

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Providing High-quality
Cancer Care to All
Kentuckians



Where is your faith,
without your work?
Red Bird Mission
Quenches The Thirst
of A Region

Rural Health
Champion:
Joseph Smith: “The
Dean” of The Primary
Care Association

KENTUCKY 2017 RHC summit

June 9, 2017 | 9 am - 4:30 pm

Carl D. Perkins Conference Center
Richmond, Kentucky
4436 Kit Carson Drive
Richmond, KY 40475

Registration:
\$50

Agenda:

- 8:00 - 9:00 am** | Registration (Continental breakfast will served)
- 9:00 - 9:15 am** | Welcome
Fran Feltner, DNP, MSN, RN, FAAN - Director, UK Center of Excellence in Rural Health
- 9:15 - 10:15 am** | Cybersecurity in a Healthcare Setting
Karen Chrisman, Staff Attorney/Privacy Officer, KY Office of Health Benefit & Health Information Exchange
- 10:15 - 10:30 am** | Networking Break (Refreshments will be served)
- 10:30 - 11:30 am** | Medicaid Update
Stephen P. Miller, Commissioner - Cabinet for Health & Family Services, Department for Medicaid Services,
- 11:30 am - 12:30 pm** | Networking Lunch
- 12:30 - 1:45 pm** | Breakout Sessions:
- | | | |
|---|---|--|
| <p>1</p> <p>Emergency Preparedness Session
<i>James House, Interim Public Health Preparedness Branch Manager</i></p> | <p>2</p> <p>Behavioral Health
<i>Lisa Hinkle, Member McBrayer, McGinnis, Leslie & Kirkland</i></p> | <p>3</p> <p>RHC Annual Evaluation
<i>Glen Beussink, Director of Consulting & Clinical Development, Midwest Healthcare</i></p> |
|---|---|--|
- 1:45 pm - 2:00 pm** | Transitional Break
- 2:00 - 3:00 pm** | Medicaid MCO Panel - featuring representatives from Aetna, Anthem, Humana Caresource, Passport & Wellcare
- 3:00 - 3:15 pm** | Networking Break (Refreshments will be served)
- 3:15 - 4:30 pm** | Breakout Sessions:
- | | | |
|--|---|---|
| <p>1</p> <p>Kentucky Medicaid RHC Rate Setting & Scope Change 101
<i>Glenn Grigsby, Director, BKD</i></p> | <p>2</p> <p>Generations in the Workplace
<i>Marietta Watts, Senior Training Specialist/Performance Consultant, HR Training & Development, University of Kentucky</i></p> | <p>3</p> <p>Common ICD-10 Documentation Deficiencies for Rural Health
<i>Sharon Shover, CPS, CEMC Blue and Company</i></p> |
|--|---|---|



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Whitesburg, Kentucky automobile bridge built by Italian stone masons in the 1930's.
Photo by: Malcolm J. Wilson



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The UK Center of Excellence in Rural Health was established in 1990 to address health disparities in rural Kentucky, including a chronic shortage of health professionals and residents' poor health status. The Center accomplishes this through health professionals education, health policy research, health care service and community engagement. The Center serves as the federally designated Kentucky Office of Rural Health. The program provides a framework for linking small rural communities with local state and federal resources while working toward long-term solutions to rural health issues.

The Kentucky Office of Rural Health, established in 1991, is a Federal/State partnership authorized by Federal Legislation. The KORH receives support in part from the federal Office of Rural Health Policy of the U.S. Department of Health and Human Services. The mission of the KORH is to support the health and well-being of Kentuckians by promoting access to rural health services. The KORH assists clinicians, administrators and consumers find ways to improve communications, finances and access to quality health care while insuring that funding agencies and policy makers are made aware of the needs of rural communities.

The statements and opinions contained in the articles of *The BRIDGE- Kentucky's Connection to Rural Health Issues* are solely those of the individual authors and contributors and not of the University of Kentucky Center of Excellence in Rural Health, Kentucky Office of Rural Health, affiliates or funding agencies.



PROVIDING HIGH-QUALITY CANCER CARE TO ALL KENTUCKIANS

The University of Kentucky Markey Cancer Center's mission to be the region's hub for cancer expertise is perhaps no better exemplified than in its affiliate and research networks.

