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PHYSICIAN SPOTLIGHT
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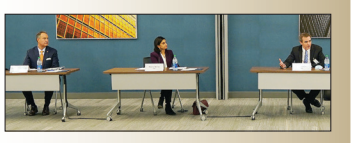
Mark Montoney, MD, MBA

ON ROUNDS



Addressing a Chronic Killer

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Nashville Health Care Council Celebrates Silver Anniversary

This year marks the 25th anniversary of the Nashville Health Care Council, an organization that was founded by the local health care community with the purpose of establishing Nashville as the nation's health care capital ... 12

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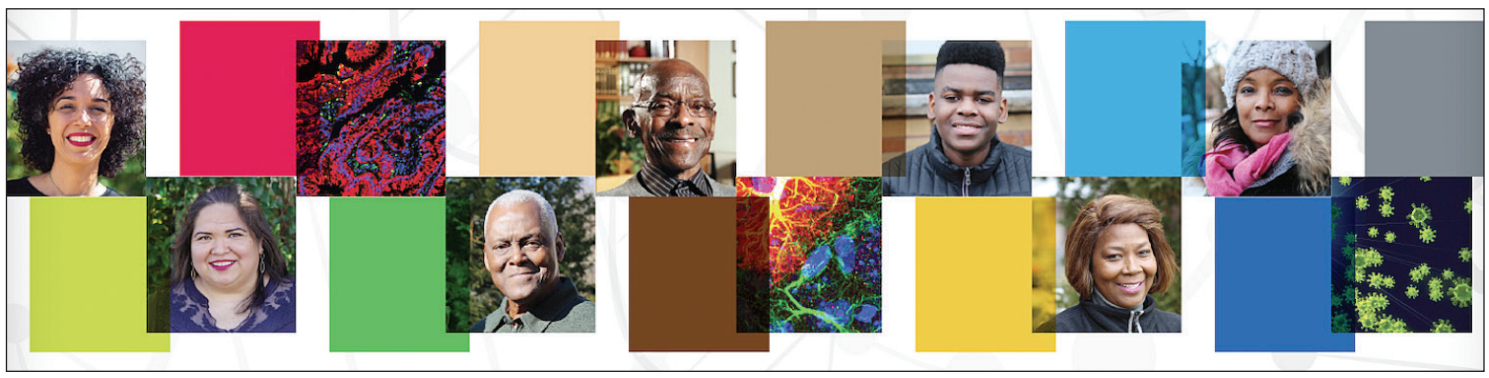

AACR Releases Landmark Cancer Disparities Progress Report

By CINDY SANDERS

On Sept. 16, the American Association for Cancer Research released a first-of-its-kind report outlining disparities in outcomes and clinical trial participation for ethnic and racial minorities, along with other medically underserved populations. The inaugural *Cancer Disparities Progress Report* provides a comprehensive overview of the latest research and serves as a clarion call for action to achieve health equity.

"Over the years, the AACR and it's more than 47,000 members from the United States and 126 other countries around the world have been at the forefront of every major breakthrough against cancer," said AACR CEO Margaret Foti, PhD, MD (hc), during a virtual Congressional briefing to introduce the progress report.

Foti said the idea of undertaking this historic initiative began about two years ago. AACR leadership, along with member scientists and physicians, recognized achieving a vision of health equity would require a comprehensive plan to identify the parameters of this major public health issue, inform and educate policymakers, regulators and the public, and outline the effective steps to address the problem. Originally slated to be released in March, COVID-19 upended those plans. Foti said the pandemic has served as yet another reminder of disparate outcomes and underscores the need to address healthcare inequities.

Although this landmark report is new, Foti added AACR has

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Addiction in the Age of COVID

Experts Discuss Challenges of Treating Addiction amid a Global Pandemic

By MELANIE KILGORE-HILL

Addiction is a lifelong battle, and it's one more Americans are fighting than ever before.

For those addicted, or struggling to stay clean, COVID-19 has created a downward spiral shaped by cancelled 12-step meetings and accountability programs, virtually removing support for a population that relies on face-to-face connection to stay clean. *Nashville Medical News* recently spoke with leaders of three respected recovery programs to learn how patients and providers are navigating an evolving treatment landscape.

(CONTINUED ON PAGE 10)

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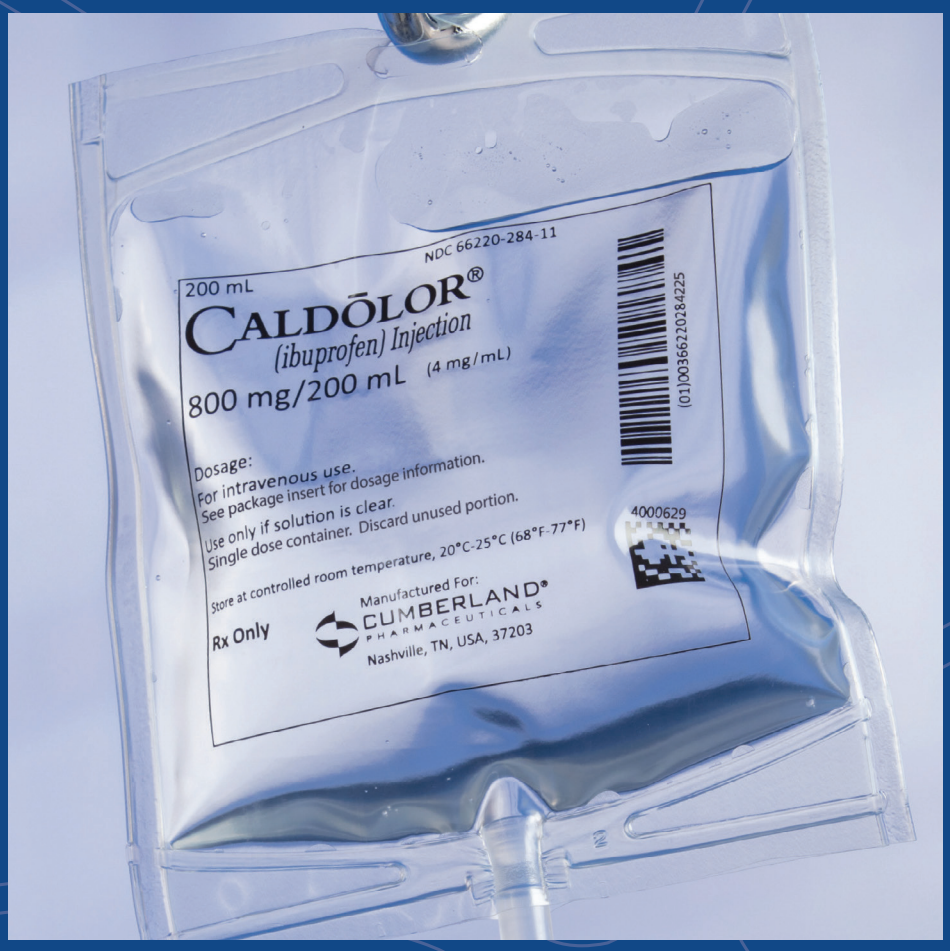

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Bringing Care Home

Mark Montoney Delivering More Options to Chronically Ill Patients

By MELANIE KILGORE-HILL

Managing the health of chronically ill patients is an ongoing challenge, but it's one Mark Montoney, MD, MBA, is embracing through an innovative care model. As chief medical officer for Contessa Health, Montoney is helping to revolutionize the home hospital care model while keeping patients where they're most comfortable.

Intro to Life Sciences

A native of Columbus, Ohio, Montoney's early interest in life sciences was piqued by high school jobs in a local hospital's housekeeping department and later as an orderly in the ER. "That was my first-hand view of healthcare and the acute care setting, and it really resonated with me," he said.

Montoney received his bachelor's degree in psychology from Cleveland's Case Western Reserve University and his medical degree from the University of Cincinnati College of Medicine. He remained in Columbus for his internal medicine residency and, following years in private practice, grew interested in the administrative side of healthcare.

In 2000 Montoney received an MBA from Regent University and served in leadership roles at OhioHealth System before relocating to Nashville in 2008 to accept a new position. In his role as executive vice president and chief medical officer of Vanguard Health Systems, Montoney worked alongside Travis Messina, future founder of Contessa Health. In 2013, he accepted the position as CMO at Tenet Healthcare, where he remained until being recruited by Contessa in 2016.

A Promising Model

"As I learned about what Travis was developing, I was interested because it was an emerging area in the industry," said Montoney, who had cared for a largely geriatric population in his Ohio practice.

And while home care has been around since the era of horse and buggy,

Montoney said the first in-home hospital model was developed more than 20 years ago at Johns Hopkins University, where researchers had partnered off similar models in other countries. "There was kind of a long hiatus where the model grew very slowly, and the industry perhaps wasn't quite ready," he said. "Certainly, in the last five years there's been a great deal of interest in bringing acute level services closer to patients, and you can't get any closer than home."

Home Recovery Care

Through Contessa's Home Recovery Care model, patients are treated for their inpatient-eligible condition in the comfort of home without being admitted into the hospital or a skilled nursing facility. The majority suffer from chronic illnesses like congestive heart failure, diabetes or COPD – diagnoses that result in frequent hospitalizations. The primarily elderly population also is prone to acute episodes of illness or infection including pneumonia and UTIs, and they are at increased risk of hospital-acquired infections.

Having more options in care has led to better outcomes and efficiencies. Contessa patients experience a 35 percent decrease in mean length of stay and a 44 percent decrease in hospital readmission rates. They also report a 22 percent increase in patient satisfaction.

How it Works

Patients are typically seen by a hospitalist in the ER, with subsequent visits facilitated via telehealth. During their acute phase, a nurse visits the home for one to two hours at least twice a day and is present during the physician's virtual rounding. All partners, including recovery care coordinators, receive extensive training and onboarding, and Montoney said providers adapt rapidly.

Contessa works in local communities to form provider partnerships and has proven that the model excels across all demographics. Partner facilities now include Marshfield Clinic Health System in rural Wisconsin, along with New York City's Mount Sinai Health System and Nashville's Ascension Saint Thomas, to name a few. Montoney said more than 90 percent of (appropriately screened) patients introduced to the idea of home care accept it as an alternative to traditional hospitalization, particularly in the age of COVID-19.

The Future of Home Care

"Telehealth has been part of our model from the beginning, well before the pandemic," Montoney said, noting a substantial uptake in telehealth utilization in 2020. He believes technology also is helping to extinguish physician burnout by extending the reach of providers.

"As we work our model across the country, we find it's been energizing for physicians. Those who participate in our model find it to be very fulfilling to be able to deliver care at home while seeing great results and high patient satisfaction," he noted.

As chief medical officer, Montoney hopes to see the model gain in traction and scalability over the next few years. "We're catching the industry at a point where there's increasing interest in this type of model," said Montoney, who frequently writes articles for providers on Contessa's website. "Being part of it through clinical operations is very fulfilling."

Nashville General Takes Multi-Pronged Approach to Chronic Disease Management

By FORD SANDERS

Nashville General Hospital is filling prescriptions for improved outcomes with their unique Food Pharmacy, which provides patients with access to nutritious dietary options. The program offers free-of-charge food totes with fresh produce and shelf-stable items that are specifically tailored to the patient's needs to optimize health and manage chronic disease.

"We felt that it was our responsibility to do whatever we can to help our patients here. With food insecurity being such a big issue, the Food Pharmacy was started," explained Mike Venters, MS, RDI, director of Food and Nutrition Services for Nashville General Hospital (NGH).

With so many patients striving to manage chronic conditions from diabetes to heart disease, NGH has looked for innovative ways to increase patient education and engagement, along with services to address barriers to optimal care. The Food Pharmacy is much more than just a quick visit to grab groceries. The process starts in the doctor's office when looking at ways to improve diet and keep patients healthy.

Chief Ambulatory Services Officer Dorothy Bennett noted it works much like a regular pharmacy in that a provider writes a prescription for the Food Pharmacy. "We give them food that equates to their chronic disease," she said. "If they're hypertensive, we are going to give them low sodium. If they are cancer patients, we are going to give them high caloric foods so they can stay on their treatment plan," Bennett added.

PHOTO: NASHVILLE GENERAL HOSPITAL

Patients at NGH also become educated about the food they are eating and the effects on the body and their specific condition. They are taught how to read the labels on items and make sure it matches up with the nutritional requirements to better manage their chronic disease.

In addition to the Food Pharmacy, NGH works to keep patients educated and engaged in all aspects of self-care. Andrew Pierre, DPM, AACFAS, a podiatrist and fellowship-trained foot and ankle surgeon with NGH, said the most common chronic disease they see is diabetes, which can easily lead to an increased risk of infections, difficult-to-treat wounds and a higher rate of amputations. Diet and nutrition are key factors in managing diabetes, but Pierre said counseling also plays a critical role in care management. NGH deploys an entire counseling team – their Care Management Team – to make sure patients truly understand what it takes to stay healthy and keep their diabetes in control.

"One of the things that I tell my patients is that food is medicine. It's really all about education and making sure they understand their disease process," said Pierre. "Once the patients understand the disease process and the complications that can happen with it, they are less susceptible to developing wounds and amputations."

As 2020's coronavirus pandemic set in, the NGH team knew they would have to address new barriers to keeping their patients and community safe. During the public health emergency, the Food Pharmacy has expanded their efforts by supplying help to those who are food insecure throughout Nashville, whether they are patients with NGH or not.

Venters said they have started a new, temporary program that is delivering thousands of bags of food to those in need right now. Since March 1, the NGH Foundation, which runs the Food Pharmacy, has distributed more than 5,930 food bags, provided over 26,000 days of food and supplied 96,000 meals.

"We have an outreach program that started when the pandemic started. We have a lot of volunteers that are delivering food to people that basically have no way of getting food to themselves or have money to do that," said Venters.

Funding for the Food Pharmacy comes from grants, community donations and the NGH Foundation with shelf-stable food purchases through Second Harvest Food Bank of Middle Tennessee. This collaborative effort helps keep the shelves stocked with those important items to optimize patient health. While the Food Pharmacy is primarily staffed with trained volunteers, clinical specialists on the team are on site to offer education about what the patient is consuming and why it is so important. The program also has an agreement with Lipscomb University where students come volunteer for weeks at a time and receive class credit for their efforts.

While NGH spans many disciplines and specialties, chronic disease management is among the most important ways to optimize outcomes and provide secondary prevention for complications and comorbid conditions. By introducing programs like the Food Pharmacy and engaging patients through education, NGH removes barriers and affords patients the opportunity to fuel their bodies and their minds in order to focus on regaining and maintaining their health.

Blog Log

The Nashville Medical News Blog features additional insights and information from a cross-section of industry leaders. The blog can be accessed directly through NashvilleMedicalNews.Blog or from the homepage of the main website.

Here are the latest additions to the blog:

Karen Baird, Director of Insurance Affairs for the Tennessee Medical Association, provides a sneak peek into the upcoming Tennessee Healthcare Symposium Nov. 10-12. The virtual event is designed to help practice managers, coders, billers, auditors and other medical office staff improve productivity and financial performance – and showcases insurance plan changes expected for 2021. Baird shares some of the event highlights including 20 educational sessions, 31 industry speakers and individual chat rooms for payers to answer questions.

