

Commonwealth of Kentucky
Cabinet for Health and Family Services (CHFS)
Office of Health Policy (OHP)



State Innovation Model (SIM) Model Design
May Increased Access Workgroup

May 20, 2015
9 AM – 12 PM

Agenda

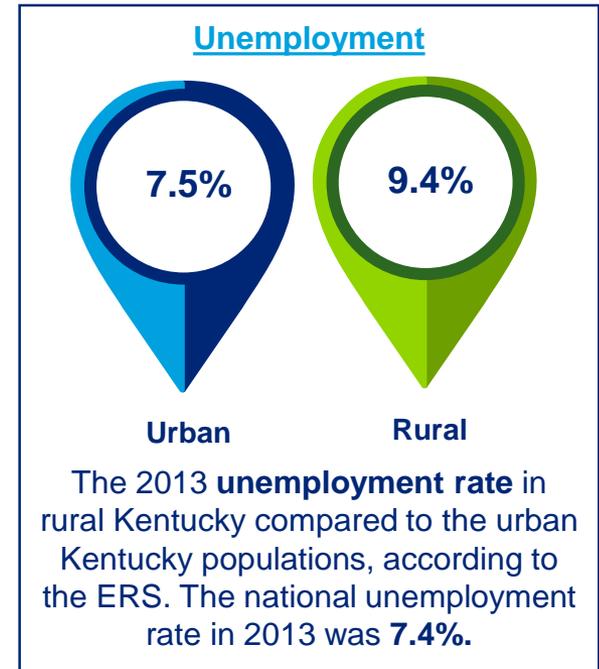
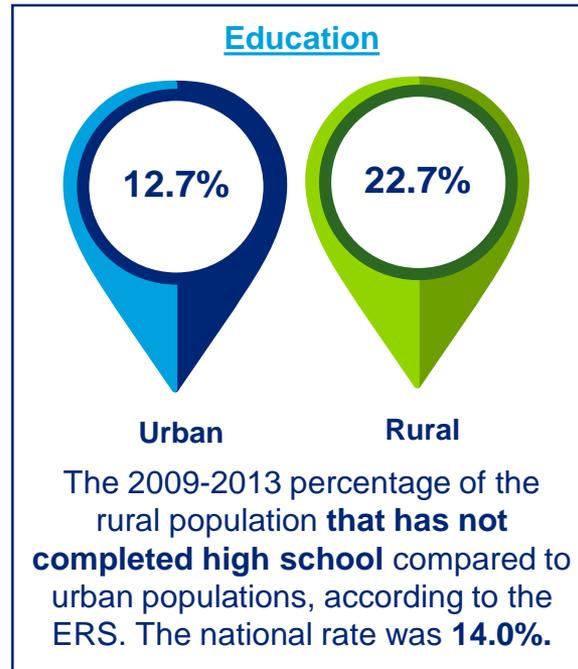
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|--|---------------------|
| ▪ Welcome and Introductions | 9:00 AM – 9:10 AM |
| ▪ Complete SWOT Analysis for Rural Access to Health Care and Health Status Disparities in Rural Areas | 9:10 AM – 9:40 AM |
| ▪ Brainstorm Drivers of Current Rural Delivery System Challenges to Identify Strategies for Increasing Access | 9:40 AM – 10:10 AM |
| ▪ <i>Break</i> | 10:10 AM – 10:20 AM |
| ▪ Discuss Strategies to Use Technology and/or Telemedicine to Reach Isolated Geographic Areas | 10:20 AM – 10:50 AM |
| ▪ Review Strategies for Increased Access to Improve Population Health in the Context of the PHIP | 10:50 AM – 11:50 AM |
| ▪ Next Steps and Q&A | 11:50 AM – 12:00 PM |
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Welcome and Introductions

SWOT Analysis and Drivers by Rural Delivery System

Social Determinants of Health in Urban vs. Rural Kentucky

The Commonwealth had an estimated 2014 population of 4,413,457 people, with 1,838,536 people living in rural Kentucky. The income, education, and employment statistics – or the social determinants of health – differ considerably between the populations in these areas.



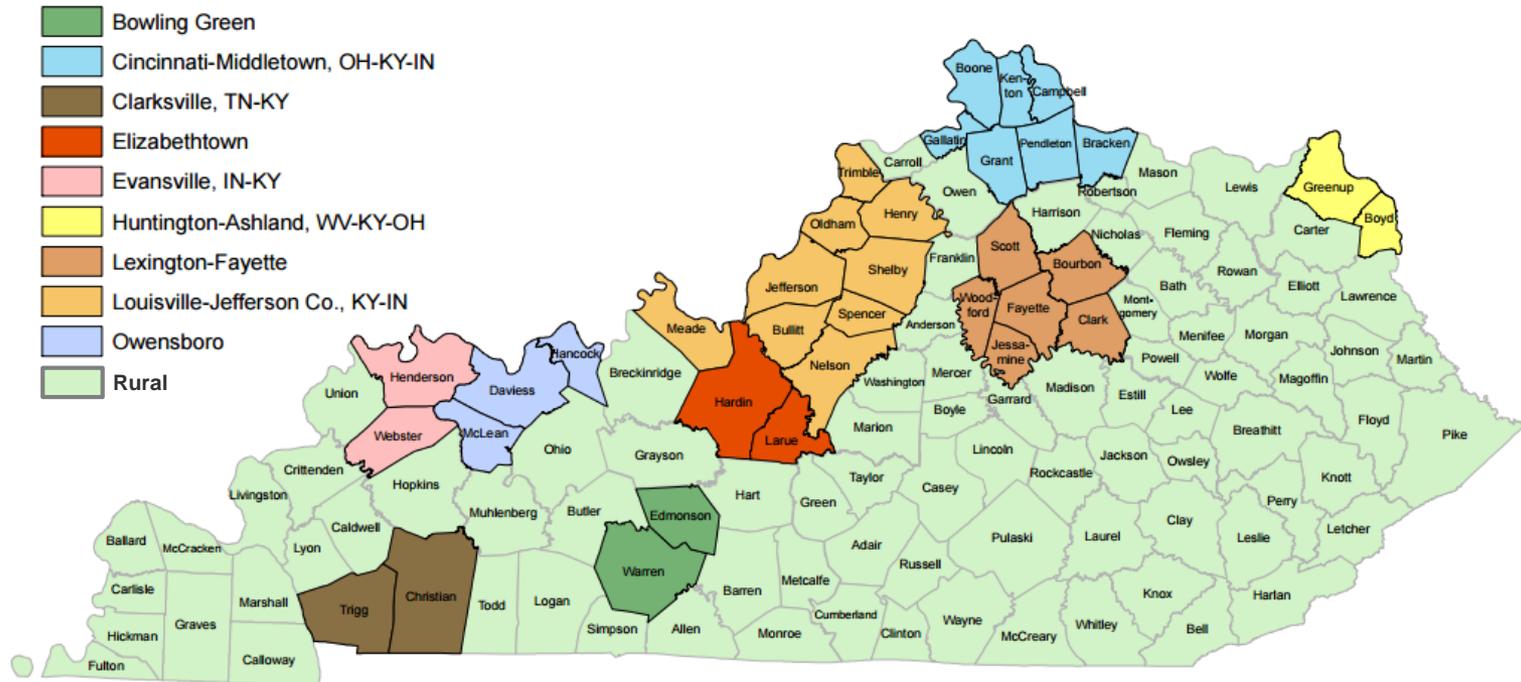
Kentucky has decreased the percentage of residents lacking health insurance through the Affordable Care Act, including the expansion of Medicaid and enrollment of individuals into qualified health plans (QHP) on kynect.

- More than **300,000 Kentuckians** were enrolled in Medicaid by the end of June 2014, which exceeded the expectations of Medicaid expansion.
- National data indicates that Kentucky experienced the **second largest decrease** of any US state in its uninsured rate through 2014, dropping from **22.5% uninsured in 2013** to **11.4% uninsured in 2014**, changing by - 11.1 percentage points.

What do you consider to be a rural area in Kentucky?

Before having a discussion around the current challenges and strengths of Kentucky's rural delivery system, we should have a collective understanding of where the rural areas are located compared to urban areas.

Kentucky's Metropolitan Statistical Areas (MSAs)*



* Metropolitan and micropolitan statistical areas (metro and micro areas) are geographic entities defined by the U.S. Office of Management and Budget (OMB) for use by federal statistical agencies in collecting, tabulating, and publishing federal statistics. The term "Core Based Statistical Area" (CBSA) is a collective term for both metro and micro areas. A metro area contains a core urban area of 50,000 or more population, and a micro area contains an urban core of at least 10,000 (but less than 50,000) population. Each metro or micro area consists of one or more counties and includes the counties containing the core urban area, as well as any adjacent counties that have a high degree of social and economic integration (as measured by commuting to work) with the urban core.

What We Heard in April: Strengths and Challenges of the Current System

The following results are from a SWOT analysis conducted in April that focused on the urban delivery system in Kentucky. For the purposes of today's activity, we will explore how much of this output applies to the rural system, and what items would be different for rural Kentucky.



S

What are the advantages and strengths of the urban delivery system?

- Access to specialty care
- Presence of support systems, e.g., public transportation
- Broader employment base and/or industries
- Presence of and access to universities
- Stronger health education and/or workforce pipeline
- Growth in community-based training
- Expanded training programs for mid-level practitioners

W

What do you believe are the current weaknesses?

- Ineffective transportation from micro to macro areas and across counties
- Network transparency and medically underserved criteria amongst providers and/or payers
- Disconnected financial incentives in FFS
- Limited consumer education on levels/types of care
- Lack of understanding around cultural differences
- Presence of practices that encourage ER utilization
- Limited communication between law enforcement and health system

O

Are there opportunities that could benefit the existing system?

- Improve capacity and/or utilization numbers, e.g., no-show rates
- Leverage university health education programs
- Expand consumer engagement via technology
- Develop more collaborative efforts between providers and community organizations and/or schools
- Improve coordination between specialty care and CAHs
- Make existing networks more inclusive for different provider types, e.g., behavioral health providers
- Expand health and wellness programs to the education system, worksites, childcare centers, etc.

T

Are there threats to the current urban delivery system – financial and/ or competitive?

- Workforce needs and/or lack of funding for PCPs, behavioral health and specialty care
- Easier provider recruitment to urban areas rather than rural
- Failure to address social determinants
- Increase in self-care as a result of increased technology use/telemedicine
- Underfunding of medical education training
- Lack of affiliation between dental providers and other health care providers

Activity: Strengths and Challenges of the Current System

In the following activity, workgroup participants will assess the current state of Kentucky's rural delivery system using a SWOT analysis.



S What are the advantages and **strengths** of the rural delivery system?

Notes:

W What do you believe are the current **weaknesses**?

Notes:

O Are there **opportunities** that could benefit the existing system?

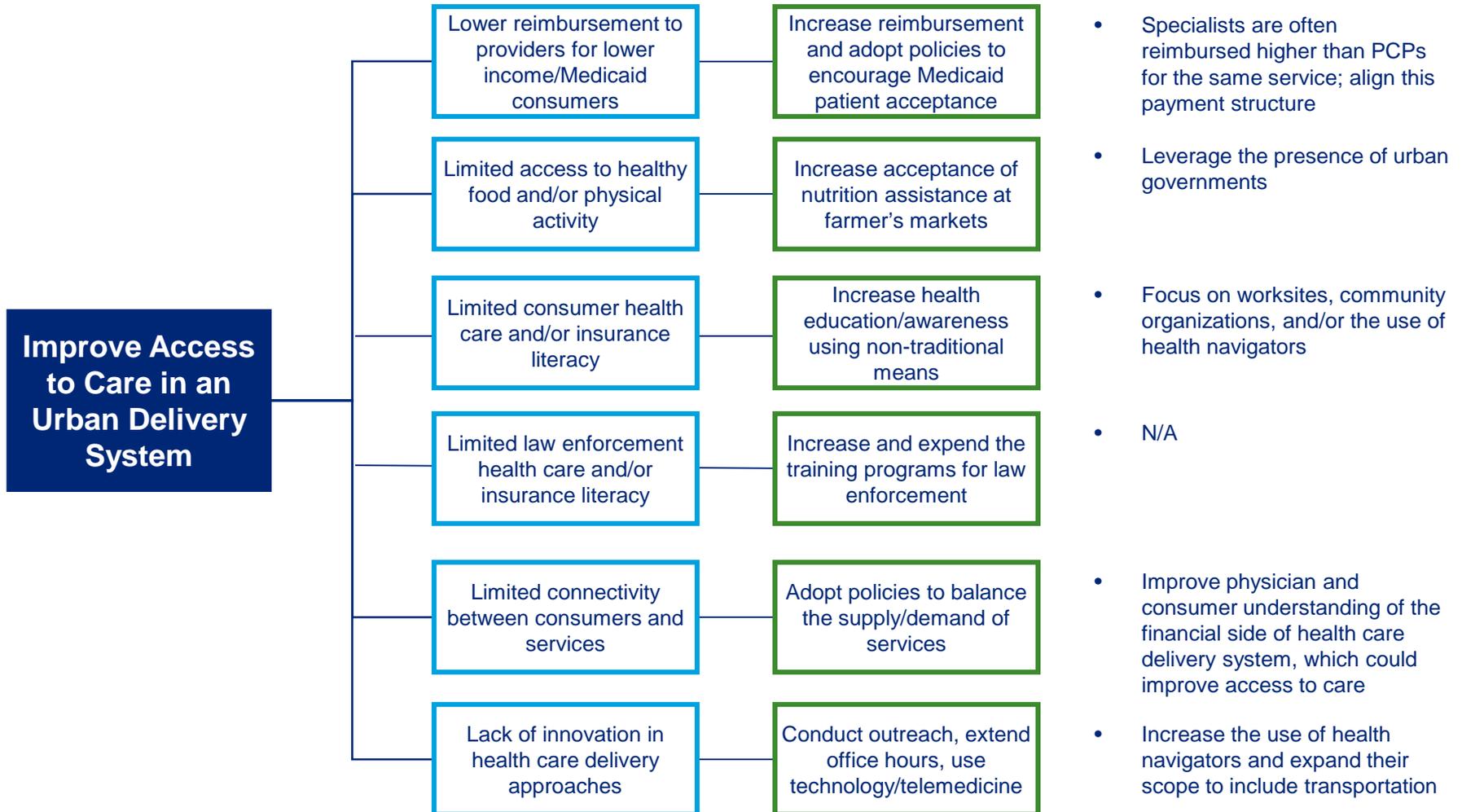
Notes:

T Are there **threats** to the current rural delivery system – financial and/ or competitive?

