By Ben Keeton

The Kentucky General Assembly’s 2018 regular session finally wrapped up on April 14, capping off a session in which lawmakers approved the state’s next two-year budget and numerous other measures that will affect people and healthcare businesses throughout the state.

Most new laws – those that come from legislation that don’t contain emergency clauses or different specified effective dates – will go into effect in mid-July.

Several bills considered could have significant impacts on the healthcare sector. A summary of legislation that was passed and will become law is included below:

Colorectal Cancer Screening (SCR 176) This resolution urged the Kentucky Cabinet for Health and Family Services and the Department for Medicaid Services to achieve an 80 percent colorectal cancer screening rate for Kentucky Medicaid recipients over the age of 50 and holding Medicaid managed care organizations accountable for achieving this goal. The Governor signed it into passage.

Foster Care and Adoption (HB1) This legislation reforms the state’s foster care and adoption system to ensure that a child’s time in foster care is limited and that children are returned to family whenever possible. It expands the definition of blood relative for child placement and ensures that children in foster care are reunited with family or placed in another permanent home in a timely manner.

Pharmacies (SB5) This bill ensures independent pharmacists are reimbursed at a higher rate for filling prescriptions of Medicaid recipients. This measure places the Kentucky Department for Medicaid Services in charge of setting the reimbursement rates for a pharmacist. The rate is currently set by pharmacy benefit managers hired by the state’s Medicaid managed-care organizations.

Medical Peer Review (HB 4) This bill relates to the privileging (to authorize) of peer review activities in healthcare and has already been signed by the Governor. It allows medical professionals to confidentially review the work of their peers without the fear that the information will be used against them in litigation. Kentucky was one of two states without these protections.

Prescription Medicines (SB 6) This legislation requires a pharmacist to provide information about the safe disposal of certain prescription medicines, such as opiates and amphetamines.

Prescription Medicines in Hospice (HB 148) This bill shifts ownership of controlled substances from a deceased hospice patient to a hospice program so the hospice program may dispose of the controlled substances. It was enacted over the Governor’s veto.

Seizure Disorders in Schools (HB147) This bill requires schools, including charter schools, to develop a seizure action plan to address the healthcare needs of a student diagnosed with a seizure disorder. Instruction would be required in administering seizure medications, as well as recognition of the signs and symptoms of seizures and how to appropriately respond.

Medication-Assisted Therapy (HB246) This bill establishes a pilot program to analyze the outcomes and effectiveness of a community pharmacy care delivery model for medication-assisted therapy using noncontrolled medications for the treatment of

2018 KENTUCKY GENERAL ASSEMBLY SESSION COMES TO A CLOSE

Continued on page 8

IN THIS ISSUE

PHARMACY

This month, Medical News takes a closer look at pharmacy in Kentucky. How are pharmacy schools developing curriculum to train the next generation of pharmacists? We’ll explain. We’ll also explain how you can prepare for the extended USP 800 deadline. Want to know how practitioners ensure their prescribing is consistent with regulatory requirement? We’ll show you how.

Articles begin on page 14
Greater Louisville Project releases poverty report

Louisville has made great strides in reducing child poverty over the last several years, but one in five Louisville children still lives below the poverty line. As they grow up, they will face obstacles in education, health, quality of life and other areas, making poverty difficult to escape even years down the road.

The Greater Louisville Project shared its findings on the barriers that keep families and children in poverty in the 2017 Competitive City Update on April 10th. The report, Poverty Beyond Income, examines some of the interconnected barriers that perpetuate generational poverty in Louisville.

The data gathered indicate that due to the many human, social, community and financial costs of poverty, Louisville is missing out on $200 million per year of economic growth. More information can be found at greaterlouisvillereport.org.

Delta Dental of Kentucky invests in regional oral health coalitions

Delta Dental of Kentucky is investing in four regions across Kentucky to help improve oral health among children. Each region within the state has a unique set of oral health outcomes, and these regional investments are intended to provide a localized solution to improve the oral health status of children in each community.

This program is the result of state research findings published in the Making Smiles Happen: 2016 Oral Health Study of Kentucky’s Youth. Delta Dental of Kentucky partnered with Kentucky Youth Advocates to develop the regional networks.

Eastern Regional Oral Health Coalition: The eastern region’s initiative, United for Kids’ Smiles, will help improve oral health outcomes in children ages 0-6 by bridging the gap between medical and dental providers, education on preventative care and expanding fluoride varnish utilization in pediatric primary care settings.

Northern Regional Oral Health Coalition: The northern region’s initiative, United for Kids’ Smiles, will help improve oral health outcomes in children ages 0-6 by bridging the gap between medical and dental providers, education on preventative care and expanding fluoride varnish utilization in pediatric primary care settings.

Western Regional Oral Health Coalition: The western region’s initiative will help improve oral health outcomes in children by training and educating regional dental providers, increasing the use of tele-dentistry and investing in dental care for uninsured children.

U.S. Surgeon General visits N. Ky. health department

United States Surgeon General Honorable Vice Admiral Jerome Adams, MD was in Northern Kentucky to discuss his public health advisory that urges more Americans to carry naloxone, a lifesaving medication that can reverse the effects of an opioid overdose.

The medication, naloxone, is already carried by many first responders, such as EMTs and police officers. The Surgeon General is now recommending that more individuals, including family, friends and those who are personally at risk for an opioid overdose, also keep the drug on hand. Demonstrations were given on naloxone training and tours of the Department for Public Health (DPH) mobile pharmacy harm reduction unit were also given.

Opioid conference draws nearly 1,000

The 13th annual spring conference of the University of Kentucky Center for Clinical and Translational Science (CCTS) was held April 13 in Lexington. While the CCTS supports research across the spectrum of diseases, this year’s conference focused on using translational science to address the opioid epidemic.

Nearly 1,000 researchers, clinicians, students, trainees, community partners and local and national experts participated in the day-long, multidisciplinary event to share their findings and enhance collaborations.

In addition to plenary presentations by nationally renowned speakers, around 300 posters were presented, along with 12 podium presentations by CCTS trainees and six by graduates of the Community Leadership Institute of Kentucky, which provides training and funding to Appalachian community leaders working to implement health promotion programs at the local level. More information can be found at ccts.uky.edu.

Humana launches bundled-payment model for maternity care

Humana has contracted with five physician practices across the U.S. on a new bundled-payment model for maternity care.

