By Ben Keeton

Until recently, I did not know that the Falls City Medical Society existed. In 1902, the Falls City Medical Society was formed in response to a growing number of black physicians in Louisville. These physicians, left out of the segregated medical societies, desired to have a forum for the exchange of ideas, the distillation of thoughts and the establishment of goals for the medical community.

The first tangible result of this society was the establishment of the Red Cross Hospital, which served the community from 1907 to 1976. It developed a nurses training school, a cancer clinic, appropriate surgical, medical and obstetric-gynecology services to serve the underserved minority community.

The physicians and healthcare practitioners in the community recognized that a group of people did not have equal access to the healthcare system, based on the color of their skin. They set out to begin the process to bring equity and access to healthcare for blacks, both for the patients and those hoping to serve the patients.

The COVID-19 pandemic has revealed significant gaps in access to treatment for minorities, highlighting the uncomfortable truth that your zip code plays a significant role in your longevity of life.

The physicians and healthcare practitioners in the community recognized that a group of people did not have equal access to the healthcare system, based on the color of their skin. They set out to begin the process to bring equity and access to healthcare for blacks, both for the patients and those hoping to serve the patients.

Equalizing Education

According to the article “Fall City Medical Society and The Black Physician in Louisville,” the Fall City Medical Society was in the forefront of the new battleground to equalize the educational and professional opportunities for its members, to dissolve the artificial barriers that impede equal quality of care for all.

In 1952 the first black student was admitted to the University of Louisville Medical School; Dr. Joseph Alexander received his MD degree in 1956, finishing third in his class. In 1953, Dr. Maurice Rabb, Sr., was admitted to the Jefferson County Medical Society, opening the doors to integration of hospital staffs. Also, in 1953, Dr. Grace James and Dr. Orville Ballard were appointed as clinical instructors on the staff of the University of Louisville Medical School.

Continued on page 9
CURE Alliance uniting COVID-19 research across UK

By Elizabeth Chapin

UK researchers across many disciplines are addressing COVID-19’s medical challenges and beyond—including developing new personal protective equipment (PPE) materials, designing testing and diagnostic equipment, and examining the wider societal, economic and legal implications of the pandemic.

UK’s COVID-19 Unified Research Experts (CURE) Alliance team has expanded to represent and support this full range of COVID-related research taking place at the university. The research Alliance mechanism originated under the leadership of Robert DiPaola, MD, dean of the College of Medicine, in collaboration with Lisa Cassis, UK vice president for research, and is intended to support research that is driven by science and enabled by a structure that brings researchers together across boundaries.

The first CURE Alliance was launched to organize and support COVID-19 related medical research. UK now has two additional CURE Alliance structures in other COVID-19 research areas: Materials/Methods and Social Sciences. Together, these CURE Alliance groups are working to foster innovative, interdisciplinary COVID-19 research.

CURE Teams

The three CURE Alliance teams will facilitate and coordinate research within their given areas and connect projects to funding opportunities.

The Health CURE Alliance, led by Rebecca Dutch, a virologist and professor of molecular & cellular biochemistry in UK’s College of Medicine, is focused on advising COVID-19 patient care and clinical trials based on emerging research and potential treatment options.

The Materials/Methods CURE Alliance, led by Brad Berron, a professor of chemical engineering in UK’s College of Engineering, is focused on the materials and tools that address emerging COVID-19 needs, as well as technological advancements in diagnosis, treatment and prevention. Priority areas include impact on food infrastructure and access, detection support and PPE-related research and production.

The Social Sciences CURE Alliance, led by Julie Cerel, a professor and licensed psychologist in the UK College of Social Work, aims to examine COVID-19’s impact on mental health, family and interpersonal relationships, as well as health communication and health literacy. Additional priorities of this core include COVID-19-related health disparities and how new laws and policies will impact service providers and essential workers.

The Office of the Vice President for Research is also supporting a pilot program through the CURE Alliance and UK’s Center for Clinical and Translational Science to rapidly fund and establish COVID-19 research projects. Proposals, which can range from basic science to population level outcomes research, are assessed for their viability to garner external funding as well as their potential to expand or develop new knowledge of SARS-CoV-2/COVID-19.

Several of the CURE Alliance’s pilot projects through CCTS have been approved and are already in progress.

Learn more about the pilot projects at https://bit.ly/2UOchun, and more about UK research at research.uky.edu.

Norton Healthcare announces plan to address healthcare, racial inequalities

Russell Cox, president and CEO, Norton Healthcare, has announced five initiatives that will be immediately developed and accelerated to address inequalities both internally and within the communities it serves:

- Establishing the Norton Healthcare Institute for Health Equity. The primary focus of the institute will be to identify and remove obstacles that prevent people in underserved areas from receiving the healthcare they deserve, as well as to eliminate disparities in care. There will be a national search, with a strong local focus, for an executive director who will report to Cox.
- Ensuring access to primary care for everyone. Healthcare is not just a privilege, but a right. Providing more convenient and geographically accessible primary care will help to level the playing field and ensure that all residents have an equal chance to live the healthiest life possible.
- Committing to mirror the community within the Norton Healthcare leadership team. Norton Healthcare has 16,500 providers and employees who work hard to care for patients and community, but more diverse leadership is needed to better reflect the community and workforce. Initiatives will be activated to ensure all team members have an equal opportunity for growth, development and advancement.
- Providing more education and advocacy internally on health policy issues to help their workforce make more informed choices. Norton Healthcare will leverage the collective voice of 16,500 employees to advocate for vital safety net programs, including Medicaid, the Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families.
- Investing an additional $20 million over five years to address health needs in underserved areas. The funds will be invested in permanent facilities and equipment in Louisville’s underserved neighborhoods.

“When we announced our $5 million investment with the Louisville Urban League last fall, I said the investment was just the beginning and that we will be fully engaged in eliminating healthcare disparities in our community,” Cox said. “Since then, we have opened a primary care office in the West End YMCA building and tested nearly 1,000 people in underserved neighborhoods for COVID-19.

“Now we must collectively work harder and faster than ever to embrace and understand our differences, be more inclusive, create a sense of belonging, build a genuine welcoming environment for everyone, and ensure that all people have an equal chance to live a healthy life.”

Global search to mitigate social isolation, loneliness

The Global Innovation Search (GIS) is providing an opportunity for innovators around the world to showcase their product or service and compete for international exposure. Aging2.0 and the Louisville Healthcare CEO Council (LHCC) are searching for innovations that help keep older adults connected to their communities, families, healthcare providers and vital information.

The global COVID-19 pandemic is hitting the older adult population the hardest, not only from a risk and mortality perspective, but also in the way it is exacerbating isolation and loneliness due to social distancing.

Applicants will go through a nomination round led by the Aging2.0 Chapters. Selected innovators will then proceed to the semi-final round, where their company profiles will be featured, and the public will have an opportunity to vote on their favorite solutions. The ten innovators with the most public votes will then move on to the final round of competition: a virtual pitch competition judged by a panel of leaders from the Louisville Healthcare CEO Council and Aging2.0.