Notes:

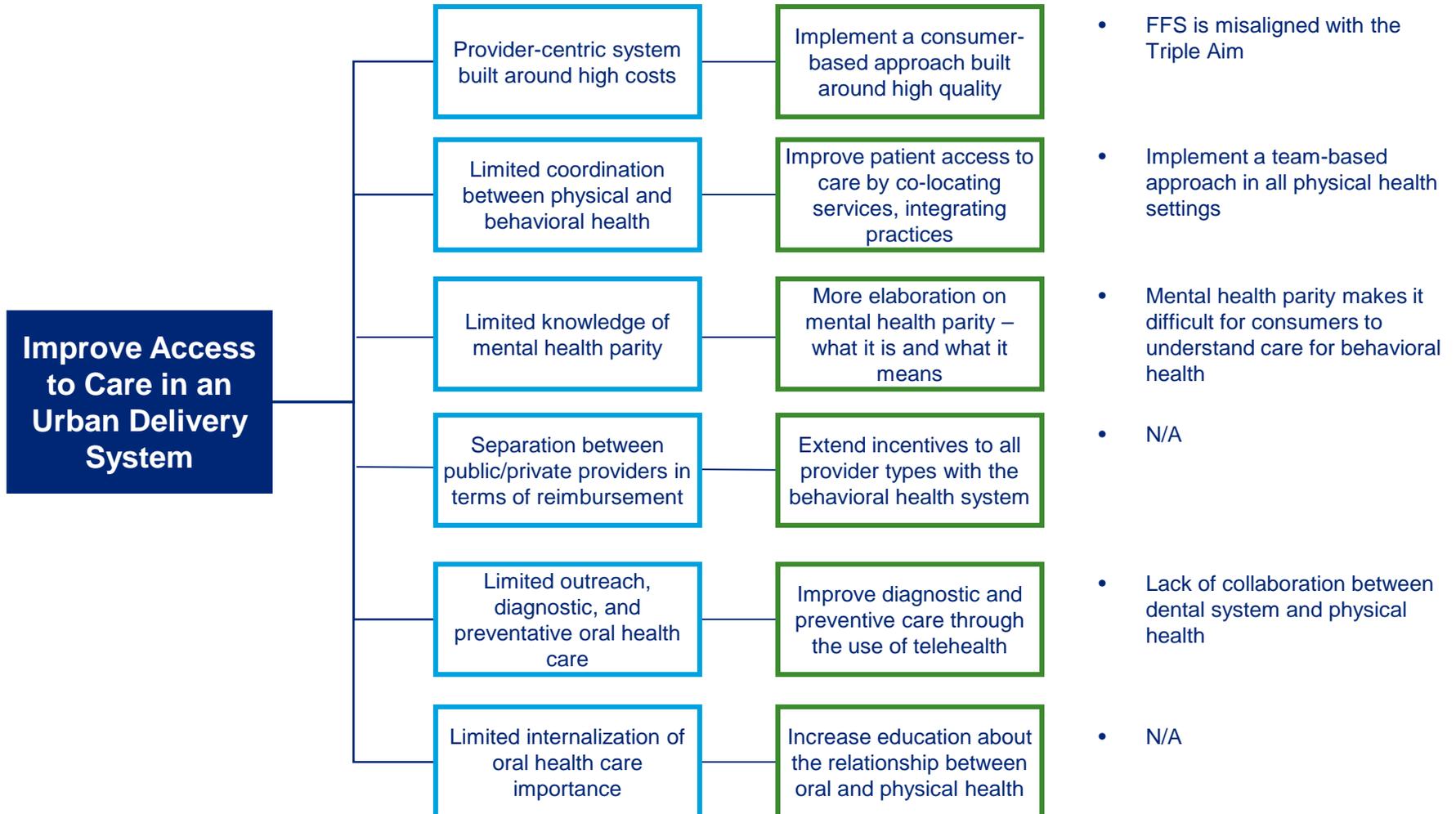
What We Heard in April: Drivers of Urban Delivery System Challenges

The following results are from a driver diagram activity conducted in April that focused on the urban delivery system in Kentucky. For the purposes of today’s activity, we will explore how much of this output applies to the rural system, and what items would be different for rural Kentucky.



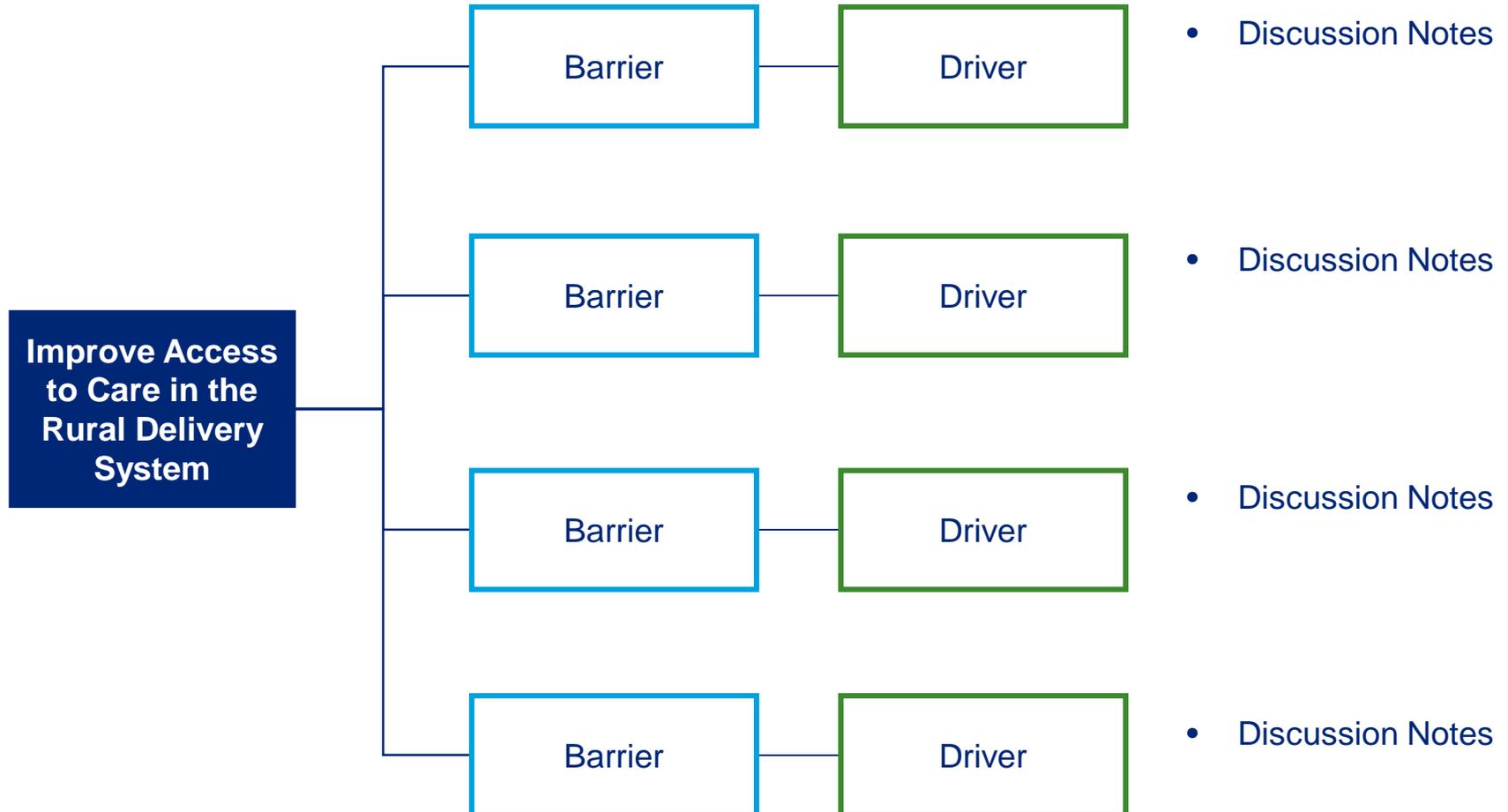
What We Heard in April: Drivers of Urban Delivery System Challenges (Continued)

The following results are from a driver diagram activity conducted in April that focused on the urban delivery system in Kentucky. For the purposes of today’s activity, we will explore how much of this output applies to the rural system, and what items would be different for rural Kentucky.



Activity: Drivers of Rural Delivery System Challenges

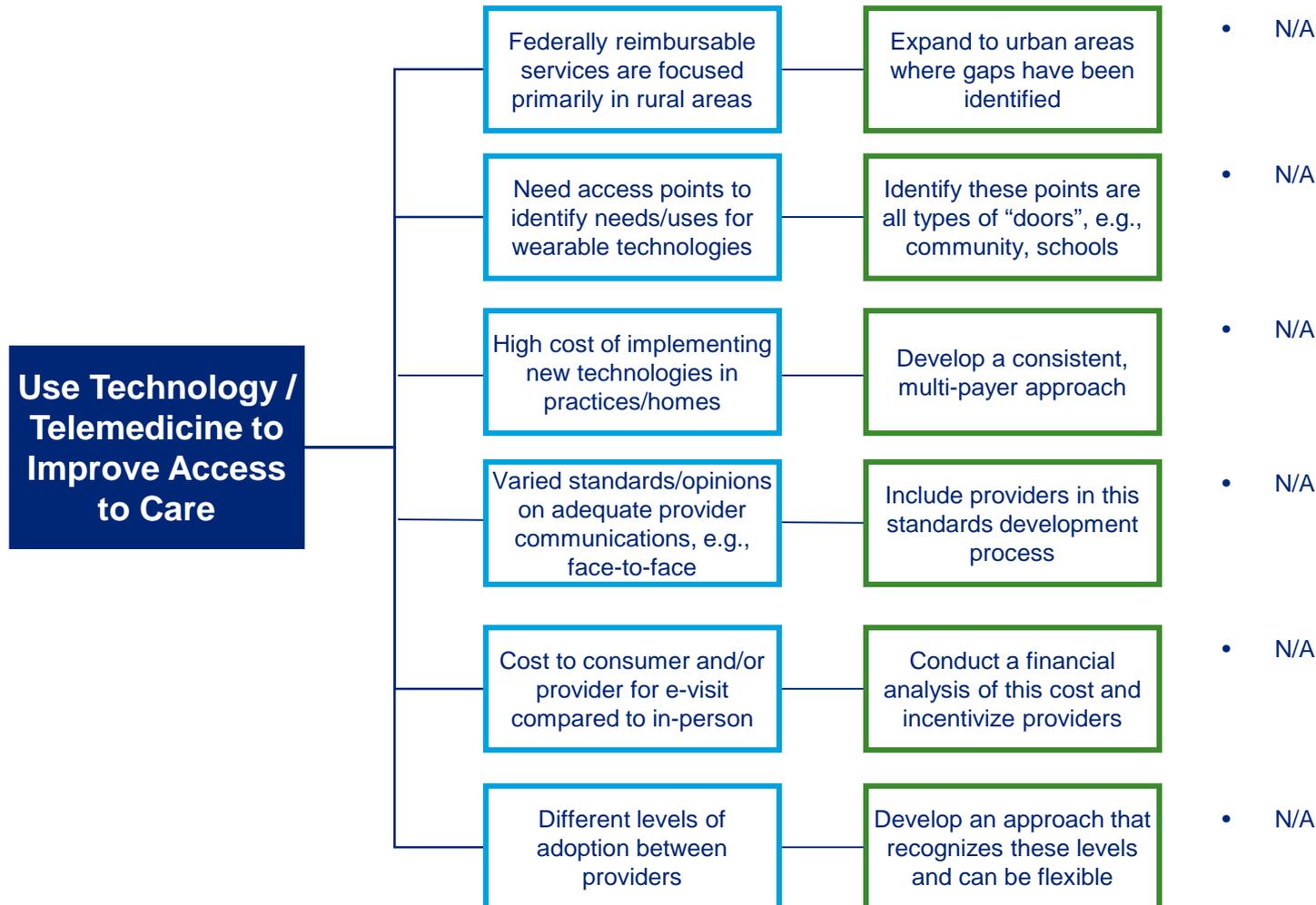
What are the current barriers to improving the rural delivery system(s) in Kentucky? What would be the key drivers to reducing those barriers (e.g., technology, regulatory levers, education and/or awareness, payment structures)? The goal of this exercise is to develop principles to guide the future rural delivery system.



