# HealthKentucky

A Report on Medical Research, Innovation, Life Sciences, Facilities and Healthcare Providers



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#### Health Kentucky is an annual statewide publication that

**presents an overview** of key elements of the commonwealth's health care sector, with a focus on important research, technology and innovation in the life sciences, and the economic impact of medical services on Kentucky. It focuses this year on efforts to combat Kentucky's major population health problems such as heart disease and cancer. Kentucky has the nation's worst incidence and mortality rate for cancer. The good news is that advanced special initiatives are underway across the state to understand why and fight this problem.

### HealthKentucky

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## The Heart of the Matter

NORTON HEALTHCARE LEADS THE WAY IN HEART CARE FOR ADULTS AND CHILDREN

Providing more than 124,500 annual visits, procedures and hospital stays for adults and children with heart and vascular care throughout their lives, Norton Heart & Vascular Institute and Norton Children's Heart Institute, affiliated with the University of Louisville, are Greater Louisville's leading heart-care destinations.



"The investment we have made in heart care is most clearly demonstrated by the size and quality

of our adult and pediatric cardiovascular teams," said Steven T. Hester, M.D., MBA, division president, provider operations, and system chief medical officer, Norton Healthcare. "Our community and region can feel confident knowing that if they need heart care for any age, it's available and it's close to home."

### **Recognized for excellence**

Clinical outcomes are important to the entire team.

For instance, the "door-to-balloon" times at Norton Audubon Hospital, Norton Brownsboro Hospital and Norton Hospital are 20 to 39 minutes faster than the best-practice time of 90 minutes established by the American College of Cardiology (ACC). Door-to-balloon is the time elapsed from when a patient enters the emergency department with chest pain to when a diagnosed fully blocked artery is opened with a catheter. In 2017, Norton Hospital met or exceeded the goal time 100 percent of the time, with Norton Audubon Hospital at 97 percent and Norton Brownsboro Hospital at 96 percent.

In fact, all four Norton Healthcare adult-service acute care hospitals have received Adult Division Cycle V Chest Pain Accreditation by ACC Accreditation Services, the highest level possible.

Patients with atrial fibrillation (A-fib) also are benefiting from Norton Healthcare's

commitment to excellence.

REDIT

The ACC awarded Atrial Fibrillation with Electrophysiology Services reaccreditation to Norton Audubon Hospital and Norton Hospital. Initially earned in 2014 and reaccredited in 2017, the designation is based on a rigorous on-site evaluation of the multidisciplinary team's ability to evaluate, diagnose and treat patients with A-fib.

"The reaccreditation recognizes our team effort in diagnosing and educating people living with A-fib and our focus on providing what is best for these patients from diagnosis to treatment to continuous education," said Kent E. Morris, M.D., clinical cardiac electrophysiologist, Norton Heart Specialists.

Additionally, three of the four hospitals in Kentucky presented with the American Heart Association's Mission: Lifeline award are Norton Healthcare facilities. The award is given for implementing specific quality-improvement measures for treatment of patients experiencing severe heart attacks.

### Investing in the best heart technology

An important part of consistently being the gold standard is investment in advanced technologies.

With support from the Norton Healthcare Foundation, Norton Healthcare was the first in the region to invest in remote dielectric sensing (ReDS) for congestive heart failure.

Expanding on radar technology created for the military, the ReDS wearable vest uses medical radar to see through the wall of the chest and inside the lungs in just 90 seconds. Heart failure specialists can measure dangerous fluid content around the lungs, allowing care providers to immediately take action, even before the patient notices any symptoms.

"This life-changing technology allows us to respond very quickly to change medication and educate the patient on steps they can take to help reduce their internal fluid," said Kelly C. McCants, M.D., cardiologist and medical director, Norton Heart & Vascular Institute Advanced Heart Failure Program.

For the growing number of patients with A-fib who have implantable defibrillators or monitoring devices, the Norton Heart & Vascular Institute Heart Rhythm Center has a 10-member team that remotely monitors more than 7,000 heart patients' implantable devices. The pacemakers, defibrillators and implantable loop recorders send alerts that are reviewed by a clinical team every day.

