

MEDICAL NEWS

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September 2017

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LOCAL MARKETING EXPERTS WORK TO ENGAGE PATIENT AUDIENCES

By Sally McMahon

You might have heard that our nation's healthcare system is evolving. This backdrop of near-constant change in healthcare brings challenges and opportunities for hospital executives and marketing professionals. Marketers are moving away from old tactics, such as explicitly sales-y content and press releases, and moving towards newer tactics, such as thought leadership and omnichannel campaigns. We spoke to several marketing experts around Kentucky to hear about how they are tackling the challenge.



Medical News: What is the most effective marketing strategy you are seeing in business to consumer marketing?



Brandi Jones
*Associate in Business
Development
TEG*

As the nation's healthcare delivery system continues to evolve, trends in marketing are keeping pace. Individuals are performing preliminary research on healthcare providers/facilities prior to making contact while also seeking

quality of care, value and specialized expertise as opposed to proximity.

Now more than ever, content—whether published in print, or available on the web—should be presented as meaningful, sharable, interesting, valuable and trustworthy. The audience is seeking experts with specialized expertise in specific disciplines. Marketers must drill down to identify precise interests or other concerning matters to deliver relevant content or solutions in a very timely, personalized manner.

Including thought leadership and optimizing search for online mediums is a key trend to incorporate into your marketing plan. Whether through blog posts, technical papers or research reports, content should be produced with one goal — to demonstrate the company's expertise in providing solutions as well as show the value the individual will receive in return.



Erik Snyder
*Associate Director
of Digital Strategy
Scoppechio*

Consumerism in healthcare is impacting patient retention. High-deductible plans are shifting costs to patients and as they consider where to spend their healthcare dollars, they value convenience and quality more than

loyalty to any healthcare system. This has resulted in high churn rates for many providers and the cost of a lost patient can be significant. As marketers, we are responding by crafting proactive patient retention programs. The use of direct methods like email, social messaging, phone calls and direct mail are all being combined and coordinated to make patients feel valued and appreciated.



Gwen Cooper
*SVP/Chief
Marketing Officer
Hosparus Health*

The biggest trend would be the overall addition of digital as an integral part of marketing, not as a test marketing tool again. At Hosparus Health we are beginning to test Over the Top (OTT is the term used for the delivery of film and TV content via the internet, without requiring users to subscribe to a traditional cable or satellite pay TV service) advertising for the millions of people who have cut the cord. We are chopping our TV buy in favor of some OTT along with our other advertising vehicles.



Mike Dominick
*Media Director
Cornett*

An ongoing effort to create content is becoming necessary for healthcare marketing. A lot of emphasis is placed on social and web properties to keep the conversation about healthcare relevant and frequent. All while making sure when that social, more casual audience

Physician Spotlight

Meet Maher Kassis, MD,
Chief of Medical Staff
with Marcum &
Wallace Hospital.



**Read more on
page 5**

New deadlines for dental offices

Goal is to reduce discharges of mercury from dental offices into treatment plants.

Read more on page 8

2017 MediStar Awards



Nominees have been announced and applications have been returned. What's next? Judging starts soon and concludes on 9/4 and honorees (winners!) are announced on 9/12. Celebrate with the honorees on Tuesday, October 24.

It's not too early to purchase an individual ticket or a table.

Read more on page 9

Data doesn't lie

Newly formed Unit will investigate and prosecute fraud related to opioid prescribing and dispensing.

Read more on page 14

IN THIS ISSUE

HEALTHCARE MARKETING

This month, *Medical News* tapped into the expertise of leading healthcare marketing pros to ask about their marketing tactics. Many healthcare organizations are large, complex institutions with a variety of different audiences and customers. How do branding and marketing initiatives differ for consumer-focused, provider-focused and community-focused initiatives?

**We'll show you how starting on
page 10**

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eNewsletter at www.MedicalNews.md

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NEWS IN BRIEF

New editorial board selected for Medical News

IGE Media, publisher of Medical News and producer of the MediStar Awards, added six new members to the editorial board, effective June 23. The board provides leadership for carrying out Medical News' mission to help the healthcare business community in Kentucky stay informed, grow their businesses and build relationships around important issues.

New board members include:



K. Kelly White Bryant with Stites & Harbison

BRYANT



Brandi Jones with TEG Architects

JONES



Robert Edwards with University of Kentucky HealthCare

EDWARDS



Melissa Mather with Family Health Centers

MATHER



Liz Fowler with Bluegrass Care Navigators

FOWLER



René Savarise with Bingham Greenebaum Doll

SAVARISE

Returning board members include:



Jill Joseph Bell with Passport Health Plan

BELL



Brian Veeneman with Hall, Render, Killian, Heath & Lyman

VEENEMAN



Lisa English Hinkle with McBrayer, McGinnis, Leslie & Kirkland

HINKLE



Jan Gordon with Spencerian College

GORDON

UK Chandler Hospital ranked best in state



UK HealthCare's University of Kentucky Albert B. Chandler Hospital was ranked as the No. 1 hospital in Kentucky and the Bluegrass region, according to the U.S. News & World Report's Best Hospitals Rankings released in August.

In addition, four major healthcare areas have achieved top 50 national rankings, three of them for the first time. UK HealthCare rankings included: No. 50 in cancer, No. 44 in neurology and neurosurgery, No. 43 in geriatrics and No. 37 in diabetes and endocrinology.

Along with the Top 50 rankings, UK HealthCare is ranked as high-performing in five other adult specialties—gastroenterology and GI surgery; nephrology; orthopedics; pulmonology; and urology.

Additionally, the healthcare system was designated high performing in eight common adult procedures and conditions: aortic valve surgery, heart bypass surgery, heart failure, colon cancer surgery, Chronic Obstructive Pulmonary Disease (COPD), hip replacement, knee replacement and lung cancer surgery.

Foundation asking for entries into statewide directory

The Foundation for a Healthy Kentucky will issue its 2017 statewide directory of Kentucky-based coalitions and other groups that are working to improve health in their communities, and is asking groups wishing to be listed to enter their contact information in an online form by Sept. 8.

The goal in publishing the Directory is to support the important work coalitions do by offering capacity building trainings, sharing funding opportunities and connecting people

with shared interests.

By coalition they mean: community coalitions, collectives, collaborations, groups, networks and partnerships working to improve the health of the people of Kentucky. They are interested in organized and semi-organized groups open to concerned community members working to make Kentucky a healthier place to live, work and play. Complete the survey at surveymonkey.com/r/2017hcd.

New SpineScreen app helps parents detect scoliosis in kids

Parents can now check their child's spine for possible signs of scoliosis with the new app SpineScreen developed by Shriners Hospitals for Children. Available for free on the App Store and Google Play, SpineScreen detects curves when the phone is moved along a child's back, giving parents a quick, informal way to regularly monitor their child's spine.

Since early detection is crucial,

Shriners Hospitals for Children Medical Center — Lexington doctors encourage parents to download the free SpineScreen app and check kids as part of their back-to-school routine each year.

Shriners Hospitals created the app as part of a broader initiative to highlight the importance of regular screenings and to educate parents on signs of scoliosis and treatment options.

