In August 2018, Dr. Li received $1,027,237 for Project MISSION: Developing a Multicomponent, Multilevel Implementation Strategy for Syncope OptimalCare through eNgagement. Over the next two years, this study will develop a multi-level, multi-component implementation strategy for evidence-based syncope evaluation and management and plan for a subsequent hybrid effectiveness-implementation trial, guided by Consolidated Framework for Implementation Research (CFIR).

About Syncope and Project MISSION

Syncope is a complex presenting symptom that requires thoughtful and efficient evaluation to determine the etiology of a patient’s loss of consciousness. Prevalence rates of syncope have been reported as high as 41%; 13.5% for recurrent syncope. Approximately 1% to 3% of all emergency department (ED) visits (as many ED visits as atrial fibrillation) and up to 6% of all hospital admissions are due to syncope. The prognosis among patients with syncope depends on the etiology and underlying cardiovascular condition. A cardiac etiology of syncope is associated with significantly higher rates of morbidity and mortality than other causes such as vasovagal reflex mediated or orthostatic hypotension. The Framingham study documented a doubling of the risk of death among participants with cardiac syncope compared with those with non-cardiac syncope. Notably, experiencing syncope affects patients’ quality of life (QoL), and those with more frequent syncope report poorer QoL with perceptions of low overall physical and mental health and impairment in activities of daily living. The QoL among patients with recurrent syncope appears equivalent to severe rheumatoid arthritis and chronic low-back pain in an adult population. Though research in the past 25 years provides substantial understanding of the pathophysiology of particular etiologies of syncope, the diagnostic approach to such a perplexing symptom remains difficult and efficient diagnosis remains elusive.

The major challenge in the evaluation of patients with syncope is that most patients are asymptomatic at the time of their presentation. Because of concerns that patients presenting with syncope are at risk for an impending catastrophic event, overuse and inappropriate use of testing and hospital admission are common. Aiming to provide guidance on optimizing the evaluation and management of syncope, a collaboration of the American College of Emergency Physicians, Society for Academic Emergency Medicine, American College of Cardiology (ACC), American Heart Association (AHA), and Heart Rhythm Society (HRS) issued a Guideline for the Evaluation and Management of Patients with Syncope in 2017. Adopting a standardized approach to syncope based on this guideline offers an effective opportunity for delivering high value care to patients suffering this distressing and potentially dangerous event. Aiming for more rapid translation from guidelines to clinical practice and improved health, the proposed study will identify barriers and facilitators for implementation of an evidence-based, high value approach to diagnosis and management of patients presenting with syncope.
HILARY SURRETT, PHD, PEER REVIEWER, NIH STUDY SECTION

Hilary L. Surratt, PhD was invited to serve as a peer reviewer on NIH Study Section for AIDS-related research in the Division of AIDS, Behavioral and Population Sciences (DABP). She served on the “Population and Public Health Approaches to HIV/AIDS” study section on November 8-9, 2018 in Old Town Alexandria, Virginia. PPNA reviews applications with a topical focus on epidemiologic, population-based, and health services research approaches to understand HIV incidence and prevalence, structural, macro-level, or policy factors affecting HIV infection, transmission, and management; impact of health disparities at the community, national and international level; and dissemination and implementation studies of HIV-related prevention and care interventions. This panel reviewed nearly 100 applications across the R and K mechanism series.

PROGRESS REPORT: SOCIAL INFLUENCES ON SYRINGE EXCHANGE UPTAKE AMONG RURAL PWID

Forty-six syringe exchange programs (SEPs) are currently operational throughout Kentucky, which soon will lead the nation in SEP implementation. Many of these SEPs are located in underserved rural communities that experience critical disparities in services for people who inject drugs (PWID), and local health departments are pioneering the expansion of harm-reduction services coverage in these areas. The RISE (Research Informing Syringe Exchange) study at CHSR is examining uptake of these rural located programs in three geographically dispersed health departments in Appalachian Kentucky.

