The short session has ended, with 847 bills filed and 158 bills passed through both chambers.

By Ben Keeton

The 2017 legislative session has ended, and the new Republican majority helped push through a number of bills that will impact the healthcare system. Although this session was technically a “short session,” lawmakers filed 847 bills and passed 158 through both chambers. Many of these were key platform issues that the Republican Party used to take control of the House for the first time in 97 years.

Bills that have been debated for years have also found their way to Governor Matt Bevin’s desk during this session, including major initiatives like Medical Review Panels (SB 4) and other legal reform efforts, including Judgement Interest Rate (HB 223).

The General Assembly also passed legislation protecting access to smoking cessation treatment options (SB 89), as well as a bill to help terminally ill patients receive innovative treatment options that have not yet made it to market (SB 21). They also enacted a law allowing patients to receive a 90-day fill at their local pharmacy (SB 205).

Several bills were passed to address licensure issues in Kentucky. SB 146 establishes the licensure of genetic counselors under the State Board of Medical Licensure, and HB 304 recognizes a multistate licensure privilege to practice for registered nurses or practical nurses. Legislators also passed HB 239, which requires the Kentucky Board of Optometric Examiners to establish an annual license renewal fee.

Pending Legislation

As of this printing, several health-related bills are still pending. The most high-profile bill addresses Medical Peer Review (SB 18, opinion piece on page 18), which protects collaboration between medical professionals and ensures that the findings cannot be used against them in court. Another pending bill encourages the use of abuse deterrent technology to protect Kentuckians from opioid abuse.

A few health-related bills did not see the finish line this year, but are likely to come back in the future. Representative Addia Wuchner filed a bill encouraging all incoming college students in Kentucky to update their recommended immunizations before they enroll. Legislators also considered a bill to limit pharmacy benefit managers (PBMs) from charging a patient more for a prescription than the retail cost of the medication.

Although 2017 was a short session, the Republican Party wasted no time in passing legislation that will impact Kentucky’s healthcare system. While the legislative session may be over for the year, elected officials, advocates and businesses are taking a deep breath before they dig into what will likely be a more intensive session in 2018. We will continue to monitor and report on relevant legislation that impacts the business of healthcare in Kentucky.
**NEWS IN BRIEF**

**UofL surgeon, students improve access to colon cancer screening**

Erica Sutton, MD, assistant professor and director of community engagement for the University of Louisville Department of Surgery, and Surgery on Sunday Louisville (SOSL) were honored by the National Colorectal Cancer Roundtable (NCCRT) for efforts in colorectal cancer prevention. SOSL was presented an 80 percent by 2018 National Achievement Award in honor of Colon Cancer Awareness Month.

Sutton, also assistant dean of medical education, clinical skills at the UofL School of Medicine, founded Surgery on Sunday Louisville, which provides colonoscopies and other surgical procedures for individuals who are uninsured or underinsured. Sutton, along with UofL medical students Sam Walling and Jamie Heimroth, who volunteered for SOSL, traveled to New York City to receive the award and participate in the live event.

Sutton has special expertise in minimally invasive procedures and surgical endoscopy. Through Surgery on Sunday Louisville, she and other physicians and healthcare professionals provide in-kind outpatient surgical and endoscopic care. Among the services provided are colonoscopies for patients who may be at high risk for colon cancer but who do not have adequate health insurance coverage to obtain the recommended colonoscopies to screen for the disease.

Despite a sharp increase in the percentage of individuals who have health insurance coverage thanks to the Affordable Care Act, Sutton said some individuals still cannot obtain the tests they need.

“We have had a very successful rollout of the ACA here in Kentucky. However, there are still gaps,” Sutton said. “We have people in Kentucky who cannot afford their ACA deductibles or insurance premiums. They are falling into those gaps. There are high risk people for colon cancer whose insurance doesn’t cover the recommended screenings so they would have to pay for endoscopies.”

Last year, Sutton, Walling and others published research in the Journal of the American College of Surgeons showing that providing free colonoscopies to high-risk individuals who could not afford the tests was cost-neutral compared with individuals who developed advanced colon cancer.

In her role as director of community engagement for the UofL Department of Surgery, Sutton said she sees department-wide support for health equity.

“Our department as a group really does want to see surgical access for all people in our community. Individually, our surgeons stand behind that and put forth their time and resources so anyone who needs surgical specialist gets the help they need. I am very proud of how they do that.”

Walling, a fourth-year medical student at UofL, has volunteered with SOSL since its inception and now serves as the group’s medical director. He helped develop a program to formalize medical student participation in SOSL, which he said will enable a higher percentage of medical students to gain clinical experience prior to entering residency and allow them increased understanding of health disparities and the role of humanism in medicine. Walling will report on the effort, done in conjunction with the Distinction in Medical Education program, at the Association for Surgical Education Annual Meeting in April in San Diego.

**Cedar Lake opens Innovative Intermediate Care Home**

Cedar Lake hosted an open house and ribbon cutting in late February for its Intermediate Care Homes (titled Sycamore Run 1 and Sycamore Run 2), which offer high-intensity medical care in a neighborhood setting for adults with intellectual and developmental disabilities. These two four-bed homes offer nursing care, therapeutic services and behavior and psychological support for adults with intellectual and developmental disabilities.

The design of the Sycamore Run homes incorporates the healthcare needs of its residents, such as wider corridors, specialty bathing facilities, full mobility access, bariatric accommodations and the various background systems to allow for a safe and caring environment, such as nurse call, security, fire safety and a stormproof shelter.

The homes provide 24-hour nursing care with RNs and LPNs, as well as physical, occupational and speech therapy. In addition, a medical director and physician assistant conduct weekly clinics and are on-call and multiple specialists conduct rotating clinics monthly or quarterly.

**Bellarmine creates new College of Health Professions**

Bellarmine University’s healthcare education programs will be housed in a new College of Health Professions that was unanimously approved by the university’s board of trustees.

This new college will include two schools—the Donna and Allan Lansing School of Nursing and Clinical Sciences and the School of Movement and Rehabilitation Sciences.

The new structure takes effect June 1, 2017, making the College of Health Professions the university’s second college, along with the Bellarmine College of Arts and Sciences. The university also offers degrees through schools of business, communication, continuing and professional studies, education and environmental studies.

**Governor engages nonprofits, faith-based community to help kids**

Governor Matt Bevin and First Lady Glenna Bevin launched the Open Hearts/Open Homes initiative at the Summit to Save Our Children event they hosted in Frankfort. The initiative is part of the Governor’s pledge to improve the state’s adoption and foster care system by mobilizing a network of nonprofits, faith-based organizations and loving families.

More than 200 people from across the Commonwealth attended. Gov. and First Lady Bevin have long been advocates of adoption and foster care; they have nine children, and four are adopted.

The Cabinet for Health and Family Services, the agency that administers the state’s adoption and foster care programs, said that almost 9,000 children are in state custody, and of these, more than 6,000 are in a foster care placement.

Open Hearts/Open Homes aims to find permanent placements for those children in foster care with a goal of adoption by relying on the state’s churches and nonprofit groups to engage nurturing families in local communities.

**New Baptist Health Medical Group in Clark County**

Baptist Health Medical Group opened a new healthcare facility in Sellersburg, Ind. The new construction opened for business in early March. It consolidated the two former primary care practices from Sellersburg and Mt. Tabor Road in New Albany, Ind. into one facility.

