The Bridge

Winter 2015

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Kentucky Awarded $2 Million Health Care Innovation Grant

KORH
Kentucky Office of Rural Health

UK
UNIVERSITY OF KENTUCKY
Center of Excellence in Rural Health

Dear Reader,

It is with great pride and excitement that we launch the first edition of ***The Bridge- Kentucky's Connection to Rural Health Issues.*** ***The Bridge*** was developed to create an avenue to further advance the knowledge and understanding of issues impacting rural health in Kentucky. The publication also serves as a means to highlight best practices and accomplishments from across the Commonwealth.

As Editor of ***The Bridge***, I bring along a passion for propelling rural to a new level. Historically, many have targeted specific aim towards the negative aspects of rural; leaving many would-be visionaries and rural advocates dejected and crushed. I believe it is high-time to acknowledge our challenges and then press forward by capitalizing on the positive innovation found throughout our rural communities. In other words, it isn't necessarily about something new, shiny or complex but about something that works and leads to better results.

I would like to express my deepest gratitude and appreciation to ***The Bridge*** Advisory Committee and Editorial Board. These forward-thinking experts have committed themselves to establish a well-defined vision and have provided cross-disciplinary input and direction. In each issue you will find authentic stories and reporting from a variety of voices and perspectives. You will also find revolving articles that encourage you the reader to become engaged. We hope to provide you the opportunity to learn about something new, possibly feel moved to dig a little deeper, but most importantly inspire you to "Move Rural Forward."

I am extremely optimistic ***The Bridge*** will serve as a catalyst for rural health innovation and change across our great state.

Sincerely,

Ernie L. Scott
Director
Kentucky Office of Rural Health

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

The Pauley Bridge in Pikeville Ky.
By Samantha Moria Reynolds of Moria' Photography

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The BRIDGE- Kentucky's Connection to Rural Health Issues is published on a quarterly basis through a joint effort of the University of Kentucky Center of Excellence in Rural Health and the Kentucky Office of Rural Health. This edition is funded in part by federal HRSA Primary Care Office grant funds.

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.

340B

REAL LIFE DECISIONS, GROCERIES, UTILITIES, MEDICATION; **ALL ESSENTIAL TO LIVE.**

By Sam Adams

Of all the alphabet and number soups of the federal bureaucracy, 340B is like a peppered chicken broth. It's good for the flu, fever, runny nose, cough, sore throat, chills, high blood pressure, diabetes, and cancer. Just about any illness known to man can be treated with it.

And just like chicken soup, some pharmaceutical companies want to debate the effectiveness of 340B.

So what is this wonder called 340B and why haven't you heard of it?

This program, 340B, is a section of the Public Health Service Act that requires drug companies who want to participate in Medicaid to provide substantial discounts on drugs for patients who can't afford to buy their medication.

Congress passed the provisions in 340B in response to prescription drug price increases after the passage of the Medicaid Drug Rebate Program in 1990. The Medicaid Drug Rebate Program required pharmaceutical companies to pay rebates to Medicaid based on the lowest price available for prescription drugs in non-Medicaid markets. When it went into effect, pharmaceutical companies stopped discounting medications, raising the lowest available price. After holding hearings on the pharmaceutical companies' actions, Congress added a provision to the Veterans' Health Care Act of 1992 requiring that companies that want to have their drugs paid for by Medicaid not only provide the Medicaid rebates, but also provide prescription drugs at a discounted price – set each quarter by the government – to clinics and hospitals who serve low-income patients. Because the companies already have to provide rebates to Medicaid, the discounts are not available to Medicaid patients unless the clinic is on the Medicaid Exclusion list, which prevents them from receiving rebates.

The Patient Protection and Affordable Care Act expanded the 340B program in 2010 to include critical access hospitals, freestanding non-prospective payment system cancer hospitals, sole community hospitals, certain non-PPS children's hospitals and rural referral centers with disproportionate share adjustments equal to or greater than eight percent. The program is intended to help health clinics in low-income areas and hospitals who serve large percentages of low-income patients to stretch federal healthcare dollars by reducing the amount they have to pay for outpatient drugs. The 2010 changes also expanded the program to allow clinics to contract with area pharmacies to dispense the medications for them.

While critics claim the program is creating profits for clinics and hospitals, pharmacists say the program is a lifeline for patients who don't have the money to pay for their necessary medications. In rural Kentucky, that means patients who can't get public assistance and can't afford to be treated for their illnesses may get prescriptions at a much lower cost, if they see physicians at clinics that participate in the program.

