

# Communicator

■ SUMMER, 2017

*Physicians Caring for Kentucky*

## KMA Seeks to Participate in Lawsuit

### Case Questions Constitutionality of Tort Reform Bill

The Kentucky Medical Association has decided to participate in the lawsuit filed in Franklin Circuit Court challenging the constitutionality of Senate Bill 4, which established Medical Review Panels to evaluate medical malpractice claims before they can proceed in court. Participation in the case will ensure the voice of the medical profession is heard.

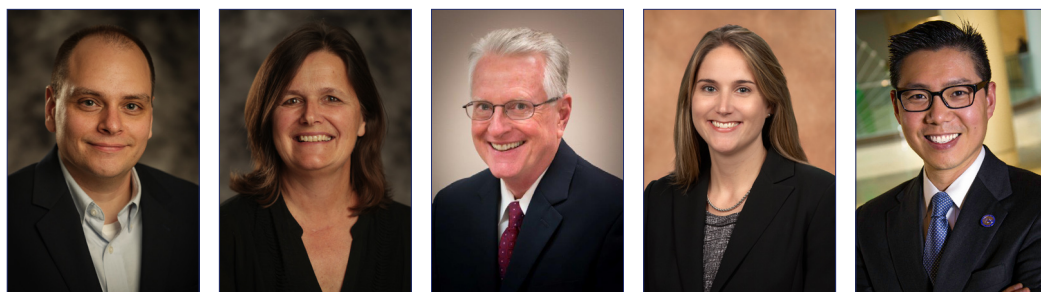
KMA was among several health care stakeholders that supported the legislation and worked with legislators to ensure it would pass constitutional muster.

"We believe that not only is the new law constitutionally sound, but that it will also improve the health care climate in Kentucky in several ways," said Nancy Swikert, M.D., the 2016-17 KMA president. "That is why we are seeking to become a party to this lawsuit."

(See LAWSUIT, Page 10)

#### P2 / PRESIDENT'S MESSAGE

KMA President Nancy Swikert, M.D., reflects on her year leading the organization and the importance of input from the "family of medicine."



Speakers at the KMA Annual Meeting Leadership in Action session include KET producers Justin Allen, left, and Laura Krueger, KASPER Program Manager David Hopkins, attorney Sarah Cronan Spurlock, and UK HealthCare Chief Medical Officer Phillip Chang, M.D.

## Leadership in Action

### Physicians Can Take the Lead in Solving the Opioid Epidemic

Physicians attending the Leadership in Action session at the KMA Annual Meeting Aug. 26 will have the opportunity to be part of the solution in addressing Kentucky's opioid epidemic.

Following presentations from experts in several areas, discussion will be led by participants in the first cohort of the Kentucky Physicians Leadership Institute, which is sponsored by the Kentucky Foundation for Medical Care (KFMC) through a grant from The Physicians Foundation. Different groups will discuss a specific topic and case scenario; they'll be charged with formulating recommendations and sharing ideas for addressing the challenges.

Faculty from Butler University's Executive Education team, which has been leading KPLI sessions throughout the summer, will kick off the morning discussion of leadership. The symposium, which also qualifies for 4.5 hours of credit mandated to fulfill the requirements of House Bill 1, will focus on several aspects of the opioid

epidemic. KFMC also sponsors the educational portion of the KMA Annual Meeting.

Producers from Kentucky Educational Television, which has had a long-term initiative aimed at elevating awareness of the complex issues surrounding opioid addiction in the Commonwealth, will share stories from more than two dozen broadcast programs examining all aspects of the epidemic.

KET producers Justin Allen and Laura Krueger will share insights and perspectives as journalists covering the crisis and will discuss medication-assisted treatment based on their reporting on the opioid crisis over the course of a year.

The personal stories told through the documentary and other programs add an element that helps to enhance the understanding of the epidemic and a desire to develop solutions, said

(See TAKE, Page 4)

#### P7 / FOCUS ON HEALTH

*Focus on Health*, KMA's patient newsletter, focuses on the ill effects of smoking and a new state law that ensures those who want to quit have access to the treatments they need to quit.

#### P9 / NEW PRESCRIBING RULES

The Kentucky Board of Medical Licensure is developing an Amendment to the prescribing rules for physicians in the Commonwealth.

#### P11 / COMMUNITY CONNECTOR

Shawn Jones, M.D., is the new President of the Kentucky Foundation for Medical Care. He uses his many platforms, including Twitter, to promote healthy habits.



## President's Message

# The Family of Medicine – A Team Approach

Time sure passes quickly. Our journey began Sept. 10, 2016, and it has certainly been wonderful! Let's reflect on the journey we took together for 2016-2017.

We set several goals last year and utilized the medical families I discussed at the installation dinner. The KMA family started to work on these goals immediately while many others joined in along the way.

I am so proud of all the families and their very hard work. Together we have made this a monumental year.

### Goal #1: Educate Kentuckians to Make Them Healthier

This area was headed by the KMA Communications Department, the Kentucky Foundation for Medical Care, the KMA Education Department and the KMA Alliance. Mary Branham and Emily Whalin maintained a robust social media campaign with electronic newsletters every two weeks, increased Twitter

impressions with important health tips for all Kentuckians and posted downloadable patient-friendly handouts on the KMA website.

The Kentucky Foundation for Medical Care (KFMC), headed by James Beattie, M.D., provided grants to nonprofits associated with the Community Connector Leadership Program.