**Recent Innovation Awards**

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**Erica Sutton MD**

Baptist Health Medical Group opened a new healthcare facility in Sellersburg, Ind. The new construction opened for business in early March. It consolidated the two former primary care practices from Sellersburg and Mt. Tabor Road in New Albany, Ind. into one facility.
Most recent KY BFRSS data released

By Stephanie Clouser

The Kentucky Cabinet for Health and Family Services has released its 2016 Kentucky Area Development District (ADD) Profiles report, and Kentucky still struggles with diabetes, obesity, self-reported good health and physical activity compared to the rest of the nation.

However, Kentucky’s healthcare coverage rate continued to rise, from 90 percent to 93 percent, above the national state median rate of 89 percent.

The report, comprised of data from Kentucky’s Behavioral Risk Factor Surveillance System (BRFSS), contains self-reported data from Kentucky residents throughout the state.

Weight and diabetes continues to be a challenge for Kentucky. After a significant jump in diabetes rate in the 2014 survey, from 10.6 percent to 12.5 percent, with the rate of adults who report a diagnosis of diabetes rose slightly to 13.4 percent in the 2015 survey. Meanwhile, the national median rate of 10.0 percent remained relatively unchanged.

The KIPDA ADD, while below the state rate with 12.4 percent reporting a diabetes diagnosis, also saw a slight increase.

For Kentucky, the rate of adults who are overweight (BMI = 25.0 – 29.9) decreased, while the rate of adults who are obese (BMI > 29.9) increased. The overall proportion of Kentuckians who self-reported as overweight or obese remained relatively the same.

Other measures, such as proportion of respondents who participate in any physical activity, adults who have ever had a heart attack and adults with high blood cholesterol remain worse than the national state median.

Those struggles are reflected in overall health outcomes like self-reported overall health, limitations on activity and high blood pressure. Although Kentucky’s rate of residents who report good or better health improved slightly in 2015 to 78 percent, up from 76 percent in 2014, it still lags behind the national state median of 84 percent. More than a quarter (27 percent) of Kentuckians report limited activity due to physical, mental or emotional problems. And the proportion of Kentuckians who report high blood pressure, 39 percent, is higher than the national rate of 31 percent.

Always a problem area for Kentucky, the smoking rate stayed relatively the same in 2015, at 26 percent. This puts Kentucky at the top of the list of states with high smoking rates. In KIPDA, there was a concerning increase in current smokers, rising from 20.4 percent in 2014 to 25.4 percent in 2015. Although KIPDA residents typically have slightly lower smoking rates than the state rate, this brings the KIPDA rate nearly up to the state rate.

The BRFSS is a collaborative project of the Centers for Disease Control and Prevention (CDC) and the Kentucky Department for Public Health (KDPH). Currently, all 50 states and the District of Columbia participate in the project. The BRFSS aims to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases that affect the adult population. To read the full report, visit chfs.ky.gov.

—Stephanie Clouser is with Kentuckiana Health Collaborative.
**Baptist Health**

System Chief Executive Officer Steve Hanson will be leaving the organization.

Andrew Sears, vice president of Planning and Development, is retiring after 37 years of service.

**Bingham Greenebaum Doll**

These attorneys were elected to partnership: Bradley Arnett (Corporate and Transactional; Economic Development - Cincinnati) Brian Chellgren, PhD (Corporate and Transactional – Lexington) Daniel Donnellon (Litigation - Cincinnati) K. Michael Gaerte (Litigation – Indianapolis) Michael Griffiths (Economic Development - Indianapolis)

**Norton Healthcare**


**PharMerica Corp.**

Robert Dries was appointed executive vice president and CFO. Since 1996, Dries has worked at Cincinnati-based Omnicare Inc. most recently as senior vice president of financial operations.

**Poole’s Pharmacy Care**

Ron Poole of Central City was appointed to the Kentucky Board of Pharmacy.

**Sullivan University**

Dr. Dale English was hired as associate dean of Student Affairs and professor of Clinical and Administrative Sciences at the College of Pharmacy.

**TEG Architects**

Sean Abercrombie, a registered architect with more than 16 years of experience working on a variety of commercial, healthcare, higher education, hospitality, sports and transportation projects, was recently hired.

**Florida-based healthcare tech company will open client services center**

Green Circle Health, a provider of healthcare management and wellness platforms, announced plans to locate its Client Services Center in Carmel, Ind., creating up to 125 new jobs by 2022.

The Pensacola, Florida-based company will invest nearly $1 million to lease and furnish office space in Indiana over the next five years. The company opened an initial 1,000-square-foot office in Carmel in January and plans to expand its footprint as its Indiana team grows.

Clinical professionals at the company’s Client Services Center will provide remote healthcare and coaching for GCH Platform users anywhere in the U.S., helping improve the coordination of care and treatment of chronic disease and illness. Through the tracking and analysis of users’ medical records and real-time health data, the GCH Platform is designed to help people use one platform to make informed decisions to lead healthier lives.
Meet Timothy Feeley, deputy secretary at the Cabinet for Health and Family Services

Every other month, Medical News catches up with a healthcare leader in our state for a special feature where they answer questions about their interests outside of work, favorite pieces of advice and healthcare issues that ruffle their feathers most.

Medical News: Why did you take on this role? What attracted you to it?

Timothy Feeley: After more than ten years as a Family Court judge, I was asked by Secretary Vickie Yates Brown Glisson to become part of her team at the Cabinet for Health and Family Services to oversee social service programs statewide. Although I greatly enjoyed my prior position, I saw this as an opportunity to make a difference on a macro level for the well-being of Kentucky families and children.

Medical News: What do you hope to accomplish while in this position?

Timothy Feeley: There is so much that needs to be done to improve services statewide. Our guardianship program is underfunded and overtaxed. The opioid crisis requires us to come up with effective and innovative responses through our public health and behavioral health departments. I am working on these and other issues.

My primary focus remains the task assigned by Governor Matt Bevin to review and improve our foster care and adoptions policies and statutes. We hope to make Kentucky the most welcoming and caring state in the nation for all children.

Medical News: What advice would you give to someone just starting out trying to do what you are doing?

Timothy Feeley: I have had the opportunity to have several fascinating and rewarding jobs in my lifetime. I have been an Army officer, an assistant U.S. attorney, a state representative and a Family Court judge. I would advise anyone, as I have my own children, to follow your passions and not turn down opportunities that interest you. If you wake up dreading the day, find a new avocation.

Medical News: What were some early leadership lessons for you?

Timothy Feeley: Early in my Army days, I had a Green Beret first sergeant who critiqued my leadership skills. “Feeley,” he said, “Don’t play poker. You wear your emotions too openly. If you care about something, you handle it well. If you don’t care, you can’t fake it.” As simple as that sounds, it has helped to guide my attempts at leadership.

Medical News: Where do you do your best thinking?

Timothy Feeley: After dinner on my nightly dog walk. I do two miles around a neighbor’s hayfield. It lets me reflect on the day, and the challenges ahead.

Hometown: Crestwood, Kentucky
Family: Married for 34 years to Dr. Sue Feeley, a dentist in private practice. Four adult children: Kate, Mary, Peggy and Jack.
Hobbies: Attending live theatre (Actors Theatre) and sporting events (UofL football and Bats baseball).
EVENT CALENDAR

Bill Collins Symposium for Parkinson's Disease
**Time:** 9:30 a.m. to 2:30 p.m.  
**Location:** Rudd Heart and Lung Building Conference Center, 201 Abraham Flexner Way, Louisville, Ky. 40202  
**Info:** To attend the symposium, call (502) 582-7654 or email uoflphysiciansmovement@ulp.org.

