TREATING MATERNAL ADDICTION

By Jennifer Hancock

What does it take for Americans to understand the reach of our opioid and addiction epidemic? Exaggerating the depth of our crisis is virtually impossible. More Americans died of overdoses in our nation in 2017 than died in the entire Vietnam war. More Kentuckians died of overdoses in 2017 than were killed in automobile accidents – almost 25 percent more.

In our work with Kentucky families, we see that virtually everyone in our commonwealth knows someone – loved one, friend, neighbor – who has been affected in a meaningful and personal way. That is not a surprise. Kentucky’s opioid death rate is almost double the national average. Only four states rates are higher.

Neo-Natal Abstinence Syndrome
Across Kentucky, behavioral health organizations are responding. In Louisville, Volunteers of America has been working to address a key component of our opioid and addiction crisis: helping pregnant and parenting moms working to overcome substance use disorder and deliver healthy babies.

To say that the rise of neo-natal abstinence syndrome (NAS)—health conditions caused when a baby withdraws from exposure to drugs while in the womb—has been dramatic does not begin to capture the fundamental way in which this crisis has transformed Kentucky. In 2001, the Kentucky Department of Public Health reported 46 babies born with NAS. In 2016, the number had increased to 1115 – a 2300 percent increase.

While the problem is daunting, the solution exists. Freedom House works because it is long-term, comprehensive and tailored to individual needs. Our treatment model offers a path to a sober and healthy future for moms and babies.

We provide licensed clinical, evidence-based and trauma-informed addiction recovery treatment services that help women give birth to and parent healthy and thriving children. Since the program began, almost 200 healthy babies have been born to mothers.

Two-Generational Focus
Our model is two-generational and family focused. We address mothers’ substance use disorder, heal and reunite families broken by mom’s addiction and provide primary prevention of future addiction for children of mothers in the program.

In addition to a rigorous clinical treatment program that includes evidence-based individual, group and family therapies, we work with mothers and their children to improve the health and functioning of the entire family. We provide or link to resources addressing safe infant sleep practices, healthy eating and exercise, smoking cessation, healthy relationships, parenting classes and vocational and educational attainment.

Our individualized, phased program supports mothers, newborns and older children throughout the recovery process. We believe in and use Medication-Assisted Treatment (MAT) based on each mother’s circumstances and needs, and we advocate for wider acceptance and usage of MAT as part of a comprehensive treatment plan.

A key outcome of our comprehensive care is reuniting children with healthy moms in stable environments.

This month Medical News explores behavioral health in Kentucky. Articles start on page 8

Hosparus Health Physician Spotlight
Meet Miriam Sigrun Krause, MD, a physician at Fertility and Endocrine Associates.

Statewide tobacco-free schools bill
Now is also the right time to enact this law, given the recent proliferation of vaping and e-cigarette use among adolescents and teens.

Stop pharmacy benefit managers from fleecing Kentuckians
Your pharmacist can finally inform you when the real price of your medicine is less than the copayment charged by your insurer.

IN THIS ISSUE

BEHAVIORAL HEALTH

This month Medical News explores behavioral health in Kentucky.

Articles start on page 8 Continued on page 8
**News in Brief**

**Smile Kentucky! provides dental care for kids**

A collaboration between Smile Kentucky! and the University of Louisville School of Dentistry focused on dental care for Bullitt County children in early February. They were identified during the first phase of the Smile Kentucky! program, consisting of school-based dental education and screenings.

UofL dental students, pediatric dentistry residents and dental faculty met the oral health needs of these children, ranging from basic cleanings and X-rays to restorations related to tooth decay. Those requiring additional treatment will be invited to return for subsequent appointments at no out-of-pocket cost to them and their families.

This past fall, members of the Louisville Dental Society and other local providers completed dental screenings for 800 Bullitt County children in grades 3-5 through the Smile Kentucky! program. Children with no dental insurance or who have urgent dental needs were invited to participate in one of the three Smile Kentucky! treatment days. The first phase of the effort also involved oral health education for 3,600 children.

**Galen College to offer MSN program**

Galen College of Nursing will offer a Master of Science in Nursing, with a specialization in nursing education, in the fall of 2019. With the recent approval of its accrediting body to offer degrees at the master’s level, the Southern Association of Colleges and Schools Commission on Colleges, the College is proud to support the ever-increasing need for advanced degree nurse educators, critical to the future of nursing.

The program will prepare graduates to teach in academic settings, as well as to lead and support staff development and continuing education within clinical facilities.

The online MSN Nurse Educator track will be 36 semester credits that can be completed in 14 months, with courses offered over eight-week terms. The curriculum is based on the National League for Nursing (NLN) Core Competencies of Nurse Educators and the American Association of Colleges of Nursing (AACN) Essentials of Master’s Education in Nursing, and prepares graduates to educate those who wish to enter or advance in the nursing profession.

**UofL launches renovation for Optimal Aging Institute**

Renovation has begun on the new home of the University of Louisville Trager Institute at 204 E. Market St. Formerly the Institute for Sustainable Health and Optimal Aging, the Trager Institute will expand into the new space thanks to generous gifts from the Trager Family and Republic Bank Foundations. The complete renovation is expected to cost $1 million and will be completed this summer.

Located in what Louisville Metro Mayor Greg Fischer has dubbed the innovation corridor, the renovated space will accommodate the Institute’s research, care coordination, physical and mental health clinical practice and educational programming.

The Republic Bank Foundation Optimal Aging Clinic will specialize in comprehensive care for the aging population. This clinic, organized using the healthcare model known as age-friendly Integrated Practice Units (IPUs), will help individuals achieve optimal physical and mental health as they age.

IPUs involve an interdisciplinary team of physicians, nurses, physical therapists, dentists, pharmacists, social workers, chaplains, community health navigators, life coaches and lawyers to meet patient needs. These healthcare partners facilitate patient care related to physical and mental condition, along with outpatient, inpatient and rehabilitative care and social services. The clinic will provide a patient experience that focuses on lifestyle medicine, an evidence-based therapeutic approach to prevent, treat and reverse lifestyle-related chronic diseases. The space is designed to promote telehealth to homebound and isolated older adults.

In addition to clinical services, the new facility expands the research capacity of the Institute to expand the number of clinical trials it offers and technology development and testing. The innovative space will have a conference room equipped with video conferencing capabilities that allow researchers to collaborate on a national and international level. The space also will support the Trager Institute’s aging-care workforce development efforts with a multi-purpose training space.

**Norton Children’s completes $78 million renovation**

Norton Healthcare recently completed a renovation of the sixth floor of Norton Children’s Hospital, designed by TEG Architects. This is the second of five phases in the $78.2 million makeover of the 300-bed hospital in downtown Louisville.

The first phase of the renovation project was a restaurant and conference center on the first floor, which opened last spring.

The medical and surgical unit on the sixth floor was the second phase. This 24-bed medical/surgical unit provides care for patients with respiratory, gastrointestinal and neurological diseases, and children recovering from a variety of surgical procedures. The 31,000 square-foot space, which encompasses the entire sixth floor, features private patient rooms along with a teen entertainment room, toddler playroom and family nourishment spaces. Previously, the area had been a conference room and office space, which was relocated to the first floor.