**Use Technology and/or
Telemedicine to Reach Isolated
Geographic Areas**

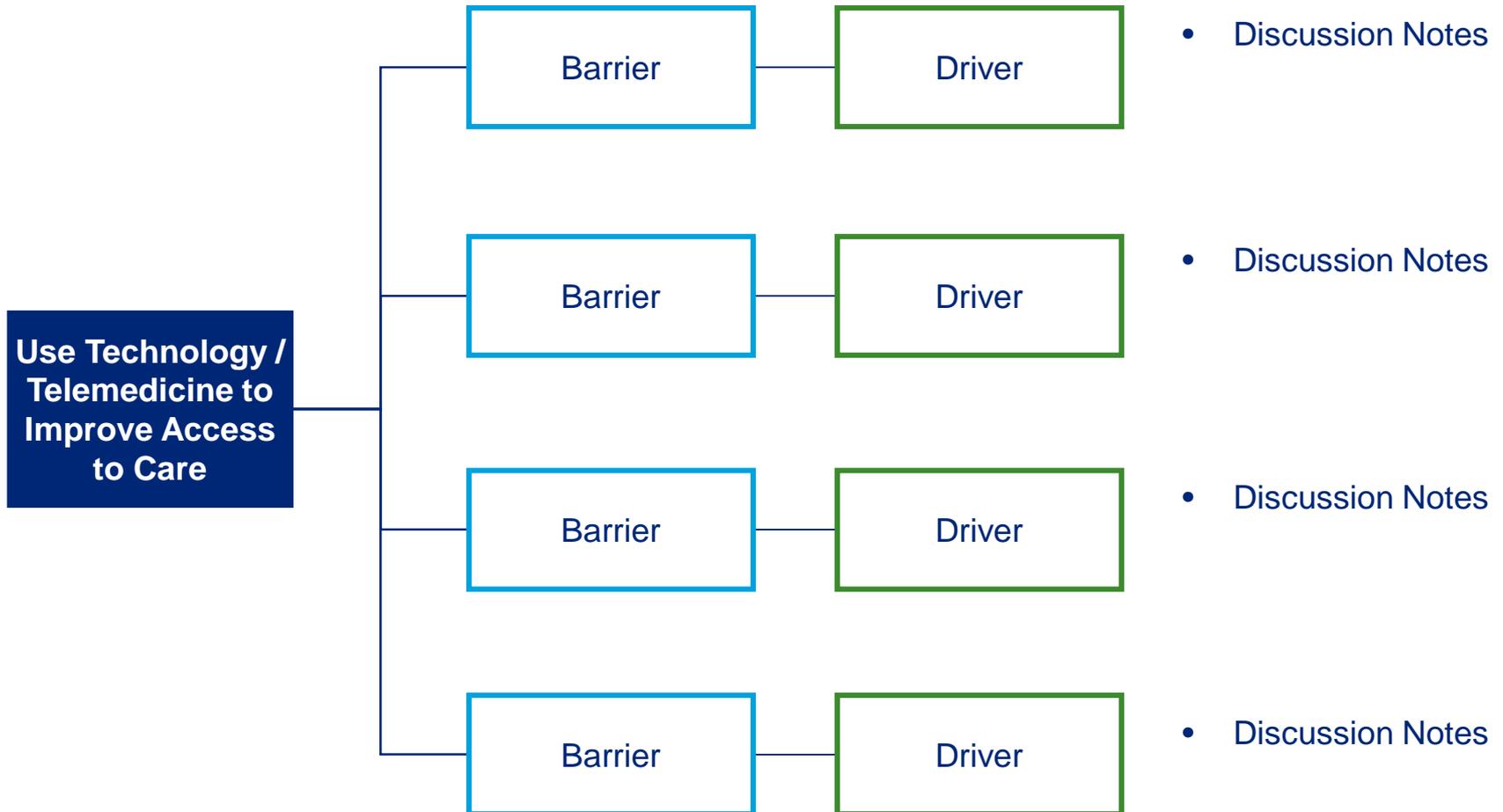
What We Heard in April: Brainstorming Activity

The following results are from a driver diagram activity conducted in April that focused on the urban delivery system in Kentucky. For the purposes of today’s activity, we will explore how much of this output applies to the rural system, and what items would be different for rural Kentucky.



Brainstorming Activity

How can technology be used in rural areas in order to make high-value education and preventive services more accessible? To what extent can telehealth/telemedicine be used to provide better access to these populations?

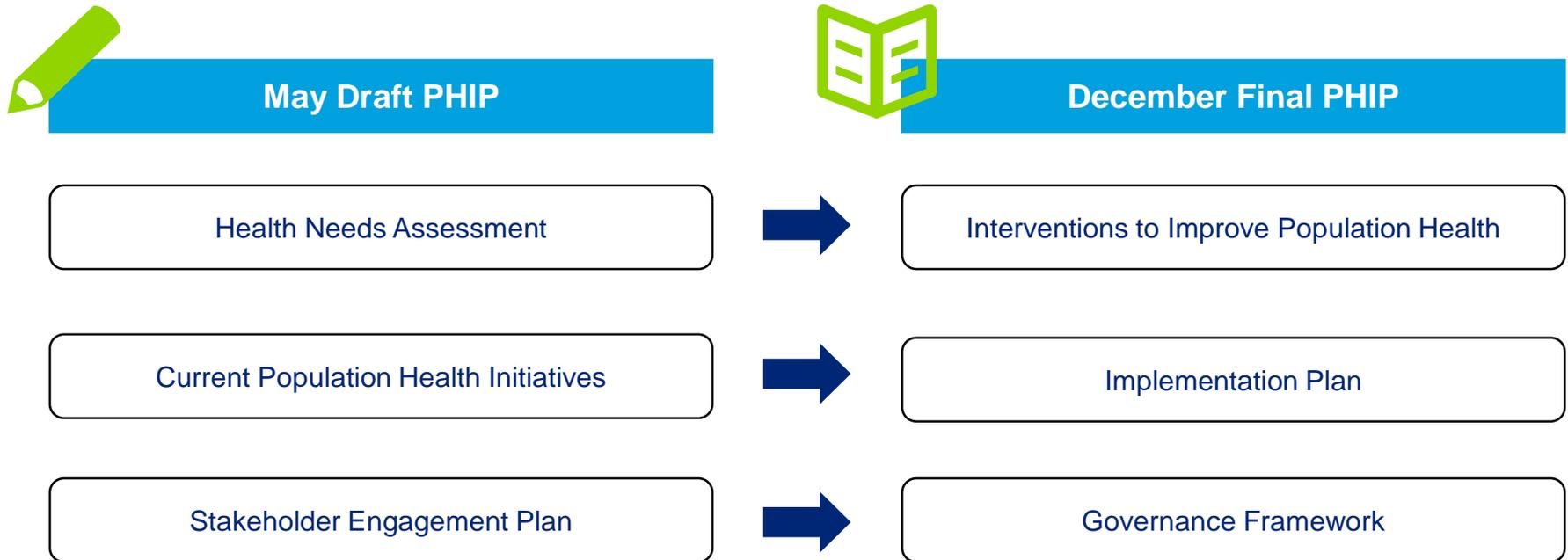


**Strategies for Increased Access to
Improve Population Health in the
Context of the PHIP**

PHIP Status Update and Process Overview

CMS has created a project structure that promotes crafting the Population Health Improvement Plan (PHIP) **prior** to developing payment and service delivery reforms with a **first draft due on May 29, 2015**.

PHIP Development Process:



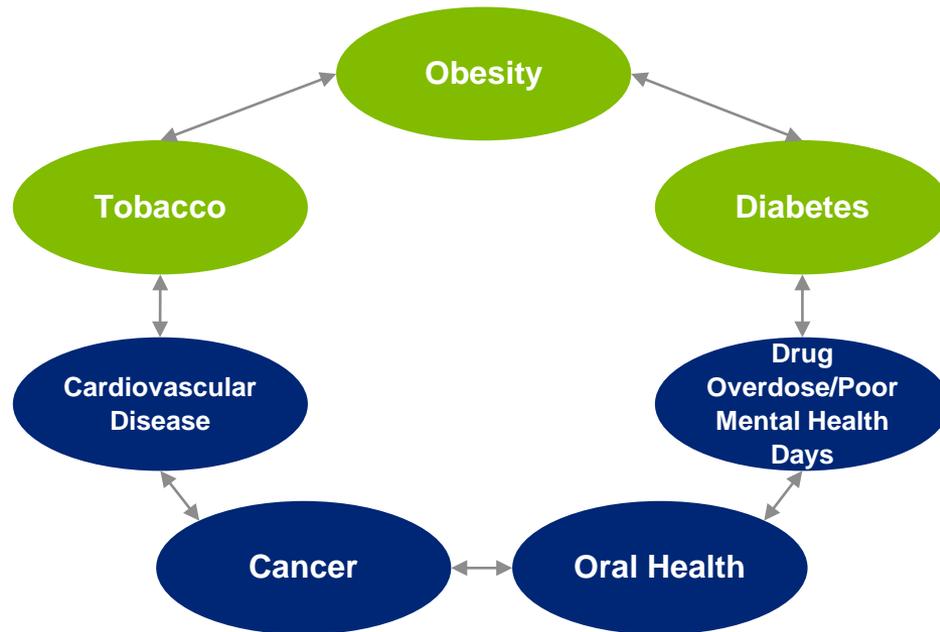
The **May draft of the PHIP** will serve as a **checkpoint** on the unique population health needs that Kentucky is facing, and as a **mechanism to solicit stakeholder input** throughout the remainder of the Model Design process on how to **design payment and service delivery reforms** around these population health needs.

PHIP Section 1: Health Needs Assessment

The draft PHIP contains a health needs assessment for the three CMS/CDC prescribed population health focus areas, plus the additional four focus areas added to promote the PHIP’s alignment with and as an extension of **kyhealthnow**.

Health Needs Assessment Outline

- The PHIP draft provides an **initial assessment** of the **gaps in access to care and the health status disparities** that Kentucky seeks to address in the delivery system transformation initiatives designed over the course of the Model Design period.
- For each of the seven population health focus areas, the PHIP describes the current state and its impact on the Commonwealth and its populations, focusing specifically on:
 - **The prevalence of the condition**
 - **The disproportionate populations at risk**
 - **The economic impact**



- CMS/CDC & kyhealthnow Focus Areas
- Other kyhealthnow Focus Areas

PHIP Section 2: Current Health Initiatives

The second section of the PHIP focuses on describing major ongoing population health-focused initiatives to improve both health outcomes and risk-factors related behavior. While the connection between the PHIP and **kyhealthnow** is inherent throughout, the PHIP describes the work being done in other areas and how stakeholders are playing multiple roles in each.

kyhealthnow

- **kyhealthnow** established seven health goals for the Commonwealth, along with a number of specific strategies to help achieve these goals through 2019.
- These strategies will be implemented through executive and legislative actions and public-private partnerships.
- In addition, an **Oversight Team** was established to monitor and provide oversight of the administration’s efforts to meet the kyhealthnow goals and carry out the strategies needed to achieve these goals, which is attached to CHFS.
- The PHIP is using **kyhealthnow** and its goals as its framework to develop new payment and delivery system reforms that work towards reaching each identified goal and a new governance process to provide long term monitoring and oversight.