Joshua Richardson, 340B program Coordinator at Mountain Comprehensive Health Corporation (MCHC), said, "Without this program in our area, a lot of people would do without their medicine."

Sherri Muha, pharmacy director at the University of Kentucky's North Fork Clinic in Hazard, called the program "a wonderful thing."

"It allows the clinic to extend prescriptions to patients on a sliding scale based on their income, meaning the less money patients have, the less they have to pay for the medications.

Profits – when there are any – are rolled back into other services for the poor and uninsured," Muha said. "Even though we have the ACA, we still have a large number of patients who don't have insurance. Thankfully, it's less than it used to be, but there is still a large percentage with nothing."

In order for patients to get medications through 340B, they must be registered and regularly attending patients of clinics or hospitals that participate in the program. Not all clinics participate, but there are 321 participating entities in Kentucky and 345 associated sites. Appalachian Regional Healthcare, which operates hospitals and clinics in seven communities in Kentucky and three in West Virginia, participates in the program under disproportionate share provisions, meaning the hospital chain has a large percentage of low-income patients. However, the program cannot be used to dispense medications to inpatients at the hospitals and is only available for outpatient care. Several other hospitals also participate in the program.

While statistics weren't available regarding the kinds of drugs dispensed through 340B, pharmacists say they see mostly people who need monthly medications for such conditions as hypertension, coronary artery disease, and diabetes, though the program also covers a range of drugs for almost any illness or disease. Patients can't get pain medications and other addictive drugs with a high potential for abuse through the 340B program. Medications may be discounted by 50 percent or more, depending on the individual patient's financial situation.

The 340B program has to be reauthorized by Congress each year, and critics alleging double-dipping, fraud and abuse have made a concerted push on the Internet and in Congress. However, Richardson of MCHC, said that Health Resources and Services Administration (HRSA) audits providers to make sure they're using the program according to the law.

Muha and others say the entities with which they are familiar make no profit from 340B drugs, because the organizations are nonprofit and any excess money from the program is rolled back into other services for patients.

HRSA is "very strict" in making sure guidelines are followed, said Ernie Watts, a registered pharmacist who owns and operates four pharmacies in two counties that contract with MCHC to provide 340B medications.

"One thing you have to be sure you do or you'll get in big trouble, you cannot dispense 340B drugs to Medicaid patients because state Medicaid gets a rebate for those patients from the pharmaceutical companies," Watts said.

Under the program, there are two ways pharmacies can obtain the drugs they dispense through the 340B program. They can dispense their own drugs, wait until a bottle is empty, then apply for a new bottle to be sent to them, or they can keep a separate stock of drugs that can be used only for 340B patients. In order to minimize the potential for problems, Watts said he doesn't buy the 340B drugs his pharmacies dispense. Instead, MCHC buys them, and has them stocked in the stores owned by Watts and the other contracted pharmacies. Once there, the 340B drugs are kept separate from the regular stock. Whenever a patient of one of the MCHC clinics needs to fill a prescription, the drugs are dispensed from the 340B stock. The pharmacies receive a dispensing fee for filling the prescription.

Watts said his main location alone – Parkway Pharmacy in Whitesburg – probably dispenses prescriptions to 50 to 60 patients a month under 340B. Some might pay half price, some might pay much less, but all who are Mountain Comprehensive Health Corporation patients get some kind of break on price unless they are Medicaid patients.

Many of those people left without health insurance have illnesses that require expensive medications. The CDC estimates nearly 4 in 10 Kentuckians have high cholesterol, and the statins used to treat the conditions are out of financial reach for many uninsured people. Watts said a patient without insurance who is prescribed Crestor 5 mg daily for high cholesterol would pay $190 for a month's supply, if he or she had to pay full price. But the 340B program cuts that price by 76 percent.

Watts said some people don't make enough money to pay for expensive maintenance medications. The majority, Watts said, simply don't have insurance of any kind. Without the 340B program, they would not get the medications they need to manage their illnesses.

"It helps that segment out," Watts said. "You've got a certain segment of the population that can't get Medicaid, can't get private insurance or 'Obamacare.' There's a lot less now than it used to be, but there is still a certain segment that doesn't have anything."

Many of those people left without health insurance have illnesses that require expensive medications. The CDC estimates nearly 4 in 10 Kentuckians have high cholesterol, and the statins used to treat the conditions are out of financial reach for many uninsured people. Watts said a patient without insurance who is prescribed Crestor 5 mg daily for high cholesterol would pay $190 for a month's supply, if he or she had to pay full price. But the 340B program cuts that price by 76 percent.

