

Spring 2016

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES



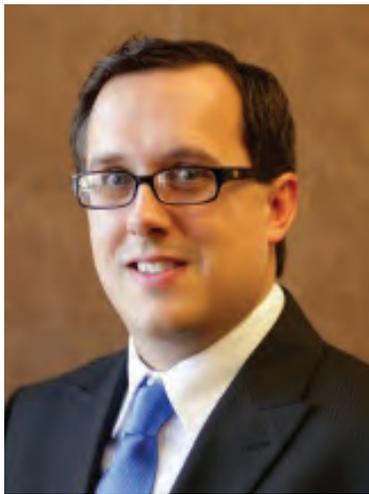
Watching Over
the Smallest of Lives
The Blue Angels Program

 **KORH**
Kentucky Office of Rural Health

UK
UNIVERSITY OF
KENTUCKY
Center of Excellence
in Rural Health

Check & Connect:
Behavioral, Mental
Health Services Go
To School

The 40 Percent



Dear Reader,

I have always celebrated spring as a time of a renewal. Time to shake off the oppressive shroud of a dark winter, and usher in the arrival of bright spring flowers and sunnier days. Everything simply feels happy and new this time of year.

For this issue of The Bridge, we were inspired to search out stories that would fit into the theme of renewal and change.

In Eastern Kentucky, the Blue Angel telemedicine outreach program is helping to lessen the length of critical care stays for high-risk infants by identifying problems in utero to properly manage care for both mother and infant. In the olden days, mid-wives arrived via horseback to bring new Kentuckians into this world. Today, healthcare arrives on the back of high-speed internet and ultrasound technology, making access to world-class healthcare for everyone the norm, rather than the exception.

But, even in this fast-paced world we live in, the old ways and traditions still occupy their rightful place. Excellent health care does not have to be dispensed from glistening glass structures filled with the latest technology. Sometimes, it comes from an unassuming two-story bungalow, where the provider inside has brought babies into this world, comforted those left behind as loved ones have departed, patched up the broken and soothed the infirmed for five generations. When Barbara French retires later this year from the Cutshin, Kentucky Clinic she where she has worked since 1964, the impact she has had on the small community will become part of the region's story that will continue to be told for generations to come.

In the strictest definition of the term, Barbara French is a rural health care champion. Whether by passion or profession, we know there are many people out there working to narrow the gap that can exist between patient and provider, whether that expanse is created by geography, education or socio-economic factors. If you know of a rural health care champion in your area, please let us know so that we can possibly feature them in an upcoming issue.

As always, we appreciate your feedback about this publication, and we are pleased you are finding it a useful and insightful resource.

Sincerely,

Ernie L. Scott
Director
Kentucky Office of Rural Health

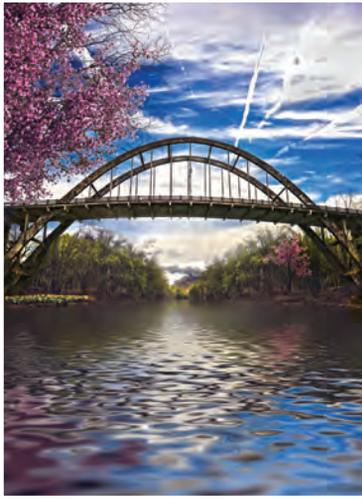


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West Prestonsburg Rainbow Arch Bridge Photo by Autumn Cox; a Hazard High School student in the Student Technology Leadership Program.



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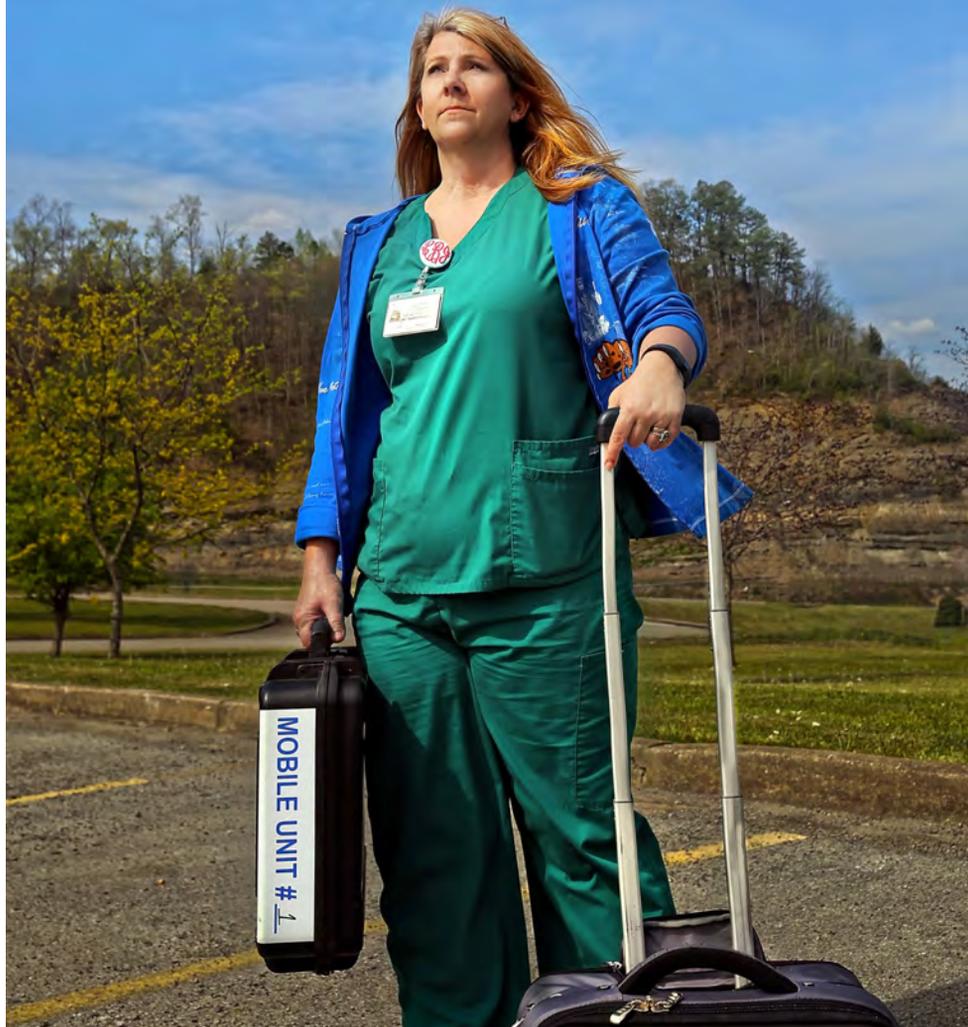
The *UK Center of Excellence in Rural Health* was established in 1990 to address health disparities in rural Kentucky, including a chronic shortage of health professionals and residents' poor health status. The Center accomplishes this through health professionals education, health policy research, health 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.