These initiatives offer community hospitals and cancer centers the opportunity to work collaboratively with Markey to improve cancer care across Kentucky and beyond its borders.

Expert care, close to home

Founded in 2006, the UK Markey Cancer Center Affiliate Network aims to improve access to high-quality cancer care for patients throughout Kentucky and Appalachia. What began as a three-site network has grown to 16 sites and counting. Through its work over the past decade, Markey and its affiliate network partners have helped more and more Kentuckians access the best available cancer care.

The Markey Cancer Center Affiliate Network now has a footprint reaching to Henderson in the west, Bowling Green in the southwest, Somerset in the southeast and Ashland in the east.

For Dr. Timothy Mullett, medical director of the affiliate and research networks, these collaborative relationships illustrate Markey's ability to provide meaningful leadership and support for leading-edge cancer care – a key component to Markey's role as Kentucky's only cancer center designated by the National Cancer Institute.

"The Markey Affiliate Network is about improving quality across the region to keep patients close to home for high-quality cancer care," Mullett said.

To do this, Markey assesses the cancer care program at each potential affiliate network site and determines an individualized plan to support that hospital or center so it can best serve its patients.

The resources Markey offers may include education, training on surgical techniques, or information on new medical oncology or radiation therapies. Programs may be long-established or just getting off the ground. In each case, the approach is the same, Mullett said: meet them where they are, assess where they need support and provide it.

For cancer programs joining the affiliate network, the connection is a sign of support and confidence that only an NCI-designated cancer center can provide.

"The Medical Center of Bowling Green is proud to be a member of the UK Markey Cancer Center Affiliate Network as we enhance the high-caliber cancer services and programs we provide to Southcentral Kentucky," said Connie D. Smith, president and chief executive officer of Med Center Health. "With the support and guidance of the UK Markey Cancer Center, The Medical Center will have access to the latest clinical trials for patients, educational opportunities for physicians and staff and additional outreach and education resources for the community."

While Mullett's team works to reinforce the quality of community-based cancer programs, it also focuses on improving access to new and novel cancer therapies for patients throughout Kentucky.

To improve access to these leading-edge clinical trials, the Markey Cancer Center Research Network was created, a group of sites – now five and counting – that demonstrates the capability to implement and oversee clinical trials.

These collaborations allow Markey to provide access to new and novel therapies to an ever increasing number of cancer patients in Kentucky and Appalachia within the comfort of their own communities. The footprint of the research network reaches west to Elizabethtown and east to West Virginia.

A targeted approach to cancer in Kentucky

While Markey continues to expand both its affiliate network and its research network, said Cheri Tolle, administrative director of the Markey Cancer Center Affiliate Network, the growth during the last 10 years has been gratifying but she remains focused on the network's unchanged core mission.

"It's more than putting dots on the map," she said. "It's about really helping communities to raise the quality of cancer care across the state."

Mullett agreed and stressed the importance of thinking not only in terms of reach, but also in terms of targeting the specific needs of Kentuckians.

"I think Kentucky and our region have a different focus on cancer than what the national perspective of cancer is," he said, noting the area's high incidence of lung cancer and colon cancer, which can be exacerbated by additional genetic and health-related issues.

To address these specific needs, Markey's Affiliate Network is advocating for early detection measures like lung cancer screening, while research network members work with Markey researchers on clinical trials aimed



The Markey Cancer Center philosophy: meet patients where they are, assess where they need support and provide it.

directly at the cancers Kentuckians face.

It's an approach to tackling cancer that casts a wide net, but does so with precision, and Mullett is hopeful it will have an impact.

"It's not just about saying the word 'cancer'," he said. "It's about speaking the language of cancer in Kentucky."

UK MARKEY CANCER CENTER AFFILIATE NETWORK

16 MEMBERS

- Clark Regional Medical Center, Winchester
- Ephraim McDowell Regional Medical Center, Danville
- Frankfort Regional Medical Center, Frankfort
- Georgetown Community Hospital, Georgetown
- Harlan ARH Hospital, Harlan
- Hardin Memorial Health, Elizabethtown
- Harrison Memorial Hospital, Cynthiana
- Hazard ARH Regional Medical Center, Hazard
- Medical Center at Bowling Green, Bowling Green
- Methodist Hospital, Henderson
- Norton Cancer Institute, Louisville
- Our Lady of Bellefonte Hospital, Ashland
- Rockcastle Regional Hospital, Mt. Vernon
- St. Claire Regional Medical Center, Morehead
- TJ Samson Community Hospital, Glasgow
- Tug Valley ARH Regional Medical Center, South Williamson