More information can be found at aging2.com/gis.
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Baptist Health
Roy Lowdenback, system vice president for philanthropy, was selected for the 2020 class of Leadership Kentucky.

Mike Schroyer has been named president at Baptist Health Floyd.

Cabinet for Health and Family Services
Marta Miranda-Straub was named the new commissioner of the Dept. of Community Based Services.

Frontier Nursing University
Catherine Collins-Fulea, assistant professor, was inducted as the new president of the American College of Nurse-Midwives.

Jeffersontown Chamber of Commerce
Deana Epperly Karem, previously with Health Enterprises Network, has been selected as the new president and CEO.

Kentucky Medical Association
Bruce Scott, MD, was re-elected speaker of the American Medical Association House of Delegates.

Luckett & Farley
William Maffett was promoted to market director.

Lynn Hundley, director of clinical effectiveness for stroke care, was selected as the American Heart Association’s 2020 Healthcare Volunteer of the Year.

Leadership Kentucky has selected attorney J. Brittany Cross Carlson as a member of the 2020 Leadership Kentucky program.

University of Louisville
Robert Caudill, MD, was elected to the American Telemedicine Association College of Fellows.

In the healthcare business, you can’t afford slip-ups.
Meet Julia Lane Mitchell, MD, FAAP, with Smoketown Family Wellness Center

**FAST FACTS**

**EDUCATION:**
Received Bachelor of Science in psychology from Millsaps College in Jackson, Mississippi; Graduated from the University of Mississippi School of Medicine in Jackson, Mississippi; Completed pediatrics residency at the University of Florida College of Medicine in Jacksonville, Florida.

**FAMILY/HOMETOWN:**
Grew up in Magnolia, Mississippi, where parents Lem and Alice live. Brother Jeff, sister-in-law April, 11-year-old niece Harper, and six-year-old nephew Carson, live in Hattiesburg, Mississippi.

**HOBBIES:**
Grew up dancing—ballet was a favorite. Has enjoyed liturgical dancing since high school and enjoys dancing occasionally at St. Paul United Methodist Church as part of worship. Started running for exercise during first job out of pediatrics residency and later began long-distance running.

**FAVORITE VACATION:**
Camp DeSoto in Mentone, Alabama. (Nestled in the mountains, DeSoto is a sacred, safe place for girls to grow in their faith and be free to discover their true selves.) Camped there for nine years and was a counselor for three years. Is looking forward to returning as a camp doctor during the summer.

**BOOK ON NIGHTSTAND:**

**Medical News:** Why did you become a doctor and why did you choose this specialty?

Julia Mitchell: My childhood physician, Dr. Gillies, first inspired me to be a doctor with his calm, gentle, grandfather-like demeanor. He told me my curly hair came from hugging him, my doctor. Mentors have modeled for me the importance of compassionate care. At its best, medicine is a ministry with the interaction between physician and families a sacred space; people come to the doctor at vulnerable times of illness or uncertainty, and we pediatricians have the privilege and responsibility of offering reassurance and guidance to parents and children.

**What children experience at a young age affects their developing brains and behaviors and can affect health outcomes throughout the lifespan.**

I love children; they give me joy! According to my parents, I started saying I wanted to be a pediatrician at the age of four. During medical school, I considered family medicine due to its humanistic, holistic approach to care. However, during my pediatrics rotation when I picked up a crying baby in the nursery who subsequently quieted, I knew I had to pursue pediatrics, and I am so grateful I did.

**HOSPARUS HEALTH**

**Medical News:** What drew you to Smoketown Family Wellness Center (SFWC)?

Julia Mitchell: I first learned about ACEs (Adverse Childhood Experiences) after my pediatrics residency at a continuing medical education conference in Mississippi. As I have attended conferences and learned more, I have become passionate about raising awareness of ACEs, toxic stress and resilience and have been able to share my knowledge with students in the healthcare field, congregants at my local church and members of my father’s Exchange Club. What children experience at a young age affects their developing brains and behaviors and can affect health outcomes throughout the lifespan. Thus, fostering resilience is crucial to mitigate negative effects of stress.

On my self-created “Dream Big” list in December 2019, I listed a trauma-informed clinic attached to a community center with specific and general ideas of implementing resilience-based services. On MLK Day 2020, Dr. Charlotte Stites reached out to me stating Smoketown was looking for another pediatrician. I did not know my dream would come true so soon!

I am excited about the team approach to care at SFWC by partnering with a family coach to address emotional and behavioral concerns of families. Seeing children in the context of their community is an important part of pediatrics in terms of looking at the social factors affecting children’s health. SFWC’s vision of community care and outreach resonates with me. Food security, housing stability, family support and emotional regulation are factors determining how healthy a child will be. Thus, we as pediatricians must ensure those aspects of health are addressed and fostered which will also result in communities with increased well-being.

**Medical News:** What are your goals for your first year at Smoketown Family Wellness Center?

Julia Mitchell: I wish to uphold the vision of SFWC by engaging patients and families in trauma-informed care. I wish to work with the family coach for an integrated approach to address emotional-behavioral health needs of families. I would love for more families to learn about us and our unique services and come see us; we are open to new patients and have more time built-in to see patients at each visit. This unique model of healthcare is refreshing to me as a physician and I think will be well-received by patients and families as well.

**Medical News:** How have you gone the extra mile, above and beyond your daily tasks to improve patient care?

Julia Mitchell: I spend time with my patients and families and am very thorough with my visits with them. I address social and behavioral needs when appropriate, sometimes addressing needs beyond the originally stated reason for the visit. SFWC embraces this holistic model of healthcare, and I am excited to be a part of the team. Going the extra mile for families is our norm at Smoketown Family Wellness Center, and we welcome more patients and families to benefit from the unique services we offer.

*Read the full interview at medicalnews.md.*
HEALTHCARE BUSINESS COMMUNITYadopts strategic plan

Includes four pillars to foster health-related economic opportunities.

By Ben Keeton

The Health Enterprises Network (HEN) Board of Directors, which includes over 50 of our region’s leaders from key health-related organizations, developed a new strategic plan.

The intent of the plan is to help guide the organization’s mission to champion and foster the growth of the region’s health-related economy and to identify opportunities to promote Louisville as the location of choice for health-related businesses, researchers, educators and investors.

The strategic plan revolves around four primary pillars to foster health-related economic opportunities. The first pillar focuses on collaboration within the healthcare ecosystem by identifying the critical partners who are driving success in the community and assisting their efforts. The second pillar focuses on economic development by partnering HEN member organizations with the region’s efforts to attract and grow healthcare businesses. The third pillar drives value to the healthcare community through events, policy discussions and educational opportunities. Finally, the fourth pillar focuses on branding and messaging and helps drive the conversation about the innovative stories of Louisville’s health-related companies.

To help drive the strategic plan, HEN appointed healthcare leaders to serve as Pillar Champions and serve as part of the Board of Director’s Executive Committee. “I am pleased that the Board of Directors helped drive a new strategic plan for the Health Enterprises Network that will help carry our organization forward so that we can continue to grow this vital sector in Greater Louisville,” said David Henley, VP and Chief Compliance Office of Passport Health Plan and current HEN Board Chair. “The passion our Board, and Pillar Champions, show for the community is what will help us create more economic opportunity in our region as well as transform healthcare across the globe.”