ER “Super-Utilizer” Initiative

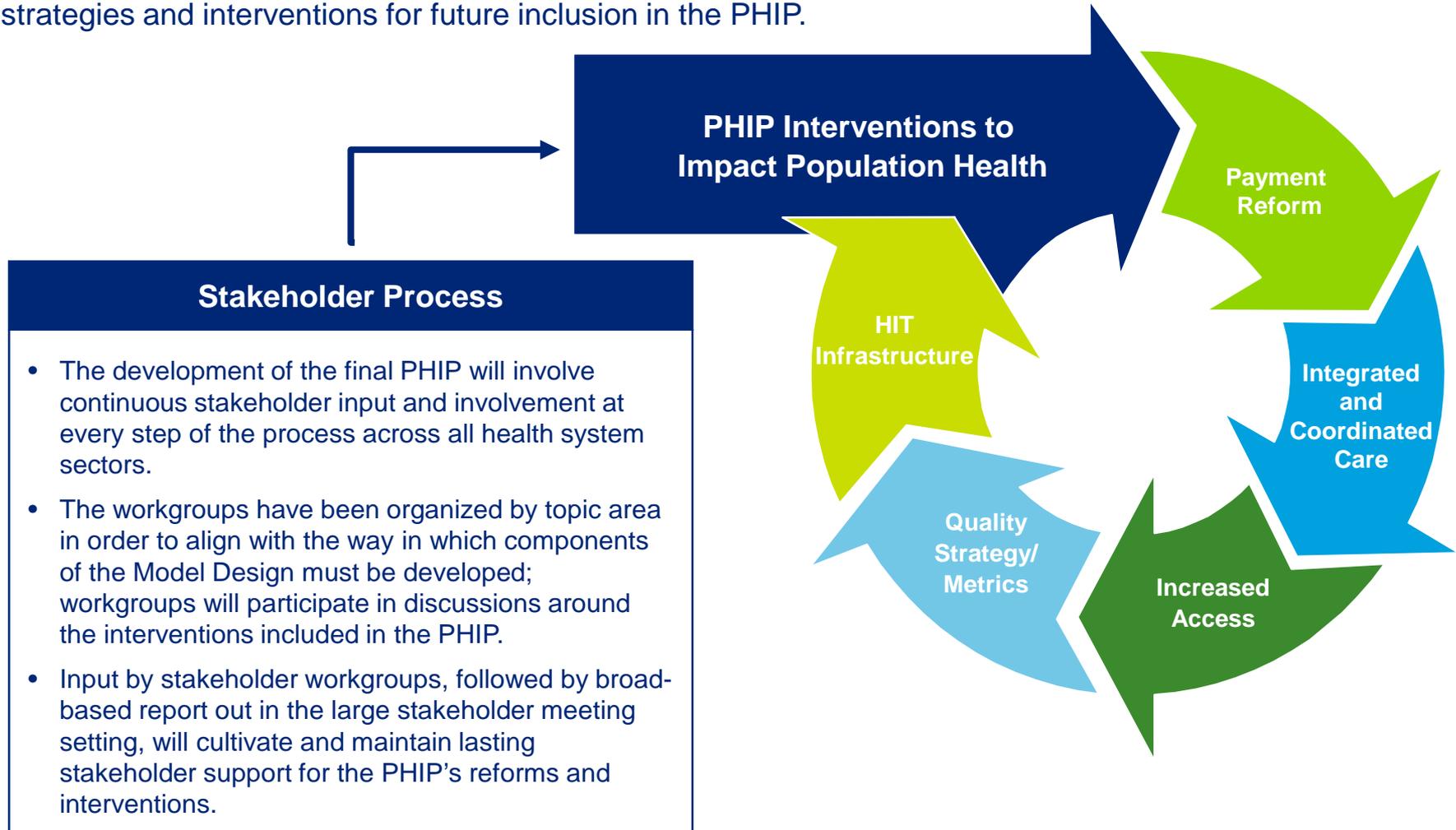
- Kentucky was awarded participation in a National Governor’s Association (NGA) Policy Academy to address **emergency department (ED) super-utilization** in July 2013 and expanded the program statewide in August 2014.
- **Phase I** of the project focused on evaluating, recommending, and implementing models that efficiently navigate patients, focusing on decreasing emergency room super-utilization.
- **16 hospital sites** participated in Phase I of the project, and these sites are already seeing success, including active partner engagement and the development of new tools to monitor super-utilization data.
- The **Kentucky Department for Public Health (DPH)** provides assistance to these hospital sites through workgroup conference calls, data analysis, and specific technical expertise.

Unbridled Health

- The Coordinated Chronic Disease Prevention and Health Promotion Plan, or **Unbridled Health**, was completed in August 2013 through the work of more than an 80 member steering committee, a committee that continues to meet on an annual basis to identify synergies around the key initiatives included in the plan.
- **Unbridled Health** provides a framework in which organizations and individuals can unite as one powerful force to reduce the significant chronic disease burden in our state.
- **The framework** includes policy, systems and environmental changes that support healthy choices; expanded access to health screenings and self-management programs; strong linkages among community networks; and research data that are used as a catalyst for change.

PHIP Section 3: Stakeholder Engagement

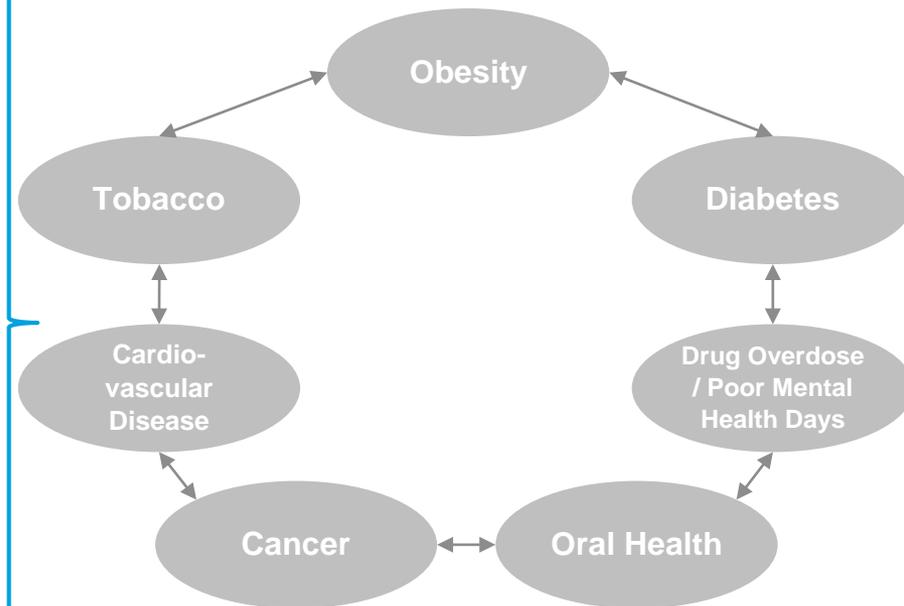
Throughout the Model Design period, CHFS will use a robust, iterative process with internal and external stakeholders to craft the components of the Model Design, the first component being the PHIP. The team has developed a formal stakeholder engagement approach that will be used to develop the strategies and interventions for future inclusion in the PHIP.



PHIP Section 4: Interventions to Improve Population Health

Using the health needs assessment and population health focus areas of kyhealthnow, stakeholders will develop interventions to improve population health in the context of the SIM workgroups and their topic areas over the course of the Model Design process.

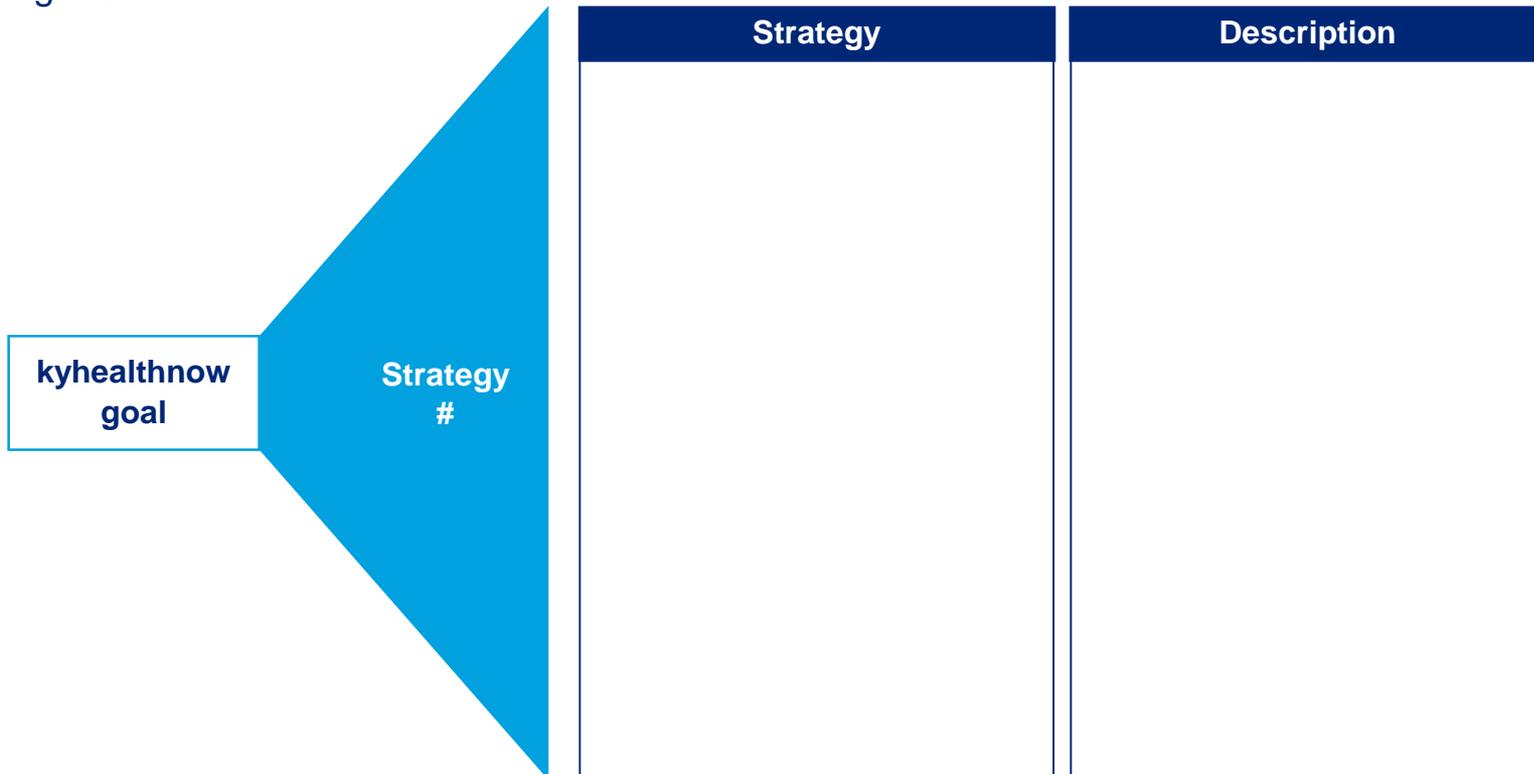
- 1 Service Delivery Model Options
- 2 Payment Methodologies
- 3 Policy and Regulatory Levers
- 4 Workforce Needs Assessment
- 5 Health Information Technology



These categories of interventions to improve population health and how they apply to the seven focus areas are not comprehensive and lend themselves to expansion, refinement, and discussion with all SIM stakeholders.

PHIP Section 4: A Closer Look

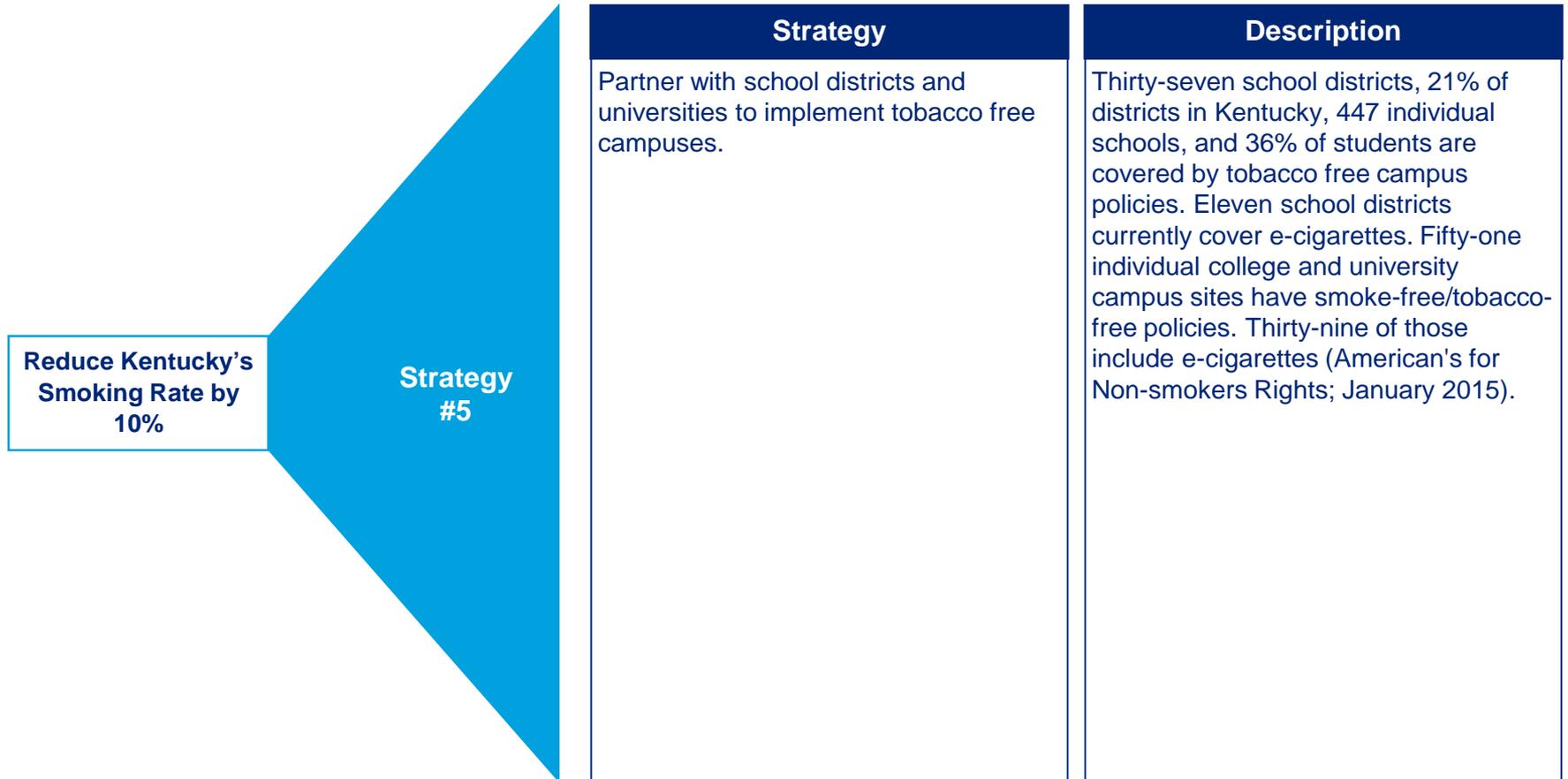
Within the seven kyhealthnow focus areas that the PHIP seeks to address, there are 51 associated strategies to help achieve these population health goals over the next five years. For the purposes of the PHIP, we will explore a subset of these strategies as they relate to increasing access to care to determine which strategies can be impacted by initiatives, or which initiatives would have the most effect on the strategies.