The RISE team began study Year 2 in September 2018. Over the initial project year, study enrollment was completed among PWID in our three participating health department SEPs in Clark, Knox and Owsley Counties. Owsley County is among the top ten most highly vulnerable counties to HIV and HCV among PWID, and in terms of income per household, is among the poorest counties in the nation. Our team conducted survey interviews with 186 individuals and in-depth qualitative interviews with individuals across these three sites.

As we begin Year 2 of the RISE study, a major initiative is the enrollment of the community sample of non-SEP-using PWID, which will serve as a comparison group for the SEP-recruited PWID. Through a new partnership with the First Baptist Church of Winchester, Kentucky, we began enrolling our community sample in Clark County in October, 2018. Pastor Marvin King Jr. has graciously allowed the UK RISE research team to use space within the Family Life Center to facilitate the research enrollment process for study participants. Our team will continue enrolling participants throughout the year and also plans to conduct a variety of Community Stakeholder interviews across our three-county area to gain perspectives on SEP uptake from those in the public health, treatment, healthcare, and criminal justice sectors of our communities of interest. Ultimately, study findings will be used to inform policy for increasing access to SEP services.

Our findings, to date, show that the SEP sample has a median age of 36 years, is 52.2% male, and 91.9% are non-Hispanic white. A substantial minority are unsteady housed, with 33.3% reporting past-month homelessness. In addition, 37.6% report a personal history of drug overdose; 67% have witnessed an overdose; and, just 15.1% report current access to naloxone for overdose reversal; 69% report moderate to severe symptoms of substance use disorder in the past month, indicative of chronic, long-standing substance-related issues. Overall, the sample reported relatively infrequent use of the SEP, a median of just four times in the prior six months. The primary barrier to uptake is the lack of adequate and reliable transportation reported by 18.8% of the sample. Preliminary study findings were presented at the CCTS-sponsored Appalachian Translational Research Network Summit, held in Lexington on September 20-21, 2018.

CHSR WELCOMES NEW FACULTY MEMBER

Devin Oller, MD, Joined the Center in September

The Center for Health Services Research welcomed its latest faculty member, Devin Oller, MD, in September 2018. He is an assistant professor in the Center for Health Services Research and the Department of Internal Medicine at the University of Kentucky. Prior to joining CHSR, he served as one of the inaugural fellows in Rural Health Leadership and as ambulatory chief resident at Massachusetts General Hospital.

Dr. Oller’s research has focused on integrating peer support in the management of substance use disorders, innovating primary care behavioral health curricula, and improving care for patients with complex chronic illnesses. He has showcased this work in oral presentations and workshops at national conferences. He has joined CHSR with the goal of developing and evaluating robust quality improvement initiatives targeting the care of patients with substance use disorders.

Dr. Oller earned his Bachelor of Arts in English at the College of William & Mary, where he received the James Monroe Prize in Civic Leadership. He attended Temple University School of Medicine, where he was awarded the Thomas M. Durant Prize in Internal Medicine.

BRITTANY SMALLS, PHD, MHSA, PARTICIPATES IN DREAM SCHOLAR PROGRAM

In August 2018, Dr. Smalls was awarded the opportunity to work with UK CCTS and College of Nursing (CON) leadership, Drs. Lovoria Williams, Victoria King, and Amanda Fallin-Bennett, to cultivate mentorship and leadership skills as a DREAM Scholar Associate. The Disparities Researchers Equalizing Access for Minorities (DREAM) Scholars Program was designed to generate and disseminate knowledge that helps to equalize access and eliminate disparities in health status and health care for minorities through research, training, and community engagement. As a DREAM Scholar Associate, Dr. Smalls will work with scholars and leaders to mentor, develop research agendas, assist with career development, and support DREAM Scholars.
New Staff

Richard Herndon
Project Manager II

Lorie Ernest
Process Improvement Coordinator

Debra Graham
Process Improvement Education Trainer

Ann Nguyen
Health Systems Engineering Analyst Principal

Matthew Surrine
Research Assistant

Alisha Mays
Research Assistant

Nikita Lewis
Instructional Designer

Kathryn Peterson
Process Improvement Coordinator

NEWS & NOTEWORTHY

Annie Fugazzi Participates in the Circle of Love Program

Every year in November, UKHC promotes the Circle of Love, a program that matches local, underprivileged children with UK employees, students, and volunteers who will purchase a gift for the child. In December, volunteers distribute cards with a child’s name and wish list, and gifts were collected during the first week of December.