KPHA Annual Conference: Meeting the Challenge to Improve Kentucky's Health Status
**Time:** April 13-13  
**Info:** Visit kpha-ky.org/conference for more information and to register.

UofL Optimal Aging Lecture Series: Physical Therapy and Healthy Aging
**Time:** April 12  
**Location:** University Club, 200 E. Brandeis Ave., Louisville, Ky.  
**Info:** Register at optimalaginginstitute.org/optimal-aging-lecture-series.

Shriners Hospitals for Children Medical Center - Lexington opens
**Time:** April 17  
**Location:** UK HealthCare campus, 110 Conn Terrace, Lexington, Ky. 40508  
**Info:** The dedication ceremony will be held on May 21. Visit shrinershospitalsforchildren.org/news for more information.

Kentucky Center for Smoke Free Policy Spring Conference
**Time:** April 18  
**Info:** Visit uky.edu/breathe/tobacco-policy/kentucky-center-smoke-free-policy for more information and to register.

IHCA/INCAL Regional Spring Conference
**Time:** April 18-19  
**Location:** Courtyard by Marriott, 1150 S. Harrison St., Fort Wayne, Ind. 46802  
**Info:** Topics include nursing leadership and management, staff retention, reducing turnover, developing leadership skills, team building, nursing staff development and nursing care/clinical skills.  
**Info:** Visit ihca.org or email kniehoff@ihca.org for more information.

Foundation for a Healthy Kentucky Media Workshop
**Time:** April 21  
**Location:** 1640 Lyndon Farm Court, Suite 100, Louisville, Ky. 40223  
**Info:** A free workshop to help nonprofit organizations work effectively with the media. Email rseger@healthy-ky.org or call (502) 326-2583 for more information.

Kentucky Voices for Health Annual Meeting
**Time:** April 24  
**Location:** Kentucky Historical Society, 100 W. Broadway St., Frankfort, Ky. 40601  
**Info:** Will discuss challenges and opportunities for advancing health equity. Email outreach@kyvoicesforhealth.org to register.

Nursing Leadership Program: Reporting and Disciplinary Process
**Time:** April 25  
**Location:** Hilton Lexington downtown, 369 Vine St., Lexington, Ky. 40507  
**Info:** A review of complaint and disciplinary processes, including mandatory reporting, investigation and resolution of complaints with case scenarios. Visit kahcf.org for more information.

HAVE AN EVENT FOR OUR PRINT OR ENEWS CALENDAR?  
Email news@igemedia.com.

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Derby Preview Party
TUESDAY - APRIL 25, 2017 6:00 - 9:00 PM  
MILLIONAIRES ROW, CHURCHILL DOWNS  
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WWW.BIDPAL.NET/DPP  

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APPALATIN, LATIN-INFUSED ROOTS BAND  
UNLIMITED CHEF’S TABLE, DESSERT & COCKTAIL BARS  
SENSATIONAL LIVE & SILENT AUCTIONS  
BILL DOOLITTLE, KENTUCKY DERBY WRITER & HANDICAPPER, GIVES DERBY HANDICAPPING TIPS

Photo courtesy of John Nation
Paint Your Heart Out for Home of the Innocents

Home of the Innocents will kick off Child Abuse Prevention Month with a fundraising event, Paint Your Heart Out, on April 1. Featuring the completion of a neighborhood mural representing the children served, this family-friendly event includes entertainment and the opportunity to learn about Home of the Innocents and our efforts to combat child abuse in our community.

The mural will be painted by Often Seen Rarely Spoken, a local mural painting company, on the side of Butchertown Market in Louisville, Ky.

Kentucky Rural Health Association attends Policy Institute

Representatives from the Kentucky Rural Health Association attended the 28th national Annual Rural Health Association Policy Institute in Washington D.C.

In February, they visited Capitol Hill for meetings with elected officials to advocate and educate for rural health as the delivery of healthcare in rural America is drastically changing.

Healthcare in rural America is critical to the rural patient and the rural economy, and can mean as much as 20 percent of the rural economy. Rural populations are per capita older, poorer and sicker than their urban counterparts. The 60 million people who call rural America home deserve timely access to healthcare.

Continued cuts have severely hurt rural healthcare providers, forcing cuts in services or workforce. Federal healthcare spending is important to rural Americans because these programs increase access to healthcare providers, improve health outcomes for rural Americans and increase the quality and efficiency of healthcare delivery in rural America.

NCI’s Screen to Save Colorectal Cancer screening initiative coming to Kentucky

Because of the research recommendations of the Cancer Moonshot Blue Ribbon Panel, the National Cancer Institute’s Center to Reduce Cancer Health Disparities has launched the national Screen to Save Colorectal Cancer Outreach and Screening Initiative.

The University of Kentucky Markey Cancer Center’s Community Health Educator, Mindy Rogers, will collaborate with state and regional organizations and community stakeholders throughout Appalachian Kentucky this year to conduct culturally-tailored education and outreach using NCI’s S2S campaign materials and resources.

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To refer a patient or learn more, call 855.492.0812.
Signature HealthCARE’s offers FLEXpath program

Signature HealthCARE’s new FLEXpath program is offering more freedom to Registered Nurses (RN) and Licensed Practical Nurses (LPN) in the Louisville, Ky. area with premium pay incentives, a next day pay option and the benefit of always working for the same provider system.

Nurses participating in the FLEXpath program are able to self-schedule for open shifts at any of eight local Signature HealthCARE locations, setting their work hours around all their other commitments with ease.

Anthem Blue Cross and Blue Shield adding Plan G

To provide individuals eligible for Medicare with a full range of options for their varying healthcare needs, Anthem Blue Cross and Blue Shield (Anthem) is adding Plan G and Plan G Select to its Medicare Supplement portfolio in Kentucky. Plan G and Plan G Select will be available to those turning age 65 and to those newly eligible for Medicare as of March 1, 2017 over age 65.

KentuckyOne Health invests in cancer technology

KentuckyOne Health Cancer Care at Saint Joseph Hospital has invested $3 million in radiation oncology technology to shorten treatment time, improve patient comfort and reduce side effects.

Poll finds that healthy foods available, but too costly

The latest Kentucky Health Issues Poll (KHIP) found that adults who report poorer health are more likely to think that the cost of eating better is too high. The poll also found that about four in ten Kentucky adults overall say they don’t eat the recommended daily amounts of fruits and vegetables.

Tomosynthesis and contrast-enhanced mammography

Lexington Clinic is offering breast cancer detection technology with tomosynthesis and contrast-enhanced mammography.

Polling for women revealed that the most important factors for breast cancer screening were that the test was easy, that the test could detect breast cancer, and that the test was accurate.

Jewish, UofL Physicians partner for stroke care

Thanks to a $1.8 million investment from the Catholic Health Initiatives (CHI) Foundation, patients, families and providers in Shelbyville, Ky. now have the benefit of a high-tech, remote connection to the region’s leading neurologists, resulting in quicker treatment for patients experiencing stroke.

Our Lady of Peace opens injection clinic

Our Lady of Peace, part of KentuckyOne Health, has opened a retail pharmacy-operated, long-acting injection clinic at a behavioral healthcare center. This new clinic is aimed at helping those with opioid addiction and psychiatric patients with schizoaffective disorders. The clinic was established to help people adhere to prescribed medications for behavioral health conditions, and to help people get off drugs and stay off drugs—like heroin.