Timmi Blackburn, of Prestonsburg, a 48-year-old retired social worker credits the program with keeping her alive. A brittle diabetic, Blackburn said her insulin alone would cost $600 a month without the sliding scale at North Fork Clinic, which Muha said is made possible by the 340B program.

"Had it not been for the sliding scale, I'd probably be dead," Blackburn said.

"Brad," a laid-off coal miner who did not want his real name

Ernie Watts, Pharmacist - Parkway Pharmacy Whitesburg, Kentucky

used in the story, said his family of four was surviving on $700 a month when his doctor at Mountain Comprehensive Health Care (MCHC) referred him for the program. The program assisted him with medications for asthma, allowing him to breathe more easily both literally and figuratively.

Watts said most of the prescriptions he fills through 340B are for patients like Brad who need their monthly medications and have no other way to pay for them.

"Ninety percent of this is maintenance medications and a few of the acute medications like antibiotics," Watts said.

The Centers for Disease Control says 10 percent of adults in Kentucky have been diagnosed with diabetes, with many more believed to be undiagnosed. Thirty percent of Kentuckians have hypertension, and thirty-nine percent have high cholesterol – all contributing factors for heart attack and stroke. For those people, maintenance medications are essential. 340B makes it possible for those without insurance and without the means to pay for those medicines.

Health Resources and Services Administration is very engaged in the 340B program, explaining in a recent statement that it "places the highest priority on the integrity of the 340B program and continually works to strengthen the oversight of this program." In 2015, HRSA plans to issue a proposed guidance for notice and comment that will address key policy issues raised by various stakeholders committed to the integrity of the 340B program. HRSA is also planning to issue proposed rules pertaining to civil monetary penalties for manufacturers, calculation of the 340B ceiling price, and administrative dispute resolution.

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 Rose Shields for nomination form for the Rural Health Champion at rose.shields@uky.edu

DENTAL PROGRAMS KEEP KENTUCKY SMILING FROM EAST TO WEST

By Kristy Robinson Horine

Eight-year-old Ethan Rogers leans back onto the portable gray dental chair. His dental hygienist adjusts the head support cushion and makes sure he is comfortable. She rolls her own portable stool closer to Ethan's side and brings out one of the most important tools of her dental trade: Alexander the Alligator.

Ethan grips a giant yellow toothbrush in his hand and uses it to brush the stuffed alligator's very human-looking teeth. Ethan grins and tucks his chin toward his chest.

"Can he squirt me now?" Ethan asks, giggling. The hygienist grasps the soft plastic bottle inside the puppet's head and gives it a gentle squeeze. Water splashes against the giant yellow toothbrush in the boy's hand, and he giggles again. To children, there is just something extra special about alligator spit. To the dental team that brings hope and help, there is just something extra special about Kentucky's children.

Educators, health professionals and community partners have converged to help keep Kentucky's children smiling. Children are offered fluoride varnishes that are 'painted on' the teeth. The sticky fluoride bonds immediately to the teeth through a chemical reaction with the child's saliva, and protects against bacteria that cause many cavities. Dental sealants, which help to fill in deep crevices on the chewing surfaces of molars, are offered to second and seventh grade children across the state through specially supported and funded programs.

Ethan Rogers gets a little help with his smile. On his left Diana Leathers, Lead Hygienist and New Patient Care Coordinator at the Lincoln Trail District Health Department in Elizabethtown, and Mary Roho, the Extended Duties Dental Assistant.

SMILES IN THE EAST

Dr. Nikki Stone, a Letcher County native, is the dental director of UK's North Fork Valley Community Health Center. North Fork, built in 2004, is one of 20 Federally Qualified Health Centers (FQHC) in Kentucky and serves patients in four counties: Leslie, Knott, Letcher, and Perry. North Fork offers pharmacy services, a medical clinic, a dental suite with five dental chairs, and mental health services. Care is provided on a sliding fee scale based on the incomes of their patients, which is critical because the income of most Eastern Kentucky residents falls far below the poverty level. It's a fact that Stone knows well, and she sees the evidence of poor oral hygiene in the mouths of poverty-stricken people every day.

Gayle Bentley, Dr. Nikki Stone, and Pam Cornett are ready to serve the children in Eastern Kentucky.

