By Ben Keeton

The beginning of the year brings new legislative activity in Kentucky and this year will be a busy year in Frankfort. Not only is it a budget year, meaning a longer session and tough negotiations on how Kentucky will spend its money, but a new administration is bringing a different list of priorities. The one thing that is for certain is that this year promises to keep those interested in healthcare policy on their toes.

To get a better understanding of priorities, we asked health advocacy groups as well as provider associations about their priorities for the upcoming year. Here is a brief overview of issues that individuals are watching.

Co-pay Accumulator Adjustment Programs (House Bill 72) - Under House Bill 72, health insurers will count all payments made by patients directly or on their behalf toward their deductibles and overall out-of-pocket costs, unless a generic option is available.

Medicaid Pharmacy Carve Out (Senate Bill 50) - Legislation will be filed to carve out pharmacy benefits and create a single Medicaid prescription drug formulary.

Insulin Co-pay Cap (Senate Bill 69 and Senate Bill 23) - The rising cost of insulin has become highly problematic for diabetics in Kentucky. Senate Bill 69 places a $100 cap on a 30-day supply of insulin, while Senate Bill 23 gives uninsured Kentuckians access to an emergency supply of insulin.

Surprise Medical Bills (House Bill 179) - In emergency situations, patients may receive care from out-of-network providers. Legislation would protect patients from surprise medical bills and ensure more transparency in the insurance system.

Opioid Alternatives - Legislation would require payers to cover non-opioid pain treatment, like physical therapy, massage therapy and acupuncture—which are successful ways of providing pain relief.

E-Cigarette and Vaping Device Excise Tax (House Bill 32) - As of July 21, 2018, the state excise tax on cigarettes in Kentucky is $1.10 per pack. Chewing tobacco, snuff and other tobacco products are taxed at 15 percent of wholesale price. New legislation seeks to impose a 27.5 percent excise tax on e-cigarettes.

Tobacco 21 (Senate Bill 56) - The legal age for buying tobacco products, including e-cigarettes, will be raised from 18 to 21, in concert with the new federal law.

Tobacco Prevention and Cessation Funding - Tobacco companies outspend Kentucky's prevention and cessation efforts. If passed, legislation would raise the level of funding for state tobacco prevention and cessation programs from $2.8 million to $10 million.

Removing Prior Authorization Requirements for Medication Assisted Treatment - Prior authorization policies require patients to get approval from their insurer before they can obtain the treatment or medication prescribed by their healthcare provider. Legislation would remove prior authorization requirements for FDA-approved medication assisted treatment to ensure patients battling substance use disorders receive the treatment they need quickly.

Deceptive advertising - A bill introduced would regulate drug injury advertisements.

If there is a bill or issue that you are following, please let us know and we will add it to our list. You can reach us at ben@medicalnews.md.

KMA’s priorities for physicians in 2020

KMA has been working with members and leadership to develop a list of legislative priorities for 2020 and has focused its efforts in three key areas: public health, public safety and access to care.

People In Brief

New Vista CEO Paul Beatrice announces retirement.

In this issue

Social Determinants of Health

This month we take a closer look at social determinants of health, which are conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Articles begin on page 10
KHC hospitals work to decrease Kentucky lung cancer mortality rates

Kentucky Health Collaborative (KHC) members are working to bridge the gap between high-quality healthcare providers and services and the poor health outcomes of Kentuckians. The executive committee has prioritized the need to reduce lung cancer mortality as the KHC’s first collaborative effort to improving health outcomes in the commonwealth.

The KHC has launched the Lung Cancer Screening, Detection and Treatment Initiative with objectives to diagnose more lung cancer cases in earlier stages of disease, improve access and coordination of treatment and decrease Kentucky’s lung cancer mortality rates.

Key components of this initiative consist of screening and early detection, treatment and retention, improving areas of healthcare policy, data gathering and prevention and awareness.

- Lung cancer is the most common cancer worldwide and kills more Americans than breast, prostate and colon cancer combined. The rate of new lung cancer cases in Kentucky is significantly higher than the national average; ranking Kentucky 51st among all states, including the District of Columbia.
- The use of combustible cigarettes (traditional cigarettes) is the leading cause of lung cancer. In Kentucky, approximately 809,500 adults use combustible cigarettes (approximately 23.4 percent of the adult population).
- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of being diagnosed with lung cancer by 20 percent to 30 percent.
- The CDC reported that in 2016 there were 4,761 cases and 3,328 deaths resulting from lung and bronchus cancers in Kentucky. In 2019, an estimated 3,290 Kentuckians lost their lives to lung cancer.
- A patient’s timing of lung cancer diagnosis and prompt treatment of the disease are critical to their survival. Patients diagnosed at early stages of lung cancer are five times more likely to survive; unfortunately, only 16 percent of lung cancer cases nationally are diagnosed at an early stage. In Kentucky, 18.1 percent of lung cancer cases receive an early diagnosis; 52.5 percent of lung cancer cases are not caught until a late stage; at which time, the five-year survival rate is only 3.2 percent.

These facts serve as a strong reminder that lung cancer awareness and taking preventive measures, such as annual health and cancer screenings, to lower your risk of developing lung cancer are critical to help change the overall course of lung cancer in our communities.

The United States Preventive Services Task Force (USPSTF) recommends an annual screening for lung cancer with low-dose computed tomography (LDCT) for adults aged 55 to 80 years who have a 30 pack-year smoking history or who are currently smoking or have quit within the past 15 years.

Aetna joins United Community

Aetna Better Health of Kentucky Insurance Company, a CVS Health company, has joined United Community, a coordinated network led by Metro United Way and powered by Unite Us.

As part of this collaboration, Aetna Better Health of Kentucky will help grow the United Community network, adding community organizations and social services in the area that are already supporting Medicaid members.

Through this expansion, Aetna Better Health of Kentucky will also be able to better connect its Medicaid members to social service programs to address needs such as housing instability, food insecurity, and employment.

Earlier this year, CVS Health announced “Destination: Health,” a series of business programs with an enhanced focus on addressing social determinants of health. As part of this initiative, CVS Health is collaborating with Unite Us to build and expand coordinated networks of health and social care providers nationally to address the social determinants of health across the country.

Aetna Better Health of Kentucky is the first pilot with Unite Us to launch as part of the “Destination: Health” platform. In 2020, these programs and services will be available to Aetna’s Dual-Eligible Special Needs Plan members (DSNP: people eligible for both Medicaid and Medicare) in Tampa, Florida, and Southeastern Louisiana, and Medicaid Plan members in West Virginia.

