



## PRESIDENT'S NOTEBOOK

**T**his year's KHA Health Care Leadership Conference is being held while changes to the Affordable Care Act continue to be debated at the federal and state levels. This is an ideal time for Kentucky health care leaders and trustees to learn how President Trump's administration will change health care.

Hospital board chairs and trustees are encouraged to join their hospital leadership team and hear from Kentucky's Senate and House leaders, as well as state and national political experts. The KHA Conference also gives attendees the opportunity to keep Kentucky's elected officials informed about the impact of these changes on the state's hospitals and health care safety net.

Governor Matt Bevin, Cabinet for Health and Family Services Secretary Vickie Yates Brown Glisson and Medicaid Commissioner Steve Miller will report from the Executive Branch on health care, Medicaid and the 1115 Waiver, the state budget, pension reforms, the drug epidemic and other challenges facing the commonwealth.

Members and trustees will then hear from state senators and representatives as they discuss the 2018 legislative session challenges facing health care in the commonwealth. They will address the state budget, the Medicaid waiver and other health care and financial issues.

Leaders of the Kentucky Senate and the Kentucky House of Representatives will reveal plans for the upcoming session and how health care factors into their parties' agendas.

A media panel will address the hot topics associated with the 2018 session of the Kentucky General Assembly, the future of politics in Kentucky and its impact at the state and federal levels.

KHA Vice President of Government Relations Sarah S. Nicholson will present the KHA 2018 Legislative Platform for approval by the KHA membership.

Finally, expert political analyst, former Trump for President Senior Communications Advisor, Trump Transition Team Communications Advisor, Campaign Strategist for Governor Matt Bevin and CNN Political Commentator Jason Miller will offer insight into President Trump's Administration. He will provide a political outlook on what the balance of power means and its impact on Congress, the Judiciary branch and health care.

Please save Friday, November 3 on your calendar and plan to attend the KHA Health Care Leadership Conference with your hospital chief executive officer. **We hope to see you there.**

Sincerely,

Michael T. Rust, FACHE  
President, Kentucky Hospital Association



**Michael T. Rust**  
President

## Governance Notebook

### KHA Health Care Leadership Conference on November 3

Please join us at the Embassy Suites in Lexington on Friday, November 3 for the annual KHA Health Care Leadership Conference. This program is a great way for hospital chief executive officers, board chairmen, trustees, other hospital administrators, government relations staff and medical staff members to stay informed of legislation that may affect their hospital, facilities and community.

The conference will present the latest in state and federal legislative issues and regulatory concerns from the Kentucky General Assembly. Please talk with your hospital CEO about attending.

### Kentucky Hospitals' Circle of Friends Political Action Committee and Reception Benefiting the Republican Party of Kentucky House Trust

As you know, health policy and advocacy are profoundly important. Decisions made in Frankfort and in Washington, D.C. directly impact health care for more people than ever before.

KHA's political action committee, Kentucky Hospitals' Circle of Friends, is important to every hospital in the state because it provides an opportunity to educate officials about health care legislation that impacts hospitals.

We ask all Kentucky hospitals' board members to make a personal contribution to help move Kentucky hospitals' legislative agenda forward. Every hospital has a fundraising goal and a contribution card can be found on page 5.

Hospital trustees are also invited to attend a reception benefiting the Republican Party of Kentucky House Trust in Louisville on Tuesday, September 19. See page 4 for more details.

To learn more about Circle of Friends, please contact Sharon Perkins of KHA at 502-426-6220 or [sperkins@kyha.com](mailto:sperkins@kyha.com).

### Do you have ideas for future issues of the Kentucky Trustee?

Our goal is to provide you with the information and knowledge you need to lead your hospitals forward in today's rapidly changing environment. Tell us what you think, and what you would like to see in future issues of the *Kentucky Trustee*.

#### Write or call:

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## Understanding Key Terminology

**Social Determinants of Health** – Structural determinants and conditions in which people are born, grow, live, work, and age, including socioeconomic status, education, physical environment, employment, social support networks and access to health care.<sup>2</sup>

**Health Disparities** – Differences in health outcomes that are closely linked with social, economic, and/or environmental disadvantage.<sup>1</sup>

**Health Equity** – The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.<sup>1</sup>

**Health Outcomes** – Mortality, morbidity, life expectancy, health care expenditures, health status and functional limitations.<sup>2</sup>

**Community Health** – Communities can be defined as towns, cities, counties or service areas. Generally, community health initiatives tend to be directed at the cumulative impact of social determinants of health, particularly focused on behavioral or environmental determinants. Outreach efforts are applied broadly and to people who may or may not be receiving health care services at a specific hospital.<sup>9</sup>

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focus on leveraging each organization's expertise and resources to collaboratively address social inequities and thus improve community health.

