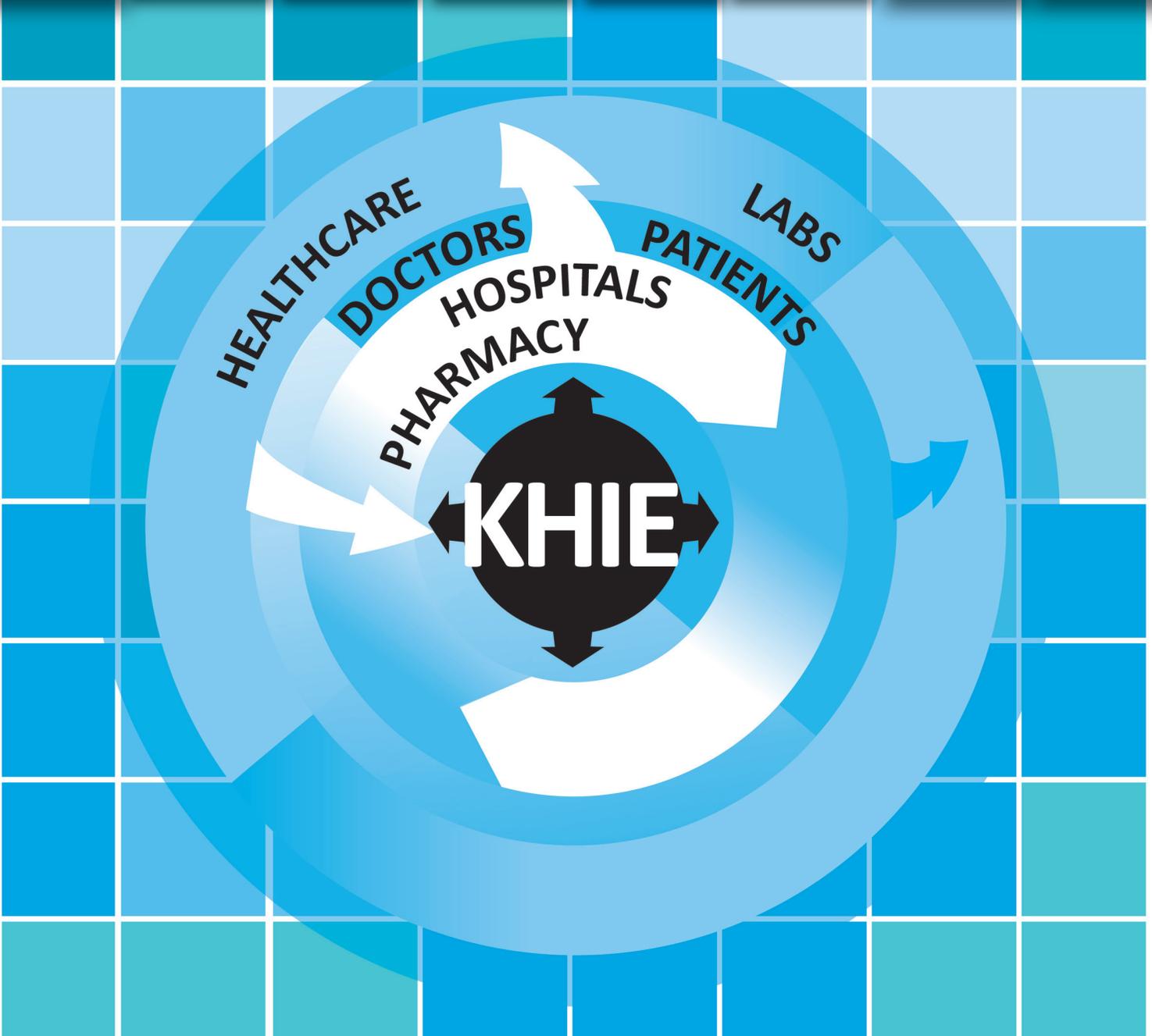


CABINET FOR HEALTH AND FAMILY SERVICES

Kentucky Health Information Exchange

The Nexus for Exceptional Healthcare



SUMMIT PROGRAM





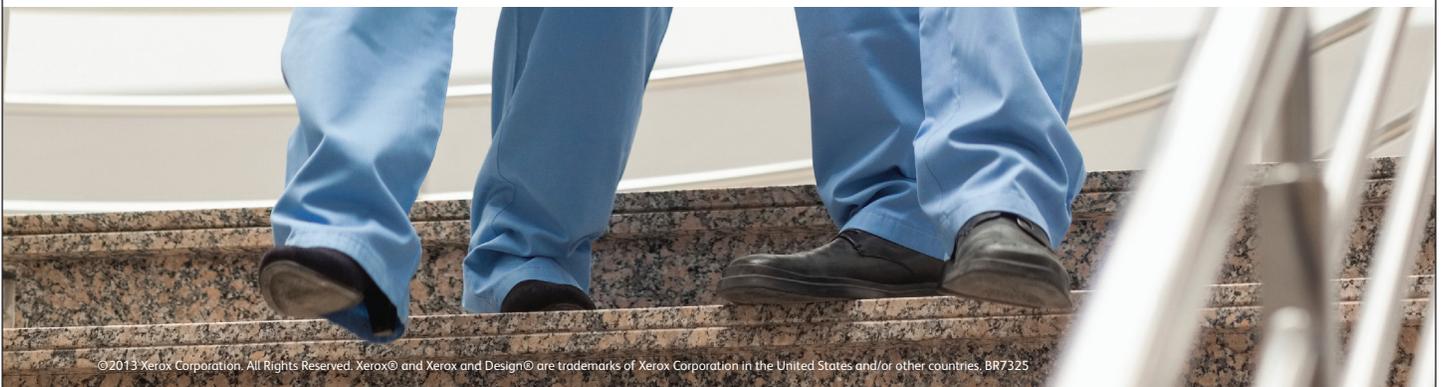
We simplify complex healthcare programs. So you can focus on serving your citizens.

Evolving reforms and technology have made healthcare management much more complex. That's why Xerox simplifies how you share information and helps you focus on what really matters: your citizens.

Our Health Information Exchanges integrate data to form comprehensive health histories. And our Personal Health Record technologies get your members more engaged with their care. That expertise has helped KHIE align with Meaningful Use standards and continue improving health outcomes and care quality.

Simple answers to complex problems are our business. Let us help you solve yours.

Proud sponsor of the 2013 Kentucky eHealth Summit
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AGENDA

Monday, September 16, 2013

- 10:00 a.m. **2013 KHIE eHealth Charity Golf Scramble**
Crosswinds Golf Course Bowling Green, KY
- 3:00 p.m. **2013 Kentucky eHealth Summit Registration Opens**
Sloan Convention Center - Lobby
- 5:00 p.m. **KHIE Coordinating Council and eHealth Network Board Meeting (Members)**
Corvette Museum
- 7:00 p.m. **KHIE/REC Awards Dinner (Invitation Only)**
Corvette Museum

Tuesday, September 17, 2013

- 7:30 a.m. **Registration Opens**
Sloan Convention Center - Main Lobby
- 7:30 a.m. - 8:30 a.m. **Exhibitor Fair/Continental Breakfast**
Sloan Convention Center - Ballroom C-D
- 8:30 a.m. **Welcome!**
Sloan Convention Center - Ballroom A-B

Polly Mullins-Bentley
Acting Executive Director, Governor's Office of Electronic Health Information
- 8:35 a.m. **Connecting in Kentucky**

Audrey Tayse Haynes
Secretary, Cabinet for Health and Family Services

PLENARY SESSION

- 9:00 a.m. **The National eHealth Agenda**

Judy Murphy, ONC
Deputy National Coordinator, Office of the National Coordinator for Health IT

Dr. Allen Brenzel, CHFS BHDID
Medical Director, Department for Behavioral Health, Developmental and Intellectual Disabilities

Dr. John Langefeld, CHFS Medicaid
Chief Medical Officer

Dr. Stephanie Mayfield, CHFS PH
Commissioner of Public Health KY

Moderator: Dr. Carol Steltenkamp,
Chief Medical Information Officer, University of Kentucky Health Care

Tuesday, September 17, 2013 (cont.)

- 11:00 a.m. **Break/Exhibits**
Sloan Convention Center - Ballroom C-D
Sloan Convention Center - Ballroom A-B
- 11:15 a.m. **Kentucky Health Benefits Exchange**
Carrie Banahan, *Executive Director, CHFS Health Benefits Exchange*
William Nold, *Deputy Executive Director, CHFS Health Benefits Exchange*
- 11:45 a.m. **Welcome from our Luncheon Sponsor/Lunch Speaker**
Communicating for Health-Patient Centered Care
Michael L. Millenson, *President of Health Quality Advisors LLC*
- 1:00 p.m. **CONCURRENT WORKSHOPS I**
Workshop A: Consumers and HIT (CEU, CDE)
Staff: Donna Veno - *PHR Demo*, Lynn Grigsby - *KY REC*, Brent McKune - *Xerox*
Meeting Room 1
Workshop B: Meaningful Use Problem Solving (CEU, CDE)
Moderator: Dr. Martha Riddell - *KY REC*
Stephanie Strinko - *KY REC*, Fran Reynolds - *Tri-State REC*, Andrew Bledsoe - *NeKY RHIO*, Carla Mitchell - *KY Medicaid*
Meeting Room 2
Workshop C: Health IT Education and Workforce Development (CEU, CDE)
Moderator - Dr. Gary Ozanich
Carolyn O'Daniel - *Dean of Allied Health, KCTCS*, Kalyani Ankem Ph.D. - *NKU*, Dawn Jackson - *EKU*,
Chris Parrino - *TEKsystems*, Sean McPhillips - *Ky REC*
Salon A
Workshop D: HIE Privacy and Security (CLE)
Staff: Karen Chrisman Panel: Brett Short - *UK Chief Compliance Officer*, Richard Chapman - *CHFS OATS*, Dennis Kennedy Esq.
Salon C
Workshop E: Reverse Trade Show
Private Appointment with Vendor of your choice
Sloan Convention Center, Ballroom C-D
- 2:00 p.m. **Break/Exhibits**
- 2:30 p.m. **CONCURRENT WORKSHOPS II**
Workshop A: Consumers and HIT (CEU, CDE)
Staff: Donna Veno - *PHR Demo*, Lynn Grigsby - *KY REC*, Brent McKune - *Xerox*
Meeting Room 1
Workshop B: Meaningful Use Problem Solving (CEU, CDE)
Moderator: Dr. Martha Riddell - *KY REC*
Stephanie Strinko - *KY REC*, Fran Reynolds - *Tri-State REC*, Andrew Bledsoe - *NeKY RHIO*, Carla Mitchell - *KY Medicaid*
Meeting Room 2
Workshop C: Health IT Education and Workforce Development (CEU, CDE)
Moderator - Gary Ozanich
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Chris Parrino - *TEKsystems*, Sean McPhillips - *Ky REC*
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Salon C
Workshop E: Reverse Trade Show
Private Appointment with Vendor of your choice
Sloan Convention Center, Ballroom C-D

CEU Accreditation Information

CME

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Kentucky College of Medicine and Kentucky Cabinet for Health and Family Services. The University of Kentucky College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.



The University of Kentucky College of Medicine designates this live activity for a maximum of 5.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The University of Kentucky College of Medicine presents this activity for educational purposes only. Participants are expected to utilize their own expertise and judgment while engaged in the practice of medicine. The content of the presentations is provided solely by presenters who have been selected for presentations because of recognized expertise in their field.

CPE

The University of Kentucky College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This knowledge-based activity has been assigned (ACPE numbers listed below) and will award 5.25 contact hours (0.525 CEU) of continuing pharmacy education credit in states that recognize ACPE providers.

Statements of credit will indicate hours and CEUs based on participation and will be issued online at the conclusion of the activity. Successful completion includes signing in at registration, attending the entire session for which credit is claimed, completing the activity evaluation and requesting credit online at conclusion of the activity. Credit will be uploaded to CPE Monitor as well. The College complies with the Accreditation Standards for Continuing Pharmacy Education.

Assigned Number(s): 0022-9999-13-066-L04-P , 0022-9999-13-067-L04-P, 0022-9999-13-068-L04-P, 0022-9999-13-069-L04-P, 0022-9999-13-070-L04-P, 0022-9999-13-071-L04-P, 0022-9999-13-072-L03-P

CNE

The University of Kentucky, College of Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC). This educational activity is offered for a maximum of 5.0 ANCC contact hours.

The Kentucky Board of Nursing (KBN) approves the University of Kentucky, College of Nursing (UKCON) as a provider as well. ANCC and KBN approval of a continuing nursing education provider does not constitute endorsement of program content nor commercial sponsors. The University of Kentucky does not approve commercial products. This educational activity is offered for a maximum of 6.0 KBN contact hours. Provider #: 3-0008-01-18-568. In order to receive credit, participants complete CNE activity, complete the evaluation form and submit a credit application online. Certificates may be printed once the evaluation is completed.

CEU ACCREDITATION INFORMATION

OBJECTIVES: MORNING PLENARY

eHealth in Kentucky

- a. Provide a high level overview of federal ehealth initiatives and the impact on Kentucky
- b. Summarize Cabinet activities related to health in Kentucky
- c. Provide a current report from the Governor's Office of Electronic Health Information and the Kentucky Health Information Exchange

Health IT Panel (Fireside Chat)

- a. Discuss Stage 2 meaningful use
- b. Discuss ONC Consumer Engagement Activities
- c. Overview of Public Health and HIE

Communicating for Health

- a. Discuss program to improve doctor/patient communication
- b. Overview of patient centered care
- c. Compare best practices for quality of care improvements

Faculty Disclosure Summary

No speakers, planners or content reviewers have any relevant financial relationships to disclose. No speakers will discuss off-label use of a product.

