

Communicator

Leadership isn't Measured by Age

Meet the Middlesboro Elementary Students who Worked to Pass a Smoking Ban

Chloe Burchett saw a problem in Middlesboro, one that she wanted to fix.

"Smoke always makes my brother have an asthma attack ... like when we walk into Walmart, people are always smoking by the doors and I hate walking through that," Chloe, a sixth grader, said.

She had the opportunity to make a difference through a "Destination Imagination Team" as a fourth grader at Middlesboro Elementary School in 2014. The seven students on the team were selected based on a variety of assessments used throughout the school and district.

"The mission of the team was to develop opportunities that inspire the global community of learners to utilize diverse approaches in applying 21st century skills and creativity," said teacher Kelsey Massengill, who helped guide the students on the team. But Massengill is quick to point out she only served as a coach to ensure the students stayed on track — she didn't directly help them with their ideas or project.

Students picked the challenge of a service learning project. "One of the guidelines was the project had to be something the students viewed as a concern within their community," Massengill said.

Chloe and others saw smoking as a big concern. At the time, 33 percent of Bell County residents smoked. The fourth graders decided to make a (See **STUDENTS**, Page 3)



The Destination Imagination team from Middlesboro Elementary School in 2014-15 worked to get a smoking ban passed in their town. Pictured are Ryann Tong, front row left, Jack Yoakum, Sabrina Sparks, Haylee Mills; Coach Kelsey Massengill, back row left, Bryce Bowling, Chloe Burchett, Kaylea Martin, Coach Tonya Martin and Marcia Dake, PhD, BREATHE program director.

P2 / PRESIDENT'S MESSAGE

KMA President Ted Miller, MD, PhD, discusses highlights of a successful year for KMA.

P5 / FOCUS ON HEALTH

Focus on Health, KMA's patient newsletter, provides information about heart disease and helps patients recognize whether they are at risk.

P7 / FROM THE KBML

It's the midpoint of the CME cycle in Kentucky. Do you know what credits you need?

P9 / COMMUNITY CONNECTORS

John Patterson, MD, works to keep compassion alive in medicine in his community and across Kentucky.



President's Message

A Successful Year for KMA

By the time you read this message, there will probably be less than one month remaining in my term as KMA President. From my perspective, the time certainly seems to have passed quickly. I suppose that was to be expected since, as predicted for me by several past Presidents, the presidency has been a tremendously rewarding experience for me. But I think that this has been a very good year for the Association as well. It seems appropriate at his time to reflect on some of the highlights of this year for the KMA.

The year began in late August with a revamped Annual Meeting. Changes were made as a direct result of the recommendations of the Focus Forward initiative led by Dr. Fred Williams two years ago. In an effort to make the meeting more efficient, a new weekend format was introduced with a single House of Delegates meeting. In addition, the second day of the meeting was given an educational focus with the Kentucky Physicians Leadership Academy in the afternoon.

The President's Dinner was made less formal with the focus being on physician leadership and it was rechristened the Leadership Dinner. In addition to inaugurating the new KMA and KMA Alliance Presidents, the Association honored its second class

of Community Connectors and presented the Distinguished Service Award and Debra K. Best Outstanding Layperson Award. The Educational Achievement Award and the Community Service Award were presented earlier in the day. The single HOD Meeting was on the third day. Since the proposed resolutions had already been vetted by the appropriate commission, by the Executive Committee and the Board of Trustees, and by the Reference Committees, the business of the HOD proceeded smoothly. The reaction to these changes was nearly universally positive. Much credit must be given to the KMA staff who worked hard to make this transition the success that it was.

Another highlight of the year for the KMA was the continuing enhancement and modernization of our communication efforts, both with our members and their patients. Under the leadership of our Director of Communications, Ms. Mary Branham, a new publication, *For the Record: The Journal of the Kentucky Medical Association*, debuted in late 2015. This was followed by the print version of the *Communicator* and our new patient newsletter, *Focus on Health*. Also launched in January of 2016 was the *Ky Health eNews*, which is sent to members twice a month. During the legislative session, the KMA's legislative newsletter, *Legislative Alert*, was published weekly, along with video podcasts recapping legislative events of the previous week.

