“Being a 24/7/365 healthcare provider required us to be nimble and swiftly adapt to the COVID conditions while we continued to operate within the new environment.”

— Sharon Tankersley, Hosparus Health

As health systems begin the road to financial recovery from the COVID-19 pandemic, one characteristic of finance executives has emerged: they agree they are capable of quick changes. Medical News recently spoke with local finance executives who discussed navigating through the COVID-19 pandemic. Below are the highlights.

Medical News: How has the COVID-19 pandemic impacted your business operations?

CRAIG COLLINS
Vice President and CFO, UK HealthCare

As with most healthcare organizations, COVID-19 has had a major impact on UK HealthCare’s (UKHC) revenue related to patient volumes and patient-care services because of temporarily discontinuing elective surgeries earlier this year.

Through careful planning, we are focusing on safely restarting elective surgeries and patient care clinic appointments by limiting access points and screening visitors and staff for symptoms of COVID-19 prior to entering UK HealthCare hospitals and individual clinics within ambulatory facilities. We are also limiting the number of people accompanying patients.

We are currently working on a plan that evaluates which staff will continue to work remotely and, when safe, what we will need to provide in our current office locations to maintain social distancing.

DANA HENDRICKS
CFO, ProAssurance

After the successful transition of over 95 percent of our employees to remote work, most of our operational changes were in support of our medical professional liability insurance and workers’ compensation customers who were impacted more directly by the pandemic.

For example, the decisions by state regulators to temporarily suspend elective medical procedures affect both a medical practice’s ability to pay expenses, including insurance, and their liability exposure. We made significant operational changes to be responsive and financially flexible for our customers, and to analyze/apply discounts as warranted by reductions in exposure.

Because both medicine and insurance are highly regulated industries, simply keeping up to date and in compliance with each state’s COVID-19-related requirements and communicating them was a full-time job.

ADAM KEMPF
Senior Vice President and CFO, Norton Healthcare

Like all providers in the state, we saw a significant decrease in volume when elective surgeries were suspended in March. Combined with disruption in the supply chain for personal protective equipment (PPE), we faced significant operational and revenue challenges.

As we move forward in this new environment, we continue to offer expanded
Passport Health Plan announces agreement for Molina Healthcare to acquire certain assets

Passport Health Plan announced that Molina Healthcare, Evolent Health and Passport have entered into a definitive agreement for Molina to acquire certain assets of Passport Health Plan. The agreement helps to provide continuity of care and coverage for Passport members while also preserving hundreds of Kentucky jobs.

Under the terms of the agreement, which is subject to regulatory approval, Molina intends to acquire the Passport brand, operational and clinical infrastructure, and certain provider and vendor agreements. Molina will also offer Passport employees the opportunity to continue employment with Molina. Under a separate agreement, Molina has also agreed to purchase Passport’s real estate in west Louisville.

UK plans ‘High-tech, High-touch’ approach to COVID-19 testing

The University of Kentucky detailed plans for testing up to 30,000 students for COVID-19 as part of its plan to restart in-class instruction on Aug. 17.

The testing details are the first in a series of announcements UK will make over the next few weeks regarding steps to protect the health, safety and well-being of the campus community as it prepares for the fall 2020 semester.

Between Aug. 3 and Aug. 22, student testing will be available at no cost to students at five sites on campus and offered through a third-party expert — Lexington-based testing and genomics company, Wild Health — that has been retained by the university.

The idea is to create a baseline for university officials as plans are implemented for ongoing daily screening, contact tracing and other health measures. Utilizing a third party for testing also will enable UK HealthCare to maintain its capacity for testing health workers, first responders and the community.

Baptist Health partners with KAM on COVID-19 testing solutions

The Kentucky Association of Manufacturers (KAM) has chosen Baptist Health as its partner and resource for the COVID-19 testing required for businesses to reopen.

Baptist Health is offering screening, testing and monitoring services for COVID-19 directly to employers such as those associated with KAM. Since 1911, the Kentucky Association of Manufacturers (KAM) has served as the leading advocate for the manufacturing industry in the commonwealth.

For employers who partner with Baptist Health specifically for testing solutions, employees with COVID-19 symptoms can be tested, as well as co-workers who potentially had contact with them. Testing can be on-site, or at Baptist Health Urgent Care locations which have been testing those with COVID-19 symptoms.

Baptist Health is a provider of direct-to-employer health services. Baptist Health has an active and direct connection to 29 companies — and some 17,000 persons associated with those firms — through its strategic alliance with BluMine Health, a Direct Primary Care provider in Kentucky and southern Indiana. BluMine Health supports employer-sponsored health and wellness initiatives by providing direct primary care to mid- to large-size employers.

Lexington Clinic celebrates 100 years

Lexington Clinic celebrated its 100 years anniversary in July. On July 1, 1920, Lexington Clinic was founded by a group of physicians who came together to form a multi-speciality medical group that focused on providing quality care to their patients. Lexington Clinic established the first radiology department in Lexington in the 1920s, developed the first cardic care unit in Lexington in the 1960s and performed the first thoracic ablation surgery in 2006.

Lexington Clinic is moving ahead with construction plans for its new South Broadway building, which will replace the current Lexington Clinic flagship that has been serving the community since 1957. The new building is set to open by early next year. The current building will remain open and functional until the new building is operational.

Dean Dorton listed in Chambers and Partners High Net Worth Guide

Dean Dorton, an audit, tax, and business consulting services based in Kentucky, was recently listed in Chambers and Partners High Net Worth Guide for 2020. Chambers and Partners is a London based research organization best known for its global law firm research and rankings. Its High Net Worth Guide (HNW) is used by family offices and professional advisers, to recommend top professional service firms to high net worth individuals worldwide. This guide of recommendations is based on in-depth research performed by a team of specialist research analysts.

UofL researchers testing virtual COVID-19 care tool for veterans

Researchers at the University of Louisville are working with the Department of Veterans Affairs on a tool that texts COVID-19 information and advice straight to veterans’ phones.

In a new study published in The Journal of the American Medical Informatics Association, UofL’s Jason Saleem and doctoral student Jacob Read found the tool, called Annie, gave veterans reassurance, advice and connection while helping to reduce the stress on VA healthcare facilities facing high demand due to the pandemic.

Their study included survey responses from more than 1,100 enrolled veterans from all 50 states, the District of Columbia and Puerto Rico.

Annie pre-dates coronavirus, and previously has been used for tracking other conditions, education and to send patients motivational messages to help them reach their wellness goals.
Kentucky Regional Extension Center plans new webinar series

The Kentucky Regional Extension Center (Kentucky REC) and their partners at Kentucky Health Information Exchange (KHIE) are holding a free webinar series August 10 – 14. The WoW - Week of Webinars is a week of virtual learning and interactive sessions for clinicians, administrators, clinic staff and all healthcare professionals to remotely connect and discuss programs and healthcare subjects with experts. Topics include:

- Quality Improvement
- Telehealth
- Patient-centered Medical Home & Specialty Practice
- HIPAA
- KHIE Services
- The Quality Payment Program
- Promoting Interoperability for EHs & EPs

A detailed agenda and registration can be found at https://www.kentuckyrec.com/week-of-webinars/

The Kentucky REC serves as an advisor to healthcare organizations, clinicians and leaders, helping them to manage the complex and changing world of healthcare. A part of the outreach mission of the University of Kentucky and UK HealthCare, the Kentucky REC specializes in providing guidance and support on technology innovation, performance improvement and healthcare transformation for healthcare organizations across the commonwealth of Kentucky, including large health systems, rural and Critical Access Hospitals and physician practices of all sizes.