This $12 million project is the latest addition to a much larger, phased renovation taking shape at the children’s hospital. Other area renovations to follow include the Jennifer Lawrence Cardiac Intensive Care Unit, the “Just for Kids” Critical Care Center and two neonatal intensive care units (NICUs).
Kentucky Medicaid releases report on Pharmacy Benefit Program

The Cabinet for Health and Family Services Department for Medicaid Services (DMS) and Office of Health Data and Analytics released a new report on the state’s pharmacy benefit program.

“MEDICAID PHARMACY PRICING: Opening the Black Box” looks at the impact and role of Pharmacy Benefit Managers (PBMs), which serve as intermediaries between Medicaid Managed Care Organizations (MCOs) and pharmacies.

The report provides recommendations to help create transparency, control the pricing of medications for Medicaid beneficiaries, and improve the care provided by pharmacies within the Commonwealth.

“This report represents the first step in introducing transparency to the pharmacy program. We have additional steps that we will need to take in order to make this program fully transparent,” said Commissioner Carol Steckel. “It is important that all stakeholders be involved in the discussions of solutions in this complex program in order to carefully anticipate any potential unintended consequences that may increase the Medicaid budget, or reduce access to pharmacy services for our beneficiaries.”

In 2017, DMS received almost $1.3 billion in federal rebates from Medicaid managed care prescriptions.

ExpressScripts serve as the PBMs for the five MCOs operating in Kentucky. MCO beneficiaries fill almost 25 million prescriptions per year in Kentucky.

In 2017, DMS received almost $1.3 billion in federal rebates from Medicaid managed care prescriptions. PBMs also negotiate their own supplemental rebates with manufacturers.

Report Findings

Among other things, the report states that many of the concerns affecting independent pharmacies cannot be seen in an analysis of this type. Direct and indirect remuneration fees, or after point of sale fees, are not captured accurately. Pharmacy organizations within the commonwealth have reported that these retroactive fees assessed by PBMs to independent pharmacies are hurting their current practices.

“PBMs provide valuable services to the MCOs they serve and to Medicaid beneficiaries,” concluded Commissioner Steckel. “It is important that we are able to monitor these services and payments in response to our fiduciary responsibility to Kentucky taxpayers.”

The report was developed after analyzing the data newly available under Senate Bill 5, legislation passed in 2018 that provided for more transparency in Kentucky’s Medicaid pharmaceutical benefit program.

A full version of the report can be found online at https://bit.ly/2GLzKYb.

Medical News
25 YEARS IN HEALTHCARE

Medical News is a community of people who are experts in the business of healthcare. Our healthcare leaders engage in our community in person, in print and online in order to gain insights and information to build relationships and grow their business.

Our community reflects the broad landscape of the business of healthcare – from traditionally defined healthcare businesses to all the adjacent companies that are part of the fabric that supports the industry.

In the past 25 years, we helped create experiences and share the stories that matter in the business of healthcare in our region.

“Medical News keeps Kentucky connected. Through thoughtful articles and commentary about pressing health-related issues in Kentucky and important news updates related to the health industry, I find Medical News an important publication to help me stay up-to-date professionally as a pediatrician and child health advocate.”

Julia Richerson, MD, FAAP
Family Health Centers
BKD
Haley Howard was hired as a healthcare consultant.

Baptist Health
Cardiovascular surgeon Manuel Caceres, MD, has joined Baptist Health Medical Group.

Bluegrass Care Navigators
Ben Cofield, vice president and Chief Clinical Operating Officer at UK Healthcare, was added to the governing board for 2019.

Clark Memorial Hospital
Asad Ismail, MD, has joined Clark Medical Group.

Bluegrass Care Navigators
Audiologist Noreen Gibbens has joined Baptist Health ENT.

EOP Architects
Ben Simmons was promoted to principal.

University of Kentucky
Carol Thompson was designated a Master of Critical Care Medicine (MCCM) by the Council of the Society of Critical Care Medicine.

University of Louisville
Michael Douzuk, Jr. has been hired as CFO of University of Louisville Health.

Baptist Health
Cardiovascular surgeon Manuel Caceres, MD, has joined Baptist Health Medical Group.

Bluegrass Care Navigators
Be Cofield, vice president and Chief Clinical Operating Officer at UK Healthcare, was added to the governing board for 2019.

Norton Healthcare
Kris Barnsfather, MD, has joined Norton Gynecology Specialists – St. Matthews & Shelbyville.

UK HealthCare
Ashley Montgomery, MD, and the team in the Critical Care Unit have earned international recognition as the Society of Critical Care Medicine’s 2019 ICU Heroes.

University of Kentucky
Carol Thompson was designated a Master of Critical Care Medicine (MCCM) by the Council of the Society of Critical Care Medicine.

University of Louisville
Michael Douzuk, Jr. has been hired as CFO of University of Louisville Health.
Meet Miriam Sigrun Krause, MD, a physician at Fertility and Endocrine Associates.

In addition to that, I love to interact with people and help them reach their health and wellness goals. I have also always loved the science behind medicine and surgical procedures. In some situations, performing a surgery can improve the chances for a couple to conceive. Being a doctor in my field combines all the above!

Medical News:

Why did you become a doctor?

Miriam Sigrun Krause: I have always been fascinated with the human body, with the amazing work it does every second without us even noticing.

In addition to that, I love to interact with people and help them reach their health and wellness goals. I have also always loved the science behind medicine and surgical procedures. In some situations, performing a surgery can improve the chances for a couple to conceive. Being a doctor in my field combines all the above!

“However, medical services are increasingly not covered by insurance companies, and it feels more like a fee for service transaction than the traditional patient-physician interaction.”

How you start your day:

Waking and feeding my little girl (11 months old currently)

Best advice: “Whatever you do, do it well” – given to me by my Dad. Later I learnt that this quote is from Walt Disney.

Motto: Every day is a new day. I want to do my best to help make this world a better place.

Favorite daytime beverage: Water (with no ice - I grew up in Germany).

Medical News:

Who are your heroes in healthcare?

MSK: My heroes are Robert Edwards and Patrick Steptoe. They both helped with the first successful IVF pregnancy back in 1978. Since then, technology has advanced immensely, and we have learnt much. However, their work was the basis for everything I do today, and it has helped millions of couples all over the world achieve their dream of having a family.

Bill would add mental health services in KY schools

The Kentucky House will now consider a bill that passed unanimously in the Senate. Senate Bill 1 focuses on addressing the gap in mental health resources for students.

Sponsored by Sen. Max Wise of Campbellsville, the bill calls for providing mental health professionals in every school, one for every 1,500 students.

Chris Barrier, director of law enforcement for Montgomery County Schools, said lawmakers behind the bill were affected by the tragedy of the Marshall County school shooting in 2018, but didn’t want to act in haste.

According to a 2017 survey from the Centers for Disease Control and Prevention, 29 percent of high school students in Kentucky have experienced symptoms of depression, and 15 percent said they’ve had suicidal thoughts.

Donald Rogers, chief clinical officer at Bluegrass.org, a statewide network of community mental health centers, called the bill a step in the right direction. Rogers said there aren’t enough mental health professionals in Kentucky as it is, which adds automatic complications if the bill passes.