The Health Enterprises Network is the region’s premier healthcare business network. Formed by area leaders in 2000, HEN represents a diverse and growing industry, from hospitals and health services companies to medical device manufacturers and leading health law firms. HEN is the convener that breaks down barriers, opens doors, and is the catalyst for engagement with healthcare professionals and leaders. Health Enterprises Network is an affiliate of Greater Louisville Inc. (GLI).

“The Health Enterprises Network is an important asset to the community, and we are pleased to help support the new strategic plan that will help drive the growth of this important sector,” said Sarah Davasher-Wisdom, CEO and President of Greater Louisville Inc. “GLI and HEN have a history of success working together for over 20 years and we look forward to partnering with the health-related community to continue to drive success in our region.”

In addition to the strategic plan, HEN announced the election of Tom McMahon, Market Vice President for Humana, as the Chair-Elect of the Board of Directors. Tom will assume the role as Chair of the Board of Directors in January 2021.

The Board also elected three new healthcare leaders to serve as board members:
- Diana Lawrence, Senior Vice President for Academic Affairs & Provost, Sullivan University
- Aaron McKinney, Account Executive, L&D Mail Masters
- Steve Oreskovich, Chief Financial Officer, Waystar

In addition, the board appointed two ex officio members:
- Sarah Davasher-Wisdom, CEO and President, Greater Louisville Inc.
- Sarah Moyer, MD, Director, Louisville Metro Department of Public Health and Wellness

PILLARS AND CHAMPIONS

PILLAR 1: Healthcare Ecosystem Collaboration

PILLAR CHAMPION: Tom McMahon, Humana

The first pillar focuses on collaboration within the healthcare ecosystem by identifying the critical partners who are driving success in the community and assisting their efforts.

PILLAR 2: Economic Development

PILLAR CHAMPION: Michael Bryant, Trilogy Health Services

The second pillar focuses on economic development by partnering HEN member organizations with the region’s efforts to attract and grow healthcare businesses.

PILLAR 3: Member Value and Engagement

PILLAR CHAMPIONS:
- Jim Rives, RDA - Rives Development Associates (Entrepreneurship)
- Tony Brosky, Bellarmine University (Healthcare Fellows)
- Dan Fischer, Dentons Bingham Greenebaum (Healthcare Policy)

The third pillar drives value to the healthcare community through events, policy discussions and educational opportunities.

PILLAR 4: Branding and Messaging

PILLAR CHAMPION: Richmond Simpson, Vimarc

The fourth pillar focuses on branding and messaging and helps drive the conversation about the innovative stories of Louisville’s health-related companies.
HEALTHCARE FELLOWS
SESSION FIVE

A closer look at talent attraction, retention.

By Sally McMahon

The Health Enterprises Network (HEN) Fellows cohort continued sessions virtually in June due to the COVID-19 crisis. The session included a presentation from John Launius, acting vice president of Regional Economic Development at Greater Louisville Inc., (GLI) exploring talent attraction and retention.

From nursing careers to tech jobs, Louisville’s job market is expanding rapidly, especially in the healthcare industry. Launius said that there are over 4,100 health-related organizations, over 124,000 health-related jobs with over $90 billion in annual revenue. Nine of the region’s top 25 companies are health related.

Launius shared information about Live in Lou, GLI’s four-year talent attraction and retention initiative, and the GLI partnership with The Academies of Louisville, a program connecting high schools to business and community partners. The Academy model aligns education and workforce development needs to better prepare students for postsecondary and career success.

This is an innovative concept designed to provide the community with a low-contact health services, including blood draws for lab work, vaccinations and tests for COVID-19, flu, strep and other infections, from the convenience of their vehicles.

Marisa Tichenor, Director of Client Management, Humana

Humana recently announced a $11.5 million donation focused on rebuilding, relief and equity and inclusion efforts in Louisville. We also announced we are giving employees an additional half day of Volunteer Time Off that can be used to help revitalize associate communities. We strive to take care of our members, our employees and their communities. Through our Bold Goal mission, we are working to address social determinants and health-related social needs by focusing on issues like food insecurity, loneliness and social isolation, and improving transportation.

WHAT IS YOUR COMPANY DOING THAT IS INNOVATIVE IN YOUR INDUSTRY?

Ron Bridges, State Director, AARP Kentucky

As a social change organization with more than a quarter million age 50-plus members across the commonwealth, AARP Kentucky believes that it is critically important to be everyday innovators in aging. We are continuing AARP’s 60-year legacy of innovation by working locally with Metro-Louisville’s entrepreneurs, academicians and the private sector to spark new solutions so that more people can choose how they live as they age.

This is an innovative concept designed to provide the community with a low-contact health services, including blood draws for lab work, vaccinations and tests for COVID-19, flu, strep and other infections, from the convenience of their vehicles.

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Ron Bridges

While most of AARP’s breakthrough ideas are accelerated in our own AARP Innovation Labs, we have a solid opportunity in Metro Louisville to help bring novel approaches, which emerge from within the area’s rich aging care and lifelong wellness ecosystem. Our deeper involvement with the Health Enterprises Network signals our seriousness about leveraging our assets, our brand and our resources to drive real change and to address the challenges and opportunities of an increasingly volatile, uncertain, complex and ambiguous world. One example in the works will address isolation and nutrition among our older neighbors, AARP and the Thrive Center will be convening virtual cooking classes broadcast from Thrive’s kitchen facilities.

Vanessa Garrett

For more than 130 years, Norton Healthcare has served the Louisville area. What started as one small hospital in Louisville has grown to a healthcare system with more than 250 locations throughout Kentucky and Southern Indiana. Today, Norton Healthcare is Louisville’s fourth largest employer with more than 16,500 employees, including 1,000 employed medical providers, and approximately 2,000 total physicians on its medical staff. We are the market leader in serving adult and pediatric patients in our region. Our location in Louisville, as well as in the eastern-central part of the U.S., allows Norton Healthcare to serve many diverse residents from both metropolitan and rural areas, and recruit from a large talent pool.

Marisa Tichenor

Because Louisville is a hub for aging care, Humana has access to an extensive talent pool and healthcare related partners making it easy for Humana to thrive and grow.

Session Six

The next session, “Environmental and Occupational Medicine in a Post-Covid-19 World” is virtual and will be held on June 25. Ted Smith, deputy director of the Christine Lee Brown Envirome Institute and associate professor of Environmental Medicine at the UofL School of Medicine, will present.

For more information about the Healthcare Fellows program, visit healthenterprisesnetwork.com.
UofL medical student launches nonprofit to help minority students

Increasing diversity in the medical field is Tino Mkorombindo’s goal, and the reason he has established Greater Influence Inc., a nonprofit that serves as a resource for minority students who plan to pursue a career in medicine.

Mkorombindo has completed his third year as a student at the University of Louisville School of Medicine. This fall he is pivoting to pursue an MBA before completing his medical education and ultimately applying for a residency position in orthopedic surgery.