UK receives $3.2 million for TBI research

A $3.2 million grant will support University of Kentucky College of Medicine research that could pave the way for a treatment for traumatic brain injury (TBI).

The National Institutes of Health award will fund ongoing research led by UK Neuroscience and Spinal Cord and Brain Injury Research Center (ScoBIRC) Professor Patrick Sullivan, PhD, who has studied the effects of the experimental drug MP201 on TBI. This current project is a culmination of 20 years of research in Sullivan’s lab focused on mitochondrial uncoupling as a potential target following brain injury.

Greater Louisville Project releases 2019 Competitive City Report

On July 7, the Greater Louisville Project (GLP) held an online community conversation about its 2019 Competitive City Update: The Flow of Community Investment. The report takes a comprehensive look at how the public, private and government sectors invest in our community.

As the report was going to print in early 2020, COVID-19 was declared a pandemic. Beginning at the end of May, discriminatory practices around the world were openly contested by massive protests. Locally, Breonna Taylor’s death brought national attention to Louisville’s race relations. The GLP policy board postponed the original date for a community conversation in order to better understand how these events will impact our community and how the GLP data can best be leveraged to spur community engagement so that Louisville can come out stronger than we began.

“How we respond will define what kind of city Louisville becomes after the crises,” said Jeff Polson, executive director of the Jewish Heritage Fund for Excellence and chair of the GLP Policy Board. “By coming together to understand the data we can ensure that we get the best return on our community investment.”

For more than a decade, the GLP has provided research and data analysis to catalyze action and engage the community in a shared agenda for long-term progress. This year, they investigated the resources being invested in our community across the social, public and private sectors.

That analysis was complex, but the results clear: Louisville is investing less than most of our peer cities in both the public and social sectors in terms of per capita dollars. Our private sector investment and resources are comparable with the middle tier of our peers.

“This is an historic opportunity for transformation, in our city and in our nation. A critical component of seizing that opportunity is rethink our investment in human capital,” said Mayor Greg Fischer. “This report shows we have a lot of work to do, but I believe that our city has the commitment and the social muscle to get it done and be a model for the nation. I pledge my team’s full commitment to doing just that.”

According to data in the report, more than 90 percent of high-income households (those who make more than $200,000/year) give to nonprofits. However, they give about 3.5 percent of their total income, compared to a peer city average of 4.5 percent. If we were to give at a comparable level to our peer average, our community could invest more than $75,000,000 of additional funds in nonprofits and religious entities each year.

This is compounded by the relative lack of endowed foundation assets, which means that Louisville’s nonprofit sector is in the bottom tier of our peer cities in terms of donations.

In the public sector, while the actual ranking varies somewhat depending on the methodology used, Louisville’s government spending per capita is also in the bottom tier of our peer cities.

Private sector investing has fewer reporting requirements, but across some important metrics (small business loans, home loans, and venture capital investment), Louisville is in the middle tier of our peer cities, although we are not taking full advantage of federal or CDFI resources.

The conclusion is clear, Louisville has the capacity to invest more in itself to advance a more competitive city.

“It is important to understand that the data itself does not change anything. It is only by understanding the data, taking action to improve the data, and collaborating across sectors to make the most of our investments that we will build the city we aspire to be,” said Ben Reno-Weber, director of the GLP. “As a next step to starting the conversation, we are asking Louisvilleans to tell us the answer to one question, ‘If you had the resources to invest in one thing to make Louisville better, what would it be?’ You will hear some of these suggestions during the release event.”

The Greater Louisville Project presents data and compares findings to 16 peer cities, including Indianapolis, Cincinnati, Nashville and others. To order a hard copy of the report or to access a digital download of the report as well as the appendix with supporting data, visit http://greaterlouisvilleproject.org/.

Saint Joseph London receives national award

The Saint Joseph London Wound Care Center has been recognized as a Healogics Center of Distinction, which is a national recognition for clinical excellence given by the nation’s largest provider of advanced wound care services. The center was recognized for outstanding clinical outcomes achieved over 12 consecutive months.

There were 601 centers eligible for the Center of Distinction award and 367 were recognized.
### People in Brief

**Alzheimer’s Association**
Shannon White has been named executive director of the Greater Kentucky and Southern Indiana chapter of the Alzheimer’s Association.

**Baptist Health**
Caitlyn Cecil, MD, joined Baptist Health Medical Group Pediatrics.

**Community Foundation of Louisville**
Ronald Gallo was named president and CEO.

**Hosparus**
Deborah May was promoted to VP of Learning, Development and Inclusion.

**McBrayer**
Keeana Sajadi Boarman, previously with Front Brown Todd, was recently hired in the Lexington office.

**McBrayer**
David Cecil has joined the Lexington office from Kopka Pinkus Dolin.

**University of Kentucky**
Dennis Doherty, MD, professor emeritus of medicine at the College of Medicine, was named president of the United States Pharmacopoeial Convention.

**UofL School of Medicine**
Joern Soltau, MD, has been named the Dr. William H. and Mrs. Blondina F. Evans Endowed Chair of the Department of Ophthalmology and Visual Sciences.

**UofL Health**
Stephen Taylor, MD, was appointed to the position of chief medical officer at UofL Health – Peace Hospital.

**Waystar**
Ursula Burns, retired Chair and CEO of VEON Ltd. and Xerox Corporation, joined the board of directors.

**Wyatt Tarrant & Combs**
Pat Mulloy has been elected chairman of Argentum’s Board of Directors.

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LEAP announces next phase, new effort to provide startup support

The Louisville Entrepreneurship Acceleration Partnership (LEAP) announced its next phase and the launch of a new effort that will provide even more support for founders.

LEAP will focus on providing support to meet the needs of promising local and regional healthcare founders and startups, while a new effort, Amplify Louisville, will work to strengthen the broader entrepreneurial ecosystem.

LEAP, now known as Louisville Entrepreneurship Acceleration Programs, will be led by the Louisville Healthcare CEO Council (LHCC) and the University of Louisville’s Office of Research and Innovation. LEAP will offer resources including educational series, networking events and mentorship opportunities tailored for healthcare startups of all stages.

LEAP efforts will include the continued development of LHCC’s recently announced Corporate Innovation Center, with entrepreneurial programs for healthcare startups, such as the newly formed Chairman’s Circle, a group of healthcare executives who will provide mentorship for entrepreneurs.

Other efforts will include UofL’s entrepreneurs-in-residence program, whose rotating experienced founders work to commercialize university technologies, and LHCC’s second annual health-tech startup pitch competition, CareTech2.0, in September. CareTech recently issued a global call for innovations addressing social determinants of health.

Amplify, led by executive director Larry Horn, will focus on broader ecosystem development efforts, providing diverse programming, access to customers, talent, and capital for non-industry specific tech-enabled, scalable startups in our community.

News in Brief continued on page 8

Beshear furthers supports innovators, small businesses statewide

Gov. Andy Beshear took another step in growing Kentucky’s startup ecosystem, announcing KY Innovation – the commonwealth’s office for entrepreneurial and small business support – has authorized an additional $2.6 million in funding to six public-private partnerships focusing on key regions throughout the state.