NIH gives UK $2.3 million grant to help improve diversity in healthcare, science

Through a recent five-year $2.3 million grant from the National Institutes of Health (NIH), UK’s Don Frazier and Brett Spear will partner with faculty from qualified minority-serving institutions across the U.S. and Puerto Rico to help improve diversity in healthcare and science.

The money will enable the creation of Innovative Programs for Enhancing Research Training (IPERT), which will focus on mentoring these faculty in grant-writing and teaching skills. In addition to Frazier and Spear, the project is led by a campus-wide team of grant specialists and research faculty. The new grant will also help form an ongoing mentorship program.

Reports from the Sullivan Commission on Diversity in the Healthcare Workforce indicate that although black, Hispanic/Latino and Native American populations constitute more than double the number of such counselors available for students.

The Jefferson County Board of Education unanimously passed new job descriptions for mental health practitioners, paving the way for Kentucky’s largest school district to more than double the number of such counselors available for students.

Jefferson County Public Schools Superintendent Marty Pollio said the additional mental health counselors and two other new job descriptions passed by the board, for special education implementation coaches and academic instructional coaches, are part of a broader effort to improve outcomes for students and give them better access to needed resources.

His plan calls for a practitioner in every high and middle school and in every elementary school identified for targeted or comprehensive supports by the Kentucky Department of Education. Other elementary schools would share a mental health counselor. The Senate unanimously passed the amended version of SB 1.

News in Brief continued on page 15
StAMINA Youth Summit
Time: 5 to 8 pm
Location: The Olmsted, 3701 Frankfort Ave., Louisville, Ky. 40207
Info: StAMINA is committed to engaging students in its mission to improve youth mental health. More information can be found at staminaky.com.

High Value Behavioral Healthcare
Time: 7:30 am breakfast; 8:30 am to 3:30 pm conference
Location: The Olmsted, 3701 Frankfort Ave., Louisville, Ky. 40207
Info: Organized by the Kentuckiana Health Collaborative. More information can be found at khcollaborative.org.

Palliative Care Leadership Center
Location: Bluegrass Care Navigators, 2312 Alexandria Dr., Lexington, Ky. 40504
Info: Palliative Care Leadership Centers are nine nationwide centers of excellence providing customized training and mentoring to programs at every stage. The goal is to achieve program growth and sustainability and the best quality and highest value patient care. For questions, contact Turner West at twest@hospicebg.org.

Kentucky Hospital Association Annual Quality Conference
Location: Holiday Inn Hurstbourne, 1325 S. Hurstbourne Pkwy., Louisville, Ky. 40223
Info: More information can be found at kyha.com.

Louisville Healthcare History
Time: 8:15 to 10:30 am
Location: C2 Event Venue, 225 E. Breckinridge St., Louisville, Ky. 40203
Info: Celebrate the strength and connectivity of Louisville’s healthcare ecosystem. Speaker Bruce Lunsford shares industry insights. More information can be found at healthenterprisesnetwork.com.

Preterm Birth & Maternal Mortality: A Community Conversation
Time: 5 to 6 pm registration/networking; 6 to 8 pm panel discussion
Location: Muhammad Ali Center, 144 N. Sixth St., Louisville, Ky. 40202
Info: Discussion about the health of pregnant mothers and their babies. Engage with experts in the medical, managed care and community empowerment fields. To register, visit lucinahalth.com/in-the-news.

Child Abuse Prevention Conference
Time: 8:15 am to 4:45 pm
Location: Jefferson Community and Technical College, 110 West Chestnut St., Louisville, Ky. 40202
Info: Sponsored by Centerstone. Trauma-informed care, homelessness and harm-reduction models and more. More information can be found at https://conta.cc/2FZLGUM.

The Hard Truth – Treating the Opioid Epidemic
Time: 11 am to noon
Info: A webinar for healthcare providers in Rural Health Clinics and other rural medical settings. More information can be found at mmlk.com.

Cyber Security Lunch & Learn
Time: 11:30 am to 1 pm
Location: Malone’s Prime Events and Receptions, 3373 Tate’s Creek Rd., Lexington, Ky. 40502
Info: Hear from information security officer experts to learn how to protect your data, users and more. More information can be found at deandorton.com.

MGMA Kentucky Spring Conference
Time: 8 am to 1 pm
Location: Griffin Gate Marriott Resort & Spa, Lexington, Ky. 40511
Info: Big Bang Management, sponsored by the Kentucky Medical Group Management Association. More information can be found at kmgma.com.

Kentucky Primary Care Association Luncheon & Legislative Discussion
Time: Noon to 2:30 pm
Location: Primary Care Centers of Eastern Kentucky, 101 Town and Country Ln., Hazard, Ky. 41701
Info: Lunch includes a discussion with Congressman Hal Rogers. More information can be found at kpca.net.

Collaborative Care Model Training
Info: Organized by the Kentucky Psychiatric Medical Association. More information can be found at kypsych.org.

Wesley Manor: The Virtual Dementia Tour
Time: 9 am to 3 pm
Location: 5012 East Manslick Rd. Louisville, Ky. 40292
Info: Enable friends, family and caregivers to experience a clear perspective into the daily lives of those with dementia. Contact Linda Pike at lpikes@wesman.org to reserve a time slot.

Mental Health First Aid Training
Info: Organized by Green River Mental Health & Aging Coalition. Funded by Kentucky Mental Health and Aging Coalition. Email forms@gradd.com to register.

HAVE AN EVENT FOR OUR PRINT OR ENEWS CALENDAR?
Email news@igemedia.com
Deep dive

KHC’s conference focuses on high value behavioral healthcare.

By Michele Ganote

On March 5, the Kentuckiana Health Collaborative’s annual conference moved from a broad-based view of value-based healthcare innovation to a deep dive into what many would say is Kentucky’s most important healthcare priority — behavioral healthcare.

This conference examined how employers, payers, and providers can ensure individuals have access to timely, appropriate mental health services and treatment, through the latest advancements in value-based behavioral healthcare.

Costly and Prevalent

Mental health and substance use disorder continue to rise to the top of many healthcare purchasers’ costliest and most prevalent conditions. Yet, these conditions are not treated by plans and providers the same way as physical health conditions.

In fact, mental health is the only chronic disease in America that is not treated until Stage IV. And individuals facing substance use disorder continue to receive treatment that does not comply with current medical recommendations.

Research consistently demonstrates smaller payments to behavioral health providers and higher out-of-network use for patients with mental health and substance use disorders, despite parity being law. All of these barriers create a system that often does not meet individuals’ behavioral healthcare needs.

“Research consistently demonstrates smaller payments to behavioral health providers and higher out-of-network use for patients with mental health and substance use disorders, despite parity being law.”

Flawed Mental Health

The conference kicked off with Paul Gionfriddo, president and CEO of Mental Health America. Gionfriddo provided an overview of mental health status and access in the United States, with a personal reflection on how, through policy decisions, he helped create a flawed mental health system that has failed millions, including his son.

Dr. Stephen O’Connor, University of Louisville Department of Psychiatry and Behavioral Sciences, moderated four panels, who discussed several drivers and contributors to poor mental health often overlooked:

- Dr. Joseph Bargione, a school psychologist, discussed how healthcare networks can address adverse childhood experiences (ACEs) in patients.
- Dr. Danesh Mazloomost, anesthesiologist and pain management specialist, discussed a new framework for treating pain that avoids addiction and has better outcomes.
- Aja Barber from Louisville Metro’s Center for Health Equity explained how the relationship between mental health, social determinants of health and institutionalized systems of power/oppression keep us from experiencing the kind of world we all desire.
- Allison Tu, StAMINA and student at duPont Manual High School, shared youth insights into the factors influencing mental health from a series of focus groups conducted with high school students across Kentucky.

