KENTUCKY HOSPITAL LOSSES FROM COVID-19 WILL EXCEED $2.6 BILLION IN 2020

By Sally McMahon

Kentucky hospitals will lose an estimated $2.6 billion this year because of the COVID-19 pandemic, according to a new report from the Kentucky Hospital Association.

With the virus present in all 120 counties, Kentucky hospitals and the caregivers who work for them are on the front lines of the battle against the virus. In addition to the great personal toll the virus is taking, the financial impact on hospitals has been profound, the report said.

These losses are the consequence of a drop in revenue resulting from the mandatory cancellation of elective procedures, which also resulted in furloughs for thousands of hospital employees; mandated limits on how many patients hospitals can accept; and lower patient volume due to the fact that many patients are not going to the hospital when they need to due to concerns about the virus.

In addition to the lost revenue, hospitals experienced additional costs in responding to COVID-19 as they geared up to treat COVID-19 patients, bought additional personal protective equipment, instituted enhanced environmental controls and tested and treated COVID-19 patients, who are hospitalized twice as long as the average patient.

The KHA report noted that, while the federal government provided financial assistance to hospitals to offset COVID-related costs, the assistance was less than half, or 40 percent, of the financial impact of the virus.

Kentucky’s rural hospitals, many of which were at risk of closure prior to the pandemic, are particularly vulnerable due to COVID-related costs.”

2020 COVID-19 Losses for Kentucky Hospitals:

| Losses Covered by Federal Assistance: | $1.03 Billion |
| Hospitals’ Cost Mitigation Efforts: | $199 Million |
| Remaining 2020 Financial Loss: | $1.34 Billion |

Source: Kentucky Hospital Association data

“Taking chances and making mistakes are what grow you as a leader. Put yourself in uncomfortable situations because the more you do it the easier it becomes.”

KMA president in an unprecedented year

Dale Toney, MD leads Kentucky’s physicians amid pandemic, uncertainty.

IN THIS ISSUE

AGING CARE

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Gov. Beshear announces Healthy at Home Eviction Relief Fund

Gov. Andy Beshear announced the launch of the Healthy at Home Eviction Relief Fund web site, teamkbhberf.ky.gov, where Kentuckians now can visit and apply for assistance.

“As we continue to wage this battle against COVID-19, we must make sure renters have a home they can be Healthy at Home, while also safeguarding landlords against undue financial hardship,” the Governor said. “When we come out of this global health crisis, we don’t want Kentuckians facing such insurmountable debt from their housing situation that they are unable to recover. This program will provide some much-needed relief to eligible tenants and property owners during these unprecedented times.”

Kentuckians can visit the site to seek information on how to obtain a portion of $15 million in federal Coronavirus Aid, Relief and Economic Security (CARES) Act money the Governor pledged to support the Healthy at Home Eviction Relief Fund. Details of the application of the funds include:

- Eligible landlords can be reimbursed for missed rent payments and receive some advance rent payments to keep tenants in their homes.
- For eligible tenants, the program pays up to 90 percent of past-due rent and may also cover up to two months of future rent.
- For approved applications, payments will be made directly to eligible landlords.
- Kentuckians may submit applications beginning Sept. 8, 2020.

Gov. Beshear, who has taken repeated steps to keep people from being evicted at the height of the pandemic, updated the state’s executive order on evictions to reflect the U.S. Centers for Disease Control and Prevention’s moratorium on residential evictions through Dec. 31.

Under the CDC order, a tenant who signs and submits a declaration to his or her landlord about the inability to timely pay rent cannot be evicted. However, the declaration is required to prevent an eviction. Like the Governor’s prior executive orders on evictions, the CDC order does not relieve anyone of the obligation to pay rent or comply with any other obligation under a tenancy, lease or similar contract. The CDC order allows landlords to charge and collect fees, penalties and interest for failure to timely pay rent, but prohibits evictions for nonpayment or late payment of such fees, penalties or interest.

The Governor also reminded Kentuckians of other programs helping Kentuckians pay rent, including the Team Kentucky Fund and the Louisville/Jefferson County Eviction Prevention COVID-19 Relief Fund.

The Kentucky Supreme Court has issued the following orders (2020-59 and 2020-64) establishing the Jefferson County Eviction Diversion Pilot Project and the procedure for eviction proceedings in courts. Until the Court issues a new order, these are controlling.

Kentuckians seeking legal assistance can contact the Kentucky COVID-19 Legal Helpline or call toll-free: 233-540-0342. The service is sponsored by Kentucky’s Access to Justice Commission and the four Kentucky civil legal aid programs, AppalReD Legal Aid, Kentuckiana Legal Aid, Legal Aid of the Bluegrass and Legal Aid Society.

Lawyers who want to volunteer to provide direct legal assistance to Kentuckians in need during the pandemic can visit Together Lawyers Can. On March 25, Gov. Beshear initially suspended evictions as the COVID-19 pandemic took hold.

2020 Gold Standard of Optimal Aging honorees recognized virtually

The University of Louisville Trager Institute honored 25 older adults in early September as part of its annual Gold Standard of Optimal Aging recognition. Rather than an in-person luncheon, this year’s honorees were recognized with a special video tribute to include UofL President Neeli Bendapudi, Louisville Mayor Greg Fischer and Gov. Andy Beshear.

The ninth celebration of UofL Trager Institute’s Gold Standard of Optimal Aging honors individuals age 85 or older who are outstanding models of optimal aging and exhibit inspirational involvement in various aspects of their lives, despite any challenges they may face.

Recipients of the Gold Standard of Optimal Aging are recognized each year in September, the Trager Institute’s Optimal Aging Month, as part of the institute’s effort to foster a more age-inclusive community. Profiles of the 2020 honorees are available online.

Humana sues Florida company over alleged telemarketing prescription scheme

Humana has filed suit against Florida-based telehealth company QuivvyTech, saying it was defrauded out of millions of dollars.

According to the suit, filed in Southern Florida district court, QuivvyTech telemarketers would cold-call Humana members and ask them questions about common ailments. They would then wire that information to physicians who were in the scheme to secure prescriptions for pricey, unneeded creams.

The physicians would prescribe these creams without ever speaking to the patient directly, according to the lawsuit. The prescriptions would then be wired to pharmacies that were also active participants in the scheme to be dispensed to members.

The medications would often be dispensed on multiple refills as well, according to the lawsuit.

Norton Healthcare recognized for worksite wellness program

Norton Healthcare has been awarded an honorable mention for the C. Everett Koop National Health Awards. Twelve programs were considered for the award this year and of those, there was one winner and four honorable mention designees.