Unite Us is a technology company that builds coordinated care networks of health and human service providers. With Unite Us, providers across sectors can send and receive secure referrals, track every person’s total health journey, and report on tangible outcomes across a full range of services in a centralized, cohesive and collaborative ecosystem.

Unified Women’s Healthcare acquires Lucina Health

Unified Women’s Healthcare has acquired the assets of Lucina Health, a company dedicated to improving healthcare for women and babies. Operating within the Unified family as Lucina Analytics, the company supports payors and providers with big data insights and advanced analytics to identify and engage women who may be at risk for adverse outcomes during pregnancy.

The acquisition of Lucina continues to advance Unified’s innovation platform, as the company places important focus on identifying and supporting technologies that positively impact both the quality and affordability of women’s healthcare.

Lucina will integrate into Unified’s business model and will continue its independent operating practices to protect the privacy and data of all parties.

CORRECTION

Because of an editing error in the article Russell Cox discusses career trajectory since Humana days, the picture of Russell Cox, president and CEO of Norton Healthcare, was incorrect. The correct picture is below.

Unified Women’s Healthcare Network bring you HealthConomy, a podcast where the top healthcare leaders in the region share their stories and explore the history of the development of healthcare businesses in the Louisville, Kentucky region.
Humana Foundation investing to address social determinants of health

The Humana Foundation, philanthropic arm of Humana Inc., is investing $7.6 million in eight communities across the southeastern United States to address social determinants of health on a local level, helping more people achieve health equity.

Part of its ongoing Strategic Community Investment Program, the Humana Foundation will create two new investments in New Orleans totaling $1 million and will continue its existing investments with 10 organizations in seven other communities, including expanding its investment in Baton Rouge, La.

Louisville, Ky.-based Family Scholar House will receive an additional $515,000 investment for its HEROES program, expanding existing programs and reaching more individuals, families and senior citizens to assess and address barriers including social isolation, food insecurity and lack of post-secondary educational attainment. Metro United Way will receive $715,000 to continue AcceLOU-rate Savings financial literacy program.

Through partnerships with local organizations and community members, the Humana Foundation’s Strategic Community Investment Program creates measurable results in some of the most common social determinants of health, including post-secondary attainment and sustaining employment, social connectedness, financial asset security and food security.

These investments are in Humana ‘Bold Goal’ communities, places where Humana and The Humana Foundation are working to help people improve their health 20 percent by 2020 and beyond.

SimplyVital Health, Lacuna Health announce partnership

SimplyVital Health (SVH) announced a strategic partnership for helping physicians drive optimal patient outcomes and increase cost savings under Medicare’s Bundled Payments for Care Improvement Advanced (BPCI-A) program.

SVH will serve as the BPCI-A convener for 32 practices of nearly 200 physicians and 3,000 clinical episodes annually. In partnership with Kindred Healthcare’s Lacuna Health, patients will receive a combination of daily check-ins, hospital care transitions support, chronic care management and remote patient monitoring services from a dedicated team of Lacuna Healthcare advocates.

The differentiation in SVH’s approach lies in their view of value-based care as a strategic growth opportunity for physicians and their focus on the accessibility of data, including care coordination data and near real-time financial and clinical estimates of the patient’s care trajectory.

Lacuna Health adds community-based and wrap around care management programs that can be burdensome for physician groups to operationalize, since they are centered outside the office setting and typically involve hiring additional clinical staff. Lacuna Health’s care transitions program helped reduce post-discharge readmissions by 47 percent for a large Florida-based physician group.

The BPCI-A program runs through 2023 and under a total-cost-of-care concept, aims to encourage clinicians to adopt best practices, reduce variation and provide clinically appropriate level of services for patients throughout a clinical episode.

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Cabinet for Health and Family Services

Steven Stack, MD, was named commissioner of the Department for Public Health.

Greater Louisville Inc.

Chief Operating Officer and Chief of Staff Sarah Davasher-Wisdom will succeed president and CEO Kent Oyler.

Hosparus Health

Dustin Dillon, MD, was promoted to senior hospice and palliative medicine physician.

New Vista

Chief Executive Officer Paul Beatrice will retire at the end of 2020.

Signature HealthCare

Adam Mather was selected by Gov. Andy Beshear as the inspector general at the Kentucky Health and Family Services Cabinet.

LG&E

Lonnie Bellar, Chief Operating Officer, was elected chairman of Greater Louisville, Inc.

Sullivan University

Misty Stutz has been named dean of the Sullivan University College of Pharmacy and Health Sciences.

Know Someone Who Is On the Move?

Email sally@igemedia.com
Meet Bethany Cox Snider, MD, Chief Medical Officer at Hosparus Health

Medical News: First, congratulations on being named Emerging Leader in Hospice and Palliative Medicine by the American Academy of Hospice and Palliative Medicine! What does this recognition mean to you?

Bethany Cox Snider: It is honestly quite humbling. I do not see myself as an emerging leader and truly believe I have been blessed by great teams of people who elevate me every day and deserve this recognition. I feel blessed to do this work and am grateful I found this specialty.

MN: How did you begin your career in healthcare?

BCS: I always knew I wanted to be a physician but didn’t find my path to hospice and palliative medicine until residency. I was caring for very sick patients in the intensive care unit and pondered if our care was always what they wanted. I sought out family conversations and difficult discussions to better clarify those questions in my mind. I was fortunate to have an attending see that passion within me and recommended I explore palliative care. I never turned back and am passionate about the work we do every day.

Leadership was never on my road map, but I found my way to it very naturally and enjoy being able to impact care for our whole community in hopes of enhancing the quality of life for everyone, while continuing to empower families to choose the care that enhances their quality of life.

MN: Who do you look to as a mentor?

BCS: Dr. Joe Rotella is my mentor and paved the way for me. He is calm and thoughtful and believes in the value of the team and the importance of investing in his people. He continues to invest in my growth and development and always provides wise counsel. He always looks for joy in his life and that has been a good lesson for me as I seek joy and gratitude while trying to show grace.

MN: What are your goals while at Hosparus for the next few years?

BCS: This is a pivotal time for our industry as the future of hospice and palliative medicine in the community setting is evolving. Over the next two years, we must continue to elevate our expertise and quality of care to ensure our communities receive the highest quality of care during such a vulnerable time. We also must continue to innovate and look for ways to serve our patients and families sooner.

It saddens me that most of our patients are on hospice care for two weeks or less, when they are entitled to six months or more. We have developed new programs outside of hospice to fill a gap in our communities when facing serious illness to improve access to hospice, lengths of stay on hospice and help people live their best lives in their home.

