

Communicator

■ SPRING, 2016

Physicians Caring for Kentucky

2016 Legislative Session is a Success for KMA, Physicians

Kentucky lawmakers finished the 2016 session of the Kentucky General Assembly just under the wire – they passed the final bills of the session just before midnight on the final day of the session, Friday, April 15.

Given the tense political climate in Frankfort, the central question going into the legislative session was whether lawmakers could agree on and pass a biennial budget – its main objective as a body. Notwithstanding long odds and sharp differences in funding priorities, the legislature rose to the occasion and met this goal. In a word, the General Assembly was “successful,” which is defined as “accomplishing an aim or purpose.” That word also aptly describes the type of legislative session that KMA had in 2016 – likely its best in many years.

The Association’s success was no accident.

First, KMA developed and pursued an advocacy agenda focused on issues important to our membership. Second, KMA encouraged members to be actively involved in the legislative process and many responded to this call. Individual physician members, with great assistance from local medical societies and the KMA Alliance, increased outreach efforts and, as a result, built greater presence and momentum in Frankfort. KMA would like to thank its members for their hard work.

Despite these major achievements, there are still priorities that must be addressed by the General Assembly. Medical liability reform and smoke-free legislation remain high on the list. But as “success breeds success,” KMA is confident that it will continue to build the type of momentum necessary to advance these and other important issues in the future.

20, 19, 18, 17 ...

These Senate bills were important ones for physicians and all were passed by the House and Senate. Sen. Ralph Alvarado, MD, (R-Winchester) was the primary sponsor on each. *See Page 7 for details on these and other bills considered during the 2016 legislative session.*

- 20 - Independent Appeals Process for Medicaid MCO Claims
- 19 - Appointments to the Kentucky Board of Medical Licensure
- 18 - Fair Contracting between Physicians and Insurers (**KMA Priority Bill**)
- 17 - Maintenance of Certification/Licensure (**KMA Priority Bill**)



David Bensema, MD, top, Frank Burns, MD, center, and Julie Lee, MD, testified before various committees during the 2016 session of the Kentucky General Assembly.

P2 / PRESIDENT’S MESSAGE

KMA President Ted Miller, MD, PhD, encourages physicians to get more involved in KMA

P3 / ANNUAL MEETING

Bruce Bagley, a senior adviser at the AMA, will discuss the STEPS Forward program at the KMA Annual Meeting in September

P5 / FOCUS ON HEALTH

The new KMA patient newsletter, *Focus on Health*, provides tips and information about diabetes

P9 / COMMUNITY CONNECTORS

Rice Leach, MD, embodied what the KMA Community Connector Leadership Program is all about



President's Message

Get Involved in KMA; You Will Be a Better Physician Because of It

One of the most enjoyable duties of the office of the President of the KMA is to represent the Association at the Annual Meetings of adjoining states' medical societies. It is, of course, a great honor and privilege to be able to represent you at these meetings.

These meetings present an opportunity to re-establish old acquaintances and to make new ones among the leaders in organized medicine. More importantly, they present an opportunity to view firsthand the inner workings of our counterpart associations as they tackle a broad spectrum of problems. Typically, most associations are facing similar problems, such as membership issues, scope of practice infringement, difficulties with CMS regulations and fiscal stability, to name a few. In some cases, the KMA seems to be more successful in addressing these problems; in other cases, we can learn from the success of our neighbors.

On a recent visit to an adjoining state association's annual meeting, a membership report recounted a 40 percent drop in dues-

paying members over the last seven years. This commonly seen trend has a multifactorial etiology that is beyond the scope of these remarks. But, as the nature of medical practice has changed with an increased prevalence of physician employment, the KMA, too, has changed to become more relevant to prospective members.

Under the leadership of our then-President, Dr. Fred Williams, two years ago, the KMA developed the Focus Forward Initiative to streamline our organization and its functions. This process was brought to further fruition last year by our immediate Past President, Dr. David Bensema. These changes have met with broad acceptance, but we must emphasize their results to further our recruitment efforts.