The awards, named for Dr. Koop, who served as U.S. surgeon general from 1982 to 1989, recognize organizations with outstanding worksite wellness programs. The awards require strong documentation for both health improvement and business impact. Organizations that are recognized must demonstrate health improvements and cost savings from health promotion and disease prevention programs; a culture of health at the workplace and/or in the community; and improvements in health by helping individuals change unhealthy behaviors and reduce health risks.

As a self-insured employer with over 16,000 employees, Norton Healthcare has a wellness program and insurance plans that have been crafted to meet the unique needs of a diverse population. These strategies have helped to control costs, coordinate care and improve employee engagement while supporting employee wellness.

Since its launch in 2012, N Good Health has maintained a high level of employee engagement. In 2019, over 70 percent of eligible employees and 61 percent of spouses were involved in the program and earned wellness credit incentives.

The program continues to show notable improvements in health outcomes from participants, including:
- An increase in the number of preventive care visits thus leading to a reduction in the number of and more appropriate use of emergency department visits. These developments have led to lower medical and prescription costs year after year, according to claims data.
- Participants’ health risk score has decreased from 1.73 to 1.25.
- Tobacco use has decreased by 2.6 percent.
- The number of eligible employees at high risk for hyperlipidemia decreased 1.6 percent.
- The number of eligible employees at high risk for hypertension decreased 2.5 percent.
As a healthcare provider and practice owner, you know how important it is to make each moment matter. At PNC, our dedicated team of Healthcare Business Bankers understands your business challenges. That’s why we offer a range of solutions to help your practice run more efficiently. Whether you’re looking to expand, optimize cash flow, or simplify your patient payment process, we are here to help make banking easier.

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**PEOPLE IN BRIEF**

**Baptist Health**

Lora King has been named the director of Behavioral Health Services at Baptist Health Richmond.

**KING**

Dorothy Lockhart, RN, was named the new vice president of CHI Saint Joseph Health Partners.

**LOCKHART**

Christoph Fuchs, MD, joined Clark Orthopedic & Spine.

**FUCHS**

Jared Arnett is stepping down as executive director of Shaping Our Appalachian Region.

**ARNETT**

**Rebekah Rust, RN, has been named Emergency Department director for Baptist Health Paducah.**

**RUST**

Leckhmi Seemanthini, MD, joined CHI Saint Joseph Medical Group – Cardiology.

**SEEMANTHINI**

**Stites & Harbison**

Carolyn Purcell Michener has been appointed to the Fund for the Arts NeXtGen Board.

**MICHENER**

**Sugata Sensarma, MD, has joined the group at Baptist Health Medical Group Pulmonary & Critical Care Medicine.**

**SENSARMA**

Molly Annette Simmons joined the CHI Saint Joseph Medical Group – Orthopedics.

**SIMMONS**

Debbie Miller was hired as community liaison at Sam Swope Care Center.

**MILLER**

**University of Kentucky**

Zindell Richardson was appointed chair of the Department of Oral Health Science at the College of Dentistry.

**RICHARDSON**

**Bourbon Community Hospital**

Tommy Haggard was hired as CEO.

**HAGGARD**

**Frontier Nursing**

Maria Small, MD, joined the Board of Directors.

**SMALL**

**Norton Healthcare**

Randy Hamilton was named Chief Administrative Officer at Norton Audubon Hospital.

**HAMILTON**

**UofL Health**

John Walsh was hired as Chief Administrative Officer at UofL Health – Jewish Hospital.

**WALSH**

**CHI Saint Joseph Health**

Vincent Angelo DePalma, DO, joined CHI Saint Joseph Medical Group – Orthopedics in London.

**DEPALMA**

Madeline Fisher, MD, joined CHI Saint Joseph Medical Group in Lexington.

**FISHER**

**KNOW SOMEONE WHO IS ON THE MOVE?**

Email sally@igmedia.com
Meet Leigh Ann Barney, President & CEO at Trilogy Health Services

Medical News: How did you end up CEO at Trilogy?

Leigh Ann Barney: I started with Trilogy 20 years ago when we were a very young startup company. I was on the finance side of the business for seven years and never had a goal to be CEO. Trilogy’s founder, Randy Bufford, encouraged me to move into operations which was completely foreign to me, but I found very quickly that I loved it. Randy was very thoughtful about succession planning so in October 2019 when he decided to step solely into the Chairman of the Board role, it allowed me to become CEO.

MN: Were you in leadership roles early on?

LB: I had manager or supervisory roles early in my career but at the time I had no idea what it truly meant to be a leader. That process has come with much work and continual education. I still learn every day how to be a better leader.

MN: Tell me about your first job out of college.

LB: After I graduated from UofL, I had secured an accounting job with an aerospace company in southern, California. About six months into my tenure, the Gulf War started and the company began to lay off employees due to lower production need for their product. I pivoted and found another job as an accountant with a long-term care company. From there I have worked almost exclusively in this industry.

MN: What advice do you give to graduating college students?

LB: I tell all our young leaders that they have to stretch themselves. I see too many young people who want to be perfect and do everything right. Taking chances and making mistakes are what grow you as a leader. Put yourself in uncomfortable situations because the more you do it the easier it becomes.

MN: Tell me about your management approach.

LB: At Trilogy we have long made the Servant Leadership approach, part of the training and development of our leaders. I feel this fit my style even before I knew what it was. Over the years, I have read and studied more on Servant Leadership as a way to grow myself into a better leader for our organization.

MN: How to you keep silos from forming?

LB: One line of our Trilogy mission statement is ‘Zero Tolerance for Ego and Politics.’ I think this sets the tone that we expect collaboration among departments versus working in a silo.

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MN: How to you keep silos from forming?

LB: One line of our Trilogy mission statement is “Zero Tolerance for Ego and Politics”. I think this sets the tone that we expect collaboration among departments versus working in a silo. We develop our company Pillar Goals in a way that encourages teams to work together to drive success for the whole organization rather than a singular department’s success. Also, when hiring leaders, I look for people who will fit well with our culture of the team approach works best!

MN: How did Trilogy adapt/pivot during the pandemic? What are you most proud of?

LB: I’m not sure I have enough space to describe all the ways we have had to adapt because it has been an extensive and ongoing process. I will say I am extremely proud at how professionally and quickly our team developed plans and worked diligently to put our resident’s safety first and foremost.

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Russell Cox, president and CEO, Norton Healthcare, announced a $1.2 million grant to Simmons College of Kentucky in west Louisville.

Given through Norton Healthcare’s James R. Petersdorf Fund, the grant will help the historically black college with educational and program initiatives. It also will support facility improvements to enhance student and faculty experiences.