James E.K. Hildreth, PhD, MD, President and CEO of Meharry Medical College, shares information on Meharry's participation in upcoming COVID-19 vaccine trials, how diverse representation in these trials could change the course of history in healthcare and the institution's efforts to understand the impact of larger societal issues on the health and wellbeing of minority communities.

Patrick Johnson, Co-founder of ReCOVer-Health, a concierge COVID-19 solutions corporation, discusses the steps and services necessary – from rapid, accurate testing to effective contact tracing – for businesses to rebound and reopen safely.

Bond Oman, CEO of Oman-Gibson Associates, has developed over 250 medical office buildings of all types across 35 states. He shares insights on the building process and need to tap into expertise to avoid costly pitfalls in the development process.

Donna O'Shea, MD, National Medical Director at UnitedHealthcare, Clinical Services, discusses the new Level2 therapy, which combines wearable technology and customized personal support to help improve the health of people living with type 2 diabetes.

Addressing a Chronic Killer

HCA Hosts Kidney Disease Roundtable with CMS Administrator Seema Verma

By CINDY SANDERS

(L-R) Dr. Jonathan Perlin with HCA Healthcare facilitates a conversation with CMS Administrator Seema Verma and Deputy Administrator Brad Smith.

HCA Healthcare recently hosted Centers for Medicare and Medicaid Services Administrator Seema Verma and Deputy Administrator Brad Smith for a roundtable discussion with local health leaders on advancing kidney care. Jonathan Perlin, MD, PhD, president of clinical operations and chief medical officer for HCA Healthcare, moderated the event that coincided with an announcement from CMS regarding a new model of care for Medicare beneficiaries with chronic kidney disease.

HCA Healthcare, one of the nation's largest clinical care providers, was tapped to host the event to continue the ongoing discussion on ways to break down silos between chronic kidney disease, kidney failure and treatment protocols including transplantation. Last year, HCA led the nation in performing 418 live donor kidney transplants. Additionally, the health system was responsible for 652 deceased donor transplants, which is more than 7 percent of the kidneys recovered nationwide.

While there have been advances over the last few years, Perlin said clinicians and organizations across the country that work with patients with end-stage renal disease (ESRD) know more can *and should* be done. "There are too many at-risk patients who progress to late-stage kidney failure; mortality rate is too high; treatment options are expensive, and the quality of life is simply too low," he stated, adding there are not enough kidneys donated to meet the need.

"Kidney disease is a major, prominent, prevalent condition," Perlin continued. "It's the ninth leading cause of death in the United States." He added 37 million American live with kidney disease and more than 726,000 progress to ESRD. Annually, more than 100,000 Americans begin dialysis with 20 percent dying within a year and 50 percent dying within five years. Currently, nearly 100,000 Americans are awaiting transplant. Unfortunately, on average, 13 people a day die before a kidney becomes available.

In introducing the new model of care, Verma said that while the emphasis is on finding ways to make healthcare more affordable and accessible, the structure of various government programs can sometimes create misaligned incentives. "In Medicare, in particular with our ESRD program, that's exactly what we've seen," Verma continued. "And so, we've been really focused over the last year – based on the president's executive order – to try to specifically improve the lives of people with kidney disease."

As a result, CMS announced finalization of the End-Stage Renal Disease Treatment Choices (ETC) Model on Sept. 18 to transform chronic kidney care for Medicare beneficiaries. Building off President Donald Trump's Advancing Kidney Health Executive Order, the ETC model encourages increased use of home dialysis and kidney transplants.

Verma noted traveling to a hemodialysis center not only eats up a large portion of the day but also potentially exposes ESRD patients to other health threats, including COVID-19. Verma noted Medicare beneficiaries with ESRD who contract the coronavirus have higher rates of hospitalization. With home dialysis, patients are able to shelter in place during the public health crisis while still receiving the care they need.

"The model today is part of a larger effort to improve the health, in general, of people living with kidney disease," Verma said. While the ETC program creates a new payment model, she said the agency has also been focused on improving organ procurement. "The idea here is to make sure that we're doing everything we can to increase the transplantation rate," she said.

Brad Smith, a Nashville healthcare entrepreneur who was tapped to lead the CMS Innovation Center at the beginning of this year, drilled down on the ETC model. Smith noted the work was very personal for him, as he had a cousin who had been on dialysis for several years before passing away at the age of 28.

Smith said CMS has been looking at the way kidney care is delivered in the United States, focusing on three key areas: in-home dialysis, transplant rate, and the impact of the pandemic on ESRD patients.

Looking at home dialysis rates, Smith said about 12 percent of patients in the U.S. get in-home dialysis. "But when you compare that across the world, that's a pretty low rate – so in the U.K., it's about 18 percent, and Canada is about 25 percent," he said. Smith added that although only 12 percent nationally are doing dialysis at home, 85 percent of individuals are actually eligible for that treatment option.

"The second piece is when you look at our transplant rate," Smith continued. "Of the 61 more developed countries, we're actually 39th in terms of transplant rate. Only 2.9 percent of patients actually are able to receive a transplant before they go on dialysis, and only about 30 percent of those with ESRD actually have had a transplant, so we feel like there's a tremendous opportunity to change how we deliver care in this country around end-stage renal disease."

When it comes to COVID, Smith said, "Our ESRD patients are one of our highest risk groups across the entire country. If you get COVID and you have ESRD, you're eight times more likely to pass away than the average American."

To address these issues, the Center for Medicare and Medicaid Innovation (CMMI) has been working on payment transformation over the past five years, staring in 2015 with the comprehensive End-Stage Renal Disease Model with 37 groups taking full capitated risk for their dialysis beneficiaries. "We've seen really good results in that model. Hospitalizations have come down; emergency dialysis treatments have gone down; readmissions have gone down," he said. While the quality of care increased, Smith said CMS didn't see the anticipated savings from the program. "Part of the reason for that is really we were starting too late, and we were only starting with patients once they reached dialysis."

New models being rolled out in 2021 focus on patients in stage 4 and 5 of chronic disease before they advance to ESRD. "That's a time when we believe we can have the biggest impact," he said.

A second lesson from the earlier model was the needle didn't move on in-home dialysis or kidney transplant, which is why the new ETC model increases reimbursement for in-home dialysis claims. "In the first year, we'll increase them by 3 percent, then 2 percent, then 1 percent in the third year," Smith said.

"In addition, and probably even more importantly, we're putting in place an incentive structure for nephrologists and for ESRD facilities around in-home dialysis and transplants," he continued. Smith explained each year the percentage of patients who either get in-home dialysis, are on the wait list for transplant or who receive living-donor transplant will be calculated for each practice or clinician. "And then based on that, it will make an adjustment to their Medicare claims. In the first year that could be as much as +4 or -5, and in the last year, year five, that could be as much as +8 or -10," he said.

This demonstration model will roll out to about 30 percent of the country this coming January. The hope is to improve quality, give providers and centers more flexibility and save an estimated $23 million through the program.

However, Smith stressed the savings component isn't the main driver. "The main goal of the model is to make sure that folks can have the choices that they want and hopefully that we can altogether … along with all the other rules that we're reviewing and regulations we're rolling out … increase the number of transplants that are happening across the country."

Provider Thoughts on Advancing Kidney Care

Seth Karp, MD, FACS, director of the Vanderbilt Transplant Center, was one of the local health leaders in attendance at the CMS briefing hosted by HCA Healthcare.

Dr. Seth Karp

Karp, who is the H. William Scott, Jr. Chair in Surgery and surgeon-in-chief for Vanderbilt University Medical Center, said he believes the new incentives and increased attention on kidney disease will improve patient health and provide a better quality of care.

"I'm particularly excited about the OPO (Organ Procurement Organizations) reform measures that are coming through. I think that's going to make an enormous difference in the number of kidneys we have to transplant," he said.

Karp noted Vanderbilt is one of the largest transplant centers in the country and said they were on track to perform close to 300 kidney transplants this year, with about 80 of those being from living donors. He added the move to use organs donated from Hepatitis C patients has increased access tremendously. "It's made a huge difference. We're able to treat patients for Hepatitis C after the transplant," Karp said, pointing to the advent of highly effective direct-acting antiviral therapeutics that are now widely available.

For patients in need of dialysis, Karp agreed with the general push toward in-home care. "While the transplant center doesn't control location of dialysis treatment, we recommend in-home dialysis for our patients who can tolerate it," he said. "Travel for a lot of our patients, especially rural patients, is very difficult; and so, the more we can bring services to them in their homes, the better off they are."

Legal & Practical Considerations for Telemedicine

AHLA Panel Looks at Current, Post-Pandemic Landscape

By CINDY SANDERS

In the face of a global health crisis that called for limiting close, in-person contact, it's not surprising telemedicine has enjoyed skyrocketing popularity in 2020. In addition to the practicality of such medical appointments, emergency orders loosening tight regulatory mandates around the field has made it possible for more providers to offer services to a larger patient population.

Nothing, however, lasts forever.

Turning an eye to a post-pandemic landscape, the Physician Organizations Practice Group of the American Health Law Association recently hosted a webinar looking at both legal and practical considerations of telemedicine now and moving forward. The regulatory changes currently in place are in effect throughout the public health emergency. When that designation is removed, rules and regulations revert to pre-pandemic status unless there is further action at the federal level.

Public Health Emergency

On March 13 of this year, President Donald Trump made an emergency declaration in regard to the COVID-19 pandemic under the Stafford Act and the National Emergencies Act. That declaration of a public health emergency (PHE) set into motion authority for various federal agencies to issue waivers providing flexibility to meet the unique challenges of COVID-19.

Within days, changes went into effect across Health and Human Services. The Office for Civil Rights (OCR) issued new HIPAA guidance allowing covered providers, "in good faith, (to) provide telehealth services to patients using remote communication technologies, such as commonly used apps – including FaceTime, Facebook Messenger, Google Hangouts, Zoom, or Skype – for telehealth services, even if the application does not fully comply with HIPAA rules."

CMS issued a number of waivers making it easier for those enrolled in Medicare, Medicaid and the Children's Health Insurance Program (CHIP) to access care through telehealth platforms during the crisis. Changes have allowed providers to conduct telehealth visits with patients inside their homes and outside of designated rural areas. In many cases, providers could practice even across state lines. Telemedicine could be used for both established *and* new patients, and the appointments have been billable as if the visit was in person. Additional waivers specifically addressed Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), including easing some physician supervision requirements for nurse practitioners to the extent permitted by state law.

Transformation of Telemedicine

Ronnen Isakov serves as managing director of healthcare advisory services for Medic Management Group, which provides operational, management, financial and revenue services for practices. He noted CMS added 135 allowable services and CPT codes under the emergency orders, immediately doubling what had been available at the beginning of the year.

The healthcare industry, said Isakov, is notoriously slow-moving when it comes to transformation. "For our rules to change takes a long process," he pointed out. "The pandemic kick-started the digitalization of healthcare." Isakov added telehealth saw a decade of regulatory changes in a matter of a days and weeks.

Similarly, the medium saw an explosion in usage. Isakov said the normal number of telemedicine visits in March had been about 13,000 Medicare beneficiaries per week. "During the last week of April, in a six-week period, that number jumped to 1.7 million beneficiaries," he noted. For those keeping score, that's a 15,354 percent increase.

Isakov added that pre-pandemic, McKinsey estimated the total annual revenue of all American telehealth companies to be $3 billion. The company now estimates $250 billion of the nation's health spend could ultimately be digitized. Similarly, Frost & Sullivan now predicts a seven-fold growth in telehealth by 2025.

From the operational viewpoint, Isakov said telehealth has focused on ease of access. "For our rural practices and facilities, it was an immediate way to solve some patient transportation issues," he added of the relaxed RHC regulations.

On the flip side, Isakov noted, "There's still a lot of perceived quality of care concerns." He also said smaller practices

(CONTINUED ON PAGE 8)

Telehealth Claim Lines Increase Nearly 4,000 Percent in a Year

In October, FAIR Health's Monthly Telehealth Regional Tracker showed telehealth claim lines increased 3,806 percent nationally from July 2019 to July 2020, rising from 0.15 percent of medical claim lines in July 2019 to 6.00 percent in July 2020. The data represent the privately insured population, excluding Medicare and Medicaid.

While increasing greatly from 2019 to 2020, telehealth claim lines actually fell 12 percent nationally on a month-to-month basis, from 6.85 percent of medical claim lines in June 2020 to 6.00 percent in July 2020. Trends in the four U.S. census regions (Midwest, Northeast, South and West) were similar to those in the nation as a whole. In each region, there were large percent increases in volume of claim lines from July 2019 to July 2020, but small drops in volume of claim lines from June 2020 to July 2020.

Higher telehealth utilization from March to July 2020 in comparison with the same months in 2019 is likely a result of the COVID-19 pandemic. In March and April 2020, many states prohibited in-person rendering of elective procedures, making telehealth an attractive alternative. Many of these prohibitions expired in May as states began to open up, perhaps accounting for the decline in the telehealth share of total medical claim lines in May, June and July relative to April. However, that decline slowed from month to month, and telehealth usage remained high by comparison with 2019.

In another notable finding of the July Monthly Telehealth Regional Tracker, for the first time this year, substance use disorders emerged as one of the top five telehealth diagnoses, though only in the Northeast, where this diagnosis ranked fifth. In July, mental health conditions continued to be the number one telehealth diagnosis nationally and in every region, as they had been since March 2020. Nationally, mental health conditions represented 45 percent of telehealth claim lines in July 2020, compared to 37 percent in July 2019.

However, the percentage of telehealth claim lines accounted for by mental health conditions nationally in July 2020 stabilized, increasing monthly by one percentage point (from 44 percent in June to 45 percent in July) after larger increases in May and June. Launched in May as a free service, the Monthly Telehealth Regional Tracker uses FAIR Health data to track how telehealth is evolving from month to month. An interactive map of the four US census regions allows the user to view an infographic on telehealth in a specific month in the nation as a whole or in individual regions. In addition to data on the volume of claim lines and on diagnoses, each infographic includes findings on urban versus rural usage and the top five telehealth procedure codes. Go to fairhealth.org to access the monthly tracker.

National Council for Behavioral Health, Qualifacts Look at Shift to Virtual Care

The National Council for Behavioral Health and Nashville-based Qualifacts, a leading EHR platform for behavioral health and human service organizations, recently released results of their national survey of behavioral health providers to gauge the role virtual care has played during COVID-19.

More than 1,000 providers in the areas of behavioral health, substance abuse, and intellectual and developmental disabilities completed the survey and offered deep insights into the following areas of interest: How were they handling a remote workforce? How were their operations and revenues affected? And what technology solutions were they putting into place?

The results, unsurprisingly, showed rapid and significant structural changes in order to continue effective, efficient care to the communities served:

- 80 percent said they were delivering care virtually at least 60 percent of the time now,
- 70 percent said at least 40 percent of their care will be virtual going forward,
- 64 percent have experienced revenue losses — yet also report decreased no-show rates, and
- 20 percent said they'd need a new EHR in order to support new virtual programming.

"Telehealth has always eliminated barriers to access," said Chuck Ingoglia, president and CEO of National Council for Behavioral Health. "With the pandemic erecting substantial new barriers to in-person care, patients and providers embraced telehealth in historic numbers. Virtual care represents the safest, most efficient means to provide behavioral health treatment and services during the pandemic. This timely survey clearly demonstrates that virtual care is here to stay and will remain a viable option for treatment long after the pandemic."