We as an organization have been blessed with a talented and energetic staff headed by our Executive Vice President, Pat Padgett. Our current Director of Membership, Diane Lundbom, and her predecessor, long-time KMA staffer, Diane Maxey, have done a great job focusing the efforts of the Board of Trustees on the membership issue.

This year alone, the Member-Get-A-Member Campaign involving 29 recruiters (many at the House of Delegates session at the Annual Meeting) gained 253 new, active KMA members. Since 1999, this campaign has netted 2,131 new members for the KMA. That is an average of 125 per year. In addition to these efforts, however, we must continue to recruit new members by showing the professional value of membership in the organization to both individual physicians and to employers of physicians.

To that end, the KMA has made a great effort to engage medical students and physicians-in-training in an attempt to apprise them of the value of active membership in organized medicine. We have also met with the leadership of organizations employing large numbers of physicians in the Commonwealth to make clear the value of the participation of their employed physicians in organized medicine.

Some of the efforts of the KMA to increase membership have been mentioned. These have been relatively successful, but personal contact is the most effective means of

inducing non-members to join. What can you as an individual member do to increase our numbers of dues-paying members?

First, **become more active in organized medicine yourself.** You will find that, the more active you are in organized medicine, the more you will appreciate its value to your profession. This increased activity may consist of working on one of our Commissions, attending the Annual Meeting in September, becoming a Community Connector or participating in one of the KMA's many educational opportunities. You will find that the more enthusiastic you are about organized medicine, the more likely your non-member colleagues will be to become members.

Second, **contact your District Trustee.** He or she is your representative on the KMA Board of Trustees and would be happy to facilitate your increased engagement.

Finally, **become actively involved personally** in the recruitment of new members and in the retention of current members by joining the Member-Get-A-Member Campaign for next year and by encouraging any of your colleagues who have not renewed their membership for the coming year to do so. Diane Lundbom can inform you of physicians in your District who are eligible for recruitment and provide lists of current members who have not renewed their membership. If only one-half of you are each able to influence one non-member to join or a non-renewing member to renew, it will obviously increase our membership by 50 percent. There are also personal rewards available for your successful recruitment efforts of new members.

As you can read elsewhere in this *Communicator*, our legislative advocacy efforts on your behalf have been very successful this year. Increased membership makes this level of success more likely in the future and helps to ensure the ongoing vitality of your professional organization. In order for that KMA (and the AMA, also, by the way) to be able to continue to preserve the health of our profession, your individual participation is needed.

Get involved. You will be a better physician because of it.

THEODORE MILLER, MD, PhD
2016 KMA President

STEPS: Work Smarter, Not Harder

The satisfaction physicians derive from their work is eroding as they spend more time on grueling administrative rules, regulations and paperwork instead of caring for patients, according to an American Medical Association-RAND report.

This is leading to physician burnout. The AMA has a free solution that will help physicians and their staffs redesign their medical practices to minimize stress and reignite their professional fulfillment in a short amount of time.

STEPS Forward™ is described as “a practice-based initiative aimed at helping physicians meet the Quadruple Aim—better patient experience, better population health and lower overall costs with improved professional satisfaction.” Physicians and their staffs can access this collection of online educational modules while earning continuing medical education credit at www.STEPSforward.org.

“One of most important things we think physicians can do is to get together with their practice leadership, step back, and ask—‘how are things working?’” said Bruce Bagley, MD, FAFAP, senior adviser to the Professional Satisfaction and Practice Sustainability effort at the AMA. Bagley is a featured speaker at the KMA Leadership Academy on Sept. 10 during KMA’s 2016 Annual Meeting.

With today’s continually evolving health care environment, physicians are struggling to spend more quality time with their patients to ensure they receive the highest care.

“Physicians are going a mile a minute from eight in the morning to six or seven at night,” Bagley said. “After they tuck their kids in, they’re back on electronic medical records finishing their notes.”

With the STEPS Forward program, physicians can take as little as 20 minutes to view modules that address four key areas: practice efficiency and patient care, patient health, physician health, and technology and innovation. The program

“We need to talk turkey about the things that need to change.”

Bruce Bagley, AMA



has 27 modules ranging from “Adopting Telemedicine in Practice” to “Preparing Your Practice for Change.”