- Evelyn Jones, M.D., Paducah, supported bringing speakers from Blue Zones to Paducah to help optimize the area to promote healthier and longer lives of residents;
- Fred Williams Jr., M.D., Louisville, nominated Family Community Clinic Inc. of Louisville for a grant to provide point-of-care lab testing to a clinic for the uninsured;
- Shawn Jones, M.D., Paducah, requested support for Nate's Wish to provide backpacks with books and toys to encourage and distract children with cancer during their treatments at the University of Louisville; and
- Vaughn Payne, M.D., Louisville, helped the Coalition for the Homeless of Louisville receive a grant for homeless youths ages 18-24 to move into a home of their own using the Rx Housing Fund.

The Education Department, with Miranda Mosley and Rachel Sender, worked hard on arranging CME opportunities for KMA members to help with promoting such healthy topics as diabetes care, vaccination updates, opioid management issues and others.

The KMA Alliance (the volunteer spouses of physicians) has worked for many years on improving the health of Kentuckians, especially children, by providing booklets for school children about being healthy, addressing bullying in schools, stopping violence (SAVE), and targeting school children on drug misuse (Pills are not a Party). KMAA also has helped address problems faced by the medical community, such as burnout, well-being, leadership and the health of the medical family. The KMA Alliance has raised thousands of dollars each year to help promote medical education/needs of Physicians in Training in state schools.

### Goal #2: Help Prepare Generations of Physicians for the Practice of Medicine

We had support in this area from various KMA departments including Advocacy, the

KMA Physician Political Action Committee (KPPAC) and Medical Advocacy, with support from KMA Executive Vice President Pat Padgett, Cory Meadows, Laura Hartz, Heather Playford and Lindy Lady.

Advocacy has been very active the past few years. Cory and Pat, along with KMA/KMAA leadership, made frequent trips to Frankfort to address legislation important to policy related to the practice of medicine and the health of Kentuckians.

We had a great Physicians Day at the Capitol. This year we were very fortunate to have about 20-25 medical students from UK and UofL, several residents from the St. Elizabeth Family Medicine Program in northern Kentucky and several young physicians joined the rally to speak with legislators at a common breakfast. The medical students met with legislators and heard business tips from Rep. D.J. Johnson of Owensboro; received an overview of the future of health care from an aide to the governor; and participated in a session on interviewing with Rep. Kim Moser. These activities will help prepare physicians to fight for the rights of patients and medicine in the future.

Lindy Lady and Miranda Mosley, along with other KMA staff, prepared a CME program to complement the Day at the Capitol to educate KMA members on the new MACRA/MIPS changes since the elimination of the SGR. Several articles on these topics can be found on the KMA website at [kyma.org](http://kyma.org).

Pat traveled with KMA officers, leaders and community medical society representatives to Washington, D.C., to attend the AMA National Advocacy Congress. This meeting offers updated information on federal advocacy issues affecting every state.

Along this same path, KMA has supported the KMA President or President-Elect each year in travels to surrounding states to discuss issues and network to be prepared for future developments. Information from other states often can be vital to legislation under consideration in Kentucky.

Spearheaded by Pat and Laura, a series of lunch seminars held for medical students at UK and UofL featured tips to prepare medical students for the future of medicine. These have been very successful and have attracted more than 250 students this year. These sessions are part of the Medical Student Outreach and Leadership Program (MSOL). We anticipate 58 students will graduate



from this program and will be honored at the annual KMA Leadership Dinner on Saturday evening, Aug. 26, 2017.

UK sent five medical students to the annual AMA meeting this year for leadership training. These medical students connected with me and expressed a desire to become more active in KMA/AMA as a result of this experience. Thank you to UK! Both UK and UofL invited KMA to their New Resident and Fellow Orientation. More than 200 residents at UofL and more than 80 residents at UK attended to hear the benefits of county, state and national organization liaisons to increase the political power of medicine to positively affect the practice of medicine.

KMA Alliance Past President Patty Pellegrini of Lexington is working hard on getting a new DVD created by the AMA Alliance distributed to county alliances for use in county medical society meetings, schools, PTA meetings, etc. to show as a focus project on prescription drug misuse by children and adolescents; it's called "Pill Parties." New AMA Alliance President, Kim Moser of Northern Kentucky, works as the director of the Northern Kentucky Office of Drug Control Policy on opioid abuse.

### Goal #3: Help Restore Joy to the Practice of Medicine and Allow the Physician More Time with Family

This area has been aggressively pursued by our two largest county medical societies, Greater Louisville Medical Society (GLMS) and Lexington Medical Society (LMS), as well as other smaller medical societies. An LMS member benefit, for instance, allows six confidential and complimentary visits for mental health issues per calendar year; LMS recently extended these visits to include UK residents and fellows.

Both LMS and GLMS have focused on physician well-being through a series of programs. Several LMS activities not only raise money for charity, but also encourage physician exercise and relaxation. GLMS implemented a family fun day for the installation of its new president—this year, it was a family day at the ballpark. LMS matches medical students with physicians in a mentorship program. GLMS provides UofL Medical School students their first white coat and networking opportunities with GLMS members. Both LMS and GLMS have charitable programs focused on community health.



KMA has had an active and productive year. KMA President Nancy Swikert, M.D., above at orientation for new residents at the University of Louisville, attended orientations for new residents and presentations for medical students at both UofL and the University of Kentucky. Above right, Tony Buettner of the Blue Zones organization spoke at the 2016 KMA Annual Meeting. At right, KMA and KMAA members attending the AMA Annual Meeting in June showed the strength of the family of medicine in Kentucky. *Photos by Mary Branham*



The Medical Student Section of KMA is growing by leaps and bounds. The value of the MSOL program is already coming into focus with a recent MSOL graduate, a third-year medical student, Mel Ruberg, who joined forces to bring an international program to Kentucky for the first time. Mel brought the Healthcare Leadership School to Leitchfield in June. What an accomplishment! You can read more by clicking on the menu for Healthcare Leadership schools at the website, [humansofhealth.jimdo.com](http://humansofhealth.jimdo.com). Thank you to Mel for her vision and passion.