The data can alert Heart Rhythm Center providers if a patient is going into heart failure, is experiencing A-fib, has been shocked with a defibrillator, has a mechanical malfunction of their device or has experienced another episode needing medical attention. This provides patients with peace of mind.

### Leading the way in children's heart care

Norton Children's Heart Institute, affiliated with the University of Louisville, is a statewide leader in heart care for children, with 16 locations, 29 remote tele-echocardiography sites and four fetal tele-echocardiography sites across the commonwealth and southern Indiana.

Norton Children's Heart Institute is the highest-rated program by the Society of Thoracic Surgeons in Ohio, Kentucky and Southern Indiana, and is Kentucky's only pediatric heart transplant center. The pediatric heart transplant program features three cardiothoracic surgeons including Bahaaldin Alsoufi, M.D.; Erle H. Austin, M.D.; and Deborah J. Kozik, D.O.; and is accredited by the Centers for Medicare and Medicaid Services.

The 17-bed Jennifer Lawrence Cardiac Intensive Care Unit at Norton Children's Hospital, Kentucky's only pediatric cardiac intensive care unit, will be completed by 2020 thanks to support from the community through the Children's Hospital Foundation.



The Norton Heart & Vascular Institute Heart Rhythm Center has a 10-member team that remotely monitors more than 7,000 heart patients' implantable devices, such as pacemakers and defibrillators.



Dr. Kelly C. McCants, medical director of the Norton Heart & Vascular Institute Advanced Heart Failure Program, talks with a patient about his new remote dielectric sensing (ReDs) vest monitor.

"Having a child with a heart defect is scary for families," said Mark J. McDonald, M.D., medical director, Norton Children's Hospital. "We have the team and the technology to ease some of that anxiety."

Through its affiliation with the University of Louisville, Norton Children's Heart Institute has 20 pediatric cardiovascular physicians with specialties in heart surgery, adult congenital heart disease, advanced heart failure, electrophysiology as well as fetal, interventional and medical cardiology.

### Diagnosing heart issues before the baby arrives

Thanks to advances in ultrasound technology, many parents are able to seek treatment and better prepare for a heart condition.

Most heart abnormalities are detected during a routine ultrasound and referred to the Fetal Cardiology Program for further evaluation through a fetal echocardiogram. This noninvasive tool uses ultrasound waves to evaluate an unborn baby's heart.

With locations in Ashland, Paducah, Owensboro and Lexington, the results can be transmitted to a board-certified fetal cardiologist for review, allowing expectant families to work with maternal-fetal medicine specialists and others for care during and after delivery.

### A (not-so) surprising link to adult heart care

One in every 100 babies is born with some type of heart defect, making congenital heart disease the most common type of birth defect. Thanks to many recent advances, more than 90 percent of these children now survive to adulthood living longer, healthier lives.

The Norton Children's Heart Institute adult congenital heart disease program provides specialized care for this patient population once they reach adulthood.

The statewide network of specialized services is led by Craig H. Alexander, M.D., and Walter L. Sobczyk, M.D., who work with patients' cardiologists to provide advanced diagnostic testing, cardiac imaging, interventional catheterizations, device implantation, complex arrhythmia therapies, complex surgical procedures and ongoing care.

## Still Focused on What Matters Most

FIVE YEARS INTO ITS MISSION, OWENSBORO HEALTH'S 'NEW HOSPITAL' IS RAISING THE BAR FOR HEALTH CARE IN WESTERN KENTUCKY





A peaceful healing environment – including gardens, walking trails and ponds – was always part of Owensboro Health's blueprint.

It has been five years since the new Owensboro Health Regional Hospital opened on the city's east side, but Joe Taylor is still hearing the compliments. The system's executive director of facilities, Taylor says visitors are often pleasantly surprised to discover such a spacious, beautiful facility in the heart of Western Kentucky.

"The positive feedback we receive is a reminder that our hospital was uniquely built to serve the people in this region," Taylor said. "It was designed to always put the patient first, and it is gratifying to know that those efforts are making a difference."

