



KENTUCKY

Cabinet for Health and Family Services

**Quality Improvement
Recommendations**

Medicaid Advisory Committee

May 22, 2014

What Is Our Objective?

**National
Quality
Strategy**



**Triple
Aim**

National Quality Strategy - 6 Goals

Make care safer by reducing harm caused in the delivery of care



Strengthen person and family engagement as partners in their care



Promote effective communication and coordination of care



Promote effective prevention and treatment of disease



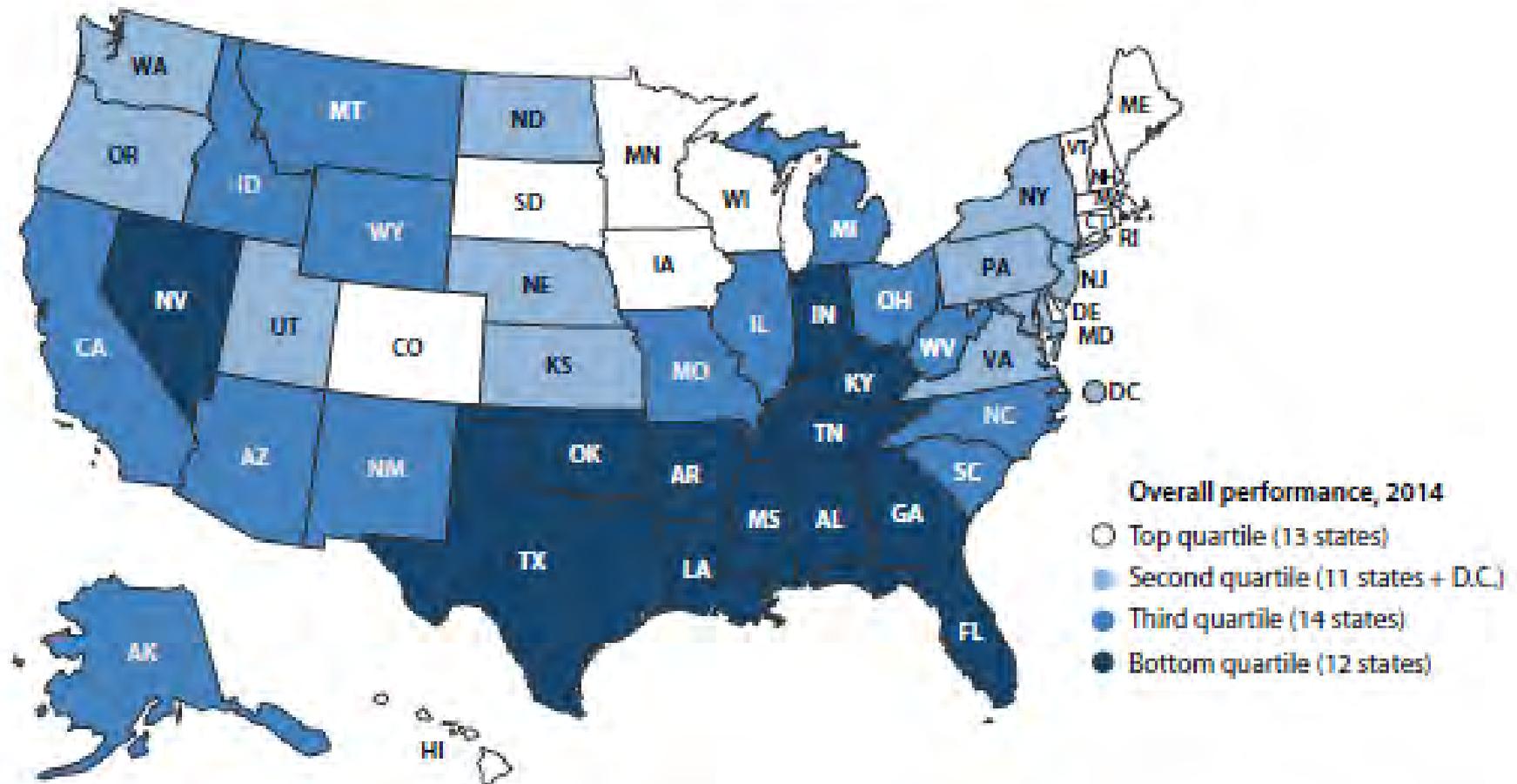
Work with communities to promote healthy living



Make care affordable

How Are We Doing?

Overall State Health System Performance: Scorecard Ranking, 2014



Source: Commonwealth Fund Scorecard on State Health System Performance, 2014.

How Are We Doing?

Measurement Over 4 Dimensions

- ✓ Access & Affordability
- ✓ Prevention & Treatment
- ✓ Avoidable Hospital Use & Cost
- ✓ Healthy Lives

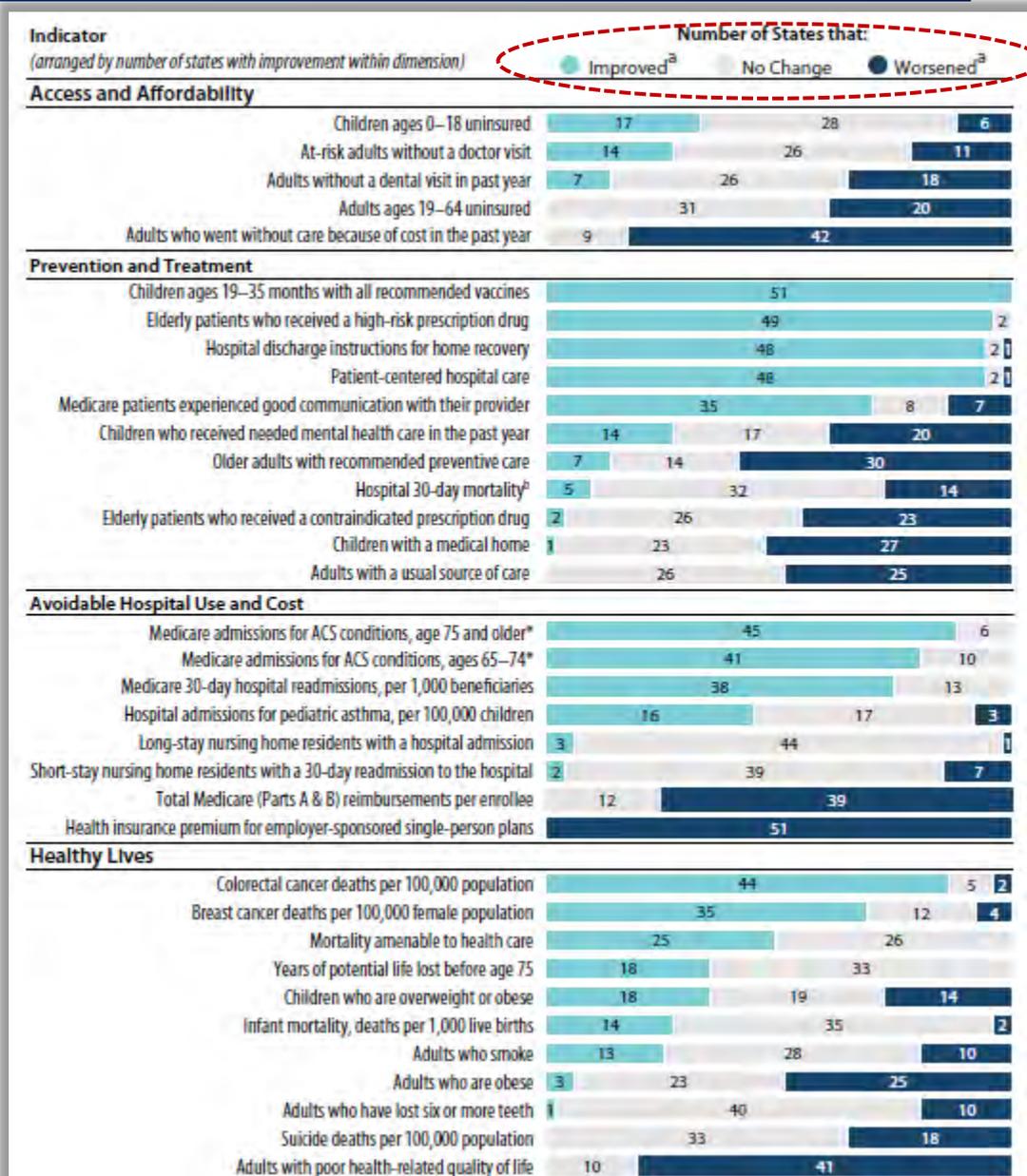
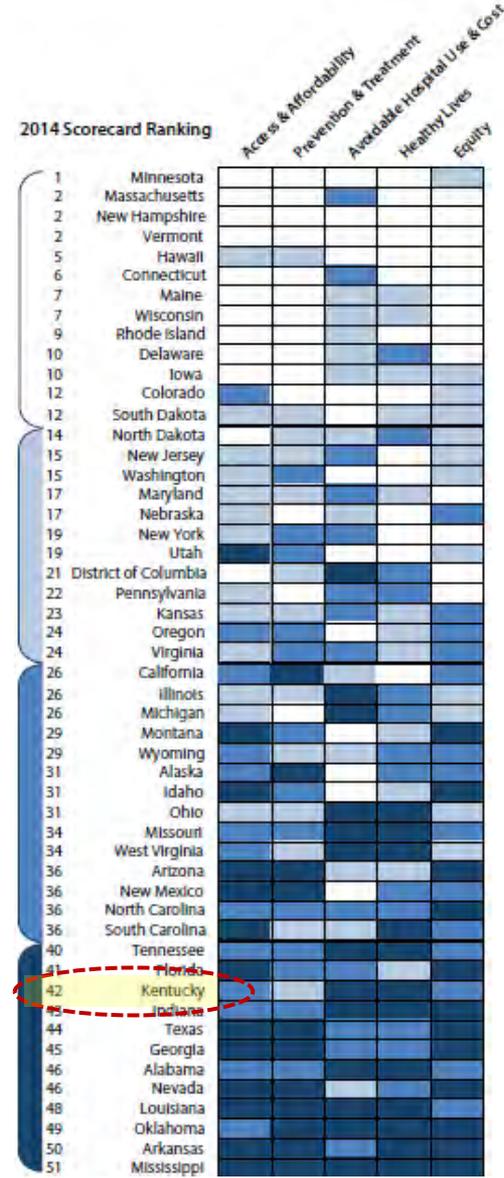
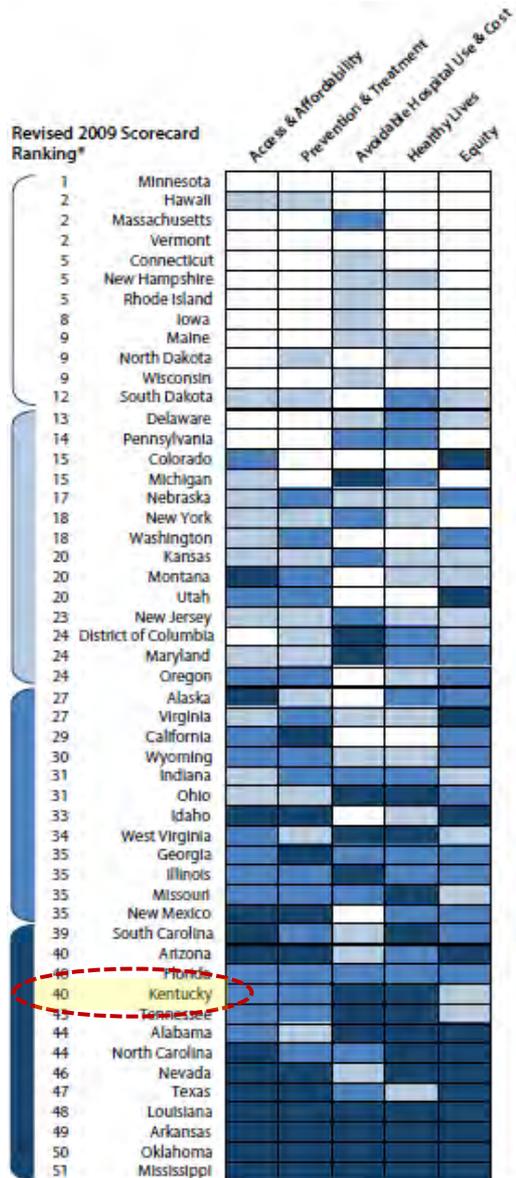