NEWS IN BRIEF

Baptist Healthcare to acquire Hardin Memorial Health

Baptist Healthcare System Inc. plans to expand its operations in Kentucky with the acquisition of Hardin Memorial Health. The hospital systems have signed a letter of intent for the transaction.

Hardin Memorial Health is a hospital and healthcare provider with a 300-bed hospital, Hardin Memorial

Hospital, in Elizabethtown, Ky., and more than 45 outpatient facilities in Hardin, Larue, Meade, Breckinridge, Grayson, Nelson, Hart, Bullitt, Green and Taylor counties.

Hardin Memorial Hospital is already managed by Baptist Health Ventures Inc., a for-profit corporation owned by Baptist Healthcare.

Face It movement celebrates new law to protect kids from abuse



Senate Bill 236, passed by the Kentucky General Assembly this spring and ceremonially signed into law in August by Governor Matt Bevin, closes gaps in background checks of adults who work with children at schools, summer camps and in the home as babysitters or nannies.

Senator Julie Raque Adams, chair of the Senate Health and Welfare Committee sponsored Senate Bill 236.

Partners in the Face It Movement to End Child Abuse advocated for the passage of Senate Bill 236 during the 2017 legislative session, including providing testimony in support of the bill before the House Health and Family Services Committee and Senate Health and Welfare Committee.

Face It partners and decision makers celebrated the ceremonial signing of Senate Bill 236 at a reception at the Capitol. It has plans for continuing the momentum of child abuse prevention legislation in the 2018 Kentucky legislative session.

Pharmacy group provides record amount of naloxone in Kentucky city

Using a mobile pharmacy unit, the Kentucky Pharmacists Association dispensed 110 doses of naloxone in downtown Ashland, Ky. last month. The pharmacists group began traveling around the state in the mobile unit last November, following

a record number of overdose deaths reported in Kentucky.

The group usually gives out about 80 doses of naloxone in a community, and once dispensed 91 doses in one community, but the 110 doses dispensed in Ashland was the highest yet.

Proper certification required for home health care

Physicians or non-physician practitioners are still required to have face-to-face encounters with beneficiaries before they certify eligibility for the home health benefit. One aspect of the certification is for the certifying physician to certify (attest) that the face-to-face encounter occurred and document the date of the encounter.

For medical review purposes, Medicare requires documentation in the certifying physician's medical records and/or the acute/post-acute care

facility's medical records to be used as the basis for certification of patient eligibility. This documentation must include the clinical note or discharge summary for the face-to-face encounter. Avoid home health claims payment denials or improper payment recoveries by understanding Medicare's requirements. More information can be found online at goo.gl/yxBQha.



4 TOP 50 NATIONALLY RANKED PROGRAMS



Cancer Care
Diabetes & Endocrinology
Neurology & Neurosurgery
Geriatrics



See how we're making a difference at ukhealthcare.com

PEOPLE IN BRIEF

American Red Cross



OWSLEY

Tawanda Lewis Owsley was hired as executive director.

KentuckyOne Health



NOLAN

Jennifer Nolan was named new president of Flaget Memorial Hospital.

Neuronetrix Inc.



NYCE

Bob Nyce was hired as Clinical Business Development manager.

University of Louisville Physicians



KHAN

Fahad Khan, MD, joined the staff of UofL Physicians.

American Cancer Society



MALONE

Lorri Malone was hired as director of communications.

Kinkead & Stilz



MARRS

Melanie Marrs, Tonya Rager and David Trevey have joined the firm as members.



WHITE

Anthony White was hired as Clinical Business Development manager.



KOTHARI

Yash Kothari, MD, joined the staff of UofL Physicians.

Bingham Greenebaum Doll



LARKIN

R. Clay Larkin has joined the firm in the Lexington office.



RAGER

Norton Healthcare



AL HARASH

Abdalhamid Al Harash, MD, joined Norton Inpatient Specialists.



MCGEE

Suzanne McGee, MD, joined the staff of UofL Physicians.



NEFF

R. Matthew Neff has joined the Indianapolis office.



TREVEY



PEREZ

Marcella Perez, MD, joined Norton Children's Medical Associates – Poplar Level.



MIGLIORE

Christopher Migliore, MD, joined the staff of UofL Physicians.



KREVD

Grant Krevda has joined the Indianapolis office.

Lexington Clinic

Matthew Craig, MD, joined Lexington Clinic Pulmonary.

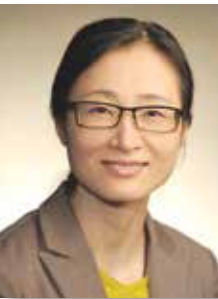
Neuronetrix Inc.



BRADSHAW

Justin Bradshaw was hired as Clinical Business Development manager.

UK Healthcare



LI

Jing Li, MD was named associate director of the Center for Health Services Research and the new director of the Office of Value and Innovation in Healthcare Delivery.



MKOROMBINDO

Takudzwa Mkorombindo, MD, joined the staff of UofL Physicians.

Hilliard Lyons

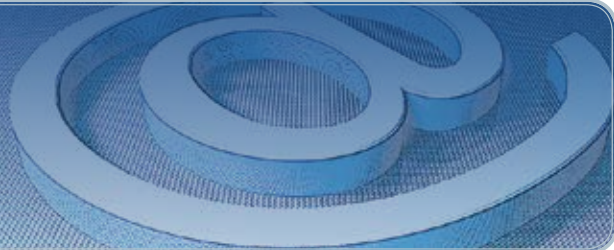


ALLEN

Jim Allen, chairman and CEO, has been named chairman-elect of Greater Louisville Inc., the metro Louisville Chamber of Commerce.

Know someone who is on the move?

Email sally@igemedia.com.



PHYSICIAN SPOTLIGHT

Meet Maher Kassis, MD, with Mercy Primary Care-Irvine.



KASSIS

Medical News: Why did you become a doctor?

Maher Kassis: It’s rewarding for me to be a part of this healing ministry.

MN: Why did you choose this specialty?

MK: Primary care allows me to develop and keep relationships with patients and their family for years and provide continuity of care.

MN: Is it different than what you thought? How?

MK: Most of my days are not too far off from what I thought, but each day is different.

MN: What is the one thing you wish patients knew and/or understood about doctors?

MK: How much doctors try to care for all their patients while working in a very demanding healthcare environment.

MN: What’s one thing your colleagues would be surprised to learn about you?

MK: How much time I spend working, dedicated to patient care.

MN: What’s the best advice you ever received? Who gave it to you?

FAST FACTS

Hometown: Damascus, Syria
Family: Shaza (wife) Layth (son)
Hobbies: Hunting and soccer.
Education: Damascus University in Syria and Internal Medicine Residency at the University of Kentucky

MK: My very supportive wife told me, “The key to success is finding a balance between work and family.”

MN: Who are your heroes?

MK: My parents.

MN: What’s the last good book you read?

MK: A book for my board exam.

MN: Favorite daytime beverage?

MK: Turkish coffee or hot tea.

MN: How do you go the extra mile, above and beyond your daily tasks to improve patient care, community health or hospital operations?

MK: When a patient chooses to trust me with their healthcare needs, I go above and beyond to take care of them the way a doctor should. I focus on caring for them and taking the time to answer their questions.

MN: What is your motto?

MK: Work hard.

MN: Three words your coworkers use to describe you?