The alliances of KMA, SMA and AMA, representing spouses of physicians, are another strong branch that help to address this goal. Members are working on issues like setting aside date nights, increasing family activities on weekends and free nights, and holding seminars for spouses on the stresses facing their physician partners. The AMA Alliance website has posted physician burnout resources with tips to download, and has publications targeting "The Physician Family" and "Alliance in Motion."

The AMA Alliance Facebook page has a strong campaign providing a forum for communications for Physicians in Training spouses on support for dealing with medical school, going through the match for residency, looking for communities to move

into after getting into residency, and other questions that arise.

None of this would be possible if membership in these organizations is not maintained. Our Membership Family is headed by Amber Laflin, Lesli Brenner, Trinity Cephus, the KMA Board of Trustees and each of us. The KMA Board of Trustees is vital in this area. I am so proud of the Board this year. Every time Board members were asked for help in membership recruitment and membership retention, they stepped up to the plate willingly and with a positive attitude. The combined efforts of the KMA board, staff and members were able to raise our membership to more than 4,000 active members. A Super Big Thank You to them!

As you can see, our journey was a great and fruitful one this year, with many hands helping along the way and many good memories and feelings arising with the pride of the accomplishments achieved. At the end of the day, it all boils down to how much you shared your light to make the world a brighter place. We couldn't have done it without everyone combining strengths to forge where we have reached so far.

So, as I said at our kickoff last year, "We can and We will" and "We are becoming the Change we want to See in the World."

NANCY SWIKERT, M.D.  
2017 KMA President

# Take the Lead in Solving the Opioid Epidemic

(Continued from Page 1)

Julie Schmidt, senior director of external affairs at KET.

"The fact that an addict having to fight the battle of addiction would be open and come to talk about it," she said, "we want to honor that and we think it's important not to stigmatize the issue but to look for solid solutions."

One important part of addressing the epidemic is opioid prescriptions. David Hopkins, program manager for KASPER in the Office of the Inspector General, Kentucky Cabinet for Health and Family Services, will discuss recent changes to Kentucky's prescribing laws and provide an update of KASPER, Kentucky's system for tracking controlled substance prescriptions dispensed within the state.

Hopkins said KASPER provides the tools for physicians to monitor the controlled substance use of their patients. It also allows the state to look at trends in usage of controlled substance. For instance, KASPER shows the higher usage and prescribing rates in certain regions around the state. Hopkins also sees more prescriptions for suboxone, which is used to treat opioid addiction.

"It's an indication that far more people are seeking treatment for opioid abuse or addiction," he said. Hopkins believes House Bill 1, passed in 2012 to address prescription drug abuse in the Commonwealth, played a role in the increased number of people seeking treatment. "More practitioners are identifying these patients who have a problem and are referring them to treatment."

The legislature made several changes to KASPER this year, and Hopkins will review those changes during his presentation.

A new law, House Bill 333, took effect June 29 and will affect rules related to prescribing Schedule II controlled substances.

While HB 333 focused primarily on making it a felony in Kentucky to illegally sell or distribute fentanyl, carfentanil and related drugs, it also contains a provision that directs each state licensing board, including the Kentucky Board of Medical Licensure (KBML), to draft regulations that limit prescriptions for Schedule II controlled substances to three days when used to treat acute pain.

grant several broad exceptions to the three-day restriction, including post-surgical acute pain, inpatient administration and any other reason the physician believes is medically necessary to deviate from the new rule.

Sarah Cronan Spurlock, an attorney with Stites and Harbison, will discuss HB 333's general prescribing prohibition, as well as its exceptions and other circumstances when it will not apply. She'll provide information about when limitations will impact prescribing practices, related administrative regulations and areas of the new requirements that may generate confusion for physicians and patients.

"This information will be important for physicians, especially those prescribing Schedule II controlled substances to treat pain," Spurlock said.

While many of the changes affect outpatient treatment, Phillip Chang, M.D., chief medical officer at University of Kentucky HealthCare, will share UK HealthCare's protocol for treatment of pain developed by an opioid stewardship committee to guide opioid prescribing practices for inpatient use.

While the problem has grown to epidemic proportions in states like Kentucky, Dr. Chang said many people are aware of the problem, but many aren't faced with the magnitude of the problem.

"The incredible scope of the problem, I think, the addiction specialists are keenly aware," he said. "I would say the everyday practicing surgeon knows it's a problem in the background."

Resolution of the problem, he said, will take everyone's help.

"We all need to do our part," said Dr. Chang. "There is something we can do about it."

That's one reason for the stewardship committee at UK. It's modeled after the antimicrobial stewardship committees that many hospitals have. Dr. Chang said it involves monitoring the prescribing patterns and educating physicians, nurses and pharmacists about the rules around prescribing. "The physician needs to educate the patients, but it's much more effective when all disciplines are saying the same thing."