Shaunascia Davis Invited to Join Affinity Groups at UK

CHSR team member, Shaunascia Davis, has been invited to join the African, African American, and Native American Affinity Group lead by the University of Kentucky Office of Institutional Diversity office as part of their affinity groups. These groups were created to ensure that campus continues to be an inclusive environment where everyone is valued, included and empowered to be successful. The objectives of these groups are to build and create a sense of community; advocate for and support the recruitment, retention, and advancement of faculty, staff, and students; and to network and collaborate. Other affinity groups at UK include: East Asian Affinity Group, Hispanic/Latinx Affinity Group, LGBTQ* Affinity Group, and Muslim Affinity Group. By participating in this group, Davis is empowered to advocate and celebrate the unique cultures and identities represented here at UK. For more information about the Affinity Groups at UK, you can visit https://www.uky.edu/diversity/affinity-groups.

PROPOSAL SUBMISSIONS

Project PROMISE (Provider and Patient Interventions to Reduce Opioid Misuse and Support Engagement)

Hilary Surratt, PhD, and Jing Li, MD, are the principal investigators on the proposed Project PROMISE (Provider and patient interventions to Reduce Opioid Misuse and Support Engagement). Project PROMISE, a randomized controlled trial, aims to rigorously evaluate two evidence-based interventions targeting opioid therapy dose reduction among patients at risk for opioid misuse in primary care practices in Eastern Kentucky’s Appalachian region, with the overall objective of preventing unsafe prescribing and improving patient-centered outcomes. Bringing together a multi-disciplinary team of substance-use and health services researchers, primary care clinicians and community-based physical therapy providers, this proposal targets opioid and physical therapy prescribing interventions to impact a high priority population of vulnerable pain patients, and involves a robust collaboration with the College of Health Sciences at UK, the Kentucky Primary Care Association and the Kentucky Physical Therapy Association. This proposal responded to AHRQ Special Emphasis Notice (SEN) NOT-HS-18-015: Interest in Health Services Research to Address the Opioid Crisis. The project was submitted on October 5, 2018, and if awarded, will run from 2019 to 2023.

SCHOLARLY OUTPUT

Abstracts

Smalls BL, Thylien J, Miller J, Moser D. Depressive symptoms, social support, and severity of heart disease in an international cohort study. Gerontological Society of America, Boston, MA. Poster, November 2018.


Presentations


November 2018. Li J. Establishing and Maintaining Effective Partnerships with Community Service Providers. CMS Innovation Center's Inaugural Accountable Health Communities (AHC) Meeting. Baltimore, MD. Invited Panelist


December 2018. Li J, Surratt H, Williams MV. Turning challenges into opportunities with true partnerships – implementing the accountable health communities (AHC) model in Kentucky’s Appalachian region to address social determinants of health. 11th Annual Conference on the Science of Dissemination and Implementation. Washington, DC.
GILL JUNIOR RESEARCH PROGRAM

CHSR Sponsors its Newest Student Researcher, Nafi Keita

Nafisatou Keita is the third high school intern to join DASC through the Gill Junior Research program. Nafi is a senior at Bryan Station High School and through this program, she will develop skills and gain experience in areas such as database management, healthcare research, reporting, communication, and creating interactive dashboards. The Gill Junior Researchers program was created by the Gill Heart Institute and first piloted in 2015. The program’s goal is to mentor students throughout their education so that they matriculate to medical school or to another advanced degree program in health sciences. The students are selected for the program based on need, ambition, and unrealized potential.