“When we announced our $5 million investment in the Norton Healthcare Sports & Learning Center last fall, we made a long-term commitment to the west end, and we’re following through on that promise,” Cox said. “Education is a key component to health and positive change in our community. We’re excited to support Simmons College and its legacy of preparing students for success.”

In addition to the grant, Norton Healthcare intends to build on its commitment to Simmons College by offering students internships and professional opportunities.

“Norton Healthcare has a diverse workforce committed to serving the healthcare needs of our community,” said Kelly McCants, MD, acting executive director, Norton Healthcare Institute for Health Equity. “We want to support those wishing to pursue a career in healthcare and give them the tools, skills and experience needed to succeed.”

“Simmons College is an institution dedicated to educating people in the urban context through strong academic and professional programs. Founded in 1879, it’s one of the oldest private HBCUs (Historically Black Colleges and Universities) in America. These funds will help support our students so they may become agents of change in society,” said Dr. Kevin Cosby, president of Simmons College of Kentucky. “We look forward to partnering with Norton Healthcare.”

In June, Norton Healthcare announced five initiatives to address healthcare and racial inequalities in the community, including investing $20 million over five years to address health needs in underserved areas, such as the west end. The funds are being invested in permanent facilities and equipment in those neighborhoods.

**ADDRESSING HEALTHCARE AND RACIAL INEQUALITIES**

Five initiatives that will be immediately developed and accelerated to address inequalities both internally and within the communities it serves:

1. **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.

2. **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.

3. **COMMITTING TO MIRROR OUR COMMUNITY WITHIN THE NORTON HEALTHCARE LEADERSHIP TEAM.** Norton Healthcare has 16,500 dedicated providers and employees who work hard to care for our patients and community, but more diverse leadership is needed to better reflect our community and workforce. Initiatives will be activated to ensure all team members have an equal opportunity for growth, development and advancement.

4. **PROVIDING MORE EDUCATION AND ADVOCACY INTERNALLY ON HEALTH POLICY ISSUES TO HELP OUR WORKFORCE MAKE MORE INFORMED CHOICES.** Norton Healthcare will leverage the collective voice of our 16,500 employees to advocate for vital safety net programs, including Medicaid, the Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families.

5. **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.
In partnership with Medical News, Health Enterprises Network brings you HealthEconomy a podcast where the top healthcare leaders in the region share their stories and we explore the history of the development of healthcare businesses in our region.

Many people know UPS for their brown trucks and world-wide airline fleet shipping packages across the world. However, UPS also has a significant healthcare operation, where they ship fragile biologics that have to be stored below freezing or help make sure surgeons have access to the sterilized tools they need to save lives. UPS Healthcare is a hidden gem here in Louisville that quite literally ensures sterile tools they need to save lives. To make sure surgeons have access to the sterilized tools they need to save lives. UPS Healthcare was launched in January of 2020.

Olson said, “UPS quickly realized the healthcare market had specific regulations, different from other products, requiring a unified strategy, significant investments and dedicated healthcare assets. UPS put highly trained salesforce and operations force in place and a visionary leadership to make sure we could execute and implement the strategy.”

Olson also discussed specialized treatments such as cold chain solutions, storage and the role UPS will play in the development of the COVID-19 vaccine. UPS leadership has been working with the federal government on Operation Warp Speed, which aims to deliver 300 million doses of a safe, effective vaccine for COVID-19 by January 2021. Olson said, “We are at the tip of the spear where the COVID-19 pandemic is concerned and will play a large role in the distribution of vaccines when they are ready. We have a global reach that other companies do not.”

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Healthcare Fellows Complete Fall Sessions

The Healthcare Fellows is a formal executive education program focused on the many business sectors in Louisville’s vast healthcare ecosystem. Each year professionals are selected to participate in the 10-month program with sessions led by community leaders, academics, elected officials, organizational experts, researchers and entrepreneurs.

August Session

Fellows met virtually in August due to the pandemic. The session included a roundtable discussion moderated by Ben Keeton, publisher of IGE Media. Panelists included Michael Bryant, executive VP and Chief Administration Officer at Trilogy Health Services, Michael Dees, CEO of BluMine Health and Andrew Steen, director of Strategic Marketing at BehaVR.

The panelists discussed how their companies started, lessons learned along the way, who their partners are in the healthcare ecosystem and how the community can support the growth of companies.

September Session

The September session, also held virtually, included a presentation by Tammy York Day, president and CEO of the Louisville Healthcare CEO Council (LHCC), about aging care and innovation.

The LHCC is comprised of the top 12 healthcare companies headquartered in Louisville, Kentucky. The CEOs who make up the LHCC board of directors organized the council to leverage the strengths and assets of their organizations to solve important national healthcare problems that extend beyond the scope of any one single member company. With its representation of healthcare entities across the entire continuum of care, LHCC capitalizes on its sector strength to identify healthcare gaps and connect innovators with capital and customers.

Member companies include Anthem BC/BS Kentucky, Apellis Pharmaceuticals, Baptist Healthcare Systems, Inc., BrightSpring Health Services, Galen College of Nursing, Hosparus Health, Humana, Kindred Healthcare, Norton Healthcare, Passport Health Plan, Signature HealthCARE and Trilogy Health Services.

According to York Day, these member companies touch 80 million lives annually, employ 400,000 team member companies and represent $100 billion in annual revenues.

The LHCC CEO’s identified five areas of focus:
2. Social Determinants of Health (2020)
   a. Social Isolation
   b. Food Insecurity
   c. Transportation
   d. Access to Caregiving
3. Patient Engagement and Education
4. Interoperability
5. Data-driven Decision Support

York Day also gave a summary of the Aging Innovation Global Healthcare Summit which was held virtually in September.
Waystar partners with Cedar on healthcare pricing estimates

Cedar, a patient engagement and payment technology platform, and Waystar, a provider of revenue cycle technology for the healthcare industry, have formed a strategic partnership to implement pricing estimates and payment options, as well as eligibility verification, into Cedar’s pre-visit offering.

Waystar’s technology will allow providers to proactively reach out to patients with personalized price estimates through Cedar’s omni-channel patient engagement platform.

60 percent of healthcare consumers have requested expected out-of-pocket costs pre-visit, yet 51 percent of those who requested it were not able to get the information easily and accurately.

Given the Centers for Medicare & Medicaid Services’ price transparency rule set to take effect on January 1, 2021, hospitals and healthcare systems will need to provide consumers with more transparent healthcare pricing data. With this new solution from Cedar and Waystar, providers will be well-positioned to comply with price transparency, while also fostering patient trust and loyalty.

