COVID-19 CRISIS

Kentucky’s healthcare sector responds to pandemic.

By Ben Keeton

The COVID-19 crisis has hit Kentucky, shuttering many businesses and disrupting the way of life for millions of Kentuckians. Healthcare facilities, providers and companies across the commonwealth are on the frontline of this battle. Their response is saving lives, flattening the curve and assuring Kentuckians that we will be able to get back to normal when the crisis passes.

To look at Kentucky’s response to the crisis, Medical News spoke with a few providers and organizations across the commonwealth. This is by no means an exhaustive review, as we recognize that many individuals and organizations are going to great length to fight this pandemic.

While there are many challenges to face with the COVID-19 crisis, it has demonstrated the benefits of working together.

Hospital Response

Kentucky’s hospitals are on the frontline of this crisis. While many of our hospitals are having to adjust their operations and move resources that can be dedicated to this fight, all have been prepared with a crisis plan.

For example, Baptist Health utilizes an incident command system with drills at least twice a year that are based on real-life situations that could occur – ranging from preparing for bad weather, to dealing with a large influx of patients. To support and assist the hospitals, the system has activated its own incident command system which helps to coordinate Baptist Health’s response across its hospitals in Kentucky and Southern Indiana. These incident command systems have clearly established lines of authority and responsibility for each leader, ranging from clinical issues, to financial implications, to communication needs and more.

As another example, Norton Healthcare opened a centralized Clinical Command Center for the COVID-19 crisis that reports directly to system chief medical officer, Steven Hester, MD. The role of the center is to quickly address new and innovative approaches to managing this challenge during a time of rapid change. The command center team ensures consistent processes and messaging across the system. All COVID-19 clinical decisions and communications come from this center. The Clinical Command Center is composed of a team of physicians, nurse practitioners and pharmacists with many years of infectious disease experience. They are focused on supporting patients and providing analytics, daily updates and care guidelines.

Communication

Communication is also a key component to handling a crisis. To help address the need for education around this virus and to manage the high level of requests for similar information, the Norton Healthcare marketing and communications teams quickly went to work creating a community resource page on the web site to address common questions from the public, as well as a dedicated COVID-19 resource section on the employee intranet.

Baptist Health regularly updates its crisis communications plan and shares it among key leadership groups. They also provide training to ensure leaders are prepared to respond in times of crisis with clear and consistent information that addresses the issues at hand. Crisis communications are coordinated so that employees are the first to learn of necessary changes in policy and/or processes before that information is released to the public. Each hospital has a communications staff member to ensure they can respond quickly to local needs specific to that hospital and community.

Patient Care

In addition, hospitals are developing how they see their patients in different ways. UK HealthCare launched a new telemedicine program to help patients with acute-onset symptoms they would like to discuss with a healthcare provider. UK HealthCare Telecare will function similarly to an urgent care clinic, focused on patients with acute-onset symptoms like sore throat, fever, cough,
Passport Health Plan West Louisville Health & Well-Being Campus update

Passport Health Plan, a Medicaid plan serving approximately 300,000 members across the commonwealth of Kentucky, announced progress toward finalizing a developer for its Health & Well-Being campus and its plan to launch a Medicaid Innovation Hub as part of the project.

Several Developers Submit Proposals
Passport completed the first stage of its two-part developer selection process on January 31, 2020. Stage one called for interested local, regional and national developers to indicate their interest in developing the property in line with Passport’s vision for the 20-acre campus, which is to have a Health and Well-Being Campus to provide access to whole-person care for its members and the surrounding community.

“We’re very pleased with the meaningful degree of interest we’re seeing from developers nationally, regionally and locally to bring our vision to life and bring innovative partnerships to a community that has too long been underserved,” said Passport CEO Scott Bowers.

Passport received positive responses from six qualified developers and is now evaluating their visions for the development. In the second quarter of this year, Passport plans to open stage two of its process and solicit proposals from developers, with the goal of selecting a developer most aligned with Passport’s vision.

Partnerships
Passport has secured commitments from six tenant partners whose services will deliver an integrated model of care to the Plan’s members that also addresses Social Determinants of Health (SDOH). Passport has a long-standing commitment to whole-person care, having invested more than $10 million dollars back into the local community in recent years, including efforts to address SDOH impacting its members.

Passport plans to continue this level of investment through the presence and services of these co-located partners. These partners align with the Campus’ objectives to improve access to care and social services, and fuel economic development by bringing jobs and workforce initiatives to west Louisville.

A few examples of co-located partners include:
- University of Louisville intends to provide access to additional clinical services.
- Family Scholar House intends to provide affordable housing, education and career programs.
- AbsoluteCARE intends to provide healthcare services and care management for members with high-acuity complex conditions.
- New Directions Housing intends to build and operate rental units where people can work, live, play and learn amidst the Campus’ offerings.

Medicaid Innovation Hub
Passport and its ownership partners (University of Louisville and Evolent Health), along with Town Hall Ventures and the UofL Center for Health Organization Transformation (CHOT), have signed an agreement to launch a Medicaid Innovation Hub after selection of the developer. The Hub will pilot, test, measure and export the most promising, impactful and cost-effective initiatives to other parts of the commonwealth.

Town Hall Ventures, an investment firm that focuses on supporting vulnerable populations covered by Medicare and Medicaid across the country, will evaluate bringing existing or new capabilities that address unmet needs of Passport members. This may include community-based care outside of the emergency room, substance use disorder treatment, behavioral health care, maternal and infant health and kidney care.

Town Hall Ventures will actively support and engage with the group of tenants at the Health & Well-being Campus to enable the Innovation Hub. Town Hall Ventures will encourage its portfolio companies as well as Innovation Hub companies to commit and invest in the Campus or in other parts of the Commonwealth.

CHOT will dedicate researchers and development resources toward increasing the impact of Passport’s Campus on west Louisville in service of broadening this expertise to the efforts going in other parts of the commonwealth over time.

For the Innovation Hub, UofL CHOT anticipates the Medicaid Innovation Hub would create internship and career opportunities for UofL students, particularly those from west Louisville.