My purpose is to empower families to choose the care that enhances their quality of life and that starts with education to our communities and will require a grassroots effort to change perspectives on hospice care.

MN: What advice would you give to someone interested in a career in your field?

BCS: I would encourage anyone who is unsure of what we do, to look and reach out. I had no concept of this specialty until I spent some time with an agency in residency. We have ample time to care for patients and get to meet them in their homes. This shines a light on their circumstances and challenges and provides us with insight as to what matters most for them. It is such meaningful work and is rewarding every day. It also teaches you to be grateful for your own blessings.

If anyone is even considering this field, please reach out! I would love to show them the beauty of what we do and how there can be a different way for caring for these patients.

MN: If you had to choose a different career what would it be?

BCS: That’s easy. Piano teacher.

MN: What is your most significant accomplishment?

BCS: My two children. They are my life’s greatest blessing and accomplishment. I was amazed at what that whole journey involved and do not take for granted those two precious gifts. My family is what matters most to me and what I am so proud of each day.

FAST FACTS

HOMETOWN: Owensboro, Ky., but currently lives in Taylorsville

FAMILY: Husband John and our children, John Mark (3 years old) and Elizabeth Jean (9 months)

HOBBIES: I am an avid UK fan and spend much time going to basketball and football games. Music is also a lifelong hobby of mine and I sing and play the piano on a regular basis.

CURRENTLY READING: Reading through Daniel and Acts in the Bible and recently started Service Fanatics by Dr. James Merlino of the Cleveland Clinic.

FAVORITE VACATION SPOT: My favorite trip was to Italy. I love the beauty and history of the old city amid all things new.

HOBBIES: I am an avid UK fan and spend much time going to basketball and football games. Music is also a lifelong hobby of mine and I sing and play the piano on a regular basis.

CONTACT SNIDER

Correction, Sally@igemedia.com

WRITE FOR MEDICAL NEWS

We are seeking experts in the behavioral health field to share knowledge with our readers in the April issue.

Contact sally@igemedia.com for more information.
Kentucky Rural Health Association Legislative Day
Time: 9 am to 1 pm
Location: State Capitol Annex Building, 113, Frankfort, Ky. 40601
Info: Inspiring leaders to make a difference. Senator Ralph Alvarado and Rep. Kimberly Poore Moser to speak. kyrha.org

KMA Physicians’ Day at the Capitol
Time: 8:30 am to 3 pm
Location: State Capitol Annex Building, 700 Capitol Ave., Frankfort, Ky. 40601

Triage Cancer Intensive for Health Care Professionals
Time: 8:30 am to noon
Location: UK HealthCare – Turfland 2195 Harrodsburg Rd., Lexington, Ky. 40504 (Room 1307)

GLI Advocacy Day
Time: 7:30 am to 2 pm
Location: State Capitol Annex Building, Room 125, Frankfort, Ky. 40601
Info: Key opportunities to network with state lawmakers, administration officials, and business leaders; get the inside scoop on the 2020 session as legislators craft a budget; advocate for the business community’s top legislative priorities; individualized meetings with policymakers and legislators. This is a GLI member only event. Greaterlouisville.com

American Heart Association Kentucky Advocacy Day
Time: 8:30 am to 12:30 pm
Location: State Capitol Building, 700 Capital Ave., Frankfort, Ky. 40601

Kentucky Hospital Association Day at the Legislature
Time: 8 am to 5 pm
Info: Contact Ashley Peterson at aperterson@kyha.com.

Minority Pre-Health Symposium
Time: 8:30 am to 5 pm
Location: UofL Health Science Campus, 580 S. Preston St., Louisville, Ky. 40202

Tomorrow’s Talent: AI & the Future of Work
Time: 8:30 am to 4 pm
Location: Kentucky International Convention Center, 221 S. 4th St., Louisville, Ky. 40202
Info: Learn how AI is shaping the future of work and education in the Louisville region.

Practicing Health Equity in Kentucky
Time: 11 am to noon
Info: A webinar covering health equity, equity frameworks and dialogue with two Kentucky-based health practitioners. healthy-ky.org/events

Healthcare Financial Management Association Annual Institute
Time: 8 am to 5 pm
Location: Marriott Louisville East, 1903 Embassy Square Blvd., Louisville, Ky. 40299
Info: hfmaky.org

Employer Opioid Cohort
Info: Together, employers will learn from experts how to optimize their healthcare benefits, data analytics and workplace policies to address the opioid epidemic. Contact Natalie Middaugh at nmiddaugh@khcollaborative.org to join.

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HAVE AN EVENT FOR OUR PRINT OR ENEWS CALENDAR?
Email news@igmedia.com
Center for Health Equity Transformation seeks to improve health of Kentuckians

By Alicia Gregory

People in Kentucky experience some of the highest rates of cancer, cardiovascular disease, substance use, diabetes and obesity in the nation. These health disparities are the focus of work inside the Healthy Kentucky Research Building (HKRB), UK’s newest research facility.

The burden of these health inequities falls heavily on rural, minority and socioeconomically disadvantaged populations. Through research and training, the Center for Health Equity Transformation, many of whose faculty are housed within HKRB, seeks to improve the health of the most vulnerable residents of Kentucky and beyond.

Nancy Schoenberg, Center for Health Equity Transformation (CHET) director, said the center’s mission is to address health disparities in Kentucky with a focus on making sure all populations can enjoy the benefits of evidence-based prevention, early detection and optimal treatment.

Sonja Feist-Price, vice president for institutional diversity, explained, “Equity is critically important because it recognizes that we are attuning to the needs of diverse populations, based upon the social, cultural, psychological kinds of issues that limit their ability to maximize their quality of life and their healthcare.”

“We could come up with the greatest new therapy we could imagine, but yet if it’s not accessible or useable or understandable to a particular community it’s not going to be very effective,” said Robert DiPaola, MD, dean of the UK College of Medicine. “It’s our responsibility to team up to address these health inequities.”

With seven primary faculty, 15 core faculty and more than 140 faculty affiliates across UK, CHET researchers are partnering on a wide range of health equity-focused projects. One of these researchers, Shyanika Rose, an assistant professor who came to UK in July 2019 from a national nonprofit tobacco advocacy group, studies tobacco marketing.

Rose noted that menthol cigarettes have been disproportionately marketed to African Americans, to the point that almost 90 percent of African American smokers smoke a menthol cigarette. Menthol has been associated with more difficulty quitting and more progression to regular use.

