


The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

No More “Down in the Mouth” for Western Kentucky Region

 **KORH**
Kentucky Office of Rural Health

 Center of Excellence
in Rural Health

Based in faith, rooted
in hope, Henderson's
Matthew 25 AIDS
Service takes a holistic
approach to care

Rural Health
Champion:
Britt Lewis CEO
Cloverfork Clinics



Dear Reader,

For those of us engaged in rural health today, it's easy to become overly focused on the weaknesses we have identified across the healthcare delivery spectrum. We often dwell on the absence of what we perceive as an adequate supply of manpower and resources. We can become awash in a sea of despair and gloom as we pursue the elusive picture-perfect scenario. In doing such, we often fail to see the striking accomplishments and successes that already exist throughout our rural communities.

As I reflect on the purpose of this publication, I return to its original intent. Each article should represent a positive achievement or triumphant accomplishment taking place in Kentucky's rural communities. There is no space for negativity or pessimism on these pages.

In closing out 2016 and moving forward to 2017, let's take a moment to appreciate where we are, and what we have been able to achieve together. Our work is not yet complete, so together, let's finish what we started by continuing to improve access and care across Kentucky.

Sincerely,

Ernie L. Scott
Director
Kentucky Office of Rural Health



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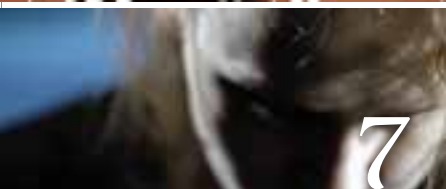
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The Lake Cumberland Bridge, Kentucky Rt. 90, is one of the Commonwealth's newest bridges, having been completed June 27, 2006. Photo by Malcolm J. Wilson



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The *UK Center of Excellence in Rural Health* was established in 1990 to address health disparities in rural Kentucky, including a chronic shortage of health professionals and residents' poor health status. The Center accomplishes this through health professionals education, health policy research, health care service and community engagement. The Center serves as the federally designated Kentucky Office of Rural Health. The program provides a framework for linking small rural communities with local state and federal resources while working toward long-term solutions to rural health issues.

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The statements and opinions contained in the articles of *The BRIDGE- Kentucky's Connection to Rural Health Issues* are solely those of the individual authors and contributors and not of the University of Kentucky Center of Excellence in Rural Health, Kentucky Office of Rural Health, affiliates or funding agencies.



NO MORE “DOWN IN THE MOUTH” FOR WESTERN KENTUCKY REGION

Marshall County houses a fixed dental clinic within the health department that provides much needed access to oral health care.

Article by Kristy Robinson Horine

The folks in Marshall County have a little something to smile about thanks to a new partnership between the University of Kentucky College of Dentistry and the Marshall County Health Department. The result is a fixed dental clinic inside the health department that provides much needed access to oral health care.

The clinic, officially called the UK Dentistry West Regional Clinic, opened its doors on Aug. 1, 2016. The clinic offers access to a full range of oral health services that includes exams, cleanings, diagnostic x-rays, fillings, and even the option of sedation for patients who might need extensive work or molar extractions.

While the dental clinic now sees about 125 patients a week for oral health issues, there was a long period of time when that wasn't the case.

The Makings of A Smile

Keith White knows about the Western Kentucky region's state of the mouth. Over 30 years ago, White graduated from UK's dental program and ran his own private practice in Paducah from 1987 until 2009. Then he started and oversaw the UK West Kentucky Outreach Program which brought preventive dental care to headstart and preschool children in a 17-county region in Western Kentucky. The outreach program included exams, cleanings and twice a year fluoride treatments.

“The idea of the fixed clinic started to be developed a

decade ago. It was a cooperative conversation between Marshall County Judge-Executive Mike Miller and Dr. Raynor Mullins at the University of Kentucky,” White says.

Oral health professionals across the state generally agree that preventive care in children can reduce the occurrence of oral health problems later in life, but sustained oral care throughout a Kentuckian's lifetime can significantly impact quality of life. According to White, the sustained care was the missing link and leaders in Marshall County were compelled to fill that gap.

The need, along with a potential solution in the form of a fixed clinic, coincided with an October 2010 announcement from former Governor Steve Beshear's office that Marshall County had been awarded federal funds to build a new health department. Building a new health department meant that they could incorporate space that the University of Kentucky would lease that would become the UK Dentistry West Regional Clinic.