“I joined the Gill Junior Research Program my sophomore year in high school. In my instance, at that time I wasn’t very sure on what I wanted to do in the future but I knew that I was interested in a career in healthcare. The Gill Junior Research Program was a perfect opportunity to explore healthcare, get a sense of what I was interested in and have a mentor throughout my education. This was especially a rare opportunity because of how difficult it usually is to get such a hands-on experience being a high school student and being a minority. Gill Junior Researchers has provided me with many opportunities such as going to surgical simulation labs, looking at biological specimens in the pathology department, attending medical lectures and presentations, doing anatomy lessons, building my curriculum vitae, and trying out radiology software.

Due to being in Junior Researchers, I had the opportunity of getting an internship at UK CHSR. I am currently working with the DASC team and am learning how to build queries and use SQL coding to extract certain pieces of information from databases. Having a previous background in IT, working with the DASC team has also greatly improved my experience with certain software such as Excel and provided me with experience in software, such as, Aqua Data Studio and Tableau. This has not only expanded my knowledge in IT but also has demonstrated how CHSR is used to improve the overall quality of healthcare and patient experience. It is through Junior Researchers that I have been able to have the opportunity to step out of my comfort zone and gain such a great learning experience here at UK CHSR.

Although I am not entirely sure that my future lies in the field of medicine, I am committed to pursuing a career in healthcare and possibly even in health services research. I am very grateful that my opportunity with Junior Researchers and CHSR have positively impacted my education and plan to utilize my experiences with both in my future.”

UK HealthCare Nursing Quarterly Session

On December 5th, CHSR’s Megan McIntosh shared her own healthcare experience at the UKHC Nursing Quarterly Session, organized by Keisa Fallin-Bennett, director of UK’s Transform Health Clinic. In one session, titled ‘Transforming the Conversation on LGBTQ* Health’, Chris addressed a panel of approximately 20 UK students, faculty, and staff to discuss his experiences as a patient, offer suggestions of how health providers can create welcoming environments and services for LGBTQ* individuals, and answer questions from attendees. In another panel, ‘Transgender Care’, Chris addressed a class of approximately 70 physical therapy students to discuss LGBTQ* health disparities, talk about how addressing aspects of LGBTQ* health provides essential patient-centered care, and answer additional questions related to LGBTQ* health and provision of care. Chris also served on a panel regarding LGBTQ* mental health, titled ‘Transforming the Conversation on Mental Health’.

CHSR STAFF ATTEND NAACP FREEDOM FUND BANQUET

Staff Attended in Support of the Gill Heart Junior Researchers Program

Each year the CHSR supports the mission of the Gill Heart Junior Researchers Program by sponsoring one mentornious high school student throughout the academic year and providing opportunities to learn more about careers in health services research. This year, the UK Gill Heart Junior Research program sponsored a table at the 2018 NAACP Freedom Fund Banquet, at Lyric Theater, and invited CHSR staff to attend alongside the students who participate in the program through CHSR. This was a wonderful opportunity for the Center to show its support of the Gill Junior Research program here at UK. The banquet is an annual fundraiser supporting programs that strive to impact underserved students in the community. CHSR staff and students met other Gill Junior Researchers from various departments at UK Healthcare as well as influential leaders in Lexington and beyond.

By providing these students with unique opportunities to explore the discipline of health services, CHSR hopes to contribute to the increasing representation of minority students in the science and health professions. Our team was honored to attend the NAACP Freedom Fund Banquet and contribute to the recognition of these remarkable students.

CHSR looks forward to supporting, mentoring, and providing professional opportunities to underserved youth from Bryan Station High School as part of the Gill Heart Junior Research Program.

SHAPING THE PATH FOR BETTER PATIENT EXPERIENCE

Improving Care for Individuals in the UK HealthCare Markey Cancer Center

The Markey Patient Advisory Group (PAG) meets monthly to offer advice on ways to improve the care UK HealthCare Markey Cancer Center provides its patients, families, and caregivers. This group of former patients, families, providers, and staff of Markey offers evidence-based and innovative suggestions to the Center’s director for improving processes and procedures of the medical enterprise to improve the care offered to Markey patients and their families. The group’s current efforts focus on defining, designing, and implementing Markey’s patient resources. Jing Li, MD, MS, was invited to present on the hospital discharge experience at the November meeting. Dr. Li highlighted findings from Project ACHIEVE focus groups and interviews in which 248 patients and family caregivers described what matters most to them about care transitions and which provider behaviors were linked to those desired outcomes. The group engaged in discussions concerning the establishment of patient-provider rapport, promoting good bedside manner, providing clear expectations for patient encounters, and the discussion of goal-of-care.