Mike Thompson, president and CEO of the National Alliance of Healthcare Purchaser Coalitions, discussed the roadmap and checklist his organization developed for employers to use in designing high value behavioral healthcare. All attendees received a copy of the roadmap, which includes an assessment of current performance of health plans and behavioral health organizations across key areas.

New Payment Models

A light continues to shine on the fact that many patients do not get appropriate treatment for substance use disorder. As a result, new payment models have been designed to help incentivize effective treatment and recovery.

Dr. Kelly Clark, an addiction psychiatrist and the President of the American Society of Addiction Medicine, presented the new Patient-Centered Opioid Addiction Treatment (P-COAT). The model is designed to increase the utilization of office-based treatment of opioid use disorder by providing adequate financial support to successfully treat patients and broaden the coordinated delivery of medical, psychological, and social support services.

David Smith from Third Horizon Strategies discussed the new Addiction Recovery Medical Home (ARMH) receiving significant national attention. The model establishes a continuum of care from the time a patient enters an acute-care setting and is diagnosed with a substance use disorder through their recovery process. ARMH incorporates quality payments and bonuses for achieving certain outcomes and cost savings.

Telehealth Behavioral Health

Telehealth has quickly gained the attention of employers and payers working to increase network adequacy of medical and behavioral health providers. Commissioner Jenny Goins presented examples of how Kentucky’s Department of Employee Insurance has implemented telehealth behavioral health along with the data related to utilization and financial savings.

— Michele Ganote is with the Kentuckiana Health Collaborative in Louisville, Ky.
We engage families in long-term wrap-around care that prevents relapse as well as child abuse and neglect, poor health outcomes, homelessness and the intergenerational cycle of addiction.

“Kentucky’s opioid death rate is almost double the national average. Only four states rates are higher.”

In Kentucky today, nearly 10,000 children are in out-of-home placements. Our child welfare system is overwhelmed, and children and families are suffering. A key outcome of our comprehensive care is reuniting children with healthy moms in stable environments.

Million Dollar Outcome

These outcomes—united families and lower incidence of NAS—save Kentucky taxpayers millions of dollars each year. Intervention and treatment for moms struggling with substance use disorder is a million-dollar investment in a healthier Kentucky.

Our goal is to continue to expand our services to care for more moms and families. In May 2018 we opened VOA Recovery in Old Louisville, doubling our capacity to serve families. With the strong support of Kentucky’s Office of Drug Control Policy and the leadership of elected officials like State Senate President Robert Stivers, we will break ground on a facility in Southeaster Kentucky.

More to Do

Government must continue to support and fund this model – the return on investment is inarguable. Policy makers at all levels can continue to emphasize programs that provide support and make addiction recovery funding a priority. And we rely on community partners and donors to make our programs viable.

We encourage everyone in the healthcare industry—from medical professionals to insurance providers to community leaders—to examine how we are making this model work and to join us in this life-saving mission.

— Jennifer Hancock is president and CEO of Volunteers of America Mid-States.

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For more information about how we can help, visit stites.com.
Substance abuse treatment with an end goal

Working toward a job, employment can be the difference between recovery and relapse.

By Beth Davisson

Year after year, Kentucky proves to be a great place for entrepreneurs, innovators and businesses to call home—especially those in the healthcare sector.

Last year, Kentucky reported over $2 billion in healthcare investments, bringing hundreds of new jobs. However, these companies are finding it increasingly difficult to find and retain qualified, reliable employees.

Employers should treat substance use disorder as a health problem, not a moral or ethical one.”

Economic Epidemic

Kentucky’s workforce participation rate has fallen well below the national average. In fact, to reach the national average, the state would need to add 165,000 people to its workforce—a daunting challenge.

So, what—or whom—is to blame for this discrepancy? The opioid crisis is one factor we cannot afford to ignore.

In Kentucky, where drug overdoses rank among the highest in the country, substance abuse is no longer just a public health epidemic; it’s an economic one, as well.

And it’s not just those individuals with substance use disorder who are exiting the workforce; their spouses, children, and parents, whose lives have become focused on caring for their loved ones battling addiction, are also feeling pressure to leave their jobs.

Vital Role of Businesses

Kentuckians with substance use disorder need support that extends beyond the doors of a treatment center, and the Kentucky business community has a vital role to play.

Treatment with an end goal—working toward a job and employment—can be the difference between recovery and relapse for these individuals. An important first step? Reducing the stigma around drug abuse and addiction in the workplace.

Employers should treat substance use disorder as a health problem, not a moral or ethical one. Just like diabetes, heart disease, or arthritis, addiction is a chronic and lifelong disease—and patients should have access to the comprehensive treatments they need to lead healthy, productive lives.

Change the Language

Much of the stigma associated with substance use disorder boils down to the language we use. The way employers talk about addiction does matter and can help put more people on the path toward recovery—something that benefits all of us.

The words we use to talk about substance use disorder and treatment can inadvertently reinforce the stigma surrounding the disease. When an employer takes a stand against stigma, it shows all employees—not just those struggling with addiction—that the company they work for cares about them as individuals.

More than 1,000 Kentuckians died last year due to drug overdoses. And while this problem isn’t going to be corrected overnight, business leaders—working alongside health care providers and public officials—can help lead us in the right direction.

— Beth Davisson is with the Kentucky Chamber of Commerce.

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Students as solution
Kentucky youth to address mental health crisis through bottom-up approach.

By Allison Tu

In January of this year, the death of Seven Bridges, a 10-year-old, marked the eighth student suicide in Jefferson County Public Schools in the 2018-19 school year alone. In just seven months, this rate has already far surpassed last year’s three suicides.

Kentucky’s students, clearly, are struggling—on the 2017 Youth Risk Behavior Survey, nearly one in three high schoolers reported being so sad or hopeless that they’ve stopped pursuing activities they normally enjoy. One in seven had seriously considered attempting suicide.

Worse still, these challenges don’t stop when students leave high school. Poor youth mental health can set the stage for a lifetime of challenges: according to the National Alliance on Mental Illness, half of all mental health disorders develop by age 14, and three-quarters by age 24.

Beyond High School
Looking beyond high school, college campuses across the nation have seen unprecedented demand for counseling services that overwhelms their capacities. When it comes to the workplace, it’s estimated that 200 million workdays are lost each year due to depression, contributing to 17 to 44 billion dollars of lost productivity.

Given these downstream consequences, Kentucky’s youth are not only grappling with poor mental health—which can lead to poor academic performance, substance use, and suicide—every day, but many will also continue to struggle later in life. This poses a further future challenge to employers, potentially increasing absenteeism and limiting the available workforce.

Focus on Youth Perspective
Altogether, Kentucky is now facing a spiraling mental health problem, one that’s amplified when the voices of students, the most important stakeholder, are overlooked.