MK: Dedicated, hard-working, leader.

MN: Three items on your desk?

MK: Doctor rubber duck, Jesus on the cross and a wedding photo.

- ☐ Corporate
- ☐ Government Affairs
- ☒ Healthcare Regulation
- ☐ Real Estate
- ☐ Litigation
- ☐ Medical Malpractice
- ☐ Intellectual Property

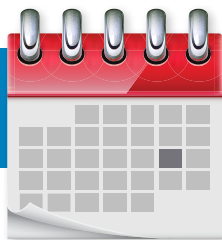


WHEN IT COMES TO HEALTHCARE LAW,
DOES YOUR LAW FIRM EVEN HAVE A PULSE?



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EVENT CALENDAR



Employer Health Forum: The Rise of Worksite Health Centers

Sept. 12 **Time:** 7:30 a.m. to noon / Breakfast at 7:30 a.m.
Location: Jewish Hospital Rudd Heart & Lung Conference Center, 201 Abraham Flexner Way, Louisville Ky. 40202

Info: National thought-leaders from the employer, provider, research and vendor communities will present the latest information and best practices. Learn the current landscape of worksite health centers, the key decision factors in establishing onsite or near-site health centers, the measurement of value of centers, and case studies from local employers. More information can be found online at kbcollaborative.org.

Entrepreneurs: Louisville's Key to Economic Growth in Healthcare

Sept. 14 **Time:** 5:30 to 7:30 p.m. with networking before and after.
Location: NOAH's Event Venue, 12451 Plantside Drive, Louisville, Ky. 40299

Info: Spotlight on entrepreneurs and the dramatic impact they can have on Louisville's healthcare economy with a discussion on the challenges the region must overcome to embrace entrepreneurial potential and what makes Louisville's entrepreneurial environment unique. Featured speakers include Cedric Francois with Apellis Pharmaceuticals and David Laird with Strategic Health Advisors. More information can be found at healthenterprisesnetwork.com/entrepreneurs.

Healthcare Transformation Survival Seminar Series

Sept. 14&18 **Time:** 9:30 a.m. to 3 p.m.
Location: September 14 at Georgetown College, Banquet Hall, 100 Crawford Drive, Georgetown, Ky. 40324; September 28 at Baptist Health Paducah, Heart Center Auditorium, 2501 Kentucky Avenue, Paducah, Ky. 42003
Info: An in-depth look at the Medicare Access and CHIP Reauthorization Act (MACRA) legislation and the Quality Payment Program. Find more information on the web site at kentuckyrec.com.

Howard L. Bost Memorial Health Policy Forum

Sept. 25 **Time:** 8 a.m. to 4 p.m.
Location: Griffin Gate Marriott Resort & Spa, 1800 Newtown Pike, Lexington, Ky. 40511

Info: A focus on Kentucky's substance abuse crisis with a closer look at solutions and strategies. Keynote speaker is Sam Quinones, author of Dreamland. More information can be found online at healthy-ky.org.

Kentucky Association of Community Health Workers Conference

Sept. 28-29 **Time:** Thursday from 8 a.m. to 4:30 p.m.; Friday from 8:00 a.m. to 1 p.m.
Location: Griffin Gate Marriott Resort & Spa, 1800 Newtown Pike, Lexington, Ky. 40511

Info: Focused on supporting Community Health Workers (CHW) and increasing the utilization of the CHW model within the state of Kentucky. More information can be found online at kyachw.org.

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Many healthcare entities and professionals rely upon Dickinson Wright to lead them through intricate government inquiries, complex audits, and investigations. We manage investigations for a wide variety of healthcare entities and individuals, including academic medical centers, ambulatory surgical centers, device manufacturers, hospices, hospitals, and pharmaceutical companies. We have successfully represented and defended numerous clients investigated by federal, state, local and administrative agencies on a wide range of issues, including fraud and abuse, compliance audits, violations of Anti-Kickback and Stark laws, False Claims Act, Medicare and Medicaid reimbursement, and other regulatory matters. Many members of Dickinson Wright's Healthcare Group have years of experience in federal healthcare enforcement, like Lexington Attorney **Kerry B. Harvey**, who is the former U.S. Attorney for the Eastern District of Kentucky, and **Andrew L. Sparks**, who is a former Assistant U.S. Attorney in the Eastern District of Kentucky.

For more information about our firm, our healthcare practice, and how we can benefit you, please contact one of our nationally-recognized healthcare lawyers in Kentucky.

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healthier Kentucky.

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MARK62835

NEWS IN BRIEF

New guidelines for dental offices

Goal to reduce discharges of mercury from dental offices into treatment plants.

By Jennifer Cave



CAVE

The United States Environmental Protection Agency (U.S. EPA) recently finalized technology-based pretreatment standards under the Clean Water Act to reduce discharges of mercury and

other metals from dental offices into municipal wastewater treatment plants, also known as publicly owned treatment works (POTWs). The U.S. EPA determined that dental practices discharge over five tons of mercury every year into POTWs. Mercury-containing amalgam wastes enter the environment when new fillings are placed, old mercury-containing fillings are drilled out, or when waste amalgam materials are flushed into chair-side drains that are connected to the wastewater stream.

When mercury enters a POTW, it can partition into the sludge, which is ul-



EPA estimates over 100,000 dental offices use or remove amalgam in the United States and almost all practices discharge their wastewater to POTWs."

Final Rule Issued

The Final Rule, published in the Federal Register on June 14, 2017 and effective on July 14, 2017, requires all dental practices, dental schools and dental clinics that discharge wastewater to a POTW, and that regularly place or remove amalgam, to install an approved amalgam separator or other approved removal device no later than July 14, 2020. An amalgam separator is a device designed to remove solids, including mercury and other metals, from dental office wastewater. Once captured by the separator, these metals can be recycled.

6 such as bleach, chlorine, iodine, and peroxide. All affected practices are also subject to amalgam separator inspection and one-time reporting requirements.

The Final Rule does not apply to mobile units or offices where the practice of dentistry consists only of oral pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics, periodontics or prosthodontics. These specialty practices are not expected to engage in the practice of amalgam restorations or removals, and are thus not expected to have any wastewater discharges containing dental amalgam. In addition, dental dischargers that do not place dental amalgam, and do not remove dental amalgam except in limited emergency or unplanned, unanticipated circumstances, are exempt from any further requirements as long as they certify such in their One-Time Compliance Report.

—Jennifer Cave is a partner with Stites & Harbison in Louisville, Kentucky.

THE FINAL RULE DOES NOT APPLY TO MOBILE UNITS OR OFFICES WHERE THE PRACTICE OF DENTISTRY CONSISTS ONLY OF:

- Oral pathology
- Oral and maxillofacial radiology
- Oral and maxillofacial surgery
- Orthodontics
- Periodontics
- Prosthodontics

FIND IT ONLINE

Additional information about the Final Rule can be found at www.epa.gov/eg/dental-effluent-guidelines.



KEY FACTS ABOUT DENTAL CLINICS AND MERCURY:

- Dental clinics are the main source of mercury discharges to POTWs.
- EPA estimates about 103,000 dental offices use or remove amalgam in the United States; almost all send their wastewater to POTWs.
- Dentists discharge approximately 5.1 tons of mercury each year to POTWs; most of this mercury is subsequently released to the environment.