While dealing with the current opioid epidemic is overwhelming in itself, Dr. Chang believes a key to stemming the epidemic is



2017 KMA Annual Meeting | Aug. 25-27 | Hyatt Downtown Louisville

## Leadership in Action

Engaging the Family of Medicine

### Thursday, August 24

6:00 p.m. KMA Executive Committee Meeting/Dinner

### Friday, August 25

6:30 a.m. General Registration

7:00 a.m. Maternal Mortality Committee Meeting/Breakfast

8:00 a.m. **KMA Meet the Mandates**

8:00 a.m. Domestic Violence Symposium

11:30 a.m. Pediatric Abusive Head Trauma-Lunch

11:30 a.m. Lunch for Attendees

1:00 p.m. House Bill 1 Symposium

6:30 p.m. KMA Board of Trustees Meeting/Dinner

### Saturday, August 26

7:00 a.m. General Registration

8:00 a.m. Reference Committee Meeting

10:30 a.m. **Kentucky Physicians' Leadership Academy**

9:45 a.m. — CME Sign-in Open

10:30 a.m. — Program Begins

12:30 p.m. — Lunch for Attendees

4:30 p.m. Leadership Reception

5:30 p.m. KPPAC 100 Exclusive Event

7:00 p.m. KMA Leadership Dinner  
(Presidents' Installation & Awards Presentation)

9:00 p.m. President's Reception

### Sunday, August 27

7:30 a.m. General Registration

8:00 a.m. KMA Board of Trustees Meeting/Breakfast

10:00 a.m. Rural Caucus/Coffee and Tea

10:00 a.m. Lexington Medical Society Caucus/Breakfast

10:00 a.m. Greater Louisville Medical Society Caucus/Breakfast

10:00 a.m. Northern Kentucky Medical Society Caucus/Breakfast

12:30 p.m. KMA House of Delegates (box lunch provided)

After HOD KMA Board of Trustees Reorganizational Meeting

prevention. "That's really where we come in as inpatient hospital medicine," he said, "preventing the next patient who is going to be dependent on opioids."

According to the Office of Drug Control Policy, the total number of people—5,821—who died from drug overdose from 2012 through 2016 was more than 2,000 higher than the number of people who died from highway fatalities.

"This particular epidemic knows no boundaries," said Schmidt. "It doesn't care what ZIP code you live in; it really is affecting all parts of our Commonwealth."





**A doctor can be a catalyst for having the discussion that will plant seeds that turn the tide on a person's life.**

—Ivana Grahovac, former heroin addict

## Former Heroin Addict: There's Always Hope for Recovery

Ivana Grahovac is living proof heroin addiction is not a death sentence.

"No matter how far gone a patient may seem, there's always hope for recovery," said Grahovac, a keynote speaker at KMA's "Meet the Mandates" discussion of House Bill 1, Aug. 25 at the Hyatt Regency in downtown Louisville. Meet the Mandates is funded by the Kentucky Foundation for Medical Care.

Grahovac is the director of advancement for Facing Addiction, Inc., a national nonprofit organization headquartered in Danbury, Conn., dedicated to finding solutions to the addiction crisis. She will discuss the work she does in the youth recovery field, as well as her personal story of recovery from heroin. The title of her presentation is "Recovering from Heroin Addiction in the 21st Century."

Grahovac also will share clips from "Generation Found," a movie she helped produce about a community in Houston, Texas, that came together to ignite a youth addiction recovery revolution in their hometown.

Grahovac became addicted to drugs as an undergraduate student at Wayne State University in Detroit. She will share her experience of homelessness, crime and frequent trips to the ER that ultimately led her to seek help. Abstinent from all drugs now for 12 years, she said she's been able to build a meaningful, joyful life, "not despite the addiction to heroin, but because of the recovery it required me to pursue."

She believes physicians can be part of the solution by destigmatizing addiction and recovery. "A doctor can be a catalyst for having the discussion that will plant seeds that turn the tide on a person's life," she said.

Addiction is not something to be "medicated away," Grahovac said. "They (physicians) can help treat the spirit of that person so they get that intrinsic motivation needed to take steps for their recovery."

But first they have to be educated. Grahovac's father, sister and brother-in-law are physicians. She said they had no idea what to do.

"There's not one symptom to focus on to reduce the incidence and prevalence of the drug use," she said. "It's a comprehensive, holistic, total healing focused journey and integration of one's life and the family system that needs to occur. The entire family needs to be educated on addiction and recovery as a team that supports the healing of that family member."

Recovery happens in a community. Families and communities can survive the heroin epidemic by implementing earlier intervention strategies that have the power to shift the trajectory of a young person's life, Grahovac said.

*NOTE: Friday's Meet the Mandates session is full, but physicians can earn mandated Continuing Medical Education credit on House Bill 1 during the Saturday Leadership in Action session during the KMA Annual Meeting.*

## News to Use KMA Annual Meeting

### Annual Meeting Information Posted on KMA Website

Delegates to the KMA Annual Meeting will notice a little less paper in their packets, which should be arriving soon. Some information that traditionally has been included in these packets can now be found on the KMA website. You can find these items on the KMA website at [kyma.org/2017-kma-annual-meeting](http://kyma.org/2017-kma-annual-meeting):

- Sunsetting Policies
- Hotel Layout
- Membership Report by County
- New and Rejoin Members
- Deceased Physicians
- Constitution & Bylaws
- Resolutions

The website also includes information about the speakers for the Leadership in Action session.

### Hiram Polk, M.D., to Speak at CATO Luncheon

The CATO Annual Fall Luncheon will be held at noon Friday, Aug. 25, during the KMA Annual Meeting and Meet the Mandates. Kentucky Public Health Commissioner Hiram Polk, M.D., will provide a "Broadview of Public Health in Kentucky."