The KMA has also had an increased presence on social media sites facilitating communication with members and non-members alike. Our improved communication abilities have also made our partnership with the Kentucky Foundation for Medical Care and other physician and health care organizations in the Commit to Quit campaign highly effective. The success of our advocacy efforts, as I will address shortly, has also been aided by these communication advances.

As discovered by the Focus Forward initiative's survey of our membership, one of the KMA's most valued services has been our legislative advocacy. As has been well-documented, the 2016 Kentucky Legislative Session was the most successful for the KMA in more than a decade. This success was founded on the continued efforts in Frankfort of our advocacy team of John Cooper, Bill Doll and Cory Meadows. The difference-maker this year, however, was the dynamic legislative leadership of Dr. and Sen. Ralph Alvarado, who sponsored several bills and saw four of them that were of prime interest to KMA become law. Our advocacy

successes extend beyond legislation passed to include unfavorable legislation modified or prevented entirely. These less visible successes are often not well-appreciated.

In addition, not to be forgotten are the efforts of our Legislative Quick Action Committee, chaired by Dr. Donald Swikert, and those of our individual members who helped legislators understand our positions and the benefits they bring to our patients.

It has been a good year for the KMA. These have only been a few highlights of the many advancements made by your Association. Other interesting developments include:

- The KMA is looking forward to working with Gov. Bevin and his staff to make Kentucky's Medicaid program a model for better health outcomes and long-term financial stability.
- Thanks to the work of Diane Lundbom, Director of Member Services, and her staff, Executive Vice President Pat Padgett and others in reaching out to medical schools and hospital corporations, and individual members on a personal level, active membership is up.
- Plans have been finalized for a change of venue for the KMA headquarters beginning Oct. 1, 2016, to make more cost-effective use of our space.
- The KMA continues to have a strong presence in the leadership of the AMA to provide Kentucky physicians with a voice in organized medicine on the national level.
- Medical student participation in the KMA has been augmented through the Medical Student Outreach and Leadership Program.
- Exciting plans have been made for a Kentucky Physicians Leadership Institute in conjunction with Butler University.

No one can say with certainty exactly what lies ahead for the practice of medicine. However, under the able leadership of our next President, Dr. Nancy Swikert, and the many other devoted physician leaders and staff members of the KMA, I am confident that we can meet whatever challenges come. But the leadership can't achieve success alone. We need your continued participation and, therefore, I invite you to become engaged and to learn more about your Association by attending this year's Annual Meeting, themed "Wellness in a Weekend," at the Louisville Marriott East, Sept. 9-11, 2016, and bring a colleague!

THEODORE MILLER, MD, PhD
2016 KMA President

2016 KMA Annual Meeting

KMA 2016 Annual Meeting Offers “Wellness in a Weekend”

In one weekend over the course of about two days and 30 hours of events, Kentucky Medical Association members can be inspired, earn CME credit, develop leadership skills, help set policy for the association for the coming year, meet with legislators and mingle with colleagues.

All this and more will take place during KMA's 2016 Annual Meeting Sept. 9-11 at the Louisville Marriott East at 1903 Embassy Square Blvd.—a new venue for the Annual Meeting. The theme of the meeting is “Wellness in a Weekend.”

KMA Leadership Dinner, Reception and Exclusive Bourbon Tasting

Nancy C. Swikert, MD, will be installed as the 2016-17 KMA and KMA Alliance President at the KMA Leadership Dinner at 7 p.m. Saturday, Sept. 10.

The Community Connector Leadership Program and Medical Student Outreach and Leadership Program Class of 2016 will be recognized. KMA will also present the Distinguished Service Award and the Debra K. Best Outstanding Layperson Award. Dinner is \$65 per person.

The Community Service Award and the Educational Achievement Award will be presented at the Leadership Academy lunch Saturday afternoon.

A Leadership Reception will be held from 4:30-7 p.m. in the Commonwealth Prefunction Area.