Content review confirmed that the content was developed in a fair, balanced manner free from commercial bias. Disclosure of a relationship is not intended to suggest or condone commercial bias in any presentation, but it is made to provide participants with information that might be of potential importance to their evaluation of a presentation.

CEU ACCREDITATION INFORMATION

OBJECTIVES: CONCURRENT WORKSHOPS

Consumers and HIT

- a. Overview of current eHealth Initiatives sponsored by ONC
- b. Overview of KHIE Consumer Engagement Activities
- c. Discuss the importance of consumers as stakeholder in their healthcare
- d. Overview of KHIE Patient Portal

Meaningful Use Problem Solving

- a. Overview of Stage 2 MU requirements
- b. Contrast best practices developed by others in resolving common Stage 1 MU barriers.
- c. Discuss best practices for managing the attestation process for small and large practices
- d. Define specific registration and attestation guidance from KY Medicaid

HIT Education and Workforce Development

- a. Overview of various Health IT educational options
- b. Discuss advantages of Health IT education
- c. Discuss needs and trends in health IT hiring

HIE Privacy and Security

- a. Discuss latest changes to HIPAA Privacy and Security Rules.
- b. Description of the current development of a 42 CFR 2 compliant consent form and consent explanation document for Kentucky

INSTRUCTIONS FOR CLAIMING CE CREDIT



At the conclusion of the activity:

1. Open your Internet browser (Internet Explorer, Firefox, Safari, AOL, etc.) and go to: www.CECentral.com/getcredit
2. In the box marked 'Activity Code', enter XLS14011 and click 'Search'.
3. The appropriate activity details will display; click 'Proceed to Credit' on the right hand side.
4. If you are not signed into CECentral.com, you will either need to log in or create an account (free of charge).
 - A. Create ID by filling out the one time information screen.
 - B. If you are not automatically logged in, please return to step 1 and proceed from there.
5. CECentral will ask you to check all the sessions you attended. Please do so to receive a complete, correct certificate.
6. Check the box at the bottom verifying your attendance and click Submit
7. Complete the evaluation and click submit.
8. Your certificate will appear; you can print it or view it later by clicking 'Transcript' in the grey bar at the top of the page.

If you experience any difficulty in claiming credit online, please call CECentral at 859.257.5320 between 8:00 am - 4:30 pm ET, Monday-Friday.

IMPORTANT!

The deadline to claim credit online is November 16, 2013.

Speaker Bios



Judy Murphy, RN, FACMI, FHIMSS, FAAN

Deputy National Coordinator for Programs and Policy

Judy Murphy is Deputy National Coordinator for Programs & Policy at the Office of the National Coordinator for Health IT, Department of Health and Human Services in Washington D.C. She is a nurse, who came to the ONC in December of 2011 with more than 25 years of health informatics experience at Aurora Health Care in Wisconsin, an integrated delivery network with 15 hospitals, 120 ambulatory centers, home health agencies and over 30,000 employees. She led the EHR program since 1995, when Aurora was one of the early adopters of health IT. Most recently she was Vice President-EHR Applications, and managed the organization's successful achievement of Stage 1 EHR Meaningful, with incentive payments beginning in September 2011.

Her informatics interests lie in system implementation methodologies, health IT project management, automated clinical documentation, and the use of technology to support evidence-based practice; she has published and lectured nationally and internationally on these topics. She has a long-standing reputation of patient advocacy and maintaining a "patient-centric" point of view, and approaches her work with unyielding energy as well as dedication, passion, and commitment to the healthcare transformation enabled by technology.

Judy has been on the Health IT Standards Committee since its inception in May 2009. On that committee, she co-chaired the Implementation Workgroup, and was a member of the Meaningful Use Workgroup. She has also served on the American Medical Informatics Association (AMIA) Board of Directors and the Health Information and Management Systems Society (HIMSS) Board of Directors. She is a Fellow in the American Academy of Nursing, the American College of Medical Informatics and HIMSS. She received the 2006 HIMSS Nursing Informatics Leadership Award, was named one of the "20 People Who Make Healthcare Better" in 2007 by HealthLeaders magazine, and was selected as one of 33 Nursing Informatics' Pioneers to participate in the Nursing Informatics History Project sponsored by AMIA, NLM, AAN, and RWJF.



Audrey Tayse Haynes

Secretary, Cabinet for Health and Family Services

Audrey Tayse Haynes was appointed Secretary of the Cabinet for Health and Family Services (CHFS) by Governor Steve Beshear on April 16, 2012. Prior to her appointment at CHFS, Haynes served as the Senior Vice President and Chief Government Affairs Officer for the YMCA of the USA in Washington, D.C., a position she had held since August 2002. Early in her career, Haynes worked in the field of mental health and substance abuse rehabilitation, serving as an alcohol and drug abuse counselor and later as a community education specialist. She has held prior appointments in the administrations of three previous Kentucky governors, including Executive Director of the Kentucky Literacy Commission; a Member of the Kentucky Board for Elementary and Secondary Education following Kentucky's landmark education reform legislation; and as Deputy Secretary of the Cabinet for Health Services.

In 1991, Haynes was appointed by the President of the United States to serve on the Board of the National Institute of Literacy. Haynes began working in Washington, D.C. in 1993 as the National Executive Director of Business and Professional Women/USA and the Business and Professional Women's Foundation. In 1997 she was appointed by President Bill Clinton to serve in the Clinton/Gore Administration as Deputy Assistant to the President and Director of the Office for Women's Initiatives and Outreach at the White House, and later was appointed to serve as Special Assistant to Vice President Al Gore and Chief of Staff to Tipper Gore. A graduate of Spalding University in Louisville and the University of Kentucky, Secretary Haynes holds both bachelors and masters degrees in social work. She has received numerous state and national awards for her advocacy for mental health care, adult education and other issues impacting youth and families.



Dr. Stephanie Mayfield

Commissioner Public Health

Dr. Stephanie Mayfield was appointed to be Kentucky's public health commissioner in September 2012. Mayfield has been director of Kentucky's public health laboratory since April 2005. Mayfield has also been a lecturer on rotation at the University of Kentucky and the University of Louisville medical schools and is currently an associate professor at U of L.

Mayfield says it's up to the agency to work around the clock to keep people healthy by coordinating with local health departments and others. She also credited the work of citizens who limit the spread of disease through vaccinations, practicing food safety, screenings and routine checkups.



Allen Brenzel, M.D., MBA

Medical Director, Department of Behavioral Health and Developmental Disabilities

In 2010 Dr. Brenzel was appointed the Medical Director for the Department of Behavioral Health and Developmental Disabilities (BHDID) with the Cabinet for Health and Families Services (CHFS) for the Commonwealth of Kentucky. Prior to 2010 he served as the Medical and Psychiatric Consultant for the Department of Community Based Services (DCBS) and as the Director of the Division of Child and Adolescent Psychiatry at the University of Kentucky.

He is Board Certified in Adult and Child Psychiatry as well as Pediatrics. He completed his Master in Business Administration in 2006. He is a native Kentuckian having attended University of Louisville for Medical School and University of Kentucky for Residency Training. He joined the UK faculty in 1993 where he is an Associate Professor of Psychiatry and Pediatrics.

Dr. Brenzel has developed a breadth of knowledge and experience in mental health, substance abuse and developmental disabilities. He frequently provides trainings and consultations across systems of care that have included Behavioral Health, Child Welfare, Juvenile Justice, Education and the Judiciary. Early identification of children and families at risk, and implementation of evidence based interventions across the lifespan have been the focus of his work. He is uniquely trained to bridge gaps between medical and mental health systems. It is well known that he excels at working in multidisciplinary teams and building effective systems of care.



John R. Langefeld, M.D

Chief Medical Officer, Kentucky Cabinet for Health and Family Services; Department of Medicaid Services

Dr. Langefeld joined CHFS June 1, 2013. He came to the Cabinet from his position as chief medical officer for Artemetrx, a Tennessee-based company with an office in Lexington that specializes in how data analysis can aid in accomplishing clinical quality outcomes and worked with many large employers, physician groups, and public entities.

Prior to Artemetrx, Dr. Langefeld was the medical director and vice president of healthcare management for Bluegrass Family Health in Lexington. He has also held several medical director and clinical positions. A Kentucky native, Dr. Langefeld completed his undergraduate work at Berea College, a Family Practice residency at St. Elizabeth Medical Center and served as an assistant professor at the University of Kentucky Medical Center.

He currently also serves as Instructor in Family and Geriatric Medicine at the University of Louisville School of Medicine. He has a strong interest in using data and technology to support better decision-making in health care and areas of focus include clinical integration, population health, and medical informatics.



Dr. Carol Steltenkamp

Chief Medical Information Officer, University of Kentucky Health Care

Dr. Carol Steltenkamp is currently the Chief Medical Information Officer (CMIO) at the University of Kentucky Healthcare. She is instrumental in building a data warehouse with vigorous mining capabilities with a pleasant, highly functional user interface. As the CMIO, she brings many information technology resources to bear.

She is the Primary Investigator of the six million dollar award from the Department of Health and Human Services, Office of the National Coordinator for a Regional Extension Center in Kentucky. She is on the frontline of electronic medical record implementation throughout the Commonwealth, as she had previously led a successful, nationally-recognized electronic medical record implementation across multiple sites of an integrated delivery network. She and other colleagues conducted research related to medication error reporting associated with the implementation. Her expertise in clinical informatics augments the talents of her co-directors in their support of the biomedical informatics program. Dr. Steltenkamp serves on the Board of the Healthcare Information and Management Systems Society in Lexington KY.



Gary W. Ozanich, Ph.D.

Center for Applied Informatics, College of Informatics, Northern Kentucky University

Dr. Gary W. Ozanich has had a career that spans both the private sector and academia. He is currently a Senior Research Associate in the Center for Applied Informatics at Northern Kentucky University and serves as the Chair of the Business Development & Finance Committee for the Kentucky Health Information Exchange. He is an active HIMSS member and is the current (FY2014) Chair of the HIMSS HIE Committee. He also serves on the National eHealth Collaborative Consumer Engagement Advisory Council.

Dr. Ozanich was the Founding Director of NKU's Graduate Program in Health Informatics, which has a current enrollment of more than 100 students. His private sector background includes more than 12 years as a Vice President or Associate Director on Wall Street for large investment banks including Bear Stearns, Prudential Securities, and Donaldson Lufkin & Jenrette, where he was an analyst of the technology and telecommunications industries. Gary also has worked in consulting at Booz-Allen & Hamilton and LINK Resources/International Data Corp. Relative to academic positions, he was Associate Director of the Institute of Tele-Information at Columbia University, and has been on the faculties of Michigan State University and SUNY-Buffalo. He holds a Ph.D. from the University of Wisconsin-Madison. He currently has a book in process on Health Informatics to be published by McGraw-Hill & Company.



Polly Mullins-Bentley, RN, RHIT, CPHQ

*Acting Executive Director, Governor's Office of Electronic Health Information
State Health Information Technology Coordinator/Kentucky*

Polly Mullins-Bentley has a number of years of healthcare experience including clinical nursing (emergency department), health information management, quality & performance improvement, case management, regulatory compliance (including HIPAA Privacy & Security), and clinical information technology. Polly's current post is in the 'Governor's Office of Electronic Health Information' in the Cabinet for Health & Family Services, with a primary focus on the state-wide initiative for health information exchange (Kentucky Health Information Exchange/KHIE). She is working in the capacity of State Health I.T. Coordinator to facilitate the KHIE Strategic & Operational Plan, which is focused on connecting all providers across the state of Kentucky to the health information exchange over the coming years.

Prior to this Polly spent the past ten years as 'Director of Clinical Information Systems' for Appalachian Regional Healthcare, where she was responsible for the implementations of clinical systems including a physician portal, document-imaging/EMR, PACS, physician practice EHR, and Emergency Department EHR (both including CPOE). She also served in the capacity of the organization's HIPAA Security Officer.



Kalyani Ankem

*Ph.D. Assistant Professor of Health Informatics, Business Informatics
College of Informatics - Northern Kentucky University*

Kalyani Ankem teaches as Assistant Professor of Health Informatics in the Department of Business Informatics in the College of Informatics at Northern Kentucky University and holds a Ph.D. in Information Studies from the University of Alabama. She has published journal articles on patient information needs, physician information needs, and diffusion of medical innovations.

Her current research interests include the impact of clinical informatics applications on patient outcomes and effective implementation of SNOMED CT in clinical information systems. She serves on the editorial boards of refereed journals and has expertise in developing healthcare informatics courses at the graduate level. Previously, she taught web development and database management at Wayne State University and worked on research projects at the University of Toronto in the Faculty of Medicine and in the children's hospital affiliated with the university.



Carrie Banahan

Carrie Banahan has been employed in state government for over 28 years. From 1982 to 1986, Carrie was a Medicaid case worker with the Department for Community Based Services. From 1986 to 1998, Ms. Banahan worked in the Department for Medicaid Services.

From 1998 until 2006, she was employed by the Department of Insurance and worked in the Health Division as a Branch Manager and Division Director, also served as Deputy Commissioner.

From 2006 to 2008, Ms. Banahan served as Deputy Commissioner for the Department for Medicaid Services. While at Medicaid, Carrie was involved in the implementation of Kentucky Health Choices and the new MMIS, as well as assisting with the development of new waiver programs.