More than 5,000 medical professionals have participated in STEPS since its inception in June 2015. Michelle Rein, MD, Family Medicine, Mayo Clinic Health System-Franciscan Healthcare in Wisconsin, is one of them. “When I leave at the end of the day, my work is done, which allows me to enjoy the things that bring me joy outside of practice,” Rein said of lessons learned from the program.

STEPS is designed to help the office staff help the physicians do better work. “Team-based care gets better results,” Bagley said.

“I get my doctor all to myself—I don’t have to share him with a computer,” said Kimberly, a patient at Bellin Health System in Wisconsin, where doctors participated in STEPS.

Bagley said in the past, doctors have been selected, trained and practiced in the ‘hero’ model “where the doctor is the source of all knowledge, wisdom, decision making and education. That’s no longer OK. It’s not working. The whole task is too complex for that.”

Bagley hopes his presentation at the KMA Annual Meeting will open some eyes in Kentucky.

“If we can’t bring them (doctors) some hope, we’ve failed. We need to talk turkey about the things that need to change,” he said. “Instead of resisting those changes, become familiar with what needs to be different, embrace change, and have a path to achieve the changes within your own work environment.”



KMA 2016 Annual Meeting Capsule Schedule

Friday, September 9

- 8 a.m. Maternal Mortality Committee Meeting/Breakfast
- 10 a.m. General Registration
- 11:30 a.m. KMA Executive Committee Meeting/Lunch
- Noon CATO Luncheon
- 3 p.m. KMA Board of Trustees Meeting
- 6:30 p.m. VIP Board Reception and Dinner

Saturday, September 10

- 7 a.m. General Registration
- 8 a.m. KMA Reference Committee Hearing
 - 7:45 a.m. Breakfast Buffet
 - 12:15 p.m. Lunch Buffet
- 8-10 a.m. Trustee District Nominating Committee Open Meeting
- 10:30 a.m. Kentucky Physicians’ Leadership Academy
- 12:15 p.m. Lunch will be provided for attendees
- 5 p.m. KPPAC Reception
- 7 p.m. KMA Leadership Dinner (Presidents’ Installation and Awards Presentation)

Sunday, September 11

- 7:30 a.m. General Registration
- 8 a.m. KMA Board of Trustees Meeting/Breakfast
- 10 a.m. Rural Caucus/Continental Breakfast
- 10 a.m. Lexington Medical Society Caucus/Breakfast
- 10 a.m. Greater Louisville Medical Society Caucus/Breakfast
- 10 a.m. Northern KY Medical Society Caucus/Breakfast
- 12:30 p.m. KMA House of Delegates (box lunch provided)
- Following KMA Board of Trustees Reorganizational Meeting

Register at the KMA website
www.kyma.org

16,000 Physicians Renewed License During Renewal Cycle



PRESTON NUNNELLEY, MD
President,
Kentucky Board
of Medical Licensure

As March Madness came to a close, so did the Kentucky Board of Medical Licensure's annual renewal cycle, which officially ended March 31, 2016. I am pleased to report the online renewal process went very well this year and more than 16,000 physicians renewed their license as of April 1.

In coming weeks, we will be developing a more detailed report on physician licensure data, which is included in the Board's annual report. In the event that a physician has let his/her Kentucky medical/osteopathic license lapse, the physician can simply contact the Board office for instructions on how to reactivate it.

The Board continues to note that the issue of prescription drug abuse continues to gain

national attention in recent weeks as there have been multiple announcements on the federal level to address the issue. Early in March, the Centers for Disease Control (CDC) adopted new guidelines for prescribing opioids for chronic pain. In addition, just a few weeks ago, the U.S. Food and Drug Administration (FDA) announced that immediate release opioid painkillers will now have to carry a "black box" warning about the risk of abuse, addiction, overdose and death.

While these two major announcements reinforce the fact there is a prescription drug abuse epidemic throughout the country, I am pleased to note that physicians in Kentucky have already been on the forefront of fighting this battle for the past few years and are making efforts to adhere to the standards set forth by the Board's regulations and 2012's HB 1. The Board remains committed to doing everything in its power to combating prescription drug abuse and will continue to partner with stakeholders throughout the Commonwealth to do so.