The luncheon, sponsored by the Greater Louisville Medical Society, is open to senior physicians and their spouses. It will be held in the Gulfstream Hialeah room at the Hyatt Regency Louisville. Cost is \$30. For payment information and to RSVP, contact Donna Jones at [donna.jones@glms.org](mailto:donna.jones@glms.org).

### KMA Leadership Dinner, Reception and Exclusive Beer Tasting

Maurice Oakley, M.D., will be installed as the 2017-18 KMA President at the KMA Leadership Dinner at 7 p.m. Saturday, Aug. 26.

The Community Connector Leadership Program and Medical Student Outreach and Leadership Program Class of 2017 will be recognized. KMA will also present the KMA Distinguished Service Award, the Debra K. Best Outstanding Layperson Award, KMA Community Service Award and KMA Educational Achievement Award. Dinner is \$65 per person. Register for the dinner at [2017kmaannualmeeting.eventbrite.com](http://2017kmaannualmeeting.eventbrite.com).

A Leadership Reception will be held at 4:30 p.m. in Regency Ballroom South.

KPPAC 100 members can attend an exclusive KPPAC 100 Craft Beer Tasting at 5:30 p.m. in the Spire. Contact Laura Hartz at [hartz@kyma.org](mailto:hartz@kyma.org) or 502-814-1386 for tickets to this free event for KPPAC 100 members or to become a KPPAC 100 member.

**REGISTER FOR THE KMA ANNUAL MEETING:**  
<https://2017kmaannualmeeting.eventbrite.com>  
Questions? Call Miranda Mosley at 502-814-1393

## The Economic Side Senate Bill 89

Thanks to a new law passed in the 2017 legislative session that took effect June 29, insurers will be required to cover all FDA-approved tobacco cessation medicines and services recommended by the U.S. Preventive Services Task Force. It requires all Kentucky insurers, including Medicaid MCOs, to cover those treatments and will eliminate many barriers to treatment for tobacco dependence.

The bill addressed many coverage gaps and eliminated the burdensome prior authorizations previously needed for medications to help patients stop using tobacco products.

KMA has partnered with several organizations to offer education to physicians, staff and professional medical coders to review the changes. To date, KMA has offered six presentations in six different cities.

KMA is responding to questions and tracking post-implementation issues and working with insurers to clarify and resolve any problems that could create a barrier for the patient to stop smoking.

If you have questions on the new tobacco cessation coverage or are interested in the KMA education program, please contact Lindy Lady at [Lady@kyma.org](mailto:Lady@kyma.org).

## 7 MYTHS About Senate Bill 89

The Kentucky General Assembly passed Senate Bill 89 to remove widespread barriers related to tobacco screening and cessation treatments. Here are some common myths.

**MYTH:** Senate Bill 89 does not take effect until 2018.

**FACT:** The new law passed in the final days of the 2017 legislative session took effect June 29.

**MYTH:** SB 89 applies only to Medicaid.

**FACT:** SB 89 applies to Medicaid, Medicaid Managed Care Organizations (MCOs) and commercial payers.

**MYTH:** Insurers may select which tobacco cessation medications to cover.

**FACT:** SB 89 requires Medicaid, Medicaid MCOs and commercial payers to cover all FDA-approved tobacco cessation medications and all forms of tobacco cessation services recommended by the U.S. Preventive Services Task Force, including smoking cessation counseling.

**MYTH:** Medicaid, Medicaid MCOs and commercial payers may still require pre-authorizations on all FDA tobacco cessation medications.

**FACT:** The implementation of the new law prohibits utilization management (pre-authorizations) except in certain instances. For example, if the treatment exceeds recommended duration based on current USPSTF guidelines or if more than two quit attempts are required, then utilization management requirements may be imposed.

**MYTH:** Insurers are required to reimburse for only one screening and cessation CPT code.

**FACT:** Previously, some insurers reimbursed only for CPT 99407 (Smoking and tobacco-use cessation counseling visit; intensive greater than 10 minutes). Starting June 29, 2017, Medicaid, Medicaid MCOs and commercial payers must reimburse for all forms of tobacco cessation services recommended by the USPSTF including, but not limited to, 99406, 99407 and 99078.

**MYTH:** SB 89 places limits on the number of quit attempts.

**FACT:** Starting June 29, 2017, no specific limit on the number of quit attempts are applicable, although more than two attempts in a 12 month period will require approval.

**MYTH:** Tobacco screening and cessation counseling applies only to cigarettes.

**FACT:** In accordance with USPSTF recommendations and CPT guidelines, tobacco screening and cessation includes any form of tobacco including: cigarettes, e-cigarettes, chewing tobacco, snuff and other, such as smokeless tobacco.



### Rep. Kim Moser Installed as AMA Alliance President

Kentucky State Rep. Kim Moser, left, was installed as the AMA Alliance President during the Alliance's Annual Meeting in June. Former AMA President Andrew W. Gurman administered the oath of office. Rep. Moser, a former chair of the Kentucky Physicians Political Action Committee, has set her initiative for this year—"Keep Calm and Build Alliances." She advised Alliance members in attendance to "never underestimate the lives you touch through the Alliance. When people decide to join you in this sort of journey, it becomes that shared commitment to a common purpose." Rep. Moser is a past president of the KMA Alliance and served as President of the Northern Kentucky Medical Society Alliance for three terms. She is the executive director of the Northern Kentucky Office of Drug Control Policy. (Photo by Mary Branham)

# FOCUS<sub>on</sub>health

■ SUMMER, 2017

*Physicians Caring for Kentucky*

## SO YOU WANT TO QUIT SMOKING

Studies show that 70 percent of smokers want to quit. In Kentucky, 56.3 percent of smokers made a serious but failed attempt to quit smoking in 2014, according to the CDC Behavioral Risk Factor Surveillance System (BRFSS). A law passed during the 2017 legislative session will ensure smokers have access to the counseling and treatment to help them be more successful in their quit attempts.