The fixed clinic could not have come at a better time.

“Years and years ago, back in the 70s and 80s, it was not uncommon for a health department to have a dental suite or a dental treatment room and they had a dentist to see people when they had nowhere else to go,” says Julie McKee, the state dental director with the Kentucky Department of Public Health. McKee

explains that, over time, enough dentists moved into communities to meet oral health needs, and health departments phased out some dental services.

“Fast forward to a new millennium and all of a sudden, we have a need,” she says.

Recognizing the Gap

Health departments across Kentucky are in the business of prevention. They prevent unwanted pregnancies through family planning services. They prevent communicable diseases through vaccinations. They prevent childhood development problems through well-child appointments. And, they prevent foodborne and waterborne illnesses through environmental inspections. The services that a health department offers to their communities are based on identified needs, usually determined through a community health assessment. McKee says that it is the legal responsibility of a health department to help meet identified needs.

According to a study White conducted, a quantified need was a lack of oral health care access in the Western Kentucky indigent population.

“There were over 35,000 Medicaid cardholders that didn’t even see a dentist in 2011. It wasn’t because of money, and I don’t think it was because of fear, because once you get to hurting enough, that pain overcomes your fear. It’s because they had nowhere to go,” White says.

Look up any business district in Western Kentucky and there are oral health care providers available. What is lacking, however, are the number of oral health care providers who accept Medicaid.

“If you were an adult and over 21, there was almost nowhere to get care. I don’t know of any clinic, whether it is oral surgeons or general practice, this side of Louisville and Lexington, that have open access to Medicaid patients five days a week,” White says. “I’m not saying that caregivers in our area are turning their back on the people, or are shirking their responsibilities because you wouldn’t believe how much free dentistry we do for people, but you don’t advertise that you do that because then your lobby fills up with people that can’t pay. The Medicaid situation is very difficult to blend into practices.”

McKee agrees that Medicaid patients often have a hard time finding providers who can accept their specific type of insurance.



In Kentucky, White points out, there are five different Medicaid Managed Care Organizations (MCOs), often with five different sets of paperwork and five different rules and regulations regarding reimbursements. There is up to triple the amount of paperwork involved with filing a claim, but it’s perhaps the Medicaid reimbursement rate which is the most prohibitive factor.

“The current Medicaid rates pay between 37 and 42 percent of their usual and customary rates. These [dentists] are business people. They have to make their house payments and it’s very difficult to say they will take a loss on [Medicaid],” McKee says. “And, Medicaid patients, as scientific fact, do not keep appointments like non-Medicaid patients. That eats up a dentist’s time especially when a dentist schedules a whole family at one time.”

With the addition of the UK Dentistry West Regional Clinic, and thanks to the partnership with the Marshall County Health Department, there is a place for Medicaid patients to receive the oral health care they need.

“We have people driving from as far away as two and a half hours,” White says. “The question was how quickly they would find us and they found us the first day. By the end of the first week, we knew we had problems as far as the flood of patients who were trying to come in. By the end of the second week, I was already asking for additional personnel.”

White says that UK offers a central billing location with a central network where MCOs can send and receive paperwork and UK personnel are trained to handle the process. Based on the flood of patients in the first few months, the advantage of having UK take care of



Dr. Dustin Hall is one of the pioneering members of the Marshall County Dental team.

billing issues means a world of difference.

“Our adults have been battling pain, swelling and disease for years. When our doors opened, they were the ones that drove for hours just to see if they could get in. If they couldn’t get through on the telephone, they just drove over,” White says. “Without question, the first two months have been about us trying to triage urgent needs adults. I think it will level off, but so far, we have just been trying to get people out of pain.”

When a patient is out of pain, they receive immediate relief, but there is an even bigger difference that could impact the Commonwealth in a positive way.

The Impact of Closing the Gap

“Once you get in pain or are swelling, that’s a dangerous situation for human beings. That’s a whole body altering type of sickness,” White says. “This clinic has really been put into place to get these people out of a life threatening situation with this systemic problem.”

McKee and White agree that the mouth is the gateway to the body and that whole-health is determined in a large part by oral health. McKee explains that good

oral health impacts cardiovascular systems, helps reduce the risk of stroke, can help control diabetes and makes better birth outcomes when moms are aware of their oral health.