## Resources to Help Tackle Social Determinants of Health

Efforts to improve community health begin with data, information and knowledge about the current health status of the

community. The hospital's community health needs assessment is an important source for this information. In addition, tools and resources provided by the Centers for Disease Control and Prevention (CDC) include an interactive web application that can produce a health profile for every U.S. county. The profile provides a comparison of outcomes for key indicators for a selected county against peer counties.

In addition, the CDC's website, Social Determinants of Health: Know What Affects Health, provides other tools, data, programs and policy

information important to assessing social determinants of health and improving community well-being.<sup>5</sup>

**CDC Health Impact in 5 Years.** The CDC's Health Impact in 5 Years (HI-5) initiative focuses on non-clinical community-wide approaches that have evidence reporting positive health impacts, results within five years and cost-effectiveness and/or cost-savings. Social determinants of health form the base of the

**Research has shown that genetics, individual health behaviors, and social and environmental factors all have greater influence on health risks and well-being than health care itself does.**<sup>2</sup>

HI-5 approach because addressing these determinants has the greatest potential to impact health by reaching a greater number of people in the broader community with activities like early childhood education or public transportation.<sup>5</sup>

**County Health Rankings & Roadmaps Program.** The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute collaborate to offer the County Health Rankings & Roadmaps Program. The County Health Rankings component of the program ranks the health of nearly every U.S. county and

state, and provides supporting data for the health measures used. Its Roadmaps to Health offers strategies and action plans which are complemented with policies, programs, webinars, and community coaches designed to support community efforts to impact and improve community health.<sup>6</sup>

**Root Cause Coalition.** The Root Cause Coalition is a partnership of diverse health care and community organizations that includes the American Hospital Association (AHA). The coalition seeks to address root causes of health disparities by “focusing on hunger and other social determinants to reverse the nationwide epidemic of preventable chronic health conditions.” Members of the Coalition may participate in and have access to research, educational sessions, webinars, conferences, and advisory committees along with best practice programs and advocacy for related policy issues.<sup>7</sup>

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## Social Determinants of Health and Encouraging Healthy Choices

### Social Determinants of Health

- Early childhood education
- Clean diesel bus fleets
- Public transportation system
- Home improvement loans and grants
- Earned income tax credits
- Water fluoridation

### Changing to Context to Make the Healthy Choice the Easy Choice

- School-based programs to increase physical activity
- School-based violence prevention
- Safe routes to school
- Motorcycle injury prevention
- Tobacco control interventions
- Access to clean syringes
- Pricing strategies for alcohol products
- Multi-component worksite obesity prevention

The examples above are from the CDC's Health Impact in 5 Years initiative.<sup>5</sup>

# Special Offer for Kentucky Hospital Association Members

*governWell™ gives boards a 'quick start' to develop and rapidly implement high quality board education, policies, committee charters, new board member orientation, board self-assessment and much more - all customizable and able to be custom-tailored to an individual board's needs and opportunities. It's a money and time-saving resource for any board seeking to ensure governing excellence."*

**Mary Klimp, Administrator**  
Mayo Clinic Health System,  
New Prague, MN



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**We're offering governWell™ to Kentucky Hospital Association members at a special price of \$6,500.** The special pricing includes two free hours of telephone consultation on how to best implement governWell™ resources in your organization. It also comes with a 30-day money-back guarantee.

To find more information and to order governWell™, go to [www.governwell.net](http://www.governwell.net) or contact Larry Walker at [larry@governwell.net](mailto:larry@governwell.net). Take advantage of governWell™ today to ensure your board has everything needed to advance its knowledge, skills, structure, practices and capacity for success in this transforming and increasingly challenging environment.

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**compareWell**—Includes a comprehensive checklist of governance best practices and a document that will enable your board to benchmark its governance structure and practices with findings from a recent national study of hospital governing boards.

**retreatWell**—Includes sample retreat materials and retreat preparation resources to help your board and leadership team prepare for and ensure a successful board retreat.

**affiliateWell**—Includes sample materials to assist hospitals in exploring opportunities for affiliation. It includes a sample work plan, employee and community surveys, a sample request for proposal, and more.

**measureWell**—Includes a customizable scorecard with a broad range of indicators, including quality and patient safety, patient satisfaction, strategic performance, financial and operating indicators, and community health goals.