Nine stories high and nestled on 160 acres of former farmland, Owensboro Health Regional Hospital makes quite an impression for motorists circling Owensboro via Highway 231 and Highway 60 East. With its granite exterior, curved design and window-lined corridors, the hospital is hard to miss. Fifteen acres of ponds At the 2010 groundbreaking ceremony, Owensboro Health team members celebrated on empty farmland – where the hospital now stands.

and 50 acres of grasslands surround the facility, which earned Signature Sanctuary status from Audubon International in 2013.

While the beauty of the campus is striking and sets the tone for a healing environment, it is what patients and visitors experience inside the hospital that sets it apart, according to Chief Operating Officer Debbie Bostic. The rooms are cozy and have plenty of space for the family. Nurses quietly monitor patients from speciallybuilt alcoves outside each room. Artwork adorns the hallways and sunlight streams through the bright, airy windows.

"We want our patients and visitors to be as comfortable as possible, and small details are important," Bostic said. "It's the special touches, like controlling your own room temperature or having a sofa bed for your family member, that really matter to the patient."

Patients appear to be responding to Owensboro Health's efforts to improve the health-care experience, Bostic added, as satisfaction scores rose by 4.5 percent in 2018.

### Part of a larger plan

From the beginning, a reimagined patient experience was one of the primary goals for building a new hospital. When Owensboro Health leaders began to dream of constructing a new facility over a dozen years ago, they envisioned a hospital that would transform health care for the entire region.

A new hospital, officials thought, could offer the latest technology and attract some of the brightest health-care professionals to Western Kentucky. It could also serve as the cornerstone of a broader strategy to improve regional health through initiatives, partnerships and education. Plus, by building on a large tract of undeveloped land, there would be plenty of room for future growth and development.



Still, it was not an easy decision, as opening a new hospital would mean leaving the location that had served Owensboro since the 1930s. With careful debate and consideration, the board of directors decided that the region would be best served with a new facility, designed from the ground up, and planning began.

The three-year planning process was vigorous but exciting, recalled Wes Page, process improvement engineer for Owensboro Health. Community members, former patients and hospital team members all made valuable contributions by participating in forums and workshops, he said.

"We took many ideas from those forums and wove them into the design of the hospital," Page said. "Our goal was to see the health-care experience through the eyes of our patients, and I think we accomplished it."

Construction at the new Pleasant Valley site began in 2010, and three years later, after a two-week community celebration, Owensboro Health Regional Hospital opened to the public on June 1, 2013. It was a historic occasion that concluded many years of hard work, but the momentum was only beginning.

Since then, Owensboro Health has enjoyed tremendous growth and has expanded its footprint across the region. The health system has added key services like interventional radiology, surgical weight loss and maternalfetal medicine; acquired a second hospital, Muhlenberg Community Hospital; and opened



Owensboro Health is building a reputation for innovation, thanks to advanced technology like this state-of-the-art MRI unit.

three new Healthplex facilities in Henderson, Madisonville and Powderly. At over 4,300 employees, Owensboro Health is Kentucky's largest employer west of Louisville.

All of these achievements are signs that the hospital is fulfilling the vision that was laid out for it: to reinvent patient care and to anchor a new era of expanded health services for the region. But according to Debbie Bostic, quality care and customer service are still the focus at Owensboro Health Regional Hospital.

"The patient will always be our top priority," Bostic said. "It's the most important part of our mission, and that will never change."



Since opening its new hospital in 2013, Owensboro Health has added more locations, including Muhlenberg Community Hospital in Greenville, Kentucky.

## New Walk-In Clinic

### KENTUCKYONE HEALTH OFFERING CONVENIENT ACCESS AND AFFORDABLE CARE WHEN YOU NEED IT

Flu and other illnesses don't take time off, especially in the winter months. That's why KentuckyOne Health is working to expand access to affordable health care beyond regular office hours.

KentuckyOne Health – Palomar Express Care opened at 3581 Harrodsburg Road in August 2018 to provide expanded access to care for acute illness and minor injuries seven days a week. It is open Monday-Friday from 8 a.m.-8 p.m., and Saturday-Sunday from 9 a.m.-5 p.m. No appointment is necessary, and walk-ins are welcome.