COMMIT TO  
**QUIT**



### SUCCESSFUL STRATEGIES

According to the CDC, scientific research shows these treatments can work to help smokers quit.

- Consultation with a doctor – even one as brief as 10 minutes or less
- Individual, group or telephone counseling
- Behavioral therapies, such as training in problem-solving
- Treatments with more person-to-person contact and more intensity, such as more or longer counseling sessions
- Programs to deliver treatments using mobile phones



### CESSATION MEDICATIONS

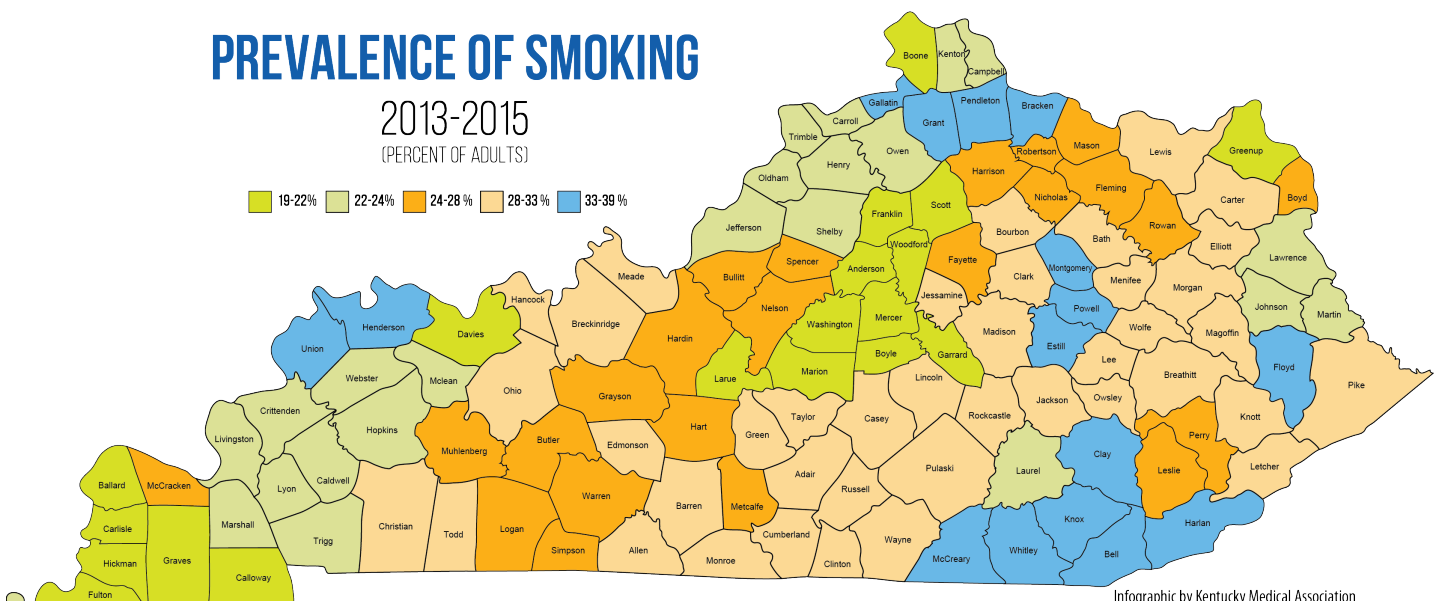
Thanks to Senate Bill 89, these cessation medications are covered under most insurance plans.

- Nicotine transdermal patches
- Lozenges
- Gum
- Inhalers
- Nasal spray
- Bupropion SR
- Varenicline

## PREVALENCE OF SMOKING

2013-2015  
(PERCENT OF ADULTS)

■ 19-22% ■ 22-24% ■ 24-28% ■ 28-33% ■ 33-39%



Infographic by Kentucky Medical Association  
Source: [www.kentuckyhealthfacts.org](http://www.kentuckyhealthfacts.org)



# SMOKING DAMAGE TO YOUR BODY

You know about the detrimental effects of smoking on your heart and lungs. But the damage from smoking goes well beyond your cardiovascular health. It has harmful effects on every organ in your body.

**BRAIN:** Nicotine is as addictive as heroin.

**EARS:** Smoking can cause mild to moderate hearing loss.

**EYES:** Smoking increases risk of cataracts and macular degeneration.

**MOUTH:** Smokers have more oral health problems than nonsmokers.

**FACE:** Smoking can cause your skin to dry and wrinkle; it can also cause your skin to dull or gray.

**MUSCLES:** Smoking makes it harder for you to build muscle.

**BLOOD:** Nicotine intake makes it more difficult for wounds to heal.

**IMMUNE SYSTEM:** Chemicals in cigarettes make it harder for your immune system to fight infections.

**STOMACH:** Smokers have bigger bellies.

**SOURCE:** <https://smokefree.gov/quitting-smoking/reasons-quit/health-effects>

## PREPARE TO QUIT

Quitting smoking is hard but can be easier if you have a plan. Studies show that working with your physician can help you be more successful. *Smokefree.gov*, a project of the U.S. Department of Health and Human Services, also suggests you take a few simple steps to put a plan into action and quit for good.

### KNOW WHY YOU'RE QUITTING

Look inward to understand your reasons for wanting to quit. They can help motivate you. What do you dislike about smoking? How is smoking affecting your health? How will your life improve when you quit?

