side of the line. It may have been unintentional at first, but they get addicted to money, and rationalize what they do because of the addiction.

SN: How do you advise your clients to stay on this side of the line?

AS: It’s important to review billing practices on a regular occasion—preferably annually—to ensure your practices are justifiable. Be careful about who you hire. Cultivate a positive, honest culture within your practice. Do the due diligence.

KH: Healthcare laws and regulations are not intuitive. We add value by looking at the facts from the government’s perspective. We anticipate how someone at Health & Human Services or at the U.S. Attorney’s office is likely to view those facts. From the standpoint of the healthcare providers, it is a completely different context. It’s easy, even for providers with the best intentions, to run into problems.

The clearest way to measure our success of dual enforcement was the amount of money recovered. We recovered more than $100 million dollars.”

— Andrew Sparks,
Dickinson Wright

News in Brief continued on page 18
Moving healthcare upstream

Smoketown Family Wellness Center aims to improve health at community level.

By Sally McMahon

Smoketown Family Wellness Center (SFWC), a cross between a pediatric office and a community center, is set to open on March 24 in the historic Presbyterian Community Center in Smoketown, one of the poorest neighborhoods in Louisville, Ky.

SFWC will work to establish healthy lifestyles from the beginning of life, supporting parents with the tools needed to raise their children to be healthy in mind, body and spirit. They will provide clinical care for children, as well as address social determinants of health in a supportive community-based setting.

Location, Location

Smoketown has the highest rate of death due to diabetes in Louisville. Life expectancy is 69 years, 10 years below the Louisville average, according to the 2014 Health Equity Report created by the Center for Health Equity.

This statistic bothered Dr. Charlotte Stites, a pediatrician who has worked in private practice in the east end. As a result, she conceptualized a wellness center that focused on comprehensive care and healthy lifestyles—addressing social determinants of health.

Magic Window

Stites believes there is a magic window—a period of time after birth when parents are willing and motivated to learn. Stites said, “Birth offers a new beginning for parents. They want what is best for their child and are willing to make changes to improve themselves. Babies are clean slates. It is easier to establish healthy habits from the beginning of life than to fight to change well-established bad habits later in life.”

According to Stites, “There is research out of the University of Denver showing that there is a period of brain elasticity around the time of a birth—greater for the mother, but also for the father.”

Parents can be healthcare experts themselves, spreading their knowledge to family, friends and neighbors, thus creating a positive culture of health and wellness.

Looking Upstream

The SFWC model of healthcare delivery will move care upstream to provide primary prevention of diseases that begin in childhood. Stites believes it’s “common sense to look upstream to provide primary prevention of chronic diseases.”

According to the CDC, 75 percent of all healthcare costs are spent on treatment of preventable chronic diseases.

A growing body of evidence shows that healthcare providers can play an important role in collaborating with other community-based organizations to help children, patients and families access new resources and influence those factors that play an important role in determining their health.

It means focusing efforts on the early years when the foundations of life-long health are established and the return on investment in prevention is greatest.

Social Determinants of Health

According to Stites, overall health and well-being for individuals is determined by clinical care (about 20 percent), lifestyle (about 30 percent) and physical environment (about 10 percent). The remaining 40 percent is a product of social determinants of health.

Social determinants of health are the structural determinants and conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to healthcare.

ACE Scores Addressed

According to Stites, one of the reasons for opening SFWC is to develop models for improved health equity, where access to care and integration of needs are provided.

Research has shown that individuals with high ACE scores have higher risk for chronic diseases and shortened life expectancy. They often become high healthcare utilizers.

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your risk for later health problems.

Reimbursement Challenges

Stites believes that by providing comprehensive healthcare (clinical care, healthy living, addressing social determinants of health) they can reach improved health outcomes, prevent more disease and fundamentally save money in healthcare costs, prison systems and social services.

Stites said, “The trick is finding investors to support the model, and to begin to invest in maintaining health rather than paying for the management of disease.” She continued, “A high ACE score is a risk factor for poor outcomes, but not a death sentence. Individuals with high ACE scores need more support to attenuate these risks. We believe that providing this integrated care and tracking outcomes, we will help effect change in the reimbursement policies.”

Integrating Research

SFWC will collaborate with Spalding University, the recipient of a $1.15 million grant from the U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA) to bring in fourth-year psychology Ph.D. candidates and social work students into SFWC as an integrated care model. It will allow SFWC to provide behavioral health services upfront.

Research will be collected concerning needs for the family and health outcomes—to include educational measures—quantitative and qualitative research. Programming will be data-driven and modified accordingly, but overall, the needs of the families served at SFWC will drive the programming offered in the Center.
Lethal combination

Unhealthy diets paired with food insecurity a recipe for disaster.