A native of Zimbabwe, he grew up in California, and says the number of minority physicians in the United States is far too few to reflect the patient population.

According to the U.S. Census of 2019, those who identify as underrepresented minorities (Blacks, Mexican Americans, multi-race, mainland Puerto Ricans, and Native Americans-American Indians, Alaska Natives, and Native Hawaiians) represent more than 36 percent of the general population. However, according to data from the Diversity in Medicine: Facts and Figures 2019 report of the Association of American Medical Colleges, individuals from these groups comprise just a little more than 12 percent of the physician workforce.

His vision for the organization is to create a space that ensures all students, from high school through medical school, have the tools they need to excel.

For more information, visit GreaterInfluence.org.

The New Normal

What are the risks associated with telemedicine?

We’re barely making payroll, what if we can’t make a payment?

I’m a retired doc that wants to help, will I be covered?

Will my premium be lower while I’m closed or not doing certain surgeries?

What do you do to help burned out physicians serving on the frontline?

Am I covered if I get infected?

How do we keep our practice safe?

Governor Beshear vows universal coverage for black residents

Governor Andy Beshear announced his administration will begin working to end healthcare inequalities in black communities, with the aim of providing coverage to the state’s African American residents.

Beshear vowed to begin working toward tangible changes in the state’s healthcare system, focusing on a three-pronged approach to improving healthcare for everybody. Beshear said coverage, access and quality are the main components of his push to reduce inequality along racial and socio-economic lines.

Beshear’s pledge: “My commitment today is we’re going to begin an effort to cover 100 percent of our individuals in our black and African American communities. Everybody. We’re going to be putting dollars behind it, we’re going to have a multifaceted campaign to do it.”

Beshear reiterated that the inequality in the state’s healthcare system were exposed by the coronavirus pandemic, which killed black Americans at a rate much higher than white Americans nationwide.

Keep up with the challenges facing good medicine

Visit the ProAssurance COVID-19 Information Center to find frequently updated information gathered to support your medical professional liability coverage decisions.


ProAssurance. Treated Fairly

Healthcare Professional Liability Insurance

For ProAssurance policyholder information and resources >> ProAssurance.com/Covid-19
Diversity and inclusion in healthcare

The hand of the Fall City Medical Society was in the background of all these achievements, with negotiation winning the day after litigation had been threatened.

Gaps Revealed

The COVID-19 pandemic has revealed significant gaps in access to treatment for minorities, highlighting the uncomfortable truth that your zip code plays a significant role in your longevity of life. This is compounded with community protests, leading organizations in our community to evaluate their role in increasing diversity and inclusion in healthcare and creating an environment that will provide equal access to all citizens.

Over the past several weeks, many organizations have been implementing new programs to help bring equity in healthcare. For example, Tino Mkorombindo recently launched Greater Influence Inc., a nonprofit that serves as a resource for minority students who plan to pursue a career in medicine. As a third-year medical student at the University of Louisville, Mkorombindo wants to create a space that ensures all students, from high school through medical school, have the tools they need to excel.

The University of Kentucky has implemented the Inclusive Health Partnerships (IHP). This program is a collaboration among UK’s Office for Institutional Diversity, UK’s six health colleges and UK’s HealthCare enterprise focused on increasing critical dialogues about and action related to diversity, inclusion and belonging. IHP seeks to support students, faculty and staff with diverse backgrounds and identities as well as engage current and future healthcare providers in continuing education focused on health equity.

The Humana Foundation is committing to health equity, funding programs that bring community members and leaders together to create improved and sustained positive health outcomes and working towards stronger and healthier communities. Norton Healthcare recently announced a five-step plan to address healthcare and racial inequalities.

Going forward, Medical News will continue to examine the role of diversity and inclusion in healthcare. We will provide space for commentary and discussion as well as examine programs (new and old) that our innovative companies and providers and implementing to help address the problems in our community.

“...The physicians and healthcare practitioners in the community recognized that a group of people did not have equal access to the healthcare system, based on the color of their skin.”
Is telehealth here to stay?

Much depends on how many regulatory requirements revert to their pre-pandemic state.

By Jennifer Henry Jackson and Sarah Cronan Spurlock

As a result of social distancing rules and “shelter in place” orders that have been implemented around the country, the COVID-19 public health emergency rapidly accelerated the use of telehealth in the United States.

Since the beginning of the pandemic, nearly half of all physicians are treating patients via telehealth, a sharp increase from only 18 percent in 2018. Regulations governing telehealth have been relaxed at the federal and state levels to increase flexibility and facilitate continued care via telehealth to help combat the spread of COVID-19.

Examples include, relaxation of originating site requirements to allow patients to be treated where they are located, expansion of government program coverage for services provided remotely, and increased payment parity.

In addition, the temporary relaxation or waiver of regulations pertaining to aspects of provider licensure, expanded options for acceptable technology, and HIPAA enforcement discretion, all described further below, have allowed providers alternative access to medical care without leaving their homes.

Whether or not telehealth is here to stay with the scope and scale we have seen these past few months will depend on how many regulatory requirements revert to their pre-COVID-19 state as the public health crisis is abated.

Licensure

In most states, telehealth providers are required to be licensed in the state where the patient is located. Following the declarations of emergency issued by President Trump and the Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) exercised its authority under section 1135 of the Social Security Act (42 U.S.C. § 1320b-5) to waive the requirement that healthcare professionals treating Medicare and/or Medicaid patients – including via telehealth – be licensed in the state in which they are providing services, provided they have equivalent licensure in another state.

Some states have fully waived licensing requirements for out-of-state providers, while others, like Kentucky, have introduced an expedited licensing process. On March 17, 2020, the Secretary for Kentucky’s Cabinet for Health and Family Services activated its operation of the emergency system for advanced registration of volunteer health practitioners pursuant to KRS 39A.356, and issued guidance directing the Kentucky Board of Medical Licensure (KBML) and the Kentucky Board of Nursing (KBN) to accept and review licenses for volunteer health practitioners and confirm that they have an active license in good standing to perform health services during the COVID-19 emergency.

In addition, the Kentucky Department of Medicaid Services waived the requirement that out-of-state providers be licensed in Kentucky if they are actively licensed by another state Medicaid agency.

Telehealth Technology

On March 30, 2020, CMS announced that providers may be reimbursed for remote visits with Medicare beneficiaries who have audio phones only, which was a major departure from the previous requirement that all telehealth visits be conducted using real-time audio/video communication technology. Kentucky took similar action, authorizing reimbursement for remote visits with Medicaid beneficiaries who have audio phones only.

The full impact of these steps remains to be seen, but they will likely offer increased access for elderly and low-income patients who may not have easy access to real-time audio/video communication technology.

Data Privacy and Security

On March 17, 2020, the Department of Health and Human Services, Office of Civil Rights (OCR), which is responsible for enforcing the HIPAA Privacy, Security, and Breach Notification Rules, issued a notification of enforcement discretion for telehealth remote communications.

The OCR announced that it 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 during the COVID-19 nationwide public health emergency.”