Humana’s Maternity Episode-Based Model, which began in January, is a retrospective shared-savings program. Physicians enrolled in the model will receive savings based on their costs and quality performance for Humana members with low- to moderate-risk pregnancies. There is currently no downside risk if the physicians don’t meet the targets.

The Louisville, Ky.-based insurer joins a small but growing group of payers bundling childbirth services. Cigna announced a similar program in January and Horizon Blue Cross and Blue Shield of New Jersey has offered a maternity-care bundle since 2013.

Payers and providers are increasingly looking to bundle maternity-care services because of the potential for cost savings. Pregnancy and childbirth are the most common reasons for hospitalizations in the U.S. and research shows that costs for those services vary significantly by hospital and between payers. The quality of care that mothers and babies receive is also mixed. The U.S. has the highest maternal mortality rate among developed nations, and the preterm birth rate rose for the second-straight year in 2016.
Health Enterprises Network to host aging care innovation conference

Health Enterprises Network announced the presenters featured in its inaugural aging innovation conference titled, “Converge Louisville: Aging + Innovation” on May 17 at Actor’s Theatre of Louisville, Ky. The full-day conference will highlight Louisville as the epicenter of aging care in the nation and focus on how innovative ideas and practices flourish within the aging care sector.

The conference will gather industry thought-leaders, cutting-edge entrepreneurs and community stakeholders for dynamic discussions in the thriving sphere where innovation and aging care meet. Louisville’s unique strengths in the industry make Converge the natural hub for the progressive collaborations that will shape the future of aging care.

Featured presenters include Busy Burr, vice president and head of Healthcare Trend and Innovation at Humana; Theo Edmonds, co-founder of IDEAS xLab; Ben Reno-Weber, chief storyteller at MobileServe; Pat Mulloy, CEO of Elmcroft Senior Living; and Brian Holzer, MD, CEO at Lacuna Health, a Kindred Healthcare company and others.

Kentucky healthcare facilities honored for LGBTQ inclusion

The Human Rights Campaign Foundation (HRC) released the 11th edition of its annual Healthcare Equality Index (HEI), which scores healthcare facilities on policies and practices dedicated to the equitable treatment and inclusion of their LGBTQ patients, visitors and employees.

Over 600 healthcare facilities actively participated in this year’s survey, including 11 in Kentucky. Of the 10 which received perfect scores on the report, seven are in Louisville. The other three are in Lexington. The top performers in Kentucky include:

- Eastern State Hospital
- University of Kentucky Albert B. Chandler Hospital
- VA Lexington Medical Center
- Norton Audubon Hospital
- Norton Brownsboro Hospital
- Norton Cancer Institute
- Norton Children’s Hospital
- Norton Hospital
- Norton Women’s and Children’s Hospital
- VA Robley Rex Medical Center
- Louisville Veterans Health Administration

Bellarmine University purchasing Watterson Medical Center

Bellarmine University is under contract to purchase the Watterson Medical Center, an 80,000-square-foot healthcare facility at 3430 Newburg Road in Louisville, Ky. Bellarmine’s endowment fund will pay approximately $11 million for the two-story building – which opened in 1992 – and the surrounding land.

The Watterson Medical Center includes a mix of primary care and specialty services – including health care programs for U.S. veterans. The purchase should be complete by mid-April.
5th Congressional District

U.S. Rep. Harold “Hal” Rogers was the recipient of Beacon of Hope award at the National Rx Drug Abuse and Heroin Summit in Atlanta.

Bluegrass Care Navigators

Richard Hopgood, an attorney with Frost Brown Todd, has joined the board of directors.

Norton Healthcare

David French, MD has joined Norton Community Medical Associates – Shelbyville.

TEG Architects

Jod Wallace, AIA, has been elevated to partner.

Baptist Health

Patrick Withrow, MD with Baptist Health Paducah received the Smoke-free Advocate of the Year nomination by the Kentucky Center for Smoke-Free Policy.

KentuckyOne Health

Thomas Mullins, DO an internal medicine specialist, was named Physician of the Year by the Saint Joseph London Foundation.

Norton Healthcare

Thomas Blanford, MD has joined Norton Community Medical Associates – Shelbyville.

Nadeem Usmani, MD has joined Norton Pain Management Associates.

Bluegrass Care Navigators

Amanda Henson, vice president of oncology at Baptist Health Lexington, has joined the board of directors.

Norton Healthcare

D. Nowell Reynolds, MD, PhD has joined Norton Community Medical Associates – St. Matthews.

University of Kentucky

Larry Goldstein, MD has been elected as a councilor of the Association of University Professors of Neurology.

Norton Healthcare

David French, MD has joined Norton Community Medical Associates – Shelbyville.

Nadeem Usmani, MD has joined Norton Pain Management Associates.

Dr. Colleen Swartz, chief nurse executive and chief administrative officer, was inducted into the University of Kentucky Hall of Fame.

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PHYSICIAN SPOTLIGHT

Meet James Hedrick, MD, notable pediatrician in Bardstown Ky.

Medical News: Why did you become a doctor?
James Hedrick, MD: I have a degree in nuclear physics and my wife said she would not marry me if I was going to build bombs. I always knew I wanted to be a doctor. My uncle had a PhD in chemistry and he was Dr. Hedrick. From the time I was five, I knew I would be a Dr. Hedrick just like my uncle.

MN: Over the last 40 years, how has the practice of medicine changed?
JH: Medicine used to be very personalized. Electronic Medical Records (EMRs) have changed how things work. We used to have paper charts, which had their own set of problems.

With EMRs, the idea is to communicate with all specialties, but it doesn’t always work out. For example, if we get a record, we print it, scan it, upload it, convert to a pdf file.

Another problem is that some hospitals have two different EMR systems. One for the emergency room and one for the admissions. Also, if you send your child to an immediate care center, we have no record of that visit. We don’t know how many ear infections a child has had because they don’t send data back to the primary care physician.

MN: How have innovations changed healthcare?
JH: Vaccines have changed our pediatric practice drastically. We used to do spinal punctures for meningitis once a week in our office 30 years ago. We also used to have around three children, per doctor, a year die from meningitis. We also saw a lot of pneumonia.

Vaccines have eliminated those problems. We hardly see meningitis and we haven’t done a spinal tap in about 15 years. We also see much less serious pneumonias than we used to see.