She said, “When you think about marketing a flavored product that may be more appealing to a community that may be already more disadvantaged, you really start to see how unfair that is and how we really should be putting a bright spotlight on that and figuring out ways to use policy or interventions to reduce that impact.”

The center is also creating a pipeline to train the next generation of health equity researchers. The Students Participating as Ambassadors for Research in Kentucky (SPARK) program for undergraduates provides mentorship and trains students to design and conduct applied research projects.

— Alicia Gregory is with the University of Kentucky.
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Priorities for physicians in 2020

Public health, safety and access to care are the focus.

By R. Brent Wright, MD

The 2020 session of the Kentucky General Assembly kicked off on January 7. As with all even-numbered years, this session will last for 60 days and legislators will need to pass a two-year budget. While that certainly makes for a lot of ground to be covered, the Kentucky Medical Association (KMA) is prepared to be a leader in these discussions to ensure the voices of physicians and patients are heard in 2020.

KMA has been working for months with members and leadership to develop a list of legislative priorities for 2020 and has focused its efforts in three key areas: public health, public safety and access to care.

Public Health: In recent years, KMA has established a robust public health agenda, with emphasis on key issues impacting Kentuckians. During the 2020 session, KMA will seek the removal of prior authorization requirements for medication-assisted treatment (MAT) and ask that payers be required to cover non-opioid pain treatment such as physical therapy, massage therapy and acupuncture as an alternative to opioids.

Tobacco will also remain a focus, with support for an e-cigarette/vaping excise tax, legislation that would raise the legal sale of tobacco products to 21 years of age, and support for raising the level of funding for state tobacco prevention and cessation programs.

Public Safety: KMA will also seek to protect the patients of the commonwealth from deceptive drug injury advertisements through several new regulations, as well as require that vision testing become part of the driver’s licensing renewal process to reduce automobile accidents.

Access to Care: If Congress fails to act on federal surprise billing legislation, the issue may return to the states for action. KMA has been very active on the state and federal level regarding this issue and will continue such efforts to avoid having a government-mandated rate set for out-of-network services.

KMA advocated for and helped pass legislation, Senate Bill 89, that today provides comprehensive smoking cessation coverage through insurance to Kentuckians.

KMA will also advocate for legislation that would prohibit payers from enacting co-pay accumulator policies that do not count third-party financial assistance (such as co-pay cards) toward a patient’s out-of-pocket expenses, as well as support a cap on co-pays for insulin.

KMA will also be advocating for change through a new web site designed for physicians and patients to provide feedback on challenges and roadblocks they experience firsthand in providing or receiving healthcare.

AIMforBetterCare.com serves as a platform for both patients and physicians to share their stories of cost increases, delays and denials. KMA will then use these narratives to assist in advocacy and education efforts to improve upon or eliminate such issues.

AIMforBetterCare.com is particularly interested in stories from individuals suffering from some of the state’s most pressing health issues, which include obesity, smoking, drug abuse, diabetes and flu/pneumonia. These are the five areas where Kentuckians fall behind the rest of the nation, and KMA sees this as an opportunity to improve public health through a combination of legislation, policy changes and greater awareness.

The AIM for Better Care initiative was launched in 2017 after it was brought to the attention of KMA by member physicians and patients that cessation services for tobacco were not covered under all insurance plans. KMA advocated for and helped pass legislation, Senate Bill 89, that today provides comprehensive smoking cessation coverage through insurance to Kentuckians.

Membership-driven grassroots advocacy will of course be essential to achieving this success. KMA will host its annual Physicians’ Day at the Capitol on February 6, 2020, and physicians are encouraged to attend, engage their legislators and educate them about these and other issues that are important to physicians.

As always, several impactful healthcare-related issues will be discussed, debated and voted on during the 2020 session. KMA will be there— as the voice for physicians and their patients—to advocate for policies that promote quality, public health and safety and the practice of medicine.

—R. Brent Wright, MD, is president of the Kentucky Medical Association (2019–2020).
By Sara Stevenson

With a focus on improving health outcomes in the communities it serves, Humana is in lockstep with medical, policy and grassroots professionals addressing social determinants of health. At the forefront of Humana’s work is research and understanding of loneliness.

Loneliness is the quality of relationships within a person’s network and their sense of belonging and social support. Loneliness is also a social determinant of health most of the population will experience at some point during their lives.

Even if other social determinants, such as food insecurity, safe housing and transportation are met, loneliness may be a concern and often manifests itself both mentally and physically. Loneliness and social isolation have been associated with worsening health-related quality of life (HRQOL), increased mortality and other poor health outcomes.

By identifying individuals at risk for loneliness and related outcomes, the healthcare system can better predict their healthcare needs and establish appropriate preventive and intervention strategies to improve their health.

**Bold Goal**

Humana decided several years ago to create a Bold Goal: a population health strategy to improve the clinical and social health outcomes of its members. To quantify our progress, we use the U.S. Centers for Disease Control and Prevention (CDC) assessment tool, Healthy Days, to measure the mentally and physically unhealthy days of individuals over a 30-day period.

Due to our active involvement and partnerships within Humana’s Bold Goal communities, we have seen a 2.7 percent reduction in unhealthy days since 2015.

Through this effort, in chosen markets where Humana sees opportunities to address social determinants and health-related social needs, we’re working with nonprofit organizations, business and government leaders as well as healthcare professionals to identify, screen and refer members to community resources and long-term support. By using data, technology and evidence-based solutions, we’re able to connect, learn and make health improvements easier and more attainable.

Much of the early work conducted by the Bold Goal, Office of Population Health, focused on how to identify Medicare Advantage (MA) members who are lonely as well as understand

“Loneliness and social isolation have been associated with worsening health-related quality of life (HRQOL), increased mortality and other poor health outcomes.”

**Continued on page 11**
their drivers of loneliness. After evaluating validated tools, our team chose
the three-item University of California, Los
Angeles Loneliness Scale.
We then screened a sample size of
MA members to assess their loneliness.
These results, combined with demo-
graphic and claims data, allowed our
Clinical Data Science team to build a
predictive analytic model. As a result,
we can better understand the risk of all
MA members experiencing loneliness
and tailor programs and benefits to bet-
ter meet their specific needs.
Furthermore, our Humana Health-
care Research team completed a 2018
cross-sectional, observational study us-
ing 12 months of administrative claims
data and consumer data of MA members.
The research found that:
- Individuals predicted to be lonely
also reported higher numbers of
unhealthy days across multiple
chronic conditions.
- Individuals with behavioral health
conditions had a higher prevalence
of predicted loneliness and poorer
quality of life compared to those
with other conditions.
The intertwining of loneliness and
health outcomes makes it imperative for
clinicians and social interventionists to
recognize the signs and provide support
where needed.

