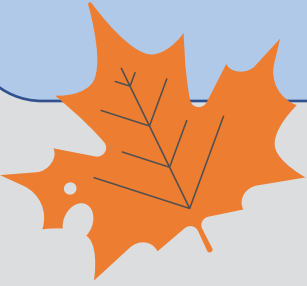




# Kentucky Ambulatory Network

Research. Collaborate. Transform.



## Directors Message

### Fall Calls to KAN

It has been a heartbreaking hurricane season as we start Fall, with our neighbors in North Carolina and other areas in Appalachia hard hit and reeling from the destruction of Helene. And soon after, the warm Gulf sent its storm Milton to Florida. Unfortunately, we are not unfamiliar with flooding in our own Kentucky communities. The Appalachian Translational Research Network, a 501c3 committed to addressing health challenges and disparities specific to Appalachia as sent out and posted resources which, if you want more information on ways to help, you can find their list of agencies and resource centers taking aid provided at the bottom of this newsletter.



Flooded (left) and after water receded (right) Wolverine Road in Breathitt County, Ky., on Thursday, July 28, 2022. [rhermens@herald-leader.com](mailto:rhermens@herald-leader.com)



As well, the University of Kentucky Center for Appalachian Research in Environmental Sciences (UK-CARES) has a website with downloadable tip sheets, Public Service announcements, and more that may be helpful for your communities under “Disaster Preparedness and Response” [HERE](#) (and QR code, left).

As the we watch our own weather here in Kentucky turn to Fall, I embrace this time of seasonal change and preparation for the winter ahead. For our practice-based network, this season provides a time to anticipate the future opportunities that we here at the Kentucky Ambulatory Network have been pursuing.

This summer, I travelled to the N. American Primary Care meeting of practice-based research (PBRN) where I gained important insights on how other networks operate and sustain their work. This kicked off a lot of excitement for our KAN, and much of the last month we attended conferences spreading the news about who we, and what PBRNs are. I discussed the **importance of research in primary care settings** to a national group from the Centers for Translational Research. There, I spoke to the opportunities we provide to advance research across Kentucky's primary care hubs, especially considering recently announced NIH award opportunities, with funding specifically targeted to support PBRNs through their "**CARE for Health**" initiative. We also are working to advance trainee interests in research as part of their career path in family medicine and are excited to launch a **new opportunity to apply for trainee positions on our KAN board**. See more inside, and **THANK YOU** for your continued KAN involvement,  
Karen Roper. Director.

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## Population Health Services

### Social Drivers of Health Screening in Primary Care

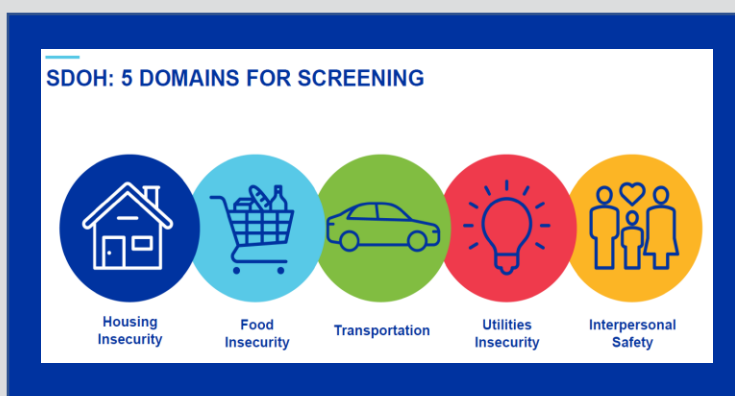
Research has long indicated that social drivers of health has a greater impact on people's health and well-being than medical care. This research has worked to identify and address non-medical factors in an effort to tackle barriers to care. Here is one area where the evidence IS making its way to implementation in practice, **New Centers for Medicare & Medicaid Services (CMS) Inpatient Quality Reporting. Starting January 1, 2023**, is requiring all hospitals and health systems that admit patients implement Social Drivers of Health (SDOH) / Health Related Social Needs Screening to align with new regulatory requirements.