Stone and her team collected baseline data during the first year that the center was open in order to compare it to national averages, established in 2001 with the US Surgeon General's first national oral health report.

The findings were astonishing, so astonishing that Stone calls, poor oral health a 'silent epidemic' in the region.

Almost 70 percent of the elementary school kids in the North Fork service area had untreated tooth decay. In the preschool population, it was approximately 55 percent. The national average for these age groups is 20 percent. The data revealed that Eastern Kentucky fared better than only Alaskan natives and Native Americans in oral health status.

"That's seven out of ten of our kids. Of those kids, 20 percent of them had urgent dental needs," she says, "Meaning that the kids were in pain, had abscessed teeth, or had rampant decay."

Motivated by those findings, Stone and her team pursued a path of preventive care that included dental sealants, fluoride varnishes, education, and better case management. They worked with parents, family resource workers and health specialists, to make sure that families knew exactly where they could go to get help.

"I knew what the word prevention meant, and we hear it more and more in the news as far as health care. Prevention is really the opposite of how health care has been administered. We treat someone after they are already sick," Stone explains. "I practice dentistry. Someone has a problem and they come in and I try to fix it. I treat each individual problem for that particular patient and then they go home. Focusing so much on prevention was a whole new mindset for me and, I think, for everybody."

In 2005, North Fork received a generous donation in the form of a Ronald McDonald House Mobile Care Unit. One of only 40 mobile units in the world, it contains two dental offices, and what Stone says is the best dental equipment of all time.

Stone and the North Fork team have now worked for a decade to improve the oral health of the communities they serve, which in many ways required addressing cultural norms ingrained in the spaces between the mountains -- such as the false conception that baby teeth don't matter. And their work is making a difference.

"Untreated tooth decay rates have come down 18 percent in the elementary school kids, and 23 percent in the head start kids," Stone says as she grins from ear to ear. "It's working. What we are doing, it's working."

SMILES IN THE WEST

Eastern Kentucky isn't the only area in the Commonwealth that has a reason to smile.

Butler County native Matt Hunt goes over the figures from the past two years. Hunt has been the director of the Institute for Rural Health (IRH) at Western Kentucky University (WKU) since 2012. The IRH serves the community with a mobile medical unit and a mobile dental unit.

Hunt says the IRH exists to combat financial, geographic, and educational barriers to care in its 27 county medical service area. Since WKU operates a dental hygiene program, university students and community members alike benefit from Hunt's work.

"Students in the dental hygiene school can take what they have learned into the classrooms and apply it to a real-world setting by serving the underserved populations around WKU," Hunt says. "It's one thing to read something in a textbook and perform a procedure in a lab area, but it is another thing to perform a procedure on a real patient. It's really eye opening and a great experience for the students to take everything they've worked so hard in class on, out into the field."

WKU team growing in knowledge and increasing smiles

The numbers Hunt shares reflect the fruit of that work.

Since 2012, the mobile dental program has documented

2,141 patient encounters. That number includes 96 kindergarten screenings, 664 varnish treatments, and 1,757 dental sealants for children.

Hunt's main role is to build relationships in the community for outreach purposes, and to secure funding for the programs. His job helps people like Bonny Petty do their jobs.

Petty is the supervising dental hygienist at the IRH. She has been with the institute since 2002, but her entire life has been shaped by dentistry. She spent much of her youth in her dad's dental office, graduated from the dental hygiene program at WKU, and then worked for her dad until he retired.

Even though she spent a great deal of time in her father's office as a child, she still recalls feeling nervous before appointments. She remembers being anxious about a potential cavity because she knew the importance of good oral health. Petty takes that memory, folds it into her life-long experience in dentistry, and shares a wealth of smiles with WKU students and community elementary students.

Petty has works closely with the school's family resource coordinators to secure consent forms and necessary paperwork. She is part of a team that includes Daniel Carter, DMD, and at least four WKU dental hygiene students. Petty and two WKU students take portable chairs and equipment into the scheduled school, while Dr. Carter and others treat patients in the two fixed dental chairs inside the mobile unit.

"The most important thing is that the child has a positive impression about going to the dentist. For many children, this is the first time for them to sit in a dental chair and we take that responsibility very seriously," Petty says. "That child will take that experience with them for the rest of their life."

ALL THE PLACES IN BETWEEN

A new grant-funded program for public health departments will also help to promote a new culture of oral health awareness across Kentucky. The grants to fund the implementation of the public health dental hygiene programs have been distributed to the local health departments in Jessamine County, Lawrence County and Pike County, as well as the Lincoln Trail District Health Department, which serves Hardin, Larue, Marion, Meade, Nelson and Washington counties, and the Purchase District Health Department, which serves Ballard, Carlisle, Fulton, Hickman and McCracken counties.