**Resources**
If you’re new to learning about the
social determinants of health space or
would like to begin a screening program
within your practice or clinics, Humana
has resources for you.

Find our Physician Quick Guide,
which elaborates on screening for lone-
liness, at PopulationHealth.Humana.com,
where you’ll also find additional informa-
tion on the Bold Goal and what partner
communities nationwide are doing with
Humana. Also available for download is
an extensive toolkit with additional in-
formation on screening and a consumer
one-pager for your patients.

Around the nation, we are working
with our partners to create meaningful
pilots that can be scaled as proven and
appropriate. One of our most recent en-
deavors was with Papa Inc. to connect
college students, known as Papa Pals, to
seniors who were at risk for loneliness
to provide companionship, assistance
with house chores, technology lessons
and other senior services. It helped us
understand that engagement could re-
duce loneliness and Unhealthy Days.

Humana is a part of the Louisville
Health Advisory Board and we wel-
come your input. Find out more about
the board, its participants and efforts
at louisvillecultureofhealth.com/louisville-
health-advisory-board.

— Sara Stevenson is the Population
Health Strategy Lead at Humana.
A day in the life at FHC-Phoenix homeless clinic

Teresa Casey describes what it’s like caring for the most vulnerable in our society.

By Sally McMahon

Since 1988, Family Health Centers (FHC) has operated a Health Care for the Homeless Clinic in the Louisville Metro region. Centrally located near downtown Louisville and close to the city’s homeless shelters, FHC-Phoenix services more than 4,500 homeless adults and children each year.

We recently talked with Teresa (Terry) Casey, APRN, who has worked at FHC-Phoenix for three years, about what her days are like caring for the most vulnerable in our society. Below are the highlights.

Medical News: What is a typical day like for you at FHC-Phoenix?

Teresa Casey: The door opens at 7:15 to begin scheduling and registering patients. Many of the patients are overflow (walk-ins) so they come early to try to obtain an appointment when someone doesn’t show or there is an empty place in someone’s schedule, which is rare.

I practice primarily in outreach, which means I go to various outside sites such as the Jefferson Street Baptist Community at Liberty where I can engage people who are there for breakfast. I hold clinic and provide medical care sending people to Phoenix for labs, treatments and to get medicine. I work with an outreach worker who can assist with social service needs.

No one is pre-scheduled. It is all on a first come, first served basis. On a typical day I will see six to eight people in about two hours (maximum is about 11-12 people), but I will see as many people as possible before the doors close and I move to another site. The outreach sites are pre-arranged so that people know where and when they can access care.

I also visit individuals who are in emergency medical respite beds at a local shelter. These are people who have been in the hospital or are very sick and need to be off the street and not in a general shelter environment to heal. They must be able to take care of themselves as there is not full-time medical care provided.

On a typical day FHC-Phoenix will process 100 or more individuals in various capacities. We provide primary care, mental healthcare, dental, lab, outreach and social services for housing and other needs, obtaining health insurance and screening TB tests (which are necessary for people to stay in shelters or to go into day programs).

MN: What are a few of the challenges you face while in the exam room with patients?

TC: Working with homeless individuals presents various challenges. Obviously the greatest of these is the social and environmental factors that precipitate and accompany medical problems, whether chronic or acute. The other major issue is mental health problems and addictions that co-exist or are exacerbated by homelessness, inconsistency in care and access to care.

Our population is generally middle-aged or older so many people have multiple chronic and uncontrolled health conditions which can be difficult to manage medically. It is very common for medications to be lost or stolen. It is also common for specialty appointments or follow-up appointments to be missed.

Homelessness causes people to live in the moment, which is often chaotic. Their focus is finding shelter, food, missing papers (i.e. ID, social security, birth certificate) so they can work or get assistance. Therefore, being consistent with medical care, follow up and preventive care for many is not a priority.

As a medical care provider, I try to address as many problems and accomplish as much as I can in the short time allotted for a visit because routine follow-up is not always reality. I try to engage people where they are, not only meeting the basic needs but educating them regarding their health problems and preventive care needs and connecting them with needed services.

Helping a person manage diabetes is also understanding where they live, their mental health problems, their previous experiences and why they may or may not be able to do what is needed for self-care. I try to empower them in some way to take control of their health.

Another challenge is scheduling. It is not uncommon for people to leave or not show for appointments. They forget, get temporary work, end up too far out of the area to get back for medical care or the need to tend to other things outweighs their need to attend to their health. What
is anticipated when the day starts is not generally how one finishes.

**MN:** How can the healthcare community better address these challenges?

**TC:** It would be great if we could have more Phoenix medical sites—either physical or outreach. There are people who have moved to other areas of the city due to the disbanding of camps and are not accessing medical care due to the travel distance and lack of transportation or bus fare.

People who are in poverty or homeless can go to other medical practices but there is not a good understanding of the reality of people’s existence and the challenges are difficult to address without a large social service network.

**MN:** What are you most proud of in your work?

**TC:** I am proud that I work for a healthcare community, FHC, that truly understands the challenges faced by our patients and those of us providing care. The administration is supportive and empathetic because they were clinicians first, have practiced in our care delivery environment and because they also are very committed to FHC and the larger community we serve.

I am proud that I have a full spectrum team of individuals—medical, pharmacy, dental, outreach, housing, peer support—who support me in my practice and provide a safety net for our patients. I could not accomplish my work without each person on the team who contributes their skill and compassion. I think collectively we all gain satisfaction in making a difference in someone’s well-being, be it physically, mentally or environmentally.

**MN:** Are you using resources such as PRAPARE or United Community?

**TC:** At FHC-Phoenix we use a different social assessments tool for the homeless, called the Common Assessment/HMIS assessments and it is incorporated in the electronic health record. I am aware of United Community through the United Way, and I know that FHC is collaborating with them to accomplish mutual goals of connecting people to local resources.

From my perspective, much of the community work is accomplished with our partners such as the Coalition for the Homeless and other venues that meet regularly for the purpose of sharing and managing information and resources specific to the homeless.

**MN:** How does FHC-Phoenix’s Rx Housing Program fit in with your work?

**TC:** At FHC-Phoenix, we believe that housing is healthcare for our patients. People cannot take care of themselves if they do not have a secure environment. When you spend your day trying to stay warm or cool, get a meal, be safe (a very big concern), look for a job or recover from a health crisis, you cannot be productive.