David Klements, president and CEO of Qualifacts, added, "The full short- and long-term effects of the COVID-19 pandemic are not yet known, but these insights and data-driven priorities allow Qualifacts and the National Council to respond quickly on everything from adaptable, flexible technology solutions to promoting legislative changes to make sure that virtual care remains an effective and important part of their overall services portfolio."

American Health Law Association

Serving as a Resource for the Healthcare Community

The American Health Law Association (AHLA) is the nation's largest, nonpartisan, 501(c)(3) educational organization devoted to legal issues in the health care field. AHLA maintains excellence in health law by educating and connecting the health law community. My involvement with AHLA began in the mid-1990s as a consumer of their content and later as a volunteer and leader. I currently serve as president-elect and in June 2021 will begin my term as president.

By CINDY REISZ
President-Elect, AHLA
Partner, Bass, Berry & Sims PLC

AHLA plays an important role in serving as a professional resource on selected health care legal issues. Our membership is diverse – not only in background but also in practice areas and settings. We have representation from law firms, consulting firms, academic settings, in-house counsel, government, public health, compliance professionals, privacy officers, students and others. In our role as an educational organization, AHLA is focused on staying abreast of changes in the health care industry, and we provide legal expertise and professional development and support to our members and the public at large. Among our areas of focus for 2020 and beyond are the role of artificial intelligence (AI) in health care, the increasing use of new models of health care delivery such as telehealth, and addressing racial disparities in health care.

AHLA has gathered a group of thought leaders to present a convener on AI in early November. Participants will discuss elements of a trusted framework for the development of AI in health care, such as the use of AI to de-identify and analyze data in a HIPAA-compliant manner, and how to manage cybersecurity risks in the deployment of AI. The FDA has proposed a framework to regulate AI, and the convener participants will discuss and comment on the proposal along with other potential liability issues to which providers could be exposed if they use AI in clinical decision-making.

Another focus area for AHLA is the increasing use of telehealth in the provision of clinical services. As a result of the COVID-19 pandemic, CMS and private payors temporarily loosened the restrictions on the use of telehealth by providers. Now that patients and clinicians have grown accustomed to incorporating telehealth into how they access and provide health care services, many in the health care industry believe it will be very difficult to reverse course and reinstate location and payment restrictions. AHLA is monitoring federal and state activity in the area and will continue to educate its members as changes are proposed through webinars, podcasts, articles and conference programs. (*See related article on page 6.*)

Craig Holden, the current AHLA president, has stated that one of his goals in his year as president is for AHLA to be a positive contributor to the dialogue on racial and other inequities in the provision of health care. AHLA has already released a podcast on "Racial Disparities in Health" and has featured several articles on topics such as "The Health Care Board Response to the Social Justice Environment," and "Law as a Social Determinant of Health and the Pursuit of Health Justice."

As AHLA continues to engage in the dialogue for social and racial justice, under my leadership we will host a convener session with noted thought leaders on "Health Care Racial Disparities and the Law." Out of this convener, AHLA will release a white paper and video project on aspects of health disparities and equity in health care, which could include the identification of areas of disparity (racial, gender, LGBTQ, disability, economic and others), social determinants of health and the impact on health risks for the population, institutional racism and other forms of bias in health care workforce diversity and its relationship to health outcomes. We at AHLA believe as an organization we are able to help effectuate change in the health care community as our country addresses racial injustice. I look forward to continuing the dialogue and education in my role as president-elect and later as president.

An active board member for the American Health Law Association, Cindy Reisz currently serves as president-elect for the national organization. AHLA is the nation's largest, nonpartisan, 501(c)(3) educational organization devoted to legal issues in the health care field. Reisz, a Nashville-based attorney, is a partner at Bass, Berry & Sims PLC where her deep health care experience includes transactional and operational issues, along with expertise on the industry's complex regulatory environment. For more information, go online to americanhealthlaw.org.

COVID-19, Mobile Health & the Need to Maintain Legal Compliance in an Era of Growth

Mobile health apps have become quite commonplace and are projected to continue rapid growth to become a $57.57 billion market by 2026. Although COVID-19 has created numerous issues for patients and healthcare providers to overcome this year, one benefit has been that stakeholders have homed in on existing technology to fast track more mobile health solutions for improving overall patient care. Given the incredible variety within the mobile health space and the many federal and state laws that can apply to mobile health apps, it will be increasingly important for mobile health developers to identify which laws apply to their product and which business changes might place them under a different legal framework.

By MATTHEW KROPLIN,
Burr & Forman

& RENEE RAYNE
Burr & Forman

Three federal laws that are commonly implicated with mobile health apps are the Health Insurance Portability and Accountability Act (HIPAA), the Federal Trade Commission (FTC) Act, and the Federal Food, Drug and Cosmetics (FD&C) Act. Analyzing which laws apply to each application can be incredibly fact specific, but the following are a few instructive guidelines.

HIPAA

HIPAA is one of the most well-known and exacting patient privacy laws, but its scope can be quite limited when it comes to mobile health apps. A threshold question for developers to consider will be whether they are creating, receiving, maintaining, or transmitting identifiable patient health information *on behalf of* a "covered entity" — a health plan, healthcare clearinghouse or healthcare provider — or on behalf of a covered entity's business associate.

If the app concerns only data that patients input and manage to help them track their own care, then HIPAA likely will not apply. However, developers should be careful because as their business grows, they may begin forming more relationships with covered entities or their business associates, which could then bring their product within the ambit of HIPAA. Specifically, the federal government has been increasing its efforts to enforce HIPAA Security Rule violations, which concern the methods that covered entities and their business associates use to protect electronic patient information from improper access and disclosure. For example, if a cloud service provider (CSP) stores data for a covered entity or its business associate, the CSP must comply with the HIPAA Security Rules.

FTC Act

Unlike HIPAA, the FTC Act will likely apply to most mobile health developers. For developers who are not subject to HIPAA, they will need to ensure compliance with the FTC Health Breach Notification Rule to appropriately notify users if their data has been breached.

The FTC Act also governs general privacy concerns, requiring businesses to have appropriate disclosures on what data they collect from users and how the developer uses that data. If the mobile health developer will run third-party advertisements on its app, the developer must know what data the third-party will collect and how the data is used in order to ensure the developer can make the appropriate disclosures to its consumers.

Additionally, the FTC Act prohibits businesses from making false or misleading claims regarding its product safety and performance. Recently, the FTC has been particularly active in this area of enforcement with regard to COVID-19 claims. The FTC requires health claims to be based on competent and reliable scientific evidence. Because there are so few scientific conclusions regarding prevention and treatment of COVID-19 as of yet, COVID-19 related claims have garnered targeted attention from the FTC. To date, the FTC has sent over 300 COVID-19 related warning letters.

FD&C Act

The FD&C Act ensures the safety and effectiveness of medical devices. Many mobile health software functions will not meet the definition of a medical device under the FD&C Act. Other mobile health apps may meet the definition but fall into a low-risk category where the Food and Drug Administration (FDA) exercises its enforcement discretion. For example, the FDA has stated that it intends to exercise enforcement discretion with functions using a checklist of common signs and symptoms to provide a list of possible medical conditions and advice on when to consult a healthcare provider, even though such a "low risk" function may meet the definition of a medical device.

The FDA has issued guidance to clarify the types of software functions that will and will not require compliance and FDA approval. The analysis of whether a mobile health app meets the definition of a medical device can be incredibly fact specific. Developers should work with their counsel to ensure compliance as necessary.

Mobile health app usage typically spans numerous states as well, so developers must also comply with a patchwork of state privacy laws in addition to all

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Prescription for Success

Med Law Advisory Partners Training Providers in Smarter Prescribing Practices

By MELANIE KILGORE-HILL

Evolving opioid prescription guidelines, coupled with a nationwide overdose epidemic, have created a regulatory firestorm for providers, particularly those in rural areas.

Helping clinicians care for patients while meeting increasingly stringent guidelines has become the mission of Alicia Davis, RN, LNCC, president and CEO of Med Law Advisory Partners. The medical-legal consulting firm assists healthcare providers in identifying opioid prescribing requirements and developing safe prescribing protocols that will help improve care and mitigate risk.

Moving Targets

Davis, who previously founded the medical-legal consulting firm ALN Consulting, recognized the need for such a service while working a large opioid prescription investigation during inception of the Appalachian Regional Prescription Opioid Strikeforce. The government-led taskforce is dedicated to identifying individuals contributing to prescription misuse, responsible for over 67,000 drug-related deaths in the United States in 2018.

"It really opened my eyes around how some patients with chronic pain are being managed," said Davis. "The care long-term pain patients were receiving had them on a hamster wheel. I saw how they were coming in month after month with very little improvement in quality of life and function and little movement in the amount of meds they were being prescribed."

Med Law Advisory Partners CEO Alicia Davis

Davis also observed that prescribing regulations were a moving target in each state, with guidelines changing rapidly. "I was seeing a lot of providers in rural communities really not understanding what they needed to do to be in compliance; they were just doing the best they could," she said. "I could see a segmented group of providers who weren't participating in egregious fraudulent scams related to billing and opiates. They were doing what they'd always done with the limited resources they had."

A Proactive Approach

Davis refocused her practice to help healthcare systems and providers at risk for being flagged as over-prescribers adopt a preventative approach through smarter prescribing practices. The proactive approach means she and her team of experienced nurse consultants step in *before* a provider's license is threatened – a welcome contrast to the reactive cases she's worked for years.

Adopting the old "an ounce of prevention" adage, Davis is creating safeguards by educating prescribers on simple steps to keep them off the radar. And while she fully supports crackdown efforts to deter opioid misuse, she said the industry-wide focus merely on prescription numbers can be disheartening to well-meaning providers, particularly those in rural areas.

"A lot of bad apples are being shut down, but the unfortunate problem we see continues to be access to appropriate healthcare for patients with chronic pain," she said. "Regulatory environment dictates weaning patients off opioids with a pain management system, but a lot of patients don't have access to a pain clinic, or it can take months to get in."

She continued, "We have to consider if we're going to take care of those high-risk patients without access to a specialized level of care, we must manage them using a different algorithm. And we step it up with regard to monitoring and conversations, making sure they have the right prescription and oversight and understand overdose prevention measures." Davis said providers can continue to manage those patients but have to be able to show ongoing assessment of the risk versus benefit of continued therapy and have measures in place to prevent drug diversion.

Checks & Balances

Davis is concerned for chronic pain patients, as providers are often tempted to forgo narcotic prescribing altogether. "Some are just saying, 'We don't want to mess with it,' but that's problematic for patients, especially in rural areas," she said. "We're seeing providers pull back, but the middle ground is applying risk management principals, taking time to understand their state's regulations and putting safe prescribing guidelines in place."

Working with a provider's EMR and practice workflow, Davis's team creates algorithms for safeguards and triggers to connect moving parts and ensure safe prescribing practices are implemented. "If we're going to manage this on a chronic basis, we have to have checks and balances in place," she stated. "When a patient falls within a window, we know what to do and questions to address with them. We're not just putting patients on a dose of a drug and keeping them on it forever."

Diligence During the Pandemic

Today's hyper focus on COVID-19 is causing providers to push overdose prevention efforts to the back burner, and patient anxiety and isolation are compounding the issue, as well. And while telemedicine has shown promise in expanding treatment options, Davis said opioid overdoses are still on the rise.

"Telemedicine is helpful but doesn't replace one-on-one interaction with patients, especially those with substance use disorder who benefit from face-to-face care and accountability," said Davis. "Our concern is we don't know how long we'll be so focused on COVID, and it's taking attention from the opioid epidemic as providers concentrate on managing the 'new norm' within their patient population. They've had to shift time and resources to the pandemic, so I'm concerned overdose numbers will continue to rise."

Davis urges providers not to take their eyes off the opioid problem, even amid an industry-wide resource shortage. "I encourage them to be diligent in their opioid stewardship efforts, setting aside some of their limited resources to make sure safe prescription practices are in place and their patients on chronic opioid therapy are followed closely," she said. "We have to make sure patients are getting the touch points they need now more than ever and ensure oversight doesn't slip."

She added the task might feel like tackling an elephant, but it's really not. "It can be done quickly with minimal resources but must be prioritized, and that will be an investment in your patients and your practice," Davis concluded.

Legal & Practical Considerations, *continued from page 6*

continue to worry about the financial investment required long-term, coupled with reimbursement uncertainty once temporary waivers expire. While it remains to be seen if payers continue to reimburse adequately, Isakov said there is a lot of pushback for expanded services to continue.

"We really believe it's unlikely to see telehealth volumes go back to the pre-March numbers but that some form of telehealth is here to stay," he concluded.

Practical Application

Kyle Sharp, interim associate vice president and executive director of OSU Physicians at Ohio State University, said the huge system utilized telemedicine for about 100 visits per month for a total of 0.04 percent of overall patient visits prior to COVID-19.

Looking at telehealth vs. in-person visits, Sharp said telehealth didn't even register in the numbers pre-pandemic. By March, a little more than 13,000 visits were conducted remotely. In April and May, telehealth visits outnumbered in-person visits with 44,591 telehealth visits in April and 40,898 in May. "During the peak of the pandemic, 90 percent of our providers were using telehealth," he said. At this point, Sharp added, they have had telehealth visits from 49 states, although the majority of remote visits have been in a four-state region.

As clinics slowly reopened and expanded services throughout the summer, Sharp said in-person visits began to rebound with total number of patient visits nearing pre-COVID projections. While telehealth visits have decreased, they have remained a significant percentage of overall visits. In August 2020, in-person visits accounted for 82,866 patient encounters, but telehealth added another 26,429 visits – a far cry from the 100 per month before the pandemic.

Coming out of COVID, Sharp said their ongoing telehealth targets are for about 30 percent of primary care, 20 percent of medical specialty and 10 percent of surgical visits to be conducted via telehealth. Sustaining momentum, he added, will require some additional patient education. "Our Medicare population did not resonate with our telehealth platforms as did our other populations," he noted.

Evolving Telehealth Law

Kate Hickner, a partner in the Cleveland office of Brennan Manna & Diamond and chair of AHLA's Physician Organizations Practice Group, noted telemedicine first came on the scene in 1997 as part of the Balanced Budget Act. There have been multiple tweaks to the law, some quite significant, over the ensuing two decades.

Hickner said the Medicare Telehealth Benefit is outlined in section 1834(m) of the Social Security Act, which includes specific geographic, location, service, technology and provider requirements, albeit with some exceptions. "Even though Medicare has implemented waivers, 1834(m) of the Social Security Act is still the law," she pointed out.

Hickner said Congress will have to address the changes that have been put in place when the public health emergency declaration expires. She added there does seem to be a will to expand telehealth access. "There is a White House directive to CMS to look at telehealth efforts in rural health areas," Hickner noted. She added the proposed 2021 physician fee schedule adds nine telehealth codes permanently, removes 74 at the end of the year in which the public health emergency declaration expires, and includes 13 codes to add to the list of telehealth services. However, she

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Addiction in the Age of COVID, *continued from page 1*

A Startling Trend

"I hear the same story so many times a day of how the pandemic has impacted someone's substance abuse," said Chapman Sledge, MD, chief medical officer of Cumberland Heights. Sledge, who has specialized in addiction medicine for 31 years, said an increase in substance use is expected with downward economic trends, but he has never witnessed a social phenomenon impacting more people than the pandemic.

