

Communicator

■ WINTER, 2018

Physicians Caring for Kentucky

Patients Shouldn't Have to Pay for Anthem's Poor Business Decisions

By Patrick T. Padgett

The following is an op-ed KMA published in the Lexington Herald Leader on Jan. 5.

KMA is opposed to Anthem's policy change regarding the use of modifier 25. On Dec. 22, 2017, Anthem informed the AMA that it still plans to reduce payments for E&M services billed with CPT modifier 25, but that payments will be reduced by 25% instead of 50%, as originally planned. The policy will be effective March 1, 2018 in Kentucky.

Even though physicians, hospitals, nurses and other medical providers give care to people every day, they have very little control over how that care is delivered. That control, unfortunately, rests with health insurers. Their policies dictate not only what is covered, but how care is delivered, and it says a great deal about what insurers really value.

Polymakers are sometimes forced to step in when insurers

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2018 State Legislative Preview Tort Reform, Public Health, Administrative Simplification

State lawmakers convened for the 2018 Regular Session of the Kentucky General Assembly at the beginning of January. Much of their attention throughout the session will be focused on crafting a biennial budget for fiscal years 2018-2020, as well as addressing the state's continuing public pension crisis.

These two issues are extremely complicated and politically charged topics due to the impact they have on every sector of the state's economy. As a result, lawmakers will devote a significant amount of time and political capital to reach compromise. KMA will monitor the budget process and public pension negotiations closely to assess how physicians and patients might be affected.

Despite the legislature's emphasis on the two-

year budget and pension reform, health care will always be a matter for conversation in the State Capitol. KMA is once again prepared to lead that discussion. Towards that end, KMA has developed the following list of priorities for the 2018 legislative session. The Association's main objective regarding each of these issues is to reduce barriers to care and improve the practice of medicine in the Commonwealth.

- Tort reform remains the most prominent issue for Kentucky physicians. KMA made tort reform central to its advocacy efforts during the 2017 legislative session. Senate Bill 4, legislation that established medical review panels in the Commonwealth, passed the General Assembly to become the first step in creating a more fair and

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P2 / PRESIDENT'S MESSAGE

KMA President Maurice J. Oakley discusses the importance of this year's legislative session and how physicians can get involved in the political process.

P6 / FOCUS ON HEALTH

Focus on Health, KMA's patient newsletter, focuses on the effects of substance abuse during pregnancy, including the statewide NAS epidemic.

P8 / FROM THE KBML

The Kentucky Board of Medical Licensure provides reminders for the new year and announces new leadership.

P10 / KFMC FEATURE

KMA sits down with the Physicians Foundation, the organization behind the Kentucky Physicians Leadership Institute grant.



President's Message

The Prescription for Our Challenges is Advocacy

In the past, physicians could wait until the close of the holiday season before turning their attention towards advocacy efforts. However, state and federal policymakers have put a greater focus on healthcare-related issues in recent years. This new emphasis has required physicians to advocate year round.

As KMA begins its work for the 2018 Kentucky General Assembly, which convened on Jan. 2, it is important to remember some of our 2017 advocacy wins and what work we still have left to do. With administrative barriers crippling our industry and public health issues keeping our state near the bottom of national health rankings, it is more important than ever for physicians to have a voice in Frankfort.

In 2017, the passage of Senate Bill 89 removed widespread barriers related to tobacco screening and cessation treatments. However, it is no secret that physicians still spend an enormous amount of time, energy and resources performing nonclinical activities that are required by payers. In 2018, KMA

plans to identify other administrative hurdles that inhibit care and seek legislation that will effectively remove them as barriers to patient care, with Senate Bill 89 being our example of how it can be done.

Senate Bill 86, also passed in 2017, requires physicians to confidentially provide patients with resources detailing how and where they can get help if they are a victim of domestic violence. This measure eliminates yet another line of administrative red tape for physicians. KMA looks forward to furthering this work in 2018 by supporting administrative simplification and legal reform initiatives that are designed to promote more efficient health care and legal systems, in addition to greater patient safety.

Although it is currently being challenged in court, Senate Bill 4, which established medical review panels, was a critical first step in implementing meaningful tort reform in Kentucky. The General Assembly passed the legislation after a careful and methodical process designed to ensure that the law passed constitutional muster. Given the amount of time and effort that went into drafting the legislation, with a desire to ensure the law was constitutional, KMA believes that it will ultimately be upheld on appeal. KMA is committed to defending the constitutionality of the medical review panel law and will also advocate for other forms of tort reform in 2018. Ultimately, tort reform will make Kentucky's health care system more efficient and affordable for everyone.