The United States Environmental Protection Agency (U.S. EPA) determined that dental practices discharge over five tons of mercury every year."

timately incinerated, landfilled, applied to the land or discharged to surface waters. EPA estimates over 100,000 dental offices use or remove amalgam in the United States and almost all of these practices discharge their wastewater to POTWs.

Under the Final Rule, newly established practices will be required to install ISO 11143 compliant amalgam separators or other removal devices prior to July 14, 2020. Currently operating practices with existing amalgam separators can continue to operate that separator for its lifetime or for 10 years, whichever comes first. When the separator requires replacement or the 10-year period has ended, existing practices will need to replace the amalgam separator with one that is ISO 11143 compliant. In addition, the Final Rule prohibits the discharge of waste (scrap) amalgam into the wastewater stream and prohibits the use of line cleaners that are oxidizing or acidic and that have a pH higher than 8 or lower than

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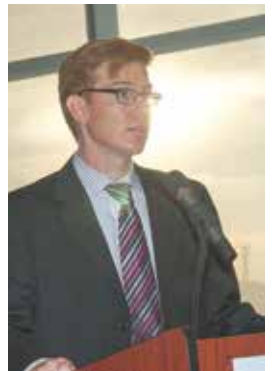
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THE 2017 MEDI★STAR AWARDS

2017 MEDISTAR AWARDS



CONGRATULATIONS TO THE 2017 MEDISTAR NOMINEES!

Judging concludes on 9/4 and honorees are announced on 9/12.

Celebrate the seven honorees with us on October 24th
at the Muhammad Ali Center in Louisville, Kentucky

4:30 • Registration & Cocktail Reception 5:30 • Award Ceremony

Advanced Illness Care/
Kourageous Kids, Hosparus Health
Ralph Alvarado, MD, State Senator, District 28*
Audubon Hospital, Norton Healthcare
Muhammad Babar, MD, Sts. Mary &
Elizabeth Hospital, KentuckyOne Health
John Burich, Passport Health Plan
Mark Carter, Passport Health Plan
Barbara Casper, MD, University of Louisville
Michael Cassaro, MD, Pain
Management of Louisville
Commit to Quit Campaign, Kentucky
Medical Association
Steve Cummings, PharmD,
Our Lady of Peace, KentuckyOne Health
Hilary Deskins, KentuckyOne Health
Robert (Bob) DiPaola, MD,
University of Kentucky
Lori Earnshaw, MD, Hosparus Health
Robert Edwards, UK HealthCare
Elizabeth Edgehill, Family Health Centers
EMS Diversion Program, Wellspring
Foundation for a Healthy Kentucky
Vickie Yates Brown Glisson, Cabinet
for Health and Family Services
Terri Graham, Hosparus Health

Michael Harper, MD, Quality
Independent Physicians ACO
Have a Heart Clinic
Heather Hibbard, James Graham
Brown Cancer Center
Marianne Hutti, University of Louisville
InScope Medical
Whitney Jones, MD,
Midwest Gastro
Kentucky Academy of Family Physicians
Kentucky Consortium for Accountable
Health Communities
Kentucky Health Career Center,
KentuckianaWorks
Kentucky Immunization Coalition
Kentucky Medical Association*
Kentucky Office of Rural Health*
Kris Kimmel, ExoMedicine Institute
Mamata Majmundar, MD, Lexington Clinic
Michelle Malicote, Madison County Schools
Masonic Homes of Kentucky
Pamela Todd May, Pikeville Medical Center
Sanesha Naicker
National Stem Cell Foundation
Christopher Nelson, MD,
Bluegrass Pain Consultants*

Parkinson's Disease and Movement
Disorders Clinic, University of Louisville
Pukur Patel, MD, Centerstone Kentucky
Pediatric Endocrinology, University
of Louisville Physicians
Eli Pendleton, MD, University
of Louisville Physicians
Asim Piracha, MD, John-Kenyon
Polypharmacy Program, University of Louisville
& University of Louisville Physicians
Gregory Postel, MD, University of Louisville
Primary Care Medical Center /
VillageMD Kentucky
Julia Richerson, MD, Family Health Centers
Alice Shade, Edumedics
Signature HealthCARE
Patty Swiney, MD, Kentucky
Academy of Family Physicians
WaterStep
Theresa Watson, Centerstone Kentucky
Addia Wuchner,
State Representative, District 66
YourDoc2U



**Received two nominations.*



SPONSORS



COVER STORY

Local marketing experts work to engage patient audiences.

Continued from cover

is eventually trying to decide about their treatment options, they see you as a trusted thought leader.

Healthcare marketing has always had a tough time being able to properly display what a facility is all about in a simple thirty second broadcast spot or billboard. Those pieces have their part in a greater plan, but there are now more elements in the mix utilizing long-form tactics that build upon the ads used for frequency.



Amanda Newton
*VP of Marketing
& Business
Development
Centerstone*

Consumers now have increased awareness of the many service options available to them. Digital marketing is the key to success! The average home has seven connected devices. There is still a stigma associated with getting help for mental health or addictions; therefore, the internet becomes the driver for treatment solutions. Most people research their behavioral healthcare options online. The internet is a safe place to learn from others anonymously. Digital marketing allows companies to target efforts to the people who are searching for answers. More companies are investing in a social media strategy, pay-per-click marketing, geo-targeting and targeted display ads.



Cliff Whalin
*Director of
Marketing
Wesley Manor
Retirement
Community*

We're seeing more and more marketing leads generated from online reviews and general internet searches. Many folks say they saw Wesley Manor rated 4.5 stars on Facebook or senior living retirement web sites with whom we partner. This has sparked more inbound phone calls and emails. We actively encourage new residents, as well as potential residents/

families who tour, to post online reviews.



Bethany Langdon
*Corporate Director
of Marketing and
Communications
Bluegrass.org*

One of the biggest trends has been and continues to be video. Incorporating short, informative videos via various online platforms promotes understanding of services while breaking down barriers to access. Video has stronger audience appeal, about four to one, than text. Healthcare marketing via video makes both a personal and educational impact with potential clients. As a large community mental health center serving 25,000 clients annually, video is, and will continue to be, a key component to promoting understanding of the many services we provide.



Dawn Wiggington
*President
dRAE Media &
Marketing*

While telemedicine is another healthcare delivery mechanism, and not marketing per se, this could be a great emerging marketing advantage for healthcare providers. Improving the quality of patient care is the top reason for health IT changes, and now, telemedicine services are experiencing a breakthrough as medical practices become aware of the ways and means to charge for services. Organizations are beginning to embrace the value-based care and patient engagement telemedicine can offer. While the buyer or patient is looking for innovative, cost-effective, high-quality and easily accessible healthcare services, consumers are also much more digitally attuned than ever before. The stars are aligning for telemedicine. It's cheaper, more efficient and it's something that patients will appreciate.



Medical News: Give an example of a successful marketing campaign geared towards consumers. Why did it work?

Brandi Jones
TEG

Norton Cancer Institute's current campaign, "Caring for the body and the person within," resonates with me on an emotional and personal level. Most of us know, or are someone, who has been affected by cancer and understands the physical strains. Through this campaign, Norton Cancer Institute has found a connection with compassion to emphasize they care about your mind and spirit, not just the outer layer. The images, video and other content features local physicians, surrounding community members and stories that are astonishingly relatable.