Exhibit 1. Change in State Health System Performance by Indicator

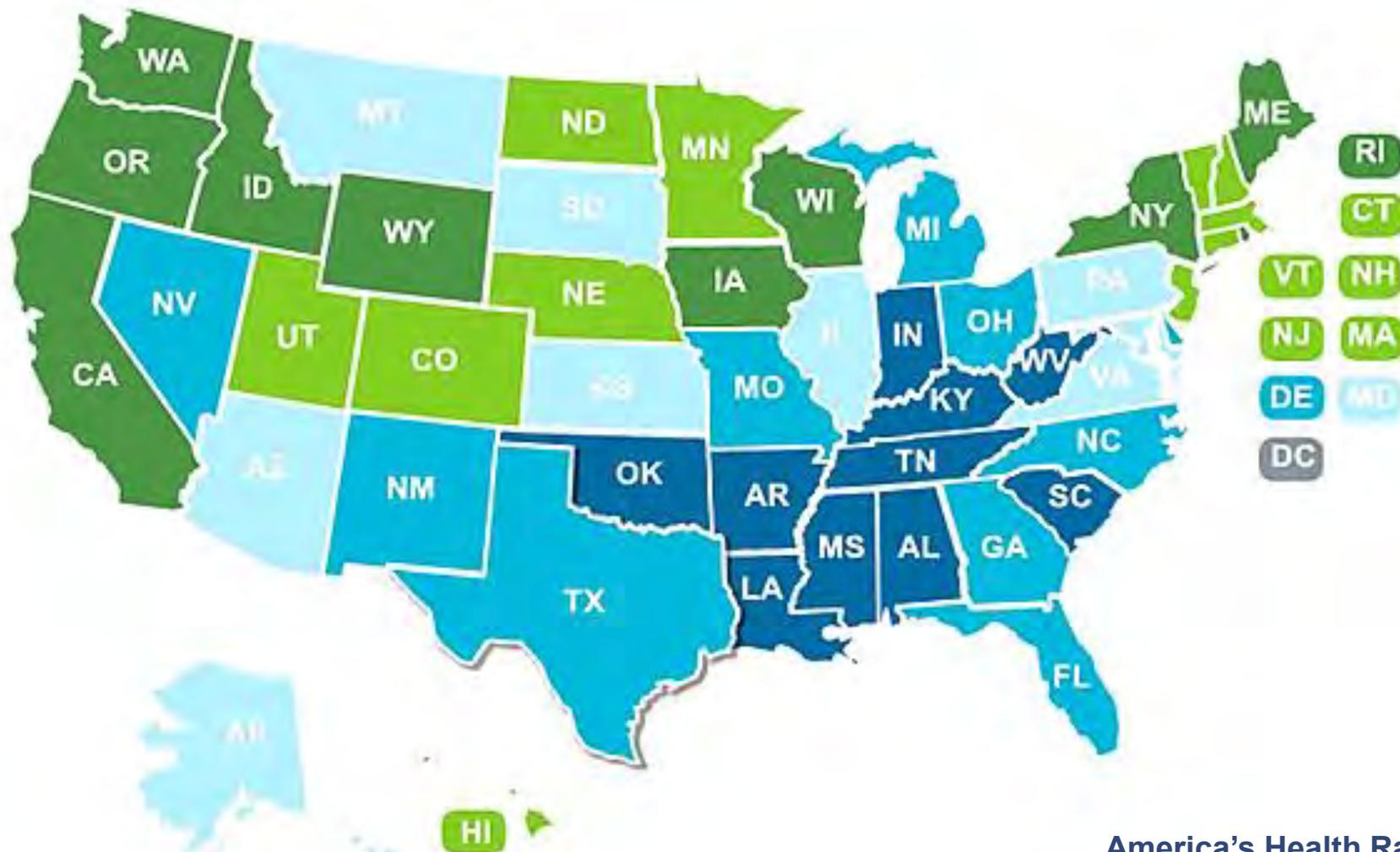
How Are We Doing?



How Are We Doing?

Overall Rankings

Overall: Weighted sum of the number of standard deviations each core measure is from the national average.



How Are We Doing?