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**Todd Linden,**  
President and CEO  
Grinnell Regional  
Medical Center  
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## LEADERSHIP PERSPECTIVES

## Building Trust and Confidence In Your Hospital

Telling the community about the hospital and its commitment to them is more important than ever as hospitals continue to redefine who they are in today's changing health care landscape. Consumers receive mixed messages about the value and benefit of hospitals, and the rise of social media has the potential to cause more confusion. Proactive hospitals have an opportunity to shape the messages people hear, share unique stories and build trust and confidence.

**M**ost Americans don't understand how hospitals are organized and managed, and even fewer understand and appreciate the many challenging forces that are impacting hospitals and health systems today. Instead, their views about local hospitals and health care providers are shaped by their personal experiences and the opinions and beliefs of the media, friends, family and co-workers. This is increasingly a challenge as single experiences and opinions spread quickly through social media.

To improve overall community health, many hospitals are embarking on new partnerships, investing in technology and launching initiatives that address non-medical social needs. Trustees have the opportunity and responsibility to lead their organizations in the design of these initiatives and to also communicate the hospital's genuine interest and investment in the health care needs and challenges of the community by engaging with the public, media and legislators.

### What is Your Story?

Statistics about hospitals caring for patients are abundant. For example, the more than 5,500 hospitals across the United States

treat 129 million people annually in their emergency departments, and perform 27 million surgeries.<sup>1</sup> Caring for patients is at the heart of hospitals' missions, but these statistics only describe the basic expectations the public already has of hospitals. It's the way that hospitals

**It's the way that hospitals continually exceed basic expectations that really tells their community who they are and what their commitment is.**

continually exceed basic expectations that really tells their community who they are and what their commitment is.

Telling people about your hospital begins with understanding what your organization is doing to advance health and make your community a better place to live. This is different at every organization, which is what makes telling your story even

more powerful.

For example, hospitals across the country are participating in Hospital Improvement Innovation Networks (HIINs), a continuation of previous efforts from the Hospital Engagement Network to reduce patient harm. More than 4,000 hospitals are participating in the 16 HIINs (awarded by the Centers for Medicare and Medicaid Services), including individual state hospital associations, the Health Research and Education Trust

(HRET) and others. The HRET HIIN's overall goal is to reduce all-cause inpatient harm by 20 percent and readmissions by 12 percent by 2019. HIIN participation not only offers resources and a jump-start for hospitals to improve quality and patient safety, it also provides ample opportunities to share unique stories about changes taking place at individual hospitals and health systems, and their impact on the community.

Hospitals and health systems are partnering with schools to build a future workforce, including programs at elementary, middle and high schools to help students explore medical careers as well as partnerships with advance degree programs to offer faculty, mentorships, and hands-on experience. At University Health System in San Antonio Texas, a partnership with Capella University helped the organization to increase the number of nurses with bachelor's degrees by 10 percent from 2011—2016.<sup>2</sup>

To provide better, whole-person care and reduce costs, many organizations are collaborating across the care continuum with others, including hospitals, physicians, long-term care providers, home health, hospice, rehabilitation, public health, insurers, the government and social service agencies. For example, New Jersey's Trinitas Regional Medical Center and St. Joseph's Regional Medical Center recently merged their behavioral health

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programs to better integrate behavioral health and primary care.<sup>3</sup> In Charlotte North Carolina, Carolinas HealthCare System and Novant Health are collaborating to address social determinants of health such as food, housing, education and access to health care services.<sup>4</sup>

Hospitals and health systems are continually investing in state-of-the-art technology, and many are launching or expanding telemedicine programs to improve access to care and increase care coordination. Doctors Without Borders relies on telehealth for difficult cases across the world, and at Mercy Health System in St. Louis Missouri a Virtual Care Center provides telehealth services for smaller hospitals' intensive care units, emergency rooms and other programs. Mercy reports that its telehealth services have reduced patients' average length of stay by 35 percent and resulted in 30 percent fewer deaths than anticipated. According to Randy Moore, president of Mercy Virtual, "that translated to 1,000 people who were expected to die who got to go home instead."<sup>5</sup>

The American Hospital Association's (AHA) *Advancing Health in America* website provides a wide range of case examples highlighting individual hospital stories across the country. Examples include hospitals donating to homeless housing projects, promoting healthy eating habits and reducing obesity rates, offering free educational classes, hospital community gardens, reading and literacy programs and more. Every hospital has a story that builds trust and confidence—the first step is identifying yours.

## Sharing Your Story

A proactive communication approach is the best way to build community trust, understanding and confidence. Hospitals should not wait until the organization needs to respond to a negative news story or accusation. Instead, the board should

encourage a consistent communication plan that reinforces the hospital's commitment to and fulfillment of its mission, vision and values.