One of the issues related to prescribing of interest to the Board has been the unveiling

of some major new features made to our state's KASPER system. In an effort to provide practitioners and pharmacists with additional information to help reduce the risk of controlled substance abuse and unintended overdose deaths, KASPER patient reports have been enhanced to provide Morphine Equivalent Dose (MED) information. The MED information is included to assist physicians with their opioid prescribing or dispensing decision, and is not intended to limit opioid prescribing or dispensing, or to replace a physician's professional judgment on how to treat their patient.

Under another exciting new KASPER feature, Prescriber Master Account Holders can now request their own Prescriber Peer Review Report. This report will allow the physician to have a comparison of the Master Account Holder's prescribing versus prescribers statewide and in his/her specialty. The Board posted information in our winter newsletter about both these exciting developments, made possible by the Cabinet for Health and Family Services' Drug Enforcement Branch.

The Economic Side

Payment Limitations that Led to Denial of Service Change

By LINDY LADY, CPC, CPCO

KMA Medical Business Advocacy Manager

The Kentucky Medical Association has long worked to eliminate barriers to patient care, recognizing a barrier may be camouflaged in policy, regulation or inappropriate medical coding guidance. Such is the case with 907 KAR 3:10 (4) (1) which places a limit (two per year/patient/physician) on the number of complex evaluation and management (E&M) services a physician is reimbursed for treating a Medicaid patient. Once the limit is reached, reimbursement is reduced to the fee for CPT 99213, a less complex service.

This regulation, in place since 2007 and the only one of its kind in the U.S., does little to promote the correct coding concept that the Centers for Medicare and Medicaid Services (CMS) publicizes and may have

contributed to widespread undercoding in Kentucky.

Some physicians may opt to bill for CPT 99213 after the annual limit is reached instead of billing for the actual service performed, which may be more complex. The cost to physicians can be calculated in continued treatment for the multiple chronic conditions faced by many Medicaid recipients while being reimbursed at a much lower level.

In 2011, with the transition to Medicaid managed care, this "payment limitation" quickly became a denial of services with some of the managed care organizations, primarily because the MCOs did not have proper edits in place that would reduce the complex service to pay at the lesser reimbursement rate of a CPT 99213 when the limitation was exceeded. The Cabinet has confirmed that

although this regulation is in place, Medicaid MCOs may make the decision to reimburse beyond the current limitation; initially all of the MCOs (except Passport) decided to follow the regulation.

KMA advocacy efforts on this issue are paying off. Two of the five MCOs – CareSource and Passport – will reimburse both 99214 and 99215 without limitations. The other MCOs now have automated edits in place that will reduce the 99214 or 99215 to the reimbursement of the 99213 once the limit is reached.

This change eliminates the need for retrospective auditing and recovery collection, which in the past has been a tremendous administrative burden for physicians.

Visit the KMA website at kyma.org to read a resource guide on this issue.

FOCUS_{on}health

■ SPRING, 2016

Physicians Caring for Kentucky

DIABETES

A Leading Cause of Death in KY, U.S.

The percentage of Kentucky adults diagnosed with diabetes jumped more than 63 percent from 2000 to 2013. The number rose from 240,000, about 6.5 percent of the adult population, to around 359,000, about 10.6 percent of the population, according to the Behavioral Risk Factor Surveillance Survey (BRFSS).

The disease is deadly. In 2011, Kentucky ranked eighth in the death rate due to diabetes. Kentucky surpassed the national rate of 21.7 deaths per 100,000 residents with 1,236 deaths – an age-adjusted rate of 25.8 deaths per 100,000 residents, according to the Kentucky Diabetes Report 2015.

Diabetes is one of the leading causes of death and disability in the U.S. In 2013, it was the seventh leading cause of death in Kentucky and across the country. The disease – both type 1 and type 2 – is also associated with long-term complications. It's the leading cause of adult blindness, end-stage kidney disease and nontraumatic lower-extremity amputations.

It also increases your risk for other diseases; people with diabetes are twice as likely to have coronary heart disease and stroke than people who don't suffer from the disease, according to the Kentucky Diabetes Report 2015.