When I started, pediatrics was a sub-specialty of infectious disease with two thirds of our business being illness related. Today, one third of our business is related to illness and two thirds is related to behavioral health (ADHD, depression, school problems) with a good bit of time spent on well visits and anticipatory guidance.

MN: How does your practice work to address social determinants of health?
JH: Social determinants of health are huge — they are the biggest driver of poor health in the U.S. We see many patients affected by drugs, with one in ten being raised by grandparents or foster parents. Because of financial hardship or drug abuse, children come second, out of necessity.

Because we are in a rural area, transportation is problematic. Many patients don’t have a car, or the car breaks down and we don’t have TARC or taxi service in Bardstown.

MN: What are the challenges of being a physician in Kentucky?
JH: The frustration is the insurance regulations, with the Medicaid waiver being especially challenging.

Philosophically, I’m not opposed to what they are trying to do because there is tremendous incentive for people not to work and to rely on Medicaid. If you are able-bodied, you need to be doing something to improve your life.

However, as a provider, it’s going to be a nightmare. For example, a $3 co-pay will be expected for an office visit. They likely won’t have the co-pay, but we’ll of course, see them regardless. After the patient leaves, we will be expected to bill them for the co-pay three times before we write it off. This takes time and money to process those bills when they only reimburse us at $36 per visit to begin with.

FAST FACTS

Family: Wife Jan, two daughters Becky and Sara and one granddaughter Morgan
Hobbies: Travel and tinkering with farm equipment.
Favorite vacation: Santorini, Greece
Book on nightstand: Any book on ancient history.

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Kentucky Coalition for Healthy Communities (KCHC)
**Time:** 1 to 3 pm  
**Info:** Join webinar through https://bluejeans.com/692943781. For more information call 502-440-9462.

Kentucky Medicaid MCO Spring Provider Forum
**Time:** 8:30 am  
**Location:** May 2 at Administrative Office of the Courts, 1001 Vandalay Dr., Frankfort, Ky. 40601; May 3 at EP Tom Sawyer Hayes Community Center, 2201 Lakeland Rd., Louisville, Ky. 40241.  
**Info:** Presented by Kentucky Department for Medicaid Services. For more information visit chfs.ky.gov/dms/mco.

The Cost of Poverty Experience
**Time:** 1 to 3:30 pm  
**Location:** Morehead Conference Center, 111 E. 1st St., Morehead, Ky. 40351  
**Info:** A poverty simulation designed for healthcare providers and staff, health profession students and community agencies who work with impoverished populations. More information can be found at https://ruralhealth.med.uky.edu/kentucky-office-rural-health.

Kentucky Hospital Association Annual Conference
**Location:** Lexington Convention Center, 401 W. High St., Lexington, Ky. 40507  
**Info:** Programs on the 1115 Medicaid Waiver and 340B, this year’s event includes special tracks for nurse leaders, physicians, health care attorneys and two new tracks: trustees and foundation directors. More information can be found at kyha.com.

2018 Healthcare Transformation Survival Seminar
**Time:** 9 am to 3:00 pm  
**Location:** Lake Barkley State Resort Park, 3500 State Park Rd., Cadiz, Ky. 42211  
**Info:** Sponsored by the Kentucky Regional Extension Center. An in-depth look at the Medicare Access and CHIP Reauthorization Act (MACRA) legislation and the Quality Payment Program.

March of Dimes March for Babies
**Location:** Big Four Lawn, Waterfront Park, River Rd., Louisville, Ky. 40202  
**Time:** Registration starts at 9 am; Walk starts at 10 am  
**Info:** Walk to help make more babies be born healthy. More information can be found at Marchforbabies.org.

The State of Healthcare Affordability in Kentucky
**Time:** 1 to 4 pm  
**Location:** Lexington Public Library, Northside Branch, 1733 Russell Cave Rd., Lexington, Ky. 40505  
**Info:** Lynn Quincy, director of the Healthcare Value Hub, will share the results of a new survey that asked Kentuckians about the affordability of healthcare. Sponsored by Kentucky Voices for Health.

Kentucky Primary Care Spring Conference
**Time:** 8:30 am to 5 pm  
**Location:** Embassy Suites, 1801 Newtown Pike, Lexington, Ky. 40511  
**Info:** Tracks include child health and quality improvement, oral health and patient engagement. More information can be found at kypca.net.

Converge Louisville: Aging + Innovation
**Time:** Full day starting at 8:30 am  
**Location:** Actor’s Theatre of Louisville, 316 W. Main St., Louisville, Ky. 40202  
**Info:** Converge Louisville will convene the top healthcare leaders, industry thought leaders, and innovators of all backgrounds, for dynamic discussions in the heart of where innovation and aging care converge. More information can be found at healthenterprisesnetwork.com.

Stroke Awareness Day Health Fair
**Time:** 10 am to 1 pm  
**Location:** Jefferson Mall, 4801 Outer Loop, Louisville, Ky. 40219  
**Info:** Risks, warning signs and prevention resources available. For more information visit strokekyin.org.

2nd Annual Kentucky Telehealth Summit
**Time:** 8 am to 5 pm  
**Location:** Anne Hart Raymond Center, Midway University, 512 E. Stephens St., Midway, Ky. 40347

Have an event for our print or eNews Calendar?
Email news@igemedia.com
T.J. Samson joins Markey affiliate network

T.J. Samson Community Hospital in Glasgow, Ky., announced a new affiliation with the University of Kentucky Markey Cancer Center, the state’s only National Cancer Institute-designated cancer center.

Previously, T.J. Samson had entered into a formal collaboration with the UK Markey Cancer Center to help develop its oncology service line. The relationship helped the hospital strengthen patient navigation, psychosocial support, survivorship and rehabilitation services with the goal of earning a full affiliation with the UK Markey Cancer Center Affiliate Network.

By joining the UK Markey Cancer Center Affiliate Network, T.J. Samson will now be able to further enhance care available to patients in southcentral Kentucky, allowing patients to stay closer to home and their support systems for their treatments.

T.J. Samson currently provides oncology services at the T.J. Health Pavilion under the direction of Dr. Donald Goodin and Dr. Yashpal Modi. Goodin and Modi are both board-certified in hematology/oncology and they work closely with Dr. William Tyree at the Barren River Regional Cancer Center. Tyree is board-certified in radiation oncology and has been practicing in southcentral Kentucky since 2013.