The Kentucky Office of Rural Health, established in 1991, is a Federal/State partnership authorized by Federal Legislation. The KORH receives support in part from the federal Office of Rural Health Policy of the U.S. Department of Health and Human Services. The mission of the KORH is to support the health and well-being of Kentuckians by promoting access to rural health services. The KORH assists clinicians, administrators and consumers find ways to improve communications, finances and access to quality health care while insuring that funding agencies and policy makers are made aware of the needs of rural communities.

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.

WATCHING OVER THE SMALLEST OF LIVES

THE BLUE ANGELS PROGRAM



Laura Bates, RT RDMS, a Blue Angel of the University of Kentucky, travels to the rural areas of Eastern Kentucky and provides ultrasounds to high risk mothers-to-be. Photo by Rose Shields

Article by Kristi Robinson Horine

Laura Bates nods to the physician on the screen and then logs off the computer. She pushes a few more buttons and then turns to her patient, an Eastern Kentucky first-time mother who has just entered her third trimester of pregnancy.

She hands a warm cloth to the woman to help clean off the gel that makes the transducer probe (the ultrasound machine 'wand') move smoothly across the woman's distended abdomen.

Bates sees hundreds of patients every year, and with each visit, she maintains her gratitude for her people and for the work. She moves with grace, for bringing the correct images up on the screen is an art.

Bates extends her arm and helps the young woman to a sitting position. The mother-to-be wipes away a tear and whispers a thank you. For today, at least, her unborn child is still within acceptable limits, still growing - but not too fast, still moving, still on target for a summer delivery.

At least, that's the plan. With the mother's medical history of diabetes, the plan can change at any time.

It's the possibility of a change that makes Bates' job so critical.

Bates is a Registered Diagnostic Sonographer. Most folks would call her an angel and they aren't far from the truth. Bates is the first "Blue Angel," part of the telemedicine outreach program of the University of Kentucky obstetrics and gynecology department. Blue Angels work specifically with maternal-fetal medicine, treating patients who have high-risk pregnancies.

The concept earned its wings down south at the University of Arkansas with their high-risk maternal-fetal medicine outreach program simply titled, "Angels," but the beginning of that program started even earlier, with the first need to communicate.

From Smoke Signals to Telemedicine

Since the dawn of humankind, people have devised different means of communicating. Up close and personal conversations were very different from long-distance communication. Over the ages, that communication has evolved from smoke signals to telegraph, to two-way radios, and finally, to that seemingly-elusive, but ever-present wireless technology.

In the mid-to late-80s, the concept of telemedicine was born. A patient in one city could be 'seen' by a doctor in a completely different city. This practice where medicine is performed over a distance can be transmitted in a few different ways. In the case of ultrasound, there are two main methods: a store and send, or a live transmission. The store and send method records an ultrasound and stores it on a disk, which is then sent in an electronic file to a remote physician. A live transmission of an

ultrasound requires a little more technology.

"I take a portable ultrasound machine, a laptop and the telemedicine machine and we hook it all together and as I scan, the doctor joins me by a bridge on the ultrasound," Bates explains. "They can see me, they can see the patients, and they can see my ultrasound screen. It goes right into their system in Lexington and they are watching live as I scan."

John Allen, clinical administrator for UK's Department for Obstetrics & Gynecology, says the Blue Angels outreach program has been many years in the making. After learning about the success of the original Angels program in Arkansas, Allen and his team at UK decided the benefits were worth starting the program here.

"In rural areas, they just don't have the access to the subspecialty divisions we have here at UK and it is difficult for them to get from point A to point B to take advantage of that access," Allen explains. "And, by managing these patients early, instead of the baby spending a month in the neonatal ICU, they might only spend two weeks. The overall goal is to reduce the cost of these very expensive ICU days for the baby and to improve the outcome for the baby."

An additional benefit, Allen says, is by keeping the maternal-fetal medicine physicians local and sending out ultrasound techs to remote clinic locations, physicians can maximize care to more patients.

"Hazard is two and a half, maybe three hours away. If a doctor had to travel that far, they would only be able to see maybe two or three hours' worth of patients in an entire day and then come back," Allen says. "This helps us to use our subspecialty physicians across a wide area."

Jenna Stewart, Allen's co-worker, manages the operational details. Over the last year, she has helped to develop relationships with small clinics, coordinated appointment schedules and managed medical records of each new patient.

Just like the growth of a child in its mother's womb, the Blue Angels program is growing as well.