01

### EXPLORE YOUR OPTIONS TO QUIT

Some people can quit "cold turkey," but others need help. Support can be found in text messaging (SmokefreeTXT) and quitlines. Talk to your doctor to find the best quit method for you.

04

### LEARN HOW TO HANDLE YOUR TRIGGERS AND CRAVINGS

Specific people, places or activities will make you feel like smoking. Figure out what makes you want to smoke to be able to deal with them. Cravings are intense, but they usually only last a few minutes. Come up with short activities to get you through a craving.

02

### TELL YOUR FAMILY AND FRIENDS YOU PLAN TO QUIT

When others know your plans, they can be there to support you. Let your family and friends know you are planning to quit and why. Ask a family member or friend who smokes to not smoke around you. Ask them to be patient if you are in a bad mood as you quit.

05

### FIND WAYS TO HANDLE NICOTINE WITHDRAWAL

As your body goes through withdrawal from nicotine, you may feel depressed, be unable to sleep, become cranky or frustrated, feel anxious, nervous or restless or have trouble thinking. Remember they are temporary and avoid giving in to the temptation to smoke. Nicotine replacement therapy can help.

03

### MAKE A QUIT PLAN & STICK TO IT

Quitting is as individual as you are. Talk with your doctor about what will work best for you. Visit *smokefree.gov* to create your own personalized plan to help you stay focused, confident and motivated to quit. Visit *committoquitky.com* for more tips and reasons to quit.

06

**SOURCE:** <https://smokefree.gov/quitting-smoking/prepare-quit>





## KBML Developing Amendment to Prescribing Rules



RANDEL GIBSON, D.O.  
President,  
Kentucky Board  
of Medical Licensure

Over the past several weeks, the Kentucky Board of Medical Licensure has been busy implementing some of the legislative initiatives enacted by the 2017 Kentucky General Assembly and signed by Gov. Matt Bevin. One of the board's major priorities during this period has been the development and promulgation of an amendment to 201 KAR 9:260, which is the board's regulation for setting out the standards for prescribing and dispensing controlled substances in the Commonwealth.

In addition to establishing the professional standard of a three-day prescribing limit on Schedule II controlled substances for acute pain, the amendment also clarifies the professional standard for titration of controlled substances consistent with the 2016 Centers for Disease Control and Prevention Guideline for the

Prescribing of Opioids for Chronic Pain. The provisions of the amended regulation have not taken effect.

The board encourages its licensees to review the amendment and provide comments during the public hearing and comment period. A public hearing on this administrative regulation will be held at 10 a.m. Aug. 28, at the board offices in Louisville. In addition to the hearing, the board is accepting written comments on this amendment, which will be accepted until Aug. 31, 2017. For more information on the amendment to 201 KAR 9:260, please visit the board's website, [www.kbml.ky.gov](http://www.kbml.ky.gov).

The board also has begun implementing the changes of SB 146, which created a new section of KRS Chapter 311 to establish and administer the licensure of genetic counselors under the board's authority. The board met in June and has appointed the members of the advisory committee to assist with this initiative. The advisory committee is expected to hold its first meeting in August and the board will begin licensing genetic counselors beginning in 2018.

Another change affecting medicine is the change setting Gabapentin as a Schedule V controlled

substance. Physician assistants may not prescribe this medication due to the fact they are prohibited under state law from prescribing controlled substances. Advance Practice Registered Nurses with a DEA license may continue to prescribe it.

For questions regarding Gabapentin or any controlled substance in Kentucky, please contact the Drug Enforcement Practices Branch, which administers the KASPER program, at (502) 564-7985.

Finally, the board reminds physicians that we are now halfway through the last year of the board's three-year CME cycle. Board Regulation 201 KAR 9:310 requires all physicians maintaining a current Kentucky medical license 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. All physicians who are authorized to prescribe or dispense controlled substances in Kentucky must complete four and a half hours of approved continuing education hours related to the use of KASPER, pain management, addiction disorders or a combination of two or more of those subjects.

For more information on the board's CME requirements, please visit the board's website.

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## KENTUCKY PHYSICIANS LEADERSHIP INSTITUTE



Ten physicians from across Kentucky have been participating in the first KMA Kentucky Physicians Leadership Institute, sponsored by the Kentucky Foundation for Medical Care through a grant from The Physicians Foundation. Faculty from Butler University's Executive Education program have led the sessions. Among the physicians participating are, clockwise from top left, Monalisa Taylor, M.D., of Louisville, Philip Hurley, M.D., of Owensboro, James Borders, M.D., of Lexington; Fred Williams Jr., M.D., of Louisville serves as the chair of the program; Tuyen Tran, M.D., and Danesh Mazloomdoost, M.D., both of Lexington; Stephen Toadvine, M.D., CEO of Baptist Health, spoke at the first "fireside chat"; Mamata Majmundar, M.D., of Lexington, and Casey Lewis, M.D., of Taylorsville. *Photos by Mary Branham*

## Lawsuit Challenges Medical Review Panels

(Continued from Page 1)

The new law requires the review of medical malpractice claims by a group of independent, expert health care providers who offer an opinion on the merit of such claims before they are filed in court. KMA believes this first step in meaningful tort reform will help drive down medical costs for Kentuckians and make the Commonwealth more attractive to health care providers, which could address the shortage of physicians in many parts of Kentucky.

"This legislation has been a priority for physicians and the health care community as a whole for a long time," Swikert said. "This new law will make Kentucky a better place to practice medicine and will enable us to

recruit physicians and others who can treat the people of the Commonwealth. We have a host of health issues to address and we need a medical system that is not hamstrung so that we can provide the best care possible."