How Physicians Can Get Involved

TAs leaders in their communities and experts in the field of medicine, physicians are a crucial resource for policymakers. The hardest part is just taking the first step. Here are a few ways doctors can get involved:

1. Get to know your local legislators. KMA leadership and its lobbying team work hard to establish a relationship with each member of the General Assembly, but legislators always prefer to hear from their constituents first. Ask to meet them for a cup of coffee or during their lunch break. Leave your business card so they can easily contact you again if an issue comes up related to medicine. Find out who your legislators are and their contact information here: <https://www.votervoice.net/KYMA/Home>.
2. Stay up-to-date with legislative newsletters and emails. During the legislative session, KMA provides weekly updates on the happenings in Frankfort with its Legislative

Alert emails. Need something to listen to on-the-go? Check out KMA's Legislative Minute videos, available in every Legislative Alert and on YouTube at <https://www.youtube.com/user/KentuckyMedical>.

3. When a bill is moving quickly, call the legislative hotline. Frequently, KMA may need you to simply make a phone call when healthcare legislation needs support or opposition. This phone call generates a "green slip" message to a receptionist in Frankfort, and periodically legislators will count the number of green slip messages they receive before they vote. You can send your message to an individual legislator or to all the legislators in your district. More information on the legislative hotline is available here: <https://kyma.org/community-health-advocacy/action-center/>.

4. Contribute to the Kentucky Physicians Political Action Committee (KPPAC). KPPAC helps elect pro-medicine candidates to Congress and the Kentucky General Assembly. An overwhelming majority of legislative candidates supported by KPPAC get elected to office. To make your contribution or learn more about KPPAC, visit www.KPPAC.org.

I can't emphasize enough the value of educating yourself about and getting involved in the legislative process. KMA has achieved a number of advocacy victories over the last several years. It is possible for that success to continue, but only if we work together to make sure lawmakers understand the impact of their policies on the practice of medicine and the overall health of Kentuckians.

MAURICE J. OAKLEY, M.D.
2018 KMA President

Reducing Barriers to Care

(Continued from Page 1)

consistent legal climate for healthcare providers. However, much work remains to be done. The state's legal liability system continues to place unlimited risk on providers, exacerbates our well-known provider shortage, weakens quality control mechanisms, and drives up health care costs for the state and its citizens. KMA, in collaboration with the Kentucky Hospital Association and the Kentucky Chamber of Commerce, looks forward to supporting legal reform initiatives in 2018 that are designed to promote more efficient health care and legal systems in addition to greater patient safety.

- Administrative simplification is crucial to removing barriers to care. Physicians and practice staff spend an enormous amount of time, energy, and resources performing nonclinical activities that are required by payers, e.g. prior authorization. While some administrative requirements are expected, the overuse of these tasks can decrease practice efficiency, prevent access to timely care, and increase costs for patients and physicians. KMA will actively seek out administrative hurdles and push for legislation that will effectively remove them as barriers to patient care.

- Public health issues will continue to dominate healthcare discussions. Kentucky faces a number of public health challenges, including an opioid abuse epidemic and a high smoking rate. Policymakers rely on KMA as a trusted resource concerning these matters. As a result, KMA once again stands ready to be a leading voice in promoting the wellbeing of all Kentuckians through public health advocacy and education.

Membership-driven grassroots advocacy will be essential to achieving success. Specifically, KMA encourages members to engage their legislators and educate them about these and other issues that are important to physicians. Please contact Cory Meadows, Director of Advocacy and Legal Affairs, if you need assistance identifying your legislators.

To further assist members, KMA will make advocacy toolkits available on the KMA website (www.kyma.org) that support the Association's legislative priorities.

The toolkits will include one-page issue summaries, talking points, recommended steps for legislator meetings and other advocacy tips. Additional details regarding the availability of these materials will be provided in the near future.

There are several other ways physicians can get prepared for the upcoming legislative session.

- Subscribe to the KMA Legislative Alert. The KMA Legislative Alert is a weekly publication that offers members timely information about significant legislative issues being debated by the General Assembly. If you are on the go, the publication also features the KMA Legislative Minute, a short video that allows members to conveniently stay up-to-date by listening to a summary of the alert. If you would like to receive this communication, please email legislativebulletin@kyma.org or call (502) 426-6200 to state your preferred method of receipt.

- "Like" KMA on Facebook (www.facebook.com/kymedassn) and follow KMA on Twitter (www.twitter.com/kymedassoc). Members can receive time-sensitive "calls to action," as well as the latest developments in state and national health care news.