Improving Care for LGBTQ* Individuals

This fall, Chris Cook was invited to serve on various panels around UK regarding LGBTQ* health, organized by Keisa Fallin-Bennett, director of UK’s Transform Health Clinic. In one session, titled ‘Driving the Conversation on LGBTQ* Health’, Chris addressed a panel of approximately 20 UK students, faculty, and staff to discuss his experiences as a patient, offer suggestions of how health providers can create welcoming environments and services for LGBTQ* individuals, and answer questions from attendees. In another panel, ‘Transgender Care’, Chris addressed a class of approximately 70 physical therapy students to discuss LGBTQ* health disparities, talk about how addressing aspects of LGBTQ* health provides essential patient-centered care, and answer additional questions related to LGBTQ* health and provision of care. Chris also served on a panel regarding LGBTQ* mental health, titled ‘Transforming the Conversation on Mental Health’, co-moderated by Dr. Bennett and Dr. Di Sobel, director of UK’s Counseling Center, on November 27th at the Gatton Student Center. He and other panelists discussed their experiences with mental health providers and positive and negative aspects of obtaining optimal mental health.
OFFICE FOR VALUE AND INNOVATION IN HEALTHCARE DELIVERY (OVIHD) TEAM

As a healthcare organization, one of our strengths is in our people who have a passion to do the best by our patients. UK Healthcare strives to provide what has been called the Quadruple Aim: 1. Exceptional clinical care, 2. Efficient affordable care, 3. Safe and effective care, and 4. Extraordinary engagement of employees, patients, and families. OVIHD (Office for Value and Innovation in Healthcare Delivery) had the opportunity to facilitate 28 sessions as part of UKHC’s Quarterly Leadership Development. Over 500 leaders from across the UKHC enterprise participated in Value at Our Best FOCUS-PDSA Awareness Training. FOCUS-PDSA is an improvement model adopted by UKHC to build a culture of continuous quality improvement (CQI). This training teaches basic process improvement principles and heightens the awareness that quality, value, and safety are high organizational goals at UK HealthCare.

On October 26, 2018, six participants completed Value at our Best FOCUS-PDSA Azure Belt Training. Each participant completed an application process describing how this training could foster their professional development at UK HealthCare. These sessions covered more advanced topics in project management, process improvement tools, and change management. Each participant was responsible for designing, facilitating and leading a continuous process improvement team, employing the FOCUS-PDSA model. Final presentations during the last session provided insights on how participants can continue to coach colleagues in basic continuous improvement concepts and tools.

PROGRESS REPORT: PROJECT ACHIEVE

Williams’ Interview with Kaiser Health News (KHN) Leads to Washington Post Article

In July of 2018, Kaiser Health News reported on findings from Project ACHIEVE’s patient and caregiver focus groups and interviews regarding the importance of attending to patients’ caregiver needs and desires during care transitions from the hospital to home. The article features interviews with ACHIEVE principal investigator, Mark Williams, MD, FACP, MHM, and other stakeholders and was picked up by The Washington Post as well as nearly 40 other media outlets nationwide including CNN’s Spanish-language news site—CNN Español.

Read the Washington Post article here: https://wapo.st/2Pu0CUF

Clouser Interviewed by WUKY About ACHIEVE Patient/Caregiver Focus Group Findings

In August of 2018, CHSR’s Jess Clouser, MPH, Project ACHIEVE project manager, was interviewed by WUKY’s Dr. Greg Davis about preliminary findings from Project ACHIEVE. She presented findings from focus groups and interviews in which 248 patients and family caregivers described what matters most to them during care transitions. Specifically, patients and caregivers wanted 1) to feel cared for and cared about by medical providers; 2) to feel prepared for and capable of implementing the care plan; and 3) a clear accountability on behalf of health care providers.