For the Innovation Hub, UofL CHOT will dedicate researchers to develop a multi-level, multi-year evaluation plan for the Campus in which it will monitor key determinants over time such as access to services, employment, education, housing and poverty to understand how healthcare systems engineering and workforce development are connected to accelerate positive outcomes.

“UofL CHOT has extensive experience evaluating healthcare innovations, including technologies and processes within healthcare delivery systems and the communities they serve,” said UofL CHOT co-director Chris Johnson. “We are thrilled to lend this expertise to the efforts going in west Louisville in service of broadening what works to other parts of the commonwealth over time.”
Medical News and Health Enterprises Network bring you HealthConomy, a podcast where the top healthcare leaders in the region share their stories and we explore the history of the development of healthcare businesses in the Louisville, Kentucky region.

**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.

Read the interviews at medicalnews.md and listen to the podcasts at healthconomy.podbean.com/.
Molina Healthcare donates to Kentucky Primary Care Association

Molina Healthcare recently donated $100,000 to support the expansion of the Kentucky Primary Care Association’s (KPCA) Connecting to Kids Coverage program. The program empowers certified “eligibility assistants” who work in local Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to help children and families that are eligible for KCHIP/Medicaid enrollment. The donation will enable four clinics across the commonwealth to provide outreach and support services to over 5,000 uninsured children in need.

The KPCA program is designed to help families that qualify for KCHIP/Medicaid have access to education and personal support in order to enroll. Many of the people it serves may lack access to education and resources, have fallen out of KCHIP/Medicaid coverage or lost their eligibility due to the process burden.

Additionally, many families in rural communities need this type of support. Currently KPCA has 14 other member clinics who successfully outreach as Certified Assister Counselors in the communities they serve, and it has shown to be the best form of proactive assistance rather than waiting until the patients turn up at the clinics.

Both the KPCA/KHBE Region 8 Assister Program and the CMS funded Connecting Kids to Coverage have been successful in linking KCHIP/Medicaid eligible beneficiaries with coverage. Molina’s donation will support Monticello Medical Associates in Monticello, Bluegrass Community Health Center in Lexington, Helping Hands Healthcare Clinic in Elkton and HealthPoint Family Care in Covington.

Spero Health opens treatment clinic inside New Hope Center

Spero Health, a CARF-accredited, community-based organization specializing in outpatient addiction treatment of substance use disorders, opened inside the new Hope Center in Eminence, Kentucky in mid-March.

Founded in response to the growing drug epidemic, Spero Health operates more than 35 outpatient clinics located throughout Kentucky, Ohio, Indiana and Tennessee, providing care for more than 7,000 patients each month.

The new clinic in Eminence will increase access to high quality, affordable addiction treatment services in an underserved tri-county area.

The Hope Center is a community driven initiative equipped to provide centralized community-based services across multiple sectors including substance abuse treatment, employment, housing, education, health and more. Spero Health will operate alongside other community partners and friends within the center to provide behavioral health services to those struggling with addiction.
**Meet Tom Miller, CEO of UofL Health**

**FAST FACTS**

**HOMETOWN:** Birmingham, Alabama  
**FAMILY:** Wife, Mary; Daughters Laura and Shelly; Caring for two grand-dogs for his daughters.  
**HOBBIES:** Avid golfer (single digit handicap) going to the beach, every sport, fishing, jet skiing and boating.  
**CURRENTLY READING:** “You Are a Badass: How to Stop Doubting Your Greatness and Start Living an Awesome Life,” by Jen Sincero (Running Press Adult) and “Me,” by Elton John (Henry Holt and Co.)  
**FAVORITE VACATION SPOT:** Panhandle of Florida (Sandestin)  
**EDUCATION:** Master’s Degree in Hospital and Health Administration, Health/Health Care from University of Alabama at Birmingham. Bachelor of Science in Pre-Medicine/Pre-Medical Studies at Auburn University.  
**PREVIOUSLY WORKED:** Most recently worked as the president and CEO of Quorum Health in Nashville, Tenn. Has had over 30 years of experience in healthcare with leadership roles at places such as president of Community Health Systems in Franklin, Tennessee, CEO of Lutheran Health Network in Fort Wayne, Indiana and various positions with Hospital Corporation of America in Nashville, Tennessee.

**Medical News:** Were you in leadership roles early on?  
**Tom Miller:** I was the CEO of a hospital before I turned 30 and have enjoyed every day. There is nothing more rewarding than helping someone who is ill get better. While I am not a clinician, I do hope I have a part in the healing process.

**MN:** Tell me about your management approach in your new role.  
**TM:** Hire great people, find the resources they need to be successful and get out of the way. I also can be very direct with people. Some might call it a flaw, but generally no one questions where I stand or my beliefs.  
I enjoy knowing every detail about the organizations I lead. It allows me to make better decisions. I believe most team members want to make a difference. My goal is to inspire them to do things that they did not think were possible and thank them for the outstanding effort. The strength of a hospital is not the bricks and mortar, but the people who come here every day committed to help others.  
I am transparent, honest and straight forward with them. And while I strive to express my gratitude, it is something I am always trying to improve.  
**MN:** Tell me about your first job out of college.  
**TM:** I was general manager of a grocery store. I have a twin brother and older brother and we worked in the grocery business since we were 15, from bagger to manager. This was a local chain of stores and we were the general managers at three of them at the same time. I retired after 10 years to become a hospital CEO.  
**MN:** What advice do you give to graduating college students?  
**TM:** Be passionate about what you do. Hard work will not hurt you!  
**MN:** Where do you do your best thinking?  
**TM:** I am thinking all day long. New issues and problems can come up at any time, my job is to find solutions and provide resources to turn these into opportunities. But I sleep like a baby at night!  
**MN:** What are your goals for UofL Health in 2020?  
**TM:** I have one goal: to improve the health of the community we serve while being compassionate and respectful to all.

**MN:** Any final big-picture thoughts on how you’re going to approach your new role, and how you want to make your mark at UofL Health?  
**TM:** Achieve the goal above, while helping to improve access to care at a value to our patients. At UofL Health, we have an additional opportunity to provide our community the most advanced leading-edge care, in connection to the research and training at the University of Louisville. We are developing the care today that other health systems will offer years down the road.  
I do have one second goal. I want everyone to think healthcare first, when they hear UofL vs. basketball or football. It’s a long shot, but worth the effort.
Ronald McDonald House opens latest expansion

The Ronald McDonald House Charities of Kentuckiana (RMHCK) unveiled the latest expansion after three years of work and a $21 million capital campaign. The doors of the new space opened in early March.