But if you suffer from diabetes, you can prevent, delay or reduce complications with physical activity, dietary interventions and, when necessary, medications to control diabetes.

DIABETES IN KENTUCKY



About 353,000 Kentucky adults have diabetes.

That's about **1** out of every **9** adults.

353
THOUSAND

PRE-DIABETES IN KENTUCKY

About 289,000 Kentucky adults have pre-diabetes.

That's about **1** out of every **12** adults.

Source: Kentucky Diabetes Report 2015



289
THOUSAND

Maintain a Healthy Diet



Learning how to eat right is an important part of controlling your diabetes. Here are some tips from the Centers for Disease Control and Prevention:

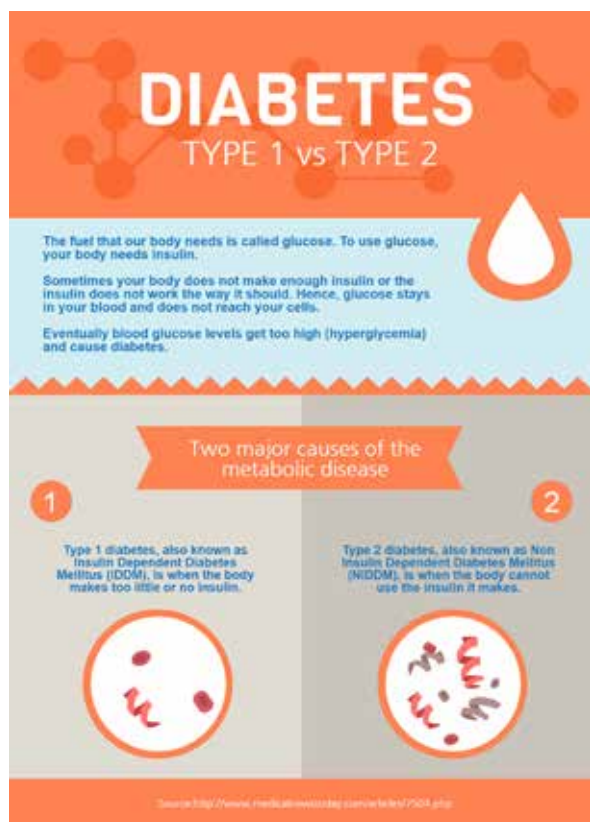
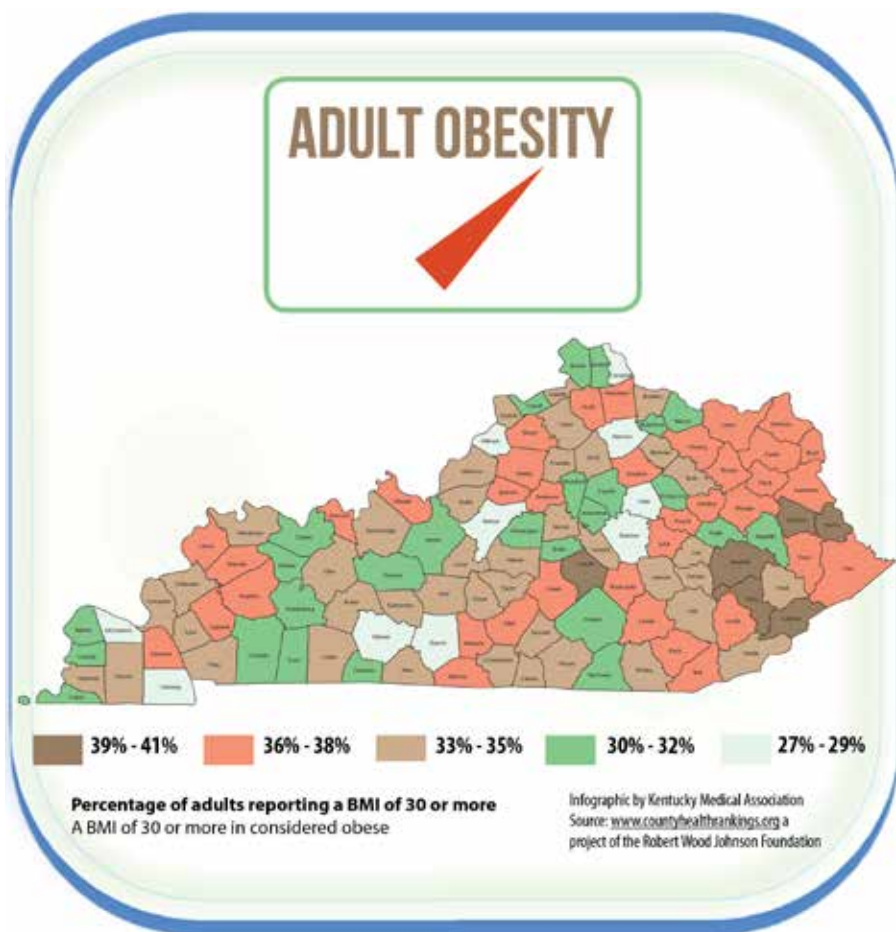
- Eat smaller portions
- Eat less fat
- Eat more whole grains
- Eat a variety of fruits and vegetables every day
- Eat fewer foods high in sugar
- Use less salt and fat in cooking
- Eat fewer foods that are high in salt