Diana Leathers chats with Mary Rojo outside of the Lincoln Trail District Health Department in Elizabethtown. They nod and smile. Their eyes are fixed on the brightly painted van in the parking lot. On the van's side is a giant tooth, holding a toothbrush and skating on a tube of toothpaste, encircled by the words: Smile Travelers.

Lincoln Trail District Heath Department showcases the new mobile dental unit they purchased with special funding from the state. Pictured above are: Keaton Goff, Mason Howard, Landree Howard, Trevaun Akins and Lucas Keown Coor.

Leathers is lead hygienist and the new Patient Care Coordinator. Rojo, an Extended Duties Dental Assistant (EDDA), drives the van. The duo is on a brand new journey. For Leathers, a 25 year veteran hygienist, the new program is a tremendous gift.

Leathers wants to ensure that getting a cleaning or a treatment is a positive experience, which could make the difference in whether or not a child forms a lifelong commitment to good oral health.

"We are giddy about it. This is so exciting for us because we know that oral health is tied to so many other health outcomes. We also know that when children have poor oral health, they can't perform well academically and they have impaired nutrition," says Sara Jo Best, Lincoln Trail's Public Health Director. "There are just so many things that will affect their daily lives, and this affects their outcomes later in life."

In addition to coordinating visits with the schools, Leathers follows up with parents and guardians to make sure that each child is linked to a dental office. She feels that this is a great way to teach families the importance of establishing dental homes.

Not only are the programs expected to help the current generation, they can establish an oral care tradition for future generations.

"The hope is that kids will pass this on for many generations because that is where they learn it-- from Mom and Dad, or their grandparent, or whoever their guardians are, and that is what they know to be normal," Leathers says. "Hopefully through this program, they can have more education and take that education home. We might just break into a new normal for them."

That new normal, from east to west, and to every place in between, gives Kentucky much to smile about.

Kentucky Awarded $2 Million Health Care Innovation Grant

By Kassie Clarke, NOSORH

Kentucky is one of 28 states receiving funding from the Center for Medicaid and Medicare Innovation (CMMI) State Innovation Models (SIM) Initiative. Round two of the SIM initiative provides financial and technical support to states for the development and testing of state-led, multi-payer health care payment and service delivery models that will improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries—and for all residents of participating states. The Innovation Center created the SIM initiative for states that are prepared for or committed to planning, designing, testing, and supporting evaluation of new payment and service delivery models in the context of larger health system transformation.

Kentucky is a model "design" awardee tasked with designing plans and strategies for statewide innovation over the next year. States receiving Model Design awards will have twelve months to submit their State Health Care Innovation Plans to the Centers for Medicare and Medicaid Services (CMS). The guiding theme of Kentucky's Model Design will be robust payment and delivery reforms that catalyze improved health outcomes, aligning economic incentives with improvements in Core Population Health Metrics identified by CMS/CMMI.

CMS has imposed a start date of February 1. Emily Parento, Executive Director of the Office of Health Policy in the Cabinet for Health and Family Services, explains, "we will work with CMS to develop a strategy for stakeholder engagement over the first few months of the grant period and then engage with a diverse group of stakeholders from across the state in a very meaningful way."

Stakeholders will include public and commercial payers, healthcare providers and consumers, state hospital and medical associations, tribal communities, and consumer advocacy organizations. Among the major insurers in the Commonwealth, Humana, Anthem, and Kentucky Health Cooperative each provided letters of support for the grant application.

The ultimate goal for the grant is to develop a State Health Care Innovation Plan that is focused on population health outcomes. According to Parento, "this is a shift from a volume based focus." She continued, "Our partners at public health will play a key role in the design of a state population health improvement plan."

This grant is in alignment with the Governor's health initiative – kyhealthnow –which will focus on the biggest chronic disease issues affecting the state.