The Louisville-based nonprofit revealed its renovation and expansion of its headquarters and self-described “home away from home” for the families of children who need to travel toLouisville to receive care in area hospitals.

The combined buildings, which are connected by hallways on each floor, have 56 total guest rooms and 63,000 total square feet.

The Grand Senior Living opens in Prospect

The Grand Senior Living, a new luxury community owned by Civitas Senior Living and Guttmann Properties and managed by Civitas, is now open in Prospect, Kentucky. The community is located near Norton Commons neighborhood.

The new, approximately 191,832 square foot luxury senior living community features 91 independent living, 62 personal care and 24 memory care residences.

UofL awarded nearly $4 million to close skills gap

The University of Louisville (UofL) has received nearly $4 million from the U.S. Department of Labor to build a program that will prepare students for the ever-evolving, technology-enabled jobs of tomorrow.

The competitive federal grant was announced by U.S. Senate Majority Leader Mitch McConnell, a UofL graduate.

UofL’s Modern Apprenticeship Pathways to Success (MAPS) program is funded through the DoL’s “Apprenticeships: Closing the Skills Gap” initiative. UofL was one of just 28 public-private partnerships funded under this federal program in its most recent round and is the only one in Kentucky. These grants will support large-scale expansions of apprenticeship in industries including advanced manufacturing, healthcare and information technology.

Through MAPS, UofL will create apprenticeships that connect what students learn in class with their eventual careers. The apprenticeships will also give them field experience with disruptive, cutting-edge technologies that can change how work is done.

UofL will also work with three academic partners — Webster University, Jefferson Community and Technical College and Elizabethtown Community and Technical College. These institutions will help MAPS create transfer opportunities for associate degree holders who want to earn a bachelor’s degree and connect with underrepresented minority students and those who are, have been or depend on a member of the military.

Passport Health Plan expands services during COVID-19 pandemic

Passport Health Plan is partnering with Kentucky-based, Stay Clean, to provide Medicaid members with virtual recovery support services for substance use disorders (SUD).

Beginning immediately, Passport members struggling with SUD will be able to participate in numerous online support groups, including Alcoholics Anonymous and Narcotics Anonymous. They’ll also have access to a repository of helpful resources and information related to SUD. The service will be available to members 24 hours a day, seven days a week.

Stay Clean is an innovative cloud-based approach that connects people with virtual recovery services. People can access the vital support and connection to others to assist in maintaining their recovery.

Two Kentucky law firms expand global reach

English, Lucas, Priest & Owsley (ELPO Law), Bowling Green, and McBrayer, with offices in Lexington and Louisville, jointly announced they have joined the Meritas international alliance of independent business law firms and will provide seamless global legal services to companies throughout Kentucky.

As part of Meritas, the firms can tap into more than 7,500 lawyers at 259 law firms in 97 countries to provide customized legal services to clients wanting to do business globally. The Kentucky firms also have access to expanded global expertise in such specialties as intellectual property, mergers and acquisitions, employment, tax and trade.

“Companies in our market are increasingly diverse and global, which brings complex legal issues to the forefront,” said James Frazier, III, managing member of McBrayer. “To provide the best possible service to our clients, we’re now expanding our representation to include 259 markets throughout the world.”

“Cross-border legal representation on a global scale is vital to the success of our clients,” said Bob Young, managing partner of ELPO Law. “Through Meritas, we are able to offer our clients in-depth knowledge of cultural and jurisdictional issues in all major markets around the world. U.S. Meritas offers us peace of mind that our clients’ legal needs will be met with the same commitment to quality, professionalism and value on which we pride ourselves.”

ELPO Law and McBrayer had to meet the rigorous requirements to become members of Meritas, the only law firm alliance with a Quality Assurance Program that ensures clients receive the same high-quality legal work and service from every Meritas firm. Meritas membership is extended by invitation only, and firms are regularly assessed for the breadth of their practice expertise and client satisfaction.

“Independent law firms and companies work with Meritas to increase effectiveness and efficiency,” said Tanna Moore, president and CEO of Meritas. “In-house counsel and business owners want to establish trusted legal relationships in markets they want to navigate. For 30 years, Meritas has cultivated a group of the best firms for this purpose.”
UK HealthCare, Frankfort Regional Medical Center partner

Frankfort Regional Medical Center (FRMC) and UK HealthCare have announced a collaboration to enhance and expand the scope of cardiovascular services offered at Frankfort Regional.

Physicians from UK HealthCare’s Gill Heart & Vascular Institute now provide 24/7 coverage for cardiac emergencies, including elective procedures in FRMC’s cardiac catheterization lab. Additionally, UK cardiologists will provide services to inpatients and outpatients, including electrophysiology consultations and provide patient education and training.

The Gill Heart & Vascular Institute is a nationally recognized leader in the field of cardiovascular care, recently ranking the best hospital in Kentucky by US News and World Report. With multiple national accreditations, UK HealthCare employs 16 cardiovascular physicians who were named to The Best Doctors in America.

As part of these measures, UKHC’s Gill Heart & Vascular Institute works with several affiliate network hospitals to enhance access to high-quality cardiovascular care and to provide the right care in the right place at the right time. The Affiliate Network includes 16 hospitals and 12 outreach locations, including at FRMC, which joined the network in 2018.

Frankfort Regional, an Accredited Chest Pain Center with Primary PCI, will continue to provide the advanced technology and expertise to care for a wide range of needs, from emergent conditions like heart attacks and chest pain, to diagnostic and preventative care.

Centerstone Ky. changes name to Seven Counties Services

Centerstone Kentucky’s Board of Directors voted to exit their affiliation with Centerstone of America, Inc. effective June 30, 2020. The legal name for the entity will return to Seven Counties Services, Inc. and the Uspiritus name they have known since 2012 will become Bellewood & Brooklawn effective March 20, 2020. According to their web site, this allows them to have a better focus on providing mental and behavioral health services to the local communities.