By Kate Marx

Food insecurity is defined by the U.S. Department of Agriculture (USDA) as “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.” Feeding America and Louisville’s Dare to Care Food Bank state it more simply - food insecurity is the lack of access to enough food for a healthy, active life.

Brian Riendeau, executive director of Dare to Care, explained, “Food insecurity can be a temporary situation. It could last for several months. It could last for a year.” He continued, “Today in Kentuckiana, there are 181,000 food insecure individuals. That’s a lot of people who are making real choices every day, like do I buy food for the family or do I pay rent?”

Toolkit

Humana, a health and well-being company based in Louisville, partnered with Feeding America, the largest domestic hunger-relief charity in the United States, to develop a toolkit for addressing food insecurity.

One of the points the toolkit makes is that food assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps); the Women, Infant, and Children’s Program (WIC); and the National School Lunch and School Breakfast programs, help feed many low-income families across the country.

That means that many households under the Federal Poverty Line are food secure, while those with slightly higher incomes, but without access to other support, may be food insecure.

It goes on to cite USDA Economic Research Service findings that unhealthy diets amplify the negative outcomes experienced by food insecure individuals. The combination of an unhealthy diet and food insecurity leads to impaired growth in children, more chronic disease for adults, higher healthcare costs and missed work days.

Dare to Care is working to combat food insecurity by delivering more than 19 million meals through a network of 270 emergency kitchens, shelters and food pantries. Dare to Care also operates several programs targeting the most vulnerable in our community, including:

- Kids Cafes: Hot nutritious meals, prepared by the Dare to Care team, to after school sites.
- Backpack Buddy: Nutritious, kid-friendly foods for children from low-income families to take home on the weekends.
- Summer Meals for Kids: Breakfast, lunch and dinner for children during the summer months.
- Cooking Matters: Empowers families to prepare healthy and affordable meals.
- Senior Outreach: Provides nutritionally-balanced food boxes to seniors through a unique partnership with the Louisville Metro Police Department, mobile pantries for seniors and the Commodities Supplemental Food Program.
- Healthcare professionals can support their patients’ nutritional needs and keep them food secure by using a validated, two-item screener known as Hunger Vital Sign. This screener is a subset of the USDA’s 18-item screener. The screener is available as part of the standard base build in EPIC (EMR).

Food Insecurity and Health: A Tool Kit for Physicians and Healthcare Organizations can be found online at https://goo.gl/hfKWyF.

“Today in Kentuckiana, there are 181,000 food insecure individuals. That’s a lot of people who are making real choices every day, like do I buy food for the family or do I pay rent?”

— Brian Riendeau, Dare to Care

Food insecurity negatively impacts disease risk, condition self-management and healthcare costs, so it is important for physicians to have the information they need to accurately screen patients and refer to food assistance programs and community resources. The food insecurity discussion needs to be one about health.”

Once a clinician is aware of a patient’s food insecurity status, they might consider other aspects of care that should be addressed, such as medications, health and nutrition education and mental health.

— Kate Marx is with Humana.
Obstacles to better health

Solutions to many health issues lie in better access to clinical care, better social policy.

By Sarah Moyer, MD

Many of our patients often face real-life situations that can make controlling such chronic conditions as diabetes and hypertension difficult. As physicians, we are often unaware of the daily struggles preventing patients from adhering to our best-laid treatment plans. A recent experience with a patient suffering with diabetes made me acutely aware of this.

My patient’s blood glucose levels would be under control at one visit and terribly out of control at the next. For months we adjusted medications and discussed the importance of adhering to a regimen of healthy eating and physical activity. After several months of yo-yoing glucose levels, we finally got to the root of the problem.

Her early and mid-month glucose levels were in range because that’s when she got paid and could afford to buy healthy food. When her money ran tight toward the end of the month, she was forced to rely on neighbors and food pantries for food, often eating processed foods high in sugar, causing her levels to rise precipitously.

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The solutions to so many individual health issues that our patients face lie in building an infrastructure for good health throughout the community."

Building Infrastructure

The solutions to so many individual health issues that our patients face lie in building an infrastructure for good health throughout the community. This requires collaboration from many sectors—physicians, businesses, government, schools, civic and nonprofit organizations.

We know that social determinants—your income, the neighborhood in which you live, your race, your education level—are powerful predictors of how healthy you will be. Only when we understand these outside factors, can we address the obstacles that stand in the way of better health.

In the case of my patient, connecting her with a community health worker who helped her connect to reliable resources to free up her finances for food made the difference in her ability to gain control of her glucose levels.

The solutions to many health issues lie not just in better access to clinical care, but in better social policy. In fact, research indicates that the greatest impacts on health are such socio-economic factors as food security, housing and education. The next greatest health impact will come from changing the social context so that the healthy choice becomes an individual’s default choice.