The goals of kyhealthnow are:

- Reduce Kentucky's rate of uninsured individuals to less than 5%
- Reduce Kentucky's smoking rate by 10%.
- Reduce the rate of obesity among Kentuckians by 10%.
- Reduce Kentucky cancer deaths by 10%.
- Reduce cardiovascular deaths by 10%.
- Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.
- Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

With a Model Design award, Kentucky will develop structural payment and delivery reforms that target these chronic diseases, as well as the state's unique health disparities and rural access challenges, with the goal of incentivizing desired outcomes and discouraging high cost, low-yield efforts. The plan is to design a system that more fully incorporates value-based purchasing in health plans to drive population health improvements, with the objective of developing a State Health Care Innovation Plan that can realize approximately 2% in savings on Kentucky's approximately $28.4 billion in annual statewide healthcare expenditures when fully implemented over approximately four years.

Kentucky's ultimate goal for health reform is to utilize evidence-based, cost-effective payment and technology reforms to drive better individual and population health.

As of April 21, 2014, Kentucky has enrolled 413,410 individuals in new health coverage, including Medicaid and private Qualified Health Plans (QHPs) through kynect, of which an estimated 75% were previously uninsured. While this is a tremendous start, this enrollment success is only the first step toward transformation. Improved population health and cost containment must follow, built on the principles of efficiency, sustainability, and prevention. Assuming CMMI will offer another round of funding, Kentucky will take the next step from "designing" to "testing" and implementing a comprehensive statewide health transformation plan.

For more information on this funding opportunity, contact:

Emily Whelan Parento, Executive Director
Office of Health Policy,Cabinet for Health and Family Services

Phone (502) 564-9592

Rural Hospital Finds an Important Niche in Healthcare Delivery

By Elizabeth Cobb

In the midst of rapid changes in the healthcare delivery system and concerns regarding how rural hospitals will maintain their value and viability, Methodist Hospital Union County is a prime example of a Kentucky hospital thinking about how to serve their community into the uncertain future of healthcare.

Methodist Hospital Union County is a Critical Access Hospital (CAH), located in Morganfield; the county seat of Union County. As a designated CAH, the hospital is recognized by the Centers for Medicare and Medicaid Services (CMS) as an essential provider of healthcare services to this rural community. The hospital is limited to 25 inpatient beds and operates a 24 hour emergency department along with a wide range of both inpatient and outpatient services. Critical Access Hospitals receive cost-based reimbursement from Medicare and from Kentucky Medicaid, which supports the hospitals' mission to provide essential services to Union County and surrounding communities.

In recent years, Methodist Hospital Union County has been strengthening an important service called "swing bed" care that includes post-acute skilled nursing care and therapy. Critical Access Hospitals are allowed to use their 25 beds for acute care services or as swing beds, and can "swing" the beds to meet the needs of the patients they are serving.

Rural hospitals add significant value to their local communities as the primary driver of healthcare services and provider recruitment. But these rural hospitals recognize that they cannot provide all healthcare services that the community might need. When patients leave the community for tertiary or higher acuity services, Methodist Hospital Union County is encouraging patients to come back to their local community hospital, when they need post-acute or "step down" services like therapy. This program provides a tremendous opportunity for the hospital to provide the appropriate and needed level of care to the community, allowing patients to remain close to home, friends, and family while they recover.

This hospital is not only a leading example of how to successfully build a high quality post-acute service, but also how to market it to the community and other providers in the region. The hospital's administrator, Pat Donahue, recognized the need for swing beds more than four years ago and formed a team of hospital staff to ensure that the program was the highest of quality. The team includes the discharge planner, therapy staff, nursing and a marketing director, all focused on meeting the needs of the patient population and, importantly, educating the community and other providers about the program. The team makes regular visits to tertiary facilities and specialty physicians like orthopedists to talk about the quality of their program and encourage these providers to send patients closer to home when it is time to transition them to the next level of healthcare.

Methodist Hospital Union County has been a model for building a successful swing bed program and the program has grown dramatically. The hospital has also served as a mentor to some of the other 27 Kentucky CAHs as they work to build and strengthen their swing bed services.

Rural Hospitals Closing at an Alarming Rate

By Kristy Robinson Horine

Judge Executive Mike Pryor remains saddened regarding the closing of the Nicholas County Hospital.

Rural hospital closures are a new and disturbing trend, according to the Community and Economic Development Initiative of Kentucky (CEDIK).

"One of the sad things is this is a nationwide issue," said Alison Davis, Executive Director of CEDIK. "Since 2013, there have been more rural hospital closures than in the entire previous decade combined."

Nicholas County Critical Access Hospital, an 18-bed facility located in Carlisle, Ky., closed its doors in May 2014. Parkway Regional Hospital in Fulton, Ky., will close inpatient and emergency room operations as of March 31st of this year. Parkway Regional Hospital Chief Executive Officer John Ballard announced the 70-bed facility will look at ways to remain open for outpatient care.