Manchester was home to the first outreach ultrasound, and then Appalachian Regional Healthcare added

two sites, one in Tug Valley and one in Middlesboro. Primary Plus in Ashland signed on, and then in February, King's Daughters in Ashland also opened their doors to the outreach program. Allen and Stewart say there are more sites in the pipeline as well.



Laura Bates reviewed Mary Sizemore's ultrasound through a specially designed system created for the University of Kentucky's Blue Angels program.

One key to success for the program was finding the right sonographers in the right area. This is where Laura Bates comes in. The outreach program began just last May, but Bates' journey to her wings started long before that.

Journey to Her Wings

As a child, Bates was mechanically inclined. This developed into a love of physics and

drafting and she often found herself thinking in terms of two and three dimensions.

Over 20 years ago, Bates was introduced to the world of x-ray. And then, to ultrasound.

"When I first started, it was primarily grayscale. You visually try to figure out that grayscale," she says. "But I just knew. I got it. In life, when you find something that you really like to do, you just do it. The first time, I knew this was for me and I've been doing it ever since."

For 17 years, Bates performed ultrasounds and worked in x-ray. She went into private practice for a little over two years. Her favorite specialty has always been OB/GYN. In April of last year, Bates was approached by the University of Kentucky and was asked to be the very first Blue Angel of a brand new outreach program that would provide telemedicine to rural Kentucky patients.

"I've always been a UK fan, so it makes me feel pretty special," she says with a small laugh, then adds, "I am just so glad and so proud to be able to give Eastern Kentucky the highest care. I think everybody deserves optimal health care, and Eastern Kentucky deserves exactly what Lexington has. I'm just proud I get to take it to them."

When Bates first accepted her 'wings' with the Blue Angel Outreach program, she spent some time in Lexington at UK Good Samaritan. She had the ultrasound technology down pat, so all she needed to learn was the protocol.

"Every facility has different protocols, which is what the



Dr. John O'Brien of UK HealthCare, working in Lexington, reviewed the real-time sonogram of pregnant patient Mary Sizemore in Manchester.

doctor wants to see on the screen and they want it in the order they want to see it because they are used to that order," Bates explains. "For example, they prefer fetal heart tones, then the cervical length and then the ovaries and then biometry, and then placenta."

Even in normal pregnancies, each mother and each baby are different. The same is true for high-risk patients, although there are certain markers that Bates looks for. For diabetic patients, physicians need to make sure the baby is not getting too big and that there is adequate blood flow.

Bates learned the protocols for UK's maternal-fetal medicine department in order to be able to give her physicians what they needed for each patient. Equipped with over two decades of experience, a love for her people, and best practices to help connect physicians to patients, Bates and the Blue Angels Program left the ground.

Taking Flight

With her home place being in Whitesburg, Bates has the perfect perspective on the folks in the Eastern part of the state, and she has optimal positioning to be able to work the outreach to several different areas in an effective way.

Bates understands the true meaning of rural Kentucky. She knows that for patients who live in outlying communities away from larger cities, the prospect of getting somewhere with specialized medical care fast is pretty unlikely. In addition, traveling on rural backroads is a far cry from traveling on busy big-city streets.

"The patients from our area in Eastern Kentucky, some of them don't have the necessities of life, much less the finances for transportation to Lexington," she says. "And even if they got to Lexington, the traffic is so heavy at times, it's very difficult to find

their way to the facility."

But for this Blue Angel, she doesn't mind the travel.

Bates typically works Tuesday through Friday. The first and third weeks of every month are the same, and the second and fourth weeks of the month are the same. For example, during one week, she will drive an hour and a half from Whitesburg to Manchester on Tuesday. Wednesday, she will drive about that distance to Middlesboro. Thursday, she's in Ashland, which is over two hours from her house, and every Friday, she can be found in Hazard. On the days she doesn't have clinics scheduled, she drives to Lexington to work at the on-site high risk clinic at Good Samaritan Hospital.

Her morning appointments typically last 30 minutes and use the store-and-send method of transmission. Her afternoon appointments are typically longer, lasting 45 minutes, and involve a physician from Lexington



Sonogram images of Mary Sizemore and her baby showed up on the computer monitor in Dr. John O'Brien's office in the UK HealthCare Good Samaritan office building

being directly connected to the outlying clinic via a live ultrasound bridge.

"One of the hardest things is trying to keep my composure when I see something is wrong with the baby," Bates, a mother of two grown children, admits. "But I am a tool to be used for the advancement of medicine. I'm just a simple country girl that's very good at what I do and I enjoy it." ■

Weathering the Storm – Livingston Hospital and Health System

Article by Elizabeth Cobb

Mark Edwards, chief executive officer of Livingston Hospital and Health System (LHHS) in Salem, won't take credit for the successes LHHS celebrates today. He vehemently reports it is nothing he has done. He credits the critical access hospital's turnaround over the last six years to the dedication and work of the LHHS board of trustees, medical staff, department leaders, employees, LHHS auxiliary and to the County Judge Executive and magistrates.

Edward states, "If you have rural roots, you can better understand the challenges. You can identify with your patients and that connection leads to better care"

Edwards' arrival at LHHS in 2010 was really a homecoming. Edwards was born and raised in Ballard County and he began his career in 1983 as administrator of LHHS. After leaving Salem in 1985, he expanded his experience in health care administration by leading other regional hospitals and physician practices. All this experience enabled him to lead his organization through the recent challenges the health care community faced.

In 2010, LHHS was experiencing what Edwards calls "the perfect storm" – implementation of Medicaid Managed Care, roll-out of key Affordable Care Act provisions and integration of electronic health records. The hospital was struggling amidst these changes and challenges and the future of the organization was uncertain.