"We are excited to offer expanded access to affordable health care that will help our patients save time and money with the addition of this new location," said Kathy Love, vice president of strategy for KentuckyOne Health. "We look forward to helping those in need of care quickly get the help they deserve."

Providers at Palomar Express Care have easy access to records of patients of any KentuckyOne Health provider, making a visit easier and more efficient when time is of the essence. The new location also houses a primary care office, laboratory and imaging services, and will be adding specialty care services. Other KentuckyOne Health locations in Berea, London, Richmond, Bardstown and Elizabethtown offer extended hours.

Love said the goal is to be where patients are already going to make it easier for them to receive the care they need.

"We evaluated locations that would expand our ministry of care near our campus in order



to provide patients in this area with additional options and easier access, and to meet the increasing desire for walk-in service and expanded hours," Love said. "We're very excited about this new center because it will be much easier for patients to access our network in a place that's more convenient to them."

KentuckyOne Health strives to serve the community in a way that reduces the growing cost of health care and is successfully partnering with employers around the region to better manage their health-care costs. Palomar Express Care opened at 3581 Harrodsburg Road, Lexington in August 2018 to provide expanded access to care for acute illness and minor injuries seven days a week.

"We are serving our community in a way that reduces the growing cost of health care," Love said. For more information on Palomar Express Care, call (859) 313-6200 or visit kentuckyOneHealth.org/Palomar.



KentuckyOne Health - Palomar houses Express Care, a primary care office, laboratory and imaging services, and will be adding specialty care services.

## Nation's First State Cancer Registry

GENOMIC TOOLS PERSONALIZING TREATMENT OF KENTUCKY'S WORST-IN-THE-U.S. CONCENTRATION OF MALIGNANCY

By Josh Shepherd



Fifteen years after the first sequencing of the human genome, genomic medicine is yielding big steps forward in treating cancer and other diseases, Kentucky researchers and oncologists say. Because the state has the nation's worst rates of cancer occurrence and mortality, genomic medicine could have its greatest positive impact in Kentucky.

Within a decade or so, healthy adults could opt to have their genetic profile assessed to determine their future risk for disease. For Kentucky populations, such data is expected to yield deeper insights because the Kentucky Cancer Registry recently began a first-of-its-kind project to collect and compile genomic trends for the state's hard-hit geographies.

Parents may be able to consider genetic screens for their children, said Dr. Douglas Flora, medical director of the St. Elizabeth Healthcare Cancer Center. During annual checkups, physicians could use genomics to longitudinally track risks and suggest behavior modifications and treatments to prevent or get ahead of possible disease development. "The ability to see just a little piece of the future for each patient will allow physicians to make more educated decisions about screenings and tailor care to the individual patient," Flora said.

Future patients might have the opportunity to take steps to prevent cancers from developing in the first place rather than waiting for tumors to occur and grow to a detectable level.

"That is a goal, but we're not anywhere near there yet," said Dr. Jill Kolesar, a clinical pharmacologist at the University of Kentucky. Kolesar is co-director of the Precision Medicine Clinic at the UK Markey Cancer Center, which has a network of 20 affiliated hospitals in the state, and a co-chair of the Molecular Tumor Board.

She has two decades of direct involvement with genomic research as it has evolved from pure research into actual patient care.

"It's only been within the last five years that genomic sequencing has even moved into the clinical setting," she said.

Kolesar worked with two medical oncologists to establish precision medicine services at

Dr. Rachel Miller, left, and Dr. Jill Kolesar are co-directors of the Molecular Tumor Board.

University of Wisconsin's Carbone Cancer Center while on faculty there. After joining UK's Markey Cancer Center faculty, she worked with Dr. Rachel Miller, a gynecological oncologist, and Dr. Susanne Arnold, a medical oncologist, to found the first Molecular Tumor Board in Kentucky and organize the UK Precision Medicine Clinic, which launched in February 2018.

### Screening remains weapon No. 1

Before discussing those entities' functions, Kolesar explained that "precision" or "targeted" medicine actually describes a broad range of cancer-fighting services, some of which hospitals have been engaged in for decades. Weapon number one remains screenings. Triggered either due to a patient's age or because they have a family history of cancer or heart disease, doctors order colonoscopies, mammograms, prostate exams or stress tests.