Are you at risk?

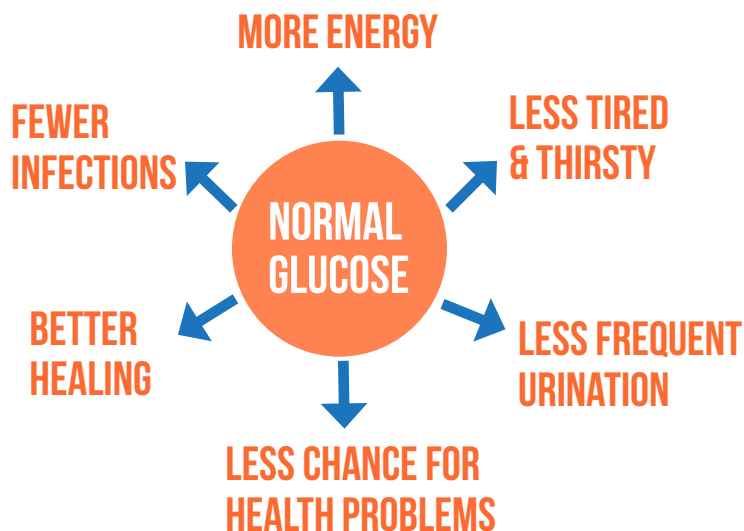
The single best predictor of type 2 diabetes is **OVERWEIGHT OR OBESITY**. Almost 90% of people living with type 2 diabetes are overweight or have obesity.

Here are other risk factors listed by the Centers for Disease Control and Prevention.

- **FAMILY:** Having a parent, brother, or sister with diabetes.
- **RACE:** Being African American, American Indian, Asian American, Pacific Islander or Hispanic American/Latino heritage.
- **HISTORY:** Having a prior history of gestational diabetes or birth of at least one baby weighing more than 9 pounds.
- **BLOOD PRESSURE:** Having high blood pressure measuring 140/90 or higher.
- **CHOLESTEROL:** Having abnormal cholesterol with HDL ("good") cholesterol is 35 or lower, or triglyceride level is 250 or higher.
- **EXERCISE:** Being physically inactive—exercising fewer than three times a week.



Why Manage Your Diabetes?



- Heart attack or stroke
- Eye problems that can lead to trouble seeing or going blind
- Pain, tingling, or numbness in your hands and feet, also called nerve damage
- Kidney problems that can cause your kidneys to stop working
- Teeth and gum problems

Source: National Institute of Diabetes and Digestive and Kidney Diseases



Legislation That Passed

KMA advocated with success for some significant legislation during the 2016 legislative session. Several bills all passed in the Kentucky House and Senate and were either signed by the governor or will take effect without his signature. The new laws – except those that come from legislation that contain emergency clauses or different specified effective dates – will take effect in mid-July.

Maintenance of Certification/Licensure

(Sen. Ralph Alvarado, MD)

Senate Bill 17 prohibits the state from requiring initial board certification or recertification in order for physicians to obtain or retain their medical license. Board certification in a specialty is, and always has been, voluntary in Kentucky. KMA proactively fought to keep it that way.