Ms. Banahan was appointed the Director of the Implementation of the Medicaid Managed Care program in 2011 and most recently has been appointed as the Executive Director of the Office of The Kentucky Health Benefit Exchange.



Richard Chapman

Senior Security Officer for the Kentucky Cabinet for Health and Family Services

Richard Chapman is the Senior Security Officer for the Kentucky Cabinet for Health and Family Services. His security group is responsible for the information security of all Cabinet information and software applications. He also manages the process for assuring information security compliance with the varying security compliance standards required for the Cabinet data.

His work is primarily with the HIPAA security compliance standards as the Cabinet includes the Kentucky Health Information Exchange, the Kentucky Department for Medicaid Services and the Kentucky Department for Public Health. Richard has been involved with the security and privacy issues for the Kentucky Health Information Exchange since its planning stages. He was involved in the writing and negotiation of the original Participation Agreement. Richard also is involved with addressing complex security issues for the KHIE on an ongoing basis.

Richard is a licensed attorney in both Kentucky and Tennessee. Prior to law school, he work for software companies serving the information management sector. His roles included customer service, product development and account management. Richard is also a Certified Information.



Karen Chrisman, JD, MA

Attorney, Governor's Office of Electronic Health Information

Karen Chrisman is currently employed as staff attorney for the Kentucky Governor's Office of Electronic Health Information, the State Designated Entity and office of the Health Information Coordinator for Kentucky, located in Frankfort. This office is developing and operating the Kentucky Health Information Exchange. This position is directly involved in the legal and policy elements of the HIE. Additionally, she is the project lead for the integration of behavioral health records into KHIE. This position includes responsibility for oversight of a sub-award from the National Council for Community Behavioral Healthcare funded by SAMHSA.

Her previous employment was in the private practice of law at one of the top ten Kentucky law firms in complex civil litigation, administrative law, products liability and insurance defense in state and federal court and before numerous Kentucky state agencies.

She has published and lectured on health information exchange and behavioral health records in a health information exchange before organization such as HIMSS, The Journal of Healthcare Information Management, The American Bar Association, The National Council for Community Behavioral Healthcare National Convention and the KHIE eHealth Summit.



Lynn Grigsby, MSIS, MBA, MT(ASCP), CPHIMS

Project Manager, Kentucky Regional Extension Center, Lexington, KY

Lynn is a project manager with the Kentucky REC serving the Eastern and Appalachian region of the state. Previously, Lynn served in various roles at the University of Kentucky East Kentucky Family Practice Clinic and East Kentucky Family Medicine Residency Program, including Chief Information Officer for the FQHC UK North Fork Valley Community Health Center, Laboratory Supervisor, Policy Coordinator and Quality Improvement Coordinator.

She earned her Master of Business Administration from the University of Morehead, and undergraduate degree from University of Kentucky. Lynn's implementation and workflow redesign experience includes: Electronic Prescribing, Ambulatory EHR implementations in Family Medicine and OB/GYN, Dental Medicine, Physicians Office Laboratory and Behavioral Health. Her specialties include Meaningful Use advising, Workflow Assessment, Clinical Quality Improvement, Process Improvement and Policy Development, Electronic Health Record Implementation.



Dawn W. Jackson, DrPH, RHIA, CCS-P, FAHIMA

Professor, Eastern Kentucky University

Dawn is a Professor and the Program Director for the Health Services Administration program at Eastern Kentucky University. She obtained her bachelor's degree from East Carolina University (Greenville, NC) in Health Information Management, her master's degree from Eastern Kentucky University (Richmond, KY) in Allied Health Education, and her doctor of public health degree in Health Services Management from the University of Kentucky (Lexington, KY).

She is currently the President of the Kentucky Health Information Management Association and a delegate to the American Health Information Management Association's House of Delegate. Her areas of expertise include: healthcare reimbursement systems, coding and billing processes, medical law, health care management, employee training, and health informatics.



Dennis L. Kennedy

Attorney, Dressman Benzinger LaVelle psc

Dennis Kennedy is a partner in the law firm of Dressman Benzinger LaVelle psc with offices located in Cincinnati, Ohio, Crestview Hills, Kentucky and Louisville, Kentucky. He represents hospitals, health systems, rural health networks, long-term care facilities, physician practices, and other healthcare providers regarding a variety of health care issues.

Dennis advises health care clients throughout Kentucky regarding various Medicare and Medicaid issues including regulatory compliance, fraud and abuse, reimbursement appeals, provider enrollment issues, and civil monetary penalties. Dennis also advises clients regarding peer review and credentialing, hospital and medical staff bylaws, the development of corporate compliance programs, HIPAA and state privacy and security laws, risk management, joint ventures and other transactional matters. He also represents clients before Federal and State agencies in matters related to Medicare and Medicaid reimbursement, survey deficiencies, false claims, provider termination, and defense of monetary penalties.

Dennis is a member of the Health Care Section of the Kentucky Bar Association and a member of the Healthcare Financial Management Association. Dennis is a frequent speaker on reimbursement issues, fraud and abuse, regulatory compliance, and HIPAA privacy and security laws. Dennis is a former health care accountant, hospital risk manager, and corporate compliance officer.



Brent McKune

A graduate of the University of Kentucky, with a bachelor's degree in Decision Science Information Systems, Brent offers more than 14 years of experience in healthcare IT, starting with his role coordinating a centralized health information system for a large, and integrated hospital network. Brent recently transitioned to a System Consultant Senior Analyst/Systems Operations Manager at Xerox Services in Frankfort, KY, from his role at the KY REC.

Brent's primary focus at the KY REC was assisting critical access hospitals (CAHs) and rural hospitals (RHs) in achieving meaningful use by providing them with advanced technical and meaningful use support. Brent has worked with numerous EHR's in hospital and provider settings in which he provided guidance and best practices for system implementation—while achieving meaningful use. Brent has also served as the KY REC's primary lead for a CDC grant aiding in the exchange of systemic therapy data for the Kentucky Cancer Registry (KCR). Brent currently carries the AHIMA certified HIPAA Privacy and Security (CHPS).



Sean McPhillips

Sean McPhillips serves as a Project Manager for the Kentucky Regional Extension Center and as an Adjunct Instructor in the HITECH Workforce Development Program for Cincinnati State Technical and Community college. Previously, Sean served as a Senior Consultant for the Integration Shared Services Center for CSC Consulting managing multiple projects related to electronic health record interoperability and BioSense 2.0.

Sean earned his Master of Public Administration degree at Pace University, Dyson college and a Master of Business Administration from Long Island University. He holds a Bachelor of Science in Computer Science and Mathematics for State University of New York.



Michael L. Millenson

President, Health Quality Advisors LLC

Michael L. Millenson, is a nationally recognized expert on improving the quality of American health care with more than a decade of consulting experience. He is the author of the critically acclaimed book, *Demanding Medical Excellence: Doctors and Accountability in the Information Age*, and he holds an adjunct appointment as the Mervin Shalowitz, M.D. Visiting Scholar at Northwestern University's Kellogg School of Management. Earlier in his career, he was a health-care reporter for the Chicago Tribune and was nominated three times for a Pulitzer Prize.

Millenson has testified before Congress, lectured at the National Institutes of Health and the Harvard Business School, and served as a faculty member for the Institute for Healthcare Improvement. He has written for publications ranging from the British Medical Journal and Health Affairs to USA Today and World Book Encyclopedia, and he is a regular contributor to health care blogs. Millenson also serves on the board of the American Medical Group Foundation and on the editorial boards of Quality and Safety in Health Care and the American Journal of Medical Quality.



Bill Nold

Bill is a lifelong resident of Louisville, he graduated from the University of Kentucky in 1968 with a BS degree in Mechanical Engineering. He graduated from the University of Louisville in 1974 with a JD Degree. In 2001, after 26 years of private practice, he became employed with the legal division of the Kentucky Department of Insurance as a staff attorney. In this position, his job duties primarily related to issues involving health insurance and worker's compensation insurance. In 2008, Bill became the director of the Health and Life Division where his job duties involved all aspects of health and life insurance regulation. In September 2012 Bill was appointed as the Deputy Executive Director of the Kentucky Office of the Health Benefit Exchange.



Carolyn O'Daniel, EDD, RRT

Kentucky Community and Technical College System

Carolyn O'Daniel was appointed Dean of Allied Health and Nursing in November 2005. As Dean she assists the Provost and President in the administration of eighteen academic programs in the Allied Health and Nursing Divisions, and provides supervision, guidance, and assistance to the faculty and staff. Working closely with the Division Chair for Allied Health, the Division Chair for Nursing, as well as the Academic Program Coordinators, the Dean provides administrative assistance in the operations and financial matters of the Division of Allied Health and the Division of Nursing. The Dean also provides assistance in obtaining and renewing all Memorandums of Agreement and reviewing criminal background checks.



Chris Parrino

Account Manager, Healthcare IT Services for TEKsystems

Chris Parrino is the Account Manager for TEKsystems supporting Healthcare Providers within the Commonwealth of Kentucky reach their Information Technology goals. TEKsystems provides; Application, Network, Desktop/Helpdesk, Training, Staffing and EMR Go-Live Services to help organizations improve patient care and comply with mandates.

Our dedicated staffing specialists maintain relationships with 81% of the IT workforce nationally and deploy more than 4,500 healthcare IT professionals annually.



Fran Reynolds, PMP, PCMH CCE

Medical Practice Consultant, HealthBridge

Fran Reynolds, is a Medical Practice Consultant with HealthBridge and has been involved in healthcare information technology for over 20 years. She uses her project management expertise in practices to assist in selecting, implementing, and using an EHR. Over the last two years, Fran has been working as a practice consultant helping doctors achieve meaningful use. She is currently helping practices with year 2 and Stage 2 meaningful use requirements, as well as preparing them for the transition to Patient Centered Medical Home certification.

Prior to joining HealthBridge, she was a business analyst at MedPlus, a Quest Diagnostics company, working on health information exchange projects for the South Dakota Department of Health and the New Mexico Health Information Exchange. She researched and developed enhancements and new requirements for the company's EHR product, including requirements management of the interface with the company's new Patient Management application. Fran has also been the Director of Product Development for LanVision's (now Streamline Health) imaging products. Previously, she served as Manager of Sales Support and a Project Manager for end-to-end hospital implementations of McKesson. During her time at two major Cincinnati area hospitals, she managed billing offices and, later, worked in the IT department designing registration and billing applications. Fran's extensive experience within all areas of health information technology is a tremendous asset as she helps practices navigate implementation, registration and attestation for Meaningful Use.

Fran is a certified Project Management Professional with a Master's Certificate in Project Management from George Washington University. She earned her Master's of Science in Organizational Leadership degree from The College of Mount Saint Joseph in 2005 and she holds a Bachelor of Science in Accounting from the University of Cincinnati.



Martha Riddell, MPH, DrPH

Assistant Professor, Department of Health Services Management, College of Public Health, University of Kentucky

Martha C. Riddell is an Assistant Professor in the Health Services Management department of the College of Public Health. Dr. Riddell received her DrPH from the University of North Carolina School of Public Health as a fellow in the Public Health Leadership Program. Dr. Riddell joined the Department of Health Services Management in 2007 following a career in direct patient care delivery, managed care, and health screening and promotion.

Dr. Riddell served in leadership and administrative positions with physician group practices, a health maintenance organization, and a non-profit health organization. Her interests include quality and performance improvement in public health delivery systems, eHealth initiatives, leadership development and management education.



R. Brett Short, CHO

Chief Compliance Officer, UK HealthCare, University of Kentucky

R. Brett Short has over twenty years of experience in healthcare. Eleven of those years have been in healthcare compliance. In his current position as the Chief Compliance Officer for UK HealthCare at the University of Kentucky, he is responsible for oversight and management of the compliance program for three hospitals, ambulatory clinics and other healthcare related activities in the Medical Center.

Prior to his position as Chief Compliance Officer, he worked six years as the Privacy Officer for the University of Kentucky.

He has written and lectured on compliance and privacy issues with organizations such as the Health Care Compliance Association, Society of Corporate Compliance and Ethics, Kentucky Hospital Association, Kentucky Governor's Office of Health Information Exchange (GOHIE) and California Indian Health Services. He currently serves on the board of Refuge Clinics, a free-clinic setting for underserved areas in Central Kentucky as well as the Wolters Kluwer GRC Advisory Board and is faculty for the Health Care Compliance Association's Privacy Academy.