Davis partners with multiple Kentucky agencies to research, interview for, and compile feasibility studies and community health needs assessments. Davis worked closely with Nicholas County Hospital and Fulton County's Parkway Regional Hospital. Both counties had experienced a declining population over the last several years.

Elizabeth Cobb, the Kentucky Hospital Association Vice President of Health Policy covering small and rural hospital issues, said the Nicholas County Hospital struggled to continue to serve its community for several years and saw a reduction in employees from 176 employees in 2011, to 40 full time employees when it closed. Many factors contributed including Medicaid managed care, federal payment cuts, and other economic factors. Parkway Regional Hospital reported a 50 percent decrease in inpatient services since 2010, and ER visits have decreased by more than a thousand in the last year.

The economic downturn and closure of these facilities impacts rural communities in several ways. These communities are losing high-paying jobs, and if hospitals are not converted into a different type of clinic, those jobs are likely not coming back into the community in the same way.

Additionally, the loss other of local and state tax revenue monies puts an already tighter crimp in the state's budget belt. Nicholas County lost $200,000 in payroll tax revenue. In Fulton, Ky., the city is projected to lose almost 20 percent of their annual budget in tax and utility revenue from the Parkway Regional closure.

Another negative effect is what Davis refers to as loss of the multiplier effect.

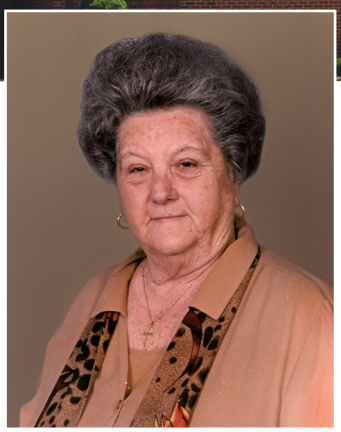
"It means that people who were spending that money inside the county will now be traveling outside of county, and they will likely spend their money outside of the county, too," Davis said. "The idea that there is a recirculation of the dollar buying things locally is gone. As soon as that dollar leaves the community, it doesn't come back."

Perhaps the most immediate impact is the effect a hospital closure has on rural healthcare. Hospital closures or the discontinuation of services often leads to decreased access to both primary and specialty care as well as ancillary and support services. Closures often place an increased burden on local EMS and transportation services. Decreased access may be even more problematic for rural residents, who already suffer from more chronic and serious illnesses as well as higher than average mortality related to injury.

What can you do? Policymakers must be reminded that, while coverage is important, access to care is the bigger hurdle rural Americans face. It is great to be covered, but without a provider, coverage means nothing.

Big Sandy Health Care's Eula Hall

By Emily Beauregard



Big Sandy Health Care Inc. (BSHC), is a private, non-profit corporation that provides a comprehensive array of quality primary healthcare services to residents of the Big Sandy Area Development District. This district is comprised of Floyd, Johnson, Magoffin, Martin and Pike Counties in Eastern Kentucky.

Big Sandy Health Care currently operates five community health center sites: Hope Family Medical Center in Magoffin County, Martin County Community Health Center in Martin County, Eula Hall Health Center (formerly Mud Creek Clinic), Physicians for Women Center in Floyd County, and Shelby Valley Clinic in Pike County.

BSHC has been operating community health centers in Eastern Kentucky since it was established in 1974. The initial impetus for BSHC was the establishment of a primary care center in Salyersville, Kentucky, to provide medical services to the residents of Magoffin County. Meanwhile, the start-up of what is now the nationally known Eula Hall Health Center began with a community clinic founded by the tenacious Mrs. Eula Hall.

That clinic, on the remote Tinker Fork of rural Floyd County, was initially housed in a trailer and supported financially by the United Mine Workers Union. After the original clinic was destroyed by fire in 1982, Mrs. Hall led fundraising efforts for construction of a new clinic. With locally raised monies and funding assistance from the Appalachian Regional Commission, the Mud Creek Clinic opened its doors in its current location in 1984. The current Eula Hall Health Center is located in Grethel, Kentucky, which is a remote community in southern Floyd County. The facility, which has been renovated and expanded twice, has continued to provide a wide array of much needed services.