The OCR’s notification also reported that providers using telehealth during the COVID-19 pandemic could use any non-public facing remote communication product to communicate with patients.

Pursuant to this guidance from the OCR, the Kentucky Department of Insurance issued guidance waiving the requirements of KRS 304.17A-005(47)(c) and announcing that it would not impose penalties for noncompliance with the statute in connection with the good faith provision of telehealth using such non-public facing audio or video communication products.

The HEALTH Act

Ensuring that telehealth is here to stay seems to be a priority for at least some members of Congress. On June 11, 2020, Rep. Glenn “G.T.” Thompson (R-Pa.) and Rep. G.K. Butterfield (D-N.C.) introduced a new House bill called the Helping Ensure Access to Local TeleHealth (HEALTH) Act, aimed at codifying Medicare reimbursement expansions for telehealth services provided by community health centers and rural health clinics that were spurred by the COVID-19 pandemic.

The landscape surrounding telehealth has shifted dramatically since the onset of the COVID-19 public health emergency. While the relaxation of some standards will likely be temporary (as in the case of HIPAA enforcement, for example), others may prove to be permanent, contributing to a broader acceptance of telehealth across the commonwealth.

— Jennifer Henry Jackson and Sarah Cronan Spurlock are with Stites & Harbison in Louisville, Kentucky.
Healthcare organizations encouraged to enhance data security

By Margaret Young Levi and Kathie McDonald-McClure

The U.S. Department of Homeland Security (DHS) Cybersecurity and Infrastructure Security Agency (CISA) and the United Kingdom’s National Cyber Security Centre (NCSC) issued a joint alert warning of techniques that advanced persistent threat (APT) groups are using to exploit the COVID-19 pandemic.

APT groups target and exploit organizations responding to COVID-19, such as healthcare organizations, pharmaceutical companies, universities, medical research organizations and local governments. These groups seek to steal “bulk personal information, intellectual property, and intelligence that aligns with national priorities.” These cybercriminals employ a variety of techniques to steal data.

One way cybercriminals invade a network is simply to take advantage of unpatched software. As more people are working remotely, the APT groups scan for vulnerabilities in unpatched software on Citrix and virtual private network (VPN) products that allow people to work from home with a remote connection to their business network.

Another method APT groups are using against healthcare entities is to conduct large-scale password spraying campaigns.

Preventing Attacks

Considering this uptick in cyber activity, CISA and NCSC advise organizations to take the following steps to reduce the chance of compromise from these types of attacks:

- Strengthen password policies and require robust passwords. NCSC has provided examples of frequently found passwords, which attackers are known to use in password spray attacks to attempt to gain access to corporate accounts and networks. Employees should be warned not to use any of the 100,000 passwords on this list as well as to avoid any password based on the name of their company.
- Update VPNs, network infrastructure devices, and devices being used to remote into work environments with the latest software patches and configurations. See CISA’s guidance on enterprise VPN security and NCSC guidance on virtual private networks for more information.
- Use multi-factor authentication to reduce the impact of password compromises. See the U.S. National Cybersecurity Awareness Month’s how-to guide for multi-factor authentication. Also see NCSC guidance on multi-factor authentication services and setting up two factor authentications.
- Protect the management interfaces of your critical operational systems. Use browse-down architecture to prevent attackers easily gaining privileged access to your most vital assets. See the NCSC blog on protecting management interfaces.
- Set up a security monitoring capability so you are collecting the data that will be needed to analyze network intrusions. See the NCSC introduction to logging security purposes.
- Review and refresh your incident management processes. See the NCSC guidance on incident management.
- Use modern systems and software. Modern systems and software have better security built in. If you cannot move off out-of-date platforms and applications immediately, then there are short-term steps you can take to improve your position. See the NCSC guidance on obsolete platform security.
- Invest in preventing malware-based attacks across various scenarios. See CISA’s guidance on ransomware and protecting against malicious code. Also see the NCSC guidance on mitigating malware and ransomware attacks.

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By Margaret Young Levi and Kathie McDonald-McClure are with Wyatt Tarrant & Combs.
UK programs use telemedicine to help patients with substance use disorders

By Allison Perry

An outdoor patio. A car parked in a McDonald’s lot. The cab of a Bobcat machine.

These are a few of the creative locations that have recently subbed as a doctor’s office for patients receiving addiction treatment and working hard to attain remission and recovery as they seek a bit of privacy to complete their sessions. Across UK HealthCare, the clinics and programs that help patients with substance use disorders quickly pivoted to telemedicine in March as COVID-19 began to spread.

For some programs, it was a natural extension of services they had already begun to provide. UK HealthCare’s Beyond Birth Clinic, which helps new mothers in recovery, serves women from 43 counties in central and eastern Kentucky. Many of these women live hours from Lexington, so to reduce the burden of traveling long distances, the clinic had already been pushing out video programming to patients six months prior to COVID-19’s arrival in the state.

“We’ve always been faced with trying to provide therapeutic and educational content to supplement treatment without having the women travel here numerous times a week,” said Holly Dye, director of the Beyond Birth Program. “But now, we are almost exclusively telehealth-driven – that’s been the big change.”

Every weekday throughout the pandemic, Beyond Birth recovery specialist Sarah Bell has recorded and distributed YouTube videos for their patients to provide updates and information in a clear way. She’s covered topics like how to take precautions while shopping, how to pick up medications, how to keep children on a regular routine and much more.

“It’s very consistent. If information changes — as the whole COVID-19 response has changed almost daily — then everyone gets the same update the next day,” Dye said. “It also helps us give patients a frame of reference for what we want them to work on.”

UK SMART

UK HealthCare’s Supportive Medication Assisted Recovery and Treatment Program (SMART) launched just one year ago, integrating services like individual therapy, group therapy and medication management in one location to better serve adults with substance use disorders. Because many of their patients were in a higher-risk category for developing complications from COVID-19, SMART Director of Operations Lindsey Jasinski says that telehealth has been the safest option for most patients to get the care they need.

“Much of our patient population is medically and psychiatrically compromised,” Jasinski said. “They may have a lot of health issues such as hepatitis C, HIV and other medical issues that make it risky for them to come see us in person.”

Telehealth for a person in treatment – someone trying to enter into and sustain remission and also attain recovery – works differently than it does for someone during a typical doctor visit. People in substance use treatment are aiming for both remission (no longer having symptoms of the substance use disorder) and recovery (a process of change through which individuals improve their health and wellness, realizing it was an integral part of their patients’ journey.

“Initially, we weren’t doing group therapy because we didn’t think [the shutdown] would last very long,” Dye said. “But they missed us, and they missed each other. So we quickly re-initiated our group therapy via telehealth.”

First Bridge Clinic

While telehealth services have offered some new benefits to patients, those providing the treatment are seeing some unexpected positives as well. Addiction psychiatrist Dr. Michelle Lofwall treats patients through UK’s First Bridge Clinic and says that telehealth has given her some new perspective on her patients and how their home environment might have an impact on their treatment response and recovery.