The interview may be streamed here: https://bit.ly/2Pu0Eeq

A summary of patient/caregiver focus group findings is available here: https://achieve.med.uky.edu/achieve-news

UKHC Quarterly Leadership Development Sessions

The last installment of UKHC Quarterly Leadership Development Sessions occurred during July and August of 2018. These sessions, led by OVIHD, focused on the topic of Process Improvement. The course provided leaders the essential skills and techniques necessary to embed quality improvement into everyday activities to help their teams and UK HealthCare continue to thrive for excellence. In this highly interactive session, participants learned UK HealthCare’s approach to problem-solving known as FOCUS-PDSA. As of August 28, 2018, a total of 512 staff have graduated from the training. Dr. Mark Newman, MD, Executive Vice President of Health Affairs, created a video and attended the FOCUS-PDSA course led by OVIHD.

Year Four In-Person Meeting

In September, the ACHIEVE team hosted its final in-person meeting in which research team members, stakeholders, and scientific advisors convened to discuss the project’s preliminary findings and brainstorm dissemination opportunities. In all, 52 team members and partners traveled to Covington, KY for the meeting, with several joining remotely.

Project ACHIEVE Finishes Data Collection Component of Five-Year Study

In July, Project ACHIEVE completed its data collection phase among patient and family caregivers, the final data collection component of this 5-year study. In all, 9,458 patients discharged from 42 hospitals nationwide completed surveys as well as 2,738 caregivers across two time points (2 weeks and 7 weeks post-discharge). The team is now in the process of cleaning data. In early 2019, patient and caregiver survey responses will be linked with patients’ Medicare claims data in order to rigorously evaluate which transitional care strategies employed by hospitals are associated with improved patient and caregiver outcomes.

Phase One Research Briefs

To date, four peer-reviewed manuscripts have been published describing Project ACHIEVE’s Phase One findings. The team has translated the findings from these manuscripts into simple, one-page summaries, or research briefs that are available on the Project ACHIEVE website (click here).

Project ACHIEVE Overview

This brief provides an overview of the project, its aims, partners, and study design.

Components of Comprehensive and Effective Transitional Care

An extensive literature and expert review revealed eight essential transitional care components that yield desired patient and caregiver outcomes.

Understanding Facilitators and Barriers to Care Transitions: Insights from Project ACHIEVE Site Visits

Site visits conducted at 22 hospitals across the U.S. uncovered facilitators and barriers that hospitals experience related to transitioning patients and family caregivers. These site visits were conducted as part of the ACHIEVE project. They aimed to understand how existing care transitions are experienced by patients and family caregivers, and which factors facilitate or hinder the transition experience.

Care Transitions from Patient and Caregiver Perspectives

Focus groups and interviews with 248 patients and family caregivers across the U.S. revealed what patients and family caregivers want from care transitions, as well as provider behaviors that can achieve those outcomes. Separate briefs are available for English-speaking patients/caregivers, Spanish-speaking patients/caregivers, and providers.

Rigorously evaluate care transitions. These results are one component of this 5-year, $15 million study. The purpose of the study is to identify the elements of a comprehensive care transition system that are associated with improvements in patient and caregiver outcomes and satisfaction.
DATA, ANALYTICS, AND STATISTICAL CORE (DASC) TEAM

Infographics

Whether for a new dashboard, report, or publication, visualization of data is critical to the work we do in the Data, Analytics, and Statistical Core (DASC) of the Center for Health Services Research (CHSR). A powerful tool to help disseminate knowledge around complex topics is the infographic. One goal we’re working on is to utilize this tool to spread awareness around important health-related topics. Four groups of DASC staff and interns organized this summer to produce new infographics for our website. The topics of these new infographics were ‘Health Insurance Trends’, ‘Opioid Abuse’, ‘Understanding Diabetes’, and ‘Heart Disease.’ These are publicly available on our DASC activities web page. We’ll regularly produce these infographics moving forward. If you have a project that you think would find use for an infographic and would like to collaborate with DASC on this, please fill out our Analytics Support Request Form here.