Stefanie Strinko, MBA, CPHIMS

Project Manager, Kentucky Regional Extension Center, Lexington, KY

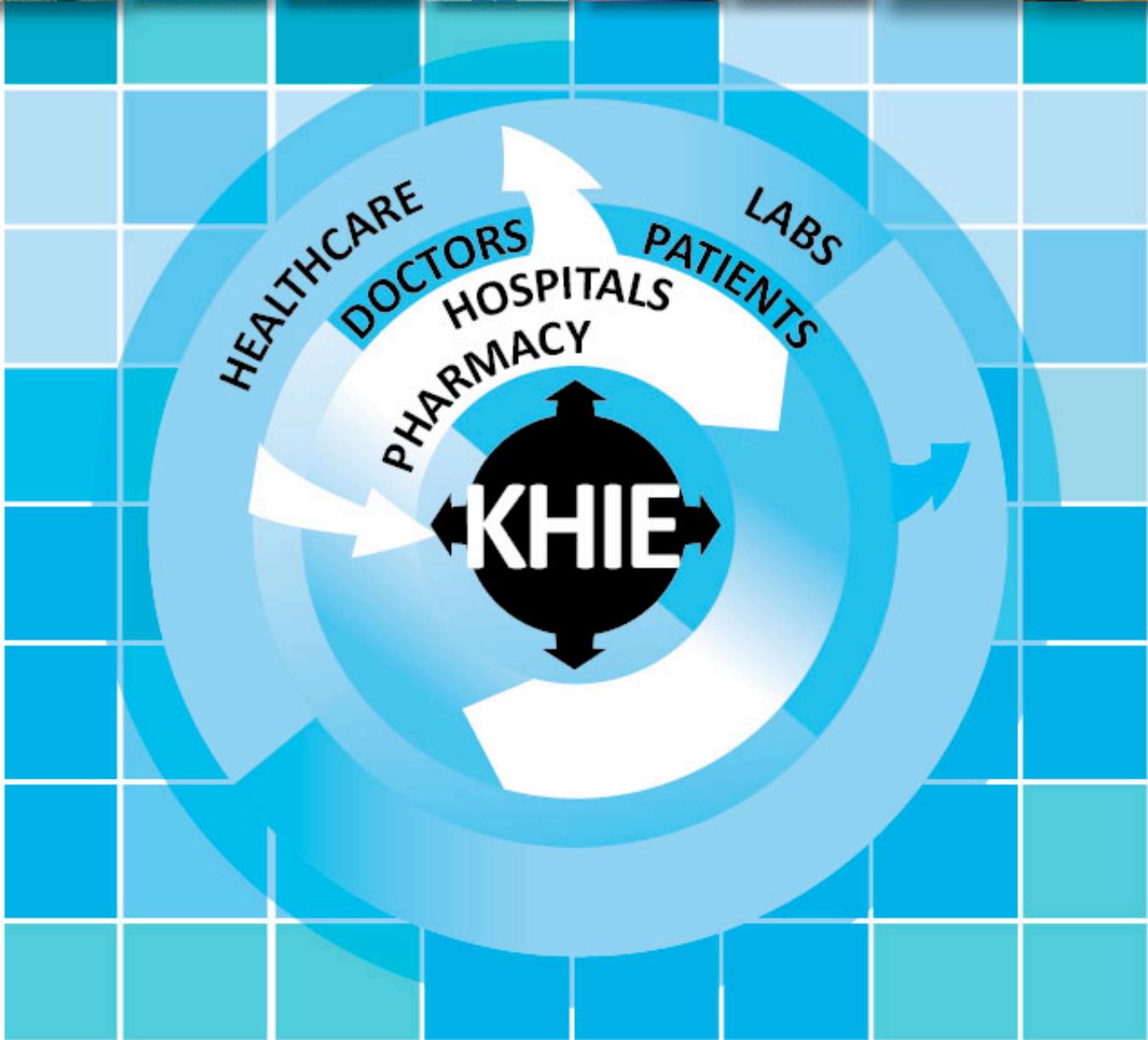
Stefanie is a Project Manager at the Kentucky REC and oversees the Northern part of the state in addition to managing major go-live engagements for the organization. Stefanie has a degree in finance and economics from the University of Kentucky as well as an MBA from Xavier University and is also a Certified Professional in Health Information Management Systems. She has worked with electronic health systems for 9 years. Additionally, Stefanie manages a team that assists providers in reaching Patient Centered Medical Home recognition. In March, Stefanie received credentialing as a NCQA PCMH certified content expert. Stefanie is currently working with over 300 providers in over 87 locations in Kentucky and surrounding Tristate area to assist them in achieving Meaningful Use. These providers use over 21 different EHR systems.

Exhibitors



Kentucky Health Information Exchange

The Nexus for Exceptional Healthcare



KHIE REPORT

NEXUS FOR EXCEPTIONAL HEALTHCARE

The Kentucky Health Information Exchange (KHIE) is the “nexus” for exceptional healthcare...the connection for healthcare information going to and from every participant in Kentucky-- doctors, hospitals, labs, healthcare agencies, and in the near future - patients. It is, in short, the engine to move healthcare in Kentucky from sheets of paper kept in files to accessible electronic data.

For the individual Kentuckian in, say, Hazard, KHIE is the source for prescription records with the Lexington hospital that he was just discharged from. Through KHIE, the doctor in Madisonville has a patient’s chart from a specialist instantly with no wait time. The hospital in Louisville, thanks to KHIE, has a backup for all records if a natural disaster occurs like those wiping out hospital data in Joplin and New Orleans.

- Capturing, collecting and disseminating clinical information KHIE creates for Kentucky an electronic community with...
- Instant information for healthcare providers – hospital to doctor, doctor to lab, pharmacist to doctor, specialist to doctor and more
- Accuracy unprecedented in medicine – Records replace patient memory for prescriptions, computer-generated prescriptions replace often difficult-to-read handwriting from a doctor, and more.
- Complete transferable information – patient data is required only once for any and all providers
- Cost savings throughout the healthcare system – tests and procedures are performed only once through shared information
- Better preventive care – Health records track patients’ histories and trends. For example, data stored with KHIE can help doctors alert patients when prostate screenings should be done.
- Patient “ownership” – “Portal access” can make personal health records maintained by KHIE instantly retrievable with one password. Patients can track their own test results, medication history and problem lists. The possibilities are endless.

...and lastly:

**healthier Kentuckians and a better healthcare system...
exceptional healthcare.**

A Personal Story

Rodney Murphy

*Chief Information Office/Executive Director, Kentucky
Cabinet for Health and Family Services*

“I lost my father in 1996 and my mother lived for another six or seven years. A lot of times she had a really difficult time trying to coherently describe things about her health condition, which included the types of prescriptions that she was on. She had a number of different illnesses that required her to go to four or five different doctors. One day I was visiting with her and she said, ‘You know, I counted up my prescription drug costs a month and it’s costing me about \$40 more a month than my Social Security check. I’m having to go into my savings just to buy my prescription drugs.’ So I said, let’s take a look at all the list of drugs and set up an appointment with your primary care physician.

“I made a very accurate list of the drug names, the dosage, and the doctor that prescribed it. There was a list of about 13 or 14 drugs if I remember correctly. We got in to see her primary care physician and I explained the situation. I was asking the doctor, Are there any kind of programs or any kind of assistance that would help ease this financial burden on my mother? The doctor went down through the prescription list and crossed off several. She found that there was one situation where there were two drugs that basically offset the effects of each other. I think when we left the office my mother had five prescriptions that she needed to continue and her drug bill went down by like 65, 70 percent.

“If the doctor had the ability to be able to go into KHIE--to be able to do a query on my mother, to see the list of prescriptions, to see the list of allergies she has, to see the summary of the diagnoses, the test results--it allows that doctor to have a comprehensive view of the medical history and medical condition of my mother so that it will improve their ability to, one, diagnose; two, prescribe; three, advise my Mother on how to help improve the quality of health.

“The other part of that is, had there been a patient portal that allowed a surrogate like me to assist my mother, then I could have actually had input and been able to review information securely through KHIE. I could have assisted her in areas where she had a difficult time deciding what to do about her own health care.”

Legislated Leadership

Dr. Carol Steltenkamp, MD

*Chief Medical Information Officer,
University of Kentucky HealthCare
Co-Chair, Kentucky eHealth Network Board*

"I'm proud that Kentucky was the first state to actually legislate the entire concept of electronic health exchange with Senate Bill 2 in 2005. The legislation set up the Kentucky e-Health Network Board. There was a lot of fact finding, information gathering, best practices, and thought given as to how we move forward. And we moved forward at great leaps.

"When federal funds became available, Kentucky had the foresight to use it to put toward electronic health information. When Medicaid dollars came in to Kentucky, we chose to use those to lay the groundwork for the health information exchange so that approximately 18 months later, when the American Recovery and Reinvestment Act came about, we had already leveled the ground to build that information highway so that Kentucky could jump right in and truly see the benefits of electronic health exchange.

"Kentucky is at the top of the list as it relates to health information exchange. We're near the top in rate of adoption of our providers for electronic health records. We were the first state in the U.S. to receive the payments under the HITECH Act. We were the first state to exchange information related to cancer registries, which just really demonstrates the importance of using health information exchange."

Electronic health exchange and a little boy

"A toddler was brought in by helicopter to Kentucky Children's Hospital. No one was with him and the providers in the pediatric intensive care unit looked at the health information exchange. In that information, they were able to see that the little boy had been to many different health care providers--emergency rooms-- all with different injuries. And what became readily apparent was abuse. The happy ending is, he didn't go home to the people that had been caring for him and he is now happy and healthy. I think we all feel certain that those care providers would not have shared that information on that little boy. They hadn't shared it with care givers previously when they were hopping from emergency room to emergency room. That's the power of sharing health information."

THE NEXUS AND NATIONAL LEADERSHIP

In its brief history (see "Legislative Origins") KHIE has earned an enviable reputation for rapid development and success. Just a few KHIE accomplishments include:

Participation agreements with **447 healthcare providers representing 1025 locations** around the Commonwealth comprised of:

98% of acute-care hospitals in the state,
75% of which exchange patient clinical information

"Live" or active and interoperable connections
with 50% of the Federally Qualified Health Centers in the state

361 provider locations live on the exchange
actively **submitting clinical data**

More than **\$130 million in incentives**
to Medicaid "Meaningful Use" providers in the state

Over **3.75 million** unique patient records in KHIE

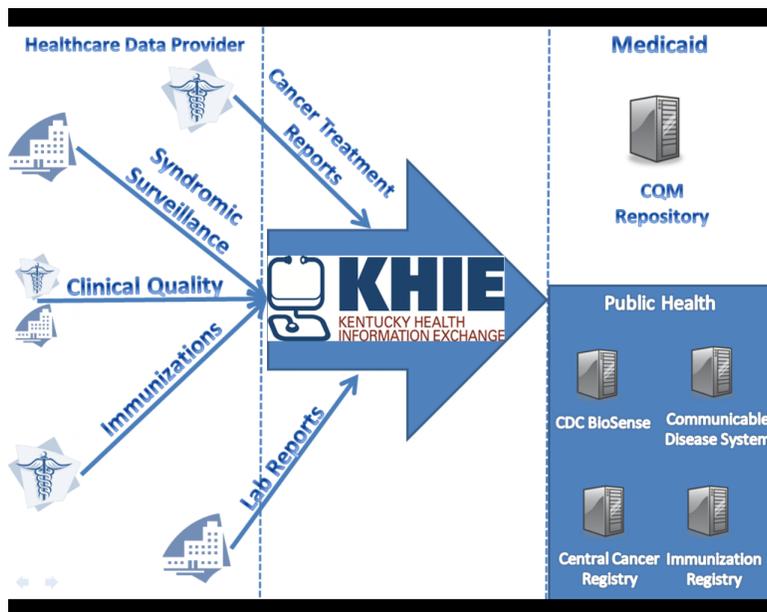
Over **100,000 queries into the exchange weekly** –
meaning that providers are accessing the health information exchange
to improve care coordination for their patients.

Legislative Origins

The Kentucky eHealth Network (KEHN), established in 2005, represented one of the nation's first e-health initiatives. It positioned Kentucky to adapt to and adopt revolutionary federal legislation beginning with the Health Information for Economic and Clinical Health Act (HITECH) in 2009 and more recently with the Affordable Care Act (ACA), signed into law in 2009. HITECH essentially sets, as a direction for healthcare, a conversion to electronic information technology and electronic health records for individuals. The ACA will increase the number of Americans under the umbrella of health insurance coverage while reducing the overall costs of healthcare.

The KHIE Coordinating Council, meeting for the first time in 2010, complimentary to Kentucky e-Health Network (KeHN) and developed the business model for KHIE, whose acting executive director is Polly Mullins-Bentley.

THE NEXUS EXPLAINED



The word “nexus” best describes KHIE. In biology a nexus enables intercellular communication and adhesion between all cells. Likewise, in healthcare in the Commonwealth, KHIE enables communication, not between cells, but between every entity involved in healthcare.

The visual depicts, really, a simple means of interconnecting healthcare entities to electronic data. Inputs come from, basically, two major divisions in healthcare: hospital and non-hospital providers with overlapping functions. Types of information or data are represented by broad categorization of data. These include:

- Immunization Data for the KY Immunization Registry
- Cancer Clinical Information for the KY Cancer Registry
- Syndromic Surveillance Data for CDC/BioSense
- Laboratory results for Public Health reportable diseases
- Transcription/Radiology/Pathology Reports
- Patient demographic data/Admission/Discharge/Transfer Messages

Important to recognize is that KHIE makes great use of this data, as permitted by the data provider. KHIE has become a “multi-purpose” network, enabling providers to submit data one time, to one place, yet meet multiple reporting requirements. Laboratory results flow into KHIE and then can be routed to Public Health and the National Electronic Disease Surveillance System for reportable disease. These same lab results can then be accessed by providers caring for patients at the point of care. In other words, KHIE, with laboratory results and other healthcare data, is the messenger between all healthcare entities.

From Clinician to KHIE’s Chief Administrator

Polly Mullins-Bentley

*Acting Executive Director,
Governor’s Office of Electronic Health Information*

“Health information exchange is at the core of improving coordination of care. I’ve been a clinician and worked in many different areas. Years ago I began to explore the whole realm of electronic health records. I was working in quality and looking at trends and patterns and improvement processes. Knowing what I know and understanding what I do about systems and applications and interoperability and the lack thereof, I didn’t know I would be able to see what’s happening today. I feel like I have an opportunity to see things happen that I never dreamed would, and it’s all around that coordination of care and being able to respond quickly and make better decisions.”