The hospital's community benefit report is a good place to start. Creatively and consistently conveying the hospital's value message is accomplished through a community benefit report that defines and communicates the true benefit and value the hospital creates. Benefit and value are more than the economic value the hospital provides or the economic multiplier it creates. Typical report content includes:

- Community-based clinical services and subsidized services
- Financial contributions
- Education for health professionals and research
- Community education
- Community health improvement activities, such as contributions to community programs and assistance

in increasing access to health care services, housing and transportation, economic development, environmental improvements and coalition building and partnerships.

Content developed for a community benefit report can be repurposed to emphasize the same message through other communication channels, including local media and social media. Hospitals should also share their stories with their state hospital associations and with AHA through [advancinghealthinamerica.org](http://advancinghealthinamerica.org) and [ahacommunityconnections.org](http://ahacommunityconnections.org).

## Leveraging Social Media

Social media presents a growing opportunity for hospitals to not only shape public trust and understanding about their organizations, but for them to influence both health care and personal health decisions. Social media helps build

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## AHA Toolkit: Amplify the Hospital Story

The American Hospital Association recently developed a toolkit to help hospitals "tell the hospital story," recommending that hospital leaders work with staff to apply the following in their work:

- The hospital's commitment to community health as reflected in the mission, values and goals should be understood and applied by everyone throughout the organization.
- Hospitals should develop and make readily available to the public an inventory of community programs and services offered.
- Hospitals should understand and publicly communicate the impact of their programs and services on their communities, including times when hospitals partner with others to ensure patients have the full array of services.
- Hospitals should have examples of the work being done to improve community health, stories of the economic contribution of the organization, the innovations and medical advances taking place, and efforts to improve access to care.

The AHA toolkit provides resources for maximizing social media, and opportunities for sharing through the *Advancing Health in America* campaign, part of a larger effort by America's hospitals to better communicate with patients, caregivers and the community about hospital transformation and the importance of collaboration and proactive patient care. Specific tools include:

- Featured stories, where community stories of hospital outreach programs and activities are regularly spotlighted.
- A "Tell Your Story" section that allows patients, caregivers and hospitals to share personal experiences.
- The hashtag #MyHospital, which provides a way for nurses, doctors, hospital leaders and others to highlight what their individual hospital has brought to the community.

For more information, go to [www.advancinghealthinamerica.org](http://www.advancinghealthinamerica.org).

### Telling Your Story: Governance Questions to Consider

As you consider the best way to tell your hospital's story, how would you respond to the following:

- What is the state of public trust in your hospital or health system? What is your reputation?
- Is the hospital known as a trusted community resource that seeks to improve community health?
- Can the board describe your community initiatives and partnerships and the value they provide to the community? Can employees? What would community members say?
- How does the community hear about your hospital?
- Do you have a clear communication message about how your organization is advancing the health of the community?
- Do you develop a community benefit report? How is that report shared?
- Do you leverage your community benefit report content and stories through other communication channels?
- Do you have a social media presence? What opportunities exist to leverage social media to build community trust and understanding of your hospital's challenges?

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awareness of emerging health resources such as new research, medication, tests or equipment that can help patients. It is also an opportunity for hospitals to share positive experiences and stories. As many organizations have experienced, customers use the Internet and social media to share both positive and negative experiences, a challenge for organizations as stories (whether true or not) can spread quickly through reposts, likes and forwards. Proactive hospitals have an opportunity to re-post and share positive stories, and to respond to and address negative stories.

**All Ages Are Increasingly Looking to Social Media.** According to a PricewaterhouseCoopers (PWC) report, more than eight in ten individuals ages 18-24 would be willing to share health information through social media, and nine in ten would engage in health activities or trust information found via social media.<sup>6</sup> While older generations indicated a lower likelihood for both measures, other studies indicate that seniors are the fastest growing social media audience, with a preference to Facebook. In contrast, younger generations prefer Twitter and Instagram. It is important for hospitals to recognize that what's best shared on one social media platform isn't necessarily well-suited for another.<sup>1</sup>

**Influencing Health Care Decisions.** The combination of Internet resources and social media is changing the nature of how and when individuals seek health care services. Hospitals have an opportunity to leverage their online and social media presence to build community connections and assure patients accurate and reliable information.

According to PWC, more than 60 percent of consumers are likely to trust information posted by providers. In addition, 45 percent of consumers reported that information on social media would affect their decision to seek a second opinion, and more than 40 percent said that information found on social media would affect the way they coped with a chronic condition or their approach to diet and exercise.<sup>6</sup> As social media increasingly influences care decisions, hospitals and health systems have an opportunity to be one of those trusted influencers.

**Building Consumer Confidence.** Experts agree that hospitals and health systems should have a consistent messaging approach that focuses on the themes and topics the hospital wants to reiterate within the community, media and lawmakers.