Veterans telehealth partnership in Appalachia

Humana, PE firms to buy hospice operator Curo Health

Humana Inc. is once again teaming up with two private equity firms to buy privately held Curo Health Services for close to $1.4 billion, the group’s second such deal in five months.

The consortium, which includes TPG Capital and Welsh, Carson, Anderson & Stowe, will merge Curo with the hospice business of Kindred Healthcare Inc. which it agreed to buy in December for $810 million making it the largest hospital operator in the United States.

Appalachian Regional Healthcare and KentuckyOne reach agreement

Appalachian Regional Healthcare (ARH) and KentuckyOne Health announced that a definitive agreement has been signed for the purchase of Saint Joseph Martin and its four rural health clinics in Floyd County.

The purchase is expected to close by June 30 and ARH will take over operations of the facilities on July 1.

The 25-bed Saint Joseph Martin hospital will operate under the new name, ARH Our Lady of the Way Hospital, and will become the newest member of the ARH system which covers communities throughout southeastern Kentucky and southern West Virginia.

Veterans telehealth partnership in Appalachia

The home of the nation’s first Virtual Living Room Telehealth Center is in Appalachia Kentucky.

A partnership between Peoples Rural Telephone Cooperative (PRTC), a Blueprint Partner of Shaping Our Appalachian Region, Inc. (SOAR), the Jackson County Public Library, NTCA (The Rural Broadband Association), and the Veterans Administration (VA) Hospital in Lexington, Ky. is eliminating burdens for veterans to receive quality healthcare.

The idea of the Virtual Living Room (VLR) grew from a White House Rural Telehealth Summit where PRTC CEO Keith Gabbard was selected as one of two rural telephone executives to speak at the event.

The VLR, which opened in October 2017, is a pilot project which allows veterans to connect with healthcare professionals at the VA Medical Center in Lexington, Ky. through telehealth and telemedicine approaches. The creation of the VLR, which has a couch, chair, end tables, coffee table, and other furnishings was provided through a grant by the NTCA.

Through the collaborative approach of PRTC, Jackson County and Owsley counties were the first gigabit counties in Kentucky. This began in 2008-2009 when the company utilized a $20 million loan from the USDA Rural Utility Service, a $25 million grant and loan from the American Reinvestment and Recovery Act (ARRA), and $5 million in capital funding to spread 1,000 miles of fiber in Jackson and Owsley counties.

News in Brief continued on page 9
substance abuse. The pilot program would become effective as funds become available to initiate the pilot program, although it appears the funding source could be some KORE funds from SAMHSA.

**Clawback (HB463)** This bill prohibits an insurer from requiring an insured patient to pay a cost sharing amount greater than the amount the patient would pay for the drug if the drug were purchased independently of the health benefit plan. A pharmacy could not be prohibited from or penalized for discussing information regarding the price of the drug.

Many bills were considered, but action was not taken to make them law. A few bills related to the healthcare sector that did not pass include:

**Medical Marijuana (HB 166)** This initiative would have let patients diagnosed with certain medical conditions use marijuana. It was backed by a bipartisan group of lawmakers but stalled in committee.

**Caps on Damages (SB 2)** Proposed amendment to the Constitution of Kentucky allowing the General Assembly to limit the amount of damages and to create uniform statutes of limitation and statutes of repose, thereby addressing excessive litigation by personal injury lawyers that increases malpractice insurance costs for healthcare providers.

**Medical Liability Reform (SB 20)** An omnibus bill with numerous provisions to improve the medical liability climate in Kentucky. One provision would have ensured claims against medical providers are fair and have merit thereby addressing Kentucky’s overly litigious environment toward the medical field.

**Prior Authorization Reform (SB 143)** The legislation would have ensured prescribers access to more efficient electronic prior authorization systems (“ePA”) and established a minimum approval duration period to expedite the prior authorization process.

**Rare Disease Council (SB7)** This bill would establish the Kentucky Rare Disease Advisory Council and make an appropriation therefor. It lists the members to be appointed by the Governor, explains the duties of the Council, requires a report and creates a Rare Disease Trust Fund to be administered by Cabinet for Health and Family Services (CHFS) to finance the operation of the Council and support rare disease research and treatment. The bill was vetoed by the Governor.

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**2018 Kentucky General Assembly session comes to a close**

Continued from cover

The 12th annual MediStar Awards

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Memorial honoring organ donors unveiled outside UofL Hospital

A new memorial honoring organ donors was unveiled recently outside University of Louisville Hospital in Louisville, Ky., a long-hoped for tribute as the nation observes Donate Life Month.

The Gift of Life Donor Memorial is sculpted from stone and stands more than five feet high, with a bronze plaque featuring two hands holding a heart and the words “Gift of Life Donor.”

Doctors, nurses and staff of UofL Hospital, along with donor families, organ recipients, and representatives from Kentucky Organ Donor Affiliates (KODA) and the Trust for Life Organ Donor Awareness Program, were in attendance as the memorial’s cover was removed and the Donate Life flag was raised behind it.

In addition to honoring organ donors, the memorial is designed to help raise community awareness about organ donation.

NIH launches initiative for opioid epidemic

The 2018 National Rx Drug Abuse and Heroin Summit, National Institutes of Health Director Francis Collins, MD, PhD, announced the launch of the HEAL (Helping to End Addiction Long-term) Initiative, an aggressive, trans-agency effort to speed scientific solutions to stem the national opioid public health crisis.

Toward this effort, NIH is nearly doubling funding for research on opioid misuse/addiction and pain from approximately $600 million in fiscal year 2016 to $1.1 billion in fiscal year 2018, made possible from a funding boost by Congress. NIH’s efforts contribute to a government-wide push to meet the President’s goal of ending the opioid crisis.

HEAL will bolster research across NIH to prevent addiction through enhanced pain management and improved treatments for opioid misuse disorder and addiction.

Annual conference honors smoke-free advocates

The Kentucky Center for Smoke-free Policy (KCSP) and their community partners celebrated fifteen years of smoke-free stories across the Commonwealth during its annual conference, “Sharing the Smoke-free Story” in early April, at the Lexington Convention Center.

The conference connected the many health advocates working on smoke-free workplace campaigns with resources and experts. The goal was to promote smoke-free environments, reduce the burden of tobacco use, and continue to make Kentucky a better place to breathe.