KPPAC 100 members can attend an exclusive KPPAC 100 Bourbon Tasting from 5:15-6 p.m. Contact Laura Hartz at hartz@kyma.org or (502) 814-1386 for tickets for this free event for members of the KPPAC 100 or to become a KPPAC 100 member.

KMA Alliance to Host 93rd Annual Meeting

The KMA Alliance will hold its 93rd Annual Meeting, Sept. 9-11, in conjunction with the KMA Annual Meeting at the Louisville Marriott East. Special guests include American Medical Association Alliance President Rosemary Xavier, Southern Medical Association Alliance President Barbara Blanton and McDowell House Director Carol Senn.

An installation luncheon for 2016-2017 KMAA President Nancy C. Swikert, MD, will be held Saturday in the Thoroughbred Room of the hotel.

Students to Speak at Annual Meeting

(Continued from Page 1)

presentation to the Middlesboro City Council in an effort to ban smoking in public places to protect nonsmokers from secondhand smoke and, perhaps as an extended result, to help decrease the number of smokers.

Once the students picked smoking as their challenge, they were self-motivated to make this change within their community, Massengill said. The students attended city council meetings and presented research about Bell County smoking-related health issues. Their presentation included a petition with more than 400 signatures and information about the health effects of smoking. Students also performed a skit they created to highlight the problem and present a solution.

Their persistence and efforts paid off — the City Council passed an ordinance that bans smoking in all public places.

“This has taught me that even young people can do big things.”

—Jack Yoakum, student

Several of these student leaders will be on hand to share their amazing accomplishment at KMA's Leadership Academy Sept. 10 during the 2016 KMA Annual Meeting Sept. 9-11 at the Marriott Louisville East. The theme of this year's meeting is “Wellness in a Weekend.”

The students' success demonstrates the power of leadership and how important it is to grow and develop these skills at any age.

“This has taught me that even young people can do big things!” said Middlesboro fifth grade student Jack Yoakum.



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
- 8-10 a.m. Trustee District Nominating Committee Open Meeting
- 8-10 a.m. Open for Nominations
- 10:30 a.m. Kentucky Physicians' Leadership Academy
- 10 a.m. Light breakfast available/CME sign-in open
- 12:15 p.m. Lunch will be provided for attendees
- 4:30 p.m. Leadership Reception
- 5:15 p.m. KPPAC 100 exclusive Bourbon Tasting
- 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
- 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 HOD

Register at the KMA website
www.kyma.org

ELECTIONS – KMA HOUSE OF DELEGATES – SEPTEMBER 11, 2016

The following positions will be filled at the Sept. 11, 2016, KMA House of Delegates' meeting during the KMA Annual Meeting.

GENERAL KMA OFFICERS

| Term | Office | Incumbent |
|--------|-----------------|-----------------------------------|
| 1 year | President-Elect | To be elected from state at large |
| 1 year | Vice President | R. Brent Wright, MD, Glasgow |
| 3 year | Speaker | Bruce A. Scott, MD, Louisville |
| 3 year | Vice Speaker | Maurice J. Oakley, MD, Ashland |

TRUSTEES AND ALTERNATE TRUSTEES

The KMA Bylaws provide that the Trustees and Alternate Trustees to be elected will be nominated by the Delegates of their respective Districts at the time of the Annual Meeting. It is the obligation of the Districts to communicate to the Nominating Committee their nominations at the Annual Meeting. Trustees and Alternates are elected for a 3-year term, and may be re-elected once.

| Full or Partial Term | District | Trustees | Alternate Trustees |
|----------------------|----------|--------------------------------------|------------------------------------|
| 3 years | 1 | *Carolyn S. Watson, MD, Paducah | #Vacant |
| 3 years | 3 | *James M. Donley, MD, Madisonville | *Alan J. Thorner, MD, Madisonville |
| 3 years | 4 | **Corazon A. Veza, MD, Elizabethtown | *K. John Yun, MD, Elizabethtown |
| ***2 years | 7 | | ***Vacant |
| ***2 years | 9 | | ***Vacant |
| 3 years | 12 | **Naren James, MD, Stanford | *David L. Brabon, MD, Wilmore |
| 3 years | 14 | **H. Michael Oghia, MD, Jackson | **Jyotin V. Chandarana, MD, Hazard |
| +1 year | 15 | | +Vacant |

* Has served one full term (and/or partial term vacated by another Trustee or Alternate) and is eligible for another full term; ** Has served two full terms and is not eligible for re-election; *** Districts 7 and 9 will serve two years to complete partial terms; +District 15 will serve one year to complete partial term; # District 1 will serve for a full three-year term.