- Attend the KMA Physicians' Day at the Capitol on Wednesday, Feb. 7. The day will consist of a legislator breakfast, a state legislative briefing, legislator visits, lunch, and a feedback session with other attendees in order to recap the day's events. **Register at <https://2018physiciansdayatthecapitol.eventbrite.com>**

This year's legislative session is a 60-day gathering of the Kentucky General Assembly that began January 2 and is set to conclude April 13. A number of impactful healthcare-related issues will be discussed, debated, and voted on during that time. KMA will be there – as your voice – to advocate for policies that promote quality, accessible healthcare and advance the practice of medicine. Join with us to amplify our message and make the 2018 legislative session successful for patients and physicians.



PHYSICIANS'

DAY AT THE CAPITOL

FEB. 7, 2018

Schedule of Events

Capitol Annex Building
702 Capitol Ave., Frankfort

8:00 a.m. **Legislative Breakfast**
Capitol Annex Cafeteria

9:00 a.m. **Student Advocacy Presentation**

9:30 a.m. **Legislative Briefing**
Capitol Annex Cafeteria

10:15 a.m. **Legislator Visits**
Legislator Offices
(attendees to set up meetings)

Kentucky Transportation Cabinet
200 Mero Street, Frankfort

12:15 p.m. **Lunch**
Room TBD

1:00 p.m. **Feedback Session**
Room TBD

2:15 p.m. **KMA Board of Trustees Meeting**
Room TBD



Attendees gather during the 2017 KMA Physicians' Day at the Capitol.

Community Connector Sandra Shuffett, M.D., Encourages Others to Step Out of Their Comfort Zone

Nicholasville radiologist Sandra Shuffett, M.D., was comfortable with the life she had established.

Between practicing medicine and raising her family, she also felt involved in her community. But a chance encounter at KMA's Physicians' Day at the Capitol challenged her to do more.

"I ran into (KMA Executive Vice President) Pat Padgett at the Capitol, and he suggested that I look into KMA's Community Connector Leadership Program (CCLP)."

Her mentor, David Bensema, M.D., also encouraged her to take the leap. Shuffett had thought about getting more involved with KMA before, but wasn't exactly sure how to go about it.

At the time of the program, Shuffett was already a member of the Kentucky Commission on Women, as well as the University of Kentucky Board of Trustees. Both of these opportunities presented themselves in the spring and summer of 2017.

"I was at a point in my life and career that I had a desire to do something outside of radiology. The CCLP also seemed like a really good fit for me

because I was already doing a lot. I just didn't have much training that could take my leadership skills to the next level," she said.

Shuffett applied for and completed the program, realizing that it could provide her with the tools necessary to take her existing leadership skills and opportunities and help her expand on them in the community.

"I realized that by doing more, even more opportunities would start popping up. It was revitalizing, fun and rewarding."

While completing the CCLP, she found out that she had also been nominated to the Kentucky Board of Medical Licensure.

Between these organizations and her practice, calling Shuffett 'busy' would be an understatement. But she also plans to stay active with the legislature. Last year she joined forces with Sen. Ralph Alvarado, M.D. to rewrite a breast density bill.

In addition, she was recently awarded one of the grants available to CCLP graduates from the Kentucky Foundation for Medical Care (KFMC).

She secured a wellness grant for the Kentucky Commission on Women that would provide female University of Kentucky faculty with access to health programs combating chronic struggles such as obesity and smoking. She would like to secure some funding from the University of Kentucky for that initiative as well.

Shuffett is pleased with the direction things are going for her, and looks forward to continuing her involvement and leadership.

"As a radiologist, there's not really a good way to 'donate' your services. But with the various boards and committees I'm involved in, and the CCLP, I was given the opportunity to give back. It's certainly a new challenge, but it feels really good to be able to give back in a new and different way."

She points out that finding leadership opportunities is sometimes the hardest part, but suggests interested physicians start in one place: the Boards and Commissions section of the Secretary of State website, <http://app.sos.ky.gov/openboards/>. She says there is a general application for most, and there are dozens of open positions waiting to be filled.

Most of all though, no matter what avenue they choose, Shuffett encourages her fellow physicians to get involved.

"Just do it! Step outside your comfort zone. You can do something outside your practice that is just as meaningful. You'll always be glad you did it."



Community Connector Sandra Shuffett, M.D. pictured with KMA Secretary-Treasurer Dale Toney, M.D. at the 2017 KMA Annual Meeting.