Robert McMillen, professor at Mississippi State University, shared the successes of Mississippi’s 146 local smoke-free ordinances, located mostly in small, rural communities. Each year, KCSP recognizes the remarkable work of local leaders and organizations making progress in creating healthier, smoke-free communities.
**Spencerian College’s new and improved campus**

Spencerian College moved students to a new campus in the Dupont Circle medical complex. The new location puts students closer to job opportunities as Dupont Circle is the largest regional medical complex outside of downtown Louisville.

The construction and renovation of the building wrapped up in the mid-December 2017, and Spencerian College moved in during the school’s winter break. The space was open on January 2, the first day of school. The official dedication and ribbon cutting ceremony was April 27.

The new building has four nursing skills labs, two operating radiology labs, a medical laboratory technology lab, a phlebotomy lab, a science lab, a massage therapy lab, a respiratory therapy lab, two simulated surgical suites, a scrub room, three computer labs and a library.

**UK HealthCare opens Kentucky Children’s Hospital lobby and NICU**

The Kentucky Children’s Hospital (KCH) opened the new Makenna Foundation Welcome Center and Betti Ruth Robinson Taylor Neonatal Intensive Care Unit in the University of Kentucky Albert B. Chandler Hospital.

This center includes patient and visitor registration, a gift shop, a digital interactive wall and a large-scale art installation called “Exuberance,” which is comprised of marble-filled kites suspended from the ceiling. The welcome center includes the Simpson Family Theater and a gift shop. The Pediatric Health Education Center is in the welcome center.

Beyond the welcome center is the new Betti Ruth Robinson Taylor Neonatal Intensive Care Unit (NICU). This 36,000 square-foot facility replaces the current NICU on the KCH’s fourth floor. The new facility will allow the Pediatric Intensive Care Unit (PICU) to expand into the newly vacated space.

**Hardin Memorial Health completes emergency department expansion**

Hardin Memorial Health (HMH) recently opened a 14,000-square-foot expansion of its Emergency Department (ED).

HMH undertook the $15 million expansion and redesign to serve the more than 70,000 patients who annually visit the HMH ED. The ceremony took place in the newly designed ED lobby.

The expanded ED has 65 exam rooms compared to 27 in the former space. The rooms are designed to serve multiple populations including trauma and bariatric patients, individuals with behavioral health needs and victims of sexual assault.

The newly constructed covered ambulance bay has capacity for six ambulances, up from two. The new ED also contains its own CT scanner and digital X-ray technology.

**Hosparus Health opens inpatient care center renovation**

Hosparus Health hosted a ribbon cutting ceremony in April to unveil major renovations to its Hosparus Inpatient Care Center (HICC). The HICC serves hospice patients at the end of life whose pain or other symptoms cannot be managed in a home setting.

The $1.3 million renovation, which added a third wing to its sixth floor space at Norton Healthcare Pavilion, focused on expanding and reconfiguring space for the enhanced comfort of patients and families.

New additions include two patient rooms, a family lounge, a meditation room, two consultation rooms and classroom space. Updates were also made to existing patient rooms, waiting areas and the nurses’ station.

Hosparus Health funded the expansion through private donations from estates, corporations, organizations and individuals. The new wing is named for Al and Pat Fiorini, who contributed $100,000.
Architecture & Design Round Up

Bluegrass Care Navigators opens hospice unit at UK HealthCare

Bluegrass Care Navigators recently launched a new inpatient hospice unit at UK HealthCare. The new space provides specialized end-of-life care for patients dealing with a variety of advanced diseases, including cardiac, pulmonary, renal, liver and neurological diseases and cancer.

Located on the third floor of UK’s Ben F. Roach Building, the hospice care center has 10 private rooms and a common room and kitchen. Additionally, the center has expanded visitation hours.

The new facility is one of only a handful of hospice inpatient care centers in the country located in an academic medical center. This unique collaboration offers opportunities to provide expert care as well as training and education on hospice and palliative medicine.

Phase one of Norton Children’s expansion complete

Norton Children’s Hospital in downtown Louisville is undergoing a $78 million expansion. This renovation includes the Jennifer Lawrence Foundation Cardiac Intensive Care Unit (CICU), “Just for Kids” Critical Care Center and two NICUs. The renovation will occur in phases and is expected to be complete in 2021.

The first phase, completed in March 2018, involves a 7,000-square-foot conference center on the first floor featuring five dedicated classrooms and video conferencing technology. The new space also is home to a collection of nine Andy Warhol prints from the artist’s “Myths” series.
Architecture & Design Round Up

Jewish Hospital Shelbyville
renovates emergency department

Jewish Hospital Shelbyville, part of KentuckyOne Health, held a ribbon-cutting ceremony in February for its newly-renovated emergency department. The recent emergency department renovations were made possible by a $200,000 gift from the Colonel Harland Sanders Foundation, which was presented to the Jewish Hospital & St. Mary's Foundation.

More than 90 percent of the patients served by Jewish Hospital Shelbyville enter through the emergency room. The emergency department redesign creates a more patient-friendly registration area, and allows for expanded and improved patient access areas. The renovations began in early October and were completed at the end of December.

SUN Behavioral Health
completes 197-bed hospital in Erlanger

The ribbon was cut to officially open SUN Behavioral Health hospital on Dolwick Drive in Erlanger recently. The 197-bed, 149,000 square-foot hospital, a partnership with SUN Behavioral Health and St. Elizabeth Healthcare, will employ about 400 people.

SUN Behavioral Health partners with communities to solve their unmet needs for behavioral health services. SUN Behavioral Health works with medical and surgical hospitals, physicians and behavioral healthcare providers as well as local schools and community organizations to ensure that its hospitals provide patients and their families with a seamless continuum of care.

The Novak Center for Children’s Health at UofL to open in July

Six months away from its scheduled opening, construction on the Novak Center for Children’s Health at the University of Louisville Health Sciences Center continues. The Novak Center for Children’s Health is a 176,000-square-foot building that will be home to the general, specialty and subspecialty pediatrics programs at UofL.

The outpatient services of the Wendy Novak Diabetes Center, currently housed in the Children’s Hospital Foundation Building, will move to the facility. Norton Children’s Hospital also will provide care within the new building, including infusion and laboratory services.