Hospitals have many internal sources they can leverage to communicate what makes

their organization unique. For example, a system should be in place for the hospital to gather or encourage posts, stories or videos from employees, physicians, patients, senior leaders, board members and community members. While not a requirement, stories that resonate are typically short, personal, heart-warming or funny.

Hospitals can also leverage external sources for content, including content from their state hospital association and national sources such as the American Heart Association, American Diabetes Association and the AHA.

### The Governance Connection

The board sets the tone for what the organization values and where resources are invested. For some boards, a deep and honest assessment may be necessary to understand where the organization's community commitment lies and the unique nature of the hospital's role in advancing overall health and wellness. For others, the good work is already taking place but isn't well-known.

Every board has a duty to ensure the hospital's focus remains centered on its mission. This commitment often comes with an untapped opportunity to share the hospital's story in ways that build community trust, hope and a sense of pride in the hospital and the good work done by hardworking employees, volunteers and physicians.

### Sources and More Information

1. Amplify the Hospital Story. American Hospital Association. Fall 2016. [www.advancinghealthinamerica.org](http://www.advancinghealthinamerica.org).
2. Capella University. Capella Partners with Employers to Close the Skills Gap. March 8, 2016. [www.capella.edu](http://www.capella.edu).
3. Aston, Geri. Coming Together to Integrate Behavioral, Primary Health Care. *H&HN*. May 24, 2017.
4. Karash, Julius. NC Providers to Collaborate for Underserved Communities. *H&HN*. June 2, 2017.
5. Beck, Melinda. How Telemedicine is Transforming Health Care. *The Wall Street Journal*. June 26, 2016.
6. PricewaterhouseCoopers, LLP. Social Media "Likes" Healthcare: From Marketing to Social Business. Health Research Institute. April 2012.

## GOVERNANCE INSIGHTS

## Seniors Aren't Immune to the Opioid Crisis

While it is gaining increased attention, addiction, misuse and physical dependency of opioids have been referred to as a “quiet epidemic.” Despite recent media coverage and attempts to raise awareness, many may be surprised by the magnitude of the challenge in older adults. In fact, Medicare beneficiaries have the highest and fastest growing rate of opioid use disorder (OUD). More than six in 1,000 Medicare beneficiaries have been diagnosed with OUD. Lack of systematic screening policies and fears of discrimination and stigma mean this number is likely underestimated.<sup>1</sup>

**A**ccording to findings published in June 2016 by the U.S. Department of Health and Human Services Office of Inspector General, nearly one-third (12 million) of Medicare beneficiaries received opioid prescriptions in 2015. On average, each received five opioid prescriptions that year.

Across the country, opioid use and misuse were responsible for increasing emergency department (ED) utilization by 114 percent from 2004-2011, with 24-27 percent of those drug-related ED visits becoming hospital admissions.<sup>1</sup>



### Why Are Older Adults Vulnerable?

For most older adults, opioid use begins with managing pain that may be the result of illness, injury, surgery or a chronic condition. According to the National Institutes of Health, more than 50 percent of older adults living independently suffer from chronic pain. That number jumps to 75-85 percent for adults who live in care facilities.<sup>3</sup> While highly effective for pain relief, an increased tolerance for opioids over time drives a need for more of the drug to achieve the same effect. This can lead to the serious potential for misuse, addiction and death from overdose.

For older adults, the potential for harm can be worsened by other age-related factors, including:<sup>4</sup>

- Older adults are more likely to have memory lapses, increasing the chances of overdose if they forget they've already taken a dose;
- Older adults are more likely to take other medications, increasing the risks of negative drug interactions;

- Age-related decline in liver function and metabolism may make it easier for overdose or addiction to happen; and
- Age-related fatigue, confusion or other medical conditions may mask symptoms of misuse or addiction.

Further exacerbating concerns for older adults using opioids is the increased risk for falls and bone fractures, a risk that is four to five times as likely for older patients using opioids than for those using non-opioid pain medication.<sup>5</sup>

Opioid misuse also raises the risk for use and potential overdose of heroin, which if used by injection also brings concerns about the spread of HIV, Hepatitis C or other infectious diseases.<sup>1</sup>

### Understanding Misuse, Abuse and Dependency

There are important distinctions to be made between opioid misuse, abuse and physical dependency.

**Misuse.** For many seniors, increased drug tolerance over time may lead individuals to misuse their opioid prescription by increasing the dosage to achieve the same levels of pain relief.

**Abuse.** Using opioids for non-therapeutic purposes to induce feelings of euphoria is an abuse of the drug.

**Physical Dependency.** Symptoms of withdrawal when stopping a medication, even under medically prescribed circumstances, are indications of physical dependence on the medication.