The lack of youth perspectives in developing mental health programs has resulted in unsuccessful education and prevention initiatives—for some, their only suicide prevention education, which is technically mandated for all Kentucky middle and high schoolers, consists of a bookmark printed with the suicide prevention hotline. No student would ever suggest that a mere slip of paper, without even any accompanying discussion, could ever pass for effective education.

To me, this lack of student voice represented a missed opportunity. During my sophomore year of high school, when I saw students struggling with stress, potentially undiagnosed depressive disorders, and even substance use, self-harm, and suicidality, every day, I knew I couldn’t stay on the sidelines any longer.

Called to Action
To capitalize on the insights lost when youth voices weren’t captured, I founded StAMINA, the Student Alliance for Mental Health Innovation and Action, with the urgent mission to increase effective mental health education, prevention and treatment for Kentucky youth through a bottom-up approach.

Unaddressed youth mental health issues are pernicious, cascading across life’s outcomes, standing in the way of happiness and college and career success.

StAMINA is based on the principle that students, themselves—if consulted as solution partners—can offer crucial insights into developing new mental health policies and programs.

Two years later, StAMINA is a thriving organization of over 20 high school and college students across the state following a three-pronged blueprint of Learn, Build, and Act. Our Learn phase involved conducting a need-finding assessment to recruit youth perspectives and introduce student voice into the mental health conversation.

Local Partnerships
Over the course of a year, we partnered with the University of Louisville to conduct a qualitative research study about youth mental health attitudes, capturing voices and insights from Kentucky youth, parents, healthcare professionals, and educators. Over 1,200 minutes of collected interviews, the majority of which were conducted by StAMINA’s student team, revealed a wide range of pressing opportunities to engage students and their adult allies to improve youth mental health.

Our Build phase has involved creating a coalition of stakeholders supporting the youth mental health movement. We’ve worked with leaders in government, healthcare, business and academia and established partnerships with Kentucky’s most prominent mental health-focused organizations.

Through over a dozen presentations...
at conferences across the nation, we’ve educated over 1,000 attendees about our research findings and the importance of student voice in combatting poor mental health. Most importantly, through Youth Summits across the state, we’ve inspired nearly 100 high schoolers and college students to become mental health advocates.

Many of these stakeholders have contributed to StAMINA’s Act phase by participating in our full-day Ideathon. In September 2018, nearly fifty attendees convened in Louisville for a structured design and prototyping competition. Using the research insights as a launching point, the group produced a compelling array of new program and outreach ideas, two of which are currently in production: a student podcast and adult-youth conversation cards.

We’re excited about the work we’ve accomplished to date but are eager and impatient for StAMINA’s continued progress. The stakes—both in Kentucky and across the country—are high.

Unaddressed youth mental health issues are pernicious, cascading across life’s outcomes, standing in the way of happiness and college and career success. Which is why, now more than ever, youth voices must be elevated and supported when it comes to the issues that matter to us the most. Students are always told that they are the future—but we can do more than that. Empowered, passionate students are the present.

— Allison Tu is a senior at duPont Manual High School and the founder and executive director of StAMINA.
Each day, opioids cause more than 130 overdose deaths in the United States, according to the Centers for Disease Control & Prevention (CDC); and the economic cost exceeds $500 billion annually, according to a study from The Council of Economic Advisors.

Painkilling prescriptions are often necessary and useful for some medical conditions; however, these powerful drugs—such as oxycodone or codeine—come with a high risk of misuse and addiction. This is especially true for teens and young adults, in part because adolescent brains are not fully matured and are therefore more susceptible to the effects of opioids.

One potentially overlooked aspect of the opioid epidemic is the connection to oral health. In fact, oral health professionals write 12 percent of all opioid prescriptions, including 45 percent of opioid prescriptions for adolescents, according to a UnitedHealthcare analysis of claims data.

It’s important to recognize the risks for young people—and provide a reminder for parents—about the connection between oral health and opioids.

Approximately 70 percent of misused opioid prescriptions were obtained, stolen or purchased from a friend or relative, according to the CDC.

Wisdom Teeth: More than five million people had their wisdom teeth removed last year, mostly teens and young adults. While the decision to remove wisdom teeth should involve professional advice from a dentist or oral surgeon, patients and parents should also be aware of the risks associated with potential exposure to opioids following this procedure. For many young people, wisdom teeth extraction often represents their first exposure to opioids, and a recent study from Stanford University found that teens can end up in a battle with opioid addiction following this procedure.

Limit Supply: Other than in extreme cases, it is important to limit prescriptions for the minimum appropriate dosage and number of days, which the CDC recommends at three days and fewer than 50 morphine milligram equivalents per day. This is because the likelihood for chronic opioid use increases after the third day of use and rises rapidly thereafter, according to the U.S. Department of Health and Human Services, and misuse or dependence on opioids can lead to addiction to more powerful illicit drugs.

Alternative Pain Medications: If you or a loved one is prescribed an opioid following a dental procedure or another medical event, it is good to ask your healthcare professional if there are alternatives, including over-the-counter pain relievers such as a combination of acetaminophen and ibuprofen. In many cases, these medications can be equally effective in pain management, without the risk of addiction.

Proper Disposal: Approximately 70 percent of misused opioid prescriptions were obtained, stolen or purchased from a friend or relative, according to the CDC. That’s why it is important to keep opioids in a safe place—like a locked cabinet—and always properly dispose of unused medications. That can include returning the drugs to your pharmacy, or mixing them with water and an unappealing substance, such as cat litter, and putting in the trash (if simply thrown in the trash, unused prescription drugs can be retrieved and misused).

— Ted Wong is the Chief Dental Officer for UnitedHealthcare Dental.
Making recovery possible for more people
Comprehensive approach, including integrated primary care, improves health outcomes.

By Scott Hesseltine

Every year, a new report highlights the toll of drug overdoses in our communities. According to the Centers for Disease Control’s August report, 72,000 Americans died of drug overdoses last year with most stemming from opioid use. Synthetic opioids like fentanyl can be 50 times more powerful than heroin thus causing a huge increase in accidental overdose fatalities.

Every one of those deaths means immeasurable pain for a parent, child, family and community. In our experience at Centerstone, providing low-barrier access to medication-assisted treatment and comprehensive support that meets individuals where they are has made recovery possible for many individuals. A critical component to this success includes treating the whole person and addresses both the chronic physical and mental issues with an integrated primary clinic approach.

Evidence also suggests that addressing substance use and physical health together improves both physical health and substance use conditions.”

Substance Use Disorders
Substance use disorders can complicate the management of other chronic disorders. For example, The Substance Abuse and Mental Health Services Administration (SAMSHA) states “Substance use disorders, depression and other medical comorbidities are associated with poor adherence to medications for Type 2 diabetes.

Evidence also suggests that addressing substance use and physical health together improves both physical health and substance use conditions.”

Integrated Primary Care
The Centerstone Addiction Recovery Center Integrated Primary Care Clinic provides comprehensive care management and coordination services and functions as the central point of contact for directing patient-centered care across the broader healthcare system.

A critical component to this success includes treating the whole person and addresses both the chronic physical and mental issues with an integrated primary clinic approach.”

Clients visit our Primary Care Physicians (PCP) for untreated wounds, diabetes management, endocarditis medication management and more. Many of these clients haven’t seen a PCP in years and need medical interventions allowing them to focus on their recovery.