Dr. Chapman Sledge

At Cumberland Heights, alcohol use disorders are still the most frequent diagnosis for residential treatment patients – a fact that hasn't changed in the pandemic. That's no surprise, given alcohol sales were up 25 percent in the first quarter of 2020. Sledge also treats ample opioid addicts and said methamphetamine use is increasingly more common – an observation confirmed by a recent nationwide review of urine drug screens that found meth was up 20 percent between March and May, fentanyl 32 percent and cocaine 10 percent.

Sledge's patients report an increase in supply chain access, with minimal increase in cost. Those with substance use disorders also report quality is down, as producers look for cost-effective ways to meet increased demand. Sledge said it's become increasingly common for illegal substances to be cut with fentanyl – cheaper to produce but far more potent.

"We see so many fentanyl analogs showing up, and the potency is even greater," Sledge said. "When most people think of overdoses, methamphetamine or cocaine usually doesn't come to mind, but they're going up because of illicit fentanyl in those substances."

Ryan Cain, president of Nashville Recovery Center, said the facility is seeing more combinations of meth, heroin, cocaine and even Xanax. "I'm not sure we've seen an uptake in meth addicts as much as an uptake in meth use by addicts," said Cain, who said it's simply easier to access in 2020 than opioids.

Ryan Cain

"Everyone understands the opioid epidemic but failed to realize that doctors and pharmacies are now so tightly regulated that it's almost impossible to get enough opioids legally if you're addicted, so they're finding alternative methods of street drugs," Cain continued. "Fentanyl and heroin are cheap and surprisingly easy to get anywhere. That means those addicted are becoming reckless with who they're buying from."

Going it Alone

While isolation has wreaked mental health havoc across all demographics, the effect on those in recovery has been shattering. "There's a definite uptick in people in longer term recovery relapsing," Cain said. "People with multiple years of sobriety are relapsing during COVID because they're not going to 12-step meetings, having coffee with their recovery group or meeting up with sponsors. Those are everything for an addict … and having the things that kept you sober shut down for months means people are left to their own devices, and they still have an addictive brain."

He continued, "There's an experience you have with human connection, from shaking hands to holding hands during the Serenity Prayer, and you'll never see as many people hug as you do in recovery. To have that taken away is having an impact."

Economic fallout also is pushing recovering addicts over the edge, said Brian Haile, CEO of Neighborhood Health. "If you've worked hard to put your life back together, maintained a job, and been relatively healthy … to see that fall apart because you've been laid off or become sick and your family and social support structure isn't there, it compounds underlying issues," he noted.

Brian Haile

"Absence of employment, social support and routines makes all psychosocial and behavioral concerns really acute," he continued. "Every day our providers see people who've had significant recovery gone by the wayside." Haile added those with substance use disorders also are hypersensitive to stress, putting them at increased risk for relapse during difficult times like the current public health crisis.

Mortality & Addiction

Overdose deaths also are on the rise with hard-hit East Tennessee reporting a 40 percent increase in such deaths between March and May 2020 from the same time last year. That's partly because overdosing while alone is more deadly with no one nearby to call 911.

Suicide among addicts also has escalated in response to stress, economic uncertainty and isolation. A recent morbidity and mortality report issued by the Centers for Disease Control and Prevention focused on mental health, substance use and suicidal ideation during COVID-19 in the U.S. More than 5,400 participated in the study, which found young adults ages 18-24 are particularly suffering during the pandemic. In that age group, a staggering 74.9 percent reported at least one adverse mental or behavioral health symptom. Anxiety, depression, increase in substance use to cope with COVID-19-stress and suicidal ideation were most commonly reported by persons in the 18-24 age group.

Message to Providers

While most people struggling with addiction don't willingly admit they need help, Sledge said front line providers are essential in screening patients for addiction. Although motivation to see treatment typically stems from a family member or employer, Sledge said it also comes from a relationship with a trusted provider.

"Until the wheels completely fall off, it's a disease people don't typically ask for help for because of stigma, shame and guilt associated with addiction," he said. "A primary care provider can open that door and do basic screenings for addiction (i.e. elevated liver enzymes) and make appropriate referrals for support," Sledge continued. "Ask how patients are responding to stress these days. If substance use is one of those mechanisms, we need to encourage them to reach out."

Cain said physicians often detect when a patient is abusing alcohol or drugs but may not recognize their need for inpatient rehab. "You can raise the bottom up for someone if you make them aware of care options available," he said. "If everyone would collectively recognize the problem and take action earlier, we'd have far less fatal situations."

In an effort to ensure better overall health through the pandemic, Neighborhood Health recently announced the decision to make flu and pneumonia vaccines available to patients on a sliding fee scale. "We're doing everything we can to keep patients alive through this and making sure we're vaccinating against respiratory illness since there's an overlapping risk of opioid overdose at a time of COVID exposure," Haile said. "Individuals who are addicted and come in contact with COVID or a respiratory disease have a higher risk of mortality, so we want to provide all the support we can."

Challenges in Treatment

Sledge said getting people into residential treatment at the start of the pandemic was a challenge. "People didn't trust the idea and asked why they'd go into residential with a bunch of strangers," he said. "We've put forth great effort to maintain integrity of the campus as a safe place for patients."

At Cumberland Heights, patients are screened ahead of time and again at check-in, when they're tested immediately and kept in quarantine until results are back. But that process, combined with social distancing mandates, has created fewer beds and a bottleneck for treatment facilities nationwide, and waiting lists aren't uncommon.

In an era where inpatient care may not be an option, Haile hopes more steps will be taken to increase availability of medically assisted treatment, particularly among indigent care patients. "Hope comes from action, and this is a moment where we as provider organizations should view action in the form of direct care and patient support, which is absolutely vital," he said, noting the need for more advocacy at a state level to fill gaps in outpatient MAT programs.

"We need to do more than try to prevent overdose," Haile said. "We need to expand treatment to move someone from opioid use disorder to where they're free from ongoing reliance to opiates. We need to move from bailing water to rowing forward."

He also encourages providers to take advantage of NARCAN® prescribing, now covered by CoveRx. The nasal spray is FDA-approved for the treatment of known or suspected opioid overdose. "We're giving out more than we have in the past since TennCare has been very forward thinking in terms of making it available through CoveRx," said Haile. "That's been incredibly important, and TennCare leadership should be lauded for driving those positive changes."

Telehealth in 2020

While in-person appointments are strongly preferred in addiction medicine, telehealth has become instrumental in maintaining relationships with patients. "Across the board in the world of medicine we've been able to serve more with technology and maintain a better connection with patients outside a residential setting," Sledge said. "In general people with addiction have a difficult time developing trust over a screen, but it's been especially beneficial for our older, long-term recovery patients who still shouldn't be at meetings face-to-face."

A Silver Lining

Despite ongoing challenges of addiction treatment in 2020, providers are still finding the positives. "When you're working in a setting where you can engage people over a continuum of treatment, from the first time they walk in the door to outpatient and supportive aftercare, seeing them get better is extremely gratifying," said Sledge.

Cain wants providers and the community to know resources are available, and that those struggling with addiction aren't alone. "There's no stigma or shame," said Cain, who often counsels families on how to approach someone they love about addiction. "Loved ones often fail to take action because they're afraid of the response, which means they'd rather watch them slowly die than offend them about addiction. Don't wait. Get help early," he stressed of taking the first steps towards recovery.

For Haile, the determination of those who've maintained the course despite setbacks is awe-inspiring for providers, who are often moved to tears by patients' determination amid hardship. "For those who've maintained the course, it's a fundamental testament to their strength and resilience," he said. "Patients bring such strength when they maintain treatment, often helping family members whose employment is stressed and having kids out of school. These folks are there to help when other family members are facing a lot of stress, so it's important to remember that successful treatment is providing strength for entire family systems. When we talk about treatment success, we talk about family success."

Nashville Health Care Council

Nashville Health Care Council: 25 Years Old & Growing

This year marks the 25th anniversary of the Nashville Health Care Council, an organization that was founded by the local health care community with the purpose of establishing Nashville as the nation's health care capital. Over the course of the past 25 years, the Council has served as a common ground for Nashville's vibrant health care community, bringing leaders together to grow the industry through education, networking and collaboration.

With board members from leading health care companies, representing several important industry cross-sections, the Council has leveraged member support to strengthen Nashville's legacy. In revisiting the 25-year history of the Nashville Health Care Council, we see the active role the Council has played over more than two decades and continues to play in the industry today, along with what the Council believes the future will entail for Nashville's $92 billion dollar health care industry.

Entrepreneurial and Collaborative Roots

Since its founding in 1995, the Council's rich history is filled with a mix of public and private leaders who have launched some of the nation's most influential health care companies and have long served as drivers of Nashville's health care community. From early industry pillars such as Drs. Thomas F. Frist, Sr. and Jr. and Jack C. Massey, who launched companies creating the modern-day HCA Healthcare, to leaders in the Council's operational beginning, Joseph Hutts (*first chairman)* and Laura Campbell (*first executive director/president)*, these innovators and many others were instrumental in creating a foundation for the Council's lasting leadership.

Throughout this time, the Council has had the honor of fortifying a thriving industry and has tracked the evolution of the industry's most innovative and long-lasting advancements. Industry-shifting innovations – such as the for-profit care model created by HCA Healthcare and physician practice management and freestanding ambulatory surgery centers as industry subsectors driven by PhyCor and Surgical Hospital Affiliates – have not only benefited the local community but also the health care industry at large.

Through inventive partnerships, Council members have established new models for care delivery and scaled the delivery of care in new settings. Member companies have launched some of the nation's largest and most influential health care services and IT companies from the ground up, such as HealthStream, Change Healthcare, Tivity Health and others … all while witnessing clinical advances because of ground-breaking research and physician education at Vanderbilt University and Meharry Medical College.

In 1998, the Council debuted a visual aid representing the burgeoning startup culture of Nashville's health care industry. Proudly displayed in the offices of Council member companies, the *Nashville Health Care Industry Family Tree* is a unique illustration of Nashville and the Council's evolution as an unparalleled health care industry network.

More than 750 companies are listed on the Family Tree and serve a symbol of the interconnectivity, entrepreneurial nature and collaborative spirit that defines Nashville's health care expertise.

With more than 20 percent of member companies headquartered outside of Tennessee, the "roots" on the *Family Tree* now stem well beyond Nashville with relationships across national and international borders. Many relationships have been forged through the 13 past International Health Care Study Missions conducted by the Council and the Nashville Area Chamber of Commerce, which help extend Nashville's economic impact.

As an ever-evolving organization, the Council has continued to shift with the needs of Nashville's health care industry. In 2002, the Council launched an initiative to strengthen relationships amongst Nashville's health care workforce and develop up-and-coming health care professionals. Originally named, Young Health Care Leaders, today *Leadership Health Care* (LHC) continues to build upon its original mandate to nurture the talents of future leaders by providing LHC members with unique educational programs and networking opportunities. Today, LHC has nearly 600 members representing more than 200 companies.

In 2013, the Nashville Health Care Council and former U.S. Senate Majority Leader Bill Frist, MD, created the *Nashville Health Care Council Fellows* program out of a need to develop and bring together C-suite executives from the nation's top health care organizations. As the nation's premier national health care executive leadership program, Fellows boasts a world-class curriculum and serves as a forum to exchange industry insight with peers. More than 250 graduates of the program are in cities across the U.S. and help shine a national spotlight on Nashville as the nation's health care industry capital. The Fellows, alongside the program's leadership and an impressively long list of renowned lecturers, demonstrate the impact of convening the industry's brightest minds in one room.

Nashville to the Nation

As the city's health care community continued to grow, Nashville became a major contributor to the local and global economy. Now home to more than 900 companies affiliated with the industry, Nashville-based health care firms have facilities in all 50 states and operate in more than eight countries around the world.

As of 2018, the local health care sector contributes an economic benefit of more than $46.7 billion and more than 270,000 jobs to the Nashville economy annually. The industry also generates more than $92 billion in revenue and more than 570,000 jobs globally. These notable figures are linked to an impressive cadre of prestigious health care companies that call Middle Tennessee home. The nation and the world have benefited from the engaged leadership at these companies, many of whom have served on the Nashville Health Care Council's rotating board of directors.

Today, action from the Council's board of 30 world-class leaders has never been more important. In 2020, the industry is managing a global health crisis on a scale unseen in at least a century. The Council Board has risen to the occasion to collaborate and address the challenges the nation is facing.

Recognizing that Council members were uniquely positioned to offer a national perspective on the COVID-19 pandemic and implement solutions that improved the efficacy and safety of front-line workers, the Nashville Health Care Council formed the COVID-19 Readiness Team. Representing more than 200 member companies, this team of Council members, partners, and public health experts came together to take on the unknowns of the virus.

As the COVID-19 pandemic began to have a critical impact, collaboration deepened within the industry and among Council members. The Council continued to advance content and networking experiences by introducing new virtual programming via listening sessions with public figures, such as U.S. Senator Lamar Alexander (R-TN), Brad Smith, deputy administrator and director, Centers for Medicare & Medicaid Services and Seema Verma, administrator, Centers for Medicare & Medicaid Services.

During the middle of the pandemic, the nation experienced a racial reckoning. The U.S. found itself at a crux between undeniable racial, economic, and public health tensions following the unjust murder of George Floyd by officers of the Minneapolis Police Department. In response, the Nashville Health Care Council Board released a commitment to action on addressing racial inequities in health care, created a Diversity, Equity and Inclusion (DEI) Taskforce and hired a consulting firm to develop a long-term action plan.

In addition, the LHC Board promptly created a DEI Taskforce and researched all programming and activities to make improvements that provide a consistent and valuable experience for all members. Council Fellows co-chair Frist, MD, challenged all Fellows Alumni to listen and engage. In response, the network of alumni is actively sharing ideas for solutions to fight systemic racism in the industry.

In recognition of the Council's 25th anniversary, the Nashville Health Care Council, Council Fellows and Leadership Health Care will continue to focus on these timely initiatives and other key programs throughout the year, including supporting entrepreneurship with a pitch contest awarding $25,000 in prize funds, enhancements to the Fellows program, and new thought leadership efforts.

25 Years of Inspiring Innovation

Twenty-five years ago, the Council knew that bringing together a range of skill sets, perspectives and intellect from a variety of industry sectors would lead to the best solutions. The future of health care lies in continued collaboration and inclusion. These values have been engrained in and continue to grow from Nashville's health care community.

"As we look to the future, the Council and Nashville will continue to diversify the types of health care companies and leaders needed to improve health care at scale, and as a result, advance Nashville's role as the health care capital of the nation," said Nashville Health Care Council President Hayley Hovious.

"With the know-how to cultivate, nurture and grow relationships, the Council's collaborative spirit will continue to lead to meaningful partnerships which will drive and inspire innovation – ultimately growing health care companies and advancing the health of all communities for the better."

With more than 300 member companies headquartered in and outside of Tennessee and more than 6,700 event attendees each year, the Council will continue to serve as a forum to exchange ideas and a place for substantive conversations that will drive industry-wide positive change.