Cedar’s patient engagement platform offers a seamless, intuitive user experience and enables customized outreach, messaging and bill resolution to patients based on a variety of unique factors and preferences. Waystar’s cloud-based technology simplifies and unifies healthcare payments across the revenue cycle. The solutions Cedar is leveraging tap into multiple data sources and use AI to check insurance eligibility and generate automated, accurate patient estimates.

Cedar’s pre-visit price estimates and payment options will be available beginning in early 2021.

Dean Dorton to relocate Louisville operations

Dean Dorton, an accounting and advisory firm, announced that its Louisville office is moving operations out of its current downtown Louisville office space, and to a new, high-tech office in the ShelbyHurst Office Campus on the east end.

Dean Dorton is leasing the fourth floor of a new building at North Whittington Parkway and Hurstbourne Trace. The firm’s continued growth in the Louisville market requires more square footage and the new space will nearly double the firm’s current office square-footage. Dean Dorton hopes to be operating in the new space by January 2021.

Dean Dorton, with roots dating back to 1921, has called downtown Louisville home for the past seven years. Approximately 100 team members will make the move into the new space.

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?

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.

You’ll find helpful risk guidelines, policy updates, and crisis support at ProAssurance.com/COVID-19.

Healthcare Professional Liability Insurance

For ProAssurance policyholder information and resources
UK releases comprehensive dashboard tracking COVID-19 efforts

By Sarah Geegan

The University of Kentucky published a comprehensive dashboard, to be updated daily, with information relevant to the current campus impact of COVID-19.

Data in the dashboard are presented in the context of the 25,373 students who, as of Sept. 1, the university has required to complete a COVID-19 polymerase chain reaction (PCR) test. Students who don’t physically come to campus are not required to be tested.

Relevant data points in the dashboard include:

- **Total active cases**, defined as the number of UK students, to the knowledge of UK Health Corps, who have tested positive for COVID-19 and have not yet been released from their respective isolation locations or county health departments.
- **Total recovered cases**, defined as the number of students who previously tested positive and have since been released from their respective health departments in the counties in which they are isolating. This also applies to cases that are beyond 14 days of the test date.
- **Total new cases**, defined as the number of students who have tested positive for COVID-19 who did not previously exist in UK’s database of detected results.
- **Number of students currently in isolation**. Self-isolation separates people who have tested positive for COVID-19 from the general population. Notably, this differs from quarantine, which separates and restricts the movement of people who were exposed, but have not tested positive, to COVID-19.
- **Percentage of students and employees who have completed the required daily screening**. All students and employees who come on to campus are required to complete a COVID-19 screening, every day, seven days a week. Completion of this screening is necessary to remain compliant with university requirements.
- **UK-collected test results to date**. These data reflect COVID-19 test results conducted through on-campus testing and retesting (by Wild Health and/or University Health Service) from the beginning of the semester through present day.

UK President Eli Capilouto said these data reflect the institution’s comprehensive modern public health infrastructure, fueled by a world-class college of public health and academic medical center.

“We are making data-driven decisions, informed by the work of scientists, clinicians and public health experts, to protect the health and safety of our community,” Capilouto said. “Science drives our interventions and shapes our approach to combating this virus.”

The dashboard reflects the robust data collection that is fueling the contact tracing process overseen by UK Health Corps. Seven days a week, UK’s team of contact tracers coordinates with university data analysts to detect trends, implement interventions and provide tailored support to members of the university community.

The team’s efforts are further informed by the daily screening all UK community members are required to complete if they come to campus, as well as the robust base-line testing required of all UK students who plan to physically interact with the campus community.

“The enormous amount of data we have collected — and continue to collect through our contact tracing protocols — allows us to quickly recognize trends and respond efficiently, comprehensively and compassionately,” said Lance Poston, co-project director of UK Health Corps. “The baseline testing was a powerful starting point as we began the semester. The daily screening continues to equip our contact tracers with the information they need to assess the landscape of our campus as it relates to COVID-19, as we all strive to combat the spread of this virus.”

As the dashboard reflects, UK’s currently active student cases, as a percentage of those who have been tested (the positivity rate), remains below two percent.

The institution recently completed a second phase of testing that focused specifically on members of UK Fraternity and Sorority Life organizations. The university will continue to test specific student populations as the data indicates trends in infection or exposure rates.

“We are approaching this challenge with the same characteristics that have always distinguished the UK community — determination and compassion,” Capilouto said. “This robust, comprehensive and labor-intensive approach to data-driven intervention underscores our resolve to provide the safest residential experience possible. Against that backdrop, I know that people across our campus are asking themselves every day how they can, in new ways, continue to connect with each other and show how much they care. That is who we are. That is what we do.”
The KHA report noted that, while the federal government provided financial assistance to hospitals to offset COVID-related costs, the assistance was less than half, or 40 percent, of the financial impact of the virus.

Recent studies have found as many as 28 of Kentucky’s rural hospitals were at risk of closure before the pandemic. These hospitals serve almost half a million Kentuckians, have more than 4,900 employees, pay annual salaries of $276 million and provide $217 million in other economic benefits.

“The CARES Act and other spending packages passed by Congress earlier this year have done much to provide relief to UK HealthCare and other hospitals in the response to COVID-19,” said Dr. Mark Newman, University of Kentucky executive vice president for health affairs. “That relief, however, has not completely addressed the dual problems of decreased revenues while costs such as PPE, staffing and so on have increased significantly as health care providers work to keep patients safe.”

Rural hospitals face many economic burdens because they have fewer patients covered by private health insurance than hospitals in urban areas and rely more heavily on Medicaid and Medicare (which pay hospitals below their costs for treating patients). Patients who work for them.

Patrick Falvey, chief operating officer at Baptist Healthcare, agreed. “With federal assistance and the resumption of operations at nearly normal levels, larger hospitals and health systems have financially weathered the COVID-19 pandemic so far.” Falvey continued, “It’s been smaller, independent hospitals, with less of a financial support structure, that have been most affected.”

The report pointed out that all of the state’s hospitals are a vital part of the economic health of Kentucky communities. The largest private employer in many counties, hospitals employ more than 78,000 workers across Kentucky and pay $4.9 billion in wages annually. They, along with their employees, also support government by paying over $700 million in state and local taxes. This includes $183 million in provider taxes the hospitals pay that support the Medicaid program.

In developing the report, KHA is asking policymakers to support Kentucky’s hospitals and the 78,000 healthcare professionals and caregivers who work for them. “We expect the pandemic, and its impact, to stretch into 2021, further straining balance sheets due to the high cost of keeping patients and staff safe — including spiraling prices for PPE and increased expenditures for screeners and stringent cleaning protocols — and the economic realities of the unemployed who may delay seeking care until they are very ill,” Patrick Falvey said. “Hospitals will need similar financial relief in the coming year. Forgiving the Medicare Advance Payments will go a long way toward providing that needed relief to keep hospitals financially healthy and able to continue maintaining a strong frontline during this pandemic.”