Physicians bring economic health to our communities.

The **2018 AMA Economic Impact Study** demonstrates how physicians contribute mightily to the health of Kentucky's economy.

94,338

JOBS



\$15.4 billion

IN ECONOMIC ACTIVITY



\$557.2 million

IN STATE & LOCAL TAX REVENUES



\$7.4 billion

IN WAGES & BENEFITS

Physicians' impact is felt far beyond the exam room, reaching through local communities, producing a network of jobs and spurring local investment.

Learn more at **PhysiciansEconomicImpact.org**



FOCUS_{on}health

WINTER, 2018

Physicians Caring for Kentucky

SUBSTANCE ABUSE DURING PREGNANCY

Substance abuse during pregnancy includes the use of tobacco, alcohol and drugs during pregnancy. Not only does it have detrimental effects on the developing baby which can be life-long, it also causes complications during the pregnancy and puts the mother at risk. Expectant mothers who have a history of drug, tobacco or alcohol abuse should talk to their doctor about treatment options during pregnancy. These conversations are confidential and mothers who seek treatment are protected under the Health Insurance Portability and Accountability Act (HIPAA).

CLINICAL IMPACT

According to the Kentucky Department for Public Health, illicit drug and alcohol use poses many risks for expectant mothers and their babies:

- Increased risk of assault and abuse
- Miscarriage
- Neonatal Abstinence Syndrome (NAS)
- Premature birth
- Low birth weight
- Fetal Alcohol Spectrum Disorders (FASDs)
- Birth defects, including learning and behavioral problems



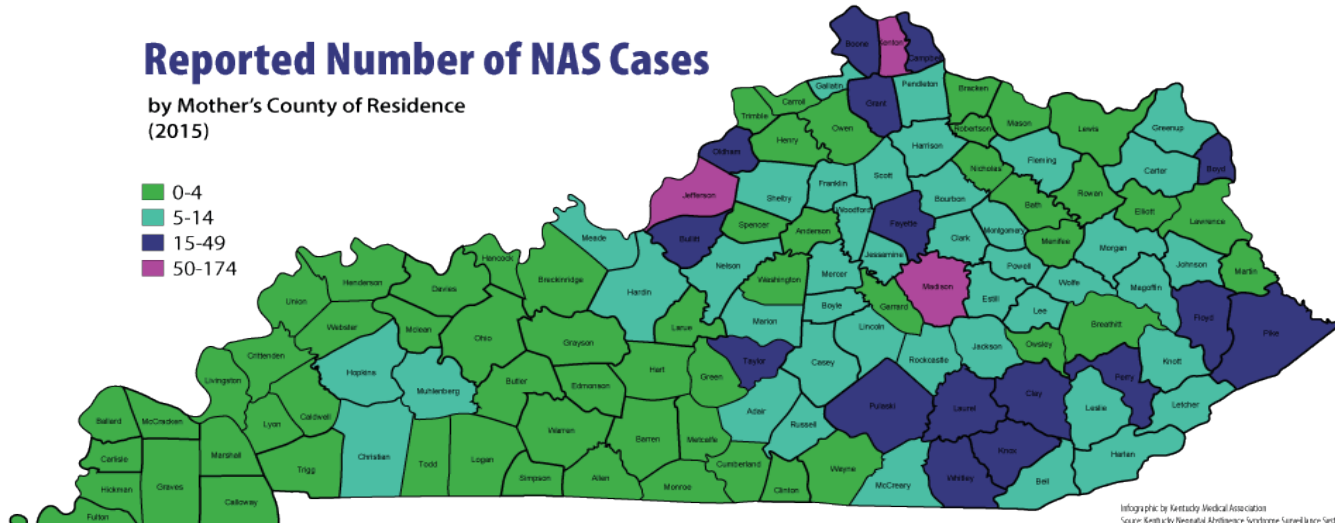
NEONATAL ABSTINENCE SYNDROME (NAS)

NAS occurs when a baby is exposed to drugs in the womb. A baby can then go through drug withdrawal after birth. NAS most often is caused when a woman takes opioids during pregnancy.

Reported Number of NAS Cases

by Mother's County of Residence
(2015)

- 0-4
- 5-14
- 15-49
- 50-174



Infographic by Kentucky Medical Association
Source: Kentucky Neonatal Abstinence Syndrome Surveillance System

NAS: AN EPIDEMIC BY THE NUMBERS

In Kentucky, data from hospital discharge records indicate the number of newborns with NAS has increased 23-fold in the last decade. Nationally and in Kentucky, about 80% of these infants are covered by Medicaid.