The goal of this workgroup activity is to develop a set of key themes to designing initiatives that increase access to care and that work towards achieving the kyhealthnow, and therefore the PHIP, population health goals for inclusion in the draft PHIP due at the end of May.

PHIP Strategies Discussion

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?



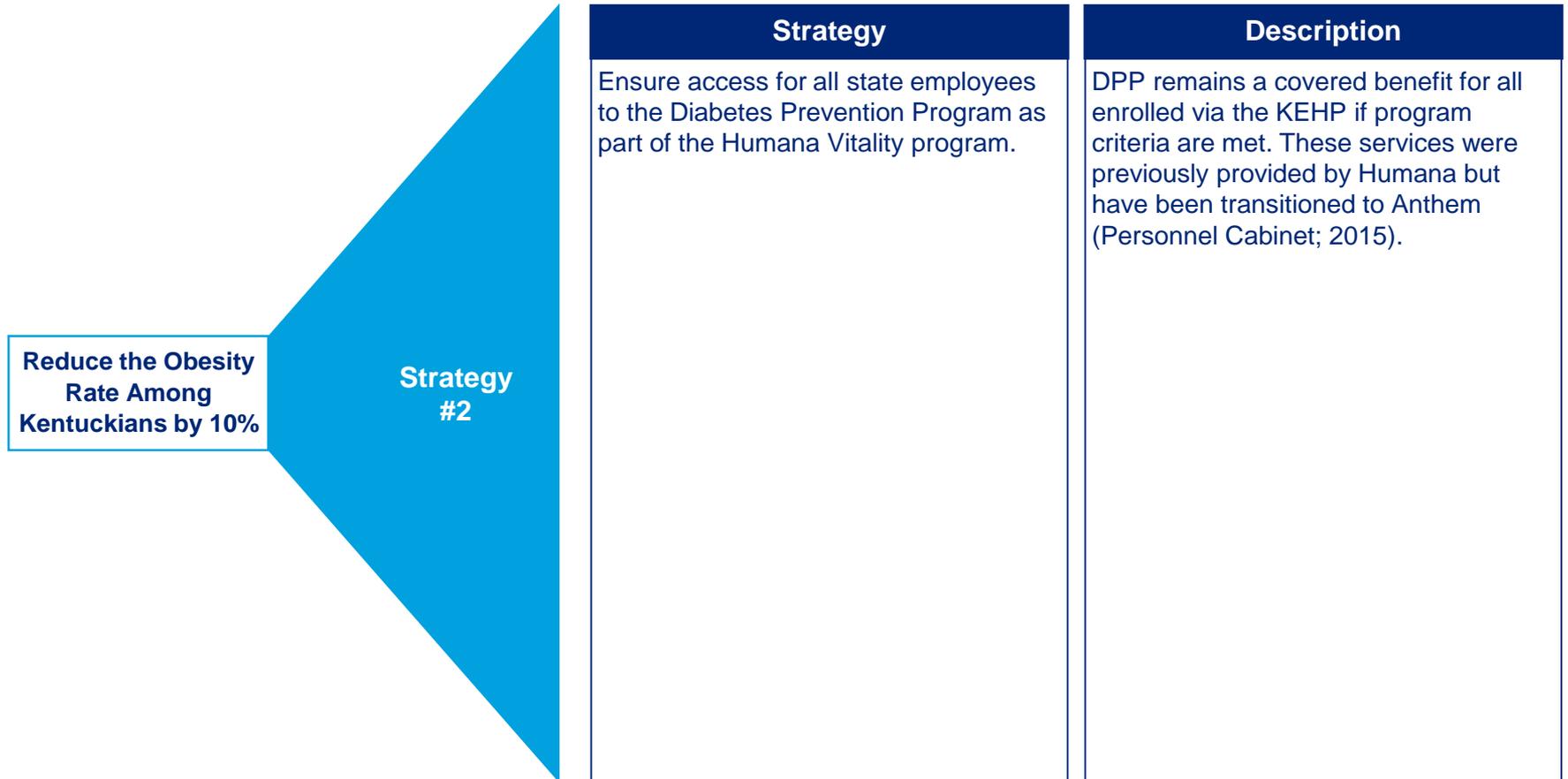
PHIP Strategies Discussion (Continued)

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PHIP Strategies Discussion (Continued)

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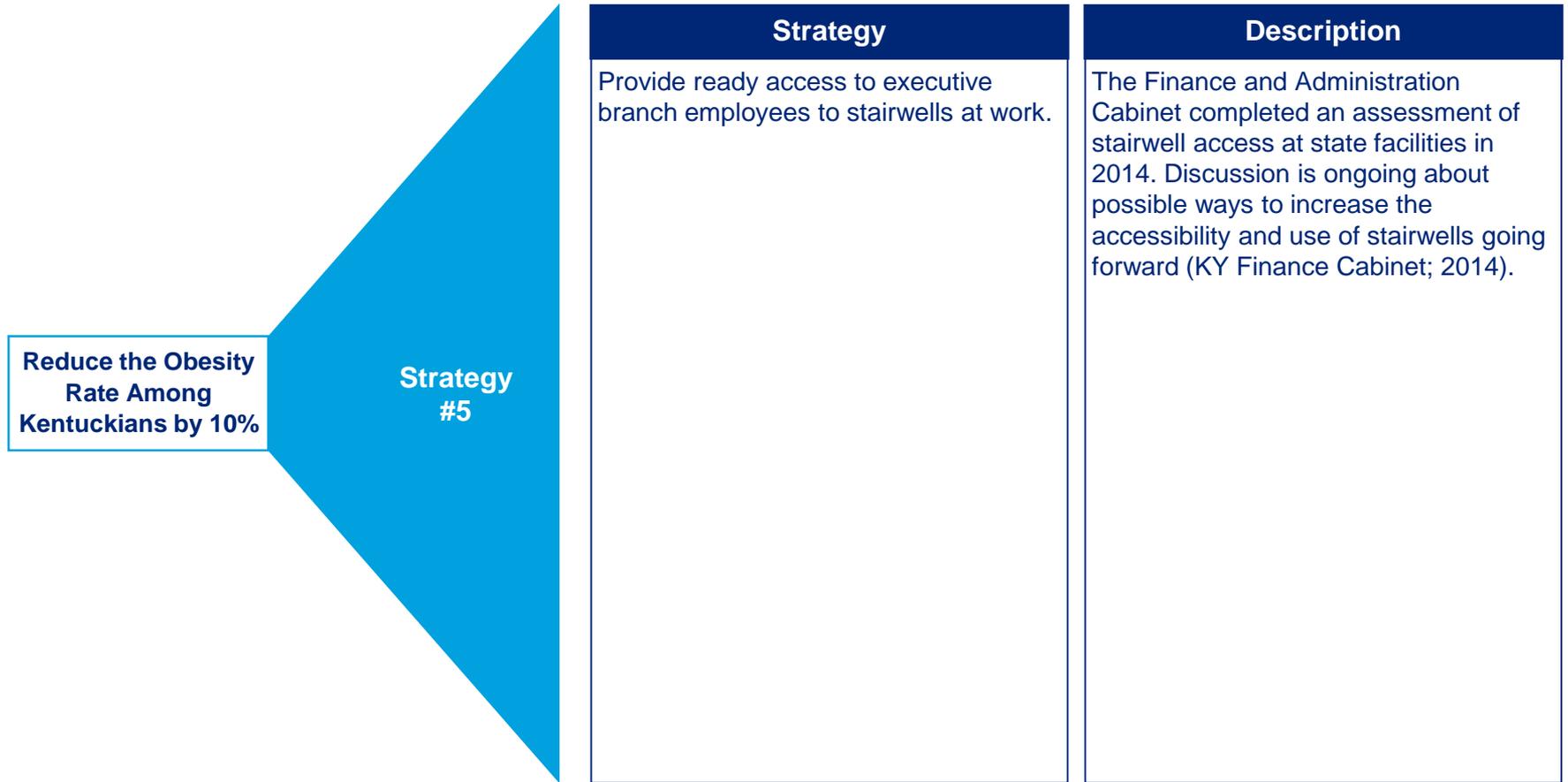
PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?

<p>Reduce the Obesity Rate Among Kentuckians by 10%</p>	<p>Strategy #4</p>	Strategy	Description
		<p>Work with public and private workplaces to adopt healthy concessions and vending policies reflecting federal guidelines.</p>	<p>The Department for Public Health has adopted a healthy meeting policy and encouraged adoption by other agencies across state government. In addition, there are plans to expand healthy concession options via the Better Bites program to the vending facilities located in state buildings, which are operated by the Kentucky Office of the Blind (KY Department for Public Health Obesity Program; 2014).</p>

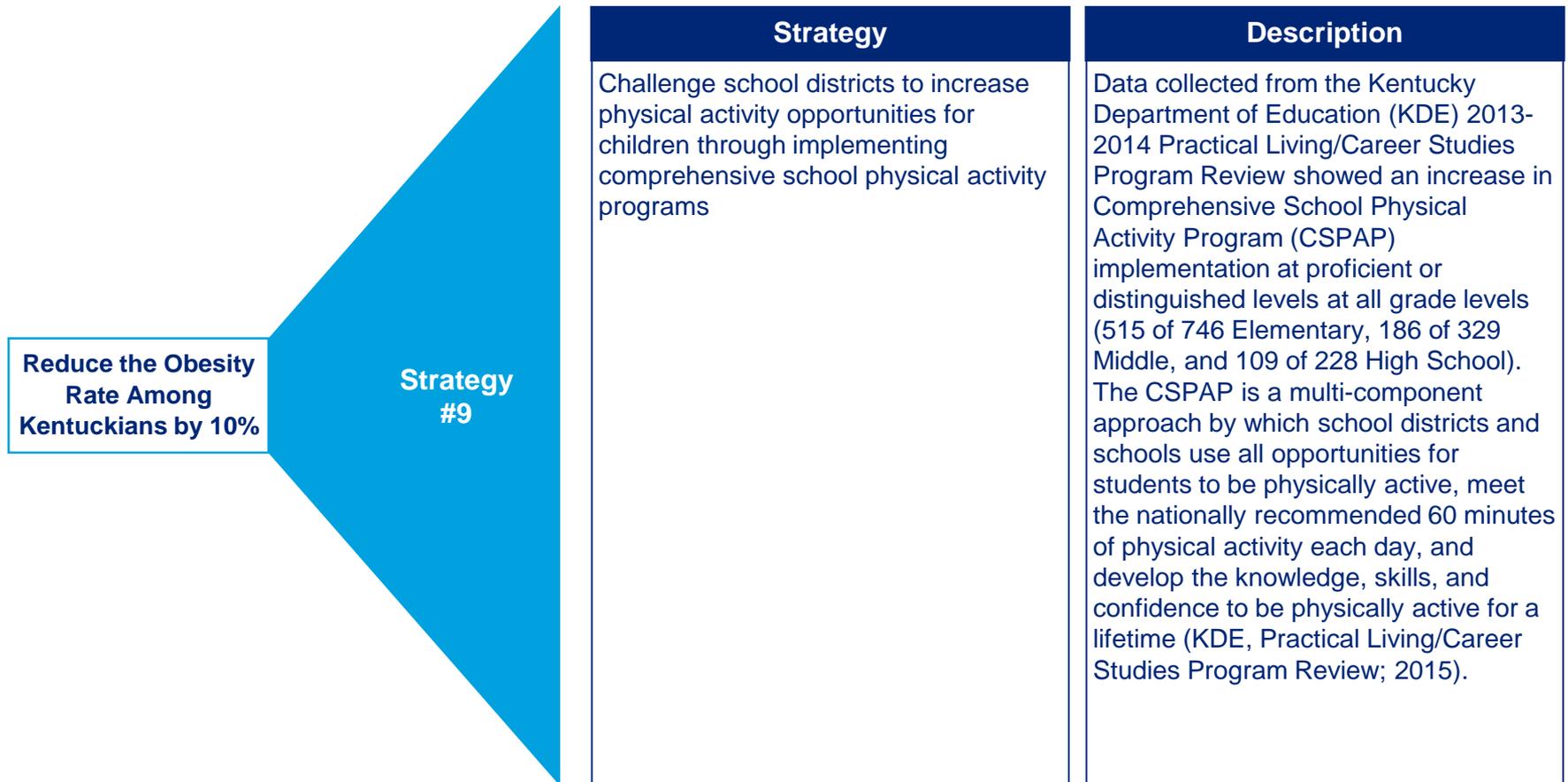
PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?



PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?



PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?

<p>Reduce the Obesity Rate Among Kentuckians by 10%</p>	<p>Strategy #10</p>	Strategy	Description
		<p>Double the number of schools rating proficient or higher for coordinated school health committees by the end of 2015.</p>	<p>Data collected from the KDE 2013-2014 Practical Living/Career Studies Program Review showed an increase in CSPAP implementation at proficient or distinguished levels at all grade levels (586 of 746 Elementary, 214 of 329 Middle, and 137 of 228 High School). The CSPAP is a multi-component approach by which school districts and schools use all opportunities for students to be physically active, meet the nationally recommended 60 minutes of physical activity each day, and develop the knowledge, skills, and confidence to be physically active for a lifetime (KDE, Practical Living/Career Studies Program Review; 2015).</p>

PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>Reduce the Obesity Rate Among Kentuckians by 10%</p> </div> <div style="font-size: 2em; color: #00AEEF; margin: 10px 0;">}</div> <div style="text-align: center;"> <p>Strategy #12</p> </div>	Strategy	Description
	<p>Work with early child care providers to increase opportunities to prevent obesity among our youngest children.</p>	<p>A total of 65 early care environments participate in the Early Care and Education Learning Collaboratives (ECELC) Project in Jefferson County, Fayette County, and Northern Kentucky. This is an increase of 38 centers since March 2014. This program consists of intensive training and technical assistance regarding the rationale supporting best practices in nutrition, physical activity, screen time, breastfeeding and family engagement. More sites are scheduled to be added in 2015. The Healthy Communities program has worked with an additional 30 ECE centers in 2014 to provide similar extensive training and technical assistance (KY Department for Public Health Obesity Program; February 2015).</p>

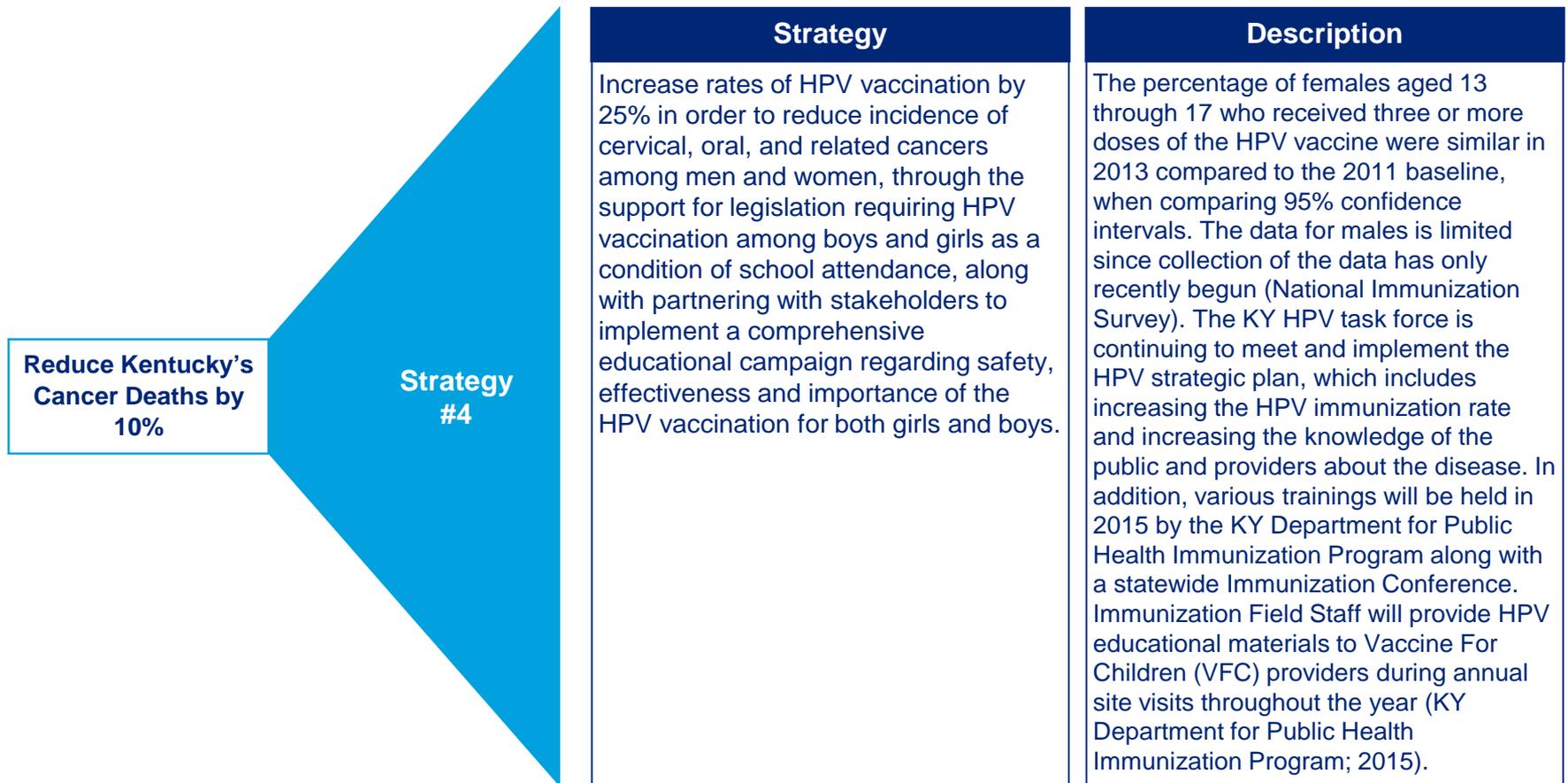
PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?



PHIP Strategies Discussion (Continued)

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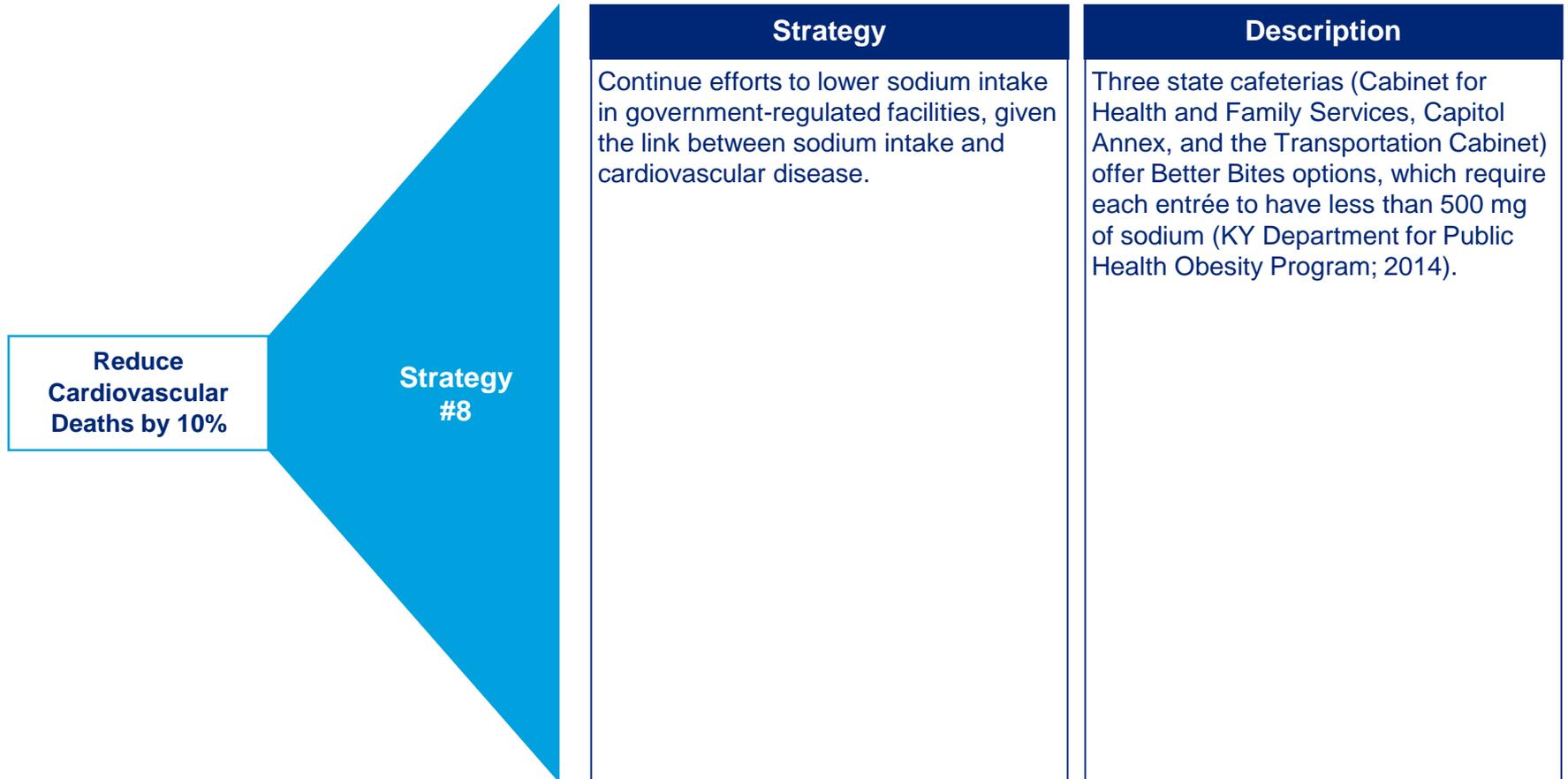
PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?

<p>Reduce Cardiovascular Deaths by 10%</p>	<p>Strategy #7</p>	Strategy	Description
		<p>Support the ongoing efforts of the Kentucky CARE Collaborative, a statewide effort designed to provide blood pressure awareness education within communities.</p>	<p>The 2014 Annual count shows that there were 20,253 educational encounters, 2,445 blood pressures improved to healthy zone and 46 participating partner sites. Each one of these numbers is a significant increase from the 2012 annual count (St. Elizabeth Healthcare NKY CARE Data Collection Tool; 2014).</p>

PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?



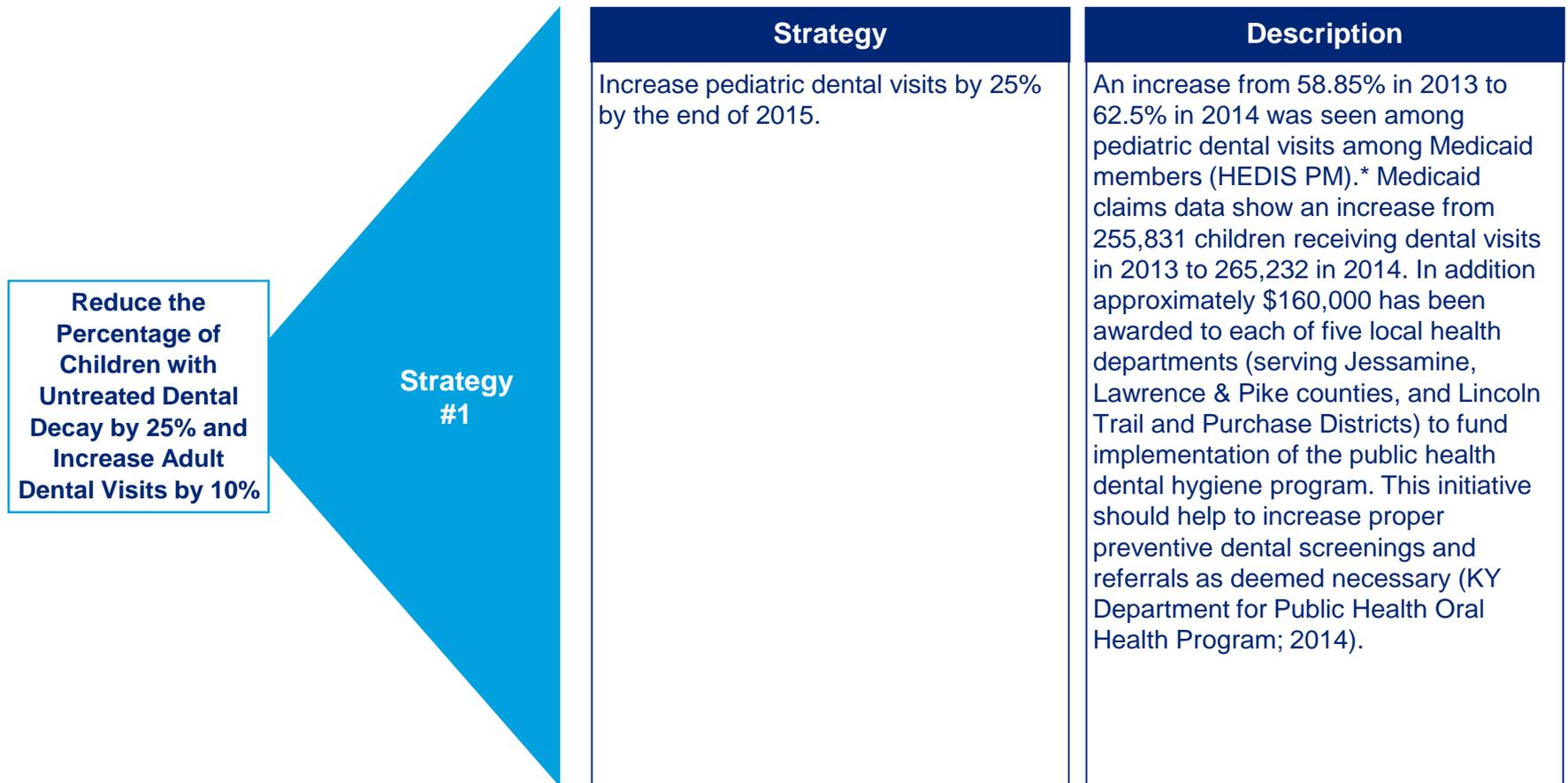
PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?