A reflection on life before EHRs

“Back in the day I’m in the ER: It’s the midnight shift, the doors are bursting wide open, and I’ve got a bad situation on my hands. I hope that the clerk at the front desk can find a chart. Maybe 60 percent of the time they find it to give us something to work with--something we can know about this patient. Do they have a history of renal failure or cardiac or seizures? Are they allergic to a medication? I promise you, we worked blindly.

“The patient has got to be at the center of what we do. That’s the only way that we are going to better manage that patient and improve the care and outcomes and ultimately reduce costs. Nothing better reflects a patient-centered model than the health information exchange because that patient’s clinical information is following them wherever they go.”

“It is increasingly clear that mobilization of meaningful healthcare ‘information’ will be the cornerstone in the foundation of safer, more timely, efficient, effective, appropriate, and equitable patient-centered care. I believe KHIE represents that cornerstone. It is an essential piece of the framework required to transform health care delivery into a high value experience for the patient as well as the provider and will improve patient outcomes while reducing the consumption of health care resources.”

- John Langefeld, M.D.

*Chief Medical Officer
Clinical Integration, Population Health, & Medical Informatics
CABINET FOR HEALTH & FAMILY SERVICES
Department for Medicaid Services*

The Continuum of Care and KHIE

Dr. Phillip A. Bernard, MD

Pediatric Critical Care Medicine

"The concept of going to your local family physician for all of your healthcare needs is really an antiquated model for performing medical care these days. The average patient now sees multiple primary physicians and specialists throughout their lifetimes.

"In my particular field, pediatric critical care, it's very important to understand what happened before the admission to the intensive care unit. When a patient arrives at the hospital, they'll need a battery of tests and a battery of imaging studies performed. Frequently, those have already been performed at an outside institution. Up until recently, just being able to get the results from the outside institution would be very difficult. This wasn't because of some grand scheme to withhold information. It's just that today's medical care is very complex. And so in order to go ahead and get all that information it took a ton of manpower hours.

"So in order for us to do a really effective, efficient job, having all that information immediately when the patient arrives at U.K. is very vital. Also, eventually those patients are going to go back to their rural provider, and understanding what happened at U.K. is critically important for the continuum of care for them. So again, currently it's really haphazard how you get that information unless you can have a standard repository to keep all that information and that's what KHIE does. It is the repository for all that information.

"We're using a combination of resources, but the number one resource we have is verbal and anecdotal information where one physician talks to another physician. And that's really great communication and we never want to get rid of that communication chain. What we don't get is all the information that occurred prior to that last physician seeing the patient. Very rarely does a critically ill child present from the doctor who's taken care of them day in and day out. It almost always occurs from an emergency room doctor who has seen this patient at one point in time when they're critically ill.

"With the information that KHIE is now providing, we can at least start to understand whether this patient has been seen by a number of doctors, whether they've been seen by the same doctor. We can find out who that doctor is. We can see if they're up to date on their immunizations. We can see their medication record. All of these things are very vital in an effort to have us understand the picture of exactly what's been going on with this patient."

PROGRESS AND EVOLUTION

As of September 3, 2013 1296 healthcare provider organizations across Kentucky had been contacted. 447 participation agreements have been signed, representing 1025 provider locations in the state working with KHIE on connectivity to the exchange. 361 provider locations are live on KHIE, representing thousands of individual providers. A wide variety of clinical data flows through the exchange including patient demographics (Admission/Discharge/Transfers), lab results, radiology and other transcribed reports. In addition to clinical information, claims data from all Medicaid patients is routed to KHIE on a nightly basis.

As of the first of September, 2013 there were over 3.75 million unique patient records in the Kentucky Health Information Exchange, which marks tremendous progress towards building the 'critical mass' needed to demonstrate a value proposition to our providers and patients. More importantly however utilization of KHIE has increased to over 100,000 'hits' or queries a week, meaning that providers are accessing the exchange to look up patient histories, allergies, medication lists and other key clinical information to make more informed decisions about their treatment plans. This directly impacts and improves the quality and safety of patient care.

KHIE and electronic privacy

"We have to worry about privacy issues. It's really important to understand that with the electronic medical record, fewer people who don't need to see your medical record are touching it than the way we're currently doing it. The way we're currently doing it, we're hiring people to transcribe information and then to put it on the fax machine, and who knows where it's going on the fax machine. And then it's sitting there overnight where anyone can read it--custodian, office help. The information is just lying there. With the electronic medical record there is an electronic trail where you know everybody who's actually been involved with your medical record.

And it's very easy to audit and see who's been looking at your medical information. This is not a small issue because through the HIPAA Act, if you're looking at medical information that you're not supposed to, that's a \$50,000 fine. That's huge, especially when it's really easy for me to identify that you were in that medical record and you shouldn't have been there. We've identified a couple of instances where people have actually lost their employment over looking at medical records they weren't supposed to. Interestingly enough, we would have never identified these people as having inappropriate acts in the workplace if we hadn't gone to an electronic medical record."

-Dr. Phillip A. Bernard, MD

COLLABORATION AND PARTNERSHIP

CRITICAL SUCCESS FACTORS

Kentucky was recognized nationally in December, 2012 at the annual meeting of the Office of the National Coordinator for collaboration in accelerating the adoption of health information technology and meaningful use across the state. Dr. Carol Steltenkamp, CMIO and Physician Advisor to the KY Regional Extension Center and Polly Mullins-Bentley, KY Health I.T. Coordinator accepted the recognition on behalf of Kentucky.

The KHIE strives to collaborate with diverse groups throughout the state of Kentucky, with the similar vision in mind; providing the right information, at the right time, to the right people. Polly Mullins-Bentley, as state health I.T. coordinator convened a collaborative workgroup that includes representation from both RECs (UK & Tri-States), NeKY RHIO, Health Care Excel, Medicaid and Public Health. This collaborative workgroup works closely on meaningful use requirements to assure that Kentucky providers receive a consistent, clear message on what is required as they work to achieve meaningful use.

In 2013, KHIE partnered with the Kentucky Regional Extension Center, based in the University of Kentucky, to provide 'roadshows, "Stage Two Meaningful Use Survival Seminars," throughout the Commonwealth. Seminars were provided on the following dates and locations:

March 15, 2013 - Bardstown, KY	May 10, 2013 - Somerset, KY
March 22, 2013 - Paducah KY	May 31, 2013 - Lexington, KY
April 12, 2013 - Hazard, KY	September 6, 2013 - Louisville, KY
April 19, 2013 - Bowling Green, KY	

The seminars were well attended with over 600 participants. Stage Two Meaningful Use topics covered included: Stage One to Stage Two changes, consumer/patient engagement, transitions of care, public health reporting, clinical quality measures and HIPAA Privacy & Security requirements.

A major component of the KHIE's collaborative and outreach efforts involves its outreach coordinators who serve as advisors to assist providers across five regions in Kentucky to adopt electronic medical records and promote connectivity to the exchange. The KHIE Outreach Coordinators work closely with the Kentucky REC and NE KY RHIO Implementation Specialists to maximize resources to accelerate meaningful use achievement and connectivity to the KHIE.

Additionally, the KHIE signed an agreement in March 2013, with the National eHealth Collaborative to assist providers in their efforts to expand patient engagement by using the National eHealth Collaborative's Consumer eHealth Readiness Tool (CeRT). Polly Mullins-Bentley echoed the importance of this agreement, " Patient engagement is a key factor for Kentucky providers seeking to qualify for Meaningful Use Stage 2 incentives and an important part of Kentucky's plan for health care reform. National eHealth Collaborative's Consumer eHealth Readiness Tool will help our connected providers lead the nation in using technology to improve patient care."

Partnership

Trudi Matthews

Director of Policy and Public Relations, Healthbridge

"HealthBridge was started in 1997 as a community effort in the greater Cincinnati-Northern Kentucky marketplace to connect information. Leading physicians from practices said, if we don't figure out a way to share information better and to lower the cost of care, then employers or health plans are going to force solutions on us. So folks looked at this new-fangled thing called the internet.

"HealthBridge was founded in 1997 and has, over time, grown to be a utility for the greater Cincinnati-Northern Kentucky marketplace. We're pleased now to have more than 30 hospitals connected, more than 800 physician practices, more than 7,500 physicians using the system and really tens of thousands of users beyond just physicians

"We have a very robust connection between HealthBridge and the Kentucky Health Information Exchange. The first connectivity between Health Bridge and the Kentucky Health Information Exchange was for St. Elizabeth Healthcare, a large healthcare system in Northern Kentucky. But since then it's also grown. We have immunizations being sent through HealthBridge to KHIE and we expect over time a lot more information will be shared between the two exchanges.

"There's still lots more to do with health information exchange. It's always a growing process, and certainly for providers, I know they're anxious to have a lot more interoperability. But really, Kentucky is ahead of the curve compared to a lot of places in having the number of hospitals and practices that are signed up.

"A health information exchange that has a lot involved in it, particularly like what Kentucky has, there are going to be more patient records that are shared through that exchange. There's a thing called the network effect where the more providers that join into a network the more benefit that every participant sees.

"For the Kentucky Health Information Exchange and HealthBridge to be connected to one another really means that wherever people are in the state, there's going to be information available to make sure they get really good care."

KHIE & ACCOUNTABLE CARE

THE INTEGRATED CARE MODEL

The Governor's Office of Electronic Health Information received funding from HRSA through a sub-award from the Substance Abuse and Mental Health Services Administration in 2012 to implement the integrated care model using a health information exchange. Current studies show that behavioral health patients die many years sooner than their constituents (up to 25 years) due to lack of primary health care. Integrating behavioral and primary care will not only improve the quality of care, it will save lives.

KHIE began pilot work with the Pennyroyal Regional Behavioral Health Center in January, 2012 on connectivity to their EHR (Net Smart) for bi-directional CCD exchange. Parallel work was commenced with the other four states who were also funded (Illinois, Oklahoma, Rhode Island and Maine) on a consent form for behavioral health use. KHIE succeeded in consuming a behavioral health CCD (continuity of care document) on October 25, 2012 (the first state HIE in the nation to accomplish this). Work on the behavioral health consent form was completed in the Spring of 2013. KHIE staff worked on educational modules for training behavioral health staff on the consent form with the UK CE Central Team so that training could be easily and broadly disseminated. At this time KHIE is working with most of the Community Mental Health Centers across the state - Pennyroyal, Pathways, Comprehend, and Kentucky River Behavioral Health.

Work on the integrated care model is great preparation for the coming years as the Affordable Care Act (ACA) continues to roll out. Kentucky is a 'Medicaid Expansion' state and will soon have over a million members. Care coordination will be critical in managing this population to improve care but also curtail rising healthcare costs.

KHIE and New Culture in Healthcare

Randy McCleese

Vice-President,
Information Services and Chief Information Officer
St. Claire Regional Medical Center

"We signed the agreement to become a KHIE participant in late 2011. The primary use is through the E.D. [Emergency Department] and the family medicine clinics. We're finding extreme value from it, being able to pull that data for those patients.

"When a patient arrives, we immediately look to see if we have them in our own records. A couple of scenarios: one, if we do, we can also go to KHIE and see if there are other records where that patient might have been somewhere else to see another provider of some type whether it's a physician or another hospital. If it's a patient who doesn't come to us exclusively, then we'll go to KHIE and see if they have been somewhere else. We can pull those records. We're looking at KHIE to see what has actually happened to that patient and where that patient has been.

"We have, on a few occasions, encountered some drug seekers because we can see where they've been hopping from place to place, looking to get drugs at different locations from different providers. And we go to the KHIE to find out if they're doing those kinds of things. Data is out there on KHIE. We can pull that data and not have to repeat tests. The same kind of thing if it's a radiology report: We can go pull data and not have to repeat those which, in the long run, saves the healthcare system.

"St Claire is becoming part of an accountable care organization. Exchange of data for patients is going to be critical, and we've got to be able to manage the wellness of that patient rather than the episodic care. We've got to be able make sure that we can do what we can to keep them out of the care environment as much as possible. That means we've got to change the way we think about healthcare. We're going through a lot of that right now at St. Clair because we just went live with electronic medical records.

"Our doctors are having to change, our nurses are having to change, and it's a huge cultural issue to think about changing the way you take care of a patient. But that's what we're having to do, and not just within our four walls but also across the continuum of care as that patient moves through our system to more tertiary care and then back to our environment for that follow-up care. We have to do that electronically.

"Let me give one story of something that happened a few years ago: we installed electronic medical records in our family medicine operation in 2007. We have one physician that's a little older, she's probably in her early to mid-60s now, and she was having problems with her tablet computer. This was after about a year of being live with EMRs.

"I was in a meeting and I told her, if you'll give me your computer I'll take it back up and have IT fix it. She said, 'Over my dead body. You bring me another one to use while you're fixing this one or you don't get this one.' She's become attached because that's her lifeline now. She can't do without it. We're starting to see that cultural change."

KHIE & PUBLIC HEALTH REPORTING

POPULATION HEALTH

KHIE & Reportable Diseases: Individual health connects to overall population health. The case of pertussis (whooping cough) in Covington has impact on the child in Louisville who presents with symptoms of the same disease, to cite one example. Cases of this particular disease are somewhat rare given the degree to which the population receives vaccinations for this. The physician in Louisville may dismiss pertussis in diagnosing the patient. Knowledge of other cases in Northern Kentucky, however, can alert that physician to the possibility and lead to correct diagnosis with a patient presenting pertussis symptoms. KHIE is the vehicle for that knowledge by collecting data on pertussis as well as all other reportable diseases.