Monthly Analytics Collaboration Meetings

Every month, the Data, Analytics, and Statistical Core (DASC) of the Center for Health Services Research (CHSR) hosts a bi-monthly analytics lecture and open lab series. For the lecture series, recent presenters have included Debra Graham from the Office for Value Innovation in Healthcare Delivery presenting about Quality Improvement at UKHC, Lyndsay Roberts, MHA, from Ambulatory Services to discuss and demonstrate the UK BEST Care Access Dashboard, Licong Cui, PhD, from the Department of Computer Science on the topic of “Computational Methods for Quality Assurance of Biomedical Ontologies”, and Nathan Jacobs, PhD, from the Department of Computer Science presenting “Recent Advances in Image Understanding: Convolutional Neural Networks to the Rescue”. During the open labs, there are free discussions and activities that have included: upcoming enhancements to UKHC’s analytics tools, collaborative working through Tableau development projects, and team SQL coding of LACE scores utilizing the UKHC Enterprise Data Warehouse. Interested faculty and staff from UKHC, and the six health profession colleges are encouraged to join analysts and statisticians on the first and third Friday of each month from 10:00-11:00 am in Kentucky Clinic J524 or Charles T. Washington (CTW) 403. Email dasc@uky.edu if you’d like to be added to the mailing list.

KENTUCKY CONSORTIUM FOR ACCOUNTABLE HEALTH COMMUNITIES

Expansion of KC-AHC Clinics

The KC-AHC project originally had 20 participating clinics at the start of implementation on August 1. However, due to the expansion of some clinics to branch locations, we now have approximately 1,100 existing core and supplemental Health Related Social Needs (HRSN) resources available for clinical staff and the general public to access through the CARE KY website and apps for the iOS and Android. Per the direction of the Advisory Board, during the September conference call we have begun the process of expanding the website and apps to include the same HRSN resources for the remaining Appalachian counties located outside our GTA and Fayette County. All resources will also be translated into Spanish. Employing non-grant CHSR funds, we have added approximately 1,500 resources for Charles Investigating for our website and apps to include the same HRSN resources for the remaining Appalachian counties which are currently being cross-checked for accuracy. Altogether, approximately 3,000 resources have been collected to date. Once we have completed the expansion process for the Appalachian region, we plan to extend our efforts to the remaining counties in Kentucky which we anticipate will occur sometime in early 2019.

KC-AHC Members Involved in Showcasing KC-AHC Project and CARE KY

In late August, Dr. Surratt, Amanda Trent, and Amy Cowley attended the 2018 SOAR Summit in Pikeville to showcase CARE KY, a community-resource index app created as part of KC-AHC. This year’s summit focused on technology in Eastern Kentucky, and participants were very interested in learning more about the CARE KY website and smartphone apps.

In September, Amanda gave a presentation at the annual Appalachian Translational Research Network Summit in Lexington. Speaking about the KC-AHC project and its progress, Amanda was able to present to an audience from across Appalachia, including the University of Cincinnati, Pennsylvania State University, Wake Forest, and Ohio State University. Many members were interested to learn about our far-reaching efforts in Eastern Kentucky. Amanda also spoke at the Kentucky Primary Care Association Spring Conference with our Data Management Analyst, John Ryles. The duo shared CARE KY with clinic members from across the state, who were very enthusiastic about sharing the app with their patients.

Li Participated in a Panel to Share Establishing Effective Partnerships With Community Service Providers

Earlier this month, Drs. Li and Williams and Richard Herndon attended an in-person meeting held by CMS in Baltimore to discuss the Accountable Health Communities project with nationwide bridge organizations. Given the success of the KC-AHC team in building productive partnerships, Dr. Li was invited to be a panelist at a discussion on best strategies in the establishment and maintenance of effective partnerships with community service providers. In this session, Dr. Li highlighted KC-AHC’s partnership with Community Action Kentucky (CAK) as an example of an effective collaboration. She outlined the benefits of developing strong lines of communication and the promotion of a peer-to-peer learning system. She also contextualized this discussion by highlighting the structuring role that the KC-AHC advisory board provides not just in terms of communication, but also in the development of program milestones such as the gap analysis and the implementation plan.