Erik Snyder
Scoppechio

One successful campaign revolved around lung cancer screenings in eastern Kentucky. As the national epicenter of a lung cancer epidemic, eastern Kentucky needed higher screening rates to catch lung cancer when it's still treatable. We put together an omnichannel campaign for our client, Baptist Health Corbin, that targeted the high-risk population as well as the family of those high-risk residents. This led to a split approach of traditional advertising elements directed to a 50+ audience and a primarily digital approach directed to their children aged 30 to 50. The 50+ audience received a message that lung cancer screenings could give them more moments of joy as a family, whereas the 30 to 50 audience received a message that they could enjoy more moments with their parents if they could convince them to get screened for lung cancer. Together, the campaign increased lung cancer screenings at Baptist Health Corbin by more than 1,000 percent.

Mike Dominick
Cornett

I am consistently impressed with the work GE is putting out. The diversity of industries and the complexity of explaining what GE is seems to be a massive challenge.

Utilizing a mix of creative platforms to educate their audience has appeared to be their sweet spot. Ever since they launched GE Reports back in 2008, they have continued push out interesting stories. For example, their current "What if scientists were celebrities" TV campaign puts the spotlight on Millie Dresselhaus, the first woman to win the National Medal of Science and Engineering. It's emotional, its captivating, and it shows the importance GE places on its engineers.

Beyond the main campaign, they push the same theme on social platforms to highlight different engineers within the company and the extremely technical and exciting things they are working on. All which link back to their GE reports site for a deeper story.

If GE can create interest over things like a massive AC/DC converter being installed at sea, UK HealthCare can easily showcase the power of advanced medicine by showing how Markey Cancer Center engages the Molecular Tumor Board to tailor the treatment of cancer down to the exact individual.

Bethany Langdon
Bluegrass.org

Reaching clients where they access information is key. Recently Bluegrass redesigned our web site to be responsively designed. Responsive design renders web site content readable and visually engaging regardless of platform. A web site looks great on a smartphone as well as a large format desktop monitor. Four out of five Americans own and use a smartphone. Potential clients are likely to make first connections via a smartphone. Thinking of the mobile screen first is a top priority in healthcare marketing.

Dawn Wiggington
dRAE Media & Marketing

We handled the social media marketing, email marketing and advertising for the Louisville Innovation Summit, an annual conference focusing on medical professionals and innovators working within the aging care industry. We promoted the event in advance through Facebook and increased unique users and fans using low cost targeted post boosting and a strong engagement strategy. This engagement had a marked impact on the amount of attendee engagement during the event itself.

Continued on page 11

COVER STORY

Trends in B2B marketing

Continued from page 10



What are your favorite social media tools?

Brandi Jones
TEG

LinkedIn for sharing industry expertise, Facebook for photos/stories, and Twitter for discussing what's trending.

Erik Snyder
Scoppechio

Facebook Audience Insights. Marketers can't win the content war with simply more content than their competitor. Relevancy is king.

Gwen Cooper
Hosparus

Targeted marketing, either through SEM specifically targeted to an audience or behavioral algorithm marketing. But equally, I like web sites and other social media tools that support any SEM or SEO.

Mike Dominick
Cornett

We are loving all things social listening right now. The data that is captured by aggregating all the keywords, hashtags and phrases of a topic or industry, then assessing its context is fascinating.

Amanda Newton
Centerstone

Facebook! We know that women ages 22-44 make most of the healthcare decisions. Facebook is women's preferred choice for their social media channel.

Dawn Wiggington
dRAE Media & Marketing

Newer tools, such as location based targeting, which allows you to serve digital ads to people at a certain location like a ball park, for instance, and IP targeting, which allows you to serve up digital ads to people with IP addresses on a certain street or in a certain neighborhood.

Bethany Langdon
Bluegrass.org

The traditional social media platforms of Facebook, Twitter and LinkedIn are effective tools to engage our target audiences and recruit top employees.



Medical News: Business to business marketing requires different strategies. How are you marketing to different healthcare businesses?



Eric Birdzell
Director of Marketing & Client Services
Hall, Render, Killian, Heath & Lyman

As a firm focused exclusively on healthcare, it is critical that we market to many different healthcare entities, and to do so, there are several factors to take into consideration. First, we identify our target audiences: who they are; where they live and work; and what interests them. Then, we ask ourselves and our audience where and how they consume information and how they can best be reached. Finally, and most importantly, we inquire about the challenges are they facing and how we can provide solutions.

We use this information, along with business needs and industry trends, to focus our marketing efforts on specific practice areas. We use public relations to contribute to timely industry topics that are actively impacting our clients. We use media buys and sponsorships to focus on areas such as HIT, supply chain and compliance. We continually produce content for our blog, webinars and newsletters that focus on very specific topics for almost every practice area.



Emily O'Leary
Business Development Specialist, Corporate Services
Bingham Greenebaum Doll

One of the most engaging aspects of this industry is the variety of businesses that exist under the healthcare umbrella. As we approach each potential new

relationship, we focus upon gaining a better understanding of their business and bringing together a service team and a fee arrangement that will build the framework for that prospect to have the best potential relationship with our attorneys. At its heart, providing law services is about building better relationships, better businesses, and, in this case, better healthcare.



Medical News: How do you create compelling content to reach business owners and decision makers?

Eric Birdzell
Hall, Render, Killian, Heath & Lyman

Creating compelling content requires an understanding of the industry, our audience and the marketing channel being utilized. Our attorneys have a great depth of knowledge on healthcare trends and what is important to our clients. Our blogs and newsletters deal with the latest updates in the industry, which allows our content to be relevant and timely. It is also important that our ads speak to our service offerings in a concise and effective way. We do this by understanding what resonates with our audience and the points we want to convey.

Emily O'Leary
Bingham Greenebaum Doll

Creating content for us is really the marriage of two types of thought leadership: original content and sharing content. When it comes to original content, we are not looking to rewrite the law or draft a law textbook for our audience to read. Instead, we are developing content that provides our audience with actionable steps or important considerations to make as they operate their businesses.

As for sharing content, the healthcare industry is made up of a wide range of experts across a multitude of educational and professional

backgrounds. Some of the brightest minds in our country and the world are dedicated to solving issues in healthcare from various perspectives from innovative new practices to solving the political burdens of both the industry and the populace. As a result, there is often the opportunity to bring the best information from all these places together to share with our audience.



Medical News: What types of content marketing are you using to reach healthcare decision makers?

Eric Birdzell
Hall, Render, Killian, Heath & Lyman

Hall Render utilizes several forms of content marketing including blogs, webinars, videos and social media. Each tactic provides useful information to our clients and partners in a format that best suits them.

Emily O'Leary
Bingham Greenebaum Doll

Our content marketing tactics are broken into two distinct buckets: advertising and thought leadership. In terms of advertising, we do traditional print advertising in industry-related magazines and newsletters, and we purchase digital space as well. Our thought leadership, however, is where we spend most of our resources. Our attorneys write blogs for our website and articles for our earned media. They are also engaged in public speaking and presentations across the country. While ads can be powerful, the combination of written thought leadership and the personal interaction of presenting to an audience has been the most-impactful marketing tactics for our attorneys in this space.