The Integrated Primary Care Clinic patients work with an interdisciplinary team of providers to develop an individualized recovery care plan to best manage their care. This model also elevates the role and importance of peer support specialists, therapists, targeted case managers and supported employment specialist that all work tandemly to give wrap around support to individuals to create a true holistic treatment approach. In doing so, the Integrated Primary Care Clinic focuses on a patients’ complete health and social needs while they continue the journey of recovery.

Our emphasis is on letting the clients guide their goals, whether that’s obtaining housing, employment or healing broken relationships with their family. Tammy, a Centerstone client, described her recovery journey as long and difficult. Having access to the Integrated Primary Care Clinic, housing and employment made a difference to her. “I needed a hand up, not a handout,” said Tammy. She now runs a program with a partner agency to help homeless individuals with substance use disorder get a job.

By meeting people where they are and providing low-barrier access to medication-assisted treatment and integrated primary care, we are making recovery possible for more individuals.”

— Scott Hesseltine is the vice president of addiction services at Centerstone.

THE PURPOSE OF THE INTEGRATED PRIMARY CARE CLINIC IS TO:
- Improve care management of individuals with opioid use disorders and comorbid chronic conditions, including Medication Assisted Treatment.
- Improve care coordination between physical and behavioral healthcare services.
- Improve care transitions between primary, specialty and inpatient settings of care.

Providing low-barrier access to medication-assisted treatment and comprehensive support that meets individuals where they have made recovery possible for many individuals.”

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A promising partnership
Uspiritus, Centerstone merger looks to improve outcomes for youth.

By Ben Keeton

The merger between Uspiritus and Centerstone creates one of the most comprehensive child welfare agencies in the state of Kentucky and gives children a true continuum of care that currently does not exist in the foster care system. By joining forces with Centerstone, Uspiritus can do what is most needed for the youth in their care. As a combined entity, the goal is to create shorter stays in residential care and get children back to more stable home settings while continuing to serve their needs.

Short-Term Goals
Over the next year, Centerstone plans to reduce reoccurring traumatic disruptions for vulnerable youth across Kentucky. They want to stop kids from bouncing from placement to placement by increasing intensive wrap-around services for both kids and families.

By working together, they plan to step up the support of transitional age youth – kids that turn 18 and lack the life skills needed to survive and thrive on their own.

TAYLRD Program
Centerstone currently has a program called TAYLRD that is a drop-in center, and every afternoon, teenagers who are homeless or couch surfing with friends, stop by for a hot meal, counseling and employment services.

This merger allows Centerstone to expand on these efforts and start earlier, before kids turn 18 to help them finish high school, apply and keep a job and obtain stable housing. By wrapping deep expertise around these kids, Centerstone will transform their lives.

And, as Kentucky leads the nation in efforts to keep families intact longer, Centerstone is poised to wrap behavioral health services around parents and children to ensure kids are living in stable homes and leading successful lives.

New Leadership
Abby Drane stepped forward to lead Centerstone’s Kentucky operations as regional Chief Executive Officer in December 2018. Before this role, Drane was the president and CEO at Uspiritus and most recently as the COO at Centerstone in Kentucky through the merger between the two organizations.

She has more than thirty years of experience in behavioral health services, including positions in finance and operations. She has led organizations focused on treatment, outcomes, regulations, human resources, financial and advancement programs helping vulnerable children in Kentucky.

Personal Experience
Drane and her four siblings would have benefitted from the Family First Prevention Services Act. At age five, she was removed from her home, placed in an orphanage and then placed with her grandparents. In less than a year, her grandmother died suddenly leaving the siblings to be separated.

If someone would have asked her mother what she needed earlier, and wrapped them in services, it would have spared them a childhood full of disruptions and trauma. She wants to stop this cycle for other children in Kentucky and keep as many families together as possible.

Drane is thrilled to bring her first-hand experience, passion for helping children and strategic mind to the role of CEO at Centerstone. She says, “As we come together as One Centerstone family, I look forward to the future and our commitment to providing youth the very best services in Kentucky.”

healthy vitals
ProAssurance has been monitoring risk and protecting healthcare industry professionals for more than 40 years, with key specialists on duty to diagnose complex risk exposures.

Work with a team that understands the importance of delivering flexible healthcare professional liability solutions.
Centerstone’s ACT team involved in Kentucky’s first Tim’s Law proceeding

Centerstone became a part of the very first Tim’s Law case in the Commonwealth of Kentucky when Judge Stephanie Burke ordered an individual to receive mental health services through its Assertive Community Treatment (ACT) program. Tim’s Law, which passed in June 2017, authorizes state district courts to order assisted outpatient treatment (AOT) for individuals who have been diagnosed with a serious mental illness and are unlikely to seek treatment on a voluntary basis.

Such court-ordered AOT creates a partnership between the individual and the mental health system and leverages the power of the court to influence behavior. AOT aims to increase medication adherence and reduce rates of hospitalization and incarceration while promoting mental health recovery.

AOT must be an evidence-based program (EBP), such as the one found through Centerstone’s Assertive Community Treatment (ACT) team. The ACT team comes directly to the individual to help with basic needs—like housing and employment—in addition to providing psychiatric care and therapy. Centerstone’s ACT team looks to advance treatment alternatives for the mentally ill in order to stop the revolving door of hospitalizations.

Bluegrass.org opens SMI peer Drop-in Center

Bluegrass.org opened The Drop-In Center in downtown Lexington, Ky. in February as a resource for engaging individuals with services for serious mental illness (SMI) and substance use disorder (SUD).

The Drop-In Center is led by peer support specialists who are active in their recovery. “Peers have been effective in engaging individuals who might otherwise not seek out treatment,” said Don Rogers, chief clinical officer at Bluegrass.org. “The approach at The Drop-In Center is to focus first on the immediate needs of the individual with building trust.”

The Drop-In Center creates a supportive environment for individuals with SMI or SUD with the mission of becoming an integrated resource in the downtown Lexington community where individuals can have someone to talk to during times of crisis instead of utilizing hospitals or, as can happen with the SMI population, becoming incarcerated.

At 201 Mechanic Street in Lexington the location is central and convenient to easily access services with community partners. Bluegrass.org works closely with law enforcement and first responders in Lexington to support the homeless population with services to help individuals become stable and enter treatment.

The Drop-In Center flips the treatment model by first engaging clients and addressing to their basic needs and in this safe environment providing access to treatment. Central to this model is the peer support specialist, who share their lived-experience to assist others achieve recovery. Bluegrass recognized the need to engage individuals at a downtown location and established The Drop-In Center as the first piece of a robust service center for individuals with SMI as well as another resource for our already existing SUD services at the same location.

Art therapy, self-esteem classes, along with mindfulness and coping skill development will be offered along with outpatient therapy, supported employment services, housing assistance and case management services.

Frontier Nursing releases Eastern Kentucky impact report

Frontier Nursing University (FNU) has released the first in a series of impact reports entitled Frontier Footprints. The first report is a detailed look at the impact of FNU graduates on the rural and underserved communities of FNU’s birthplace in Eastern Kentucky. The report, which is being primarily distributed online, is available at frontier.edu/FNUFootprints.

Today, FNU’s unique distance-learning model encourages students to continue their education in the same communities where they practice. FNU’s students can remain in their local communities and continue to work and serve there while attending classes on a flexible schedule.