These distinctions are significant to the prevention and treatment of opioid use disorder. The challenge for physicians is helping people effectively manage their

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pain in a way that gives them a measure of relief and offers continued independence and quality of life.<sup>6, 7</sup>

### Responding to the Opioid Epidemic in Older Adults

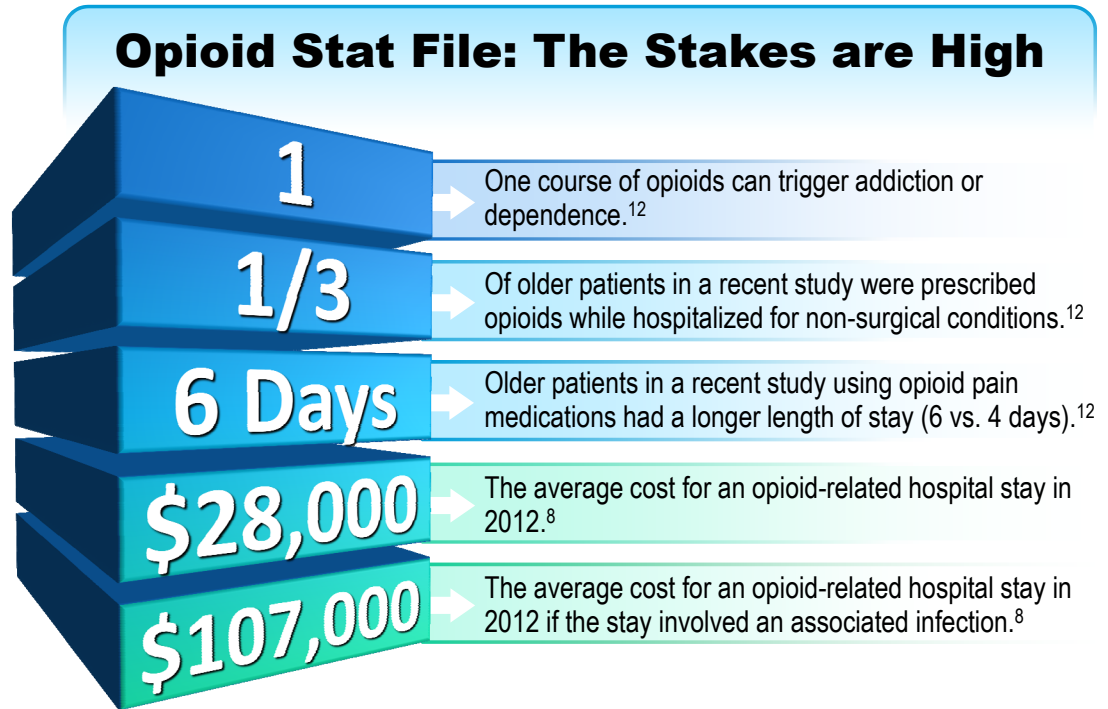
The Centers for Medicare and Medicaid Services (CMS) has responded to the opioid epidemic in older adults through a multi-pronged approach.

**Development of an Opioid Misuse Strategy.** The Department of Health and Human Services has two goals in fighting the opioid epidemic:

1. Decrease opioid overdoses and overall overdose mortality; and
2. Decrease the prevalence of opioid use disorder.

To achieve these goals, CMS convened a cross-agency work group to develop a strategy and action plan. Released in January 2017, the CMS Opioid Misuse Strategy identifies the following four priorities with objectives:<sup>1</sup>

1. Implement more effective person-centered and population-based strategies to reduce the risk of opioid use disorders, overdoses, inappropriate prescribing and drug diversion.
2. Expand naloxone use, distribution and access when clinically appropriate.
3. Expand screening, diagnosis and treatment of opioid use disorders, with an emphasis on increasing access to medication-assisted treatment (MAT).



4. Increase the use of evidence-based practices for acute and chronic pain management.

**Maximizing Hospital Improvement Innovation Networks (HIINs).** The Hospital Improvement Innovation Networks are a continuation of previous efforts from the Hospital Engagement

Network to improve quality and patient safety. With more than 4,000 hospitals participating in the HIINs, the partnerships have an opportunity to expand the use of best practices for pain management to reduce the incidence of adverse drug events related to opioids.

One example is the American Board of Internal Medicine Foundation's Choosing Wisely Program, which aims to reduce waste and avoid

risks associated with unnecessary treatment. Part of the program includes facilitating conversations between patients

and providers about medication choices, particularly non-opioid options for treatment.