"We know that genetics plays a role in a patient's risk for developing cancer," Kolesar said. "We try to mitigate that risk. But it's important to remember that genetics only indicates a risk – not a guarantee (that a tendency will occur). Physical exercise, a healthy diet and cutting out smoking significantly reduces cancer risk, even for those who have a family history of disease."

Genomic science is still new, she and her colleagues emphasize, and while genetic insight offers exciting possibilities for future patient care, the news reaching the public so far is a bit more hype than fact.

"Where the science is today is breaking down the genetic sequence of cancer tumors to identify known mutations, then matching those mutations to the most effective drug therapy available," Kolesar said.

That may sound simple, but it represents a substantial breakthrough in medicine's understanding of cancer cells. Before genetic



Age-Standardized Mortality Rate from Neoplasms, Both Sexes, 2014

sequencing, cancer treatment "pathways" were much the same from patient to patient, but outcomes often differed.

Some patients respond well to basic treatment, and their cancer stabilizes, shrinks or becomes undetectable. But for others, tumors persist and metastasize despite the various interventions.

In the last decade, however, patients who don't respond to standard chemotherapy or radiation treatment have better survival opportunities thanks to medicine's increasing understanding of genetic sequencing, Kolesar said.

Genetics has shown researchers that literally no two cancers are alike; the molecular composition of tumors is as individually unique as any other living organism. Meanwhile, researchers have learned there are, indeed, common mutation forms among tumors that oncologists know are vulnerable to specific treatments or drugs.

This growing base of knowledge and understanding about the genetic mutations common to various human cancers led UK HealthCare officials to assemble a unique type of cancer review board in 2016. The Molecular Tumor Board allows researchers to collaborate with oncologists throughout the state on treatment of patients suffering from advanced-stage cancer.

### State's first Molecular Tumor Board

UK Molecular Tumor Board services are free to all surgical and medical oncologists in Kentucky. The volunteer board is a multidisciplinary group of cancer specialists, including pathologists, medical oncologists, surgical oncologists, radiologists, genetics counselors, pharmacologists and basic scientists. The MTB works to uncover possible alternative treatment options for patients not responding to traditional therapies.

The treating oncologist submits his or her case report to the MTB online with a request for a review. Usually, a tumor sample has been gene sequenced and its known mutations identified. Mutations in MTB request reports are crossreferenced with a national database such as The Cancer Genome Atlas (TCGA), which is maintained by the National Institutes of Health, to identify the chemotherapeutic drugs known to be most effective. The options found are compiled into a final report for the board.

If there are no proven drugs, Kolesar said, there might be a clinical drug trial the patient can join, or some patients qualify for an investigational drug trial available only through the Precision Medicine Clinic at UK.

When the MTB was formed two years ago, sequencing could compare samples against 196 known gene mutations. By May 2018, TCGA had over 300 gene mutations, with those numbers climbing as research continues.

The MTB is not recommended for all cases and gene sequencing is not an automatic first step for most early cancer diagnoses.

"We don't recommend using this type of precision medicine therapy unless the track is proven to be better than standard approaches to the disease," Kolesar said.

However, because Kentucky leads the nation in lung cancer, the state's oncologists already know much about the types of mutations involved. While not yet a standard of care, gene sequencing of lung biopsies is an increasingly common practice today in the commonwealth. This graphic from the Journal of the American Medical Association depicts cancer mortality rates by county, showing that the worst cancer concentration in the United States occurs in Eastern Kentucky.

The MTB's work is yielding good outcomes, but a great deal of research and discovery remains to be done. Some of this will come from cancer informatics specialist Dr. Eric Durbin, director of the Kentucky Cancer Registry (KCR), who regularly sits in on the twice-monthly MTB meetings to supply research and populationbased data for physicians to consider.

### A population-based mutations registry

The TCGA database is a high-value resource for the MTB in Lexington and advanced genomic research in general. Even so, Durbin realized the large data warehouses don't provide information to the commonwealth's cancer treatment decision makers. As a result, he launched an ambitious effort to assemble the nation's first population-based registry of known cancer mutations, with its data specific to Kentucky's population and demographics.