CARE-KY

Within our 27-county geographical target area (GTA), we now have approximately 1,100 existing core and supplemental Health Related Social Needs (HRSN) resources available for clinical staff and the general public to access through the CARE KY website and apps for the iOS and Android. Per the direction of the Advisory Board, during the September conference call we have begun the process of expanding the website and apps to include the same HRSN resources for the remaining Appalachian counties located outside our GTA and Fayette County. All resources will also be translated into Spanish. Employing non-grant CHSR funds, we have added approximately 1,500 resources for Charles Investigating for our website and apps to include the same HRSN resources for the remaining Appalachian counties which are currently being cross-checked for accuracy. Altogether, approximately 3,000 resources have been collected to date. Once we have completed the expansion process for the Appalachian region, we plan to extend our efforts to the remaining counties in Kentucky which we anticipate will occur sometime in early 2019.
This summer, we held our first Center-wide, day-long retreat at which we revisited our strategic plan. The palpable energy and engagement from everyone in their new, blue UK-CHSR shirts bonded us in our efforts to continue the remarkable growth and contributions of the Center for Health Services Research to UK, UK HealthCare, and the Commonwealth of Kentucky. At the retreat, we confirmed our new mission and vision which we revised based on suggestions from our External Advisory Board during their visit to UK earlier in the year.

MISSION
Applying evidence to optimize health in Kentucky and beyond

VISION
Become a national leader in advancing the science of health and health care delivery

Our 5-year strategic plan is available online and we continue our rapid progress toward achieving our goals. Two recent examples are: (1) Dr. Jing Li’s $1 million U01 award for Project MISSION “Developing a multicomponent Multilevel Implementation Strategy for Syncope Optimal care thrOugh eNgagement” that began August 15, 2018, and (2) Dr. Hilary Surratt’s selection to serve on the NIH study section “Population and Public Health Approaches to HIV/AIDS,” reflecting her national reputation.

Locally, the Center’s Office for Value In Healthcare Delivery (OVIHD) trained more than 600 UK HealthCare (UKHC) team members in the FOCUS-PDSA methodology, building capacity for the new quality improvement infrastructure at UKHC. Regionally, the Kentucky Consortium for Accountable Health Communities (KC-AHC) is now screening upwards of 1,000 adult Medicare or Medicaid beneficiaries every week for social determinants of health across 27 counties. The CARE-KY.org website serves as an invaluable resource to connect these individuals to community resources, and has been expanded from coverage of 27 counties to 55, including Fayette county. The impact of KC-AHC is wonderfully reflected in comments from one of our participating clinic’s CEO.

“We have already had so many heart-warming stories from the work with patients that our navigation services from this project have yielded (people now getting food, and even one patient has gotten a part-time job!)! In many ways, I’m embarrassed that we hadn’t been addressing these social determinant barriers/gaps before, but ‘when you know better, you do better’ is all I can say. . . thanks for the work you are doing on this project and for your visionary view of this work around how we can use the platform to bring attention to one aspect of payment reform. I will tell you that quite surprisingly to me, this navigation work has already made a difference in real people’s lives down here in little ole Beattyville, KY so if nothing else ever comes of this for us, it has been worth the time and effort involved.”

Karen Ditsch, PT
Chief Executive Officer | Juniper Health, Inc.

Nationally, Project ACHIEVE succeeded in surveying more than 9,000 patients going through the hospital discharge process at 42 hospitals across the U.S. along with almost 3,000 of their family caregivers. We’re now linking these survey results to Medicare claims data for all these patients. This complex 4 ½ year, $15.5 million project funded by PCORI will yield guidance on the most effective strategies to help patients and their family caregivers achieve what matters to them in a care transition. Our team believes the abundance of research findings will lead to more projects and funding as we carry out related dissemination and implementation research.

I could not be prouder of what the CHSR team has achieved and fully trust they will continue to connect the remarkable resources across UK and the Commonwealth to catalyze projects that benefit the citizens of the Commonwealth and beyond and create high-value health care for the patients we serve and the communities in which they live.