The value of KHIE as a source for data streaming in real-time to a Reportable Disease data base is, in sum, inestimable as data analytics are foundational to population health. The efficiency of KHIE is that as hospitals connect to share and exchange laboratory results that same data can be routed to the National Electronic Disease Surveillance System (NEDSS) and fulfill public health reporting requirements for Meaningful Use, for reportable diseases.

KHIE & the KY Cancer Registry: KHIE is the link between every cancer patient and survivor in the Commonwealth and every healthcare provider. This link can be critical in ongoing care. A scenario illustrates the benefit of KHIE as the nexus between patient and provider: The cancer survivor in Ashland, for instance, would have information on all treatments recorded by a KHIE-linked oncologist at a hospital there. That information would flow from the oncologist to KHIE and on to the Cancer Registry. The patient's primary care physician in the area, also linked to KHIE, would have all of that information and, because of the recurring patient/provider

relationship, would be sensitive to health changes in that patient.

But what if the individual moved to Paducah and had to establish a relationship with a new physician? Through connections of all parties with KHIE, that information would "travel." The new physician in Paducah would know the patient's complete history and be sensitive to return of cancer in his or her new patient. Better, closer monitoring of that patient is a given in this scenario and, it is likely, a better overall health outcome. By routing cancer clinical information to the KY Cancer Registry, KHIE can assist the provider in meeting another one of the public health reporting requirements in meaningful use.

KHIE & Syndromic Surveillance: Detection of disease outbreaks can be critical in today's world. Perhaps here, the old adage that "information is power" cannot be underestimated. Managing and suppressing the outbreak of a disease requires knowing the size, spread, and speed of what is happening with individuals along with discernible trends and constant monitoring. But how can all that information be gathered for analysis and application of methodologies or response protocols? KHIE, with its ability to collect and direct data to appropriate healthcare entities can be that information source.

Today KHIE is capturing over six million ADT (admission/discharge/transfer) messages per month. KHIE's syndromic surveillance services can filter these messages for the data segments needed to report to CDC/BioSense for surveillance purposes. The KY Division for Public Health can utilize the data in BioSense to monitor trends and patterns not only in disease outbreaks but in chronic disease conditions, over time.

KHIE & the Immunization Registry: The Kentucky Immunization Program, under the KY Department for Public Health, works to provide services aimed at preventing and reducing the risk and incidence of vaccine-preventable diseases for all Kentuckians, including supporting efforts to increase vaccinations for all Kentuckians. The KY Department for Public Health began to implement the KY Immunization Registry (KY IR) in 2010 and immediately began work with the Kentucky Health Information Exchange on an interface for the flow of immunization messages. The interface was completed in Spring of 2011 and KHIE began immunization testing with providers that July. At this time 250 provider locations (representing thousands of providers) are live with immunization data flowing through KHIE to populate the KY Immunization Registry. Not only is this enriching and enhancing the KY IR it is also assisting providers in meeting a public health reporting measure for Stage One Meaningful Use.

“The beauty of the Kentucky Health Information Exchange is that, through collaborating with partners across the state, and country, it has the potential to impact the health of the population we serve in an unprecedented way. Only through this collaboration, which requires healthcare partners to share their most valuable asset--patient level clinical data--for the good of that patient, can we meet the goals of patient-centered care and accomplish the three aims:

**Better care
Better health
Affordable care**

“KHIE is indeed the NEXUS to propel our healthcare communities towards these goals in the coming decade and years.”

Audrey Tayse Haynes
Secretary, Kentucky Cabinet for Health and Family Services

A game changer

Karen Ditsch

*Chief Executive Officer,
Juniper Healthcare, Beattyville*

“My experience with EHR is, I think it is a game changer. The example I often use when I talk with people about this is Pap smears before EHR. We struggled. We had paper charts. We couldn’t find them. And our Pap smear rate started at about 7% and the highest we could get it was about 30%.

“We implemented our EHR and about a year later I started re-tracking our clinical measures and our Pap smear test rate had gone up to 67%. It was simply because we were organized through EHR. We could find it. It was easy for the providers and the nursing staff to find it.

“In the paper world we may have a patient sitting in our office and they say, ‘Oh yeah, we’ve been in the hospital over here.’ We call for the medical records and we may get them in fifteen minutes and we may not get them for three days. That’s not good care, but I feel like with KHIE it’s going to be so much safer, and so much quicker for me as an administrator to have our nursing staff and our physicians, our providers, be able to just look up the patient online and there’s the whole history.

“I’m a huge KHIE supporter. Data, to me, is very powerful. I don’t know in healthcare if we’ve really, really, understood that until now. KHIE has the potential to improve safety, to improve health outcomes because now we will be able to see that this patient is receiving these medications or did go to the ER and get these medications. I think it also helps cost.

“I practiced as a physical therapist for 30 years, and I would go into a patient’s home and say, I see you were in the hospital. Did you get any new medications or what tests did you have? And they’d say, no, or, I don’t remember. We were kind of operating blindly. I think with KHIE, patient safety is going to improve because our providers are going to be able to see that, yes, this patient has received these medications from this provider, or this hospital.

“Certainly, we couldn’t meet Meaningful Use without KHIE. We couldn’t afford to create interfaces between the Hazard ARH (Appalachian Regional Hospital) hospital and another provider. We’d have to create individual interfaces. There’s no way we could afford to do that. There’s no way we have the technical know-how. All the syndromic surveillance reporting, the cancer registry reporting, all those sort of things; we would never be able to do those without KHIE.”

Health Information & Emergency Plane Landings

Rob Edwards

*Director,
University of Kentucky Regional Extension Centers*

"The problem we're solving is clearly trying to pick up on what the financial services sector figured out a long time ago. You can go to London. You can go to Hong Kong. You can go to other countries and take money out of your ATM. But in healthcare you can't walk across the street and have access to your patient chart.

"We've all heard the story of the patient who has been on an airplane, flying to see their grandchildren from Florida to a Midwestern state. They have chest pain, collapse and the pilot has to make a landing not in the city of destination. The patient is rushed to the nearest emergency department. What happens in cases like this? The spouse is with them and they know only this: my husband or wife is on purple pills and that's all they know about medication. We have to fix that problem. Technologically, fixing that problem is pretty simple. But having a health information exchange as the mechanism by which we normalize and share data, we create opportunities to solve acute situations like heart-attack patients and also better manage chronic conditions.

"On the chronic side you have patients who have multiple co-morbidities, who are seeing multiple specialists and maybe their primary care provider has changed a couple of times. That patient's records, that patient's prescriptions, the milligrams for each prescription that that patient is on are all different depending on whose chart at which you look. Health information exchange provides the vehicle by which everyone can appropriately look and see, How's the endocrinologist treating this patient for diabetes? What was their last visit like? How was their cardiology visit? Are they pre-hypertensive or are they now hypertensive? What medications are they on and how are they matching up? Health information exchange for patients with chronic illnesses is the key to improving quality of life for patients with chronic conditions but also keeping that patient out of the hospital.

"In Kentucky we've had all of the key partners at the table from Day One, and we've aligned our strategies in a way that help each other out. When the Regional Extension Centers got started and we were learning Meaningful Use, one of the things we determined was we were not going to talk about Meaningful Use without talking about the Kentucky Health Information Exchange as the tool to meet the criteria. And we've had that from Day One. With every single one of our clients, which are now 35 hospitals and around 500 sites across the state, we have been a face of the Kentucky Health Information Exchange."

MEANINGFUL USE STAGE 2 & BEYOND

Even before passage of the Affordable Care Act aimed at reforming healthcare, a set of criteria was set forth for users of EHR by Medicare and Medicaid providers to demonstrate successful adoption, implementation and use of electronic technology. The goal of these criteria was to ensure that technology, encouraged through an Incentive Program that provided financial incentives for providers to adopt EHR, is being used in ways meaningful to health outcomes and efficient, cost-sensitive treatment of patients. Criteria unfolds in "stages" for providers, and at the center of assistance in helping providers achieve Meaningful Use measures is KHIE in partnership with the University of Kentucky Regional Extension Centers (KYREC) and HealthBridge/Tri-States REC through the NE KY RHIO.

- Stage 2 Meaningful Use will require providers in the Commonwealth to attest to measures that include...
- Ability for patients to view online, download and transmit their health information
- Secure messaging to provide a summary-of-care record for every patient referral or transition of care
- An immunization feed to the Commonwealth's Immunization Registry
- Laboratory feeds (for hospitals and Critical Access Hospitals (CAHs) eligible for EHR incentives) to submit electronic data on reportable diseases
- Submission of cancer cases to the state Cancer Registry (by providers eligible for EHR incentives)
- Admit/discharge/transfer feeds for Syndromic Surveillance data

Assistance is critical to healthcare providers already serving patients at maximum volume. Expressed another way, keeping current with technology and Meaningful Use requirements has become an aspect to healthcare as large as patient billing and general office administration. KHIE collaborates with all the HITECH programs across the state to facilitate appropriate and timely assistance for providers as they maneuver through the maze of Meaningful Use.

Equally important, KHIE is the resource to help providers meet one critical objective with Stage 2 Meaningful Use: a Patient Portal. Once developed KHIE's Patient Portal will offer a ready-made means of helping providers meet attestation while, at the same time, enabling patients to truly own their health information through online connection.



Statewide Health Information Exchange

- Core components of the KHIE include: a master patient/person index; record locator service; security; provider/user authentication; logging and audits; clinical messages and alerts. The system supports e-prescribing, patient demographics, lab results, radiology and transcription reports, historical patient diagnoses, medications, procedures, dates of services, hospital stays, reporting to the state immunization and cancer registries, reporting of syndromic surveillance data and reportable labs/diseases. KHIE also offers a community portal for care coordination.
- First pilot hospital was connected in April 2010
- Statewide rollout began in January 2011. Pilot participants included 6 hospitals and one clinic

KHIE Connectivity Options and Available Data

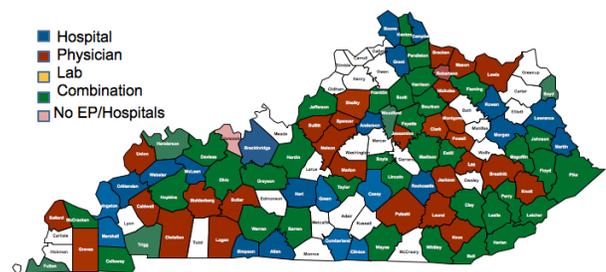
- Patient Summary Record available through Community Portal or Continuity of Care Document (CCD)
 - The Community Portal uses edge servers connected via a Virtual Private Network (VPN) for connectivity
 - The CCD uses web services for connectivity
- KHIE is seeded with three years of Medicaid and Passport Claims Data

Implementation Seed Capital

- Medicaid Transformation Grant (MTG)
- HHS Office of the National Coordinator (ONC) State HIE Cooperative Agreement Program

Participants

- As August 28, 2013, 1296 hospitals, hospital systems, labs and practices have been contacted
- 447 Signed Participation Agreements (Represents 1025 Locations)
- 361 live connections (See map right)



Regional Extension Centers (REC) with Kentucky Service Regions

- Kentucky Regional Extension Center at the University of Kentucky: <http://www.ky-rec.org/>
- Tri-State Regional Extension Center at Healthbridge: <http://tristaterec.org/>

Kentucky Medicaid EHR Incentive Program Status, September 3, 2013

	Registrations Completed	Attestations	Total Paid	Amount Paid	Total To Be Paid	Amount To Be Paid Hospitals
Hospitals	94	145	139	\$90,276,061.99	0	0
Providers	2,607	2,985	2,164	\$41,322,750.07	26	\$476,000.00
TOTALS	2,701	3,130	2,303	\$131,598,812.06	26	\$476,000.00

Kentucky Medicare eHR Incentive Program Status, June 2013

Hospitals Payments 2,783

Amount Paid \$146,731,372

Latest News

- KHIE attended and provided outreach at the Medicaid Educational Forums that were held in June in Louisville, Columbia and Covington; Murray and Owensboro in July.
- KHIE and Medicaid EHR Incentive Program staff attended the annual '9th Annual Government Health IT Conference & Exhibition in Washington, DC from June 11th & 12.
- KHIE staff traveled to Louisville to present at the KPhA Mid-Year Conference June 6-9.
- KHIE staff presented at the KHIMA Meeting in Lexington on June 12-14, 2013.
- KHIE staff provided training on the KHIE Community Portal/Virtual Health Record to a number of provider organizations: Park DuValle, St. Claire Regional Medical Center, Clinton County Hospital and Morgan County ARH.
- Polly and team traveled to Knox County Hospital and met with hospital leadership in July to discuss KHIE participation.
- The KHIE Team has begun work with border states on interstate interoperability: West Virginia, Indiana, and Missouri. Tennessee and Virginia are on the schedule as well.
- A joint work session was held on August 30th in Frankfort that included these groups: GOEHI/KHIE; HealthBridge/Tri-States REC; Kentucky REC; KY Medicaid & EHR Incentive Team; NE KY RHIO; Health Care Excel and Xerox.

KENTUCKY HEALTH INFORMATION EXCHANGE: [HTTP://KHIE.KY.GOV](http://KHIE.KY.GOV)

Governor's Office of Electronic Health Information, 275 E. Main St., 4W-A, Frankfort, KY 40621
 Email: khie@ky.gov Phone: 502-564-7992 | Office Hours: Monday – Friday 8 a.m. – 4:30 p.m.