The name Uspiritus was born out of the 2012 merger of Bellewood Presbyterian Home for Children and Brooklawn Child & Family Services and according to the web site, it has not resonated as well in the community as they had hoped it would. The name Bellewood & Brooklawn is more meaningful and a better reflection of our strongly rooted faith heritage of serving children and families in need.

They will roll out the new Bellewood & Brooklawn logo online and on campuses over the next few weeks. The campus in Anchorage and the office in Bowling Green will both be known as Bellewood. The campus off Goldsmith Lane in Louisville will be known as Brooklawn.

Seven Counties Services and Bellewood & Brooklawn will continue to work closely together as strategic partners.

Norton, UofL form new children’s medical group

The affiliation between Norton Healthcare, UofL Physicians – Pediatrics and the University of Louisville School of Medicine has been finalized.

Under the newly formed Norton Children’s Medical Group, affiliated with the UofL School of Medicine, 21 former UofL general pediatric and pediatric subspecialist practices are now part of Norton Healthcare. Approximately 600 providers and staff have transitioned with the affiliation.

The UofL physicians and providers who are on the faculty of the school of medicine will remain in their academic role and will also work clinically within Norton Children’s Medical Group.

Baptist Health Foundation creates COVID-19 Emergency Assistance Fund

Baptist Health Foundation has created a COVID-19 Emergency Assistance Fund to support critically needed resources for patients and its healthcare staff across Kentucky and southern Indiana.

People can assist two ways – by donating commercially manufactured personal protective equipment such as N95 masks, gowns and gloves, or through financial donations.

“Creating the COVID-19 Emergency Assistance Fund is a way to ensure we can provide assistance where it is needed most,” said Roy Lowdenback, Baptist Health System Vice President of Philanthropy. “The COVID-19 crisis has inspired our community to ask how they can help our frontline staff. We want to be the best stewards of their generosity and that is why we are encouraging them to support the COVID-19 Emergency Assistance Fund. It is the very best way to deploy supplies and assistance to patients and staff and their families.”

Donations to the COVID-19 Emergency Assistance Fund will be used to support Baptist Health hospitals, physician offices, patients and their family members, and staff due to the coronavirus (COVID-19) crisis. Since the crisis is evolving in unpredictable ways and at an unprecedented rate this will empower Baptist Health professionals to pivot quickly for our community’s greatest needs. The funds may go toward critically needed supplies, treatment costs, patient assistance, employee assistance, capital equipment needs, and other essential items.

Only commercially made equipment can be accepted at this time, to comply with infection control standards.

Donations to the COVID-19 Emergency Assistance Fund will be used to support Baptist Health hospitals, physician offices, patients and their family members, and staff due to the coronavirus (COVID-19) crisis. Since the crisis is evolving in unpredictable ways and at an unprecedented rate this will empower Baptist Health professionals to pivot quickly for our community’s greatest needs. The funds may go toward critically needed supplies, treatment costs, patient assistance, employee assistance, capital equipment needs, and other essential items.

For more information about Baptist Health Foundation visit SupportBaptistHealth.org.

Cedar Lake celebrates 50 years

Cedar Lake, a private not-for-profit organization that started out of a common concern for people with intellectual and developmental disabilities and the lack of residential facilities, honored its date of incorporation with a staff celebration in late February. The 50-year-old organization was founded in 1970 by Louisville-area parents of people with intellectual disabilities.

Cedar Lake will celebrate its anniversary and historical achievements with several special events throughout the year, including a 50th anniversary event on August 20th. Some quick highlights about the organization are:

- Collectively, Cedar Lake operations currently employ nearly 500 staff members.
- The current operating budget is in excess of $30 million.
- Cedar Lake currently supports more than 250 people with intellectual and developmental disabilities.

- The organization maintains 36 properties across three counties (Jefferson, Oldham and Henry) that supports people with intellectual and developmental disabilities daily.
- Cedar Lake provides residential services such as intermediate care residential options like The Lodge and Park Place, community residential housing in a neighborhood, semi-independent group homes and independent living apartments.
- Cedar Lake offers community services such as an adult day program, behavior support, physical/speech/occupational therapies, pastoral care, psychological services and in-home support.
**COVID-19 crisis**  
Continued from cover  

Congestion, respiratory problems and more to get expert care without leaving home. UK HealthCare Telecare is staffed by an integrated team of board-certified providers throughout Family and Community Medicine, Internal Medicine and Pediatrics.

Kentucky’s physicians are also serving on the front lines of this epidemic and will be providing care in many challenging situations over the coming days and weeks. The Kentucky Medical Association (KMA) is working to make sure its thousands of member physicians across the state are informed on the latest developments related to COVID-19, particularly as they relate to policy and regulation changes that impact patient care. KMA has established a COVID-19 page on its website with an archive of messages and resources, which can be found at kyma.org/covid19. The Association has also streamlined its member communications to focus only on coronavirus issues.

KMA has been working closely with Governor Beshear and Public Health Commissioner Steven Stack, MD. Physicians were asked to submit suggestions and concerns about the outbreak to KMA, which are then communicated to Dr. Stack. The request generated dozens of responses, many of which led to additional insight from the administration.

**Behavioral Health**

Other healthcare organizations are also finding new ways to reach their patients during a crisis. New Vista, the non-profit community mental health center serving Central Kentucky is making myStrength, a behavioral health app, available for free to the community. This program will allow people with substance abuse disorder as well as mental health conditions access to resources while still maintaining appropriate social distancing. myStrength also supports individuals in recovery from substance use disorders to reduce relapse. myStrength offers personalized strategies, activities and videos to improve mood. Using myStrength’s tools can help individuals overcome the challenges they are coping with due to coronavirus.

Passport Health Plan has partnered with Stay Clean to provide Medicaid members with virtual counseling and treatment services for substance use disorders (SUD). Those struggling with SUD will be able to participate in numerous online support groups, including Alcoholics Anonymous and Narcotics Anonymous. They’ll also have access to a repository of helpful resources and information related to SUD. The service will be available to members 24 hours a day, seven days a week. Stay Clean is an innovative cloud-based approach that connects patients with virtual recovery services. All clinical treatment is delivered by certified and licensed alcohol and drug counselors.