The SDOH reporting mandate is part of a larger initiative by CMS to advance health equity, expand coverage, and improve care for underserved and disadvantaged communities. BE AWARE that CMS introduced **two new inpatient quality reporting measures: Screening for SDOH and Positive Rate for SDOH.**

- Screening for SDOH assesses how many patients aged 18 and older were screened for the required domains.
- Positive rate for SDOH tracks how many patients screened positive for the required domains.

### Useful Info

This following links are to the University of Kentucky Healthcare's patient-facing information on this screening, which may be helpful to your practice as you consider this new quality metric: [Video](#) and [Flyer](#)



# Grant Opportunities

## Family Medicine Discovers RapSDI Call for Applications

Below are two grant opportunities with deadlines in January that are exclusively available to practicing family medicine professionals Practicing family physician (RapSDI opportunity) or DOs/MDs/PhDs and osteopathic medical students (AOA opportunity). If you might be interested but don't know how to begin, we'd love to discuss your interests &/or find others in the network to collaborate with? LET US KNOW!

The Family Medicine Discovers Rapid Cycle Discovery and Innovation Initiative (FMD RapSDI) with the American Academy of Family Physicians (AAFP) Foundation has put a call out for applications through **January 16, 2025**.

This opportunity is for **short-term innovative and high-impact research projects led by practicing family physicians. No previous research experience is required.** Physicians selected as FMD RapSDI Scholars will serve as Principal Investigators for their projects and will receive support and mentorship from AAFP NRN and DARTNet Institute staff to develop and refine a research protocol,

Recipients will receive a **\$40,000** grant to serve as Principal Investigator for their project to **generate new evidence and innovative models for "what works" in real-world primary care settings.** Scholars chosen will also receive research infrastructure and mentorship support from AAFP NRN.

Also, Staff with FMD RapSDI will host two additional open house-style webinars to address applicant questions on December 10, 2024 and December 12, 2024.

Applications opened on October 1, 2024 and will close on January 16, 2025 5pm CT. For more information, visit the FMD RapSDI website by scanning the QR code or contact them at [rapsgi@dartnet.info](mailto:rapsgi@dartnet.info).

If you are not interested in applying, consider serving as a peer reviewer instead! RapSDI is seeking volunteers to join a panel of reviewers from across the field of family medicine to review applications submitted to the FMD RapSDI program. Reviewers will review 3-6 short (~2 pg.) applications between February 3, 2025 and February 28, 2025.



## Grant Opportunities cont.

### The American Osteopathic Association (AOA)

Open from October 1, 2024 to January 31, 2025, the AOA is calling for grant applications. Awardees will be given funding for a 24-month period to conduct research that has the potential to significantly impact patient outcomes, advance evidence-based medicine, foster collaboration, and enhance the visibility of the osteopathic profession. For more details, see the page attached at the end of the newsletter.

## PBRNs: A Little Context

If you've read the prior content in this newsletter, and we hope as you consider these research opportunity announcements, we want to remind you of our mission here at KAN, Kentucky's only PBRN.

The Agency for Healthcare Research and Quality (AHRQ) defines a primary care practice-based research network, or PBRN, as a group of ambulatory practices devoted principally to the primary care of patients and affiliated in their mission to investigate questions related to community-based practice and to improve the quality of primary care.

PBRNs take a bottom-up approach where the clinician brings their needs and study ideas forward. The above grant opportunities, just like the existing projects that we work to advertise to our membership, are vetted by KAN as ones that are intended for the active clinician and that provide opportunity to conduct projects that are relevant and timely, but also "do-able" or realistic. We are here to help you conceptualize what that might look like.

For PBRNs, relationships are key, so we are happy to visit you where you are to gain an understanding of your community and clinical practice. In this way also we can understand how or if research could benefit your work and the context for how research might look for you.