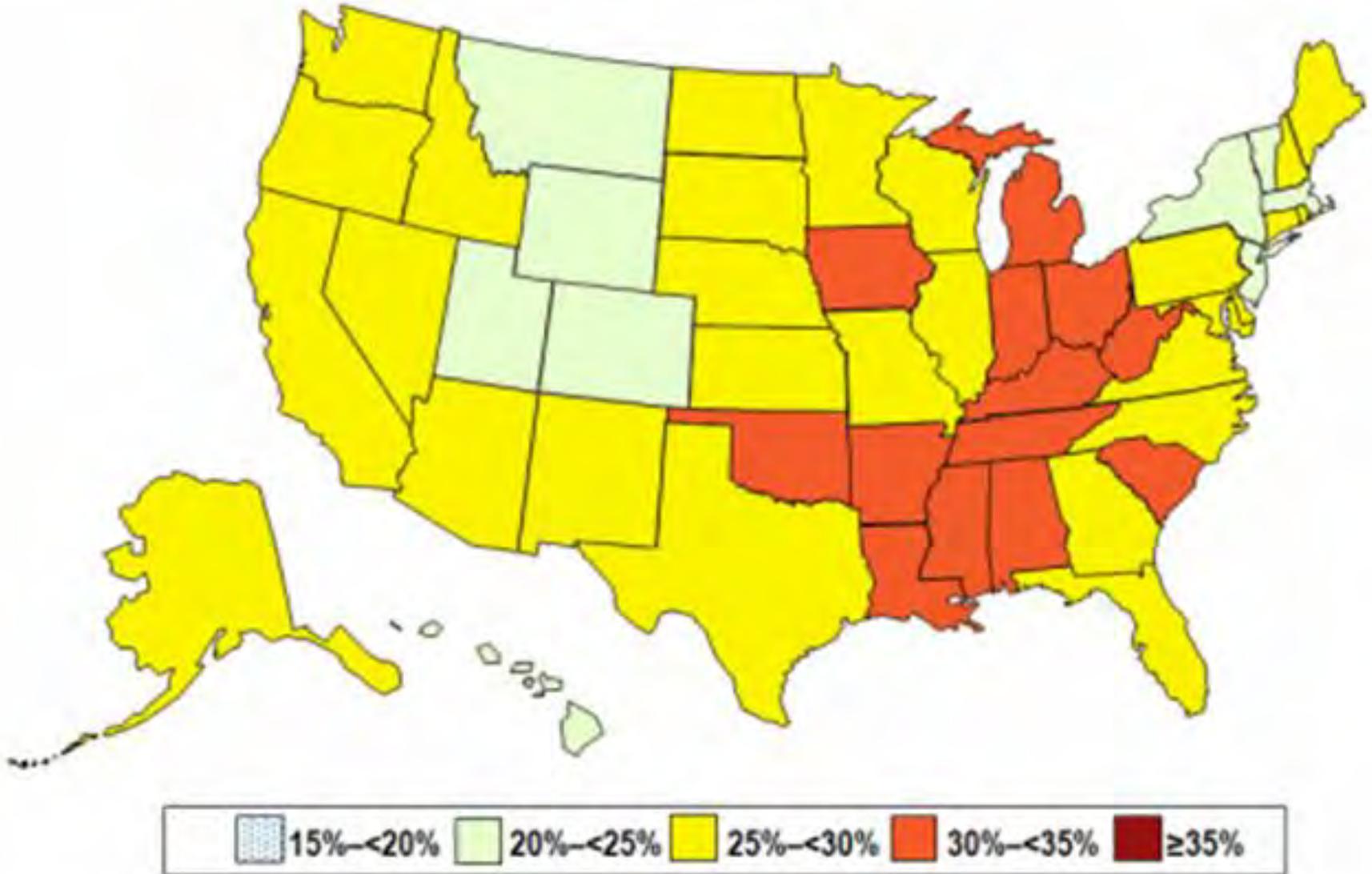
	KENTUCKY	
	RANK	% POPULATION
SMOKING (970,000+)	50	29%
OBESITY IN ADULTS (>1,000,000)	40	30%
SEDENTARY LIFESTYLES	43	29%
DIABETES	41	11%
POOR MENTAL HEALTH DAYS (Last 30 Days)	48	5%
POOR PHYSICAL HEALTH DAYS (Last 30 Days)	49	5%
LACK OF HEALTH INSURANCE	30	15%
CARDIOVASCULAR DEATHS/100,000	43	304
CANCER DEATHS/100,000	50	218
PREVENTABLE HOSPITALIZATIONS/1,000	50	103
PREMATURE DEATH/100,000	44	9790
CHILDREN IN POVERTY	44	27%
HIGH SCHOOL GRADUATION	23	80%
IMMUNIZATION - CHILDREN	28	68%
IMMUNIZATION - ADOLESCENTS	34	59%
PRETERM BIRTH	46	13%
INFANT MORTALITY	32	7%
LOW BIRTH WEIGHT (% live births)	43	9%
TEEN BIRTH RATE	43	44%
YOUTH SMOKING		21%
OBESITY IN YOUTH		17%



Kentucky - 2013

Overall
Ranking **45**

Obesity



Prevalence* of Self-Reported Obesity Among U.S. Adults
BRFSS, 2012

Obesity In Kentucky

Child Obesity Rate

Kentucky is the 7th most obese state in the U.S. for children.

35.7%

[*Child Health Data](#)

Adult Obesity Rate

Kentucky is the 9th most obese state in U.S. for adults.

31.3%

[*2013 F as in Fat Report](#)

Kentucky has the 7th highest childhood obesity rate in the United States. Currently 35.7% of youth in Kentucky are overweight or obese.

Obese children are more likely to become obese adults. And if you're overweight as a child, your obesity in adulthood is likely to be more severe. So the changes you make now can help your state provide the next generation with the most opportunities to live a longer and healthier life.

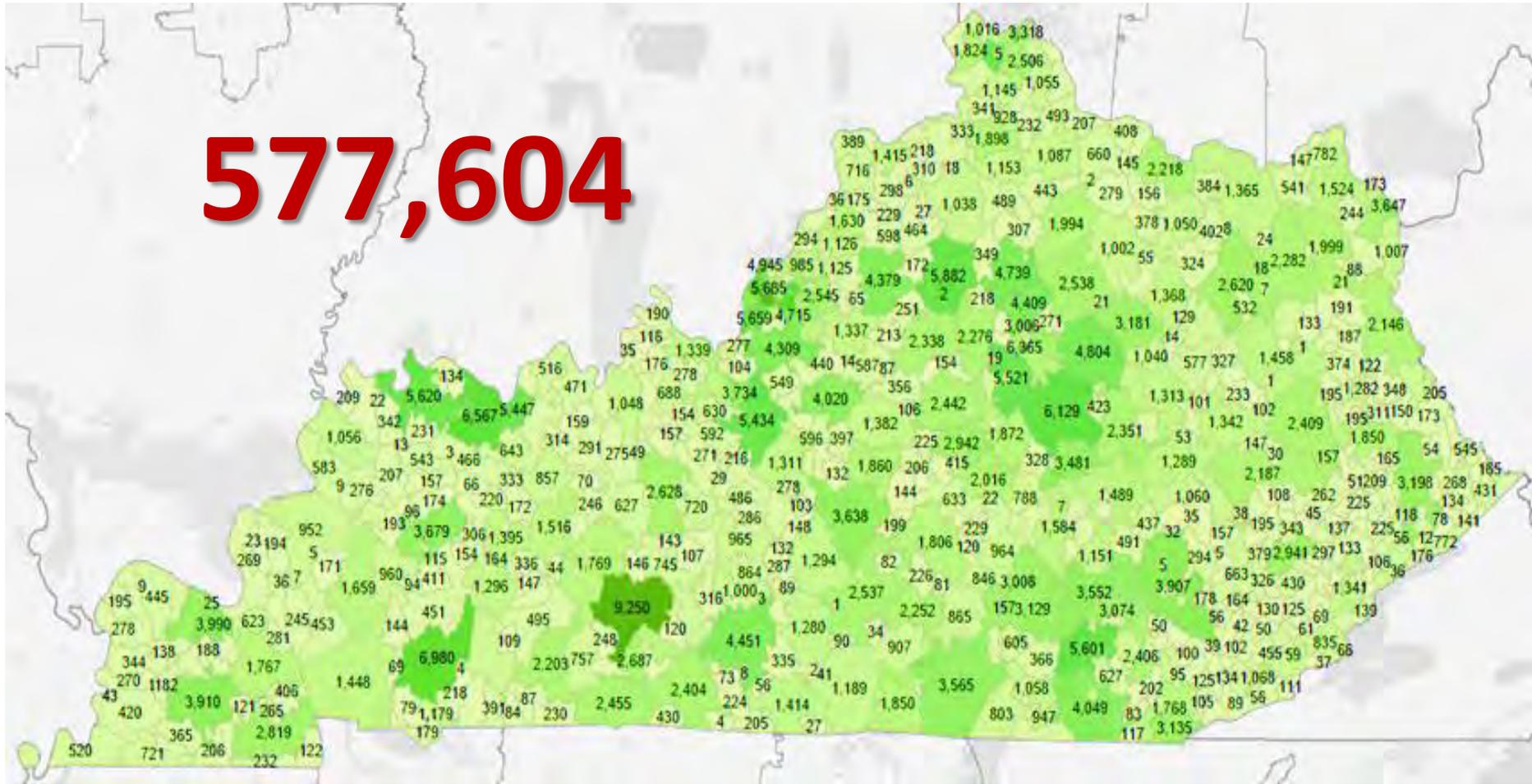
Physical Inactivity Rate: 29.4%

[*2012 F as in Fat Report \(p. 10\)](#)

This is the percentage of adults that live a lifestyle with no or irregular physical activity. Research shows that the amount of time parents spend physically active can influence the amount of time their children are physically active. Adults need at least 30 minutes of physical activity every day and youth need at least 60 minutes, so let's lead by example and create the most opportunities for movement for our youth.