Specialty biopharma services company launched

PharmaCord, an independently owned healthcare services company, located in Louisville, Ky., is considering establishing its corporate headquarters, call center and mail-order pharmacy operations in Louisville, Ky.

PharmaCord provides comprehensive solutions that link reimbursement services, patient-centric pharmacy, care coordination, clinical services and patient assistance programs through a technology-based platform. The company links and manages the more complicated aspects of treatment delivery, facilitating access for patients to innovative treatments by serving as a connector between manufacturers, patients, physicians and payors.

The clinic will dispense Vivitrol (naltrexone) to help those addicted to heroin, other opioid drugs and alcohol. In addition, the clinic will offer immunizations.

Our Lady of Peace is offering breast cancer care

Saint Joseph Hospital has invested $3 million in radiation oncology technology to shorten treatment time, improve patient comfort and reduce side effects.

The centerpieces of the investment is a Versa HD accelerator, developed by Elekta. The Versa HD provides increased flexibility to treat a broad spectrum of tumors throughout the body. The system’s technology provides superior targeting to tumor size, shape and volume, enabling the treatment of highly complex cases that require extreme precision to protect other critical organs and tissue. The result is faster treatments and often shorter treatment schedules. Some early lung cancers require as few as three to five treatments.

Shortened treatment times can also improve patient comfort, particularly for older patients who may find it difficult to remain in one position over extended periods of time.

Poll finds that healthy foods available, but too costly

The latest Kentucky Health Issues Poll (KHIP) found that adults who report poorer health are more likely to think that the cost of eating better is too high. The poll also found that about four in ten Kentucky adults overall say they don’t eat the recommended daily amounts of fruits and vegetables.

The latest report found that 80 percent of Kentuckians adults say they have easy access to healthy foods, such as whole-grain foods, low-fat options and fresh fruits and vegetables, that number was 74 percent for adults earning lower incomes. These numbers were largely unchanged from 2013, the last time KHIP asked these questions.

Access to healthy foods varied by both health status and household income, according to the poll. Those earning more than 200 percent of the 2016 federal poverty level ($48,600 for a family of four) reported that they had easy access to healthy foods, while those with lower incomes were less likely to say they could find these foods easily.

Of those who said they were in fair or poor health, six in ten reported that the cost of healthy foods was too high, while just three in ten of those in excellent health rated the cost too high.

KHIP is an annual poll of Kentucky adults about health issues and is funded jointly by the Foundation for a Healthy Kentucky and Interact for Health.
Kentucky enacts medical review panel law regarding malpractice claims

By Robin McGuffin and Dustyn Jones

On March 16, 2017, Governor Matt Bevin signed into law a bill that requires medical malpractice plaintiffs to obtain an opinion from a panel of healthcare providers regarding the merits of their claims before filing suit in court. The law is an attempt to eliminate frivolous lawsuits and lower the cost of malpractice insurance in Kentucky.

Under the new law, a three-member panel of healthcare providers drawn from the defendant's specialty has nine months to render a nonbinding opinion regarding a plaintiff's medical malpractice claim. The panel can consider much of the same evidence that typically is admitted in litigation and can also conduct a hearing or ask the parties to answer specific questions.

After considering the evidence, the panel determines if the defendant’s actions violated the standard of care and if so, whether they were a substantial factor in causing the plaintiff’s injuries.

Can Still File Suit

The panel’s opinion does not prevent the plaintiff from filing suit, but can be admissible as an expert opinion in the litigation. The parties can also call any member of the panel as a witness. Accordingly, regardless of the outcome, the panel’s opinion will likely influence the plaintiff’s claim.

Supporters of the law believe the panel process will encourage early resolution of meritless claims, thereby reducing litigation costs that drive up the price of malpractice insurance and attracting more healthcare providers to Kentucky.

Opponents argue that the law will result in increased litigation costs. Critics predict that because the panel opinion can be admissible, the parties will spend considerable resources at the panel stage, in addition to typical litigation costs once the case proceeds to court.

This law is a significant change for the operations of any Kentucky healthcare provider. The bill was signed into law on March 16, 2017, and will become effective on or around June 29, 2017.

— Robin McGuffin and Dustyn Jones are with Stites & Harbison in Lexington, Ky.

FIND IT ONLINE

A full text version of the bill is available online at lrc.ky.gov/recorddocuments/bill/17RS/SB4/bill.pdf.
Alzheimer’s Association report shows growing cost, impact

By Kristen Becht

For the first time, total payments for caring for individuals living with Alzheimer’s or other dementias exceeded a quarter trillion dollars ($259 billion), according to findings from the 2017 Alzheimer’s Disease Facts and Figures report. The report was released in mid-March by the Alzheimer’s Association.

The report also discusses the disease’s impact on caregivers, such as family members. More than 15 million Americans provide unpaid care, such as physical, emotional and financial support, for the estimated 5.5 million Americans living with Alzheimer’s dementia. In 2016, Alzheimer’s caregivers provided an estimated 18.2 billion hours of unpaid care, which the report valued at $230.1 billion.

New findings highlighted in the report show that of all dementia caregivers who provided care for more than 40 hours a week, 69 percent are women. These contributions disproportionately come from women, who make up two-thirds of Alzheimer’s caregivers. New findings highlighted in the report show that of all dementia caregivers who provided care for more than five years, 63 percent are women. Of those providing care to someone with dementia for more than five years, 63 percent are women and 37 percent are men.

The Facts and Figures report also found that the strain of caregiving produces serious physical and mental health consequences. For instance, more than one out of three (33 percent) caregivers for people with Alzheimer’s or another dementia report that their health has gotten worse due to care responsibilities, compared to one out of five (19 percent) caregivers for older people without dementia. Also, depression and anxiety are more common among dementia caregivers than among people providing care for individuals with certain other conditions.

Soaring Cost, Prevalence and Mortality

The Facts and Figures report provides an in-depth look at the latest national statistics and information on Alzheimer’s prevalence, incidence, use and costs of care, caregiving and mortality. Findings in the report show that, for the first time, total annual payments for healthcare, long-term care and hospice care for people with Alzheimer’s and other dementias have surpassed a quarter of a trillion dollars ($259 billion). Additionally, despite support from Medicare, Medicaid and other sources of financial assistance, individuals with Alzheimer’s or other dementias still incur high out-of-pocket costs. The average per-person out-of-pocket costs for seniors with Alzheimer’s and other dementias are almost five times higher than average per-person payments for seniors without these conditions ($10,315 versus $2,232).

Although deaths from other major causes have decreased, new data from the report shows that deaths from Alzheimer’s disease have increased significantly. Between 2000 and 2014, deaths from heart disease decreased 14 percent, while deaths from Alzheimer’s disease have increased 89 percent.

Cost of Care

Total national cost of caring for those with Alzheimer’s and other dementias is estimated at $259 billion (excludes unpaid caregiving), of which $175 billion is the cost to Medicare and Medicaid alone.

Total payments for healthcare, long-term care and hospice for people with Alzheimer’s and other dementias are projected to increase to more than $1.1 trillion in 2050 (in 2017 dollars).

In Kentucky, the report estimated total Medicaid costs for Americans with dementia age 65 and older at $685 million for 2017. In the next eight years, that figure is expected to increase 34.3 percent to nearly $920 million.

—Kristen Becht is with the Alzheimer’s Association.

“I know that I’m in the right place.”

