This month, for the HealthConomy series, Medical News spoke with Russell Cox, president and CEO of Norton Healthcare. Cox has been a fixture of Louisville’s healthcare economy for many years and held leadership roles at prominent healthcare organizations, including Humana. During his tenure in the community, he has witnessed healthcare companies taking risks that pay off big and companies that are learning as they grow.

Ben Keeton: How did you get into healthcare and what were your first jobs?
Russell Cox: I actually was trained at the University of Louisville to be an educator, and spent three years teaching middle school students, which taught me a lot about life. But at the end of the day I found myself working at Humana in 1982 in a human resource training and development role.

At that point, Humana was growing quickly and was a hospital company. I got to participate in some things that typically somebody who is 26 years old doesn’t get to participate in.

BK: Can you talk about what Humana looked like and some of the challenges that a small, but growing organization, faced?
RC: Humana was the cool place to work in the early eighties. Everybody in Louisville who was coming out of college wanted to work at Humana. It was known as being very fast paced, on the move and growing. Humana took the personalities of David Jones and Wendell Cherry early on.

There was a strong desire to be a player, to be that organization that could innovate and make changes in healthcare, so it was a fun place to work. Many times, I heard Mr. Jones and Mr. Cherry talk about how they were going to throw people in the deep end and see who could swim. That was alluring to someone in their twenties and it was also an opportunity to work for a publicly traded company.

BK: Do you remember a specific time that you were thrown into the deep end?
RC: Well, at that point, most any project put me in the deep end because I was just in the beginning of my healthcare career. When we acquired a large HMO, I lead the human resource transition in south Florida.

During the transition, it was critical to bring the Humana culture to this HMO, a task that fell squarely into my lap. How are we going to merge those cultures? How are we going to talk about

“... My biggest fear is that we’re not failing enough, which means we’re not trying hard enough to improve.”

By Sally McMahon
Hosparus Health ranked largest hospice organization

The recent release of the 2019 LexisNexis rankings of the top 100 home health and hospice providers in the country continues to confirm that Louisville is indeed the aging care innovation capital of the United States.

Kindred, headquartered in Louisville, ranked No. 2 with 3.13 percent of the U.S. market. Local provider Hosparus Health is also included in the top 100 largest hospices, ranked at No. 19, with a 0.43 percent of national market share, up from No. 24 in 2017.

Each year, LexisNexis compiles an annual list of the leading U.S. home health and hospice providers based on insights from its MarketView claims database, which includes more than 8.5 million healthcare practitioners, one million organizations and more than 1.25 billion unique claims annually. Hospices are ranked based on patient volume and claims associated with each provider.

The annual rankings provide hospice providers with information to help them better understand their market positions, dynamics and environment for potential merger and acquisition activity and operational growth, according to LexisNexis.

The insights also enable agencies to better tailor strategic planning, patient care and growth strategies by offering a detailed understanding of referral patterns and affiliations.

Free vaping, smoking service for Kentucky teens

The Kentucky Department for Public Health (DPH) within the Cabinet for Health and Family Services (CHFS) launched a free service aimed at helping teens quit vaping, smoking and using other tobacco products.

The service is called My Life, My Quit and went live across the state in early November.

Teenagers who want to stop using e-cigarettes or other tobacco products can text or call the toll-free number 1-800-QUIT-NOW which helps Kentuckians quit using tobacco. 1-800-QUIT-NOW is available to all ages, but the creators of My Life, My Quit say teens told them traditional quit lines geared toward adults did not resonate with them.

My Life, My Quit was designed with the input of young people and employs quit coaches trained in cognitive and psycho-social development. My Life, My Quit was launched in July and Kentucky will be the thirteenth state to offer it.

According to the 2018 Kentucky Incentives for Prevention Survey, nearly one in four of Kentucky’s tenth graders and 14 percent of eighth graders had used an e-cigarette in the last month. Last year, the U.S. Surgeon General and other public health officials began officially referring to youth e-cigarette use as ‘an epidemic.’ E-cigarette companies have been accused of marketing their products toward youth by using sweet flavors and sleek designs that can be hidden from adults easily.

The College of Social Work (CoSW) at the University of Kentucky is being nationally recognized for an innovative program that addresses the complexities of addiction.

Addiction Policy Forum, a leading national nonprofit, recently honored the Kentucky Sobriety Treatment and Recovery Team (START) in its Kentucky Innovations to Address Addictions report.

The soaring population of children entering the state’s care is further straining a system already overwhelmed. The CoSW, through its operation of START, hopes to lessen the Child Protective Services (CPS) burden by addressing the mental health needs of parents and children across the commonwealth.

The program provides continued support by pairing a social worker with a family mentor. Together, these trained specialists help guide families through lasting recovery. The model includes a service delivery system that involves cross-system collaboration across child welfare, behavioral health and the courts, as well as frequent and intense coordinated service delivery in order to help parents provide a stable home.

According to START, women in the program have higher rates of sobriety than their non-START child welfare-involved counterparts (66 percent vs. 36 percent), and children in the program are 50 percent less likely to enter out-of-home placements than children from a matched comparison group.

UK Social Work recognized for addiction solution

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New ED intake system creates vital changes

By Mallory Olson

Overcrowded emergency rooms are a problem plaguing hospitals nationwide. In an environment where every second counts, intervention is needed to reduce wait times and improve patient safety. UK HealthCare is working to effect change.

According to the Centers for Disease Control and Prevention, nearly 146 million Americans visited an emergency room in 2016. A third of them spent between two and four hours in the emergency department (ED). In some cases, patients give up and leave before seeing a doctor.

“Emergency” and “wait” are two words that cannot go together,” said J. Daniel Moore, MD, an associate professor in the Department of Emergency Medicine at the University of Kentucky. “We should not be bringing patients back who are even more sick than they were when they walked through the doors just because they had to sit and wait for an exorbitant amount of time.”

Moore is part of a team at UK HealthCare that has developed a new way to route patients through the system efficiently, implementing a mixture of novel and evidence-based solutions that other institutions have successfully deployed. It has nearly eliminated the number of patients who leave the ED without being seen and is drastically improving patient access to the care they need.

Designing Wait Out of the System

If you walk into the waiting room of the UK Chandler ED today, it’s rare to see more than half a dozen people waiting for care. A few short years ago, the place looked like a busy bus terminal with dozens of crowded people waiting to see a doctor.

The UK HealthCare adult and pediatric ED’s at UK Chandler Hospital have about 90,000 emergency department visits each year with an average of 250 patients every day. Between Chandler and UK Good Samaritan Hospital, UK HealthCare has the busiest ED in the state and among the top 25 percent in the country.

Moore recognized the need for change and worked to implement a redesign of front-end processes, using the department’s own data.

“We were able to predict exactly how many patients per hour were arriving and exactly what resources were needed to match that demand,” he said.

It didn’t take long to see improvements: from the moment patients walk through the door these days, it takes about 27 minutes for them to see a doctor at UK Chandler Hospital. Before the new intake system, the average wait time was more than twice that and even worse during the evening, which is the busiest time of day for emergency departments.