PRINT TO WEB:

To read the full discussion, visit the web site at medicalnews.md.

HEALTHCARE MARKETING

Evolving a healthcare brand

Lessons learned since healthcare brand change one year ago.

By Cassandra Mitchell



MITCHELL

As competition and consumer choice in healthcare providers continues to grow, healthcare brands are more important than ever. That was our message a year ago, and remains our message today. We realized our brand, Hospice of the Bluegrass, no longer represented who we were, or the variety of ways we provide care. Our brand also limited our growth beyond our legacy service of hospice. We knew our brand had to evolve to reflect our current service offerings and future services while not losing the historical brand equity we had built in



the last 39 years. Although a challenge, we knew now was the time, and in February 2017, we launched Bluegrass Care Navigators. So, what's happened with our brand evolution since then? What outcomes have we seen so far? What lessons have we learned?

The Backstory

Consumers, providers and our own team repeatedly told us our hospice-an-

chored name was a barrier to thinking about and calling for service beyond hospice, sometimes even hospice itself. And during the last 15 years, we'd been evolving into a continuum of post-acute services including personal care and private duty, transitional care, palliative and grief with many outside our organization knowing nothing about them. With consumers and providers pointing in the direction of change, we made the decision to proceed with rebranding. Three key elements have guided us thus far: research, credibility and strategy.

Research

In the fall of 2015 and winter of 2016, we completed a series of focus groups. We asked a variety of questions to understand what was known about our organization

“Consumers, providers and our own team repeatedly told us our hospice-anchored name was a barrier to thinking about and calling for service beyond hospice, sometimes even hospice itself.

and our services, our associated characteristics and traits, barriers and opportunities. Common descriptors included care, trust, compassion and expertise. We also learned that if folks didn't know us by Hospice of the Bluegrass, they knew us as

Continued on page 13



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Continued from page 12

Bluegrass Hospice. This set the stage for thinking about our brand name, image and tagline and led us to bringing the legacy of Bluegrass into our new name, using key descriptors in our tagline and designing our icon to represent our pathways to and from care.

Credibility

We mentioned trust and expertise, and found these components carried through when associated with all our services. Because folks perceived Hospice of the Bluegrass as a trusted source for expert, compassionate care, they also believed we'd provide the same in any other service we offered.

As we began to message our consumers, providers and community at large, we reinforced, "We are still the same folks providing the same great care, with new services to offer." This message has been woven into every piece of material produced to date, and is part of any conversation we have.

Strategy

When thinking about how we would



When you ask folks, "Would you ever have thought of calling a hospice for that?" the resounding response is "No, I get it now."

bring all services under one umbrella, we decided a master brand approach was best for us. It allowed us to bring an important part of our legacy, Bluegrass, into our new brand while also allowing us to articulate the variety of care services offered. Our comprehensive plan included proactive communication of the pending name change, communication of the name change, and structured messaging through a variety of media including education, outreach, traditional, digital and social.

Now just six months in to the new brand, we know we have at least 12-18 more months of this messaging. It will be a test of endurance rather than a sprint, and the success of the rebrand will be determined by metrics established to measure

results along the way.

Lessons Learned

First, a rebrand is not for the faint of heart. It's large and complex, requiring tenacity as well as a commitment of human and financial capital. Yet, it is a labor of love when you are confident you can and are a service solution to the needs of so many.

Second, we got a lot of blank stares and then questions as we began to roll out the new brand. Questions like, "You did what?" and "Who are you now?" as well as, "Why... what happened to hospice?" and "Were you sold?" The consistent reinforcement of our "Why?" messaging has been key to answering these questions. We often see the lightbulb go off as we explain all the service offerings, including the new ones for 2017 – adult day and home primary care. When you ask folks, "Would you ever have thought of calling a hospice for that?" the resounding response is "No, I get it now."

Third, we have had to share repeatedly that our legacy hospice service has led us to this evolution and we will continue

to serve and grow that program. When folks know us by hospice and suddenly we are named something else, they fear the service is going away. We have had to repeat often that our hospice program is here to stay.

Fourth, we would reinforce, this is a marathon rather than a sprint. We tire of the message long before consumers, providers and our community. Yet, it is imperative to keep up key, consistent messages through a variety of strategies across all audiences for an extended period.

In closing, six months into our new brand, we are continuing to grow. And we firmly believe that, without the new brand, we would continue to be perceived as a single service provider, limiting our ability to collaborate with payers, providers and consumers in our mission to provide care to the seriously ill and their families.

—Cassandra Mitchell is vice president of Marketing and Business Development at Bluegrass Care Navigators.



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NEWS IN BRIEF

Data doesn't lie

Newly formed Unit will investigate and prosecute fraud related to opioid prescribing and dispensing.

By: René Savarise and Peter Thurman



SAVARISE



THURMAN

Combating the opioid epidemic in the U.S. is a top priority for federal and state agencies in 2017. On August 10, 2017, President Donald Trump declared the country's opioid epidemic a national emergency and committed to expending a lot of time, effort and money to combat the crisis. That same day, the U.S. Department of Health and Human Services (HHS)

Secretary Tom Price lauded President Trump for directing his Administration to use all appropriate authority in responding to the opioid crisis.

In July of 2017, the HHS, Office of Inspector General (OIG) in coordination with state and federal law enforcement participated in the largest-ever nationwide healthcare fraud take down. In all, 412 defendants were charged with violating state and



According to the Department of Justice (DOJ) and the OIG, the defendants engaged in activities that resulted in \$1.3 billion in losses to the Medicare and Medicaid programs.

Medicare and Medicaid programs. The fraud schemes, characterized by HHS and the OIG as regional and viral, included prescribers overprescribing narcotics, prescribing medically unnecessary narcotics, receiving kickbacks and billing for medically unnecessary drugs and services.

New Fraud Unit

On the heels of the July take down, Attorney General Jeff Sessions announced in August, that the DOJ formed the Opioid Fraud and Abuse Detection Unit (Unit). The Unit is a new pilot program focused on detecting opioid related healthcare fraud using sophisticated data analytics. In conjunction with the Unit, the Attorney General has assigned 12 experienced prosecutors to regional opioid hot spots.

and dispensing patterns exceed those of their peers. The data also will be used to identify how many patients a prescriber has had die within 60 days of prescribing opioids.

Earlier this year, the Centers for Medicare and Medicaid Services (CMS) posted its Opioid Misuse Strategy 2016 whitepaper dated January 5, 2017. The whitepaper is a reminder to practitioners and beneficiaries that attacking the epidemic continues to be a key priority for CMS. In the whitepaper, CMS describes the measures it will take to reduce:

- Non-medical use of prescription opioids.
- Opioid use disorder.
- Overdose by promoting appropriate opioid utilization and evidence-based practices.

CMS plans to improve and coordinate monitoring and program integrity activities across the Medicare and Medicaid programs. CMS expects this improved coordination and monitoring to enhance its ability to identify and, in turn, sanction over-prescribers. CMS will promote evidence-based opioid prescribing best practices through its Quality and Improvement Organizations learning networks publications. These best practices likely will become the standard to which prescribers and dispensers are held – like other program guidance, such as local and national coverage determinations.