The Family Health Centers are dedicated to providing primary and preventive health care to all, regardless of ability to pay. We serve the working poor, the uninsured, those experiencing homelessness, refugees from all over the world, and anyone in need of affordable, high quality health care.

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Hosparus expands services beyond hospice care, rebrands

Hosparus is expanding its home-based services beyond traditional hospice care to include palliative and advanced illness care for both adults and children, serving more patients and families than ever before. On March 17, the organization rebranded as Hosparus Health to demonstrate its commitment to providing comprehensive, person-centered care and family support for those facing serious illness.

Hosparus Health has been providing hospice care since 1978, when it was founded by a small group of volunteers as Hospice of Louisville. Since then, the organization has grown to include almost 500 employees and more than 700 volunteers, serving nearly 7,000 patients and families a year in 33 counties in Kentucky and Indiana. The combined, enhanced service offerings under Hosparus Health are expected to provide an increased awareness of advanced illness management for the entire community, resulting in hundreds more families engaging in quality palliative and hospice care for longer periods of time.

Hosparus Health has hired Denise Gloede as executive director of palliative care to oversee both the pediatric and adult programs, and Lori Earnshaw, MD, to lead patient care in the adult palliative program.

Norton Healthcare to expand services at Norton Children’s Hospital

Norton Healthcare will invest $78.3 million to create the Jennifer Lawrence Foundation Cardiac Intensive Care Unit (CICU) and renovate the “Just for Kids” Critical Care Center and two of the neonatal intensive care units (NICUs) at Norton Children’s Hospital. The changes will occur in phases, with full completion in 2021.

The Children’s Hospital Foundation has committed to raise $20 million toward the total investment. Of that amount, $2 million was given in 2016 by the Jennifer Lawrence Foundation for the CICU. In total, the foundation has raised $10 million toward this goal.

This latest project will allow Norton Children’s Hospital to strengthen services to the more than 1,400 critically ill and premature infants who come to the hospital each year for NICU services, as well as a growing number of patients who need specialized services at the Norton Children’s Heart Center and “Just for Kids” Critical Care Center.

**Phases of Construction**

The first step will involve creating a new 7,000-square-foot conference center on the first floor, using much of the space previously occupied by a restaurant. It also will include building out the exterior of the hospital at the corner of Floyd and Chestnut streets. Construction will begin in May.

The new conference center will open space on the sixth floor to accommodate a 24-bed medical and surgical unit, which is currently on the fourth floor. The unit is expected to be completed at the end of 2018 and will include all private rooms and separate playrooms for young children and adolescents.

The Jennifer Lawrence Foundation Cardiac Intensive Care Unit will be constructed on the fourth floor and will feature private rooms dedicated to children recovering from heart procedures, open heart surgery including heart transplant and heart failure, and other conditions requiring intensive care. The 17-bed unit, which will include three neonatal rooms, will offer space for families to stay with their children. Expected completion is the end of 2019.

Norton Children’s Hospital also will complete the remaining phases of renovations to the NICU and the Intermediate Care Nursery. The NICU project will convert the remaining 29 beds to a family-centered model of care and is expected to be complete in summer of 2019.

For the final component, Norton Children’s Hospital will turn attention to the “Just for Kids” Critical Care Center. The critical care renovations include transforming patient bays into private and semi-private rooms, as well as creating new space for physician and nursing education. This piece is slated to be completed in summer 2021. Between the new CICU and PICU, total critical care capacity will grow from 26 to 38 beds and will position the facility to care for the sickest of children well into the future.

**Gill Heart and Vascular Institute is Preferred Provider**

According to the Kentucky Hospital Association’s first quarter 2017 inpatient data, UK HealthCare’s Gill Heart and Vascular Institute has claimed the top spot as Lexington’s preferred provider of cardiovascular care.

The Gill’s market share has increased every fiscal year since 2010, and with a share of 35.9 percent in the first quarter of fiscal year 2017 surpassed that of all other Lexington hospitals.
The future of pharmacy
Pharmacists are becoming an increasingly integral part of the healthcare system.

By Cindy Stowe

Every day, pharmacists make a difference in people's lives. Modern healthcare is complex and getting more complicated all the time. Often, patients lack the information they need to make good decisions and may struggle to afford the medications prescribed. Pharmacists are medication experts who work with the healthcare team to help patients achieve individualized healthcare goals.

Although pharmacists are among the most accessible healthcare providers, they are unfortunately also some of the most underutilized. A simple explanation for the underutilization is related to the reimbursement model for most pharmacy services. Pharmacist reimbursement is linked to a product (dispensing fees for medications) rather than the care they provide to patients.

Despite the history of the profession as a product-driven, mercantile business, recent advances in pharmacy practice have led to an interesting evolution of the profession towards a more robust and diverse model for the delivery of direct patient care services.

Pharmacists as Leaders
I believe that today, more than any other time in my career, the profession needs pharmacists who are leaders - not only committed to improving the health and wellness of their patients but willing to advocate for their profession. There are many reasons to consider a career as a pharmacist.

As a pharmacist who has spent my entire career in academia, I have participated in numerous pharmacy school candidate interviews and a consistent finding is that most applicants state that they want to be a pharmacist because they have a desire to help people and they value the diversity of career paths within the pharmacy profession.

Although pharmacists are among the most accessible healthcare providers, they are unfortunately also some of the most underutilized.

These are both true, and I am excited about what the future holds for the profession and for those who are pursuing a career as a pharmacist. Despite many advances to the practice of pharmacy many people still perceive the community pharmacist as one who 'just' dispenses medications.

Gap Narrows
However, the figurative gap between community-based pharmacies and ambulatory clinics is beginning to narrow with the provision of direct patient care services by pharmacists in what have historically been referred to as retail pharmacies.

Contemporary pharmacy education strives to prepare entry-level practitioners to provide to patients.

The pharmacy profession is on the cusp of a significant transition from a product-driven profession to a service-driven profession.

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“...”

The pharmacy profession is on the cusp of a significant transition from a product-driven profession to a service-driven profession.

“In addition to helping manage chronic diseases such as diabetes, hypertension, lipid disorders, asthma and COPD, many pharmacists are focused on helping manage opioid overdoses. It is hoped that pharmacists in Kentucky will soon be able to provide an even wider array of services (e.g., tobacco cessation therapy, tuberculosis skin testing) by protocol (standing order) from a physician for any patient that may come to the pharmacy meeting the criteria outlined in the protocol.

Legislative Initiatives
Legislative initiatives to advance the role of pharmacists and expand access to quality healthcare are being actively pursued. An example of this in Kentucky is SB 101, an act allowing pharmacists to administer immunizations under protocol to patients down to nine years of age. This bill was approved by both houses of the legislature and signed by Governor Matt Bevin, ensuring that pharmacists can deliver healthcare to more patients.

On the federal level, provider status is being sought to improve patient access to healthcare through pharmacist delivered patient care services (115th Congress: Pharmacy and Medically Underserved Areas Enhancement Act, HR 592 and S 109). This will allow pharmacists in designated medically underserved areas to get reimbursed for the provision of direct patient care services.

The pharmacy profession is on the cusp of a significant transition from a product-driven profession to a service-driven profession. It is an exciting time to be a pharmacist or pursuing a career in pharmacy!”

— Cindy Stowe is dean of the Sullivan University College of Pharmacy in Louisville, Ky.
Preventing polypharmacy

Although most are motivated to take medications as prescribed, some fail due to misunderstanding, confusion, forgetfulness.