It is difficult to get a job if you don’t have a place to get clean, keep clothes, don’t have transportation or a phone. Having a place that you can feel safe, keep clean clothes, get a warm shower and sleep without being hyper-vigilant is the first step to helping people become productive and healthier in all ways.

I hear from so many individuals “when I get housed” how they will be able to manage their lives in a different way. People who are homeless often have income, jobs, a productive past, until an illness or lack of ability to afford housing has caused their situation.

The Rx Housing program combines housing vouchers with support services such as case management, substance and mental health treatment services, to help keep people in their homes.

However, in order to address the social and medical problems of homelessness, the shortage of affordable housing and prioritize housing as the first step in solving the crisis needs to be addressed.

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Health insurance literacy is defined as an individual’s ability to understand, purchase and use health insurance to access timely and appropriate care.”

The K-HILT training was developed on Kentucky Train’s online platform in collaboration with and through the help of several organizations including the Kentucky Association of Community Health Workers, Kentucky Voices for Health, Family Health Centers and the University of Louisville School of Public Health. The online platform promotes accessibility for outreach workers in hard-to-reach and low-resource communities.

“For me, health insurance literacy is just very complicated because we have an uneducated population and it is very much something we deal with here,” said one community healthcare worker who serves four counties in the Appalachian region. “We’ve had a lot of changes [in state policies]. We’re still working with people who don’t know expanded Medicaid is an option. We’re still having to do education on that. There’s such an information deficit. As far as how to educate the public on these big picture things, I think you need more people like us.”

—Hilary Brown is with the University of Kentucky.

Program empowers Kentuckians to take control of their health

By Hilary Brown

When Jean Edward, PhD, assistant professor in the University of Kentucky College of Nursing, first started her research into disparities in healthcare access in the Hispanic and Latino population in Louisville, she was looking into not only how people accessed healthcare, but why some people had access while others didn’t. She found many contributing factors, but one stood out above the rest—how can people access healthcare if they don’t understand health insurance?

“People don’t understand health insurance,” said Edward. “And if they don’t understand health insurance, they’re less likely to use it to access the healthcare they need. And they’re less likely to adhere to their treatment plan, and that’s a problem for us as a healthcare system.”

Health Literacy

Health insurance literacy is defined as an individual’s ability to understand, purchase and use health insurance to access timely and appropriate care. According to Edward’s research, 51 percent of Americans have inadequate knowledge of basic health insurance terms such as deductible, premium and copay.

In addition, 48 percent have low confidence in using their insurance to access care. With the constant changes in healthcare reform policies and the complexities of Medicare and Medicaid systems, people don’t know what they are eligible for, how to sign up for a plan or how to use it once they do.

“There is an increased burden of understanding health insurance that is placed on the consumer,” said Edward. “You want people to be empowered to make their own healthcare decisions, but it isn’t fair or even reasonable to ask consumers to stay updated on a health system that is in constant flux and riddled with issues. So, either we fix these issues and simplify our health systems, or we provide access to resources, such as information intermediaries who can help consumers learn and adapt to these changes.”

In her research, Edward also found that more than 60 percent of Americans didn’t know their out of pocket healthcare costs and were unsure about their health insurance deductible amounts.

If a person gets health insurance from their employer, they may not fully understand their options or what the plan would cover. Often, they will pick the least expensive option, prioritizing their financial situation over their health.

“Consumers usually think, ‘I’m healthy. I don’t know what this stuff means, so I’m going to sign up for the cheapest option,’ said Edward. “But there may be factors they don’t consider or don’t understand such as what exactly is covered, how much they will pay out-of-pocket before their plan kicks in or whether their provider is in their network. They assume because they are insured, they’re covered. And that’s when surprise billing hits and they get these unexpected bills.”

K-HILT

To help address consumer health insurance literacy, Edward and her colleagues launched the Kentucky Health Insurance Literacy Training (K-HILT), a training program for community health workers and other public health workers to learn the minutiae of different health insurance policies, and how to assist consumers with understanding and using their health insurance.

The courses are offered through Kentucky TRAIN, a free education site dedicated to promoting and improving public health. After completing the training, health workers then take the information learned back to their communities to provide health insurance assistance. The focus has been on Appalachian communities, which have some of the highest levels of health disparities in the country.

“We have community health workers, social workers and patient navigators who serve as information intermediaries, or a type of liaison between the healthcare system and the consumer,” said Edward. “You can’t just walk into these communities, especially in rural Appalachian regions; you have to have strong, trusting relationships. If you’re an insider, like many of these outreach workers are, you will be welcomed. We’re tapping into these individuals as resources and providing them with the skills and information necessary to assist their communities in accessing health insurance coverage and improving health outcomes.”

The first K-HILT training session was conducted in-person and on a trial basis with 31 outreach workers. Before the session began, they were quizzed on their health insurance literacy, knowledge and behaviors related to assisting consumers, and awareness of healthcare reform policies. At the conclusion of the session, they were surveyed again, showing a substantial increase in knowledge and confidence in understanding federal and state healthcare reform policies.

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The K-HILT training was
Implicit bias in healthcare
Uneven access, poor quality, nonexistent care experienced by racial minorities.

By Sally McMahon

In addition to focusing on social determinants of health, we are also exploring implicit bias within the healthcare system. We talked to Aja Barber from the Center for Health Equity to learn more about implicit bias and how it impacts healthcare professionals' relationships with patients. Below are the highlights.

Medical News: What is implicit bias?

Aja Barber: Biases are predeterminations and evaluations of one group in relationship to another that upholds artificial group power dynamics of inferiority or superiority. And, because power also shifts along the various characteristics of our identity, these biases have multiple intersections including race, class, disability, body size, sexual orientation, gender identity, and more.

However, it is not the identity that causes inequity but the ongoing collective misunderstanding about bias coupled with the desire by some to maintain dominance and its material advantages over these identities. For those of us who grew up in the United States, we have all been conditioned to carry and express biases – both implicitly and explicitly.

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Across the country, healthcare practitioners recognize that their feelings, beliefs, and attitudes about others can negatively impact the care of patients.

Explicit biases are easier to identify as they are expressed directly while implicit biases are expressed indirectly and are more often seen through the impact of our decisions, rather than the intention. Implicit biases feel inherent to our culture but are actually conditioned by our experiences with the tangible and intangible realities of inequity. These biases become implicit and embedded deeper in our culture without healthy, collective conversation about transforming bias towards equity.

Medical News: How does it affect the relationship between healthcare providers and patients?