“I’ve gotten so much additional information doing telemedicine, just being able to see where my patients are living and who they’re living with,” Lofwall said. “You see the patients interacting with their children, you see their pets, you see how they relate to one another. And then there’s the cases where you can see how people are struggling. It’s been eye-opening.”

Telehealth isn’t always the best option for everyone – the providers agree that some patients require or are best served through an in-person visit, whether it’s due to issues with technology or simply a real need to receive treatment or therapy in-person. But as society slowly returns to a new form of normal and more patients return to in-person visits, the providers hope that telehealth will continue to be an option for patients moving forward.

“Telemedicine is really a way to address health disparities, because you can use it wherever you or your doctors are located,” Lofwall said. “I was a little wary of it at first, but I’ve actually loved it – and our patients really like it, because it’s much more convenient. This is definitely a platform I want to be able to continue using in the future.”

—Allison Perry is with the University of Kentucky.

You see the patients interacting with their children, you see their pets, you see how they relate to one another. And then there’s the cases where you can see how people are struggling. It’s been eye-opening.
Spalding offers occupational therapy certificate, doctoral track in Upper Extremity Rehabilitation

Spalding University’s Auerbach School of Occupational Therapy is offering a new graduate certificate and post-professional doctoral track in Upper Extremity Rehabilitation. Unique to this region, the programs will provide occupational therapists with advanced knowledge of the complex physiology and occupations of the hand and arm as well as training in how to evaluate and treat upper-limb injuries. Spalding is now accepting applications for fall 2020 for both the certificate and the post-professional Doctor of Occupational Therapy (OTD) track. Assistant Professor Dr. Greg Pitts, a licensed OT and certified hand therapist who owns and operates Commonwealth Hand Therapy clinic in Lexington, will teach multiple courses.

Dean Dorton launches Unhinged podcast

Dean Dorton launched a new podcast show, Unhinged, which covers all things business. Hosted by Justin Hubbard, director of Accounting and Financial Outsourcing at Dean Dorton, Unhinged tests at the things business owners are frustrated with most, like ambiguous financial reports after someone spends hours manually manipulating spreadsheets just to understand how their business did that month, but also gives practical thoughts on innovatively running your business and ways to reshape what you may have learned up until now. Quick-witted and lively, shaped by real-life stories, Unhinged is everything you expect a podcast put out by business advisory firm not to be, and more.

The first two episodes introduce the podcast show and ponder if food delivery services for your business finances exist. Listeners can expect a variety of guests every other week, ranging from Dean Dorton team members to local, regional, and national business owners and entrepreneurs.

Kentucky Assisted Outpatient Treatment program receives $4 million grant

The Kentucky Cabinet for Health and Family Services (CHFS) received a federal commitment of $4 million grant funding that will enhance outpatient treatment services for people with serious mental illness (SMI).

The Substance Abuse and Mental Health Services Administration (SAMSHA), the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation, awarded the grant to fund Kentucky Assisted Outpatient Treatment (AOT) programs in four regions of the state. AOT will serve a small SMI population in need of high-impact behavioral health services, such as people recently discharged from a psychiatric hospital who are not likely to engage voluntarily in ongoing care.

AOT is expected to serve 192 people and will be implemented in regions served by two state-owned psychiatric hospitals, Central State and Western State. This includes counties served by the Seven Counties, Communicare, River Valley and Pennyroyal Community Mental Health Centers (CMHCs). The grant will make $1 million available annually for four years.

Department for Behavioral Health, Developmental and Intellectual Disabilities Commissioner Wendy Morris noted that the grant process was competitive and that CHFS is among only 17 national recipients of the award. She added that the funding will help Kentucky expand its mental health programming “in a very meaningful way. It will also allow us to advance our commitment to improving access to quality mental healthcare, reducing treatment gaps and empowering these individuals with mental illness.”

Kentucky’s AOT program focuses on individuals with a severe mental illness who meet criteria set forth in Tim’s Law, legislation originally passed by the Kentucky General Assembly in 2017 and updated in the most recent session. It authorizes state district courts to order AOT for individuals who have been involuntarily hospitalized at least twice in the past 24 months and are unlikely to effectively maintain outpatient treatment voluntarily.

Beshear, McConnell settlement secures $383 million for rural hospitals

Gov. Andy Beshear and U.S. Senate Majority Leader Mitch McConnell announced $383 million in state and federal dollars for 54 rural hospitals by settling a 13-year-old dispute regarding Medicaid funding rates.

The settlement negotiated by Gov. Beshear, with support from Senate Majority Leader McConnell, successfully convinced the federal Centers for Medicare & Medicaid Services (CMS) to offer funding in combination with the state’s liability of $93.9 million. The previous administration had budgeted an estimated $425 million in state funding to settle the case.

The settlement saved the state more than $300 million and provides long-awaited funds immediately back to rural hospitals.

This litigation began with an administrative action in 2007 and then the lawsuit in 2013, all involving the rate setting methodology used for acute care hospitals for 2007-2015. The hospitals claimed the methodology used by Kentucky Medicaid was invalid, and the Franklin Circuit Court and the Kentucky Court of Appeals agreed. The case is pending before the Kentucky Supreme Court.

Earlier this year Gov. Beshear asked CMS to exercise its authority to dedicate federal Medicaid funds owed to rural hospitals. Following a request from the Beshear administration, Sen. McConnell’s office contacted senior officials at CMS and at the U.S. Department of Health and Human Services reiterating the importance of a quick and positive decision for Kentucky’s rural hospitals.

On April 3, Gov. Beshear and Senate Majority Leader McConnell announced the Centers for Medicare and Medicaid Services (CMS) approved Kentucky’s request to recover Medicaid federal match rates and provide federal funds for a payment.

Kroger pledges $1.5 million to UofL to help end hunger

The Kroger Louisville Division is making a $1.5 million pledge to the University of Louisville as part of a broad-ranging effort to reduce hunger and waste in the local community.

The gift will create the Kroger Zero Hunger, Zero Waste Fund at UofL. The fund will provide support in three main areas: diversity and inclusion, food security and sustainability, and leadership development. Highlights of the Kroger gift include:

- $80,000 annually for undergraduate scholarships, beginning in fall 2020. Strong preference will be given to low-income, under-represented minorities pursuing STEM+H careers.
- $30,000 annually to UofL’s Office of Diversity & Equity to provide student services that will increase the likelihood of retention and degree completion of Black, Latinx, LGBTQ and female students.
- $30,000 annually to create and fuel a UofL Employee Success Center.
- $10,000 annually to UofL’s Sustainability Center for increased zero waste efforts and on-site composting expansion.

News in Brief continued on page 16
By Sally McMahon

Josh Van Wyngaarden has spent the last 12 years in the Air Force, where he helped develop a safe transport system for Ebola patients, led a physical therapy clinic in South Korea and served on a humanitarian mission to Nepal.

As a University of Kentucky (UK) doctoral student, he developed a research program that explores ways to prevent chronic pain, with the potential to make an impact on the opioid crisis. He has now earned his PhD in rehabilitation sciences in three years — in a program that usually takes nearly five to complete.