“Good oral health helps our kids learn earlier and when they learn earlier, they learn longer and when they learn longer, they go to college and they get better jobs and when they get better jobs, they pay more taxes,” McKee adds. “Tax liability is important because that is a shared responsibility between all Kentuckians.”

And while the cost for Medicaid patients might appear to be higher because of the severity of oral health problems, once the care levels out to preventive measures, the state’s economy could improve because of a possibility of drawing employers to the state.

Before McKee was the state dental health director, she served as the director of the Scott County Health Department in Central Kentucky. While there, she discovered that companies who look to locate in Kentucky pay attention to things like oral health.

“Toyota’s epidemiologist called me and they wanted to know certain things. What is our cardiovascular rate? Where is our network of hospitals? How much decay do your kids have?,” McKee says. “And that’s not the only thing they look at. He could see how much they spent on dental and the decay rate and then compare that to the dental expenses and the decay rate in Texas. Would that be a reasonable cost to their company?”

Protecting the gateway to the body through increasing access to oral health care is a wise move in terms of whole-body health and also in terms of the future economic health of Kentucky. But for Dr. White and his team at the UK Dentistry West Regional Clinic, the impact on each individual is what makes the impact of the whole that much sweeter.

“We wanted this clinic to be a place where, when these patients get here, they not only felt welcome, but they felt honored to be a patient there. All too often people in our society feel like they are herded in and herded out like cattle because of socioeconomics or other issues,” White says. “Our patients are treated with great respect and dignity and receive excellent care. Our patients are saying thank you for the work we have done and we are saying thank you for giving us the privilege of doing it. That is a good relationship to have.” ■

Rural Hospitals Setting the Bar of Treating Sexual Assault Victims



*Article by Elizabeth G. Cobb, MPH
Vice President, Health Policy
Kentucky Hospital Association*

Last year, a number of challenges were brought to light through examination by the Kentucky State Auditor related to the response victims of sexual assault receive in Kentucky. Beyond the initial physical and emotional injury these victims receive, many of these victims face barriers to medical treatment, accessing emotional support and obtaining justice through the law enforcement system.

Legislation passed during the 2016 Kentucky General Assembly to address improving the timeline for processing evidence. The legislation also focused on improving the quality of care sexual assault victims receive when they present to a hospital by establishing a “SANE-Ready” designation for hospitals. SANE stands for Sexual Assault Nurse Examiner. The Cabinet for Health and Family Services’ Office of Inspector General is tasked with reviewing applications to determine if the hospital meets standards including having access to a SANE nurse if a victim should present to the hospital for treatment.

There is a noted shortfall of practicing SANE nurses in Kentucky due both to the time-intensive training required to be certified as well as to the emotional strength and sensitivity required to examine and

treat victims of sexual assault age 14 and up. These providers undergo at least 40 hours of both didactic and clinical training to provide the most appropriate medical care and emotional support for victims.

Fleming County Hospital and Meadowview Regional Medical Center, both rural hospitals located in Northeastern Kentucky, were among the first seven Kentucky hospitals to be designated as SANE-Ready in the first months of the program. These hospitals are demonstrating an enormous commitment to meeting the needs of the community they serve and are investing in their staff and creating a compassionate and caring environment for the very vulnerable.

Fleming County Hospital and Meadowview Regional Medical Center are demonstrating that all hospitals in Kentucky are capable of meeting these standards for high quality of care of victims of sexual assault. It requires an investment in staff and resources but these hospitals have made it a high priority. All Kentucky hospitals are being urged to look to the seven SANE-ready hospitals as models and to begin the journey to SANE-Ready designation.



FOUNDED ON FAITH, MATTHEW 25 AIDS SERVICES TAKES A HOLISTIC APPROACH TO CARE

When you choose a verse from the Bible as your mission statement, you might be held to a higher standard than other organizations. In Henderson, Kentucky, an AIDS clinic which began as a parish nurse ministry program need look no further than Matthew 25:35 for both their daily inspiration and strategic planning goals:

For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.

Matthew 25 AIDS Services, Inc. began as a volunteer organization in 1996 developed through Zion United Church of Christ in Henderson, which was struggling with how to make a difference in the lives of those infected with and affected by HIV/AIDS from within their own congregation.

"My pastor was interested in us pursuing a Parish Nurse ministry. One of the first things we had to do was a needs assessment among the congregation. After discovering there were three men with AIDS, we focused on getting to know those gentlemen. They had to travel to Indianapolis, Nashville, St. Louis or Louisville for care because there was no care here for them," said Cyndee Burton, RN, Matthew 25 AIDS Clinic administrator.