During its long history, Eula Hall Health Center has become nationally known and has been visited by such dignitaries as the late Senator Edward Kennedy, the Rev. Jesse Jackson and Senator Mitch McConnell. Eula Hall has received numerous awards for founding what was originally known as the Mud Creek Clinic and for her advocacy work. Additionally, she has received honorary doctorate degrees from Berea College, Midway College, and Pikeville College, all in Kentucky, as well as Trinity College in Hartford, Connecticut. Mrs. Hall also has received personal letters from President George Bush, Senator Mitch McConnell and Congressman Hal Rogers, among other notables, who have recognized her for her work and dedication to the health and wellbeing of the residents of Eastern Kentucky.

Mrs. Hall continues to work every day and to be a very active patient advocate. She oversees the operation of a food pantry and a clothing bank and manages a patient assistance fund used to purchase medications for indigent patients. She also provides transportation for many patients for scheduled medical visits. During her early career, she represented patients who applied for Social Security disability benefits in hearings before administrative law judges. According to local legend, she had a success rate at winning disability cases that was higher than that of most attorneys in the region. In many respects, Eula is the heart and soul of the Eula Hall Health Center and the Center is the hub of the Grethel community.

COORDINATED SCHOOL HEALTH

By Amelia Holliday

The road to healthier students has been a long and tough one for most school systems in the Commonwealth. A well-known national program has been revived in Kentucky this year. In collaboration, the Centers for Disease Control (CDC) and the Kentucky Department of Education (KDE) are providing training and assistance to help make the destination a little easier. Coordinated School Health (CSH), a program that coordinates agencies and organizations to produce the most healthy and well-educated Kentucky students, has been touted by education and health officials as the answer to how to help students become healthier and, therefore, better learners.

Kentucky CSH Director Jamie Sparks explained there has been a growing movement to help back CSH, which encompasses every aspect of creating healthier students by ensuring the wellness of school environments, staff, and the local community.

"The reasoning behind Coordinated School Health was to look at a multi-dimensional approach to addressing student health needs," Sparks said of the program, which was formed over two decades ago.

According to the Kentucky Cabinet for Health and Family Services, CSH programs are "an organized set of programs, policies, and activities" that assess the school environment and help develop a plan to improve the health and, in turn, the educational outcomes of students at the schools.

In layman's terms, CSH takes into consideration everything in a student's life — whether it's their lunch, their medical needs, or how much activity they are getting — and improving it so that students will have a healthy educational career.

The CSH model is meant to help students become better learners and touches on every part of the students' lives that impacts their education, Sparks said.

CSH includes eight specific areas of interest that are focused on for students, including:

- Health Education — what students are learning about their health and their bodies in the classroom.
- Physical Education — how much exercise,

structured or otherwise, students receive during school hours.

- Health Services — what kind of help schools offer students, and possibly the community, with their health needs.
- Psychological Counseling — how schools handle keeping students mentally healthy
- Family and Community Involvement — how those non-school elements come into play to help keep students in good health.
- Healthy School Environments — cleanliness of the schools and how schools use their space to help students maintain their health.
- Nutrition — what's actually on a student's breakfast or lunch tray, and if it's the healthiest option for them.
- Staff Health Promotion — if schools are helping teachers and staff set a positive example of how to live and be healthy and health conscious.

Coordinated School Health works to permeate the students' lives in schools, as well as their families' lives, and, inevitably, the entire community. If students are educated by CSH in all eight aspects of the model and also see that their community is healthy there is hope that students will follow that example, Sparks said.

"Our philosophy is that all of those areas have an impact, and they tend to be very individualized in the ways that schools approach them, and so, for us, the essence of the CSH program is having school committees that represent each of those initiatives," he said.

Though Sparks said funding may be a little sparse at this point for CSH, many school systems in the

Commonwealth have already started working toward the goals of the CSH program through innovative grant opportunities and partnerships with local businesses and agencies.

- In Southeastern Kentucky, school systems in Letcher and Perry counties are partnering with local clinics to provide in-school health clinics to help ease the burden of travel on parents and those in the community that may not be able to make the trek to the clinic in their county.
- Schools in McCracken County have begun altering their breakfast schedules, offering breakfasts on the morning bus ride to school, and letting students take "grab-n-go" breakfasts to the classroom.
- The parks and recreation department in Shelby County has helped keep students in its county healthy by forming a shared-use agreement with the school system there, meaning that students in the Shelby County public school system are able to use the department's swimming pool, sports fields, and tennis courts for athletic events. In turn, the schools open their gyms for the department to use during after school hours.

Sparks said he hopes that with increased knowledge about CSH, they will continue to see increased success in students, school systems, and communities as a whole.

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