We talked to Van Wyngaarden about his research and how it can have an impact on the opioid crisis in Kentucky. Below are the highlights.

Patients that have high risk profiles may benefit from a referral to a clinical psychologist to help build their confidence and reduce maladaptive pain coping mechanisms. This will result in more of an active approach to managing the pain rather than a passive medication that results in dependence.

Medical News: Congratulations on recently graduating from UK! What has life been like since graduation in May?

Josh Van Wyngaarden: I expected life to slow down after defending my dissertation, but in many respects, it has picked up. I have seven research papers that I am working on getting published in various medical and rehabilitation journals to share my dissertation findings with the greater rehabilitation and medical communities. Additionally, there are a few grant applications that my mentor, Brian Noehren, and I have been working on getting funded. All said, I have made time to slow down and have some fun family time while home.

MN: Why did you decide to focus your research on ways to prevent chronic pain?

JWV: Early in my Air Force career I did a short clinical rotation at the Center for the Intrepid (CFI) in San Antonio, Texas. This is where many of the wounded warriors go after experiencing traumatic injuries in deployed settings. It was readily apparent that many of the issues these patients dealt with were psychological in nature. As I continued working with patients at various clinics in both deployed and stateside settings, I further realized that many patients did not seem to do well no matter what physical intervention I offered. This led me down the path to identify the factors early after injury that are most consistently associated with who develops chronic pain and who does not.
This led me down the path to identify the factors early after injury that are most consistently associated with who develops chronic pain and who does not.”

Patients in the medium and high-risk categories had horrible long-term chronic pain and disability.

**MN:** How can your research make an impact the opioid crisis in Kentucky?

**JWV:** My research can be applied to helping reduce the opioid crisis. Patients early after injury should probably be screened for their level of self-efficacy or even use the screening tool, we adapted for the traumatic injury population. Patients that have high risk profiles may benefit from a referral to a clinical psychologist to help build their confidence and reduce maladaptive pain coping mechanisms. This will result in more of an active approach to managing the pain rather than a passive medication approach that results in dependence.

**MN:** What are next steps for you?

**JWV:** I will be heading to U.S. Army-Baylor University in July to join the faculty team teaching military DPT students and continue with my research projects.

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PNC commits more than $1 billion to help end systemic racism

The PNC Financial Services Group announced a commitment of more than $1 billion to help end systemic racism and support economic empowerment of African Americans and low- and moderate-income communities.

PNC’s expanded commitment will provide more than $50 million in additional charitable support for national and local work that will help eliminate systemic racism and promote social justice; expand financial education and workforce development initiatives; and enhance low-income neighborhood revitalization and affordable housing, with funding allocation led by the PNC Foundation Board of Directors, PNC’s Regional Presidents and Community Development Banking teams.

PNC’s commitment also includes more than $1 billion in community development financing and capital for neighborhood revitalization, consumers and small businesses; enhancements to PNC’s existing matching gift program to include support for qualifying non-profit organizations that support economic empowerment and social justice educational efforts; and a commitment to fully engage PNC employees in support of qualifying social justice and economic empowerment non-profits through volunteerism, with up to 40 hours paid time off annually to do so.

COVID-19 antibody initiative receives money to expand testing

The Co-Immunity Project, a collaboration to track and curb COVID-19 in Kentucky, has received $1.5 million from the James Graham Brown Foundation (JGBF), as well as additional gifts, to expand community coronavirus testing and launch a public “virus radar” for understanding its spread.

The new investment will support unique, three-step testing of individuals in the community for COVID-19 and SARS-CoV-2 antibodies along with testing of wastewater. The goal is to develop a real-time picture of the virus—a radar—beginning in Jefferson County, with the hope of later spreading this model to other affected communities worldwide.

A previously announced substantial gift from the Jewish Heritage Fund for Excellence and other individual donations enabled the completion of Phase I of the research, which included the testing of more than 1,000 healthcare workers in all three area hospital systems: Baptist Health, Norton Healthcare and UofL Health. The results of this work will be shared soon.

The JGBF gift will help the project launch its Phase II, in which some 22,000 community members will be tested for the virus and associated antibodies.

Households will receive invitations in the mail to participate in this research from the University of Louisville. Individuals will be selected to participate in testing based on age, race, sex, background and location to create a sample that matches the demographics of the overall population of Jefferson County.

TARC receives grant from CARES Act funding

Transit Authority of River City has received a grant from the federal government to help sustain operations during the COVID-19 outbreak.

The U.S. Department of Transportation’s Federal Transit Administration will provide funding to TARC with a $42.4 million grant as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Norton Healthcare establishes Norton Infectious Diseases Institute

Norton Healthcare has established Norton Infectious Diseases Institute, which focuses existing expertise in one integrated multidisciplinary center. Throughout the pandemic, the team that makes up Norton Infectious Diseases Institute was able to initiate testing for employees, patients and the community. The team established a process for helping nursing homes, greatly affected by this pandemic, develop COVID-19 plans. In addition, through a strong clinical research arm, the latest treatments were made available to patients though the proficient establishment of multiple clinical trials.

Norton Infectious Diseases Institute offers a team approach to inpatient and outpatient care, including consultations with disease-specific specialists, clinical research initiatives, population health management and education. The team of board-certified infectious disease specialists, led by Paul Schultz, MD, manages and treats a wide range of diseases.

This is the fifth institute established as part of Norton Healthcare’s continuum of care. Norton Cancer Institute was the first to be established in 1994, soon followed by Norton Neuroscience Institute, Norton Orthopedic Institute and, most recently, Norton Heart & Vascular Institute.

SOS sends medical supplies to DR Congo

Louisville-based SOS deployed a container carrying $200,000 worth of medical supplies to DR Congo. The shipment is bound for Helping Hand for Survivors, an organization that provides medical care and support for women and children survivors of rape or sexual violence. The supplies include hospital beds for the clinic, as well as bassinets and infant warmers for neo-natal care. Portable BleachMakers and water purification equipment from local organization WaterStep were also included in the shipment.
Commonwealth announces Medicaid Managed Care providers

Gov. Andy Beshear and Cabinet for Health and Family Services Secretary Eric Friedlander announced the commonwealth of Kentucky has awarded the state’s Medicaid Managed Care Organization (MCO) contract to five healthcare companies that will manage benefits for the state’s Medicaid enrollees.

The five companies are Aetna, Humana, Molina Healthcare, UnitedHealthcare and WellCare. Aetna will also serve children in Kentucky SKY, the Medicaid risk-based managed care delivery program for the state foster care program and the Department for Juvenile Justice.

BESHEAR

“Healthcare is a basic human right and ensuring coverage for approximately 90 percent of Medicaid’s 1.4 million population is of the utmost importance to my administration,” Gov. Beshear said. “The expansion of Medicaid in the commonwealth has been lifesaving for many families who struggled to find and afford coverage. As we move forward, we must continue to provide equal access for every Kentuckian who needs quality care.”

Secretary Friedlander said the Finance and Administration Cabinet issued the request for proposals January 10, 2020.