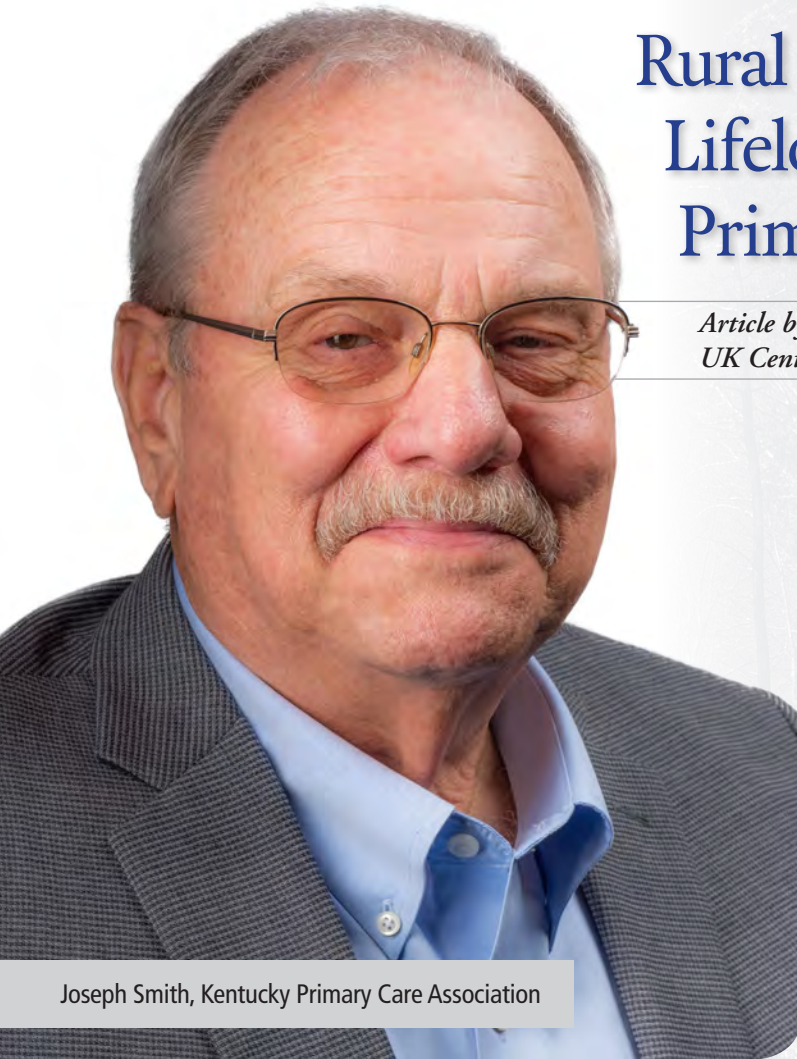
5 MEMBERS

- Hardin Memorial Health, Elizabethtown
- King's Daughters Medical Center, Ashland
- St. Claire Regional Medical Center, Morehead
- St. Mary's Medical Center, Huntington, WV
- Tri-State Regional Cancer Center, Ashland



Rural Health Champion Lifelong Proponent of Primary Care Delivery

Article by Rose Shields, Rural Project Manager
UK Center of Excellence in Rural Health



Joseph Smith, Kentucky Primary Care Association

The Kentucky Primary Care Association has helped heal the lives of countless individuals. People in rural parts of the state have grown to depend on the services provided by Primary Care. Most folks, however, might not realize that the Kentucky Primary Care Association, like the Appalachian oak, sprang from humble roots, and Joseph Smith was there in the days when the Kentucky Primary Care Association was merely a sapling.

The Kentucky Primary Care Association was founded in 1976 as a not-for-profit 501(c)(3) corporation of community health centers, rural health clinics, licensed primary care centers and other organizations and individuals concerned about access to health care services for the state's underserved rural and urban populations.

Smith began his career with Kentucky Primary Care as the association's chief executive officer. The mighty oak that Kentucky Primary Care is today sprouted from humble roots that were planted in the mountains of Leslie County.