Kentucky Medicaid & KCHIP Children

577,604

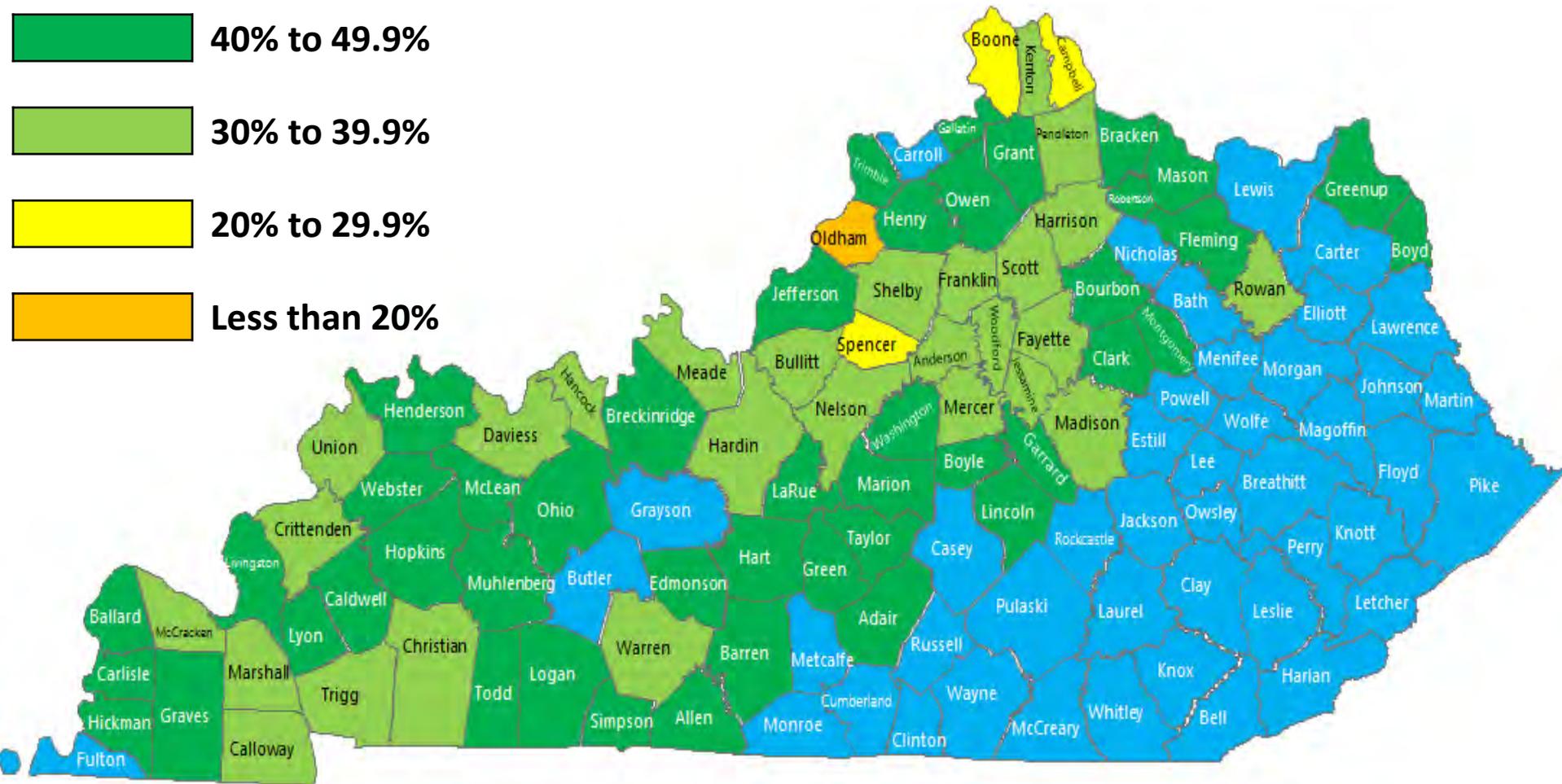
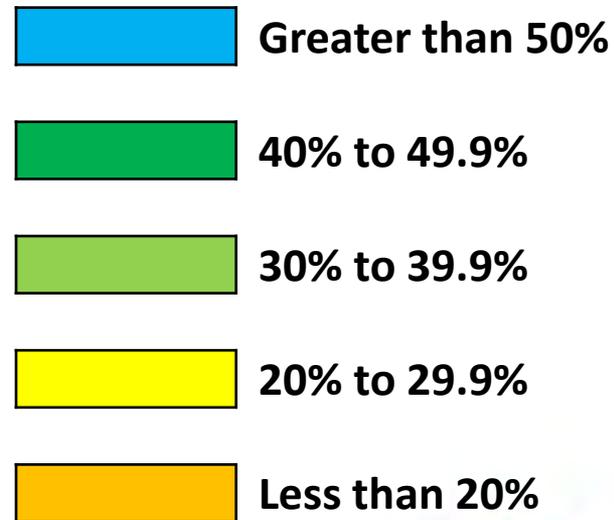


Number of members



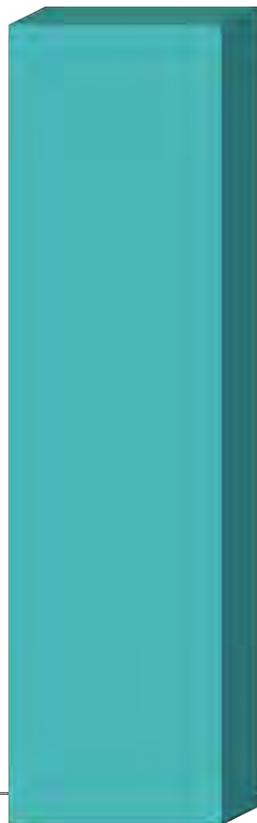
% Children Enrolled in Medicaid or KCHIP

**42% of All Kentucky's Children
Are Covered by Medicaid or KCHIP**



Psychotropic Rx's

82,564



Total C & Y <21 Yrs
With Psychotropic Rx

2013

➤ Total C&Y <21 Ky Medicaid = 573,872

✓ Ky C&Y With Psychotropic Rx = 82,564 (14% Total)

✓ Ky Foster Children with Psychotropic Rx = 4,653 (42%)

❖ 9 State Average Medicaid Children With Psychotropic Rx = 7.4%

❖ 9 State Average Foster Children with Psychotropic Rx = 26.6%

(Total Child Population N = 5.4 million)

4,653

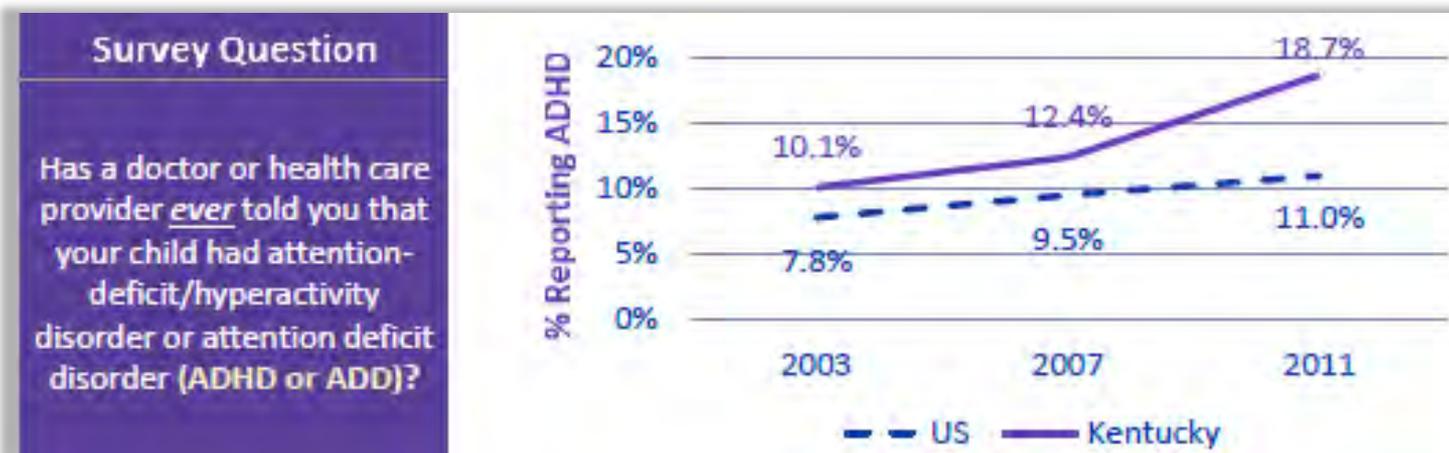


Foster Children
With Psychotropic Rx

9 States: Colorado, Maine, Missouri, New Hampshire, New York, Oklahoma, Pennsylvania, Tennessee, Washington

* 1412 recipients had claims paid during CY 2013 but may have lost enrollment or aged out by 12/31/2013