“Since implementing this system we are more efficiently able to identify patients who are safe to go home, creating five million additional minutes per year of functional capacity to treat the sickest patients. That’s huge,” Moore said.

The UK Chandler ED is the one of the first academic hospitals in the country to achieve this level of success.

Moore is seeing an improvement in patient safety as well. Some patients without a family doctor use the ED for their medical needs, which slows the intake system down. Combined with longer lobby wait times, this meant some very sick patients were lost in the crowd and couldn’t get the help they needed fast enough. Today, every patient who walks through the door is seen by a nurse during registration and an attending physician within minutes. If they need immediate care, it’s recognized, and they get it.

The most dramatic change is in the number of patients who leave the ED without being seen.

The national benchmark for the percentage of patients who leave before seeing a doctor is two percent, although the norm is about three percent. UK was running in the 3.5 percent to four percent range before establishing the new patient intake system. Now the hospital is a national best performer with less than 0.3 percent of patients leaving the emergency department without being seen.

How It Works

Moore’s approach is called a Physician Intake Pod with Vertical Split Flow (PIP-VSF). This system requires a front-end team: a pivot nurse, an attending physician, a scribe, two triage nurses, two paramedics and a nursing care tech.

There is also a “vertical treatment space” staffed with two advanced practice providers (APPs), two nurses and a nursing care tech.

Patients are put into the system soon after they walk into the ED. The first person you’ll interact with is a pivot nurse. That helps get the patient back to a doctor faster. Patients brought in by ambulance get their vitals checked and are assigned an acuity level from one to five. The most critical patients are sent straight back for treatment. Patients who are less critical are enter PIP-VSF.

There are two triage rooms in the UK Chandler ED. A registered nurse and doctor assess the patient together before the doctor decides if the patient needs to lie down (horizontal), can stay seated (vertical) or can be discharged. The nurse simultaneously places any orders for bloodwork, radiology and therapeutic interventions while the scribe generates a chart. As a result, a physician can screen up to 10 patients per hour, which is five times greater than the normal productivity of an emergency physician.

— Mallory Olson is with the department of public relations and marketing at the University of Kentucky.

News in Brief continued on page 5
Baptist Health

Mark Bickers, MD, joined Baptist Health Medical Group Family Medicine.

Clark Memorial

Katie Shannon, MD, joined Clark Just for Women.

Lexington Clinic

Mariel Osetinsky, MD, joined the Kentucky Ear, Nose & Throat Associate Practice.

Stites & Harbison

Alisa Micu joined as a member of the Business Litigation Service Group in Louisville.

Chris Holcomb, assistant VP of Behavioral Health Services at Baptist Health Corbin, has been recognized by the National Organization of State Offices of Rural Health as a “Community Star.”

Susan Stone, president, was inducted to the National Academy of Medicine.

Ben Reno-Weber will serve as director of the Future of Work Initiative, a partnership between Louisville Metro and Microsoft.

C2 Strategic Communications

Rachel Nix joined recently and will serve clients in government, transportation, infrastructure, economic development, healthcare and hospitality.

Humana

Jody Bilney, chief consumer officer, plans to retire from her position effective Dec. 31.

Cabinets for Health and Family Services

The Office for Children with Special Health Care Needs named Patricia Purcell, MD, as its new medical director.

Lexington Clinic

David Alexander, MD, joined the Kentucky Ear, Nose & Throat Associate Practice.

Stites & Harbison

Jordan Gilliam joined as a member of the Real Estate & Banking Service Group in Lexington.

Wyatt Tarrant and Combs

Victoria Boland-Fuller has joined the corporate and securities team and will provide support to clients in several industries, including healthcare.

Calesia Henson joined as a member of the Employment Service Group in Louisville.

Carly Phelps joined as a member of the Torts & Insurance Practice Service Group in Louisville.

Lindsay Scott has joined the healthcare team.

Know Someone Who Is On The Move?

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UofL closes on purchase of KentuckyOne’s local assets

The University of Louisville has completed its acquisition of KentuckyOne Health’s Louisville-area portfolio.

The transition of ownership from KentuckyOne’s parent company, CommonSpirit Health, to the university’s UofL Health affiliate was effective Nov. 1. Some 5,500 former KentuckyOne employees joined UofL and UofL Health, which assumed management of the assets.

UofL is acquiring the KentuckyOne assets with the promise of a critical $50 million, 20-year loan from the Kentucky Economic Development Finance Authority. Half of that loan would be forgiven if the university meets certain criteria in terms of employment or service to underserved areas. The Jewish Heritage Fund for Excellence and the Jewish Hospital and St. Mary’s Foundation also are investing in the deal, contributing $10 million and $40 million, respectively.

The purchase includes:
- Jewish Hospital, including the Outpatient Center, Rudd Heart and Lung Center, offices and parking garages
- Frazier Rehabilitation Institute
- Sts. Mary and Elizabeth Hospital
- Our Lady of Peace
- Jewish Hospital Shelbyville
- Jewish Medical Centers East, Northeast, South and Southwest
- Physicians groups affiliated with KentuckyOne

Modified Names

Among the most immediately visible changes will be modified names and signage to reflect the new ownership under UofL Health.

Because the hospitals will no longer be operated as Catholic facilities, the Archdiocese requested that the names of Sts. Mary & Elizabeth Hospital and Our Lady of Peace be changed to no longer reflect a Catholic affiliation. Upon the closing date, they will become UofL Health – Mary & Elizabeth Hospital and UofL Health – Peace Hospital.

Crosses adorning the outside of the buildings will be removed, but the hospitals will maintain their chapels, including the iconic Sky Chapel at Mary & Elizabeth, and many other artifacts that reflect the legacy of the Catholic faith and the rich heritage of the hospitals.

Jewish Hospital and UofL Hospital will become one united hospital with two locations. The two locations will have a unified leadership team and direction to better support and restore the services, research, employees, physicians and programs at Jewish Hospital.

In addition, it will further strengthen UofL Hospital and the teaching and research programs of the UofL School of Medicine located at both locations. The newly unified hospitals will be highlighted through the new name, UofL Hospital – Jewish Campus.

Throughout the rest of the former KentuckyOne Health system, names will be modified as follows:
- UofL Health – Frazier Rehab Institute
- UofL Health – Rudd Heart and Lung Center
- UofL Health – Shelbyville Hospital
- UofL Health – Medical Center Southwest
- UofL Health – Medical Center South (Shepherdsville)
- UofL Health – Medical Center East
- UofL Health – Medical Center Northeast

Stonestreet Farms wins Sage award

Sage Intacct, a provider of financial management services, announced the winners of the 2019 Customer Success Awards at its annual conference, Advantage. The conference, held in October, brings together clients and value-added partners for a week of education on how organizations can maximize their usage of Sage Intacct’s software.

Among the thirteen winners that were announced at the main keynote session was Stonestreet Farms, a client of Dean Dorton. The Sage Intacct Customer Success Awards recognize organizations that have proven a dramatic increase in ROI and business efficiency within their financial operations.