The next issue of FNU Footprints, scheduled to be published later this spring, will focus on the impact of FNU graduates in Alaska.

New Healthcare Fellow class announced

Health Enterprises Network held the opening session for the 2019 participants of its Healthcare Fellows program in late February. During the 10-month program, seventeen selected professionals from health and health-related organizations will be immersed in Louisville’s healthcare business ecosystem, developing their industry knowledge, honing their leadership skills and expanding their professional connections in the sector.

The opening session featured Health Enterprises Network’s Board Chairman, David Herley, VP and Chief Compliance Officer of Passport Health Plan. Additional monthly sessions are led by community thought leaders, academics, elected officials, organizational experts, researchers, entrepreneurs and more. These interactive sessions are complemented by a class-driven project, aimed at supporting Health Enterprises Network’s theme-based approach to economic development in the region.

The Healthcare Fellows program was formed by the leaders of the Health Enterprises Network in 2005 in response to the area’s need for executive talent as defined in the “Beyond Merger” report from the Brookings Institute. Since its inception, the fellowship structure has produced connected, informed and connected individuals ready to take on the challenges and opportunities in our community, nationally and abroad.

Lexington Clinic breaks ground for building

Lexington Clinic is moving forward with construction plans for its new South Broadway building in Lexington, Ky. after hosting a ceremonial groundbreaking event.

The new building will be located on the current South Broadway campus and will replace the current Lexington Clinic flagship, which has been serving the community since 1957. The new building is set to open by the fall of 2020.
Lucina Health focuses on preterm birth, maternal mortality

Lucina Health, a women’s maternity analytics platform, will hold its inaugural event, Preterm Birth and Maternal Mortality: A Community Conversation in early March at the Muhammad Ali Center in Louisville, Ky.

Preterm birth and maternal mortality are national crises, with rates in the United States higher than any other developed country. Kentucky and the city of Louisville were both given “D” grades by the March of Dimes on its latest Preterm Birth Report Card.

Legislative efforts throughout the country are also focused on maternal mortality, with the recent passage of laws by Congress to make the birth process safer for women. The upcoming event will help bring awareness to the issues facing mothers and babies, as well as their social implications.

Speakers and panelists include experts from the medical, managed care, social work, government and community engagement fields:

- Kevin Bramer, CEO, Lucina Health
- Sarah Moyer, MD, director, Louisville Metro Department of Public Health & Wellness
- Mark Carter, CEO, Passport Health Plan
- Sadiqa Reynolds, Esq., president and CEO, Louisville Urban League
- Cutia Bacon Brown, LCSW, clinical supervisor, Mindful Direction Counseling Services
- Larry Griffin, MD, medical director, Women’s Health, Evolent Health
- Divya Cantor, MD, Cantor Consulting

With its focus on education and social justice, the Muhammad Ali Center is the perfect venue for the inaugural community conversation. Preterm birth rates show significant racial disparities, with the numbers 49 percent higher for African American women in the United States. Visit the event page for more information.

Institute receives grant for dental services

The Institute for Rural Health, part of WKU’s College of Health and Human Services, has received a $20,000 grant from Delta Dental of Kentucky’s Foundation.

The $20,000 grant will be used to purchase materials and supplies for the Preventive Program offered by the Mobile Dental Unit, which consists of a sealant program for elementary and middle school children, a fluoride varnish program for Head Start children and a prenatal dental program.

The Institute for Rural Health was established in 2001 to identify and address rural health and human services needs through the utilization of two mobile units, the Mobile Dental Unit and the Mobile Health Unit. The underserved patient population targeted by these Units consists of those with limited access to dental and medical care in geographic areas that suffer from a shortage of health professionals. In the last five years, the Mobile Dental Unit provided more than 11,500 total procedures in underserved communities in western Kentucky.

Galen College of Nursing named best place to work

For the second year in a row, Galen College of Nursing has been named one of the 2019 Best Places to Work in Kentucky in the large-sized employer category (consisting of more than 500 U.S. employees). The Kentucky Chamber of Commerce, the Kentucky Society for Human Resource Management (KYSHRM) and Lifestyle Health Plans named the 100 companies that made the 15th Annual Best Places to Work in Kentucky list with winner rankings to be revealed at an awards dinner in April.
**Pass House Bill 121**
Get addiction treatment into the hands of those who need it.

By Michael Fletcher, MD

In 2019, every Kentuckian knows someone struggling with addiction and we know this epidemic is wreaking havoc on our communities and in our country. As an addiction specialist physician practicing in the Commonwealth, I look into the eyes of these people every day. My patients are filled with determination to beat an illness that has devastated their career, their family and their body.

“Right now, here’s what we know: MATs work and those with SUDs need access to treatment the moment they are ready to begin recovery.”

**Rock Bottom**
But to get to this point, many had to first hit rock bottom. We’ve all seen the viral photos illustrating the results of this terrible disease—individuals laying on the floor of the supermarket, slumped over the wheel with a child in the backseat or splayed across a sidewalk.

Fortunately, rock bottom can be the beginning of recovery, but only if treatment is available when someone is ready. Unfortunately, individuals struggling with addiction must often endure unnecessary delays or denials for the treatment due to prior authorization requirements. These avoidable administrative burdens delay access to care putting Kentuckians at serious risk for relapse, overdose, or even death. It’s time we put a stop to this!

**HB 121**
Rep. Kim Moser has introduced House Bill 121, which removes prior authorization requirements for medication assisted treatment (MAT). This bill accomplishes something extremely important yet incredibly simple for patients: ensuring treatment is ready when they are.

I’ve seen too many individuals with a substance use disorder (SUD) thwarted by a treatment system that is confusing and fragmented. This broken treatment system forces many to give up before they can even begin. This is not how we treat other health conditions, so why do it when it comes to SUD?

I’ve had many patients ready to begin treatment only to have my best clinical recommendations blocked by insurer-mandated prior authorizations. And not only do these requirements hinder treatment, they also add hours of administrative work for physicians. This time would be much better allocated to caring for the thousands of Kentuckians in desperate need of SUD treatment.

I am grateful that Kentucky has already invested millions of dollars and man-hours to address the opioid epidemic. And, certainly we want to continue to work smarter to eradicate this public healthcare crisis. So why impede those ready to begin treatment with a needless administrative roadblock?

There’s no doubt that removing barriers to MATs will save lives. I have seen MATs work for countless patients, and I’m not alone. Research shows that those who receive MATs are 75-percent less likely to die from addiction than those not receiving medications.

As the opioid epidemic continues, we’re learning more about what works and where the treatment system can be improved. Right now, here’s what we know: MATs work and those with SUDs need access to treatment the moment they are ready to begin recovery.

I urge members of Kentucky’s General Assembly to quickly pass House Bill 121 this session. When one American is dying every 19 minutes from a drug overdose, a simple change like this one should be easy.

— Michael Fletcher, MD, is the CMO for Addiction Recovery Care Centers and is the president of the Kentucky Society of Addiction Medicine.

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**Statewide tobacco-free schools bill**
Right approach to teen tobacco use.