Known as the Regional Innovation for Startups and Entrepreneurs (RISE) program, the six partnerships are entrepreneur-led organizations dedicated to serve all of Kentucky’s 120 counties.

Through a public-bid process, KY Innovation established the partnership offices in Pikeville, Covington, Paducah, Lexington, Bowling Green and Louisville.

Through RISE and other efforts by KY Innovation within the Cabinet for Economic Development, Kentucky leaders look to develop the commonwealth’s reputation and role as a key destination for entrepreneurs seeking to grow or scale a business.

For the benefit of entrepreneurs, RISE uses a regional strategy to unite each area’s most powerful economic drivers, prioritize commercialization and promote rapid scaling.

The RISE locations are:
— Bowling Green – Central Region Innovation and Commercialization Center (CRICC)
— Pikeville – Shaping Our Appalachian Region Inc. (SOAR)
— Lexington – Awesome Inc.
— Paducah – GroWEST KY
— Covington – Blue North
— Louisville – Amplify

KY Innovation and the Cabinet for Economic Development rely in large part on partners throughout the commonwealth and support from the Kentucky General Assembly to continue building the state’s entrepreneurial ecosystem.

News in Brief continued on page 8
Meet Sarah Davasher-Wisdom, President & CEO of Greater Louisville Inc.

**Medical News:** How did you end up being the President & CEO of Greater Louisville Inc. (GLI)?

**Sarah Davasher-Wisdom:** I came to GLI as the VP of Government Affairs in 2014 right after Kent Oyler was hired as CEO. GLI was in rebuilding mode after the CEO position had been vacant for quite some time. We learned a lot from our national association and implemented best practices that enabled us to win the national chamber of the year award in 2019.

I began advancing within the organization in 2016, slowly asking to manage more areas and working hard to strengthen GLI alongside Kent, and when GLI’s Executive Committee and Board asked Kent to develop a succession plan I made my interest in the role known to both Kent and the Executive Committee. In the fall of 2019, the Executive Committee hired a consultant to talk with several business leaders in the community about whether a search should be conducted or whether any internal candidates were equipped for the role. As a result of that process, I became the CEO at our Annual Meeting in January after a unanimous vote of the Board of Directors. My journey at GLI has been an enriching experience and I am honored to lead the organization.

**MN:** What is the most challenging business problem you face today or that you recently solved for?

**SDW:** Recent events have brought light to the need for the business community to help correct racial inequities that have existed for hundreds of years without proper attention being given to them. Our core mission is growing the regional economy, so we must do more to support members of our community who are disenfranchised or excluded from economic opportunities. GLI’s role in this previous might have been more reserved, but our Executive Committee and Board made a deliberate decision to say that racism has no place in our society, and we want to do our part as the business community to join the call for accountability and reform. We recognize that GLI has an opportunity to use our collective influence to highlight racial issues in Greater Louisville. These are tough conversations, but they are important conversations. In the coming days and weeks, we hope to serve as a convener to help bring people and stakeholders together in a way that is thoughtful and invokes action.

**MN:** Healthcare is a significant portion of Louisville’s economy. What is your vision for growing this sector and how are you working to achieve this?

**SDW:** The healthcare sector is strong in our region and has potential to grow even more. Our role in leading that is through a GLI network called the Health Enterprises Network (HEN). Comprised of more than 1,100 healthcare professionals, HEN has developed a strategic plan to accelerate growth within the healthcare economy by making our region a location of choice for healthcare companies, consumers, educators, researchers, and investors. Elements of the plan include fostering a strong ecosystem with existing healthcare companies so that common challenges can be more easily addressed and opportunities seized, helping GLI identify business attraction and retention opportunities for healthcare companies, and providing meaningful engagement opportunities for healthcare professionals. When we look at our thriving competitor cities, it is business networks that often drive industry sector growth and we are pleased to be at the forefront of that with HEN.

**FAST FACTS**

**HOMETOWN:**
I grew up in Holland, a small town on the Tennessee line in Allen County.

**EDUCATION:**
Master of Public Administration from WKU and a bachelor’s degree in Political Science and Public Relations from WKU. A few months ago, I completed the Institute for Organizational Management and I just took the Certified Chamber Executive (CCE) exam two weeks ago.

**FAMILY:**
Rodney, husband of seven years. We have also recently adopted a new kitty named Abigail after the passing of our 16-year-old Duchess.

**HOBBIES:**
My husband and I love ballroom, tango and salsa dancing.

**CURRENTLY READING:**
I love reading books on organizational leadership and Biblical fiction.

**FAVORITE VACATION:**
I went to Israel in 2010 with a Political Action Committee.
STAY CONNECTED

with Health Enterprises Network

ATTENTION HEN MEMBERS: One of our goals is to share the story of Louisville’s healthcare community, and that is best accomplished through with the stories of our member companies and organizations. We will be focusing on enhanced communication through podcasts, social media, enewsletters and the HEN web site.

Help us stay connected with your stories by adding news@healthenterprisesnetwork.com to your press release distribution list. Also, follow us on Twitter @HealthENetwork (use the tag #HENmember), follow us on LinkedIn and like us on Facebook.

ATTENTION HEN INTENSIVE INVESTORS: We would like to feature HEN Intensive Investors in an “Investor Spotlight” to be included on the HEN web site, in the enews and on social media platforms. Share the story of how your company began, what makes your company different from competitors and how you’ve pivoted strategies over the years. If you’d like to be featured, email news@healthenterprisesnetwork.com.

ATTENTION HEALTHCARE FELLOWS ALUMNI: We would love to hear from you. Tell us why you joined the program and what you learned. Fill us in on your career and accomplishments since the program. We’ll share your story on the HEN web site, in the enews and on social media platforms. If you’d like to participate, email news@healthenterprisesnetwork.com.

Health Enterprises Network plans Health Policy Forum

The Health Enterprises Network (HEN) will hold a virtual Health Policy Forum on August 6. The HEN Health Policy Forum is a group of healthcare executives and professionals who meet regularly to hear about key issues and legislation related to the region’s health-related economy.

The forum will include a review of 2020 Legislative Session and preview of the Interim Session. The discussion will include a look back at the health-related legislation that passed into law and explore issues that will be discussed during the interim session.

SENATOR ALVARADO

& Family Services Committee, will speak and participate in a Q&A.

HEALTHCARE FELLOWS PROJECT UPDATES

The Healthcare Fellows is a formal executive education program focused on the many business sectors in Louisville’s vast healthcare ecosystem. Fellows are tasked with completing a group project that has a community or economic impact. We spoke to the project leaders to get an update.

PROJECT: Kentucky Nurses Association (KNA) – Nursing Asset Resource

Co-Leaders: Holly Symonds Clark, Deputy Director, Commercialization EPI-Center, UofL and Jill Gaines, Associate Director of Admissions and Community Partnership Development, Egan Leadership Center, Spalding University

Team KNA is working on a campaign to attract nurses who wish to take part in a compilation virtual directory that’s goal is to brand a new professional platform for nursing. KNA will publish the first ever Annual Kentucky Nurse Resource Book. This robust resource will provide opportunities to glean referrals, recruit staff and faculty and educate fellow nurses about different areas of expertise.

The online resource book will be available by Friday, February 28. The fee to be included in the directory is $50 for KNA members which includes one free download. To purchase a one-time download for non-KNA members costs $400. Register at the KNA web site at https://bit.ly/3eShzMS.