“The Dean Dorton Technology team began working with Stonestreet in early 2018 to plan a replacement of their legacy Microsoft Dynamics GP accounting system,” said Jason Miller, director of Business Services at Dean Dorton. “The key goal of the project was to find a solution that would help automate the organization’s reporting processes, eliminate manual workarounds, and provide custom KPIs to help benchmark crucial business metrics.”

Lexington Clinic partners with Florida Tile

Florida Tile has signed a multi-year population health and provider network agreement with Lexington Clinic.

Florida Tile, Inc. is a manufacturer and distributor of porcelain and ceramic wall tile with corporate headquarters in Lexington, Kentucky. Products are manufactured and distributed from Lawrenceburg, Kentucky.

With this agreement, approximately 664 members will become covered and gain affordable access to all Lexington Clinic offices and associate practices under Lexington Clinic’s population health program. In addition, Lexington Clinic will also provide on-site services in Lawrenceburg manufacturing facility, specifically designed to care for the needs of that population.

Bridgehaven to expand

Louisville-based Bridgehaven Inc., a nonprofit adult psychiatric rehabilitation and recovery center, is expanding and renovating in Old Louisville. Bridgehaven will expand from 8,000 square feet to 12,000 with completion set for August of 2020.

The architect is Louisville-based VBNA Inc., (Voelker Blackburn Niehoff Architects) and the general contractor is Churchill McGee.

Stites & Harbison ranked in 46 practice areas

U.S. News & World Report and Best Lawyers have released their 2020 “Best Law Firms” rankings. Stites & Harbison’s three National Tier 1 rankings include: Litigation – Construction, Litigation – Real Estate and Trademark Law.

The firm’s overall results include 82 metropolitan rankings in seven regions and represent 46 legal practice areas, including healthcare law and medical/malpractice law.

Law firms were evaluated and ranked through a combination of hard data, peer reviews and client assessments. To be eligible for a ranking, a law firm must have at least one lawyer listed in The Best Lawyers in America. This year’s rankings span 75 national and 127 metropolitan legal practice areas.
Kentucky awards new contracts for five managed care organizations

Following a request for proposal (RFP) process and a state procurement procedure through the Finance and Administration Cabinet, the Department for Medicaid Services (DMS) within the Cabinet for Health and Family Services (CHFS) has been notified of five new statewide contract awards for managed care organizations (MCOs).

Aetna Better Health of Kentucky, Humana Health Plan, Inc., Molina Healthcare of Kentucky, UnitedHealthcare DBA UnitedHealthcare Community Plan of Kentucky, and WellCare Health Insurance of Kentucky have been selected to serve Kentucky’s approximately 1.3 million Medicaid beneficiaries beginning July 1, 2020, when the current contracts expire.

New with this procurement, one MCO, WellCare, has been awarded the contract to serve all children in Kentucky’s foster care system, including some children who have been adopted from foster care, as well as children dually committed to the Department of Juvenile Justice (DJJ) system, benefiting approximately 24,000 enrollees. This Medicaid program will be referred to as SKY - Supporting Kentucky Youth - and is a key component of the Commonwealth’s current transformation of the state’s child welfare system.

“SKY will simplify day-to-day interactions with providers, allow for more direct support for staff within the Department for Community Based Services (DCBS), enhance coordinated access to care for children, and most importantly improve health outcomes for our youth in out-of-home care,” said CHFS Secretary Adam Meier.

“Kentucky has made great strides to address these needs and has become a national leader in finding solutions to better serve the foster care population, as demonstrated by our early implementation of the Family First Prevention Services Act (FFPSA) and ongoing Child Welfare Transformation (CWT) initiative,” he continued.

Choosing one MCO to serve all children in foster care will create a unified approach to physical and mental health needs utilizing evidence-based practices and trauma-informed care. SKY will build and sustain access to appropriate services and supports that have been shown to effectively treat trauma and conditions that impact a child’s ability to thrive and live a healthy life.

Further, the change to a single MCO will include training for those who work with Kentucky’s most vulnerable children. Further, in collaboration with DMS, having one MCO will allow DCBS to better monitor performance, working toward promoting positive physical and mental health outcomes, shortening length of time to permanency, and promoting the wellbeing of children.

Over the last three years, CHFS and DMS have met with legislators, providers, payers and other stakeholders to gain feedback on the content of the next generation of MCO contracts. As a result, the new MCO contracts include improvements to performance measures, increase focus on quality care, implement a new population health management program, place an emphasis on social determinants of health, require more transparency for state agencies into all MCO operations, and require a centralized credentialing process for providers.

Passport, Anthem to Protest Decision

Anthem Blue Cross and Blue Shield Medicaid and Passport Health did not get their contracts renewed, the latter of which is being acquired by Evolent Health.

Evolent Health announced plans to purchase 70 percent of Passport in May and the acquisition is still expected to close by the end of 2019.

Passport Health has run the state’s managed care business for more than 20 years, until the state expanded to let other companies bid for the business.

Passport and Anthem will protest the award process. Regardless of the outcome of the protest, Passport will continue to provide Medicaid services to its members under its current contract through June 30, 2020.
UofL receives health research innovations grant

The National Institutes of Health awarded the University of Louisville, University of Kentucky and the Commonwealth Commercialization Center a four-year, $4 million grant.

The Research Evaluation and Commercialization Hub (REACH) grant will help fund a public-private consortium, the Kentucky Network for Innovation & Commercialization – KUNETIC. The new organization will use NIH funding to advance the most promising biomedical research innovations from the state’s eight public universities and the Kentucky Community & Technical College System. Ultimately, its goal is to create startups that commercialize the technologies for public benefit.

KUNETIC, whose founding members will contribute a $2.56 million direct-cost match, will provide guidance and technical resources to advance the technologies toward commercialization. Additionally, KUNETIC will assist in scaling the resulting startups to help tackle some of the biggest health challenges facing the US population, such as cardiovascular disease, diabetes and cancer.

Innovations that KUNETIC will help bring to market may be new pharmaceuticals, therapies, devices and other health-related technologies. Those products could directly intervene in disease processes and conditions individuals suffer, or they may address health disparities like lack of healthcare access in rural areas or populations suffering disproportionate rates of disease and premature death.

As resulting startups move into clinical trials phases, many will rely on the strength of Kentucky’s public hospitals and healthcare systems.

In addition to its statewide approach, KUNETIC will intentionally seek both innovations and entrepreneurs from diverse and underrepresented groups.

Kentucky artist to focus on obesity prevention

Local artist Todd Smith has been named the inaugural Kentucky Artist Innovator in Health (KAIH), an eight-month residency aimed at creating a digital, arts-based intervention for obesity prevention, and focused in Louisville and Jackson, Ky.

The KAIH project is an initiative of the University of Louisville’s Center for Creative Placehealing and Center for Health Organization Transformation, based in the UofL School of Public Health and Information Sciences, along with IDEAS xLab.