Fair Contracting

(Sen. Ralph Alvarado, MD)

Senate Bill 18 will make physician contracting with insurers fairer and more transparent in Kentucky. SB 18 changes current law and requires insurers to follow a new set of procedures before changing an existing agreement with a provider. Specifically, the measure requires:

- 90 days' notice for a material change;
- notices for material changes dealing with membership networks or new/modified insurance products to be sent by certified mail;
- notices for all other material changes to be sent in an orange-colored envelope;
- notices that describe the material changes;
- an opportunity for providers to use "real-time communication" to discuss the proposed changes with the insurer;
- a clean, consolidated informational copy of the agreement after three (3) material changes in a twelve (12) month period; and
- an opportunity for providers to object to proposed material changes by utilizing specifically defined procedures.

State Licensure Board Appointments

(Sen. Ralph Alvarado, MD)

Senate Bill 19 stipulates that appointees for the Kentucky Board of Medical Licensure

(KBML) shall come from names submitted by the Kentucky Medical Association.

This legislation ensures a non-political, professional vetting process for individuals seeking appointment to the state's medical licensure board. A number of other state professional organizations already enjoy this privilege, and KMA sought and obtained the same right to safeguard the selection process used to appoint members to KBML.

Independent Appeals Process for Medicaid

(Sen. Ralph Alvarado, MD)

Senate Bill 20 addresses concerns of patients, physicians and hospitals about the difficulty associated with appealing coverage denials and nonpayment of claims by Medicaid managed care organizations (MCO). Senate Bill 20 allows providers who have exhausted the internal appeals process of a Medicaid MCO to request an impartial administrative hearing through the Cabinet for Health and Family Services.

Biosimilars

(Sen. Ralph Alvarado, MD)

Senate Bill 134 updates the Kentucky Pharmacy Practice Act to allow Kentucky pharmacists the ability to dispense less expensive biologic medications to patients by allowing substitution of an interchangeable biosimilar. Because biologic products differ from generics in complexity and are not identical chemical products, SB 134 also ensures there will be transparent communication between pharmacists and prescribers to ensure medical records reflect which specific product has been dispensed to the patient. Physicians in Kentucky will retain the authority to use "Do Not Substitute" or DNS.

Physician Assistant Co-signature

(Sen. Tom Buford)

Senate Bill 154 changes a requirement that supervising physicians review and sign off on 10 percent of overall medical notes written by physician assistants under their supervision. With this change, physicians, practices and institutions will now outline and determine the parameters for the medical notes for which they will countersign. This information will be included in the application for supervising physician assistants that is required by the Kentucky Board of Medical Licensure.



Shawn Jones, MD, testified before the Senate Health and Welfare Committee regarding Medical Review Panels during the 2016 legislative session.

Legislation That Did Not Pass

Medical Review Panels

(Sen. Ralph Alvarado, MD)

Senate Bill 6 would have created medical review panels for use in medical malpractice cases. Such panels could help prevent frivolous lawsuits and improve the provider environment in the Commonwealth. Kentucky is one of the most litigation-friendly states in the nation. In 2015, the Institute for Legal Reform ranked Kentucky 39th in the nation for its lawsuit climate.

Smoke-free Kentucky

(Rep. Susan Westrom)

House Bill 351 would have prohibited indoor smoking in businesses, places of employment and other public places across the Commonwealth.

Minors' Use of Tanning Devices

(Rep. David Watkins, MD / Sen. Ralph Alvarado, MD)

House Bill 196 and Senate Bill 108 would have prohibited anyone under age 18 from using a tanning device at a tanning facility but would have provided an exemption for medical use of phototherapy devices.

Other Bills of Interest

Visit the KMA website at www.kyma.org and click on the Community Health and Advocacy tab for an update on other legislative items that received attention during the 2016 regular session.



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Ratings are compared to NCQA (National Committee for Quality Assurance) national averages and from information submitted by the health plans.



MARK-51677 | APP_11/16/2015

PASSPORT
HEALTH ★ PLAN 

We take the time to care ...