## Update on KAN Clinic Visits

Our practice facilitator, Courtney Ortiz, PhD, has moved into another role leading a grant project (Congratulations to her!) and is no longer with KAN. We have a temporary assistant, Zoe Taylor, and Dr. Roper will begin conducting these visits! **These visits help us to understand the shared needs and/or interests across our members. Please reach out if this would be of interest to you.** KAN Membership links and contact information is on p. 8.

# NIH CARE for Health

## Communities Advancing Research Equity for Health

Announced just this May, the National Institutes of Health created a **funding mechanism to advance primary care clinical research network** with the goal of actively engaging communities historically underrepresented in clinical research.

A total of \$5M in funding was [awarded](#) in this first round of funding to three sites, each of which involved their state's PBRN:

- West Virginia PBRN: a randomized-controlled trial evaluating interventions for gout flares
- Oregon Rural Practice-based Research Network and the WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) region Practice and Research Network, along with the UW-Madison/ Wisconsin Research Network will be studying a collaborative treatment intervention to address opioid use and polysubstance use.

KAN is primed to work across our network and engage with our translational science center here at the University of Kentucky to ready ourselves for the next funding call, with \$20M in funding to be allocated in year 2025. Give us a shout if you want to know more: KAN finds success with studies where we meet the sweet spot in what practices want and what funding agencies want.

### HOW MIGHT WE BEST UTILIZE THIS OPPORTUNITY in Kentucky? Let us know!

**Communities Advancing Research Equity for Health (CARE for Health™)**

- Integrate research into the clinical care environment
- Engender trust in science by addressing community needs
- Achieve longitudinal collection of clinical data to address health across the lifespan
- Conduct research addressing issues important to diverse communities, particularly those underrepresented in biomedical research
- Reduce burden on providers using innovative data collection methods
- Increase adherence to evidence-based care
- Improve efficiency of care delivery

Community-based primary care practices

NIH CARE for Health: <https://www.nih.gov/news-events/news-releases/nih-launches-30-million-pilot-test-feasibility-national-primary-care-research-network>

# Reaching Residents and Medical Students

KAN has been proud and purposeful in creating our Advisory Board, which include two resident directors, Sarah Marks, MD (U. Kentucky) and Jennifer Stephens, MBA (Lake Cumberland Hospital).

The KAN board, along with a [recent study](#) on the topic, has expressed that too few trainees realize that PBRNs exist and/or could aid them as they seek opportunities to advance their research or quality improvement project interests, - and in doing this – their careers!

**NOW ACCEPTING APPLICATIONS** for medical students and Residents to join the board as trainee-members.

We are now seeking to add up to 2 residents and 2 medical student representatives for a 1–2-year commitment to our board. Board meetings occur 2-3 times yearly, with contact throughout the year to consider research opportunities that KAN board members consider for approval. We will speak with interested individuals about KAN, the Board, and expectations upon filling out a self-nomination form at this [link](#). If any current KAN members know of someone who may have an interest in this opportunity, please encourage them to apply!

## Recent Conference Outreach



KAN attended two primary care conferences to continue our brand recognition efforts and gain new connections: **the Kentucky Primary Care Association [KPCA] conference, and the**

**Ky Regional Extension Conference.** At each, we met physicians, nurses and medical directors and others involved in clinical practice management and improvement.



We gave out handmade seed packets with native Kentucky Wildflowers, with the tag line *Growing Research Capacity*, as that is heart of KANs mission. See our newest KAN sticker to the left!



In addition, we advertised for the MBC2 research study (see flyer on p. 8) and handed out KAN brochures to interested conference attendees. If you are a researcher with a study or project you would like our help to disseminate/recruit - reach out and, following board review, we are happy to do so.

# Member Spotlight: Ty Borders


## UK's Director for Center for Health Services Research



KAN, with our Board's approval to help with dissemination, worked to distribute information about this now-published study to our network for potential participation. Perhaps one of YOU provided your feedback and experiences! Thank you!

We sent the [article](#) through an AI scanner and with the permission of the authors, provide below a bit of summary and generated [podcast](#) for you to listen to the article as a kind of headline story. ENJOY and hope you might find interest in these findings regarding logistical challenges, stigma and the importance of fostering strong patient-provider relationships in the context of telehealth service and treatment for Opioid Use.