Smith is an interdisciplinary artist and educator, and teaches 2D, 3D and digital art at universities in the region. He also is the artist behind Bike Sense Louisville, a public art project that is tracking volunteer cyclists around Louisville, sensing environmental data as they ride and interpreting it into sound on the Big Four Bridge.

A primary component of the KAIH residency is training on the Universal Community Planning Tool (UCPT) developed by the Public Health Department of Garrett County in Maryland. UCPT uses open-source technology to equip communities with sustainable, culturally responsive strategies.

The KAIH Residency is supported by funds from the National Endowment for the Arts; a County Health Rankings & Roadmaps Community Collaborative Learning Fund award; and a State Physical Activity and Nutrition (SPAN) grant from the Centers for Disease Control & Prevention through the Kentucky Cabinet for Health & Family Services.

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Dean Dorton moves to new Lexington office

Dean Dorton, offering audit, tax, technology, and business consulting services in the Southeast, moved its Lexington office from 106 W. Vine St., it’s home for 34 years, into the Lexington Financial Center (Big Blue) effective November 11.

The move was prompted by the need for workspaces to accommodate the firm’s growth. While the location offers continued proximity to Dean Dorton’s clients in equine, higher education, manufacturing, energy, construction, real estate, healthcare and nonprofits, this move best positions the firm to continue to provide world-class client service and further its expansion of cybersecurity services, outsourced accounting services and the firm’s other consulting and advisory practices.

Grant will provide behavioral health services to children

The Kentucky Cabinet for Health and Family Services (CHFS) has received a four-year federal grant of up to $3 million per year to support the behavioral and social health of youth through comprehensive services and community partnerships.

The U.S. Substance Abuse and Mental Health Services Administration (SAMSHA) has awarded CHFS the grant for its System of Care (SOC) with the goal to improve behavioral health outcomes for youth through age 21 who have child welfare involvement and meet certain behavioral health criteria.

For this project, child welfare involved families refers to those whose child abuse and/or neglect investigation has resulted in a substantiation or services needed finding. CHFS Secretary Adam Meier said the grant supports the Cabinet’s mission to enhance the health, safety and well-being of all Kentuckians.

The CHFS Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) will administer the grant with support from CHFS agencies including the Department for Community Based Services, the agency that administers child protective services. The grant start date was Sept. 30, 2019, and matching state funding or cost sharing is required.

Summit works to tackle senior hunger in Kentucky

Kentucky’s Department for Aging and Independent Living (DAIL) within the Cabinet for Health and Family Services (CHFS) had its first Kentucky Senior Hunger Summit in Frankfort recently. The summit focused on finding solutions to the challenges surrounding senior food insecurity.

Nearly five million older adults currently face hunger in the United States. In Kentucky, 16.6 percent of the 60+ population suffer from food insecurity, a 10 percent increase over the last four years.

Currently, the healthcare costs for food insecurity in Kentucky total $854,718,000. And nationally, only two in five seniors eligible for Supplemental Nutrition Assistance Program (SNAP) are enrolled. These members are more likely to suffer from depression, asthma, chest pain, high blood pressure and limited activity.
Russell Cox discusses career trajectory since Humana days

Continued from cover

what that structure should look like? How are we going to infuse information systems, policies and procedures?

BK: How did you apply that learning to your developing career?

RC: So much of what makes organizations successful has everything to do with culture. It’s important to understand how people feel about the work they do and whether they are engaged. Culture exists when you acquire the organization and you should understand why it’s the way it is.

You also must understand that culturally, things can be different from community to community. For example, the culture in south Florida is completely different than Louisville, Kentucky.

I also learned that you must earn credibility. You must make certain you’re communicating, and you cannot communicate too much. You should constantly be telling the story, as well as listening.

BK: Can you talk a bit about the transition from Humana to Norton and how that’s affected your trajectory?

RC: It’s been a great learning experience for me. Humana grew to about 250 hospitals. And then this wonderful thing happened, which was a little bit unsettling, yet very emblematic of the leadership style of Mr. Jones and Mr. Cherry. The company was split in half, and I was given the opportunity to stay on the hospital side.

Carl Pollard, chief operating officer of Humana, became the CEO of this new company that spun out from Humana named Galen. I began working for Rick Scott, who later became president and CEO of Columbia HCA and then governor of Florida and now senator in Florida. I had five business cards in 14 months because of the acquisitions.

When Columbia HCA encountered difficulties in the Louisville market, they divested their facilities. Norton Healthcare, which at that time was Alliant, acquired those facilities. Because of my experience, Steve Williams asked me to work with him.

In my wildest dreams, I never thought that years later I’d become the CEO of Norton Healthcare. I was just happy to be part of a great healthcare organization. Alliant and Norton had such a rich heritage.

BK: It’s interesting that the growth of your career and of Norton Healthcare coincided with the growth of Louisville’s healthcare economy. What is your perspective on how the healthcare economy has grown? What does that mean for Norton and the community?

RC: So much of the community’s healthcare DNA is in Humana. There was a willingness to innovate, without punishing failure, but instead with rewarding the thought process. Humana was growing 200 hospitals. David Jones and Wendell Cherry looked at each other in the mid-eighties and said, “Things are about to change and we have to redefine our organization.”

Their most significant decision affecting the Louisville healthcare economy was to split that company and make it two companies, which turned into four companies because there were spinoffs from the companies that were spun off. We started a bit of a family tree of healthcare in Louisville in the mid-eighties.

Mr. Jones and Mr. Cherry got into the artificial heart business in the 80s. Nobody believed they could go to Utah and talk Dr. DeVries into coming back to Louisville, Kentucky to set up a heart institute. This generated more interest around building Louisville, Kentucky as a place where you could have a good healthcare organization, which has continued to allow us to attract entrepreneurs.

My biggest fear is that we’re not failing enough, which means we’re not trying hard enough to improve.

Listen to the full podcast online at medicalnews.md

HEALTHCARE FELLOWS ENROLLMENT ENDS JAN. 31

The Healthcare Fellows, Louisville’s only executive leadership development program in healthcare, is accepting applications. Healthcare Fellows is a formal executive education program focused on the many business sectors in Louisville’s vast health care ecosystem. Each year 14-24 professionals are selected from around Greater Louisville to participate in the 10-month program. Fellows are challenged to grow in their leadership capacity, increase their health-related knowledge, and expand their professional reach through monthly sessions with community leaders, academics, elected officials, organizational experts, researchers and entrepreneurs.

Passionate and ambitious professionals who do business in Louisville’s healthcare sectors should apply.

The application period is open for the 2020 class until January 31st. To apply or ask questions email David@HealthEnterprisesNetwork.com.
Q&A

ROBERT DIPAOLA, MD
DEAN OF THE UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE AND VICE PRESIDENT OF CLINICAL ACADEMIC AFFAIRS FOR UK HEALTHCARE

The state can’t afford to suffer a long-term shortage of qualified physicians, given that it is simultaneously facing several health crises: the opioid epidemic, high cancer rates, heart disease, tobacco usage, and malnutrition, just to name a few.”