ADHD Diagnosis and Treatment





MCH Data Brief

March 2013

Kentucky Department for Public Health, Division of Maternal & Child Health

Preterm Birth

Preterm birth (a live birth occurring <37 completed weeks gestation) has been an increasing problem both in the Nation and in Kentucky.

Infant mortality rates are substantially higher for preterm and low birth weight infants, and even limited changes in the percentages of preterm or low birth weight infants can have a major impact on infant mortality rates.¹ Preterm related causes of death are the leading cause of infant mortality in Kentucky and the nation accounting for 35.4% of total infant deaths.² Even babies born just a few weeks early, called late preterm infants (34 0/7-36 6/7 weeks gestation) are three times more likely to die in the first year of life compared to term infants, and are also twice as likely to die of SIDS than term infants.³

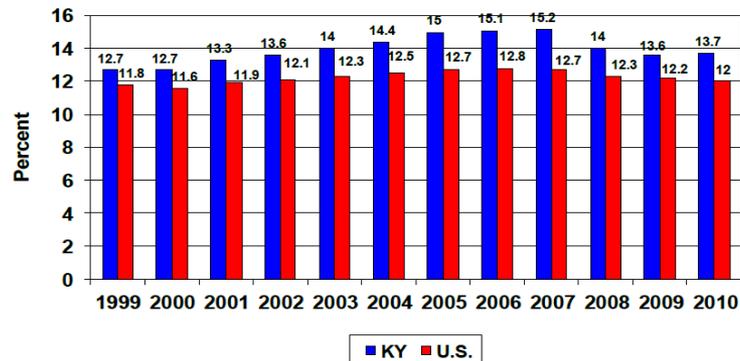
Risks for Preterm babies:

- Chronic lung disease
- Blindness/Hearing impairment
- Cerebral palsy
- Developmental delay
- Behavior and Learning Problems
- Long-term Disability

Preterm Birth Among Infants in Kentucky

Preterm birth in Kentucky has increased 8% over the past decade from 12.7% in 1999 to 13.7% in 2010 with rates climbing as high as 15.2%. In the first half of the decade, rates of preterm birth increased nearly 20% in Kentucky compared to only an 8% increase in the U.S. The rate of preterm birth has only begun to decline in the last three years in Kentucky after reaching its peak in 2007. Nationally, rates of preterm birth have increased over the same time period as well but not as high or as fast as the Kentucky rate. The preterm birth rate for the U.S. has also been declining over the last three years after reaching a high of 12.8% in 2006.

Percent of Live Births that were Preterm;
Kentucky and U.S.





MCH Data Brief

March 2013

Kentucky Department for Public Health, Division of Maternal & Child Health

Smoking during Pregnancy

Smoking during pregnancy is associated with numerous adverse reproductive outcomes (infertility, delayed pregnancy), pregnancy complications (premature rupture of membranes, placental anomalies) and long term consequences for children (sudden infant death syndrome, respiratory problems).^{2,3} Prenatal smoking is associated with 30% of small for gestational age infants and 10% of preterm infants.⁴

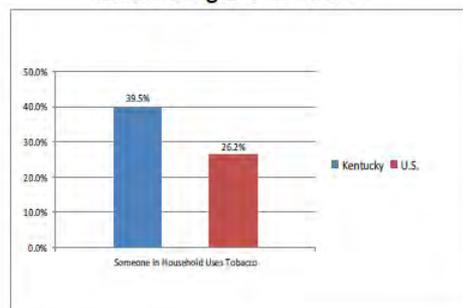
There are great costs associated with smoking in pregnancy. The direct medical costs of a complicated birth are 66% higher for smokers than for nonsmokers, reflecting the greater severity of complications and the more intensive care that is required.⁵ Smoking attributable neonatal expenditures in Kentucky were \$4,635,355 based on 2003 smoking prevalence rates.⁶

Smoking before and during pregnancy is the single most preventable cause of illness and death among mothers and infants.¹

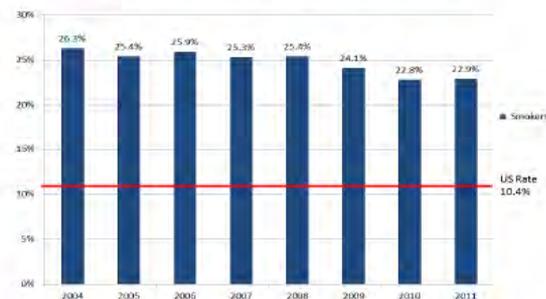
Kentucky Data

- ◆ Kentucky has historically had the second worst rate of smoking in pregnancy among all states and the District of Columbia.⁷
- ◆ An estimated 10.4% of women nationwide report smoking during pregnancy.⁸ Kentucky has more than double that percentage.
- ◆ Kentucky is beginning to see progress. Kentucky has experienced a 13% decline in the percentage of women who report smoking during any trimester of pregnancy on the live birth certificate from 26.3% in 2004 to 22.9% in 2011.

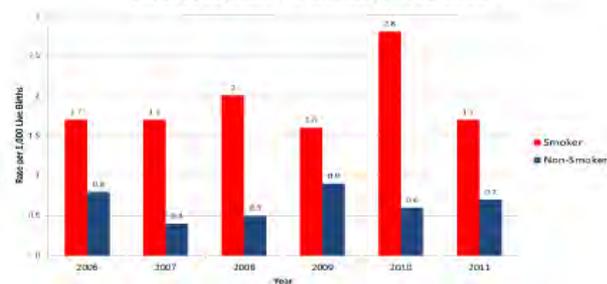
Tobacco Use in Kentucky Households With Children Ages 0-17 Years



Percentage of Kentucky Resident Women Who Report Smoking in Any Trimester of Pregnancy, 2004-2011

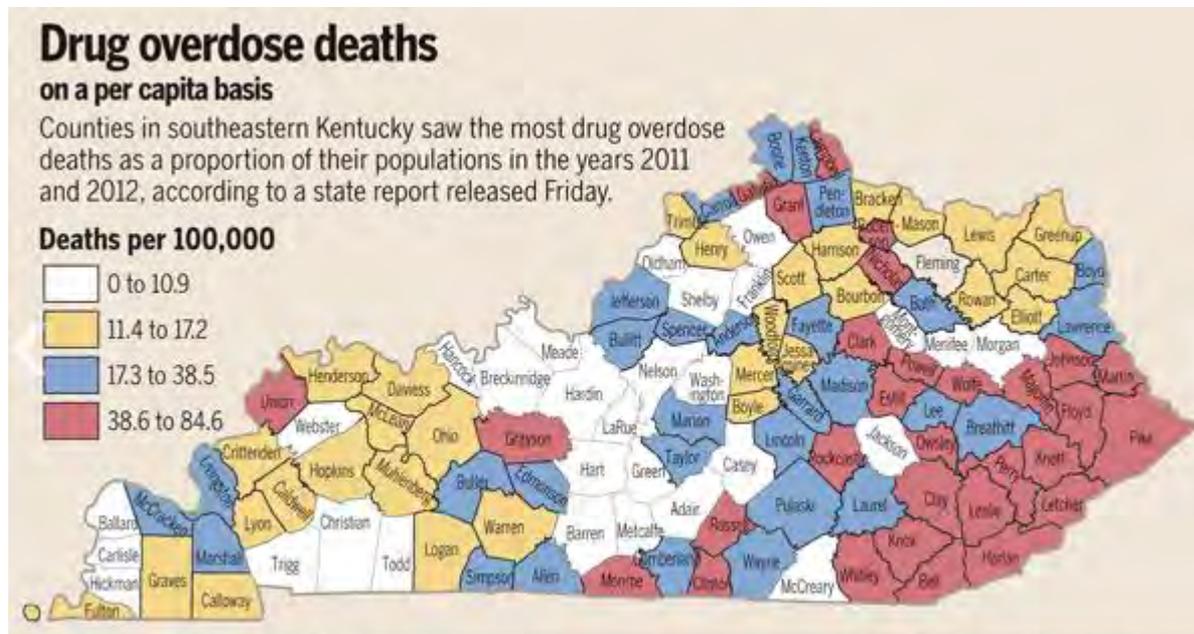


Infant Mortality Rate* Due to SIDS by Smoking Status during Pregnancy; Kentucky, 2006-2011**