The irony was not lost on Burton. All three congregants were in the process of dying. However, 1996 ushered in the advent of new HIV medications. Those medications were only starting to become available, but it was too late for the Zion parishioners.

By 1999, Matthew 25 AIDS Services was incorporated and was moving forward to offer more services to clients in Western Kentucky and Southern Indiana. The clinic also was granted 501(c)(3) status, which allowed them to seek funding to enlarge the organization with full-time paid staff.

In 2000, Matthew 25 was awarded a Ryan White Planning Grant to evaluate the need for clinical services in the area, as well as a HOPWA (Housing Opportunities for People with AIDS) grant to assist with housing needs. In 2001, they were awarded a Ryan White Part C Grant for Early Intervention Services to open the medical clinic.

"There was a Mennonite nun who had just taken on HIV as a cause, and as we talked about what we wanted to provide; health care, friendly visiting, support and maybe a food pantry, she mentioned we should call our clinic Matthew 25," Burton said.

Matthew 25 AIDS Service began with 50 patients and has seen that number grow to a current number of over 500.

"We have quite a few people that are still coming to us, probably 25 out of the initial 50. They know their number. We have one that's on our quality program and he tells everyone new, 'I'm patient number six. Listen to me, because this is how it is,'" said Burton.

The demographics have changed as the clinic has evolved. According to Burton, the numbers for women are climbing. The patient population still consists of about 66 percent identified as men having sex with men, and about 33 percent of heterosexuals, divided between men and women. In recent years, the clinic has noticed more African American women testing positive, as well as more HIV and Hepatitis C co-infections related to drug use. The youngest patient is 17, and our oldest patient is 76.

"Some of those young folks come to us from Job Corps. They're coming from larger cities. Many of these kids were born with HIV. That's something we don't think about is these children who are born with this, and are growing up trying to be normal. They have to take medicine every day their whole life, and they will always have to protect their partner. Has anyone taught them how to do that?" Burton added.

According to Burton, in the beginning of the program all

the patients had viral AIDS, showing the telltale signs of weight loss and a generally haggard appearance. Back then, an AIDS patient could expect to survive for about 7-10 years, but now research shows that people who take their medicines and stay in care can live a long, healthy life. Now, patients are living long enough to succumb to heart attacks and other diseases associated with the aging process, not HIV and AIDS.

"Currently, we have 34 patients that are showing virally, all of the rest are not, and that's how we measure the success of our efforts. Ninety-eight percent of our patient's virus are suppressed. They are not infecting other people. The virus is not abusing them. They're good," Burton explained.

Burton explains the need for AIDS-related services in rural areas.

"We are partly rural here in Henderson, but we are also surrounded by larger cities like Bowling Green, Evansville, Owensboro and Louisville. In the real rural areas, health care is not as readily available to this demographic. Primary care providers are what's available, and they don't think they can keep up with HIV medicines because that's an evolving thing," she said.

"We started with one medicine, and now we have a whole plethora of medications we can use to treat. I also think that mainstream primary care providers are very uncomfortable still communicating with their patients about their sexual activity, so it's still just not talked about in their physician's offices. Many of our patients have primary care physicians who don't even know they have HIV," she added.

The Matthew 25 AIDS headquarters in Henderson consists of 7,500 square feet, with an additional 3,500 square feet on the planning table. There are 28 staff members, which includes nurse practitioners, allied health care providers, and mental health case workers. According to Burton, the clinic doesn't have a physician on staff, but utilizes the services of collaborative physician partners throughout the community.

"Our clients feel freedom when they come here, because for the time period they are here they can be themselves. They can talk about their disease. We can touch them and hold them and many of them don't get another hug until they come back here three months from now," explained Burton.

"I think they feel the energy that's palpable in this office, that we care about them. A guy told me the waiting room felt like a cocoon, which to me just is like being wrapped in a swaddle at birth. Just them being secure here and held safely goes a long way to show that we care about them."

Burton said that treatment for her clients would be \$2,500

to \$3,000 per month if they had to pay out of pocket.

Not only are clients able to get clinical care from specially trained nurse practitioners, they also are able to receive mental health counseling and attend support group meetings. If transportation is an issue, Burton said the clinic provides a volunteer driver, bus tokens or a gas card.