"The Board, Medical Staff and Employees made it happen," stated Edwards

The commitment of hospital leaders – board members and employees – along with community leaders, was the pivotal force that not only kept the hospital's doors open but transformed the hospital into a thriving hospital and trauma center. Hospital board members and employees committed together to the work needed to stabilize and rebuild the hospital financially. Edwards engaged department leaders and front line staff in the effort to cut costs. The hospital auxiliary organization also contributes earnings to support



the hospital finances. And while painful, employees were willing to undergo a temporary hospital-wide 5 percent cut in pay and other cuts to pension contributions order to bring about stabilization.

Constant communication with the community and employees throughout the worst of the storm was instrumental in fueling morale. "As a leader, it was and continues to be very important to be visible and accessible to employees," said Edwards. He uses daily rounds to make himself available to staff. Department leaders served as liaisons to front-line staff and kept everyone updated on the progress of the organization.

Advocacy efforts have been another important tool to ensuring a strong future for LHHS. Edwards expands on the work he is leading at the local level by working with local, state and national legislators on rural health. When asked about his strategy, he replies, "you just talk to people and it gets things done. There's no magic to it." But his advocacy efforts are skillful. Edwards has built strong relationships with Congressman Ed Whitfield and Senators Mitch McConnell and Rand Paul as well as their health aides and local representatives. He communicates regularly at the local level, using meetings, letters and emails to educate political leaders on key health care issues, especially regarding the potential impact of policy changes to the local hospital and economy. Edwards has never been to Washington D.C. to advocate for his rural hospital but he has been more successful than most hospital administrators in educating leaders on the value of access to quality care in rural Kentucky and the importance of LHHS to Salem and surrounding communities.

The hospital has weathered the 'perfect storm' and is readied to face new challenges that may come its way. ■





CHECK & CONNECT: BEHAVIORAL, MENTAL HEALTH SERVICES GO TO SCHOOL

Article by Kristi Robinson Horine

Terry Hatchett walks the halls of Trigg County Middle School. He keeps a close eye on the students, listens to their banter and reads non-verbal communication. He's neither faculty nor staff; yet, Hatchett is considered essential personnel in this small, Western Kentucky school system.

Hatchett is a licensed professional counselor. He works in all the Trigg County schools, but his primary stomping ground is the middle school. With more than 30 student clients in the middle school alone, he's one busy man.

The hallways clear out as students slip into their classrooms. Hatchett pauses at one room. There, already in his seat, is a young man who shoots Hatchett a flash of a smile and lifts his hand in a quick wave. Hatchett nods, smiles back and keeps on walking.

It was the briefest of interactions, but it fills Hatchett with hope.

Last November, this same child wouldn't look at anyone. He barely spoke. He had failing grades and anger issues. He was referred to Hatchett because he made a threatening statement to another student.

Laura Shelton, Trigg County Youth Service Center Coordinator, says most of the students in the school system need a "check and connect," which is a simple way to say hello and quickly assess where a student is emotionally and socially. Other students, however, need something deeper, something that includes therapeutic strategies.

The young boy with the bright smile had deeper needs. Over three months with Hatchett, he learned anger management strategies like how to recognize when he was losing control and deep breathing exercises to help him climb over that angry

hump. Now, the boy says he feels like a real person, that he has value. His mother tells him she's proud of him again.

Today, Hatchett calls this student a living, breathing model of success.

"I have found with the majority of the students I work with, they just need somebody that cares, that wants to help them and is a positive role model," Hatchett says. "We give them another person to talk to who can help, who they trust. We all have issues and when we have someone who can help us, that is an awesome experience."

While Hatchett lives and works in Western Kentucky, his employer is actually nestled deep in the mountains of Eastern Kentucky. The 'awesome experience' of having a therapist in rough times was born right there in Mountain Comprehensive Care Center (MCCC).

Where Deep Calls to Deep

While the physical scenery is a bit different in Eastern Kentucky than it is in Western Kentucky, the scenery of a human heart and of human nature remains largely the same - deep and full of needs, wants and emotions. And then there are the external factors - like environment, other people, substances and the abuse of substances.

Keeping the depths of humanity in balance is the basic job of Mountain Comprehensive Care Center which offers behavioral and mental health services to all Kentuckians.

MCCC found that the clinics were seeing the worst of the worst. But what if MCCC could reach potential clients at an earlier age and head off problems before they grew? Once that model worked in Eastern Kentucky, MCCC decided to spread the hope

westward, with the help of Sabrina Grubbs, PhD, LCADC.

Grubbs is a licensed clinical alcohol and drug counselor. She was hired last August by MCCC to be the director of Western Kentucky Operations. The model was to open brick and mortar clinics and then to place therapists and counselors into the local school systems.

“What we are seeing is behavior problems, ADHD, Oppositional Defiant Disorder, adjustment disorder, identity issues, substance abuse, issues with the parents,” Grubbs explains. “In the schools, you can catch it earlier. Then we have a chance to do some preventative things so it doesn’t escalate to the point where the clinics are. It is a lot more intense at the clinic.”

While Western Kentucky was already served by state-run mental health centers, such as Pennyroyal and Four Rivers, there were simply not enough mental health professionals in that area to meet the need. Geography and insurance were other barriers. Pennyroyal is at least 30 minutes away from Cadiz and only accepts Medicaid. Students with private insurance or no insurance were not seen at all.

Back at Trigg County, the ability for MCCC to embed therapists in the school system has made a vast improvement, Shelton says. Not only does it eliminate barriers to care, MCCC’s presence also helps the school system keep kids on campus to learn.

The application of the model is simple. MCCC therapists have a school-supplied office and phone. Shelton receives referrals from teachers, parents, staff and self-referrals from students. She contacts the parents who then can choose Pennyroyal or on-site MCCC therapists. If a parent chooses MCCC, the student can be seen on campus, in some cases that same day.