Updated KHIE Statistics as of September 3, 2013

FFS MEDICAL	68,226,258	FFS RX	45,096,997
MEMBER UNDUP COUNT	1,392,815	PASSPORT MEDICAL	38,111,520

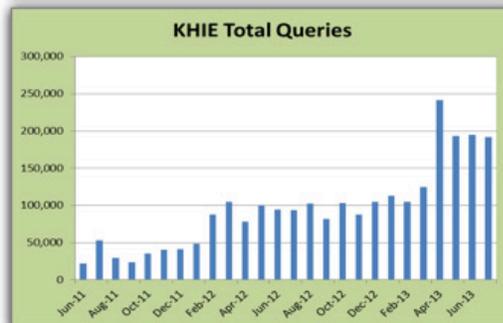
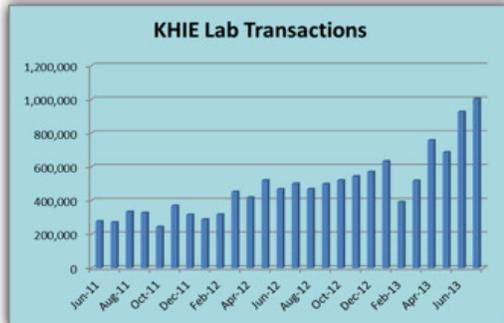
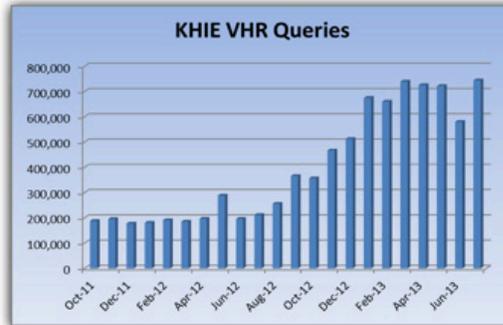
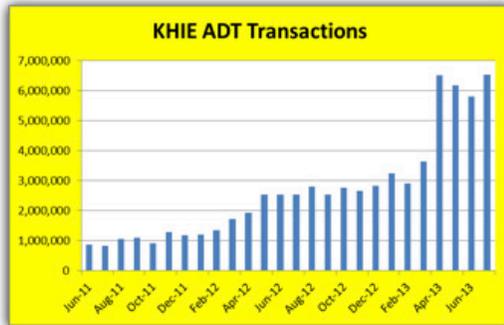
IIM KHIE Statistics as of 08/15/2013 Statistics (CCD Technology)

- | | |
|----------------------------------|-------------------------|
| • Total Queries: | 191,893 |
| • Total Documents Returned: | 157,620 |
| • Currently averaging | 47,973 queries per week |
| • Response time CCD Returned: | 9.97 sec |
| • Response time No CCD Returned: | 4.04 sec |
| • ADT Transactions | 6,538,923 |
| • Lab Transactions | 1,002,815 |
| • Immunization Transactions | 131,736 |

VHR Statistics

- VHR 744,454

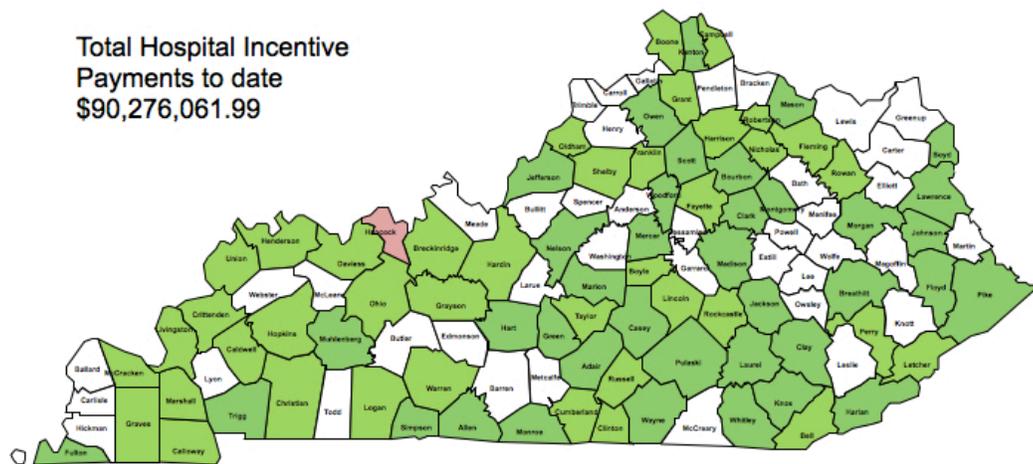
Commonwealth of Kentucky, Cabinet for Health and Family Services, Governor's Office of Electronic Health Information August



**Medicaid eHR Incentive Payment
Hospitals Payments by County**

As of August 26, 2013

Total Hospital Incentive
Payments to date
\$90,276,061.99

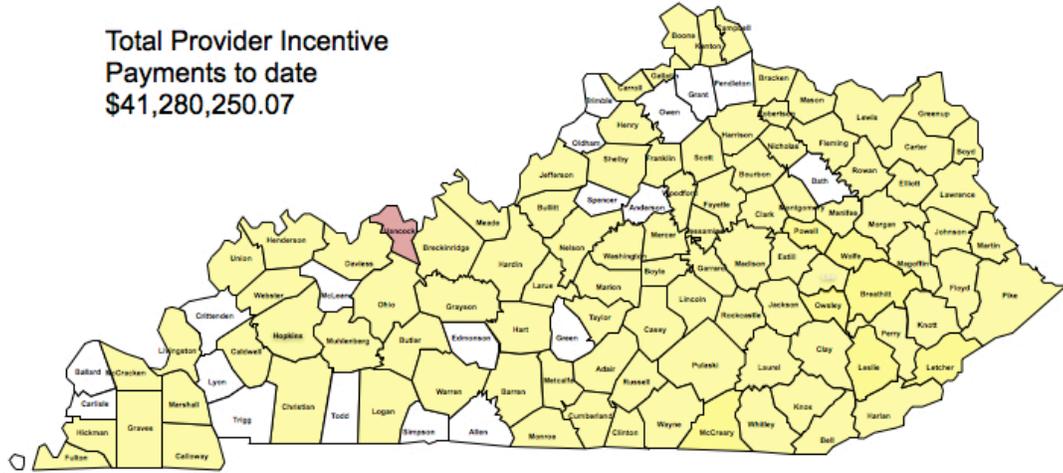


■ No Hospitals/Providers

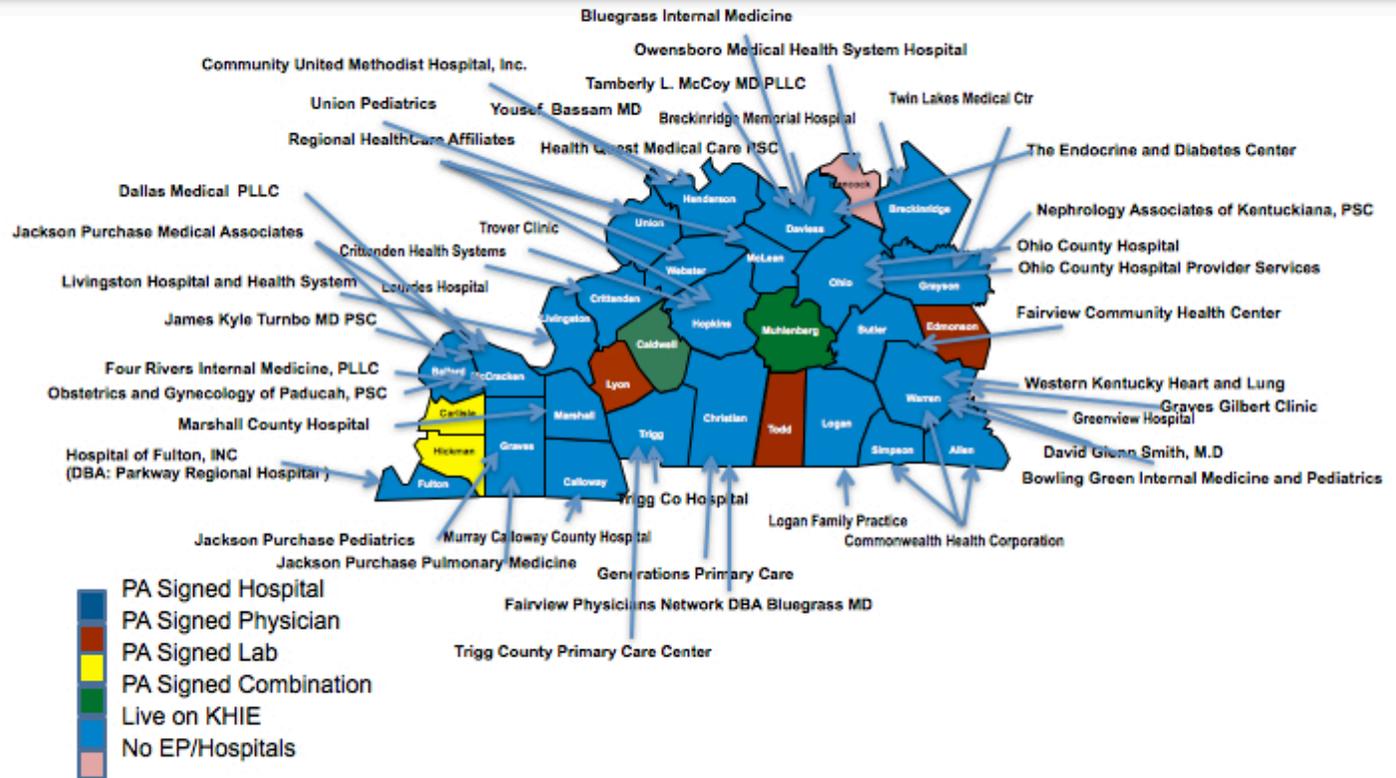


Medicaid_eHR Incentive Payment Physician Payments by County As of August 26, 2013

Total Provider Incentive
Payments to date
\$41,280,250.07



• Indiana



Region 1 - Facilities

FACILITY NAME	COUNTY	FACILITY NAME	COUNTY
Advantage Eye Care, PLLC (Murray Adams, MD)	Daviess	Marshall County Surgical and Medical Group	Marshall
Associates in Pulmonary and Critical Care Medicine	Warren	Medical Specialists of Central Kentucky PSC	Warren
Baptist Healthcare System Inc/Western Baptist Hospital	McCracken	Muhlenberg Community Hospital	Muhlenberg
Bluegrass Internal Medicine	Daviess	Murray-Calloway County Hospital	Calloway
Bowling Green Internal Medicine and Pediatrics	Warren	Murray Vision Center (Eye Care Associates - MURRAY)	Calloway
Breckinridge Memorial Hospital	Breckinridge	Nagy H. Morsi, MD, PSC	Warren
Caldwell County Hospital, Inc. (Caldwell Medical Center)	Caldwell	Norsworthy Medical Associates	Ohio
Center for Orthopaedic Services	Hopkins	Obstetrics and Gynecology of Paducah, PSC	McCracken
Charles Michael Littlejohn, MD	Caldwell	O'Bryan Family Medicine	McCracken
Community Health Centers of Western Kentucky (Greenville)	Muhlenberg/Logan	Ohio County Hospital	Ohio
Community United Methodist Hospital, Inc.	Henderson	Ohio County Hospital Provider Services	Ohio
Comprehensive Diabetes Treatment Center & Internal Medicine	McCracken	Ohio Valley Surgical Specialists	Daviess
Compton & Compton Eye Center	Simpson	Oncology Associates of West Kentucky	McCracken
Crittenden Hospital	Crittenden	Owensboro Medical Health System Hospital	Daviess
Dallas Medical PLLC	McCracken	Owensboro Pediatrics	Daviess
David Glenn Smith, M.D	Warren	Paducah Dermatology	McCracken
Dr. Gay Fulkerson Family medicine	Grayson	Paducah Primary Care, PLLC	McCracken
Dr. James N. Eickholz MD, PSC	McCracken	Pediatric Health Group, PSC	Hopkins
Dr. Kenneth E. Green	Grayson	Pediatric Partners of Western Kentucky	Daviess
Dr. Kyle D. Parish	McCracken	Pennyroyal Mental Health	Christian/Hopkins/Caldwell/Muhlenberg
Fairview Community Health Center - Bowling Green	Warren/Butler	Personal Medicine of Kentucky	McCracken
Fairview Physicians Network DBA Bluegrass MD	Christian	Physician Management Services	Edmonson
Family Practice Care LLC	Caldwell	Primecare Medicine Associates	Warren
Family Practice of Greenville	Muhlenburg	Primary Care Medical Center	Calloway/Marshall
Four Rivers Internal Medicine, PLLC	McCracken	Purchasecare, LLC	Marshall
Generations Primary Care	Christian	Ramez A. Salamah, MD, PLLC	Daviess
Glenn Sherman, MD	Spencer	Reddy, Karuna MD - Family Medical Clinic, PSC	Simpson/Logan
GLK Enterprises LLC dba Wilkes Clinic	Edmonson	Regional Healthcare Affiliates	McLean/Webster/Hopkins
Graves Gilbert Clinic	Warren	Singh Medical Associates	Logan
Greenview Regional Hospital	Warren	Stellar Health Care Associates, Inc.	Warren
Greenview PrimeCare LLC - The Glasser Clinic	Warren	Sweet, William MD, PLLC	Christian
Hammad, Ghayth MD	Butler	Tamberly L. McCoy MD PLLC	Daviess
Health Quest Medical Care PSC	Daviess	The Endocrine and Diabetes Center	Daviess
Hospital of Fulton, INC (DBA: Parkway Regional Hospital)	Fulton	The Medical Center at Bowling Green	Warren
Jackson Purchase Pulmonary Medicine	Graves	Total Life Care, PLLC	McCracken
Jackson Purchase Medical Associates	McCracken/Ballard	Tri-Rivers Healthcare, PLLC	Livingston
Jackson Purchase Pediatrics	Graves	Trigg County Primary Care Center	Trigg
James Kyle Turnbo MD PSC	McCracken	Trigg County Hospital	Trigg
Jennie Stuart Medical Center	Christian	Trover	Hopkins
Jhamb, Indar MD	Warren	Twin Lakes Regional Medical Center	Grayson
KG Sahetya MD	Warren	Union Pediatrics	Union
Leitchfield Pediatric Clinic	Grayson	Vanderbilt Integrated Providers DBA: Pediatric Associates	Christian
Livingston Hospital and Health System	Livingston	Western Kentucky Family Healthcare	Graves
Logan Family Practice	Logan	Western Kentucky Heart and Lung	Warren
Lourdes	McCracken	Western Kentucky Pulmonary Clinic, PSC	Christian
Marshall County Hospital	Marshall	Yousef, Bassam MD	Henderson