Original Research

### Primary Care Providers' Experiences Treating Opioid Use Disorder Using Telehealth in the Height of the COVID-19 Pandemic

Journal of Primary Care & Community Health  
Volume 15: 1–11  
© The Author(s) 2024  
Article reuse guidelines:  
[sagepub.com/journals-permissions](https://sagepub.com/journals-permissions)  
DOI: 10.1177/21501319241246359  
[journals.sagepub.com/home/jpc](https://journals.sagepub.com/home/jpc)  


Sarah Alexandra Marshall<sup>1</sup> , Lachan E. Siebenmorgen<sup>1</sup>, Katherine Youngen<sup>2</sup>, Tyrone Borders<sup>2</sup> , and Nickolas Zaller<sup>1</sup>

#### Main Themes:

- **Impact of COVID-19 on OUD Treatment:** The pandemic forced a rapid shift towards telehealth, impacting the delivery of OUD treatment. While this presented challenges, providers adapted, demonstrating resilience and commitment to patient care.
- **Telehealth Experiences:** Providers reported mixed experiences with telehealth for OUD treatment. While it facilitated access to care, particularly for behavioral health counseling, logistical challenges (internet access and connection) and concerns about monitoring presented barriers.
- **Patient Needs:** Patients with OUD faced significant challenges related to access to basic resources like internet, transportation, housing, and counseling. The pandemic exacerbated these issues.
- **Stigma:** Stigma surrounding OUD persisted, affecting patient-provider relationships and hindering open communication and treatment seeking.
- **Importance of Relationships:** Building strong patient-provider relationships emerged as a key factor in effective OUD treatment. Providers stressed the value of in-person interactions for building trust and rapport.
- **Buprenorphine Training:** While the waiver training was considered helpful, providers expressed a need for more comprehensive formal training on OUD and buprenorphine treatment within their education curriculum.

# KAN Membership

Share these links!

Please select at least one from the table below.

Disease States:	General topics and initiatives of interest:
<input type="checkbox"/> Heart Disease <input type="checkbox"/> Depression <input type="checkbox"/> Heart Failure <input type="checkbox"/> Diabetes <input type="checkbox"/> Anxiety <input type="checkbox"/> Menopause <input type="checkbox"/> Chronic Pain <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Cancer <input type="checkbox"/> Dementia <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Lung disease <input type="checkbox"/> Osteoporosis/osteopenia <input type="checkbox"/> Opioid/Substance Abuse/Treatment <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Marfan Syndrome <input type="checkbox"/> Hepatitis <input type="checkbox"/> Obesity/Comorbidities <input type="checkbox"/> Other	<input type="checkbox"/> Research opportunities for residents and medical students <input type="checkbox"/> Career path of physicians <input type="checkbox"/> Impact of education path of health professionals on quality of care <input type="checkbox"/> Work flow in large versus small practices <input type="checkbox"/> Health policy <input type="checkbox"/> Epidemiology and natural history <input type="checkbox"/> Screening/prevention and health promotion <input type="checkbox"/> Communication and Compliance <input type="checkbox"/> Coordination of care <input type="checkbox"/> Health literacy <input type="checkbox"/> Nutrition <input type="checkbox"/> Oral Health <input type="checkbox"/> Fitness <input type="checkbox"/> Medication management/monitoring/adherence <input type="checkbox"/> Medication-assisted treatment (MAT) in primary care <input type="checkbox"/> Rural health <input type="checkbox"/> Social determinants of health care gaps <input type="checkbox"/> Population health <input type="checkbox"/> Minority Health <input type="checkbox"/> Telemedicine <input type="checkbox"/> Other <input type="checkbox"/> mobile health <input type="checkbox"/> smoking <input type="checkbox"/> Dissemination and Implementation



If you are a member and have not yet completed our Organizational Members Form, **Please Scan the QR code above.** This form gives KAN crucial data about our members, to include **your interest.** As KAN is made aware of studies, if we have your organizational member form, we will be better able to suggest applicable research to you! Thank you in advance for completing the form if you have not already!