“You never know what is going to happen in a day and we have emergency situations sometimes. To have a therapist right here on campus, they can do an assessment on-site as it happens. Some cases are immediate,” Shelton says. “And another thing, when a child is threatening self or others, we require a threat assessment to be done before they come back in the school. Now, Mountain can get that done before their suspension is up.”

In Trigg County, all the schools are on the same campus. There are 2,200 students in the school system and the grades are housed in three main buildings. There are a total of three therapists, one mental health



Students are eager to stop in and visit with Hatchett to share about their day.

specialist and two therapists who come part-time on Fridays. One of the Friday therapists is Dr. Grubbs.

“When you address those core issues - behavior issues, depression, anxiety and adjustment disorders - [students] are pretty much improving in every area of their lives. Social life, academic life, hopefully even physical,” Grubbs says. “We give them practical tools they can use, how to improve their self-esteem, we do a lot of behavioral management, expectations, checklists, reward that they can earn if they do really well. And we work with the teachers in the classroom so they have the same

thing going on there as well. It’s kind of a culture that you develop in the school.”

It’s a culture that also includes other Western Kentucky Counties. Crittendon, Caldwell, Ballard, Marshall, Graves, Carlisle and Hickman counties already are either staffed with MCCC therapists or are under contract to begin services.

For Hatchett and the folks at Trigg County, they can testify to the power of meeting students where they are, walking with them through troubling times, and then seeing them safely on the other side.

“Our goal is to see the students for however long it takes to get them well enough to give them coping skills and release them to be able to live life on life’s terms on their own,” Hatchett says. “No matter how minute the positives are, we are going to build on the positives until they overtake the negatives.”

As he nears his office, he smiles and nods to a student waiting just to talk. One more opportunity to change a life. One more opportunity to overcome. ■



Mountain Comprehensive Care Center mental health professionals embed in Trigg County schools to offer counseling and preventive services at all levels. MCCC professionals, from left to right, include Morgan Kinslow, Laneir Charlaïne Sprague and Terry Hatchett.

Barbara French of the Cutshin Clinic in Leslie County, Kentucky

Article by Sam Neace

The Frontier Nursing Service began in 1925 as part of Mary Breckinridge's vision to bring professional health care to the Appalachian Mountains of Southeastern Kentucky. The world, including Appalachia, has changed dramatically, since the days when Mary Breckinridge traveled on horseback through muddy hollows and along jagged cliffs to fulfil her mission of healing the ailments of lonely mountaineers. However, the same spirit that drove the softest of hearts through untamed wilderness in the wake of the Spanish Flu, still exists today in a tiny town named Cutshin, nestled amidst the enchanting woods of Leslie County, Kentucky.

Barbara French is a nurse practitioner at the Cutshin Clinic. French first came to Leslie County from Illinois in 1964 as part of the Frontier Nursing Service.

"It was a bit of a culture shock," French says of her sudden move from the midwestern plains to the coalfields of Appalachia, "But I grew up in the country, so it wasn't that much different to me."

Although she might not have traced a map of Kentucky when she gazed at the stars as a child, Barbara French seemed to know at an early age that caring for the sick was her calling in life.

"I worked as a nurse's aide in high school," French says, when reminiscing of her start in the health care profession, "I decided I liked nursing and went to nursing school. Now, here I am. I've been a nurse my whole life."

Lots of people are drawn to jobs in health care during their youth and some of them remain nurses all the way through retirement. Good nurses deserve the highest praises a community can offer. However, what French has created goes beyond the bounds of normal nursing. French was instrumental in continuing the missionaries vision of a clinic where medical treatment is viewed, not only as a civil duty for the staff of two, but also as a God-given right to the patients.

"We have never accepted insurance," French says about the Cutshin Clinic. "We still do not take insurance today. Every patient in our clinic pays \$10 to be seen. It was only \$5 for the past 30 years and a dollar when we first began."

The Cutshin Clinic operates in an area that can be quite burdensome to a health insurance company's bottom line. For more than a century, coal mining has served as the chief industry in Southeastern Kentucky. Miners



Barbara French, NP has enjoyed serving the folks in the community of Cutshin, Ky. for over fifty years.

suffer from health problems, plain and simple. Whether the issue be something common like a pulled muscle or a more complex condition such as black lung disease. But industry is not the only factor contributing to Central Appalachia's health woes. High poverty rates add fuel to the fire, along with an astronomical percentage of tobacco smokers per capita. Appalachian culture itself is based on hard work and greasy cuisine; a deadly combination for even the toughest of bodies to handle. In French's time at the Cutshin Clinic, she has seen it all.

"Oh yeah, I've seen just about everything," she says of her patients' illnesses, "There is no way for me to know how many people I have treated here since 1964."

Unlike Mary Breckenridge, French never had to scale the mountains on horseback to deliver medicine to a child with fever but her mission was daunting in the early years, nonetheless.

"We had to have a four-wheel-drive vehicle to get to all of the places," French remembers, "Things have changed a lot since then."

Change might seem instantaneous to some but for people like French, who care for the sick, not because it is their job, but more so because it is their life's purpose, a shift toward something positive can feel extremely gradual. Rather than sitting around and waiting for more funding to magically pour in from the Heavens, or better roads to simply unfurl from off the horizon, French decided to turn to her own ingenuity for a solution to the transportation problem.

"I became a volunteer firefighter for Cutshin Volunteer Fire and Rescue," says French, "The Fire Department has an

ambulance now.”