"We help them get here because we recognize the geographic location in which they live should not be a barrier to receiving the same kind of care that someone in California or New York would be getting. The transportation is a crucial piece to what we do. The food pantry is certainly a need, but it's also a gesture that we care about you, and good healthy nutrition is important to your whole health," she said

Medical case managers who are nurses understand what's happening to them physiologically and a dialogue is opened up with the mental health practitioner. The

Matthew 25 team participate in multi-disciplinary health conferences each week, so for everyone who will be seen that week, the team is prepared for what vaccinations are needed and what medications need refilled, ensuring that the patient's time is used effectively.

"We not only have to keep up with this HIV world, we have to keep up with regular medical practice stuff. We've been able to get incentives to invest in an electronic health record. The way our staff works offsite, it just helps us so much. In the old days, we were packing up patient charts and putting them in locked suitcases. Now, they just take their laptop and everything is on the cloud and its secure and our laptops are encrypted and we feel good about that," said Burton.

"In the '80s, I worked in critical care and people were coming back to die. They had left this area because they wanted to be who they were so they went to New York and California and all those urban places. Once they got sick and they were dying they came back home. For me, even with HIV care, it's really about holistic health. You can't separate the HIV from the person and the person is the mental health, the physical health," Burton said.

According to Burton, people need to know that there are health care providers that really do care about you and if you know that you are HIV positive and you're not in care, you can be. If it's not Matthew 25, it can be another Ryan White clinic.

"If you've never been tested, go get tested because you may need our services and you just don't know it. I want to put myself out of business. I would love to see this all gone. I'd like to retire six years from now and just wrap it all up in a trunk and put it away, but I don't think that's going to happen." ■



Grassroots initiatives, like spare change collected in "Judy's Jars," have always been integral to Matthew 25 funding.



UPIKE'S COLLEGE OF OPTOMETRY OFFERS A 'VISION OF HOPE'

Article courtesy of the University of Pikeville

The University of Pikeville announced the Kentucky College of Optometry (KYCO) in 2014, the next step in transforming the culture and health care of the region through access and education. A continuation of the university's strategic focus on health sciences, KYCO welcomed its inaugural class of 60 students this fall.

"One of our predominant motivating goals is the fact that we are an access school. We have a very different focus on where we expect our students to practice," said Andrew Buzzelli, O.D., M.S., KYCO's vice president for optometric education and founding dean. "Our students take specialized personal development courses along with their optometric courses to prepare for what we expect of the graduate who serves. The students take courses in not only professional development where normal practice management is covered, but they have a significant number of course hours in diversity, inter-professional collaboration, Appalachian culture, personal development as a professional and, most importantly, leadership," said Buzzelli.

The 22nd school in the nation and the first in Kentucky, KYCO is situated in a region where statistics show communities suffer from higher rates of diabetes and other chronic illnesses, including severe vision loss. As part of the optometry school's mentoring program, Buzzelli said students are encouraged to remain in rural Kentucky and surrounding areas, which are among the highest areas of vision loss in America according to the Centers for Disease Control and Prevention.

Construction is nearing completion on the Health Professions Education Building, an approximately \$65 million, 107,000 square-foot facility that will house the college of optometry and provide technology and clinical training that will enhance the learning experience for students in the university's school of nursing and other health professions programs. Student life also gets a boost, as the building will house a food court featuring major brands Chick-fil-A and Einstein Bros Bagels.

Collaborative learning, advanced technology and diverse clinical education experiences are innovative

strategies that will complement a culturally sensitive, patient-centered curriculum to address the need for access to quality, affordable vision care. The expanded scope of practice permitted by Kentucky state law governing the practice of optometry provides for selective laser and peri-ocular surgical procedures, allowing KYCO to bring modes of treatment not previously obtainable on a significant basis in unserved and underserved areas. KYCO is also partnering with local federally-qualified health care centers and hospitals, providing a venue for the education of eye care providers and creating access to vision care for the citizens of Appalachia.

The Kentucky College of Optometry is the fourth college under the University of Pikeville banner and reflects the institution's mission of service and strategic initiatives. Construction is under way on a new educational facility to house the Kentucky College of Optometry. The university expects to provide for the underserved in Central Appalachia and other rural areas of the country.