PROJECT: Alzheimer's Association – Marketing and Communications Plan

Project Leader: Aleah Schutz, Of Counsel, Steptoe & Johnson

This group is helping the Alzheimer’s Association create a marketing and communication strategy to raise awareness of its programs and services and to increase its reach within Kentucky and Southern Indiana.

The immediate goal is to help the Alzheimer’s Association sign up teams to participate in the Walk to End Alzheimer’s scheduled for October 10, 2020. Team leaders are recruiting corporate teams and sponsors, including a Healthcare Fellows team.

This year’s event will not include a large in-person gathering — instead, the Alzheimer’s Association is inviting participants to walk in small teams of friends and family. More information can be found at the Walk to End Alzheimer’s web site at https://bit.ly/3eOJD6i.

TEAM AARP

Project Leader: Craig Long, Chief Growth Officer, SentryHealth

Team AARP is examining the Longevity Economy, specifically those 50 years and older and the impact they make in economic contribution. Four key areas have been identified: 1) employment, 2) volunteering, 3) caregiving, and 4) charitable donations. The hypothesis to be evaluated is the impact COVID-19 has had on the overall 50 years and older population, and if supported by survey response data, by each of the four segments.

Team members have leveraged the research resources within AARP to support the data gathering process, including survey design and survey field distribution via a telephonic survey. In the process of finalizing a survey instrument that will be delivered to those Jefferson County individuals that are 50 years and older. The goal is to have 800 completed responses that will yield a statistically relevant sample of this segment of Jefferson County residents.

Healthcare Fellows

Team AARP
Project CARAT—short for Coordinating and Assisting the Reuse of Assistive Technology—began in 2013 as a collaborative Health Resources and Services Administration grant with CERH, the UK Physical Therapy program, and the Kentucky Office of Vocational Rehabilitation where two CARAT sites opened—one in Hazard and the other in Estill County. Within the last seven years, three additional sites in Lexington, Louisville, and Paducah have been added.

To expand the reach of the Hazard project, CERH, the UK College of Health Sciences and the UK College of Social Work partnered in applying for a 2020 UK Sustainability Challenge Grant and the project was funded. This funding will allow the programs to work collaboratively to provide a larger number of refurbished equipment items to individuals in need and increase opportunities for community members to engage with the project at various levels.

Keisha Hudson, CERH’s administrative research assistant, said each CARAT site is unique in terms of need for equipment and community support will impact the project’s continued success.

“We hope to increase engagement with the public,” Hudson said. “Community-donated equipment is crucial to our success and we hope more awareness of our mission will result in equipment donations and greater access to care.”

Used canes, walkers, and wheelchairs can easily be repurposed for additional use. Unfortunately, most of this medically necessary equipment is thrown out after acquiring wear and tear. The team behind Project CARAT works to repair, sanitize and rehome used equipment in local communities.

“If you drive up and down your streets, it’s amazing the number of wheelchairs and walkers you will find waiting for the garbage truck. There’s also tons of equipment in landfills,” said Pat Kitzman, PhD, professor of physical therapy and a founder of Project CARAT. “We have a supply, and we have an overarching mission and how he teaches his physical therapy students.

“I was always having to MacGyver somebody’s wheelchair because current insurance policies only allow patients to receive a new wheelchair every five years. They will not replace the chair sooner if something happens to it,” he said. “I knew that my students, who will one day become future healthcare providers, would need this knowledge to help their patients.”

Fran Feltner, director of the UK Center of Excellence in Rural Health, added that the grant would allow the programs to work collaboratively to provide a larger number of refurbished equipment items to individuals in need and increase opportunities for community members to engage with the project at various levels.

This project was a natural fit for our social work students,” said Melissa Slone, UK College of Social Work East program coordinator at CERH. “Accessing resources, providing services and breaking down barriers is what social workers do.”

“From my experience working in rural Kentucky, there often is a gap in care,” she said. “Project CARAT is giving patients the equipment they need, providing greater healthcare resources, and looking at the real needs of each individual community. This type of precision care is a building block to addressing health disparities in our communities and in our state.”

“This project is for people who truly need them.”

— Lauren Thompson is with the University of Kentucky.
UK joins national data collaborative for COVID-19 research

The University of Kentucky’s Center for Clinical and Translational Science (CCTS) is partnering with the National Center for Advancing Translational Science (NCATS), the National Center for Data to Health, and around 60 other clinical institutions affiliated with the NCATS Clinical and Translational Science Awards Program to leverage big data in the fight against COVID-19.

The National COVID Cohort Collaborative (N3C) includes clinicians, informaticians and biomedical researchers working to turn data from hundreds of thousands of medical records from coronavirus patients into treatments and predictive analytical tools that can help address the evolving pandemic.

More than 30 institutions so far have signed data transfer agreements to participate in the N3C, with more joining all the time, so the data contained within the portal will grow exponentially.

Identifying important patterns of the virus is only possible if the sample size of patients is large enough, so the N3C will pool data from health systems across the country to enable meaningful analysis and findings.

Interested researchers can visit the N3C web site to get started, or request assistance from the CCTS Biomedical Informatics Core.

While the collaborative’s database is not intended to be a repository of all coronavirus patients records, organizers want to make its data fully reflective of America’s diverse residents and have diverse clinicians and healthcare researchers from across the U.S. analyze the data. More partners are needed to make this happen.

New Vista opens new First Steps office in Elizabethtown

New Vista opened a new First Steps office in Elizabethtown in July 2020, offering early intervention services for children with a developmental delay. The First Steps program, previously operated by the Lincoln Trail District Health Department, is now part of the New Vista First Steps team.

First Steps is an early intervention program serving children from birth to age three who have a developmental delay or a medical condition known to cause a delay. First Steps staff members provide free screenings and determine eligibility for services as well as coordinate services for families. All services are provided through telehealth video sessions at this time to ensure the safety of children, their families and First Steps staff. Parents and caregivers can learn about child development and continue activities to promote their own child’s development at home.

Kindred Healthcare, Baystate Health announce behavioral health venture

Kindred Healthcare and Baystate Health will form a joint venture that will build and operate a $43 million behavioral health hospital in western Massachusetts. The new 120-bed facility will increase patient access to Baystate Health’s specialty inpatient behavioral healthcare for adults (including geriatrics), adolescents and children by more than 50 percent. Kindred will manage day-to-day operations of the hospital.
office hours and telehealth visits and continue to work closely with patients to get them scheduled for procedures or screenings that may have been postponed.

The ProAssurance mission statement is ‘We Exist to Protect Others’ and while we hope there is NOT another such crisis, it is another opportunity to demonstrate that our mission is a reality and not just a statement.”

— Dana Hendricks, ProAssurance

Waystar works with hospitals, providers and health systems, offering cloud-based technology that simplifies and unifies the healthcare revenue cycle. When stay-at-home orders went into effect starting in March, our healthcare claim volume from physician office visits and elective procedures declined; meanwhile, telehealth claims surged, increasing over 600 percent from February.

As stay-at-home orders have generally lifted, visits and elective procedures have risen close to pre-pandemic levels, but telehealth adoption is here to stay. The rise of telehealth, and the resulting fast-moving updates in billing codes and policies, sparked demand for adaptable, up-to-date revenue cycle platforms like ours, and we see that as a significant opportunity for our company moving forward.