**Working Together**

While there are many challenges to face with the COVID-19 crisis, it has demonstrated the benefits of working together. Baptist Health touts how the commonwealth has taken steps toward greater collaboration between healthcare providers, with groups such as the Louisville Healthcare CEO Council and the Kentuckiana Health Collaborative. They have strengthened collaboration with local, state and federal government leaders to ensure everyone is working together to meet the needs of the community. These types of partnerships will become increasingly valuable as they seek to raise the health status of those in the communities that they serve.

Norton echoes the sentiment of Kentucky’s healthcare providers to continue to educate the community on how to appropriately seek care; reinforce the importance of social distancing, cough etiquette and proper hand hygiene; and support the governor’s initiative to stay “Healthy At Home” and similar initiatives.

These are only a few examples of the work being done by Kentucky’s healthcare organizations to address the COVID-19 pandemic and address the health concerns of all Kentuckians.

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COVID-19 and telehealth

OCR eases HIPAA burdens for telehealth.

By Sarah Cronan Spurlock and Jennifer Henry Jackson

We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities.”

– Roger Severino, OCR director

In response to the unprecedented public health emergency presented by COVID-19, the Department of Health and Human Services, Office for Civil Rights (OCR), responsible for enforcing the HIPAA Privacy, Security, and Breach Notification Rules, issued a notification of enforcement discretion for telehealth remote communications effective immediately.

The notice includes the following statement from OCR director, Roger Severino: “We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities.”

The OCR acknowledges that during the COVID-19 national emergency, providers may seek to provide telehealth services using remote connection technologies, some of which may not fully comply with HIPAA requirements.

Effective immediately, the “OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered healthcare providers in connection with the good faith provision of telehealth services.”

Guidance for Providers

For healthcare providers considering telehealth offerings during the COVID-19 public health emergency, the notification provides helpful guidance, including:

– A covered healthcare provider that wants to use audio or video communication technology to provide telehealth during this time can use any non-public facing remote communication product that is available to communicate with patients.

– Public facing video communication applications should not be used in the provision of telehealth by covered healthcare providers.

– Providers are encouraged to notify patients that use of certain third-party applications potentially introduce privacy risks. Providers should enable all available encryption and privacy modes when using such applications.

– Although the OCR does not endorse any specific technology vendors, the notification includes a list of vendors that offer and will enter into HIPAA Business Associate Agreements.

The notification is available on the HHS.gov website at bit.ly/2xopaCG.

Greater Flexibility

The OCR’s announcement is among several recent actions to provide healthcare providers greater flexibility in providing patient care in response to COVID-19.

The Centers for Medicare and Medicaid Services (CMS) has also announced waivers or modifications of certain Medicare, Medicaid and Chip requirements as well as suspension of non-emergency survey activities, “allowing providers to focus on the most current serious health and safety threats, like infectious diseases and abuse.” Additional information on CMS’s response to COVID-19 is available on the CMS website at go.cms.gov/2QIsxvf.

— Sarah Cronan Spurlock and Jennifer Henry Jackson are with Stites & Harbison.
Healthcare entities

HIPAA’s privacy rule exceptions in light of COVID-19.

By Lisa English Hinkle

While the HIPAA Privacy Rule protects the privacy of patients’ health information (PHI), it is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation’s public health and for other critical purposes.

First, it is important to be mindful of just what HIPAA allows in terms of disclosure.

Treatment: Covered Entities may disclose without a patient’s authorization PHI when it is necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health and related services by one or more healthcare providers and others, consultation between providers, and the referral of patients for treatment.

Public Health Activities: The Privacy Rule allows covered entities to disclose needed PHI without a patient’s authorization:

— To a public health authority, including the CDC, a state or local health departments. This includes agencies authorized by law to prevent or control disease. In Kentucky, this includes local health departments that are charged with investigation of COVID-19.

— To monitor and prevent cases of patients exposed to, suspected of or patients for treatment.

— For unconscious or incapacitated patients, a healthcare provider may share relevant information about the patient with family, friends or other persons identified by the patient as involved in the patient’s care.

A covered entity may also share information about a patient as necessary to identify, locate and notify family members, guardians or anyone else responsible for the patient’s care of the patient’s location, general condition or death. This may include, where necessary, notification of the family members and others, including the police, the press or the public at large.

— The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible.

— For unconscious or incapacitated patients, a healthcare provider may share relevant information about the patient with family, friends or others involved in the patient’s care or payment for care if the healthcare provider determines, based on professional judgment, that doing so is in the best interests of the patient. For example, a provider may determine that it is in the best interests of an elderly patient to share relevant information with the patient’s adult child, but generally should not share unnecessary information about the patient’s medical history without permission.

— A covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized to assist in disaster relief efforts for the purpose of coordinating the notification of family members or other persons involved in the patient’s care of the patient’s location, general condition or death. It is unnecessary to obtain a patient’s permission to share the information in this situation if doing so would interfere with the organization’s ability to respond to the emergency.

Disclosures to the Media or Others Not Involved in the Care of the Patient/Notification: Where a patient has not objected to or restricted the release of protected health information, a healthcare facility may, upon a request to disclose information about a particular patient asked for by name, release limited facility directory information to acknowledge an individual is a patient at the facility and may provide basic information about the patient’s condition.
in general terms (e.g., critical or stable, deceased, or treated and released). Covered entities may also disclose information when the patient is incapacitated, if the disclosure is believed to be in the best interest of the patient and is consistent with any prior expressed preferences of the patient.

Minimum Amount of Information Necessary

Even when disclosure is permitted, HIPAA’s Privacy Rule standards still apply and require only allow the minimum amount of information necessary to be disclosed. Generally, a healthcare provider must make reasonable efforts to limit the information disclosed to that which is the “minimum necessary” to accomplish the purpose. (Minimum necessary requirements do not apply to disclosures to healthcare providers for treatment purposes.)

Covered entities may rely on representations from a public health authority or other public official that information requested is the minimum necessary for the purpose when that reliance is reasonable under the circumstances.