An Enduring Legacy

A quarter of a century ago, the Nashville Health Care Council was founded with the bold vision of establishing Nashville as the nation's health care capital. As we have looked back on the history of the Council, we have seen the importance of collaboration throughout its history – from its founding in 1995 by the health care community to companies collaborating in a wide-scale effort to combat COVID-19 to looking towards the future by investing in health care startups. The Nashville Health Care Council looks forward to continuing to inspire global collaboration to improve health care by serving as a catalyst for leadership and innovation over the next 25 years and beyond.

For more information on the Nashville Health Care Council and its 25th anniversary key initiatives visit www.healthcarecouncil.com/25th-anniversary.

Celebrates Silver Anniversary

Council Timeline

Laura Campbell, Dr. Ian Morrisson, Joe Hutts

October 1995: The Nashville Health Care Council Holds its First Meeting

• The Nashville Health Care Council is formed to protect, strengthen and elevate the city's status as a national health care capital. With guidance from the Nashville Area Chamber of Commerce, the Council is put under the control of founding director Laura Campbell.

• The Council is founded during one of the most prolific, pivotal times of the industry. At the time, the Nashville health care industry is responsible for $3.7 billion in income and provides 53,000 jobs to the area — significant numbers that will grow tenfold over the next two decades.

• The group's first meeting convenes leaders from 27 founding member organizations in a basement at Belmont University. PhyCor CEO Joe Hutts, founding chairman of NHCC's board, looks around the room and remarks, "This is a really important group. I just get the idea we should do a deal or something." Though he's joking, many Council member organizations will do just that in the years ahead.

1998: The Council Debuts the Family Tree

Bobby Frist

• The Council debuts its first official "Family Tree," a large-scale visual depiction of the interconnectedness and entrepreneurial nature within Nashville's sprawling health care industry. The graphic maps the origins and ties between many of Nashville's companies, beginning with the hospital companies of the 1960s through the HIT startups of the 21st century. Over the years, as the tree grows, the diagram becomes a beloved symbol of Nashville health care's dynamic community. It becomes a common conversation piece on office walls around town and beyond.

1999: First International Trade Mission

• Nashville Health Care Council leads trade mission to the U.K. and Germany. By 2020, the Council will host more than 300 health care leaders representing nearly 100 companies on 13 international health care study missions.

2000: Nashville Health Care Council Membership Tops 100 Organizations

• The Council proudly welcomes its 100th member. This milestone is reflective of Nashville's growing health care community, collaborative spirit and expanding influence. By 2020, the Council will boast more than 300 member companies.

2002: Nashville Health Care Council Creates Young Health Care Leaders In 2005, Name Changes to Leadership Health Care

• Nashville Health Care Council creates the Young Health Care Leaders organization to support and foster the community's rising health care professionals. The organization's mission is to cultivate the talent of up-and-coming health care professionals into the health care leaders of tomorrow. Under chairman Michael Drescher and vice chairman Hal Andrews, the group sought to provide professionals with ongoing opportunities to develop their knowledge of the health care industry through educational events and networking opportunities. The initiative is significant because it signals Nashville's intentions to serve as the health care capital for future generations.

December 2009: The Council presents Crystal Leaf Award

Dr. Harry Jacobson (L) receives the Crystal Leaf Award from Tom Cigarran

Dr. Harry Jacobson, a respected nephrologist and proven businessman, receives this award for his significant role in fostering health care innovation and entrepreneurialism in Nashville. In addition to his role as Vice Chancellor of Vanderbilt University Medical Center, Jacobson is a founder of several health care companies and oversees several health care investment funds and remains an active influencer in the industry.

November 2012: Nashville Health Care Council Creates the Fellows Program

• The Nashville Health Care Council and former U.S. Senate Majority Leader Dr. Bill Frist launch an initiative designed to engage select senior industry leaders to explore new business strategies and meet the challenges facing the U.S. health care system in the years ahead. The program is co-chaired by Sen. Frist and Larry Van Horn, associate professor of management and executive director of health affairs at Vanderbilt University's Owen Graduate School of Management. Similar to the start of the Nashville Health Care Council itself, local companies invest in Fellows, displaying the area's collaborative spirit.

• Each year, roughly 30 Fellows, chosen selectively from every sector of the industry, complete a unique curriculum featuring nationally renowned speakers in leadership, health care, economics and business strategies. As part of its alumni program, Fellows creates an influential, diverse and active network that spans the Nashville health care community and beyond, through different sectors of the industry and all types of organizations.

First Council Fellows Class 2013

December 2015: Leadership Health Care Hits Record 1,000 Members

• Leadership Health Care membership topped 1,000 individuals in December 2015 – a new milestone for the organization.

2018: HCA Healthcare Celebrates its 50th Anniversary

• HCA Healthcare marks its 50th year of operations. The creation of HCA gave birth to Nashville's iconic and legendary health care industry. HCA is the first investor-owned hospital company in U.S. history and was the beginning of a larger, industry-wide transition where hospitals morphed from a cottage industry into chains with efficiencies and economies of scale. Today, HCA is the largest hospital company in the world.

March 2020: COVID-19 Readiness Team

• Nashville Health Care Council Establishes COVID-19 Readiness Team. In response to the worldwide pandemic, the Council establishes a COVID-19 Readiness Team, holding its first meeting in March 2020 with more than 50 attendees. Robust information is gathered and shared among participants. The team continues with regular virtual meetings over the next several months with the goal of gathering members and other partners to assess the impact of the pandemic, disseminate reliable information, exchange resources and help track response efforts to the virus.

(L-R): Tommy Frist, Joel Gordon, Charlie Martin, Ken Melkus, Clayton McWhorter

June 2020: Nashville Health Care Council Releases a "Commitment to Action on Racial Inequities"

• The Council Board of Directors announces a commitment to inclusion and diversity and pledges to form a substantive plan of action in response to the country's racial, economic and public health tensions.

October 2020: Nashville Health Care Council Focuses on Seven Key Initiatives of 25th Year

• In its 25th year, the Nashville Health Care Council will focus on seven key initiatives: Honoring Nashville's legacy, COVID-19 Response, Racial Equity, Supporting Entrepreneurship, Nashville to the Nation, new thought leadership efforts and Program Growth

Addressing Opioid Usage in the Hospital Setting

Recent Studies Look at Caldolor® as Effective Pain Management Option

By CINDY SANDERS

Like any chronic condition, addiction becomes a lifelong battle once the disease process has begun. Also like many chronic conditions, there is a point where early intervention could potentially change disease trajectory and outcomes.

When it comes to opioid addiction and pain management, those upstream decisions often happen in the inpatient setting. Recently published literature draws a correlation between the use of Caldolor® (*ibuprofen)* Injection and a decreased need for opioids in certain patient populations. Two studies released this summer focused on Caldolor, a product of Nashville-based Cumberland Pharmaceuticals, as an adjunct to opioid analgesics in orthopaedic trauma patients and in managing postoperative pain.

Marty Cearnal, executive vice president and chief commercial officer for Cumberland Pharmaceuticals, said a robust public health effort to reduce opioid use was in place prior to the pandemic. While the message might have moved to the back burner over the past few months, the need to address opioid addiction remains as critical as ever.

"We're doing everything that we can to aid in this effort to reduce opioid overuse," said Cearnal. "As with all drugs, there's an appropriate place and time for their use," he added of prescribing opioids.

However, he continued, "We believe that with drugs like Caldolor on the market, there is now a significant opportunity to reduce the use of opioids."

Marty Cearnal

While opioids remain an effective rescue option in a breakthrough pain episode … and chronic pain is outside of Caldolor's purview … Cearnal said there are large numbers of hospitalized patients who could benefit from having an opioid alternative. He added physicians are increasingly looking at using combinations of approved drugs to replace opioids. "A new treatment strategy has emerged over the last several years," he noted. "Multimodal pain management uses a range of non-opioid drugs that act in different ways to manage a patient's pain."

Caldolor, which has FDA approval for use in adults and pediatric patients six months and older, is a nonsteroidal anti-inflammatory drug (NSAID). As such, it has the hallmark properties of this class of drugs to work as an analgesic, anti-inflammatory and antipyretic.

However, noted Cearnal, "It's unique among NSAIDs in that Caldolor not only works peripherally – where all NSAIDS work – but it also works centrally." Whereas most NSAIDs cannot cross the blood-brain barrier, Caldolor can. "It allows it to work on different receptors that have an impact on the perception of pain," he explained.

"What we've consistently seen across all double-blind studies is that using Caldolor as opposed to standard of care, usually opioids, you can reduce the use of opioids in a patient up to 58 percent … and at the same time, get better pain control," Cearnal stated.

An Aug. 18 review of clinical studies led by Stephen Southworth, MD, MBA, FACS, an orthopaedic surgeon out of Mississippi who participates in the speaker's bureau for Cumberland Pharmaceuticals, bore out those findings. The article, published in the journal *Clinical Therapeutics*, reviewed 1,062 adult patients with 757 receiving Caldolor and 305 receiving placebo or a comparator medication.

The authors found when administered in rapid infusion (five to seven minutes) immediately prior to surgery, patients given Caldolor experienced less postoperative pain and decreased opioid use. For that reason, Southworth and colleagues said the drug should be considered as part of Enhanced Recovery After Surgery (ERAS) protocols with first dose administered immediately prior to surgery.

In addition to adopting a multimodal therapeutic strategy, Cearnal said setting realistic expectations for patients is another important key to reducing opioid use. "Zero pain, especially right after surgery, is probably an unrealistic goal," he pointed out. "If patients are willing to accept a low level of discomfort, then a lot of opioid use can be avoided … and after a day or so, pain typically subsides greatly."

(CONTINUED ON PAGE 15)

State of Recovery

Tennessee Addresses Prevention, Treatment amid Growing Concerns

By MELANIE KILGORE-HILL

More than 400,000 Tennesseans suffer from substance abuse disorders. That's a number the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) is taking seriously, particularly amid a nationwide increase in addiction and overdose deaths.

Continuum of Care

"We've created resources and a continuum of evidence-based best practices for those with little or no other access to care," said TDMHSAS Commissioner Marie Williams. "Our mission is to create collaborative pathways to resiliency, recovery and independence to help Tennesseans thrive."

Marie Williams

Of the 438,000 Tennesseans with a substance use disorder, more than 52,000 are uninsured or underinsured. In 2018, the Department was responsible for treatment of 8,832 people with opioid addiction, 6,829 struggling with alcohol and 6,747 addicted to marijuana. They also operate four regional mental health institutes and provide behavioral health services to approximately 300,000 Tennesseans annually – services in increasing demand in 2020, as 40 to 50 percent of Tennesseans have admitted to feelings of pandemic-related depression or anxiety, often turning to drugs or alcohol to cope.

Tennessee Recovery Navigators

Addressing those struggles often begins in the ER with Tennessee Recovery Navigators – individuals in long-term recovery who help connect those who have overdosed with treatment and recovery services. As of June 30, 2020, certified navigators have worked with 3,776 patients throughout the state. "Someone is at their lowest point after overdosing, and we have people who say: 'We're here and a witness to what recovery and treatment can do,'" Williams noted.

Regional Overdose Prevention Specialists are employed throughout the state, and officials estimate more than 150,000 lives have been saved since October 2017 through statewide distribution of naloxone kits, intended to reverse effects of overdose. They're also partnering with 635 certified recovery congregations – a faith-based initiative to create respites for those coming out of treatment.

In rural communities, intervention often is initiated by the Lifeline Peer Project, which helps launch support groups and connect individuals with resources. Meanwhile, state officials have partnered with Vanderbilt University Medical Center to create an ECHO Hub to offer opioid use disorder training to providers.

Focus on Prevention

Anthony Jackson Jr., TDMHSAS director of Prevention and Early Intervention Services, said recent data shows a 20 percent increase in overdoses during COVID. But, he added, the trend has been leveling off in recent weeks.

In 2019, the Department launched the Tennessee Recovery App to help connect patients and providers, track recovery and milestones, and provide positive messaging. "We also use it to share information about perception and risk and educate on substance use topics," Jackson said. "It's another mechanism to help our providers and patients stay connected." The app is currently utilized by 1,500 people and growing each month thanks to ongoing surveys and user input.

TDMHSAS, in partnership with the Tennessee Department of Environment and Conservation, also has placed more than 330 prescription drug take-back boxes across the state reaching all 95 Tennessee counties. During the October 2019 prescription drug take-back day, Tennesseans securely disposed of 26,263 pounds of medications.

Jackson also oversees the Tennessee REDLINE (800-889-9789) a 24/7/365 resource for substance abuse treatment referrals. "Our goal is to engage people before they start using, and we can't lose those opportunities," he said. "So much of what we do is in the community … and when COVID hit, we could no longer convene as a group, so we're looking for ways to outreach and provide information and insight to make them feel better and keep them engaged."

Those efforts include social media and TikTok challenges, along with virtual training for clinicians and volunteers. "Many people in my group have lived the experience," Jackson said. "They want to help those with substance use disorders and are ready to do this."

Maximizing Dollars

Operating under a $432,003,600 total budget for FY2020-2021, TDMHSAS has received $192 million in federal grant applications since FY2011. "Our team goes above and beyond; they don't just sit back and take what the state gives us," Williams said. "We go out of our way to go after state and federal funds to augment needs in our communities."

The Department also receives funding from the federal substance Abuse Prevention and Treatment Block Grant. "We have a continuum of clinical treatment – from outpatient to detox – thanks to 35 providers working multiple sites across the state," said Linda McCorkle, director of Treatment and Recovery Services, who oversee the block grant program.

That work includes medication assisted treatment programs and funding for specific treatment for adolescents and women, including three residential programs for expectant mothers created to address common barriers like childcare, transportation and housing. The Department also is developing a women's residential recovery court in Nashville, designed to offer services to 70 to 80 women.

Care during COVID

TDMHSAS Assistant Commissioner for Substance Abuse Services Taryn Sloss said social distancing mandates and PPE have redefined the way care is provided, but she added that clinicians are stepping up. "We have provider calls daily, and they talk to each other about challenges and compare experiences as a group," she said. "They've became a big family during this time, and we can see that telehealth has been very positive, especially for patients in rural areas or with transportation issues."

From drive-through court sessions to treatment graduation, partners are finding innovative ways to work with patients and stay connected. "COVID has changed the way we do business, but we are just so proud of our agencies," Sloss said. "They've stepped up and decided they're going to remain open and do whatever it takes to be sure individuals with disorders receive the services they need."

Addressing,

continued from page 14

A number of research studies and scholarly articles support this assertion and find patients can and do power through some postoperative pain and tend to do so with more ease when preoperative discussions set expectations. "If you can get them through that first 24 to 48 hours without opioid use or significantly reduced opioid use, you have the best chance of reducing the risk of abuse and addiction," added Cearnal.

As part of Cumberland Pharmaceutical's campaign to increase awareness around multimodal options to reduce opioid misuse, Cearnal said they have created a series of continuing medical education programs on the Caldolor website, have provided speakers and one-on-one consultations to discuss effective pain management strategies and ERAS protocols, and are partnering with pharmacists.

"We're working with the Tennessee Pharmacists Association in the development of opioid reduction protocols," said Cearnal. "We've convened a meeting with some of the leading pharmacists in the association and are developing concepts of how to best deploy strategies around surgeries in Tennessee as a model."