Kindred Healthcare opens new
downtown building

Kindred Healthcare opened a $40 million, six-story downtown office building in January. The building, which is connected to Kindred’s longer-standing headquarters at 680 S. Fourth Street in Louisville, Ky., has plush finishes, a high-tech theatre, a game room and an urgent care clinic.

The new space allows Kindred to stop renting auxiliary office space downtown and consolidate all 1,200 of its corporate employees in Louisville into the South Fourth Street campus.
Architectural & Design Round Up

Norton Healthcare completes first phase of expansion at Norton Audubon

Norton Audubon Hospital recently completed renovating and expanding the Poplar Level hospital in Louisville, Ky. The first phase of the $107 million project included construction of a three-story tower addition with 74 private critical-care and cardiac-care rooms on two floors and parking on the ground floor. The entire project should be completed in May 2020.

Norton Cancer Institute—Brownsboro to open in November

Norton Cancer Institute—Brownsboro will open in November. This project, a new 48,591 square-foot building designed by TEG Architects focused on how the design of a building can help drive better healthcare delivery. Norton Cancer Institute—Brownsboro will bring all the oncology subspecialties and services covered by the Institute together for the first time in one location.

Features of the $38 million dollar project include a streamlined registration and preregistration area using mobile apps, online pre-registration and self-check-in kiosks; curved main corridors with strategic use of colors and textures to facilitate wayfinding; the combined use of natural daylight and 100 percent LED lighting to support a more natural, less clinical feel; white noise and music in key locations, along with special ceiling tiles and recycled denim insulation to dampen noise and enhance acoustics; and modular exam and infusion rooms using a wall system which can be easily adjusted as patient needs change.

Markey Cancer Center unveils new inpatient floor in Chandler Hospital

The University of Kentucky Markey Cancer Center unveiled its new inpatient floor on the 11th floor of the Albert B. Chandler Hospital Pavilion A.

The new 63-bed inpatient unit features equipment and services to care for patients with the most complex cancer conditions. Since hospital stays can last months, the floor also is equipped with some unique features to help patients and their families focus on getting well during a stressful time.
Plan now to reduce and prevent exposure to hazardous drugs

United States Pharmacopeial (USP) 800 extended deadline for compliance draws near.

By Brandi Jones

According to the Centers for Disease Control (CDC), nearly eight million U.S. healthcare workers are potentially exposed to hazardous drugs, including pharmacy, lab and nursing personnel, physicians, operating room personnel, environmental services workers and more. This exposure can result in both acute and chronic health effects, depending on the exposure length and toxicity.

Exposure of hazardous drugs can take place in any healthcare setting including hospitals, pharmacies, surgical centers, home health centers, skilled nursing facilities and even veterinary hospitals/clinics.

Under the new guidelines in chapter 800, hazardous drugs must be stored, unpacked and prepared separately from non-hazardous drugs.”

To provide guidance on reducing and preventing exposure, the United States Pharmacopeial (USP) Convention recently released their newest chapter, 800 Hazardous Drugs – Handling in Healthcare Settings. The standard applies to all healthcare personnel and facilities where hazardous drugs are handled, compounded, stored and distributed.

The deadline to meet compliance set by these standards has been extended to December 1, 2019. In addition to USP 800, all facilities that are responsible for compounding drugs, whether sterile, non-sterile or hazardous, must comply with USP 795 – Pharmaceutical Compounding – Non-Sterile Preparations as well as 797 Pharmaceutical Compounding – Sterile Preparations. Chapter 797 is currently undergoing revisions and will be released concurrently with USP 800.

New Guidelines

Under the new guidelines in chapter 800, hazardous drugs must be stored, unpacked and prepared separately from non-hazardous drugs. In regards to the built environment and space planning, this impacts the design of work spaces, storage and HVAC accommodations within the pharmacy, medical oncology or other clinical areas where such drugs are present. Designated areas must be available for the following:

- Receipt and Unpackaging
- Hazardous Drug Storage
- Compounding, Buffer and Ante Rooms

Receipt and Unpackaging

During receiving and unpacking, Hazardous Drugs (HDs) must be removed from external shipping containers in an area with neutral/normal or negative pressure areas (relative to the surrounding areas). Unpacking should not be performed in sterile compounding areas or those with positive pressure.

Hazardous Drug Storage

The guidelines specify that hazardous drugs must be stored in a manner to mitigate spillage or breakage should the container fall. Applicable safety precautions regarding shelving must be taken for facilities located in areas prone to natural disasters, such as an earthquake. Storage on the floor must also be avoided.

Storage for various types of hazardous drugs are further defined in the chapter. Hazardous Drugs must be stored in an externally ventilated, negative-pressure room (12 ACPH) as well as separately from non-hazardous drugs. Based on the entity’s policies, non-antineoplastic, reproductive risk only, and final dosage forms on antineoplastic HDs may be stored with other inventory.

Dedicated refrigerators placed in a negative pressure area (with 12 ACPH) should be utilized for antineoplastic hazardous drugs requiring refrigeration. It is important to note that sterile and nonsterile hazardous drugs can be stored together.

Compounding, Buffer and Ante Rooms

In general, compounding of any hazardous drug must take place in a containment primary engineering control (C-PEC), or hood, located in a dedicated secondary engineering control (SEC) room, or buffer room, that is externally ventilated, physically separated from other areas and maintained at a negative pressure. If the C-PEC supplies some or all of the negative pressure or is used for sterile compounding, it must operate continuously.

Under the current regulations (USP 795, USP 797), compounding pharmacies can process both hazardous and non-hazardous drugs in the same
room. For those facilities to meet requirements for USP 800, a negative buffer room for hazardous drug compounding will need to be added. This addition will assist in associated challenges with maintaining required ISO ratings.

For facilities that process both non-hazardous and hazardous drugs, two buffer rooms will be required; negative for HDs and positive for sterile non-hazardous drugs.

Additionally, a sink for hand washing must be readily available along with an eyewash station and/or other emergency precautions that meet applicable laws and regulations in a positive ante room.

**Impacts**

Due to the amount of airflow and system pressure needed to sustain requirements, modifications to existing systems may be needed. These alterations could include adding equipment, such as fan filter units, or increasing fan motor sizes if the system cannot support being rebalanced.