“This request for support does not come in the form of a proposal for more funding or special treatment,” the report noted. “We fully recognize the negative impact that the COVID-19 shutdown has had on businesses and individuals across the commonwealth. Instead, we ask that efforts by the Governor and the General Assembly to address the reduced revenue caused by the pandemic do not compound hospitals’ financial crises by imposing additional provider taxes, cutting Medicaid reimbursement or similar actions.” It is essential that Kentucky’s hospitals are financially strong as they continue the battle against COVID-19 and provide quality care for their patients, the report concluded.

REQUEST TO POLICYMAKERS

- More than $2.6 billion in revenue losses and additional costs from cancellation of elective procedures, responding to the virus and treatment of COVID-19 patients.
- More than 3,000 hospital employees furloughed.
- Lower patient volume continuing.
- Rural hospitals at risk of closure.

KEY TAKEAWAYS

- Kentucky was one of the first states to cancel elective procedures, which generate revenue to cover services hospitals provide at a loss.
- In order to re-open elective procedures, hospitals must keep 30 percent of their beds in reserve in case a spike in COVID-19 patients occurs.
- Hospitals continue to have lower patient volume because many individuals are not seeking care due to concerns about the virus.
- Hospitals are using more PPE, which is often in short supply, and are having to pay higher prices to obtain what they need.
- Hospitals incurred costs to reconfigure their facilities to create COVID-19 units, install barriers for social distancing and create additional patient care space to be ready for spikes in COVID-19 cases.
- COVID-19 patients are more costly to treat and most hospitals lose $1,200 for every COVID-19 hospitalized patient.
- Kentucky hospital losses in 2020 are estimated to exceed $2.6 billion, yet federal relief funds have covered less than one-half of that amount.
- Despite these losses, hospitals that requested Medicare payment advances to help with cash flow during the elective procedure shutdown must now continue treating Medicare patients without receiving any Medicare payment until the advances are repaid.

THE IMPACT OF COVID-19 ON KENTUCKY HOSPITALS

KEY POINTS

- More than $2.6 billion in revenue losses and additional costs from cancellation of elective procedures, responding to the virus and treatment of COVID-19 patients.
- More than 3,000 hospital employees furloughed.
- Lower patient volume continuing.
- Rural hospitals at risk of closure.

* View the full report at kyha.com.
Six companies pitch at Aging Innovation Global Healthcare Summit

By Sally McMahon

The global COVID-19 pandemic has disrupted life across the United States and around the world, and 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.

Some of the world’s greatest innovations have come from the greatest challenges, and this pandemic is no different. Healthcare companies across the globe are racing to help speed up solutions and bring them to the market quickly to address needs during this crisis. The Global Innovation Search, co-hosted virtually in September by Aging2.0 and The Louisville Healthcare Council, provided an opportunity for innovators around the world to showcase their products and services to help keep older adults connected to their communities, families, and providers measure and manage the impact of social determinants on health outcomes and costs. Roster Health and Camber Systems are both part of the Hangar portfolio of companies. Hangar launches high-growth technology companies to address problems that government and its partners cannot solve alone in areas that include public health, education and disaster response.

Famileo is a program that helps communities make sure their residents remain socially engaged with their family and their community.

With Famileo, kids and grandkids edit every week a family newspaper from their mobile. Then, the “gazette” is printed out and delivered to their grandparents in the community.

The paper format makes it available for everyone and encourages discussions with other residents and staff about their family news.

Technology can be challenging for older adults who did not grow up using computers, smartphones and the internet. myFamilyChannel runs on a device that is familiar and comfortable: the TV. myFamilyChannel is a private TV channel that allows residents to interact and engage through their television, solving for social isolation and loneliness by making connectivity accessible without the use of small screens, apps or passwords.

Roster Health, a social determinants of health company, combines decades of front-line expertise in healthcare and SDOH services to solve the hardest social and functional challenges and achieve positive health outcomes for individuals, populations and communities. Roster Health provides a non-clinical, consumer-centered SDOH data collection platform and framework to improve data collection and data quality. Partnered with Camber Systems, Roster Health brings together new data collection, secure data sharing, robust analytics, and operational expertise to help consumers, payors, and providers measure and manage the impact of social determinants on health outcomes and costs. Roster Health and Camber Systems are both part of the Hangar portfolio of companies. Hangar launches high-growth technology companies to address problems that government and its partners cannot solve alone in areas that include public health, education and disaster response.

Famileo has built the first scalable solution to combat the growing epidemic of social isolation, a key determinant of health. Leveraging decades of research on the interdependencies among social engagement, purpose and health outcomes, Amava’s unique combination of tools, content and services is already helping more than 185,000 households stay active and engaged.

Amava

Famileo

Soundmind is the easiest way for older adults to video chat and access vital information, simply by speaking. Their voice-activated care platform allows families and caregivers to securely manage appointments, share memories, provide important information and engaging content all accessible through a voice assistant. Soundmind is proven to reduce depression by 44 percent. Devices are fully configured when shipped. No setup required.

Tombot makes robotic animals that transform the daily life of individuals, families and communities facing health adversities. Originally designed to provide physical and mental health benefits to seniors with dementia, Tombot Puppies have also been pre-ordered by healthy seniors and hospitals to provide companionship and to combat loneliness, anxiety, and social isolation. Additionally, Tombot puppies have been pre-ordered by people subjected to social isolation due to COVID-19. Peer-reviewed studies show that robotic animals positively affect some users’ ability to cope with stress, anxiety, loneliness, depression and pain, reducing their need for psychotropic and opioid medications. Tombot Puppies will be the first robotic animals to be both FDA medical devices and a remote patient monitoring platforms.

THE 14TH ANNUAL MEDISTAR AWARDS
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Review award descriptions and nominate a person or a program at medistarawards.com.
Honorees will be featured in the December issue of Medical News.

medistarawards.com
Loneliness and isolation under social adults have been a public health crisis even before COVID-19 hit American society in March of 2020. Data from 2019 suggests that one in every three older adults experienced loneliness and/or social isolation before COVID-19. Those most at risk were older adults living alone, those living in rural communities, those living far away from children, those with health concerns and those who already suffered from depression.