Cause for concern

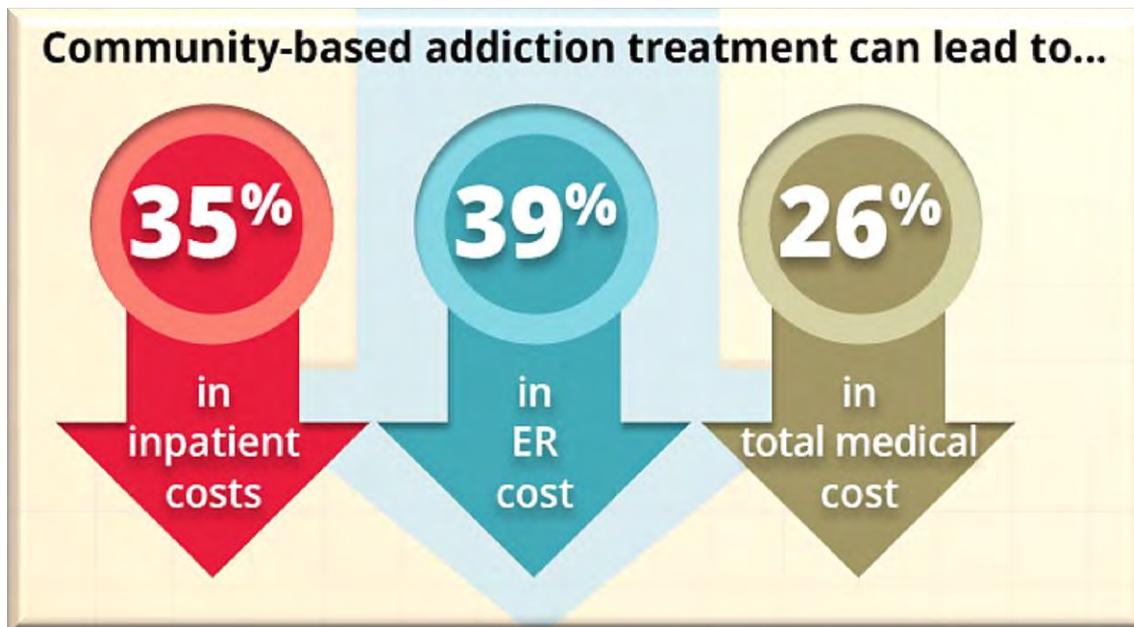
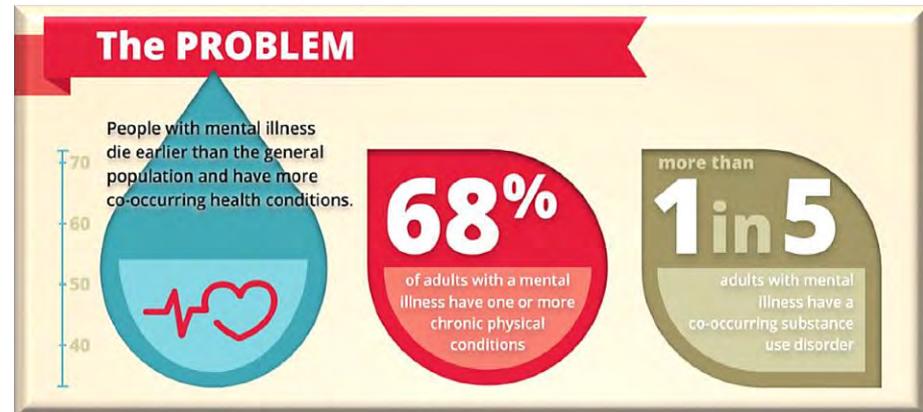
- More than 1,000 Kentuckians die each year from prescription drug overdoses
- Kentucky's overdose death rate is the third-highest in the nation
- One in five teens has admitted to using prescription pills non-medically



Source: Justice and Public Safety Cabinet

CHRIS WARE | cware@herald-leader.com

Behavioral Health: Addiction & Overdose



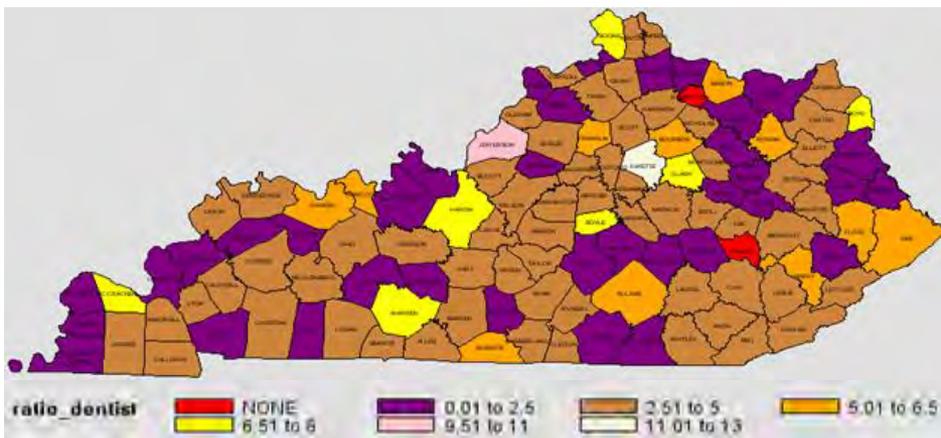
ACCESS TO DENTAL CARE

Access to dental care is one of the barriers in Kentucky to better oral health status. There is a misdistribution of dentists, with the majority of dentists locating in urban areas. This makes receiving dental care in rural areas very difficult.

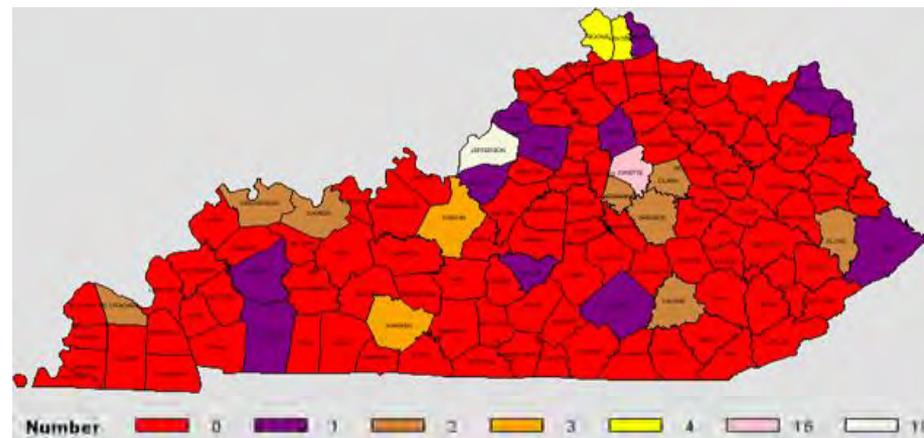
Size of the Problem:

1. In Kentucky, the ratio of dentists was 5.6 per 10,000 population (2006), which is lower than the American Dental Association's national projected ratio of 6.0 professionally active dentists per 10,000 population.
2. Total of 77 pediatric dentists in Kentucky, of which 65 are practicing in the metro areas. Only 28 of Kentucky's 120 counties have a pediatric dentist.
3. There are 25 Dental Health Provider Shortage Areas (DHPSAs) in Kentucky. Owsley and Robertson counties have no dentists at all.
4. The Appalachian region has the fewest dentists at 3.8 dentists per 10,000 population, western KY at 4.1 dentists per 10,000 population, northern KY at 4.6 dentists per 10,000 population ¹.

Dentists per 10,000



Number of Pediatric Dentists



Oral Health

The Kentucky Oral Health Program

(KOHP) has a long and proud history with the Department for Public Health. When Kentucky established a dental health program in 1928, it was the third state in the nation to have a public dental health program.