Medical News: What have you done to improve the accessibility, affordability and quality of healthcare in our region?

Robert DiPaola: As the dean of the University of Kentucky College of Medicine, I lead a medical education institution that’s working vigorously to combat its state’s physician shortage and provide greater, more affordable access to quality care.

I have directed the college’s advocacy efforts toward ensuring its learners are fully equipped to treat Kentucky’s sickest patients in order to improve overall health and wellness within the state. To make this possible, I launched a transdisciplinary strategy to strengthen the college’s educational programs, advance transformative research and clinical care, promote diversity and engage communities.

I also have established new educational and research initiatives, which have led to increased in-state presence.

In 2019, 40 percent of residents and fellows trained at UK HealthCare, the clinical enterprise of UK, remained in Kentucky to practice medicine. And with the college welcoming an even larger class this fall – 35 students at a new northern Kentucky Campus, 30 students in Bowling Green, and 138 students in Lexington – there are more opportunities for continued retention to combat the physician shortage.

Medical News: How will the results of this initiative impact the healthcare community?

Robert DiPaola: My focus on issues related to healthcare accessibility is vital to Kentucky. The state can’t afford to suffer a long-term shortage of qualified physicians, given that it is simultaneously facing several health crises: the opioid epidemic, high cancer rates, heart disease, tobacco usage, and malnutrition, just to name a few.

Meanwhile, Kentucky ranked 40th among U.S. states in the number of primary care physicians per 100,000 people in 2016, and data showed the state would need an additional 1,186 primary care physicians by 2025 for these shortages not to worsen.

Success will be measured in the amount of well-trained, highly qualified physicians the UK College of Medicine will add to workforce of the Commonwealth. The college already has witnessed the impact of an increased in-state presence.

Medical News: In what ways will you be able to measure the success of these efforts?

Robert DiPaola: Our goal as physicians is to deliver exceptional care to each of our patients in order to provide personalized treatment and even cures. Over the past year, there have been significant changes in the health care system nationally including the shift to quality-based metrics for payment that have had significant impact across our system and the Commonwealth.

At the College of Medicine and UK HealthCare, we have launched initiatives to further ingrain our mission to deliver high-quality care to each patient. These include the development and implementation of organizational values, continuous quality improvement efforts based on data analysis, infrastructure investment, and the launch of a comprehensive EMR system to provide an even better experience across the continuum of care.

Medical News: What is the biggest challenge your organization will face in the upcoming year?

Robert DiPaola: Since 2016, the College of Medicine has doubled our National Institutes of Health funding, especially in programmatic areas such as cancer, cardiovascular, diabetes and obesity, neuroscience and substance use disorders that will directly impact the health of our state.

To bridge the gap between discovery, translation and implementation, we have developed several initiatives including the Multidisciplinary Value Program, Value for Innovation and Implementation Program, and, most recently, our Alliances initiative.

Each of these programs seeks to address the disparities across the commonwealth as well as the challenge of translation of discoveries to the delivery of care by encouraging the collaboration between scientists and clinicians.

With these activities, we can create positive impact to standards of care.

FAST FACTS

Along with mentoring future physicians and researchers, serves as a board member on the Liaison Committee on Medical Education (LCME) and in this role he will serve as site lead for multiple LCME reaccreditation reviews for medical schools this year.

Enjoys spending time with his wife, three sons and their rescued canine companion.

Is an avid golfer and can often be found on the course caddying for his youngest son during tournaments.

2019 Dean Dorton Physician of the Year MediStar Honoree
There is a growing understanding that to care for a person’s whole health, we must look at environments and social factors.”

Medical News: How have you made a difference in our healthcare community?

London Saunders Roth: As a leader in the Louisville Health Advisory Board for the past five years, I have convened health leaders from over 70 organizations in regular committee meetings focused on improving the health of all Louisville residents. These convenings have spurred collaboration among cross-sector participants, leading to better support of our community’s clinics, pilot projects and city-wide trainings, impacting both the healthcare community in the work they do, and our community members directly.

Through my work on social determinants of health, I am working to improve the healthcare system, making patient care easier for all providers. I have also connected the Health Advisory Board work to Humana’s internal Bold Goal Board of Directors’ work. I have successfully recruited Humana leaders to important community events to demonstrate leadership commitment in the community. Through my Bold Goal Board of Directors’ work, I have maintained a momentum and a linkage of the Bold Goal work to Humana’s overall mission of becoming a company known for improving the health of its members.

look at environments and social factors, responding to them much like we treat clinical gaps in care.

This means taking a look at our processes and determining how we can assess for social needs, connecting individuals to resources to support these needs and understanding utilization of these offerings, something Louisville’s “United Community” initiative (facilitated by Metro United Way) is seeking to offer via a technology platform.

I’ve also observed the physician community rising to the opportunity to address social determinants. This fall, Humana and TEDMED convened a group of 31 physician and community leaders with the purpose of thoughtfully exploring how to improve the health and well-being of Louisville. The convening was designed to develop infrastructure and bring physicians in the community to consensus on the importance of social determinants of health and the selecting on a few key areas of focus. There were some interesting themes that emerged from the conversation, which the group agreed to continue discussing and determine how to tackle.

What is the biggest challenge your organization will face in the upcoming year?

My role at Humana is to lead the organization’s Population Health, or Bold Goal effort in Louisville, by focusing on identifying solutions to specific health conditions and barriers across our city – for both our members and city residents. The biggest challenge I experience is maintaining continuity in an ever-changing environment, sustaining engagement – both internally and externally – amongst competing interests and priorities of key stakeholders.

Collective impact efforts require many different players to change their behavior in order to solve a complex problem. Building and sustainning infrastructure that’s designed to unite key stakeholders towards a common goal is critical, and an outcome of that level of support is continued engagement and growth in the Louisville Health Advisory Board, now entering its fifth year. Our opportunity is to ensure connectedness to other groups, addressing health within our community.

We are proud to have released a tool to drive the connectedness, called “Our Shared Mission: Improving Louisville’s Health” available at LouisvilleCultureofHealth.com.
Medical News: Describe your advocacy efforts and the community you serve.

Gwen Cooper: Hosparus Health has a seat at the table in local, state and national advocacy circles to advocate for the healthcare needs for anyone living with a serious or life limiting illness. Our advocacy includes healthcare regulations, new payment models and healthcare coverage, caregiver and workforce needs and economic development. We engage in extensive dialogue about workforce and economic development to ensure the healthcare professionals we recruit have excellent quality of place where they live.

Medical News: Give one example of results you have seen through your efforts.

Gwen Cooper: In 2019 I successfully lead the charge for Indiana to join the Nurse Compact. The Nurse Licensure Compact, now recognized in 32 states including Kentucky and Indiana is a modern licensure solution. Developed by State Boards of Nursing in 2015, the compact allows for nurses to have one multistate license with the ability to practice in all compact states. Kentucky joined the compact in 2016, we worked for over two years to successfully get Indiana to join the compact. Indiana representative Ed Clere served as our sponsor and he and our Hosparus Health team and coalition partners including Baptist Health Floyd, GLI and One Southern Indiana, worked tirelessly to get the Nurse Compact passed in Indiana.