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Contact Laura Hartz at hartz@kyma.org (502) 814-1386 for details

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SUMMER, 2016

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HEART DISEASE: THE LEADING CAUSE OF DEATH IN THE U.S.

Heart disease is the cause of about one in four deaths in the U.S. each year, claiming the lives of about 610,000 Americans annually, according to the Centers for Disease Control and Prevention. More than half of those deaths were in men, although women face special challenges with diagnosis and treatment.

Someone in the U.S. has a heart attack every 42 seconds; someone in the U.S. dies from a heart disease-related event every minute, a CDC fact sheet says.

A heart attack occurs when the blood flow that brings oxygen to the heart muscle is severely reduced or stopped. Most heart attacks start slowly, with mild pain or discomfort. Warning signs of a heart attack include chest discomfort, discomfort in other areas of the upper body and shortness of breath, according to the American Heart Association. Other signs may include breaking out in a cold sweat, nausea or lightheadedness. Women are more likely than men to experience some of the other common symptoms, including shortness of breath, nausea/vomiting and back or jaw pain, the Heart Association says.

In Kentucky, the Heart Disease and Stroke Prevention Program, strives to help reduce the rates of death and disability due to heart disease

KILLER IN KENTUCKY

Kentucky has the **9th** highest death rate from cardiovascular disease in the country

Heart disease is the **No. 2** killer in Kentucky

9,662 people in Kentucky died of heart disease in 2010

Stroke is the **No. 5** killer in Kentucky

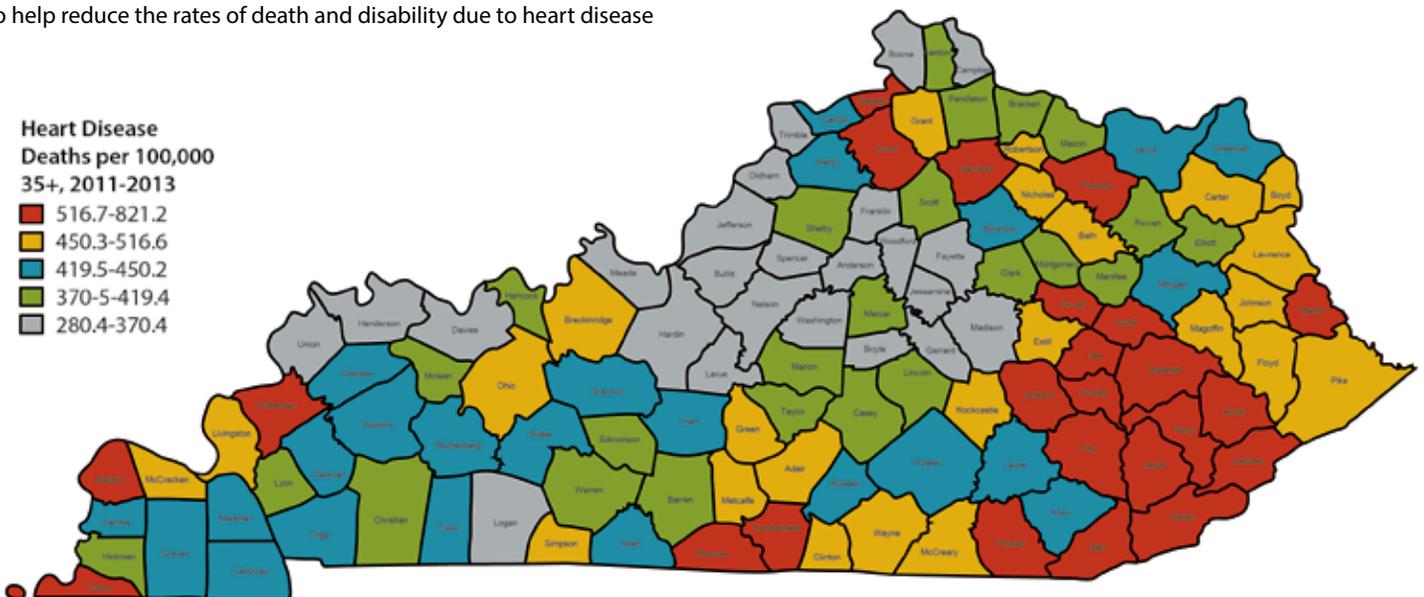
1,992 people in Kentucky died of stroke in 2010