Additionally, Cumberland Pharmaceuticals has developed a program in the state to make Caldolor available at no charge to rural hospitals as part of an evaluation protocol to reduce opioid use. Rural hospitals can reach out to the Tennessee Hospital Association or Tennessee Pharmacists Association for more information and parameters.

Rounding on Addiction

Spero Health Continues Growth

In August, Brentwood-based Spero Health – a CARF-accredited organization specializing in local, outpatient care for individuals suffering from substance use disorder –announced the opening of a new clinic in Martinsville, Va. Spero Health now has more than 40 Spero Health locations throughout Kentucky, Ohio, Tennessee, Indiana, and Virginia providing care for more than 7,500 patients each month.

Martinsville is one of multiple clinics Spero Health has opened in the last several months. "Drug overdose deaths have risen steadily through the pandemic because more people are isolated and feeling vulnerable right now. It is critical our communities have immediate access to addiction treatment services now more than ever," Spero Health CEO Steve Priest said of recent clinic openings to enhance regional coverage.

The company is also growing its executive leadership team. Dave Hoerman has joined the company as vice president of Spero University with a focus on teammate development.

Dave Hoerman

Hoerman has extensive experience, both domestically and internationally, in leading training in the technology, banking and healthcare industries. Most recently with DaVita Inc., he has also worked with large organizations including Citigroup, Salomon Smith Barney, Deutsche Bank and Gambro Healthcare.

Integrative Life Center Opens Men's Residential Program

Nashville-based Integrative Life Center (ILC) recently opened their residential program for men, complementing the women's residential program that opened earlier this year.

Part of the national recovery community for over a decade, ILC integrates evidence-based methods with non-traditional approaches in a holistic program for clients to achieve lasting recovery of body, mind, and spirit. The community reintegration model provides personalized treatment plans, so clients can progress at their own pace in a real-world environment.

"Now that ILC has residential programs for both women and men, we can serve all of our clients at every stage of their recovery, providing wraparound support when they transition from one stage to the next," said ILC CEO Ryan Chapman. "Transitions can increase vulnerability. Seeing familiar faces, continuing program participation, and keeping with same treatment philosophy offer a level of consistency that helps clients maintain their healing momentum as they move from residential to outpatient care, and beyond."

The men's residential program occupies a newly renovated 5,100-square-foot home in a peaceful, private location. It features eight beds, medical and therapists' offices, along with group spaces for dining and weekday and weekend programming.

AMA Report on Prescribing & Overdoses

In late July, the American Medical Association's Opioid Task Force released a report that showed a dramatic increase in fatalities involving illicit opioids, stimulants like methamphetamine, heroin and cocaine while simultaneously showing a similarly dramatic drop in prescription opioids.

The report called for a recognition and response to the changing landscape of the ongoing opioid epidemic and challenge of treating people in danger of overdose from all drugs. The AMA is calling on stakeholders – including health insurers and policymakers – to remove barriers to evidence-based care, saying red tape and misguided policies are grave dangers to pain patients and those with an opioid-use disorder.

The report said physicians have reduced opioid prescribing (with decreases for a sixth year in a row), increased use of state prescription drug monitoring programs (PDMP), increased the prescribing of naloxone and sought continued education on safe prescribing, pain management and signs of addiction. More than 50,000 physicians and other healthcare professionals have become certified to provide treatment for opioid use disorder in the past three years. Yet, illicit drugs are now the dominant reason why drug overdoses kill more than 70,000 people each year.

Citing statistics from the U.S. Centers of Disease Control and Prevention from the beginning of 2015 to the end of 2019, deaths involving illicitly manufactured fentanyl and fentanyl analogs increased from 5,766 to 36,509. Similarly, deaths involving stimulants like methamphetamine rose from 4,402 to 16,279. Deaths from cocaine nearly tripled, and overdose deaths from heroin increased by just over 30 percent. At the same time, deaths involving prescription opioids decreased from 12,269 to 11,904.

"The nation needs to confront the fact that the nation's drug overdose epidemic is now being driven predominantly by highly potent illicit fentanyl, heroin, methamphetamine and cocaine, although mortality involving prescription opioids remains a top concern," said AMA Opioid Task Force Chair Patrice A. Harris, MD, MA, who also is the AMA's immediate past president. "If it weren't for naloxone, there likely would be tens of thousands additional deaths. It is past time for policymakers, health insurers, pharmacy chains and pharmacy benefit managers to remove barriers to evidence-based care for patients with pain and those with a substance use disorder."

Women and Addiction

By MELANIE KILGORE-HILL

Women are struggling to access addiction treatment, and expectant moms are having an even tougher time receiving care. Those findings are the results of a recent study by Vanderbilt University Medical Center published recently in *JAMA Open*.

Help During Pregnancy

According to a release from VUMC, the "secret shopper" study used trained actors attempting to get into treatment with an addiction provider in 10 U.S. states. The results, with more than 10,000 unique patients, revealed numerous challenges in scheduling a first-time appointment to receive medications for opioid use disorder, including finding a provider who takes insurance rather than cash. Overall, pregnant women were about 20 percent less likely to be accepted for treatment than nonpregnant women.

Providers in the study were randomly selected from government lists of persons providing either buprenorphine or methadone treatment for opioid addiction. A total of 10,871 unique patient profiles of pregnant vs. nonpregnant women and private vs. public insurance were randomly assigned to 6,324 clinicians or clinics. About a quarter of the time, callers tried at least five times to reach a provider without success; another 20 percent of the time they reached a provider who didn't provide addiction treatment. A large portion of the clinicians from 10 states did not accept insurance and required cash payment for an appointment.

"As a neonatologist, I've been working for nearly a decade to try to understand the impact the opioid crisis has had on infants. One thing I've learned is that if you want to help the baby, you have to help the mother first," said Stephen Patrick, MD, study author and director of the Center for Child Health Policy at Vanderbilt University School of Medicine. Patrick said results were especially alarming since women were from best-case scenarios – those actively trying to receive treatment.

Bridging the Gap

Conducted in 2019, the study looked at both reproductive-aged women who were and were not pregnant, as well as insured vs. uninsured. Patrick said results are especially stark given Tennessee's Safe Harbor Act, which operates under the assumption that an expectant woman can receive treatment for addiction.

Now, he said, we need more ways to bridge the narrowing gap between obstetrics and addiction, starting with more providers willing to prescribe buprenorphine. Currently less than two percent of obstetricians nationwide are waivered to prescribe the treatment, and Patrick urges more family medicine and obstetricians to receive training or to proactively partner with OBs and clinicians already prescribing.

"Understand where to refer patients if you're not comfortable with them," he urged. In Nashville, women can receive treatment at the Vanderbilt Maternal Addiction Recovery Program, which also collaborates with local non-profit Renewal House.

VUMC also is partnering to launch the CMS Maternal Opioid Misuse Model July 2021. Now in its planning phase, the MOM Model focuses on 26 rural and urban counties to improve outcomes for women with opioid use disorder and their infants beginning in pregnancy and extending to one year postpartum.

"The take-away is that pregnant women in particular often find themselves in a place where they're cared for by an OB who's not comfortable caring for addiction or an addiction medicine physician not comfortable caring for pregnancy," Patrick said. "Right now it's hard for the most important population to get help, so we need to do a better job. Recovery is possible … you just have to provide people with the resources to get there."

Renewal House

Founded in 1996, Renewal House was Nashville's first comprehensive family residential program for women and their children. To date, the organization has welcomed more than 580 women and 710 children through their program, which provides structured, family-centered care.

Women going through treatment and recovery live with their children in independent apartments on the Renewal House campus, receiving a continuum of care together. Renewal House also offers a licensed Intensive Outpatient Program providing group therapy and educational sessions focused on the root causes of a woman's addiction.

For women in recovery who've met requirements, Renewal House provides 16 affordable Recovery Housing Apartments to offer permanent housing in a safe, substance-free environment at below market rate for women. For more information, go online to renewalhouse.org.

Minority Report

Vanderbilt Investigating Cancer Disparities

By MELANIE KILGORE-HILL

Researchers at Vanderbilt University Medical Center are making notable strides in the fight against cancer, with several recent studies focused specifically on minority ethnic groups.

Asian Americans & Stomach Cancer

According to a release from Vanderbilt, a study published recently in *Gastroenterology* found non-white Americans, especially Asian Americans, are at disproportionately higher risk for gastric cancer compared to non-Hispanic white Americans.

The study analyzed California Cancer Registry data for the seven largest Asian American populations (Chinese, Japanese, Korean, Filipino, Vietnamese, South Asian and Southeast Asian), as well as for non-Hispanic whites, non-Hispanic blacks and Hispanic populations. Worldwide, gastric cancer is the fifth most common cancer and third leading cause of cancer-related death. In the United States, gastric cancer ranks 15th among cancers, but it afflicts non-white and non-Hispanic population groups disproportionately.

Narrowing the Gap

"This is a primary interest of mine from a public health and advocacy standpoint," said Shailja Shah, MD, MPH, assistant professor of Medicine at Vanderbilt University School of Medicine, the study's lead author and corresponding author. "Gastric cancer has been under appreciated in the U.S. We have clear screening guidelines for colorectal and esophageal cancer and clear surveillance intervals for their respective precancerous stages," she said.

Dr. Shailja Shah

"Annually, there are 10,000 more cases of gastric cancer in Americans compared to esophageal cancer," Shah continued. "Upper endoscopy can similarly detect gastric cancer in an early, potentially curative, stage as well as diagnose gastric precancerous changes that might warrant surveillance and lead to improved patient outcomes. Yet, we still do not have gastric cancer screening recommendations in the U.S. for higher risk populations. Why aren't we doing anything about it?"

Shah hopes this study will move the needle forward towards developing guidelines surrounding gastric cancer screening for earlier, pre-symptomatic detection. Shah has also conducted two studies demonstrating that upper endoscopy for gastric cancer screening at age 50 is cost effective in non-white, non-Hispanic populations, but not in non-Hispanic white populations.

"We specifically chose to analyze the age group age 50 years and older since this is the population that undergoes average-risk colorectal cancer screening and in certain groups, esophageal cancer screening," she explained. According to Shah, there's a precedence for gastric cancer screening, including decades-old endoscopy screening guidelines in Japan and Korea.

Breaking it Down

The population-based study revealed that non-white race and ethnic groups had a several-fold higher risk of developing stomach cancer in the main area of the stomach (noncardia gastric cancer) compared to the non-Hispanic white population. This risk was most striking among Korean Americans age 50 and older, who demonstrated a 12-fold to 14.5-fold higher risk compared to non-Hispanic whites. This is the most common location for stomach cancer to develop. However, Asian Americans — with the exception of Japanese American men — had a lower risk than non-Hispanic whites of developing gastric cancer in the upper portion of the stomach where it joins the esophagus (cardia gastric cancer).

"Most Asians are lumped together in studies, but the aggregate 'Asian American' group represents at least 30 different countries with different diets, cultural beliefs and lifestyle factors," Shah said. "When we combine them, we potentially lose that differential aspect and might shroud important differences that can be leveraged for cancer reduction efforts."

The study revealed the incidence rate for Korean Americans was 49 cases per 100,000 people, 23.9 for Vietnamese Americans, 21.1 for Southeast Asian Americans (Cambodian, Laotian, Hmong and Thai), 19.2 for Japanese Americans, 17.6 for Chinese Americans, 14.0 for Hispanic Americans, 11.2 for non-Hispanic black Americans, 7.75 for South Asian Americans, 6.69 for Filipino Americans and 3.7 for non-Hispanic white Americans. According to the findings, men had significantly higher rates of gastric cancer compared to women. For instance, the rate for gastric cancer in the main area of the stomach was 70.0 per 100,000 for Korean American men compared to 33.5 for Korean American women.

Understanding Risks

Shah said the next step is exploring specific populations and understanding modifiable vs. non-modifiable risk factors. "We need more attention to these high-risk groups. Hand in hand with action right now with respect to screening and surveillance, we need to also explore how diet, lifestyle factors and *H pylori* affect risk," she said. "We need to educate patients about their individual risk so they can be the best advocates for themselves. The only way to move forward is to understand evidence and appreciate data, and take steps to implement early detection and prevention."

Rethinking Lung Cancer Screening Guidelines

In July, the U.S. Preventive Services Task Force recommended two changes that will nearly double the number of people eligible for lung cancer screening by lowering the age from 55 to 50 and reducing the number of smoking history pack years from 30 to 20. The recommendations were based partially on a 2019 study by Vanderbilt researchers published in *JAMA Oncology*, revealing a striking disparity in eligibility between races. A release from Vanderbilt University Medical Center stated that, among smokers diagnosed with lung cancer, 32 percent of African Americans versus 56 percent of whites were eligible for screening under the previous guidelines.

Appendiceal Cancer

Appendiceal cancer is a rare malignancy that is usually found during surgery for acute appendicitis. Although the rate of appendectomies has been stable over the last two decades, the incidence of malignant appendiceal cancer has increased 232 percent in the U.S.

Andreana Holowatyj, PhD, MSCI, and colleagues conducted the first study of appendiceal cancer patterns and survival by race/ethnicity among patients younger than 50 in the U.S. Reporting in the journal *Gastroenterology*, they found poorer disease outcomes among non-Hispanic blacks compared with non-Hispanic whites, and among men compared with women. However, they observed no differences in survival between young Hispanics and non-Hispanic whites with appendiceal cancer.

"Our discovery of disparities in survival across racial/ethnic groups and sex within this patient population noticeably parallels the unequivocal burden of COVID-19 by race or ethnicity and sex," said Holowatyj, assistant professor of Medicine in the Division of Epidemiology at VUMC. "These alarming healthcare realities heighten the need to understand the factors that contribute to disparities in disease susceptibility and prognosis in order to mitigate these differences, particularly for non-Hispanic black individuals."

AACR Releases Landmark Cancer Disparities Progress Report, *continued from page 1*

long recognized disparities – from inclusiveness in clinical trials to fielding a diverse workforce – and has taken concrete steps to improve representation. MICR, Minorities in Cancer Research, celebrates its 20th anniversary this year and has led the way in increasing participation by minority researchers in the field of cancer. "Diversity and inclusion in our field are extremely important for accelerating the pace of progress against cancer, and a lack of racial and ethnic diversity in both the cancer research and healthcare workforce is one of the major factors contributing to cancer health disparities," Foti stated.

Dr. Margaret Foti

MICR Council Chair John Carpten, PhD, also chaired the *Cancer Disparities Progress Report* steering committee and said there is both reasons to be excited and much more work to do. "This inaugural and historic progress report will provide the world with a comprehensive baseline understanding of our progress toward recognizing and eliminating cancer health disparities from the standpoint of biological factors, clinical management, population science, public policy and workforce diversity," he said. "What I'm excited about now is that we have amazing tools and technologies and methodologies that are really allowing us to hone in on biological factors that might be influencing these disparities."

Dr. John Carpten

There have been several areas of progress including the differences in the overall cancer death rate among racial and ethnic groups being less pronounced today than ever before. The AACR cited an overall cancer death rate for African Americans being 33 percent higher than the cancer death rate for whites in 1990. While an unacceptable disparity still exists, the difference dropped to 14 percent higher by 2016. Recent studies have shown outcome disparities could be eliminated for some types of cancer if all patients had equal access to standard treatment, and other initiatives have shown the effectiveness of tailored outreach and patient navigation efforts.