Region 3 - Facilities

FACILITY NAME	COUNTY	FACILITY NAME	COUNTY
Facility Name	County	Family Medicine Associates of Flemingsburg	Fleming
A.C. Wright, PSC	Harrison	Family Medicine Center, PLLC	Greenup
Allergy, Asthma and Sinus Center	Fayette	Family Practice Associates of Lexington, PSC	Fayette
Angela Lewis MD	Greenup	Family Practice Associates	Mason
Anthony Martin, MD	Scott	Ferrell and Allison Primary Care	Bourbon
Ashland Gastroenterology, PSC	Boyd	Fleming County Hospital	Fleming
Baptist Healthcare System Inc/Central Baptist Hospital	Jefferson/Fayette	Frankfort Regional Medical Center	Franklin
Benjamin Lyon, MD	Scott	Gateway Internal Medicine and Pediatrics	Bourbon
Bluegrass Community Hospital	Woodford	Georgetown Community Hospital	Scott
Bluegrass Medical Clinic, PLLC	Bourbon	Georgetown Pediatrics PSC	Scott
Bluegrass Internal Medicine Group of Fayette	Fayette	Gupta, Sanjay MD	Carter
Bluegrass Medical Group	Fayette	Harrison Memorial Hospital	Harrison
Bluegrass Retina Consultants	Fayette	HealthFirst Bluegrass, Inc.	Fayette
Bluegrass Pediatrics and Internal Medicine	Scott	HealthPoint - Covington Medical	Kenton
Borders and Associates, P.S.C.	Fayette	Hospital of Louisa dba Three Rivers Medical Center (CHS)	Fulton
Bourbon County Hospital	Bourbon	Immunization Registry	Franklin
Buffalo Trace Family Healthcare	Fleming	Independence Family Practice	Kenton
Buffalo Trace Gastroenterology	Mason	Internal Medicine Associates of Frankfort, PSC	Franklin
Carlisle Clinic	Nicholas	Janson, Paul MD	Boone
Cardinal Hill Rehabilitation Hospital	Fayette	KDMC Clinics-Ky Heart Institute	Boyd
Carr, Michael, MD, PSC	Fayette	KDMC-King's Daughter Medical Specialist	Boyd
Carroll County Memorial Hospital	Carroll	Karoline L. Munson OD PSC dba Frankfort Vision Center	Franklin
Capital Medical Group	Franklin	Kentucky Cancer Registry	Franklin
Central Internal Medicine, PSC	Fayette	Kentucky Family Care - Group	Pulaski
Central KY Women's Healthcare	Scott	Kentucky State Laboratory	Franklin
Cincinnati Children's Community Practice Services	Kenton/Boone	King's Daughters Medical Center	Boyd
Commonwealth Family Physicians	Fayette	Kiosk Medicine LLC dba The Little Clinic	Boone/Kenton/Campbell/Fayette,
Commission for Children with Special Health Care Needs	Jefferson	Madison/Woodford/Franklin/Scott/Jefferson/Shelby/Hardin/Bullitt	
Clark Regional Medical Center	Clark	Labcorp	Statewide
Clark Regional Physician Practices, LLC/Lifepoint	Clark		
Comprehend	Mason/Robertson		
Cumberland Gastroenterology PSC	Pulaski		
Cunningham, Robert MD OBGYN	Pulaski		
Dodson, James MD	Logan		
Dr. Kent L. Davis	Bourbon		
Dr. L. William Roberts	Montgomery		
Dr. Lee Ricketts, MD	Fayette		
Dr. Magdalene Karon	Fayette		
Dr. Paul Harries/ Hamburg Pain Clinic	Fayette		
Dr. Ritchie Van Bussum, MD Family Clinic	Fayette		
Eastside Family Medicine	Franklin		
EKU Bluegrass Community Health Center	Fayette		
Family Care Clinic (Mt. Sterling)	Montgomery		
Family Care Associates	Harrison/Pendleton		
Family Care Associates, PSC	Harrison/Pendleton		

Region 4 - Facilities

FACILITY NAME	COUNTY	FACILITY NAME	COUNTY
Afzal, Mahammad MD LLC	Pulaski	Lake Cumberland Gastro and Internal Medicine	Pulaski
Allergy, Asthma and Sinus Center	Fayette	Lake Cumberland Women's Health Specialists	Pulaski
Andreas, David B., MD	Clark	Lexington Clinics	Fayette/Madison/Pulaski/Woodford/Bourbon
Arvin Family Practice	Rockcastle	Lexington Diagnostics Center and Open MRI	Fayette
Baptist Healthcare System Inc/Central Baptist Hospital	Jefferson/Fayette	Lexington Infectious Disease Consultants PSC	Fayette
Bluegrass Internal Medicine Group of Fayette	Fayette	Lexington OBGYN and Associates	Fayette
Bluegrass Medical Group	Fayette	Monticello Medical Management	Wayne
Bluegrass Retina Consultants	Fayette	Nancy Family Practice, Keith Sinclair, PLLC	Pulaski
Borders and Associates, P.S.C.	Fayette	Pattie A Clay Hospital	Madison
Buker John MD Bluegrass Dermatology and Skin Supply Center	Madison	Physicians for Families	Lincoln
Burchett, Thomas J. MD	Clark	Red River Healthcare LLC	Powell
Cardinal Hill Rehabilitation Hospital	Fayette	Richmond Women's HealthCare PLLC	Madison
Casey County Hospital	Casey	Cunningham, Robert MD OBGYN	Pulaski
Catron, Shirley K. MD PSC	Clinton	Rockcastle Regional Hospital and Respiratory Care Center, In	Rockcastle
Central Internal Medicine, PSC	Fayette	Russell County Hospital	Russell
Clay City Pediatrics, PSC	Powell	St. Joseph Health System Inc.	Fayette
Clinton County Hospital	Clinton	St Joseph Medical Foundation	Fayette
Commonwealth Family Physicians	Fayette	University Of Kentucky Healthcare	Fayette
Cumberland County Hospital	Pulaski	Versailles Family Medicine PLLC	Woodford
Danville Medical Specialists, PSC	Boyle	Wayne County Hospital, Inc	Wayne
Danville Pediatrics and Primary Care	Boyle/Anderson	Weinberger, Gary, MD, PSC	Jessamine
Dr. David M Eads, O.D. & Associates, P.S.C.	Pulaski	White House Clinics	Madison/Jackson/Estill
Dr. Gaurang B. Shah	Madison	Womens Care of Somerset	Pulaski
Dr. George W. Griffith	Rockcastle		
Dr. Lee Ricketts, MD	Fayette		
Dr. Magdalene Karon	Fayette		
Dr. Paul Harries/ Hamburg Pain Clinic	Fayette		
Dr. Rajan R. Joshi, PSC	Madison/Estill		
Dr. Ritchie Van Bussum, MD Family Clinic	Fayette		
Dr. Shanda Morris M.D.	Clark		
Eadens and Grumball Internal Medicine and Associates	Pulaski		
EKU Bluegrass Community Health Center	Fayette		
Enlow, Shahzad and Associates	Boyle		
Ephraim McDowell Medical Center	Boyle		
Ertel Medicine and Pediatrics	Clark/Powell		
Family Care Associates, PSC	Harrison/Pendleton		
Family Medicine Clinic of Danville	Boyle		
Family Practice Associates of Lexington, PSC	Fayette		
Gillespie, John MD	Madison		
HealthFirst Bluegrass, Inc.	Fayette		
Hometown Pediatrics Primary Care Center	Jessamine		
James B. Haggin Memorial Hospital	Mercer		
Kiosk Medicine LLC dba The Little Clinic	Boone/Kenton/Campbell/Fayette/ Madison/Woodford/Franklin/Scott/Jefferson/Shelby/Hardin/Bullitt		
Lancaster Primary Care	Garrard		

Region 5 - Facilities

FACILITY NAME	COUNTY	FACILITY NAME	COUNTY
Aaron Jonan Memorial Clinic Inc LLC	Magoffin	Kentucky River Community Care	
Albaree Health Services, LLC	Magoffin/Powell	Breathitt/Knott/Lee/Leslie/Letcher/Owsley/Perry/Wolfe	
Allergy and Asthma	Powell/Johnson/Letcher/Pike/Perry	Knox Family Medicine	Knox
Appalachian Regional Healthcare, Inc.	Various	Laurel Medical Associates (Dr. Nancy V. Morris MD PLLC	Laurel/Boyd
Barbourville Family Health Clinic	Knox	London Women's Care Clinic	Laurel
Big Sandy Health Care, Inc.	Floyd	Maria C Atienza, PSC	Whitley
Bluegrass Medical Center LLC	Whitley	Manchester Memorial Hospital	Clay
Brock Medical Clinic, LLC	Laurel	Marcum and Wallace Memorial Hospital	Estill
Bright Future Primary Care	Bell	Mary Breckinridge ARH Hospital	Leslie
Children's Care Clinic (Children's Care, PLLC)	Estill	Medical Associates of Southeast KY	Clay
Clover Fork Clinic	Harlan	Melissa Ball, DBA Professionals in Eye Care	Laurel
Community Family Health Clinic, PLLC	Menifee/Montgomery	Mountain After Hours Clinic	Perry
Corbin Pediatrics	Knox	Mountain View Family Practice	Laurel
Crider & Johnson Pediatrics	Pike	Mountain Comprehensive Care Corp.	Letcher
Cumberland Medical Labs	Pulaski	Neurology Spine and Headache Center	Pike
Daniel Boone Family Healthcare	Knox	Paintsville Pediatrics	Johnson
Digestive and Liver Clinic	Laurel	Paul B Hall Regional Medical Center	Johnson
Dr. Donald Chaffin	Martin	Parulekar, Nikhil DO dba Family First Family Health	Whitley
Dr. Frank Daniel Mongiardo	Perry	Pediatrics of Pikeville LLC	Pike
Dr. George Hayden Caudill, PSC	Knott	Pediatrics of Hazard LLC	Perry
Dr. Mark Caruso	Johnson	Pediatric Associates of Pikeville, LLC	Pike
East Kentucky After Hours Clinic	Pike	Pikeville Medical Center	pike
East Kentucky Medical Group	Pike	Pineville Community Hospital	Bell
Eastern Kentucky Tender Care Pediatrics	Floyd	Prestonsburg Primary Care, PLLC	Floyd
Edwards Clinic, PSC	Clay	Primary Care Centers of Eastern Kentucky	Perry/Knott/Leslie
Family Healthcare Associates of Barbourville, Inc.	Knox/Whitley/Pulaski	Quantum Healthcare	Perry/Harlan
Family Medical Specialty Clinic, PLLC	Breathitt	Rosengarten, Elliott MD OD, PSC	Jefferson
Family Practice Clinic	Owsley	R V Mettu, MD, PSC	Pike
Frederick Medical Clinic	Morgan	Salyersville Medical Center LLC	Magoffin
Freeman Family Practice	Knox	Smith, Carl MD	Harlan
Grace Community Health Center	Knox	The Doctor's Office	Johnson
Hazard Clinic	Perry	Trinity Family Healthcare	Bell
Hazard Radiology Associates, INC.	Perry	Turner, Whitley & Morton, Internal Medicine, PSC	Whitley
Highlands Regional Medical Center	Floyd	White House clinics	Jackson/Estill/Madison
Hilltop Primary Care, INC	Pike	Wilkins Medical Group	Campbell
Hometown Family Care	Floyd/Johnson	Women's Health Associates, PLLC	Whitley
Internal Medicine and Geriatric Center	Laurel	Zebulon Primary Care	Pike
Internal Medicine Associates of Ky, PSC	Laurel	Zulueta, Clemente MD, PLLC	Breathitt
Internal Medicine of Eastern Kentucky, PLLC	Floyd		
Jackson Hospital Corporation DBA Ky River Medical Center (CHS)	Breathitt		
Juniper Health Inc.	Lee/Breathitt		
Kentucky Laparoscopic and Advanced Surgical Specialists	Floyd		
Kentucky Lung Clinic	Perry		
Kentucky River Foothills Development Council, INC	Powell		
Knott County Family Health Center	Knott		



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- Define a roadmap built on existing technology and stakeholder needs.

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With more than two decades of experience, we serve 4 out of 5 hospitals, manage data covering more than 109 million lives and have almost 20 years of longitudinal health records. Our HIE solutions are consistently rated the most successful and capable in the United States.

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