21-94%: Infants exposed prenatally to opioids who will develop symptoms significant enough to require treatment.

54%: Babies with NAS symptoms reaching scoring levels requiring pharmacologic treatment.

50%: Reduction in the length of hospital stay for infants who are allowed to "room in" with their mothers.

80%: NAS mothers who also reported smoking during pregnancy.

80%: Mothers of NAS babies who already have at least one other child.

50%: Repeat cases of NAS (meaning the mother has had another baby with NAS).

SOURCE: <http://chfs.ky.gov/NR/rdonlyres/40B04792-10AC-490C-89D0-881ED920BAD6/0/2016AnnualMeetingPreliminaryProgram.pdf>

TREATMENTS ARE AVAILABLE

Addiction is a disease with many treatment options. The first step to success is to talk to your doctor. Starting treatment at any stage of pregnancy can be beneficial for you and the health of your unborn baby.

ALCOHOL USE

No amount of alcohol is safe during pregnancy. If you are having trouble quitting, talk to your healthcare provider. Treatment options can include:

- Inpatient and outpatient treatment programs
- Alcoholics Anonymous (AA)

TOBACCO

Some people can quit "cold turkey," but others need help. Free, non-judgment support is available:

- Sign up online for text messaging program SmokefreeMOM or text MOM to 222888.
- Call 1-800-QUIT-NOW (1-800-784-8669) 24/7 for information and tips on quitting smoking.
- Chat with a quit smoking counselor at LiveHelp (livehelp.cancer.gov). Monday through Friday, 8:00 a.m. to 11:00 p.m. eastern time. Also in Spanish.

OPIOIDS AND OTHER ILLEGAL SUBSTANCES

Quitting opioids cold turkey is dangerous and could increase the risk of preterm labor or premature death. There are several treatment options available that can be discussed with your physician to determine the right one for you:

- Medication-Assisted Treatment (MAT): NAS may be easier to treat for babies whose moms get MAT during pregnancy. Medicines used in MAT include methadone and buprenorphine.
- Detox programs: Can be inpatient or outpatient.
- Methadone: Requires daily trips to a clinic. Must be prescribed by a licensed physician at an FDA approved clinic. It is strongly advised that Methadone maintenance is combined with prenatal care and a comprehensive drug treatment program.



SOURCES: <https://women.smokefree.gov/quitting-for-two/quit-smoking-for-mom-baby.aspx>

Agatha Critchfield, M.D., University of Kentucky Hospital



KBML Reminders for the New Year



RUSSELL TRAVIS
President,
Kentucky Board
of Medical Licensure

Once again, we have approached the start of another year and the Kentucky Board of Medical Licensure is ready for the start of the 2018 medical/osteopathic license renewal process. In the middle of December, physicians holding an active license should have received a notice by mail with instructions to renew the license for 2018. In order to complete the process, physicians are required to verify and update their unique licensure information and pay a renewal fee of \$150. Physicians that choose to renew via a paper renewal application must pay an additional fee of \$10. The link to renew your medical/osteopathic license will be available on the Board's website, www.kbml.ky.gov, beginning the first week of January 2018.

In addition, the Board would like issue a final reminder that we are approaching the end of the third and final year of the Board's 3-year CME Cycle. Board Regulation 201 KAR 9:310 requires all physicians maintaining a current Kentucky medical license to complete sixty (60) hours of CME every three (3) year cycle, with thirty (30) hours being certified in AMA or AOA Category I by an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME). Again, please note that the last CME cycle ended on December 31, 2017. It is important to note the continuing medical education requirements related to 2012's HB 1 are ongoing for those physicians authorized to prescribe controlled substances in Kentucky and must be obtained every 3 years. A summary of

the Board's CME requirements is available on our website. Just click on the link for continuing medical education.