<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Reduce Cardiovascular Deaths by 10%</p> </div> <div style="font-size: 4em; color: #00AEEF; margin: 10px 0;">}</div> <p style="font-size: 1.5em; color: #00AEEF; margin: 0;">Strategy #9</p>	Strategy	Description
	<p>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.</p>	<p>The 2014 Annual count shows that there were 22 participating hospitals and 88.8% eligible patients received dysphagia screening. This is only a slight increase in the total number of participating sites compared to 2013 (SEQIP Stroke Registry Data Summary; 2014).</p>

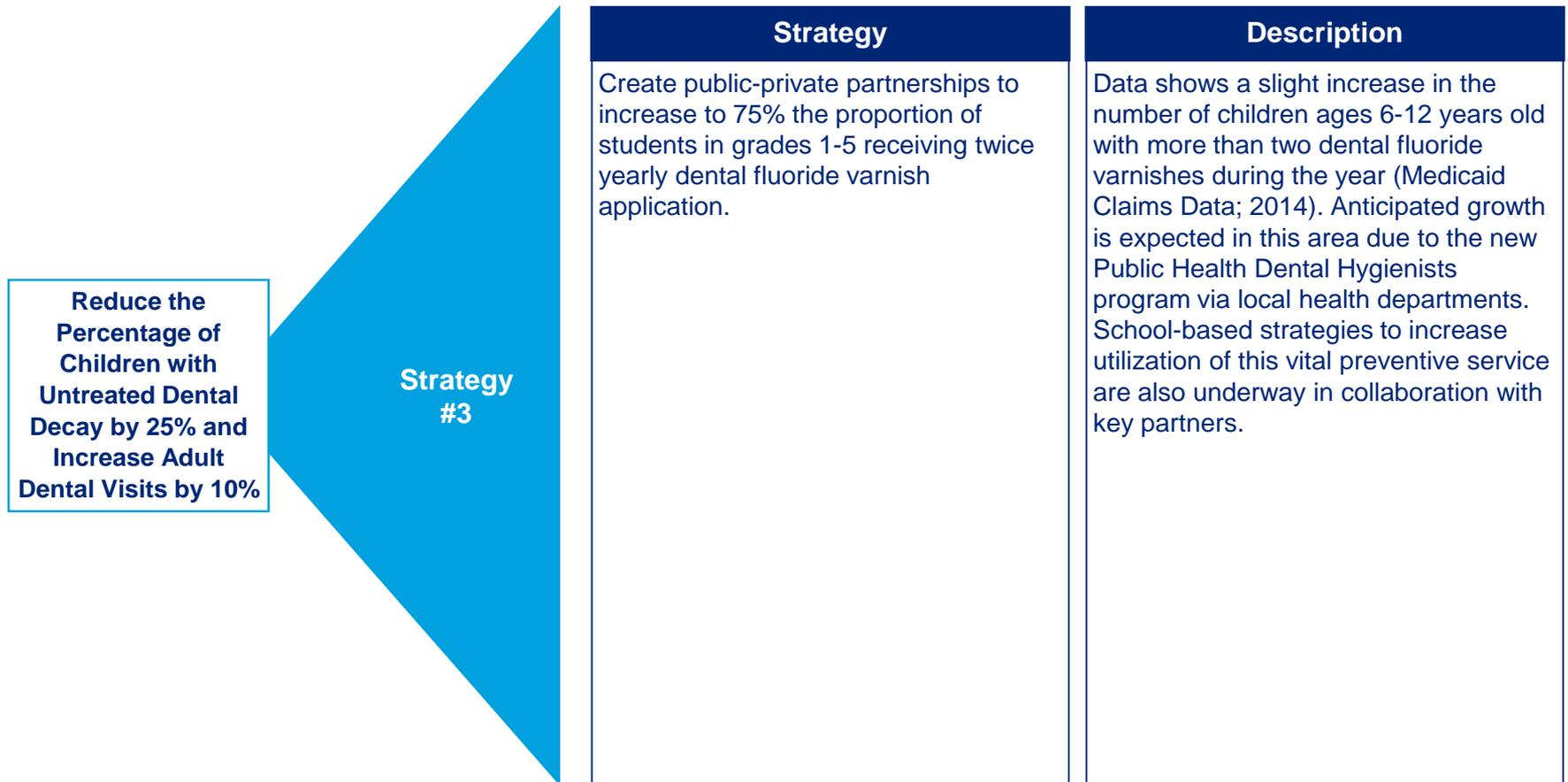
PHIP Strategies Discussion (Continued)

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PHIP Strategies Discussion (Continued)

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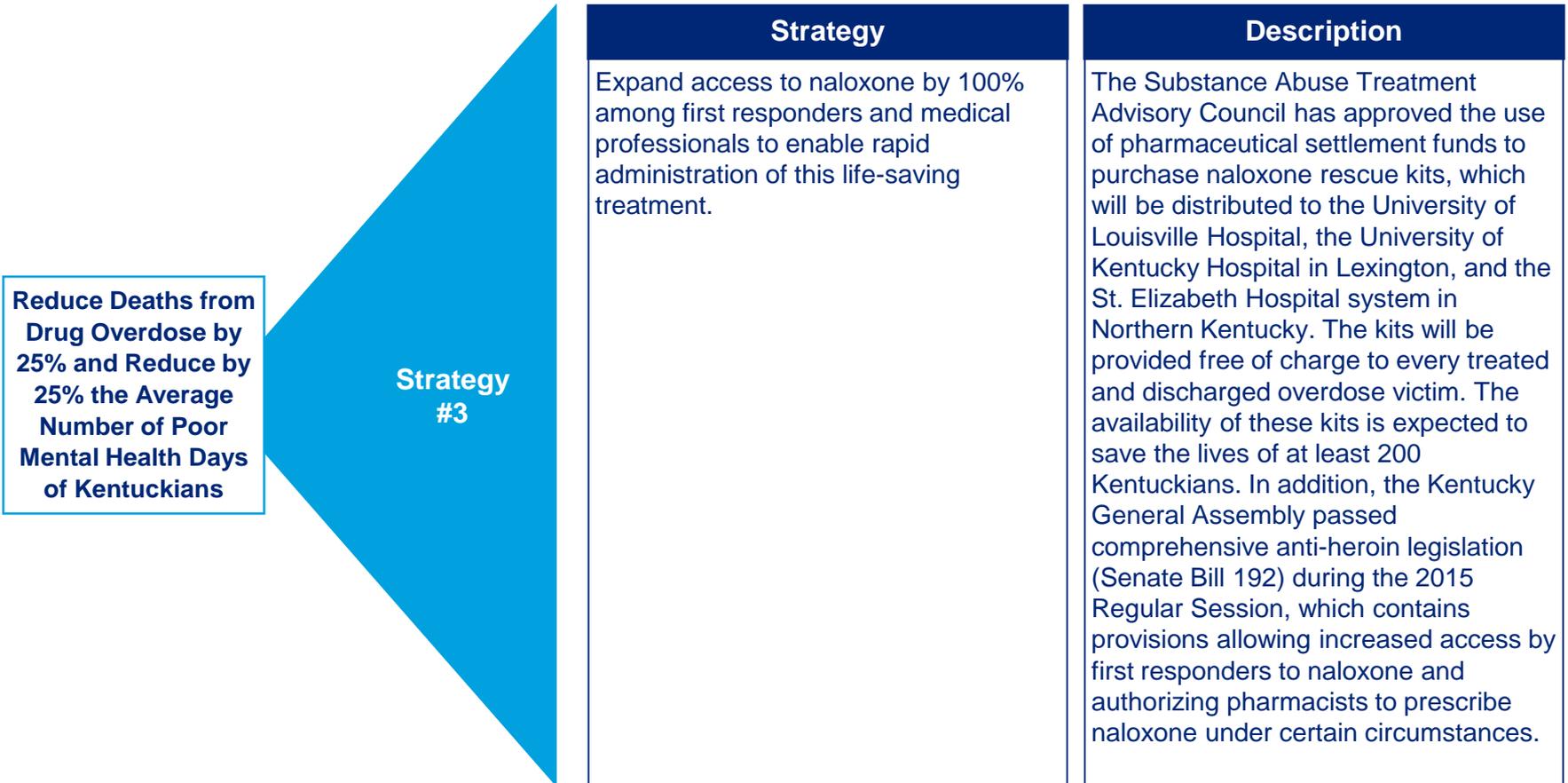
PHIP Strategies Discussion (Continued)

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PHIP Strategies Discussion (Continued)

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PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?



PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?

Reduce Deaths from Drug Overdose by 25% and Reduce by 25% the Average Number of Poor Mental Health Days of Kentuckians

Strategy #5

Strategy	Description
<p>Increase substance use disorder residential and intensive outpatient treatment capacity by 50%.</p>	<p>Since the baseline report, there has been a 40% increase in the number of providers offering residential substance use treatment going from 43 to 60 in 2014. (OIG Directory for AODE/BHSO; February 2015). CMHC 2015 contracts required each of the 14 CMHC regions to offer intensive outpatient services by 2015. In addition, KY Kids Recovery Adolescent Substance Use Treatment Grants included new residential and intensive outpatient programs for adolescents.</p>

PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?

<p>Reduce Deaths from Drug Overdose by 25% and Reduce by 25% the Average Number of Poor Mental Health Days of Kentuckians</p>	<p>Strategy #6</p>	Strategy	Description
		<p>Partner with stakeholders to increase the number of credentialed substance use treatment professionals by 25%.</p>	<p>DBHDID partnered with the Board of Certification of Alcohol and Drug Counselors to successfully advocate for legislative passage of the Licensed Clinical Alcohol and Drug Counselor (LCADC) credential in the 2015 General Assembly Regular Session. (HB 92, Legislative Research Commission). The bill creates a licensure category for those alcohol and drug counselors with Master's Degrees who meet the requirements for national testing, specific education in addiction counseling, and three years of supervised experience in addiction treatment. There were 729 substance use treatment professionals as of March 2014 and 876 as of February 2015 (CADC Board Database). In addition, there was an expansion in the number of substance use treatment professionals trained at the Kentucky School for Alcohol and Other Drug Studies. More than 300 new behavioral health providers have enrolled in the Medicaid program since January 2014. (Deloitte Medicaid Expansion Report, February 2015). In addition, more than 670 Medicaid providers rendered substance use treatment services for Medicaid members in 2014 (Medicaid Claims Data).</p>

PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?

Reduce Deaths from Drug Overdose by 25% and Reduce by 25% the Average Number of Poor Mental Health Days of Kentuckians



Strategy #7

Strategy	Description
<p>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.</p>	<p>Significant progress has been made on this strategy as more than 300 new behavioral health providers have been added to the Medicaid network. (Deloitte Medicaid Expansion Report, February 2015).</p>

PHIP Strategies Discussion (Continued)

How could an initiative and/or policy that works toward increasing access to care and services impact this kyhealthnow strategy?

Reduce Deaths from Drug Overdose by 25% and Reduce by 25% the Average Number of Poor Mental Health Days of Kentuckians



Strategy	Description
<p>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).</p>	<p>SBIRT was successfully added to the Medicaid state plan in 2014. Education of providers in the implementation of SBIRT is ongoing. Efforts to increase utilization of SBIRT include the SMVF Behavioral Health Initiative in collaboration with the KY National Guard, with the goal of increasing the use of SBIRT within the military population. In addition, the KIDS NOW Plus program provides ongoing training in the use of SBIRT to primary care and prenatal care providers. Substance Use Treatment and Recovery Branch staff have collaborated with Public Health staff to support SBIRT planning for improved access and expansion across the state (KY Department for Behavioral Health, Developmental and Intellectual Disabilities; 2015).</p>

Next Steps

Upcoming Schedule

A monthly workgroup meeting will be essential for discussing key topics, reaching consensus, and driving the development of a successful Model Design. The exact meeting dates, times, and locations for the workgroups will be communicated in advance of each session.