Aja Barber: Implicit biases can impact the healthcare system in several ways. Below are just a couple of examples:

- Implicit biases are most well-known for impacting the treatment of patients by healthcare professionals. For example, Black, American Indian and Alaska Native women are two to three times more likely to die from pregnancy related causes than white women. Other patients discriminated against are those with chronic illness or other disabilities, queer and/or trans patients and larger size patients. Identifying and addressing implicit bias in healthcare will improve patient-provider interactions, communications and health outcomes.

- The implicit biases individuals hold are impacted by experiences with their surrounding community. One such experience is the way healthcare is designed and implemented. For example, the curriculum which trains healthcare professionals are biased in ways that prevent people from a robust learning about bodies that are not white and male as well as care practices that extend beyond western European practices. Other examples of bias in the healthcare field include the difference in perception of value for healthcare workers. Consider the difference in your mind between doctors, nurses, techs and janitorial crews—all of whom are vitally important to a safe, sanitary healthcare experience but experience the material realities of being valued very differently.

Medical News: Are there any initiatives in Louisville to educate the healthcare community on implicit bias?

Aja Barber: Because of the way biases are embedded into our culture, the impact they have on our decision making is a fast skill that our brains have developed. Building an alternate skill to interrupt these biases in our daily lives requires significant individual and collective unlearning.

One such resource for groups is the opportunity to receive implicit bias training. Several entities across Jefferson County provide training on implicit bias and/or advancing equity, including the Louisville Metro Department of Public Health and Wellness. The Center for Health Equity (CHE) is an office within the Louisville Metro Department of Public Health and Wellness. We work to achieve health equity by examining power and its impact on our institutions and interpersonal relationships.
Dean Dorton named one of top tax firms

Dean Dorton was listed by Forbes as one of America’s top recommended firms for tax and accounting services in the United States.

In December of 2019, Forbes released its list of the top recommended firms for tax and accounting services across America. The list included 227 firms, which included some of the largest and smallest firms in the country. Dean Dorton is the only Kentucky-based firm to make the list.

Stites & Harbison recognized in BTI Client Service A-Team 2020

BTI Consulting Group recently selected Stites & Harbison, PLLC as a standout in two key areas: investing in client relationships and client-facing communication in the prestigious BTI Client Service A-Team 2020: Survey of Law Firm Client Service Performance.

In-depth interviews with more than 350 corporate counsel at Global 500 and Fortune 1000 companies were conducted by BTI for the 2020 results. BTI’s Client Service A-Team is regarded as “the gold standard to assess how law firms honestly stack up in client service and delivery.”

Republic Bank Foundation YMCA opens in west Louisville

The Republic Bank Foundation YMCA in west Louisville was officially dedicated. The $33.5 million investment, located at 1720 West Broadway, is the first major investment in west Louisville in several decades and is unique for Louisville and across the country, with plans of impacting community health and wellness by providing accessible options to multiple programs and services.

Collaborative partners will provide healthcare, financial services and more. The new building is expected to add a half-million dollars of new annual payroll to the area.

The 77,500 square-foot building includes a fitness center, 25-meter swimming lap/family pool, gymnasium, classrooms, locker rooms, an indoor track and a Kid’s Club that offers childcare. There will also be a Best Buy Teen Tech Center that will help prepare local youth for tech reliant jobs. Along with its partners, the Y expects to serve about 20,000-25,000 unique visitors each year.

Republic Bank & Trust, Norton Healthcare, ProRehab Physical Therapy, Family and Children’s Place and Gilda’s Club are all collaborating partners with offices and facilities inside the shared space. Members will be able to access the Y’s facilities as well as the services provided by collaborating partners.

Luckett & Farley designed the building and streetscape. The facility was built by a joint venture of Louisville-based Wehr Constructors Inc. and Harmon Construction Inc. of Indiana. TKT Associates provided workforce recruitment and development support services.

Mercy Health – Lourdes Hospital partners with UK Markey Cancer Center

Officials with Mercy Health – Lourdes Hospital and the University of Kentucky Markey Cancer Center announced that the hospital has joined Markey’s Affiliate Network as a candidate member. Mercy Health – Lourdes Hospital’s cancer program is the first in the region with an academic affiliation.

The Markey Cancer Center was founded in 1983 and is a dedicated matrix cancer center established as an integral part of the University of Kentucky and the UK HealthCare enterprise. In July 2013, Markey became one of only 71 medical centers in the country to earn an NCI cancer center designation. Because of the designation, Markey patients have access to new drugs, treatment options and clinical trials offered only at NCI-designated centers.

The Markey Cancer Center Affiliate Network (MCCAN) is a group of community hospitals in the Commonwealth of Kentucky that provide high-quality cancer services and programs in their communities with the support of the center. Under the formal collaboration, Markey will work with Mercy Health – Lourdes Hospital to further develop and expand its oncology service line.

The UK Markey Cancer Center Affiliate Network began in 2006 and comprises 20 hospitals across Kentucky.
SOS diverts medical surplus supplies from landfills

SOS, a Louisville-based global health organization, reached a major milestone in 2019 with the diversion of the 3,000,000th pound of medical surplus supplies from local landfills.

SOS partners with hospitals and physicians to recover and redistribute surplus medical supplies and equipment that would otherwise be thrown away. Once processed and tested, the supplies are appropriately redistributed to SOS’s partners and other organizations with the greatest need for the items. These include hospitals and clinics in medically impoverished regions of the world, as well as many local organizations that focus on education, social services and animal welfare.

SOS helps health organizations reduce disposal costs and improve their environmental impact. All major Louisville hospitals including Baptist, Norton, and University Hospital have been working with SOS for years, and now, that partnership model has gained regional attention. In the past eighteen months, SOS has developed new partnerships with hospitals in other metropolitan areas, including TriHealth in Cincinnati, St. Elizabeth’s in Covington, St. Thomas in Nashville and St. Vincent in Birmingham.

By partnering with more hospitals throughout the region, SOS is not only expanding its positive environmental impact by diverting more medical supplies away from landfills, it’s also getting more critically needed medical supplies to those in need. The organization is currently piloting a Maternal and Child Health program to deepen the impact on two of the most vulnerable populations served.

As an example, SOS recently sent a shipment of 11 tons ($118,000 value) of medical supplies and equipment to Kambia, Sierra Leone to provide prenatal care for pregnant women, midwife services for safer deliveries, and follow-up antenatal care with a well-baby program.

The organization’s expansion locally, regionally and globally led to a rebrand this year, from Supplies Over Seas to simply SOS. This is not an abbreviation of the former name, but rather a clearer message about SOS’s identity as an organization that responds to the call for help.