Key Changes

Key changes to the contracts include a focus on improvement of quality measures; increased transparency; strengthened reporting and oversight requirements; and pharmacy program changes. The contracts also provide incentives to address social determinants of health, which include all the factors that directly or indirectly impact Kentuckians.

Current contracts with Aetna (via Coventry Cares), Anthem, Humana (via CareSource), Passport Health Plan and WellCare were set to expire June 30. A six-month extension will be added to the existing contracts to give ample time to bring the two new contractors, Molina Healthcare and UnitedHealthcare, on board for a Jan. 1, 2021 start date. The initial term of the new contracts is through Dec. 31, 2024, at which time the cabinet’s Department for Medicaid Services may extend the contracts by six additional two-year periods.

Gov. Beshear canceled the managed care contracts awarded by the outgoing governor’s administration in early December. The initial contract award created public outcry from both lawmakers and health policy experts, who raised concerns about the review process and bias regarding certain companies.

MCOs

Managed Care is a healthcare delivery system designed to manage costs, utilization and quality. By contracting with MCOs to deliver Medicaid healthcare services, states can reduce Medicaid program costs and better manage utilization of health services. Improvement in health plan performance, healthcare quality and health outcomes are key objectives of Medicaid managed care.

Ensuring access to affordable healthcare is a top priority for Gov. Beshear and his administration. On Dec. 16, 2020, after being in office only 10 days, Gov. Beshear’s administration notified the Centers for Medicare and Medicaid Services that he was ending the 1115 demonstration project, known as “Kentucky HEALTH,” that required Kentuckians to meet certain work requirements in order to have health insurance coverage.

Gov. Beshear also signed an executive order to protect the state’s Medicaid expansion program, which provides healthcare coverage to nearly 500,000 Kentuckians.

Kindred Healthcare to expand behavioral health services

Kindred Healthcare announced it has signed a definitive agreement with WellBridge Healthcare to acquire two behavioral health hospitals, WellBridge Greater Dallas and WellBridge Fort Worth, in the Dallas-Fort Worth metropolitan area.

WellBridge Greater Dallas and WellBridge Fort Worth provide a full continuum of inpatient and outpatient behavioral health services to senior and adult populations in North Texas. Each hospital has 48 licensed beds. Kindred plans to continue using the WellBridge name.

This acquisition advances Kindred’s objective of expanding the company’s behavioral health services.

Norton Brownsboro Hospital earns performance award

Norton Brownsboro Hospital has been named a recipient of the 2020 MAP Award for High Performance in Revenue Cycle, sponsored by the Healthcare Financial Management Association (HFMA). As a national award winner, Norton Brownsboro Hospital has met industry-standard revenue cycle benchmarks, implemented the patient-centered recommendations and best practices embodied in HFMA’s Healthcare Dollars & Sense initiatives, and achieved outstanding patient satisfaction.

News in Brief continued on page 18
UK first in Kentucky to offer Microseed radiation therapy

The University of Kentucky Markey Cancer Center is the first medical facility in Kentucky to offer Microseed Oncology's Microseed radiation therapy for patients with early-stage breast cancer.

Already widely used to successfully treat prostate cancer, Microseed radiation significantly reduces the number of times a patient must come in for treatment. Traditional breast cancer radiation therapy consists of daily treatments for as long as three to six weeks. Concure's Breast Microseed Treatment is a one-time, one-hour procedure for early-stage breast cancer patients who have already undergone surgery to remove cancerous tissue from the breast (lumpectomy).

In addition to being the first in the state to offer this therapy for breast cancer patients, Markey is also the first center in the U.S. to have physicians who are trained to perform the procedure using a tiny ‘localizer needle’ into the intended treatment area under ultrasound and/or CT (computed tomography) guidance. This new and improved technique allows the radiation oncologist to identify and localize the area to be treated, reducing the overall procedure time.

UofL startup helps companies improve cultural well-being

A new University of Louisville research-born startup is helping companies assess and improve organizational culture and drive innovation. The company also is building around a new cultural well-being index to improve cultural well-being, which can be a competitive advantage in recruiting, retaining and motivating top talent, and to supporting advanced research and to supporting advanced research on workforce culture, resiliency andinclusive innovation. The company also is a certified LGBT Business Enterprise through the National Gay & Lesbian Chamber of Commerce.

Humana, Papa and Uber Health combat loneliness, social isolation

Humana, in partnership with Uber Health, Papa, Coalition to End Social Isolation and Loneliness, and the NASA-funded Translational Research Institute for Space Health (TRISH) launched “Far from Alone” – a public health awareness campaign to address health-related social needs and promote understanding of loneliness and social isolation, issues that are exacerbated by the Coronavirus pandemic.

Over time, the effects of loneliness and social isolation may have negative mental health and neurological consequences, and they are associated with worsening health-related quality of life, increased mortality and other poor health outcomes. For example, research has shown lonely seniors may have an increased risk of Alzheimer’s disease, dementia, depression and stroke.

The program further leverages partner organizations’ depth of research and expertise in social determinants of health, or the environmental conditions in which people are born, grow, live, work and age. Far from Alone partners encourage consumers, healthcare professionals and community leaders to use and share the educational materials available on the campaign website, FarfromAlone.com, which links to resources including:
- In-depth toolkits explaining the differences between loneliness and social isolation, associated health effects, and how to combat them.
- Shareable content and infographic offering practical tips and ideas to stay connected during physical distancing.
- Opportunities to join the #FarfromAlone conversation on social media.

Passport Health Plan increases giving for non-profits during pandemic

Passport Health Plan announced a partnership to aid The Salvation Army Louisville Area Command as it combats numerous negative societal effects of the COVID-19 pandemic. The Louisville-based Medicaid managed care organization is specifically supporting the charity’s Mission Essential Campaign, an effort to raise additional funding for resources strained by this health emergency.

Since the first days of the novel coronavirus outbreak, Passport significantly increased its health-focused corporate philanthropy throughout the state of Kentucky. Passport’s COVID-related support is impacting Kentucky Harvest, Jefferson County Public Schools, One Louisville: COVID-19 Response Fund, Kentucky Department of Public Health and Community Area Ministries in addition to The Salvation Army and others.

This intentional strategic effort is based on Passport’s data-driven COVID-19 risk stratification process. Passport identified more than 26,000 members in Jefferson County who are at medium or high risk for the virus. The analysis showed those at high risk were much more likely to live below the poverty line and have housing instability.

Passport Health Plan’s contribution to the Mission Essential Campaign will assist The Salvation Army with new COVID-related costs including additional hourly staff for some positions normally filled by volunteers, the opening of a Healthy Day Shelter, a COVID-19 shelter, the increase in number of daily meals served from 400 to 2000, additional beds for individuals and families, and food box delivery to the vulnerable, seniors and those who test positive for COVID-19 and must recover at home.

On an even larger scale, Passport joined with the University of Louisville and U of L Health to launch the “Better Together by Staying Apart” information initiative promoting social distancing, limited travel, hand washing and proper surface cleaning. Louisville Metro Mayor Greg Fischer has repeatedly championed the campaign during his daily briefings with the community.
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