Smart Tech

Technology can also help to capture and analyze data about the patient’s real-world activities to inform patient care and public policy.

AIR Louisville—a collaborative initiative of Propeller Health; the Institute for Healthy Air, Water, and Soil; and the city of Louisville uses smart technology to equip asthma patients and their physicians with data to identify asthma triggers to better control the condition. It also provides data that city officials can use to implement solutions.

In a 12-month period, there has been an 82 percent reduction in asthma rescue inhaler use among participants; 29 percent of uncontrolled patients gained control of their asthma; and on average, participants more than doubled their symptom-free days.

By identifying local asthma hotspots, we’ve also developed such interventions as a daily asthma forecast email, changing truck routes to reduce exposure to fuel emissions and planting trees in high-risk areas.

Physicians Needed

Physicians are vital to the work of building a healthier community. The Louisville Health Advisory Board, a collaboration of more than 60 private and public organizations committed to making our city healthier, hosted by Humana, needs your involvement.

The board’s mission is to improve the physical, mental and social well-being of Louisville, with the goal of increasing the number of Healthy Days—your quality of life—20 percent by 2020 and beyond. Healthy Days is a tool created by the CDC that tracks quality of life by measuring individual physical and mental health in a 30-day period.

We believe that creating a healthier community depends on collaboration to build an infrastructure for good health. We believe that public health is the work of all of us. It’s what we do together that gives every single person in our community the best possible chance at a healthy and productive life. Together we can break down the barriers to better health.

—Dr. Sarah Moyer is director of Louisville Metro Department of Public Health and Wellness, the city’s chief health strategist and an assistant professor at the UofL School of Public Health and Information Sciences.

For more information, visit louisvillecultureofhealth.com
What happened 25 years ago?

The year was 1993...

- Bill Clinton (D) inaugurated as 42nd U.S. President.
- Blizzard of 1993 dumps record amounts of snow on Kentucky.
- Ruth Bader Ginsburg nominated to the U.S. Supreme Court.
- Nelson Mandela awarded the Nobel Peace Prize.
- Brady Bill passes establishing five-day waiting period for U.S. handgun sales.
- and Medical News was born.
One box at a time
Passport, Bluegrass Harvest partnership aims to increase access to healthier food.

By Ben Keeton

When we talk about the health and wellness of Kentuckians, we have to take a step back and look at the social factors that have an impact on the overall health and well-being of individuals. When we take a closer look beginning in the home, and extending to our workplace, our schools and our neighborhoods, we can observe that social determinates have obvious differences in the health outcomes of individuals.

The pathway is not always an easy one for many residents living in communities where access and affordability are the major factors in the decision-making process of the foods they buy and eat. The conditions in which we live explain in part why some Kentuckians are healthier than others and why more are not as healthy as they could be.

Health Disparities
How can the healthcare community tackle such challenges that result out of these disparities? Disparities that have proven to show an increase in insurance rates, high incidents of heart disease, obesity, diabetes and high cholesterol? These social determinants also lead to negative impacts through low-term birthweights, hospital readmissions and emergency room visits.

One way to address this issue is by creating easier channels of access to healthier food options which have proven to positively influence overall health just by shifts in a diet change. One program that is looking to do just that is Bluegrass Harvest.

A Community Ventures company, Bluegrass Harvest was created to improve the health of all Kentuckians while lowering healthcare costs and increasing income for local farmers. This is accomplished through Community Supported Agriculture (CSA), or a weekly box of produce, which are sold and provided from May to October.

"Bluegrass Harvest has seen measurable results in their first two years of operation," said Kevin Smith, CEO, and president of Community Ventures. "Now that the company has partnered with Passport Health to engage more communities, the growth opportunities for this initiative are innumerable."

A new sponsorship program has been launched between Passport Health and Bluegrass Harvest to provide CSAs to residents in the Lexington's East End to tackle these issues targeting lower resource families.

The program will seek to provide education and support to change eating habits and lower riskier health behaviors. Twenty weeks of locally grown produce will be provided at no charge to identified residents in this first of a kind program.

With Passport as its partner, residents will also have access to regular sessions to support them on this fresh food journey. Residents will be invited to attend fun events over the five months. From cooking demonstrations and tastings, exercise classes, to nutrition and diet tips, all of this will be provided free of charge to residents and their families participating in Bluegrass Harvest.

A Community Ventures company, Bluegrass Harvest was created to improve the health of all Kentuckians while lowering healthcare costs and increasing income for local farmers."

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I love being a pediatrician. To support families on their journey of parenthood is a joy and a privilege. Many days are filled with healthy children whose families are resilient and thriving. Many days, that is not the case. I work with children who are struggling with issues such as obesity, autism, depression, learning disabilities, diabetes, asthma and rampant cavities. One in four of Kentucky’s children have a chronic or special healthcare need. For them, navigating our healthcare delivery system can be at best overwhelming and at worst, sheer chaos.