Prescribers and dispensers will be expected to use prescription drug monitoring programs, such as Kentucky's KASPER system, to prevent potentially dangerous co-prescribing practices. Starting in January of 2019, CMS will require prescribers to be enrolled in Medicare or validly opted out prior to writing prescriptions for Medicare Part D beneficiaries.

Top of Mind

Given all the national attention, it is apparent that fighting healthcare fraud is at the top of the government's agenda and is not going away any time soon. The huge recoveries and abundance of whistleblowers make it a lucrative endeavor for the government. Fraud related to the opioid crisis is a



The hot spots include eastern Kentucky, eastern Tennessee, southern Ohio and southern West Virginia.

fertile area for the enforcement authorities and whistleblowers. In 2016 alone, over \$2.5 billion was recovered by the federal government in healthcare fraud judgments and settlements. That number does not include the administrative fines and penalties imposed on providers. Moreover, in its March 16, 2017 budget proposal, the Trump Administration proposed increasing the healthcare fraud fighting budget by \$70 million to \$751 million.

Violations of the Controlled Substances Act (CSA) are frequently used by the DOJ as a basis for False Claims Act (FCA) violations. In two settlements of note this year, one involving an independent pharmacy and the other a chain pharmacy, the DOJ used violations of the CSA to assert FCA violations. Each of the pharmacies purportedly violated recordkeeping and other requirements contained in the CSA.

On January 19, 2017, the DOJ announced that Costco Wholesale agreed to pay \$11.75 million to resolve allegations regarding lax pharmacy controls. The DOJ commended the Drug Enforcement Agency (DEA) investigators for uncovering violations that included:

- Filling prescriptions from practitioners who did not have valid DEA numbers.
- Incorrectly recording practitioners' DEA numbers.
- Filling prescriptions outside the scope of the practitioners' DEA registration.
- Filling prescriptions that did not contain all required information.
- Failing to maintain accurate dispensing records.
- Failing to maintain records for the central fill pharmacy.

Rhine Drug Company

More recently, a Georgia pharmacist and pharmacy agreed to pay the



In the whitepaper, CMS describes the measures it will take to reduce:

- Non-medical use of prescription opioids.
- Opioid use disorder.
- Overdose by promoting appropriate opioid utilization and evidence-based practices.

federal laws, including the Medicare and Medicaid fraud and abuse laws. Of those defendants, 115 were healthcare professionals, including individual physicians and nurses.

According to the Department of Justice (DOJ) and the OIG, the defendants engaged in activities that resulted in \$1.3 billion in losses to the

The hot spots include eastern Kentucky, eastern Tennessee, southern Ohio and southern West Virginia.

During its three-year term, the Unit will investigate and prosecute fraud related to opioid prescribing and dispensing. The Unit will use data analytics to identify physicians, pharmacies and clinicians whose prescribing

NEWS IN BRIEF

Continued from page 14

federal government \$2.175 million to settle allegations that they violated the FCA and the CSA on claims of lax recordkeeping. Pursuant to a joint investigation, the OIG and DEA alleged that Rhine Drug Company and pharmacist Andrew Clements, Jr., submitted claims to Medicare for drugs that were not dispensed. The allegations were based on Rhine Drug Company and Clements' negligently failing to make, keep or furnish accurate records of controlled substances as required under pertinent sections of the CSA. The settlement recovery, which was announced on June 13, 2017, was the largest involving a pharmacy or pharmacist under the CSA in the history of the Southern District of Georgia.

Physicians, clinicians, pharmacists and pharmacies are subject to a host of state and federal laws regarding the prescribing and dispensing of controlled



The whitepaper is a reminder to practitioners and beneficiaries that attacking the epidemic continues to be a key priority for CMS.

substances. In the face of the government's initiative to combat opioid addiction and fraud, it behooves prescribers and dispensers to take a close look at their compliance practices. The compliance issues they should be thinking about include the following:

- Does the provider maintain an existing compliance program and, if so, is their compliance program effective?
- Are there policies and procedures in place applicable to controlled substances, including: (i) prescribing; (ii) dispensing; (iii) re-fills; (iv) ver-

bal orders; (v) recordkeeping; (vi) inventory; (vii) Red Flags; (viii) DEA verification process; (ix) pharmacy security; (x) querying and reporting to KASPER or other prescription drug monitoring programs; and (xi) querying the OIG's List of Excluded Individuals and Entities?

- Is training being conducted regularly with respect to the compliance program, policies and procedures?
- Does the provider have an effective monitoring and auditing program to evaluate compliance with applicable laws?
- Are compliance incidences being reported and followed up on?
- Is appropriate corrective action taken promptly?

Prescribers and dispensers that fail to have a proactive compliance program do so at their own peril. Those who are subject to a government investigation or other enforcement action risk paying

exceedingly high sums to the government, being excluded from participating in the Medicare and Medicaid programs, losing their DEA registrations, and being subject to other sanctions the government imposes.

In Costco's case, as a part of its settlement, Costco had to agree to allow the DEA unrestricted and unannounced access to all its DEA registered pharmacies for a period of three years. Having a proactive and effective compliance program in place will help prescribers and dispensers catch problems before they become issues. Moreover, by demonstrating they take compliance seriously, prescribers and dispensers may be able to mitigate some of the sanctions that otherwise would be imposed should an issue arise.

—René Savarise and Peter Thurman are with Bingham, Greenebaum, Doll in Louisville, Kentucky.

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NEWS IN BRIEF

UofL Hospital emergency nurses take first place in competition

A team of emergency nurses from University of Louisville Hospital took first place in a state competition of emergency medical skills.

UofL Hospital beat six other teams from hospitals in the region to take top honors in the SIM WARS emergency simulation competition.

The competition took place this month at a continuing education conference held by the Kentucky State Council of the Emergency Nurses Association at The Campbell House in Lexington, Kentucky.

New videos available for chronic care

The CMS Connected Care campaign has created new Connected Care videos on chronic care management (CCM). This animated video provides CCM services information for Medicare beneficiaries living with multiple chronic conditions. Watch the video at goo.gl/YdUkL7 to learn more about the

benefits of participating in CCM services. Visit medicare.gov to get more information about CCM and what each plan covers.

You can also download posters and postcards about CCM from the Connected Care web site at goo.gl/4xHZKX.

National prediabetes prevention campaign

As part of the 52 Weeks of Public Health campaign, the Kentucky Department of Public Health (DPH) within the Cabinet of Health and Family Services (CHFS) highlights a new national campaign to educate the public about prediabetes.

New national data just released from CDC noted that 84 million American adults (more than one in three) have prediabetes. People with prediabetes have increased risks to their long-term health, including developing Type 2 diabetes, heart attack and stroke.

According to the CDC, nearly 90 percent of people with prediabetes are not aware they have the condition. In Kentucky, it is estimated that more than 1.1 million Kentucky adults have prediabetes.

The National Diabetes Prevention Program (National DPP), a lifestyle change program recognized through



the Centers for Disease Control and Prevention, has been proven to cut the risk of developing Type 2 diabetes by half in those who have prediabetes.

To learn more about DPP, visit the Kentucky Diabetes Resource Directory at prd.chfs.ky.gov/KYDiabetesResources/ (search the category for Diabetes Prevention Program / DPP Organizations) or the Centers for Disease Control and Prevention at cdc.gov/diabetes/prevention/index.html.