**Reassessing Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Pain-Related Questions.** CMS' value-based purchasing bases a percentage of hospital reimbursement on patient satisfaction, as measured by the HCAHPS survey scores. Critics believe three HCAHPS questions regarding pain management created a financial incentive with the potential to influence opioid prescribing. Following criticism of the pain-related satisfaction questions, CMS announced that it would drop the following three questions from the survey in 2017:

- During this hospital stay, did you need medicine for pain?
- During this hospital stay, how often was your pain well controlled?

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## One Opioid Story Tells the Bigger Picture

In a recent issue of the *Denver Post*, Colorado physician Dr. Don Stader shared his memory of working in an emergency room when a patient came in following a heroin overdose. She was 21 years old and needed multiple treatments of naloxone, the overdose-reversing drug, to revive her. After talking with her later he was able to trace her addiction backward. First she received a prescription for opioids from a sprained ankle, then bought them on the street, and then moved to heroin. Dr. Stader was shocked—he had seen a patient that same day with an ankle sprain and prescribed an opioid.

While this example highlights the story of a young patient, the stories for older patients are similar and statistics indicate that older patients face even bigger challenges. Medicare beneficiaries have the highest and fastest growing rate of opioid use disorder.

Dr. Stader is now part of a group of physicians and administrators implementing a comprehensive program for Colorado hospitals to dramatically reduce the amount of opioids prescribed while still treating pain effectively, in partnership with the Colorado Hospital Association and members of the Colorado chapter of the American College of Emergency Physicians.

In Steamboat Springs, Colorado, a community of only 14,000 people, doctors at Yampa Valley Medical Center (YVMC) report seeing one patient a week who has overdosed on heroin or opioids or is suffering from withdrawal.<sup>11</sup>

***“We’ve been shocked by the diversity. We’ve had grandmothers. We’ve had high schoolers. It runs the whole gamut of life. I don’t think anyone’s immune from it.”***

*- Wes Hunter, YVMC Director of Pharmacy and president of the Colorado State Board of Pharmacy*

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- During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

Although CMS stated there were no scientific studies linking the questions with opioid prescribing practices, the agency agreed to remove the questions from the survey and expects to replace them with three questions focused on communication about pain. If finalized, CMS expects to include the new questions in the HCAHPS survey effective January 1, 2018.<sup>9, 10</sup>

### The Hospital's Role

The American Hospital Association (AHA) has identified the following six roles for hospitals and health systems in addressing the opioid epidemic:<sup>6</sup>

- Ensuring clinician education about and oversight of appropriate prescribing practices, including patient education;
- Offering treatment and referrals for patients with substance use disorder;
- Making sure that patients treated for substance use disorder are properly discharged;

- Handling individuals with drug-seeking behavior in the emergency department appropriately, which includes the use of prescription monitoring programs;
- Reviewing opioid alternatives to pain management; and
- Safeguarding prescription opioids against diversion.

The AHA and the Centers for Disease Control and Prevention have also created a patient education resource “Prescription Opioids: What You Need to Know” to assist providers in discussing opioid risks

and alternatives with their patients (available at [www.aha.org](http://www.aha.org) or [www.cdc.gov](http://www.cdc.gov)).

For most hospitals, the opioid epidemic is no longer a silent one. The costs it extends to individuals, families, providers and overall community health are significant, and older adults are particularly vulnerable to its effects. While opioids remain appropriate in some instances, hospitals boards have a responsibility to ensure that their organization and the medical staff work together to implement new approaches and best practices for pain management.

### Sources and More Information

1. CMS. Opioid Misuse Strategy 2016. January 5, 2017.
2. U.S. Department of Health & Human Services, Office of Inspector General. High Part D Spending on Opioids and Substantial Growth in Compounded Drugs Raise Concerns. HHS OIG Data Brief. June 2016.
3. Chronic Pain is a Growing Problem Among Older Americans. *NIH MedlinePlus*. Fall 2011.
4. Society of Certified Senior Advisors. Seniors Biggest Users of Opioids. Society of Certified Senior Advisors Blog Article. February 6, 2017. [www.blog.csa.us](http://www.blog.csa.us).
5. Risks of Opioid Use in the Elderly and Medicare Populations. The Pew Charitable Trusts. March 18, 2015.
6. American Hospital Association Quality Advisory. Ending the Opioid Epidemic: New Patient Education Tool and Other Resources for Hospitals. June 7, 2016.
7. Gold, Jenny. Prescribing Opioid to Seniors: It's A Balancing Act. *Kaiser Health News*. January 31, 2017.
8. Stempniak, Marty. Opioids Add to a Sharp Rise in Hospitalizations, Costs. *H&HN*. May 5, 2016.
9. CMS. CMS Finalizes Hospital Outpatient Prospective Payment Changes for 2017. November 1, 2016.
10. CMS. CMS Proposes New Pain Management Composite Measure for the HCAHPS Survey. June 1, 2017.
11. Ingold, John. Colorado Hospitals Launch Ambitious Program to Reduce Opioid Addiction. *The Denver Post*. June 12, 2017.
12. Seegert, Liz. New Study Tracks Hospital Opioid Prescribing in Older Adults. Association of Health Care Journalists Blog. June 1, 2017. [healthjournalism.org/blog](http://healthjournalism.org/blog).
13. Anderson, Jeff. The Quiet Epidemic of Senior Drug Abuse. A Place for Mom Blog. January 22, 2014. [www.aplaceformom.com](http://www.aplaceformom.com).