By: Carrie Schanen, PharmD

Polypharmacy refers to multiple medications being taken concurrently to manage coexisting health problems. Since polypharmacy is a consequence of having several comorbidities, it is more common among the elderly where an estimated 30 to 40 percent of patients take at least five or more medications daily.

Polypharmacy can become problematic when a patient is prescribed multiple medications by multiple providers with no single provider knowing the patient’s complete medication profile.

Many Hands

Elderly patients often seek treatment from multiple healthcare providers who work independently of each other. For example, a cardiologist may prescribe two or three medications for heart failure based on evidence-based guidelines, and then an endocrinologist may do the same when managing diabetes. This same patient may also be taking a couple of over-the-counter medications to treat acid reflux or indigestion as well as a few vitamins and herbal supplements, and before you know it the patient is taking 10 or more medications daily.

Sometimes an unwanted side effect from one drug goes unrecognized or is misdiagnosed, causing a new medication to be prescribed rather than considering stopping or changing the dosage of the offending agent to solve the problem. This is referred to as the prescribing cascade, and it can greatly increase the risk of an adverse event, particularly among the elderly.

Another contributing factor to polypharmacy is the lack of complete documentation about why a medication was initially prescribed. This missing piece of information can make medication reconciliation and any decisions to discontinue medications difficult, especially for providers who are not the initial prescribing physician.

Of Concern

In general, the more medications a person takes, the greater the risk of an adverse event or drug interaction. Polypharmacy increases the burden on many elderly patients to remember when and how to correctly take their medications, resulting in adverse events due to inappropriate usage or nonadherence. In addition, these adverse events contribute to avoidable medical costs since most will require some type of physician intervention or could even result in hospitalization.

According to the U.S. Department of Health and Human Services, older adults account for about 35 percent of all hospital stays, and more than half of these visits are due to drug-related complications.

Take Action

Be sure to complete a comprehensive review of all the medications a patient is taking at every office visit, and don’t forget to document why each medication is being used. Encourage your patients to keep a list of all their medications, including any OTC or herbal supplements, as this can help you to identify and mitigate potential drug interactions.

Encourage patients to use one pharmacy to obtain their medications. This ensures medication records are kept at one central location, enabling pharmacists to identify any drug interactions or therapeutic duplications that may occur when patients are seeing several different providers.

When completing medication reviews during the office visit, consider stopping medications that may not be medically necessary to reduce the pill burden for your elderly patients and to decrease the chances of an adverse drug event from occurring.

—Carrie Schanen, PharmD, is with KentuckyOne Health Partners.
Operationalizing the new OIG Final Rule in an integrated care environment.

By: Todd Nova, Gina Geheb and Julie Lappas

The role of pharmacists and pharmacies as integral cogs in the patient care continuum continues to grow, thanks in no small part to incentives encouraging integrated and coordinated care designed to enable improved outcomes at lower cost. From Medicare bundled payment initiatives that include drug costs to third party payment initiatives that include drug costs to third party payment reductions driven by pharmacy benefit manager (PBM) consolidation, the role that pharmacies play in achieving efficiencies in the patient care continuum has never been more prominent.

This challenging environment has led many pharmacies to implement creative programs that, in many cases, can implicate what are commonly referred to as Fraud and Abuse laws including the federal Anti-Kickback Statute (AKS) and Civil Monetary Penalties law (CMP). Failing to comply with these laws can result in significant civil and, in certain circumstances, criminal penalties. As more and more drugs in the pipeline move to oral administration routes, these issues will only increase in prominence.

On December 7, 2016, the Department of Health and Human Services Office of Inspector General (OIG) released a final rule (Final Rule) implementing and updating regulations and providing additional background regarding new AKS safe harbors and CMP beneficiary inducement exceptions that implicate many current pharmacy activities and practice models.

We previously provided high-level overviews of these new AKS safe harbors and the new CMP exceptions outlined in the Final Rule. Here, we provide a more detailed discussion of those Final Rule provisions as they relate specifically to pharmacy stakeholders and their related entities.

We first address the AKS safe harbors governing the inducement of referrals (i.e., cost-sharing waivers, Medicare coverage gap discount programs, free or subsidized transportation services and referral service programs). Then, we address the CMP exceptions governing beneficiary inducements (i.e., first-fill generic cost sharing waivers for Part D beneficiaries and retailer rewards programs).

AKS Safe Harbors

The AKS makes it a criminal offense to knowingly and willfully offer or receive remuneration to induce or reward referrals of items or services reimbursable by federal healthcare programs. However, conduct that meets all elements of an AKS safe harbor is not subject to sanctions under the AKS.

The AKS makes it a criminal offense to knowingly and willfully offer or receive remuneration to induce or reward referrals of items or services reimbursable by federal healthcare programs.

The Final Rule creates five new AKS safe harbors and makes a technical correction to an existing safe harbor for referral services. The three safe harbors that will likely have the most significant impact on pharmacy operations are: pharmacy cost-sharing waivers, Medicare coverage gap discount programs and free or subsidized local transporta-

Practical Takeaways

The Final Rule offers much needed clarification in a variety of areas that directly impact retail and institutional pharmacy operations in the patient care continuum as the role of these pharmacies increases. The Final Rule also serves to highlight the AKS and CMP risks associated with pharmacy operations where such risks have traditionally been a significant focus for institutional providers like hospitals and physician group practices.

Going forward, pharmacies will want to revisit their policies and procedures to ensure compliance with the Final Rule while simultaneously assessing whether new opportunities might exist to share in savings and expand access to care by functioning more as a care coordination partner than as a stand-alone point of contact for patients.

— Todd Nova, Gina Geheb and Julie Lappas are with Hall Render Killian Health & Lyman.
Compounding pharmacies
Data analytics bull’s eye is on you.

By Shawn Stevison

The Office of Inspector General (OIG) recently completed an analysis regarding payments for DME infusion drugs, as well as an issuance in June 2016 of the “High Part D Spending on Opioids and Substantial Growth in Compounded Drugs Raise Concerns.” If you are not familiar with those two reports from HHS OIG, you should download and read them.

If any billing occurred of an NDC that does not match purchase history, a red flag should instantly arise.

The OIG, in collaboration with the U.S. Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) are expanding their review of compounding pharmacies. In collaboration with Pharmacy Benefit Managers (PBMs), the federal government will be looking at prescription patterns, fill patterns, pharmacy purchase history for ingredients and dispensing patterns.

In collaboration with Pharmacy Benefit Managers (PBMs), the federal government will be looking at prescription patterns, fill patterns, pharmacy purchase history for ingredients and dispensing patterns.

At the recent Healthcare Compliance Association (HCCA) meeting in Nashville, Tenn., a government representative indicated that the focus will be on pharmacies with the following patterns:
- Purchase patterns which do not align to the billing patterns for ingredients utilized in the compounding of the medications.
- Pharmacies with a limited number of prescribing physicians.
- Pharmacies with a pattern of billing for high-dollar creams or infusion medications.

Purchase Patterns

Every pharmacy already has the tools to determine purchase patterns and billing patterns. Pharmacies should begin by summarizing their purchase history for each type of medication they dispense for a period of three months.

A summary report that details the National Drug Code (NDC) which was billed for each prescription for the same three-month period should be generated. Pharmacies can then compare the NDCs billed to all payers against the NDCs either purchased within the same time frame or in stock during that time frame. All NDCs billed should match the NDCs which were in stock or purchased within the same timeframe.