June 2015

M	T	W	T	F
1	2	3*	4	5
8	9 *Rescheduled	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

July 2015

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August 2015

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

Calendar Legend

Workgroup Meeting

Stakeholder Meeting

Next Steps

- The June full stakeholder meeting that was scheduled for **Wednesday, June 3, 2015** has been **rescheduled**. It will now take place on **Tuesday, June 9, 2015 from 1 – 4 PM** at the Kentucky Historical Society - 100 W Broadway Street in Frankfort, KY.
- Mark your calendars! The next Increased Access workgroup will be held on **June 17, 2015**.

Workgroup	June Date	June Time	June Location
Payment Reform	Tuesday, June 16 th	9AM to 12PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
Integrated & Coordinated Care	Tuesday, June 16 th	1PM to 4PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
Increased Access	Wednesday, June 17 th	9AM to 12PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
Quality Strategy / Metrics	Wednesday, June 17 th	1PM to 4PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601
HIT Infrastructure	Thursday, June 18 th	9:30AM to 12:30PM	KY Department for Public Health (DPH), Conference Suites B-C, 275 E Main St, Frankfort, KY 40601

- Please visit the dedicated Kentucky SIM Model Design website: <http://chfs.ky.gov/ohp/sim/simhome>
 - This website contains an Increased Access workgroup section that will contain meeting presentations, outputs, and additional resources.
- Please contact the KY SIM mailbox at sim@ky.gov with any comments or questions

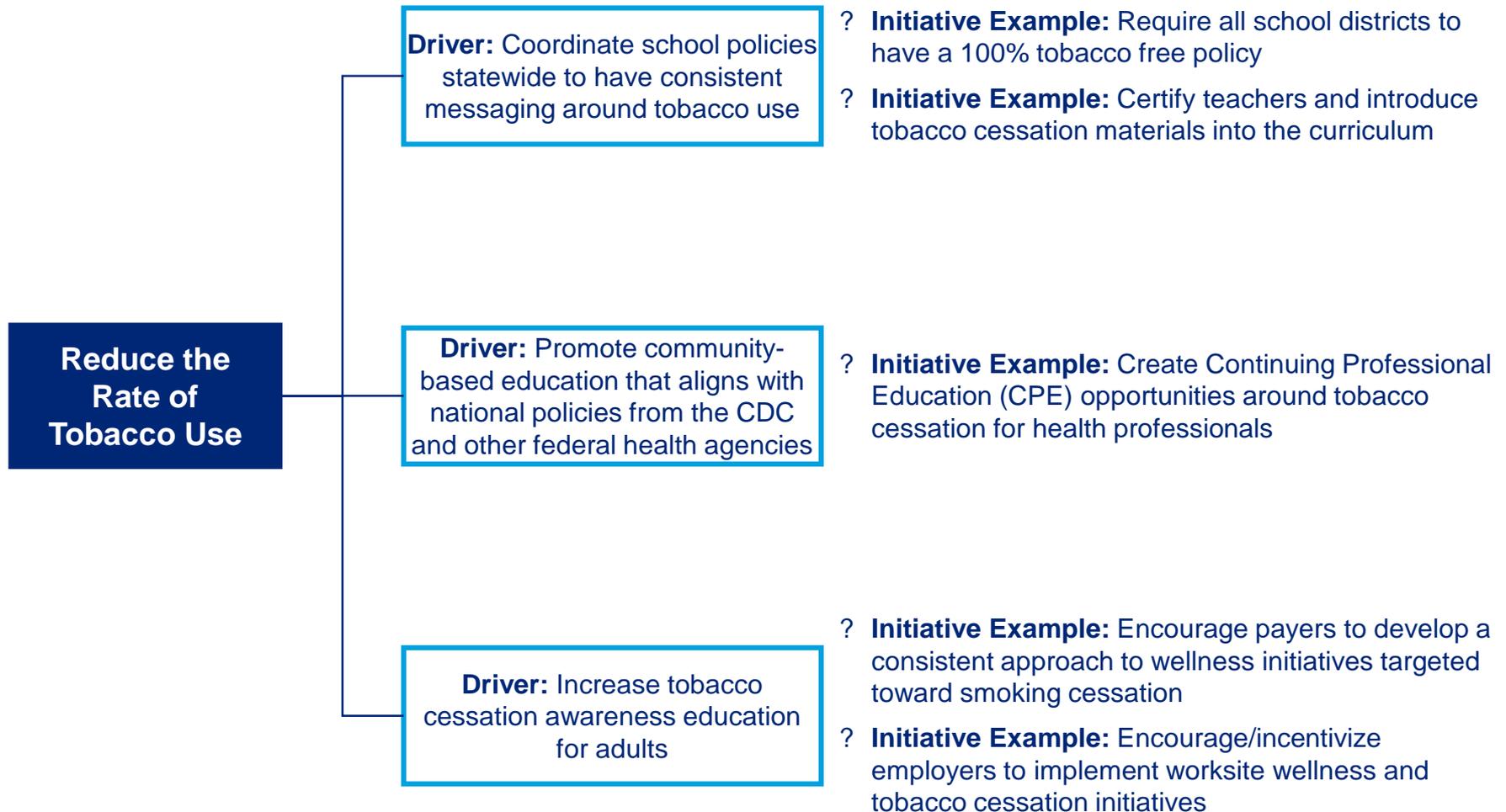
Thank you!

Q&A

Appendix

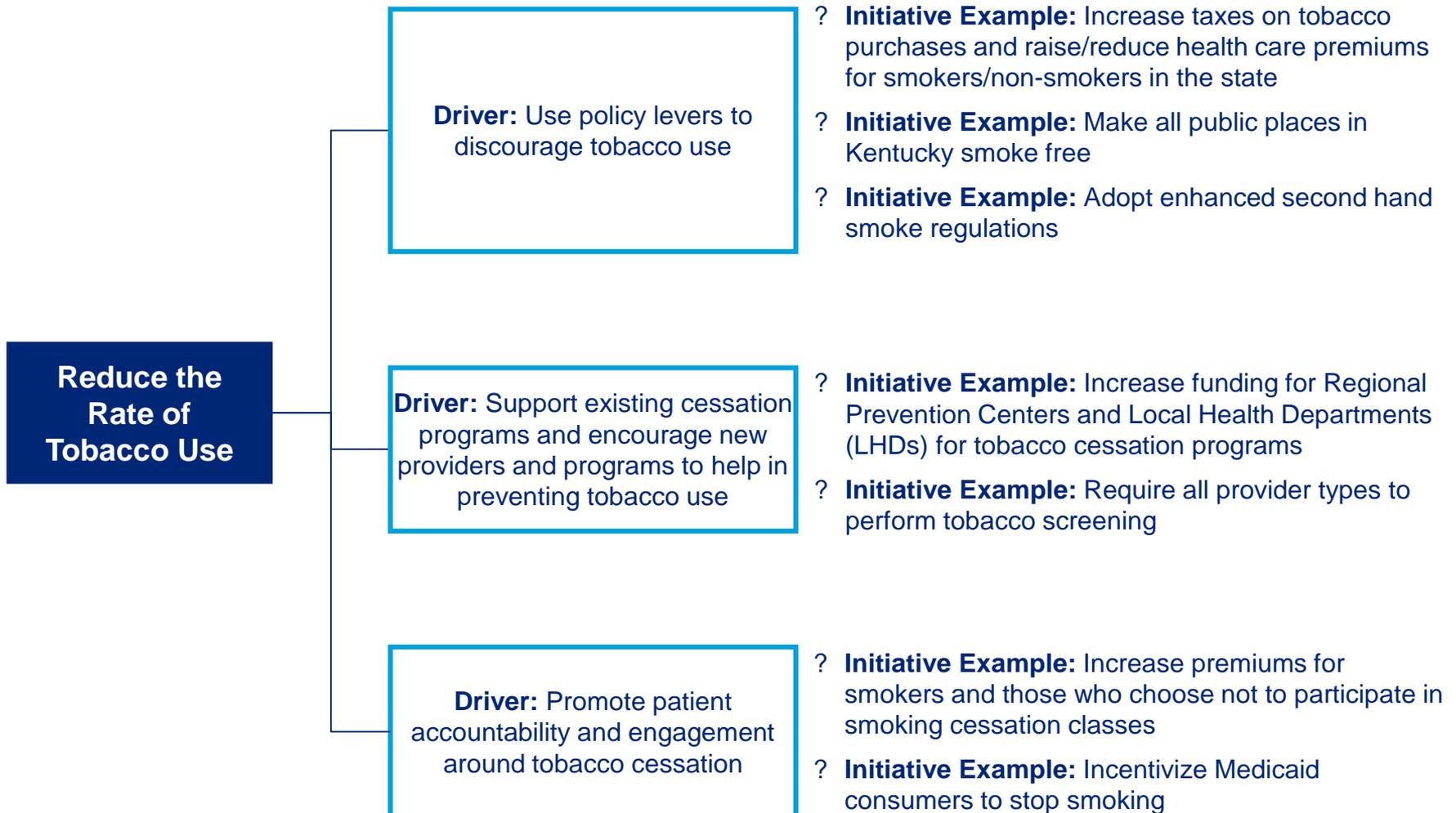
Increased Access Driver Diagram – Tobacco Use

What are the current barriers to reducing tobacco use in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from an increased access perspective?



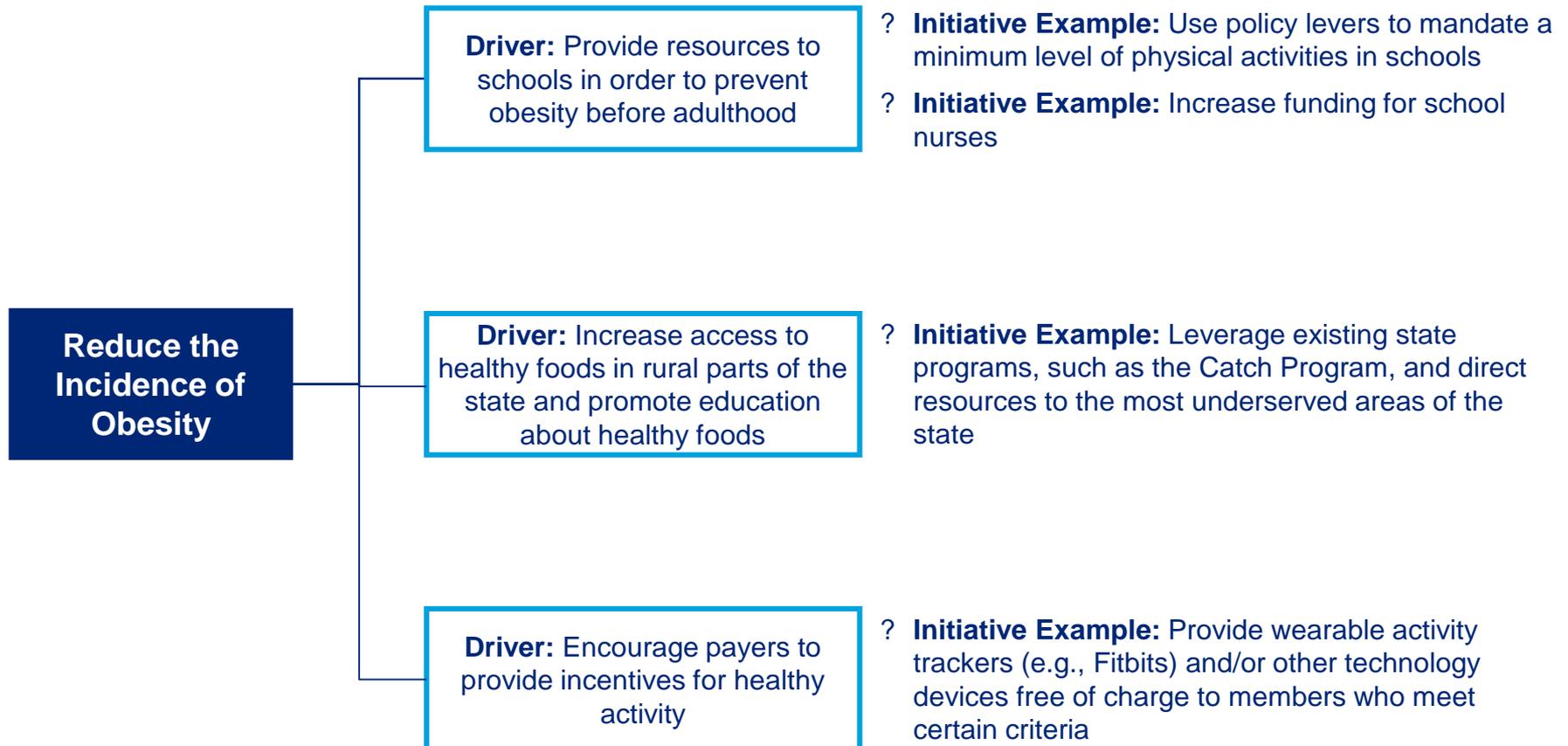
Increased Access Driver Diagram – Tobacco Use (Continued)

What are the current barriers to reducing tobacco use in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from an increased access perspective?



Increased Access Driver Diagram – Obesity

What are the current barriers to reducing the incidence of obesity in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from an increased access perspective?



Increased Access Driver Diagram – Diabetes

What are the current barriers to reducing the incidence of diabetes in Kentucky? What would be the key drivers to reducing those barriers? What initiatives could support those drivers from an increased access perspective?