Medical News: Out of all the things people advocate for, why is this so important?

Gwen Cooper: We have a critical nursing shortage. The Nurse Compact helps maximize workforce availability so there are no gaps in nursing coverage for patients. It also:
- Allows nurses to quickly cross state borders and provide vital services in the event of a disaster.
- Enables nurses to practice in-person or provide tele-nursing services to patients located across the country without having to obtain additional licenses.
- Facilitates tele-nursing and online nursing education.
- Makes practicing across Indiana and Kentucky EASY (and affordable).
- Removes a burdensome expense for dual licensing.

Medical News: What is the biggest challenge your organization will face in the upcoming year?

Gwen Cooper: At the top of my list is always to protect Kentucky’s certificate of need process to prevent over saturation of health services and facilities in the commonwealth.

The healthcare workforce shortage is always on our challenge list. We are thrilled that one of the hospice and palliative care industry’s signature pieces of legislation, the Palliative Care and Hospice Health, Education and Training Act, (H.R. 647) passed the House in October. We are hopeful we’ll get it across the finish line in the Senate in early 2020. And finally, our biggest challenge overall is educating patients and families about the right time to engage with hospice care. We could help families so much earlier if they would just call us sooner.

Next is continual monitoring of mergers and acquisitions as the lines between payers and providers become blurred, reimbursement structures are changing along with profit margins and the number of not-for-profit community organizations continues to diminish.

Medical News: Looking back on the past year, how has the healthcare system changed and what is the medical community doing to adapt?

Gwen Cooper: We are encouraged by the innovation of Centers for Medicare and Medicaid Services to begin addressing healthcare accessibility through the development of new payment models that attempt to pay for value over volume.

However, understanding how these models will work, how providers and payers will collaborate to make sure patients have access to doctors and necessary procedures remains to be seen.

As a provider who has a keen understanding of person-centered interdisciplinary team care for the most complex patients, hospice and palliative care organizations are poised to play an important role in the transfer from fee for service to value based payment models.

The future success of healthcare accessibility will be driven by the largest population- baby boomers-as they age into a world of Medicare and Medicare Advantage Plans and demand high quality care that meets their needs.

On the other end of the spectrum, I’m thrilled that the conversation around social determinants of health is front and center as a measure of potential good health throughout one’s entire life cycle.

What is the biggest challenge your organization will face in the upcoming year?

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**Cheri Levinson, PhD**

**Louisville Center for Eating Disorders and University of Louisville, Department of Psychological & Brain Sciences**

**Q&A**

"Eating disorders are a silent epidemic that are affecting our youth and costing our society millions of dollars, yet little time or money is devoted to prevention, treatment and research to improve treatments."

**Medical News: Describe your advocacy efforts and the community you serve.**

**Cheri Levinson:** Since moving home to Louisville in 2016, I have been working to: a) increase awareness of eating disorders (ED) in our community, b) increase access to care for ED and c) increase education and training for healthcare providers on the recognition and treatment of ED.

When I returned to Louisville there were no ED treatment facilities in the state. I started both the Louisville Center for Eating Disorders, which is a multidisciplinary treatment center for ED and an ED specialty team at the UofL Psychological Services Center, which provides low cost care options.

I have trained hundreds of students, therapists, dietitians and medical providers to treat and recognize ED. I started an ED prevention program on UL campus and assisted with the start of this prevention program on local high schools. I have also worked to educate Congress and state officials on the cost and impairment associated with ED.

**Medical News:** Out of all the things people advocate for, why is this so important?

**Cheri Levinson:** ED impact 10 percent of the population, which translates to 446,800 individuals in Kentucky that are affected and 100,000 individuals in Louisville. Of people with an ED, only 20 percent can access care, even though untreated ED often leads to death and if not death, extreme impairment.

ED are the deadliest of any mental illness, carrying one of the highest mortality rates, only second to opioid use disorders. While ED effect people of all ages, ethnicities and sexes, they generally develop in adolescence, meaning many people we treat are young (12-14-year-old) women, and often these illnesses become chronic.

ED are a silent epidemic that are affecting our youth and costing our society millions of dollars, yet little time or money is devoted to prevention, treatment and research to improve treatments.

**Medical News:** What is the biggest challenge your organization will face in the upcoming year?

**Cheri Levinson:** In the state of Kentucky there is currently no partial hospital program, residential or inpatient level of care for patients with eating disorders (the Louisville Center for Eating Disorders is the only outpatient and intensive outpatient specialty clinic in the state).

Additionally, there is no program in the United States that accepts Kentucky Medicaid for a higher level of care (we accept Passport for intensive outpatient programming).

Our goal for the Louisville Center for Eating Disorders is to work toward closing that treatment gap by opening a partial hospital program by the end of 2020. We are currently in the process of obtaining credentialing and licensure for our program, which is an extremely large amount of work, but will ultimately benefit the community and state.

**Medical News:** Looking back on the past year, how has the healthcare system changed and what is the medical community doing to adapt?

**Cheri Levinson:** We need a healthcare system that is not based on corporate profit and instead is accessible to all individuals regardless of race, socioeconomic status, sexual preference etc. I see daily the struggle for my patients to be able to receive or continue to receive care because of the systemic issues with healthcare and insurance in our country.

For example, I have had countless patients with eating disorders who are no longer covered by insurance because their insurance companies deem them “well enough” despite a medical team of experts trained in eating disorders stating that the patient is not well and is still in need of care.

Unsurprisingly these patients relapse and need to be re-admitted. Essentially, they are caught in a system that cares more about profiting than in helping humans ease their suffering. This system needs to be reworked such that medical decisions are put back into doctors’ hands (not insurance companies).

**Medical News:** Clinical Director of the Louisville Center for Eating Disorders, where she treats clients, and supervises and trains other clinicians and students in evidence-based treatments for eating disorders, as well as advocates for greater awareness of and access to treatment for eating disorders in the state of Kentucky.

**Fast Facts**

- Clinical Director of the Louisville Center for Eating Disorders, where she treats clients, and supervises and trains other clinicians and students in evidence-based treatments for eating disorders, as well as advocates for greater awareness of and access to treatment for eating disorders in the state of Kentucky.

- Works with Project Heal, a nonprofit foundation, which provides treatment grants to individuals with ED who cannot afford treatment and provides a mentoring service to help individuals with ED as they transition out of residential care.

- Mother of two young girls: Sofia (three) and Sloane (six months). Enjoys spending time with family, practicing yoga, hiking and traveling.

2019 Centerstone Healthcare Advocacy MediStar Nominee
Transparency is one of the keys to addressing healthcare quality and cost, and citizens can see the quality of care of their primary care providers in Greater Louisville from our quality reporting work.”

Medical News: How have you made a difference in our healthcare community?