According to the U.S. Bureau of Labor Statistics, the need for optometrists is expected to grow faster than average nationally, by 33 percent through 2020, adding more than 11,000 new positions.

Health care reform and an aging population are also expected to impact the need. The new facility is part of a strategic plan to upgrade educational services in Central Appalachia.

Architectural rendering of the Health Professions Education Building, which will house the college of optometry at the University of Pikeville.

CEO Clover Fork Clinic, Evarts and Harlan, KY

Rural Health Champion Brett Lewis



Brett Lewis reflects on his decades of dedication to rural health and the Clover Fork Clinics.

In 1975, fresh from a career in social services, Brett Lewis was preparing for a transformative experience. With no relevant experience except for “his heart being in the right place,” Lewis embarked upon a path he is still following over four decades later --- administrator of the Clover Fork Clinic in Evarts, Kentucky.

A native of Ages, Kentucky in Harlan County, Lewis graduated from Evarts High School, went to Cumberland College in Williamsburg, Kentucky, for three years, left school to get married, and took a job teaching school under an emergency certificate.

“In the late 1960s, there was a teacher shortage in Kentucky. You could get part of your college loans paid back by participating in the emergency program. I had three years of college, and you didn’t have to have a degree at that point,” said Lewis.

“I taught in a one-room schoolhouse. Those kids were the best kids I have ever seen. We only had nine students, and they ranged from first grade through the fourth grade,” he said.

Lewis’ original plan was to teach, but he couldn’t make a sustainable salary teaching school on an emergency certificate. He taught two years, then went to work for the State of Kentucky working with mothers in the Welfare to Work program.

“We could put them in classes that were paid for by the state. We could pay for one year of specialized training like one year of business training, LPN, program, cosmetology. There were some ladies that were on welfare in our RN program and we could pay for the last year of RN training,” Lewis explained.

“Once they got their GED, we would develop jobs for them. It seems like back in the late ‘60s and early ‘70s there was more of a social conscience. Government was real sympathetic with people at the time, especially in concentrated rural areas like in the mountains where there was a lot of poverty,” he said.

During his first year with the program, the state identified the need to train better counselors. Lewis and a friend were sent to the University of Louisville, and they each graduated with degrees in guidance and counseling.

“Being in a state job, after a while I began thinking there was no advancement, and I guess I was just looking for something else to do. I learned of the position with the Clover Fork Clinic and I just thought it might be a good career move for me. Believe me, they didn’t choose me because of my credentials. They chose me because they thought my heart was in the right place. That’s a true story,” he said.

“We were a new model of care at the time. Of course I wasn’t there when it first started, but there were physicians and nurse practitioners, dentists and a team approach to practice medicine.

“We weren’t a rural health clinic then. We were a primary care clinic. I guess we’re one of the oldest rural health clinics in the state of Kentucky, if not the oldest,” he added.

According to Lewis, the Clover Fork Clinic was born from the determination and drive of the community to establish health care access near their home. The last physician had left the area, so there were no physicians left in Clover Fork. The community and business leaders were concerned and wrote a five-year demonstration grant. In August 1970, the Clover Fork Clinic became the first clinic funded by the Appalachian Regional Commission (ARC). The Clinic operated out of a renovated trailer.

In June 1975, a mere 20 days from the end of ARC funding, Lewis arrived to assume his new position as the clinic administrator. Despite having no formal training, education or experience as a clinic administrator at the time, Lewis began exploring the files, books and corners of the clinic, and was shocked by the tangled mess he uncovered.

At the time, it took \$25,000 a month to operate the clinic. They had a \$30,000 deficit, a savings account of roughly \$12,000 and an 18-month backlog of Medicare billing to be filed.

"At that point, I thought what am I doing here? Why in the world did I leave a secure job with the State of Kentucky to come here?" he said.

Clover Fork was a new clinic, and Lewis surmised people got the idea it was a free clinic. They provided a lot of charity care, but you can't operate a free clinic and still pay employees. At least not for long.

"Dr. Miller was the project director at the time. He and I worked really hard and were able to get Medicare billing caught up, as well as renegotiate contracts with United Mine Workers and some of the other unions. The first year I was there, we collected \$145,000 more than the year before, and we became self-sufficient," Lewis said.