Additionally, multiple studies and initiatives focused on gaps in knowledge about cancer biology in diverse populations is already underway. Two such efforts are the AACR Project Genomics Evidence Neoplasia Information Exchange (GENIE) and the National Cancer Institute-funded African American Breast Cancer Epidemiology and Risk (AMBER) Consortium.

Carpten, who is chair of the Department of Translational Genomics and co-leader of the Norris Comprehensive Cancer Center at the University of Southern California, said additional research is a critical component to building on current efforts. "We need to diversify clinical trials, increasing the numbers of minority individuals participating," he stated.

Carpten also keyed in on the importance of integrating societal issues and how they impact biology and outcomes into the bigger picture of addressing disparities. As referenced in the report, Carpten noted 21 percent of African Americans, 18 percent of Hispanics and 8 percent of non-Hispanic whites lived below the federal poverty level in 2018.

"Without a doubt, socioeconomics and inequities in access to quality care represent major factors influencing cancer health disparities, and these disparities will persist until we address these issues," he said.

"We've made progress in a number of areas, again particularly on the biology side, but I still think we have a long ways to go," Carpten said. Having this landmark report to help all stakeholders better understand where we currently stand is a critical step in that continued journey.

To view the full report and additional resource materials, go online to cancerrprogressreport.aacr.org/disparities.

Concrete Steps to Move Forward

In addition to providing a baseline picture of where cancer disparities stand in the United States, the Cancer Disparities Progress Report also issued a call to action to all stakeholders to eradicate barriers to health equity. A few of those action items include:

- Provide robust, sustained, and predictable funding increases for the federal agencies and programs that are tasked with reducing cancer health disparities.
- Implement steps to ensure clinical trials include a diverse population of participants.
- Support programs to make sure the healthcare workforce reflects and appreciates the diverse communities it serves.
- Prioritize cancer control initiatives.
- Work with members of the Congressional Tri-Caucus — comprised of the Congressional Asian Pacific American Caucus, Congressional Black Caucus, and Congressional Hispanic Caucus — to pass the provisions included in the Health Equity and Accountability Act.

Disparities Persist

According to the *AACR Cancer Disparities Progress Report 2020: Achieving the Bold Vision of Health Equity for Racial and Ethnic Minorities and Other Underserved Populations:*

- African Americans have had the highest overall cancer death rate of any racial or ethnic group in the United States for more than four decades.
- African American men and women have a 111 percent and 39 percent higher risk of dying from prostate cancer and breast cancer, respectively, than their white counterparts.
- Hispanics have the lowest colorectal cancer screening rate of any racial or ethnic group in the United States.
- Hispanic children and adolescents are 20 percent and 38 percent more likely to develop leukemia than their non-Hispanic white counterparts, respectively.
- American Indians/Alaska Natives have the lowest breast cancer screening rate of any racial or ethnic group in the United States.
- Asian/Pacific Islander adults are twice as likely to die from stomach cancer as white adults.
- Complex and interrelated factors contribute to cancer health disparities in the United States. Adverse differences in many, if not all, of these factors are directly influenced by structural and systemic racism.
- Racial and ethnic minorities are severely underrepresented in clinical trials and understanding of how cancer develops in racial and ethnic minorities is significantly lacking.
- Many of the U.S. population groups that experience cancer health disparities, in particular, racial and ethnic minorities, are also experiencing disparities related to coronavirus disease 2019 (COVID-19). Many of the factors driving COVID-19 disparities overlap with the factors that contribute to cancer health disparities.
- Experts predict that the COVID-19 pandemic will exacerbate existing cancer health disparities as a result of the disproportionate impact of COVID-19 on racial and ethnic minorities and other underserved populations.

Legal & Practical Considerations, *coninued from page 8*

pointed out, any changes at this point are still in the proposed stage.

During the PHE, Hickner noted the HHS Office of the Inspector General (OIG) has created increased flexibility to allow providers to waive copays and deductibles for telehealth. Under normal circumstances, such a move to reduce or waive costs owed by federal healthcare program beneficiaries could be seen as inducement under the anti-kickback statute. However, OIG has said they will not enforce the statutes if providers choose to reduce or waive cost-sharing for telehealth during the COVID-19 emergency.

Other flexibilities around supervision, signature requirements, licensure, credentialling, prescribing and data privacy and security have all been temporarily implemented, as well. Medical documentation for a telehealth visit, she continued, is generally the same as for an in-person visit with two key distinctions: 1) consent to receive telehealth services and 2) notation of the state where the patient is located for the visit and specific location of the rendering provider.

"Regardless of the flexibility offered by CMS, we do need to consider state law," Hickner reminded the audience. "The practice of medicine occurs where the patient is located at the time of service," she continued. If a physician is in Tennessee but caring for a patient in Kentucky, then Kentucky's rules and regulations govern the encounter.

Plan Now for Post-Pandemic

For those who didn't previously have a robust telehealth program in place, Greg Stein, IT and IP counsel for Cleveland Clinic, said now is the time to be thinking about how to move forward post-pandemic.

Currently, the type of technology that can be used has been greatly expanded to include any non-public facing remote communications product including Zoom, FaceTime, Microsoft Teams and other popular platforms. Similarly, private texting applications including Facebook Messenger, Jabber and iMessage are acceptable. However, cautioned Stein, using public-facing technologies like TikTok, Facebook Live or Twitch are prohibited for telehealth.

While penalties aren't being enforced right now for a hack related to the "good faith provision of a telehealth service," Stein said a "bad faith provision" is still in play including an intentional invasion of privacy, use of personal health information (PHI) prohibited by the HIPAA Privacy Rule such as selling data or using PHI for marketing purposes without authorization, telehealth violations of state licensing laws or professional ethical standards, and for using public-facing remote communication products.

"At some point, this moratorium is not going to apply, so practices need to be thinking how telehealth will work within the framework of HIPAA," he said of reverting back to more stringent rules. "With this enforcement discretion in place, it's a really good opportunity to dig into details right now," he continued.

Stein, who served as vice chair of the Data Privacy and Information Security Group as a partner at Ulmer & Berne LLP prior to joining Cleveland Clinic, suggested teaming up with someone who understands the technology in play and the requirements to adequately protect privacy and security to meet stringent HIPAA requirements once the PHE expires. He recommended asking lots of questions or finding an advisor who knows what questions to consider when it comes to negotiating a telehealth agreement and analyzing risk.

ONcology Rounds

OneOncology Expands Leadership, Partnership

In September, Nashville-based OneOncology, a national partnership of independent oncology practices, added two new senior healthcare executives to its leadership team.

Jon Billington has been appointed chief financial officer. Most recently, he was the CFO for US Acute Care Solutions, a physician-owned provider of integrated acute care services. Previously, he served as Americas CFO and global chief accounting officer for a large technology solutions provider to the wireless industry, as well as serving many years as a partner at the accounting firms Ernst & Young and Arthur Andersen.

Jon Billington

Janice Baker has been named chief human resources officer. She was promoted to senior vice president of the Human Resources Department at Envision Healthcare in 2019, having previously held other management roles in the department since 2011. Prior to that, Baker was the Human Resources director for Accuray, a radiation surgery medical device company.

Janice Baker

"Building the right culture at OneOncology is key to how we help practice partners thrive, and I know our leadership team is poised to build on our momentum in the marketplace," said Jeff Patton, MD, CEO, OneOncology.

In August, OneOncology and **Foundation Medicine** of Cambridge, Mass., announced a joint initiative to better enable partner practice physicians to unlock the potential of precision oncology through comprehensive genomic profiling (CGP) and research. The partnership is intended to empower physicians across OneOncology's nearly 170 community oncology care sites to better drive personalized treatment plans, inclusive of targeted therapies, immunotherapies and clinical trials.

"This innovative partnership is designed to help expand our ability to deliver advanced precision oncology services for every cancer patient at our OneOncology partner practices," said Lee Schwartzberg, MD, chief medical officer at OneOncology. "I am a big proponent of understanding the molecular landscape of a patient's cancer in order to determine the appropriate treatment course for patients with advanced cancer over multiple lines of therapy. We're excited to optimize comprehensive genomic profiling and its power to inform more personalized care across our network."

The partnership includes a research collaboration, which will focus on accelerating molecular insights and patient care through the use of clinico-genomic datasets.

In addition to expanding clinical research capabilities, OneOncology also launched significant value-based research capabilities, added three practices and 80 physicians in 2020.

VICC, Erlanger Cancer Care Collaboration

In October, Vanderbilt-Ingram Cancer Center and Erlanger Health System kicked off what is anticipated to be a long-term collaboration in cancer care. The agreement, announced in late June, establishes VICC as Erlanger's exclusive contracted provider of inpatient and outpatient hematology-oncology services and medical directorship for the program. The agreement, however, does not affect Erlanger's relationship with its medical staff or prevent other hematologist-oncologists from providing care in Erlanger's hospitals.

"Our mission at Vanderbilt-Ingram is to share our clinical expertise and discoveries for the benefit of cancer patients everywhere, and this collaboration with Erlanger Health System is an example of our commitment to the care of cancer patients throughout the region," said Jennifer Pietenpol, PhD, Byrd Jr. Professor of Molecular Oncology, director of Vanderbilt-Ingram and executive vice president for research at Vanderbilt University Medical Center.

Over the next year, VICC and Erlanger will pursue plans to expand the hematology-oncology collaboration and grow the scope of services consistent with Erlanger's vision for cancer care and VICC's National Cancer Institute-Designated cancer center capabilities.

VICC Closer to Home

On Aug. 31, Vanderbilt-Ingram Cancer Center at Wilson County opened to the community with a full array of highly specialized services, including diagnostic assessments, medical oncology and radiation oncology. Opening a full-fledged, multi-disciplinary VICC location in Wilson County is part of Vanderbilt University Medical Center's ongoing efforts to deliver the care patients receive in Nashville closer to home across the region.

VICC is one of only 51 Comprehensive Cancer Centers designated by the National Cancer Institute (NCI). Additionally, Vanderbilt-Ingram is one of 30 members of the National Comprehensive Care Network focused on multi-disciplinary approaches to advance better treatments for complex, aggressive and rare cancers.

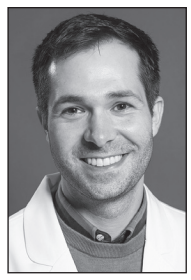
Vanderbilt-Ingram Cancer Center at Wilson County is one of only four centers in the nation equipped with an Ethos radiotherapy system, a treatment system newly approved by the U.S. Food and Drug Administration. This new technology integrates imaging with treatment delivery, allowing radiation oncologists to see changes in patient anatomy, adapt treatment plans within minutes and deliver the therapy within a typical 15-minute timeslot. The technology enables radiation oncologists to quickly change treatment plans if a targeted tumor has changed size or shape.

Tennessee Oncology Opens New Chattanooga Clinics

In early October, Tennessee Oncology announced the opening of two new clinics in Chattanooga – one downtown and one in the eastern part of the city. Earlier this year, Chattanooga-based University Oncology Hematology Associates joined Tennessee Oncology and affiliated OneOncology.

Martin Joins NGH Oncology

Richard L. Martin, III, MD, MPH, has joined Nashville General Hospital's oncology team. The fellowship-trained physician is nationally recognized for presentations in quality improvement and patient care, as well as his work on cancer prevention research. Martin earned his Master's in Public Health from Oregon Health and Science University with a focus in epidemiology and biostatistics. Following medical school at the University of Washington, Martin completed residency at the University of Wisconsin Hospital & Clinics and fellowship training at Vanderbilt University Medical Center. As Chief Hematology Oncology Fellow, Martin developed a longitudinal inter-professional lecture series with hematology/oncology pharmacists and advanced practice providers (PA, NP), which was presented at ASCO national meeting 2019.



Dr. Richard Martin, III

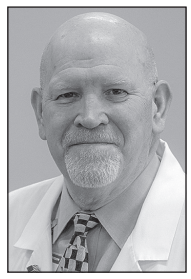
Martin is part of Nashville General Hospital's Dr. Robert E. Hardy Cancer Center where his areas of specialty include anemia, coagulation, hemostatic disorders, leukemia, lymphoma, multiple myeloma, sickle cell disease and renal disease.

Provision CARES Proton Therapy Nashville Garners National Recognition

Provision CARES Proton Therapy Nashville's *Culture of Care* has earned national recognition with the 2020 Press Ganey "Guardian of Excellence Award" for exceptional patient experience in outpatient oncology.

The prestigious annual award recognizes and honors medical providers who consistently sustain performance in the top five percent for each designated reporting period over the course of the award year. Press Ganey, a healthcare industry leader in measuring and improving delivery of care, also factored in direct feedback from patients in establishing this year's top performers.

James Gray, MD, FACRO, medical director of the center and a partner with Tennessee Oncology, says a positive patient experience is a key factor in the overall success of a patient's cancer treatment. "It is an honor to receive such high marks from our patients, and a privilege to be part of this distinguished team, that delivers top-level care to our cancer patients and their families every day," said Gray, a radiation oncologist. "We care about our patients beyond their treatment, and it's rewarding to know they feel and acknowledge this care."



Dr. James Gray

In late August, the local cancer center celebrated treatment completion of their 500th patient since opening in October 2018. A partner of Tennessee Oncology, Provision CARES Proton Therapy Nashville was the first proton therapy cancer center in Middle Tennessee.

Alliance Oncology Announces Center in Northwest Alabama

Nashville-based Alliance Oncology recently announced the opening of Singing River Cancer Center (SRCC). Located in Florence, Ala., SRCC is a 45,000 square foot state-of-the-art cancer center that will offer innovative technology and collaborative care in a community setting and serve patients locally and throughout greater Northwest Alabama. SRCC will be a part of Alliance Cancer Care, one of the largest radiation cancer networks in the southeast with over 50 years of combined experience offered at five different locations throughout Northern Alabama.

"We are extremely excited about the opening of the new Singing River Cancer Center," said Douglas McCracken, president of Alliance Oncology. "SRCC brings together an extensive suite of oncology services, multidisciplinary experts, and advanced technology to give residents of the Shoals area and surrounding communities first-class cancer care in one convenient location."

Alliance Oncology is part of California-based Alliance HealthCare Services, a leading provider of outsourced healthcare solutions nationwide with expertise in radiology, oncology and interventional services.

Belmont, HCA Unveil Plans for New Medical School

By CINDY SANDERS

And then there were three.

On Oct. 15, Belmont University President Bob Fisher, PhD, announced the school's intention to launch a new College of Medicine in collaboration with HCA Healthcare.

The announcement came as Belmont was in the final stages of preparing to host the second presidential debate in the school's history. "As seen with all of the efforts observed this week as we prepare to host a presidential debate, Belmont University settles for nothing less than excellence in everything we do," said Fisher. "That is certainly our intent with this new College of Medicine, and working with HCA Healthcare, I have no doubts that this program will produce the next generation of healthcare leaders."

HCA Healthcare's Nashville-based TriStar Health will provide clinical elements in support of Belmont's plans to pursue Liaison Committee on Medical Education (LCME) accreditation, which is the nationally recognized accrediting authority sponsored by the Association of American Medical Colleges (AAMC) and the Council on Medical Education of the American Medical Association. "HCA Healthcare will bring world-class expertise to Belmont's College of Medicine, offering our students extraordinary faculty instructors and a pathway to residency and clinical placements," noted Fisher.