### Questions for Trustees to Ask About Social Determinants

- ✓ Has your board reviewed and discussed the most recent findings of your hospital's community health needs assessment?
- ✓ Do you know how the health of the counties in your hospital's community rank, and how they compare to other similarly situated counties?
- ✓ Do you know which measures are ranked highly and which are ranked poorly?
- ✓ Does your hospital have an action plan for addressing health disparities and social determinants of health in your community? Are measures of improvement included in a dashboard that is regularly reviewed by the board?
- ✓ How are community health needs taken into consideration in the board's budget review process? Are adequate staff and resources dedicated to addressing health disparities?
- ✓ Does your hospital partner with other community organizations and agencies to address important social determinants of health in your community?
- ✓ Does your board's membership reflect the diversity of your community? Do you have members with the personal or professional diversity that enables the board to: 1) understand the needs and perspectives of all populations in your community; and 2) establish partnerships and collaborations that can expand the hospital's reach and resources required?

(Continued from page 3)

**National Prevention Council.** The National Prevention Council was established by the Affordable Care Act and is comprised of 20 federal departments, agencies and offices committed to prevention and wellness. The National Prevention Strategy is designed to promote collaborative efforts to advance health for all Americans by shifting the health care focus from sickness and disease to prevention and wellness. Its four strategic directions include healthy and safe community environments, clinical and community preventive services,

empowered people, and elimination of health disparities.<sup>8</sup>

**Healthy People 2020.** For more than 30 years, Healthy People has represented the nation's health agenda. In 2010, the U.S. Department of Health and Human Services announced Healthy People 2020, a 10-year health initiative. The goals of Healthy People 2020 are to:<sup>1</sup>

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages

### Making an Impact: The Board Sets the Tone

The definition of community health included in the AHA report, *Next Generation of Community Health*, notes that **community health initiatives generally address the impact of social determinants of health.** Hospitals and health systems have significant opportunity to make a difference to social determinants of health *through* community health initiatives. To really have an impact, the emphasis on community health must come from the board. The AHA recommends that boards infuse the importance of community health initiatives and partnerships by:<sup>9</sup>

- Making community health core to your hospital's mission;
- Educating trustees about the community health needs assessment process and results;
- Engaging a diverse board that reflects the community in establishing partnerships;



- Illustrating to your board how community health is a moral imperative, but also a business imperative;
- Committing to community health through dedicated staff and resources;
- Measuring and reporting success on meeting community health goals to your board; and
- Building a culture that supports sustained community health improvement.

### Sources and More Information

1. Healthy People 2020. Accessed June 2017. [www.healthypeople.com](http://www.healthypeople.com).
2. Heiman, Harry J., Artiga, Samantha. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Kaiser Family Foundation. November 4, 2015.
3. American Hospital Association. Fast Facts on US Hospitals, 2017. Accessed June 2017. [www.aha.org](http://www.aha.org).
4. National Advisory Committee on Rural Health and Human Services, Health Resources and Services Administration. Policy Brief: Social Determinants of Health. January 2017.
5. Centers for Disease Control and Prevention. Health Impact in 5 Years. Accessed June 2017. [www.cdc.gov/hi5](http://www.cdc.gov/hi5).
6. Robert Wood Johnson Foundation. County Health Rankings & Roadmaps Program. Accessed June 2017. [www.countyhealthrankings.org](http://www.countyhealthrankings.org).
7. The Root Cause Coalition. Accessed June 2017. [www.rootcausecoalition.org](http://www.rootcausecoalition.org).
8. U.S. Department of Health & Human Services, Surgeon General. National Prevention Council. Accessed June 2017. [www.surgeongeneral.gov](http://www.surgeongeneral.gov).
9. American Hospital Association 2016 Committee on Research. Next Generation of Community Health. American Hospital Association and Hospitals in Pursuit of Excellence. 2016.