A few years later in 1977-78, there was a long United Mine Workers strike. The strike delivered a harsh blow to many people in the coalfields, as well as a lot of clinics. The federal government came down to bail out the clinics that were undergoing financial crisis due to the strike. Lewis explained the program at that time was called the Rural Health Initiative Program, but later became the Community Health Center Program. They federally funded the Clinic for a couple of years, and after the strike was over and the miners started working again, Clover Fork Clinic was able to become self-sufficient once again.

"They helped us through that period. It helped a lot of people in the coalfields, and patients got good care. We took care of those miners and their families and never sent them a bill. In a rural setting, there's a higher way of operating; by the heart, and not the wallet. You get close to people in rural communities, and people are close-knit. You can't pay it back. You can only pass things on," he said.

The Clover Fork Clinic of Harlan opened in 2004, and relocated to a new facility in 2015. Clinic staffing for both locations includes three providers in Evarts, and two in Harlan. The overall practice employs about 35 people and completes 18,000 patient visits annually.

Lewis acknowledges that the greatest need in rural health is access to care, but in the way that people have economic access to care, and everybody has health insurance.

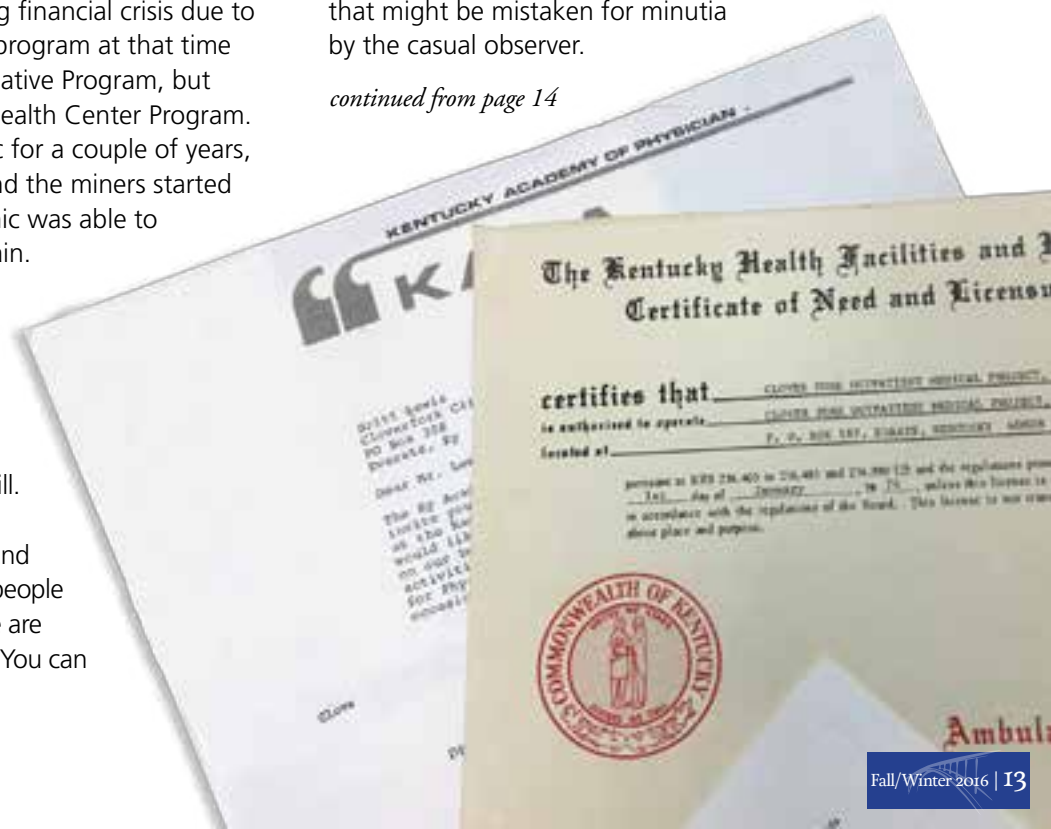
"Education about preventive care and mental health are big things that can be done in primary care settings. We are trying to keep people out of the ER, and out of the hospital, and keep them healthy," he said.

"We're seeing more connectivity, and in the near future you'll see a more seamless flow from primary care to specialists to hospital care," he added.

There is no doubt by Lewis that where he's been in four decades consists of equal parts nostalgia and accomplishment. The walls of the Clover Fork Clinic of Harlan are peppered with photographs of memorable events, people and moments from the early days of Appalachia's pioneering initiatives in rural health care.