The extensiveness of infrastructure modifications needed to meet the new requirements will depend upon the age and capacity of mechanical systems, facility/department location and current exhaustion methods. Construction costs can also be significantly impacted by the current rating of walls and ductwork. Discussions with facility staff to minimize duct routing can assist in limiting this financial impact on existing facilities.

**Developing a Solution**

The conceptual floor plan shown on page 14 serves to illustrate a possible solution for integrating USP 800. Each facility affected by these standards should be evaluated on a case-by-case basis to develop an optimal and cost-effective solution that aligns with regulations set by your local authorities.

Modifications, which can be identified by a design professional, will vary depending on existing conditions and the types of drugs that are handled. This planning should be completed early to help identify and budget capital expenditures required for compliance.

— Brandi Jones is an associate in business development at TEG Architects.

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Training the next generation of pharmacists

Pharmacy schools work to prepare graduates for the expanded role.

By Ben Keeton

Like many institutions, Colleges of Pharmacy are constantly adapting their curriculum to meet the changing needs and demands of the industry. As the healthcare landscape continues to change, the role of the pharmacist continues to evolve. Colleges are working to stay ahead of this change in order to help train professionals, so they can succeed in their careers.

Medical News recently talked with Cindy Stowe, dean of the Sullivan University College of Pharmacy; Misty Stutz, PharmD, associate professor, chair and assistant dean, Clinical and Administrative Sciences at Sullivan University College of Pharmacy; and Patricia Freeman, PhD, director of the Center for the Advancement of Pharmacy Practice (CAPP) at the University of Kentucky College of Pharmacy. Below are the highlights.

Medical News:: How does education training for pharmacists differ from other healthcare professions?

Colleges of Pharmacy: At the core of the education of pharmacists is a clear focus on the foundational biomedical and pharmaceutical sciences, which allow pharmacists to understand the principles of disease prevention and treatment, with an emphasis on pharmacology or the action of drugs in the human body as well as the non-pharmacologic interventions that support prevention and treatment.

In addition, pharmacists must be excellent listeners and problem solvers. Communication is an area of focus as pharmacists are well-equipped to provide education to a wide audience, including experts such as other healthcare providers as well as patients and their caregivers across the age spectrum.

Problem-solving skills with the patient at the center of the decision-making process is critical. This emphasizes adherence interventions and motivational interviewing techniques to change behaviors towards healthy living. The curriculum is dedicated to ensuring that students pharmacists acquire the knowledge, skills, attitudes, and behaviors necessary to be a successful pharmacist.

Also, student pharmacists receive formal education about the healthcare system and various business aspects of the healthcare industry. These educational elements include pharmacoeconomics, medication safety, workflow efficiencies, management and leadership skill development and human resource management. These are common elements to all colleges and schools of pharmacy which are not explicitly included in other healthcare professionals’ education.

MN: How do pharmacy schools develop curriculum to train the next generation of pharmacists?

CP: Colleges and schools of pharmacy are constantly focused on the future—striving to advance practice and deliver a contemporary curriculum that allows students to enter the profession, not only well prepared for today’s practice but also ready for the challenges of tomorrow, as our profession evolves and advances.

Curricula are based on pedagogically proven methods of teaching and learning that prepare future generations of pharmacists to meet the demands of a rapidly changing healthcare system. The goal of pharmacy education is to produce pharmacists who can enjoy a rewarding and fulfilling career in one of the many, diverse practice opportunities available within the profession.

At present, educational advancements within pharmacy education are focused on adding greater emphasis on information management, team-based patient centered care, innovative problem-solving, preventive and wellness care delivery, and population health.

A part of this challenge is to identify the best candidates to become pharmacists of the future. Future pharmacists must be service oriented with a passion for primary and secondary disease prevention and wellness.

MN: How is the practice of pharmacy changing?

CP: The practice is moving more towards a healthcare service-based practice both connected to and separate from the product that has historically defined the profession. The pharmacy houses the most accessible and arguably the most underutilized member of the healthcare team. The emphasis on pharmacists as care providers allows for the evolution of the pharmacist as a provider of primary prevention and health maintenance services as a member of the healthcare team.

An early example of this is pharmacist-provided immunizations. The pharmacists’ role in secondary prevention will continue to evolve as the impact they make in optimizing care, be that through the provision of medication therapy management services, disease management services or case management, becomes ever more apparent. As they fulfill these roles, pharmacists will become integral in the patient-centered medical home.

The gap between community pharmacies and ambulatory care settings is narrowing as pharmacies become centers of health and wellness management by providing self-care, point-of-care testing, health tracking with wearables, etc. Electronic medical records to better connect pharmacists to the rest of the healthcare team is critical. The role of the pharmacist in this process depends on changing reimbursement models allowing pharmacists to be paid for interventions and services leading to primary disease prevention and enhanced chronic care (secondary prevention) outcomes.

Community pharmacists must leverage their unparalleled accessibility with the support of technology and advancement of the roles of pharmacy technicians to ensure the consistent provision of these important services.
Policing prescribing practices

Physicians and other practitioners can prevent issues by maintaining a vigilant compliance program.

By: Lisa English Hinkle and Sarah Hines

Since the implementation of House Bill 1 in 2012, the restrictions on prescribing controlled substances have become more and more stringent, which is a response to the opioid epidemic sweeping Kentucky and the nation. The Cabinet for Health and Family Services, the Kentucky Board of Medical Licensure, the Kentucky Board of Nursing and the Kentucky Board of Pharmacy are vigilant in policing prescribing practices and have tools through the Kentucky All Schedule Prescription Electronic Reporting (KASPER) to closely monitor the prescribing practices of physicians and other practitioners.

With the addition of new medications like Gabapentin to the controlled substances hit list, practitioners must be particularly careful to ensure that their prescribing is consistent with regulatory requirements, particularly when patients have been on this medication previously.

Physicians and practitioners must continually monitor compliance as even a minor violation can give rise to investigations, complaints and regulatory penalties. Assessment of regulatory penalties, even when characterized as “Agreed Orders,” can have devastating consequences for physicians and practitioners’ practices and ability to maintain provider contracts, including Medicare and Medicaid.

Disciplinary Actions

The growing number of disciplinary actions by state licensure boards is evidence of the increasing scrutiny. HB 1 contains statutory directives to investigate and resolve through a complaint process on a strict time line. This can mean that documentation errors, even when there is the medical necessity for prescribing, may still create serious problems for physicians and practitioners. These often seem reasonable to resolve through Agreed Orders that require monitoring as well as education and training.