Source: American Heart Association/American Stroke Association Infographic by Kentucky Medical Association

and stroke through prevention programs. The program works with other state and local agencies to promote interventions such as smoking cessation, physical activity and a healthy diet.

Heart Disease Deaths per 100,000 35+, 2011-2013

- 516.7-821.2
- 450.3-516.6
- 419.5-450.2
- 370.5-419.4
- 280.4-370.4



KNOW YOUR RISK OF HEART DISEASE

Heart disease is the leading cause of death in the United States, accounting for one in every four deaths, according to the Centers for Disease Control and Prevention.

Nearly half of all Americans have at least one of the three risk factors—high blood pressure, high LDL cholesterol and smoking—for heart disease, the CDC says. But other risk factors and medical conditions put people at

a higher risk for heart disease. Those include diabetes, overweight and obesity, poor diet, physical inactivity and excessive alcohol use.

Many of those risk factors can be controlled, according to the American Heart Association.

In Kentucky, an estimated 6.1 percent of adults have been told they have a coronary heart disease or angina, according to the most recent Behavioral Risk Factor

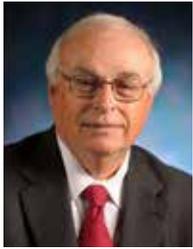
Surveillance System, or BRFSS. That's higher than the U.S. estimate of 4.1 percent. Men were more likely to have the disease than women. A similar percentage of people, 6 percent in Kentucky vs. 4.3 percent nationwide, had been told they had had a heart attack. That number was significantly higher based on age—an estimated 14.9 percent of people over age 65 had experienced a heart attack.

7 RISK FACTORS YOU CAN CONTROL

| | | | | |
|---|--|---|---|--|
|  | <h3>HIGH BLOOD PRESSURE</h3> | <p>Normal blood pressure is below 120/80. Anything over that should be watched and brought under control with lifestyle changes; medication may be necessary.</p> |  | <h3>MEDICATION IF NEEDED</h3> |
| <h2>7 RISK FACTORS YOU CAN CONTROL</h2> | | <h3>EAT LESS SALT</h3> | <p>Your blood cholesterol levels should be below 200. HDL, or "good cholesterol" should be at least 40, but 60 is ideal. LDL, or "bad cholesterol" should be below 130. 100 or less is ideal.</p> | <h3>POOR CHOLESTEROL LEVELS</h3> |
| | | <h3>MAINTAIN A HEALTHY WEIGHT</h3> |  | <h3>EAT MORE FRUITS, VEGETABLES, WHOLE GRAIN AND LEAN PROTEIN</h3> |
| <h3>BEING OVERWEIGHT OR OBESE</h3> | <p>Being overweight increases your risk for heart disease even without other risk factors.</p> | <h3>STRESS</h3> | | <h3>DIABETES</h3> |
|  | <h3>STRESS</h3> |  | <h3>DRINK ALCOHOL IN MODERATION</h3> | <h3>DIABETES</h3> |
| <h3>LACK OF PHYSICAL ACTIVITY</h3> | <p>Being physically active can greatly reduce your risk of heart disease.</p> |  | <p>Smoking more than doubles your risk of heart disease. Secondhand smoke increases heart disease risk to that almost as high as smokers.</p> | <h3>SMOKING</h3> |

From the KBML

At the Midpoint of CME Cycle, Think About Credits You Need



PRESTON NUNNELLEY, MD
President,
Kentucky Board
of Medical Licensure

Now that we are halfway through 2016, the Board would like to highlight the fact that we are at the midpoint of our current CME cycle. According to 201 KAR 9:310, all physicians maintaining a current Kentucky medical/osteopathic license are required to complete 60 hours of CME every three-year cycle, with 30 hours being certified in AMA or AOA Category I by an organization accredited by the Accreditation Council on Continuing Medical Education (CME). The current CME cycle ends Dec. 31, 2017.