Basic Needs
In addition to health challenges, many of the families I work with face challenges meeting their basic living needs. Having enough food to eat, having a safe and healthy living space, having reliable transportation to work, having safe and reliable child care and living free from domestic violence are some of the basic needs they struggle to meet. Meeting these needs is essential to building health and wellness.

As a pediatrician and a member of my community, I struggle to respond to a family’s challenges. Helping a family with a child with autism navigate the world of medical specialists, therapists and school resources is daunting. Working with a child who is morbidly obese to get the help they need is next to impossible.

As a medical community we can respond better to a family’s needs and support them on their journey to have the best outcomes for their children with special needs like autism and to prevent childhood obesity.

Strong Programs
For basic living needs I often respond by referring families to community programs and agencies that can help. We have strong programs in our neighborhoods that offer resources for families. Some offer assistance for immediate needs and some offer more ongoing aid for families struggling or in crises, such as impending eviction or sudden detention of a family member who provided the family’s financial stability.

But if you ask most of these programs, they would be so happy to be “out of business.” Many rely on unpredictable funding and struggle to stay afloat themselves. The dream is for our community not to need a food pantry or a homeless shelter.

Solutions, Not Responses
There are responses to challenges and there are solutions. The healthcare community can play a powerful role in finding solutions. Programs and community resources are responses to problems and are funding dependent.

Solutions can come in the form of policy, at the institution, local and state level. We have a strong history of successful health policies like Medicaid expansion, tobacco free communities and car and booster seat laws. For example, significantly raising the tobacco tax is a policy that would decrease smoking rates in adults and children.

Policy, defined

- Policy is one potentially effective way to improve the health of populations.
- Policy is defined as a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions.
- Health can be influenced by policies in many different sectors, such as transportation policies can encourage physical activity (pedestrian- and bicycle- friendly community design); policies in schools can improve nutritional content of school meals.

— Centers for Disease Control and Prevention

As we continue to respond in a meaningful way to address health and health disparity issues we must work harder for solutions at the policy level.”

Patient and Family Centered
We must improve our institutional policies so that the best healthcare is provided to every patient every time and is patient and family centered, such as:
- Policies that include families in our leadership structure and committees have been shown nationally to improve health outcomes.
- Instituting policies that support trauma informed care are shown to improve health outcomes.
- Institution and payment policies that increase timely access to birth control is another example of a powerful solution.

As we continue to respond in a meaningful way to address health and health disparity issues we must work harder for solutions at the policy level.
— Julia Richerson, MD, FAAP is a pediatrician at Family Health Centers-Iroquois.
Doctors and lawyers partner up

Ensuring poor families get care and services needed.

By Martha Hasselbacher

Both doctors and lawyers have professional ethics that require them to serve those who cannot afford their services. That is one of the factors that distinguishes these professions. How can they effectively work together to serve this population?

The answer is a Medical-Legal Partnership (MLP). There are now 294 MLPs serving individuals in 41 states throughout the country. In Louisville, we have Doctors & Lawyers for Kids.

Doctors and lawyers have joined forces in indigent pediatric clinics to ensure that the poor families get the care and services they need. Doctors have the training and expertise to heal wounds, cure diseases and provide preventive medical care.

Lawyers understand that many of the social determinants of health—bad housing, poor nutrition and domestic violence cannot be cured with a prescription. Legal services can make a difference.

Every low-income person has two-to-three unmet civil legal needs that create barriers to healthy eating, safe housing, employment and safety. Addressing those needs improves a person’s health and helps medical treatment work more effectively.

Doctors are in a unique position to identify these problems. Our Doctors & Lawyers for Kids team trains these healthcare professionals to identify legal problems that affect their patients’ health and well-being.

In Action

To see Doctors & Lawyers for Kids in action, consider Celia’s* story. Celia’s son, Tim, was diagnosed with stage 4 cancer. She was unable to work her two jobs, and she was threatened with eviction. She had applied for Supplemental Security Income on Tim’s behalf, but his claim was denied.

During this turbulent time, Tim turned eighteen, and Celia needed authorization to continue making decisions about his medical care. Tim’s disease had progressed to the point where he was unable to make those decisions for himself.

With the assistance of Doctors & Lawyers for Kids, Celia avoided eviction from her home. The Social Security Administration reversed their initial decision on Tim’s claim and Celia was awarded guardianship of her son.

Doctors & Lawyers for Kids provides training and legal services in the clinics of U of L Department of Pediatrics, Family Health Center Clinics in Portland and Iroquois neighborhoods and Norton Children’s Hospital and downtown pediatric practices. Expanding services to other locations is planned as resources become available.

*Names have been changed

— Martha Hasselbacher is board president at Doctors & Lawyers for Kids.
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