Community Fluoridation

One of KOHP's major efforts is in municipal fluoridation. In 1951, Maysville became the first community in Kentucky to fluoridate its water supply and fluoridation has continued successfully. Today approximately 96% of our citizens are on a fluoridated water supply, making Kentucky a national leader. Optimally fluoridated community water systems have proven to prevent tooth decay by up to 60%.



In Kentucky, fluoridation is mandatory (KRS 211.190; KAR 902 115.010) for community water supplies serving a population of 1,500 or more. Community water supplies serving a

population of less than 1,500 may voluntarily fluoridate. In 1994, KOHP became responsible for the enforcement of fluoride regulations. Program staff work closely with water plants through monitoring and technical assistance. In 2000, 99.2% of the 217 fluoridated communities were fluoridated at an optimum level.

Rural School Fluoridation Program

This program began in 1975. Its purpose is to provide fluoridated water to school children living in rural areas not served by a



been extended into rural areas, the number of schools in need of this program has diminished.

Fluoride Supplement Program

Kentucky began its fluoride supplement program in 1978. This program primarily serves children ages 6 months to 6 years old whose home water supply is low in fluoride. Providers are county health departments, private dentists and physicians. The provider assesses the child's drink-



ing water supply. If it is not from a known fluoridated water source (e.g. city water), a water sample kit is issued to the family and a sample is sent to the state laboratory for analysis. If the water is low in fluoride, supplementation may be required. Dosage is based on the level of fluoride in the water and the child's age in accordance with Centers for Disease Control (CDC) guidelines. Because providers receive supplements and testing supplies free of charge to their offices, there is no cost to families to participate in this program.

KIDS SMILE: Fluoride Varnish Program

Beginning in 2003, the KIDS SMILE: Fluoride Varnish Program was initiated by local health department nurses who had attended and participated in the KIDS SMILE: Fluoride Varnish trainings. Since then, KIDS SMILE: Fluoride Varnish trainings have been held at 23 regional training sites to approximately 1,400 health department nurses and other community providers. Oral Health Staff provided over 45,000 pre-packed fluoride varnish kits to participating local health departments as well as clinical service sites of Kentucky's Commission for Children with Special Health Care Needs. In FY 07, a total of 31,103

fluoridated water supply. This is done by installing equipment to add fluoride to the school's water supply. Schools in this program participate on a voluntary basis. As fluoridated water lines have

services (including oral health screenings and fluoride varnish applications) were provided to children by local health department and Commission nurses.

Kentucky Sealant Program

In 2002, the sealant program began with 18 health departments. Currently, 23 local health departments participate in this statewide program. Kentucky's sealant programs follow the recognized pattern of identifying children at high risk for dental caries in schools where a large percentage ($\geq 50\%$) of children are eligible for free or reduced-cost lunch programs. Originally, the sealant programs partnered with local dentists, hygienists, and local elementary schools to provide dental sealants to children in the 2nd, 3rd, and 6th grades. Since the inception of the program, at least 2 local health departments have hired dental hygienists to coordinate their programs, provide sealants in schools, and be reimbursed by Medicaid or KCHIP.



Emerging Issues

Kentucky's Oral Health Program is moving forward to bring optimum oral health status to each of its citizens. The oral health-general health link is becoming more evident through research and the KOHP will continue to work with policy makers, universities, health departments, government bodies and the private sector to insure access for dental care to all Kentuckians.

Contact your local health departments regarding the oral health services listed in this brochure.

Governor's Health Initiative



kyhealthnow

advancing our state of wellness

- Reduce Kentucky's rate of uninsured individuals to less than 5%. →
- Reduce Kentucky's smoking rate by 10%. →
- Reduce the rate of obesity among Kentuckians by 10%. →
- Reduce Kentucky cancer deaths by 10%. →
- Reduce cardiovascular deaths by 10%. →
- Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%. →
- Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians. →

PIP Summary

MCO	Performance Improvement Plan (PIP) Description	Status
CovenryCares 2013	MAJOR DEPRESSION : ANTI-DEPRESSED MED MANAGEMENT AND COMPLIANCE	Due 9/1/14
CovenryCares 2013	DECREASING NON-EMERGENT/INAPPRPRIATE ED UTILIZATION	Due 9/1/14
CovenryCares 2014	SECONDARY PREVENTION BY SUPPORTING FAMILIES OF CHILDREN WITH ADHD	Baseline review due 9/1/14
CovenryCares 2014	DECREASING AVOIDABLE HOSPITAL READMISSIONS	Baseline review due 9/1/14
CareSource/HUMANA 2014	UNTREATED DEPRESSION	Baseline review due 9/1/14
CareSource/HUMANA 2014	EMERGENCY DEPT: USE MANAGEMENT	Baseline review due 9/1/14
WELLCARE 2013	UTILIZATION OF BH MEDICINE IN CHILDREN	Remeasure year due 9/1/14
WELLCARE 2013	INAPPROPRIATE ED UTILIZATION	Remeasure year due 9/1/14
WELLCARE 2014	FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS	Baseline review due 9/1/14
WELLCARE 2014	MANAGEMENT OF COPD	Baseline review due 9/1/14
ANTHEM	FIRST PIPS DUE IN SEPTEMBER 2014	Topics & proposals due 9/1/14
PASSPORT 2006	WOMEN'S HEALTH INITIATIVE	Completed 2009
PASSPORT 2006	SICKLE CELL CARE MANAGEMENT	Completed 2009
PASSPORT 2007	EPSDT PARTICIPATION	Completed 2010
PASSPORT 2008	PERINATAL SCREENING/COUNCELING	Completed 2010
PASSPORT 2009	SMOKING CESSATION	Completed 2011
PASSPORT 2010	OBESITY IN CHILDREN	Completed 2013
PASSPORT 2011	DENTAL CARE FOR CHILDREN WITH SHCN	Completed 2013
PASSPORT 2013	REDUCTION IN ER CARE VISITS	Remeasure year due 9/1/14
PASSPORT 2013	REDUCTION OF INAPPROPRIATELY PRESCRIBED ANTIBIOTICS IN CHILDREN WITH PHARYNGITIS	Remeasure year due 9/1/14
PASSPORT 2014	YOU CAN CONTROL YOUR ASTHMA! DEVELOPMENT AND IMPLEMENTATION OF AN ASTHMA ACTION PLAN	Baseline review due 9/1/14
PASSPORT 2014	PSYCHOTROPIC DRUG INTERVENTION PROGRAM (PDIP)	Baseline review due 9/1/14

Some Other IPRO Considerations

Description	Description
ADHD Treatment	A statewide Medicaid MCO Performance Improvement Project could be implemented with an aim to improve the diagnosis and management of ADHD consistent with clinical practice guidelines.
Childhood Obesity	A statewide Medicaid MCO Performance Improvement Project could be implemented for improvement in the prevention, identification and management of childhood obesity. The goal is to increase the percentage of health plan members aged 3-17 years who have evidence of BMI percentile assessment, documentation of counseling for nutrition/referral for nutrition education, and documentation of counseling for physical activity/referral for physical activity.
Preventative Dental Services	A statewide Medicaid MCO Performance Improvement Project could be implemented with an aim to improve the rate of receipt of preventative dental services among children enrolled in Medicaid managed care.
Preterm Birth Prevention	A statewide Medicaid MCO Performance Improvement Project could be implemented with an aim to implement and facilitate evidence-based interventions in pre-conception, prenatal and postpartum care to reduce preterm birth rates.
Cervical Cancer Screening	A statewide Medicaid MCO Performance Improvement Project could be implemented to increase screening for cervical cancer which is a component of the Governor's kyhealthnow 2019 goals to decrease cancer deaths by 10%.
Drug Overdose Prevention	A statewide Medicaid MCO Performance Improvement Project could be implemented to increase the number of individual who initiate treatment or are currently in alcohol and other drug dependence treatment to decrease the deaths from drug overdose by 25% as described in the Governor's kyhealthnow 2019 goals. .
Well Child Exams	Both Well Child exams during the first 15 months and the exams from 3-6 years have been identified by IPRO in the Managed Care Progress Report and the Annual Technical Report as areas for improvement in KY and by the MCOs. PIPs on either of these would be a benefit to the health of members by providing an office visit for preventative services which could identify any underlying problem that children or adolescents may be experiencing.
Tobacco Use Cessation	Tobacco related disease affects morbidity, mortality, and the overall cost of healthcare, increasing the smoking cessation interventions effective in promoting quit attempts and eventually sustained cessation are an important preventive measure for both Kentucky and the MCOs. This is related to kyhealthnow 2019 goals of reducing smoking rates by 10%.

Details of



Strategies



Goal: Reduce Kentucky's rate of uninsured individuals to less than 5%.