"National databases collect data from patients everywhere in the country. The data doesn't represent any (localized) underlying population. It's like basing your conclusions about Kentucky's cancer problem by reviewing all the cases from the Mayo Clinic," Durbin said.

A population-specific mutation registry is wanted because Kentucky has the worst cancer problem in the nation due to a concentration in a cluster of counties in Eastern Kentucky. Durbin conceived of the idea to embark on KCR's ambitious new project while participating in MTB sessions the past few months.

Is it possible, he wondered, to predict better courses of treatment or outcomes if there was data on the historical experience of patients who shared similar demographics? Is it possible to identify matched patients in a population-based registry who share a similar molecular profile? If the registry identifies similar cases, would it inform physicians about treatments that result in longer-term survival, better quality of life and better outcomes?

Durbin believes it will. With the support of oncologists and researchers from UK, UofL and several tertiary-care hospitals in the state, the KCR is already collecting genomic test data to answer those questions.

The KCR collects population-based data on cancer incidence, treatment and a host of other measures. Creating a population-based set of tumor mutation data in the commonwealth is one natural step for the registry that "could give insights and better predictions about which patients would best respond to specific treatments because there will be information in the registry on patients (in the local population) who have tried those agents," Durbin said.

Complying with patient privacy standards, the KCR is negotiating agreements with healthcare systems and genomic testing laboratories to share basic information.

"We're the first state cancer registry to build such a database. We'll depend a great deal on mutual cooperation with health systems and labs to gather this data. It's a huge undertaking, but the end result could have a significant impact on improving survival and other positive outcomes for cancer care," Durbin said.

### Immunotherapy 'miraculous' for some

To this point, the discussion of sequencing genetic tumors has focused on identifying specific gene mutations in cancer cells as if patients only suffered from one or two. But the disease is rarely that simple, Kolesar said. Some patients' cancers have a "high mutation burden."

One of the little-known functions of the body's immune system is to track down cell mutations and engulf them as they would an invading virus. But cancer is smart, said Dr. Mark Evers, director of the Markey Cancer Center. Forms of the disease have evolved to trick the body into thinking it's a normal cell and, therefore, the body's immune system doesn't activate.

Immunotherapy uses drugs to boost and reactivate the immune system, Evers said.

"The procedure basically takes the brakes off the body's immune system," Kolesar said, but an out-of-control immune system can pose as serious a threat as cancer.

However, immunotherapy has proven quite effective on patients with melanoma. Less than a decade ago, Evers said, there wasn't much to offer patients with metastatic melanoma except for some toxic therapies that, frankly, didn't do much.

"We've seen miraculous effects from immunotherapy drugs. For some patients, those drugs are really helping," he said.

### **Genetics counseling**

Growth in genomics-based services has spurred creation of new health professions. One new profession to emerge in recent years is genetics counseling, which helps patients interpret the results of a genetics lab report.

In recent years, researchers have started identifying and documenting genetic mutations that can indicate a genetic propensity to certain cancers. Knowing this information, there are ways in which patients can organize their lifestyles to reduce those risks.

The St. Elizabeth Health System in Northern Kentucky, like many others in Kentucky, offers some form of a hereditary cancer program in its menu of patient-care services. For a nominal fee, a blood test is submitted to an accredited commercial genetics laboratory for analysis, and the report is reviewed by a clinical medical director and pharmacologist, who in turn advise the patient on what the results mean.

Baptist Health, which has hospitals around the state, offers a similar service. Patients may have to travel to a laboratory to submit blood or tissue for analysis, but the meeting with genetics counselors usually occurs at home.

"Baptist uses telehealth services so patients can consult with a genetics counselor from their home hospital," said Dr. John Huber, director of cancer care services for the Baptist Health Medical Group. "A genetics visit is not difficult to get, and our counselors will help patients understand if there is a concern. Most of the time, there is not."

> Josh Shepherd is a correspondent for The Lane Report. He can be reached at editorial@lanereport.com.



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