CMS finalizes plan to cut Medicare DSH payments to Kentucky hospitals

The Centers for Medicare and Medicaid Services (CMS) released its Medicare inpatient hospital prospective payment system (IPPS) final rule for fiscal year 2018. This rule will significantly change the methodology for making Medicare disproportionate share hos-

pital (DSH) payments. The new methodology will be phased in over three years. Preliminary estimates are that the new methodology will reduce Medicare DSH payments to Kentucky hospitals by about \$77 million when the new method is fully in place in fiscal year (FY) 2020.

NEWS IN BRIEF

Continued from page 16

Public health tied to health of animals

According to the World Health Organization (WHO), nearly 75 percent of the new diseases that have affected humans over the past 10 years originated from an animal or an animal product.

As the new state public health veterinarian, Kelly Giesbrecht, DVM, will provide leadership and supervision regarding issues related to the identification and evaluation of human health hazards of animal origin that could potentially impact the health of Kentuckians.

Among other things, the state public health veterinarian is tasked with:

- Identifying and evaluating hazards to human health of animal origin.

- Developing policies, guidelines and strategies for the control of zoonotic and foodborne diseases.
- Disseminating relevant information to experts in public health, veterinary science and other scientific disciplines, as well as to consumer groups and the public.
- Contributing to field and laboratory investigations of zoonotic and foodborne diseases.

As state veterinarian, Giesbrecht will be a part of the Division of Epidemiology and Health Planning in the Kentucky Department for Public Health.

Change for rural COPD patients with National Action Plan

Chronic Obstructive Pulmonary Disease (COPD) is number three on the cause of death list, with nearly 150,000 deaths every year. In rural America, it's the sole major chronic disease with increasing death rates. In a 2015 American Thoracic Society abstract, Johns Hopkins researchers reported a national prevalence rate of 7.2 percent, but a prevalence rate of 11.9 percent in rural-poor communities.

With this substantial disease prevalence comes substantial health-care costs. According to the Agency for Healthcare Research and Quality, 2013-2014 expenditures for COPD and asthma reached nearly \$77 billion, with inpatient costs nearing those of cancer.

A 2014 report by the Rural Health Reform Policy Research Center shows the disparity to be most pronounced among men, among whom the death rates were 53 percent higher in non-metropolitan counties than in large metropolitan counties in 2008-2010.

In May, the COPD National Action Plan (CNAP), a blueprint for a multi-faceted, unified fight against the disease was released by the National Heart, Lung and Blood Institute (NHLBI), in official partnership with the CDC. A national action plan can be the start to gearing up efforts needed to make a difference for COPD. The COPD National Action Plan's Rural Touchpoints include five goals:

- Empower patients, their families and caregivers to recognize/reduce burden.
- Equip healthcare professionals to provide comprehensive care.
- Collect, analyze, report and disseminate data.
- Increase and sustain research.
- Turn recommendations into research and public healthcare actions.

Rural stakeholders share perspectives of just how rural Americans with COPD might benefit from the plan's rural touchpoints at goo.gl/vXw4mv.



GRACE ANNE DORNEY KOPPEL, COPD FOUNDATION PRESIDENT; DR. MEILAN HAN, AMERICAN LUNG ASSOCIATION; DR. JAMES KILEY, NHLBI DIVISION OF LUNG DISEASES; AND HAROLD WIMMER, AMERICAN LUNG ASSOCIATION. SOURCE: NHLBI

Saint Joseph Hospital recognized for performance in colon cancer surgery

Saint Joseph Hospital, part of KentuckyOne Health, was recognized by U.S. News & World Report as a 'high performer' in colon cancer surgery.

To develop the rankings, U.S. News and World Report assesses data from nearly 5,000 medical centers across multiple clinical specialties and conditions and surveys responses from more than 30,000 physicians to rank



hospitals in 16 adult specialties and 9 common conditions.

Mobile dental unit in Floyd Co. will provide oral health care



To make sure its students have access to dental treatment, the Floyd County School District has partnered with a regional health-care center that will provide dental services at its schools via a mobile

dental unit.

The school board approved the contract with Big Sandy Health Care at its June meeting. The contract will not cost the district any funds as Big Sandy Health Care will bill Medicaid or private insurance where applicable.

Continued on page 18



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NEWS IN BRIEF

Baptist Health Lexington honored for organ donor efforts



Baptist Health Lexington has been awarded platinum recognition—the highest level of recognition possible—in a national campaign for promoting enrollment in state organ donor registries sponsored by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA). The campaign has added more than 400,000 donor enrollments to state registries nationwide.

Kentucky Organ Donor Affiliates recruited hospitals to join the Workplace

Partnership for Life Hospital Campaign and supported them in planning awareness and donor registry enrollment activities to increase the number of organ, eye and tissue donors. Baptist Health Lexington and other participating donation organizations earned points for each activity implemented between October 2016 and April 2017 and were awarded platinum, gold, silver or bronze recognition accordingly.



EHR Incentive Program hardship exception application due by October 1

Eligible professionals (EPs) who are first-time participants in the Medicare Electronic Health Record (EHR) Incentive Program in 2017 are eligible to apply for a one-time hardship exception by October 1, 2017.

A first-time EP may apply for this one-time significant hardship to avoid a 2018 payment adjustment if:

- The EP is a first-time participant in the EHR Incentive Program in CY 2017 and intends to participate in the

Medicare EHR Incentive Program in CY 2017.

- The EP is transitioning to Merit-based Incentive Payment System (MIPS) for the 2017 performance period.
- The EP intends to report on measures specified for the Advancing Care Information performance category under the MIPS in 2017.

For further instruction on the hardship exception, visit goo.gl/x7ybuf.

KMA files motion to intervene in lawsuit challenging Medical Review Panels

The Kentucky Medical Association (KMA) has filed a motion to intervene in the lawsuit filed in Franklin Circuit Court challenging the constitutionality of Senate Bill 4, which established Medical Review Panels to evaluate medical malpractice claims before they can proceed in court.

KMA was among several health care stakeholders that supported the legislation and worked with legislators to ensure it would pass constitutional muster.

The new law requires the review of medical malpractice claims by a group of independent, expert health care providers who offer an opinion on the merit of such claims before they are filed in court. KMA believes this first step in meaning-

ful tort reform

will help drive down medical costs for Kentuckians and make the Commonwealth more attractive to healthcare providers, which could address the shortage of physicians in many parts of Kentucky.

The Institute for Legal Reform in 2015 ranked Kentucky 39th in the nation for its lawsuit climate. Senate Bill 4 is designed to significantly improve the Commonwealth's legal liability climate, making the state a much more attractive destination for not only health care providers, but also businesses.

KMA believes the new law includes safeguards to ensure that legitimate malpractice claims have their day in court.



MEDICAL NEWS

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Rob Edwards

Publisher
Ben Keeton
ben@igemedia.com

Managing Editor
Sally McMahon
sally@igemedia.com

Creative Director
Brian Orms
brian@igemedia.com

Printing
Walton Press

Chairman
Tom McMahon
tom@igemedia.com

2200 Dundee Rd.
Louisville, Ky., 40205
(502) 333-0648
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