## Join our LinkedIn Groups!

The LinkedIn Groups intend to allow members to continue connections/ collaborations through discussions, polls, opportunities for research, CEU'S and to keep members up to date on KAN events. Please note, research opportunities will be posted exclusively on the private research group.



Public Group



Private Group

Learn more about KAN at our [website](#), and you may always contact us for a visit to learn more about how what research opportunities we could help to involve you with or that may facilitate what you are already doing in your practice: [KAN email](#)



# Local Resources

## Hurricane and Flood support provided by ATRN

1. Kentucky [Baptist Disaster Relief](#)
2. [Salvation Army](#) of Kentucky and Tennessee
3. [New Frontier Appalachia](#), a mountain-style apparel store in downtown Morehead Kentucky. 100% of proceeds will be donated to those in need in East Tennessee & Western Kentucky post Hurricane Helene.
4. [Appalachian Pet Pantry](#)- Whitesburg, KY
5. [Woodsongs](#) – Lexington, KY. People can drop off gently used, playable instruments at the Kentucky Theatre in Lexington
6. [Mountain Top Media](#)- Pikeville, KY. Accepting money and supplies for victims of catastrophic flooding in North Carolina.
7. [Second Harvest Food Bank](#) of East Tennessee
8. [Roscoe's Daughter, Inc](#)- Hindman, KY
9. Tennessee [Voluntary](#) Organizations Active in Disaster
  - a. This organization is also accepting [financial donations](#)
10. University of Tennessee [Flood Updates and Information](#)

**[Hurricane Helene](#)**  
**[Relief: Donate Today!](#)**



## Make Better Choices 2

If you live in Eastern Kentucky, researchers at the University of Kentucky invite you to participate in a free healthy living study. Make Better Choices 2 (MBC2) employs technology to help you eat better, sleep better, relax more, and move more. MBC2 brings an innovative new program, which may improve health, to Eastern Kentucky.

**Study participants will:**

- Use a new health app and a Fitbit to track health behaviors
- Work with trained health coaches
- Receive \$ incentives for meeting goals

**You may be eligible to participate if you:**

- Are 18 years or older
- Are willing to participate in 3 health checks at a location convenient to you. Options include our study office in Benham, St. Claire Regional Medical Center in Morehead, UK Health Care in Lexington, and your local provider.

To learn more visit our website at [MakeBetterChoices2.com](http://MakeBetterChoices2.com) or scan this QR code:



**For more information**  
Deanna Sherman  
[makebetterchoices2@uky.edu](mailto:makebetterchoices2@uky.edu)  
[MakeBetterChoices2.com](http://MakeBetterChoices2.com)

[www.UKclinicalresearch.com](http://www.UKclinicalresearch.com)

health study

BEHAV-126c\_lyer #

## THINKING ABOUT DRINKING LESS?

**SO ARE WE. THINK ABOUT JOINING OUR ALCOHOL RESEARCH STUDY.**

We are looking for people who drink alcohol excessively and are interested in cutting down or even quitting.

Eligible participants will be at least 18 years old for this remotely-delivered experimental treatment study. The amount of time you will be asked to volunteer for this study spans approximately 15 months and requires two visits to our research facility.

Qualified participants will be compensated for their participation. Travel expenses may be reimbursed.

**STRICTLY CONFIDENTIAL!**

To see if you may be eligible, you can screen online:  
<https://bit.ly/2Q2dZca> **OR**  
<https://redcap.uky.edu/redcap/surveys/?s=4CDJCAAE4A>



**Scan Me To Screen Online!**



Monday – Friday 9 am – 5 pm  
[Extended hours available by appointment]  
UK Healthcare  
Turfand Clinic  
2195 Harrodsburg Rd., Suite 125  
Lexington, KY 40504  
**FOR MORE INFORMATION**  
Call, Text, or Email  
859-533-2749  
[healthful@uky.edu](mailto:healthful@uky.edu)