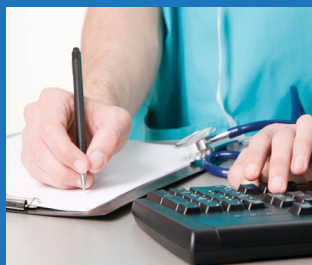
The Board is pleased to announce that it has elected new officers to serve in leadership positions for 2018. Russell L. Travis, M.D., of Lexington, was elected to serve as the Board's new President. C. William Briscoe, M.D., of Corbin was elected to serve as Vice-President and Randel C. Gibson, D.O., of Mayfield, was elected as Secretary. Dr. Briscoe also serves as Chairman of the Board's Inquiry/Hearing Panel A and Dr. Gibson serves as Chairman of the Board's Inquiry/Hearing Panel B. In addition to the election of officers, the Board recently welcomed four new members who were appointed by Governor Bevin. They are as follows: Kenneth J. Payne, M.D., who practices Obstetrics/Gynecology in Louisville, filled the vacancy left by Tamella B. Cassis, M.D., whose term expired. Sandra Shuffett, M.D., who practices Radiology in Lexington, filled the vacancy left by Heidi M. Koenig, M.D., whose term expired. Richard Whitehouse, Esq., who is healthcare executive in Louisville, was appointed to the Board in the role as a consumer member and filled the vacancy left by Thangam Rangaswamy, Ph.D., whose term also expired. Finally, W. Duncan Crosby III, Esq., a practicing attorney in Louisville, was appointed in the role as a consumer member and filled the vacancy left by Patrick Hughes, Esq., whose term expired. The Board would like to take the opportunity to express its deepest appreciation to Dr. Cassis, Dr. Koenig, Dr. Rangaswamy, and Mr. Hughes for their many years of service to the citizens of the Commonwealth and for their dedication to the citizens of the Commonwealth and the licensees under the Board's authority.

On November 15, 2017, the Kentucky Board of Medical Licensure completed its work on amending 201 KAR 9:260 to comply with 2017's

HB 333, which was enacted by the Kentucky General Assembly and signed by Governor Bevin. Due to this fact, the changes to the regulation are complete and now effective. The Board would like to thank all of its licensees who provided public comment on the amendments to the regulation and for those who provided assistance in drafting the amendment. An updated copy of 201 KAR 9:260 is available on the Board's website. Physicians are strongly encouraged to review this information and become familiar with the changes in the regulation. In addition to the amended regulation, you will find an updated summary of the 201 KAR 9:260 along with a listing of frequently asked questions about the changes for your consideration.

In closing, the Board would like to extend our best wishes for a happy and healthy New Year.

**In the event
that you have
a question
for the Board,
please feel
free to contact
our office via
correspondence
or via phone at
(502) 429-7150.**



Visit the KBML website at:

<https://kbml.ky.gov>

Anthem Policies Negatively Impact Patients

(Continued from Page 1)

place profits over patients. Last year, for instance, the Kentucky legislature passed a law mandating insurers pay for smoking cessation services provided at the same time as an exam. Their failure to properly cover such services was shocking to legislators because smoking is the clear cause of so many of our health problems.

In Kentucky, most of the control over how care is delivered rests with Anthem. According to a recent American Medical Association study, Anthem controls nearly 60% percent of the commercial market, so the policies they adopt can have an enormous impact on the delivery of health care in our state.

Anthem's share of the market might have been even greater had the proposed merger of Anthem and Cigna been completed last year. The merger fell apart, however, when the federal government opposed it

on antitrust concerns and internal squabbling between the two companies went public. Cigna is now suing Anthem for over one billion dollars, which Anthem was apparently obligated to pay if the deal fell through. From both a business and public relations standpoint, it was an absolute disaster for Anthem.

At the same time the insurer may be forced to pay for its bad business decisions, it is instituting new policies that impact how people receive care. And these new policies send the clear message that in the desperate scramble for profit, your comfort and convenience as a patient is secondary.

For example, Anthem steers those who they find in need of an MRI to the MRI provider they choose. Whether or not that provider is one who might have access to your medical record or is convenient to you doesn't seem to matter to the insurance giant.

Anthem also gets to decide whether an emergency room visit - precipitated by what is no doubt an extremely uncomfortable condition - is truly an emergency, after you have already received the care.

Most recently, the company has refused to abide by standard medical practice and properly pay for procedures that might be done at the same time as an exam, regardless of how convenient it might be for the patient to have it done that day, or the comfort it might provide in not having to wait.

Anthem is using its overwhelming market power to reshape health care delivery in Kentucky, no matter if patient comfort or convenience suffers. Comfort and convenience should be an essential part of the health care system. These things should not be sacrificed at the altar of disastrous business decisions.

Kentucky Physicians: Working To Keep Our Citizens and Economy Healthy

By Maurice J. Oakley, 2018 KMA President

Kentucky knows the value of its doctors.

However, doctors aren't just there when you need them for medical attention. Physicians contribute to their neighbors' well-being outside of the exam room too.