These Agreed Orders, however, have serious ancillary effects on the ability to maintain provider status with Medicare and Medicaid, particularly as both programs embark on re-enrollment of all providers and the Agreed Orders are reportable to the National Practitioners Data Bank.

In some cases, the illegal prescribing to Medicare patients as reported in licensing actions has the potential to create a situation where Centers for Medicare and Medicaid Services (CMS) may assess Civil Monetary Penalties and review exclusion of the provider. An Agreed Order should not be executed by a physician or practitioner without a careful examination of the potential effects.

The good news is that physicians and practitioners can prevent these issues by maintaining a vigilant compliance program. Prescribing practices should be an element of compliance and treated just as seriously as compliance efforts targeting fraud and abuse and false claims. Here, an ounce of prevention is worth a pound of cure.

— Lisa English Hinkle is a member and Sarah Hines is an associate at McBrayer, McGinnis, Leslie & Kirkland.
Harm reduction
Drug disposal and the pharmacist’s role.

By Lakin Mills, PharmD

Unwanted, unused and expired medications collecting dust on the shelves of medicine cabinets pose a risk for accidental use and intentional misuse and abuse. Empowering patients to properly dispose of harmful medications through education and resources could result in harm reduction to our patients, our community members and our environment.

Harm Reduction

A systematic review published by JAMA reported that in a variety of surgical procedures 67-92 percent of patients reported unused opioids and very few reported they had properly disposed of the medications or had intentions to.

Stockpiling of unused medications can result in accidental or intentional misuse by family members, friends or relatives.

Improper disposal, such as simply discarding drugs in the trash, does not remove this risk from the home or from the community.

Drug Take Back

As pharmacists, we follow recommendations set by national agencies such as the Food and Drug Administration (FDA), the Drug Enforcement Administration (DEA) and the Environmental Protection Agency (EPA) for the safe disposal of controlled medications.

To these three agencies, drug take-back programs are considered the safest and most effective way reduce harm.

To implement a drug take-back program within your pharmacy, the pharmacy must first register with the DEA to become a collector of controlled substances from the ultimate user. The second type of program would be to purchase DEA-approved envelopes for mail-back.

Disposal at Home

At home, patients are encouraged to mix medications in an undesirable substance (e.g. dirt, coffee grounds or kitty litter), place this mixture inside of a sealable plastic bag and dispose of the container in household trash.

The second option to quickly remove the risk is to flush medications. The EPA does not support flushing medications as it poses the most environmental harm with the potential for leaching into drinking water.

However, the FDA provides a list of flushable medications if necessary to keep substances out of the reach of children, pets or other users if ingestion could be fatal.

Drug Sequestration Products

New to the market are drug sequestration products. These devices start as a packet of powder that when mixed with tap water in the original medication vial turn into a highly viscous gel polymer. The polymer can then be disposed of in household trash or taken to a drug take-back program for incineration.

Senate Bill 6

Senate Bill 6 sponsored by Senator Alice Forgy Kerr (R-Lexington) originally read to require pharmacists to offer to sell a safe disposal mechanism, such as the ones mentioned above, that would deactivate or sequester a drug when dispensing a controlled substance.

SB6 has since been amended to read that a pharmacist may offer to sell such products but must inform patients of the importance of proper disposal of unused, unwanted or expired controlled prescription drugs at the time of dispensing either verbally, in writing or through posted signage.

The bill was expanded to include that pharmacists may provide an on-site safe disposal receptacle or kiosk, such as those mentioned above.

— Lakin Mills, PharmD works at St. Matthews Community Pharmacy in Louisville, Ky.

Kentucky Core Measures Set now available for comment

By Stephanie Clouser

Last year, the Kentuckiana Health Collaborative partnered with Kentucky Department for Medicaid Services to form the Kentucky Performance Measures Alignment Committee (PMAC), a public-private partnership with the goal of creating a core measures set for Kentucky stakeholders to align to.

The goals of the core healthcare measurement set are to establish broadly agreed upon priority quality measures that improve the quality and value of care, reduce provider reporting complexity and align Kentucky’s healthcare organizations to focus on key indicators of quality healthcare in the Commonwealth.

The final measures chosen will be included on a core healthcare measures set. Ultimately, the expectation is for the measure set to be adopted by public and private organizations to better focus improvement efforts toward shared areas.

Now a draft of the core measures set, the Kentucky Core Healthcare Measures Set (KCHMS), is available for public feedback. This public comment period will end on May 24, 2018.

Oversight Committee

PMAC consists of a large oversight committee and four subcommittees dedicated to areas of primary care and pediatric care: Preventive Care, Pediatric Care, Chronic and Acute Care and Behavioral Healthcare. Subcommittees have spent the last several months creating recommended sets of measures in their area of focus. The result is 38 unique measures.

Of those 38 measures in the recommended set, 24 are defined as high priority. The committees found high priority measures to be strong predictors of quality care and reflect priority conditions for Kentucky.

These measures had very strong consensus for adoption, and often there was additional enthusiasm from the group around these measures. Standard measures are also important, but they are not elevated to the level of high priority because of either being smaller predictors of quality care, data availability challenges or lack of provider focus in that area.

Common Themes

There were a few themes throughout the committees, particularly around behavioral health, BMI, and chronic conditions. For example, behavioral health and preventive health teams both selected the same tobacco screening and cessation measure, and the pediatric group also selected a tobacco screening and cessation measure directed specifically at adolescents.

Although the chronic care team didn’t review tobacco measures, they made it clear that tobacco use has a large impact on chronic conditions and asked the other subcommittees to make that a priority in their selection.

The goals of the core healthcare measurement set are to establish broadly agreed upon priority quality measures that improve the quality and value of care, reduce provider reporting complexity and align Kentucky’s healthcare organizations to focus on key indicators of quality healthcare in the Commonwealth.”

The large PMAC oversight committee has begun to work with these recommendations to create a final set of measures, which will include weighing the opinions, suggestions and comments resulting from the public comment period. If you are a healthcare stakeholder in Kentucky, you can download and review the draft KCHMS at kcollaborative.org/pmac/ and fill out an online form to submit your comments.

— Stephanie Clouser is with Kentuckiana Health Collaborative.
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