Students, educators, health advocates and business leaders are urging the legislature in 2019 to make all Kentucky school districts tobacco-free. As health professionals and lawmakers, we believe this is the sensible approach to protecting our kids from tobacco exposure. Now is also the right time to enact this law, given the recent proliferation of vaping and e-cigarette use among adolescents and teens.

“Annual smoking-related health care costs total $1.92 billion in Kentucky, of which nearly $590 million is covered by Medicaid.”

We urge our colleagues to support House Bill 11 and Senate Bill 27, which would make tobacco-free schools a statewide law. The bills would prohibit the use of all tobacco products on, and in, property owned by the school district at all times. The bills require signage to be posted announcing the policy, but would allow local school districts to determine the enforcement measures that work best in their communities when the law goes into effect on July 1, 2020.

**Act Fast**
If we don’t act quickly, the surge in youth vaping, vaping and e-cigarette smoking will erase decades of health progress. Already, 119,000 Kentucky kids currently under age 18 are predicted to die prematurely from smoking. Annual smoking-related healthcare costs total $1.92 billion in Kentucky, of which nearly $590 million is covered by Medicaid.

Kentucky’s youth tobacco-use rates already significantly exceed the national average. In recent months, high school student use of e-cigarettes has jumped 78 percent and middle schooler use has risen 48 percent nationwide. That means, across America today, that one in five high school students and one in 20 middle schoolers use e-cigarettes. Youth focus groups in Kentucky show that we’re seeing a similar surge in both rural and urban areas of the state.

Now that 42 percent of Kentucky school districts have adopted them, there is recognition that tobacco-free schools policies are both reasonable and workable. They protect students from breathing in secondhand smoke and aerosol. They set a healthy example for students by de-normalizing tobacco use at school, where youth spend a third of their waking hours. And, research shows, they reduce teen tobacco use.

Profit before patients
Stop pharmacy benefit managers from fleecing Kentuckians.

By Mark Glasper

Thanks to new federal and state laws, including Rep. Michael Meredith’s House Bill 463 from 2018, your pharmacist can finally inform you when the real price of your medicine is less than the copayment charged by your insurer. This much needed transparency means consumers will finally be aware of something that happens far more often than they know.

But this is only the tip of the iceberg when it comes to helping Kentuckians save money on the medicines they need. Real cost savings will come when we limit what the nefarious middlemen of the healthcare industry collect without your knowledge.

Nefarious Middlemen
I’m talking about the Pharmacy Benefit Managers (PBMs) which dictate how you get your medications and how much you pay. While they used to operate in the shadows, the curtains are thankfully being pulled back. And taxpayers in Kentucky should pay attention to what they see.

A few giant PBMs hide the actual costs of medicines by charging the state’s managed Medicaid health plans more than what they reimburse pharmacists. Known as spread pricing, this practice creates a dramatic and unnecessary increase in costs for all taxpayers.

The spread is the difference in the amount the PBM charges the state’s Medicaid program versus what they reimburse the pharmacy for certain prescription drugs. This game is most commonly seen with generic medicines, which are by far the most prescribed.

For example, take the generic version of the commonly prescribed Nexium known as esomeprazole. According to the Centers for Medicaid Services (CMS), PBMs charge Kentucky Medicaid $5.46 per pill, but an average of what they likely reimburse the pharmacist is $0.49 per pill. That difference of $4.97 per pill or $162.48 per prescription is kept by the PBM, while offering no additional benefit to the patient or the healthcare system.

And this is just one glaring example. The state of Ohio recently commissioned a report on this predatory practice and found PBMs had billed taxpayers nearly $225 million more in a year than what they paid pharmacists for filling Medicaid patients’ prescriptions.

Profits Before Patients
Here in Kentucky, we’re all billed far more than the actual cost of medicines while our pharmacies are paid very little for dispensing them. This is another example of PBMs putting profits before patients, often forcing Kentuckians to choose between keeping the lights on and paying for their medicine.

Fortunately, we can do something about it by increasing transparency and accountability. We must prohibit PBMs from charging insurers more than the actual cost of medications and services. We must also require that PBMs report rebates, administrative fees or any other revenue collected from pharmaceutical companies, along with the percentage they retain. Finally, we must require regular financial audits of PBMs to hold them accountable for patients and taxpayers.

Forget the rhetoric from PBMs. Look at the data which tells the real story of how they are fleecing patients, pharmacists and taxpayers. Look at the stories from Ohio where legislators and media shined a bright light on the PBMs and fought for consumers.

— Mark Glasper is executive director of the Kentucky Pharmacists Association.
GLI proclaims 2019 the year of tech in Louisville at annual meeting

Over 1,000 business and community leaders along with elected officials gathered at GLI’s 2019 Annual Meeting in late February for one of the largest business networking events in town. Preparing the Greater Louisville region for the goal of becoming a workforce equipped to handle the digital and technology-focused needs of the future was the predominant theme of the meeting, presented by Hilliard Lyons, at the Kentucky International Convention Center.

“The reason we must become a tech town is summed up in one number: 48 percent. That is the percentage of jobs in our area that the Brookings Institution has flagged as likely to be disrupted or eliminated through automation and AI over the next two decades,” said Kent Oyler, president and CEO of GLI. “That is over 391,000 jobs that need to be replaced by jobs involving new technologies. Make no mistake, the future is exciting and bright. But only if we decide to take actions to skill up our workforce for the jobs of the future.”

Google’s top-rated futurist, Thomas Frey, gave the evening’s keynote address. Mayor Greg Fischer told the audience his favorite Frey quote is, “Thinking about the future will cause it to change.”

Fischer challenged the business community to think about Louisville differently and to strive to not only do better than it has in the past but also strive to do better than its competitors. It’s the only way to catch up to cities like Charlotte, Indianapolis and Nashville, he said.

“We’ve got to invest in ourselves because we see the future coming at us fast and furious … all of us here, we’ve got to do better,” Fischer said. “We need a competitive spirit, a spirit of belief in investment to meet this challenge and all of our challenges. That’s the spirit we need to create the future the people of the city of Louisville deserve.”

Passport puts West End project on hold

Passport Health Plan putting its $100 million headquarters and healthcare campus at West 18th Street and Broadway on hold.

“The Louisville-based insurer said that its financial future is in question and that, as a result, it is placing construction of the project on "indefinite hiatus." Passport broke ground on the four-story, 337,000-square-foot headquarters building, "That is over 391,000 jobs that need to be replaced by jobs involving new technologies. Make no mistake, the future is exciting and bright. But only if we decide to take actions to skill up our workforce for the jobs of the future.”

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Kentucky Cancer Consortium honored

The National Colorectal Cancer Roundtable (NCCRT), an organization co-founded by the American Cancer Society and the Centers for Disease Control and Prevention, recognized six honorees, including the Kentucky Cancer Consortium, with the 80% by 2018 National Achievement Award, a national honor recognizing leadership in the ongoing effort to increase colorectal cancer screening rates across the United States.

The Kentucky Cancer Consortium (KCC) is Kentucky’s statewide comprehensive cancer control coalition comprised of more than 70 organizations and 450 partners committed to reducing cancer in the state.
CONQUERING CANCER IN KENTUCKY

MARKEY CAN.

Kentucky has some of the highest cancer rates in the nation. That's why we've made it our mission to drastically reduce cancer in our state, through education, research and life-changing treatments.

See how at ukhealthcare.com/markeycan