This year, the American Medical Association (AMA) published a study that demonstrates the huge economic impact doctors have locally and nationally. In Kentucky, the local industry that doctors support produces more than 38,940 jobs and \$557.2 million in state revenue. A strong Kentucky economy means strong communities that can provide for its neighbors and ride out any harsh waves that may hit – whether they be natural or financial.

The 2018 AMA Economic Impact Study found that Kentucky physicians generated \$15.4 billion in direct and indirect economic activity for the state, with each physician supporting nearly \$1.9 million on average. In total, physicians across the United States produced \$2.3 trillion in economic activity for the country – for comparison, the gross domestic product for the entire country of Brazil is \$2.14 trillion.

For every physician, there is a support system filled with Americans who have good-paying and secure jobs. According to the AMA study, Kentucky physicians supported a total of 94,338 jobs, including those in the medical field and across other industries. On average, that's

produce a local economy that stays in the state and even attracts investment from outside the state's borders.

These jobs supported by physicians are good paying, high-quality jobs. The AMA report shows that Kentucky physicians contributed nearly \$7.4 billion in direct and indirect wages and benefits for all supported jobs, and each individual doctor supported nearly \$907,869 in total wages and benefits. For Kentucky's approximately 8,106 physicians, that is a huge contribution, and one that benefits a whole network of 4.4 million Kentuckians.

As the AMA study demonstrates, physicians not only safeguard a healthy community, but also provide for their neighbors. Each individual doctor supported more than \$68,734 in local and state tax revenues. That's money that goes directly to Kentucky communities and infrastructure.

This report's findings show that Kentucky physicians go above and beyond for their communities, generating millions in state and local tax revenue and economic activity, while also creating more jobs that provide secure, good wages and benefits.

Despite the clear economic benefit Kentucky doctors provide, there are still barriers in place that deter physicians from setting up practice in our state. For example, Kentucky remains in need of meaningful tort reform. The current legal

liability system continues to place unlimited risk on providers, exacerbates our well-known provider shortage, weakens quality control mechanisms, and drives up health care costs for the state and its citizens. Additionally, Kentucky physicians are burdened with the overuse of administrative hurdles, such as prior authorization requirements, that can decrease practice efficiency, prevent access to timely patient care and increase costs for patients and physician practices. Passing legislation that addresses these issues and others like them will lower costs and reduce administrative burdens. Otherwise, the state will continue to lose physicians to more physician-friendly states like Indiana and Tennessee. As Kentucky's population continues to grow and our health challenges mount, we'll need more doctors here to care for our citizens and provide for our local communities.

The AMA Economic Impact Study shows the tangible value physicians provide, and the Kentucky Medical Association will continue to work to insure more of them come to the Commonwealth to keep our state's health and economy strong.

For more information on Kentucky's results from the American Medical Association's Economic Impact Study, visit <https://www.physicianseconomicimpact.org/>.

Kentucky Foundation for Medical Care

What is the Physicians Foundation? A Q&A Session with the Organization Behind the Kentucky Physicians Leadership Institute Grant

In 2016, the Kentucky Foundation for Medical Care (KFMC) was awarded a grant from the Physicians Foundation to fund the Kentucky Physicians Leadership Institute (KPLI). The grant has allowed the KPLI to expand its outreach and bring in staff from Butler University to lead sessions focused on personal, business and advocacy leadership. As of 2017, the KPLI has graduated ten physicians and enjoyed statewide recognition, and its alums have put their leadership skills into practice across the Commonwealth.

With the deadline to apply for the 2018 program rapidly approaching, KMA sat down with the Physicians Foundation to find out more about the organization's goals and history, and how the KPLI aligns with its mission.

1. What is the Physicians Foundation?

The Physicians Foundation is a nonprofit 501(c)(3) organization that was founded in 2003 as a result of a class-action lawsuit brought about by physicians, 19 state medical societies and three county medical societies against private third-party payers that resulted in a significant monetary settlement. This settlement led to the founding of two sister organizations – the Physicians Foundation for Health Systems Excellence and the Physicians Foundation for Health Systems Innovations, which later merged to form one body.



Mamata Majmudar, M.D., participated in KMA's first Kentucky Physicians Leadership Initiative class in 2017.

2. What was its original mission, and has it changed over the years?

The core mission of The Physicians Foundation has remained steadfast – to strengthen the physician-patient relationship, support physicians in sustaining their medical practices and help practicing physicians navigate the changing healthcare system. It acts on this mission through grantmaking, research, white papers and policy studies.