Back then, a small group of visionaries with the goal of bringing quality health care to everyone in the Commonwealth joined together to form the Kentucky Primary Care Association and chose Smith as their leader. More than three decades later, the Kentucky Primary Care Association serves as a model of success for other primary care associations across the

country, with a membership that is comprised of federally qualified health centers, rural health clinics, and licensed primary care facilities.

While Smith was there in the beginning, others were too. It was this core group of individuals who created the synergy necessary to create a new model for health care.

"It was the founders of the Association who planted the seed. Such folks as Grady Stumbo, Benny Ray Bailey, Greg Culley, Lois Baker, Britt Lewis, Oscar Canas, Aaron Brown and many more," Smith said.

A robust board of directors, both past and present, keep the Association moving toward the fulfillment of their goals and objectives. To that end, the Kentucky Primary Care Association includes more than 250 member clinics spanning the state and providing care for some of Kentucky's most underserved citizens. Joseph

Smith continues to play a vital role in the institution's mission and has been considered the dean of the Primary Care Association.

How did Smith achieve such success bringing expensive quality health care services to areas that often struggle with limited finances? Once again, like the mighty oak, the key to Smith's stature lies within his roots.

Smith was born in Louisville at a time when the world was rising out of the Great Depression and preparing to launch into war. As the oldest of 11 children, Smith learned early the importance of using strength to provide care. After high school, Smith's service expanded from his family to his country, when he enlisted in the U.S. Navy.

Following his tenure in the Navy, Smith returned to his hometown and decided to broaden his education at the University of Louisville, where his studies focused on history and political science. Smith ended up making history through his passion for political science by working for former Kentucky Governor Ned Breathitt at the time when Kentucky became the first southern state to pass desegregation legislation with the Kentucky Civil Rights Act. A great deal of Smith's time working in the political spectrum was spent as a community organizer

in Kentucky and West Virginia, focusing on initiatives to relieve the strains of poverty.

Smith built his professional life around the task of figuring out how the actions of one person can, in turn, help many and his devotion to rural people has known no limitations. In fact, along with his stints in Kentucky and West Virginia, Smith also spent years working to assist one of America's most rural settings, Alaska. While in Alaska, Smith supervised projects that provided technical assistance to community based businesses within the native populations, including Native American, Eskimo and Aleuts.

Health care has always been among Smith's chief interests in public advocacy. As the world shifted gears into the 1980s, public health became a primary focus of Smith's work. As deputy commissioner for Kentucky's Department for Health Services Cabinet for Human Resources, Smith not only oversaw staff inside hospitals and Frankfort offices, but he also helped shape health care policy as legislative aide to former Governor John Y. Brown Jr.

Yet, throughout Smith's exceptional resume, each step forward has been guided, not by personal ambition, but rather by a desire to see that others receive the most basic of human rights; the right to live and to pursue happiness. Health and happiness go hand-in-hand. Grasping this philosophy, Smith built inspiring credentials by simply heading out on an expedition to heal those in the deepest hollows.

Today, Primary Care, which is based on an idea that

many, without true vision and understanding, would consider to be a poor business model; the idea of going into underserved areas to supply care that comes along with often overwhelming expenses, is not only thriving, but it is also expanding.

Partnerships with some of the state's biggest medical providers have been fostered. New clinics, employing highly qualified staff, continue to open. The coverage area expands west to east from Paducah to Pikeville and north to south from the Ohio River to the Cumberland Gap. Most importantly, an ever growing patient-base has more treatment options for a wide-array of health issues.

Primary Care has proven that a warm heart and helping hand can be extremely profitable, not only on paper but also in infinite ways that cannot be measured within the communities that reap the benevolence.

A novel could be written, chronicling Joseph Smith's adventures into the forests of Appalachia and the tundra's of Alaska, as well as his experiences in the Capitol hashing out legislative measures alongside governors and representatives. However, the true moral of Smith's story illustrates how great leaps forward often spring from the simple notion of helping others selflessly.

Smith stands, like an oak, as a testament to how humble roots can sprout into something strong for the world to behold. His work has proven that when one gives, he also receives. Joseph Smith devoted his career to helping rural areas, and those rural areas in return have given him the kind of career that is truly deserving of the title: Kentucky Rural Health Champion.