With this announcement, Belmont seeks to become the 156th LCME-accredited medical school in the nation and the third one in the city of Nashville, joining Meharry Medical College and Vanderbilt University School of Medicine. Belmont's program would be the fifth allopathic medical school in the state with Quillen College of Medicine in Johnson City and University of Tennessee Health Science Center College of Medicine in Memphis. Tennessee is also home to the DeBusk College of Osteopathic Medicine at LMU in Harrogate.

Despite already having five programs in operation in the state, Fisher pointed to the significant physician gap anticipated over the coming decade with shortages already being felt in some communities. Data published by AAMC in June estimated a physician shortage of between 54,100 and 139,000 physicians by 2033. Capacity in terms of class size, faculty and available clinical rotation sites have combined to limit the number of graduates medical schools can produce annually. Belmont looks to help address the looming shortage by welcoming an inaugural class of 150 students, with an expected enrollment of 500-600 students when the College of Medicine reaches full capacity.

"According to the Association of American Medical Colleges, the shortage of U.S. physicians continues to worsen, and we share Belmont University's commitment to address this critical need," said HCA Healthcare CEO Sam Hazen. "We appreciate our long history of collaboration with Belmont, and we look forward to supporting their pathway to be a successful LCME-accredited medical school."

In addition to being a leading care provider, HCA Healthcare is also a leader in clinical and medical education, with 58 teaching hospitals among its affiliates. The health system is the largest sponsor of graduate medical education (GME) programs, with more than 4,300 residents and fellows in 272 programs. In addition, HCA Healthcare affiliates include Galen College of Nursing, Research College of Nursing and Mercy School of Nursing. HCA Healthcare also has several Centers for Clinical Advancement that provide nursing training in simulation environments.

In Middle Tennessee, TriStar Health will provide third year medical students core clinical clerkships and fourth year medical students clinical elective rotations. HCA Healthcare also will provide a pathway to GME opportunities for Belmont College of Medicine graduates and will support existing members of the medical staff who may be interested in faculty positions at Belmont.

Fisher noted the academic and clinical expertise HCA Healthcare brings to the table, along with the countless opportunities presented by being located in the nation's healthcare capital, aren't the only advantages Belmont medical students will receive. He said they would also benefit from numerous interprofessional healthcare opportunities already embedded on the university's campus. Belmont has heavily invested in the health sciences and currently offers degrees in nursing (bachelor's, master's and DNP), physical therapy (DPT), pharmacy (PharmD), occupational therapy (OTD) and public health (bachelor's) as well as an MBA in Healthcare.

As for the next steps in the process, Fisher said the university will immediately launch a nationwide search for the inaugural dean of the new Belmont College of Medicine. The dean will then begin to build a team and initiate the required steps to pursue candidacy status with LCME. A prominent site has already been identified for a building to house the College of Medicine, and preliminary plans are being developed for the approximately 150,000-square-foot facility.

"A College of Medicine is the natural next step in Belmont's healthcare offerings," stated Fisher. "It's not an easy step, but it's characteristic of Belmont University to take on challenges and do big things … and do those things well."

The More the Merrier
Cities with Three or More Med Schools

Although there are several other cities that house three or more colleges of medicine, Nashville would be among the smallest of the group with a population similar to Washington, DC. However, Nashville's size is bolstered by its national reputation as a healthcare capital for the United States, which should be highly attractive to incoming medical students.

Other cities housing three or more allopathic medical schools are:

- Three: Boston, Houston, Washington, DC
- Four: Chicago, Philadelphia
- Seven: New York City

THA Honors Healthcare Leaders, Installs Officers

In mid-October, the Tennessee Hospital Association (THA) honored hospital and health system executives, as well as a collaborative COVID-19 response team, during its virtual 2020 Annual Meeting.

"During this 82nd annual meeting – with the theme of '*Extraordinary Time. Extraordinary Care.*' – THA recognizes the outstanding work and contributions of healthcare leaders and public health officials who have served diligently during a year that has proven to be quite remarkable," said THA President and CEO Wendy Long, MD. "Our 2020 Awards of Excellence winners have excelled and outperformed despite these unique circumstances brought on by the current healthcare crisis, and we acknowledge their tireless efforts to improve health outcomes for Tennessee residents."

THA President's Award was presented to the **THA – Tennessee Department of Health Remdesivir Rapid Response Team**, which partnered in collective response to strategically distribute the drug as quickly as possible to hospitals statewide.

The *CEO of Distinction Award,* the association's highest honor recognizing leadership and service by an individual member, went to **Susan Peach**, CEO of Sumner Regional Medical Center in Gallatin. Citing her work in advancing the quality and availability of healthcare services to residents of Sumner County and northern Middle Tennessee during her eight years at the helm, the veteran hospital administrator has turned the hospital into a profitable, self-sustaining organization while improving the diversity of healthcare services provided to the community.

Susan Peach

The *Patient Safety Leadership Award* recognizes an individual who has taken extraordinary and innovative steps to make patient safety and quality a top priority in their organization. This year, the honor wen to **William Beauchamp, DO,** orthopedic surgeon, NorthCrest Medical Center in Springfield. THA honored Beauchamp for his unwavering support and advocacy of patient care and safety and innovative approach to improve processes and protocols.

The *Diversity Champion Award* recognizes leaders who have made outstanding contributions in leadership and workplace diversity, equity and inclusion, and demonstrated commitment to a diverse workforce. This year, THA recognized **Sherri Neal,** chief diversity officer for HCA Healthcare. She has served as a tireless champion of diversity, equity and inclusion for patients, colleagues and the larger community. In 2018, Neal established the BRAVE Conversations Program at HCA Healthcare, which provides a forum for employees to share perspectives and discuss complex and challenging topics. The program received first place in the *Profiles in Diversity Journal*'s annual Innovations in Diversity & Inclusion Award in 2018 and currently is being expanded across the company.

Other honorees across the state were:

Senior Executive of Distinction Award: **David Hall**, COO at the University of Tennessee Medical Center Knoxville.

Trustee of Distinction Award: **Trudy Harper,** board chair at Siskin Hospital of Physical Rehabilitation in Chattanooga.

Nurse Leader of Distinction Award: **Deborah Deal**, chief nursing executive at Parkridge Health System in Chattanooga.

Clinical Nurse of Distinction Award: **Janet Kramer-Mai,** director of oncology services for Erlanger Health System in Chattanooga.

THA Small and Rural Hospital Leadership Award: **Freda Russell**, CEO and chief nursing officer for Three Rivers Hospital in Waverly.

In other news from the annual meeting, **Paul Korth**, CEO at Cookeville Regional Medical Center, was installed as chairman of the THA Board of Directors. He has more than 30 years of experience in healthcare. Before being named CEO in 2013, he served as the hospital's chief financial officer for 13 years. A member of the THA Board of Directors for many years, he also was appointed by Gov. Bill Haslam to serve a three-year term on the Tennessee Health Services and Development Agency.

Paul Korth

THA chairman-elect is Jason Little, president and CEO at Baptist Memorial Health Care Corporation, Memphis. Only the fifth president in Baptist's long history, the health system has grown from to a 22-hospital, $3.1 billion integrated healthcare system with 18,000 team members and more than 5,000 affiliated physicians under his leadership.

Winkfield Begins New Meharry-Vanderbilt Alliance Leadership Role

Karen Winkfield, MD, PhD, associate professor of Radiation Oncology at Wake Forest University, associate director for Community Outreach and Engagement, and director of the Office of Cancer Health Equity at Wake Forest Baptist Comprehensive Cancer Center, was tapped to lead the Meharry-Vanderbilt Alliance as executive director. Announced this fall, she begins her new role on Nov. 1.

Dr. Karen Winkfield

Prior to joining Wake Forest, Winkfield was a radiation oncologist at Massachusetts General Hospital Cancer Center. She received her bachelor's degree from Binghamton University and her medical and doctorate degrees from Duke University School of Medicine. Her residency training was at Duke and the Harvard Radiation Oncology program.

Winkfield succeeds Consuelo Wilkins, MD, MSCI, who has served as the Alliance's director since 2012.

Medalogix Solution Reduces Amedisys RAP

Working together, two Nashville healthcare companies have significantly reduced days to bill requests for anticipated payment (RAP). After deploying Medalogix Care, Amedisys Home Health reduced its days to bill RAP by 40 percent. The Amedisys' operations team is tracking this key performance indicator by measuring the time between patient admission and billing the RAP. This increase in efficiency is the result of collaborative, interdisciplinary communication facilitated by the use of Medalogix Care, which is designed to ensure every patient receives the right level of care for their specific health needs. Based on data science rooted in historical clinical data and known outcomes, Medalogix Care analyzes start of care and resumption of care OASIS data to recommend the optimal number of visits needed for each patient to safely discharge to community.

Maintain Growth,

continued from page 7

applicable federal laws. The relevant legal framework can also change depending on the age range of the targeted users. For any mobile developer whose app or platform collects data from children under the age of 13, the developer must also comply with the Children's Online Privacy Protection Act. Given the breadth of the compliance considerations, it is more important than ever for mobile health developers to obtain counsel to ensure they meet all federal and state requirements.

Matthew Kroplin and Renee Rayne are both attorneys in the Nashville office of Burr & Forman, practicing in the firm's Health Care Practice Group. For more information, visit burr.com.

VUSN Dean Norman Stepping Down

At the end of September, Linda D. Norman, DSN, FAAN, dean of the Vanderbilt University School of Nursing and the Valere Potter Menefee Professor of Nursing, announced she will step down from the position on June 30, 2021.


Linda Norman

A transformational leader, Norman has served as dean since 2013 and spent nearly 30 years in various roles at Vanderbilt. Most recently, she has played a key role in formulating and implementing Vanderbilt's Return to Campus plan to limit the spread of COVID-19.

Among the many accomplishments under her tenure, VUSN has risen in the *U.S. News & World Report* rankings with the DNP program now ranked #5 and the MSN program ranked #9. The school's psychiatric-mental health and nurse-midwifery specialty programs ranked #1 in the *U.S. News* survey. Norman oversaw completion of a $23.6 million building expansion in 2019, which added numerous innovative classrooms and a state-of-the-art simulation lab, and created the Dean's Advisory Board comprised of national nurse executives, alumni, and academic nursing and community leaders. She is a *Nashville Medical News* Class of 2014 Women to Watch honoree.

AccuReg Expands Presence, Adds to Leadership

After opening a Nashville-area office four years ago, the Alabama-based AccuReg – a healthcare technology solutions company – has expanded its presence in Middle Tennessee with a new suite at the Dover Center business complex in the Cool Springs area. Citing continued growth, the company relocated all local employees to the new space on Seaboard Lane with plans to continue increasing the local team of revenue cycle, price transparency and patient engagement experts.

"As the home base for a number of the largest healthcare systems and hospitals and healthcare technology providers, the Nashville area is increasingly important to the company's strategy and continued expansion," said Paul Shorrosh, AccuReg's founder and CEO.

In late October, the company announced the addition of **Conrad Coopersmith** as chief growth officer. Coopersmith, who will be based in the Cool Springs office, has more than 20 years of experience managing high-performing healthcare technology teams. In his new role, he will lead sales, account management and business development efforts. Recently, Coopersmith served as chief sales officer at Intermedix, an R1 company, and prior to that he was national vice president of McKesson Connected Care & Analytics.


Conrad Coopersmith

Lipscomb Appoints Byrdsong Vice Provost for Health Affairs

Quincy Byrdsong, EdD, a veteran healthcare and higher education leader, has been appointed vice provost for Health Affairs at Lipscomb University.

For more than 25 years, Byrdsong has served in various leadership roles at health systems and medical schools and universities across the country. In his new role at Lipscomb, Byrdsong oversees the university's health science programs, provides vision for the institution's growth in these areas and engages more collaboratively with other healthcare entities in the community.


Quincy Byrdsong

"Dr. Byrdsong brings a wealth of experience not only from the healthcare education perspective but also from the viewpoint of health systems organizations," said Provost Craig Bledsoe. He added Byrdsong's innovative and strategic vision would help continue to build on Lipscomb's exponential growth in health sciences and strong foundation of preparing students to become leaders in their fields of specialty.

A native Nashvillian, Byrdsong is a graduate of Nashville's Hume Fogg High School and holds an EdD from Tennessee State University. He earned both his undergraduate degree and a Master of Science in Teaching from Middle Tennessee State University. Immediately prior to his new appointment, Byrdson served as associate vice president for research and administration at the WellStar Research Institute and WellStar Health System in Atlanta.

Let's Give Them Something to Talk About!

Awards, Honors, Achievements

David Vandewater, former president and CEO of Ardent Health Services, was honored with the Federation of American Hospitals' Mike Bromberg Lifetime Achievement Award at its 2020 FAH Public Policy and Board of Governors Meeting. Vandewater retired from Ardent in August after more than 30 years of service to the healthcare community. During his 19 years at the helm, he grew the company into one of the largest hospital systems in the country. As two-time Federation Chairman and a longtime member of the Board of Directors, Vandewater also impacted the larger healthcare community and was named to *Modern Healthcare's* prestigious list of the "100 Most Influential People in Health Care" during his career.


David Vandewater

Vanderbilt LifeFlight has been named national air medical program of the year by the Association of Air Medical Services (AAMS). This prestigious award, sponsored by Airbus Helicopters, recognizes an air medical program that has demonstrated a superior level of patient care, management prowess, safety and quality leadership.

Carl C. Awh, MD, of Tennessee Retina has been named president of the American Society of Retina Specialists, the largest organization of retina specialists in the world. Awh has been a member of the board of directors of the ASRS since 2004 and a member of its Executive Committee since 2012.


Dr. Carl Awh

James E.K. Hildreth, PhD, MD, president of Meharry Medical College, has been appointed to the FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC), evaluating COVID-19 vaccine candidates.

Ascension Saint Thomas Celebrates Surgical Residency Grads

Last month, Ascension Saint Thomas Hospital West celebrated the inaugural graduating class of its General Surgery Residency Program, which launched in 2016 in partnership with the University of Tennessee Health Science Center. The alumni of the UTHSC-Nashville General Surgery Residency Program have matched for competitive fellowship opportunities.

Fully accredited by the Accreditation Council for Graduate Medical Education, the 5-year program is the continuation of a tradition of surgical education at Ascension Saint Thomas West. Though residents have trained at the hospital since the 1940s, the UTHSC-Nashville General Surgery Residency Program marks the first formal residency program offered through the hospital.

The Class of 2020 (pictured above): Andy Rivera, MD, (center) has relocated to New Orleans for a Vascular Surgery Fellowship with Ochsner Health System. Cesar Molina, MD, (right) has begun a Hand & Microsurgery Fellowship at the University of Louisville and Alexander Nixon, MD, (left) is also at the University of Louisville as a Plastic Surgery Fellow

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At Burr & Forman, supporting and serving our communities is part of our culture and we want to show our appreciation to those serving where it's needed most.

Thank you to the nurses, thank you to the doctors, thank you to the first responders, and thank you to all the health care professionals who have spent countless hours keeping our communities safe. From Nashville, TN to across the country, our firm thanks you.