Along the same note, the Board would like to remind all licensed physicians to ensure that they obtain the appropriate continuing medical education hours to maintain compliance with this regulation. It is important for physicians to remember the continuing medical education requirements related to House Bill 1, which went into effect in 2012, remain ongoing. According to the regulation, for each three year continuing education cycle beginning on Jan. 1, 2015, a licensee

who is authorized to prescribe or dispense controlled substances in the Commonwealth at any time during that cycle shall complete at least 4.5 hours of approved continuing education hours relating to the use of KASPER, pain management, addiction disorders or a combination of two or more of those subjects. A licensee may satisfy this requirement by completing a single approved program of 4.5 hours or longer or by completing multiple approved programs for a total of 4.5 hours or longer for that cycle. A summary of the Board's CME requirements is available on our website, www.kbml.ky.gov.

As the dog days of summer hit the Commonwealth, one issue of interest that has garnered a tremendous amount of media attention has been on the preparation for the Zika virus. The Board included an article on the virus, which was submitted by the Kentucky Department of Public Health, in its spring newsletter. In addition, we recently posted information on testing for Zika on the main page of our website. The Board encourages all physicians to become familiar with this issue and we will continue to provide any updates with further information upon receipt from the Department of Public Health.

The Board also would like to advise physicians that we recently completed the process of amending our regulation, 201 KAR 9:270,

which focuses on the professional standards for prescribing or dispensing Buprenorphine-Mono-Product or Buprenorphine-Combined with Naloxone. These changes took effect June 3, and the Board would like to encourage all physicians who utilize these medications to treat opioid dependence to review the regulation and become familiar with it.

Finally, I would like to advise that I am closing in on the final days of my current term on the Board. Due to my recent retirement from the practice of medicine, I have indicated that I will not accept another term and recognize that it is time to move on. Words cannot express what a tremendous privilege it has been to serve on the Board for the last 24 years and the last nine years as Board President. I would like to express my special appreciation to the Kentucky Medical Association for all their support throughout the years.

I would also like to thank each of my fellow Board members that I have served with and Board staff for all of their hard work and dedication to the Commonwealth. Serving on the Board has been a true honor and one that I will always cherish. The members of the Board take great pride in the Board's ability to serve the citizens of the Commonwealth and I am happy to know it will continue to work to protect the public and improve the quality of health care in Kentucky.

MEMBER NEWS

Dr. Scott Re-Elected AMA Vice Speaker

KMA Board of Trustees Speaker of the House Bruce Scott, MD, Kentuckiana Ear Nose & Throat PSC, Louisville, was re-elected as the American Medical Association Vice Speaker during the AMA's Annual Meeting in Chicago.

Dr. Seifert to Chair Advisory Panel

KMA member Tad R. Seifert, MD, has been named chairperson of the Kentucky Boxing and Wrestling Medical Advisory Panel. He serves as director of Norton Healthcare's Sports Concussion Program and is a clinical assistant professor of neurology at the University of Kentucky College of Medicine.

Sen. Alvarado, MD, Recognized by KHA

Senator Ralph Alvarado, MD, KMA member and physician at KentuckyOne Health Primary Care Associates in Winchester, received the Kentucky Hospital Association's Award of Excellence for devoting his career to serving the health care needs of Kentuckians.

Dr. Tuckson Recognized for Leadership

KMA member Wayne Tuckson, MD, with KentuckyOne Health Colorectal Surgery Associates in Louisville, received the Lyman T. Johnson Distinguished Leadership Award for his outstanding health care work for minority populations and as a founder of the African-American Health Initiative.