The addition of an ambulance means citizens of the Cutshin area have an emergency first response system that is better equipped to save lives. Yet, an upgrade in emergency resources equals enhanced exposure to medical treatments that extend beyond the realm of antibiotics and ointments. The trauma cases French has seen in her more than half-a-century at Cutshin have unfolded in the back of the ambulance.

“I haven’t seen many car wrecks,” French says of her experience on the ambulance crew, “but I have seen some. I don’t like them.”

For a lady who has cared for an entire community throughout the administrations of nine U.S. presidents, picking a singular most memorable moment might prove to be a difficult task. French, however, can boast one claim with the utmost assurance when it comes to her contribution to Cutshin.

“I’ve delivered some babies,” she says with a joyful tone, “I don’t know how many. It’s been a few years since I’ve delivered one. I think the last baby I delivered is in his mid-20s now.”

Small communities like Cutshin are common in Southeastern Kentucky. Almost all of them are positioned along curvy highways that carve a slender path through the temperate forest. In some cases, the closest hospital sits nearly an hour’s drive away. Many outsiders fail to understand that even though these neighborhoods seem remote in comparison to the suburbs, they still possess all of the livelihood one might expect to find on a crowded block of friendly streets overlooking the distant skyscrapers of a mighty metropolis.

The children of Cutshin travel each day to a school in their



general community. Adults, representing a plethora of professions, drive to and fro on their way to work. The local store receives inventory by the truckload. The mail is delivered daily and life unfolds as meticulously as it does in a place with shopping malls and high-rise office buildings.

Rural communities are filled with love, and peace and happiness. Sure, the citizens sometimes wish the bright lights of Broadway were twinkling on the other side of the mountain and life in the fast-lane did not feel so far away. But ultimately for mountain people, no other place in the world will ever be home-sweet-home. They do not mind driving an hour or so to see a movie and eat a fancy dinner. However, when it comes to quality medical treatment, time is of the essence and distance equals time. French has helped give the people of Cutshin the greatest gift a rural town could ever hold; the gift of care. And apparently, they have given the same gift to her in return.

“I love it here,” she says, when talking about Leslie County, “I have loved living here while I’ve worked, and I will keep living here when I retire.” ■

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 Rose Shields for nomination form for the Rural Health Champion at rose.shields@uky.edu



Bryan Blount, Chief Financial Officer ▶

Blount Rural Health Center evolves with the Todd County Community

Article by Amanda Fryman

Blount Rural Health Center started as a free clinic under the name of Helping Hands Health Clinic, Inc., in a building that was best described as a “hodge podge” of mismatched paint and flooring with exam rooms too small for even an exam table. Today, this Todd County clinic has transformed into a fully staffed rural health clinic that treats approximately 2,100 patients annually.

With some dedicated church and community members and financial assistance from the Sisters of Charity, the Helping Hands Health Clinic, Inc. became a reality in Elkton in the fall of 1999. The

free clinic was able to recruit Dr. Tom Grabenstein from Clarksville, Tennessee, to travel to the free clinic one day per week and volunteer his services.

Over the years, the free clinic was financially sustained through various grants, fundraisers, and local church donations. In 2003, the clinic actually started utilizing charitable bingo as a way to support the clinic, and to be able to pay Dr. Tom a small salary for his services. Charitable gaming was a financial windfall for the clinic and services and staff were able to be expanded. The clinic staff grew its medication assistance program, contracted a one day a week behavioral health service provider, assisted patients with transport to appointments, and even paid patients’ utility bills occasionally.

However, managing the charitable bingo events for two evenings a week for 10 years became quite a task for the clinic’s staff and volunteers while also providing the day-to-day operations of the free clinic.

While the clinic staff and board members sought other options for sustainable funding, looming



Tom Grabenstein, MD examines Glenda McCoy

health care reform also forced the board to consider the future role of this clinic. At that time, the clinic had a patient count of around 800 and staff members were dependent on the clinic for their jobs.

"The board members knew that we had to continue to serve the needs of the community while pursuing the transition from a free clinic to a rural health clinic," said Anita Jo Powell, former clinic board member and now the clinic's executive director.

In the fall of 2013, Powell attended the National Association of Rural Health Clinics conference. After discussing with several agencies about the transition, Powell decided to contract with Health Service Associates to assist the clinic in making the transition to a rural health clinic.

In February 2014, Helping Hands Health Clinic transitioned to the rural health clinic status; however, the most difficult part of that transition was convincing the community that the clinic was now a full service provider. So after six months, the clinic board decided to rebrand. Therefore, Blount Rural Health Center was born. The clinic

has now progressed to being open five days a week, instead of four. The clinic accepts most all insurance but still provide thousands of dollars of services on a sliding fee scale, starting at \$14 per clinic visit.



Anita Jo Powell, Blount Rural Health Center Executive Director

Today, the clinic's patients not only enjoy the wider availability of primary care services, but also benefit from greater access to more specialists, including psychotherapy services. In partnership with the clinic's providers, a staff psychotherapist is now treating many of the area's mental health patients with counseling through behavior modification and other techniques. However, services like psychotherapy is only one example of the potential new services the clinic plans to offer in the future.