For example, a covered entity may rely on representations from the CDC or a public health department that the protected health information requested by the CDC about all patients exposed to or suspected or confirmed to have COVID-19 is the minimum necessary for the public health purpose.

In addition, internally, covered entities should continue to apply their role-based access policies to limit access to protected health information to only those employees or staff who need information to carry out their work.

Strong Policies and Training

Because of the intense level of public interest and focus, healthcare providers should aggressively educate individual staff members about their duties to maintain patient health information confidential even when it concerns the COVID-19. Healthcare providers are encountering new and complicated issues about patient care and employee and public safety that should be thoughtfully addressed. Despite 24/7 coverage of the COVID-19, healthcare employees must maintain patient privacy, but they should know who to contact to answer their questions and advise them about new situations.

— Lisa English Hinkle is with McBrayer in Lexington, Ky.

“PHI may be shared with a patient’s family members, relatives, friends or other persons identified by the patient as involved in the patient’s care.”
A quest for new therapeutics

UK professor works to develop medication to treat meth use disorder.

By Sally McMahon

Linda Dwoskin, PhD, professor and associate dean of research at the University of Kentucky College of Pharmacy, is leading research on methamphetamine use disorder and working to develop a medication to treat the disorder. We talked to Dwoskin recently about what it takes to develop treatment options and how she works with the healthcare community to develop options that are appropriate for patients. Below are the highlights.

Medical News: What piqued your interest in finding new therapeutics to help wean people with methamphetamine use disorder off the drug?

Linda Dwoskin: From the time I was a child, I have been interested in how the brain works and how the brain controls behavior. I pursued an academic career with those interests as the framework, becoming a neurobehavioral pharmacologist.

As an undergraduate at Syracuse University, I became interested in substance use disorders and I followed that path in graduate school and was awarded a graduate student trainee position, a National Institute on Drug Abuse (NIDA) T32 Training Grant, while at the University of Minnesota in the Department of Pharmacology. During my graduate training, I worked on opioids and hallucinogens.

When I moved to my postdoctoral position at the University of Colorado Health Sciences Center, Department of Pharmacology, I began to work in earnest on psychostimulants including cocaine and amphetamines and understanding how they alter brain neurochemistry and behavior, also with support from NIDA.

I continued this work into my faculty position at the College of Pharmacy at the University of Kentucky. As a faculty member in a College of Pharmacy, my research became more applied and focused on drug discovery and addressing unmet clinical needs.

Specifically, I have been working for about the past 20 years to discover a therapeutic to help those with methamphetamine use disorder, especially since there are no FDA approved therapeutics for those seeking to quit taking methamphetamine.

MN: What does it take to develop new treatment options?

LD: Developing a new treatment for methamphetamine use disorder takes a team of scientists, as there are many steps in the process which require many different types of expertise.

On our team, we have medicinal chemists who design and synthesize the compounds that may become the sought after therapeutic. We have pharmacologists who evaluate the compounds in assays to determine if the compounds hit the target, have the desired properties and not untoward effects from off-target interactions. Scientists with pharmacokinetics expertise evaluate the compounds for their ability to reach the target in the brain at appropriate therapeutic concentrations or levels when the compounds are administered to the individual by various routes of administration. Also, behaviorists evaluate the efficacy of the therapeutic effect to make sure that the compounds work as predicted based on their desired properties.

Each of the principal scientists with expertise in the different areas is supported by a team of investigators including graduate students, postdoctoral fellows and technical staff who are critical to the team.

Importantly, as part of our team we have Program Officers at NIDA, who also provide input and consultation on the direction of the project to identify a new therapeutic. As the team learns about how the compounds work, we modify the compounds with the goal of obtaining greater potency at the target, lesser potency at other sites in the body, low or no toxicity, and good properties in terms of druggability, so that they could be developed into a therapeutic.

Once we have the optimal compound and several backup compounds, typically contract research organizations that are approved by the FDA synthesize the compound in large amounts as a human dosage form, evaluate the potential toxicity in detail, and sometimes help to prepare the Investigational New Drug (IND), which is submitted to the FDA for review and approval to evaluate the optimal compound in human clinical trials.

If the compound has the desired effects in human trials, then the compound can be commercialized for market and available to people to treat them for methamphetamine use disorder.

MN: How do you work with the healthcare community to develop treatment options that are appropriate for patients?

LD: We meet with members of the healthcare community at local levels and at national and international conferences.

At local levels, members of the healthcare community serve as faculty members regularly through conferences. Importantly, as part of our team we have Program Officers at NIDA, who also provide input and consultation on the direction of the project to identify a new therapeutic. As the team learns about how the compounds work, we modify the compounds with the goal of obtaining greater potency at the target, lesser potency at other sites in the body, low or no toxicity, and good properties in terms of druggability, so that they could be developed into a therapeutic.

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“"The university administration is investing in this area of research and SUPRA with the goal of preventing and reducing the burden of substance use disorders through conducting and translating multidisciplinary and innovative research to inform clinical services, training, public health practice and policy.”"
At the University of Kentucky, substance use disorder is designated as a priority research area (the Substance Use Priority Research Area, SUPRA). SUPRA establishes and recognizes our network of investigators from basic science to clinical science to community and population outcomes. SUPRA holds meetings where we interact and discuss the issues around substance use disorders. SUPRA's investigators also attend national and international conferences, for example the College on Problems of Drug Dependence (CPDD), were we network with investigators involved in basic and applied clinical research on substance use disorders.

**MN:** How long before a person suffering from methamphetamine use disorder can get the prescription drug your team is working to put on the market?

**LD:** This is a difficult question to answer because the answer depends on the outcomes of both the basic research to identify the potential therapeutic compound and the clinical research showing that the compound has both safety and efficacy in humans. My best guess for the fastest the therapeutic would reach the market is four years if the FDA agreed to fast track the medication. Such a medication is clearly needed now, but carefully controlled clinical studies are required before the medication would reach the market and available to patients.

**MN:** How do letters and calls from family of people suffering from methamphetamine use disorder impact your work?

**LD:** Letters and calls from the families of those suffering have a great impact on me and my research team. These communications make it personal, keep us focused, and drive us towards success. They help us to keep motivated to continue to seek a therapeutic even at times when we are disheartened by experiments that fail and when we take a wrong turn and must correct the course of our work and try again.