Kentucky Rural Health Champion Nomination

Each quarter, *The Bridge- Kentucky's Connection to Rural Health Issues*, will accept nominations to recognize an outstanding individual who has made significant contributions to rural health in Kentucky.

Nominees should include individuals who:

- ▶ Demonstrate leadership and expertise in direct patient care, healthcare education, healthcare administration, health promotion or public advocacy.
- ▶ Have played a key role in developing or implementing innovative solutions to problems or challenges for rural Kentuckians at the state, region or local level.
- ▶ Are widely recognized as extraordinarily successful in their field.
- ▶ Have career and work effectiveness that can be documented
- ▶ Have served as a mentor or role model to offer positive influence on others in their field and beyond.
- ▶ Reside and/or work within the State of Kentucky.

Please contact Jennifer Molley Wilson for information on suggesting a rural health champion in your area.
jennifer.molley.wilson@uky.edu



Where is your faith, without your work?

RED BIRD MISSION WATER KIOSK: FROM WHERE ALL GOOD THINGS FLOW

An unlikely combination of resources came together to help create the Red Bird Mission water kiosk.

An unlikely group of college students, a Methodist mission with an unwavering commitment to improving lives, and a hazardous lack of potable water, all converged in Clay County, Kentucky. The result created a tsunami of social justice that has the potential to reach well beyond the mountains of Eastern Kentucky.

Red Bird Mission is located in Clay County, Kentucky, an area that for decades, has been saddled with the onerous distinction of being a difficult place to live. The county's median household income is half the national average; heart and lung disease are rampant, and a recent state-wide appraisal of factors contributing to health, including potable water resources, ranks Clay County as the most disadvantaged of Kentucky's 120 counties.

According to Tracy Nolan, director of community outreach for Red Bird Mission, the lack of access to clean water is a recurring theme that has been woven into the history of the region.

"I've been at Red Bird Mission providing services for 20 years. We would go out to the homes to offer home repair or other services, and we would ask questions about how the residents maintain their homes, how they take care of themselves and find out about any issues where they were struggling," Nolan said.

Water issues kept coming up.

While city water services have expanded over the past two decades, barriers remain to getting water into

homes due to both access and economics.

"Many of our residents still live so rural, the city water only runs to the main county roads," explained Nolan. "It doesn't go up into the hollers or over the bridges or up the mountain."

Many homeowners simply can't afford to get that water to their homes.

"We have been awarded grants in the past to pay for tap and water meter fees. When we did studies and assessments to find gaps, many families couldn't afford the \$350 to \$550 fee that's associated with the service," she said.

According to Nolan, one of those grants is now over seven years old. The money is still in a savings account with the government agency and the city water lines have yet to be run.

Over three years ago, however, a longstanding relationship Red Bird had with the University of Tennessee (UT) presented a new opportunity for an innovative approach to addressing water accessibility, and it created a ripple effect of innovation and a strong buy-in from the community.

By matching grant funds with their own sweat equity, Red Bird Mission received assistance to construct a water kiosk that would provide easy access to a clean water supply at a central location, in an effort to help prevent waterborne disease through hygiene and education.

The kiosk project reflected teamwork by the United Methodist Committee on Relief (UMCOR), Red Bird Mission, the University of Tennessee, Appalachia Community Health & Disaster Readiness Project, the county's emergency management team, Manchester Memorial Hospital and private donors.

The Appalachia Community Health and Disaster Readiness Project combined the expertise of faculty and students from the College of Nursing, the College of Architecture and Design, the Department of Civil and Environmental Engineering, and the Law Enforcement Innovation Center to address Clay County's needs, alongside community partners.

According to Nolan, while the collaboration may have seemed like an odd mix, the different departments brought their own expertise, vision and goals to the project through an innovative project management process. Each brought unique valuable skills, resources and networking relative to their fields. This is where innovation became tangible!

The project was led by students who would have never even shared the same classroom due to their paths of study.

Nurses, architects and engineers helped bring the access, benefits and design of the kiosk to life, while those in law enforcement partnered with local emergency management services (EMS) and county officials to create long-term emergency management procedures.

"Working with UT was also beneficial because of the academic side of things. They did a lot of pre-and post-testing with the students to identify usage of water, try to change attitudes and behaviors and to increase their water intake," said Nolan.