If any billing occurred of an NDC that does not match purchase history, a red flag should instantly arise. Pharmacies identifying this issue should immediately determine the timeframe during which the activity occurred, and consult with counsel to determine the most appropriate way to handle correction of the incorrect claims.

The speaker at HCCA said that, in particular, concerns were noted regarding the use of powders and behavior where claims are billed for pill or other forms. The FDA revoked the NDC codes for many powder form medications due to concerns about the efficacy of the medications. Medications in powder form, which have had the NDC revoked, should only be utilized and billed with a prior authorization from the patient’s insurance company.

In collaboration with Pharmacy Benefit Managers (PBMs), the federal government will be looking at prescription patterns, fill patterns, pharmacy purchase history for ingredients and dispensing patterns.

Patterns of Billing

Pharmacies can expect that the focus will be on high-dollar creams or infusion medications due to the patterns noted in the OIG’s June 2016 article. Pharmacies can conduct internal monitoring on their filling patterns by reviewing for high-dollar claims, and determining whether they fall on the normative bell curve for prescriptions filled, or if they skew to the higher end of the norm.

Any analysis that shows a pattern of high-dollar creams or infusion medications may warrant further review of patient types, prescribers and medical conditions for the patients served.

In collaboration with Pharmacy Benefit Managers (PBMs), the federal government will be looking at prescription patterns, fill patterns, pharmacy purchase history for ingredients and dispensing patterns.

Limited Number of Prescribing Physicians

The focus on prescribing physicians appears to be due to concerns about potential unjust enrichment of the physicians through relationships with the compounding pharmacies.

Pharmacy owners should evaluate any referral arrangements that exist with prescribing physicians to determine if:
- There is any investment component to the relationship.
- There are any sales bonuses which flow through to the ordering provider.
- The pharmacy is obtaining sufficient support for the medical necessity of the prescribed cream or infusion medication.

Patterns of Billing

While many pharmacies adhere to all the required regulations, bill compliantly and closely monitor their physician relationships, there are always a few that push the envelope. Thus, the OIG, DOJ and FBI have sharpened their focus on the industry.

Pharmacies may already be seeing some activity in this arena. If you have not, now is your opportunity to act before enforcement becomes involved.

—Shawn Stevison, CPA, is manager of Healthcare Consulting Services at Dean Dorton in Louisville, Ky.
Breaking the cycle of addiction
Vivitrol and the promise of abstinence maintenance.

By Bethany Crotts

Treatment for opioid addiction is a multi-faceted problem, as it has proven to be a difficult disease to overcome and no single treatment strategy has been shown to be successful. Treatment programs focus initially on the acute stages of detoxification, with an estimated 80 percent using medications to assist the patient with the symptoms of withdrawal.

After detox, focus shifts to lifestyle changes, behavior modification counseling and establishment of support systems. Reportedly, however, more than 90 percent of patients relapse after completing a treatment program.

Difficult to Treat

Opioid addiction is difficult to treat because of the way opioids affect, and change, the chemicals in the brain. Opioids bind to receptors in the brain leading to the release of dopamine, a neurotransmitter active in the brain’s reward pathway.

In people not taking opioids, dopamine is released in response to natural phenomena, including food, drinking and sex, leading to pleasurable feelings. Opioids, then, make the natural high feel insignificant, causing the brain to crave the feelings associated with taking drugs.

Treatment Options

A treatment for opioid addiction, and prevention of relapse, is the use of naltrexone. An opioid antagonist, or blocker, naltrexone prevents the patient from feeling the pleasurable affects of opioids when taken. Traditionally available as a single agent or in combination with medications such as buprenorphine, it has more recently become available as a long-acting injectable.

Using a microsphere technology to slowly release the naltrexone over a 28-day period, Vivitrol allows the patient to receive an injection once monthly, rather than taking oral medication daily.

The injection is administered as a deep intramuscular (IM) injection, typically in the gluteal muscle, and should be administered by a health professional, including physicians, nurse practitioners and pharmacists.

Vivitrol is indicated for the maintenance of abstinence from both opioid and alcohol abuse. While not indicated for the reduction of cravings, many patients report this, contributing to its overall effectiveness.

Side Effects

Potential side effects include injection site reactions, muscle soreness, cold symptoms, dizziness and fatigue. More serious side effects include risk of opioid overdose, liver damage or hepatitis and depressed mood. Vivitrol has not been tested in pregnancy, though it is known that naltrexone from tablets is excreted in breast milk and is therefore not recommended.

Because Vivitrol is an opioid antagonist, administration to a patient who currently has opioids in their system can precipitate withdrawal. To receive the injection, patients must have completed a detox program, no longer be experiencing physical dependence or withdrawal symptoms, and be opioid-free for 7-14 days; this includes naltrexone/buprenorphine, a common agent utilized in medication-assisted detox programs.

Patients are encouraged to carry a medical alert card, bracelet or tag with them. This can alert medical professionals that, in the event of an accident, opioid pain medications will not work and alternative pain medications will be needed.

— Bethany Crotts is a PharmD student at Sullivan University College of Pharmacy.
NKU launches nurse anesthesia program

Northern Kentucky University has developed a Nurse Anesthesia Program (NAP) that will help fill the local and national shortage of Certified Registered Nurse Anesthetists (CRNAs).

The program was developed by Dr. William Terry Ray, former director of the University of Cincinnati Nurse Anesthesia Major. Ray will direct the program and the first cohort of students will begin taking classes in May, 2017. Applications for admission into the next cohort will be accepted beginning June 1, 2017.

The Nurse Anesthesia Program is a 36-month (106 semester hours) curriculum culminating in a Doctor of Nursing Practice (DNP) nurse anesthesia specialization with a population focus of the family/individual across a lifespan.

Kentucky most improved on Commonwealth Fund Scorecard

The 2017 edition of the Commonwealth Fund Scorecard on State Health System Performance finds that nearly all state health systems improved on a broad array of health indicators between 2013 and 2015.

During this period, which coincides with implementation of the Affordable Care Act’s major coverage expansions, uninsured rates dropped and more people were able to access needed care, particularly those in states that expanded their Medicaid programs.

On a less positive note, between 2011–12 and 2013–14, premature death rates rose slightly following a long decline. The Scorecard points to a constant give-and-take in efforts to improve health and healthcare, reminding us that there is still more to be done.

Vermont was the top-ranked state overall in this year’s Scorecard, followed by Minnesota, Hawaii, Rhode Island and Massachusetts. California, Colorado, Kentucky, New York and Washington made the biggest jumps in ranking, with New York moving into the top-performing group for the first time. Kentucky also stood out for having improved on more measures than any other state.

Using the most recent data available, the Scorecard ranks states on more than 40 measures of health system performance in five broad areas: healthcare access, quality, affordable hospital use and costs, health outcomes and healthcare equity. In reviewing the data, four key themes emerged:

- There was more improvement than decline in states’ health system performance.
- States that expanded Medicaid saw greater gains in access to care.
- Premature death rates crept up in almost two-thirds of states.
- Across all measures, there was a three-fold variation in performance, on average, between top- and bottom-performing states, signifying opportunities for improvement.

View the full report at commonwealth-fund.org/interactives/2017/man/state-scorecard.