The Institute for Legal Reform in 2015 ranked Kentucky 39th in the nation for its lawsuit climate. Senate Bill 4 is designed to significantly improve the Commonwealth's legal liability climate, making the state a much more attractive destination for not only health care providers, but also businesses.

"As businesses compete to attract the most talented employees, they want to be able to offer a vibrant health care system as part of

an employee's benefit package," Dr. Swikert said. "Having local physicians available to treat employees and their families is part of making any community a business-friendly place. A vibrant health care community needs a robust network of physicians and other providers who are there to meet the needs of individuals and businesses around the state."

KMA believes the new law includes safeguards to ensure that legitimate malpractice claims have their day in court.

"This law makes certain that those who have been injured are compensated in a more judicious and timely way. It is a win for all Kentuckians," Dr. Swikert said.



# Twitter Just One Way Dr. Jones Promotes Healthy Habits

Scattered throughout the Twitter feed of Shawn Jones, M.D., (@scjonesmd) are messages about the detriments of smoking. He reminds followers that Kentucky is number one in lung cancer deaths; that the state's smoking-related Medicaid costs total nearly \$600 million; and that e-cigarettes are not a safe alternative to tobacco.

Dr. Jones, the newly elected president of the Kentucky Foundation for Medical Care, also has been the face of the KMA Commit to Quit campaign, funded by the Foundation. The campaign focuses on directing smokers who want to quit to their physician for help.

For Dr. Jones, encouraging people to quit smoking is personal. His grandparents smoked; so did his parents.

"When you start looking at the statistics regarding smoking in Kentucky, it's just devastating in terms of the human toll it takes," he said. "We've known for 50 years what the consequences and health effects of smoking are."

Dr. Jones is a proponent of indoor smoking bans and has advocated for years for a statewide ban. "To me," he said, "it seems to be the obvious thing to focus on from a public health standpoint."

Senate Bill 89, which was passed in the 2017 legislative session, took a big step in the right direction, Dr. Jones said. The bill, which took effect at the end of June, requires insurers to cover smoking cessation treatments recommended by the U.S. Preventive Services Task Force.

But there is still a long way to go. "If we could move the needle on indoor public spaces that are smoke free and change the culture of smoking in our state," Dr. Jones said. "It's got such a huge ripple effect in terms of health and the viability of our state economically, that I think it's really important."

Dr. Jones is a prolific tweeter, focused primarily on helping people become healthier, both physically and mentally. As a physician, it's a long-standing interest that goes back to childhood. In fact, he can't remember ever deciding on a career path.

"It's not like I made a decision to be a physician," he said. "As long as I can remember, that's what I said I wanted to be."

As a young boy growing up in Frankfort, where his father, William L Jones, was a state



Shawn Jones, M.D., right, was presented with the KMA Distinguished Service Award at the 2016 KMA Annual Meeting. At left is former KMA President, Theodore Miller, M.D., PhD. Photo by David Knapp

trooper assigned to the governor, Dr. Jones went with a medical student who attended the same church to the University of Kentucky to see the student's cadaver. His mother, Linda Jones, would often take him on her daily visits to care for his great-grandmother, who had diabetes and ended up getting an amputation.

"That was one of my earliest memories," he said. "I think that factored into it."

Dr. Jones took advanced biology, chemistry and physics as a student at Franklin County High School, and talked to his family physician, Harry J. Cowherd, M.D., about his career plans. Dr. Cowherd recommended the University of Louisville. Dr. Jones graduated with a BA in Biology in 1982 and then received his M.D. degree in 1986 from UofL.

"I got connected there and took the required classes and really never veered from that very early desire to be a doctor," he said. He also met his wife, Evelyn Jones, M.D., a Paducah dermatologist, in medical school.

After UofL, Dr. Jones completed an internship in general surgery at the State University of New York in 1987 and a residency at University of Louisville Affiliated Hospitals in Otolaryngology, Head and Neck Surgery in 1993.

His practice in Paducah gives him the opportunity to see and treat a wide mixture of people. As an ENT surgeon, Dr. Jones has the opportunity to see more people over a

longer term than many surgeons do. "I love the people aspect of it, that relational part," he said.

It's the connections to people that also prompted Dr. Jones' interest in organized medicine. The people he's met through KMA and the American Medical Association, he said, "are interested in the betterment of not just medicine, but also their communities, and they're good people to know. It inspires me to want to be a better physician when I see what other people are doing."

Dr. Jones, a former president of the Kentucky Medical Association, also served as First District Trustee.

"There's so much going on in the policy arena and with respect to legislation and regulation, and even in research, that I don't know that I would have ever had as much insight into, and I wouldn't have known about as early," he said. "In terms of keeping up with medicine as a whole, the AMA and the KMA do a really good job of keeping you informed."

Dr. Jones is a member of the 2016 class of the KMA Community Connector Leadership Program. He's a firm believer in leading by example. "For me at least, authentic leadership has to do with a sense of integrity or wholeness about who you are, and good leadership flows out of that," he said. "Particularly when it comes to being a physician, I think personally leading a healthy lifestyle and being an example in that regard is very important."

That philosophy is shaping his story in a book about physician burnout that he's writing. It's his personal journey and what he thinks could address burnout in the future.

The Joneses have three children—Rebecca, who is working on her PhD at Emory University in Atlanta, Shawn Curtis Jr., who just finished his first year of medical school at the University of Louisville, and Caleb, an incoming senior undergraduate at UofL.





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