Kentucky has had tremendous success in providing people the health care coverage they need and deserve through kynect, Kentucky's health benefit exchange. To date, over 230,000 Kentuckians have enrolled. We must work to improve our efforts to identify and enroll uninsured Kentuckians. Today, Gov. Beshear set a goal of reducing the number of uninsured Kentuckians to less than 5 percent of the population by 2019. Strategies he will use to achieve this goal include:

- Enroll at least 350,000 individuals in Medicaid and/or Health Benefit Exchange plans by the end of 2015. These individuals include previously uninsured individuals, as well as previously insured individuals who are now eligible for Medicaid or who choose to purchase plans through kynect.
- Increase the number of kynectors and insurance agents participating in kynect by 10% by the end of 2015.
- Continue to develop and execute kynect advertising and marketing campaigns, including continued collaboration with stakeholders to reach and enroll the uninsured.
- Allow for rate quotes and a browse feature for health insurance plans offered through kynect for small employers and agents without creating an account or filing an application.
- Increase collaboration between state agencies to identify uninsured individuals who may be enrolled in other state programs.
- Increase access to kynect for individuals who speak languages other than English and Spanish.
- Increase application web functionality for employers and insurance agents.
- Increase outreach efforts to small employers by working with business associations.



Goal: Reduce Kentucky's smoking rate by 10%.

Health experts agree – tobacco use is the single biggest factor negatively impacting the overall health of Kentuckians. In study after study, Kentucky ranks at the bottom on tobacco use – 50th in smoking (28.3% of adults, 24.1% of youth, 24.4% of pregnant women). Therefore, Gov. Beshear will launch an aggressive campaign to decrease Kentucky's smoking rate, including the following strategies:

- Continue to support comprehensive statewide smoke-free legislation.
- Encourage Kentucky's cities and counties to continue to implement smoke-free policies.
- Expand tobacco-free policies to more executive branch property.
- Support increases in taxes on cigarettes and other tobacco products, and tax e-cigarettes commensurate with other tobacco products.
- Partner with school districts and universities to implement tobacco free campuses.
- Increase use of smoking cessation therapy by 50%.
- Support legislation to ban the sales of e-cigarettes to minors.



Goal: Reduce the obesity rate among Kentuckians by 10%.

Kentucky's obesity problem has far-reaching health and productivity implications – and threatens the future health of children. The Commonwealth ranks 42nd in obesity and 46th in physical inactivity. A shocking 31.3% of adults in Kentucky are obese. Obesity is linked to multiple chronic conditions, including diabetes, heart disease and stroke. The Governor will initiate multiple strategies to address this problem, including:

- Double the number of enrollees in the Diabetes Prevention Program through those enrolling through kynect.
- Ensure access for all state employees to the Diabetes Prevention Program as part of the Humana Vitality program.
- Direct executive branch facilities to implement federal guidelines requiring posting of nutritional information for vending and concessions in state buildings.
- Work with public and private workplaces to adopt healthy concessions and vending policies reflecting federal guidelines.
- Provide ready access to executive branch employees to stairwells at work.
- Certify 10 new "Trail Towns" through the Kentucky Office of Adventure Tourism by the end of 2015.
- Complete the Dawkins Rail Line Trail by the end of 2015, adding 36 miles of trail to Kentucky's statewide trail network.
- Invest more than \$30 million in federal funds by the end of 2015 to support many community-driven initiatives for pedestrian and bicycle paths.
- Challenge school districts to increase physical activity opportunities for children through implementing comprehensive school physical activity programs.
- Double the number of schools rating proficient or higher for coordinated school health committees by the end of 2015.
- Partner with school districts to increase the number of school districts collecting and reporting body mass index (BMI) data within the Kentucky Student Information System.
- Work with early child care providers to increase opportunities to prevent obesity among our youngest children.
- Develop initiatives to honor and recognize businesses and schools that provide greater opportunities for physical activity.



Goal: Reduce Kentucky Cancer Deaths by 10%.

With nearly 9,500 cancer deaths every year, Kentucky ranks 50th in the nation for cancer deaths. In addition to the strategies identified above under Tobacco Use and Obesity, Gov. Beshear will implement additional strategies specifically targeted to reduce cancer deaths in the Commonwealth, including:

- Increase screening rates for colon, lung and breast cancer by 25% in accordance with evidence-based guidelines.
- Provide a \$1 million match to the Kentucky Colon Cancer Screening Program in the 2014-2016 executive budget to provide \$2 million for screenings for uninsured and underinsured Kentuckians.
- Provide \$1 million to expand screenings through the Kentucky Cancer Program in the 2014-2016 executive budget to increase breast and cervical cancer screening among Kentucky women. The funding also helps women navigate the health care system.
- Increase rates of HPV vaccination by 25% in order to reduce incidence of cervical, oral, and related cancers among men and women, through support for legislation requiring HPV vaccination among boys and girls as a condition of school attendance, along with partnering with stakeholders to implement a comprehensive educational campaign regarding safety, effectiveness and importance of the HPV vaccination for both girls and boys.
- Support legislation banning tanning bed use by children under 18 to reduce the incidence of skin cancer.



Goal: Reduce Cardiovascular Deaths by 10%.

With more than 12,000 deaths per year, Kentucky ranks 48th in the nation in cardiovascular deaths. In addition to supporting the strategies listed above under Tobacco Use and Obesity, Governor Beshear will implement strategies to reduce cardiovascular disease, including:

- Increase by 25% the proportion of adults receiving aspirin therapy in accordance with evidence-based guidelines.
- Reduce the proportion of adults with uncontrolled hypertension by 10%.
- Reduce the proportion of adults with hypertension who are current smokers by 10%.
- Increase by 10% the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.
- Increase the percentage of individuals receiving evidence-based smoking cessation treatment by 50%.
- Decrease the percentage of Kentuckians with diabetes whose most recent hemoglobin A1C level was greater than 9% during the preceding year, recognizing the link between diabetes and heart disease.
- Support the ongoing efforts of the Kentucky CARE Collaborative, a statewide effort designed to provide blood pressure awareness education within communities.
- Continue efforts to lower sodium intake in government-regulated facilities, given the link between sodium intake and cardiovascular disease.
- Continue support for efforts of the Stroke Encounter Quality Improvement Project, a statewide voluntary initiative among hospitals to implement evidence-based integrated cardiovascular health systems in Kentucky.



Goal: Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.

Kentucky's dental problems have long been a source of ridicule, and have real and detrimental impacts on schoolchildren, the workforce and families. In fact, Kentucky ranks 41st in annual dental visits, 45th in the percentage of children with untreated dental decay (34.6%), and 47th in the percentage of adults 65+ missing 6 or more teeth (52.1%). Gov. Beshear proposes to tackle this problem with a number of strategies, including:

- Increase pediatric dental visits by 25% by the end of 2015.
- Partner with Managed Care Organizations to encourage increased utilization of dental services.
- Create public-private partnerships to increase to 75% the proportion of students in grades 1-5 receiving twice yearly dental fluoride varnish application.
- Increase by 25% the proportion of adults receiving fluoride varnish during an annual dental visit.
- Increase by 25% the percentage of adults receiving medically indicated dental preventive and restorative services, including fillings and root canals, in accordance with evidence-based practices.
- Partner with stakeholders to increase the number of dental practitioners in Kentucky by 25%.



Goal: Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

With the third-highest drug overdose ranking in the nation, Gov. Beshear has worked tirelessly to reduce Kentuckians' illegal use of prescription drugs. And while Kentucky ranks 49th in "poor mental health days," which means days when people report limiting normal activity due to mental health difficulties, he has worked to protect funding for Kentucky mental health programs despite dramatic budget cuts in other areas of state government. Still, more needs to be done. Strategies to help reach these goals include:

- Double the number of individuals receiving substance abuse treatment by the end of 2015.
- Support legislation creating a "Good Samaritan Rule" for individuals seeking overdose treatment or assistance for others.
- Expand access to naloxone by 100% among first responders and medical professionals to enable rapid administration of this life-saving treatment.
- Increase by 50% the availability of substance treatment for adolescents.
- Increase substance use disorder residential and intensive outpatient treatment capacity by 50%.
- Partner with stakeholders to increase the number of credentialed substance use treatment professionals by 25%.
- Create a more comprehensive and open access behavioral health network and increase by 25% the number of behavioral health providers eligible to seek reimbursement from Medicaid by the end of 2015.
- Increase by 25% the percentage of adults and children receiving medically indicated behavioral health services by the end of 2015.
- Increase the proportion of adults and adolescents who are screened for depression during primary care office visits by 10%.
- Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders by 10%.
- Partner with stakeholders to increase the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to 25% of medical providers (primary care, prenatal care providers, and emergency departments).