WRITE FOR MEDICAL NEWS

We are seeking experts in the field of rural health to share knowledge with our readers in the June issue.

Contact sally@igemedia.com for more information.
HEALing Communities study

UK working to reduce opioid-related deaths in Kentucky.

By Sally McMahon

The University of Kentucky’s (UK) Center on Drug and Alcohol Research (known as CDAR) conducts research on numerous aspects of substance abuse and related behavior, including intimate violence, criminal justice settings and characteristics of rural substance use. CDAR has a history of providing training on evidence-based treatment, intervention and prevention approaches, as well as providing service to the community.

Sharon Walsh, PhD is the director of CDAR and principal investigator on UK’s $87 million HEALing Communities study. Walsh leads a team of 20 investigators from not only CDAR, but across UK’s campus—including Dr. Patricia Freeman and UK’s College of Pharmacy – on this massive project. Freeman is director of the Center for the Advancement of Pharmacy Practice (CAPP) at the UK College of Pharmacy. We recently spoke to Freeman and highlights are below.

Medical News: Last year UK was awarded an $87 million grant to tackle the opioid crisis through the NIH HEAL Initiative. What is the goal of the grant?

Patricia Freeman: The goal of UK’s HEALing Communities study is an ambitious one – to reduce opioid-related deaths in 16 Kentucky counties by 40 percent over the next three years. We’ll be using these evidence-based practices in these communities to achieve that goal:

– Opioid overdose prevention education and naloxone distribution in high-risk populations.
– Effective delivery of medication for opioid use disorder maintenance treatment, including agonist/partial agonist medication, and including outreach and delivery to high-risk populations.
– Safer opioid prescribing and dispensing.

Medical News: How are you working with the healthcare community (providers, hospitals, other pharmacists, etc) to help reduce overdose deaths?

PF: Increasing access to naloxone has been much of the focus of my work over the years. In 2015, the Kentucky General Assembly passed legislation that allows certified pharmacists, acting under a physician-approved protocol, to dispense naloxone (an antidote that reverses opioid overdose) in their communities without an individual physician’s prescription.

As the director of UK’s Center for the Advancement of Pharmacy Practice, I worked with pharmacists from around the state to develop training protocols around naloxone usage. I also helped lead a major outreach initiative that has resulted in over 2500 naloxone-certified pharmacists in Kentucky.

Pharmacists are key partners in the community for overdose education and naloxone distribution and prescription opioid safety.

Meditations

Pharmacists are key partners in the community for overdose education and naloxone distribution and prescription opioid safety.
community action plans, community coalitions may prioritize strategies that include working with their community pharmacists/pharmacies as partners.

MN: What would you like the healthcare community to know about the work you are doing?

PF: The work we are doing to reduce deaths from opioid overdose is of utmost importance. In the U.S. last year, over 45,000 people died from opioid overdoses. Working with communities to facilitate the uptake and implementation of evidence-based practices that we know can significantly decrease an individual’s risk of dying from opioid overdose can have great impact in reducing the rate of opioid overdose deaths community-wide.

We are excited about the role that pharmacists can play as partners in opioid-related harm reduction through increasing access to naloxone and ensuring patients have access to the medications they need to treat opioid use disorder. Pharmacists are underutilized healthcare providers with great opportunity to improve patient and public health.

MN: How will you reach the public in order to increase awareness of — and access to — the interventions available through the program?

PF: A communication campaign is one of the three main components of the HEALing Communities study. The communication campaigns are being developed in partnership with our communities and will focus on raising awareness about naloxone and where naloxone is available, reducing stigma associated with opioid use disorder and the effectiveness of medications, such as buprenorphine and methadone, in the treatment of opioid use disorder and their impact on reducing opioid overdose deaths.

As the communities hear and see the messages across multiple communication channels, we hope that more people will seek needed treatment and more community members will carry naloxone and be ready to save a life if someone has overdosed.

The goal of UK’s HEALing Communities study is an ambitious one – to reduce opioid-related deaths in 16 Kentucky counties by 40 percent over the next three years.”
Thinking strategically about end-of-life care
Focus on improving patient experience, reducing healthcare expenditures.

By Turner West

The perennial growth in Medicare Advantage enrollment and the emergence of value-based initiatives and new payment models in traditional Medicare creates stronger incentives for efficient use of healthcare services.

In the context of serious illness care there are myriad opportunities to both improve patient experience and reduce healthcare expenditures by diminishing non-beneficial utilization of healthcare services and mitigating the likelihood that a seriously ill person will use the emergency department or hospital to manage their medical conditions.

“From a strategic perspective, Bluegrass Care Navigators sees the broader healthcare trend to move away from a fee-for-service environment as an opportunity to scale community-based, interdisciplinary healthcare that reaches a broader patient population beyond those facing end-of-life.

Three Components

Bluegrass Care Navigators is applying 40 years of experience as a national leader in the delivery of hospice care to serve new patient populations. Caring well for the seriously ill person and frail older adult require at least the following components:

- An interdisciplinary team approach consisting of skilled clinicians responding to the medical, social, psychosocial, existential, behavioral and practical needs of the person and family.
- Around the clock access to a specially trained member of the interdisciplinary team. This support takes the form of telephonic consultation and in-home visits when necessary to respond to crises.
- Deftly guided and recurring conversations on what matters most to the patient and family to ensure that all medical care aligns with the person’s goals and values.

Traditionally, scaling access to interdisciplinary care in a community setting for seriously ill and frail older adults has been limited by a predominantly fee-for-service reimbursement structure.

In the past few years, thanks to the trends in healthcare delivery, opportunities abound to scale access to needed healthcare for this patient population. Consequently, Bluegrass Care Navigators has made the strategic decision to develop several non-hospice service lines, including, but not limited to the following:

- Bluegrass Palliative Care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. Bluegrass Care Navigators offers palliative care services across settings.
- Bluegrass Home Primary Care is a service under the care of a specially trained physician for those who are home-limited with complex healthcare needs.
- Bluegrass Transitional Care is a service that uses two evidence-based models to help individuals transition home safely after a hospitalization with a focus on reducing the likelihood of a readmission.