The biggest impact of this crisis on the healthcare system will be the longevity of telehealth. In a recent survey of Waystar customers, we found that 84 percent of providers offering telehealth services started doing so in the past few months, and almost all those providers plan to continue using telehealth after the pandemic ends.

We expect our customers will be affected more than our company, and the impacts to ProAssurance have been positive. Medmarc, our life sciences products and medical technology liability division, is an active participant in COVID-19-related innovation. Medmarc is working with clients that range from new PPE distributors to auto-industry companies manufacturing ventilators.

The adoption of telemedicine will ultimately settle at a much higher level than before the pandemic, introducing new professional liability risks and benefits for us to consider. As for a medium-term impact, it is midsummer, and most state courts are still closed. When they reopen, criminal cases will take precedence over civil cases. The added delays to resolving medical malpractice allegations via the courts will likely have some impact on plaintiff behavior and the resolution of cases.

We were blessed to receive funds from the CARES Provider Act and are tracking lost revenues and increased COVID-related expenses to file reporting requirements for use of those funds. Being a 24/7/365 healthcare provider required us to be nimble and swiftly adapt to the COVID conditions while we continued to operate within the new environment.

The ProAssurance mission statement is ‘We Exist to Protect Others’ and while we hope there is NOT another such crisis, it is another opportunity to demonstrate that our mission is a reality and not just a statement.”

— Dana Hendricks, ProAssurance

At New Vista, traditionally our outpatient behavioral health services have been in person. With the onset of the COVID-19 pandemic we switched to nearly all services being provided by telehealth. From a revenue perspective, we faced a couple of weeks in March where services were down about a third during the transition to telehealth.

However, we quickly rebounded to pre-COVID-19 service levels. Our staff have been our greatest asset as we have worked through implementing telehealth. The entire team knocked it out of the park when it comes to being available for our clients. The psychiatrists, therapists and case managers all embraced telehealth.

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Long term we have benefited from the immersion in providing telehealth services and working remotely. Telehealth was part of New Vista’s 2020 strategic plan, but remote work was not. It has been amazing to see the script flip from a long list of reasons why working remotely cannot work to a short list of how we can make it work. We are hearing positive results from clinical and administrative staff alike on remote work.

I am concerned about the long-term effects the COVID-19 pandemic will have on the mental health of all Kentuckians including: our child and adult clients, the unemployed and the healthcare workers. I know at New Vista we have seen people showing up for work, day after day, taking little time for themselves to make sure the best possible care can be delivered throughout the pandemic. At some point in the future when things are back to normal, these employees may never see normal in the same way. As an employer, New Vista is committed to supporting all staff both now as well as in the future.

DANA HENDRICKS
ProAssurance

Our IT department rose to the challenge of setting up nearly 1,000 employees to work remotely. We ultimately expect to return to primarily office-based operations, but the degree to which we were able to adapt was reassuring as we build more telework flexibility into our plans. We are also remotely providing more services to insureds such as risk management evaluations and seminars and sharing COVID-19 and Returning to Practice resources anyone can access at ProAssurance.com.

DANA ROYSE
New Vista

We have many staff working remotely. In addition, we have modified many workflows and communications that are more remote and technology friendly. One small but very impactful change was with our new client paperwork. We realized quickly that completing paperwork online meant we had to make the process simpler. We have looked at every process with a new lens for increasing efficiencies and streamlining processes.

SHARON TANKERSLEY
Hosparus Health

Our care providers have always seen patients wherever they call home, but we needed to leverage use of technology to adapt quickly to video meetings, telehealth visits and other virtual means of communication. Most of our support teams already had the necessary equipment and had trialed a remote work option, so we were able to pivot to close our offices with three days’ notice. Everyone adapted to the new routine of video meetings and phone calls.

Continued from page 10

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We are learning how to best utilize telehealth to supplement patient care and increase communication with the families. Continued use of remote meetings for care provider teams allows more time for them to be present with patients. I worry rural communities will see the most long-term impact from the crisis, as they are more at risk to lose hospitals and other healthcare providers.

MN: Has this pandemic forced you and your teams to re-think your normal business operations?

CRAIG COLLINS
UK HealthCare

Yes, we had to move very quickly on how to best serve our patients by implementing telemedicine and drive-thru testing. We also focused on operations as we staffed to meet the workload and moved staff in office settings with no patient contact to work remotely. The supply chain operations have also transitioned from working primarily with a GPO (Group Purchasing Organization) to negotiating directly with global distributors and manufacturers to ensure appropriate levels of supplies and Personal Protective Equipment (PPE) for our patients and staff.

STEVE ORESKOVICH
Waystar

Our team quickly shifted to 100 percent remote in mid-March. As a multi-locational, cloud-based technology company, our business systems and infrastructure were already configured to effectively allow our team members to successfully function at a high level in a distributed setting. Further, our team members were already used to video conferencing and working across locations, so we were able to make the transition seamlessly. Our leadership team is engaged in thinking through our collaboration model going forward, as we do believe that working together in person in some capacity is essential, particularly as a software provider.

ADAM KEMPF
Norton Healthcare

While some business operations have returned to pre-COVID-19 processes, some changes will likely become standard practices going forward, and for good reason. Working from home for certain positions, drive-thru services for select tests and diagnostic procedures, and virtual visits will continue.

Using technology differently in healthcare can benefit staff and patients. For instance, we treat patients from across the commonwealth and southern Indiana. With telehealth and virtual visits, we often can provide care for our patients in a way that is safer and more convenient for them.

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Financial recovery mode

Potpourri of COVID-19 takeaways for healthcare providers.

By Lisa English Hinkle

While the COVID-19 virus surges and possibly re-surges in states all around us, Kentucky’s cautious management of this crisis has created opportunities for healthcare providers to ease back into business and shift into recovery. Whether Kentucky can continue to contain the virus is uncertain, but as healthcare providers retool and spend the federal dollars infused by the CARES ACT, here are the areas to watch:

COVID-19 Audits

During this pandemic and infusion of federal funds, at least three federal agencies are already geared up to protect people, funds, and infrastructure from fraud, abuse and scams that harm patients, divert COVID-19 funds from intended purposes and otherwise misuse government funds.

Healthcare providers should plan now for increased audits, investigations and enforcement activities and account for use of federal money deposited into accounts without provider request pursuant to the CARES Act. With ambiguous directions for the use of federal dollars, healthcare providers should take steps, now more than ever, to assure that the funds are properly spent and accounted for and reports are filed when due.

As lawmakers rushed to respond to the COVID-19 crisis, they both increased payouts to and reduced oversight and regulation over healthcare providers. Now that the initial rush is over, federal agencies have already started investigation and enforcement activities and even some prosecutions. Healthcare providers should work to ensure that all funds are accounted for and any overpayments are returned in a timely fashion. Compliance with all regulations, even those that are relaxed during the pandemic, will also take center stage as business returns to normal.

Review Your Contracts

The pandemic continues to challenge healthcare providers as resources are diverted from traditional uses and dedicated hospitals to home health, all providers have experienced new problems and challenges, which affect healthcare transactions, relationships and contracts.

Force Majeure

Once a cut-and-cloned standard term in healthcare contracts, the “Force Majeure” contractual term has taken on new meaning and importance in healthcare transactions and contracting. The Force Majeure provision can excuse performance of a contract in the event of extreme circumstances. This provision typically requires the occurrence of an unforeseen event like a natural disaster, terrorism or war, and the event itself should be a direct cause of the party’s inability to perform the contract.