During COVID-19 this crisis has intensified, affecting older adults in all living arrangements – living at home in the community and living in long-term care facilities. Preliminary data suggested that within the first month of COVID-19 loneliness increased by more than 30 percent, resulting in older adults experiencing much higher emotional distress than before. Older adults living in the community had to quarantine in place, resulting in almost no contact with other human beings for months. Those living in long-term care facilities experienced similar isolation as they had to quarantine in their rooms, with very limited contact with staff.

The usual ways to connect with others in the community and in long-term care facilities had to be suspended and older adults could not access senior centers, exercise facilities and church communities to support them combatting the feelings of loneliness and isolation. In long-term care facilities all social activities were suspended, and older adults could no longer connect with fellow residents as even meals were delivered in the rooms.

Loneliness and social isolation can negatively impact physical and mental health outcomes. Social isolation increases the risk of mortality and

Continued on page 13
Continued from page 12

HEALTH RISKS OF LONELINESS

Although it is hard to measure social isolation and loneliness precisely, there is strong evidence that many adults aged 50 and older are socially isolated or lonely in ways that put their health at risk. Recent studies found that:

- Social isolation significantly increased a person’s risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with a 50 percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29 percent increased risk of heart disease and a 32 percent increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety and suicide.
- Loneliness among heart failure patients was associated with a nearly four times increased risk of death, 68 percent increased risk of hospitalization and 57 percent increased risk of emergency department visits.

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— Anna Faul, PhD is with the Trager Institute at the University of Louisville.

COVID-19 Challenges

When society came to a standstill in March 2020, the Trager Institute had to stop seeing older adults in the PEARLS program, ended implementation of the Friendly Visitors Program and cancelled our Microclinics. It was soon clear that COVID-19 is going to be a long-term problem and that we had to find solutions to the increased loneliness of older adults during this time. The team decided to change all these programs to virtual programs using a variety of technology platforms. We developed a technology survey that we used to understand the technology skills of current participants in these programs. We then applied for funding to buy technology for older adults who may not have any technology at home to engage with these programs.

The most important lesson we learned by adjusting all our social connection programs to virtual platforms is that technology can be a highly effective tool to reduce social isolation. Even for the older adult with very little technology skills, connecting them to care providers, friends and families using basic technology devices that are already easily available on the market, is greatly effective in reducing social isolation and loneliness and improving mental health.

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UofL receives $11.5 million to advance cancer immunotherapies

Cancer remains one of the most difficult and deadly challenges in human health, affecting Kentuckians at a higher rate than residents of any other state and killing more than 600,000 people each year in the U.S. alone. In recent decades, therapies that engage the immune system to treat cancer have given hope to millions of cancer patients.

Building on more than two decades of success in cancer research, the University of Louisville is poised to advance immunotherapy with a grant of $11.5 million from the National Institute of General Medical Sciences to establish the Center for Cancer Immunology and Immunotherapy (CCII). The new center will develop and improve strategies that use the immune response to fight cancer. The five-year grant also will allow UofL to establish the CCII as a National Institutes of Health-designated Center of Biomedical Research Excellence (CoBRE) to support young investigators and develop additional basic, translational and clinical research at the UofL Health – James Graham Brown Cancer Center.

The newest cancer treatments often are available at Brown Cancer Center through clinical trials before they are available anywhere else. One such treatment is CAR T-cell therapy, in which a patient’s own immune cells known as T cells are modified in the lab to more effectively attack cancer cells. UofL announced the creation of the Dunbar CAR T-Cell Program at UofL in October. Researchers within the CCII will build on expertise and resources gained from previous research at UofL to develop better cancer immunotherapies. This will be achieved in part by enabling talented junior investigators who have not yet obtained major funding to advance their research and subsequently obtain major grant awards of their own.

UK College of Pharmacy receives $11.8 million for substance use disorder research

Approximately $11.8 million in funding from the National Institutes of Health (NIH) has been awarded to a research team led by Chang-Guo Zhan and Fang Zheng at the University of Kentucky College of Pharmacy.

The funding will further ongoing substance use disorder treatment research in collaboration with Sharon Walsh at the University of Kentucky Center on Drug and Alcohol Research (CDAR) and Mei-Chuan Ko at the Wake Forest School of Medicine.

The newly funded project will utilize a master cell bank of a long-acting protein drug candidate developed in partnership with the drug manufacturing technology company Catalent. This additional funding will also allow for further preclinical and clinical development, including a first-in-human clinical trial.

School of Medicine to combat racial inequality

UofL medical faculty leaders have pledged $50,000 toward a $1 million goal to address long-standing racial inequities in medical education.

The University of Louisville School of Medicine’s Endowed Excellence Fund for Diversity has been established by several department chairs to address systemic racism. This is in response to UofL President Neeli Bendapudi’s challenge asking for ideas and support in making UofL the nation’s premier anti-racist metropolitan research university.

The endowment has been established by:
- Sean Francis, MD, MBA, chair of Obstetrics, Gynecology & Women’s Health
- Ronald Gregg, PhD, chair of Biochemistry and Molecular Genetics
- William Guido, PhD, chair of Anatomical Sciences & Neurobiology
- Irving Joshua, PhD, chair of Physiology
- Maureen McCall, PhD, professor of Ophthalmology and Visual Sciences
- Craig S. Roberts, MD, MBA, chair of Orthopaedic Surgery

Talari Therapeutics collaborates with Kentucky Organ Donor Affiliates

Talari 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 a collaboration with Kentucky Organ Donor Affiliates (KODA).

KODA is an independent, non-profit organ and tissue procurement organization that facilitates deceased donor transplants throughout Kentucky, southern Indiana and western West Virginia. The collaboration will advance preclinical studies of the potential of Talari’s allogeneic cell therapy to induce immune tolerance to an organ from a deceased donor.

Organ donation from deceased donors makes possible more than 80 percent of solid organ transplants in the U.S. These transplants are frequently lifesaving, but they bring the burden of lifelong immunosuppression for organ recipients, which puts patients at heightened risk of infection as well as a number of other potentially serious side effects. Additionally, immunosuppressant drugs are toxic to the kidneys over time, which can result in declining kidney function and necessitate another organ transplant.

Within the collaboration, KODA, after authorization from the donor’s family, will recover vertebrae from deceased organ donors. Researchers at Talari will then isolate stem cells from the vertebrae, with the goal of demonstrating the feasibility of producing FCR001 from vertebral bone marrow. These preclinical studies will serve as a first step toward enabling future clinical studies to evaluate whether FCR001 administered alongside organ transplantation can induce durable immune tolerance to an organ from a deceased donor.
Lexington physician Dale Toney, MD, becomes KMA president

Dale Toney, MD, a Lexington internist, became the 170th president of the Kentucky Medical Association (KMA) during the organization’s annual meeting, which was held virtually for the first time in response to the COVID-19 pandemic.