Grant expands KentuckyOne Health Cancer Care

The Saint Joseph Hospital Foundation, part of KentuckyOne Health, has received $40,000 in donations that helped with the expansion of KentuckyOne Health Cancer Care at Saint Joseph East. The gifts were made in memory of Lesa Taylor – a former patient who passed away from breast cancer in 2014. The Lexington Cancer Foundation, Traditional Bank and family and friends of Lesa Taylor – including Stephen and Lisa Gray, and Jamie Taylor – all contributed, which created a satellite pharmacy and the addition of a new consultation room.

The named consultation room at KentuckyOne Health Cancer Care will honor Lesa Taylor, a wife and mother of three sons, who battled breast cancer for two years. The room is named in her memory and includes her framed pink boxing gloves – a gift from her husband, Jamie Taylor, signifying her strength – to help encourage other women in the fight against breast cancer.

Masonic Homes honored at the Capitol for anniversary

Leaders from Masonic Homes of Kentucky and longtime Kentucky Masons traveled to Frankfort to take part in a Day at the Capitol with legislators. The special day featured a proclamation from Lt. Gov. Jenean Hampton celebrating Masonic Homes’ 150-year legacy as a trusted community caregiver. It was presented to Masonic Homes president and CEO Gary Marsh.

Kentucky leaders honored 150 years of heritage, hope and home during the special celebration that also included a presentation in the Capitol Rotunda from Speaker of the House Jeff Hoover, as well as a luncheon and program at the governor’s mansion.

UK selected to provide support in CMS Quality Payment Program

Altarum Institute, in partnership with the University of Kentucky, was awarded a contract from the Centers for Medicare & Medicaid Services to help small practices in Michigan, Ohio, Indiana, Illinois, Kentucky, Wisconsin and Minnesota prepare for and participate in the new Quality Payment Program, established by the Medicare Access and CHIP Reauthorization Act of 2015.

Galena, ARH address nursing shortage

Appalachian Regional Healthcare (ARH) and Galen College of Nursing will partner to offer an associate degree in nursing program at a new location based in the ARH System Center building in Hazard, Ky. In response to the continued and growing nursing shortage in the region, Galen College and ARH have joined together to offer additional nursing education opportunity, in support of both the local nursing workforce, and the need throughout Eastern Kentucky.

A two-year program for those new to nursing will be offered first, with the goal to include a 15 to 18 month program for Licensed Practical Nurses (LPN) to continue their education in pursuit of an RN, called an LPN to ADN Bridge, within the year as well. Additionally, Galen offers an online RN to BSN program and can support area nurses who hold an associate degree to pursue their BSN online while they continue to work. A grand opening celebration is planned for later this spring, but the campus is now open.
Senate Bill 18
Kentucky’s legal liability climate impacts access to care.

By Nancy Swikert, MD

Most people traveling into the Commonwealth take the “Welcome to Kentucky” sign for granted. But physicians should pay close attention because crossing the border can mean a big difference in terms of legal liability.

Kentuckians want access to quality care from highly skilled medical professionals, and rightly so. Unfortunately, our current legal liability system heavily favors the wishes of personal injury lawyers and encourages caregivers to keep on driving.

Unfortunately, our current legal liability system heavily favors the wishes of personal injury lawyers and encourages caregivers to keep on driving.

Other States Fare Better

Other states in our region, including Indiana, Ohio, Tennessee and West Virginia, have adopted commonsense tort reforms that provide caregivers a more consistent and predictable environment in which to practice. Kentucky has not, leaving us at a severe disadvantage in attracting and maintaining the very best provider workforce.

Physicians are driven to practice in states where the concern for wrongful lawsuits is much lower. Those who choose to remain in Kentucky do so with the knowledge that any malpractice claim could cause financial ruin and potentially end their career.

One matter in particular—Kentucky not protecting confidential peer review—should raise a red flag for anyone concerned about access to quality healthcare and the advancement of medical science.

Kentucky remains one of only two states not to allow physicians and health systems to evaluate their actions without the fear of such investigations being made part of a malpractice claim. Such protections allow and encourage a thorough analysis of any situation, along with the creation of systems that could prevent medical mistakes from occurring in the future.

Physicians are not alone when it comes to protected peer review. The airline industry has successfully used a similar system for many years to advance best practices, improve procedures and ensure passenger safety.

Unfortunately, the Kentucky Supreme Court has indicated these findings may be subject to the pilfering of personal injury lawyers, making the Commonwealth an outlier and potentially putting our physicians and hospitals in legal jeopardy.

Allowing self-critical analyses to be part of a malpractice action creates a chilling effect that impedes information sharing and hinders the overall advancement of medical care. The result is a significant patient safety and public health issue about which all Kentuckians should be very concerned.

We talk a lot in the state about the need to improve patient care. We now have a proven opportunity to do it. State Senator Ralph Alvarado’s Senate Bill 18 would accomplish this by establishing a clear standard of peer review.

This important legislation should be a priority during the 2017 legislative session as it would immediately benefit access to quality healthcare across the Commonwealth. I encourage lawmakers to quickly adopt Senate Bill 18 and ensure the advancement of lifesaving medical science.

Only then will the “Welcome to Kentucky” sign resonate with providers looking to call Kentucky home.

— Nancy Swikert, MD, is the president of the Kentucky Medical Association.

The ACA in Kentucky:
Significant increases in both public and private health coverage

By Bonnie Hackbart

The Affordable Care Act (ACA) significantly increased the number of Kentuckians covered by both private and public health insurance, improved access to healthcare, and reduced the number of Kentuckians who struggle with medical expenses, according to a report released today by the Foundation for a Healthy Kentucky. At the same time, the report showed little progress in healthcare quality and outcomes within the first years of ACA implementation; nor did most measures tracked by the Foundation in these areas decline, however.

Measures that showed progress:
Headway since Kentucky implemented the ACA as documented in the study include:
- Significant health insurance coverage gains across all ages (including children), income levels, and most racial and ethnic groups (Hispanic/Latino and Asian populations did not see significant increases).
- Fewer elderly Kentuckians delaying refills and skipping or reducing doses because of high drug costs.
- An increase of more than 500 percent in the number of covered substance abuse treatments through the Commonwealth's Medicaid program.
- A drop in the percentage of Kentuckians having trouble paying medical bills from nearly half in 2012 to slightly more than one-third in 2015.
- Monthly premium payments for insurance plans Kentuckians purchased from the marketplaces set up under the ACA that are lower than U.S. premiums and those of most surrounding states.
- An increase in colorectal cancer screenings.

Despite concerns, the study did not find evidence that the significantly larger number of Kentuckians with Medicaid and other health insurance made it harder to see a doctor.

Measures that declined or showed no progress:
Most of the quality-of-care indicators followed by the study have neither improved nor declined since the ACA was implemented, although three of the measures — the percentage of infants who were breastfed at discharge from the hospital, preventable hospitalizations due to hypertension and asthma, and colorectal cancer screenings — did show some progress. Preventable hospitalizations due to short-term complications from diabetes increased, however.

Also, while the adult smoking rate, one of the health outcomes tracked by the study, declined from 28.3 percent in 2012 to 26 percent in 2015, the rate for high school students stayed about the same.

Kentucky's adult obesity rate rose from 31.3 percent in 2012 to 34.6 percent in 2015. The percentage of adult Kentuckians reporting a chronic disease also rose significantly from 2012 through 2014, but then dropped back down to the 2012 rate in 2015.

The Foundation’s study on the impact of the ACA in Kentucky was conducted by the State Health Access Data Assistance Center at the University of Minnesota.

— Bonnie Hackbart is with the Foundation for a Healthy Kentucky.
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