Some Force Majeure provisions explicitly list pandemics as a qualifying event for non-performance, while others have more general descriptions that could include the COVID-19 outbreak. When a Force Majeure event occurs, the parties usually shoulder an actual or implied duty to mitigate its effect or seek alternate means of performance.

Another defense to enforcement of a contract is the frustration of purpose or impossibility of performance doctrines which essentially mean that the essential and/or material terms of a contract cannot be performed under the circumstances. These doctrines may have significance when reviewing compensation methodologies for physician employment contracts when based upon Relative Value Units.

Material Adverse Effect

Another term that is often standard and can trigger the termination of a contract in a healthcare transaction is the material adverse effect or material adverse change clause. These clauses often create opportunities to allow a buyer to walk away from obligations under a purchase agreement or other definitive agreement with little or no compensation owed to the seller. Depending on the circumstances, these clauses can be helpful or hurtful, but in any event should be reviewed. Every contract going forward should consider these provisions.

Careful and thoughtful consideration of medical pandemics should be addressed in all healthcare transactions and contracts going forward.

Telemedicine

Telemedicine and telehealth have taken huge leaps forward during the pandemic. As the world embraces working from home, so too, have regulators realized that both telemedicine and telehealth are efficient and effective means to provide access to healthcare during a crisis that requires limiting in-person contact.

“Telemedicine” means the provision of clinical services and “telehealth” embodies the tools necessary for electronic exchange of information, and many restrictions on both have been temporarily lifted.

With relaxation of location requirements for Medicare patients, approval to use more visual and audio
devices, ability to see not just established but new patients, and new payment for services, telemedicine via telehealth has been a boon for healthcare providers. However, the relaxation of these requirements and waivers is only effective until the public health emergency is declared over. Most anticipate that the relaxation of these requirements will continue at least in part, but with new restrictions and regulations.

Providers using telemedicine and submitting claims must be sure that appropriate coding and documentation support the telemedicine services and note that the services were provided using telehealth in the patient record. Going forward, compliance efforts to ensure appropriate policies and procedures, like decision trees for determining appropriateness of virtual visits versus in-person visits, must be developed and in place. Providers and employees must be trained to correctly manage and document telemedicine visits, including obtaining the appropriate patient consents under Kentucky law and verification of patient identity.

While HIPAA enforcement activities have been relaxed to allow physicians and patients to use smart devices, HIPAA and HI-TECH are still in effect and patient privacy is still protected. In fact, regulators and healthcare providers are seeing increasing complaints of patient privacy violations around COVID-19. Despite complications, providers have grappled with telemedicine and devised innovative ways to use technology to increase patient access to care during this pandemic, integrating the use of telemedicine and telehealth into the everyday provision of healthcare. It is improbable that in-person face to face visits will ever revert to pre-pandemic levels of 90 percent of all patient visits.

**Controlled Substances**

Physicians, Nurse Practitioners and Physician Assistants (who now have prescribing authority if qualifications are met) must all be aware that recent relaxation of the prescribing requirements for controlled substances by the Kentucky Board of Medical Licensure and the Kentucky Board of Nursing is only temporary.

As a result of the statutory mandates for prescribing controlled substances, either new regulations or even statutory modifications will be required to allow physicians and nurse practitioners to continue to prescribe controlled substances without in-patient visits to manage patients with chronic pain and other conditions like substance use disorders.

**Recordkeeping**

Under OSHA’s recordkeeping requirements, COVID-19 is a recordable illness that employers must record when there is evidence that the illness was contracted at work.

If, after a reasonable and good faith inquiry, the employer cannot determine if it is more likely than not that exposure in the workplace did not cause the illness, then the employer is responsible for recording cases of COVID-19 if: (1) the case is a confirmed case of COVID-19 under CDC guidelines; (2) the case is work-related as defined by 29 CFR Section 1904.5; and (3) the case involves one or more of the general recording criteria set forth in 29 CFR Section 1904.7. While this is only one of many OSHA requirements, it is one that is important and likely to support litigation.

**Board Obligations**

As boards have addressed the pandemic and implemented emergency actions, corporate governance has encountered new dilemmas and problems with a critical need for important and effective decision making accomplished in a timely manner. The COVID-19 crisis has required timely decision making without the luxury of referring issues to committees for research, review and recommendation.

Distinctions between the roles of governance and management are critical and must be well understood to accomplish effective action and response. The differences between the respective duties and lines of authority and the need for emergency action in a crisis can be ambiguous and the source of friction and confusion.

For the foreseeable future, boards are likely to have a greater level of governance responsibility and must have procedures that provide effective communication and sharing of information between the board and management. Without this, emergency action is likely to be problematic, not fully vetted, not fully supported, or not perceived as a cohesive response. Without the support and buy-in of both the board and management, actions are less likely to be effective and met with employee, stakeholder or public support.

This pandemic has presented fundamental challenges to corporate stability which require a cohesive and well-designed corporate response; this should not be delegated to management or the executive committee, instead requiring effective board engagement. Effective board engagement does not require involvement in day to day decisions, but it does require communication of important facts that enable responsible review and decision-making.

Development of an effective board engagement tool for decision making is crucial. A critical impact of the pandemic is that the law, corporate stakeholders, and public policy will likely expect healthcare boards to be responsive to how circumstances have changed by taking action grounded in good faith and reasonable business judgment, and this can only be achieved with an effective board engagement and efficient decision-making process.

Healthcare boards, however, must not only manage the business risks created by the crisis, but also manage and make serious life and death decisions about patient safety and quality of care. As the pandemic has taught, the board must ensure that emergency preparedness, response plans and resources are in place to support patients and staff. Complex issues like rationing of care and resources, as well as vetting and adopting standards of care in crisis, call for effective board engagement and efficient decision-making.

— Lisa English Hinkle with McBryer in Lexington, Ky.
Financial health

Outsourced solutions provide stability in a crazy world.

By Justin Hubbard

The COVID-19 crisis of 2020 has impacted all industries. However, few industries have been impacted as severely as the healthcare industry. Consider the following situations that have impacted many healthcare organizations:

- Emergency rooms furloughed employees due to low census levels, in the middle of a pandemic.
- Thousands, if not millions, of elective procedures could not be performed due to social distancing requirements.
- Patient safety was threatened by supply chain issues and visitation policies.
- Administrative duties within healthcare organizations have been moved to remote work environments.
- Healthcare administrators wrestle with regulations that appear to change daily.
- Finance teams struggle to stay informed on various government stimulus packages while trying to manage a precarious cash flow situation.

2020 has been multiple months of Shakespearean drama wrapped up in, of all things, an election year! At the date of this writing, we are weeks into the second half of 2020. Most healthcare organizations have restructured operations to ensure patient safety, protect employee health, comply with regulations and triaged key business functions to ensure adequate support.

However, many are struggling to understand the financial health of their organization. Accounting and finance teams have been decimated by COVID-19. Many organizations have struggled to understand their financial health for a while now, but the COVID-19 crisis has increased the risk of this lack of understanding to an uncomfortable degree. Providers and administrators are asking themselves “Are we profitable and if not, why?”