KMA members also elected three other officers during the 2020 meeting. Neal Moser, MD, of Crestview Hills was elected president-elect, Michael Kuduk, MD, of Winchester was elected vice president, and Jiapeng Huang, MD of Louisville was elected secretary-treasurer.

A lifelong Kentuckian, Toney is a board-certified internist in Lexington. He is employed by the University of Kentucky Albert B. Chandler Hospital, is an associate professor at the University of Kentucky College of Medicine and is the interim division chief of General Internal Medicine and Women’s Health. He previously served as vice president of the KMA, served as an alternate trustee from 2008 to 2013 and as Trustee from 2013-2018 on the KMA Board of Trustees. He served as vice chair in 2015 and as chair from 2016 to 2018. Toney was President of the Lexington Medical Society (LMS) in 2004 and vice president in 2001. He was also a member of the Kentucky Board of Medical Licensure from 2016 to 2019 and served as chair of Panel A and vice president in 2019. Toney has practiced medicine for 30 years.

In his virtual inaugural address, Toney discussed his goals for the year, including the promotion of the KMA and KFMC’s “Be Well. Stay Well.” campaign, which encourages Kentuckians to take simple steps to protect and improve their health. The campaign began in August with the launch of the “Raise Your Guard, KY” initiative, which is a partnership with the Foundation for a Healthy Kentucky and Anthem Blue Cross and Blue Shield in Kentucky.

In addition to the installation of new officers, the virtual annual meeting held a series of live town hall-style events focused on the COVID-19 pandemic, as well as the popular “Meet the Mandates” educational sessions, during which physicians can obtain all of their mandated CME prior to the end of the three-year cycle. Meet the Mandates was presented in partnership with the Kentucky Board of Medical Licensure, and the House Bill 1 sessions were made possible in part by a grant from the Federation of State Medical Boards (FSMB) Foundation. The events were well-attended, with more than 800 physicians from across the state participating in at least one session throughout the meeting.

Kentucky creates partnership to commercialize tech innovations

Gov. Andy Beshear announced the creation of Kentucky Commercialization Ventures (KCV), a new public-private partnership unique in the U.S. that aims to develop academic innovations into job-creating tech companies. KCV brings together the University of Kentucky and University of Louisville with the Kentucky Science and Technology Corp. (KSTC) and KY Innovation, the state’s office for entrepreneurial and small business support.

Especially in healthcare law, prevention can be the best medicine.
College of Nursing researcher partners with churches to address COVID-19, health disparities

By Emily Domer and Kody Kiser

A lack of access to proper care can heavily impact a community’s health. Recent studies have shed light on an area’s socioeconomic status being one of the most impactful social determinants of health in both urban and rural communities throughout Kentucky.

Lovoria Williams, PhD, associate professor in the University of Kentucky College of Nursing, has two recent interventional studies that highlight health disparities among minority and medically underserved populations in both Appalachia and predominately African American communities in Lexington.

Both “COVID-19 & Impact on Church” and “Enhancing the Diabetes Prevention Program to Promote Weight Loss Among Non-Responders in a Community-Based Lifestyle Intervention” seek recruitment through local churches due to their motivations to collaborate, a longing to build partnerships for a greater cause, and a passion to combat the health disparities their congregants may face.

“We chose to partner with them because they are a cohesive group that we can approach,” said Williams. “They're all from different walks of life with various lived experiences and many churches have health as a part of their mission.”

Both projects share a key role of influence. Williams explains that by training individuals within each of the sites that it will provide a chance to continue the interventions once the grant periods have concluded.

The enhanced diabetes prevention program is an extension from a previous study and will involve 20 African American churches and community sites throughout central Kentucky. This program will deliver a healthy lifestyle intervention to 500 community members and will offer extra support to those who do not initially see results.

“We want to focus on giving them this added attention in order to help them work through any barriers or challenges they may face toward changing their lifestyle,” Williams said.

She attributes her urgency to improve the health of Kentuckians to the COVID-19 disparities and the information that she learned about the health inequities in Fayette County while she was serving as vice-chair of the Health Disparities Committee on Mayor Linda Gorton’s Commission for Racial Justice and Equality.

For the six-month COVID-19 related project, Williams hopes the data will result in obtaining information that can be used to inform officials about the unique barriers experienced by Appalachian and Black Kentuckians. This information can be used to influence public health decisions regarding the allocation of resources from local healthcare departments, develop stronger communicative efforts to educate community members on available preventative practices, COVID-19 testing and vaccination updates.

“If we know what the barriers in these communities are, then when we can head it off and move resources around to overcome them,” she said.

Although active recruitment for the COVID-19 study has concluded, Williams encourages local churches and community sites to join the diabetes prevention intervention. More information about Williams’ research can be found on the UK College of Nursing page.

Molina Healthcare announces closing of its acquisition of Passport’s Medicaid Plan Assets

Molina Healthcare announced the closing of its acquisition of certain assets related to the Medicaid line of business of Passport Health Plan. In addition, Passport’s Medicaid contract with the Commonwealth of Kentucky has been novated to Molina. Effective September 1, 2020, Molina Healthcare of Kentucky, Inc. will provide Medicaid managed care benefits to Medicaid members that were previously being served by Passport. As of August 1, 2020, Passport served approximately 315,000 Medicaid members in Kentucky.

In addition to the acquisition of Passport’s Medicaid contract, Molina acquired and will utilize the Passport name, a well-known brand in Kentucky, and has agreed to hire approximately 500 Kentucky-based Passport and Evolent Health employees.
Baptist Health finalizes purchase of Hardin Memorial Health

Baptist Health has finalized purchase of Hardin Memorial Health and changed its name to Baptist Health Hardin, in keeping with its tradition of linking the hospital name with its geographic location.

BAPTIST HEALTH

All told, the transaction includes $361.4 million in payments and future investments.

The closing came about three years after the Hardin Memorial Hospital Board of Trustees signed a letter of intent to pursue the sale to long-time manager Baptist Health. Prior to that, the board conducted an exhaustive search for a new partner for the regional health system, sifting through about three dozen proposals before choosing Baptist Health.

Under the purchase agreement, Baptist Health acquires all assets of HMH and, in return, will commit $235 million over 10 years in operating and capital investments.

Baptist Health will invest a minimum of $150 million in the first five years to build new facilities, recruit more physicians and upgrade information technology and equipment. After the first five-year period, Baptist Health will commit an additional $85 million in capital investments.

At closing, Baptist Health paid the county $60 million, less the amount used in July to fully fund the Hardin Memorial defined benefit pension plan for current employees and retirees, plus another $66.4 million over 25 years.