Randa Deaton: The Kentuckiana Health Collaborative (KHC) identified the opioid epidemic as a key issue for our community and recognized the need for employers to become solution partners in addressing the greatest health crisis of our generation.

“
To pave the way for future leaders, I must plant the seeds of possibility early and nourish them to see what sprouts and eventually grows into something as grand as creating a core healthcare measures set in Kentucky or publicly sharing quality and cost data not previously available to the public.”

We convened an expert team to develop best practice recommendations for employers to optimize their healthcare benefits and workplace policies to prevent, treat, and support the recovery for opioid misuse and disorder. We are now convening a cohort of employers that represents 23 percent of the Kentuckians with employer-sponsored insurance.

Together, this cohort will learn from one another how to take these recommendations and implement them back into their businesses. The changes employers can make to prevent the devastating financial, social and health outcomes that this chronic brain disease has on workers and families can make a significant different in the health of our community.

This year, the KHC also participated in the RAND Hospital Price Transparency Study that made national news and compared commercial hospital prices relative to a Medicare. The results were shocking with commercial insurance paying a national average of 241 percent of what Medicare pays for the same services; Kentucky fared better at a relative price of 186 percent. The study sparked a lively conversation around the quality, safety and affordability of hospital services.

The KHC continues to facilitate that dialogue among employers, providers and plans. These conversations seek to help the various stakeholders to create a safe environment for candid dialogue on how we can collaborate to make healthcare more affordable and safer with better health outcomes.

How are you paving the way for future leaders?

Randa Deaton: The KHC staff actively facilitate collaborative solutions to healthcare problems that include the perspectives of all the key stakeholders, including payers, providers, purchasers, policymakers, and patients. Our work is to inspire what is possible if we work together as a community.

To pave the way for future leaders, I must plant the seeds of possibility early and nourish them to see what sprouts and eventually grows into something as grand as creating a core healthcare measures set in Kentucky or publicly sharing quality and cost data not previously available to the public.

Healthcare is slow to change and requires a foundation of trusted relationships and patience by our future leaders to move forward in innovative and collaborative paths forward.

Looking back on the past year, how has the healthcare system changed and what is the medical community doing to adapt?

Randa Deaton: In 2019, healthcare purchasers (employers) have become more engaged in influencing the healthcare system in our community. As a result, there has been greater effort to move the healthcare system toward value-based care. Greater Louisville and Kentucky have been slow to adopt payment reform models aimed at driving improved quality, cost and patient experience. I expect to see greater movement to these new models in our market next year and beyond with healthcare value becoming a key priority for healthcare purchasers.

FAST FACTS

Responsible for building, leading, collaborating, and aligning multiple key healthcare stakeholders to drive innovative and systemic improvements to health status and healthcare delivery.

Executive Committee and Board Member, National Alliance for Healthcare Purchaser Coalitions and Caregiver Representative, Norton Healthcare Patient Advisory Board.

Primary caregiver for her mother for the last ten years.

Enjoys traveling, camping, listening to podcasts, watching movies, debating politics and hanging out with husband, sons, family and friends.

2019 Hospparus Health Leadership in Healthcare MediStar Nominee
Our goal is to set the national standard for using evidence based genetic testing in prevention for these deadly diseases.”

Medical News: How have you made a difference in our healthcare community?

Whitney Jones: My largest impact in our healthcare community is certainly, and most prominently, the mission to increase Kentucky colorectal cancer (CRC) screening rates. A proven, high return public health intervention clearly lacking in our state.

Today, we currently rank 16th best state in the nation, screening 71 percent of the eligible population. The most improved screening rate of any state over the last 15 years!

2009, we passed Kentucky’s first preventative insurance CRC screening coverage mandate.

More importantly in retrospect, we initiated the development of a program to deliver CRC screening access for low income, age and guideline eligible individuals. Eleven years later, we have The Kentucky Colon Cancer Screening Program (KCCSP), a statewide funded safety net CRC screening program delivering low cost screenings to thousands.

Through the Project’s leadership, several other policies passed into law through the legislative process reduce financial barriers to screening and more accurately define the complete screening process. These include coverage of powerful new biotech and DNA based strategies.

What is the biggest challenge your organization will face in the upcoming year?

Despite moving from 49th to 17th rank in the nation for screening the at-risk population, Kentucky remains the number one state in the nation for CRC incidence. We also lead the nation in the incidence of early age onset CRC (EAO CRC) under the age of 50.

These two are undoubtedly linked to both our environment and predispositions based on family/genetic history. We are expanding our messaging beyond the average risk population to try and better identify the ~20 percent with increased family-based risk requiring screening at age 40 or sooner. Goals include:

- First, and with our many statewide partners, pushing broad awareness around the change in screening age from 50 to 45, per our ACS screening guidelines for normal risk individuals.
- Second, disseminate an early messaging package to be delivered statewide to people starting in their 20s.
- Third, we will be partnering with groups across Kentucky to consolidate awareness of and compliance with our nation leading state policies around colon cancer screening coding.

Our goal is to set the national standard for using evidence based genetic testing in prevention for these deadly diseases.

FAST FACTS

In 2003 founded the Colon Cancer Prevention Project, a leading colorectal cancer (CRC) information and advocacy organization focused on innovation and acceleration of evidence-based screening.

Supports St. John Center for the for homeless and the Gravy Cup, the #1 Biscuit and Gravy competition in the United States, for the Boys and Girls Haven.

Enjoys tennis (a former NCAA division 1 tennis player for University of Louisville) and “not so great, but fast” golf.

Enjoys spending time with two sons, hiking, traveling, fossil collecting, reading and working on his Shelby County farm.

2019 Hosparus Health Leadership in Healthcare MediStar Nominee
The KHC is the only multi-stakeholder organization in Kentucky consisting of 65 diverse members. Our membership has a range of initiatives they would like us to work on in the Greater Louisville area and across the commonwealth.

I am working with other health organizations to address the essential needs of housing, transportation and food insecurity to affect health. I assist in planning community forums on relevant healthcare topics to inform and educate our constituents and the community.

Medical News: How have you made a difference in our healthcare community?

Teresa Couts: The UAW-Ford Community Healthcare Initiative and the Kentuckiana Health Collaborative (KHC) has made a difference in our healthcare community. I have created a sustainable funding source to ensure that the KHC’s quality reports are distributed to over 5,000 providers giving them a tool to compare their performance against local and national benchmarks.

TC: The biggest challenge for the KHC in the upcoming year is having the bandwidth to address all the initiatives people would like for us to work on in the Greater Louisville area and across the commonwealth. The KHC is the only multi-stakeholder organization in Kentucky consisting of 65 diverse members. Our membership has a range of initiatives they would like KHC to address.

KHC has existed since 2003 starting with two executives and now has grown to two executives and four employees. To address the challenge of bandwidth the KHC Executive Committee during a strategic planning meeting narrowed the KHC’s focus to address healthcare affordability, mental health and substance use disorder, connecting these initiatives to the social determinants of health.

As some of the largest employers in our region, they are positioned to change the health culture of our entire community. The healthcare system is moving from a volume-based to value-based payment and delivery model.