Universal Challenge

Regardless of the impact of COVID-19 on healthcare organizations, the one universal challenge in reaching a new normal is trying to gain visibility and transparency of information across the organization in order to better manage costs and link cost to outcomes and industry performance—without negatively impacting revenue and growth.

One of the ways healthcare organizations can avoid over-investing in human and IT resources is to cost-effectively scale or outsource their IT systems, including their financial management systems.”

One of the ways healthcare organizations can avoid over-investing in human and IT resources is to cost-effectively scale or outsource their IT systems, including their financial management systems.

As healthcare organizations strive to cost-effectively scale their business, cloud-based accounting solutions are being recognized as viable solutions. Small offices and mid-sized partnerships, practices with hundreds of specialists, plus laboratories, surgical and urgent care centers and assisted living facilities are all looking for ways to increase revenues through faster and more accurate billing.

Healthcare organizations must also reduce costs by automating manual processes, mitigating the risk of employee turnover or shortages, and making better, faster business decisions by gaining real-time visibility into operational and financial data. Outsourcing the accounting function can be the key to financial health and an efficient solution for the accounting and administrative cycle that is vital to success.

Outsourced Accounting

A good outsourced partner is comprised of experienced professionals that will evaluate your financial processes and controls, implement a secure, cloud-based software and manage the accounting and reporting functions to provide you real-time results.

However, the right partner also brings professionals with a deep understanding of the business of healthcare. Some of the benefits of a strong outsourcing relationship include:

- A collaborative environment with improved visibility into an entity’s performance via dimension-based reporting (e.g., by physician, physician’s assistant, office location, service line / revenue stream or another category).
- Key financial information available on dashboards accessible from any device at any time with an Internet connection.
- Strong internal controls and segregation of duties to minimize the potential of fraud.
- A team of professionals committed to your success.
- Standardized, automated workflows and processes for accounts payable, employee expense reports, credit card transactions, payroll cycles, fixed asset tracking and bank reconciliations.
- Integrations with other critical business applications to reduce time and costs involved in accounting operations.
- Timely monthly reporting packages with variances to budgets and prior period results.

An outsourced CFO, who understands the business of healthcare, that interprets financial information, performs profitability analysis, creates cash flow forecasts and adapts business processes to changes in the operations.

Insight Driving Agility

Owners of medical practices that utilize strong outsourced accounting services experience many of the following benefits that allow them to move away from manual processes and alternatively analyze key metrics instead of spending hours on computing:

- More time to focus on operations, patient care, cost control measures, training and retention of employees, compliance with regulatory requirements and other core processes essential to the success of the practice.
- Ability to react to emerging concerns, identify trends, and anticipate strategic requirements.
- Lower investment in technology, software and infrastructure.
- Safeguarding of assets due to improved internal controls and segregation of duties.
- Real-time visibility into key operational metrics and streamlined processes, eliminating manual data entry and Excel-based financial reporting.
- Predictable monthly cost of accounting services.
- Additional value in the overall business resulting from timely, quality financial information and sound financial practices (e.g., to potential lenders, to new investors or for merger and acquisition opportunities).

Establishing streamlined, embedded processes also allows healthcare organizations to easily comply with auditors’ requirements for complete transparency.

If you outsource pieces of your accounting functions with a qualified CPA partner, you should benefit from improved financial controls that are maintained right within the system and be able to centralize everything you are doing offline into one place.

Healthcare organizations that utilize accounting systems which emphasizes flexibility and delivers timely data will be best suited to navigate future uncertainty and take advantage of growth opportunities as they arise.

Justin Hubbard is director of Accounting and Financial Outsourcing Services at Dean Dorton.
UofL technology that may inhibit pathway for cancer gets commercial partner

Qualigen Therapeutics Inc., a California biotechnology company focused on developing novel therapeutics for the treatment of cancer and infectious diseases, has signed a license agreement for the technology and plans to fund continued development with UofL to ready it for market.

The technology works by targeting the RAS protein, which sends signals that regulate when and where the body produces and grows new cells. When mutated, the protein turns into a “stuck accelerator pedal,” according to UofL researcher Geoffrey Clark, PhD, who co-invented the technology with colleagues John Trent, PhD and Joe Burlison, PhD.

The drug targets only the active RAS protein and, so far, has little toxic effect on healthy cells. Many current non-targeted treatments, such as chemotherapy, can hurt both healthy and cancerous cells, leading to painful side effects. By some estimates, targeting this mutation could stop the growth of at least a third of human tumors.

Qualigen holds an exclusive license to the technology through the UofL Commercialization EPI-Center, which works with startups and industry to commercialize university-owned technologies. This license agreement builds on a sponsored research agreement with Qualigen for the development of several small-molecule RAS Inhibitor drug candidates.

Qualigen also has licensed and is developing other UofL technologies for fighting COVID-19 and cancer.

Talaris Therapeutics developing immunotherapy drugs

Louisville-based biotech Talaris Therapeutics, Inc., a privately held biotechnology company developing transformative cell therapies that have the potential to induce durable immune tolerance across a range of indications, announced that the first patient has been dosed in the FREEDOM-1 Phase 3 clinical trial of FCR001 in living donor kidney transplant (LDKT) recipients.

The trial will evaluate the safety and efficacy of a single dose of FCR001, the company’s investigational cell therapy designed to durably free LDKT recipients from immunosuppression without rejection of their transplanted organ.

Humana expands screening at home

Louisville-based Humana Inc. will mail more than 1 million in-home preventive-care screening kits to members in 2020, helping increase access to routine screenings that many members have put off during the pandemic.

Humana’s new initiative, which triples the number of screening kits sent to members, comes as many people have postponed all but the most necessary health procedures during COVID-19, limiting doctors’ appointments and emergency room visits.

Galencenter office building for sale

The current home of Galen College of Nursing is being sold. Gant Hill Auctions has listed the 65,000-square-foot property at 1031 Zorn Ave. near River Road. The office property is being offered by online auction with a starting bid price of $6.9 million.

Galen College of Nursing will be moving from its main Zorn Avenue campus, along with a satellite River Road location, to one location of 132,000 square feet on 11 acres of land at Terra Crossing Boulevard, off the Old Henry exit at the Gene Snyder Freeway. The new campus, which will house both the Louisville Campus and the College’s national administrative headquarters, will be complete in the winter of 2020.

The new campus will house interactive learning experience classrooms, clinical learning labs and a simulation hospital where students practice clinical and decision-making skills through varied real-life situational experiences.

Now in its 30th year, Galen’s Louisville campus graduates over 700 nursing students a year with a 96 percent licensure pass rate.
LHAB quarterly meeting recap

In mid-July, the Louisville Health Advisory Board (LHAB) hosted their quarterly meeting, held virtually due to COVID-19 to discuss how the city of Louisville has been affected by the pandemic and racial health inequities.

LHAB co-chair, Sarah Moyer, MD, Director of the Louisville Department of Public Health & Wellness, welcomed the group and highlighted the statement the LHAB made in response to the recent calls for racial justice. Moyer also provided an update on COVID cases in Jefferson County.

Budget Details

Guest speaker, Vincent James, Chief of Community Building, Louisville Metro Government discussed budget details and noted how future funds are planning to be allocated to public health and community services. James also explained how funds from the CARES Act are being used for coronavirus-related expenses.

Recognizing the importance of food security as a social determinant of health, the Center for Health Equity plans to dedicate $3.5 million to build a community grocery in west Louisville, which is a food desert. Additionally, House Bill 129 was passed by the Kentucky Legislature and signed by the governor, adding 45 new permanent positions to the Department of Public Health and Wellness.