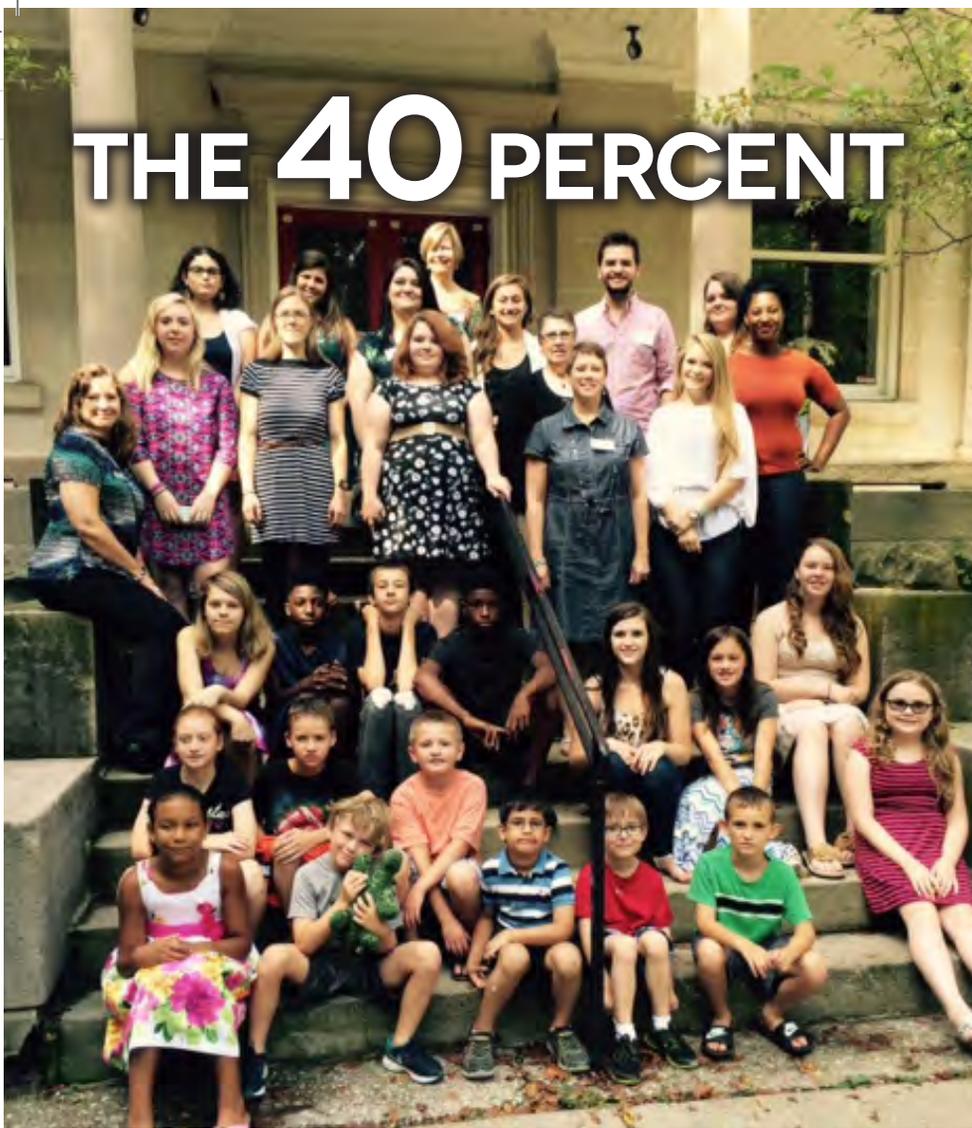
"We hope to not only just continue to expand primary care coverage but also integrate dentistry into the clinic for our patients," said Powell.

From its humble beginnings, Blount Rural Health Center is now well-equipped as a rural health clinic to continue to tackle the future health challenges facing the residents of the Todd County region. ■



Claire Rager and Ashley Beam, NP

THE 40 PERCENT



setting. If we want students to be literate in language, we need to use an educational curriculum that matches their needs - diagnostically, this would be processing the sounds of language and executive function.

Officially, "dyslexia is a specific learning disability that is neurobiological in origin. It is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities..." (National Institute of Child Health and Human Development). Research also shows that dyslexia often runs in families; the genetic component has been identified. Students with dyslexia typically have difficulty in processing the sounds of language.

Unofficially, dyslexia is a self-esteem killer, a frustration to teachers and a trial for parents. Parent advocacy, begun decades ago, is coming to fruition as evidenced in state (KRS 158.305) and federal legislation (READ).

Article by Jill Orthman Hatch

They are in every classroom, on every playground; some even make it to college graduation. In educational parlance, they are called the achievement gap. The 40 percent. These are students with dyslexia (20 percent) and their companion struggling learners (20 percent). The percentage remains persistent. Forty percent or more of children in Kentucky are not ready for Kindergarten. On average, 40 percent enter fourth grade less than proficient in reading. They graduate eighth grade unable to read proficiently in their content subjects. Only two percent currently graduate college.

For persons with dyslexia, this is not due to a style of learning. Dyslexia is a different way of processing. It is like being a Mac computer in a PC world.

Medically speaking, MRIs have demonstrated that the brains of dyslexics function differently with more activity in the right hemisphere (creative side) and less activity in the language processing area of the left hemisphere. This is a normal and natural variation in the human genome. This neurodiversity means there is a physical basis for dyslexia rather than lack of motivation and laziness often ascribed to the students. There is no magic pill for dyslexia and there shouldn't be. It is addressed in an educational

Advocates point out the assets of dyslexia. "Dyslexia is surrounded by these strengths of higher cognitive and linguistic functioning, reasoning, conceptual abilities, and problem solving," says Sally Shaywitz of the Yale Center for Dyslexia and Creativity. "There are so many positive areas in dyslexia and so many strengths." Strengths often exhibited by persons with dyslexia include intuition and insightfulness, visual talents that see patterns, similarities and connections, and spatial thinking needed by engineers and architects. More often than not, persons with dyslexia are holistic thinkers; they do not get bogged down in details. This last characteristic may explain the frustration of educators.

IDEA: Center for Excellence, a non-profit founded by Lois Weinberg, M.Ed. and located in Knott County, has been both an outgrowth and a driver of this advocacy. IDEA has as its main goal to optimize the educational experience for students with dyslexia in order to reach their full potential. Currently, the spectrum of dyslexia awareness ranges from denial of its existence to praise for its advantages. Students are also on a spectrum. Most can and do remain in traditional classrooms.