Spread out before him on a long conference table is a stack of papers Lewis wistfully thumbs through. After such a lengthy career, it's intriguing to guess what he was compelled to keep to remember it by. No awards or accolades in this stack. Merely reports from a dot matrix printer, carbon copies of memos from another time, and the day-to-day documentation that might be mistaken for minutia by the casual observer.

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"In the '80s, I served on the ad hoc committee for the Kentucky Licensing Board to study how physician assistants could be certified. I presented what was probably the most compelling data because we actually had nurse practitioners and physician assistants at the same time, and I could testify as to what both of them could do. As a result, they got certified. I was invited to their annual meeting in Louisville and they were going to buy me a set of tires for my car because I had driven so much back and forth on their behalf. I didn't get to go to the meeting, but they sent me a plaque and I still have it on my wall," said Lewis.

"This is my history, and I even ran across one of our first licenses from January 1974. I am also proud to have served on the board of the Kentucky Primary Care Association (KPCA) because they have really been a big help in enabling those of us in rural care to speak as one voice," he added.

"It's hard to let go. It really is. I don't want to let it go before my replacement can get away from the grants and projects he's working on right now to better the situation for the clinic. I don't want to leave him with the day to day stuff just yet," he said.

While retirement will come about when the time is right, Lewis admits that he will most likely still come in one or two days a week to help with

administration of the clinic's retirement plan and other tasks until his replacement is ready to take the reins.

"I still want to help with some of that because nobody else knows it. We are financially stable. That's one thing that I'm really proud of. I don't want the person succeeding me to inherit the same scenario I came into. ■



Kentucky Rural Health Champion Nomination

Each quarter, *The Bridge- Kentucky's Connection to Rural Health Issues*, will accept nominations to recognize an outstanding individual who has made significant contributions to rural health in Kentucky.

Nominees should include individuals who:

- ▶ Demonstrate leadership and expertise in direct patient care, healthcare education, healthcare administration, health promotion or public advocacy.
- ▶ Have played a key role in developing or implementing innovative solutions to problems or challenges for rural Kentuckians at the state, region or local level.
- ▶ Are widely recognized as extraordinarily successful in their field.
- ▶ Have career and work effectiveness that can be documented
- ▶ Have served as a mentor or role model to offer positive influence on others in their field and beyond.
- ▶ Reside and/or work within the State of Kentucky.

Please contact Jennifer Molley Wilson for information on suggesting a rural health champion in your area. jennifer.molley.wilson@uky.edu



Triad Health Systems

*Article by Adam Craft, CEO
Triad Health Systems*

Triad Health Systems is a federally qualified health center serving the needs of residents across a three-county service area in Northern Kentucky. Their service area includes Gallatin, Carroll and Owen counties. Triad operates community health centers in both Gallatin and Owen counties. Triad Health Systems was awarded 330 Grant funding in late 2007 and began operations in January 2008, at a location in Warsaw, Kentucky.

Triad Health Systems moved in to a newly constructed facility in Warsaw in early 2015 and opened a New Access Point location in Owenton in November 2015, in partnership with Three Rivers District Health Department. Triad plans to begin providing dental services in Owen County prior to the end of 2016. In addition to primary care services, Triad also offers behavioral health, optometry and diabetic education services. In addition to the Gallatin and Owen County health centers, Triad operates a school-based clinic in the Gallatin County schools.

Triad's mission is to provide affordable, accessible and high quality health care to

all – regardless of insurance or economic status. In an effort to maximize patients' access to needed services, Triad Health Systems works closely with agencies located in its three-county service area and statewide.

Triad Health Systems is a member of the Kentucky Health Center Network, the Kentucky Primary Care Association and the Golden Triangle Rural Health Network. Triad Health Systems is led by an experienced and involved board of directors and employs a staff dedicated to making a difference in their community. Please visit Triad Health Systems website at <http://www.triadhealthsystems.com/> or visit our Facebook page. ■



The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Fall/Winter 2016

For additional information,
questions or comments contact:

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Save the Date: Kentucky Telehealth Summit

Please join us on May 25, 2017 for the Kentucky Telehealth Summit

We hope you can join the Kentucky Office of Rural Health May 25, 2017 at the Historic Boone Tavern in Berea for The Kentucky Telehealth Summit. The summit's theme will be "Healthcare Transformation in Kentucky: The Role of Telehealth." More details and registration info coming soon!

For more information:

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