UofL Doctor to Chair National Committee

Charles Woods, MD, KMA member and Associate Chair of the UofL Department of Pediatrics and director of the department's Child & Adolescent Health Research Design & Support Unit, has been elected the incoming chair of the Executive Committee of the American Academy of Pediatrics' (AAP) Section on Epidemiology, Public Health and Evidence.

What Have You Got Going On?

Please send information and/or photos to Emily Whalin at whalin@kyma.org and we'll publish it in an upcoming issue of *Kentucky Health eNews*.

The Economic Side

Prepare Now for Big Changes to Medicare Physician Payments

By LINDY LADY, CPC, CPCO

KMA Medical Business Advocacy Manager

Medicare chief Andy Slavitt recently indicated implementation of the Medicare Access and CHIP Reauthorization Act (MACRA) could be delayed. That would give physicians, in particular solo and small group practices, more time to prepare for the major shift to the Merit Based Incentive Payment System (MIPS).

To help educate members about these changes, KMA is developing a "MIPS in a Minute" webinar series that offers four fast-paced 10-minute educational sessions designed to be flexible and provide members with the most up-to-date information. Sessions will be updated as changes occur.

The webinar series will focus on the key components of MIPS, explain the operational features of the new payment system and the connection to prevention and chronic care coordination coding and reimbursement. The series will explore how the Physician Compare website will work and impact physicians.

MIPS combines three independent programs and adds a fourth component to promote ongoing improvement and innovation:

1. Electronic Health Record Incentive Program/Meaningful Use (MU)
2. Physician Quality Reporting System (PQRS)
3. Value-Based Modifier (VBM)
4. New Clinical Practice Improvement Activities (CPIA)

MACRA TIMELINE

2015: Congress eliminated the Sustainable Growth Rate; that change started the transition to the new Quality Payment System. When this system takes effect, physicians may receive payment adjustments to their fee-for-service Medicare payments through participation in the Merit-based Incentive Program or in a qualifying alternative payment method on or after Jan. 1, 2019.

2016: The last year physicians have to report performance measure scores to Medicare to avoid up to a 9 percent reduction in Medicare

Physician Fee Schedule payments under the Physician Quality Reporting System, the Value-Based Modifier Program and the Meaningful Use Program.

2017: Physicians will be rated based on four weighted performance categories—quality, resource use, advancing care information and clinical practice improvement activities. These four categories will dictate the physician's 2019 composite performance score under MIPS.

The composite score ranges from 1 to 100 and will be used by Medicare to determine the physician's 2019 payment rate; at the same time Medicare will report the physician's score publicly on Physician Compare.

2019: Physicians' fee for service payments will be adjusted based on the composite scores. Medicare will publish performance data about physicians via the Physician Compare website that will include how patients rate them and for the first time, consumers will be able to see their providers rated on a scale of 0 to 100 and how their providers compare to peers nationally.



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Passport Health Plan is the only provider-sponsored, community-based Medicaid plan operating within the commonwealth. So, it's no coincidence that Passport has the highest NCQA (National Committee for Quality Assurance) ranking of any Medicaid MCO in Kentucky.

Our providers make the difference.

*Passport's growing network of providers now includes 3,720 primary care physicians, 14,014 specialists, 131 hospitals, and 5,619 other health care providers.

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

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KMA Community Connectors

Dr. John Patterson: Working to Keep Compassion in Medicine

When he was a student at Vanderbilt University in the late 1960s, John Patterson, MD, assumed he would become either a doctor or a lawyer. In fact, he took entrance exams to both medical school and law school while at Vandy.

His acceptance into the University of Tennessee Medical School drove his decision to enter medicine, but his motivation to become a physician grew because of the example set by Albert Schweitzer, the noted theologian, pianist, philosopher and physician.

"He had a doctorate in music, a doctorate in theology ... and then decided to go to medical school specifically so he could serve in an area of the world that was in desperate need," Dr. Patterson said. "That was a big inspiration to me."