A major strategy for IDEA is to engage teachers and administrators in professional development activities. While education has, in many ways, ignored students with

dyslexia; it has, in other ways, ignored teachers-leaving them with no tools with which to approach their hardest to reach students.

In Letcher County, with funds provided by Berea College Appalachian Fund, IDEA provides access to information with an online professional development program. This came as a follow up to face-to-face professional development with some teachers in Letcher County. Participants indicated they wanted more information on classroom techniques. Online access allows for teachers' schedules and classroom needs. Preschool, Kindergarten and primary teachers can find links to the Get Ready to Read website that provides a screening for literacy prerequisites as well as a transition toolkit. Grades 6-12 can access and use the SMARTS On-Line Executive Function Curriculum. All participants have access to links such as Dyslexic Advantage and National Center for Learning Disabilities. This online group has 43 members from Letcher County and Jenkins Independent Schools. In a recent exchange online, Brett Lewis, teacher at Letcher Elementary commented on the SMARTS curriculum, "I know that it really helped me to also incorporate many other techniques and approaches with every individual student, and not just a "specific class" of students.

IDEA supports, through training and assessment, an after school program in Floyd County. This program includes students from Martin and Pike counties and is maintained and operated by parents of the students.

IDEA's activities, while focused on Appalachia, extend to other parts of the state. A partnership with the Kentucky Chapter of the International Dyslexia Association led to the annual Prevention of Failure Conference to bring research to classroom teachers. The first two conferences held in Hindman featured Drs. Victoria and Dennis Molfese, currently of the University of Nebraska-Lincoln. They shared their research on early identification of dyslexia with Kindergarten, Head Start and preschool teachers in the region. The past two conferences held in Lexington focused on identification and diagnosis of dyslexia in elementary grades and featured Carla Proctor, Ph.D, Education Evaluator from the Dallas, Texas, Independent School District and Kalyani Krishnan, M.A., School Psychologist from the Research Institute for Learning and Development in Massachusetts.

Since 2012, IDEA Academy, a joint summer venture with the Carnegie Center for Literacy and Learning, has been held in Lexington. IDEA Academy provides one-on-one tutoring to students with dyslexia. The Family Resource and Youth Services Center (FRYSC) in Lincoln County seeks to establish their own summer school program. IDEA's technical assistance includes securing funding, tutor and supervisory training.

All of IDEA's tutorial programs use the Sequential English Education Curriculum, an Orton Gillingham-based program developed by Dr. Charles Shedd in Berea, Kentucky. Addressing the needs of students with dyslexia, this structured, multisensory, linguistic curriculum is both systematic and cumulative. After-school programs use predominately volunteer parent tutors; summer programs usually employ college students and some teachers. Benefits include an average gain of one school year in

reading ability for every 40 hours of instruction in both after school and summer school programs. There is an observable gain in self-efficacy.

Several studies have found dyslexia to be very common among entrepreneurs. Julie Logan, a professor of entrepreneurship at the Cass Business School in London, released a study in 2007 that reported that more than a third (35 percent) of American entrepreneurs she surveyed said they were dyslexic. Examples include investor Charles Schwab; Paul Orfalea, who created the copy chain Kinko's; and John Chambers of Cisco Systems.

Nicholas Montenegro of the MIT Media Lab, points out that because many people with

dyslexia are different kind of thinkers, they represent what the new economy needs and rewards. They are "at promise." Several reading curricula, like Project READ, Wilson Reading System, embody the Orton Gillingham (OG) standard. The OG standard is successful with struggling learners, as well as students with dyslexia. With attention to neurodiversity, the 40 percent, both dyslexic and struggling learners, can bridge the achievement gap. With appropriate instruction, they can be ready to enter Kindergarten and be proficient by fourth grade. The 40 percent can graduate eighth grade with a proficiency that allows for successful completion of high school and college. The 40 percent can imagine possibilities and become the entrepreneurs of our new economy. ■



Lois Weinberg, M.Ed. brought tutorial services for students with dyslexia to eastern Kentucky. Weinberg has served as Director of both the Knott County after-school program and the James Still Learning Center. She is currently the Executive Director of IDEA: Center for Excellence.

The Bridge

KENTUCKY'S CONNECTION TO RURAL HEALTH ISSUES

Winter 2016

For additional information,
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Medicaid Update

Mark Birdwhistell
Vice President External Affairs and
Administration at the University of
Kentucky.

Avoiding Deficiencies in Rural Health Clinics

Kate Hill, RN,
Director of Clinical Services,
The Compliance Team, Inc.

Ask the Experts Panel

Robin Rowe, Will Hendrickson, Lynn
Ann Bishop (invited),
KY OIG Office and the KY Primary Care
Office

Medicare Discussion & Update with CGS

Vanessa Williams, Senior Provider
Relations Representative, Part B;
Annie Scriven, Senior Provider
Relations Representative, Part A;
Monique Beale, Manager, Provider
Outreach & Education, Part A/B, HHH

Breakout Sessions

Session 1: RHC Cost Report: 101 Basics

Glenn Grigsby, BKD

Session 2: Benchmarking on the Revenue Cycle

Sharon Shover, Blue and Company

Session 3: Kentucky Community Health Worker Alliance

Fran Feltner, DNP, MSN, RN, Director,
UK Center of Excellence in Rural
Health; Mace Baker, Director, KY
Homeplace; Jan Chamness, Public
Health Director, Montgomery County
Health Dept.; Gina Brien, Health
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Session 4: HIPAA & Compliance

Lisa Hinkle, Member, McBrayer,
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