Social factors and demographics are driving healthcare toward a patient-centered approach that prioritizes prevention. Patient hospital stays have been decreased. There is more focus on outpatient services. Technology advances have driven many of these changes. The physician community is focused on a positive patient experience. As more consumers get engaged in their healthcare, they are looking at physician ratings and what others are saying. Having a good reputation is important to physicians.

The Opioids and the Workplace: An Employer Toolkit for Supporting Prevention, Treatment, and Recovery distributed April 2019 gained national recognition. The toolkit is widely used among employers, governments and nonprofit organization. The Kentucky Chamber of Commerce, State of Alaska, The Cabinet for Health & Family Services Behavioral Health, Developmental and Intellectual Disabilities Division, Michigan Employee Resource Network and Greater Detroit Area Health Council have adopted the toolkit. Presentation of the toolkit at the Kennedy Forum, Rx Summit, KYSHRM, Benefits Forum & Expo and employers both locally and nationally. The toolkit is influencing the opioid crisis in our nation.

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How are you paving the way for future leaders?

TC: KHC has participated in the Presentation of the toolkit at the Kennedy Forum, Rx Summit, Co-Executive Director Kennedy Forum, Rx Summit, Disability Summit, Michigan, The Cabinet for Health & Family Services Behavioral Health, Developmental and Intellectual Disabilities Division, Michigan Employee Resource Network and Greater Detroit Area Health Council have adopted the toolkit. Presentation of the toolkit at the Kennedy Forum, Rx Summit, KYSHRM, Benefits Forum & Expo and employers both locally and nationally. The toolkit is influencing the opioid crisis in our nation.

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Medical News: Describe a specific result driven by your work.

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Looking back on the past year, we’ve seen that although the opioid epidemic and the infants affected by maternal substance use disorder have grown from a regional to a national concern, recent data gives us encouragement that the tide may be turning.”

Medical News: How have you made a difference in our healthcare community?

K. Dawn Forbes: As a practicing neonatologist in Louisville, Kentucky, I took on the problem of neonatal abstinence syndrome (NAS) as its prevalence exponentially increased within our hospital system alongside the rise of maternal substance use disorder (SUD). I was certain we could do more to help these substance-exposed newborns, so I developed a comprehensive program including treatment guidelines, education, parental support and community resources. Our new approach changes the experience of substance-exposed infants and their families and puts them on a path for a more successful future.

In addition, I became involved with one of the largest national addiction treatment centers in the country, Center for Behavioral Health, where I work locally to provide prenatal consultation, education, resources and medication assisted treatment (methadone and buprenorphine) for women with SUD who are pregnant or early parenting.

MN: Please describe a specific result driven by your work.

KF: The guidelines, education and training I developed and provided within my healthcare system significantly improved the outcomes for opioid-exposed infants (OEI) resulting in:

- 73 percent decrease in length of hospital stay.
- 39 percent reduction in the number of infants who require opioid treatment.
- 82 percent decrease in length of treatment with opioid medication.
- 71 percent reduction in cost of patient care.

Recognizing OEI as a national problem that requires a comprehensive solution, I launched NASCEND to develop an innovative educational platform with proven guidelines, supported by scalable technology to impact better outcomes nationally.

NASCEND transforms the experience of substance-exposed infants and their families. Our results are life changing. Infants receiving the NASCEND Continuum of Care are less likely to be admitted to the NICU, need pharmacology, and spend less time in the hospital.

MN: What is the biggest challenge your organization will face in the upcoming year?

KF: Finding the resources to continue to advance our efforts to provide solutions for healthcare providers addressing the needs of opioid-exposed infants and their families.

While much attention and funding has been given to the opioid crisis it hasn’t yet trickled down to the individual hospital level. The care providers are charged with caring for the smallest patients affected by substance use disorder and their families without the needed resources or national standards of care to do so.

We are partnering with hospitals to provide training, education and technology which will universally standardize practices.

FAST FACTS

Founded NASCEND to advance better outcomes for infants and their families through education, training and innovative technology.

As a practicing neonatologist, provides direct care for substance-exposed infants, provides opioid-assisted treatment (OAT), counseling and education for pregnant and parenting women and is the principal investigator for several ongoing research projects.

Served on the board, volunteered with families and served as medical director at ChooseWell Communities, an organization that supports women in recovery and their children through housing, integrative healthy lifestyles programs and other supportive services.

Volunteer at March of Dimes and supports families through the Salvation Army.
The misuse of opioids — including prescription pain relievers, heroin and fentanyl — has become alarmingly common in recent years. According to the Center for Disease Control (CDC), opioid-related deaths surged between 2000-2017, and the National Institute on Drug Abuse estimates that more than 130 people die each day as a result of an overdose. The debilitating effects of the epidemic have become so devastating that the U.S. Department of Health and Human Services declared a public health emergency in 2017.

What role has the dental industry played in the growth of this national epidemic? A recent study published in JAMA Network found that dentists wrote more than 11.4 million opioid prescriptions in the United States alone in 2016, accounting for 22.3 percent of all U.S. dental prescriptions.

Moreover, the National Institute of Dental and Craniofacial Research (NIDCR) found that dentists were the highest opioid prescriber group for patients between the ages of 10 and 19.

Clearly, the dental industry has an obligation to do all it can to help mitigate this crisis. We have a responsibility to our patients to carefully consider the risks and benefits of any medications we prescribe. In recent months, Mortenson Dental Partners (MDP) formed a committee to tackle this important issue.

As a result of the committee’s research and deliberations, Mortenson Dental Partners has three primary initiatives for helping to prevent opioid addiction:

– Standardize the pharmaceuticals lists across all offices.
– Continue to monitor prescribing habits of doctors.
– Support the national effort to reduce narcotic dependencies.

The first of these initiatives will help to provide a more accurate picture of all prescriptions being dispensed by MDP providers. Standardizing the pharmaceuticals lists will allow us to better track all scripts to compare and educate across all regions.

As we closely monitor trends across MDP regions, we are seeing great progress in our efforts to minimize opioid prescriptions. We are happy to report that between 2016 and 2019, the total number of narcotic pills dispensed by MDP providers dropped by 48 percent. Our doctors are also writing 31 percent fewer scripts than in 2016, with the average number of pills per script falling from 16 to 12.

While we are grateful to have made these strides, there is still more work to do. We continue to educate our team and encourage our doctors to prescribe alternatives to opioids, such as nonsteroidal anti-inflammatory analgesics, as the first-line therapy for acute pain management.

We are also mandating that our doctors strictly adhere to CDC guidelines and use the lowest effective dose and quantity whenever they do consider an opioid prescription.

The health and safety of our patients is of utmost importance to the entire team at Mortenson Dental Partners. We are committed to supporting the national effort to reduce narcotic dependencies and doing whatever we can to help end this terrible epidemic.

— Britt Bostick, DDS, is executive vice president and VP of Clinical Affairs at Mortenson Dental Partners.
CONQUERING CANCER IN KENTUCKY

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