From a strategic perspective, Bluegrass Care Navigators sees the broader healthcare trend to move away from a fee-for-service environment as an opportunity to scale community-based, interdisciplinary healthcare that reaches a broader patient population beyond those facing end-of-life.

—Turner West is AVP of Health Policy and Director of PCLC at Bluegrass Care Navigators.
2020 Census: Let’s make sure everyone counts

Imagine being invisible for 10 years. Imagine your community going without needed funds for roads and hospitals because federal funders had no idea you existed. Imagine schools lacking funding to help your child or another child because they didn’t have the money to account for your child’s existence. Imagine missing opportunities for training dollars to help people get family-supporting jobs. Imagine with an incomplete Census count, people disappear. For every person missed, the state loses $2,021 each year for ten years.

The upcoming 2020 Census is an opportunity for Louisville to be heard. It is an opportunity for Louisville to continue to provide the programs necessary to effectively address inequities and to better prepare our children for the future.

The federal government relies on the Census to determine how much Kentucky, and in turn, Louisville receives. The Census enables us to get our tax dollars back. An accurate and complete Census count means that no one is left behind. We are all heard. We are all seen. We all get the funding we deserve.

This year, for the first time ever, the residents can complete the Census online or on a mobile device. Paper Census and over-the-phone options will continue to be available. There will be no citizenship question on the Census. All residents are welcomed and encouraged to complete the Census. Louisville residents are defined as those living in Louisville at the time of the Census. This includes college students from other areas. Please complete the Census for everyone in your household.

Children under the age of nine have been historically undercounted in Louisville. Imagine missing 10 years of a child’s life. Imagine programs that could help that child at home and at school not being available because Louisville didn’t have the Census-dependent funds?

Census data is safe. No government agency can access the data. All personal information is removed, and the data is kept secure for over 70 years.

Getting an accurate Census count depends on all of us. The National Processing Center in Louisville is still looking to fill hundreds of open Census jobs.

We also need neighbors to tell neighbors. The Census will have translators available, but those who speak other languages can still help spread the word. Neighbors inviting neighbors to complete the Census is a great way to ensure a more accurate count.

Community organizations can also play a vital role in spreading the word and providing access for people to complete the Census. If you have computers or mobile devices available, please hold a Census event. Invite your neighbors to complete their Census questionnaire.

For information on the 2020 Census, Census privacy or Census jobs, visit the web at 2020Census.gov.

Norton Healthcare receives heart services gift

The Family Foundation of Louisville businessman Roger Rounsavall gave $1.5 million to the Norton Heart and Vascular Institute. Norton will use the money to expand services at Norton Audubon Hospital, including a program for patients with late-stage heart failure, adding a fourth cardiac lab and upgrading their MRI and CT capabilities. Norton’s Audubon Hospital has already been named a HeartCare Center of Excellence.

Schwartz Center for Women opens

New Vista, a Lexington-based organization that assists individuals and families in the enhancement of their emotional, mental and physical well-being by providing behavioral health, substance use and intellectual and developmental disability services, is growing again.

The new Schwartz Center for Women is now open and accepting clients. This 16-bed facility is located next to the current Schwartz Center which is now a 20-bed men’s facility.

This 28-day residential substance use treatment program is located on Buckhorn Drive in Lexington. The Schwartz Center accepts clients with Medicaid from anywhere in Kentucky.

The Schwartz Center offers short-term residential treatment that focuses on individualized treatment plans and building a foundation for recovery. The residential program includes:

- Group and individual counseling
- Family counseling
- Educational sessions
- Community meetings
- Peer support
- Family education program
- Recreation
- 12-Step work
- Case management

The Center was named in honor of Dr. Charles Schwartz, a dedicated psychiatrist who pioneered New Vista’s substance use treatment programs in the 1970s.

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The importance of the International Year of the Nurse and the Midwife

By Dr. Susan Stone

In 2019, the executive board of the World Health Organization (WHO) proposed that the year 2020 be designated the “Year of the Nurse and the Midwife” in honor of the 200th anniversary of Florence Nightingale’s birth.

The designation, which was approved by the World Health Assembly, was made to bring awareness of the importance of nurses and midwives in providing healthcare to populations across the globe.

Why is this important? The reasons are many but begin with worldwide shortages in nurses and midwives. The WHO recognizes the important work of both nurses and midwives in improving healthcare and estimates that the world needs nine million more nurses and midwives if it is to achieve universal health coverage by 2030.

We are very excited by the International Year of the Nurse and the Midwife because it provides an opportunity to explicate the role of both nurses and midwives in improving health. In the United States, we have significant health challenges. In many cases, these are getting worse, not better.

The maternal mortality rate has risen from seven per 100,000 in 1987 to a current rate estimated at 26 per 100,000. The numbers are even worse for women of color, who die from pregnancy-related illness at three times the rate of white women. Mental health issues plague our country as well. Suicide is the 10th-leading cause of death in the United States; more than 130 people die each day from opioid-related illness.

Lack of access to primary healthcare, maternal healthcare and psychiatric mental healthcare persists throughout the U.S., particularly in rural areas.

Improving the health of our population begins with an increase in healthcare providers who are well prepared to provide culturally competent primary preventive care as well as the ongoing care of chronic disease. Accessible and high-quality maternity care is critical. The Centers for Disease Control reports that nearly half of maternal mortality deaths are preventable. Changing this picture will take a team of healthcare providers and that team must include nurses and midwives. A recent study from Johns Hopkins University found that more than 250,000 Americans die every year because of healthcare mistakes.

While the bad news is ample, the good news is that we can improve. At Frontier Nursing University we are educating nurses and midwives with the primary goal of assuring that they are well prepared to provide culturally competent primary preventive care as well as ongoing care of chronic disease. Accessible and high-quality maternity care is critical. The Centers for Disease Control reports that nearly half of maternal mortality deaths are preventable. Changing this picture will take a team of healthcare providers and that team must include nurses and midwives. A recent study from Johns Hopkins University found that more than 250,000 Americans die every year because of healthcare mistakes.

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We know that we must change and improve the current healthcare system.

— Dr. Susan Stone is president of Frontier Nursing University.
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