The UT students were instrumental in coordinating health fairs and community events, and through its own work camps, Red Bird Mission was already in 175 homes, doing housing repairs and home management/winterization education. When the volunteers went out last year, they were able to incorporate water awareness into the process.

"We surveyed those families to find out about their water intake, their usage of water, how they define clean water and what they felt were the most important, wisest choices to impact our environment to improve the water," said Nolan.

The UT students soon became immersed in the home visits, as well.

"They helped us develop education binders and they sat down one on one with the families and went through it with them to educate them about clean water. Even if they have access to clean city water, it was still reaffirming the benefits of drinking more water," she added.

"We are trying to change attitudes, behaviors and that's part of the challenge when you're in a community that has not had access to clean water. There is distrust of the water," Nolan added.

With much fanfare, the water kiosk began flowing on July 1, 2015. The water kiosk is open around the clock, seven days a week. The area is secure and well-lighted, and operates much like a vending machine. In exchange for 25 cents, residents receive five gallons of clean city water. There are two flow arms: a slow flow for filling up containers for the home; or a fast flow arm with space to pull up a pickup truck and fill barrels for livestock and farm use.

To date, over 8,000 gallons have been accessed, but the grant does not pay for Red Bird's water bill, utilities, or repairs.

"That's why the families coming and accessing the water pay a nominal fee to help pay for that water bill," said Nolan.

The theory is if residents can spend money for water at the kiosk, if city water becomes available in the future, they will be better prepared to budget for a water bill at home.

In the early design stages of the project Red Bird administrators supposed the water kiosk would be a simple one-room box to get water out of, but the community wanted it to be so much more.

"After multiple community public forums with pastors and local community leaders and the farmers market people, they suggested the kiosk become an extension of the Farmer's Market," said Nolan.

As word spread, it became clear that the water kiosk would become a gathering place for the community. When the project was complete, the kiosk included a shelter, benches and a greenhouse. In the summer, the Farmer's Market is held under its roof, for the first time protecting vendors and customers from extreme heat and summer thunderstorms.

"We had 17 vendors this last year come out for Farmer's Market," said Nolan. "As a gathering place, I've seen people take lunches, picnics and have little parties out there. We've seen tourists on bikes and motorcycles come through and they all pulled in there, took a break, filled up their water jugs and drove on. I didn't expect that one! They said they were so appreciative for this little spot."





The Red Bird Mission water kiosk provides a well-lit, safe service area for residents to access water 24/7.

Nolan explained the water kiosk model works at Red Bird because they already have access to clean, safe water from the city. If that's not the case for other communities, there are other models that would still work.

"You pull all the key players together in your community, you sit down and you talk about what your assets are, and what the weaknesses are," she said.

Many Clay County residents get their water from contaminated wells and streams. The kiosk could potentially serve about 9,000 families. Recent water testing samples drawn from local creeks and streams contained bacteria and nitrate counts that exceeded the allowable Environmental Protection Agency (EPA) limits for safety. Those areas are off-shoots of Red Bird River, a local source for drinking water, swimming and fishing.

"At a couple of the meetings we had maps and we asked the residents to place a sticker on the places where they were going to get water," said Nolan.

The stickers indicated varying sources and locations, including creeks, streams and a couple of mountainsides where people form long lines to fill their jugs with the water coming out of pipes. Red Bird Mission staff and UT student teams went out with the Health Department, tested those sources and found them all to be contaminated.

"When the nursing, civil engineers and other students came back, they went on an observation tour and trekked up that mountain to see where the water was coming from. What had changed over the years was the density of people living there. There used to be no one living up there, but now they discovered houses and campers and trailers and that was just polluting right down into the streams," said Nolan.

Perhaps years ago, they were clean sources, but today they are not. Red Bird Mission is currently working with the Kentucky Division of Forestry on a grant focused on public awareness. Their goal is to install signage to

inform the public that certain areas do not meet the EPA regulations for swimming, fishing or drinking so that people can be informed.

The strength of the program is that it can be customized and implemented in other parts of the state, or even the world.

"When we first got our own program, we reached out across the globe and asked others if they had literature and materials, because they are dealing with lack of clean water in Haiti and other places. After UT helped us develop those materials, we have been asked to share.

Different groups can take what we've got, and use it as a template for their own projects," said Nolan.