3. What kind of staff supports the Physicians Foundation?

When the two organizations—the Physicians Foundation for Health Systems Excellence and the Physicians Foundation for Health Systems Innovations—merged, the resulting Physicians Foundation created a 24-member Board of Directors made up of physician and medical society leaders from across the country. Those members sit on ten different committees, which includes everything from Research and Finance to Survey and Travel Policy, and of course, Grants.

4. In addition to providing grants, the Physicians Foundation also examines critical issues affecting the U.S. healthcare system by periodically surveying practicing physicians and patients, and studying the impact of government healthcare policies. What research or policy studies have really stood out over the years?

Since 2008, The Physicians Foundation has conducted biennial surveys of America's practicing physicians and we did two patient surveys in 2016 and 2017. These longitudinal studies ask similar questions to compare patient and physician outlooks on the healthcare landscape over the course of time.

These timely research studies are critical to our understanding of the issues affecting doctors, patients and the future of the U.S. healthcare delivery system. The core issues include, but are not limited to, physician shortage, access to care, problematic reimbursement practices and changing regulatory requirements.



Kiandra Hilliard and her daughter, Miranna, moved into their new apartment thanks in part to the Coalition for the Homeless' Rx: Housing program and a grant from the Kentucky Foundation for Medical Care that helped her purchase furniture and cover the security deposit.

The Foundation also, of course, awards a number of grants each year with the most recent focusing on physician leadership and well-being.

5. What is the selection process like for grant recipients?

The Physicians Foundation offers grant opportunities to qualified organizations seeking to advance the work of practicing physicians and improve the delivery and quality of patient care. Grants typically support at least one of four of the Foundation's focus areas: physician leadership, physician practice trends, physician shortage and health information technology. The Foundation releases a Request for Proposals for physician leadership programs in early February each year. After a Request for Proposals has been released, program organizers can apply for a grant through the Foundation's online application system. Applicants must meet the following criteria:

- Tax exempt under section 501(c)(3) of the Internal Revenue Code or tax exempt educational institutions
- Not a private foundation as defined in IRC section 509(a)
- Located in the United States

Applications are then reviewed by the Foundation's Grants Committee for consideration.

6. How many different grants have been awarded so far?

Since 2005, the Physicians Foundation has awarded 216 grants totaling more than \$47 million. In 2017 alone, 29 grants have been awarded totaling more than \$4.9 million, 12 of which are for new and renewal physician leadership programs and 11 are for physician wellness programs.

7. What stood out about the Kentucky Physicians Leadership Institute? Why did you select it to receive one of your grants?



The first class of Kentucky Physicians Leadership Institute participants was recognized during the KMA Leadership Dinner at the KMA Annual Meeting. Those who attended include from front, left: Tuyen T. Tran, M.D. of Lexington, Danesh Mazloomdoost, M.D. of Lexington, James L. Borders, M.D. of Lexington and Mamata Majmundar, M.D. of Lexington; from back, left: Casey Lewis, M.D. of Mt. Washington, Jonathan Walters, M.D. of Paducah, LaTonia Sweet, M.D. of Winchester and John Patterson, M.D. of Lexington. Not pictured: Philip Hurley, M.D., Owensboro and Monalisa Tailor, M.D., Louisville. *Photo by David Knapp*

With strong involvement and input from physicians across the state, the Kentucky Physicians Leadership Institute built on its past years' programming to develop an even stronger program offering. The program changes were well-researched and based off comparable programs, as well as the experiences of the KMA's Planning Commission. The organization's ability to integrate program components from other successful leadership programs as a result of attending the 2015 Grantee Conference at Brandeis proved to be a compelling addition. Lastly, through presentation of leadership projects, this program has the potential to reach a large number of physicians across the state.

KMA and the KFMC thank the Physicians

Foundation for supporting the Kentucky Physicians Leadership Institute. More information about the organization is available on their website at <http://www.physiciansfoundation.org/>. **The deadline to apply for the 2018 KPLI is Feb. 28.** More details and a program application is available at <http://www.kyfmcc.org/leadership/>.

**Kentucky Foundation
for Medical Care**



Fred Williams, M.D., left, a KMA Community Connector who sponsored the Family Community Clinic KFMC grant application, is pictured inside a patient room with the clinic's executive director Becky Montague. The grant helped provide point of care laboratory tests. The Family Community Clinic offers free care for individuals in the Louisville metro area who don't have medical insurance.



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IN CASE YOU MISSED IT



KY Medical Assoc @KYMedAssoc · 5 Dec 2017

CDC reports between 12,000 – 56,000 #flu-related deaths annually since 2010.
#NIVW bit.ly/2BxqBvw



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