Baptist Health will also provide up to $150,000 per year for 25 years for healthcare services historically provided to inmates of the Hardin County Detention Center.

The sale was marked with a signing ceremony on the lawn and unveiling of new signage. The ceremony was viewed by leaders and board members from both health systems and livestreamed on social media for employees and the public. COVID-19 restrictions dictated a smaller event.

DBL Law breaks ground on Covington headquarters

DBL Law broke ground recently on its premiere headquarters, an $11.3 million refurbishment of the historic Monarch Building that will return northern Kentucky’s largest law firm to its downtown Covington roots.

DBL Law was joined in the groundbreaking by officials and representatives of organizations assisting with and supporting the project, including The City of Covington, Covington Independent Schools, Kenton County Fiscal Court, The Catalytic Development Funding Corp. of Northern Kentucky and Republic Bank.

The firm — now based in Crestview Hills — was founded more than 60 years ago by Judge Bill Dunn and Judge Jim Dressman Jr. in a basement office at the corner of 4th and Garrard streets in Covington.

The Monarch Building will be the bridge to connect the firm with its history through a historic building, said DBL Law Managing Partner Bob Hoffer, who joined the firm 40 years ago at the office located at 219 Garrard Street.

Greater Louisville Inc. launches new technology network — TechFirst

Greater Louisville Inc. (GLI) recently launched TechFirst, an industry network created to congregate technology business leaders to support, inform and develop meaningful growth initiatives within the region’s technology industry.

The mission of TechFirst is to support and grow Greater Louisville’s tech eco-system through the development of talent pipelines, a strong innovation culture and strategic resources.

**Focus areas of TechFirst:**

**Economic Development**
- Collaborate with Chambers of Commerce and regional economic developers to support business attraction and retention strategies.
- Develop a network of 200 industry leaders as subject matter experts to grow the eco-system and advance business-friendly policies and talent development strategies.

**Density**
- Initiate the establishment of formalized, physical designations for innovation districts throughout the region.
- Promote virtual and physical platforms that create interconnectedness to support business development, innovation, and entrepreneurship.

**Talent and Education**
- Activate relationships with regional education and training organizations to develop diverse, qualified talent and fill pipeline needs.
- Leverage, nurture and expand existing talent eco-system strategies (e.g. Live in Lou) that target experienced levels of tech talent to increase the overall population of talent.

**Culture**
- Embrace smart city technologies that invigorate community engagement and demonstrate Louisville’s tech-savvy culture and forward-thinking professionals.
- Showcase Greater Louisville as a community of innovation that celebrates success and failure to accelerate market solutions and enterprise, through five out-of-market press coverage opportunities.

The TechFirst Inaugural Chair is Stacy Griggs, CEO of El Toro Internet Marketing. The visioning committee involved a variety of tech and tech-enabled organizations from across the Louisville Metro Area such as Appriss, V-Soft, Humana, Yum! Brands, Papa John’s International Inc., Republic Bank, the University of Louisville and more.

TechFirst hosted a virtual informational meeting in September for those interested in engaging and supporting the network.
KMA president in an unprecedented year
Dale Toney, MD leads Kentucky’s physicians amid pandemic, uncertainty.

By Emily Schott

The recently installed president of the Kentucky Medical Association (KMA) feels he has ”big shoes to fill.”

Dale Toney, MD, an internist at the University of Kentucky Albert B. Chandler Hospital, feels that way for many reasons. Earlier this spring, the Lexington Medical Society (LMS) nominated him for the position of KMA president following the untimely passing of then-President-Elect Bob Couch, MD, who died in November 2019 after a brief illness. The KMA president typically serves for a year as president-elect, giving themselves time to prepare and focus on what initiatives and themes they’d like to concentrate on.

“This was supposed to be Bob’s year,” said Toney, referring to the Louisville emergency room physician. “He would have made an excellent KMA president. I was looking forward to seeing all the great things he would have done.”

Instead, Toney, who was finishing up his term as KMA vice president, found himself not only leading the physician membership organization much earlier than he’d expected, but also navigating a global pandemic that had turned the world, and particularly the world of healthcare, on its axis.

His presidency began with an inauguration over Zoom during the Association’s first-ever virtual annual meeting, which was held throughout the month of August via online sessions. While the virtual annual meeting was an overwhelming success, Toney recognized that this was but one mark of what would likely be a different presidential year.

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Be Well. Stay Well

Toney hit the ground running. The theme for his year as president will be “Be Well. Stay Well,” which is an initiative in conjunction with the KMA’s charitable arm, the Kentucky Foundation for Medical Care (KFMC), designed to encourage Kentuckians to take simple steps to protect their health, particularly amid the threat of the COVID-19 pandemic. “Be Well. Stay Well” also offers a physician-focused facet that will promote the health and well-being of the state’s doctors, particularly related to stress, anxiety and burnout.

“There’s more pressure and stress on healthcare workers than ever before. And we need our state’s physicians to be both physically and mentally healthy so we can continue caring for our patients and fighting this pandemic,” said Toney.

“Be Well. Stay Well” began with a partnership campaign between the KMA, KFMC, the Foundation for a Healthy Kentucky and Anthem Blue Cross and Blue Shield in Kentucky called “Raise Your Guard, KY.” The campaign promotes visiting a physician for a well-visit and getting vaccinations up to date to ensure good health. “Raise Your Guard, KY” launched in late August with a video announcement featuring Toney and leaders from the partner organizations, as well as Lt. Gov. Jacqueline Coleman, and was shown by Gov. Andy Beshear during a press conference.

Since that launch, Toney has been busy with media interviews and Zoom meetings with other leaders to determine the best ways the Association can support physicians and improve public health at the same time. He said they have plans to offer programming on physician burnout, as well as additional opportunities for virtual CME so that participants can remain in their home communities while still being able to attain the continuing education they need. As usual, advocacy will remain a central focus, although the format of the 2021 General Assembly remains unknown, while additional public health projects are on the drawing board.

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— Dale Toney, MD

“We have a lot of responsibility, as leaders in organized medicine, to find the best ways to serve our membership. But of course, they are the ones who are truly out there serving Kentucky patients. They’re the ones with the big shoes to fill. But we’ve walked beside them for 169 years and we will continue to do so.”

— Emily Schott is with the Kentucky Medical Association.
Cancer hits hard in Kentucky. That’s why, every day, the team at Markey steps up, with innovative procedures like heated chemotherapy and minimally-invasive robotic surgery to offer a full spectrum of care for cancer patients across Kentucky. It’s work that makes a real impact, both now and in the future. 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