"Each community has tremendous strength and a lot of times we're operating busily in our own little areas of expertise trying to solve issues. This project really identified how important it is to bring all of these teams together to solve these problems," she added.

Through UMCOR, Red Bird Mission has received sanitation grants for sanitation projects and clean water education addressing the contaminated watershed. That is the next big goal for the Red Bird Mission team to hit.

"Last year, UMCOR requisitioned funding to put in 10 septic tanks, and we have just finished the 10th one," said Nolan. "We would have been done in December, but two of the residents didn't have adequate water access, so instead of just putting in the septic tank we had to work with the water district to get them water," she added.

In collaboration with the Kentucky Division of Forestry, Red Bird Mission will assist with putting in 12 more septic tanks over the next three years. A feasibility study conducted during the grant application process indicated that there were 200 home in need of septic service.

"It's just incredible. Even in your own backyard there are so many people who just don't realize these issues still exist," Nolan said.

"The Appalachia Community Health and Disaster Readiness project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under UD7HP26205 and Nurse Education, Practice, Quality, and Retention Inter-professional Collaborative Practice grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."

White House Clinics Increases Access to Behavioral Health Services in Rural Southeast Kentucky through Innovative Telepsychiatry Program

Article by Jennifer W. NeSmith, CEO, Kentucky Health Center Network

According to data available from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Census Bureau, five percent of Kentuckians over age 18 will suffer from some form of mental illness - that's more than one million Kentuckians. The availability of health care providers is a national problem that has been widely reported, and the lack of availability of psychiatrists, particularly in rural areas, provides for a larger void than some other specialties.

Adding to the growing problem is the fact that very few private psychiatrists accept Medicaid, due to low reimbursement rates and many "headaches" in navigating the different rules of the managed care organizations and time-consuming, restrictive prior authorization requirements for treatment and medications. Furthermore, many of Kentucky's safety net outpatient behavioral health centers are overwhelmed with demand and experience long delays for new patient appointments. One Kentucky community health center has responded to the problem through a telepsychiatry service.

White House Clinics' journey to providing telepsychiatry services began with Health Resources & Service Administration's (HRSA) Bureau of Primary Health Care expanded services funds in 2014, which allowed the organization to lay the foundation to provide the services. Due to many factors, including a year-long search for a Kentucky-licensed psychiatrist, the service began in the late spring of 2016 with telepsychiatry services available one day per week. The service started in Berea, due to its central location among White House Clinic locations, and expanded to two days per week with availability at all locations in February 2017, according to White House Clinics CEO Stephanie Moore.

During the telepsychiatry visit, the patient is located at the White House Clinic location and the psychiatrist is in another city. The psychiatrist performs the initial consultation and ensures a correct diagnosis. He also provides medication management and is available to other White House Clinic providers for consult. White House Clinics already had Licensed Clinical Social



Workers on staff, who continue to perform therapy services for behavioral health patients.

Telepsychiatry services have been very well-received by patients. Following the visit, the psychiatrist charts information in the patient's Electronic Health Record, which is the same one utilized by all White House Clinics providers. Each provider has up-to-date information eliminating the need to wait for the transfer of important health information, such as current medications and lab results, before making good clinical decisions.

While the telepsychiatry service has increased access to behavioral health care and provided great patient satisfaction, it's not enough, says Moore. "We continue to look for ways to increase telepsychiatry capacity, but that may not be possible," she said. They also will institute a system to provide more education to clinic primary care providers on how to best identify certain commonly diagnosed conditions experienced by White House Clinics patients. Additionally, the psychiatrist will share the best evidence-based treatment for those conditions so that a psychiatric referral may not be necessary. This system will be a replica of the Collaborative Care Model published by the Institute for Healthcare Improvement in July 2015.

White House Clinics is a non-profit Community Health Center organization with eight primary care sites in the rural Kentucky communities of Richmond, Paint Lick, Mount Vernon, McKee, Irvine and Berea. In addition to medical and behavioral health care, dental, pharmacy, and school-based health services also are provided.

More information can be found at www.whitehouseclinics.com.

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KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Late Winter 2017

For additional information,
questions or comments contact:

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Save the Date

MAY 24, 2017

come sit on the porch...

UK Center of Excellence in Rural Health invites you to the 3rd Annual
APPALACHIAN RESEARCH DAY

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