KMA Community Connectors

Dr. Rice Leach: Public Health Hero for Lexington and Kentucky

The KMA Community Connector program is designed to recognize leaders in their community and in medicine. Rice Leach, MD, embodied both to a degree that his death April 1 left a void across the Commonwealth, especially in the public health arena.

Dr. Leach was in the first class of Community Connectors in 2014. In addition to serving as Lexington's commissioner of health in his final years, Dr. Leach had previously served the Commonwealth as public health commissioner from 1992-2004 and the nation as chief of staff to the U.S. Surgeon General.

In March, the Lexington-Fayette County Board of Health presented Dr. Leach, via Skype, the 2016 Public Health Hero award and announced plans to rename the award in his honor.

Lexington Mayor Jim Gray thanked Dr. Leach for his service to the city and its residents in a statement issued at the time of the award.

"He truly is a Public Health Hero because he has made Lexington citizens healthier and given them better access to the health care services they need," Gray said.

Dr. Leach was an active KMA member and had attended the KMA Physicians' Day at the Capitol event in mid-February, as well as the KMA Public Health Commission meeting that day. Leaders of KMA reacted with sorrow to Dr. Leach's death.

"I have no adequate words ... only sadness for his passing, appreciation for his voice, as well as admiration for a man of integrity and vision with a heart for the people of the Commonwealth," said Shawn C. Jones, MD, FACS, a former KMA president and vice chair of the Kentucky Foundation for Medical Care, which is funding the KMA public health campaign, "Commit to Quit."

John Johnstone, MD, of Richmond, chair of the KMA Public Health Commission, called Dr. Leach "a gift to Kentucky. He was a very bright, knowledgeable and innovative individual."

It was that innovation and leadership that, according to a former chair of Lexington's board of health, saved that city's health department. Scott White, a Lexington attorney, told the *Lexington Herald-Leader*



Rice Leach, MD, second from left, was recognized as a KMA Community Connector in 2014 by then KMA Board Chairman Brent Wright, MD. Behind the pair are 2014-15 KMA President David Bensema, MD, left, 2013-14 KMA President Fred Williams, MD, and John A. Patterson, MD, far right. Dr. Leach died April 1.

“ We are all better to have known him and the patients and citizens of Kentucky will miss him. ”



that Dr. Leach's leadership spurred recent department initiatives, including integrating safe food trucks into Lexington's street dining and a needle exchange program designed to combat the spread of blood-borne disease.

Dr. Leach's affinity for public health was evident in most everything he did. When he was presented with the Public Health Hero Award, he told staff at the Fayette County Health Department: "I think most of you know I have loved working here, love our mission and love all of you."

He had written a piece, "Kentucky Physicians in Public Health," for KMA's 150th anniversary publication, "A History of Medicine in Kentucky 1851-2001," detailing the history of public health in the Commonwealth.

"The past demonstrated what happens when public health and medical practice join forces," he wrote, pointing to the new challenges of obesity, diabetes, heart disease and cancer. "... The reemergence of

this partnership as the Kentucky Medical Association completes 150 years can only bode well for Kentucky as all phases of medicine join forces to confront these new barriers to good health."

Naren James, MD, of Stanford, a member of KMA's Public Health Commission, said Dr. Leach "will be missed as an unbending advocate for community and public health. Was truly a mentor to me and many others I am sure."

Besides his commitment to public health, Dr. Leach's KMA colleagues remembered him as "one of a kind," in the words of Greg Cooper, MD, of Lexington. "What a great loss for Kentucky medicine!"

Don Neel, MD, formerly of Owensboro, echoed Cooper's sentiments.

"Rice was a special soul and one of a kind. ... He had such a way with words and his wisdom ran deep. He had so many favorite sayings like 'the canoe doesn't just leak on my side,'" Neel said. "Even if you disagreed with him, you respected his view and perspective which usually was well founded."

"We are all better to have known him and the patients and citizens of Kentucky will miss him," Neel said.



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KFMC is working with KMA, local medical societies and health care organizations to help Kentucky smokers **Commit to Quit**. The public health campaign encourages smokers to talk with their physicians about quitting. Visit committoquitky.com

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