While creating a budget in the midst of a pandemic surrounded by uncertainty is a difficult task, James acknowledged how the virus, along with the outcry for social justice has provided an opportunity to examine how resources can be allocated in the future in a more equitable manner.

Racial Justice

Aja Barber, Community Health Policy & Innovation Administrator and COVID-19 Emergency Response Equity Officer, Louisville Metro Department of Public Health & Wellness, spoke about racial justice and transforming the public health system.

Barber defined health equity as “a community where everyone has a fair and just opportunity to be healthy.” She explained how the dominant health narrative and its perception of what it means to be healthy are grounded in individual choices like exercise and diet (or, in the case of COVID-19, choices like handwashing, mask-wearing and social distancing).

Barber emphasized the importance of understanding that the choices people make are influenced by what choices are available to them. The tree metaphor helps visualize the concept that there must be equitable systems of power allocating appropriate resources to address various root causes to improve public health outcomes. Barber then connected this idea with racial justice and how some communities face an unfair concentration of disadvantage.

Committee Updates

Behavioral Health Committee:
The primary focus of the workgroup is to provide QPR training (Question, Persuade, Refer) to individuals in the community to give them the tools they need to help a loved one, family member and/or friend who might be suicidal. The workgroup created a process where certified QPR trainers can now provide the training virtually instead of in-person when requested. (If you or your organization would like to request the virtual QPR training, submit your application to www.NAMILouisville.org/qpr/)

Respiratory Health Committee:
The committee is focused on air quality and smoking cessation. The committee is working with the Air Pollution Control District on the priorities that the community set out last year in the APCD community outreach. The report from that outreach will drive the work the committee does around air pollution. In response to COVID-19, Respiratory Health co- chair Monica Unseld, Director of Community Engagement, Greater Louisville Project, and committee member Michelle King, Executive Administrator and Director of Program Planning at Louisville Metro Air Pollution Control District wrote an op-ed, “People are dying because of systematic racism: We can change” published in the Leo in mid-July. In addition, the committee is working with Foundation for Healthy Kentucky on lobbying to change state law that restricts cities from enacting their own laws around marketing and sales of tobacco products.

Community Coordination of Care Committee (CCC Committee):
The committee is continuing its focus on increasing food security, housing and transportation resources, this year with an emphasis on housing. At the beginning of the year, the committee worked state-wide on designing a housing program called “Respite to Residence” to help patients without homes that were discharged from the hospital recover and find housing. A potential respite location has been identified in Louisville, work has started on program design and funding. In addition, the committee has added racial justice and power dynamics to their discussion around all these topics. Recently, the committee hosted Community Health Workers (CHW) to learn more about what they experience and what needs their clients have. The CCC will use the CHW’s insights to inform all aspects of their work.
New grant provides support to improve the health of rural Kentucky county

A new initiative led by a University of Louisville nursing faculty member to address food insecurity and healthy eating in Perry County, Ky., has received $100,000 in grant funding.

Selected as part of the Healthiest Cities & Counties Challenge, the Aetna Foundation, together with the American Public Health Association and the National Association of Counties, will support communities that are changing the way they work together across sectors to reduce disparities in chronic disease outcomes.

Frances Hardin-Fanning, PhD, RN, professor and UofL’s Shirley B. Powers Endowed Chair in Nursing Research, will serve as director of the challenge project. She also is a member of Perry County’s Food & Faith Coalition comprised of more than 40 faith leaders, educators, healthcare providers, researchers, social workers, government officials and food resource providers.

The coalition’s two-year project aims to reduce food insecurity, defined as not having reliable access to a sufficient quantity of affordable, nutritious food. The effort also intends to increase access to plant-based foods. The goals of the project are to:

- Conduct root cause analyses of food insecurity issues.
- Increase food security screening.
- Implement strategies to increase donations of healthy foods.
- Coordinate existing food security services.

What the next coronavirus relief bill might look like

Talks in Washington about a fourth coronavirus relief bill are underway as the economy shows mixed signs of progress and states experience spikes in COVID-19 cases. Congress has so far passed three significant pieces of legislation in response to the pandemic, including the Families First Coronavirus Response Act and the historic CARES Act.

This next piece of legislation is expected to continue many of the themes of the CARES Act, such as loans and grants for small businesses, economic impact payments to individuals, and funds for state and local governments. But details are still emerging, and policymakers remain divided over priorities and how much to spend. Any forthcoming bill could also cover important new ground.

President and CEO of Greater Louisville Inc., Sarah Davasher-Wisdom, recently highlighted the top priorities for a fourth relief package. Those priorities include:

- Robust legal liability protections for employers against frivolous lawsuits related to COVID-19.
- Automatic forgiveness of smaller Paycheck Protection Program loans.
- Renewal of the Paycheck Protection Program and additional funding for other small business loan and grant programs – this could include allowing businesses that have already received loans or grants to reapply for additional funding.
- Extension of the $600 federal unemployment benefit from the CARES Act or adjustments to the benefit to ensure it does not discourage individuals from returning to employment.
- Rehiring bonuses for individuals who return to work.
- A payroll tax cut.
- Funding for state and local governments to help them fill budget gaps caused by the impact of COVID-19 on state revenues.
- Economic impact payments for low-income households.
- Infrastructure funding.
- Rent and mortgage assistance.
- Funding to help stabilize the child care sector – upwards of $50 billion in funds.
- Funding for schools.
- A tax-credit “cash out” for businesses with carryover credits as well as proposals to advance accrued net operating loss deductions.
- Continued suspension of interest and payments of student loans.
A financial lifeline

Kentucky can be a leader in suspending the third-party payer rule.

By Gwen Cooper

According to Slate.com, during the early stages of the pandemic a staggering 5.4 million laid-off Americans lost their health insurance in a matter of weeks. That’s a historic drop off and nearly 40 percent higher than during the Great Recession of 2008 and 2009. Yet, nonprofit organizations or places of worship who offer to pay the health insurance premiums for these newly uninsured people are told no by state and federal governments because it violates the “third-party payer rule.”

Take out the politics of payer vs. pharma, insurance costs vs. co-pay costs, deductibles vs. cost caps and look at the lives saved by providing financial assistance during a person’s most vulnerable time in their lives.”

As the new CEO for Patient Services, Inc., the oldest organization in the U.S. created to help patients living with chronic diseases afford their insurance premiums and copay costs for high cost treatments, I was shocked to learn that we aren’t viewed as the white knight but as a willing participant in a program that “simply subsidizes pharmaceutical companies high cost treatments.” Nothing could be further from the truth.

I have a 50,000-foot view of the world right now, but I firmly believe that what is needed is to take a step back from all the noise of trying to fix the third-party payer rule and discuss this from a person to person lifeline perspective.

Help Available

We can help, but due to a 2014 regulation, nonprofit, religious and civic organizations are prohibited from providing assistance to subsidize insurance premium or drug costs because this is viewed as an “incentive” for patients to pick high cost drugs over more affordable medications.
Cancer hits hard in Kentucky. That’s why, every day, the team at Markey steps up—with advanced treatments and compassionate care, leading-edge research and innovative clinical trials. Because we’re not just treating cancer today. We’re working hard to beat it once and for all.

See how at ukhealthcare.com/beatingcancer