Trilogy Health launches JCPS job program

Trilogy Health Services, a provider of senior living services throughout Kentucky, Indiana, Ohio and Michigan, will be investing $10 million across Kentucky schools to benefit high school students developing meaningful careers in healthcare, including $5 million in Jefferson County Public Schools (JCPS).

The Trilogy Scholar Program provides participating students with opportunities to increase their skill sets, grow their careers, receive on-the-job experience and earn while they learn, including receiving college credit. Through the program, students complete a 96-hour pre-apprentice externship before entering a paid position with Trilogy. In addition to earning college credit, students can earn industry-recognized certifications, free college tuition and scholarship opportunities.

The Trilogy Scholar Program is launching in four JCPS schools — Marion C. Moore School, Waggener High School, Valley High School and Doss High School — and will expand to additional schools within JCPS and across the state throughout 2020.

UofL School of Dentistry expands to western Kentucky

A collaboration between the University of Louisville and West Kentucky Community and Technical College will allow students from both institutions to work together in a dental clinic while providing services to residents of the Jackson Purchase region.

A memorandum of understanding between UofL and WKCTC allows the dental school to operate the mutually beneficial dental clinic on the second floor of the Anderson Technical Building on the WKCTC campus.

The clinic will have a full-time licensed dentist managed by ULSD and will be a clinical learning site for fourth year UofL dental students. WKCTC will provide dental assistants from its existing dental assisting program along with use of existing dental equipment and chairs.

ULSD will provide expert dental oversight, supervision and management of the dental clinic operations, including the establishment of all dental fees, billing and collection.

UofL is engaged in a similar collaboration with the Red Bird Mission and Red Bird Clinic located in Beverly, Ky. Dental students work under the direction of a local dentist, providing the students an opportunity to treat patients in a rural community and culture. Students also rotate through similar externship sites in urban settings, including the Shawnee Dental Clinic located in an underserved area of Louisville.

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New Vista CEO announces retirement

Paul Beatrice, Chief Executive Officer of New Vista, the community mental health center serving central Kentucky, announced his retirement during the New Vista Board of Directors’ meeting in January. Beatrice will leave the organization at the end of the year.

“During Paul’s tenure as CEO, New Vista has met the challenges of an ever-changing healthcare landscape while staying true to our mission to serve Kentuckians who have limited resources to meet their behavioral health needs. New Vista is well-positioned for sustainability and future growth as the result of Paul’s dedication and innovative leadership,” said Linda Watt, New Vista Board of Directors Chair.

New Vista is one of the largest behavioral health providers in Kentucky, offering more than 106 programs in 55 locations. Beatrice was named CEO in February 2014. He has more than 35 years of experience in behavioral health leadership. Under Beatrice’s leadership, staff grew 53 percent to employ more than 2,000 Kentuckians who provide mental health, substance use and intellectual and developmental disability services to more than 25,000 children, adults and families annually.

“New Vista’s role is a vital one. As a nonprofit organization, our focus is on meeting the needs of the child, the adult and the family with limited resources. There is a stigma associated with mental health and substance use services, and our work will continue to break down those barriers and help people reach their full potential. The staff at New Vista improves the lives of so many, and I am proud of our many accomplishments over the years. During this period of transition, I along with the executive team, will continue to do good work, create new programs and live our mission,” said Beatrice.

The national search for a new CEO at New Vista will begin immediately. The process is expected to take several months, with Beatrice’s successor to be named in 2020.

Baptist Health Lexington acquires Kentucky Surgery Center

Baptist Health Lexington has acquired the Kentucky Surgery Center in Lexington.

The new venture, Baptist Health Surgery Center, has seven operating rooms and two procedure rooms, employing around 65 people and 100 credentialed surgeons. Administration predicts handling 7,000 procedures or surgeries at the facility in 2020.

Services include outpatient surgical procedures including total hip, knee and shoulder replacements; other orthopedic surgeries; ear, nose and throat; pediatric urology; general/laparoscopic; and colonoscopies.

PharmaCord partners with Surescripts

Louisville-based PharmaCord has launched a partnership with Arlington, Virginia-based Surescripts, a health information network and technology company.

The partnership will expedite patient’s access to specialty medications and improve the experience of specialty medical therapy, according to a news release. PharmaCord provides services that connect patients, doctors, pharmaceutical companies and drug manufacturers to simplify the delivery of specialty medication to patients.

PharmaCord already has its own proprietary technology which includes a patient services platform, called CORSend. Products from Surescripts will be integrate into CORSend. The new capabilities will address common barriers to patients’ access such as patient enrollment and support and prior authorizations with insurers.

UofL plans to hire nearly 400 nurses, doctors

The University of Louisville plans to hire almost 400 nurses and doctors to increase access to local healthcare in its expanded system.

UofL Health CEO Tom Miller told the school’s board of trustees that the move would improve access to care at former KentuckyOne facilities, including Jewish Hospital locations in Louisville and Shelbyville, Ky., and Mary and Elizabeth Hospital.

Many healthcare providers left KentuckyOne before U of L Health completed its purchase of the system last year. Miller said hiring 290 nurses and 98 doctors would be aimed at restoring those positions.

Low staffing levels have led Mary and Elizabeth and Jewish Hospital Shelbyville to send patients to Jewish Hospital in downtown Louisville, Miller said. In some cases, procedures weren’t being performed at Jewish because the hospital didn’t have enough staff to handle the extra patients, he said. Additional staffing would help all three facilities.

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**Episode 1:**

**William Fleming, PharmD, Segment President, Healthcare Services, Clinical and Pharmacy Solutions, Humana**

A look inside one of Louisville's largest healthcare companies and their transformations to address a changing healthcare environment.

**Episode 2:**

**Nigel Smith, Director Hatchery Ventures, AARP Innovation Labs**

The Health Enterprises Network hosted Converge Louisville, a conference focused on innovative solutions to the social and clinical determinants of health impacting seniors. During the conference, Medical News spoke with Smith about orchestrating the value exchange in age tech.

**Episode 3:**

**Russell Cox, President & CEO, Norton Healthcare**

In this episode, hear how Russ Cox’s experience working at Humana helped shape the culture and philosophy of the work being done at Norton Healthcare.

**Episode 4:**

**Ben Reno-Weber, Microsoft Future of Work Initiative**

Ben Reno-Weber discusses the economic impact of Microsoft’s selection of Louisville as its tech hub and what needs to happen for the entrepreneurial ecosystem to flourish.

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