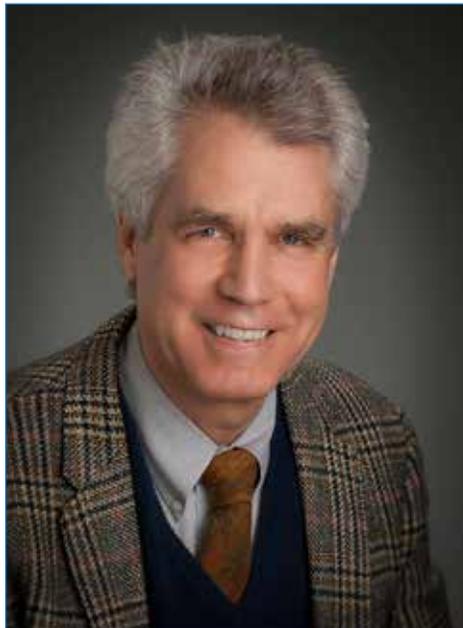
Dr. Patterson graduated Vandy in 1970 and had considered staying in college an extra year to study comparative religions, but entered the University of Tennessee Medical School, graduating in 1973. After completing a general internship in Memphis, Dr. Patterson moved to Lexington, where he worked as an emergency physician for two years before completing a family practice residency at the University of Kentucky.

It was then, in 1980, that he followed Dr. Schweitzer's model and looked for his own community in need. That's how he ended up serving the medical needs of Estill County for 30 years.

During that service, Dr. Patterson became active in advocacy for public health and was named by KMA as an official liaison between the association and the Health and Agriculture Forum, a group of health advocates and agriculture interests who came to the table with the common goal of protecting youth against tobacco.

When KMA established the Community Connector Leadership Program in 2014, Dr. Patterson signed up because, he said, the program was stressing ideals by which he had long lived. In addition, he said, "I thought it was a way to bond with colleagues who had been doing similar things," he said. The involvement of the late Rice Leach, MD, a public health champion, solidified his interest in participating in the first class of Community Connectors.

The goal of the program is to connect physician



leaders to their communities. Dr. Patterson does that in spades.

While participating in the program, Dr. Patterson suggested to Chris Hickey, executive vice president/CEO of the Lexington Medical Society, the creation of a physician health and well-being initiative, which evolved into the LMS Physician Wellness Program. It was an issue of huge importance to Dr. Patterson.

"I was sensitized to physician burnout and suicide very early in my career," Dr. Patterson said. A lab partner from medical school committed suicide the year after medical school and another lab partner, he believes, attempted suicide. "I was really struck by the loss and the fact that medicine can cause great harm to its students and residents."

Medical school and residency, once an all-male domain, was highly competitive in which students and residents were expected to "man up" and deal with the pressures.

"That militaristic style of medical education has been described as a dysfunctional family system where you actually want to hide your vulnerability," Dr. Patterson said. Emotional vulnerability can stem the promotion and

“There’s no better place to demonstrate that compassion is alive and well than in the practice of medicine.”

–John Patterson, MD

assignments pipeline, he said. "We are human beings and vulnerable by virtue of being human beings."

The LMS Physician Wellness Program is 100 percent confidential, a criterion Dr. Patterson calls "incredibly important." He believes the program is vital in the ever-changing, high stress field of medicine.

For the past 14 years, he's taught a course called "The Healer's Art: Remembering the Heart in Medicine." The course, which is taught in more than 100 medical schools, emphasizes the concept of wholeness for physicians.

In addition, he teaches mindfulness-based stress reduction through the UK Wellness Program, and offers a similar class to the community through his office, Mind Body Studio. He also teaches an Argentine Tango class every Friday night.

The concepts of the dance, he said, are similar in important ways to the practice of medicine. It points in the direction of human capacity of compassion, which is why many people get into medicine.

"If we keep alive the flame of compassion that leads us into medicine, we're more likely to serve our patients well, to serve our staff well and to serve our community well," he said.

That attitude ties into another effort in which Dr. Patterson is involved. He is working with a group to create Compassionate Lexington, a formal designation created by the Charter for Compassion. Compassionate cities – Louisville has that designation – involve government, medicine, education, social services, businesses and criminal justice, among other groups, in their efforts.

"There's no better place to demonstrate that compassion is alive and well than in the practice of medicine," Dr. Patterson said.



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